The Effects of Trauma on Child Development

Jody Todd Manly, Ph.D.
Clinical Director

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Types of Trauma

- Physical Abuse
- Sexual Abuse
- Neglect
- Domestic Violence

- Multiple Transitions (e.g., foster care)
- Traumatic Grief
- Complex Trauma

- Community and School Violence
- Refugee and War Zone Trauma
- Terrorism

- Medical Trauma
- Accidents
- Natural Disasters
The Centrality of Trauma

- Violence & Trauma
  - Incarceration
  - Substant Use
  - Mental Health Problems
  - Homelessness
  - Poverty
  - Racism

Disparities
A Traumatic Experience...

- Threatens life / physical integrity
- Results in terror, helplessness and horror
- Produces intense physical reactions
Trauma

Powerful and dangerous stimuli overwhelm the child’s developmental and regulatory capacity

The child has insufficient resources to cope
Essential Elements of Trauma-Informed Care

1. Recognize impact trauma has had on child
2. Help child feel safe
3. Help child understand and manage emotions
4. Help child understand and modify behavior
5. Respect and support positive relationships
6. Help child develop strength-based understanding of life story
7. Advocate for child
8. Promote trauma-focused assessment and treatment
9. Take care of yourself
Stress

Changes in the brain and body set in motion when there are overwhelming threats to physical or psychological wellbeing.
Physiology of Stress: Shift in Body’s Priorities

Planning
Learning
Future-oriented responses
Vigilance
Focused attention

Increase in muscle tone and heart rate
Regulating Stress Response
http://www.developingchild.harvard.edu/content/downloads/inbrief-adversity.pdf

Positive Stress
Protection and support to cope with everyday challenges

Tolerable Stress
Protection and support to cope with serious threats and loss to health and family life

Toxic Stress
Lack of protection and support plus high stress resulting from chronic poverty or maltreatment compromises physical and mental health
Serious consequences for the normal development of the brain, brain chemistry, and nervous system

Adversely affect brain development, cognitive and academic skills, and language acquisition

May affect the way children and adolescents respond to future stress; may influence long-term health

Andrew’s Story

- 5 ½ year old Andrew is an angry boy who responds strongly to limits (e.g., when told that it is not time to play outside or that it is time to come off the playground, he says “I’m going to tell my dad to kill you.”)

- Andrew has difficulty playing with peers. He is often aggressive, and he will grab toys or hit other children.

- His teacher learns that Andrew is in foster care because his father has been jailed for domestic violence and possession of illegal drugs and his mother is in an inpatient drug treatment program.
Adverse Childhood Experiences

What is an ACE?
- Recurrent physical abuse
- Emotional abuse
- Sexual abuse
- Alcohol/drug abuser in household
- Incarcerated household member
- Household member who with chronic mental illness
- Violence between adults in the home
- Parental separation or divorce
ACE Score and Later Health Risk

ACE Score:
- 0
- 1
- 2
- 3
- 4 or more

Percent With Problem

- Teen Pregnancy
- Depressed Mood in Past Year
- Adult Alcoholism
- Attempted Suicide
- Used Illicit Drugs

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ACES and School Performance

Students dealing with trauma are:

- 2 ½ times more likely to fail a grade
- Score lower on standardized assessments
- Have more receptive & expressive language difficulties
- Are suspended or expelled more often
- Are designated to special education more frequently

A Dose-Response Relationship

Dose (ACES) vs. Response (serious health issues)
Relatively few synapses are present at birth.

Learning requires forming new synapses as well as strengthening and discarding existing synapses.

Synapses need repeated exposure to strengthen connections.

Brain adapts to environment—positive or negative.
Developmental Considerations
Developmental Issues for Children Birth to 7 (in brief)

Approximate Age

- 0-12 mos
- 12--30 mos.
- 30 mos.-7 yrs.

- Attachment
- Arousal
- Attachment
- Emotions

- Autonomy
- Self
- Language
- Exploration

- Establishing
  - peer relationships
- Social roles
- Ego control
- Empathy/Prosocial
The Influence of Development

Reactions vary by developmental stage

It takes a lot of energy to respond, cope, and come to terms with trauma

Capacity to explore and master age-appropriate tasks is reduced

The longer it goes untreated, the further children stray from the developmental path
Effects of Trauma

- In school-age children, maltreatment and trauma undermine the development of brain regions that would normally help children:
  - Manage their emotions
  - Sustain attention for learning and problem solving
  - Control impulses and manage physical responses to danger

- As a result, children may exhibit:
  - Sleep disturbances
  - New difficulties with learning
  - Difficulties in controlling startle reactions
  - Behavior that shifts between overly fearful and overly aggressive
  - Shy/withdrawn behavior and/or aggressive behavior
Stress Reactions: School Age Children (6-12)

- Abrupt & unpredictable shifts between withdrawn and aggressive behaviors
- Social isolation and withdrawal
- Sleep disturbances that interfere with daytime concentration & attention
- Preoccupation with the traumatic experience(s)
- Intense, specific fears related to the traumatic event(s)
- Physical symptoms (e.g., stomachaches and headaches).
Reactions to Child Traumatic Stress

Am I...
Good? Bad? Capable?

