Yes, there really is a “Kalamazoo”
CTAC Philosophy

CTAC recognizes that exposure to potentially traumatic events can affect child functioning across developmental domains. To assess this potentially global impact a transdisciplinary team provides the most effective method for understanding the needs of each child.
Primary Goal

To Understand each Child’s Brain Functioning
Power of the Transdisciplinary Model

It’s all the same elephant!
Building on the strengths of multiple disciplines and responding to the functional needs of traumatized children

- Medical
- Audiology
- Occupational Therapy
- Social Work
- Speech/Language
- Parent/Caregiver
## Overview of Assessment

<table>
<thead>
<tr>
<th></th>
<th>Strength</th>
<th>Within Age Expectations</th>
<th>Moderate Concern</th>
<th>Major Concern</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical/Medical</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Developmental</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cognition/Academic</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emotional/Behavioral</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trauma Index</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The Complex Trauma Assessment Challenge

Our traumatized kids are not known through definable categories ....
The Complex Trauma Assessment Challenge

They are extremely complex and cannot be known through bits of information, testing results, definitions, and diagnoses.
Our CTAC Assessment Children
Meet Meg

Meg is 14 years old. The presenting problem includes that Meg has “meltdowns”, including hysterical crying, name calling and often goes to sleep, plays loud music or “turns people off”. Mood swings and temper tantrums are described. She often believes that men are coming on to her and dresses provocatively. Meg demonstrates highly controlling behavior with caregivers and peers, and often attempts to evoke sympathy to get attention. She takes things that do not belong to her and demonstrates minimal remorse when caught.
## Demographics of children assessed since 2000

<table>
<thead>
<tr>
<th></th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gender (n=1590)</strong></td>
<td>55%</td>
<td>45%</td>
</tr>
<tr>
<td><strong>Mean age (n=1472)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0-3</td>
<td>26%</td>
<td></td>
</tr>
<tr>
<td>4-12</td>
<td>60%</td>
<td></td>
</tr>
<tr>
<td>13+</td>
<td>14%</td>
<td></td>
</tr>
<tr>
<td><strong>Race/ethnicity (n=639)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Black/African Am.</td>
<td>21%</td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>76%</td>
<td></td>
</tr>
<tr>
<td>Native American</td>
<td>4%</td>
<td></td>
</tr>
<tr>
<td>Hispanic</td>
<td>6%</td>
<td></td>
</tr>
</tbody>
</table>
## Placement at Time of Assessment
(n=1162)

<table>
<thead>
<tr>
<th>Placement</th>
<th>n, Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent</td>
<td>206 (18%)</td>
</tr>
<tr>
<td>Foster Care</td>
<td>636 (55%)</td>
</tr>
<tr>
<td>Relative</td>
<td>246 (21%)</td>
</tr>
<tr>
<td>Residential</td>
<td>74 (6%)</td>
</tr>
</tbody>
</table>
I. Physical/Medical: Fetal Alcohol Exposure

<table>
<thead>
<tr>
<th>Exposure Level</th>
<th>Number of Kids</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>None known</td>
<td>884</td>
<td>62.7</td>
</tr>
<tr>
<td>On FASD spectrum</td>
<td>469</td>
<td>33.2</td>
</tr>
<tr>
<td>FAS</td>
<td>58</td>
<td>4.1</td>
</tr>
</tbody>
</table>
II. Developmental Fine Motor Functioning
n=813

- Strength: 2%
- No Problem: 16%
- Mild Problem: 20%
- Moderate Problem: 19%
- Major Problem: 44%
Receptive Language Functioning
n=813

- Strength: 4%
- No Problem: 10%
- Mild Problem: 15%
- Moderate Problem: 21%
- Major Problem: 51%
Expressive Language Functioning
n=813

- Strength: 4%
- No Problem: 13%
- Mild Problem: 18%
- Moderate Problem: 18%
- Major Problem: 48%
Memory Functioning
n=813

- 3% Strength
- 6% No Problem
- 10% Mild Problem
- 18% Moderate Problem
- 64% Major Problem
Bobby age 13 during psychosocial interview

