Trauma in Children and Adolescents: An Overview

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Presentation Objectives

- Identify events that may result in childhood traumatic stress.
- Identify signs and symptoms of traumatic stress and traumatic grief across development.
- Identify vulnerabilities among military, refugee, and Native American youth and families
- Identify strategies to help support traumatized youth and families.
- Identify additional informative resources

Childhood Trauma

- Up to 67% of youth in the US have experienced at least one traumatic event during childhood
- Children often do not disclose these events
- Lifetime victimization in 2-17 year olds (Finkelhor et al., 2009)
  - 80% reported at least 1 victimization (69% in last year)
  - Multiple types of victimization are common
  - Mean number of victimizations = 3.7

Costello, Erkanli, Fairbank, & Angold, 2008;
Copeland, Keeler, Angold, & Costello, 2007;
Finkelhor, Ormrod, & Turner, 2009; www.nctsn.org

- Among a nationally representative survey of 12-17 yr-olds (Kilpatrick, Saunders, & Resick, 1998)
    - 8% reported experiencing sexual assault/abuse
    - 17% experienced physical abuse
    - 39% witnessed violence in their homes, schools, or neighborhoods

- Childhood grief
    - 75% of children will experience the death of a family member or friend before age 10

Definition of Trauma

Trauma results from an event, series of events, or set of circumstances that is experienced as physically or emotionally harmful or threatening, and that has lasting adverse effects on the individual's functioning and physical, social, emotional, and/or spiritual well-being.

(Substance Abuse and Mental Health Services Administration)

Traumatic Events

- Physical, emotional, and sexual abuse
- Neglect and/or abandonment
- Witnessing domestic violence
- The death or loss of a loved one
- Life-threatening illness in a caregiver
- Life-threatening health situations or painful medical procedures
- Car accidents and other serious accidents
- Bullying

Traumatic Events

- Witnessing or experiencing community violence
  - (e.g., shootings, stabbings, robbery, or fighting at home, in neighborhood or school)
- Witnessing police activity or having a close relative incarcerated
- Life-threatening natural disasters
- Acts or threats of terrorism (viewed in person or on television)
- Living in chronically chaotic environments in which housing and financial resources are limited

(NCTSN)

Adverse Childhood Experiences (ACEs) Study

- Study involved 17,000+ people receiving medical services in Southern California
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- “ACEs” include 3 categories of 10 adverse childhood experiences:

