The Impact of Trauma on Children: Developmental Impact, Evidence-Based Treatments, and Cultural Considerations

Massachusetts Child Trauma Project
Training materials adapted from National Child Traumatic Stress Network trainings
Agenda

10:15 a.m.-10:20 a.m.: Introductions
10:20 a.m.-11:30 a.m.: Impact of Trauma
11:30 a.m.-11:45 a.m.: Break
11:45 a.m.-12:15 p.m.: Brainstorming
12:15 p.m.-12:30 p.m.: EBT’s
12:30 p.m.-12:50 p.m.: MCTP
12:50 p.m.-1:00 p.m.: Questions
What is Trauma?

A traumatic experience . . .

- Threatens the life or physical integrity of a child or of someone important to that child (parent, grandparent, sibling)
- Causes an overwhelming sense of terror, helplessness, and horror
- Produces intense physical effects such as pounding heart, rapid breathing, trembling, dizziness, or loss of bladder or bowel control
Most Commonly Reported Traumas

- Loss
- DV
- Emotional
- Sexual Abuse
- Neglect
- Physical Abuse
- Illness/Medical
- Serious Injury/Accident
- Natural Disaster
- Kidnapping
- Community Violence
- School Violence
- Sexual Assault/Rape
Types of Trauma

Acute trauma:

A single event that lasts for a limited time
Types of Trauma (Continued)

Chronic trauma:
The experience of multiple traumatic events, often over a long period of time
When Trauma Is Caused by Loved Ones

The term complex trauma is used to describe a specific kind of chronic trauma and its effects on children:

- Multiple traumatic events that begin at a very young age
- Caused by adults who should have been caring for and protecting the child

Why Address Trauma?

- Many children have lived through traumatic experiences.
- Children bring their traumas with them.
- Trauma affects a child’s behavior, feelings, relationships, and view of the world in profound ways.

(Continued)
Children’s trauma affects us, too:

- Compassion fatigue
- Painful memories
- Secondary traumatization

Trauma’s effects—on children and on us—can be disruptive to a child’s placement stability.
Prevalence & Cost of Trauma

- 3 million children/year exposed to maltreatment or neglect (NIS-4 Endangerment standard; 2006 data)
- 1.25 million year showing signs of negative impact (NIS-4 Harm Standard)
- 772,000 substantiated child maltreatment cases/year (Child Maltreatment 2008)
- Economic cost of child abuse and neglect 103.8 billion/year (2007 estimate)
Adverse Childhood Experiences and Outcome

- Increased presence of childhood adverse experience leads to increased risk of:
  - Depression
  - Drug addiction
  - Alcohol use/abuse
  - Adult sexual assault
  - Adult domestic violence (perpetrator and victim)
  - Early onset sexuality and sexual promiscuity
  - Teen pregnancy and paternity
  - Suicidality
  - Obesity
  - Cigarette use
  - General health problems
Adverse Childhood Experience (ACE) Score and Alcoholism, Suicide Attempts, or Sexual Assault

Considers Self An Alcoholic
Ever Attempted Suicide
Sexually Assaulted as an Adult (Women)

Percent With Health Problem (%)
Prevalence of Health Risks per # of Adverse Childhood Experiences

Current smoker
Severe Obesity
Two or more wks. of depressed mood in last yr.
Ever attempted suicide


Effects of Child Maltreatment on Health
Effects of Child Maltreatment on Health

Prevalence of Health Risks per # of Adverse Childhood Experiences

<table>
<thead>
<tr>
<th>Prevalence (%)</th>
<th>0 ACE</th>
<th>1 ACE</th>
<th>2 ACEs</th>
<th>3 ACEs</th>
<th>4 or more ACEs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Considers self an alcoholic</td>
<td>3</td>
<td>6</td>
<td>16</td>
<td>28</td>
<td>17</td>
</tr>
<tr>
<td>Ever used illicit drugs</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Ever injected drugs</td>
<td>1</td>
<td>1</td>
<td>3</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Had 50 or more intercourse partners</td>
<td>3</td>
<td>6</td>
<td>7</td>
<td>6</td>
<td>10</td>
</tr>
<tr>
<td>Ever had a sexually transmitted disease</td>
<td>6</td>
<td>10</td>
<td>13</td>
<td>17</td>
<td></td>
</tr>
</tbody>
</table>

