CENPATICO INTEGRATED CARE

BREAKING THE CYCLE OF CHILDHOOD TRAUMA

Last Revised 7/7/2016

Objectives

During this training, we will:

- Define trauma
- Review basic principles of trauma
- Identify triggers and behaviors related to trauma
- Explore intergenerational trauma transmission
- Discuss resilience, hope and recovery

What is Trauma?

- Trauma:
  - An event or events that impacts a person's sense of safety and alters how they view themselves and the world around them

What is Trauma?

- Traumatic Events
  - Events that overwhelm a person's capacity to cope and elicit feelings of terror, powerlessness, and out-of-control physiological arousal

What is Trauma?

- Child Traumatic Stress refers to the physical and emotional responses of a child to events that threaten the life or physical safety of the child
  - Children who have experienced trauma often have behavioral problems, physical problems and impaired learning

Types of Trauma

- Acute Trauma
  - is the emotional and physical reaction to a single traumatic event (ie. like a car accident or natural disaster)

Types of Trauma

- Complex Trauma
  - is the exposure to prolonged and repeated interpersonal trauma
  - Typically there are multiple different kinds of trauma taking place: physical abuse, emotional abuse, domestic violence, medical neglect etc.

Types of Trauma

- Intergenerational Trauma
  - Family specific, transferred from the first generation of trauma survivors to the second and further generations of offspring of the survivors
    - Physical
    - Emotional
    - Epigenetics

Types of Trauma

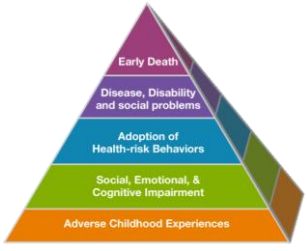
- Historical Trauma
  - Emotional and psychological wounding, experienced over the lifespan and across generations, impacts groups of people

Types of Trauma

- Sanctuary Trauma
  - Events that occur in settings designed to provide safety and wellbeing
    - Medical trauma
    - School shootings
    - Physical abuse in a hospital
    - Restraints

Types of Trauma

- Vicarious/Secondary Trauma
  - Indirect trauma exposure through a first hand account or narrative
    - Therapists
    - Caregivers
    - Parents/Foster Parents
    - First responders
    - Family support



Adverse Childhood Experiences (ACEs)

ACEs Background

- ACEs
  - History of ACEs
    - Dr. Felitti
    - Kaiser Permanente Obesity Clinic
    - Over 17,000 patients
    - Understanding the ACE score
- ACEs to High
- Arizona ACEs Consortium

Adults with ACEs

33% Report No ACEs	51% Report 1-3 ACEs	16% Report 4-10 ACEs
With 0 ACEs	With 3 ACEs	With 7+ ACESs
1 in 16 smokes	1 in 9 smokes	1 in 6 smokes
1 in 69 is alcoholic	1 in 9 is alcoholic	1 in 6 alcoholic
1 in 480 uses IV drugs	1 in 43 uses IV drugs	1 in 30 uses IV drugs
1 in 14 has heart disease	1 in 7 has heart disease	1 in 6 has heart disease
1 in 96 attempts suicide	1 in 10 attempts suicide	1 in 5 attempts suicide

Arizona ACES

- 44.45% of AZ children 12-17 have two or more ACES, nationally 30.5%
- Estimated more than 70,000 Arizona children have more than 5 ACES
- Higher ACE scores linked to:
  - Poverty
  - Problems at school
  - Fewer family supports
  - Physical health issues

Children with 5 or more ACES

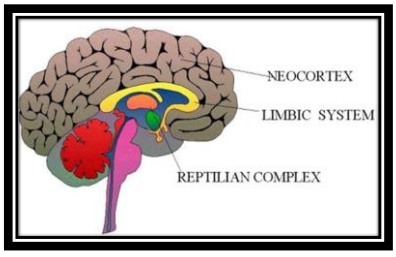
	# of Children w/ACES	Percent of Children
Cochise	1,315	4.35%
Graham	427	4.04%
Greenlee	114	4.63%
La Paz	169	4.59%
Pima	10,137	4.56%
Pinal	4,088	4.10%
Santa Cruz	862	5.92%
Yuma	2,974	5.39%

Resilience Trumps ACEs

- Resilience is the ability to return to being health and hopeful after bad things happen.
  - For a full picture you have to look at the other people, those with high ACEs that don't have negative health outcomes

What made the difference?