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Emotional abuse	Physical neglect	Separation or Divorce
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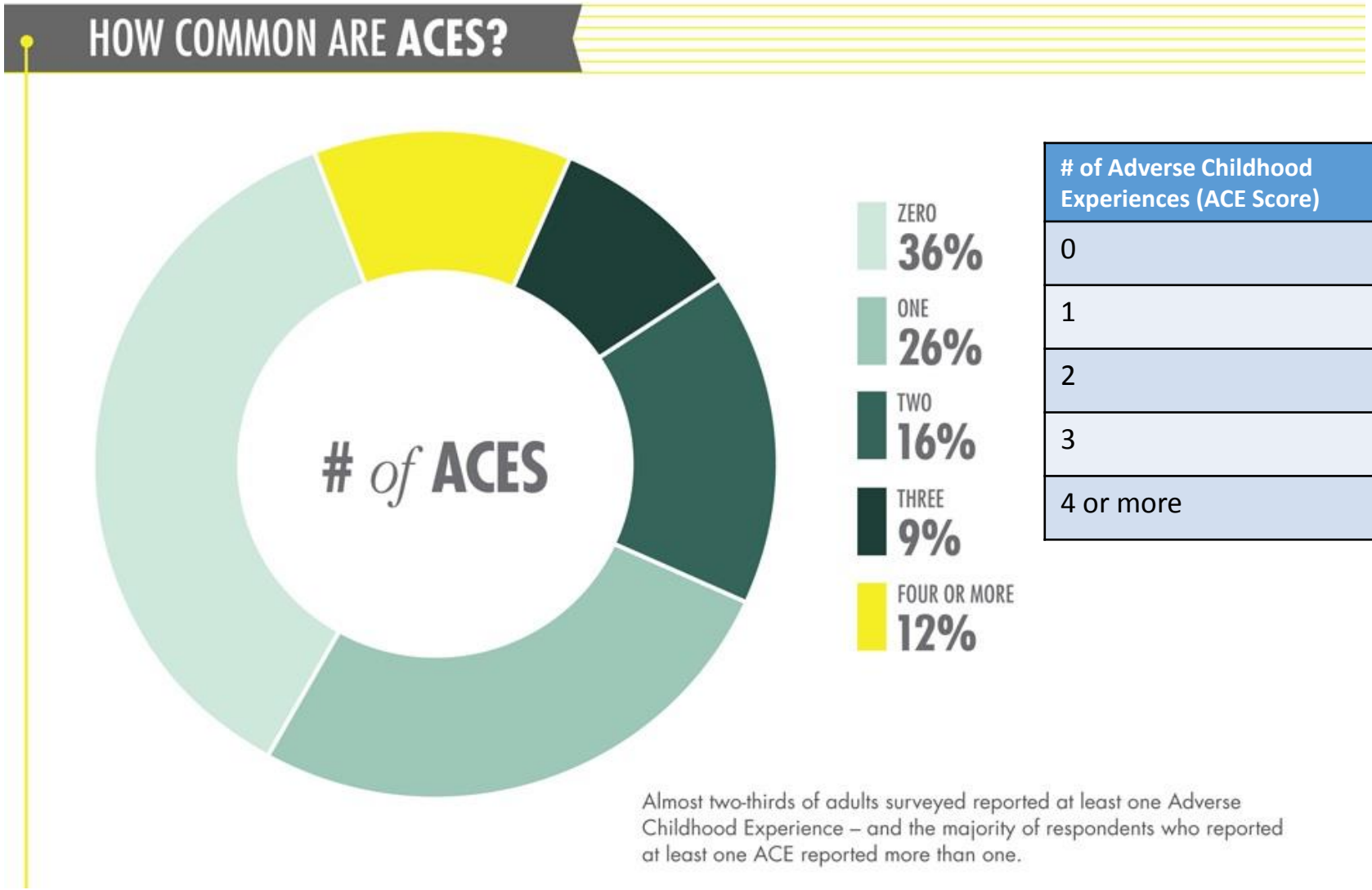
Sexual abuse		Domestic violence
		Parental mental illness
		Incarcerated relative

(Felitti et al., 1998)

