UNDERSTANDING TRAUMA-BASED BEHAVIOR

Gloria Castro Larrazabal, Psy.D.
Infant-Parent Program
UCSF/SFGH
Introduction

- Approximately 25% of children and adolescents in the community experience at least one potentially traumatic event during their lifetime, including life threatening accidents, disasters, maltreatment, assault, and family and community violence (Costello et al., 2002).

- Traumatic stress is also associated with increased use of health and mental health services and increased involvement with other child-serving systems, such as child welfare and juvenile justice (Garland et al., 2001).
Access to Mental Health Services

- Children are more likely to access mental health services through primary care and schools.

- 75% of children under age 12 see a pediatrician at least once per year whereas 4% see a mental health professional (Costello et al., 1998).

- A longitudinal study of children in the community found that mental health services are most often provided by the education system (Farmer et al., 2003).
Understanding Child Trauma

Trauma: occurs when a child experiences an intense event that harms or threatens harm to the child’s physical or emotional well-being or to someone close to the child as another family member or a friend.

This is an extraordinarily frightening event that overwhelms the child with feelings of terror and helplessness.
Traumatic Events

- Physical, sexual emotional, verbal and psychological abuse
- Neglect
- Domestic violence
- Experiencing or witnessing violence in schools or neighborhoods
- Traumatic loss or separation from a loved one or bereavement
- Serious accidental injury, illness or medical conditions
- Forced displacement, loss of home or recent immigration
- Natural disaster
- Exposed to war, terrorism or political violence
Levels of Exposure to Traumatic Events

- **Acute Trauma** refers to a single traumatic event that is limited in time (a shooting, a car accident, or a parent’s suicide)

- **Chronic Trauma** refers to repeated assaults on the child’s mind and body, such as chronic sexual or physical abuse or exposure to ongoing domestic violence

- **Complex Trauma** describes both exposure to chronic trauma, often inflicted by parents or others who are supposed to care for and protect the child
Child Traumatic Stress

- Traumatic events overwhelm a child’s capacity to cope

- It often results in intense physical and emotional reactions
Physical Reactions

- Rapid heart rate
- Trembling
- Dizziness
- Loss of bladder or bowel control

Emotional Reactions

- Terror
- Intense fear
- Helplessness
- Disorganized or agitated behavior
Traumatic Reminders or Triggers

- Person
- Smell
- Noise
- Situation
- Sensations
- Feelings
- Things/objects
- Anniversary of the traumatic event
Adaptive Responses

- Dissociation: feeling outside of their body or feeling that an actual event is not happening or is not real.
- Adaptive responses are used in order to cope with what is happening
- Negative emotional and behavioral responses may be an adaptation of past trauma
Posttraumatic Stress Disorder

- Recurrent, involuntary, and intrusive distressing memories (repetitive play in which the themes are related to the traumatic event)
- Recurrent distressing dreams
- Dissociative reactions (flashbacks) in which the individual feels that the traumatic event was reoccurring
- Intense or prolonged psychological distress at exposure to internal and external cues that resemble an aspect of the traumatic event
- Marked physiological reactions to internal or external cues that symbolize or resemble an aspect of the traumatic event
- Avoidance of distressing memories, thoughts, or feelings about the traumatic event
- Avoidance of external reminders (people, places, activities, objects, situations, etc.)
Negative Alterations in Cognitions and Mood

- Inability to remember an important aspect of the traumatic event (usually due to dissociative amnesia)
- Persistent and exaggerated negative beliefs about oneself, others, or the world
- Distorted cognitions about the cause or consequences of the traumatic event that lead the individual to blame himself or others
- Decreased interest or participation in significant activities
- Negative emotional state (fear, anger, guilt, horror, or shame)
- Feelings of detachment or estrangement from others
- Inability to experience positive emotions
Alterations in Arousal and Reactivity

- Irritable behavior and angry outbursts: expressed as verbal or physical aggression toward people or objects
- Reckless or self-destructive behavior
- Hyper vigilance
- Exaggerated startle response
- Problems with concentration
- Sleep disturbances
How Trauma Affects Children and Parents

- **Brain Development**: children who have been neglected have abnormally high levels of cortisol. Cortisol is associated with the stress response, memory and emotion.

- **Attachment**: when the caregiver who is supposed to provide protection and safety is the source of hurt and harm, the child feels helpless and abandoned and views the world as unpredictable and uncertain place.

- **Emotional Regulation**: difficulty identifying and describing their feelings and internal states. Unable to calm themselves when they are upset and to soothe themselves.
Behavioral Regulation: children may present aggression, self-injurious or sexualized behaviors. They serve as survival adaptations to overwhelming stress.

Cognition: This is related to learning and school performance. Delays in language development, learning disorders, decrease in IQ, problems concentrating and completing tasks, failure to learn from past experiences, and inability to anticipate and prepare for future events.
- **Self-Concept**: Develop a sense of self as ineffective, helpless, deficient, and unlovable. When they feel powerless, they may blame themselves for negative experiences and feel a sense of shame and guilt.

