Trauma: Impact on Healthy Child Development

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Agenda

- Traumatic Events
- Ages and Stages of Child Development (Healthy and Impacted through Trauma)
- Assisting Resilience and Recovery for Children and Families

TRAUMATIC EVENTS

Traumatic Events

- What is Traumatic?
 - Physical Abuse
 - Emotional Abuse
 - Sexual Abuse
 - Neglect

Traumatic Events

Adverse Childhood Experiences

- Verbal Abuse
- Physical Abuse
- Sexual Abuse
- Drinking Problem in the Household
- Parents Separated or Divorced
- Mental Illness within the household

- Witnessing Domestic
 Violence
- Drug Use Problem in Household
- Incarcerated Household Member

Traumatic Events

Chronic

- Pervasive within the child's environment
 - Neighborhood
 - Family interactions
 - Relationship with school
 - Always stressful
 - Makes others uncomfortable

- Single Events
 - Identifiable
 - Attract Empathy
 - Social Response from Others is Normal

Toxic Stress

- Increased cortisol levels, keeping autonomic nervous system hyperstimulated
- In early childhood, disrupts growth of neural connections, producing functional cognitive delays, e.g., higher incidence of speech/language delays in foster care population

Toxic Stress

- Linked to disruptions in development/functioning of autoimmune system
- Predisposes chronic health problems, even in the absence of other health risk behaviors
 - E.g., COPD among persons with high ACE scores

Toxic Stress

- Affects brain architecture, privileging fight-flight-freeze emotional reactions
- Leads to mental health disorders: PTSD, but also depression, anxiety, disruptive behavior disorders
- Quickly also disrupts school performance

Impacts of Trauma

- With higher ACE scores, more and earlier smoking, alcohol and drug use
- Greater incidence of violence perpetration
- Juvenile justice involvement [the path from child welfare to juvenile justice leads through mental health]
 - Widom (2001): children who experience abuse and neglect 59% more likely to be arrested as juvenile, 28% more likely to be arrested in adulthood, and 30% more likely to be arrested for violent crime

Impacts of Trauma

- Earlier pregnancies, more chronic health problems, more adult mental health disorders
- Intergenerational transfer of Adverse Childhood Experiences
 - History of traumatic experiences challenges parents' ability to make judgments about own and child's safety and to appraise danger
 - May disrupt secure and trusting relationships, both with other adults and in availability for attachment

CHILDHOOD DEVELOPMENT

Early Childhood

Healthy Development

Core Developmental Task

- Self-regulation
 - Caregiver regulation
 - Shared regulation
 - Guided selfregulation
 - Emerging selfregulation

- Inconsistent connection to caregiver
- Too many or too few opportunities to develop self-regulation skills
- Inconsistent interactions with caregivers promotes diffuse or inhibited interactions with others

Thinking Stages

Healthy Development

- 2-4 years old
 - Self-Centered
 - If I want it I should get it!

- The natural tendency to interpret everything as personal is heightened
 - Parent being absent is about them
 - Not getting attended to—means something about them
 - Impacts ability to learn empathy and self regulation from external source

Elementary School Years

Healthy Development

- Core Developmental Task
 - Executive Functioning
 - Rules, flexible thinking, delayed response/gratification
 - Working memory
 - Social functioning
 - Empathy, social skills
 - Emotional functions
 - Mastery of Anxiety

- Difficult relationship with authority
- Not feeling safe to test boundaries
- Lack of role modeling for empathy and social skills
- Anxiety Mastery is difficult to impossible to obtain

Thinking Stages

Healthy Development

- 5-6 years old
 - Obedience
 - Authority
 - Obsessed with learning the rules

- Distrust of authority
- Too rigid with rules or reject them outright
- Difficult transition to school
 - Behavior management problem OR
 - Quiet and ignored

Thinking Stages

Healthy Development

- 7-11 years old
 - Equality
 - What is Fair?

- Limited ability to negotiate
- Poor modeling in environment on what fair means (ACEs in home)
- Difficult to learn about fairness when one hasn't received it

Middle School Years

Healthy Development

- Core Developmental Task
 - Positive peer relationships
 - Problem solving

- Difficulty trusting friends/peers OR
- Lack of peer discrimination
- Lack of understanding of social rules
- Poor modeling for problem solving and peer relationships
- Difficulty concentrating
- Hypervigilance
- Irritability

Thinking Stages

Healthy Development

- 12-16 years old
 - Conformity
 - What will people think of me?

