Children's NYS Health Homes: Training on Complex Trauma Exposure Assessment and Determination

New York, NY - 7/7/17
Albany, NY - 7/14/17
Rochester, NY - 7/18/17
Our Agenda

• Welcome & Introductions
  • The McSilver Institute Training Team
  • The Audience - who’s in the audience (HH, CMA, etc.)
• Purpose and Goals of Training
• Complex Trauma overview
• Workflow review
• Complex Trauma Exposure Assessment (CTEA)
  • What it is, who can complete it, and Why it's important
  • How to complete it – Case Study Example
• Functional Impairment Assessment and Complex Trauma Exposure Determination Form
• Engaging families in the CTEA and next steps
  • Avoiding re-traumatization
• Barriers and challenges to completing the CTEA
Learning Objectives:

By the end of today’s training, you will be able to:

• Describe the workflow process for screening and assessing for Complex Trauma

• Understand who is able to complete the Complex Trauma Exposure Assessment, Functional Assessment and Complex Trauma Eligibility Determination Form

• Understand the process to compile, analyze and synthesize clinical data obtained from the Complex Trauma Exposure Assessments to identify enrollment into Health Home and appropriate interventions.

• Utilize a trauma informed approach (creating a safe environment, gathering information from multiple perspectives, utilizing a variety of assessment approaches and techniques) when completing the Complex Trauma Exposure Assessment

• Understand barriers in the assessment process.
Welcome & Introductions
NY State Department Of Health
Children’s Health Home Team
About the McSilver Institute for Poverty Policy and Research

The McSilver Institute for Poverty Policy and Research at New York University Silver School of Social Work is committed to creating new knowledge about the root causes of poverty, developing evidence-based interventions to address its consequences, and rapidly translating research findings into action.
Community Technical Assistance Center (CTAC) & Managed Care Technical Assistance Center (MCTAC) Overview

CTAC & MCTAC are training, consultation, and educational resource centers that offers resources to all mental health and substance use disorder providers in New York State.

MCTAC provides training and intensive support on quality improvement strategies, including business, organizational and clinical practices to achieve the **overall goal of preparing and assisting providers with the transition to Medicaid Managed Care**.
The McSilver and CTAC/MCTAC Team

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NYU Langone Medical Center
Child Study Center - Department of Child and Adolescent Psychiatry
Center for Stress, Trauma and Resilience
Clinical Assistant Professor
Senior Training Coordinator, Trauma Systems Therapy (TST)
Please Tell Us About Yourself…

• Raise your hand if:
  • You are with a Health Home lead agency?
  • You are with a Care Management Agency?
  • You have completed the Complex Trauma Screen? You have completed the Assessment?
  • You haven’t seen these items?
  • You are a Care Manager?
  • You are a Licensed Professional who is going to conduct the Complex Trauma Exposure Assessment and complete the Determination Form?
Overview of Complex Trauma in New York State
Complex Trauma for New York State Health Homes Serving Children
CMS/SAMHSA Definition

This guidance on complex trauma draws upon the domains within the definition of serious emotional disturbance (SED). While there may be similarities in the condition(s) and symptoms that arise in either complex trauma or SED, the therapeutic approaches associated with the same diagnoses may vary significantly when the symptoms arising from traumatic experiences are identified as such. Trauma experts indicate that with complex trauma, the clinical diagnoses may be more severe and typically present as comorbidities or multiple diagnoses.

a. The term complex trauma incorporates at least:

i. Infants/children/or adolescents’ exposure to multiple traumatic events, often of an invasive, interpersonal nature, and

ii. the wide-ranging, long-term impact of this exposure.

b. Nature of the traumatic events:

i. often is severe and pervasive, such as abuse or profound neglect;

ii. usually begins early in life;

iii. can be disruptive of the child’s development and the formation of a healthy sense of self (with self-regulatory, executive functioning, self-perceptions, etc);

iv. often occur in the context of the child’s relationship with a caregiver; and

v. can interfere with the child’s ability to form a secure attachment bond, which is considered a prerequisite for healthy social-emotional functioning.
c. Many aspects of a child’s healthy physical and mental development rely on this secure attachment, a primary source of safety and stability.

c. Wide-ranging, long-term adverse effects can include impairments in:
   i. physiological responses and related neurodevelopment,
   ii. emotional responses,
   iii. cognitive processes including the ability to think, learn, and concentrate,
   iv. impulse control and other self-regulating behavior,
   v. self-image
   vi. relationships with others, and
   vii. Dissociation*

- **SAMHSA recently updated the definition to clarify that dissociation should be included as a separate impairment domain**
- **New York State will modify its State Plan as well as its training materials and Complex Trauma Eligibility Determination Form to reflect this change**

* Dissociation was previously subsumed within “Cognitive Processes” in the initial NYS rollout and has been separated out into a 7th domain moving forward.
What is Trauma?

We become traumatized when our ability to respond to a perceived threat in some way is overwhelmed. Trauma is about loss of connection— to ourselves, to our bodies, to our families, to others, and to the world around us.

Trauma is an experience, situation or event that:

• Evokes fear
• Changes the individual’s worldview
• Changes the individual’s view of themselves.
What is Complex Trauma?

• The term complex trauma describes an infant, child or adolescent’s exposure to multiple traumatic events, and the wide-ranging, long-term impact of this exposure.

• In complex trauma, traumatic events are often:
  • severe and pervasive, as in abuse or profound neglect,
  • initiated early in life,
  • disrupting healthy development
  • interpersonal, often occurring in the context of the child’s relationship with a caregiver

• See here: https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/docs/cms_complex_trauma_def.pdf
Important Reminders!

• Complex trauma is a determination not a diagnosis.
• A child can be misdiagnosed b/c of trauma.
• And, a child can have a diagnosis that may be associated with trauma exposure and experience.
• Trauma experts indicate that with complex trauma, the clinical diagnoses may be more severe and typically present as comorbidities or multiple diagnoses.
• This is about intervention and accurate treatment for these diagnosis that may fall under the definition of complex trauma.
The Prevalence and Effects of Trauma and Complex Trauma
Exposure to Trauma

26% of children in the United States will witness or experience a traumatic event before they turn four.

There is considerable evidence that trauma and abuse are of urgent concern; consequently, trauma-informed policies and services are needed along with trauma-specific care.
Trauma is Pervasive

- A report of child abuse is made every 10 seconds in the United States. (Childhelp, 2013)
- More than 2 million children in the US are victims of physical and/or sexual abuse.
- Children with disabilities are more likely to experience neglect than children without disabilities. (Child Welfare Information Gateway, 2006)
- 1 in 6 children between the ages of 2-5 years receive a psychiatric diagnosis
- The majority of youth in juvenile detention have been exposed to 6 or more traumatic incidents by the time they are detained. The average number for detained youth is 14 incidents.

Trauma has Long-lasting Effects

• Research has found that early exposure to stress and trauma causes physical effects on neurodevelopment which may lead to changes in the individual's long-term response to stress and vulnerability to psychiatric disorders.

• Children who experience trauma are often those with depressive, disruptive behavior disorders and high anxiety.

• Exposure to trauma also affects children's ability to regulate, identify, and express emotions, and may have a negative effect on the individual's core identity and ability to relate to others.

Young Children and Complex Trauma

- Young children depend exclusively on parents/caregivers for survival and protection both physical and emotional.

- Without the support of a trusted parent/caregiver to help them regulate their strong emotions, children may experience overwhelming stress, with little ability to effectively communicate what they feel or need.

