Child Traumatic Stress

National Child Traumatic Stress Network - http://www.nctsn.org

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

(NCTSN)

A Traumatic Event

An event which threatens injury, death, or the physical body of a child or adolescent while also causing shock, terror or helplessness.

(American Psychological Association [APA], 2008)

Complex Trauma

National Child Traumatic Stress Network - http://www.nctsn.org

Children's experiences of multiple traumatic events that occur within the care giving system – the social environment that is supposed to be the source of safety and stability in a child's life.

Child Maltreatment

www.cdc.gov/ViolencePrevention/pub/CMP-Surveillance.html

Child maltreatment includes all types of abuse and neglect of a child under the age of 18 by a parent, caregiver, or another person in a custodial role (e.g., clergy, coach, teacher).

Four Common Types of Abuse

www.cdc.gov/ ViolencePrevention/pub/CMP-Surveillance.html.

1. Physical abuse is the use of intentional physical force, such as hitting, kicking, shaking, burning or other show of force against a child.

2. Sexual abuse involves engaging a child in sexual acts. It includes fondling, rape, and exposing a child to other sexual activities.

Four Common Types of Abuse (cont.)

3. Emotional abuse refers to behaviors that harm a child's self-worth or emotional well-being. Examples include name calling, shaming, rejection, withholding love, and threatening.

- 4. Neglect is the failure to meet a child's basic needs. These needs include housing, food, clothing, education, and access to medical care.
- PA NAACP BEFC Testimony
- March 12, 2015

14 Types of Trauma

UCLA Assessment

PA NAACP BEFC Testimony
March 12, 2015

Types of Trauma Exposure

- Life Threatening Illness
- Serious Accident
- Disaster
- School Violence
- Terrorism
- Kidnapping

Types of Trauma Exposure

Neglect
Maltreatmen
t

Sexual
Abuse

Physical
Abuse

Emotional
Abuse

Domestic
Violence

Community
Violence

Types of Trauma Exposure

War
Political
Violence

Bereavement

Sexual
Assault

Separation

What is the Occurrence of Trauma?

Research compiled by the Department of Justice indicates that 60% of the nation's children have experienced trauma.

Some Risk Factors for Trauma

http://www.dhs.vic.gov.au/__data/assets/pdf_file/0006/729321/child_development_-and-_trauma_intro_2012_WEB.pdf

- history of neglect or abuse, state care, child death
- placement of child or siblings
- separations from parents/caregivers
- parent, partner, close relative or sibling with a history of assault
- prostitution or sexual offense
- experience of intergenerational abuse/trauma
- compounded or unresolved experiences of loss and grief

Some Risk Factors for Trauma (cont.)

http://www.dhs.vic.gov.au/__data/assets/pdf_file/0006/729321/child_development_-and-_trauma_intro_2012_WEB.pdf

- chaotic household / lifestyle, poverty, financial hardship, unemployment
- social isolation (family, extended family, community)
- cultural isolation
- inattention to developmental health needs/poor diet
- disadvantaged community
- racism
- recent refugee experience

Some Risk Factors for Trauma (cont.)

http://www.dhs.vic.gov.au/__data/assets/pdf_file/0006/729321/child_development_-and-_trauma_intro_2012_WEB.pdf

- inadequate housing / transience / homelessness
- parent/caregiver under 20 years at birth of 1st child
- harsh, inconsistent discipline, neglect or abuse
- lack of parent willingness or ability to prioritize child's needs above own
- rejection or scapegoating of child
- inadequate supervision of child

Statistics

- Each year as many as 17.8 million youth are exposed to domestic violence as witnesses or as victims

  (Evans, Davies & DiLillo. 2008).

- 50% or more of children surveyed who had been exposed to trauma show difficulties in affect regulation, attention and concentration, negative self image, impulse control and aggression/risk taking (NCTSN, 2003).

Trauma Can Compromise Cognitive Development

"Early negative life events have a strong impact on cognitive deficits."
(Steele, William. 2008).

Stress causes the release of chemicals that can damage the area of the brain responsible for memory. This increases memory deficit.
(Steele, William. 2008).

Anxiety Impacts the Brain

- Changes in the brain are triggered by a variety of stress related functions (Van Der Kolk, 1996, cited in Steele, 2008).

- Lower memory volume in the left-brain

  (Bremmer et al.,1996, cited in Steele, 2008).

- Functional altercations take place in the neocortex (Perry & Szalavitr, 2001).

