THE EFFECTS OF TRAUMA ON YOUNG CHILDREN

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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 overwhelmed
- 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 weight, prematurity, birth complications
- 23.4% had at least one adverse event between 6 and 36 mos
- Children in single parent home, minority status, and lower maternal education are likely to have adverse event
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
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
Exposure to traumatic events seems to change the way the infant reacts to future stressors.

Animal and human studies show 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
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
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.
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
- Reestablish 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......

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