Trauma Across the Lifespan

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The Science of Parenting
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Why are we talking about Trauma?

As Parents and As Professionals that work with Parents-
We need to acknowledge Trauma as being highly influential
in the ways that Parents parent and Children and Family's
function.

• Two thirds of you have an ACE score of at least one
• More than 80% of that 2/3’s have more than one!
26% of children in the United States will witness or experience a traumatic event before they turn four.

National Center for Mental Health Promotion and Youth Violence Prevention
Four of every 10 children in America say they experienced a physical assault during the past year, with one in 10 receiving an assault-related injury.
60% of adults report experiencing abuse or other difficult family circumstances during childhood.

National Center for Mental Health Promotion and Youth Violence Prevention
Self Care During Training and Life

• Remember that Taking Care of Yourself during this training is Important!!
• What about Vicarious Trauma and Secondary Traumatic Stress?
Defining Trauma and Toxic Stress

• **Acute Trauma** = A single event (one time incident of violence)

• **Chronic Trauma** = A series of events (multiple incidents of violence)

• **Complex Trauma** = Exposure to multiple traumatic events, often of an invasive, interpersonal nature, severe and pervasive and often occur in the context of the child’s relationship with a caregiver

• **Toxic Stress** - When exposed to prolonged stress and/or severe adversity, the persistent activation of the stress response system (Poverty, homelessness, hunger, frequent losses, caregiver separations/inconsistency, emotional abuse, parental depression, SA or MH issues)

• Trauma is often multi-generational and intergenerational
What do we know about how Trauma impacts Very Young Children?

• A growing body of research suggests that very young children may be significantly impacted by trauma sustained in the first 3 years of life.

• Children who have experienced maltreatment prior to age 3 are at risk for social skills deficits, daily living skills deficits and special education placement when school aged (Scarborough & McCrae, 2010)

• These cognitive deficits are particularly pronounced if the child experiences their first trauma before age 2 years (Enlow et al., 2012)

• If left untreated, very young children’s trauma symptoms may become chronic, insidious and unremitting (De Young, Kenardy, & Cobham, 2011)
• Young children exposed to five or more significant adverse experiences in the first three years of childhood face a **76%** likelihood of having one or more **delays** in their language, emotional or brain development.

• The likelihood of mental health problems appears to grow with **an increase** in the number of traumas experienced (Finkelhor, Ormond, & Turner, 2007)

What do we know about how Trauma impacts Young Children Under 6?

- Studies show that children **under 6** are **at risk** for developmental delays, lower cognitive functioning, difficulty regulating, posttraumatic play, restrictive play and exploration, sleep disturbances, high levels of fussiness, temper tantrums, clinging and separation anxiety, and regression of previously acquired skills and milestones (Mongillo et al., 2009)

- Young Children do not simply outgrow the PTSD symptoms that they experience in early childhood (Cohen and Scheerenga, 2009)
Trauma in Young Children

• Children under 6 are impacted by Trauma but are less likely to be referred for counseling or engaged in counseling.

• Advocates have variable perceptions regarding the effects of trauma on young children and they do not consistently receive training in the mental health needs of traumatized children under the age of 6.

Toxic Stress-Physiological Implications

• Toxic Stress results in strong, frequent and/or prolonged activation of the body’s stress-response systems

• Leads to the overproduction of neural connections in the areas of the brain involved with fear, anxiety, and impulsive responses and underproduction in reasoning, planning and behavioral control (National Scientific Council on the Developing Child, 2014)

• Toxic Stress disrupts brain architecture, affects other organ systems and leads to adaptation in the body’s stress-response systems so that these systems respond at a lower threshold to events that might not be stressful to others resulting in the over-activation of the stress-response system and increased risk of stress-related disease and cognitive impairment into adulthood (Shonkoff, Boyce, & McEwen, 2009)
Trauma and Toxic Stress: Brain and Body Consequences

• Traumatized children will continue to show physical symptoms of fear even in the absence of threatening stimuli, with their brains seemingly "stuck" in their reaction to the traumatic experiences.

• Traumatized children have very high resting heart rates, high levels of stress hormones in their blood, and problematic sleep patterns.

