Recognizing Trauma in Youth

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Foundational Knowledge

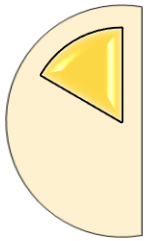
Things to Remember

- Underlying question = "What happened to you?"
- Symptoms = Adaptations to traumatic events
- Healing happens In relationships

What is Trauma?

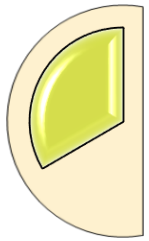
Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being.

Potentially Traumatic Events



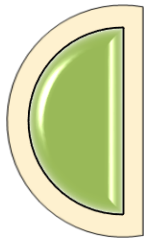
Abuse

- *Emotional*
- *Sexual*
- *Physical*
- *Domestic violence*
- *Witnessing violence*
- *Bullying*
- *Cyberbullying*
- *Institutional*



Loss

- *Death*
- *Abandonment*
- *Neglect*
- *Separation*
- *Natural disaster*
- *Accidents*
- *Terrorism*
- *War*



Chronic Stressors

- *Poverty*
- *Racism*
- *Invasive medical procedure*
- *Community trauma*
- *Historical trauma*
- *Family member with substance use disorder*

Trauma Prevalence in Children

71%

Number of children who are exposed to violence each year

(Finklehor, et al, 2013)

3 million

Number of children maltreated or neglected each year

(Child Welfare Info. Gateway, 2013)

3.5-10 million

Children witness violence against their mother each year

(Child Witness to Violence Project, 2013)

1 in 4 girls & 1 in 6 boys

Number who are sexually abused before adulthood

(NCTSN Fact Sheet, 2009)

94%

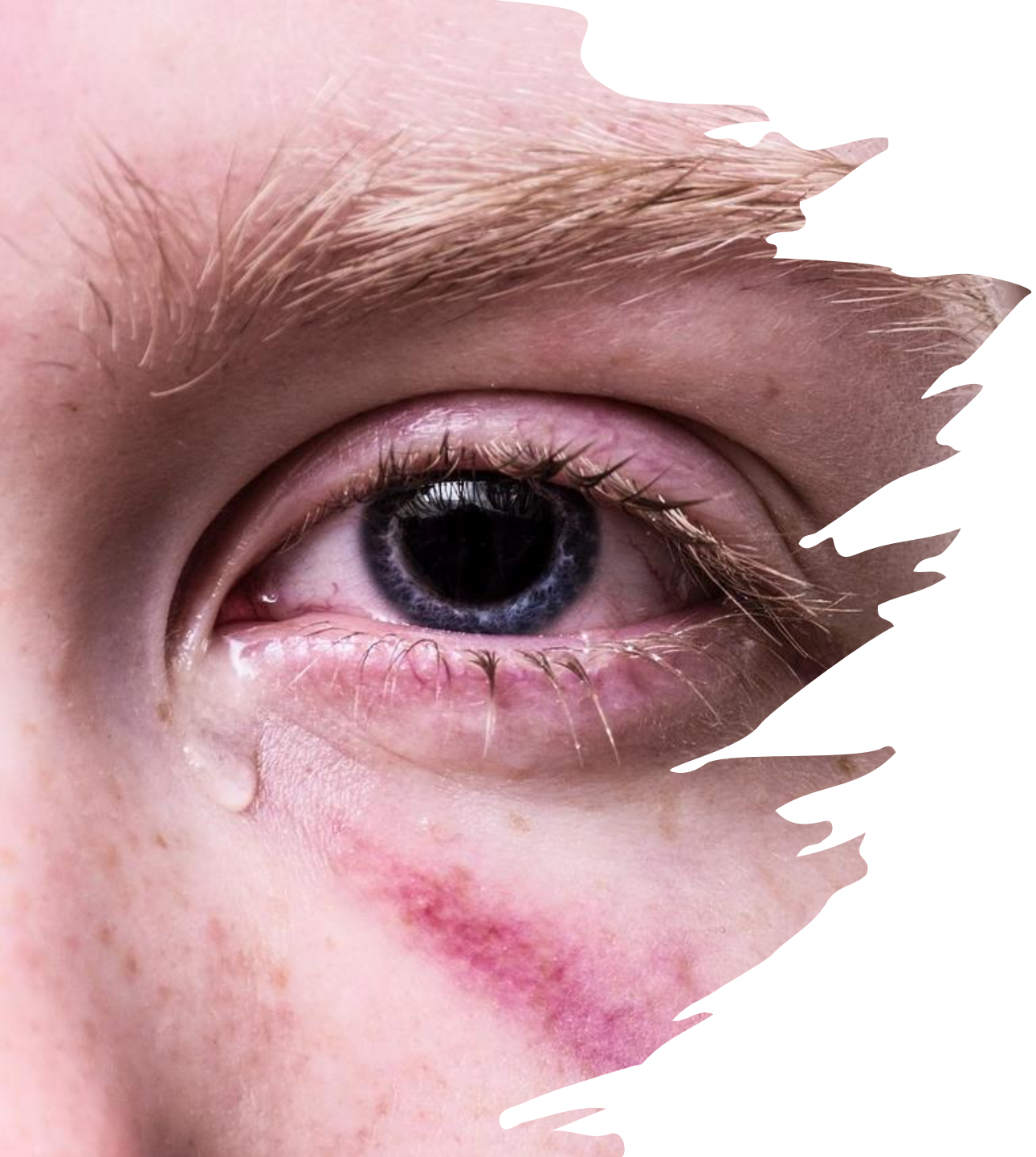
Percentage of children in a study of juvenile justice settings who have experienced trauma

