# UB School of Law
# 5th Annual Urban Child Symposium

# Panel One
# Child Trauma: Setting the Stage

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**The Family Center at Kennedy Krieger Institute**
**April 4, 2013**

# The Family Center

- The Family Center at Kennedy Krieger Institute is dedicated to providing high quality, culturally relevant, consumer driven and comprehensive services, for individuals and their families affected by or at risk for psychological trauma. Central to the mission are the development of preventive programs, specialized clinical care, community engagement, advocacy, research and training provided in clinic and community settings.

# THE CHILD

# What is Child Traumatic Stress?

CTS results when child experiences threat to self or others that is often followed by injury or harm

Feelings of terror, helplessness, and horror occur because of what is happening and a failure to protect against the event or change the outcome

Frightening physical reactions (rapid heartbeat, stomach dropping, sense of being in a dream)

# (cont.) Child Traumatic Stress

Traumatic experience(s) continues to control thoughts, feelings and behavior after it has occurred

Traumatic Experience + Reaction = Child Traumatic Stress

# Types of Traumatic Stress

- **Acute trauma** is a single traumatic event that is limited in time.
- **Chronic trauma** refers to the experience of multiple traumatic events. The effects of chronic trauma are often cumulative, as each event serves to remind the child of prior trauma and reinforce its negative impact.
- **Complex trauma** describes both exposure to chronic trauma—usually caused by adults entrusted with the child's care—and the impact of such exposure on the child.

# Trauma and the Brain

- Trauma can have serious consequences for the normal development of children’s brains, brain chemistry, and nervous system.
- Trauma-induced alterations in biological stress systems can adversely effect brain development, cognitive and academic skills, and language acquisition.
- Traumatized children and adolescents display changes in the levels of stress hormones similar to those seen in combat veterans.

1. Pynoos et al. (1997). *Ann N Y Acad Sci*;821:176-193

# Effects of Trauma Exposure

- **Attachment**. Traumatized children feel that the world is uncertain and unpredictable. They can become socially isolated and can have difficulty relating to and empathizing with others.
- **Biology**. Traumatized children may experience problems with movement and sensation, including hypersensitivity to physical contact and insensitivity to pain. They may exhibit unexplained physical symptoms and increased medical problems.
- **Mood regulation**. Children exposed to trauma can have difficulty regulating their emotions as well as difficulty knowing and describing their feelings and internal states.