• Once prolonged stress alters the brain, there are long-term effects across many domains, including physical, mental, and emotional development.
Once maladaptive brain connections evolve, changes become increasingly difficult.
We may not remember, but our brains and bodies do.
Epigenetics

- Evidence points to the effects of childhood trauma on poorer physical health (Zinzow et al. 2011).
- One potential explanation for the co-occurrence of psychological and physical health outcomes of trauma may be the common underlying neurobiology, including the peri-traumatic recruitment of the body’s stress system (the hypothalamic pituitary adrenal response axis [HPA axis]) and the continued activation of components of the stress response.
- HPA axis is closely tied to immune function, with trauma and PTSD related immune and inflammatory processes associated with HPA axis dysregulation (Depino, 2010)
- Continued research with children exposed to trauma is needed to better characterize the genetic and epigenetic influences on the course of hypothalamic pituitary adrenal response (HPA) axis and immune processes as related to posttraumatic psychological and physical health outcomes.
Developmental Traumatology Model

- Developmental Traumatology model posits that **childhood maltreatment** is particularly harmful, as it has the potential to impact **neurodevelopment through regulation of biological stress systems**, which either maintains homeostasis in the face of chronic and severe stress or permanently changes in response to the stressor.

- This stress response system is influenced by both the nature of the trauma and by individual **“genetic vulnerabilities”** (Delahanty & Nugent, 2006).

- This finding supports the theories that children exposed to early trauma are at increased risk of developing PTSD **following subsequent traumas**-partly owing to the early trauma-induced alterations in HPA stress responding (Delahanty & Nugent, 2006).

- Emerging research supports a consistent developmental process whereby early trauma evokes a cascade of system-wide changes that persist into adulthood and are associated with both deleterious psychological and physical health outcomes (Nugent, Goldberg, Uddin, 2016).
Childhood Trauma and Mood Disorders

• In this study, all types of trauma were associated with both major depression and bipolar disorder, with the exception of sexual abuse, which was only associated with bipolar disorder.

• Family history of psychiatric illness was also associated with mood disorder in adulthood and childhood trauma. A third of the effect of having any family history of mood disorder was mediated by childhood trauma.

• Family history of mood disorders and childhood trauma were associated with mood disorders in adults.

• Childhood trauma was a mediating factor for the association between family history of mood disorder and mood disorder in adulthood (Cardoso, et al, 2016)
Trauma and Adult Relationships

• Disorganization in adulthood mediates important relationships between early trauma and later adult externalizing outcomes, similar to outcomes seen for disorganization in childhood and adolescence.

• Externalizing behaviors in close adult relationships can be explained via disorganized attachment, resulting from early childhood trauma.

• Results from developmental psychology are relevant to social psychologists who study attachment theory in romantic relationships.

• What are the implications for parenting and family functioning?

Disorganized attachment mediates the link from early trauma to externalizing behavior in adult relationships, W. Steven Rholes, Ramona Paetzoid, Jamie Kohn, Personality and Individual Differences, (2016), 90, 61-65
Trauma as a Public Health Issue

• Dr. Nadine Burke-Harris: Ted Talk
  “How Childhood Trauma Effects Health across the Life Span”

• https://www.youtube.com/watch?v=95ovlJ3dsNk
ACE Study

Effectively addressing and treating childhood trauma and toxic stress will reduce later health and social emotional problems throughout the life span.
ACE-Adverse Childhood Experiences

• ACE- Adverse Childhood Experiences Study is one of the largest investigations ever conducted to assess associations between childhood maltreatment and later-life health and well-being. (Kaiser Permanente- 1997)

• Trauma can have a long lasting and profound negative impact on development, health and safety.

• The ACE Study findings suggest that certain experiences are major risk factors for the leading causes of illness and death as well as poor quality of life in the United States.

  http://www.cdc.gov/ace/index.htm
The CDC’s Adverse Childhood Experiences study uncovered a stunning link between childhood trauma and the chronic diseases people develop as adults, as well as social and emotional problems. This includes heart disease, lung cancer, diabetes and many autoimmune diseases, as well as depression, violence, being a victim of violence, and suicide.