Trauma Impacts Brain Development



Reptilian Brain

- The brainstem and the cerebellum
  - Controls the body's vital functions such as heart rate, breathing, body temperature and balance
  - This part of the brain is common among vertebrates

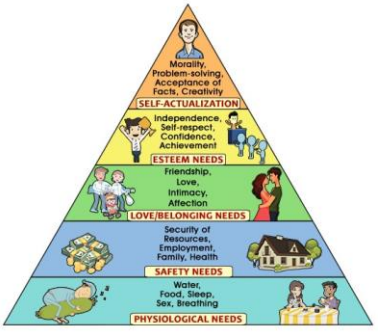
Limbic Brain

- The hippocampus, amygdala, and hypothalamus
  - Responsible for emotions
  - Is the seat of the value judgments that we make, often unconsciously, that exert such a strong influence on our behavior

Neo Cortex

- Two large cerebral hemispheres
  - Responsible for the development of human language, abstract thought, imagination, and consciousness
  - Is flexible and has almost infinite learning abilities

Maslow's Hierarchy of Needs



The Brain & Emotions

- For our reptilian brain it's #1 job is survival
  - We don't even think, we just react
  - Vertebrates have two instincts- fight or flight
  - When we don't have the other pieces of our brain activated, we revert to basic instinct which is to attack or flee
- This is the "hot brain"

Anger & Fight

- Anger:
  - has a physical and chemical function in safety
  - increases blood pressure, heart rate and releases stress hormones to prepare for attack
  - is meant to frighten others and to prepare for battle
  - Meant to be a show of strength or power,

"you can't hurt me, I will hurt you"

Fear & Flight

- Fear
  - has a physical and chemical function in safety
  - is an instinctive primitive response to avoid threats, injuries or death
  - Has taught us about things that are capable of hurting us, a function of avoiding further trauma

Fear & Flight

- During periods of fear and anxiety:
  - your muscles need more oxygen and glucose in case you need to flee/flight
  - Cortisol, epinephrine (adrenalin) and norepinephrine (noradrenalin) are pumped in to the body narrowing of blood vessel walls
  - This increases blood pressure and it enables blood to be diverted to essential organs and muscles

Hopelessness & Freeze

- Hopelessness
  - when you can't fight back and you can't run away your body shuts down
  - breathing, heart rate and body functions slow down
  - in this state, the experience of pain is much less severe
  - when the body and brain are shut down, normal development and function shut down

Behaviors & Trauma

Behaviors as a Safety Response

- Behaviors are
  - meant to protect the child from unsafe situations
  - triggered when the child feels that their safety is at risk (real or perceived)
    - Their reality is REAL
    - Triggers don't have to make sense to you

Behaviors as a Safety Response

- Responses are deeply rooted in the brain and happen with little or no thought
  - When acting in the response brain they are immune to rationalizing, arguments, consequences (positive or negative and discipline and punishment)

Responding to the Hot Brain

- Protective Behaviors CAN NOT be changed by:
  - Behavior management systems
  - Number of points we have
  - Threat of losing privileges
  - Length of room restriction
  - Restraints and seclusions

These actions only pit us in a power struggle that both the adults and children lose.

Responding to the Hot Brain

Much of what we try to do in the name of behavior management actually reinforces the child's need for protection and drives them further away from the very people who could help them.

Identifying Triggers






Trigger Prevention

- Pay attention to the child's feelings
- Be the Port in the Storm
- Stay calm when the child becomes anxious
- Don't punish mistakes or lack of progress
- Be flexible and maintain routines
- Plan for transitions

Effects of Trauma on the Brain and Development

Influence of Developmental Stage

- Children who have been exposed to trauma expend a great deal of energy responding to, coping with, and coming to terms with the event
  - Child traumatic stress reactions vary by developmental stage

Influence of Developmental Stage

- This may reduce children's capacity to explore the environment and master age-appropriate developmental tasks
- The longer traumatic stress goes untreated, the farther children tend to stray from appropriate developmental pathways

Trauma and the Brain

- In early childhood, trauma can be associated with reduced size of the cortex
  - The cortex is responsible for many complex functions including memory, attention, perceptual awareness, thinking, language, and consciousness

Trauma and the Brain

- Trauma can effect “cross talk” between the brain hemispheres, including the parts that govern emotions
  - These changes may effect IQ, the ability to regulate emotions, and can lead to an increased sense of fearfulness and a reduced sense of safety and protection

Influence of Developmental Stage

- **Young children** who have experienced trauma may:
  - Delay in developmental milestones
  - Become passive, quiet, and easily alarmed
  - Become fearful, especially regarding separations and new situations

Influence of Developmental Stage

- **Young children** who have experienced trauma may:
  - Experience confusion about assessing threat and finding protection, especially in cases where the parent or caretaker is the aggressor.
  - Regress to recent behaviors, (bedwetting, baby talk, crying)
  - Experience strong startle responses, night terrors, or aggressive outbursts.