# Effects of Trauma Exposure

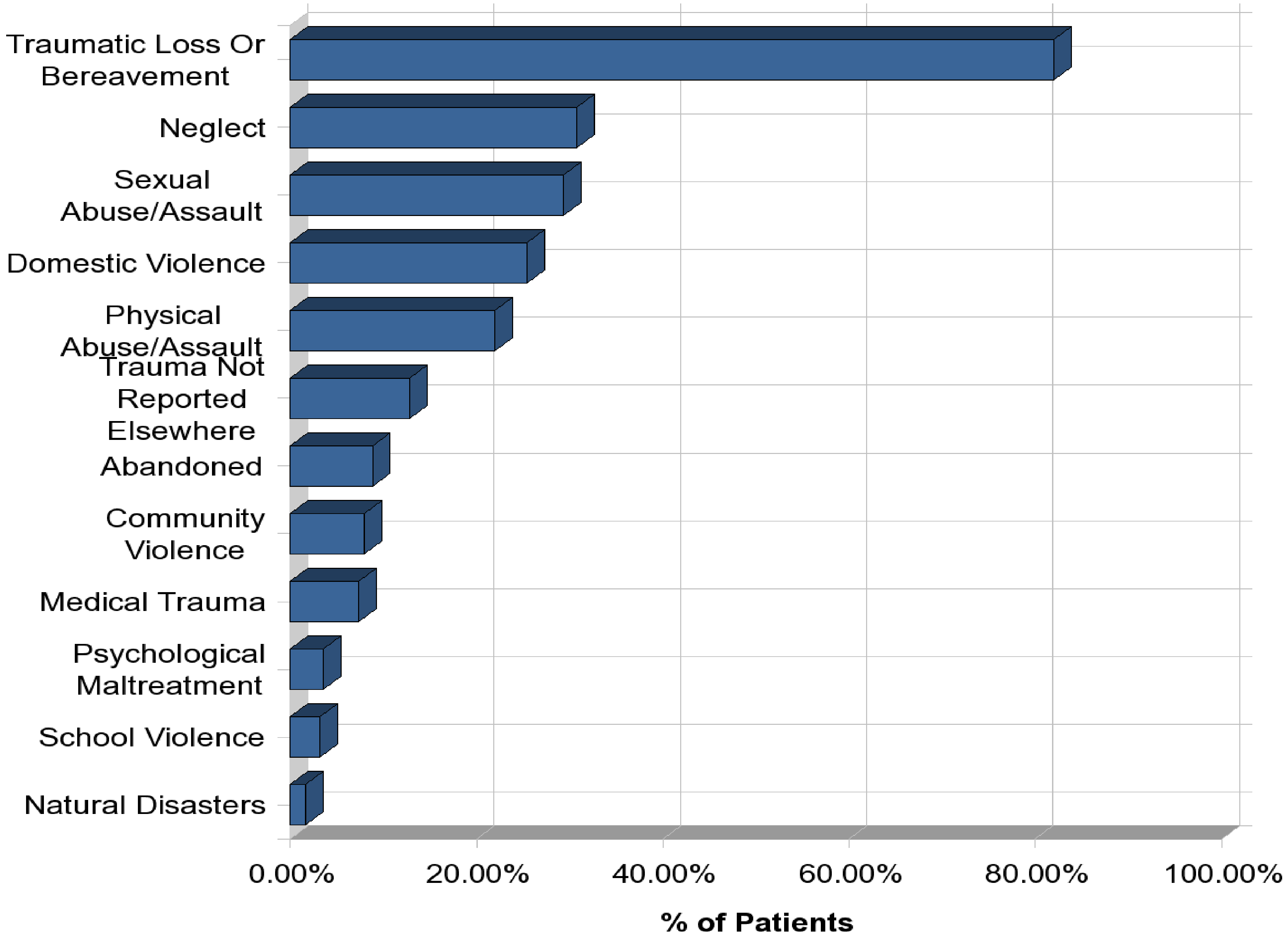
- Dissociation. Some traumatized children experience a feeling of detachment or depersonalization, as if they are “observing” something happening to them that is unreal.
- Behavioral control. Traumatized children can show poor impulse control, self-destructive behavior, and aggression towards others.
- Cognition. Traumatized children can have problems focusing on and completing tasks, or planning for and anticipating future events. Some exhibit learning difficulties and problems with language development.
- Self-concept. Traumatized children frequently suffer from disturbed body image, low self-esteem, shame, and guilt.

# Variability in Responses to Traumatic Event(s)

- The impact of a potentially traumatic event depends on several factors, including:
- **The child's age and developmental stage**
- **The child's perception of the danger faced**
- **Whether the child was the victim or a witness**
- **The child's relationship to the victim or perpetrator**
- **The child's past experience with trauma**
- **The adversities the child faces following the trauma**
- **The presence/availability of adults who can offer help and protection**

# Potential Child Trauma Responses

- Decreased capacity to regulate emotion and behavior
- Attention/concentration difficulties
- Low self-esteem
- Sexual problems
- Substance abuse
- Attachment /relationship problems
- Risky behaviors/Aggression
- Dissociation
- Post Traumatic Stress Disorder/Depression/Anxiety
- Health Effects
- Poor School Performance
- Subsequent victimization


Traumatic Loss Or Bereavement
Neglect
Sexual Abuse/Assault
Domestic Violence
Physical Abuse/Assault
Trauma Not Reported Elsewhere
Abandoned
Community Violence
Medical Trauma
Psychological Maltreatment
School Violence
Natural Disasters
0.00%
20.00%
40.00%
60.00%
80.00%
100.00%
% of Patients