- Lack of healthy boundaries
- Low self esteem
- Vulnerable to early sexual relationships
- Difficulty interpreting others' behavior
- Potential lack of empathy towards others' feelings

High School and Above

Healthy Development

- Core Developmental Task
 - Identity
 Formation/Integration
 - Future Orientation
 - Responsibility Development

- Sense of foreshortened future
- Difficulty concentrating
- Hypervigilance
- Irritability
- Lack of acquisition of previous skills and low rates of accommodation

Thinking Stages

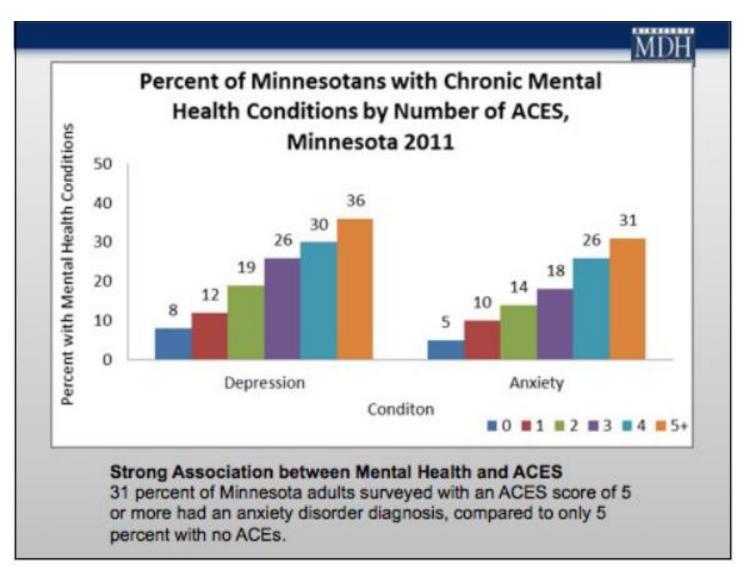
Healthy Development

- 17-25 years old
 - Responsibility
 - Relationship to Society/greater good
 - Understanding of philosophies/religion / moral judgments

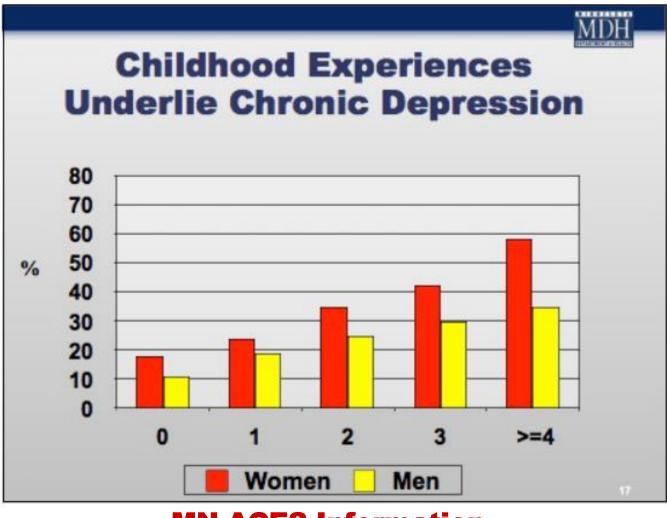
- Maslow hierarchy of needs impacts
- Poor modeling on social responsibility if they haven't felt taken care of
- Distrust of the system impacts relationship with "society"

Common Diagnostic Presentations

- Reactive Attachment Disorder
 Inhibited or Diffuse Attachments
- Post Traumatic Stress Disorder
- Generalized Anxiety Disorder
- Major Depression
- Dysthymic Disorder
- Behavior Disorders

