CORE CONCEPTS OF CHILDHOOD TRAUMATIC STRESS

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LEARNING OBJECTIVES

- Develop a general understanding of childhood traumatic stress and adverse childhood experiences.
- Discuss simple and complex trauma's impact on the developing brain
- Explain the impact of traumatic stressors on a child's daily functioning
- Learn about the role of expressive arts in healing from trauma and the importance of creating trauma-informed art programs

NORMS

- Value shared dialogue
- Value unique perspectives
- Honor/Respect Difference of opinion
- Maintain confidentiality
- Acknowledge difficult content

"Caring for myself is not self-indulgence, it is selfpreservation." ~ Audre Lorde

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"Traumatic events overwhelm the	
ordinary human adaptations to	
lifethey confront human beings with the extremities of	
helplessness and terror"	
Judith Herman	
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SIMPLE TRAUMA	
Typically single-incident trauma	
Often brief in duration	
 Usually when treatment is required for simple trauma it is brief 	
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COMPLEY TRAILINGS	
COMPLEX TRAUMA	
When an individual encounters a series of traumatic events	
Repeated and Cumulative	
Commonly originating in childhood	
Invasive and interpersonal	
Caregiver and child relationship	
Difficult to form trust	

TRADITIONAL CONCEPT OF PTSD VS. EVOLVING UNDERSTANDING OF TRAUMA AND CHILDREN

PTSD

- Re-experiencing
- Avoidance
- Increased Arousal

Complex Trauma

- New concept, new language
- Also called "Developmental Trauma Disorder" (Van der Kolk, 2005)
- Causes emotional, behavioral, cognitive, & meaning making disturbances

TYPES OF TRAUMA

- Neglect
- Physical Abuse
- Sexual Abuse
- Traumatic Grief
- Domestic Violence
- Community Violence
- School
- Violence/Bullying
- Natural Disasters
- Medical Trauma
- Terrorism/War

TRAUMATIC GRIEF

- Death that is unexpected, or violent
- Death that is anticipated, like a terminal illness
- Key: If child's responses are severe, prolonged, or interfere with overall functioning
- Classic trauma symptoms present

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HISTORICAL TRAUMA

"Cumulative and psychological wounding over the life span and across generations, emanating from massive group trauma experience."

Maria Yellow Horse Brave Heart, PhD

American Indians

- Cycles of genocide & disenfranchisement
- Trauma Intervention Model
 - Confronting the history; understanding trauma & its effects; releasing the pain; transcending trauma

NCTSN 2013

HISTORICAL TRAUMA (CONTINUED)

African Americans

- Slavery; institutionalized segregation & violence following emancipation; ongoing struggles for racial justice
- Daily reminders of racial discrimination can exacerbate trauma responses

Other communities impacted include:

- Holocaust Survivors
- Japanese-Americans
- Immigrants & Refugees

NCTSN 2013

TRAUMA IN THE US: WHAT IS KNOWN

- More than **two thirds** of children reported at least one traumatic event by the age of 16
- Approximately 702,000 children were found to be victims of child abuse or neglect in calendar year 2014

Neglect = 75% Sexual Abuse = 8.3% Physical Abuse = 17% Other = 6.8%

- 38–70% have witnessed serious community violence
- 1 in 10 has witnessed serious violence between caregivers
- 1 in 5 has lost a family member or friend to homicide

SAMHSA 2015; Saunders & Adams, 2015

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POPULATIONS AT RISK	
Trauma & substance abuse	
Economic stress Attitude Control Continue	
Military & veteran familiesIntellectual & developmental disabilities	
Homeless youth	
LGBTQ youth	
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THE EFFECTS OF SIMPLE OR COMPLEX	
TRAUMA: THE ADVERSE CHILDHOOD	
EXPERIENCES (ACES) STUDY	-
A study conducted to assess the health risk behavior and disease in adulthood to the breadth of exposure	
to childhood emotional, physical or sexual abuse, and household dysfunction during childhood.	
(Chapman et al 2004)	
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ACES STUDY (CONT.)	
ACLS STODY (CONT.)	
Physical, sexual and verbal abuse	
Physical and emotional neglectA family member who is:	
 depressed or diagnosed with other mental illness; 	

