



The Journey of Healing Adopted Children's Trauma Symptoms with a Therapeutic Camp



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Abstract

- Childhood trauma, including abuse and neglect, can have long-term adverse affects.
- Hope Connection Camp 2.0 is a therapeutic camp for adopted children and their families to help children overcome early life trauma through Trust-Based Relational Intervention® (TBRI®).
- In 2022, Hope Connection Camp 2.0 included:
 - 10 families and 10 adopted (target) children
 - Pre- and post- camp assessments including the Trauma Symptom Checklist for Young Children (TSCYC).
- Our results showed a positive difference in adopted children's trauma symptoms post-camp. Future research needs to have a larger sample size to examine change in trauma symptoms.

Introduction

- Current literature suggests that children who experience early life trauma are at a higher risk of developing adverse outcomes.
- Early life trauma can negatively impact a child's development by triggering delays in social competence, forming dysfunctional coping mechanisms, and altering the child's brain chemistry.
- Youth suffering from complex trauma exhibit disorders related to attachment systems, self-regulation, physiology, dissociation, behavioral control, cognition, and self-concept.
- Hope Connection Camp 2.0 is a therapeutic camp for adopted children and their families.
 - Camp staff and volunteers utilize TBRI to build connections and nurture healthy relationships. It consists of two weekend sessions that involve group and individual activities.
 - The goal of camp is for children and their families to build better relationships with each other, understand and meet the child's needs, and teach children how to regulate their behavior.
- Prior research on the effectiveness of Hope Connection Camp has shown significant improvements in adopted children's self-regulation, executive functioning, attention deficits, and pro-social behavior.
- The examination of change in trauma symptoms over time is beneficial in evaluating the effectiveness of Hope Connection Camp 2.0 in reducing behavioral problems and trauma symptoms among vulnerable children.
- Primary caregivers were required to complete the TSCYC prior to and at the conclusion of camp.
- The TSCYC is a standardized assessment used to:
 - Screen children ages 3-12
 - Assess behaviors, feelings, and experiences of children exposed to trauma
- The TSCYC is a 90-item scale and consists of the eight subscales that are divided into two groups:
 - Anxiety, Anger, Depression, and Dissociation
 - Posttraumatic Stress Intrusion, Posttraumatic Stress-Avoidance, Posttraumatic Stress-Arousal, and Posttraumatic Stress-Total