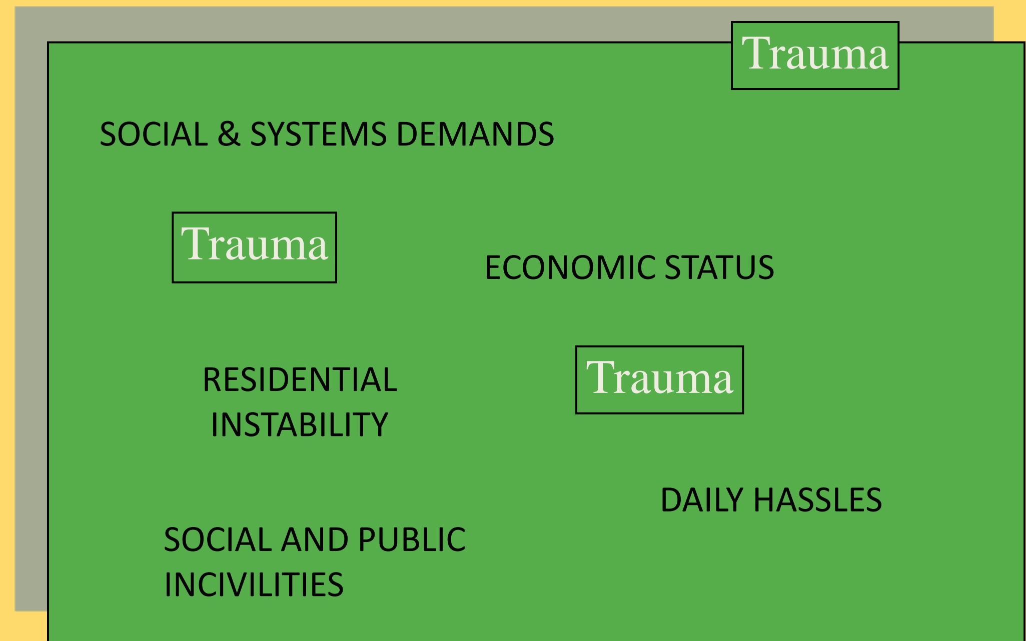
# THE FAMILY

# Trauma's Impact on Families

- Individual Child
- Adult Parent(s)
- Sibling Relations
- Adult Intimate Relations
- Parent Child Relations
- Parenting Practices
- Adult Family of Origin
- Family

# Traumatic Context of Urban Poverty

- High stress +
- Daily hassles and incivilities+
- Adverse life events +
- Financial instability +
- Inadequate resources +
- Lack of opportunity +
- Impact of discrimination +
- Multiple traumas =




**Traumatic Context**: ***Heightened safety concerns and stress reactions and fewer resources needed for recovery***

# Intergenerational Trauma Effects

**Intergenerational or multi-generational trauma** was coined via Holocaust and is defined as the "cumulative and emotional and psychological wounding that is transmitted from one generation to the next" (Rakoff, Sigal & Epstein, 1966),

# Adults with Histories of Childhood Maltreatment

- Anger management (Briere, 1988)
- Modulating feelings states (van der Kolk, B.A., McFarlane, A.C., & Weisaeth, L., 1996)
- Social competence (Shipman, Zeman, Penza-Clyve & Champion, 2000)

*These difficulties produce functional impairments in parenting patterns that affect their children's outcomes.*

# Parent Trauma and Child Functioning

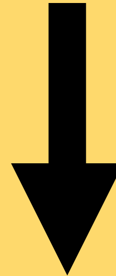
- Children of caregivers with unresolved loss histories have increased behavior problems
- (Zajac & Kobak, 2009)
- Cumulative maternal trauma predicted child abuse potential, punitiveness, substance abuse, and depression (Cohen, Hien, & Batchelder 2008)