- They often develop symptoms that parents/caregivers don't understand and may display uncharacteristic behaviors that adults may not know how to appropriately respond to.

(retrieved from: http://www.nctsn.org/content/how-early-childhood-trauma-unique)

Resilience

On a positive note,

- Despite exposure to traumatic events, children and adolescents have the ability to recover when the issue is identified early and they have access to appropriate interventions.
- Individual, family, cultural, and community strengths can facilitate recovery and promote resilience.
- Mental health professionals have an important role in facilitating the recovery of children, adolescents, and families when traumatic events occur.

Complex Trauma is:

Manny is a young boy, age 6. His father is verbally and physically abusive to him and violent with his mother. The school counselor recently met with him and tried to talk with him about his behavior problems (getting in fights and not getting along with other kids in classes, difficulty paying attention and focusing on school work). She referred him for testing as she thinks he may have bipolar disorder. A few days ago, he was walking home with his sister and saw her harassed by older boys and one tried to take advantage of her, which made him really scared.

(from the film Remembering Trauma: http://www.rememberingtrauma.org/)
Is it Trauma or ……

For example: Manny was diagnosed with conduct disorder and bipolar disorder.
Work Flow Review
Workflow Process – Scenario #1

**SCENARIO #1: Complex Trauma (CT) Health Home Referral Workflow**

1. **Referral Phase**
   - **Need Identified by Non-Licensed Professional or Licensed Professional w/o access to tools**
   - **Complete CT Exposure Screen Form**
     - **Positive Screen**
   - **Make Referral**
   - **Referrer Sends Documentation: Cover Sheet, CT Exposure Screen, Consent, and other/ additional background information or supporting materials**

2. **Referral Assignment and Assessment Phase**
   - **MAPP Refers to HH**
   - **Health Home assigns Care Management (CM) Agency**
   - **Licensed Professional Complete Functional Impairment Assessment: Must use at least 1 NCTSN approved instrument- should also include all available information (e.g. other recent and valid assessments, youth interview, review of records, and collateral sources).**
   - **Has the discretion to choose from NCTSN approved measures when assessing impairment**

3. **Eligibility and Enrollment Phase**
   - **Licensed professional completes CT eligibility determination form**
   - **Positive Determination = Exposure + Impairment + Link between exposure and impairment**
   - **Assigned HH CM Assess HH Appropriateness**
   - **Eligible**
   - **Enroll Child in HH**
   - **Use assessments, supporting documentation to create Plan of Care**

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[Link to NCTSN Trauma Types Complex Trauma Assessment Process](http://www.nctsn.org/trauma-types/complex-trauma/assessment)

[Link to NY Health Guidelines](https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/docs/6_17_2016_guidelines_on_complex_trauma_assessment_process.pdf)
Licensed Professional who can complete the CTEA and Determination Form

- Licensed Masters Social Worker, LMSW
- Licensed Clinical Social Worker, LCSW
- Psychologist
- Psychiatrist
- Licensed Psychiatric Nurse Practitioner, LNPP,
- Licensed Marriage and Family Therapist, LMFT,
- Licensed Mental Health Counselor, LMHC
- Pediatrician/Family Medicine Physician or Internist with specialization in Behavioral Health

Clinicians identified include but are not limited to employees of Licensed/Certified Article 28, 31, 32, 16 clinics. Psychologists/Psychiatrists etc. do not need to be identified as licensed as they are not professionally allowed to use the ‘label’ without appropriate licensure.
Review & Administration
The Three “E’s” of Trauma

Event(s)

Experience of Events

Effect of Experience
Complex Trauma Final Eligibility Tools and Documents

1. Complex Trauma Exposure Screen Form and Referral Cover Sheet – Completed by non-licensed professional or licensed professional

2. Complex Trauma Exposure Assessment Form – Must be completed by Licensed Professional

3. Functional Impairment Assessment through the completion of the appropriate identified NCTSN guideline list of domain assessment tools - Must be completed by Licensed Professional

4. Complex Trauma Eligibility Determination Form - Must be completed by Licensed Professional
Complex Trauma Exposure Screen (CTES)

Review- Using Vignette of Manny
Complex Trauma Exposure Screen (CTES)

Please indicate whether the child experienced the following types of traumatic events using all available information (e.g., self- or caregiver report, review of records, etc.). Conduct a detailed interview with the child only if you do not already have enough information to make a determination about complex trauma exposure. To avoid undue distress, ask only about types for which you do not already have information. If information for a particular trauma is known, do not request additional details from the child for that type. For example, if the child has a documented history of physical neglect, endorse “Y,” and move on to the next category. Once the presence of 2 or more trauma types has been reported (or 1 lasting greater than 6 months), discontinue the interview portion of the screen.

**Sources of Information (check all that apply):**
- Parents/Caregiver
- Chart/Records Review
- Child/Youth Report
- Other (specify):

### Prompts/Questions

<table>
<thead>
<tr>
<th>Suggested prompts/questions for assessing (more exposure within each category)</th>
<th>Trauma Type Present?</th>
<th>Y/N</th>
<th>&gt; 6 mos?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Did a parent or other adult in the household often:</strong> Swear at you, insult you, put you down, or humiliate you? Or act in a way that made you afraid that you might be physically hurt?</td>
<td>Physical/Emotional Neglect Or Emotional Maltreatment</td>
<td>Y/N</td>
<td>&gt; 6 mos?</td>
</tr>
<tr>
<td><strong>Have you lived with someone other than your parents/caregiver while you were growing up because they couldn’t take care of you or you were kicked out?</strong></td>
<td>Displacement</td>
<td>Y/N</td>
<td>&gt; 6 mos?</td>
</tr>
<tr>
<td><strong>Have you felt a primary caregiver through death, incarceration, deportation, migration, or for other reasons?</strong> Have you been left in the care of different people due to parental incapacity or dysfunction, even if your primary place of residence did not change? Have you had two or more changes in primary caregiver or guardian, either formally (legally) or informally?</td>
<td>Attachment Disruption</td>
<td>Y/N</td>
<td>&gt; 6 mos?</td>
</tr>
<tr>
<td><strong>Has anyone ever made you do sexual things you didn’t want to do, like touch you, make you touch them, or try to have any kind of sex with you? Has anyone ever made you do sexual things you didn’t want to do, or try to force you to have intercourse?</strong></td>
<td>Sexual Abuse Sexual Assault/Trape</td>
<td>Y/N</td>
<td>&gt; 6 mos?</td>
</tr>
<tr>
<td><strong>Have you ever been hit or intentionally hurt by a family member? If yes, did you have bruises, marks or injuries?</strong></td>
<td>Physical Abuse</td>
<td>Y/N</td>
<td>&gt; 6 mos?</td>
</tr>
<tr>
<td><strong>Have you ever seen or heard someone in your family/house being beaten up or have you ever seen or heard someone in your family/house get threatened with harm?</strong></td>
<td>Domestic Violence</td>
<td>Y/N</td>
<td>&gt; 6 mos?</td>
</tr>
<tr>
<td><strong>Have you ever seen or heard someone being beaten, or who was badly hurt? Have you seen someone who was dead or dying, or watched or heard them being killed? Has anyone ever told you or threatened you to kill another family member?</strong></td>
<td>Community Violence (chronic) or Interpersonal Violence (episodic)</td>
<td>Y/N</td>
<td>&gt; 6 mos?</td>
</tr>
<tr>
<td><strong>Did other children tease, tease or insult you, put you down, or threaten you physically?</strong> Has anyone ever threatened to physically assault you (with or without a weapon)? Bullying</td>
<td>Y/N</td>
<td>&gt; 6 mos?</td>
<td></td>
</tr>
<tr>
<td><strong>Has anyone ever threatened to physically hurt you? Were you afraid of a terrorist attack, war, or political violence?</strong></td>
<td>Terrorism/War/Political Violence</td>
<td>Y/N</td>
<td>&gt; 6 mos?</td>
</tr>
<tr>
<td><strong>Has anyone ever threatened to physically hurt you?</strong></td>
<td>Stalking/Kidnapping</td>
<td>Y/N</td>
<td>&gt; 6 mos?</td>
</tr>
<tr>
<td><strong>Is there anything else really scary or very upsetting that has happened to you that you haven’t asked about? Sometimes people have something in mind but they’re not comfortable talking about the details. Is that true for you?</strong></td>
<td>Other trauma</td>
<td>Y/N</td>
<td>&gt; 6 mos?</td>
</tr>
</tbody>
</table>