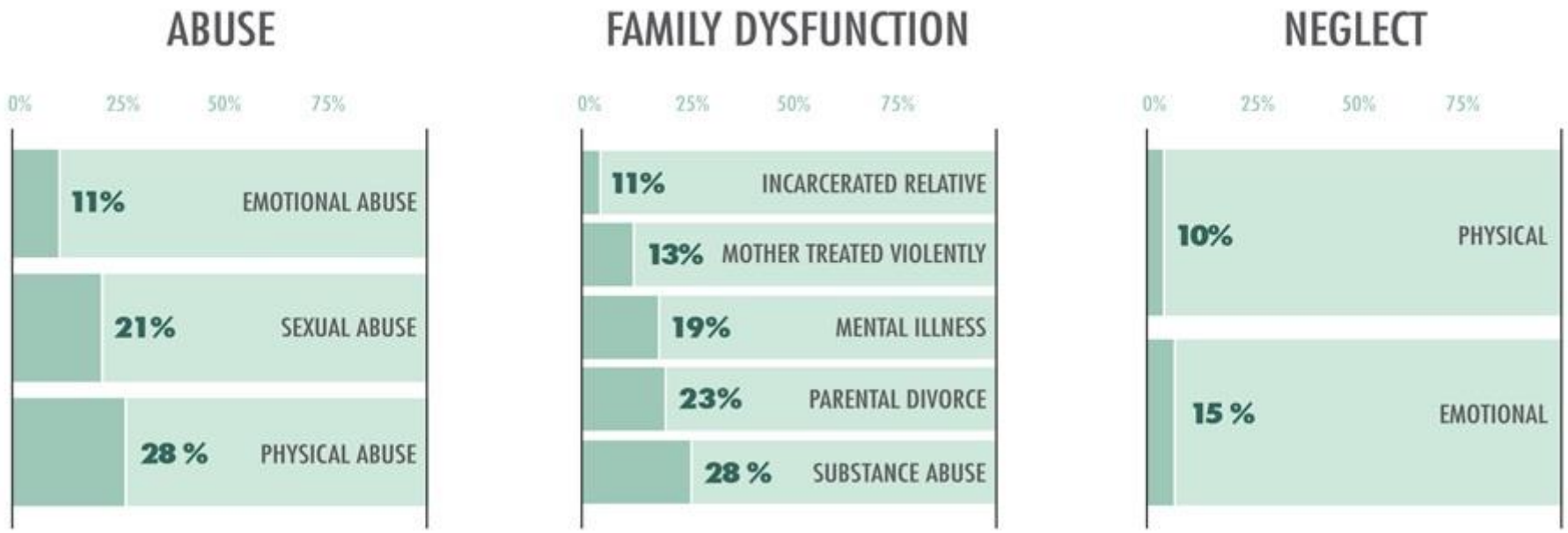
ACEs Study Findings



# of Adverse Childhood Experiences (ACE Score)	Women	Men	Total
0	34.5	38.0	36.1
1	24.5	27.9	26.0
2	15.5	16.4	15.9
3	10.3	8.6	9.5
4 or more	15.2	9.2	12.5

(CDC, 2015)

ACE Study Findings



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ACES Study Findings

- Having more ACEs increases vulnerability
- Persons who experienced 4 or more categories of “childhood exposure,” compared to those who experienced none, had a much greater risk for:
  - Alcoholism
  - Drug abuse
  - Depression
  - Suicide attempts
  - Smoking
  - Sexually transmitted diseases
  - Obesity

(Felitti et al., 1998)

Video link to summary of aces Study

- Video -"CDC's Adverse Childhood Experiences Study: A Summary"
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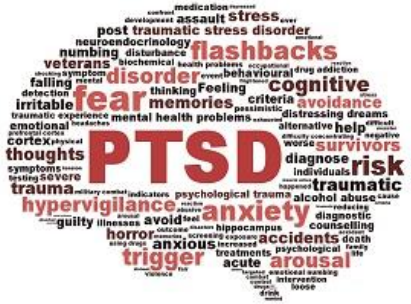
Two Types Of Trauma



- Single Incident Trauma (Type I)
  - Single incident/exposure to a traumatic event
  - e.g., accident, medical procedure, some sexual assault
  - Clear posttraumatic stress symptoms → PTSD diagnosis
- Complex Trauma (Type II)
  - Multi-type, chronic and prolonged exposure to events
  - e.g., abuse, neglect, parental trauma & substance use, DV
  - Problematic behaviors may acquire multiple diagnoses due to many overlapping symptoms
    - ADHD, ODD, Bipolar, Depression, Autism rule-out, RAD, DMDD

WHAT IS TRAUMATIC STRESS?

"When a child is experiencing childhood traumatic stress, these reactions interfere with his or her daily life and ability to function and interact with others."

-The National Child Traumatic Stress Network

- When a child has experienced an event that they perceive to be scary or terrifying or they felt helpless…
- they are at risk of developing reactions that can be detrimental to their **functioning** and **development**

WHAT IS POST-TRAUMATIC STRESS?

- **Intrusive thoughts or re-experiencing**
  - nightmares, flashbacks, thoughts that elicit similar emotions to those felt during trauma
- **Avoidance or numbing**
  - avoid thinking about event, feelings, or people/places/activities
- **Increased arousal and reactivity**
  - anger/irritability, hyper-vigilance, sleep & concentration problems, risky behavior
- **Negative alterations in cognitions and mood**
  - negative beliefs and expectations about oneself and others, distorted cognitions

What is childhood Traumatic Grief?

- When children:
  - Lose a loved one under traumatic and/or unexpected circumstances

    AND
  - Develop symptoms associated with PTSD that interfere with their ability to progress normally because they are “stuck” on the traumatic aspects of the death

What is childhood Traumatic Grief?

- Not all children who experience the death of someone special under traumatic circumstances develop CTG
- CTG may interfere with a child's ability to grieve and also the ability to think about comforting memories
- PTSD symptoms in children with traumatic grief can include
  - Reliving aspects of the person's death
  - Avoiding reminders of the death or of the person who died
  - Increased arousal

How does traumatic grief differ from common grief reactions?

"In non-traumatic bereavement, kids may be sad, or upset, or feel lonely, but they are able to continue on with activities and eventually maybe enjoy life again. . . The child with traumatic grief is kind of stuck . . . so a boy may not want to play baseball any more because he can't bear the thought of looking in the stands and his father not being there, and he falls apart."