Two thirds of the 17,000 people in the ACE study had an ACE score of at least one – 87 percent of those had more than one!

Check your own ACE score...
People who have experienced trauma are:

- 4 times more likely to become an alcoholic
- 4 times more likely to develop a sexually transmitted disease
- 4 times more likely to inject drugs
- 4 times more likely to use antidepressant medication
- 3 times more likely to be absent from work
- 3 times more likely to experience depression
- 15 times more likely to commit suicide
- 15 times more likely to commit suicide
- 2.5 times more likely to smoke tobacco
- 3 times more likely to have serious job problems
People who have experienced trauma are:

- **15 times** more likely to attempt suicide
- **4 times** more likely to become an alcoholic
- **4 times** more likely to develop a sexually transmitted disease
- **4 times** more likely to inject drugs
- **3 times** more likely to use antidepressant medication
- **3 times** more likely to be absent from work
- **3 times** more likely to experience depression
- **3 times** more likely to have serious job problems
- **2.5 times** more likely to smoke
- **2 times** more likely to develop chronic obstructive pulmonary disease

• **Four of every 10** children in American say they experienced a physical assault during the past year, with one in 10 receiving an assault-related injury.

• Nearly **14%** of children repeatedly experienced maltreatment by a caregiver, including nearly 4% who experienced physical abuse.

• More than **13%** of children reported being physically bullied, while more than 1 in 3 said they had been emotionally bullied.

• **1 in 5** children witnessed violence in their family or the neighborhood during the previous year.

• In one year, **39%** of children between the ages of 12 and 17 reported witnessing violence, **17%** reported being a victim of physical assault and **8%** reported being the victim of sexual assault.

• **More than 60%** of youth age 17 and younger have been exposed to crime, violence and abuse either directly or indirectly.
Long-Term Effects of Childhood Trauma

• Serious mental and physical health problems:
  – Risky and destructive behavior, Alcoholism, Drug Abuse, Depression, Anxiety, Suicide Attempts, Sexually transmitted diseases, physical problems…

• In one study, more than 68% of children and adolescents had experienced a potentially traumatic event by the age of 16.

• More than 20% of the children experienced impairments --- including school problems, emotional difficulties, and physical problems

• In those who had experienced more than one traumatic event, the rate was nearly 50%.

What are the converging influences of Trauma on the Developing Child?
How Does Trauma Effect Children’s Social-Emotional and Behavioral Development?

Children are effected in numerous ways:
• Affective
• Behavioral
• Cognitive
• Physical

Stuart Miles
Considering Developmentally Appropriate Behavior...

- Consider the age of the child and the developmental level of the child in your thinking on what is normally developing and age appropriate behavior versus what behaviors are outside of the range of “normal” that may be cause for further assessment and intervention.
Trauma Symptoms Include:

Affective Symptoms

- Inconsolable crying
- Exaggerated fear, numerous fears
- Depression, lethargy, withdrawal from others and environment
- Amplified separation distress
- Dysregulated anger, frequent crying and tantrums
- Irritability
Trauma Symptoms Cont.

Behavioral Symptoms

• Aggression, hitting, biting, hurting self and others
• Passivity or listlessness
• Primitive and persistent self-soothing behaviors (head-banging, compulsive chewing, excessive rocking)
• Feeding problems (hoarding, stuffing food in cheeks, food refusal)
• Erratic sleep, sleep terrors
• Dissociation (distinct disorientation or freezing)
• Not wanting to be touched
• Not feeling pain
Trauma Symptoms Cont.

Cognitive Symptoms:

- Delayed development
- Altered learning trajectories
- Problems focusing
- Problems completing tasks
- Problems following directions
- Regression of acquired skills
- Speech and language delays
- Loss of previously achieved developmental milestones
Trauma Symptoms Cont.

