

The Effects of Trauma on Children and Adolescents

Don Mitckess, LCPC, CRADC
Consultant
Student Assistance Center
Prevention First

Central Questions

- Do kids in my school have trauma that isn't being identified, and if so, what can I do?
- What is a trauma lens?
- What does it mean to see a child through a trauma lens?



Trauma Principle

#1

If everything is
trauma, nothing is
trauma.

Trauma Principle

#2

It is the child's
experience of the
event, not the event
itself, that is
traumatizing.

Trauma Principle

#3

If we don't look for or acknowledge trauma in the lives of children and adolescents, we end up chasing behaviors and limiting the possibilities for change.

Trauma Principle

#4

The behavioral and emotional adaptations that maltreated children make in order to survive are brilliant, creative solutions, and are personally costly.

Trauma Principle #5

Since trauma = chaos,
structure = healing

Trauma Principle

#6

If you don't ask,
they won't tell.

Child Traumatic Stress is Common

- More than 1 in 4 American children will experience a serious traumatic event by their 16th birthday.
- Children with developmental disabilities are 2 - 10 times more likely to be abused or neglected.
- Children are at greatest risk of sexual abuse between 7 - 13. Four of every 20 girls will be sexually assaulted before age 18; one or two of every 20 boys.

Child Traumatic Stress is Common

- Exposure to community violence is a growing source of trauma for children.
 - 3400 primarily 6th graders screened in the Madison Metropolitan & Sun Prairie School District for exposure to community violence.
 - Nearly 1000 kids (29%) reported substantial exposure to violence.
 - Almost 400 (11.5%) of the kids screened reported both exposure to trauma and clinically significant symptoms of child traumatic stress.

Child Traumatic Stress & Foster Care

- A national study of adult "foster care alumni" found higher rates of PTSD (21.5%) compared with the general population (4.5%).
- Compare with rates in American war veterans:
 - 15% in Vietnam
 - 6% in Afghanistan
 - and 12-13% in Iraq
- Foster care alumni have higher rates of major depression, social phobia, panic disorder, generalized anxiety, addiction, and bulimia (Pecora, et al., 2003).

Child Traumatic Stress & Foster Care

- A study of children in foster care revealed PTSD:
 - in 60% of sexually abused children
 - 42% of the physically abused children.
- 18% of foster children who had not experienced either type of abuse had PTSD (Dubner & Motta, 1999), possibly as a result of exposure to domestic or community violence (Marsenich, 2002).
- One out of three children entering foster care, ages 6 to 8, met criteria for PTSD (Dale et al. 1999).

Child Traumatic Stress is Serious

- Interferes with children's ability to concentrate and learn
- Can delay development of their brains/bodies
- Leads to depression, substance abuse, health problems, school failure, delinquency, and future employment problems

Child Traumatic Stress is Serious

- Changes how children view the world and their own futures, their behavior, interests, and relationships with family and friends
- Takes a toll on families and communities

Child Traumatic Stress is Serious

- Educational impact
 - Learning problems
 - Lower GPA
 - More absences
 - More negative comments in permanent record

Child Traumatic Stress and Juvenile Justice

- Criminal/juvenile justice impact
 - Increases risk of arrest as juveniles/adults
 - Increases risk of committing violent crime
 - Increases risk of perpetration of domestic violence
 - Increased risk of problem drug use as an adult

Child Traumatic Stress and Juvenile Justice

“Recognizing [traumatic] victimization as a potential source of abusive behavior does not excuse such behavior, but may provide a basis for preventing or treating it more effectively.”

Julian Ford, 2005

Child Traumatic Stress is Serious

- Health impact:
 - Smoking, including early onset of regular smoking
 - Sexually transmitted diseases and hepatitis
 - IV drug use and alcoholism
 - Heart disease, diabetes
 - Obesity
 - Unintended pregnancy
 - Avoidance of preventative care

Child Traumatic Stress is Lasting

Child traumatic stress has powerful and lasting effects

- Adverse Childhood Experiences Study or ACE Study (Anda & Felitti)
 - Kaiser Permanente & US Centers for Disease Control
 - Retrospective look at the childhoods of nearly 18,000 HMO members
 - Identified 9 ACEs....one point per category....total number of categories = ACE score

Child Traumatic Stress is Lasting

Adverse Childhood Experiences:

Growing up (< 18) in a household with:

- Recurrent physical abuse
- Recurrent emotional abuse
- Emotional or physical neglect
- Sexual abuse
- Mother being treated violently.
- An alcohol or drug abuser.
- An incarcerated household member.
- Someone who is chronically depressed, suicidal, institutionalized or mentally ill.
- Absent parent(s).

