

Early Childhood Trauma:

The vulnerability and presentation of very young children

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Goals:

- To illustrate the complexity of early childhood trauma.
 - Focus on very young children: infants, toddlers, and preschoolers.
- Discuss vulnerability to traumatic exposure, specific to early childhood. *Why are very young children at higher risk than older children or adults?*
- Trauma related symptoms in children, particularly young children. *What kinds of behaviors are seen following traumatic exposure?*
- Assessment of trauma related symptoms in young children. *What are some useful early childhood social-emotional questionnaires?*

Learning Objectives

1. List three reasons young children are at increased risk for traumatic exposure. *Why are the very young particularly vulnerable?*
2. Describe the common types of behaviors in children following traumatic exposure. *How do children (sometimes) behave after upsetting experiences?*
3. Describe two trauma related symptoms that are uniquely associated with very young children. *What trauma related reactions are seen in young children that are less typical in older children or adults?*
4. Be familiar with an early childhood social emotional questionnaire, the Infant and Toddler Social Emotional Assessment.

What are traumatic Events?

- What types of events are considered traumatic?
 - *Events are considered traumatic by the reaction they provoke:
Potentially traumatic events.*
- DSM-IV-TR:
 - 1) Individual experiences, witnesses, or is confronted with actual or threatened death, serious injury, or **threat** to the physical integrity of self or others,
 - 2) Such that the individual experiences a sense of **intense fear, helplessness, or horror.**
- In attempting to define what constitutes a traumatic event, **age and developmental level** are likely to influence both
 - what constitutes a “**threat**” and
 - what will evoke a subjective **reaction** of fear, helplessness, or horror.

Background

- Very young children's experience of potentially traumatic events may be different than older children or adults
 - Different cognitive and emotional processing
 - Rapidly developing brains
- Criteria for PTSD may be developmentally misspecified (developed for adults)
 - None of the traumatized toddlers in two seminal studies by Scheeringa met full PTSD criteria using DSM-IV-TR
 - Inability to measure intense feelings of fear, helplessness or horror due to limited language;
 - Failure to meet criteria for 3 or more avoidance symptoms, in part due to difficulty appraising avoidance of thoughts or feelings associated with the trauma.

Changes from DSM-IV-TR to DSM-5

- Moved from anxiety disorders into a new class of "trauma and stressor-related disorders".
- Still requires exposure to traumatic or stressful event
- The three symptom clusters of DSM-IV (avoidance, arousal, re-experiencing) divided into four clusters in DSM-5:
 - Intrusion
 - Avoidance
 - Negative alterations in cognitions and mood (new, drawn from old "Avoidance")
 - Alterations in arousal and reactivity (revised to include reckless or destructive behavior)

Changes from DSM-IV-TR to DSM-5 (contd.)

- New clinical subtype "with dissociative symptoms"
- Separate diagnostic criteria are included for children ages 6 years or younger (preschool subtype)

Interpersonal vs. Non-Interpersonal Trauma

- Broad categorization of Traumatic Events: Interpersonal vs. Non-interpersonal events
- **Interpersonal Events:** events that are personally connected to you (e.g. violence by or towards a person you know or the loss of a loved one)
- **Non-interpersonal Events:** events that seem to happen randomly or that have no personal connection (e.g. accidents or natural disasters)

Interpersonal Trauma

- Interpersonal Violence
 - Seen someone hit, push or kick a family member
 - Seen someone use a weapon to threaten or hurt a family member
 - Been a victim of physical abuse
 - (Community violence/War)
- Interpersonal Loss
 - Death of a parent or child in the family
 - Long-term separation of a parent:
 - Parental Incarceration
 - Serious parental illness involving prolonged separation from the child

Non-Interpersonal Trauma

- Been bitten by a dog
- Been in a car accident
- Stayed in the hospital overnight
- Hurt seriously
- Had a medical operation

Birth Cohort Study Design

Connecticut Early Development Project (*Alice Carter & Margaret Briggs-Gowan*)

Prospective Longitudinal Design

(N=1312 or 1474 eligible families; 89% response rate):

Wave 1: 12- to 36-month olds (n=1280; 87% response)

