Addressing Child Trauma

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What Is Child Traumatic Stress?

• Child traumatic stress refers to the physical and emotional responses of a child to events that threaten the life or physical integrity of the child or of someone critically important to the child (such as a parent or sibling).

• Traumatic events overwhelm a child’s capacity to cope and elicit feelings of terror, powerlessness, and out-of-control physiological arousal.
Types of Traumatic Stress

• Acute trauma is a single traumatic event that is limited in time.

• Chronic trauma refers to the experience of multiple traumatic events.

• Complex trauma describes both exposure to chronic trauma—usually caused by adults entrusted with the child’s care—and the impact of such exposure on the child.

WHAT ARE THE EFFECTS OF CHILD TRAUMATIC STRESS ON CHILDREN?
Effects of Trauma Exposure on Children

• When trauma is associated with the failure of those who should be protecting and nurturing the child, it has profound and far-reaching effects on nearly every aspect of the child’s life.

• Children who have experienced the types of trauma that precipitate entry into the child welfare system and drug courts typically suffer impairments in many areas of development and functioning, including:

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.

Trauma and the Brain

• Trauma can have serious consequences for the normal development of children’s brains, brain chemistry, and nervous system.

• Trauma-induced alterations in biological stress systems can adversely effect brain development, cognitive and academic skills, and language acquisition.

• Traumatized children and adolescents display changes in the levels of stress hormones similar to those seen in combat veterans.
  
    These changes may affect the way traumatized children and adolescents respond to future stress in their lives, and may also influence their long-term health.¹
Long-Term Effects of Childhood Trauma

• In the absence of more positive coping strategies, children who have experienced trauma may engage in high-risk or destructive coping behaviors.

• These behaviors place them at risk for a range of serious mental and physical health problems, including:
  - Alcoholism
  - Drug abuse
  - Depression
  - Suicide attempts
  - Sexually transmitted diseases (due to high risk activity with multiple partners)
  - Heart disease, cancer, chronic lung disease, skeletal fractures, and liver disease
Adverse Childhood Experiences
- Abuse and Neglect (e.g., psychological, physical, sexual)
- Household Dysfunction (e.g., domestic violence, substance abuse, mental illness)

Impact on Child Development
- Neurobiologic Effects (e.g., brain abnormalities, stress hormone dysregulation)
- Psychosocial Effects (e.g., poor attachment, poor socialization, poor self-efficacy)
- Health Risk Behaviors (e.g., smoking, obesity, substance abuse, promiscuity)

Long-Term Consequences
<table>
<thead>
<tr>
<th>Disease and Disability</th>
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</thead>
<tbody>
<tr>
<td>Major Depression, Suicide, PTSD</td>
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<tr>
<td>Drug and Alcohol Abuse</td>
</tr>
<tr>
<td>Heart Disease</td>
</tr>
<tr>
<td>Cancer</td>
</tr>
<tr>
<td>Chronic Lung Disease</td>
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<tr>
<td>Sexually Transmitted Diseases</td>
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<tr>
<td>Intergenerational transmission of abuse</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Social Problems</th>
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</thead>
<tbody>
<tr>
<td>Homelessness</td>
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<tr>
<td>Prostitution</td>
</tr>
<tr>
<td>Criminal Behavior</td>
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<tr>
<td>Unemployment</td>
</tr>
<tr>
<td>Parenting problems</td>
</tr>
<tr>
<td>Family violence</td>
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<tr>
<td>High utilization of health and social services</td>
</tr>
</tbody>
</table>

Developmental Cascade of Transgenerational Child Maltreatment Risk

-- F. Putnam, ‘08

OhioCanDo4Kids.Org

Childhood Trauma and PTSD

• Children who have experienced chronic or complex trauma frequently are diagnosed with PTSD.

• According to the American Psychiatric Association, PTSD may be diagnosed in children who have:
  – Experienced, witnessed, or been confronted with one or more events that involved real or threatened death or serious injury to the physical integrity of themselves or others
  – Responded to these events with intense fear, helplessness, or horror, which may be expressed as disorganized or agitated behavior

Childhood Trauma and PTSD, cont'd

• Key symptoms of PTSD
  – Reexperiencing the traumatic event (e.g. nightmares, intrusive memories)
  – Intense psychological or physiological reactions to internal or external cues that symbolize or resemble some aspect of the original trauma
  – Avoidance of thoughts, feelings, places, and people associated with the trauma
  – Emotional numbing (e.g. detachment, estrangement, loss of interest in activities)
  – Increased arousal (e.g. heightened startle response, sleep disorders, irritability)

The Overlap of Trauma and Mental Health Symptoms

Trauma and Mental Health Symptoms for Children Entering Care by Age,

- **BOTH Trauma and Mental Health Symptoms**
- **Mental Health Symptoms Only**
- **Trauma Symptoms Only**

