

THE EFFECTS OF TRAUMA ON YOUNG CHILDREN

Angela M. Tomlin, Ph.D.

IAITMH

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Sometimes adults say, 'They're too young to understand.' However, young children are affected by traumatic events, even though they may not understand what happened.

PTSD (DSM)

- Individual was exposed to a traumatic event
- The traumatic event is persistently re-experienced
- The person tries to avoid stimuli related to the event and has numbing of general responsiveness
- Presence of persistent symptoms of increased arousal
- Lasts more than 1 month
- Causes clinically significant distress or impairment

DSM definition of traumatic event

Traumatic Event is one in which a person

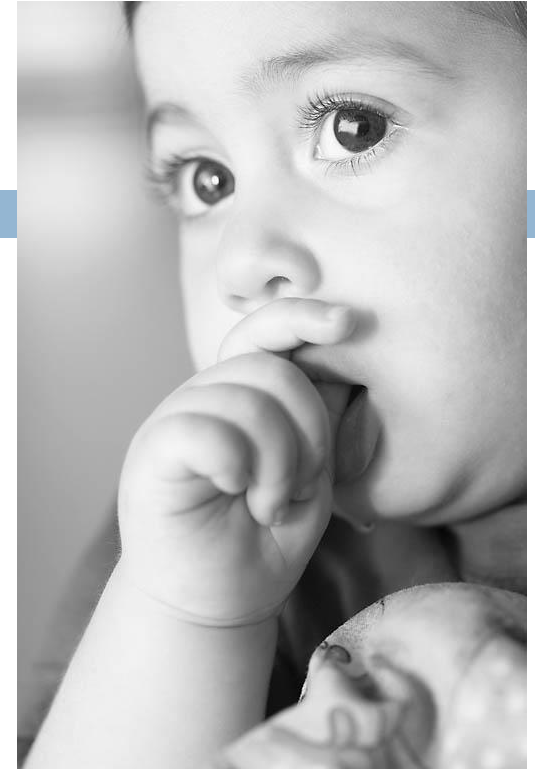
- Experiences, witnesses, or is confronted with
- Actual or threatened death, serious injury, threat to physical integrity of self or others
- That results in sense of intense fear, helplessness, horror

Perceptions Associated with PTSD

- Feeling of life being threatened
- Sense of being over whelmed
- A moment of panic
- *The capacity for such fear emerges around 9 months*

Events to consider

- Accidents
- Natural disaster
- War experiences
- Physical and sexual abuse
- Dog or large animal attacks
- Witnessing violence (domestic or other)
- Neglect
- Invasive medical procedures
- Loss of parent



Factors that influence response to trauma

- Age
- Gender
- Developmental level
- Family characteristics
- Psychiatric history
- Culture
- Characteristics of the trauma
- Level of exposure to the trauma

Assessing severity of trauma

- Closeness of people involved to the child
- What the child saw
- Reactions of important adults

How Young Children Understand Traumatic Events and Experiences

- Cognitive and emotional capacity determines how child experiences trauma
- Level of understanding can also affect memory
- 2-3 year olds do not understand the finality of death
- Young children may believe they caused a traumatic event

Do Young Children Experience Trauma?

- Reports involving 5.8 million children were made to CPS in 2007
- Of these, 64% were screened for further investigation or assessment (3.5 million)
- Children under 7 were the majority, 55.7%
- Children under 12 months have the highest rate of victimization at 22 of 1000 (2009)
- All of these numbers are likely to under report abuse and neglect

Do Young Children Experience Trauma?

- Representative sample of children in CT
- Excluded those with medical problems like low birth wgt, prematurity, birth complications
- 23.4% had at least one adverse events between 6 and 36 mos
- Children in single parent home, minority status, and lower maternal education ore likely to have adverse event

Young child and trauma

- Young children are more likely to experience trauma
- Age at time of event is one of the most important moderators

Effects of Trauma

- Can appear immediately or after days, weeks
- May remind young child of previous traumas, making reaction more severe

What are the effects of trauma on children ?

