

Understanding Trauma and the Effects of Traumatic Stress in Children and Families

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**Raymond C. Turpin, Psy.D.
Smoky Mountain Psychological Services, PLLC**

Pearl Psychedelic Institute

Executive Director/Clinical Director

Definition of a traumatic event

An event that is experienced, witnessed, or confronted that involves actual or threatened death or serious injury, or a threat to the physical integrity of self or others. The person's response to this event involves intense fear, helplessness, or horror. In children, this may be expressed instead as disorganized or agitated behavior.

Prevalence Facts

- Estimated 90% of U.S. population will be exposed to a traumatic event over the course of their lives.
- At least 25% (perhaps up to 40%) of youth in the U.S. will experience at least one significant, potentially traumatizing event by age 16.
- Many of these youth experience multiple or chronic trauma events – these are usually the kids with the most profound effects.
- National Child Traumatic Stress Network: nctsn.org

Trauma Facts

- 18% of those who grow up in an abusive home attempt or commit suicide.
- Childhood trauma greatly impacts the ability to learn: 30% of those who were abused as children have language or cognitive impairment; 50% have problems in school; 22% have been labeled learning disabled; 25% need special ed classes
- 25% of all foster children suffer from PTSD (higher % than war veterans)

Traumatic Events for Youth in U.S.

(in order of occurrence for youth receiving treatment) National Child Traumatic Stress Network

- Traumatic loss/bereavement
- Domestic Violence
- Neglect
- Psychological Maltreatment/Emotional Abuse
- Physical Abuse
- Sexual Abuse
- Community Violence
- Sexual Assault
- Medical Trauma
- Injury/Accident
- School Violence
- Natural Disaster
- Forced Displacement

Factors Impacting the Severity of the Trauma Response

- Nature of the Trauma:

- *Chronic vs. Episodic vs. Single Event

- *Proximity: Personal Victim

- Loved One/Friend

- Witness

- See on TV

- Hear about trauma

- *Suddenness/Lack of Predictability

- *Degree of: Physical Contact

- Force

- Injury

- Invasiveness

Other Factors Impacting the Severity of the Trauma Response

- Level of Disruption in Life
- Level of Social Support (#1 buffer; foster homes)
- Parental Response (Supportive, Overwhelmed,
Minimizing, Denial, Guilt Induction, Anger)
- Ongoing Medical Problems (reminder)
- Presence of Guilt/Self-Blame

DSM5: Trauma- and Stressor-Related Disorders

Posttraumatic Stress Disorder (F43.10)

- A: Exposure to actual or threatened death, serious injury, or sexual violence
 - B: Re-experiencing and intrusive symptoms (nightmares, memories, flashbacks)
 - C: Avoiding and numbing (avoiding anything that might remind them; shutting down)
 - D: Negative cognitions and mood (guilt, shame, lack of trust, fear)
 - E: Arousal and Reactivity (easily startled, hypervigilant, irritable, sleep issues, SA issues)
 - F: Duration is for at least one month
- Specify whether: **With dissociative symptoms** of either **Depersonalization** or **Derealization**
- Specify if: **With delayed expression:** If full criteria are not met until at least 6 months after the event

DSM5: Trauma- and Stressor-Related Disorders

PTSD for Children 6 Years and Younger

- A: Exposure to actual or threatened death, serious injury, or sexual violence
- B: Re-experiencing and intrusive symptoms which may be expressed as play reenactment
- C: Persistent avoidance of stimuli or negative alterations in cognitions
- D: Arousal and Reactivity
- E: Duration is for at least 1 month
 - Same specifiers as PTSD for older children, adolescents and adults
- Due to age and developmental level of these children, symptoms are generally observable behaviors
- In children, PTSD can manifest as impulsive behavior, defiance, aggression, poor attention and focus, sadness and irritability, and self-harming behaviors.

Conceptualizing PTSD

- When dealing with individuals with PTSD, adults and children, it is vitally important to remember that PTSD is an affliction that is biologically based. It is where the brain functioning has been altered and it cannot reset itself. Human responses to trauma, even if they are severe and complex, are natural biology and not deviant psychopathology. There is a biological reaction common to most of humanity after traumatic experiences where there is life lost and/or life threat. A person is having a common experience to an extraordinary life experience. It is about biology and not human weakness.