•addicted to alcohol or another substance;

• Losing a parent to separation, divorce or other reason

Witnessing a mother being abused

•in prison

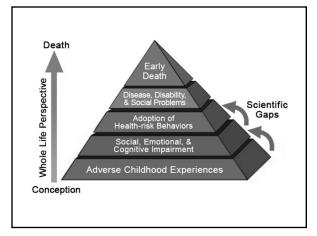
ACES STUDY OUTCOMES

- Strong graded relationship between the breadth of exposure to abuse or household dysfunction during childhood and multiple risk factors for several of the leading causes of death in adults.
- ACE score of 4 or more were
 - •2x more likely to be smokers
 - •12x more likely to have attempted suicide
 - •2x more likely to be alcoholic
 - •10x more likely to have injected street drugs

ACES STUDY OUTCOMES (CONT.)

The higher the ACE Score the more likely the illness.

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

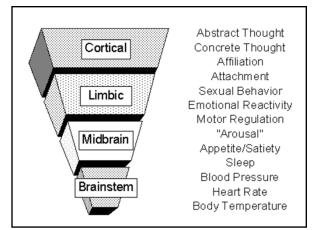


WHAT MAKES A TRAUMA A TRAUMA? • Previous trauma exposure• Parental distress, psychopathology Severity of trauma event • Separation from caregiver • Duration of exposure Previous psychological • Proximity of trauma functioning Understanding and personal significance • Genetic predisposition • Lack of material/social • Interpersonal violence resources WHAT CAUSES A TRAUMATIC RESPONSE? • Trauma results in the activation of the body's "survival systems" (i.e., Fight – Flight – Freeze) • These systems may continue to run even after the trauma has ended • This can result in enduring chemical imbalances and structural changes in the brain • These changes can result in the symptoms of **PTSD** TRAUMA REMINDERS • People, situations, places, or things that evoke traumatic memories • Behavioral and Emotional responses mirror the trauma itself • People can be aware and unaware of reactions

BRAIN DEVELOPMENT

 The brain develops in a sequential and hierarchical fashion, such that all incoming sensory input first enters the lower parts of the brain.

(Perry, 2008; Perry & Szalavitz, 2006)



BRAIN DEVELOPMENT (CONT.)

- The brain stores information in a
- <u>use-dependent</u> fashion
 - Use it or lose it
 - Major sensory cues come from primary caregiver

(Perry, 2008; Perry & Szalavitz, 2006; Schore, 2001)

EXPERI USABILITY/ANALYTIC	<pre>ENCE = + DESIGN/CREATIVE</pre>
Left-Brain Functions Analytic thought Logic Language Science and math	Right-Brain Functions Holistic though Intuitior Creativity Art and music

BRAIN DEVELOPMENT (CONT.)

- The right hemisphere, more so than the left, is deeply connected to the limbic system
- The right brain is organized in the first two years of life
- The right brain circuitry is involved in the regulation of "primary" emotions

(Schore, 2001)

LEFT BRAIN & RIGHT BRAIN CONFLICT Look at the chart and say the COLOR not the word BLUE YELLOW RED BLUE ORANGE GREEN RED BLACK RED ORANGE BLUE BLACK RED PURPLE

AMYGDALA AND FEAR Cortex 5. Amygdala blocks 'slow' thinking 4. Amygdala does quick threat assessment 1. Sensory data fed to Thalamus Limbic System (Carter, 2000)

IMPACT OF TRAUMATIC STRESS ON THE DEVELOPING BRAIN

- More anxious
- Low self esteem
- Less capable of concentrating
- More attentive to nonverbal cues (tone of voice, body posture, and facial expressions)
- Misinterpret nonverbal cues
- Misjudge their internal state
- Impaired ability of the right brain to communicate with the left brain
- Impaired social and problem solving skills
- Disruptions in self regulation

ACUTE RESPONSE TO THREAT

• Hyperarousal



- "Fight or flight" response
- Hypervigilance
- Anxious
- Reactive
- Alarm response
- Increased heart rate
- Flight: Panic
- Fight: Terror

(Perry, 2008)

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ACUTE RESPONSE TO THREAT (CONT.)