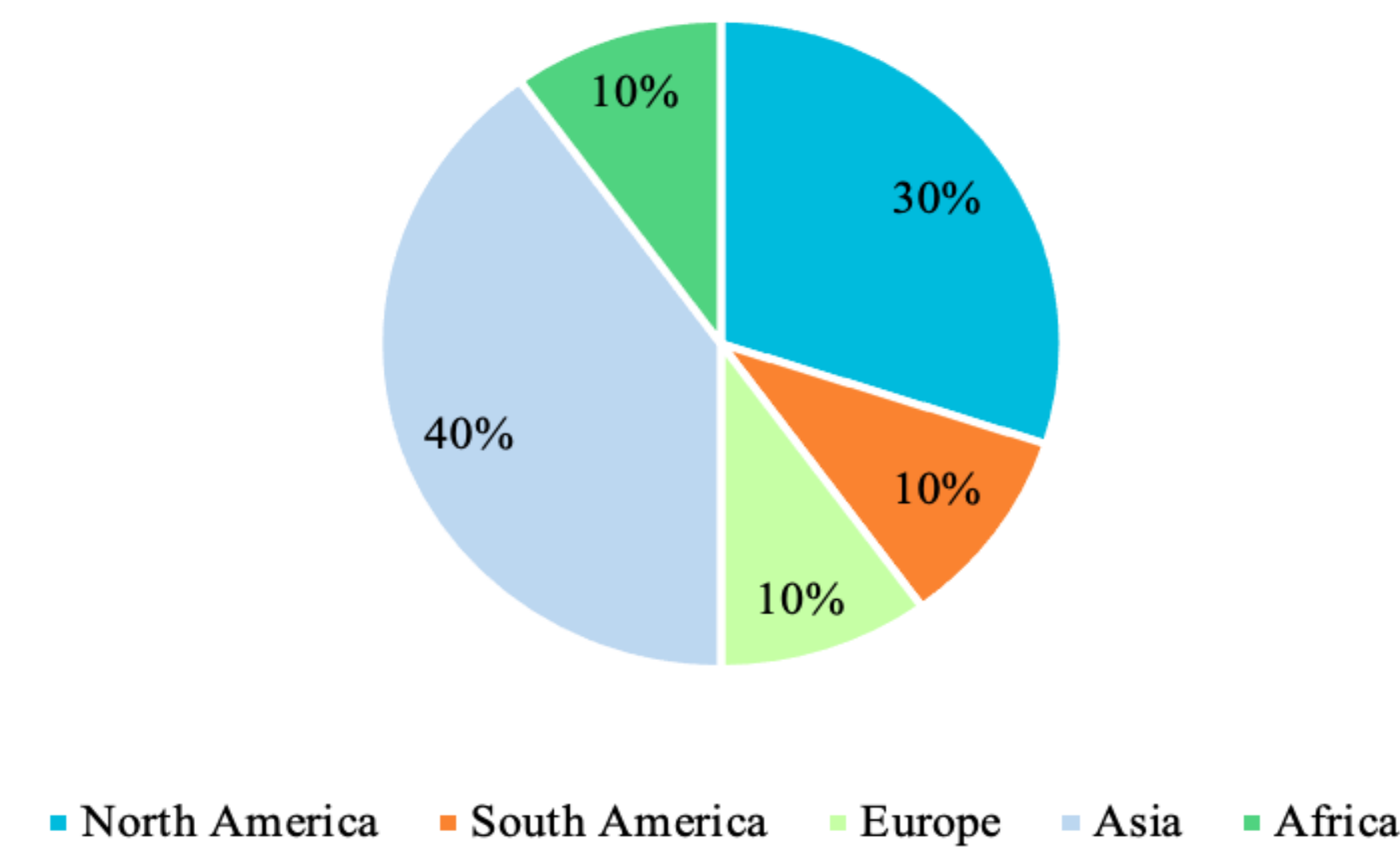
Objective

The aim of this exploratory study is to examine pre-post changes in adopted children's trauma symptoms after participating in Hope Connection Camp 2.0

Participant Demographics

| VARIABLES | | MALE | FEMALE | SAMPLE TOTAL |
|--------------------|--------------------|----------|----------|--------------|
| AGE (YRS.) | Number | 7 | 3 | 10 |
| | Mean (SD) | 9 (2.36) | 7 (8.73) | 8.7 (2.60) |
| | Minimum | 6 | 6 | 6 |
| | Maximum | 12 | 9 | 12 |
| AGE OF ADOPTION | Mean | 3.8 | 2.8 | 3.5 |
| | Standard Deviation | 2.8 | 0.3 | 2.3 |
| RACE | Caucasian | 1 | 0 | 1 |
| | Asian | 1 | 3 | 4 |
| | Black | 2 | 0 | 2 |
| | Hispanic | 1 | 0 | 1 |
| | Two or more races | 2 | 0 | 2 |
| STATE OF RESIDENCE | In-State | 4 | 3 | 7 |
| | Out of State | 3 | 0 | 3 |
| PRIMARY CAREGIVER | | 3 | 7 | 10 |