- Event exposed toddlers had higher scores on behavior checklists for areas including externalizing, internalizing, atypical, and maladaptive behaviors than non-event exposed
- About 20% of those exposed have dramatic change in function by parent report

Effects of Trauma

- Physical & Self-Regulation Effects
- Traumatic Reminders
- Development
- Play
- Behavior
- Relationship



Trauma and the brain

Exposure to trauma may effect the way the brain is structured and functions:

- Impair cell growth
- Interfere with formation of health circuitry
- Alter the neural structure and function of the brain

Trauma “gets under the skin” (Shonkoff)

Persistent stress can result in

- Elevations in heart rate, blood pressure, and stress hormones

These changes can impair

- Brain architecture, immune status, metabolic systems, and cardiovascular systems

Physical and Self-Regulation Effects

- Exposure to traumatic events seems to change the way the infant reacts to future stressors
- Animal and human studies shows changes in hormones and brain chemicals after trauma
- These brain changes can be long lasting, leading the child to feel numb or anxious

Effects of trauma are cumulative

- Individuals who experience 5 or more adverse events were at 5 X greater risk for depression
- Individuals who experience 7 or more adverse events were at 10 X greater risk of heart disease
- Individuals with 6 or more adverse events had double the risk for early death, nearly 20 years

Physical and Self-Regulation Effects

- Self-regulation is important task of infancy
- In babies and young children, problems with self-regulation look like:

Sleep problems

Eating problems

Exaggerated startle

Hypervigilance



Traumatic reminders

- Can be difficult to identify in nonverbal child
- Sensory (siren, smell)
- Dreams
- Re-experiencing the event
- Irrational fear of benign objects

Developmental Effects of Trauma

- Developmental delays are expected—
developmental assessment is advised
- Problems may occur in development of attachments
and other social emotional skills
- Regression is possible

Effects on Play Skills

- Repetitive actions
- Driven quality
- Constricted quality
- Preoccupation with separation, loss, and reunion

Effects on Behavior—infants and toddlers

- Increased irritability/inability to soothe
- Sleep disturbance
- Emotional distress; sadness
- Fears of being alone; clinging; refusal to separate
- Motor agitation
- Temper tantrums

Effects on Behavior—toddlers and preschoolers

- Being too clingy with adults
- Not able to be comforted when upset
- Problems with exploration: either reckless or too inhibited
- Aggression toward caregivers, peers, animals
- Angry noncompliance

Effects on Relationship

- Difficulty forming positive relationships
- Poor sense of self
- Lowered self esteem
- Expectation of being treated poorly
- Loss of secure base
- Loss of sense of trust

Long Term Effects of Trauma

- Persistent grief reactions (Bowlby)

Protest: efforts to find the parent through crying, calling, and searching

Despair: lethargy, sadness, emotional withdrawal, loss of interest in activities

Detachment: apparent indifference to reminders; selective forgetting*

Long Term Effects of Trauma

- Increased risk for academic problems
- Substance use and abuse
- Early pregnancy
- Criminal involvement
- Psychiatric symptoms and disorders
- Experiencing abuse as a child is linked to abusing one's own child

Abused children as parents

- Harsh discipline
- Failure to respond to child's needs
- Inconsistent limit setting
- Inability to express affection
- Inability to enjoy interactions with child
- Minimize or deny child's painful experiences

Young children and neglect

- ❑ Failure to provide for child's physical and emotional needs
- ❑ Leaving child alone for long periods
- ❑ Leaving child for long periods with varied and unreliable caregivers
- ❑ Effects of neglect can be as devastating as physical or sexual abuse

Effects of neglect

- Lack of play and other developmental skills
- May hoard food
- Unfamiliar with things we take for granted
- Expects to take care of self or siblings
- Challenges adult authority
- Lacks trust in adults
- Avoids adults when upset; hard to soothe

Can we diagnosis PTSD in Young Children?

Yes, but.....

- Range and number of symptoms may be different from adults

Can we diagnosis PTSD in Young Children?

Challenges include:

- Cognition
- Language
- Memory
- Dependence on the caregiving context
- Maturity of affect regulation

Scheeringa, 2006

Behaviors reported in trauma exposed children?