- Freeze or surrender response
- Detached
- Numb
- Compliant
- Suspension of time
- De-realization
- · Decreased heart rate
- "Mini-psychosis"
- Fainting

(Perry, 2008)

SEVEN DOMAINS OF IMPAIRMENT IN CHILDREN EXPOSED TO COMPLEX TRAUMA

- Self-Concept
- Dissociation
- Affect Regulation
- Behavioral Control
- Cognition
- Attachment
- Biology

(Cook et al, 2005)

SELF-CONCEPT

- Lack of a continuous, predictable sense of self
- 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



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DISSOCIATION

- Amnesia memory loss or gaps
- Dissociative episodes spacing out or fantasy world
- Depersonalization "not me"
- Impaired memory for statebased events



AFFECT REGULATION

- Difficulty with emotional self-regulation
- Difficulty labeling and expressing feelings
- Problems knowing and describing internal states
- Difficulty communicating wishes and needs

Inside Out, IMDB 2015

BEHAVIORAL CONTROL

- Poor modulation of impulses
- Self-destructive behavior
- Aggression toward others
- Destructive self-soothing behaviors
- Sleep disturbances
- Eating disorders
- Substance abuse
- Excessive compliance
- · Oppositional behavior
- Difficulty understanding and complying with rules

COGNITION

- Difficulties in attention regulation and executive functioning
- · Lack of sustained curiosity
- Problems with processing novel information
- Problems focusing on and completing tasks
- Problems with object constancy



COGNITION (CONT.)

- Difficulty planning and anticipating
- Problems understanding responsibility
- Learning difficulties
- Problems with language development
- Problems with orientation in time and space

ATTACHMENT

- Problems with boundaries
- Distrust and suspiciousness
- Social isolation
- Interpersonal difficulties
- Difficulty attuning to other people's emotional states
- Difficulty with perspective taking



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BIOLOGY

- Sensorimotor developmental problems
- Analgesia
- Problems with coordination, balance, body tone
- Somatization
- Increased medical problems across a wide span



COMPLEX TRAUMA AND TEENS



http://www.rememberingtrauma.org/

PROTECTIVE FACTORS

"The response of the child's social support system, and particularly the child's mother, is perhaps the most important factor in determining the child outcomes and is more important than objective elements of the victimization itself"

(Finkelhor & Kendall-Tackett, 1997)

PROTECTIVE FACTORS

Three ways caregivers can help

- 1. Believe/validate the child
- 2. Tolerate the child affect
- 3. Mange their affect



PROTECTIVE FACTORS (CONT.)

- Two-parent family
- The "resiliency" factor and temperament
- Intelligence/neurological resources
- Strong academic and social skills
- Active coping, self-confidence
- External blame for abuse
- Strong religious beliefs, cultural identity

ESSENTIAL ELEMENTS OF A TRAUMA-INFORMED SCHOOL SYSTEM

- 1. Identification & assessment of traumatic stress
- 2. Prevention & intervention related to traumatic stress
- 3. Trauma education & awareness
- 4. Partnerships with students & families
- 5. Creating a trauma-informed learning environment

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ESSENTIAL ELEMENTS OF A TRAUMA-INFORMED SCHOOL SYSTEM (CONT.)