# THE MENTAL HEALTH PROVIDER

# Trauma Recovery

**Trauma-Informed Care**

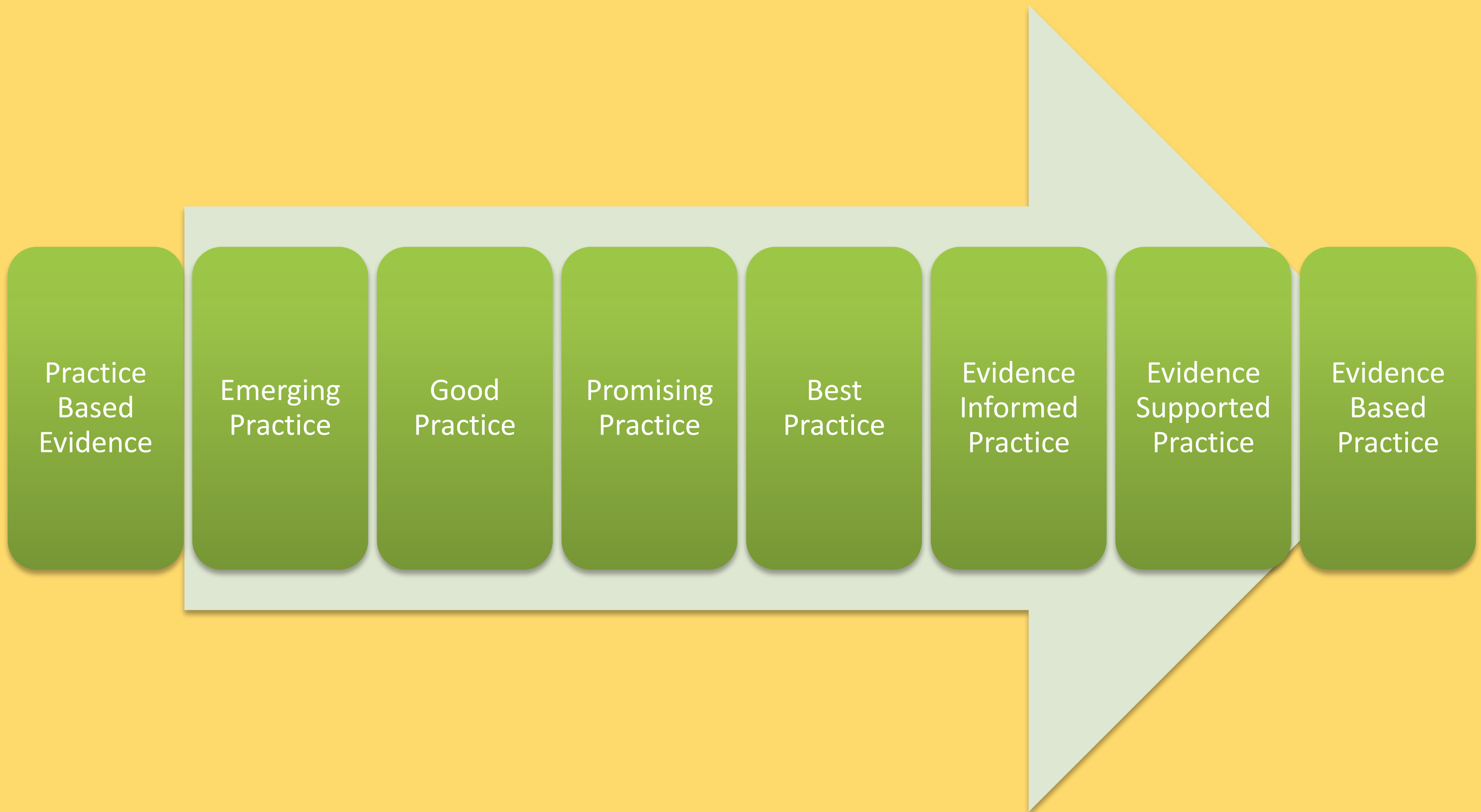
**Trauma Specific Intervention**



# Trauma-Informed Care

- Universal understanding that nearly every individual seeking services in human service systems has a trauma history
- Provision of care should be trauma competent
- Based on public health prevention concepts (with emphasis on primary and secondary prevention)
- Commitment to strengths based beliefs and practices (e.g. promoting resilience, collaborative working relationship with consumers and survivors)

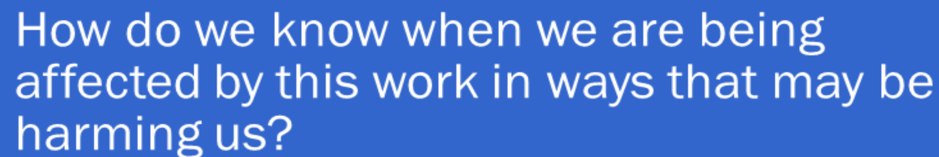
# Quality of Trauma Treatment

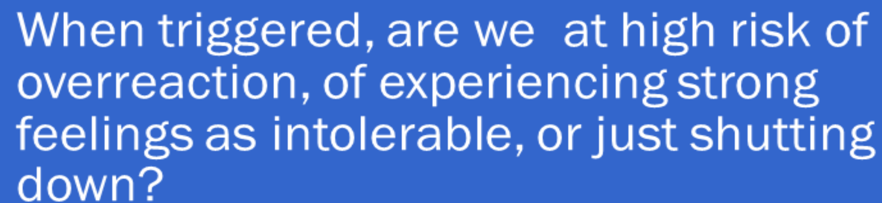


# Evidence Supported Trauma Treatments

- Trauma Focused Cognitive Behavioral Therapy
- Alternatives for Families Cognitive Behavioral Therapy
- Parent Child Interaction Therapy
- Child Parent Psychotherapy
- Structured Psychotherapy for Adolescents Responding to Chronic Stress
- Strengthening Family Coping Resources
- Trauma Systems Therapy-Substance Abuse
- Attachment, Self- Regulation & Competency