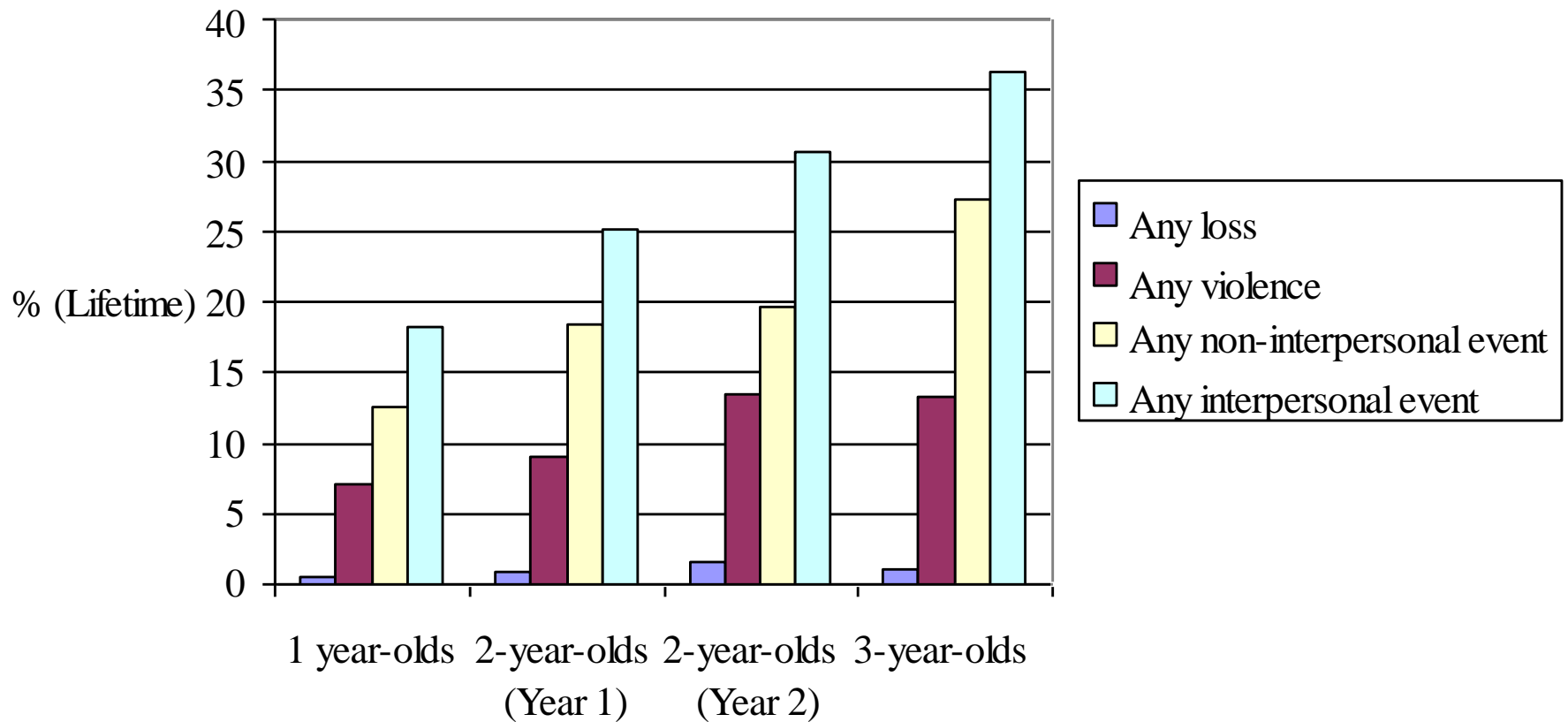
Wave 2: 24- to 48-month olds (n=1219; 91% retention)

Wave 3: 36- to 48-month olds (n=583; 91% retention)

Wave 4: Kindergarten/First Grade

Wave 5: Second/Third Grade

Exposures across early childhood



Why is it important to know the category or type of trauma?

- In studies of children and adults, **interpersonal traumatic events** have a greater impact on functioning than non-interpersonal events, particularly **interpersonal violence**.

What we know about prevalence:

- “Accidents” and injuries are among the most common causes of morbidity and mortality in young children.
- Four to five percent of one- to four-year olds are seriously injured annually (Ward-Begnoche et al., 2006).
- The majority of one- to five-year old children in an urban primary care clinic had been exposed to violence (Taylor et al., 1994).

