Impact of trauma on school-aged children

Mental Health for Family Supportive Housing
Seminar Series
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Defining trauma

• In its definition of PTSD, the DSM uses this definition of trauma: an event or events the person experienced, witnessed, or was confronted with that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others.
Posttraumatic stress disorder
DSM V – Criterion A: stressor

- The person was exposed to: death, threatened death, actual or threatened serious injury, or actual or threatened sexual violence, as follows: (1 required)
  - Direct exposure.
  - Witnessing, in person.
  - Indirectly, by learning that a close relative or close friend was exposed to trauma. If the event involved actual or threatened death, it must have been violent or accidental.
  - Repeated or extreme indirect exposure to aversive details of the event(s), usually in the course of professional duties (e.g., first responders, collecting body parts; professionals repeatedly exposed to details of child abuse). This does not include indirect non-professional exposure through electronic media, television, movies, or pictures.
Criterion B – intrusion symptoms

• The traumatic event is persistently re-experienced in the following way(s): (1 required)
• Recurrent, involuntary, and intrusive memories. Note: Children older than 6 may express this symptom in repetitive play.
• Traumatic nightmares. Note: Children may have frightening dreams without content related to the trauma(s).
• Dissociative reactions (e.g., flashbacks) which may occur on a continuum from brief episodes to complete loss of consciousness. Note: Children may reenact the event in play.
• Intense or prolonged distress after exposure to traumatic reminders.
• Marked physiologic reactivity after exposure to trauma-related stimuli.
Criterion C - avoidance

- Persistent effortful avoidance of distressing trauma-related stimuli after the event: *(1 required)*
- Trauma-related thoughts or feelings.
- Trauma-related external reminders (e.g., people, places, conversations, activities, objects, or situations).
Criterion D – cognition and mood alterations

• Negative alterations in cognitions and mood that began or worsened after the traumatic event: (2 required)
• Inability to recall key features of the traumatic event (usually dissociative amnesia; not due to head injury, alcohol or drugs).
• Persistent (and often distorted) negative beliefs and expectations about oneself or the world (e.g., "I am bad," "The world is completely dangerous.").
• Persistent distorted blame of self or others for causing the traumatic event or for resulting consequences.
• Persistent negative trauma-related emotions (e.g., fear, horror, anger, guilt or shame).
• Markedly diminished interest in (pre-traumatic) significant activities.
• Feeling alienated from others (e.g., detachment or estrangement).
• Constricted affect: persistent inability to experience positive emotions.
Criterion E – alterations in arousal and reactivity

- Trauma-related alterations in arousal and reactivity that began or worsened after the traumatic event: (2 required)
  - Irritable or aggressive behavior.
  - Self-destructive or reckless behavior.
  - Hypervigilance.
  - Exaggerated startle response.
  - Problems in concentration.
  - Sleep disturbance.
trauma & development
Short Term Effects: Acute Disruptions in Self Regulation

- Eating
- Sleeping
- Toiletting
- Attention & Concentration
- Withdrawal
- Avoidance

- Fearfulness
- Re-experiencing/flashbacks
- Aggression; Turning passive into active
- Relationships
- Partial memory loss
Long Term Effects: Chronic Developmental Adaptations

- Depression
- Anxiety
- PTSD
- Personality
- Substance abuse
- Perpetration of violence
Child Development and Trauma

4-6 years old

Expected development

- play: to express feelings and ideas
- increased cognitive capacities
- increased sophistication of language
- less action
- reality and fantasy
Child Development and Trauma

4-6 years old

Stress and Trauma

• regression: loss of previously attained milestones (e.g. toilet training)

• preoccupation with words or symbols that may or may not be related to the trauma.

• posttraumatic play in which themes of the trauma are repeated

• nightmares

• temper tantrums
Child Development and Trauma

School age

Expected development

• rely less on cues from caretakers and understand situations of potential threat. They invoke fantasies of superhuman powers to protect themselves.

• mastery and control, separation - individuation, self awareness - self esteem, energy directed to school and learning, increased language sophistication, reality - fantasy, etc.
Child Development and Trauma

School age

Stress and Trauma

• Disillusionment with the outside world
• poor academic performance
• lying
• stealing
• fighting
• sleep and eating disturbances
• clinging
• false bravado
• experience "time skew" and "omen formation” regarding the trauma
  ☐ Time skew refers to a child mis-sequencing trauma related events when recalling the memory.
  ☐ Omen formation is a belief that there were warning signs that predicted the trauma. As a result, children often believe that if they are alert enough, they will recognize warning signs and avoid future traumas.
School age contd.