(Rosenberg, et al, 2014)

Texas DFPS Data (2021)

- Total children in Texas = 7,393,950*
- Alleged Victims of Child Abuse/Neglect = 262,420
- Confirmed Victims of Child Abuse/Neglect = 68,517
- Children Removed as a result of an Abuse/Neglect Investigation= 12,918

Sources: * 2019 Census Data https://www.census.gov/quickfacts/TX; https://www.dfps.state.tx.us/About_DFPS/Data_Book/Child_Protective_Investigations/default.asp



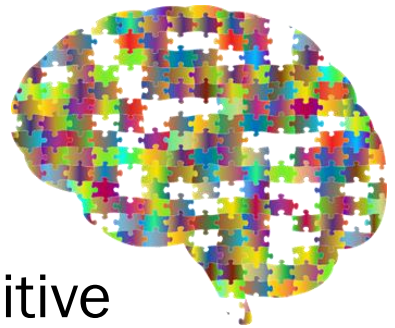
The Impact of Trauma

Depends on many factors such as…

- The child
  - Age
  - Developmental Stage
  - Temperament
  - History of emotional problems
- The social environment
  - Availability of primary care givers to help
  - Level of family stress and coping ability
  - Presence of family routine and stability
  - Availability of social supports in the community
- The type of event
  - Acute vs. Chronic
  - Intensity of the trauma
  - Proximity of the child to the traumatic event
  - Loss or injury of primary caregiver
  - Extent of physical injury to the child
  - Relationship to perpetrator

Hidden Impact of Trauma

- Abnormal cortisol levels and different release patterns -> related to energy, learning, socialization, externalizing behaviors, and increased immune problems