Background

- By early adolescence, **most** children have experienced potentially traumatic, adverse events:
 - injury, loss, natural disaster, *violence*.

Children under age six:

- More likely than older children to be exposed to violence;
- More likely to be exposed to severely violent events;
- More likely that this violence was unpredictable;
- More likely to be exposed *more often* than older children and adults.

Developmental Level

- Lack of skills necessary to understand and process traumatic exposure
- Lack of coping skills to deal with exposure
- Rapidly developing core cognitive, social, and emotional abilities

Caregiver Dependence

- Young children are completely dependent upon others for their care
 - Cannot independently keep themselves safe
 - Cannot adequately meet their own needs if their primary caretaker is unavailable

Children Living in Poverty

- Young children living in poverty are more likely to be exposed to violence, than young children who are not: Violence exposure was approximately **4.4 times more likely among children living in poverty** (CEDP, Briggs-Gowan & Carter)

In sum,

- Very young children (birth through preschool age) are at increased risk for traumatic exposure than older children or adults:
- Completely dependent on others
- More likely to experience *worse* types of violence, *more often*
- Children living in poverty are at increased risk for exposure
- Core cognitive, social, and emotional abilities are rapidly developing

In sum: Prevalence

- Approximately 1/3 of children had been exposed to a potentially traumatic event by 3 years of age (13% violence; 27% non-interpersonal).
- Children were most commonly (>10%) exposed to
 - Family violence
 - Car accidents
 - Hospitalizations
- Children living in poverty were over four times as likely to be exposed to events

Impact of Traumatic Exposure

- Not everyone has a negative reaction
- What is the range of children's **reactions** in the general community (impact)?

Impact of Traumatic Exposure

These traumatic experiences increase risk for a wide range of affective and behavioral psychopathology, including:

- Disruption in attention processing
- Impairments in cognitive functioning
- Social Emotional Difficulties
- Earlier onset of substance use
- Poorer health (short and long-term)
- ***Take Home: Traumatic Exposure can impact children across a very wide range of functioning***

How do children behave after upsetting experiences?

- *Avoidance*
- *Arousal*
- *Re-experiencing/Intrusion*
- *Regression*
- *Attachment Difficulties*

Trauma related Symptoms

- Feelings of helplessness and generalized anxiety
- Difficulty expressing what is bothering them
- Loss of previously acquired skills
- Increased attachment needs
- Need to “play out” traumatic event
- Sleep and eating problems
- Acting younger than their age

Background

Symptom Level Data:

1. Following trauma exposure, very young children exhibited:

- Increased internalizing and externalizing symptoms (Scheeringa et al., 2003).
- Symptom levels that meet criteria for psychiatric diagnoses (Scheeringa et al., 2003):
 - PTSD (using modified criteria) in 26% of trauma exposed children.
 - Oppositional Defiant Disorder
 - Separation Anxiety Disorder

1. Younger children (1-3) more symptomatic than older children (4-6) & particularly vulnerable to re-experiencing symptoms

Background

3. Increased symptoms seen in children across a range of different traumatic events:

- Elevated PTSD symptoms have been observed in children exposed to
 - Domestic violence (Bogat et al., 2006)
 - Severe burns (Stoddard et al., 2006)
- Elevated internalizing and externalizing symptoms have been observed in children exposed to
 - Terrorism (Chemtob et al., 2008; Want et al., 2006)
 - Domestic violence (Levendosky et al., 2006)
 - Burns (Meyer et al., 2000)
 - Exposure to family conflict and violence toward a family member (McDonald et al., 2007)

“Too young to understand?”

- Younger children appear to be at **greater risk** (Famularo et al., 1994; Vila et al., 2001)
 - For example, earlier onset of maltreatment may lead to **generalized problems** with cognitive, affective, and somatic self-regulation that go beyond PTSD (Ford, 2005)

Beyond PTSD...

- Toddlers and preschoolers exposed to violence and/or other potentially traumatic events also display elevated emotional, behavioral, and regulatory symptoms relative to unexposed children.
- Young trauma-exposed children are also more likely to meet criteria for other psychiatric disorders.