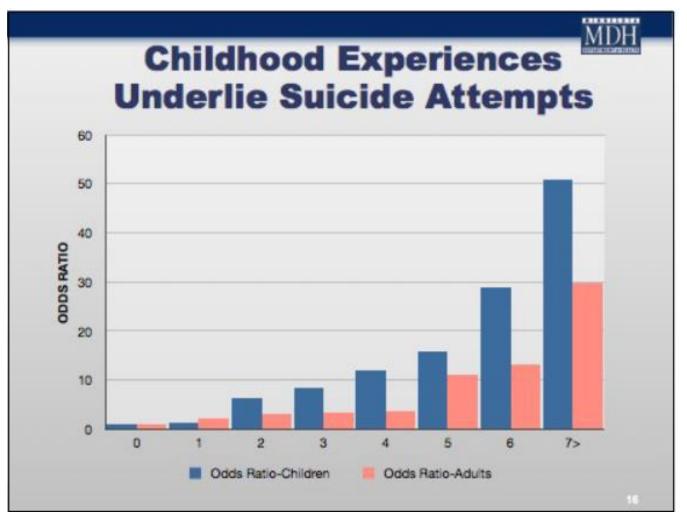


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Increased risk of depression the more ACEs a child experiences.

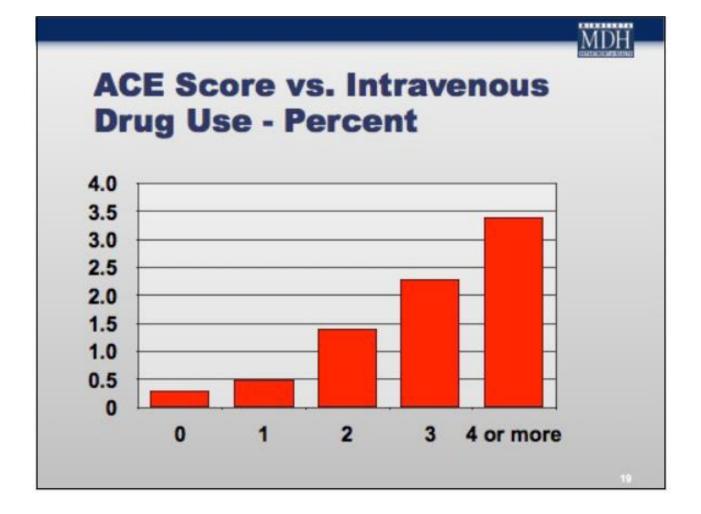
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ASSISTING RESILIENCE AND RECOVERY FOR CHILDREN AND FAMILIES

Promoting Resilience

- Screening
- Assessments
- Connecting to Informed Providers
- Maintaining Connections to Important People

 Maximize stability: Anything that can be done in planning to maintain the same placement, school district, primary care provider, case manager, therapist, guardian ad litem and judge will be helpful.

 Explain what is happening in any transition, and expect to answer questions and repeat the information more than once.

- Involve families in appropriate ways whenever possible.
- Well-supported visitation and inclusion in trauma-focused therapy should be included in any plan that does not compromise the child's safety.
- The court should inquire about visitation with the parent, with siblings who do not live with the child, and with other relatives at every hearing.

- Utilize the Child Protection Children's Mental Health Screening process to assess for mental health issues
- Refer to Mental Health Professionals for diagnostic assessments and then follow the treatment recommendations

 Order treatment based on diagnostic assessment recommendations and provider training in evidence-based practices appropriate to the child's needs. The Ambit website can point you to trained providers in every area of the state.
 (www.cehd.umn.edu/fos/projects/ambi

t/default.asp)

- Expect outcome data from therapists in each report to the court. Providers who are trained in trauma-focused and other evidence-based practices should be using instruments specific to those practices, but all providers should be able to provide basic symptom and functionality measures
 - Strengths and Difficulties Questionnaire (SDQ) and
 - Child and Adolescent Service Intensity Instrument (CASII)

Works Cited

- CJI: prepared and presented by Martha Aby, Pat Nygaard and Glenace Edwall, DHS, September – November, 2012
- Felitti & Anda—Adverse Childhood Experiences in Minnesota: Findings and Recommendations Based on the 2011 Minnesota Behavioral Risk Factor Surveillance System 1/28/13
- *"Intentional Visitation". April 23, 2013. Wilder Foundation*
- Resilience: prepared by Glenace Edwall, DHS, April, 2013

Questions?

• Thank you!

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