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
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)

Link Between Traumatic Environment and Behavior

Abnormal Environment
Violence, Abuse, Constant Arousal

Normal Environment
Absence of Violence and Threat

Adaptive Behaviors
Survival, Fight, Flight, Rapid Emotional Change

Maladaptive Behaviors
Survival, Fight, Flight, Rapid Emotional Change
The Overlap of Trauma and Mental Health Symptoms

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

<table>
<thead>
<tr>
<th>Age Range</th>
<th>BOTH Trauma and Mental Health Symptoms</th>
<th>Mental Health Symptoms Only</th>
<th>Trauma Symptoms Only</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 - 6 Year Olds</td>
<td>13.12%</td>
<td>68.02%</td>
<td>11.76%</td>
</tr>
<tr>
<td>7 - 12 Year Olds</td>
<td>7.11%</td>
<td>33.45%</td>
<td>13.56%</td>
</tr>
<tr>
<td>13 - 16 Year Olds</td>
<td>11.76%</td>
<td>21.92%</td>
<td>13.81%</td>
</tr>
<tr>
<td>17 + Year Olds</td>
<td>54.13%</td>
<td>6.93%</td>
<td>6.93%</td>
</tr>
</tbody>
</table>

100% 90% 80% 70% 60% 50% 40% 30% 20% 10% 0%
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-maniac 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)

<table>
<thead>
<tr>
<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>
</tr>
</tbody>
</table>

Gene Griffin, J.D., Ph.D.
Northwestern University Medical School.
The Adverse Childhood Experiences Study (ACE)
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**

**Disease and Disability**
- Major Depression, Suicide, PTSD
- Drug and Alcohol Abuse
- Heart Disease
- Cancer
- Chronic Lung Disease
- Sexually Transmitted Diseases
- Intergenerational transmission of abuse

**Social Problems**
- Homelessness
- Prostitution
- Criminal Behavior
- Unemployment
- Parenting problems
- Family violence
- High utilization of health and social services

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Data: [www.AceStudy.org](http://www.AceStudy.org), [www.nasmhpd.org](http://www.nasmhpd.org)

-- F. Putnam, 2008
Developmental Cascade of Transgenerational Child Maltreatment Risk

-- F. Putnam, '08
CREATING TRAUMA-INFORMED CHILD WELFARE SYSTEMS
Some Trauma Comes at the Hands of the Good Guys
Emotional Chain of Custody

Experience shapes response to future trauma

NCTSN: The National Child Traumatic Stress Network

CTISP: Chadwick Trauma-Informed Systems Project
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
Seeing Through a Trauma Lens

ESTABLISHING A
TRAUMA IN
CHILD WELFARE SYSTEM
Essential Elements of a Trauma-Informed Child-Serving System

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

NCTSN: The National Child Traumatic Stress Network
CTISP: Chadwick Trauma-Informed Systems Project
What Makes the Essential Elements “Essential”?

Artwork courtesy of the International Child Art Foundation (www.icaf.org)
Element #1: Maximize Physical and Psychological Safety for the Child and Family

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.
Element #1: Maximize Physical and Psychological Safety for the Child, and Family, cont.

- 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.
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 and Families

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.
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.
Welcome to the CEBC:
California Evidence-Based Clearinghouse for Child Welfare

Information and Resources for Child Welfare Professionals

The California Evidence-Based Clearinghouse for Child Welfare (CEBC) provides child welfare professionals with easy access to vital information about selected child welfare related programs. The primary task of the CEBC is to inform the child welfare community about the research evidence for programs being used or marketed in California.* The CEBC also lists programs that may be less well-known in California, but were recommended by the Topic Expert for that Topic Area.

- How do You Use the CEBC?
- What's New on the CEBC?
- What Is Evidence-Based Practice?
- How are Programs on the CEBC Reviewed?
- How is Culture Related to Evidence-Based Practice?
- Sign-up to get Email Alerts!

* Please note that the CEBC was created for informational and educational purposes and as such does not endorse any of the programs listed on the website.

Information presented on the CEBC website is considered public information and may be distributed or copied. When using information obtained from the CEBC, we ask that you please use the following acknowledgment: Material/Image/Information obtained from the California Evidence-Based Clearinghouse for Child Welfare (CEBC) at www.cebc4cw.org.
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.
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

Experience shapes response to future trauma
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)
Tragic Events Do Not Need to Rob Children of Happiness
We Can Give Them the Tools to Move Beyond the Pain