Estimates of the Population Attributable Risk* (PAR) of Adverse Childhood Experiences for Selected Outcomes in Women

<table>
<thead>
<tr>
<th>Mental Health:</th>
<th>PAR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current depression</td>
<td>54%</td>
</tr>
<tr>
<td>Depressed affect</td>
<td>41%</td>
</tr>
<tr>
<td>Suicide attempt</td>
<td>58%</td>
</tr>
<tr>
<td>Drug Abuse:</td>
<td></td>
</tr>
<tr>
<td>Alcoholism</td>
<td>65%</td>
</tr>
<tr>
<td>Drug abuse</td>
<td>50%</td>
</tr>
<tr>
<td>IV drug abuse</td>
<td>78%</td>
</tr>
<tr>
<td>Promiscuity</td>
<td>48%</td>
</tr>
<tr>
<td>Crime Victim:</td>
<td></td>
</tr>
<tr>
<td>Sexual assault</td>
<td>62%</td>
</tr>
</tbody>
</table>

*Based upon the prevalence of one or more ACEs (62%) and the adjusted odds ratio ≥1 ACE.
The Benefits of Being Trauma-Informed

When you understand what trauma is and how it affects children, it becomes easier to:

- Communicate with children who have experienced trauma
- Improve children’s behavior and attitudes
- Get children the help they need
- Reduce your own risk of compassion fatigue or secondary traumatization
How Children Respond to Trauma

Long-term trauma can interfere with healthy development and affect a child’s:

- Ability to trust others
- Sense of personal safety
- Ability to manage emotions
- Ability to navigate and adjust to life’s changes
- Physical and emotional responses to stress

(Continued)
Effects of Trauma Exposure cont’d

- **Attachment.** Traumatized children feel that the world is uncertain and unpredictable. They can become socially isolated and can have difficulty relating to and empathizing with others.

- **Biology.** Traumatized children may experience problems with movement and sensation, including hypersensitivity to physical contact and insensitivity to pain. They may exhibit unexplained physical symptoms and increased medical problems.

- **Mood regulation.** Children exposed to trauma can have difficulty regulating their emotions as well as difficulty knowing and describing their feelings and internal states.
Effects of Trauma Exposure cont’d

- **Dissociation.** Some traumatized children experience a feeling of detachment or depersonalization, as if they are “observing” something happening to them that is unreal.

- **Behavioral control.** Traumatized children can show poor impulse control, self-destructive behavior, and aggression towards others.

- **Cognition.** Traumatized children can have problems focusing on and completing tasks, or planning for and anticipating future events. Some exhibit learning difficulties and problems with language development.

- **Self-concept.** Traumatized children frequently suffer from disturbed body image, low self-esteem, shame, and guilt.
NCTSN Survey (Spinazzola et al, 2005): Most Frequently Observed Difficulties

- Affect Dysregulation: 62%
- Attention/Concentration: 59%
- Negative Self-Image: 58%
- Impulse Control: 53%
- Aggression/Risk-taking: 46%
How Children Respond to Trauma

(Continued)

A child’s reactions to trauma will vary depending on:

- Age and developmental stage
- Temperament
- Perception of the danger faced
- Trauma history (cumulative effects)
- Adversities faced following the trauma
- Cultural Influences
- Availability of adults who can offer help, reassurance, and protection

(Continued)
How Children Respond to Trauma
(Continued)

Hyperarousal:

- Nervousness
- Jumpiness
- Quickness to startle

(Continued)
How Children Respond to Trauma

(Continued)

Reexperiencing:

- Intrusive images, sensations, dreams
- Intrusive memories of the traumatic event or events

(Continued)
Avoidance and withdrawal:

- Feeling numb, shut down, or separated from normal life
- Pulling away from activities and relationships
- Avoiding things that prompt memories of the trauma
What You Might See

- Problems concentrating, learning, or taking in new information
- Difficulty going to sleep or staying asleep, nightmares
- Emotional instability; moody, sad, or angry and aggressive, etc.
- Age-inappropriate behaviors; reacting like a much younger child
Trauma Reminders

People, situations, places, things, or feelings that remind children of traumatic events:

- May evoke intense and disturbing feelings tied to the original trauma
- Can lead to behaviors that seem out of place, but may have been appropriate at the time of the original traumatic event
Recovering from Trauma: The Role of Resilience

**Resilience** is the ability to recover from traumatic events.

- Children who are resilient see themselves as:
  - Safe
  - Capable
  - Lovable
Fostering Resilience

Factors that can increase resilience include:

- A strong relationship with at least one competent, caring adult
- Feeling connected to a positive role model/mentor
- Having talents/abilities nurtured and appreciated
- Feeling some control over one’s own life
- Having a sense of belonging to a community, group, or cause larger than oneself
Understanding Trauma’s Effects

Illustrations by Erich Ippen, Jr. Used with permission.
We Learn by Experience
We Learn by Experience

(Continued)
We Learn by Experience
(Continued)
Your Internal Alarm System

The brain releases chemicals that help the body to respond to the threat (fight, flight, freeze)

If the threat is removed, everything returns to normal

(Continued)
Your Internal Alarm System

(Continued)

The brain releases chemicals that help the body to respond to the threat (fight, flight, freeze)

If the threat continues or is repeated, the system stays on "red alert"
Experience Grows the Brain

- Brain development happens from the bottom up:
  - From primitive (basic survival)
  - To more complex (rational thought, planning, abstract thinking)
Experience Grows the Brain
(Continued)

- The brain develops by forming connections.
- Interactions with caregivers are critical to brain development.
- The more an experience is repeated, the stronger the connections become.
Exposure to trauma causes the brain to develop in a way that will help the child survive in a dangerous world:

- On constant alert for danger
- Quick to react to threats (fight, flight, freeze)

The stress hormones produced during trauma also interfere with the development of higher brain functions.

### Young Children (0–5)

<table>
<thead>
<tr>
<th>Key Developmental Tasks</th>
<th>Trauma’s Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Development of visual and auditory perception</td>
<td>Sensitivity to noise</td>
</tr>
<tr>
<td>Recognition of and response to emotional cues</td>
<td>Avoidance of contact</td>
</tr>
<tr>
<td>Attachment to primary caregiver</td>
<td>Heightened startle response</td>
</tr>
<tr>
<td></td>
<td>Confusion about what’s dangerous and who to go to for protection</td>
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<tr>
<td></td>
<td>Fear of being separated from familiar people/places</td>
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*(Continued)*
### Key Developmental Tasks

<table>
<thead>
<tr>
<th>Task</th>
<th>Trauma’s Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manage fears, anxieties, and aggression</td>
<td>Emotional swings</td>
</tr>
<tr>
<td>Sustain attention for learning and problem solving</td>
<td>Learning problems</td>
</tr>
<tr>
<td>Control impulses and manage physical responses to danger</td>
<td>Specific anxieties and fears</td>
</tr>
<tr>
<td></td>
<td>Attention seeking</td>
</tr>
<tr>
<td></td>
<td>Reversion to younger behaviors</td>
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(Continued)
### Adolescents (13–21)

<table>
<thead>
<tr>
<th>Key Developmental Tasks</th>
<th>Trauma’s Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Think abstractly</td>
<td>Difficulty imagining or planning for the future</td>
</tr>
<tr>
<td>Anticipate and consider the consequences of behavior</td>
<td>Over- or underestimating danger</td>
</tr>
<tr>
<td>Accurately judge danger and safety</td>
<td>Inappropriate aggression</td>
</tr>
<tr>
<td>Modify and control behavior to meet long-term goals</td>
<td>Reckless and/or self-destructive behaviors</td>
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</table>
Why is Culture Important?