Trauma and the Brain

- In **School Age Children,** trauma undermines development of brain regions that would normally help:
  - Manage fears, anxieties, and aggression
  - Sustain attention for learning and problem solving
  - Control impulses and manage physical responses to danger, enabling an adolescent from taking protective action

Trauma and the Brain

- As a result children may exhibit:
  - Sleep disturbances
  - New difficulties with learning
  - Difficulties with startle responses
  - Behavior that shifts from overly fearful to overly aggressive

Influence of Developmental Stage

- **School Age Children** with a history of trauma may:
  - Experience unwanted and intrusive thoughts and images
  - Become preoccupied with frightening moments from the traumatic experience

Influence of Developmental Stage

- **School Age Children** with a history of trauma may:
  - Replay the traumatic event in their minds to figure out what could have been prevented
  - Develop intense new specific fears related back to the original danger
  - Have trouble with focus and attention

Influence of Developmental Stage

- **School Age Children** may also:
  - Alternate between shy/withdrawn behavior and unusually aggressive behavior
  - Become so fearful of reoccurrence that they avoid previously enjoyable activities
  - Have thoughts of revenge
  - Experience sleep disturbances that may interfere with daytime concentration and attention

Trauma and the Brain

- In **Adolescents,** trauma can interfere with the prefrontal cortex effecting:
  - Consideration of the consequences of behavior
  - Realistic appraisal of danger and safety
  - Ability to govern behavior and meet long-term goals

Source: American Bar Association. (January 2004). Adolescence, Brain Development and Legal Culpability.

Trauma and the Brain

- Adolescents who have experienced trauma are at increased risk for:
  - Reckless and risk taking behavior
  - Underachievement and school failure
  - Poor choices
  - Aggressive or delinquent activity

Source: American Bar Association. (January 2004). Adolescence, Brain Development and Legal Culpability.

Influence of Developmental Stage

- In response to trauma, adolescents may feel:
  - That they are weak, strange, childish, or "going crazy".
  - Embarrassed by their fear or exaggerated physical responses
  - They are unique or alone in their pain and suffering
  - Anxiety and depression
  - Intense anger
  - Low self esteem and helplessness

Influence of Developmental Stage

- These trauma reactions for **Adolescents** can lead to:
  - Aggressive or disruptive behavior
  - Sleep disturbances masked by late night studying, partying, watching television.
  - Drug and alcohol use as a means to cope with the stress
  - Over- or under- estimation of danger

Influence of Developmental Stage

- These trauma reactions for **Adolescents** can lead to:
  - Expectations of maltreatment or abandonment
  - Difficulties with trust
  - Increased risk of re-victimization, especially if the adolescent has lived with chronic or complex trauma

Trauma Symptoms

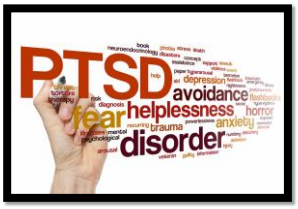
Adult Trauma Symptoms

Confusing Symptoms

- Our systems have historically looked at behaviors as symptoms of a behavioral health diagnosis rather than as a symptom of trauma
  - This does not dismiss the diagnosis but looks to explain the changes that have occurred in the brain because of trauma
  - Consider a trauma diagnosis

Childhood Trauma and PTSD

- Children who have experienced chronic or complex trauma are often diagnosed with PTSD



Source: American Psychiatric Association. (2000). *DSM-IV-TR (4th ed.)*. Washington DC: APA

Childhood Trauma and 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

Source: American Psychiatric Association. (2000). *DSM-IV-TR (4th ed.)*. Washington DC: APA

Childhood Trauma and PTSD

- Key Symptoms of PTSD
  - Re-experiencing the traumatic event
  - Intense psychological or physiological reactions to cues, that symbolize or resemble some aspect of the original trauma
  - Avoidance of thoughts, feelings, places, and people associated with the trauma
  - Emotional numbing
  - Increased arousal
  - Difficulty staying focused, completing daily tasks

Intergenerational Trauma

Intergenerational Trauma

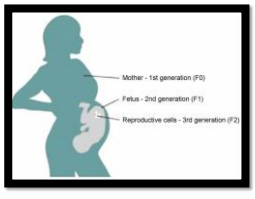
- Normal experiences may elicit the following responses from parents who have experienced trauma:
  - Catastrophe
  - Numbness
  - Dissociative
- The reactions of the parents lead to an altered sense of safety for the child, real or perceived