- **Social Development**: They may have poor social skills, fail to establish and maintain friendships, engage in unhealthy relationships, and become socially isolated.
ACE Study

- It is one of the largest investigations conducted to assess association between childhood maltreatment and later life-health and well-being.
- It is the collaboration between the Centers for Disease Control and Prevention and Kaiser Permanente’s health Appraisal Clinic in San Diego. It took place between 1995 and 1997.
Questionnaire used in the ACE study

- The study involved more than 17,000 members of Kaiser Permanente.
- They filled out a questionnaire that include 10 types of child trauma
10 Types of Child Trauma

- Three types of abuse (sexual, physical and emotional)
- Two types of neglect (physical and emotional)
- Five types of family dysfunction (having a mother who was treated violently, a member of the household who is an alcoholic or drug user, who’s been imprisoned, or diagnosed with mental illness, or parents who are separated or divorced)
Results of the ACE Study

- **Adverse childhood experiences are common:** 64% of the study participants had experienced one or more categories of adverse childhood experiences.
- **Strong link between adverse childhood experiences and adult onset of chronic illness:** those with ACE scores of 4 or more had significantly higher rates of heart disease and diabetes than those with ACE scores of zero.
Results of the ACE Study

- Chronic pulmonary lung disease increased 390%
- Hepatitis increased 240%
- Depression increased 460%
- Suicide increased 1,220%
Results of the Ace Study

- **Multiple ACEs are connected to early death:** people with six or more ACEs died nearly 20 years earlier on average than those without ACEs

- 60.6 years versus 79.1 years.
Results of the ACE Study

- Child maltreatment has long-term impacts: they were more likely to engage in risky health-related behaviors during childhood and adolescence:
  - Early initiation of smoking
  - Sexual activity
  - Illicit drug use
  - Adolescence pregnancies
  - Suicide attempts
Evidence-Based trauma-Specific Treatments and Services
Goals of Trauma-Specific Treatment

- Safe expression of feelings
- Relief from symptoms and post-traumatic behaviors
- Recovery of a sense of mastery and control in life
- Clarifying misunderstandings and self-blame
- Restoring a sense of trust in oneself, others, and the future
● Developing a sense of perspective and distance regarding the trauma

● Developing a sense of safety and security

● Providing support and skills to help caregivers cope effectively with their own emotional distress and to respond in a healthy way to the child who has been traumatized
Results of a Trauma-Specific Treatment

- Improve emotional and behavioral health.
- Fewer suicidal thoughts and suicide attempts.
- Better school attendance and school performance.
- Fewer school problems.
- Decrease symptoms of PTSD and depression
Evidence-Based Trauma Specific Treatments

- **Attachment, Self-regulation, and Competency (ARC):** is used for children ages 5-17. It enhances resilience by building life skills and encouraging a supportive care giving system.

- **Eye Movement Desensitization and reprocessing therapy (EMDR):** involves recalling traumatic memories while focusing on personal strengths and engaging in distraction behaviors such as lateral eye movement.
Trauma-Focused Cognitive Behavioral Therapy (TF-CBT): it is used with children ages 3 to 18. It combines trauma-sensitive interventions with cognitive behavioral therapy. Children and their parents are provided with knowledge and skills related to understanding and processing the trauma, managing distressing thoughts, feelings and behaviors, and enhancing safety, parenting skills, and family communication.
- **Child and Family Traumatic Stress Intervention (CFTSI)**: is a brief treatment (4-6 session treatment). They serve children ages 7 to 18. It enhances communication about the symptoms and responses to the event, and teaches the family the skills to manage the child’s reactions.

- **Child-Parent Psychotherapy**: They serve children from birth to 5. It supports and strengthens the relationship between the child and his/her parents as a vehicle for restoring the child’s sense of safety, attachment, and appropriate affect and improving the child’s cognitive, behavioral, and social functioning.
- **Parent Child interaction Therapy (PCIT):** They serve children ages 2 to 7 and their caregivers. The focus is on behavioral therapy, play therapy, and parent training to teach more effective discipline techniques and improve child-parent relationship.

- **Trauma Affect regulation: Guide for Education and Training:** Teaches skills to regulate emotion, manage intrusive trauma memories, promote self-efficacy, and achieve recovering from trauma.

- **Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS):** The interventions are geared toward youth 12-19 years of age. It helps to cope effectively and establish supportive relationships.
Basic Elements of Trauma-Informed System
(Chadwick Center in San Diego, 2012)

- Maximize the child’s and family’s sense of physical and psychological safety: identify and understand both potential and perceived threats to safety, including trauma triggers. Make sure that parents have tools to manage triggers and help children feel safe.

- Identify the trauma-related needs of children and families: Screen for trauma history and traumatic stress response (LINK Trauma Screening Measure)
● **Enhance the child’s and family’s well-being and resiliency:** support and promote positive and stable relationships in the life of the child.

● **Partner with families and system agencies:** create a continuum of trauma-informed care at all levels of the system.

● **Enhance the well-being and resiliency of the workers:** implementing organizational and individual strategies and practices to cope and manage professional and personal stress. Become aware of the impact of secondary traumatic stress in a systemic way.
- **Secondary Traumatic Stress**: is the distress that results from hearing about the traumatic experiences of others. Workers may experience cynicism, irritability, anger, anxiety, fear, emotional detachment, numbing, sadness, depression, nightmares, sleep difficulties, social isolation, physical symptoms, and use of alcohol or other drugs.

- **Vicarious Trauma**: internal changes in how we see ourselves, we see others, and the world. Vicarious trauma is cumulative and the effects are pervasive and can have a significant impact in all areas of our life.
Enhance the Well-being and Resiliency of the Worker

- Learn more about secondary traumatic stress.
- Take time for self-care.
- Be self-aware.
- Seek support from your peers and supervisors.
- Reflective supervision.
- Participate in health/wellness activities.
- Receive regular consultation and supervision.
- Take continue education courses about the effect of trauma on the professional worker.
Questions to Ask

- What symptoms of stress and secondary trauma are you experiencing?
- How do you stay centered and calm in the midst of daily stress?
- What can you do to add more healthy stress management to your daily life?
- What can we do in our job site to take care of each other?
References

CHILD TRAUMA

- National Center for Children exposed to Violence (www.nccev.org).
- National Center for Trauma Informed Care (www.samhsa.gov/nctic).
- Trauma-Informed Care Practice Guide. Practice Guide to DCF Policy 1-3-1, “Policy, Official Forms and practice Guides”.