“The function of culture is to impose meaning on the world and make it understandable” - Source: Clifford Geertz, (1973).

“There is no individual experience of psychological trauma without a cultural history” - Source: (Wilson & Drozdek, 2004).

- Therefore, it is when we pass the traumatic experience through the filter of the culture that this experience acquires a meaning for the person.
The Connecting Point

➢ While Trauma \textit{breaks} meaning, Culture makes meaning — (Casas, M – 2009)

➢ Recovery of meaning: Goal of trauma-sensitive interventions
Trauma: Biology vs. Culture?

REMAINS THE SAME REGARDLESS OF CULTURAL CONTEXT

DIFFERS ACCORDING TO CULTURAL FRAME

Physiological Responses

Perception of threat’s nature

Threat’s meaning

Presentation of symptoms

Social Response

Paths to recovery

Premises about Culture in the Clinical Work

1. Culture is not exclusive to minorities
2. Culture is always present in any human interaction
3. What some cultures would consider *pathological*, could be seen as *normal* in other cultures
4. Culture can either become a facilitator or an obstacle in the therapeutic intervention.
### Culture: Facilitator and Obstacle?

<table>
<thead>
<tr>
<th></th>
<th>CULTURAL DIFFERENCES</th>
<th>CULTURAL SIMILARITIES</th>
</tr>
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<tbody>
<tr>
<td><strong>OBSTACLE</strong></td>
<td>Cultural beliefs and practices put the child at risk in the new environment</td>
<td>What is perceived as equal becomes a threat / trigger</td>
</tr>
<tr>
<td><strong>FACILITATOR</strong></td>
<td>What is perceived as a barrier turns into a tool to grow</td>
<td>What is perceived as equal strengthens the therapeutic alliance</td>
</tr>
</tbody>
</table>

Casas, M. - 2010
Provider’s Competencies

✓ To be aware of the cultural identity differences, to be aware of our own biases and pre-conceptions about our clients’ culture and to be prepared to deal with our own distortions of the treatment experience.

✓ To have the quality of being curious about the culture we are working with, because this will allow us to learn about our client’s beliefs, myths, values associated with his/her trauma and to convert the therapy experience into a learning experience.

✓ Find out how the child/family’s culture handles stress, senses of honor and pride, meanings of life and death, suffering and pain.
Provider’s Competencies

✔ Be skilled at identifying if:

❖ The child’s/family’s chief complaint is an expression of culture-specific behavior vs. a particular pathology

❖ The child’s/family’s clinical presentation is the result of a language barrier vs. a mental health problem or an inappropriate behavior.

(Norona, C.R. – 2009)
Break!

Return at 11:45 a.m.
Brainstorming Session: What does it mean for you in your own work?

- What are the particular needs of children with complex trauma in your care?
- What are the barriers to identifying and meeting the needs of children with complex trauma in your care?
- What types of services do you think are most needed?
- What are the barriers to interfacing/working with DCF or other agencies in coordinating care for these children?
- What might you do differently in your own practice?
What are Evidence-Based Treatments?

- Treatments that have strong research support
- Clinical trials & Randomized Controlled Clinical Trials
- Typically involve a manual, series of training and consultation to learn the treatment model
Why Evidence-Based Treatments?

- Driving force in healthcare services (Surgeon General’s Report on Mental Health, the Institute of Medicine’s Report: Crossing the Quality Chasm, 2001)
- Increased emphasis on and demand for EBTs by MCEs, government, consumers, and other stakeholders
- Resources diminishing → underscoring need for optimal, effective treatments
Why not EBTs?

Change is Great!!!
You go first.
Why might we avoid doing EBTs?