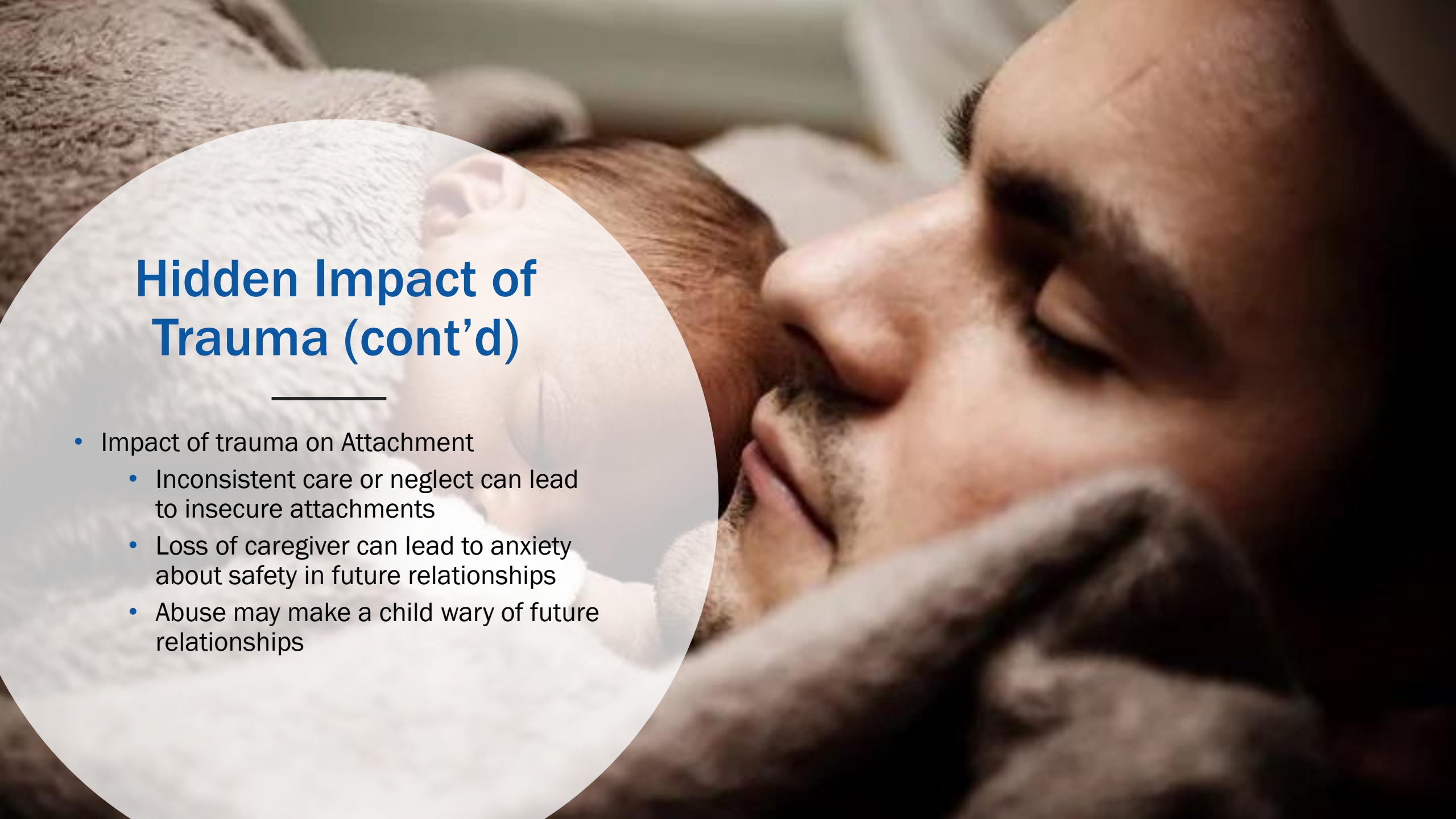


- Areas of the brain with known impacts of trauma:
  - Prefrontal cortex -> related to emotion regulation, behaviors, cognitive skills, executive functioning
  - Hippocampus -> related to memories
  - Corpus Callosum -> related to arousal, emotion, higher cognitive abilities
  - Cerebellum -> problems with motor coordination and executive functioning
  - Amygdala -> related to emotional responses

Source: The Child Welfare Information Gateway (https://www.childwelfare.gov/)

Hidden Impact of Trauma (cont'd)

- The traumatized brain "learns":
  - To be hyper-alert
  - To stay in fight/flight/freeze mode
  - To be anxious and afraid
  - To neglect higher level thinking and problem solving



Hidden Impact of Trauma (cont'd)

- Impact of trauma on Attachment
  - Inconsistent care or neglect can lead to insecure attachments
  - Loss of caregiver can lead to anxiety about safety in future relationships
  - Abuse may make a child wary of future relationships