Anxiety Impedes School Functioning

- Hard to focus (bring the mind to the task)
- Hard to pay attention (block out other thoughts)
- Hard to retain (hold on to information)
- Hard to recall (bring back what was heard)

Anxiety Impedes Learning

- Hard to process verbal information
- Hard to follow direction
- Hard to remember what has been said
- Hard to make sense of what has been said

Physical Symptoms of Trauma

- Insomnia or nightmares
- Being startled easily
- Racing heartbeat
- Aches and pains
- Fatigue
- Difficulty concentrating
- Edginess and agitation
- Muscle tension

Emotional and Psychological Symptoms of Trauma

- Shock, denial, or disbelief
- Anger, irritability, mood swings
- Guilt, shame, self-blame
- Feeling sad or hopeless
- Confusion, difficulty concentrating
- Withdrawing from others
- Feeling disconnected or numb
- Anxiety and fear

Trauma Impacts Behavior and May Display As:

- Aggression
- Agitation
- Exaggerated withdrawal
- Loss of small motor activities
- Unable to talk or stuttering
- Unable to sleep

Trauma Impacts Discipline

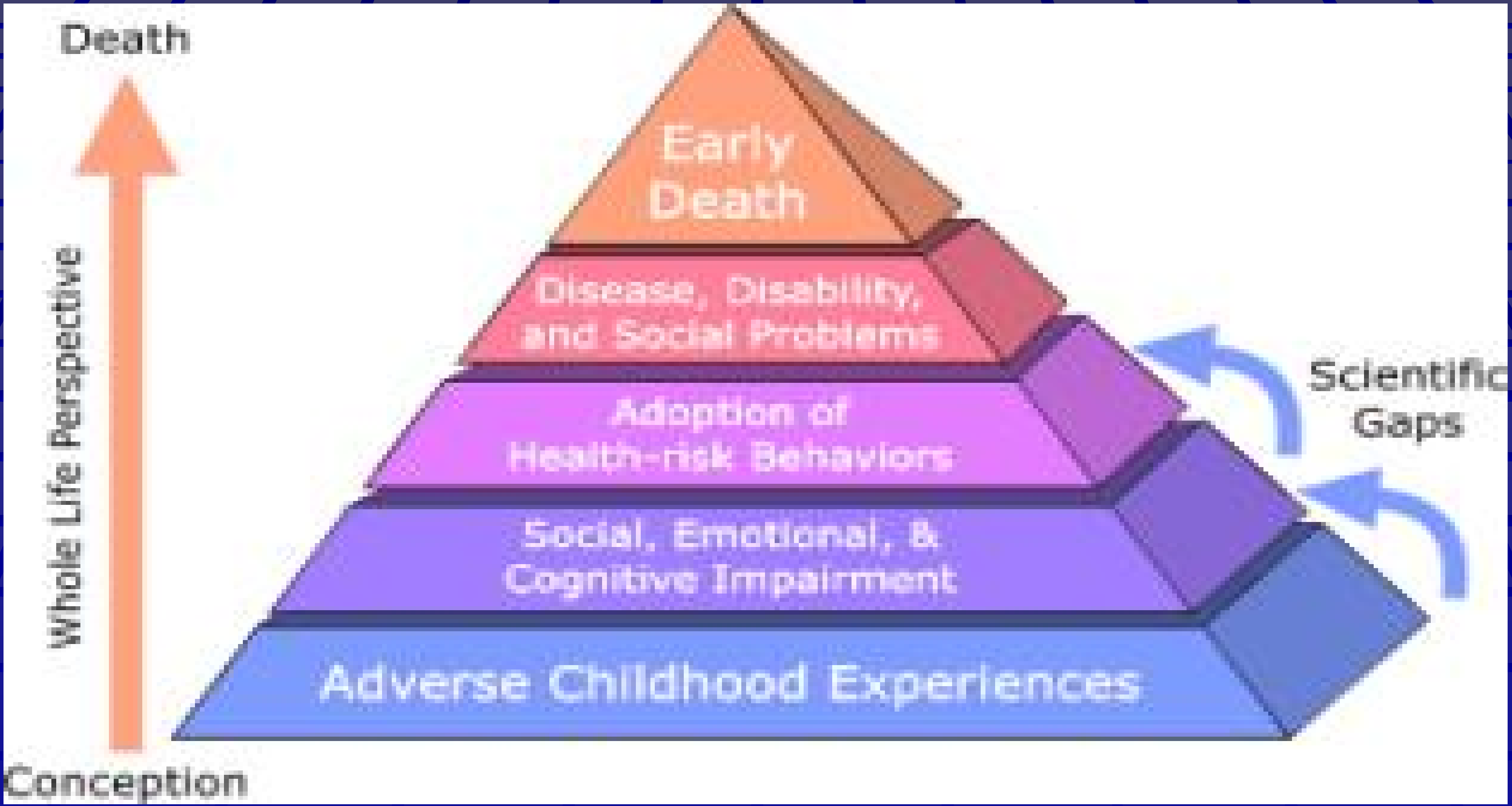
Children can be misread as:

- Resistant
- Stubborn
- Over reactive
- Impulsive
- Confrontational
- Learning Disabled
- Attention Deficit Hyperactive Disorder

Causes: Disruptions in a child's sense of safety and security -

- An unstable or unsafe environment
- Separation from a parent
- Serious illness
- Intrusive medical procedures
- Sexual, physical, or verbal abuse
- Domestic violence
- Neglect
- Bullying

ACE Pyramid
Major Risk Factors - Illness and Death



ADEQUATE FUNDING

WHAT NEEDS TO HAPPEN IN SCHOOLS

PA NAACP BEFC Testimony
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Early Childhood

Research shows that it is during the first three years of life that the brain undergoes its most dramatic development.

Yoshikawa, H. et al. (2013)

Psychological and emotional trauma impede this development.

Early Childhood

Yoshikawa, H. et al. (2013)

Early experiences in the home, in other care settings, and in communities interact with genes to shape the developing nature and quality of the brain’s architecture.

Early Childhood

Yoshikawa, H. et al. (2013)

The growth and then environmentally based pruning of neuronal systems in the first years support a range of early skills.

Trauma impedes the development of these skills.

Early Childhood

Yoshikawa, H. et al. (2013)

Skills that should develop:

Cognitive (early language, literacy, math),

Social (theory of mind, empathy, pro-social),

Persistence, attention, and self-regulation

Executive function skills (the voluntary control of attention and behavior).

Trauma impedes the development of these skills.

Dr. James Comer

http://www.schooldevelopmentprogram.org/about/development.aspx

Domains of Child and Adolescent Development That are Key to Academic Learning

"Development and learning are inextricably linked, but traditionally development is not intentionally addressed."

Physical Development

Movement: gross, or large, movement of limbs and fine manipulative movement of fingers.

Children use this knowledge to make good decisions that will promote healthy development.

Language Development

Children should come to understand and communicate by expressing thoughts and feelings -

a) receptive language, the ability to understand spoken and written communication, and to accurately interpret non-verbal cues; and

b) b) expressive language, the ability to effectively communicate verbally and through writing.

Cognitive Development

The ability to think critically and creatively, to retain and mentally manipulate information, and to set and work towards accomplishing desired goals.

The capacity to analyze, synthesize, and evaluate information; to achieve mastery in required and selected content areas; to use information to effectively solve problems; and to enjoy learning.

Trauma impedes this.

Emotional Development

The ability to express feelings, control emotions, form relationships and develop feelings towards other people, and develop a self image and identity

____

Trauma impedes this ability.

Ethical Development

Knowledge and practice of appropriate and acceptable behaviors,

Respect for the rights and integrity of self and others

Capacity to behave justly and fairly,

Ability to make decisions that promote personal well-being, and the collective good.

Social Development.

The ability to develop and maintain healthy relationships, and to adequately negotiate challenging relationships.

The capacity to build and maintain healthy relationships across the range of human diversity

---

Trauma impedes this.

Psychological Development

Self-awareness and self-esteem

Feelings of worth and competence

Ability to manage emotions

Development of positive sense of self

Increased capacity to manage emotions

How the School Can Help

Recognize

Refer

Support Resilience

What Helps?

- Human style of interaction can be the beginning of healing
- Instead of asking “What’s wrong with you?”, we should be asking “What happened to you?”, and “How can we help?” (Bloom, Sandra - *Creating Sanctuary in the Classroom* – Pg. 9)
- Offer help
- Trauma can be alleviated

How the School Can Help

Create experiences that:

- Teach about the value of life
- Show caring for others
- Teach collaboration to support one another
- Restore hope

<u>Assure that the cultural arts are part of every school curriculum.</u>

WHY CLASS SIZE MATTERS

Teacher Can Promote Resilience By:

- Changing the harmful series of life events.
- Increasing children's self-esteem.
- Providing alternate directions for success.
- Removing the stressor.
- Maintaining nurturing relationships.
- Creating positive peer and adult interactions.
- Sustaining a feeling of connectedness.

