Trauma: Impact on Healthy Child Development

Martha Aby, MBA, MSW, LICSW
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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 self-regulation
  - Emerging self-regulation

Impacted by Trauma

- 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!

Impacted by Trauma
- 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

Impacted by Trauma

- 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

Impacted by Trauma
• 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?

Impacted by Trauma
- 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

Impacted by Trauma
- 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?

Impacted by Trauma
- 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

Impacted by Trauma
- 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

Impacted by Trauma
- 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
MN ACEs Information

Felitti & Anda—Adverse Childhood Experiences in Minnesota: Findings and Recommendations Based on the 2011 Minnesota Behavioral Risk Factor Surveillance System 1/28/13

Strong Association between Mental Health and ACES
31 percent of Minnesota adults surveyed with an ACES score of 5 or more had an anxiety disorder diagnosis, compared to only 5 percent with no ACES.
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
Practice Tips

● 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.
Practice Tips

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

- 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.
Practice Tips

- 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
Practice Tips

- 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/ambit/default.asp)
Practice Tips

- 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!

Martha Aby, MBA, MSW, LICSW
Martha.j.aby@state.mn.us