### Number of different types of trauma experienced (total # Trauma Types ≥ 2)

If number of Trauma Types ≥ 2 or greater: Refer child to Health Home for further assessment.

If 1 Trauma type lasting ≥ 6 months (i.e., chronic): Refer child to Health Home for further assessment.

*For more detailed information, please refer to the NYS DMH Child Protection Assessment.

Updated 2/22/17
The Complex Trauma Exposure Screen-Completed for Manny

### Prompts/Questions

<table>
<thead>
<tr>
<th>Prompt/Question</th>
<th>Trauma Type</th>
<th>Present? Y/N</th>
<th>&gt; 6 mos?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Was there a time when adults who were supposed to be taking care of you didn't?</td>
<td>Physical/Emotional Neglect</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Did a parent or other adult in the household often...</td>
<td>Or treat a loved one so badly that you feel upset or scared?</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Have you lived with someone other than your parents/caregiver while you were growing up?</td>
<td>Displacement</td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>Have you ever been homeless?</td>
<td>This means you ran away or were kicked out and lived on the street for more than a few days.</td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>Have you lost a primary caregiver through death, incarceration, deportation, migration, or for other reasons?</td>
<td>Attachment Disruption</td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>Have you ever been left in the care of different people due to parental incapacity or dysfunction, even if your primary place of residence did not change?</td>
<td>N</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you ever been left in the care of different people due to parental incapacity or dysfunction, even if your primary place of residence did not change?</td>
<td>Sexual abuse Sexual assault/rape</td>
<td>N</td>
<td>Y</td>
</tr>
<tr>
<td>Has anyone ever made you do sexual things you didn't want to do, like touch you, make you touch them, or try to have any kind of sex with you?</td>
<td>Sexual abuse Sexual assault/rape</td>
<td>N</td>
<td>Y</td>
</tr>
<tr>
<td>Has anyone ever tried to make you do sexual things you didn't want to do?</td>
<td>Sexual assault/rape</td>
<td>N</td>
<td>Y</td>
</tr>
<tr>
<td>Has anyone ever forced you or tried to force you to have intercourse?</td>
<td>Physical Abuse</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>Has anyone ever hit or intentionally hurt by a family member?</td>
<td>Physical Abuse</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>If yes, did you have bruises, marks or injuries?</td>
<td>Physical Abuse</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>Have you ever been beaten or physically assaulted?</td>
<td>Community Violence (chronic) or Interpersonal Violence (episodic)</td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>Have you ever seen or heard someone in your family/house being beaten up or Have you ever seen or heard someone in your family/house get threatened with harm?</td>
<td>Community Violence (chronic) or Interpersonal Violence (episodic)</td>
<td>N</td>
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<td>Have you ever seen or heard someone being beaten, or who was badly hurt?</td>
<td>Community Violence (chronic) or Interpersonal Violence (episodic)</td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>Has anyone ever hit you or beaten you up (physically assaulted you)?</td>
<td>Community Violence (chronic) or Interpersonal Violence (episodic)</td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>Did they spread lies about you or turn others against you?</td>
<td>Bullying</td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>Has anyone ever stalked you?</td>
<td>Did anyone ever try to kidnap you?</td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>Is there anything else really scary or very upsetting that has happened to you that I haven't asked you about?</td>
<td>Stalking/Kidnapping</td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>Sometimes people have something in mind but they're not comfortable talking about the details. Is that true for you?</td>
<td>Stalking/Kidnapping</td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>Other trauma</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Number of different types of traumas experienced (total # Trauma Types = Yes) 2

| Number of chronic traumas experienced (total # Trauma Types Experienced for more than 6 months) | 2 |
# Complex Trauma Referral Cover Sheet

Referral of a Child/Youth with Complex Traumas as a Single Qualifying Condition in order to Establish Eligibility for Health Home.

## Required Information

<table>
<thead>
<tr>
<th>Child's Name:</th>
<th>Referral Source Name:</th>
<th>Relationship:</th>
</tr>
</thead>
<tbody>
<tr>
<td>DOB</td>
<td>Agency (if appropriate):</td>
<td>Address:</td>
</tr>
<tr>
<td>Parent/Guardian Name:</td>
<td>Medical Consent (if different):</td>
<td>Address:</td>
</tr>
</tbody>
</table>

Date of Referral:

Completed By:

Date of Screening:

Reason for Referral (Brief narrative, please include any details on events, behaviors, etc. that prompted the referral):

Optional/Desired Information

Completion of this cover sheet and the complex trauma exposure screen is sufficient for referral. Providing the following information may facilitate timeliness of the referral:

### Last School Attended

<table>
<thead>
<tr>
<th>Name:</th>
<th>Address:</th>
<th>Contact Person:</th>
</tr>
</thead>
</table>

### Foster Care / DCYF

<table>
<thead>
<tr>
<th>County / Agency Name:</th>
<th>Address / Phone:</th>
<th>Contact Person:</th>
</tr>
</thead>
</table>

### Primary Care / Pediatrician

<table>
<thead>
<tr>
<th>Name:</th>
<th>Address / Phone:</th>
</tr>
</thead>
</table>

### Behavioral Health

| Provider Name: | Address / Phone: | Contact Person: |

### Other Collateral

| Provider Name: | Address / Phone: | Contact Person: |

### Attached Documentation

| Psychiatric | Psychological | Medical / Physical School Information | Other: |
The Complex Trauma Referral Cover Sheet

Complex Trauma Referral Cover Sheet

Referral of a Child/Youth with Complex Trauma as a Single Qualifying Condition in order to Establish Eligibility for Health Home.

<table>
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<td><strong>Child’s Name:</strong></td>
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<tr>
<td><strong>DOB:</strong></td>
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<tr>
<td><strong>Child’s Current Address:</strong></td>
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<td><strong>Child’s Medicaid #:</strong></td>
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<tr>
<td><strong>Parent/Guardian Name:</strong></td>
</tr>
<tr>
<td><strong>Address:</strong></td>
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<td><strong>Phone:</strong></td>
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<tr>
<td><strong>Address:</strong></td>
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<tr>
<td><strong>Phone:</strong></td>
</tr>
</tbody>
</table>

**Date of Referral:**

**Completed By:** Lisa Smart

**Date of Screening:** July 5, 2017

**Reason for Referral:**
Over the last several months, Manny has displayed a number of behavioral and learning difficulties. His teachers have noted that Manny has difficulty paying attention in class, is easily agitated, and aggressive with his peers. Manny is a sweet, capable child who appears to struggle managing his emotions. Given his volatile family history a complex trauma screening was completed. Manny screened positive and is in need of additional supports to support his learning, growth, and development.

