Objectives

• Introduce basic principles of trauma in children and youth
• Learn how traumatic experiences affect children/youth
• Increase understanding of how to respond to those who have experienced a traumatic event in their life
Disclaimer
Trauma 101

A general understanding of trauma
Trauma Facts

Trauma is widespread and pervasive

Trauma does not occur in a vacuum, but within the context of a community
Statistics on Trauma in Children

84% of children and youth entering community mental health services have experienced a traumatic event prior to entering services

Up to 40% of them experienced four or more events (SAMHSA, 2011)
Trauma in Children

• 84% of children and youth entering community mental health services have experienced a traumatic event prior to entering services (SAMHSA, 2011)

• Up to 40% of them experienced four or more events (SAMHSA, 2011)

• Up to 50% of children and youth in child welfare have experienced trauma (National Center for Children in Poverty, 2007)

• [100% of children with an open case with CPS have had trauma exposure]
Trauma in Children

• 25% of all children have experienced at least one traumatic event (NCTSN, 2007)

• Before age of four, 26% of all children have witnessed or experienced a traumatic event (SAMHSA, 2011)

• 83-93% of children living in neighborhoods with high rates of violent crimes would have experienced trauma (National Center for Children in Poverty, 2007)

• 93% of youth entering juvenile justice have experienced a traumatic event (Adams & Justice Policy Institute, 2010)
Trauma in Children

• Children with disabilities are at least 2 times more likely to be abused or neglected. (NCTSN, 2004)

• As many as 1/3 of children have persistent issues with trauma after being treated in a pediatric intensive care unit. (Bronner, 2008)**

• Depending on the condition, 12-50% of children may have symptomatic trauma related illness after receiving treatment for those conditions. (Mann, 2009)**

**There has been only a small amount of research done on the link between trauma and childhood medical illness or injury.
The Three “E”s - Event, Experience and Effects

“Individual trauma results from an “EVENT”. Series of events or set of circumstances that is “EXPERIENCED” by an individual as physically or emotionally harmful or life threatening and that has lasting adverse “EFFECTS” on the individuals’ functioning and mental, physical, social, emotional or spiritual well-being.”

(SAMHSA, 2014)
What is considered a traumatic “Event”? 

- **EVENT** or circumstances that created the experience that caused an actual or extreme threat of physical or emotional harm 

  (SAMHSA, 2014)

- A common definition in the trauma field:
  - A traumatic event is an experience that *causes* physical, emotional or psychological *distress* or *harm*. It is an event *that is perceived and experienced as a threat to one's safety or to the stability of one's world.*
The “EFFECTS” of Trauma

- The long-lasting **effects** of the event are a critical component of trauma.
- These adverse effects may occur immediately or may have a delayed onset.
- The duration of the effects may be short to long term.
- Some may not recognize the connection between the traumatic events and the effects.

*(SAMHSA, 2014)*
The "**EXPERIENCE**" of the event…

- …helps determine whether the event or circumstance is a *traumatic* event

- The experience and perception of a particular event may be considered traumatic by one individual and not for another

- How individual labels, assigns meaning to, and is disrupted physically and psychologically by an event will **contribute to whether or not it is experienced as traumatic**

(SAMHSA, 2014)
Childhood Traumatic Stress

- Child traumatic stress occurs when children and adolescents are exposed to traumatic events or traumatic situations that overwhelm their ability to cope.