Robin Goodman

Reactions to Trauma and Loss

- Trauma is experienced differently, with regard to
  - Child's age and level of development
  - How the family and community responds & reacts
  - Cultural background/beliefs

- Individual reactions to trauma vary:
  - Some will show symptoms immediately, others will take longer to react
  - Some will show distress for a short time, others in bursts that come and go

How do Preschool Children React?

- Feelings of helplessness and generalized anxiety
- Difficulty expressing what is bothering them
- Loss of previously acquired skills (e.g., language, toileting)
- Increased attachment needs
- Need to “play out” traumatic event
- Sleep and eating problems

How do School-Age Children React?

- Persistent concerns over safety
- Constant retelling of traumatic event
- Feelings of guilt or shame
- Overwhelming fear or sadness
- Aggression, irritability
- Diminished attention, memory
- Psychosomatic (body) complaints
- Social avoidance
- Sleep problems

How do Adolescents React?

- Self-consciousness about emotional responses
- Concern over being labeled “abnormal”
- Withdrawal from family and friends
- Feelings of shame and guilt
- Fantasies of revenge and retribution
- Radical shift in perceptions of the world
- ‘Pretend it didn’t happen’
- Self-destructive behavior
- Diminished attention, memory

What are the Consequences of Trauma and CTG?

Traumatic stress and grief can affect:

- Children's abilities to concentrate, learn, and perform well in school and work
- Relationships with peers, adults, community
- Functioning of the entire family
- How individuals view the world and the future
- Expectations for safety and security

Vulnerability of youth in Military Families

- Since 2001, more than 2 million US children have been exposed to at least one parental wartime deployment
  - Increased sense of danger
  - Routine of daily uncertainty
  - Chronic anxiety
  - Decreased family cohesion
  - Across age groups = high levels of sadness and worry
- 75% of all military children are younger than 11 years of age
- Military adolescents are at greater risk for depression (compared to their non-military peers)

Flake et al. 2009; Siegel et al, 2013

Vulnerability of youth in Military Families

- Culture of separation and loss may make it more likely that youth experience CTG with a permanent loss to death
- Maladaptive parental coping or distress is an important predictor of youth symptoms
- Returning service members may face unique challenges due to deployment experience
  - PTSD, depression, anxiety, substance abuse, TBI
  - Active duty parents may be reluctant to seek behavioral health services for self or family members

Flake et al. 2009; Siegel et al, 2013

Vulnerability of Refugee Youth & Families

- Many refugee children experienced war trauma
- Post-war prevalence rates of PTSD in refugee children range from 35% to 66%
- Refugee children face many challenges in the U.S. that affect their well-being:
  - Parents with mental health challenges
  - Poverty
  - Discrimination
  - Difficulty acculturating
    - New language
    - New culture, rituals and practices

Vulnerability of Native Youth & Families

Higher rates than the National average of:

- 2.5 times greater risk of experiencing trauma
- Physical, Emotional, and Sexual abuse:
  - Higher rates of disruptive behavior and substance abuse
- Emotional or physical neglect:
  - Native youth have the highest rates across all populations
- Having only 1 or no parents in the household:
  - 40% of Native youth are living with 1 or no parents
- Alcohol and/or drug abuse in the home:
  - 12-16% in Native homes (4-6% National average)
- Incarcerated household member:
  - 3 in 5 males in Native families incarcerated or on probation

(National Center for Children in Poverty, 2007; Bigfoot, 2008)

How Is Trauma Experienced in Native Communities?

- As a single event
  - (e.g., a car accident)
- As a prolonged experience
  - (e.g., removal from family/home)
- As a cumulative event
  - (e.g., ongoing family violence)
- *As a historical event with prolonged impact
  - (e.g., legacy of trauma and traumatic grief passed on through generations)
- *As a personal event that continues its impact across several generations
  - (e.g., legacy of boarding schools)

(Bigfoot, 2008)

Recovery and Resiliency

- Recovery from trauma is the primary goal of trauma-informed services
- Under the right circumstances, resiliency can be promoted in all individuals
- Keep in mind that PTSD is only one possible outcome of trauma
  - Health, resiliency, recovery, and post-traumatic growth are very common
  - Common outcomes also include anxiety, depression, eating disorders, substance abuse, etc.