- Problems concentrating
- Somatic complaints
- Irritability, stubbornness, grouchy
- Unhappy, sad, depressed
- Repetitive actions
- Talking about strange or scary things
- Dysregulated (cries, wound up, tantrums)
- Sleep problems
- Worry

Observed behaviors and PTSD characteristics

- Re-experiencing
- Arousal
- Avoidance/numbing
 - Less likely than in adults
 - Probably due to more cognitive nature of these sx
 - Children may have these sx, just can't report or explain them

Alternate Criteria for PTSD (Scheeringa, 2003)

- Reduction of avoidance/numbing criteria to 1 item
- Change in criteria to match developmental level

Alternate Criteria for PTSD (Scheeringa, 2003)

- Children may not be stressed by intrusive recollections
- Diminished interest in activities refers to play
- Increased irritability may appear as tantrums
- Appearance of disconnectedness (dissociation) may signal a flashback
- Detachment: can be counted if child shows behavioral signs, like withdraw from social situations

How young can we considered PTSD? (Scheeringa, 2009)

- Youngest published case study to meet criteria is 34 months
- Experts believe that infants between 9 and 12 months can develop PTSD
- Below 9 months babies can show distress from pain, but cognition needed for PTSD is not thought to be present

Resilience

- Most people who experience trauma do not subsequently show PTSD
- Individual or personal factors
- Supportive factors in the environment
- *The most important supportive factor is a healthy and well functioning parent.*

Trauma and relationships

- In early childhood, trauma assessment and intervention must be informed by understanding of relationship
- Positive relationship (attachment) can be a protective factor when a child experiences trauma
- Must also understand meaning if caregiver is traumatized
- Or caregiver was perpetrator of trauma

Definition/Overview of RF

- Understanding self-experience in terms of mental states & processes (Fonagy)
- The psychological capacity for understanding one's own mental states, thoughts, feelings, and intentions as well as those of the social partner (Cooper et al, 2005)

Parental Reflective Functioning

**Thinking about the child's needs
and feeling and about how
one's own behavior and feeling
affect the child.**

Arietta Slade

Parental Reflective Function (PRF)

- Parent's mentalizing about their relationship with their child
- Cluster of skills
 - ▣ Awareness of own thoughts, feelings, intentions
 - ▣ Awareness of child's potential thoughts, feelings, intentions
 - ▣ Ability to try to understand how these mental states affect child's & parent's behaviors

How does RF develop?

- Through early experiences with social relationships
- Probable evolutionary basis for importance of developing mental structures for interpreting interpersonal actions

Importance to Child Development

- PRF is one basis for parental sensitive responsiveness & empathy
- Plays role in child's identity development
 - ▣ Parent mirrors back child's emotions
- Research link between PRF & secure attachment in toddlerhood
 - ▣ Contributes to self-regulatory capacities

Importance to Child Development

- Interventions link enhanced PRF to improved child social-emotional status
 - ▣ Increases in parental “insightfulness” during videotape review relates to decreased behavior problem in children in therapeutic preschool (Oppenheim et al., 2004)

Enhancing PRF

- Premise of enhancement interventions: shifting parent's understanding of child's mental states, internal experience and intentions vs. changing parent's behavior
- Examples:
 - ▣ Watch, Wait & Wonder
 - ▣ Circle of Security
 - ▣ Minding the Baby

Indications for focus on RF

- Parent child relationship is strained
- Parent has low capacity for RF based on own history
- Low PRF resulted in neglect
- Traumatic experience has resulted in low parental ability to consider child's needs and perspectives

Watch, Wait & Wonder

(Cohen, Lojhasek & Muir, 2006)

- Parent-child play-based situation
 - ▣ Shifts parent's focus to following child's spontaneous undirected activity
 - ▣ "I was to follow Joe's lead and watch, wait, and wonder"
 - ▣ Therapist engages in parallel process
 - No direct modeling, directing or interpreting
 - "wonders", i.e. reflects on interactions of parent and infant