- These reactions interfere with his or her daily life and ability to function and interact with others.
 Events that can be considered traumatic

- Neglect
- Accidents, Medical Procedures
- Natural /Man-Made Disasters
- Abuse: emotional, physical, sexual
- Bullying
- Exploitation/Human Trafficking
- Relational Trauma
- Domestic Violence/Community Violence
- War/Torture
- Historical Trauma
- Military Life Transitions/Experiences
- Witnessing an “event”
In Young Children

- Separation from parent or caregiver/attachment disruption
- Abuse
- Neglect
- Hunger
- Accidents/Physical Trauma
- Witnessing Violence (Family Violence)
- Impaired Caregiver

- Rapid developing brains increase vulnerability.
- Infants and Toddlers are impacted by problems affecting their parents. (e.g. Post-Partum Depression, substance abuse, disruptive bond or lack of understanding)
The “**EFFECTS**” of Trauma

- Inability to cope with normal stresses
- Inability to manage cognitive processes:
  - Memory
  - Attention
  - Thinking
- Inability to trust & benefit from relationships
- Impacts neurobiological functions

*(SAMHSA, 2014)*

**Adverse Childhood Events (ACE) Study**

CDC and Kaiser Permanente in CA from 1995 to 1997, and more than 17,000 participants
ACEs

A PERSON WITH 4 OR MORE ACES IS:
- 2.2 times as likely to have ischemic heart disease
- 2.4 times as likely to have a stroke
- 1.9 times as likely to have cancer
- 1.6 times as likely to have diabetes

A PERSON WITH 4 OR MORE ACES IS:
- 12.2 times as likely to attempt suicide
- 10.3 times as likely to use injection drugs
- 7.4 times as likely to be an alcoholic
The function of the HPA axis in PTSD and controls a Network level
Common Responses to Trauma

• Re-experiencing the event
• Avoiding reminders and/or triggers, such as events, people, places, etc.
• Negative changes in thoughts and feelings
• Increased reactions
• Increased excitability
Signs of Traumatic Stress In Children/Youth

**Physical**

- Difficulty sleeping and/or nightmares
- Physical complaints (headache, stomach etc.)
- Lack of appetite
- Bed-wetting

*(Kirbie T., 2014)*
Signs of Traumatic Stress In Children/Youth (cont.’d)

**Developmental**

- Regression in behavior
- Interference with developmental milestones
- Delays in speech

*(Kirbie T., 2014)*
Signs of Traumatic Stress In Children/Youth (cont.’d)

**Thinking Patterns**

- Intrusive memories of the event
- Distorted beliefs/thoughts about…

*(Kirbie T., 2014)*
Behavioral

- Refusing to go to school
- Temper Tantrums
- Difficulty paying attention
- Withdrawal from friends or activities
- Avoidance of scary situation
- Play that includes reenacting the event

(Kirbie T., 2014)
Emotional

- Difficulty regulating emotions (e.g. unable to calm down, crying hysterically)
- Anger
- Depression
- Anxiety or nervousness

(Kirbie T., 2014)
Understanding Behavior

Child’s Behavior

child’s feelings, thoughts, expectations, and beliefs
Trauma and Behavior

Children may “act out” as a way of:

- Reenacting patterns or relationships from the past
- Increasing interaction, even if the interactions are negative
- Keeping caregivers at a physical or emotional distance
- Protecting themselves
“90/10 Trauma Reaction”

For those who have been through trauma, sometimes they end up with sensitive emotional areas; “hair-trigger” reactions.

It’s important to consider that it is highly possible that:

10% of their reaction is due to the current problem or stressor

90% of their reaction is based on past traumatic stressors

This is important for being able to distinguish between past and present, for both you and your child!
Trauma Informed Parenting

Reactive → Responsive
Being a Trauma Informed Family

“Change to a trauma-informed organizational or service system environment will be experienced by all involved as a profound cultural shift in which consumers and their conditions and behaviors are viewed differently, staff respond differently, and the day-to-day delivery of services is conducted differently.”