Child Traumatic Stress is Lasting

- Powerful relationship between our emotional experiences as children and our physical and mental health as adults.
 - ACE Score of 4 or $>$ is 4.6 times more likely to be suffering from depression than ACE Score of 0.
 - ACE Score of 4 is 12.2 times more likely to attempt suicide than score of 0. At higher ACE Scores, the prevalence of attempted suicide increases 30-51 fold.
 - ACE Score (male) of 6 is 46 times more likely to become an IV drug user compared to ACE Score of 0.

Child Traumatic Stress is Lasting

Many other measures of adult health have a strong, graded relationship to what happened in childhood. The higher the ACE Score the more likely the illness.

- heart disease
- diabetes
- obesity
- unintended pregnancy
- sexually transmitted diseases
- alcoholism

The Under-recognized Trauma

National survey (1998) of 12 to 17
year olds:

8% reported sexual assault in
lifetime

17% reported physical assault in
lifetime

39% reported *witnessing violence* in
lifetime

Study (1995) of adolescents:

2% experienced direct assault

23% experienced assault and
witnessed violence

48% *witnessed violence*

27% no violence

The Under-recognized Trauma

“Rates of interpersonal violence and victimization of 12-17 year olds in the US are extremely high, and witnessing violence is...common.”

US Department of Justice , 2003

Exposure to violence: 7 out of 10 adolescents vs 4 out of 10 adults. Youth Violence

Research Bulletin, 2002

What do kids learn from trauma?

Negatives:

- Traumatic expectations of the world
- No one can protect
- Laws don't really work
- Learned helplessness

What do kids learn from trauma?

Positives:

- How to conduct themselves in the midst of danger
- Others do protect and rescue
- Helpful support is available after trauma
- Increased compassion

Traumatic Stress

Traumatic Stress is the response to events that can cause death, loss, serious injury, or threat to a child's well being or the well being of someone close to the child.

Traumatic Stress

Traumatic Stress causes the primal fight or flight or freeze response.

Traumatic Stress involves terror, helplessness, horror.

Traumatic Stress results in physical sensations -- rapid heart rate, trembling, sense of being in slow motion.

Traumatic Stress

Not every event that is distressing necessarily results in traumatic stress.

An event that results in traumatic stress for one person may not necessarily result in traumatic stress for another.

Traumatic Stress

The thing that upsets
people is not what
happens
but what they think it
means.

Epictetus

Trauma Symptoms

Subjective Characteristics of Trauma

- Appraisal of event: uncontrollable or malicious?
- Appraisal of action: ineffective or effective?
- Appraisal of self: helpless and shameful or brave and capable?
- Appraisal of others: impotent or dangerous vs safe and protective?

Traumatogenic Factors

- Age
- Relational vs non-relational
- Relationship between victim and perpetrator
- Severity/Duration/
Frequency
- Protection
- Caregiver response
- Responsibility and blame
- Community or societal response

Risk Factors

Poor, anxious, or disrupted attachment

- Prior trauma
- Pre-existing anxiety or depression, especially maternal depression
- Neurological issues
- Prematurity
- Caregiver with “active” trauma symptoms
- Caregiver with AODA issues
- Own AOD use
- Poverty

Protective Factors

- Secure attachment to caregiver
- Caregiver's resolved trauma issues
- Two-parent family
- The "resiliency" factor and temperament
- Intelligence/neurological resources
- Shielding adult
- No blame placed on the child
- Affirming and protective parental response
- Caregiver's ability to tolerate child's reactions
- Spirituality

Diagnosis

Acute Stress Disorder:

- One or more symptom(s) lasts for a minimum of 2 days and a maximum of 4 weeks

PTSD:

- One or more symptom(s) occurs more than 1 month post event

Symptoms of Post-traumatic Stress Disorder

1. Re-experiencing

Imagery	Misperceiving danger
Nightmares	Distress when cued
Body memories	

2. Avoidance

Numbing out	Diminished interest
Dissociation	Self isolation
Detachment	

3. Increased arousal

Anxiety	Sleep disturbances
Hypervigilance	Irritability or quick to anger
Startle response	Physical complaints

Limitations of PTSD Diagnosis

- Conceptualized from an adult perspective
- Identified as diagnosis via Vietnam vets and adult rape victims
- Focuses on single event traumas

Limitations of PTSD Diagnosis

- Fails to recognize chronic/multiple/on-going traumas
- Is not developmentally sensitive
- Most traumatized children do not meet full diagnostic criteria

Isolated traumatic incidents tend to produce discrete conditioned behavioral and biological responses to reminders of the trauma, such as are captured in the PTSD diagnosis. In contrast, chronic maltreatment or inevitable repeated traumatization, such as occurs in children who are exposed to repeated medical or surgical procedures, have a pervasive effects on the development of mind and brain.

