Background on the Faces Clinic
The FaCES clinic was founded in 2003 to provide care for children in the immediate period following their placement. When the Department of Children and Families (DCF) takes custody of a child, their medical care can be fragmented and incomplete due to the circumstances of their withdrawal. At FaCES, children have an initial screening visit within seven days of placement and a comprehensive visit within 30 days, along with immunization updates, medication refills, laboratory evaluations as necessary, and subspecialty and mental health/developmental referrals.

My work this summer in the FaCES clinic involved clinical observation of these screening and comprehensive visits, as well as observation at multidisciplinary team meetings with DCF workers and interactions with foster children and foster parents.

Definitions
Categories of Stress: Stress can be positive, tolerable, or toxic. Positive stress enhances development, and tolerable stress does not harm development. Toxic stress is the extreme, frequent, or extended activation of the stress response, without the buffering presence of a supportive adult. Complex trauma is an extreme result of toxic stress. Complex trauma is an extreme result of toxic stress environment.

The Biology Behind Stress Reactions
The brain, endocrine, and immune system share a language of cytokines and hormones. When one system is activated, it is possible for signals to get transmitted to other systems. During periods of toxic stress, the hypothalamic-pituitary-adrenal system is activated to help the body cope with the stressful situation. In children, this entire system is still being developed, so chronic activation can lead to long-term dis-regulation of the HPA system and its role in stress and immunity. Repeated negative exposures can disrupt additional homeostatic patterns and lead to problems anxiety and depression, eating, and learning are all commonly seen among the patients in the FaCES clinic. Other symptoms can include emotional problems, issues with peer relations, conduct difficulties, and hyperactivity.

Children's reactions to Toxic Stress
Trauma and stress present differently in children than they do in adults. PTSD symptoms can be present, such as recurrent nightmares, flashbacks, and anxiety attacks. However, frequently children will have symptoms in other areas as well, and these “trauma-unrelated” symptoms can be more severe after child maltreatment than after a single-event trauma. The likelihood of these children meeting PTSD symptom criteria decreases as the trauma becomes more complex. Issues with toiletting, sleeping, behavior, eating, and learning are all commonly seen among the patients in the FaCES clinic. Other symptoms can include emotional problems, issues with peer relations, conduct difficulties, and hyperactivity.

Treatment for Children with Trauma
These therapies have been designed for children with more complex traumas. For kids with extreme complex traumas there are other therapies that are in continual development.

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)
TF-CBT is a therapy technique that was developed for children and adolescents that have been exposed to both single events and on-going or repeated trauma, as well as both together. It’s a phase-oriented therapy that helps children 5-18 develop coping strategies and a trauma narrative that can help process the trauma and reduce trauma symptoms. It has the strongest evidence of any treatment model in addressing traumas related symptoms. At the FaCES clinic, TF-CBT is recommended for older children who have the cognitive skills necessary to respond to the therapy.

Child-Parent Psychotherapy (CPP)
CPP was developed exclusively for children under six years of age. CPP focuses on direct interventions to the relationship between the child and the caregiver using play as a model for coping. CPP therapists help caregivers learn to provide secure attachment to the child, and the therapy allows the child to reenact the traumatic event through play, and create a trauma narrative appropriate to their age and understanding. This helps the child to process their feelings of anger and sadness in a safe space, while the therapist can help the caregiver understand the child’s actions and needs and teach caregivers to respond appropriately.

References