GOOD NEWS!

Under the right conditions, trauma can be alleviated.

Every School Needs a Counselor

Students need access to someone to:

listen, attend, acknowledge, summarize, reflect, normalize, nurture, give correct information, plan for the day and the future

- Parents will benefit from receiving information on how to respond to and help their children

Every School Needs a Counselor

Schools need an organized protocol for crisis intervention –

- Students, staff and parents need to hear from someone in authority
- All students need to hear the same presentation and information

Students Need Art Classes

… the highest achievement of art might be … that [it creates] a channel of empathy into our own psychology that lets us both exorcise and better understand our emotions — in other words, a form of therapy.

Schools need Art Classes

http://psychology.about.com/od/psychotherapy/f/art-therapy.htm

As an expressive medium, art can be used to help clients communicate, overcome stress, and explore different aspects of their own personalities.

Seven Core Psychological Functions of Art (Popova. 2013)

- Remembering
- Hope
- Sorrow
- Rebalancing
- Self-understanding
- Growth
- Appreciation

Schools Need Music Classes

Music as Therapy International

Music is a means to relieve those living in conditions of need, hardship or distress, suffering from mental or physical disability and the effects of poverty or sickness

Schools Need Music Classes

Claseshttp://www.chelwest.nhs.uk/services/therapy-services/music-therapy-children#sthash.e6AMDhF3.dpuf

Shared music-making helps children cope more effectively with their lives and their difficulties and allows them to demonstrate their potential more fully.

A Public Health Issue!

CHILDREN ARE HAVING NORMAL REACTIONS TO ABNORMAL EVENTS

AND

THAT IS IMPACTING SCHOOL PERFORMANCE!

What We Know Has Not Helped Student's School Performance

Zero Tolerance Policies

Harsh discipline

Mandatory high stakes testing

APPENDIX 1 PA NAACP BEFC Testimony

March 12, 2015

The **Brief Trauma Questionnaire (BTQ)** is a ten-item self-report trauma exposure screen that can be quickly administered and is suitable for special populations such as persons with severe mental illness as well as for general population groups. The BTQ asks respondents for a simple "yes" or "no" answer to the question "Have you experienced this event?" and lists ten types of traumatic events. For each "yes" response, the respondent is also asked two additional "yes/no" questions: "Did you think your life was in danger or you might be seriously injured?" and "were you seriously injured?" The BTQ is designed to quickly screen for many different and prevalent types of traumatic experiences, including war traumas, serious car accidents, natural disasters, exposure to violent death, life-threatening illness, and physical or sexual abuse.

The **Upsetting Events Survey** that we designed is a modification of the Traumatic Life Events Questionnaire (TLEQ). It assesses effectively for trauma history.

Probably the most widely used and researched screen for PTSD in adults is a self-report rating scale called the **PTSD Checklist (PCL)**. The PCL has good psychometric properties, including internal and test-retest reliability and convergent validity. Several versions of the PCL are tailored for specific populations, and a short form containing six questions is also available for use in primary care settings. The PCL contains seventeen questions that map onto the three DSM-IV PTSD symptom clusters: re-experiencing, avoidance, and arousal. Respondents are asked to look at a list of "problems and complaints that people sometimes have in response to stressful life experiences" and then decide how much each problem has bothered them over the last three months. Psychometrics for the PCL in an adolescent population have not been published, but it is still used with an adolescent population.

The **Child Post-traumatic Symptom Scale (CPSS)** has been shown to be reliable and valid as a screening tool for use with children and adolescents. The CPSS assesses symptom criteria for PTSD, as well as whether the respondent is experiencing impairment in functioning.

The **UCLA Reaction Index** is the most commonly used measure for PTSD symptoms in children and adolescents. There are versions of this measure for children, adolescents, and parents. The UCLA Index has two parts: The first part includes a brief screen on the respondent's trauma history, and the second part assesses the frequency with which post-traumatic stress symptoms were experienced over the past month.

Additional Screening Tools

- The **Beck Depression Inventory-II** is a well-validated self-report scale for depression that has been used with a wide range of different populations and disorders.