Optional/Desired Information

- Completion of this cover sheet and the complex trauma exposure screen is sufficient for referral.
- Providing the following information may facilitate timeliness of the referral.

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<th>Attached Documentation</th>
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<tr>
<td><strong>Psychiatric:</strong></td>
</tr>
<tr>
<td><strong>Psychological:</strong></td>
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<td><strong>Medical / Physical:</strong></td>
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<tr>
<td><strong>School Information:</strong></td>
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</tbody>
</table>

Completed for Manny
Complex Trauma Exposure Assessment (CTEA)
The Importance of Comprehensively Assessing Exposure

• It’s important and helpful to help make sense of how each traumatic event might have impacted developmental tasks and potentially derail future development.

• This may be challenging given the number of pervasive and chronic traumatic events a child may have experienced throughout his or her young life.
Key Steps for Conducting a Comprehensive Complex Trauma Exposure Assessment:

• Assess for a wide range of traumatic events. Determine when they occurred so that they can be linked to developmental stages.

• Assess for a wide range of symptoms, risk behaviors, functional impairments, and developmental derailments.

• Gather information using a variety of techniques (clinical interviews, standardized measures, and behavioral observations).

• Gather information from a variety of perspectives (child, caregivers, teachers, other providers, etc.).
Complex Trauma Exposure Assessment (CTEA)

Please indicate whether the child experienced the following types of traumatic events using all available information (e.g., self- and caregiver report, clinical interviews, review of records, standardized instruments, etc.). Please review and complete each category. Include significant details and characteristics of the event where indicated, including the child/adolescent's role in the event (i.e., victim or witness), as well as additional information, such as the child's relationship to the perpetrator, or the extent of a child's injuries in the "additional details" column. When interviewing the child, it is important to be sensitive to the child's level of distress and ensure that the child does not feel pressured to reveal or discuss details they are not ready to disclose. When conducting the CTEA to determine the presence of complex trauma exposure, you do not need to inquire about specific characteristics of each trauma, however, if information is offered/obtained, note it in the "Characteristics" column. When conducting the CTEA as part of a clinical interview during the course of treatment, and once a therapeutic relationship has been established, the clinician can inquire about additional trauma details.

It will not always be clear whether a particular event rises to the level of a Trauma, or would be better categorized as a significant stressor (but not a Trauma). Therefore, you will have to use your clinical judgment to determine whether an event qualifies as a Trauma. Some traumatic events may fit in more than one category (for example, physical bullying could also be considered to be an assault). When this happens, please choose the one category that you feel best describes the traumatic event. Any time you endorse the box labeled "other", please specify or elaborate. After you have endorsed "Y", that a trauma has occurred, note whether it was experienced for more than 18 months, and provide the child's actual ages during which the trauma occurred (e.g., ages 5-8, 11-13, or 5, 13, 14 if multiple discrete events).

Please note, for young children (ages 0-5) a determination of "chronic" exposure can be made for periods less than 18 months. For infants and very young children, especially those birth to three years of age, clinical judgment can be applied to reflect: a) the duration of trauma relative to their lifespan (e.g., a child who is 12 months of age may only have been exposed to traumatic events for 6 months, which is half of their lifespan), and b) the critical developmental period of these young children who are fully dependent on adult caregivers. After completing this assessment, determine whether the child/adolescent has been exposed to complex trauma based on interpersonal traumas experienced or witnessed. Additionally, assess for the presence of non-interpersonal traumas (but do not include these in the complex trauma determination).

Sources of information (check all that apply): □ Parents/Caregiver □ Chart/Records Review □ Child/Youth Report □ Structured interview □ Standardized Instrument (list all): □ Other (specify):

<table>
<thead>
<tr>
<th>INTERPERSONAL TRAUMAS</th>
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<tbody>
<tr>
<td><strong>Prompts/Questions</strong></td>
</tr>
<tr>
<td>Suggested questions for assessing trauma exposure within each category</td>
</tr>
<tr>
<td>Psychological Maltreatment (Emotional Abuse or Neglect)</td>
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<tr>
<td>Did a parent or other adult in the household often:</td>
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<tr>
<td>□ Call you, insult you, put you down, or humiliate or ridicule you?</td>
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<td>□ Act in a way that made you afraid that you might be physically hurt?</td>
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<td>□ Withhold love or affection?</td>
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<td>□ Did an adult ever intentionally hurt a family pet or animal?</td>
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</tbody>
</table>
# Complex Trauma Exposure Assessment (CTEA)

<table>
<thead>
<tr>
<th>Prompts/Questions (suggested questions for assessing trauma exposure within each category)</th>
<th>Present? Y/N</th>
<th>&gt; 18 mos?</th>
<th>Age Range</th>
<th>Characteristics (child's total traumatic experiences)</th>
<th>Additional Details (e.g. relationship to perpetrator)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Neglect</strong> (assuming adequate financial and social programs exist... did you see any other adults who were supposed to take care of you? e.g.: to make sure you got proper medical care? did not give you clothing or shelter? did not give you enough food to eat? didn't make sure you were safe? you were home alone for long periods of time (e.g. days) without supervision? met to encourage or pressure you from getting an education? did this make you try to make sure you went to school?)</td>
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<td>Y/N</td>
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<td><strong>Displacement</strong> (have you lived with someone other than your parents/carer/career while you were growing up? why couldn't they care for you or you were kicked out?)</td>
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<td>Y/N</td>
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<tr>
<td><strong>Attachment Disruption</strong> (have you lost a primary caregiver through death, incarceration, imprisonment, or for other reasons? have you been left in the care of different people because your caregiver couldn't or wouldn't take care of you? it didn't feel like you lived in the same place?)</td>
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<td></td>
<td>Y/N</td>
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<tr>
<td><strong>Sexual abuse</strong> (have you been in a position of power or authority (e.g. caregiver, teacher, coach, religious leader) over any other children in your primary caregiver's care, either formally (legally) or informally?)</td>
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<td>Y/N</td>
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<tr>
<td><strong>Sexual assault</strong> (first otherwise included in &quot;sexual abuse&quot; above) (have you ever been made to or forced to do sexual things by someone in a position of power?)</td>
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<td>Y/N</td>
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<tr>
<td><strong>Physical Assault/Interpersonal Violence (Episodic)</strong> (not as a result of neglect, physical abuse, or emotional abuse) (have you ever seen or heard someone being beaten, or who was badly hurt?) (have you ever seen someone who was dead or dying, or watched or heard them being injured?) (has anyone ever hit you or beaten you up physically or sexually?) (has anyone ever physically threatened you or tried to physically assault you?) (have you ever been in a close relationship or friend physically threatened?)</td>
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<td></td>
<td>Y/N</td>
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<td><strong>Community Violence (Ongoing)</strong> (e.g., living with constant neighborhood danger) (did you live or go to school in an area where there was a lot of violence (e.g., where you found guns or people fighting or getting hurt?) (did you live or go to school in an area where it wasn't safe to leave the house or building?) (did you live in an area with a lot of gang violence or drugs?)</td>
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<td></td>
<td>Y/N</td>
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<tr>
<th>Prompts/Questions (suggested questions for assessing trauma exposure within each category)</th>
<th>Present? Y/N</th>
<th>&gt; 18 mos?</th>
<th>Age Range</th>
<th>Characteristics (child's total traumatic experiences)</th>
<th>Additional Details (e.g. relationship to perpetrator)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Trafficking/Commercial Sexual Exploitation</strong> (have you ever traded sexual favor or money, food, drugs, or anything valuable for anyone else to take the valuable thing? have you worked doing sexual things like a cat for a movie, or where you lived? has anyone made you take pictures or make videos of yourself naked or shaved?</td>
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<tr>
<td></td>
<td>Y/N</td>
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<td><strong>Physical Abuse</strong> (have you ever been hit or intentionally hurt by a caregiver or sibling? if yes, did you have bruises, marks or injuries? did you ever receive physical punishment, like hitting, or getting something hard and painful, or holding heavy things until your arms hurt? did you see or hear other children receiving very harsh punishment or being intentionally hurt by a caregiver?)</td>
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<td>Y/N</td>
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<tr>
<td><strong>Domestic Violence</strong> (have you ever seen or heard an adult in your family/been beaten up by your partner or spouse, or have you ever seen or heard an adult in your family/friends get threatened with serious harm by a partner or spouse?) (have you been physically harmed or threatened by a social worker?) (have you ever seen or heard an adult in your family/been beaten up by your partner or spouse, or have you ever seen or heard an adult in your family/friends get threatened with serious harm by a partner or spouse?) (have you been physically harmed or threatened by a social worker?)</td>
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<td>Y/N</td>
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</table>
## Complex Trauma Exposure Assessment (CTEA)