# SECONDARY TRAUMATIC STRESS




Do we have the ability to process what we are experiencing?

# (Cont.) Secondary Traumatic Stress

| | | |
|---|---|---|
| **Compassion Fatigue** | • "a state of tension and preoccupation with the traumatized patients by re-experiencing the traumatic events, avoidance/numbing of reminders persistent arousal (e.g. anxiety) associated with the patient" (Figley, 2002) | • Often experienced as helplessness, confusion, sense of isolation from support<br>• Faster onset of symptoms than burnout or countertransference<br>• Faster recovery from symptoms<br>• Highly treatable |
| **Vicarious Trauma** | • The process through which the clinician's inner experience is negatively transformed through empathic engagement with the client's trauma. (McCann & Pearlman, 1990)<br>• The cumulative transformative effect upon the professional who works with victims of trauma. (Pearlman & Saakvitne, 1995) | • Takes place over time<br>• Responses unique to the person<br>• Not specific to a particular client |
| **Secondary Stress** | • "the natural, consequent behaviors and emotions resulting from knowledge about a traumatizing event experienced by a significant other. It is the stress resulting from helping or wanting to help a traumatized or suffering person" (Figley, 1999, p.10) | • Those with enormous capacity for empathy for others tend to be more at risk<br>• Who can be affected? |

# (Cont.) Secondary Traumatic Stress

| | | |
|---|---|---|
| **Burnout** | • A state of physical, emotional, and mental exhaustion caused by long term intervention in an emotionally-demanding situation | • Process, not an event<br>• Positively associated with stressors (more stressors more burnout) and negatively with social support (more social support less burnout) |
| **Directly Traumatized** | • Clinicians can also be directly experience trauma in their work with families | • This can occur in many ways and the impact is dependent upon the individual<br>• Depending on clinician's need, additional support may be needed |
| **Traumatic Countertransference** | • Emotional, physical or interpersonal reactions toward the client and can be a negative hindrance & inevitable occurrence; but often a positive opportunity for growth, building therapist's intuition, self-awareness and perceptions (Burke, Carruth & Pritchard, 2006, pg. 287-288). | • Spontaneous response of professional regarding client's information, behavior, emotions<br>• Professionals working with trauma often experience reactions to clients' stories<br>• Reaction influence by practitioner's own family history and experience |

# (Cont.)Secondary Traumatic Stress

Compassion Satisfaction, Compassion Fatigue, and Burnout in a National Sample of Trauma Treatment Therapists (Craig and Sprang 2010)

This study investigates the impact of EBPs in a national sample (n=532) of self-identified trauma specialists

"Continuous and prolonged exposure to the stress of working with the myriad of trauma related stressors experienced by clients can lead to various responses including burnout, compassion fatigue, and compassion satisfaction."

Compassion Fatigue, Compassion Satisfaction, Burnout, Factor's impacting a Professionals Quality of Life
By Ginny Sprang, James Clark, and Adrienne Whitt-Woosley

- Sample of 1121 mental health providers in the rural South using ProQuol; professional Quality of Life Scale
- Female gender with higher training in trauma informed treatment reported higher Compassion Satisfaction.
- This study revealed that case-load percentages of PTSD clients predicted levels of compassion fatigue and burnout.