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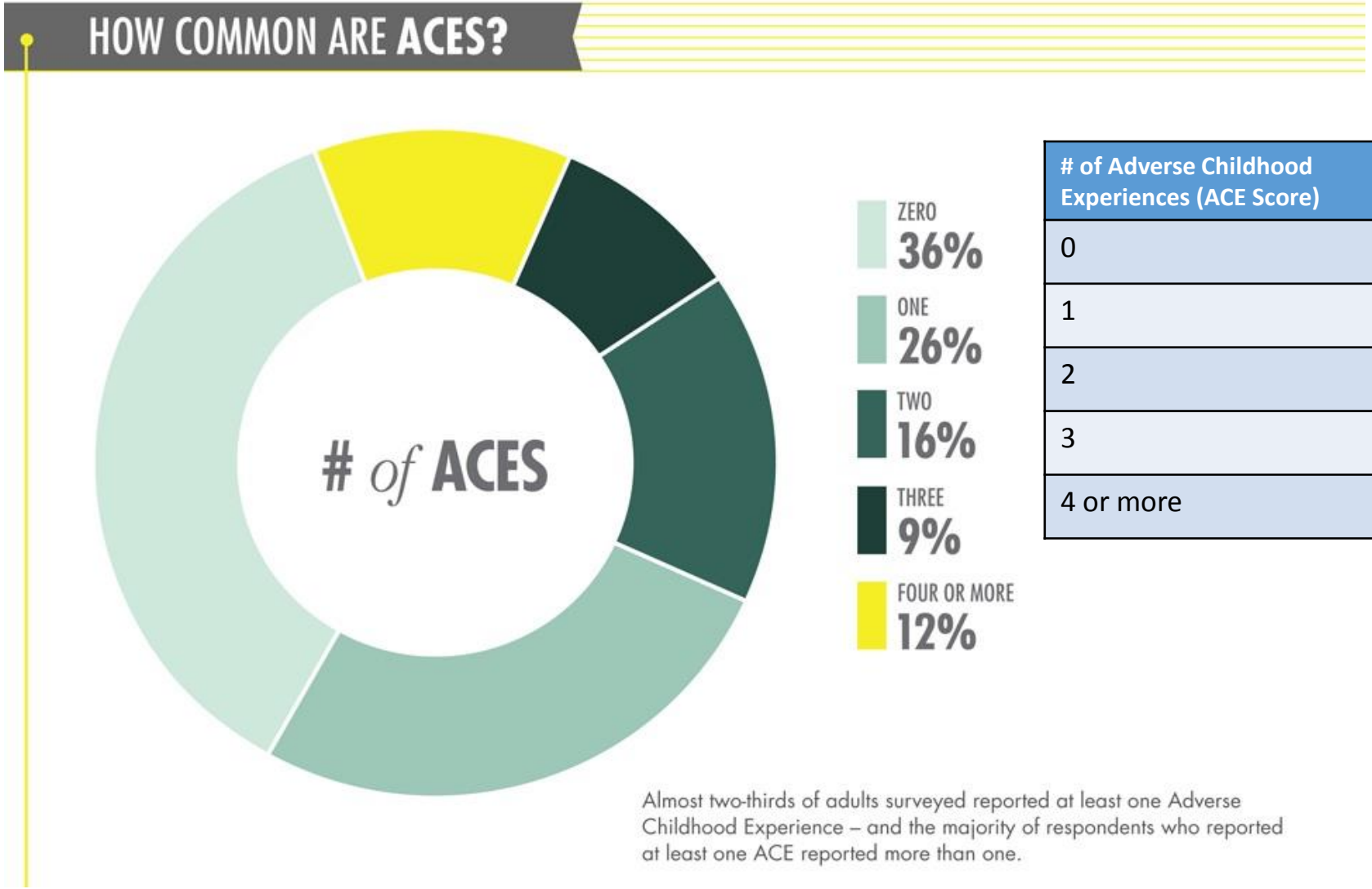