<table>
<thead>
<tr>
<th>Prompts/Questions</th>
<th>Present? Y/N</th>
<th>&gt; 16 mos?</th>
<th>Age Range</th>
<th>Characteristics (check that apply)</th>
<th>Additional Details (e.g., relationship to perpetrator)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Terrorism/War/Political violence</td>
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<td>*death, *injury</td>
<td>relationship to perpetrator</td>
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<tr>
<td>Stalking/Kidnapping</td>
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<tr>
<td>Has anyone ever stalked you?</td>
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<td>Has anyone ever tried to kidnap you?</td>
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<td>Bullying (long-term pattern, or episodic/occasional difficulties with friends)</td>
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<tr>
<td>Did other child have/lose friends often...</td>
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<td><em>Was it a friend, classmate, or a stranger?</em></td>
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<tr>
<td>Physical, emotional, or sexual abuse</td>
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<tr>
<td>Number of chronic interpersonal trauma experienced</td>
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<tr>
<td>Other trauma</td>
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</tbody>
</table>

### Number of different types of non-interpersonal traumas experienced

<table>
<thead>
<tr>
<th>Total Trauma Types</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

If number of Trauma Types = 2 or greater: Child has had exposure to Complex Trauma. Assess for impairment in Complex Trauma Domain.

If 1 Trauma type lasting > 16 months (i.e., chronic): Child has had exposure to Complex Trauma. Assess for impairment in Complex Trauma Domain.

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### Non-Interpersonal Traumas

<table>
<thead>
<tr>
<th>Prompts/Questions</th>
<th>Present? Y/N</th>
<th>&gt; 16 mos?</th>
<th>Age Range</th>
<th>Characteristics (check all that apply)</th>
<th>Additional Details</th>
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</thead>
<tbody>
<tr>
<td>Disaster (Natural or Man-made)</td>
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<tr>
<td>Have you or a close friend or relative ever been in a disaster where you/your family were in danger?</td>
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<td>Example: flood, hurricane, earthquake, tornado, flood, building collapse, or plane crash?</td>
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<tr>
<td>Medical Trauma (Illness or Injury)</td>
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<tr>
<td>Have you or a close friend or relative ever been in a hospital or been treated for a serious injury (e.g., broken bone or head injury) or life-threatening illness?</td>
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<tr>
<td>Has a sibling or caregiver ever been in a hospital or been treated for a serious injury (e.g., broken bone or head injury) or life-threatening illness?</td>
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<tr>
<td>Other Life-Threatening Traumas (not requiring medical attention)</td>
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<tr>
<td>Have you ever...</td>
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<tr>
<td>Been in a very car accident or serious fire</td>
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<td>Been unable to breathe (e.g., from asthma attack or choking on something)</td>
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<tr>
<td>Been seriously hurt</td>
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<tr>
<td>Number of different types of non-interpersonal trauma experienced</td>
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</tbody>
</table>

Prompts derived from Trauma History Checklist & Interview and NYS Complex Trauma Workgroup. Trauma Categories and Characteristics adapted from Trauma History Profile. 

*For young children ages 0-9* "died" can be endorsed for trauma lasting less than 16 months.

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This document is for informational purposes only and should not be used as a substitute for professional advice.
Let’s watch the short film “Remembering Trauma” by Nathanael Matanick, Cassandra Kisiel, PhD, and Tracy Fehrenbach, PhD from Northwestern University in Chicago, IL.

SELF-CARE ALERT!

This story shows various ways that trauma can impact youth. It contains adult language and includes scenes with family violence which may be upsetting to watch. Although based on a true story, it is a fictional depiction and the people in the film are actors.
Let’s Take a 5 minute Break!
The Complex Trauma Exposure Assessment-Remembering Trauma

Work with a partner to complete the CTEA for Manny in the video.

Let’s review together.
Setting the Stage for a Successful Assessment

• Be comfortable talking about trauma
• Make sure you explain the purpose of the assessment
• Let clients know we want to work together with them as a team
• It may help to explain to clients that it would be disrespectful to try to help the family without knowing more about them, and assessments help with that
• Client or interviewee should be encouraged to let you know if they feel uncomfortable in any way with the questions.
• Always explain how the information will be used and any limits of confidentiality
• Ask questions in an empathic and non judgmental manner – think open ended questions
• Offer gentle support and validation of client’s feelings
• Be prepared to witness heightened emotion
Enhancing Physical and Psychological Safety

• Help clients feel as much control as possible during the assessment
  • Ask them to let clinician know when he/she becomes upset
  • Inform client in advance of your willingness to stop if he/she becomes too upset

• Allow sufficient time for assessment process – multiple interviews may be necessary
Tips for Assessing Children

• Orient child and caregiver, who may be present with very young children. Use developmentally appropriate language.

• Explain that there are no right or wrong answers. “I’m going to be asking you a lot of questions. This isn’t a test, but it’s a way to help me get to know you better so that I can figure out how I can help you and your family in the best way possible.”

• Gently praise and encourage them throughout.

• Provide feedback to the child about the process soon after it is completed.
**Tips for Assessing Children**

Always explain how the information will be used and any limits of confidentiality.

- Sometimes children will feel reluctant to disclose information about abuse because of fears about repercussions. It is important to be honest and upfront about them.
  - “My Number One job is to help to help keep you safe and healthy. Sometimes there are things that kids tell me that I have to share with other people on my team so that we can make sure you are safe and not being hurt in anyway.
  - I want you to know that if I’m worried that you are being hurt or someone else is, I will have to share that information. Do you have any questions about that? What kind of concerns do you have?”
Tips for Engaging Adolescents

• Frame the process in an empowering way: it is an opportunity for the adolescent to find his/her voice and is one way for them to begin to tell their story.

• Let them know that the assessment is not a test or a “gotch ya”, but a way to figure out how to work together with them.

• Limits of confidentiality.

• Educate them on the benefits of actively participating with the members of their service or tx team

• Be prepared help ground a triggered adolescent.
Linking Impairments to Complex Trauma Exposure

Assessment of...