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Trauma Symptoms</th>
<th>Mental Health Symptoms Only</th>
<th>Mental Health Symptoms</th>
<th>BOTH</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 – 6 Year Olds</td>
<td>68.02%</td>
<td>13.12%</td>
<td>39.18%</td>
<td>7.11%</td>
</tr>
<tr>
<td>7 – 12 Year Olds</td>
<td>33.45%</td>
<td>11.76%</td>
<td>13.56%</td>
<td>13.12%</td>
</tr>
<tr>
<td>13 – 16 Year Olds</td>
<td>13.81%</td>
<td>68.02%</td>
<td>54.13%</td>
<td>39.18%</td>
</tr>
<tr>
<td>17 + Year Olds</td>
<td>17.03%</td>
<td>6.00%</td>
<td>15.75%</td>
<td>80.00%</td>
</tr>
</tbody>
</table>

Link Between Traumatic Environment and Behavior

- **Abnormal Environment**: Violence, Abuse, Constant Arousal
  - Adaptive Behaviors: Survival, Fight, Flight, Rapid Emotional Change
  - Maladaptive Behaviors: Survival, Fight, Flight, Rapid Emotional Change

- **Normal Environment**: Absence of Violence and Threat
Childhood Trauma and Other Diagnoses

- Other common diagnoses for children in the child welfare system include:
  - Reactive Attachment Disorder
  - Attention Deficit Hyperactivity Disorder
  - Oppositional Defiant Disorder
  - Bipolar Disorder
  - Conduct Disorder

- These diagnoses generally do not capture the full extent of the developmental impact of trauma.

- Many children with these diagnoses have a complex trauma history.

<table>
<thead>
<tr>
<th>DSM Diagnosis</th>
<th>Overlapping Symptoms</th>
<th>Trauma</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Anxiety Disorders</td>
<td>avoidance of feared stimuli, physiologic and psychological hyperarousal upon exposure to feared stimuli, sleep problems, hypervigilance, and increased startle reaction</td>
<td>Child Trauma</td>
</tr>
<tr>
<td>2. Attention Deficit / Hyperactivity Disorder</td>
<td>Restless, hyperactive, disorganized, and/or agitated activity; difficulty sleeping, poor concentration, and hypervigilant motor activity</td>
<td>Child Trauma</td>
</tr>
<tr>
<td>3. Bipolar Disorder</td>
<td>Hyperarousal and other anxiety symptoms mimicking hypomania; traumatic reenactment mimicking aggressive or hypersexual behavior; and maladaptive attempts at cognitive coping mimicking pseudo-manic statements</td>
<td>Child Trauma</td>
</tr>
<tr>
<td>4. Major Depressive Disorder</td>
<td>self-injurious behaviors as avoidant coping with trauma reminders, social withdrawal, affective numbing, and/or sleep difficulties</td>
<td>Child Trauma</td>
</tr>
</tbody>
</table>
### Symptoms that Overlap with Child Trauma and Mental Illness - (AACAP, 2010)

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<th>DSM Diagnosis</th>
<th>Overlapping Symptoms</th>
<th>Trauma</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. Oppositional Defiant Disorder</td>
<td>A predominance of angry outbursts and irritability</td>
<td>Child Trauma</td>
</tr>
<tr>
<td>6. Panic Disorder</td>
<td>Striking anxiety and psychological and physiologic distress upon exposure to trauma reminders and avoidance of talking about the trauma</td>
<td>Child Trauma</td>
</tr>
<tr>
<td>7. Psychotic Disorder</td>
<td>severely agitated, hypervigilance, flashbacks, sleep disturbance, numbing, and/or social withdrawal, unusual perceptions, impairment of sensorium and fluctuating levels of consciousness</td>
<td>Child Trauma</td>
</tr>
<tr>
<td>8. Substance Abuse Disorder</td>
<td>drugs and/or alcohol used to numb or avoid trauma reminders</td>
<td>Child Trauma</td>
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</tbody>
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### Emotional Chain of Custody

[Diagram showing the emotional chain of custody with various entities and connections related to trauma, mental health, and system interventions.]
CREATING TRAUMA-INFORMED CHILD WELFARE SYSTEMS

Some Trauma Comes at the Hands of the Good Guys
Definition of Trauma-Informed System

A trauma-informed child welfare system is one in which all parties involved recognize and respond to the varying impact of traumatic stress on children, caregivers and those who have contact with the system. Programs and organizations within the system infuse this knowledge, awareness and skills into their organizational cultures, policies, and practices. They act in collaboration, using the best available science, to facilitate and support resiliency and recovery.

- CTISP National Advisory Committee
Essential Elements of a Trauma-Informed Child-Serving System

- Partnering with System Agencies
- Maximize Physical and Psychological Safety for the Child, Family and CW Workforce
- Partnering with Youth and Families
- Identifying Trauma-related Needs of the Child, Family and the Workforce
- Enhancing the Well-Being and Resiliency of those Working in the System
- Enhancing Child Well-Being and Resiliency
- Enhancing Family Well-being and Resiliency

What Makes the Essential Elements “Essential”?
Element #1: Maximize Physical and Psychological Safety for the Child, Family and CW Workforce

Child and Family:
- A sense of safety is critical for functioning as well as physical and emotional growth.
- Children in the child welfare system AND their families have likely been exposed to numerous events that have threatened both their physical and psychological safety. This exposure can color all of their interactions with people, including those trying to help them.
- Traumatic stress overwhelms a child’s sense of psychological safety and can lead to a variety of survival strategies for coping.