Complex Trauma

The traumatic stress field has adopted the term Complex Trauma to describe the experience of multiple and/or chronic and prolonged, developmentally adverse traumatic events, most often of an interpersonal nature (e.g., sexual or physical abuse, war, community violence) and early-life onset. These exposures often occur within the child's caregiving system and include physical, emotional, and educational neglect and child maltreatment beginning in early childhood.

➤ Complex Trauma is:

- the experience of multiple traumas
- developmentally adverse
- often within child's caregiving system
- rooted in early life experiences
- responsible for emotional, behavioral, cognitive, and meaning-making disturbances

Complex Trauma and the Brain

“Chronic trauma interferes with neurobiological development (Ford, 2005) and the capacity to integrate sensory, emotional and cognitive information into a cohesive whole.” (van der Kolk, 2005)

Consequences of Complex Trauma

Prolonged and chronic trauma leads to:

- Dysregulated emotions - rage, betrayal, fear, resignation, defeat, shame.
- Efforts to ward off the recurrence of those emotions - avoidance via substance abuse, numbing out, self injury.
- Reenactments with others

Reenactment

Recreating the trauma in new situations, often with new people, through tension reducing behaviors

Examples:

- after a serious car accident, adolescent begins to drive recklessly
- after rape adolescent becomes hypersexual
- after being physically abused adolescent gets into fist fights

Many problems of traumatized children can be understood as efforts to minimize objective threat and to regulate their emotional distress. Unless caregivers understand the nature of such reenactments they are liable to label the child as oppositional, rebellious, unmotivated, and antisocial.

Reenactment

- Recreates old relationships with new people
- Tests the negative internal working model for “proof” that it’s right:

I am worthless

I am unsafe

I am ineffective in the world

Caregivers are unreliable

Caregivers are unresponsive

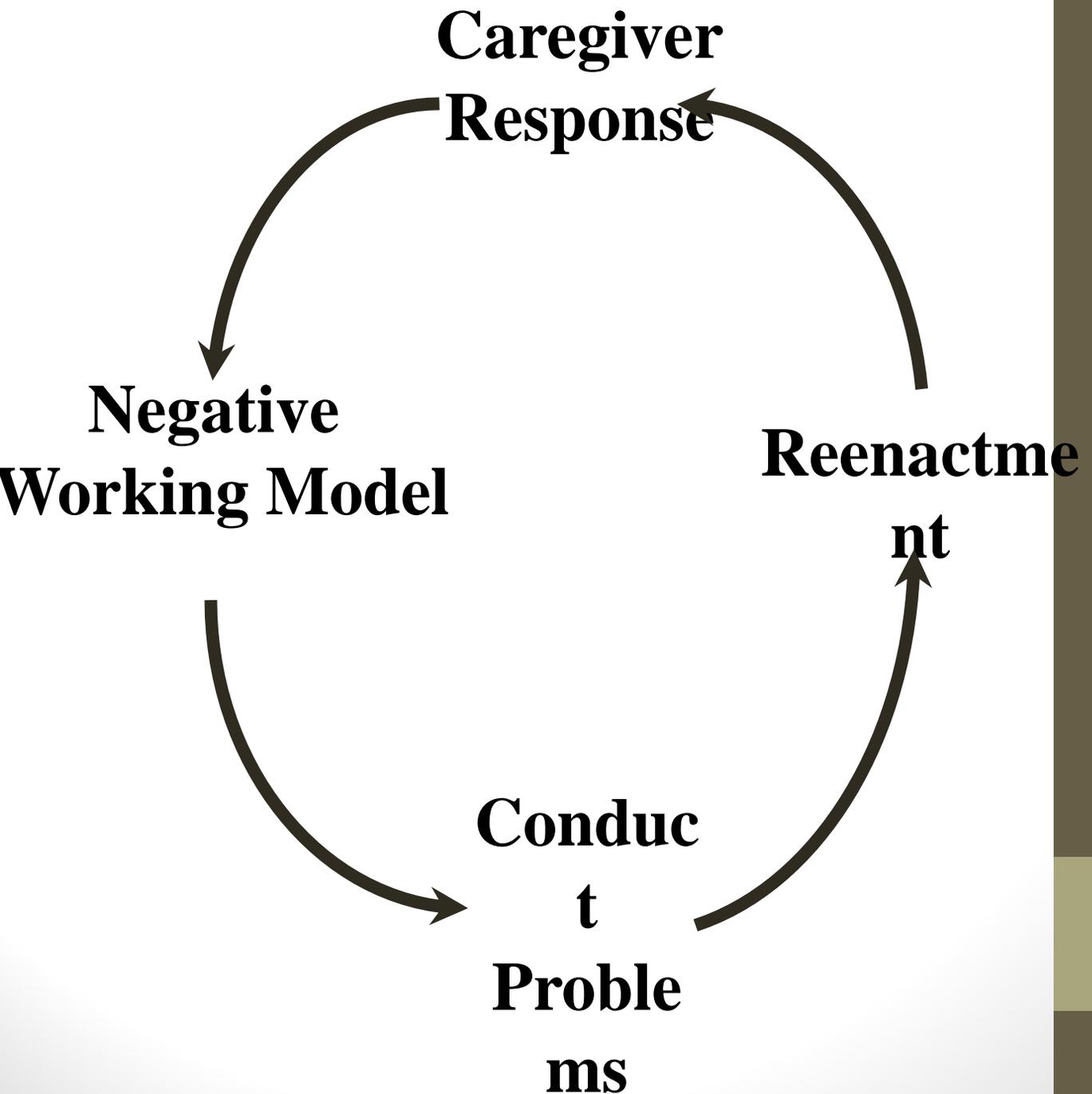
Caregivers are unsafe and will ultimately reject me.