“My adoptive mother will tell me to go into the kitchen and get her something. When I get in the kitchen I can’t remember what she said. I say to myself, “Did she want a coke, or was it a banana, or potato chips.” I know it must be a coke because she likes coke. I bring it in to her excited because I know I got it right. She starts yelling at me that I don’t listen to her and don’t care about her because she wanted a banana. “What is wrong with me?
Sequential Functioning
n=813

- Strength: 1%
- No Problem: 12%
- Mild Problem: 16%
- Moderate Problem: 21%
- Major Problem: 49%
Visual Processing Functioning

n=813

- Strength: 4%
- No Problem: 10%
- Mild Problem: 16%
- Moderate Problem: 17%
- Major Problem: 53%
Social Communication and Social Cognition (n=92-189)

- Narrative: 60% No Problem, 40% Demonstrated Difficulty
- Story Generation: 44% No Problem, 56% Demonstrated Difficulty
- Two Person Social Cognition: 50% No Problem, 50% Demonstrated Difficulty
- Non-Literal Statements: 53% No Problem, 47% Demonstrated Difficulty
### Sensory Motor Differences

<table>
<thead>
<tr>
<th>Factor</th>
<th>Probable Difference</th>
<th>Definite</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tactile Sensitivity</td>
<td>16%</td>
<td>31%</td>
<td>47%</td>
</tr>
<tr>
<td>Taste/Smell Sensitivity</td>
<td>13%</td>
<td>12%</td>
<td>25%</td>
</tr>
<tr>
<td>Movement Sensitivity</td>
<td>14%</td>
<td>16%</td>
<td>30%</td>
</tr>
<tr>
<td>Sensory Seeking</td>
<td>16%</td>
<td>54%</td>
<td>70%</td>
</tr>
<tr>
<td>Auditory Filtering</td>
<td>16%</td>
<td>53%</td>
<td>69%</td>
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<tr>
<td>Visual/Auditory</td>
<td>12%</td>
<td>16%</td>
<td>28%</td>
</tr>
<tr>
<td><strong>TOTAL SCORE</strong></td>
<td><strong>20%</strong></td>
<td><strong>40%</strong></td>
<td><strong>60%</strong></td>
</tr>
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Short Sensory Profile (38 items)

N=293 children 3-10 years
III. Cognitive/Academic: K-Bit2 (FASD children excluded)

n=565

<table>
<thead>
<tr>
<th></th>
<th>No Known Traumatic Impact</th>
<th>Moderate Traumatic Impact</th>
<th>Major Traumatic Impact</th>
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<tbody>
<tr>
<td>Verbal</td>
<td>98.6</td>
<td>93.1</td>
<td>90.7</td>
</tr>
<tr>
<td>Nonverbal</td>
<td>102.5</td>
<td>96.7</td>
<td>93.8</td>
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<tr>
<td>Composite</td>
<td>100.7</td>
<td>96.1</td>
<td>92.1</td>
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IV. Social/Family

Caregiver and/or Parent Interview:

Ethnographic interview partners with parents to explore child’s strengths and needs.

- Caregiver’s regard for child
- Caregiver’s attunement to child’s reactivity and survival mechanisms
- Parent observations of secure, insecure or ambivalent behavior in primary and peer relationships
“He adds that although Jamie has been through a lot “she is just an ordinary person...her situation is overrated.” However he concedes that has some concern that Jamie’s brain is a little “off,” indicating that she has a hard time balancing herself. Nevertheless, he reports that when he and Jamie are together alone they do just fine”.
• “Raylin is a drama queen. She has a need to be the center of attention and makes a really big deal out of everything. She overreacts to small salutations and is easily overwhelmed. She has limited problem solving skills”.
Attachment
Observations of Child and caregiver

– provides method of observing caregiver’s skills of engagement, structure, nurturance and appropriate challenge.

– Child’s response to caregiver – accept and responsive to engagement, accept structure and affection, enjoy interaction.