• posttraumatic play - a literal representation of the trauma, involves compulsively repeating some aspect of the trauma, and does not tend to relieve anxiety. An example of posttraumatic play is an increase in shooting games after exposure to a school shooting.

• reenactment of the trauma - more flexible than PT play- involves behaviorally recreating aspects of the trauma (e.g., carrying a weapon after exposure to violence).
Puberty/Early Adolescence

Expected development

• psychological concomitant to physical changes
• preoccupation with body
• sense of distinctiveness
• change in relationship with parents
• peer pressure
Child Development and Trauma

Early Adolescence

Stress and Trauma

- feelings of inadequacy
- unrealistic feelings of guilt
- exaggerated preoccupation with body
- somatic manifestations
- acting out:
  - unsafe sex, criminal and illegal activities, drugs, pregnancies, etc.
Adolescence

Expected development

• revival and culmination of previous developmental issues
• sexual and aggressive urges foster autonomy and independence
• adult physical and cognitive maturation without the emotional component
• identity definition and personality resolution (2nd opportunity)
Adolescence
Stress and Trauma

- can act as younger children
- inadequate solutions that can be physically dangerous to self and others
- 2nd opportunity for separation and individuation experienced as threatening
Adolescence contd.

• Symptoms more closely resemble PTSD in adults
• Traumatic play still evident
• Traumatic reenactment still evident
• More likely than younger children or adults to exhibit impulsive and aggressive behaviors.
Factors that Mediate Child’s Response to Trauma

• Age & developmental stage
• History of trauma
• Nature of child’s exposure to the event(s)
• Event severity
• Emotional and cognitive resources for mediating anxiety related to real and imagined dangers (development vs. temperament)
  parenting, social support, and parental psychopathology
How does trauma impact parenting?

• Parents who are traumatized may be:
  – Suffering from PTSD and related disorders (e.g., depression, anxiety)
  – Using drugs to mask the pain
  – Disempowered
  – Parents of children who have become “parentified” (i.e. responsible beyond their years)
  – At high risk for abuse and neglect
Traumatized parents may…

- Find it hard to talk about their strengths (or those of their children)
- Need support in managing children’s behavior
- Have difficulty labeling their children’s emotions, and validating them
- Have difficulty managing their own emotions in family communication
  - When posttraumatic stress symptoms interfere with daily interactions with children, parents should seek individual treatment
interventions for trauma in families
Child and family interventions

- Acute crisis response
- Psychotherapy interventions
- Preventive interventions
- Multi-system initiatives
Crisis intervention approaches

- Psychological first aid
  - Some emerging evidence for utility
  - Primarily psycho-educational

- Psychological debriefing
  - Group-based
  - No evidence for utility with children
  - May be harmful by increasing sensitivity to trauma among non-symptomatic children

- Acute interventions
  - E.g. Child development policing program
    * Goals – psycho-education, triage and assessment, connect families to services
Trauma treatment: one example

- Trauma-focused cognitive behavior therapy
  - See http://tfcbt.musc.edu
  - Validated for 3-18 year olds
  - Essential components:
    - Establishing and maintaining therapeutic relationship with child and parent
    - Psycho-education about childhood trauma and PTSD
    - Emotional regulation skills
    - Individualized stress management skills
TF-CBT contd.

• Connecting thoughts, feelings, and behaviors related to the trauma
• Assisting the child in sharing a verbal, written, or artistic narrative about the trauma(s) and related experiences
• Encouraging gradual in vivo exposure to trauma reminders if appropriate
• Cognitive and affective processing of the trauma experiences
• Education about healthy interpersonal relationships
• Parental treatment components including parenting skills
• Joint parent-child sessions to practice skills and enhance trauma-related discussions
• Personal safety skills training
• Coping with future trauma reminders
Trauma-informed practice

• Empowering families & promoting resilience:
  – Helping parents help their children
    • Key adaptation processes – e.g. mastery motivation system
    • Parenting is a key protective process for kids!
  – Build on strengths
    • Help parents find their strengths and their kids’ strengths
Trauma-informed practice contd.

• 3 things you can do right now to support resilience of your client families!!
  – Supporting parenting
  – Supporting children’s mastery motivation systems
  – Validating, modeling and coaching emotions
Web resources

• National Child Traumatic Stress Network
  – [www.nctsn.org](http://www.nctsn.org)
  – Excellent, free resources – videos, publications, pamphlets on types of child trauma and services

• Ambit Network
  – [www.ambitnetwork.org](http://www.ambitnetwork.org)