Complex Trauma Exposure

- CTES*:
  Complex Trauma Exposure Screen
- CTEA*:
  Complex Trauma Exposure Assessment

*Specifically developed to determine HH eligibility in NYS.

Complex Trauma Impairments / Symptoms**

- Physiology/neurodevelopment
- Emotional Responses
- Impulse control / Self-Regulation
- Self-Image
- Relationships with Others
- Cognitive Processes
- Dissociation

**As provided by SAMHSA.
The Functional Impairment Assessment
Assessment of Functional Impairment

• SAMHSA/CMS have provided a variety of documents to the State on Complex Trauma definition and assessment process

  • For the Assessment of Impairment ONLY - (CMS/SAMHSA has recommended tools identified by the National Child Traumatic Stress Network and DOH requires http://www.nctsnet.org/trauma-types/complex-trauma/standardized-measures-assess-complex-trauma)

• It is important that mental health providers, family members, Health Homes, licensed professionals, and other providers and caregivers become aware of specific questions to ask when seeking the most effective services for children who have experienced or are experiencing complex trauma.
The Domains of Impairment Assessed

1. Physiological Responses and Related Neurodevelopment
2. Emotional Responses
3. Cognitive Processes (including the ability to think, learn, and concentrate)
4. Impulse Control and other Self-Regulating Behavior
5. Self-Image
6. Relationships with others
7. Dissociation *

* Dissociation was previously subsumed within “Cognitive Processes” in the initial NYS rollout and has been separated out into a 7th domain moving forward.
**The Domains of Impairment**

**Handout**

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### Domains of Impairment

<table>
<thead>
<tr>
<th>Physiology / Neurodevelopment</th>
<th>Emotional Responses</th>
<th>Impulse Control / Self-Regulation</th>
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</thead>
<tbody>
<tr>
<td>Chronic or recurrent physical complaints, such as headaches or stomachaches (somatization)</td>
<td>Difficulty identifying, expressing, and managing emotions</td>
<td>Difficulty modulating impulses</td>
</tr>
<tr>
<td>Chronic physical conditions/problems</td>
<td>May experience significant depression, anxiety, or anger</td>
<td>Intense, volatile, extreme reactions</td>
</tr>
<tr>
<td>Physiological over- or under-reactivity such as rapid breathing or heart pounding, or &quot;shutting down&quot; entirely when presented with stressful situations</td>
<td>Emotional responses may be unpredictable or explosive (even mildly stressful interactions with others may trigger intense emotional responses)</td>
<td>Risk-taking/self-destructive behavior</td>
</tr>
<tr>
<td>Hypersensitivity to sounds, smells, touch, or light</td>
<td>Vigilant and guarded in interactions with others and frequently perceive situations as stressful or dangerous</td>
<td>Aggression against others or property</td>
</tr>
<tr>
<td>Sleep disturbances</td>
<td>May &quot;numb out&quot; (emotional numbing) to threats, making them vulnerable to victimization</td>
<td>Self harm</td>
</tr>
<tr>
<td>Anesthesia and analgesia (diminished awareness of pain, touch, or internal physical sensations)</td>
<td>Easily frustrated and overwhelmed</td>
<td>Eating disorders</td>
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<tr>
<td>Regressive behaviors or development delays</td>
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<td>Substance abuse</td>
</tr>
</tbody>
</table>

- **Self-Image**
  - Feeling worthless or despised
  - Frequent self-blame, shame, or guilt
  - Low self-esteem, or poor/damaged self-image
  - Lack of a continuous and predictable sense of self
  - Disturbances in body image
  - View self as powerless to change current negative circumstances
  - Perceive world as meaningless, and future as hopeless.
  - Few hopes, dreams, or plans for the future, or foreclosed sense of future

- **Relationships with Others**
  - Difficulty forming healthy attachments to caregivers (including problems separating
  - Difficulty maintaining friendships
  - Problems in romantic relationships, in friendships, and with authority figures (e.g. teachers)
  - Difficulty trusting others
  - Inappropriate boundaries (too rigid or too loose)
  - Difficulty understanding/connecting with other perspectives

- **Cognitive Processes**
  - Problems focusing or sustaining attention
  - Problems with executive functioning:
    - Completing tasks timely
    - Planning ahead/anticipating the future
    - Organizing, prioritizing
    - Starting tasks or activities
    - Inhibiting responses (may act impulsively, separate tasks)
  - Trouble thinking through a problem, or making decisions in multiple alternatives
  - Deficits in language development and abstract reasoning skills
  - Learning difficulties
  - May be distracted by trauma reminders
  - Lack of sustained curiosity

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### Dissociation

- Perceive themselves as detached from their bodies (watching themselves as if from the outside looking in)
- Feel as if they are in a dream or some sense that the world or their experiences are not quite real
- Feel as if stressful or traumatic experiences are happening to someone else
- Lose some or all memories of the traumatic experiences, resulting in gaps in time or even gaps in their personal history
- May appear to be "sleeping out" or "daydreaming" (often when feeling stressed or triggered)
- At its extreme, a child may not cut off or lose touch with various aspects of the self.
- Significantly fragmented sense of time and continuity

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### SAMSHA to NCTSN Crosswalk

<table>
<thead>
<tr>
<th>SAMSHA</th>
<th>NCTSN</th>
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<tbody>
<tr>
<td>Physiology / Neurodevelopment</td>
<td>Physical Health, Body &amp; Brain</td>
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<tr>
<td>Emotional Responses</td>
<td>Emotional Responses</td>
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<tr>
<td>Impulse Control / Self-Regulation</td>
<td>Behavior</td>
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<td>Self-Image</td>
<td>Self-Concept/Future Orientation</td>
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<td>Relationships with Others</td>
<td>Attachment &amp; Relationships</td>
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<tr>
<td>Cognitive Processes</td>
<td>Cognition, Thinking and Learning</td>
</tr>
<tr>
<td>Dissociation</td>
<td>Dissociation</td>
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</tbody>
</table>
Linking Impairments to Complex Trauma Exposure


Let’s discuss 6 year old Manny and areas of Impairment:

- Are there impairments in at least two domains? Which ones? How can we assess these? Are they acute?

- **Relationship with Others:** Difficulty trusting others, i.e. school counselor
- **Impulse Control/Self-Regulation:** Intense, extreme reactions-as reported by school counselor in school and as he gets older.
- **Cognition and Cognitive Processes:** Difficulty concentrating as reported by school counselor; Distracted by trauma reminders as he gets older.
Assessing Impairment
SAMPLE Scales:

- **YOQ- Youth Outcome Questionnaire** (Burlingame et al., 1996)
  - Relationship with Others- Interpersonal distress and interpersonal relations and; Impulse Control- Behavioral dysfunction; social problems
  - Ages 4-17
  - The Y-OQ®-2.01 is a 64 item report completed by the parent or caregiver. It is designed to reflect the total amount of distress a child or adolescent is experiencing

- **BRIEF- Behavior Rating Inventory of Executive Function** (Gioia et al., 2000)
  - Cognition- Asses impairment of executive functioning
  - Ages 5-18 years
  - The BRIEF is an 86 item report completed by the parent or caregiver and teachers. It is designed to assess impairment in executive function behaviors in the school and home environments and takes about 10-15 mins to complete.
The Importance of Linking the Assessment to Treatment

Linking trauma exposure and its impact on function and well being is crucial to identifying an effective treatment.
Treatment for Complex Trauma