DSM-5 Diagnostic Criteria for PTSD *Criterion A*

□A) Exposure to actual or threatened death, serious injury, or sexual violence in one (or more) of the following ways:

- 1) Directly experiencing the traumatic event.
- 2) Witnessing, in person, the event as it occurred to others.
- 3) Learning that the traumatic event occurred to a close family member or friend. In cases of actual or threatened death of a family member or friend, the event must have been violent or accidental.
- 4) Experiencing repeated or extreme exposure to aversive details of the traumatic event (e.g., first responders collecting human remains; police officers repeatedly exposed to details of child abuse).

□*Note: Criterion A4 does not apply to exposure through electronic media, television, movies, or pictures, unless this exposure is work related*

DSM-5 Diagnostic Criteria for PTSD*Cluster B*

Presence of ≥ 1 of the following intrusion symptoms associated w/ the traumatic event(s), beginning after the traumatic event(s) occurred:

- Recurrent, involuntary, & intrusive distressing memories of the event.
**Repetitive play w/ trauma themes*

- Recurrent distressing dreams related to the event.

**May have frightening dreams w/o recognizable content*

- Dissociative reactions (e.g., flashbacks) in which the individual feels/acts as if the event were recurring.

**Trauma-specific reenactment may occur in play*

- Psychological distress at cues resembling event.

- Physiological reactions to cues resembling the event.

DSM-5 Diagnostic Criteria for PTSD*Cluster B*
**Specifiers for children over 6*

DSM-5 Diagnostic Criteria for PTSD*Cluster C*

□Persistent avoidance of stimuli associated w/ the traumatic event(s), beginning after the traumatic event(s) occurred, as evidenced by ≥ 1 of the following:

- Avoidance of or efforts to avoid distressing memories, thoughts, or feelings about or closely associated with the traumatic event.

- Avoidance of or efforts to avoid external reminders (people, places, conversations, activities, objects, situations) that arouse distressing memories, thoughts, or feelings about or closely associated with the traumatic event.

DSM-5 Diagnostic Criteria for PTSD *Cluster D*

□Negative alterations in cognitions & mood associated w/ the traumatic event(s), beginning or worsening after the traumatic event(s) occurred, as evidenced by ≥ 2 of the following:

●Inability to remember an important aspect of the event (not due to head injury or substance use).

●Persistent & exaggerated negative beliefs or expectations about oneself, others, or the world (e.g., “I am bad,” “No one can be trusted”).

●Persistent, distorted cognitions about the cause or consequences of the event that lead the individual to blame himself/herself or others.

●Persistent negative emotional state (e.g., fear, anger, guilt, or shame).

●Markedly diminished interest or participation in significant activities.

●Feelings of detachment or estrangement from others.

●Persistent inability to experience positive emotions.

DSM-5 Diagnostic Criteria for PTSD *Cluster E*

□Marked alterations in arousal & reactivity associated w/ the traumatic event(s), beginning or worsening after the traumatic event(s) occurred, as evidenced by ≥ 2 of the following:

- Irritable behavior & angry outbursts (w/ little or no provocation) typically expressed as verbal or physical aggression.
- Reckless or self-destructive behavior.
- Hypervigilance.
- Exaggerated startle response.
- Problems w/ concentration.
- Sleep disturbance

DSM-5 Diagnostic Criteria for PTSD

F) Duration of the disturbance (Criteria B, C, D, & E) is > 1 month.

G) The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

H) The disturbance is not attributable to the physiological effects of a substance or other medical condition.

DSM-5 Diagnostic Criteria for PTSD*Dissociative Subtype*

□Specify whether the individual's symptoms meet criteria for PTSD, and in addition, the individual experiences persistent or recurrent symptoms of either of the following:

●Depersonalization: experiences of feeling detached from, and as if one were an outside observer of, one's mental processes or body (e.g., feeling as though one were in a dream; feeling a sense of unreality of self or body or of time moving slowly).

●Derealization: experiences of unreality of surroundings (e.g., the world around the individual is experienced as unreal, dreamlike, distant, or distorted).

APPENDIX 2
Signs of Resilience

- The potential of showing promise.
- The capacity to ask for help.
- The tenacity to accomplish goals.
- The willingness to share feelings.
- The capability to connect with others.
- The inspiration to give back.
- The ability to choose.

Signs of a Resilient Child

- The ability to bounce back.
- The capacity to have courage.
- The motivation to move forward.
- The power to stay centered.
- The awareness of knowing themselves.
- The gift of laughter.

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Also see Trauma materials at –

www.studentsfirstproject.org – classroom strategies

- Massachusetts's Department of Education: Trauma Sensitive School
- California Department of Education
- Wyoming Department of Education