Reenactment

- Provides opportunity for mastery
- Vents frustration and anger
- Mitigates building anxiety
- Contributes to sabotage
- Pushes caregivers in ways they may not expect to be pushed

When professionals are unaware of children's need to adjust to traumatizing environments and expect that children should behave in accordance with adult standards of self-determination and autonomous, rational choices, these maladaptive behaviors tend to inspire revulsion and rejection. Ignorance of this fact is likely to lead to labeling and stigmatizing children for behaviors that are meant to insure survival.

The Negative Working Model, Conduct Problems, and Reenactment (Delaney, 1991)



Common Caregiver Responses

- Urges to Reject the Child
- Abusive Impulses Towards the Child
- Emotional Withdrawal and Depression
- Feelings of Incompetence/Helplessness
- Feeling like a Bad Parent

Complex Trauma

Six Domains of Complex PTSD

1. Affect and impulse regulation problems
2. Attention and consciousness
3. Self perception
4. Relations with others
5. Somatization
6. Alterations in systems of meaning

1st Domain - Affect and Impulse Regulation

Affect intensity - easily triggered, slow to calm

Tension-reducing behaviors - AODA, self injury

Suicidal preoccupation

Sexual involvement or sexual preoccupation

Excessive risk taking

2nd Domain - Attention

Amnesia - memory loss or
gaps

Dissociative episodes -
spacing out or fantasy
world

Depersonalization - “not
me”

3rd Domain - Self Perception

Ineffectiveness and permanent damage - can't do anything right, something is wrong with me

Guilt and responsibility/shame

Nobody can understand - alienation, feeling different

Minimizing - “pain competition” or denial

4th Domain - Relationships

Inability to trust

Re-victimization -
reenactment

Victimizing others -
reenactment

5th Domain - Somatization

Chronic pain - no origin,
repeat doctor visits, school
nurse

Digestive complaints

Cardiopulmonary symptoms

Sleep problems

6th Domain - Meaning Making

Foreshortened future

Loss of previously
sustaining beliefs

Justice and fairness

Trauma and Development

- young children
- school-aged
children
- adolescents

Childhood Traumatic Grief

- May occur following the death of a loved one when the child perceives the experience as traumatic
- Trauma symptoms interfere with the child's ability to navigate the typical bereavement process

Childhood Traumatic Grief

Grief:

the intense emotional distress we have following a death.

Bereavement:

the state we are in after the death.

Mourning:

family, social, and cultural rituals associated with bereavement.

Traumatic grief:

grief associated with a traumatic death.

Childhood Traumatic Grief

- Intrusive memories about the death:
 - nightmares, guilt, or self-blame; recurrent-intrusive thoughts
- Avoidance and numbing:
 - withdrawal, acting unemotional, avoiding reminders of the person or death.
- Increased physical or emotional arousal:
 - irritability, anger, trouble sleeping, decreased concentration, increased vigilance, fears about safety of self or others

Childhood Traumatic Grief

- Trauma reminders:
 - people, places, situations, sights, smells, or sounds reminiscent of the death.
- Loss reminders:
 - people, places, objects, situations, thoughts, or memories that remind the child of the person who died.
- Change reminders:
 - people, places, or situations that remind the child of changes in his/her life resulting from the death.