- 6. Cultural responsiveness
- 7. Emergency management crisis/response
- 8. Staff self-care & secondary self-care
- 9. School discipline policies & practices
- 10. Cross system collaboration & community partnerships

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SYSTEMS WITHOUT TRAUMA SENSITIVITY

- Misuse or overuse displays of power
- Higher rates of staff turnover and low morale
- Disempowering and devaluing consumers
- Focused on what's wrong with you

EXPRESSIVE ARTS & CHILDHOOD TRAUMA

- Reduces anxiety around sharing/disclosure; opportunity to express what is difficult to verbalize
- Assists with desensitization and increase understanding of feelings
- Increased self-esteem, socialization, & self-awareness
- Fosters feelings of competence, resilience, & hope
- Promotes opportunities for post traumatic growth

HEALING POWER OF CONNECTION

"The core experiences of psychological trauma are disempowerment and disconnection from others. Recovery, therefore, is based upon the empowerment of the survivor and the creation of new connections. Recovery can only take place within the context of relationships; it cannot occur in isolation."

Herman, J.L. 2015

MAKING MEANING

"Meaning is the sense that, no matter what is going on in your life, you can hang onto the things that really matter to you. It is the belief that there are elements and people and views that cannot – no matter what – be taken from you."

- Viktor E. Frankl

THERAPEUTIC GOALS: NARRATION & MEANING MAKING

- Signs of readiness for narration:
 - coping skills, capacity to manage stress, ability to process and reflect on one's thoughts and feelings
- Meaning making allows for:
 - Integration of traumatic experience into totality of survivor's life
 - Trauma only one part of survivor's life experience, selfconcept, & identity rather than defining aspect
 - Move from past orientation to future orientation

Cohen, Mannarino & Deblinger, 2006, p.121, 200.

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Art and Activism are healing.

"You can't always heal your heart with your head. I've worked in social justice long enough, that I don't have any cognitive problems with what happened. I know it's not my fault and I know I'm not alone. No one has to tell me that.

But even when you know that in your mind, it's hard to know, to feel that truth in your body. Working through art accesses a different part of your healing process that you can't always reach through words alone."

- Emily Sha, Chicago

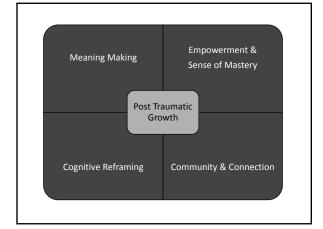
MONUMENT QUILT ART ACTIVITY

- Reflect on all that you have learned about the impact of childhood trauma
- Create a quilt square that sends a message of support to childhood survivors of domestic violence and sexual violence.



BREAK THE CHAIN

- Abuse is...
 - cyclical and takes on many forms
 - more often private, but group members recognized that all types of abuse have impacts on the community level
- $\bullet \;$ Support $\underline{\text{\it everyone}}$ impacted by violence & abuse
 - Victims, perpetrators, witnesses
- Visual imagery & racism



WHAT TO LOOK FOR IN TRAUMA-INFORMED ART INITIATIVES?

- Collaboration with mental health professionals
 - At minimum, should include plan for consultation/referral with mental health & demonstrate awareness of trauma-informed principles
- Partnering with youth and families
- Cultural responsiveness
- Value of process over product
- Provide both choice and containment

VICARIOUS TRAUMA

"The expectation that we can be immersed in suffering and loss daily and not be touched by it is as unrealistic as expecting to be able to walk through water without getting wet."

(Remen 1996)

VICARIOUS TRAUMA

- An intense psychological reaction experienced by helping professionals to an indirect exposure to trauma
- A transformation of the helper's inner experience, resulting from empathic engagement with another's trauma experience
- Emotional impact of trauma and painful material can be contagious and transmitted through the process of empathy
 - (Saakvitne and Pearlman, 1995)

IMPACT OF VT ON OUR ABILITY TO HELP

- Emotional withdrawal from clients
- Numbed response to crisis
- Impaired therapeutic judgment
- Avoidance of traumatic content
- Avoidance of paperwork
- Decreased productivity
- More frequent missed work days
- Loss of hope
- Cynicism and skepticism