- Manualized treatments
- Too structured, too rigid or inflexible
- Clinical judgment
- Cost concerns
- Different from our theoretical orientation
- Lack of cultural adaptations
What are EBTs for trauma?

- Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)
- Attachment, Self-Regulation, and Competency (ARC)
- Child-Parent Psychotherapy (CPP)
- Parent-Child Interaction Therapy (PCIT)
- Seeking Safety
- Trauma Systems Therapy
- And many more....
Common themes across EBTs

- Semi-structured to structured, but not rigid
- Flexible based on the needs of the child/family
- Skill-building emphasized
- Value on relationships
- Clinical judgment essential
- Time-limited but pacing is important
- Data collection regarding progress of treatment
- Effective within and across cultural groups, with modifications
Important Techniques to help children beyond treatment

SAFETY and Trauma
Children who have been through trauma may:

- Have valid fears about their own safety or the safety of loved ones
- Have difficulty trusting adults to protect them
- Be hyperaware of potential threats
- Have problems controlling their reactions to perceived threats
Promoting Safety

- Give them control over some aspects of their lives.
- Set limits.
- Let them know what will happen next.
- See and appreciate them for who they are.
- Ask how to help them feel safe.
- Provide activities to assist in making them feel safe.
Massachusetts Child Trauma Project (MCTP)

- Funded through the Department of Health and Human Services, Administration for Children and Families, Children’s Bureau.
- Developed by the Massachusetts Department of Children and Families (DCF), in partnership with L.U.K. Crisis Center, Inc., Justice Resource Institute, Boston Medical Center’s Child Witness to Violence Program, and the University of Massachusetts Medical School.
The MCTP will implement changes in two main systems:

- Instituting trauma sensitive practice changes within DCF
- Implementing evidenced based trauma treatments within provider agencies that provide services to children involved in DCF.
Massachusetts Child Trauma Project Target Population

- Children in Massachusetts DCF care ages 0-18 with complex trauma
- DCF system Staff, caseworkers and supervisors
- Resource Parents
- Biological Parents
- Service Providers/Clinicians
Massachusetts Child Trauma Project

Geography

[Map of Massachusetts with various regions and office locations marked]
The MCTP will utilize the following National Child Traumatic Stress Network Products to Trauma Inform the system:

- **Child Welfare Toolkit:** Provides child welfare staff with an overview of the essential elements of a trauma informed child welfare system.

- **Resource Parent Curriculum:** Provides caregivers essential information regarding the impact of trauma on a child’s development, feelings, behaviors, attachments and how such effects impact the caregiving relationship.

- **Psychological First Aid:** Provides child welfare and mental health agencies the basic tools of managing psychological crisis and/or natural disasters.
The MCTP will utilize the following change initiative to ensure success of sustainable system transformation:

• Use of the National Child Traumatic Stress Network Breakthrough Series Collaborative Process. 29 Area offices will develop change teams comprising of DCF leadership, line staff, alumni consumers, and mental health representation to engage in a multi-year initiative of making small steps of change towards a more trauma informed system.

• Teams will be advised by the current Worcester West BSC team to continue to spread practice changes resulting in positive outcomes for children.
Massachusetts Child Trauma Project

The MCTP proposes to implement the following Evidence Based Treatments which demonstrate positive treatment outcomes for children with complex trauma:

- Child Parent Psychotherapy
- Trauma Focused Cognitive Behavioral Therapy
- Attachment, Self-Regulation, and Competency
Questions?
Contact Information for MCTP

• Beth Barto: MCTP project coordinator: bbarto@luk.org
• Jessica Griffin: MCTP TF-CBT Trainer: Jessica.Griffin@umassmemorial.org
• Hilary Hodgdon: MCTP Trauma Informed Trainer: hhodgdon@jri.org
• Marta Casas: MCTP Cultural Competency Trainer: mcasas@bmc.org
• Gordon Benson: MCTP LUK supervisor gbenson@luk.org