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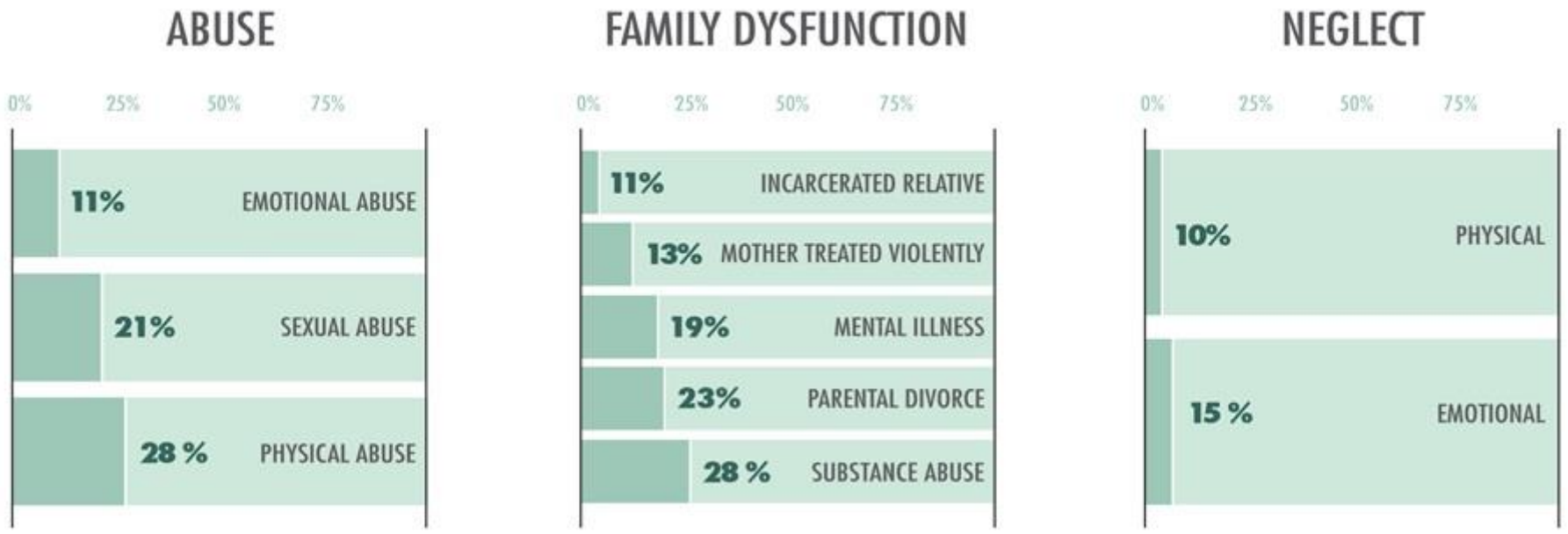

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COMMON STRENGTHS OF MALTREATED CHILDREN

- They have developed strong survival skills.
- They are typically responsive to respectful adults – if not immediately, then after trust and comfort has been built.
- They are very aware of how they are treated, and have concerns about fairness and justice.
- They are capable of loyalty – often great loyalty.
- They may be open to change, if they are offered a path that does not threaten their survival or create shame/ humiliation.

(Hodas, 2006)

What You Can Do to Help…

- Accept youth feelings, don't immediately problem-solve!
- Be a good listener(sympathy vs. empathy)
  - (eye contact, nod head, watch interruptions and conversation takeovers)
- Tell child what you hear them saying. Reflect it back. Ask questions if unsure. Name the feeling(s). Normalize feelings.
- Offer reassurance, advice, & alternate perceptions AFTER validating feelings and situation.
- Give simple and realistic answers to their questions
- Encourage them to discuss the traumatic event or their behavior with a professional or someone they trust…when *they* are ready!

What You Can Do to Help…

- Provide a sense of security
  - e.g., when separating from a child reassure them in concrete ways about when you will return
- Reassure youth that you and other people will do everything you can to keep them safe…and follow through!
- Try to keep up usual routines and encourage participation to maintain a sense of normalcy (meals, sleep, school/work, community events)
- Pay attention to what children communicate with behavior
  - RESPOND rather than REACT
  - Responding requires self-attunement, mindfulness, empathy
- Support child in maintaining a connection to the person they lost
  - E.g., sharing stories, photos, memories

Things kids Heard That Helped

- “I’m ready to listen when you’re ready to talk.”
- "I can't know how you feel, but I want to help you in any way that I can."
- “I know that you are sad.
- It's OK to cry."
- “I'm sorry that ___ died."
- Cultural sensitivity
  - E.g., where people go when they die

Things kids Heard that *Didn't* Help

- “I know how you feel.”
- “It's been four months now, you should be over it.”
- “You'll get over it in time. Just try not to think about it.”
- “Just concentrate on what you have left.”
- “You shouldn't be this angry. Being angry won't bring your brother back.”