Trauma and Development

- Infants and young children evaluate threats to the integrity of their self based on the availability of a familiar protective caregiver
- Example: WWII London (Bowlby)
- Recent research has determined that threat to a caregiver is strongest predictor of PTSD in children under 5

Trauma and Development

School-aged Children:

- **Thoughts of revenge they cannot solve**
- **Self blame, guilt fueled by magical thinking**
- **Sleep disturbances, fear of sleeping alone**
- **Impaired concentration: ADHD vs anxiety**
- **Learning delays and learning interruptions**
- **Physical complaints**
- **Failure to master developmental tasks**
- **Close monitoring of parental responses**
- **Traumatic play**

Trauma and Development

Adolescents

- May believe they are going crazy
- Embarrassment
- Isolation and feeling different
- Grief may be easier to understand than PTSD
- Repetitive thoughts about death and dying
- Revenge fantasies that can be acted out
- Avoidance or social withdrawal

Tension-Reducing Behaviors: Self Injury

Self injury:

- is not the same as suicide attempt
- is not an exit strategy
- is a strategy for self preservation
- can be contagious
- can become addictive
- can be used to anesthetize
- can be used to feel alive
- reduces distress -- *temporarily*

Neurobiology and Trauma

Early trauma, prolonged separation and insecure attachment produce permanent changes in the neurochemistry of children that continue into adulthood:

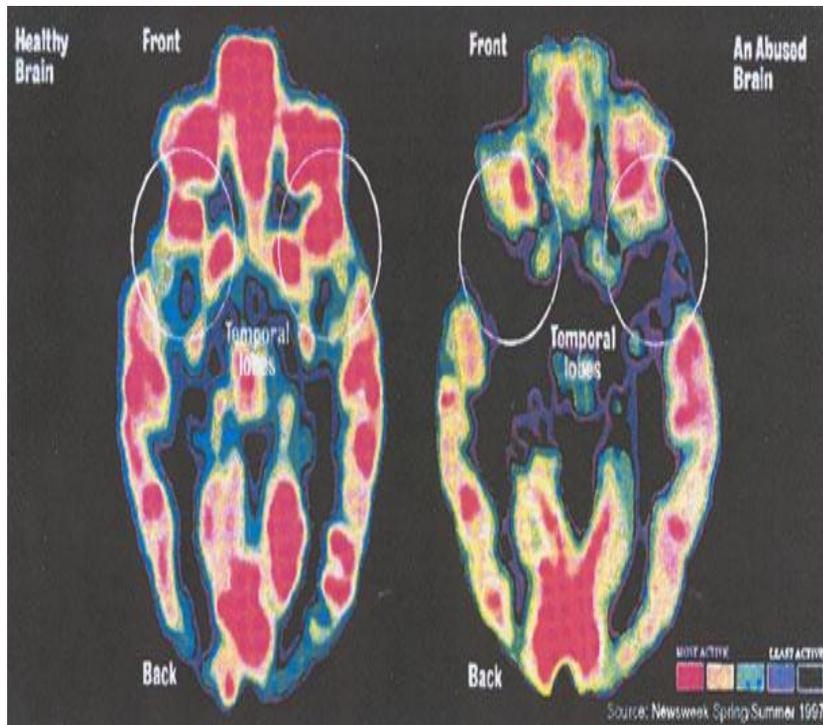
- a neurobiological sensitivity to loss
- fear of abandonment
- hyperarousal
- sensitivity to environmental threat

(Van der Kolk, 1987)

Together, insecure attachment and early trauma produce extreme affective dysregulation with concomitant difficulty in modulating aggression in adults.

(Lawson, 2001, p. 505)

Complex Trauma and the Brain



- Adverse effects on brain development
- (smaller cerebrum, corpus callosum)
- Changes in brain metabolism
- (enhanced neuron loss, anterior cingulate dysfunction)
- Alterations of the Catecholamines & LHPA Axis

Neurobiology and Trauma

- Childhood trauma occurs during sensitive neuro-developmental periods
(e.g., Synaptogenesis, Experience-Dependent Maturation of Neuronal Systems)
- Childhood trauma affects fundamental psycho-developmental processes
(e.g., Attachment, Emotional Regulation, Impulse Control, Integration of Self, Socialization)

Trauma & Brain Damage Implications

- Maltreated children have lower social competence
- Have less empathy for others
- Are more likely to be insecurely attached to their parents
- Are less able to recognize their own emotional states
- Have difficulty in recognizing other's emotions

Putnam, 2006