



FAMILY FORWARD

safer, healthier relationships
for children and families

What do we do at the DTC?

Trauma
assessments and
Psychological
assessments

Family
Engagement

Therapy: home,
office, group

Therapeutic
Preschool

Occupational
Therapy


Research



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Routine Psychological Assessments

- Heavy focus on standardization over client relationship
 - Sterilized
 - Without collaboration – client participates in testing but not in analysis or conceptualization
 - How is a trauma informed assessment different?
- 

Caregivers Seeking Assessment

What might we assume about caregivers seeking an evaluation, especially when trauma is involved?



Case Example: Alex* 8yo White Male

Let's Discuss!

- Alex & Sibbs taken from bio parents due to use/production methamphetamines
- Placements: Kinship, 3 additional foster
- Visits w/bio family became too chaotic; virtual during pandemic
- Little info known about pregnancy; prenatal care obtained
- Medical issues in early stages of life
- Academic Hx:
 - 2nd grade
 - IEP for Speech Thx
 - Strength: Math
 - Weakness: Spelling & Reading
- Trauma Hx:
 - Neglect, poverty (lack of utilities), unsupervised, untreated dental issues
 - Exposure to physical abuse & violence
 - Bio parents used illegal substances

*Identifying information altered for presentation

Case Example: Alex* 8yo White Male

Let's Discuss!

Social/Emotional/Bxal:

- Somewhat aggressive; friendly, yet plays rough to point of accidentally hurting others
- Trouble w/ attention & concentration
- Takes a while to complete tasks
- Does not open up about past events
- Social butterfly
- Trouble identifying how he feels, yet can easily describe others' feelings
- Violent drawings
- Stares blankly & grinds teeth when very upset
- When stressed, shuts down, curls up in ball, covers his ears
- Lies; unsure if intentionally tries to hurt others
- Difficult to calm down & complete transitions
- Seeks "hard hugs," throws self on ground, jumps around when overwhelmed

Strengths:

- Fast runner "like a cheetah"
- Wants to please & thinks of others
- Independent
- Funny & quick-witted

What is the Neurosequential Method of Therapeutics (NMT)?

- Dr. Bruce Perry, Psychiatrist, Neuroscientist
- Neurosequential Network:
<https://www.neurosequential.com/>
- A framework for conceptualizing cases and treatment through a developmental trauma lens



WHAT IS NMT?

The Neurosequential Model of Therapeutics is a neuroscience-informed, developmentally-sensitive, approach to the clinical problem solving process.

It is not a therapy – and does not specifically imply, endorse or require – any single therapeutic technique or method.



Model Use

- Helps provide a different lens to see a child's behavior through
- Provides us with a template to help decide where therapy needs to start.
- Helps prioritize interventions
- Gives hope and understanding to families



HOW DOES NMT INFORM RECOMMENDATIONS AND TREATMENT?



- Developmental vs. Chronological Age
- Dr. Perry's 6 R's of positive therapeutic experiences
- “Dosing” interventions

Applying NMT Metric to Alex*



Let's discuss!

Targets for treatment:

- Move away from cognitively-based treatments
- Focus on self-regulation was key & essential to focus first
- Tap into his sensory preferences with OT services (Sensory Integration)
- Coach caregivers on how to co-regulate (Relational)

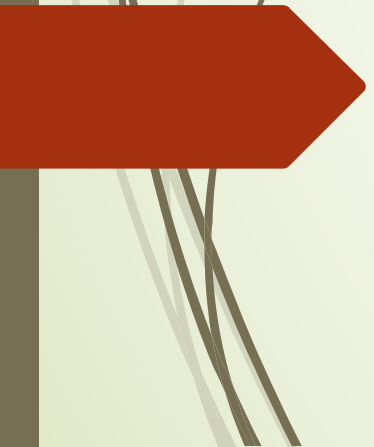
Chronological vs. Developmental Age:

- Lower regions of the brain were easily taking over in times of stress/overwhelm for Alex
- Quickly goes into fight, freeze or flee mode
- While 8 yo, in times of dysregulation, he was struggling & closer to 4-5 yo functioning
- Illustrates shifting our response to a much younger age would help Alex return to calm state



Therapeutic Dosing

State Dependent Functioning



How does the Stress Response appear in testing?

How we respond is key


Let's take a look at Alex*: Session 1 vs. 2

Session 1:

- Uncomfortable talking about sensitive subject-matter (i.e., feelings & family hx)
- High arousal & hyperactivity
- Distracted easily
- Anxious
- Walked around the room, rolled on ottoman, jumped on couch, interrupted frequently
- Attempt to distract the examiner from uncomfortable topics
- Restlessness
- Off-task
- Could only completed 7 WISC-V subtests

Session 2:

- Co-Regulation throughout session
- “match” his energy & shift it to calm state
 - Cheetah & Sloth
- Increased engagement
- Reduced restlessness
- Remained seated
- Completed 11 WJ-IV-Ach subtests



https://www.google.com/search?q=video+of+child+throwing+a+tantrum&source=lmns&tbm=vid&bih=969&biw=1920&rlz=1C1GCEA_enUS889US889&hl=en-US&sa=X&ved=2ahUKEwi59vmX25X-AhXrNt4AHXdcAwwQ0pQJKAF6BAgBEAQ#fpstate=ive&vld=cid:24915ff3,vid:ZupPO9FhA3E

Therapeutic Assessment (Dr. Stephen Finn)

- Collaborative
 - Partner with family
- Evaluation questions
 - Questions are developed at the onset that make the assessment meaningful
- Extended Inquiry
- Transparent
 - Feedback given throughout the process
- Staged feedback
 - Level 1, 2, 3

- Collaborative Assessment Model
 - Assessment is conducted transparently and collaboratively with family
 - Opportunities for “therapeutic moments”
 - Family interventions and observations included as part of the data collection process
 - Feedback on parts of assessment can happen throughout to provide the clinician an opportunity to pivot as needed and make adjustments, gather feedback from caregivers, and further/more deeply explore results



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How was TA applied to Alex's* evaluation?