Intergenerational Trauma

- You can not give what you don't have
  - Attachment
  - Emotional Connection
  - Autonomy
  - Self-Soothing
  - Self-Regulation
  - Perspective

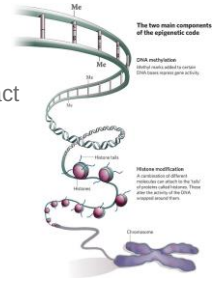
Intergenerational

- Children of Holocaust Survivors
- Children of 9/11 Survivors
- Mice



Epigenetics

- Epigenetics
  - the study of how environmental factors impact how our DNA is expressed
  - DNA is constant, how it is expressed is not



Healing Multiple Generations

- People get better in relationships
  - Children need to know that there is an adult in their life who believes in them and loves them unconditionally

Healing Multiple Generations

- Assist the child and family in reduce overwhelming emotion
- Help children make meaning of their trauma history and current experience

Increase sense of SAFETY and provide HOPE

Breaking the Cycle

Competence

- Competence describes the feeling of knowing that you can handle a situation effectively
  - What are some ways you can make a child/family feel competent?

Confidence

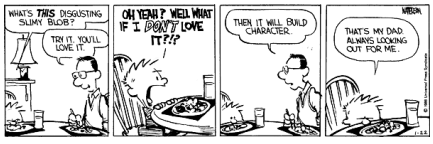
- A child's belief in his own abilities is derived from competence
  - What are some ways you can build confidence?

Connection

- Developing close ties to family and community creates a solid sense of security that prevents alternative destructive paths to love and attention
  - How can you help a child/family connect with others?

Character

- Children need to learn how to demonstrate a caring attitude toward others
  - How do you strengthen character?



Coping

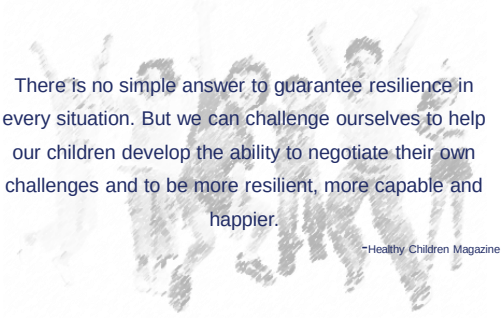
- Helping a child learn to cope with stress prepares the child to overcome life's challenges
  - How do you help a child learn to cope?

Control

- Children who realize that they can control the outcomes of their decisions are more likely to realize that they have the ability to bounce back
  - How do you help a child/family gain control?

Contribution

- Children need to realize that the world is a better place because they are in it
- Understanding the importance of personal contribution can serve as a source of purpose and motivation
  - How do you help a child/family contribute to their situation?



There is no simple answer to guarantee resilience in every situation. But we can challenge ourselves to help our children develop the ability to negotiate their own challenges and to be more resilient, more capable and happier.

~Healthy Children Magazine

Trauma Informed Lens

Classic View	Trauma Informed View
What is wrong with you?	What has happened to you?
Your behavior is intentional	Behaviors are a trauma response
Young children do not remember experiences and do not need treatment	The body remembers and brain development is impacted
Individuals need to change	Individuals get better in relationships

Final Thoughts

- There is HOPE and RECOVERY is possible
- Each intervention is a prevention
- We have the ability to impact people every day

What will your impact be?

Resources

- Adverse Childhood Experiences in Arizona. Arizona Adverse Childhood Experience Consortium. www.azpbs.org/strongkids
- American Academy of Pediatrics https://www.healthychildren.org/
- Adolescence, Brain Development and Legal Culpability. American Bar Association. (January 2004).
- Bring Out the Best in Your Children. American Academy of Pediatrics https://www.aap.org/en-us/Documents/ttb_bring_out_best.pdf
- Building Resilience in Children. HealthyChildren.org
- Coping Skills for Kids. Brain Works Project www.copingskills4kids.net

Resources

- Conrad, David. Secondary Trauma and Foster Parents: Understanding its Impact and Taking Steps to Protect Them. National Child Welfare Resource Center for Organizational Improvement
- *DSM-IV-TR (4th ed.)*. American Psychiatric Association. (2000). Washington DC: APA
- Secondary Traumatic Stress. National Child Traumatic Stress Network. http://www.nctsn.org
- Parenting After Trauma: Understanding Your Child's Needs. American Academy of Pediatrics 2013
- Perry, Bruce. The Cost of Caring: Secondary Traumatic Stress and Impact of Working with High-Risk Children and Families. Child Trauma Academy https://childtrauma.org/wp-content/uploads/2014/01/Cost_of_Caring_Secondary_Traumatic_Stress_Perry_s.pdf