System:
- The child welfare workforce should understand the potential or perceived threats to safety, including trauma triggers that a child or parent may experience, and provide the caregiver with tools to manage triggers and help the child feel safe.
- The child welfare workforce is also exposed to experiences that can feel both physically and psychologically unsafe.
Key Terms in Thinking About Psychological Safety

- Trauma Reminder “The child’s memory retains those learned links, and such thoughts and memories are sufficient to elicit ongoing fear and make a child anxious” - National Scientific Council on the Developing Child (2010)

- Trauma Trigger

Element #2: Identify Trauma-Related Needs of Children, Families, and the Workforce

**Trauma Education:**
- The child welfare workforce should be educated on trauma and how it affects an individual at any stage of development and intersects with his/her culture

**Screening:**
- A universal screening for traumatic history and traumatic stress responses assists the workers in understanding a child’s history, potentially triggers and directs trauma-informed case planning. This may include the need for a referral to mental health for a more comprehensive trauma-focused assessment.
Element #2: Identify Trauma-Related Needs of Children, Families, and the Workforce, cont.

Assessment:

- A thorough assessment can identify a child’s reactions and how his or her behaviors are connected to the traumatic experience.

- Child welfare workers can use assessment results to determine the need for referral to appropriate trauma-specific mental health care or further comprehensive trauma assessment.

Element #3: Enhancing Child Well-Being and Resiliency

Relationships:

- Familiar and positive play an important role

- Minimizing disruptions in relationships and placements are critical for helping children form and maintain positive attachments

- The child welfare workforce should focus on maintaining, restoring, or building relational capacity
Element #3: Enhancing Child Well-Being and Resiliency, cont.

Treatment:

- This includes ensuring that children have access to evidence-based trauma treatments and services when appropriate.
- Trauma treatments, when indicated, should focus on addressing the impact of the child’s trauma, and subsequent changes in child’s behavior, development, and relationships.
- Treatment, when indicated, also helps the child reduce overwhelming emotion related to the trauma, cope with trauma triggers, and make new meaning of his/her trauma history and its impact on his/her current and future life events.
Element #4: Enhancing Family Well-Being and Resiliency

**Working with Birth Parents and Resource Parents:**

- Recognize that many of the child’s adult caregivers may be trauma victims as well (recent and childhood trauma).
- Providing trauma-informed services to birth parents and resource parents enhances their protective capacities, thereby increasing the resiliency, safety, permanency, and well-being of the child.
- Relatives serving as resource families may themselves be dealing with trauma related to the crisis that precipitated child welfare involvement and placement.

Element #5: Enhancing the Well-Being and Resiliency of Those Working in the System

**Primary and Secondary Trauma:**

- Working with the child welfare system is a risky business and the workforce may be confronted with danger, threats, or violence in their daily work.
- Many workers can experience Secondary Traumatic Stress, which are physical and emotional stress responses to working with a highly traumatized population.
- When working with children who have experienced maltreatment and parents who have acted in abusive or neglectful ways, feelings of helplessness, anger, and fear are common.
**Element #5: Enhancing the Well-Being and Resiliency of Those Working in the System, cont.**

**System Trauma:**

- The system itself can be a highly reactive, traumatizing system without enough services and supports to effectively assist the workforce in effectively responding.
- Promoting system resiliency means implementing strategies and practices designed to assist those working within the child welfare system in managing professional and personal stress and addressing the impact of secondary traumatic stress in a systematic way.

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**Element #6: Partnering with Youth and Families**

- Youth and family members who have experienced traumatic events often feel like powerless “pawns” in the system.
- Providing youth and families with a voice in their care plays a pivotal role in helping them reclaim the power that was taken away from them and assisting them towards their own resilience.
- Youth and family members who have been in the system have a unique perspective and can provide valuable feedback on how to improve the system response.
- These partnerships should occur at all levels of the organization, from policy to practice.
Element #7: Partnering with System Agencies

• Children and families who have experienced trauma are often involved with multiple service systems. Child welfare workers are uniquely able to promote cross-system collaboration.

• Collaboration enables all helping professionals to view the child as a whole person, thus preventing potentially competing priorities.

Element #7: Partnering with System Agencies, cont.

• Child Welfare agencies need to establish strong partnerships with other child and family-serving systems to create a continuum of trauma-informed care. These partnerships should occur at all levels of the organization, from policy to practice.

• Service providers should try to develop common protocols and frameworks for documenting trauma history, exchanging information, coordinating assessments, and planning and delivering care.
Emotional Chain of Custody

Resources

- Chadwick Trauma-Informed Systems Project – [www.ctisp.org](http://www.ctisp.org)
- California Evidence-Based Clearinghouse for Child Welfare - [www.cebc4cw.org](http://www.cebc4cw.org)
  - Chadwick Center - [www.ChadwickCenter.org](http://www.ChadwickCenter.org)
- TAP Online Training – [www.taptraining.net](http://www.taptraining.net)