Early Childhood Social Emotional Measure

Social Emotional Functioning:

- Infant Toddler Social and Emotional Assessment (ITSEA; Carter & Briggs-Gowan)
 - 1 to 3 years of age
 - Addresses **problems and competencies**
 - Covers known symptoms and existing psychiatric diagnostic systems (DSM-IV and DC:0-3)
 - Developmentally salient items (Externalizing, Internalizing, Regulatory Problems, Competencies)
 - Clinical and research applications
 - Cost and time effective (20-25 minutes to complete)
 - Multiple informants (parent, childcare)
 - Reliable and valid

ITSEA Problem Domains and Subscales within Domains

Internalizing

Externalizing

Dysregulation

General Anxiety

Depression/Withdrawal

Separation Distress

Inhibition to Novelty

Aggression/Defiance

Peer Aggression

Activity/Impulsivity

Negative Emotionality

Eating

Sleep

Sensory Sensitivities

Competence Domain

Competence

- Attention Skills
- Compliance
- Empathy
- Prosocial Peer
- Mastery Motivation
- Imitation/Play

Three Additional Indexes

Maladaptive

Atypical

Social
Relatedness

Modified Scales

- ITSEA-Trauma Related Symptom Scales (Carter & Briggs-Gowan, 2008)
 - Re-experiencing
 - Avoidance/Numbing
 - Arousal
 - A global score

Participants & Event Exposure

ITSEA Validation Study (Carter & Briggs-Gowan)

- 917 families (<18 months; >36 months).
- 215 (n=23.4%) of children experienced at least one event between 6 and 36 months of age.
- Among children who experienced at least one event, 19.2% (n=42) of parents, or 4.6% of the entire sample reported a dramatic change following the event(s).

Sociodemographic Risk & Event Exposure

- Sociodemographic risks included as covariates (brief review):
 - Single Parent Household
 - Poverty
 - Racial/Ethnic Minority status
 - Maternal Age – young
 - Low Education

What we learned about impact:

- Exposure to potentially traumatic events was significantly associated with toddler PTSD symptoms:
 - scores on the Modified CBCL PTSD Scale, ITSEA TRSS Scale, and the ITSEA TRSS **Arousal** and **Re-experiencing** Indices, controlling for sociodemographic risk (all p -values < 0.05).

Toddlers do experience post-traumatic stress!

More of what we learned about impact

- Exposure was not significantly associated with the ITSEA TRSS Avoidance Index.
 - consistent with prior work – Scheeringa 2003.

Post-traumatic stress may look DIFFERENT in young children than it does in adults

ITSEA TRSS (Carter & Briggs-Gowan, 2008)

ITSEA PTSD Scale Summary Score

- Re-Experiencing Subscale
 - Acts out same pretend theme over and over
 - *Started doing something he/she had outgrown*
 - *Is afraid of certain animals, places, or things*
 - *Puts things in a special order over and over*
 - *Repeats same action or phrase over and over*
 - *Spaces out. Unaware of what is happening*
 - *Talks about strange, scary or disgusting things*
 - *Wakes up from scary dreams or nightmares*
 - *When upset stills, freezes or doesn't move*
- Avoidance/Numbing Subscale
 - *Avoids physical contact*
 - *Does not make eye contact*
 - *Has less fun than other children*
 - *Is affectionate with loved ones (rev)*
 - *Interested in other babies or children (rev)*
 - *Laughs and smiles less than other children*
 - *Likes being cuddled, hugged or kissed (rev)*
 - *Looks unhappy or sad without any reason*
 - *Seems to have no energy*
 - *Seems withdrawn*

Not just PTSD:

- Elevated scores on the **Externalizing** Domains of the ITSEA and CBCL, as well as on the ITSEA **Dysregulation, Atypical** and **Maladaptive** domains among toddlers who experienced an event-related change in functioning
 - Perry's (2000) hypothesis that psychological trauma experienced in the first year of life may interfere with **neurobiological development associated with stress modulation and emotion regulation.**

Not all children with exposures showed “dramatic change”

- As predicted, among toddlers who experienced one or more potentially traumatic life events, those whose parents reported a **dramatic change in their functioning** following the event(s) exhibited greater symptom severity on measures of social and emotional functioning than those whose parents did not report a change.

References & Resources

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