Physical Symptoms:

- Digestion problems
- Body and brain changes
- Low resistance to illness
- Increased arousal
- Psychosomatic responses:
  - tummy aches
  - head aches
  - not “feeling good”
Trauma in the School Setting

• Poor social skills
• Inability to maintain preschool or school placement or after school placement
• Learning problems
• Attention Deficits, Distractibility
• Low self-esteem
• Deficient relatedness- Peer Relationship Issues
• Behavioral issues that persist in both classroom and home environments
Symptoms of Post Traumatic Stress Disorder (PTSD)

**Intrusive Symptoms:**
Persistent Re-experiencing of the event, Recurrent and Intrusive distressing thoughts, Physiological distress, Episodes of flash back and dissociation, Post-Traumatic Play

**Numbing or Avoidance:**
Negative alterations in cognitions and mood, Increased social withdrawal, Restricted range of affect, constriction of play, developmental regression

**Hyper arousal, Increased arousal:**
Irritability or anger, extreme temper tantrums, attentional difficulties, Hypervigilance, Exaggerated Startle Reflex, Difficulty falling sleep/staying asleep, night terrors

Referral for further assessment and support!
Misdiagnosis

• What other disorders do these trauma symptoms look like?
  ADHD
  ADD
  Oppositional Defiant
  Developmental delays
  Fetal Alcohol Spectrum Disorders
  Learning Disorders...

• Correctly diagnosing and treating is imperative for children’s success.
What can we do to help buffer the negative impact of Adverse Childhood Experiences on children?
Building Resiliency

• The term resilience has come to mean an individual's ability to overcome adversity and continue his or her normal development. Dr. Michael Ungar, has suggested that resilience is better understood as follows:

• “In the context of exposure to significant adversity, resilience is both the capacity of individuals to navigate their way to the psychological, social, cultural, and physical resources that sustain their well-being, and their capacity individually and collectively to negotiate for these resources to be provided in culturally meaningful ways.”

(Ungar, 2008 and Ungar, 2011)
There is “a body of international cross-cultural, lifespan developmental studies that followed children born into seriously high-risk conditions such as families where parents were mentally ill, alcoholic, abusive, or criminal, or in communities that were poverty-stricken...”

• The astounding finding from these long term studies was that at least 50% — and often closer to 70% — of youth growing up in these high-risk conditions did develop social competence despite exposure to severe stress and did overcome the odds to lead successful lives.

• Furthermore, these studies not only identified the characteristics of these “resilient” youth, several documented the characteristics of the environments — of the families, schools, and communities — that facilitated the manifestation of resilience.”
What can be done to support young children exposed to Trauma?

- The emotional and behavioral sequelae of trauma can be addressed with **interventions** targeted towards ameliorating trauma **symptoms** and returning children’s **development** to a healthy trajectory using Child-Parent Psychotherapy (Lieberman, et al., 2006), Parent-Child Interaction Therapy (Funderburk & Eyberg, 2011) and Trauma-Focused Cognitive Behavioral Therapy (Cohen, et al., 2006)

- Very Young Children need to be referred for treatment early!

- Recent articles **emphasize the need** for an expanded and sensitive system of care for very young children who have experienced trauma to ensure that they receive the needed **intervention services** (AHA, 2011, NSCDYC, 2010 and Osofsky and Lieberman, 2011)
Let’s remember that from infancy through childhood, children depend on their attachment figures to **reflect back** to them how they are feeling and to make sense of their experiences.
Every healthy interaction – especially when they are sustained, can help promote new adaptive “wiring”
Engaging the Family System

- Bringing together all of the Child’s caregivers to engage and activate a strong coparenting alliance to support the child’s healing and recovery to an optimal level of functioning
Traumatized Children Must “Come Back” from their Trauma Experiences within a Coparenting and Family Systems Context
The term “Coparenting” is used to describe the joint efforts and teamwork of adults responsible for the care of children. It extends beyond just mothers and fathers.
Everyone recognizing the child’s unspoken fears and responding sensitively is critically important!
Recommendations for approaching parents if you have concerns about potential trauma reactions

• Especially if the child is younger, reach out to parents or caregivers to talk. Know your school’s policies about this. Aim to create a non-threatening and supportive environment.
When adults are connecting, cooperating and communicating about the child, the likelihood of the child being re-traumatized by someone in their “circle” is minimized

- Caregivers who understand signs of trauma:
- Can proceed with the hypothesis that the child may be suffering from aftereffects of trauma
- Can do things to manage child difficulties
- Should communicate with families so that everyone is in alliance in helping support the child
- Won’t re-traumatize the child
A traumatized child will never fully heal unless coparents work together.
When is Trauma Treatment Referral Necessary?