Complex Trauma

“We define complex psychological trauma as resulting from exposure to severe stressors that are 1) **repetitive or prolonged**, 2) involve harm or abandonment by **caregivers** or other ostensibly responsible adults, and 3) occur at **developmentally vulnerable times** in the victim’s life such as early childhood or adolescence.”

Courtois and Ford (2009)

Complex Trauma: Symptoms

- Problems with regulation of affect and impulses
- Inability to self-soothe/lack of coherent, positive sense of self
- Fast and frequent escalation and hyperarousal
- Problems with cognitive functioning (attention & concentration)
- Somatization/physical health problems
- Dissociation
- Problematic relationships/attachment issues
- Problems with systems of meaning/world view

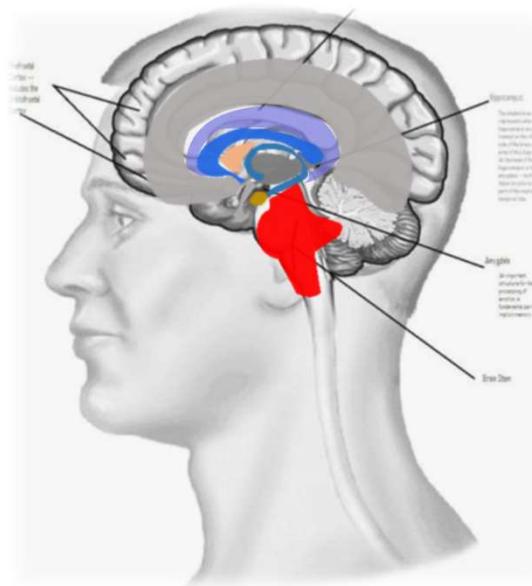
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Complex Trauma and School

- Complex trauma can have devastating emotional, behavioral, social and cognitive effects on students of all ages. Student's ability to cope with stress and change are also affected. These students may believe that they are incapable of succeeding in school and are more likely to give up when faced with challenging tasks....or they may avoid tasks altogether. Relationships with peers, teachers, and school personnel are affected as students struggle to navigate social interactions and comply with rules and authority. Learning and behavioral difficulties may pose significant challenges for teachers and interfere with student achievement. If their trauma is not addressed, children with histories of complex trauma have difficulty experiencing success at school.



THE 3 PART BRAIN

CORTEX

Critical Thinking – Problem solving, planning, creativity, language, symbols, beliefs, inhibition of impulses

Integrates Input: from all 3 parts

LIMBIC SYSTEM

Emotion – Expression and mediation of feelings; motivation; interaction and relationship; memories, especially linked to emotionally charged experiences