- ***Younger therapists experiences more burnout while more experienced therapists reported more compassion satisfaction.***
- ***Implementing EBP's generally reduced reported compassion fatigue and burnout.***

# NCTSN Mission

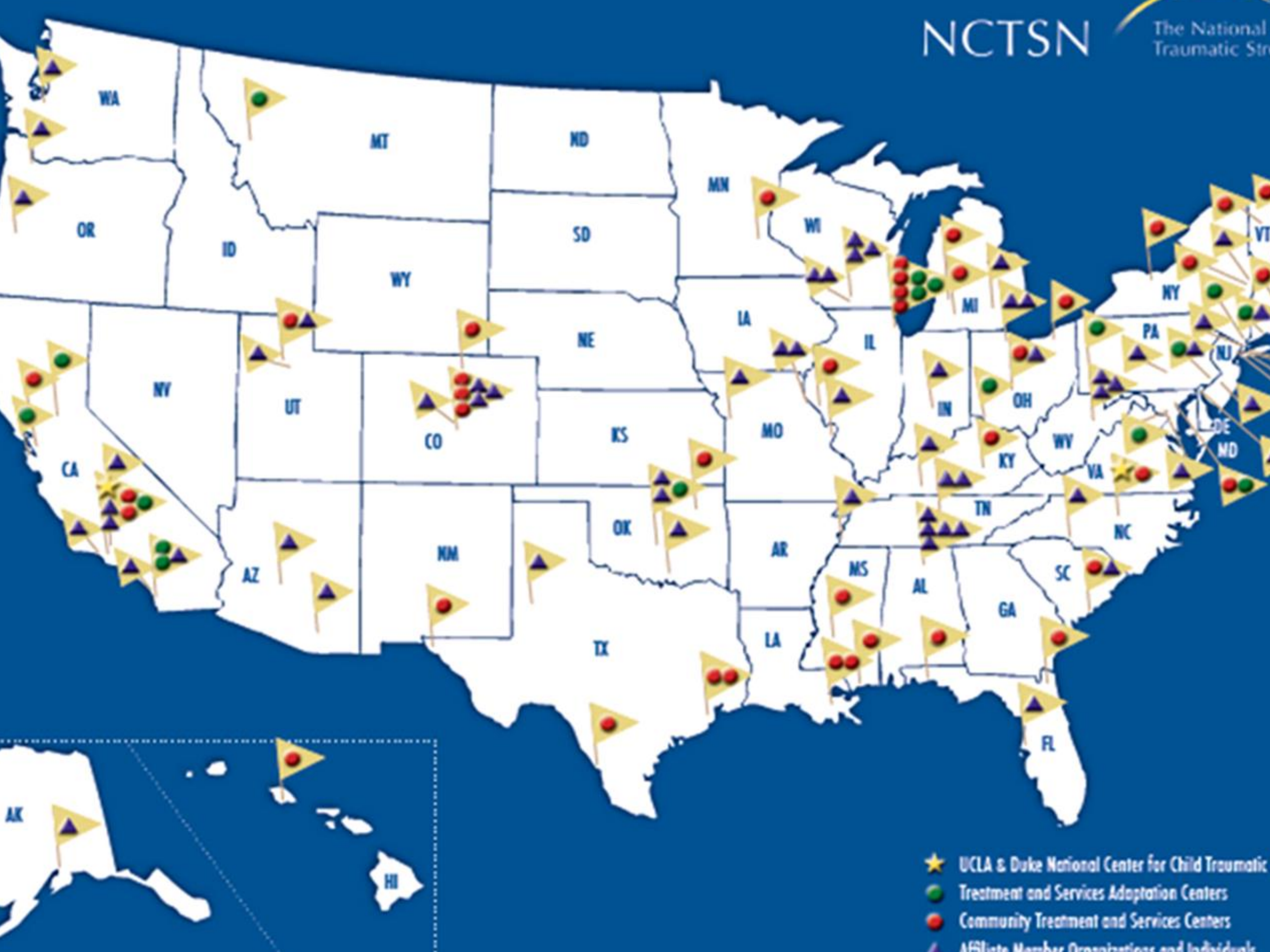
- The mission of the National Child Traumatic Stress Network is to raise the standard of care and improve access to services for traumatized children, their families, and communities throughout the United States

# NCTSN Structure

National Center for Child Traumatic Stress (Category I)

Treatment and Services Adaptation Centers (Category II)

Community Treatment and Services Centers (Category III)



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UCLA & Duke National Center for Child Traumatic
Treatment and Services Adaptation Centers
Community Treatment and Services Centers

# What Makes the NCTSN Unique?

- Single comprehensive focus on child trauma
- Recognition of CTS as a public health problem
- Collaboration
- Dedication to evidence supported practice

# Intended Levels of Impact

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