Universal Screening leads to Assessment and Treatment which are critical for healing and repair.
Recommended Trauma Treatment for Children:

**Child-Parent Psychotherapy (CPP)**- Dyadic (child-caregiver) therapeutic intervention for children 0-5 who have experienced trauma or toxic stress and their caregiver. Emphasis of treatment is processing the trauma and building the attachment relationship.

**Parent Child Interaction Therapy (PCIT)**- Dyadic intervention for children 2-8 who have behavioral issues.

**Trauma-Focused Cognitive Behavioral Therapy (TFCBT)**- Dyadic intervention for children 3-18 who have experienced trauma.

Dyadic means caregiver and child- Who should participate in treatment?

The California Evidence-Based Clearinghouse [www.cebc4cw.org](http://www.cebc4cw.org)
Talking to Parents and Caregivers about the need for Treatment referral

• Referral for Parent Treatment
• Referral for Parent-Child Treatment
• Having difficult conversations with Parents
• Helping them connect the dots between their own trauma and their parenting
• Helping Parents see the need to treatment
• Talking with Parents about why they need to follow through on referrals for child and for family
Final Thoughts or Questions?
The USFSP Family Study Center www.usfsp.edu/fsc

• For Every Child, In Every Family System: Positive Coparenting Relationships Protect Children

• Identifying and working with the core group of significant adults in the child’s life challenges helping professionals, but is a challenge worth meeting

• Positive coparenting alliances improve parenting by the involved adults, minimize future abuse, and directly benefit the child

• The “all hands-on-deck” coparenting model is THE key to minimizing trauma and healing children. To stop falling short and to make the difference we continue to need to make for children, every agency must understand and embrace such a model.
Resources for More Information

- National Child Traumatic Stress Network- nctsn.org
- National Institute of Mental Health- nimh.nih.gov
- Florida Association for Infant Mental Health- faimh.org/
- Zero To Three- zerotothree.org
- Veterans Administration- ptsd.va.gov
- http://www.nctsnet.org/trauma-types/medical-trauma
- http://www.nasmhpd.org/TA/NCTIC.aspx
- apa.org/topics/trauma
- www.usfsp.edu/fsc
Resources for Further Learning

- “Charting the Bumpy Road of Coparenting” James McHale
- “Young Children & Trauma”- Joy Osofsky
- “Children Exposed to Violence”- M. Feerick & G. Silverman
- “An Integrated Approach of Childhood Exposure to Violence and Brain Development”- L. Chamberlain
- “Don’t Hit My Mommy!”- Alicia Lieberman
- “Ghosts & Angels: Intergenerational Patterns in the Transmission and Treatment of Traumatic Sequelae of Domestic Violence”- A. Lieberman
- “Child Parent Relationship Therapy Treatment Manual”- Gary Landreth
- “Treating Trauma & Traumatic Grief in Children”- Cohen, Mannarino & Deblinger
- “Handbook of Infant Mental Health”- C.H. Zeanah (Editor)
- www.nctsn.org
- www.childwitnessstoviolence.org
Great Web Resources...

- Trauma Informed Child Welfare Practice Toolkit

- Trauma-sensitive schools

- Trauma aware schools

- Strategies to create a trauma-sensitive school
  [http://sspw.dpi.wi.gov/sspw_traumastrategies](http://sspw.dpi.wi.gov/sspw_traumastrategies)

- Incorporating trauma-sensitive practices into schools

- Language of trauma and loss lesson plans
  [http://westernreservepublicmedia.org/trauma/overview.htm](http://westernreservepublicmedia.org/trauma/overview.htm)

- Attending to Well-being in Child Welfare

- Harvard Center for the Developing Child
  [www.developingchild.harvard.edu/](http://www.developingchild.harvard.edu/)
THANK YOU
FOR PARTICIPATING IN
OUR TRAINING!