Recognizing Signs of Traumatic Stress

- Regression in developmental milestones or skills
- Fear and worry about the safety of self, family, friends
- Hypervigilance
- Easy to startle
- Anxiety related to future possible trauma
- Increased activity level
- Decreased concentration and attention
- Increased irritability
- Changes in sleep or appetite
- Withdrawal & isolation
- Angry outbursts
- Aggression
- Aches and pains
- Decline in grades
- Problems with peers
- Substance abuse, dangerous behaviors, unhealthy sexual behaviors

Trauma & School Performance

- Lower GPA
- Higher rate of school absences
- Increased drop out
- Increased disciplinary complaints including suspensions and expulsions
- Lower reading ability

From: Child Trauma Toolkit for Educators/
June 2008/Trauma Facts For Educators

Youth who are at disproportionate risk for experiencing trauma:

- Racial/Ethnic Minority Youth
- Children with Intellectual and Developmental Disabilities
- Military-Connected Youth
- LGBTQ+ Youth
- Youth in Juvenile Justice
- Youth in Child Welfare

DSM5 Diagnoses Related to Trauma

Adjustment Disorder

- The development of emotional or behavioral symptoms in response to an identifiable stressor(s) occurring within 3 months of the onset of the stressor(s) and lasting no longer than 6 months *after the end* of the stressful event
  - Persistent or chronic adjustment disorders can continue for more than 6 months, especially if the stressor is ongoing
  - Note that the stressor can be of any severity rather than the severity and type required by Acute Stress Disorder or if the types of reactions (symptoms) are different
- These symptoms or behaviors are clinically significant, as evidenced by one or both of the following:
  - Marked distress that is out of proportion to the severity or intensity of the stressor
  - Significant impairment in social, occupational, or other important areas of functioning.
- Specify whether occurs with anxiety, depressed mood, disturbance in conduct, mixed, unspecified

Acute Stress Disorder

- Exposure to actual or threatened death, serious injury, or sexual violation (directly experiencing, witnessing an event; learning that it occurred to a close family member or friend; repeated or extreme exposure to aversive details of an event)
- Symptoms develop within 4 weeks of the trauma and can cause significant levels of distress.
- Diagnostic criteria includes:
  - Intrusion symptoms – distressing memories, dreams, flashbacks, play with themes of the trauma(s)
  - Negative mood – difficulty experiencing happiness, love, etc.
  - Dissociation – altered sense of reality, difficulty remembering important parts of the event(s)
  - Avoidance – Avoid thinking or having feelings about the event(s), avoiding reminders of the event(s)
  - Arousal (physiological responses) – sleep problems, hypervigilance, problems concentrating, exaggerated startle
  - Lasts 3 days to 1 month after the exposure
- Most individuals who have acute stress reactions never develop further impairment or PTSD.

Posttraumatic Stress Disorder (PTSD)
For adults, teens, and children over 6

- Exposure to actual or threatened death, serious injury, or sexual violation (directly experiencing, witnessing an event; learning that it occurred to a close family member or friend; repeated or extreme exposure to aversive details of an event)
- Symptoms cause impairment for at least one month.
- Diagnostic criteria includes:
  - Intrusion symptoms – distressing memories, dreams, flashbacks, play with themes of the trauma(s), psychological or physiological distress related to cues of an aspect of the events
  - Negative mood or cognitions –problems remembering important parts of the event(s); negative beliefs about self, others, the world; distorted beliefs about causes or consequences of the events; diminished interest in activities; feeling detached from others; persistent guilt, shame, fear, etc.; difficulty experiencing happiness, love, etc.
  - Avoidance – Avoid thinking or having feelings about the event(s), avoiding reminders of the event(s)
  - Arousal (physiological responses) – irritable/angry behaviors; reckless, destructive behaviors; hypervigilance; sleep problems; problems concentrating, exaggerated startle
- Symptoms must produce significant distress and impairment for more than 4 weeks