Watch, Wait & Wonder

(Cohen, Lojhasek & Muir, 2006)

- Process engages parent to reflect on child's inner world
 - Fosters parent understanding own emotional reactions
 - Furthers parent's awareness of separate self of child
- “She asked me questions & helped me figure out some of what mattered to Joey by helping me notice his actions and behavior I may have overlooked”

Circle of Security Project (Cooper, Hoffman, Powell & Marvin, 2005)

- 20 week group-based treatment to enhance attachment relationships
- Increasing PRF is a targeted relationship capacities
 - ▣ Increase capacity to recognize & understand verbal & nonverbal cues children use to signal internal states and needs

Circle of Security Project (Cooper, Hoffman, Powell & Marvin, 2005)

- ▣ Increases parental empathy by supporting reflection about parent's and child's behaviors, thoughts, feelings about attachment oriented interactions
 - Shifts focus from child's behavior to their relationship and emotional needs (working model of child emotional needs)

Circle of Security Project (Cooper, Hoffman, Powell & Marvin, 2005)

- Example: Video-based exercise “shark music”
 - Feeling frightened in rx to an attachment need that poses no danger
 - Helps parents understand how their state of mind
 - affects their emotions,
 - colors interpretation of child’s intentions & feelings
 - organizes their behavior toward child

Circle of Security Project (Cooper, Hoffman, Powell & Marvin, 2005)

- “Reflective dialogue” between therapist & parent enhances PRF
 - ▣ Discuss video clips and triggered childhood memories
 - ▣ Increases parental capacity to remember distressing events from past without being frightened by them in present

Minding the Baby (Slade)

- Home visiting program for high risk infants and families
- Interdisciplinary: nursing and mental health
- Families receive support for their relationship and nursing assistance
- Specifically targets the development of maternal RF

Minding the Baby (Slade)

- Moms invited to participate during pregnancy
- Weekly home visits (60 to 90 min) in infant's first year
- Every other week second year of life
- Flexible visits: one or both clinicians, can expand if needed during crisis

Minding the Baby (Slade)

- Case management
- Infant-parent psychotherapy
- Individual psychotherapy
- Crisis intervention
- Parenting supports
- Promotion of the parent-child relationship

Minding the Baby (Slade)

- Home visitors work to keep mothers aware of their babies' physical and mental states, and continuously model a reflective stance in relation to everyday caregiving and nurturing" (Slade et al. 2005, p. 160)
- Enhance maternal RF, promote maternal sensitivity, and rework negative maternal attributions and representations

Minding the Baby (Slade)

- Give voice to baby's internal states
Link baby's behavior to baby's experience
- Give voice to maternal feelings and impulses

Minding the Baby (Slade)

- What's it like for you when your child does.....
- What do you suppose your child is feeling/thinking/experiencing when....
- What was going on in your mind/what do you think was going on in your child's mind...
- What else might it be.....

Enhance Parental Reflection

- Describe child behaviors
- Link child behaviors and mental states
- EX: “She keeps looking around; I bet she wants to know where you are”.
- Results:
 - ▣ Models a reflective stance
 - ▣ Frames child behavior as normal attachment
 - ▣ Challenges insecure IWM

What Would YOU Do?

- Mom is angry that the toddler wants a bite from her plate: says she is “greedy”
- Parent is frustrated that 10 month old has a hard time separating to go to you: says he is “trying to make late for work”
- Father throws ball at child, hitting him in the chest, then laughs when child cries.
- Mother picks up 2 month old by arms and makes her “walk”

Combining Trauma and Relationship Interventions (Osofsky & Fenichel, 1994)

- Improving the caregivers ability to attend to and provide for the child's needs
- Further develop caregiver's ability to interpret child's feelings, reactions and support child
- Address cognitive distortions child may have regarding trauma
- Assist the child in re experiencing trauma in affectively tolerable doses
- Assist the child and caregiver in coping with any losses

Goals for Intervention (Lieberman & Van Horn, 2005)

- Return to Normal Development
- Increase Capacity to Respond to Trauma.
- Maintain Regular Levels of Arousal
- Re establish Trust in Bodily Sensations
- Restore Reciprocity in Close Relationships
- Normalize Reactions to Trauma
- Encourage a Differentiation Between Reliving and Remembering
- Place the Traumatic Experience in Perspective

Results of Interventions Assist Child in Understanding...