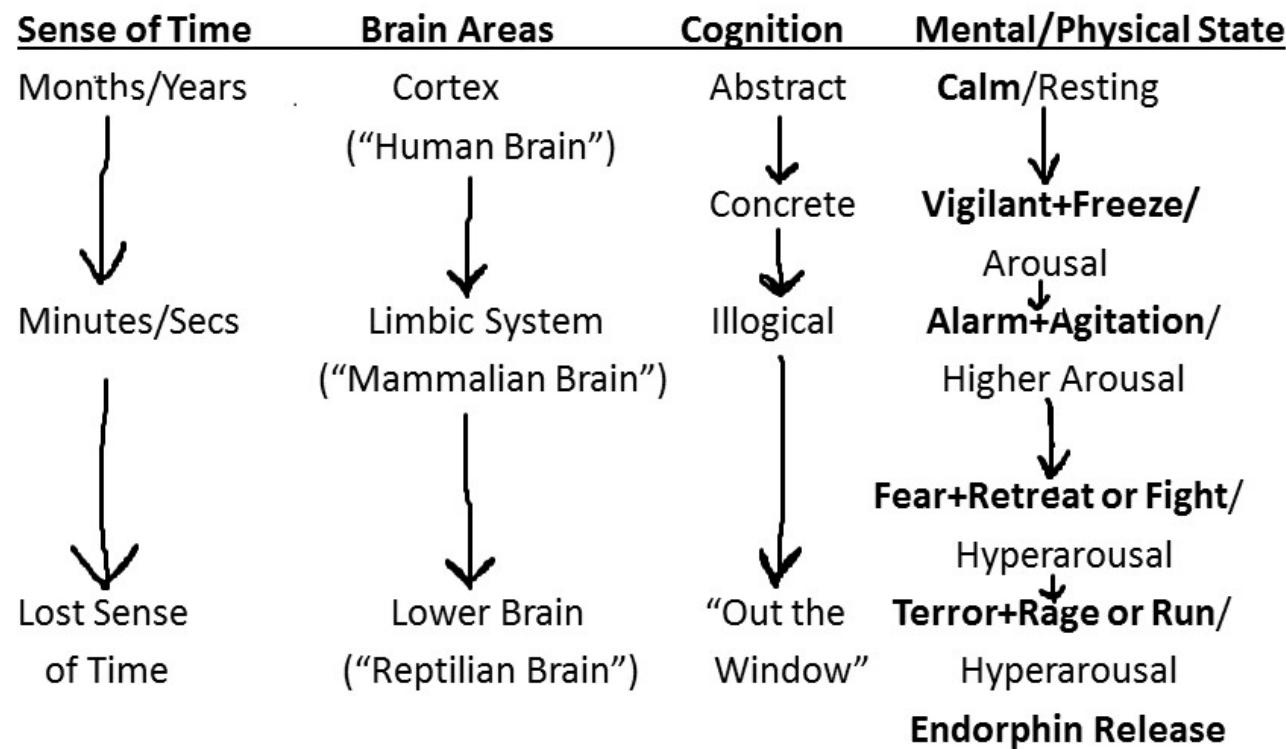
Assesses Risk: especially the Amygdala, like a "Smoke Alarm"

HIND BRAIN

Sensation – Regulates autonomic functions, i.e. digestion, respiration, circulation, reproduction

Initiates Survival Strategies: "fight or flight," freeze, tend and befriend.

Fight & Flight Response Patterns



Traumatized Children in the Classroom

Children who have experienced complex trauma:

- are often guarded and on “high alert” making it difficult to interpret and respond to social cues or focus in class.
- are three times more likely to drop out of school than their peers
- have a greater likelihood of performing below grade level and lower GPAs
- have higher rates of office referrals, suspensions and expulsions
- may have decreased reading ability
- may have language and verbal processing deficits
- may have delays in expressive and receptive language
- have a greater tendency to be misclassified with developmental delays
- often have decreased ability to focus and concentrate, recall and remember, organize and process information, plan and problem solve

Challenging Behaviors and Reactions

Children with complex trauma have overactive alarm systems and this causes the brain to interpret minor events as threatening so these students may not be able to realistically appraise danger or safety. They may also misinterpret social cues so that friendly joking seems hostile or threatening. These children can present as:

- Non compliant or oppositional
- Anxious, worried, tense
- Angry, agitated or irritable
- Withdrawn or depressed
- Sleepy and tired in class
- Uncomfortable with transitions and routine changes
- Jumpy or easily startled
- Anticipating rejection and abandonment

Trauma Reminders

- Students who have experienced complex trauma can be triggered by trauma reminders many times per day, often without being aware of it. Try and recognize and anticipate trauma reminders such as:
- Sounds or loud noises
- Time of year (anniversaries) or time of day
- Crowds
- Being touched
- Particular smells
- Yelling or arguing
- Thoughts, beliefs or feelings (ex: perceived blame, rejection or hostility)

Families and Trauma

- When a child is traumatized, usually the entire family system is traumatized
- It may be important to encourage the adults in the family to seek treatment as well
- A chaotic home environment is **not** good for traumatized children
- Parents/families do not CHOOSE to be abusive/chaotic; parents are often in “Survivor Mode” themselves and this is sometimes due to their own trauma histories
- A hyperaroused parent and a hyperaroused child is usually the situation in which abuse occurs

Parenting Traumatized Children

1. Do not be afraid to talk about the traumatic event
2. Provide a consistent, predictable pattern for the day
3. Be nurturing, comforting and affectionate but within an appropriate context
4. Discuss expectations for behavior with consistent reasonable consequences
5. Talk with the child
6. Watch closely for signs of re-enactment, avoidance, and physiological hyper-reactivity
7. Protect the child
8. Give the child “choices” and some sense of control
9. If you have questions ask for help