• The following interventions have been developed specifically for Complex Trauma and were designed to address a range of developmental concerns and competencies:

For children, adolescents, and young adults:
• ARC: Attachment, Regulation & Competency
• TST: Trauma Systems Therapy

For adolescents and young adults:
• ITCT-A: Integrative Treatment of Complex Trauma for Adolescents
• SPARCS: Structured Psychotherapy for Adolescents Responding to Chronic Stress
• TARGET-A: Trauma Affect Regulation: Guide for Education and Therapy

For children and their parents or caregivers:
• ITCT-C: Integrative Treatment of Complex Trauma for Children
• RLF: Real Life Heroes

For the entire family:
• SFCR: Strengthening Family Coping Resources

Note: While not specifically designed for complex trauma, TF-CBT (Trauma-Focused Cognitive Behavioral Therapy) and CPP (Child-Parent Psychotherapy) have also been utilized effectively to reduce PTSD and related difficulties in select complex trauma populations and settings. Please consult with a certified trainer for guidance on how to adapt TF-CBT or CPP for complexly traumatized populations.

http://www.nctsnet.org/trauma-types/complex-trauma/treatment-complex-trauma
The Complex Trauma Determination Form

Let’s review it together.
### Complex Trauma Eligibility Determination Form

Children’s Eligibility for Health Home Care Management services on the basis of Complex Trauma is based on three criteria. All three must be present in order for a child to be determined eligible. In addition to eligibility, the child must separately be determined appropriate for Health Home Care Management in accordance with current DOH guidance.

Child Name:  
DOB:  
Medical#:  
CMA:  
Health Home:  
Date:  

#### I. Complex Trauma Exposure

Based on the Complex Trauma Exposure Assessment (CTEA), has the child been exposed to multiple interpersonal traumatic events or at least one chronic interpersonal trauma lasting 18 months* or more?  

* For young children (ages 0-5) a determination of “chronic” exposure can be made for periods less than 18 months

<table>
<thead>
<tr>
<th>Exposure Category</th>
<th>Present? Y/N</th>
<th>Chronic? Y/N</th>
<th>Comments (onset, duration, description)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychological Maltreatment (emotional abuse/neglect)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neglect</td>
<td></td>
<td></td>
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<tr>
<td>Displacement</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Attachment Disruption</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sex Abuse</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Sex Assault</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trafficking/Commercial</td>
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<td></td>
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</tr>
<tr>
<td>Sexual Exploitation</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Physical Abuse</td>
<td></td>
<td></td>
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<tr>
<td>Domestic Violence</td>
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<tr>
<td>Physical Assault/Interpersonal Violence</td>
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<td></td>
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<tr>
<td>Community Violence</td>
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<td></td>
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<tr>
<td>War / Political Violence</td>
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<td></td>
<td></td>
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<tr>
<td>Stalking / Kidnapping</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bullying</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### II. Functional Impairments

Based on the use of validated assessment instruments in accordance with the process developed by DOH, and based on at least one face-to-face interview, is the child experiencing functional impairments in at least two of the following categories, or acute impairment in at least one category?  

Yes  
No
II. Functional Impairments

Based on the use of validated assessment instruments in accordance with the process developed by DOH, and based on at least one face-to-face interview, is the child experiencing functional impairments in at least two of the following categories, or acute impairment in at least one category? Yes  No

<table>
<thead>
<tr>
<th>Impairment Category</th>
<th>Present?</th>
<th>Acute?</th>
<th>Instrument / Method</th>
<th>Comments (onset, duration, description)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physiology / Neurodevelopment</td>
<td></td>
<td></td>
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<tr>
<td>Emotional Response</td>
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<tr>
<td>Cognitive Processes</td>
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<tr>
<td>Impulse Control / Self-Regulation</td>
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<tr>
<td>Self-Image</td>
<td></td>
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<tr>
<td>Relationships with Others</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Dissociation</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

II. Links between Traumatic Exposure and Experience of Functional Impairments

- In your professional opinion, are the Functional Impairments listed in Section II resulting from, or linked to, the Trauma Exposure described in Section I? Yes  No
- Are these Functional Impairments best explained as being a result of, or exacerbated by, Complex Trauma, and not as the result of some other diagnosis or developmental delay?* Yes  No

*As long as complex trauma is present, the addition of a co-morbid disorder or diagnosis does not disqualify the child.
The Completed Complex Trauma Eligibility Form

Complex Trauma Eligibility Determination Form

Children's Eligibility for Health Home Care Management services on the basis of Complex Trauma is based on three criteria. All three must be present in order for a child to be determined eligible. In addition to eligibility, the child must separately be determined appropriate for Health Home Care Management in accordance with current DOH guidance.

Child Name: Manny R
DOB: 1/2/2008
Medicaid:
CMA: Agency X
Health Home: Organization Y
Date: 7/7/2017

I. Complex Trauma Exposure
Based on the Complex Trauma Exposure Assessment (CTEA), has the child been exposed to multiple interpersonal traumas/events, or at least one chronic interpersonal trauma lasting 18 months* or more?  **No**

* For young children (ages 0-5) a determination of "chronic" exposure can be made for periods less than 18 months

III. Links between Traumatic Exposure and Experience of Functional Impairments
- In your professional opinion, are the functional impairments listed in Section II resulting from, or linked to, the Trauma Exposure described in Section I?  **Yes**
- Are these Functional Impairments best explained as being a result of, or exacerbated by, Complex Trauma, and not as the result of some other diagnosis or developmental delay?  **No**
*As long as complex trauma is present, the addition of a co-occurring disorder or diagnosis does not disqualify the child.

Comments: Manny's family is currently experiencing financial difficulties that put them at risk for losing their current housing.

IV. Eligibility Determination
As a Licensed professional acting within my scope of practice, I find that the child referenced herein
- **IS**
- **IS NOT**

experiencing Complex Trauma in accordance with the definition approved by CMS for Health Home eligibility purposes.

Print Name: Clinician
Credential: LMHC
License #: 001234
Signature: [Signature]
Date: 7/7/2017

Attachments:
- o Referral Cover Sheet
- o Medical Consent
- o Trauma Exposure Assessment
- o Functional Impairment Assessment Materials (1st)
- o Collateral / Background Materials Provided (1st)

Complex Trauma Eligibility Determination
Updated March 7, 2017
Important Note:

• Children can enter Health Homes in other ways. If they do not meet the eligibility criteria to enter with a determination of Complex Trauma, they may still be enrolled in other ways.

As a reminder, here are the requirements for entering a HH:
• The individual must be enrolled in Medicaid
• Medicaid members are eligible to be enrolled in a Health Home if they have:
  • Two or more chronic conditions OR
  • One single qualifying chronic condition:
    ✓ HIV/AIDS or
    ✓ Serious Emotional Disturbance (SED) or
    ✓ Complex Trauma (Children)
Challenges and Barriers in Completing the CTEA

- Access to Licensed Professionals
- Timeliness of Assessment
- Underreporting by Client
- Provider (Licensed Professional) Barriers
- Cultural Differences
Access to Licensed Professionals

• Make linkages in the community- i.e. Schools, Pediatrician Office, etc.
• McSilver is sending out the provider survey- please complete if you haven’t done so.
  • We’re hoping to create a directory for your use
• Use managed care contact as well to help locate licensed professionals
• McSilver will be presenting a webinar in the late summer on helping to create these networks
Timeliness of Assessment

• Health Homes should connect with their existing community partners.
• HHs need to create their network partner list and ensure their HH and CMAs are connected to the MAPP system. This gives some priority to HHs and CMAs based on linkages.
• HHs should continue to build their network partner lists through increased linkages with community partners.
• HH has taken 30-45 day approach for referrals and connections to Licensed Professionals that can complete the assessments.
• The assessment itself is ideally completed within a week.
Reasons a Client May Not Disclose Past Traumas

- Concern for safety or legal status
- Fear of being judged by service providers
- Shame about victimization
- Reticence about talking with others in response to trauma
- Not recalling past trauma through dissociation, denial, or repression
- Lack of trust in others, including BH service providers
- Doesn’t define an event as traumatic
- Traumatic memories can be fragmented, confusing or frightening
- Concerns about privacy and Confidentiality

Are there any other client barriers?
What if the Client Doesn’t Tell the Truth When I Ask Questions?

