



# Assessment of Complex Trauma by Mental Health Professionals

There is no single established standard for the assessment of complex trauma in children. The suggestions offered below address both global assessment approaches and the most likely target areas for the assessment process. In some cases, a distinction is made between areas and components that are “essential” and those that are optimum (for the more complicated cases and professionals or agencies with the resources to use them). The recommendations below are derived from collective clinical expertise as well as from important articles published in this area.

## 1

### General Guidelines for the Assessment of Complex Trauma

#### Create a Safe Environment:

- Choose a setting with adequate privacy. Clients and other professionals should not be able to overhear any part of the assessment. Also, it is very important that the child not be asked about traumatic events in the presence of the alleged perpetrator(s) or other individuals who may be invested in non-disclosure. Ideally, the clinician should spend some time meeting together with the child and family member to establish safety and outline the parameters of the meeting (including the purpose and format), and, if and when the child is comfortable, meeting individually with the child to inquire about possible exposure to traumatic events privately.
- It is absolutely essential that all persons participating in the assessment know and understand the limits of confidentiality, especially given the clinician’s duty to report previously unidentified child abuse or neglect. It is equally important that everyone understand the efforts that will be made to protect the child and family’s confidentiality.

- Provide the key participants in the assessment with a basic overview of the purpose of the assessment and how the results will be used. Be judicious in sharing this assessment rationale with other informants (daycare providers, teachers) who will contribute only limited information to the assessment in order to protect the child and family's confidentiality to the greatest degree possible. Encourage all participants to ask questions before, during, and following the assessment, especially if there appear to be questions or confusion about its purpose.

#### **Gather Information from Multiple Perspectives:**

- Having multiple reporters is ideal. If at all possible, collect information from the child, all caregivers (biological and foster), at least one teacher, and other relevant professionals in the child's life (e.g., case/social worker, direct care staff). At the very least, it is essential to gather information from the child and the child's primary caregiver(s).

#### **Use a Variety of Assessment Approaches and Techniques:**

- The ideal assessment would include a combination of different types of measures and strategies for collecting information. Since there is no one instrument that can fully capture the varied symptoms and problems that children with complex trauma histories may have, it is important to combine tools to capture the relevant information across domains of functioning. It is best to use a range of approaches and techniques, including a clinical interview, observation of the child and/or child and caregiver together, and various self-report measures completed by the child and the caregiver.
- The specific tools and techniques used will depend on your setting, target population, specific referral question(s) and areas of need, and available resources. There is no clear consensus as to which approach is best, as each has its pros and cons. It is important to use at least some established measures with good psychometric properties.

#### **Work With the Child's Team and Family to Make Sense of Results and Develop Treatment/Service Plans:**

- Review the results of the evaluation with a multidisciplinary team for the purpose of integrating the findings, reaching conclusions, and making appropriate recommendations.

At the very least, the results of the assessment should be reviewed and discussed by at least two professionals and should be used to inform treatment planning.

- At the completion of the assessment process, review the key findings with the child's caregiver(s) and, as developmentally appropriate, with the child him- or herself. Draw the connections between the referral question, the results of the assessment, and recommendations for services. Invite the family members to provide their own thoughts on the findings and to ask any questions.

#### **Assess Children Over Time:**

- Ongoing assessment is important for several reasons. First, symptom expression often changes as children develop and have new experiences and exposure to new stressors. Second, monitoring change over time will reveal whether the current interventions are adequately addressing the child's needs. Third, children and families do not always disclose all relevant information during the first assessment; this may be especially true regarding traumatic events which children commonly disclose over time, as they develop increased rapport with the clinician.

#### **Other Areas Essential to a Comprehensive Assessment:**

- In addition to gathering information on the primary domains of complex trauma, it is also important to assess trauma history, classic post-traumatic stress symptoms, and family environment. While assessing a child's problems and difficulties, it is also important to consider the child's strengths, talents, abilities, sources of emotional support, and capacity for resilience.

## Use Standardized Measures:

- The NCTSN has put together a detailed list of standardized measures to address the complex range of complex trauma. When at all possible, these resources should be used as they have demonstrated to be effective measures of complex trauma.

# 2

## Helpful Tips for Mental Health Professionals

In conducting a comprehensive assessment for complex trauma, a critical step is connecting the dots to elucidate the link between the various domains of complex trauma and trauma exposure. Establishing the specific time-frame for traumatic events and their duration is critical to drawing these connections. Clinical interviews and the open-ended information they provide often clarify these links best. Understanding the role of trauma triggers is also critical in determining how specific internal or external stimuli precipitate reactions in the child. By identifying these reminders, you can help the child develop approaches for coping with them, and also may be able to buffer the child from unnecessary exposure.

The following table contains helpful tips for assessing these important domains:

<b>Trauma Exposure</b>	<ul style="list-style-type: none"><li>● Ask about the child's exposure to a wide range of potentially traumatic events (e.g., abuse, neglect, human-made natural disasters, war community and school violence, etc.)</li><li>● Ask about the timing and duration of events.</li><li>● Be sure to assess if any of the events are ongoing.</li><li>● Phrase questions in a manner that is clear, concrete, and objectively descriptive. For example, "has anyone ever hit you so that it left a mark?" or "have you ever seen someone attacked with a weapon?". Questions such as "have you ever been abused?" or "have you ever witnessed a traumatic event" may be subject to interpretation and may result in inadequate or inaccurate information.</li></ul>
<b>Post-Traumatic Stress Symptoms</b>	<ul style="list-style-type: none"><li>● Assess classic PTSD symptoms such as avoidance, re-experiencing, and hyper-arousal. Recognize that many children will experience some symptoms of PTSD without meeting full diagnostic criteria and others may exhibit a range of other symptoms as noted above.</li></ul>
<b>Trauma Reminders and Triggers</b>	<ul style="list-style-type: none"><li>● Identify reactions to trauma reminders that are triggered by a child's interaction with specific people, objects, places, or situations.</li><li>● Identify reactions to reminders that are triggered by specific sounds, sights, smells, tastes, touches, or internal physical states.</li><li>● Many children, especially younger children, may not be able to name their own personal trauma reminders. They may not make the connection between exposure to these reminders and their subsequent feelings or thoughts. Asking children, caregivers, and other adults in the child's life if they notice certain changes in the child's attitude, awareness, or emotional or behavioral responses in specific types of situations may help the clinician to identify trauma triggers.</li></ul>
<b>Caregiver/Family Functioning and Response to Trauma</b>	<ul style="list-style-type: none"><li>● Ask about caregiver/family<ul style="list-style-type: none"><li>General mental health</li><li>Post-traumatic reactions</li><li>Coping strategies</li><li>Areas in which they would like assistance</li></ul></li><li>● Keep in mind that the mental health of caregivers can affect a child's functioning. Caregivers' mental health also sometimes affects the way they answer questions about their children.</li></ul>
<b>Resilience, and Strengths of the Child, Family, and Community</b>	<ul style="list-style-type: none"><li>● Assess child and family strengths and resources, including:<ul style="list-style-type: none"><li>Talents, skills, interests, areas of creativity</li><li>Spirituality and religious beliefs</li><li>Academic/educational strengths</li><li>Personality traits (e.g., optimism, perseverance)</li><li>Interpersonal strengths</li><li>Community and social supports</li></ul></li></ul>