- Caregiver Interview:
 - Met family where they were at
 - Assessed their capacity & motivation
 - Developed questions for evaluation together
- Extended Inquiry of Assessment Measures
- “Dosed” highlights of data points to obtain hypothesis from caregivers
- Included caregiver to observe play-based observation
- Feedback Session:
 - Information organized based on Level 1, 2 & 3 information/findings
- Caregiver Letter
- Creation of Fable for Alex

Let's Discuss!

Assessment Options

- Trauma Assessments
 - Focus on the impact of trauma on the developing brain and intervention recommendations
- Psychological Evaluations
 - Offer “typical” assessment options, including IQ, academics, personality, social-emotional functioning, diagnostics
 - Also uses a trauma lens to conceptualize presenting problems and recommendations
- All assessments utilize the Neurosequential Model of Therapeutics (NMT)

Trauma Informed Assessments

- Pacing and “dosing” of sessions, education, and feedback
 - Sessions are generally about 2 hours long
 - Feedback is generally 2 sessions, depending on family need, allowing families to review the report and ask questions, problem solve difficult situations, and apply recommendations
 - Sensitive to individual client and family needs and culture
- Ongoing communication and 3 month follow up by clinician

Progression of Alex's* Evaluation

Let's Discuss!

- 4 Month Process
- Caregiver Interview – Part 1 (Virtual)
- Session 1: In-person testing w/ Alex
 - WISC-V
 - Incomplete Sentences
 - HTP/DAP
 - BASC-3 & RCMAS-2
- Session 2: In-person testing w/Alex
 - Regulation Strategies
 - Roberts-2
 - WJ-IV-Ach
 - Play-based observation w/ Caregiver
- Caregiver Interview – Part 2 (Virtual)
- Feedback – 1
 - Focused on answering caregiver Questions & NMT Metric
- Feedback – 2
 - Implementation of recommendations
- 3 Month Follow Up

IMPORTANCE OF CAREGIVERS AND FAMILIES

- Framing recommendations for caregivers
- Recognizing caregivers' readiness for information and change
- Reconceptualizing the “problem” and “solution”
 - Progression of the behaviors over time
 - Brains don't change with one hour a week of therapy
 - Use dependent functioning



IMPORTANCE OF CAREGIVERS AND FAMILIES

- Role of the family system
 - Consider the stress and needs of the caregivers involved
 - Families dynamics inform interventions
 - Co-regulation/state-based functioning
- Attempt to minimize stress of intervention on the family and others in the “therapeutic web.”
 - Utilize pre-existing strengths and resources
- Interventions for the family as a unit can help everyone

Feedback & Recs for Alex's Family

Let's Discuss!

- Caregivers giving themselves grace
- Examining what the stress response looked like for each child & caregiver
- Things about Sensory Integration, Regulation & Relational
- Consider what co-regulation looks like for each child (e.g., change in scenery, fewer distractions nearby, quiet vs. loud, more time)
- Two other sibs in home so got creative as to what could be utilized for all of them & their sensory preferences
 - Sensory Bins
 - “Dosing” of relational moments
 - “Guy Nights” for Dad & 2 brothers
- School:
 - give recommendations for them to understand the stress response & why Alex shut down
 - Tips for school to co-regulate as well

Caregiver Letter & Alex's* Fable

- Caregiver Letter:
 - Highlighted caregivers' & client's strengths
 - Less formal; written in “conversational” format
 - Each questions outlined
 - Response given how data/observations answer questions
 - Supportive, encouraging language
- Fable: “Speedy Cheeto”

Let's Discuss!



References

Perry, B.D. (2020). The Neurosequential Model. In J. Mitchell, J. Tucci, & E. Tronick (Eds.), *The handbook of therapeutic care for children: Evidence-informed approaches to working with traumatized children and adolescents in foster, kinship, and adoptive care* (pp. 137-155). Jessica Kingsley Publishers.

Perry, B.D. (2014). The Neurosequential Model of Therapeutics: An application of a developmentally sensitive and neurobiology-informed approach to clinical problem solving in maltreated children. In K. Brandt, B. Perry, S. Seligman, & E. Tronick (Eds.), *Infant and early childhood mental health: Core concepts and clinical practice* (pp. 21-32). American Psychiatric Publishing.

Smith, J.D. (2010). Therapeutic Assessment with Children and Families: Current Evidence and Future Directions. *Emotional & Behavioral Disorders in Youth*, 39-43.

Sori, C.F. & Schnur S. (2013). *Integrating a Neurosequential approach in the treatment of traumatized children: An interview with Eliana Gil, Part II*. *The Family Journal: Counseling and Therapy for Couples and Families* (1-8).

Tharinger, D.J., Finn, S.E., Wilkinson, A.D. & McDonald Schaber, P. (2007). Therapeutic Assessment with a Child as a Family Intervention: A Clinical and Research Case Study. *Psychology in the Schools*, 44(3), 293-309.

Therapeutic Assessment with Children: Introduction & Skill Building (2017) Presentation conducted at Center for Behavioral Health, St. Louis, MO.

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