Resource List - national

- Substance Abuse and Mental Health Services Administration (SAMHSA) http://www.samhsa.gov/trauma-violence
- National Child Traumatic Stress Network (NCTSN) www.nctsn.org
- The National Council for Community Behavioral Healthcare www.thenationalcouncil.org

NCTSN MISSION:

The mission of the National Child Traumatic Stress Network is to raise the standard of care and improve access to services for traumatized children, their families, and communities throughout the United States.

Terrorism & Disasters Readiness, Response, Recovery — Tools, PFA, and SPR.

LEARNING CENTER FOR CHILD AND ADOLESCENT TRAUMA — Education and online community.

Understanding Child Traumatic Stress — What it is. Why it matters.

Information Resource Tools

- Knowledge Bank
- Measures Review Database
- Military Families Knowledge Bank

What's New?

Helping Youth After Community Violence Trauma: Tips for Educators

Working with Unaccompanied and Immigrant Minors

Public Awareness

Bullying Prevention Awareness Month (October 2014)

Domestic Violence Awareness Month (October 2014)

Upcoming Events

ISSTD 31st Annual Conference: Exploring and Learning Together: What We Now Know about Trauma & Dissociation (October 23-27, 2014)

Looking for help? click here

For Parents & Caregivers

For Professionals

Military Children & Families

For Educators

For the Media

Información en Español

For more information:

TRAUMA TOPICS
Child welfare

TREATMENT & SERVICES
Evidence-based treatment: Audio

SUSTAINABILITY & POLICY
Building sustainable programs

THE NETWORK
Contact us

Substance Abuse and Mental Health Services Administration

SAMHSA

Behavioral Health is Essential to Health
Prevention Works ▪ People Recover
Treatment is Effective

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SAMHSA's new report tracks the behavioral health of America

A new report from SAMHSA illuminates important trends - many positive - in Americans' behavioral health, both nationally and on a state-by-state basis.

Learn More

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NATIONAL BEHAVIORAL HEALTH BAROMETER

Find Help

SUICIDE PREVENTION LIFELINE
1-800-273-TALK (8255)

TREATMENT LOCATOR

24/7 Treatment Referral Line
1-800-662-HELP(4357)

Disaster Distress Helpline
1-800-985-5990
Text TalkWithUs to 66746

- Prevention of Substance Abuse & Mental Illness
- Trauma & Justice
- Military Families
- Health Reform
- Health IT
- Public Awareness & Support
- Data, Outcomes & Quality
- Recovery Support

Funding Information

- FY 2014 Grant Announcements
- FY 2014-2015 Block Grant Application
- FY 2013 Grant Awards
- Grant Awards by State
- FY 2014 Budget
- Contracts

stopbullying.gov

MentalHealth.gov

A Day in the Life of American Adolescents: Substance Use Facts

Underage Drinking Campaign

talk they hear you

(California) Count Me In...On the Fight Against Underage

Resource List - regional

- UNM ACTION Clinic: Addressing Childhood Trauma through Intervention, Outreach, and Networking http://psychiatry.unm.edu/centers/child/action/index.html
- New Mexico Child Abuse Prevention Partnership (NM-CAPP) http://nmcapp.unm.edu
- Kempe Center for the Prevention and Treatment of Child Abuse and Neglect at The University of Colorado
- Indian Country Child Trauma Center (ICCTC) at the Oklahoma University Health Science Center (OUHSC), www.icctc.org

ACTION Outpatient Clinic

THE KEMPE CENTER FOR THE PREVENTION AND TREATMENT OF CHILD ABUSE AND NEGLECT

Indian Country Child Trauma Center

Mark your calendars for additional trauma webinars…

- **Trauma-Informed Systems of Care**
  - Tuesday, December 1st from 2-3pm
- **Presentation and Management of Trauma in Schools**
  - Tuesday, December 15th from 12-1pm
- **The Impact of Parent Trauma on Youth Trauma Treatment: Considerations, Tips, and Resources**
  - Thursday, December 17th from 12-1pm