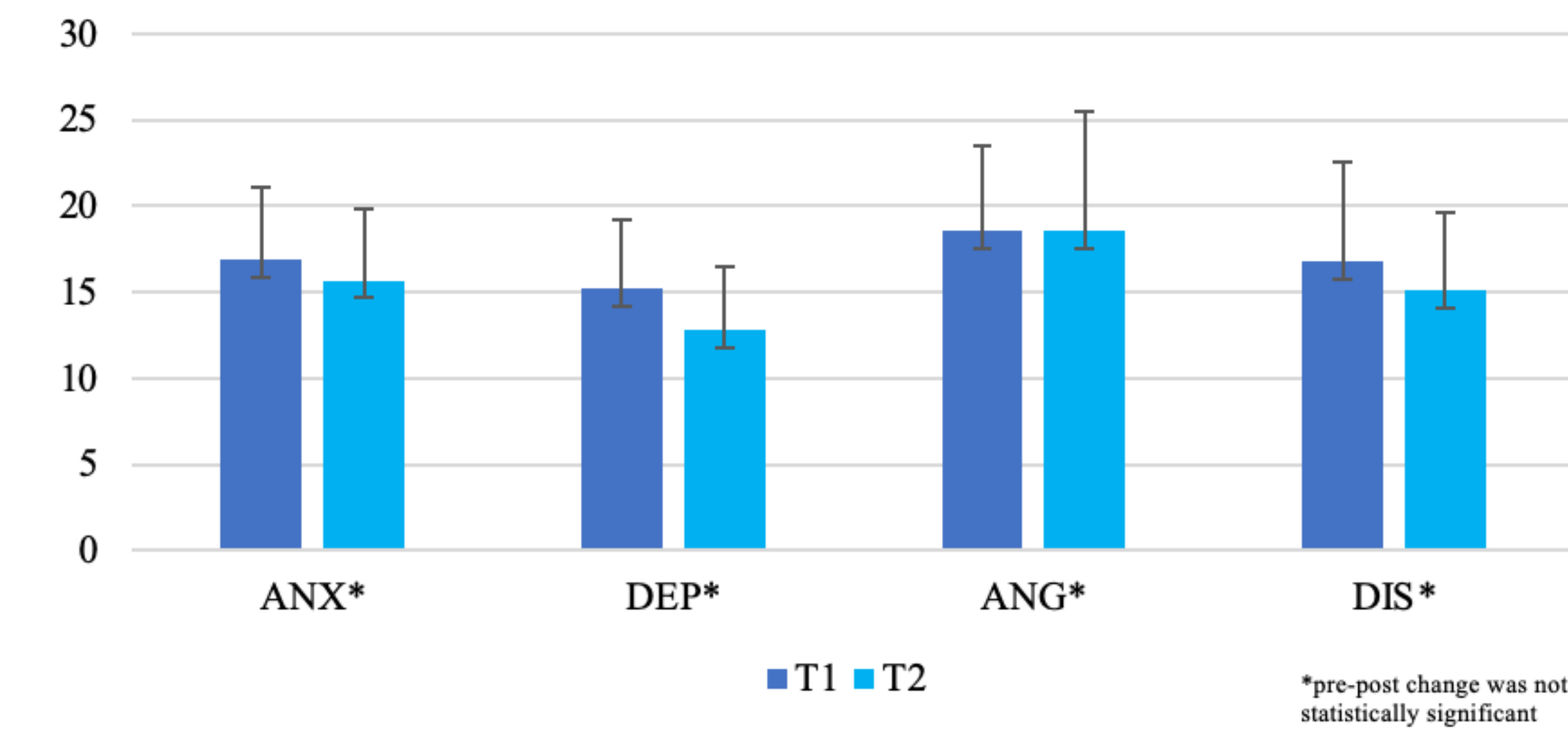
Country of Adoption



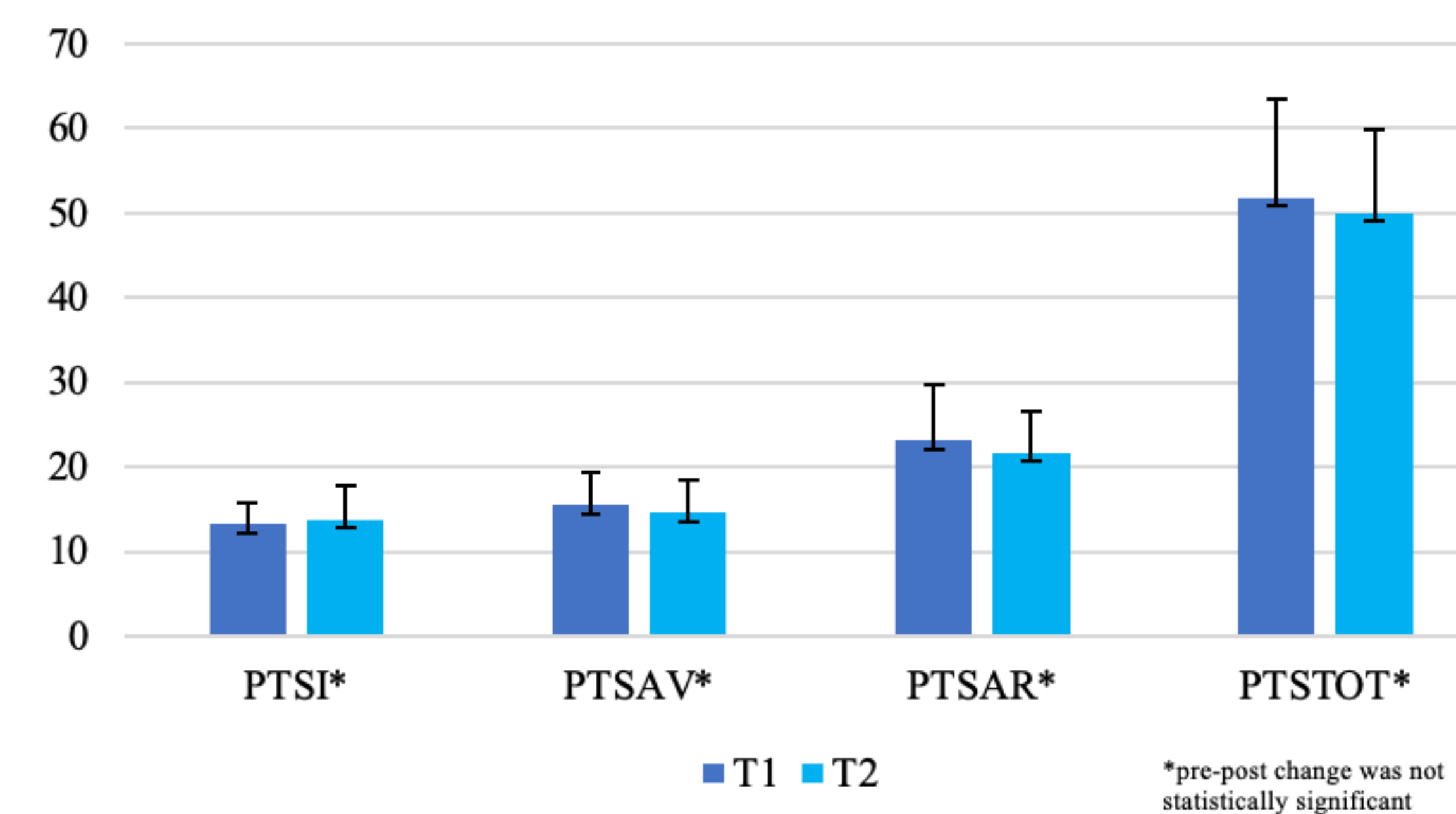
| Trauma Symptom Checklist Subscales | Pre-Assessment | | Post-Assessment | |
|------------------------------------|----------------|--------------------|-----------------|--------------------|
| | Mean | Standard Deviation | Mean | Standard Deviation |
| Posttraumatic Stress-Intrusion | 13.22 | 2.54 | 13.79 | 3.96 |
| Posttraumatic Stress-Avoidance | 15.44 | 4.03 | 14.57 | 3.94 |
| Posttraumatic Stress-Arousal | 23.11 | 6.57 | 21.68 | 4.92 |
| Posttraumatic Stress-Total | 51.79 | 11.71 | 50 | 9.81 |