Is the world...
Safe? Fair? Stable?

Is the future...
Bright? Hopeless?
Reactions to Child Traumatic Stress

- Ability to trust others
- Sense of personal safety
- Ability to manage emotions
- Effectiveness in navigating life changes
- Physical and emotional responses to stress
Reactions to trauma vary based on:

- Age and developmental stage
- The nature of the event
- The child’s perception of danger
- Adversities faced after the trauma
- Availability of adults who can offer help, reassurance, and protection
- The child’s relationship to the victim or perpetrator
How Children Respond to Trauma

Something that is traumatic for one child may not be traumatic for another.
Survival Response

- **Fight: Physical Arousal**
  - Student struggle to regain or hold on to power, especially when feeling coerced
  - **Mislabeled as:** Non-compliant or combative

- **Flight: Withdrawal and Escape**
  - Youth disengages or runs away and “check outs” emotionally
  - **Mislabeled as:** Uncooperative or resistant

- **Freeze: Stilling and Constricting**
  - Youth given in to those in positions or power, does not or is unable to speak up
  - **Mislabeled as:** Passive or unmotivated

Our interpretation guides our intervention
How Children Respond to Trauma

Hyperarousal
- Nervousness
- Jumpiness
- Quickness to startle
- Hypervigilance
How Children Respond to Trauma

Avoidance and Withdrawal

- Feeling numb, shutdown, or separated from normal life
- Pulling away from activities and relationships
- Avoiding things that prompt memories of the trauma
How Children Respond to Trauma

Re-experiencing

- Intrusive images, sensations, dreams
- Intrusive memories of the traumatic event
What You Might See: Reactions to Trauma Reminders
Parents and children can remind each other of trauma.
Persistent reminders can create a broadening associational networks of new reminders, which places the child at increased risk for persistent hyperarousal.
Traumatic Stress Response Cycle


Traumatic Event → The Body’s Alarm System → Traumatic Stress
Reactions to Traumatic Reminders

Trauma reminders may lead to:

- Re-experiencing
- Withdrawal
- Dissociation
- Anxiety
- Loss of behavioral control
Responding to Trauma Reminders

- Ensure safety
- Reorient
- Reassure
- Define what’s happened
- Respect and normalize the child’s experience
- Differentiate past from present
Andrew’s Story

➢ In school, Andrew’s teacher notices that he becomes especially agitated during outdoor or active play.

➢ He has begun bullying other children and is oppositional with teachers, especially female teachers.
Andrew’s Story

- What factors may be impacting Andrew?
- What would we want to look for to understand his behavior?
- What may we be able to influence or change?
Core Concepts for Understanding Traumatic Stress Responses in Childhood

1. Traumatic experiences are inherently complex.
2. Trauma occurs within a broad context that includes children’s personal characteristics, life experiences, and current circumstances.
3. Traumatic events often generate secondary adversities, life changes, and distressing reminders in children’s daily lives.
4. Children can exhibit a wide range of reactions to trauma and loss.
5. Danger and safety are core concerns in the lives of traumatized children.
6. Traumatic experiences affect the family and broader caregiving systems.
Core Concepts for Understanding Traumatic Stress Responses in Childhood

7. Protective and promotive factors can reduce the adverse impact of trauma.

8. Trauma and post-trauma adversities can strongly influence development.


10. Culture is closely interwoven with traumatic experiences, response, and recovery.

11. Challenges to the social contract, including legal and ethical issues, affect trauma response and recovery.

12. Working with trauma-exposed children can evoke distress in providers that makes it more difficult for them to provide good care.
The Invisible Suitcase

No one loves me

It's all my fault

You're going to hurt me

I am bad

I am stupid

LIE!

Grownups

A PARTNER IN
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The National Child Traumatic Stress Network

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What’s in Andrew’s Suitcase? (Group Activity)

- Beliefs about himself?
- Beliefs about his caregivers?
- Beliefs about the world?
Andrew’s Response to Trauma

How might Andrew’s responses relate to his history?

What’s in Andrew’s suitcase?

- Beliefs and expectations about himself
- Beliefs and expectations about other people
- Beliefs and expectations about the world
Think of a child you work with:

What’s in your child’s suitcase?

- Beliefs and expectations about him/herself
- Beliefs and expectations about other people
- Beliefs and expectations about the world
Secondary Adversities

- Andrew experienced several traumatic events. What might have happened the night his father was arrested and he went into foster care?

- What life changes might he have experienced?

- What trauma reminders may lead to fluctuations in his emotional and behavioral functioning?

(Core Concept #3)
What can we do to prevent and address the effects of trauma?
Safety First

Physical safety

Psychological safety:
» Affect regulation
» Issues of limits and discipline
Help children become familiar with their surroundings.