Posttraumatic Stress Disorder (PTSD)
For children under 6

- Exposure to actual or threatened death, serious injury, or sexual violation (directly experiencing, witnessing an event; learning that it occurred to a close family member or friend)
- Symptoms cause impairment for at least one month.
- Diagnostic criteria includes:
  - Intrusion symptoms – distressing memories, dreams, flashbacks, play with themes of the trauma(s), psychological or physiological distress related to cues of an aspect of the events
  - Negative cognitions –diminished interest in activities; socially withdrawing; increased frequency of guilt, shame, fear, etc.; difficulty experiencing happiness, love, etc.; fewer positive emotions
  - Avoidance – Avoid thinking or having feelings about the event(s), avoiding reminders of the event(s)
  - Arousal (physiological responses) – irritable/angry behaviors; hypervigilance; sleep problems; problems concentrating; exaggerated startle response
- Symptoms must produce significant distress and impairment for more than 4 weeks

Reactive Attachment Disorder

- Consistent pattern of inhibited, emotionally withdrawn behavior toward adult caregivers including rarely or minimally seeking and responding to comfort when distressed
- A persistent social and emotional disturbance characterized by at least 2 of the following:
  - Minimal social and emotional responsiveness to others
  - Limited positive affect
  - Episodes of unexplained irritability, sadness, or fearfulness
- History of pattern of extremes of insufficient care as evidenced by at least one of the following:
  - Social neglect or deprivation (lack of basic needs met by caregivers)
  - Repeated changes of primary caregivers (limited opportunity to form stable attachments)
  - Rearing in unusual settings that severely limit opportunities to form selective attachements
- The problems with caregiving are presumed to cause the behaviors
- Criteria not met for autism spectrum disorder
- Evident before age 5
- Developmental age of at least 9 mos.

Disinhibited Social Engagement Disorder

- Consistent pattern of a child actively approaching and interacting with unfamiliar adults including at least 2 of the following:
  - Reduced/absent reticence in approaching and interacting with unfamiliar adults
  - Overly familiar verbal or physical behavior (not consistent with culture or age)
  - Diminished or absent checking back with adult caregivers after venturing away, even in unfamiliar settings
  - Willingness to go off with an unfamiliar adult with minimal or no hesitation
- The above behaviors are not only due to impulsivity (e.g., ADHD) but include socially disinhibited behavior
- History of pattern of extremes of insufficient care as evidenced by at least one of the following:
  - Social neglect or deprivation (lack of basic needs met by caregivers)
  - Repeated changes of primary caregivers (limited opportunity to form stable attachments)
  - Rearing in unusual settings that severely limit opportunities to form selective attachments
- The problems with caregiving are presumed to cause the behaviors
- Developmental age of at least 9 mos.

Common Co-Occurring Disorders

- Major Depressive Disorder (MDD)
- Anxiety Disorders
- Personality Disorders
- Substance Use Disorders

Common Misdiagnoses

- Bipolar Disorder
- Attention-Deficit/Hyperactivity Disorder (ADHD)
- Oppositional Defiant Disorder (ODD)
- Conduct Disorder
- Autism Spectrum Disorders
- Intellectual Disabilities
- Learning Disorders

How do I help a child who has experienced trauma?

Most children are naturally resilient and with appropriate supports in place may not need professional services after a trauma or Loss

What is required to support youth under stress?

1. A solid interpersonal relationship
2. A consistent, stable environment with clear limits and boundaries
3. A respectful and safe environment
4. Strategies that enhance resiliency

Helping Kids Cope

Preschoolers

- Engage in play, drawing, and games together
- Use pictures of feelings faces to help put words to their experiences
- Read books about feelings and dealing with hard situations
- Teach relaxation with blowing bubbles or belly breathing

School-age children

- Help them stay connected to friends in safe activities
- Share feelings using printed pages (e.g. the “Mood Dude”)
- Use games or arts & crafts to practice deep breathing and relaxation skills

Adolescents

- Help them stay safely connected with friends through socially distant outdoor activities and video platforms
- Learn and practice mindfulness strategies
- Engage them in service projects or fundraising to help others

Resources & References

- The National Child Traumatic Stress Network: www.nctsn.org

- The Substance Abuse and Mental Health Services Administration: www.samhsa.gov
  - Substance Abuse and Mental Health Services Administration. *SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach*. HHS Publication No. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.

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