

NEARI NEWS:

TRANSLATING RESEARCH INTO PRACTICE

An Essential Tool for Professionals Working with those who Sexually Abuse or... A Great New Way to Stay Current with Cutting Edge Sexual Abuse Research.



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Dear Colleague,

This month's issue explores Kevin Creeden's eloquent explanation of the impact of trauma on the development of a child's brain, including the role of positive attachment. We believe that this is critical information for anyone working with children or adolescents who have been abused or have sexually abused another child.

Creeden offers insights into the importance of early intervention to ensure that all traumatized children and adolescents, whether they have been abusive or been abused (or both), can grow into healthy and productive adults.

As always, if you have any questions, please don't hesitate to contact us at info@nearipress.org or call us at 413-540-0712 x14.

Sincerely,
Joan Tabachnick and Steven Bengis

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Integrating a Trauma-Sensitive Approach to Assessment and Treatment of Children and Youth

by Steven Bengis, David S. Prescott, and Joan Tabachnick

Question

How does the research about the impact of trauma on brain development affect our treatment of children and youth with sexually abusive behaviors?

The Research

In 2009, Kevin Creeden published a research-informed conceptual paper on the neurological impact of trauma. He described the implications for assessment protocols and treatment interventions for children and adolescents with sexual behavior problems and sexually abusive behaviors. Pulling from the research on brain development, developmental psychology, attachment, and cognitive development theory, Creeden has offered a developmental and holistic approach to assessment and treatment.

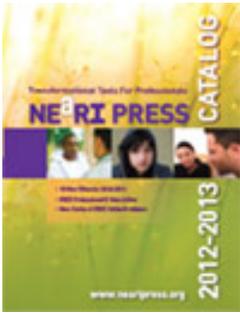
Based upon the research of Martin Teicher and other colleagues, Creeden provides an excellent overview of the impact that sustained trauma can have on three major regions of the brain:

- the brain stem
- the limbic system
- the cortex

He suggests that many of the difficulties seen in children or teens result from the prefrontal cortex's inability to regulate limbic responses and sensory input.

Creeden also emphasizes the importance of understanding the brain's left and right hemispheres. Providing a concise explanation of the role each hemisphere plays, he proposes that traumatized clients may live their lives in a more compartmentalized way, less available for analysis

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and change (especially through talk-oriented therapy), and therefore less able to process emotionally charged or threatening experiences.

Creeden further integrates the attachment work of Bowlby and Crittenden to advocate an integrated trauma-sensitive approach to assessment and treatment. He notes that the emotional reactivity seen in these children and adolescents (e.g., impulsive, explosive, or intensely avoidant behaviors) result from the interaction of genetic and environmental influences. Therefore, a counterbalancing environmental influence to trauma is strong, positive parental care. Creeden concludes that the neurobiological impact of trauma will not be seen as a "fixed set of cognitive, emotional or behavioral difficulties/deficits", but rather a continuum of responses that reflect the age at which the child is exposed to trauma and the counterbalance of supporting resources in the child's life.

Implications for Professionals

Creeden's article and last month's NEARI News article by Streeck-Fisher and Van der Kolk each make a compelling case for integrating trauma-sensitive assessment and treatment into our work with children and adolescents. No longer can we speak about choice and motivation without understanding the implications of trauma on brain development, psychological development, and a child or teen's capacity for rationality and self-regulation. Further, Creeden raises critical issues about treatment modalities that rely solely on language. He argues persuasively for the need for non-verbal, self-regulating interventions (e.g., bio and neuro-feedback, Eye Movement Desensitization and Reprocessing [EMDR], Dialectical Behavior Therapy [DBT], occupational therapy and cognitive behavioral treatment).

Implications for Professionals

A high percentage of children and adolescents who sexually abuse have experienced long-term trauma. Too often, the diagnostic labels of ADHD, Conduct Disorder, Sensory Disorder, Learning Disabilities, and others mask the long-term trauma that this population has experienced. The result is that professionals may ascribe intentionality as well as attitude and motivational deficits to what may actually be deeply ingrained, unconscious survival strategies. Professionals working with children and adolescents who have experienced long-term trauma must bring to each child a very high level of treatment skill, a deep understanding of all the manifestations of severe trauma as well as abuse-specific interventions. Only then are we able to both manage the sexually abusive behavior and heal the trauma. It is crucial that we honor this complexity and develop the skills to implement the most effective intervention strategies.

Implications for the Field

The last five or more years of research and re-conceptualization around trauma, neurobiology and attachment have produced dramatic changes in the best evidence-based practice with children and teens engaged in sexually inappropriate or abusive behavior. Creeden's article challenges us to screen each client for a trauma history and incorporate trauma-sensitive approaches into our treatment "toolkits". Creeden also challenges us to use this emerging framework with all children and adolescents who have experienced trauma in their lives. By so doing,

Questions/Feedback

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we can enhance treatment with those who sexually abuse, intervene earlier, and (hopefully) prevent sexual abuse by addressing the trauma before further harm is caused.

Abstract

Over the last several years, there has been a notable increase in neurological and neurodevelopmental research. One aspect of this research has examined how the experience of trauma in childhood can affect neurodevelopment with implications for later emotional and behavioral functioning. This research would appear to have particular relevance to our understanding and treatment of a substantial portion of the population with sexually abusive or sexually problematic behaviors. This paper seeks to give a broad introduction to some of this early research and suggests that this work offers the possibility of significantly changing the way clinicians view and treat sexual behavior problems.

Citation

- Creeden, K. (2009). How trauma and attachment can impact neurodevelopment: Informing our understanding and treatment of sexual behaviour problems. *Journal of Sexual Aggression*. Routledge.

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