Give them control over some aspects of their lives.

Set limits and provide structure.

Let them know what will happen next.

See and appreciate who they are.

Help them maintain a sense of connection and continuity with the past.
Promoting Safety

- Get down to the child’s eye level.
- Ask directly what the child needs to feel safe.
- Follow the child’s lead.
- Let the child know that you are ready to hear what he or she needs.
- Empathize.
- Acknowledge feelings.
- Be honest and realistic.
Sensitivity to Cultural Issues

- Understand cultural contexts.
- Cultural values and beliefs play a role in perceptions and attitudes.
- Promote healing through respecting cultural support networks.
- Focus on learning rather than judging.
The Impact of Overwhelming Emotions

- Trauma can elicit:
  - Fear
  - Anger
  - Shame
  - Helplessness

- Development of age-appropriate self-regulation is delayed

- Trauma may be “stored” in the body:
  - Physical tension
  - Health complaints
Understanding Children’s Responses

Reenactment Behaviors

- New “safe” settings may evoke problematic behaviors, including aggression
- Children may view themselves negatively and expect rejection
- Children may interact with new caregivers based on what they expect from the past
- New caregivers may be frustrated and view children negatively, thus repeating patterns from the past
What are the feelings behind the actions?

More than you can see.
Supporting the Child’s Family and Caregivers

- Parents and guardians must be nurtured and supported, too.
- Resource families may be dealing with trauma related to the crisis.
- Assist parents and caregivers who have traumatic experiences of their own.
- Identify and build on parent and caregiver protective factors.
Integrate culturally-sensitive practices and responsive services.

Understand cumulative effect of trauma.

Recognize “bad” behavior as an adaptation to trauma.
Recognizing Resilience

- Not all children who have experienced trauma have negative outcomes.
- Some children are remarkably resilient.
- Utilizing support systems and strengths builds protective factors and reduces risk.
Factors that Enhance Resilience

- Family Support
- Peer Support
- Competence
- Self-efficacy
- Self-esteem
- School Connectedness
- Spiritual Belief

Sources:
Building Resilience  Belongs to a Group

- In Control
- Talents Nurtured
- Positive Role Model
- Strong Relationship
Recognizing Resilience: Andrew

- Andrew is very active and energetic. He is most engaged when he is running, jumping, or climbing during outside play.

- Andrew is very protective of his sister, and if anyone says anything negative about her, he responds strongly and sometimes becomes aggressive.

- Andrew speaks frequently about his dog, and he is very interested in animals.
Repacking the Suitcase

- Lovable
- Capable
- Safe
- Positive beliefs
- Positive experiences
Recognizing Resilience: The Children You Work With

- What strengths or talents can you encourage?
- What people have served as role models?
- What people have served as sources of strength or comfort?
- What does your child see as being within his or her control?
- What helps your child calm or regain emotional control?
- What causes larger than him- or herself could your child participate in?
Children’s Resilience Factors

- Sense of Security: “I am safe.”
- Sense of Self-Esteem: “I am lovable.”
- Sense of Self-Efficacy: “I am capable.”
- Sense of Coherence: “I can understand, manage, and find meaning in....”
Compassion Fatigue: Warning Signs

- Do you feel mentally or physically exhausted most of the time?
- Are you using alcohol, food, caffeine, or other substances to combat feelings of being overwhelmed?
- Are you sleeping too much or too little?
- Do you feel numb and distanced from others?
- Have you stopped taking satisfaction in your work?
- Do you feel moody? Do you fly off the handle frequently?
- Are you having frequent headaches, stomachaches, or catching every cold that comes along?
The Dangers of Caring

- Working with traumatized children and families is stressful:
  - Fatigue, hopelessness, anger, rescue fantasies

- Burnout and vicarious traumatization are real and contagious:
  - Impact on the self
  - Impact on family and friends
  - Impact on co-workers and work environment
  - Impact on children and families we see

- Self-care is essential to be effective
  
  Lieberman
Obstacles to Effectiveness

- Insufficient knowledge
- Losing perspective
- Emotional over-involvement
- Too many service providers:
  - Fragmentation of relationships
- Role conflict: Lack of agency support
- Conflicting inter-system priorities
- Over-riding financial considerations

Lieberman
Taking Care of Your Needs

- Vicarious traumatization or secondary trauma
- Self-care
- Supporting each other
PRACTICE WHAT YOU TEACH

- Take care of yourself
- Cultivate time out
- Protect your private life
- Seek out supervision or consultation
- Build support systems at work
TAKE HEART!

- Small changes matter
- Mistakes can be repaired
- You don’t need to be a therapist to be therapeutic
- Define yourself as part of a trauma-informed community

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Why Do We Do This Work?
Useful Websites

» National Child Traumatic Stress Network
   http://www.nctsn.org

» Child Welfare Information Gateway
   http://www.childwelfare.gov

» Prevent Child Abuse New York
   http://www.preventchildabuse.ny.org
We can make a difference in improving the lives of children and families!