

Honors Capstone Reflective Critique

Skylar Gudmundsson

Radford University: Waldron College of Health and Human Services

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Background

Mental health has become a rising issue in the past few decades, specifically inflicting vulnerable populations. One of these groups is foster care children. As the National Conference of State Legislatures (NCSL) explains, 80 percent of foster care children have “significant mental health issues,” which is even more shocking when comparing this to 18-22 percent of the general population suffering from the same issues. (NCSL, 2019). Within the scope of mental health is the struggle of how these issues affect executive functioning. Executive Functioning (EF) has been described as “a neuropsychological concept referring to the cognitive processes required to plan and direct activities, including task initiation and follow-through, working memory, sustained attention, performance monitoring, inhibition of impulses, and goal-directed persistence” (Dawson & Guare, p. 4). Research shows that 90% of foster care children have experienced trauma which is shown to negatively affect executive functioning (Bremner, 2006; Functional Family Therapy, 2022). Because of this, I want to explore how treatment styles for Executive Functioning and Trauma can be wedded to create a specialized treatment for a comorbid population.

To better understand what this project will look like, one must first examine the relationship between trauma and executive function. A significant amount of research has shown that trauma negatively affects one’s executive functioning (Clarke et al., 2012; DePrince et al., 2009; Op den Kelder et al., 2018). During adolescence, the brain continues to develop, having specific changes during various stages of life. Trauma affects the brain differently during these stages. When a child experiences traumatic stress, there are alterations made to the brain affecting memory function, and circuits of brain areas like the hippocampus, amygdala, and

medial prefrontal cortex (Bremner, 2006). As a result, children who have faced chronic trauma will struggle with paying attention, planning, thinking things through, and other executive functions. Additionally, the child's ability to “self-narrate,” or internally talk themselves through the process of completing a task, will suffer (Miller & Howard, 2023). This leaves one to consider what can be done to help treat children facing this issue.

Currently, there are two separate types of treatments associated with treating executive dysfunction and trauma. Trauma-Informed Care (TIC) is a well-researched and often-used lens that is applied to treatments to specifically target trauma or PTSD (posttraumatic stress disorder) (Jankowski et al. 2019; Lotty et al., 2020). TIC takes the perspective of fully understanding a client's past. This can be done by integrating knowledge about trauma into policies and procedure to avoid retraumatizing a client. It also means working to know the signs of trauma and to understand the steps to recovery (Center for Health Care Strategies, 2022). Executive function (EF) coaching is a new but effective form of treatment for people struggling with executive dysfunction (Gourdeau & Knight, 2016; Dawson & Guare, 2012; Ahmann et al., 2016). EF coaching is a modeled intervention that is used to teach those with EF deficits skills and strategies for improving their performance (Dawson & Guare, 2012). EF coaching teaches clients how to do things like organizing, planning, managing their time, and self-efficacy (Gourdeau & Knight, 2016). These treatments have both proven their legitimacy. However, little to no research has been done to see if EF coaching could be provided with a Trauma-Informed lens for those who are struggling with both EF and trauma.

Purpose and Methods

The goal of my capstone was to assess the characteristics of TIC and EF coaching through qualitative research, as well as creating an example of what it could look like to join

these two treatments for comorbid clients, specifically foster care children. The long-term goal of research following this topic would be providing more resources about the relationship between trauma and executive functioning for foster care parents, foster kids, and professionals within the field of foster care. The ability to understand this relationship and how to treat it will hopefully create a space of growth and new opportunities for foster care children.

This research project was completed over the fall semester of 2023 and the spring and fall semesters of 2024 during my time at Radford University. The qualitative research was conducted through a literary analysis program called NVivo, that I used to code and analyze 10 articles, 5 surrounding EFC and 5 surrounding TIC. The coding process consisted of reading through each article and highlighting and identifying common themes. Then sorting through each set of coding to find the most relevant and prominent themes between the articles. From there I used those themes to guide my creation of a 20-minute workshop of how Trauma-Informed Executive Functioning Coaching (TI-EFC) would look. The focus of this workshop was for the lay person that has no background in this area to be able to be informed on effective practices to make lifestyle changes. My intended audiences were foster care children, foster parents, and anyone who has a loved one that struggles with trauma and EF. This workshop was done through a presentation recorded on Zoom.

Results

The key findings from my study can be divided into three sections: EFC key themes, TIC key themes, and shared themes. The three main themes that I found are specific to EFC are that it is not clinical, it takes a psychoeducational approach, and it prioritizes teaching a client about how ADHD or EF struggles effects brain functioning. Three main themes that I found to be specific to TIC are that it is a lens not a treatment, it requires emotional availability from

providers, and it involves reframing treatment to avoid retraumatization. For the shared similarities between EFC and TIC I found five key themes: 1) strength-based theory, 2) the autonomy of the client (or being client-led), 3) empowerment and resiliency of client, 4) provider's use of questions, and 5) the importance of provider's disposition.

In understanding these key themes, I was able to identify what TI-EFC would look like. The main conclusion I found was that because TIC is a lens and not a treatment, TI-EFC would keep the basis of EFC while adding in the elements of TIC. The main additions would be considering how trauma effects client's actions and treatment, leading a client in understanding the tie between trauma and EF, using metacognition to find practical coping skills to aid in the treatment, and prioritizing preventing retraumatization through understanding a client's triggers. Using this information, I focused my workshop on educating the audience on EF and trauma, the affect each has on the brain, and how they are often addressed. From there I took a deep dive into areas of EF and common tips that would be provided as a part of EF coaching. After that I focused on the importance on understanding triggers, coping techniques for when one is triggered, knowing "your story," and being patient in the process.

Limitations and Conclusions:

This project was novel to the literary conversation surrounding EF coaching and TIC, in the fact that TI-EFC does not currently exist, and EF coaching is still young in its implementation as a treatment for executive dysfunction. The limitation surrounding this project is that it is more focused on opening the conversation of what this treatment could look like, rather than providing an answer for its accuracy. Because of this, the efficacy of TI-EFC is unknown and remains unexplored. The strength of this project is that it is providing a unique

perspective to a newer treatment, that could be very relevant to the field. It is also based in other peer reviewed articles that show the effectiveness of both TIC and EF coaching.

The key conclusion of this project is that TIC and EFC could effectively be wedded to create TI-EFC without compromising its non-clinical attributes. Additionally, TI-EFC would be focused on applying TIC values to EF coaching methods. This study shows the need for more research in how trauma and executive function are tied, how to treat executive dysfunction when it is tied to traumatic experiences, and how to best serve foster care children after they have experienced a traumatic event.

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