- Stressful body experiences can be alleviated with help of others and coping strategies
- Adults can support and protect child
- Child is not to blame
- Can talk about emotions rather than only acting them out
- Life can contain elements of mastery, fun and hope

Child Parent Psychotherapy (Lieberman)

- Using Play, Physical Contact and Language to Promote Developmental Progress
- Offering Unstructured Reflective Developmental Guidance
- Modeling Appropriate Protective Behavior
- Interpreting Feelings and Actions
- Providing Emotional Support/Empathetic Communication
- Offering Crisis Intervention and Concrete Assistance

Areas of Clinical Concern include...

- Play
- Sensorimotor Disorganization
- Fearful Behavior
- Self Endangering Behavior
- Aggression Toward Parent
- Aggression Toward Peers
- Parental Use of Physical Discipline
- Parental Use of Threats, Criticisms of Child
- Relationship with Perpetrator

IAITMH Annual Conference

- Child Parent Psychotherapy
- August 27 2010
- Riley Hospital Outpatient Center Auditorium
- iaitmh.org

ECMH Training

- Intensive ECMH Institute
- For Child and Adolescent Providers
- CMHC preferred
- Funded by DMHA
- Curriculum designed to meet criteria for Endorsement
- Coming soon.....

Who helps when we don't have the parents?

- Foster care
- Child care providers
- Judges and CASA workers
- Early Intervention providers
- Head Start and other teachers

How to Help: Three Goals

- Safety
- Stability
- Nurture

How Adults Can Help

- Recognize that the child needs you, even when they do not show it
- Understand rejecting behaviors as old coping methods
- Listen
- Put words to behaviors
- Attend to your own reactions
- Encourage touch, but do not force it

How to Help

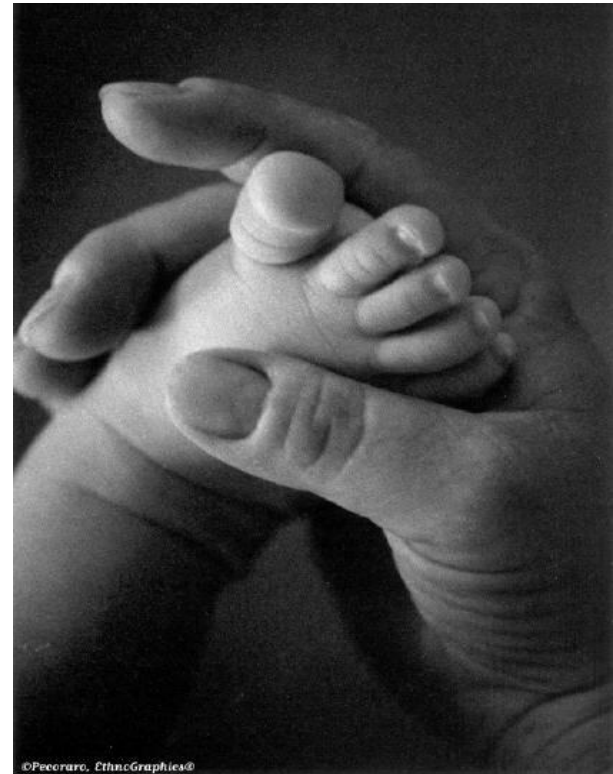
- Safety
- Routine that shows an adult is “in control”
- Soothing sensory activities
- Stop activities that result in re-enactment (including television)
- Advocate to reduce moves to provide continuity

Question and Answer



Another Way to Help

- Speak for the babies..



Want to learn more?

- Indiana Association for Infant and Toddler Mental Health (iaitmh.org)
- 317/638-3501 EXT 221
- Zero to Three (zerotothree.org)
- National Child Trauma Stress Network (<http://www.nctsnet.org/>)

For future questions.....

□ atomlin@iupui.edu



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