PERSONAL MANAGEMENT OF VT

- Access your support network
- Spiritually connect
- Engage in mindfulness
- Challenge negative thinking and challenge cognitive distortions
- Turn on optimism
- Engage in self-care (physical, mental, emotional, spiritual, and aesthetic)
- Be aware of your triggers to Vicarious Trauma

(Harrison and Westwood, 2009)

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RESOURCES	
National Child Traumatic Stress Network	
www.nctsn.org	
Adverse Childhood Experiences www.acestoohigh.com	
Substance Abuse & Mental Health Services Administration	
<u>www.samhsa.gov/trauma-violence</u> The Monument Quilt	
http://www.upsettingrapeculture.com/	
Traumatic Stress Center – Violence Prevention Videos https://www.kennedykrieger.org/youthvideo	
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BIBLIOGRAPHY	
Chapman DP, Anda RF, Felitti VJ, Dube SR, Edwards VJ, Whitfield CL. (2004). Epidemiology of Adverse Childhood Experiences and Depressive Disorders In a Large Health Maintenance Organization Population. Journal of Affective	
Disorders, 82(2):217–225. Cohen, J. A., Mannarino, A.P., & Deblinger, E. (2006). <i>Treating Trauma and Traumatic Grief in Children and Adolescents</i> . New York: The Guilford Press.	
Cook, A., Spinazzola, J., Ford, J., Lanktree, C., Blaustein, M., Cloitre, M., van der Kolk, B. (2005). Complex trauma in children and adolescents. Psychiatric Annals, 35, 390–398.	
Finkelhor, D., & Kendall-Tackett, K. (1997). A developmental perspective on	
the childhood impact of crime, abuse, and violent victimization. In D. Cicchetti & S. L. Toth (Eds.), Rochester symposium on developmental psychology, Vol. 8. Developmental perspectives on trauma: Theory, research,	
and intervention (pp. 1-32). Rochester, NY, US: University of Rochester Press.	
	1
BIBLIOGRAPHY (CONT.)	
· '	
Herman, J. (1997). Trauma and Recovery: The aftermath of violence- from domestic abuse to political terror. New York: Basic Books.	
National Child Traumatic Stress Network. (2013). Conversations About Historical Trauma: Parts One, Two, and Three. Los Angeles, CA, and Durham, NC: National Center for Child Traumatic Stress. Available at: https://www.nctsn.org/resources/conversations-about-historical-trauma-part-one.	
National Child Traumatic Stress Network, Schools Committee. (2017). Creating, supporting, and sustaining trauma-informed schools: A system framework. Los Angeles, CA, and Durham, NC: National Center for Child Traumatic Stress.	
Perry, B. D. (2008). Child maltreatment: The role of abuse and neglect in developmental psychopathology. In T. P. Beauchaine & S. P. Hinshaw (Eds.), Textbook of child and adolescent psychopathology (pp. 93–128. New York: Wiley.	
Perry, B. D., & Szalavitz, M. (2006). The boy who was raised as a dog; and other stories from a child psychiatrist's notebook: What traumatized children can teach us about life, loss and healing. New York: Basic Books.	
l .	1

BIBLIOGRAPHY	/CONT	۱

Saunders, B.E. & Adams, Z.A. (2014). Epidemiology of traumatic experiences in childhood. *Child & Adolescent Psychiatric Clinics North America*, 23, pp. 167-184.

Schore, A. N. (2001). Effects of a secure attachment relationship on right brain development, affect regulation, and infant mental health. *Infant Mental Health Journal*, 22(1-2), 7-66.

Substance Abuse and Mental Health Services Administration. (2015). Understanding Child Trauma. Available at:

 $\underline{https://www.samhsa.gov/sites/default/files/programs_campaigns/nctsi/nctsi-infographic-full.pdf}$

van der Kolk, B. A. (2005). Developmental Trauma Disorder: Toward a rational diagnosis for children with complex trauma histories. *Psychiatric Annals*, *35*(5), 401-408.

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