• There are many self- and family-protective reasons that a client may choose to not answer your questions honestly.

• The results can be accurate only to the extent a client answers honestly.
  • Let them know that they are not being “tested” and that there are no right or wrong answers
  • Let clients know you will absolutely be sharing the result of the screens with them
  • Help clients understand that answering the questions honestly will help to determine the services that will best support family members.
Provider Barriers

• The licensed professional conducting the assessment may feel reluctant to initiate discussions about trauma exposure(s)
  • Studies show that clinicians underestimate the incidence of trauma exposure in their clients, and fail to ask traumatized clients about their exposure to trauma
  • Clinicians may feel uncomfortable asking about trauma because they fear it will be too distressing for their clients, they fear the effect it will have on them, or because they don’t feel they have the skills to help the client after disclosure
  • Provider may feel uncomfortable with emotions that arise from listening to client experiences a of trauma
  • Provider’s own trauma history
  • Cultural Differences

What are some of your potential barriers?
Cultural Differences

Cultural factors, such as norms for expressing psychological distress, defining trauma, and seeking help, can affect:

- How traumas are experienced.
- The meaning assigned to the event(s).
- How trauma-related symptoms are expressed (e.g., as somatic expressions of distress, level of emotionality, types of avoidant behavior).
- Willingness to express distress or identify trauma with a behavioral health service provider and sense of safety in doing so.
- Whether a specific pattern of behavior, emotional expression, or cognitive process is considered abnormal.
- Willingness to seek treatment inside and outside of one’s own culture.
Other Barriers?

What else can get in the way of completing the CTEA?
Principles of a Trauma-Informed Approach

• Safety
• Trustworthiness and Transparency
• Collaboration and Mutuality
• Empowerment
• Voice and Choice

(Fallot 2008)
TRAUMA INFORMED CARE

UNDERSTANDING TRAUMA

NON TRAUMA INFORMED

POWER OVER
YOU CAN'T CHANGE
JUDGING
PEOPLE NEED FIXING FIRST
OPERATE FROM THE DOMINANT CULTURE
PEOPLE ARE OUT TO GET YOU
RIGHT/WRONG
HELPING
"YOU'RE CRAZY!"
COMPLIANCE/OBEYDENCE
NEED-TO-KNOW BASIS FOR INFO
PRESENTING ISSUE
"US AND THEM"
LABELS, PATHOLOGY
FEAR-BASED
I'M HERE TO FIX YOU
DIDACTIC
PEOPLE MAKE BAD CHOICES
BEHAVIOR VIEWED AS PROBLEM
WHAT'S WRONG WITH YOU?
BLAME/SHAME
GOAL IS TO DO THINGS THE 'RIGHT' WAY
PRESCRIPTIVE
PEOPLE ARE BAD
CONSIDER ONLY RESEARCH AND EVIDENCE

POWER WITH
YOUR BRAIN IS "PLASTIC"
OBSERVING
PEOPLE NEED SAFETY FIRST
CULTURAL HUMILITY
PEOPLE CAN LIVE UP TO THE TRUST YOU GIVE THEM
MULTIPLE VIEWPOINTS
LEARNING
"IT MAKES SENSE"
EMPOWERMENT/COLLABORATION
TRANSPARENCY AND PREDICTABILITY
WHOLE PERSON AND HISTORY
WE'RE ALL IN THIS TOGETHER
BEHAVIOR AS COMMUNICATION
EMPATHY-BASED
SUPPORT HEALING
PARTICIPATORY
PEOPLE WHO FEEL UNSAFE DO UNSAFE THINGS
BEHAVIOR VIEWED AS SOLUTION
WHAT HAPPENED TO YOU?
RESPECT
GOAL IS TO CONNECT
CHOICE
PEOPLE ARE DOING THE BEST THEY CAN
CONSIDER ALSO LIVED EXPERIENCE
Safety

- Language – avoid jargon
- Acknowledge non-verbal as communication
- Acknowledge silence as communication
- Clarify what is unclear, Create an opportunity for families to ask questions
- Avoid judging
- Avoid gender assumptions
- Be careful about using terms like offender or perpetrator (might be loved one)
Healing from Complex Trauma

Anyone who interacts with a child, who has experienced (complex) trauma, in their home, school, and community can make important contributions to healing and growth. Every interaction is an opportunity for healing.
Our Process (McSilver and DOH) and Next Steps

• Readiness Assessment (Jan 2017) - Your organization's individualized results were sent back to the individual that submitted the readiness assessment. We really appreciate your participation and your submissions have helped us create our future offerings.

• In-Person trainings (Feb 2017) on the workflow and CTES, CTEA, Functional Impairment Assessment, and the Determination process.

• CTES Webinar (June 2017)

• In-depth CTEA Trainings (i.e. today!)

• Provider Survey - (June 2017) to get a sense of licensed professionals and providers' ability to complete the CTEA and provide treatment for Complex Trauma. We hope to create a directory with this information for your use in the future.

• Complex Trauma Networking Webinar (September 2017) - This training will discuss a focus on assisting with identifying licensed professional for assessment and treatment.

• Plan of Care Trainings in the Future!
Questions or Concerns?

Send questions, comments or feedback on Health Homes Serving Children to: hhsc@health.ny.gov or contact the Health Home Program at the Department of Health at 518.473.5569

If you have additional questions about this training or technical assistance, please email us here: HHcomplextrauma.info@nyu.edu

You can access documents here: http://ctacny.org/complextrauma

Or here: https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/health_homes_and_children.htm
Thank you for joining us today!
Resources

General Information on Complex Trauma: http://www.nctsn.org/trauma-types/complex-trauma

Effects of Complex Trauma: http://www.nctsn.org/trauma-types/complex-trauma/effects-of-complex-trauma

Guidelines for Complex Trauma Assessment:

NCTSN: “How to Conduct a Comprehensive Assessment of Complex Trauma” http://www.nctsn.org/trauma-types/complex-trauma/assessment


Measures to Assess Complex Trauma: http://www.nctsn.org/content/standardized-measures-assess-complex-trauma

Information on Adverse Childhood Events: https://www.ted.com/talks/nadine_burke_harris_how_childhood_trauma_affects_health_across_a_lifetime?language=en


Removed: https://www.youtube.com/watch?v=lOeQUwdAjE0

Center for Child Trauma Assessment, Services, and Interventions: http://cctasi.northwestern.edu/

NCTSN- CT Treatments: http://www.nctsnet.org/trauma-types/complex-trauma/treatment-complex-trauma

DOH HH Information: https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/health_homes_and_children.htm