(Ann Jennings (Editor), Center for Mental Health Services/NCTIC, 2008)
“Models for Developing Trauma-Informed Behavioral Health Systems and Trauma Specific Services”

“Change to a trauma-informed family will be experienced by all involved as a profound cultural shift in which members of the family that have lasting effects after experiencing a traumatic event and their behaviors are viewed differently, family and the community respond differently, and the business of the family going about their day-to-day lives is conducted differently.”
You are **Reflective** when:

- You pay attention to what’s happening in your own mind
- You wonder what’s happening in someone else’s mind
- You’re curious as to why you behaved a certain way
- You wonder why your child behaved a certain way
- You think about your feelings
- You think about your child’s feelings

“**Understanding misunderstandings**”

“**Seeing yourself from the outside and others from the inside**”

Tina Adkins, PhD
Insight

• Putting yourself inside their mind, their “shoes”, their emotions – seeing them from the inside

• Thinking about your own reactions, emotions - seeing yourself from the outside

Regulation of Emotions

★ Tolerating strong emotions in others without you too, getting overly upset

★ Being able to pull yourself back from powerful emotions to help another

★ Being able to emotionally engage without shutting down when upset

Tina Adkins, PhD
SAMHSA’s Assumptions and Principles of Trauma-Informed Approach for Organizations

The Four “R”s Assumptions

- **Realization**
  “A program, organization, or system that is trauma-informed realizes the widespread impact of trauma and understands potential paths for recovery.

- **Recognizes**
  recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the systems.

- **Responds**
  responds by fully integrating knowledge about trauma into policies, procedures, and practices.

- **Resist Re-traumatization**
  seeks to actively resist re-traumatization.” (SAMHSA, 2014)
SAMSHA’s Assumptions and Principles of Trauma-Informed Approach for Organizations

Six Key Principles

• Safety
• Trustworthiness & Transparency
• Peer Support
• Collaboration & Mutuality
• Empowerment, Voice & Choice
• Cultural, Historical & Gender Issues
Practical Alternatives to Discipline

Stop and Listen
Give Encouragement and Support
Foster Happiness & Resilience
Stop and Listen

Help (re-)establish a sense of safety
- Reassure them, if possible
- Validate what happened
- Show Kindness
- Show Understanding
- Be consistent

Listen
- Remember your body language will say you’re listening
- Don’t solve the problem, help them solve it
- Reflect back what you are hearing
- Summarize what you are hearing
Give Encouragement and Support

• Words are Powerful
• Help them see their strengths and good qualities
• Encourage them to focus on the future not the past
• Accept them for who they are
• Try to understand what they are going through
• Don’t react!
Foster Happiness & Resilience

• Help them find activities that bring them joy
• Help them find a hobby
• Help them develop positive relationships with others
• Celebrate small achievements
• Help them find a way to make a difference in someone else’s life
Resilience

…the ability to thrive despite negative life experiences and heal from traumatic events - is related to the internal strengths and environmental supports of an individual. Most individuals are resilient despite experiences. (SAMHSA, 2014)
Resilience – Protective Factors

“Protective factors do three things to promote resiliency:

...buffer some of the impact of negative life experiences...

...propel us through and over negative life experiences...

...internal protective factors offer evidence of our innate resilient core.”

(Henderson, 2012)

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Questions?
Information on Trauma - Parents/Caregivers

National Resource
• National Child Traumatic Stress Network
  • http://www.nctsn.org/resources/audiences/parents-caregivers

Local Resource
• Recognize Trauma, Tarrant County
  • http://www.recognizetrauma.org/local-services.php
• Trauma Informed Care Consortium, Travis County
  • http://www.traumatexas.org
• Heart of Texas – Klaras Center for Families
For more information & resources

• National Child Traumatic Stress Network (NCTSN)
  • http://nctsn.org/resources/audiences/school-personnel

• National Center on PTSD
  • www.ptsd.va.gov

• Substance Abuse & Mental Health Administration (SAMHSA)
  • http://store.samhsa.gov/shin/content/SMA14-4884/SMA14-4884.pdf
  • www.samhsa.gov/traumaJustice/
  • http://www.samhsa.gov/nctic

• Centers for Disease Control (CDC)
  • http://www.cdc.gov/violenceprevention/suicide/index.html
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