– Parent’s ability to praise, reflect and attend to child (attunement).
Attachment and the Child’s Working Model of the world and Self

Child Interview provides child perspective of their experiences, their expectancies and relationships that provide them with sense of being understood and cared for.
V. Emotional Behavioral

– Gaining child’s perception of themselves and their world
– Pursuing child’s process (not specific content)
CBCL - ages 6+ (n=275)

- Anxious Withdrawal: 60.6
- Withdrawn Depressed: 62.2
- Somatic: 58.5
- Social Problems: 60.1
- Thought Problems: 64.2
CBCL Domains, continued

![Bar chart showing Attention, Rule Breaking, and Aggression domains.](chart.png)

- **Attention**: 68.3
- **Rule Breaking**: 65.7
- **Aggression**: 68.1
CBCL - ages 6+ (n=275)

- Internalizing: 60.7
- Externalizing: 66.6
- Total Score: 66.4
ADHD Symptoms
Caregiver Report  n=248

- Hyperactivity: 31% Under 90th Percentile, 69% 90th Percentile and Above
- Inattention: 30% Under 90th Percentile, 70% 90th Percentile and Above
- Total: 28% Under 90th Percentile, 72% 90th Percentile and Above
## Sensory Motor Differences

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<td><strong>40%</strong></td>
<td><strong>60%</strong></td>
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</table>

Short Sensory Profile (38 items)

N=293 children 3-10 years
Alexithymia – Scale of 0 – 14, according to traumatic exposure (n=204) p= .005

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<thead>
<tr>
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<th>N</th>
<th>Mean Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>None or Mild Traumatic Exposure</td>
<td>62</td>
<td>6.81</td>
</tr>
<tr>
<td>Moderate to Significant Traumatic Exposure</td>
<td>142</td>
<td>8.37</td>
</tr>
</tbody>
</table>
Tom age 17 stated the following during psychosocial interview

- “I feel unwanted. I am a “throwaway kid.” I don’t see anything worthwhile in me. Others don’t either. I cannot trust others, I expect others to leave me and to betray me.”
Bill age 11 during psychosocial interview

• “When I get really mad me brain goes dead. But it is so weird, when I am not mad my brain comes back.”
Bobby age 13 during psychosocial interview

“My adoptive mother will tell me to go into the kitchen and get her something. When I get in the kitchen I can’t remember what she said. I say to myself, “Did she want a coke, or was it a banana, or potato chips.” I know it must be a coke because she likes coke. I bring it in to her excited because I know I got it right. She starts yelling at me that I don’t listen to her and don’t care about her because she wanted a banana. “What is wrong with me?"
VI. Trauma: Number of Types of Maltreatment Events (n=527)

None: 3%
One: 11%
Two: 32%
Three: 31%
Four or more: 23%
Traumagenic Betrayal and Loss
N=562
- 72% - a major presenting factor
- 33% - their primary presentation
Traumagenic States
n=562

• Dissociative
  – 41% are clinically at risk of dissociative coping
  – 11% have dissociative coping as a primary presentation
Sarah age 12 during a second psychosocial interview three years after the first assessment.

• The clinician asked what was one of the hardest things she was facing. She quickly responded “I feel scared of things, but I do not want to show it. I was scared of my mom (birth) and sometimes I can be scared of my foster mother when she gets mad at me. When my foster mother gets mad at me I suddenly am back with my mom (birth). It is like I become invisible to what is happening now. It is like I am watching my mom yell at me from above.”
VI. Conclusions: Integration

• Combining theory, research, test scores, transdisciplinary observations and expertise to explain the relationship between brain functioning, traumatic stress, and the child’s perception of the world.

• Assisting caregivers and professionals to understand the child and her behaviors differently through a brain-behavior paradigm
VIII. Recommendations

- Address traumatic impact: utilization of the core elements (Layne, 2010)
- Address placement and permanency needs
- Alternative therapies
  - Occupational Therapy: Sensory Processing
  - Speech Language: Social Communication
Continuing Medical Education Commercial Disclosure Requirement

We, (Southwest Michigan Children’s Assessment Center, including Jim Henry, Connie Black-Pond and Margaret Richardson), have no commercial relationships to disclose.