| Trauma Symptom Checklist Subscales | Pre-Assessment | | Post-Assessment | |
|------------------------------------|----------------|--------------------|-----------------|--------------------|
| | Mean | Standard Deviation | Mean | Standard Deviation |
| Anxiety | 16.89 | 4.20 | 15.68 | 4.12 |
| Depression | 15.22 | 3.96 | 12.79 | 3.70 |
| Anger | 18.57 | 4.93 | 18.57 | 6.95 |
| Dissociation | 16.79 | 5.74 | 15.11 | 4.51 |

Comparison of the Means and Standard Distributions of TSCYC Subscales



Mean and Standard Deviation of Posttraumatic Stress (PTS) Subscales



References

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Methods and Results

Participants:

- Ten adopted children
- 70% males, 40% Asian, age (M = 8.7 years, SD = 2.60), 70% living in Texas.

Procedure:

- Participants were recruited online.
- Inclusion criteria included:
 - Families who had at least one adopted child between the ages 6 and 12
 - Children having been legally adopted for at least one year.
- Exclusion criteria consisted of:
 - Adopted children with severe emotional/behavioral challenges that posed a threat to themselves and/or others
 - Families that could not attend both weekends of camp

Analysis:

- TSCYC subscale scores at T1 and T2
- One-tailed T test to examine improvements in trauma symptoms between T1 and T2

Results:

- Differences in trauma symptoms were statistically insignificant (p-value >0.05).
- The following subscales showed improvements in mean and SD when comparing T1 assessment to T2 assessments:
 - Anxiety, Depression, Dissociation, Posttraumatic Stress-Avoidance, Posttraumatic Stress-Arousal, Posttraumatic Stress-Total
- Anger showed no change in mean and an increase in SD
- Posttraumatic Stress-Intrusion showed an increase in mean and SD

Limitations and Conclusions

- Small sample size contributed to the limited power to detect differences in trauma symptoms.
- Limited generalizability due to primary caregivers being predominately Caucasian, educated, and of a financial status that allowed them to participate in the camp
- The TSCYC is a self-reported assessment completed by the primary caregiver and reported scores might not accurately reflect the child's trauma symptoms.
- Possible explanations for the increase in Anger and PTSI-I:
 - The caregivers are more likely to recognize and report subtle expressions of anger in their child after TBRI training
 - The child remembered memories that were suppressed
 - Expressed their internal state of dysregulation through their emotions and behaviors.
- Future research should include a larger sample size and compare TSCYC subscale scores between the sample population and the general population.
- Overall conclusions
 - The implementation of TBRI in the therapeutic camp appeared to improve scores on the TSCYC
 - Healing from trauma is a complex and difficult journey for both caregivers and adopted children. It is not straightforward, and it has no timeline.
 - The goal of TBRI is to stay calm, see the child's need, meet the child's need, and not give up on the child because if not you, then who? (TBRI Mantra)