MODULE IV: TRAUMA AND ITS EFFECTS

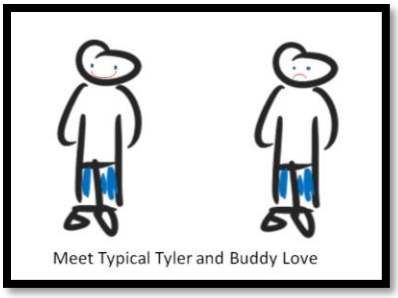
Note Taking Guide

At the end of this training, you will be able to:

- Identify childhood traumas
- Describe how attachment can be impacted by complex trauma
- Describe the possible behavioral indicators of a child who is experiencing toxic stress

Overview and Impact of Trauma

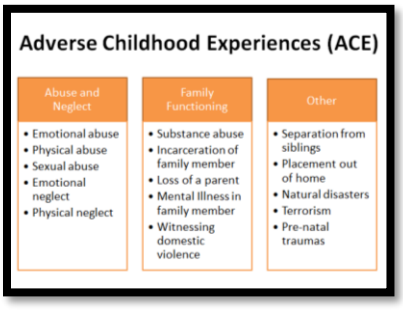
- Complex trauma – multiple traumatic events from a very young age.
- On one end of the development continuum is a child who has not experienced any trauma. He has no trauma symptoms, is developmentally on target, and has optimal social and emotional functioning.
- On the other end of the development continuum is a child who has experienced multiple traumas. He has significant trauma symptoms, is developmentally delayed, and has severe social and emotional impairments.



Meet Typical Tyler and Buddy Love

Trauma and Toxic Stress

- The Adverse Childhood Experiences (ACE) study shows a clear relationship between the number of ACES a person has experienced and his risk for negative heath and behavioral outcomes.
- When a child's stress response system never turns off, a child is continually flooded with stress hormones and is on constant alert. This is called toxic stress.
- Toxic stress can lead to developmental delays.
- The impact if trauma is highly individualized.

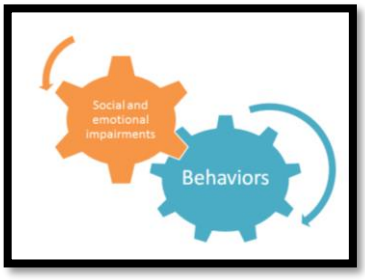


Emotional Effects

- Impaired attachment may result from a caregiver who is not attuned to her infant. The infant may distrust the world at large.
- Complex trauma may impact self-regulation (may not be able to express emotions appropriately) and initiative (may not feel capable of doing this by herself).

Behavioral Effects

- Behavior is connected to emotions. A child with complex trauma may only be able to express himself through behavior.
- We have to stop asking, "What is wrong with you?" and start asking, "What has happened to you?"
- Sometimes a child experiences a sensation or event that reminds him of a past trauma. These memories can bring about a trauma response. If the child's coping skills cannot handle the emotions, the child may experience an emotional crisis.



Responsibilities of Caregivers and Adoptive Parents

- Understand a child's path into care
- Advocate and participate in services
- Be able to work with substance abusing parents
- Help the child develop appropriately
- Recognize your own trauma and how it affects your parenting

List three ways you will use the information from this training.

1.

2.

3.

MODULE IV: TRAUMA AND ITS EFFECTS

The Effects of Trauma

Possible effects of complex trauma:

- Avoids physical touch
- Problems with coordination, balance and body tone
- Increased medical problems
- Difficulty with managing emotions
- Difficulty describing and knowing feelings
- Poor control of impulses
- Self destructive behavior
- Aggression against others
- Pathological self-soothing behaviors such as hair pulling, cutting, and rocking
- Sleep disturbances
- Eating disorders
- Substance abuse
- Oppositional behavior
- Difficulty understanding and complying with rules
- Re-enactment of trauma in day to day behaviors or play
- Alteration in state of consciousness
- Amnesia
- Poor sense of self
- Distorted body image
- Low self esteem
- Shame and guilt
- Can't afford to be wrong
- Difficulty thinking logically
- Lack of sustained curiosity
- Difficulty understanding new information
- Problems focusing and completing tasks
- Difficulties planning and anticipating
- Problems with understanding own contribution to what happens to them
- Problems with language development
- Vision and hearing problems

The effects of a potentially traumatic event is determined by:

1. The objective nature of the event
   For example, neglect impacts children very differently from abuse.

2. A child's developmental stage
   The age of the child when the trauma occurs can impact the effects of the trauma. For example:
   - Young children often do not have the language needed to describe what they are experiencing and must express themselves through behavior.
   - School-age children often fluctuate between aggression and withdrawal.
   - Adolescents may re-enact their trauma through reckless behavior.

3. Cultural Influences
   People of different backgrounds may define trauma in different ways and use different expressions to describe their experience. Their symptoms may be expressed differently, based on what is culturally accepted. In addition, people who are members of marginalized groups may find it difficult to access services, influencing the family's perception of helping agencies.

4. Resiliency
   Some children "bounce back" from traumatic events, while other can be devastated by them. Researchers are looking at protective factors, genetic traits, temperament, and circumstances around the traumatic event to help identify what makes a child resilient. Children are much more likely to recover if they feel supported by a trusted adult (Blaustein, M & Kinniburgh, K., 2007).

5. Removal and Placement
   Children experience ruptured relationships and separation from all that is comfortable and known, and are given new routines and rules. Strangers are introduced and given authority over them, creating an uncertain and instable world.

Adapted from:

Cook, A., Blaustein, M., Spinazzola, J., & van der Kolk, B. Eds., (2003). Complex trauma in children and adolescents: White paper. National Child Traumatic Stress Network.

Helpful Websites:

- National Child Traumatic Stress Network: http://www.nctsn.org/
- Child Trauma Academy: http://childtrauma.org/
- National Center for Trauma-Informed Care (through the Substance Abuse and Mental Health Services Administration): http://www.samhsa.gov/nctic/
- Sidran Institute: http://www.sidran.org/
- Trauma Center at Justice Resource Institute: http://www.traumacenter.org/

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Toxic Stress

As you watch the brief video *Toxic Stress* by Harvard's Center for the Developing Child, write down any facts that are new to you or known facts that were re-enforced by this video.

Positive stress response is a normal and essential part of healthy development, characterized by brief increases in heart rate and mild elevations in hormone levels. Some situations that might trigger a positive stress response are the first day with a new caregiver or receiving an injected immunization.

Tolerable stress response activates the body's alert systems to a greater degree as a result of more severe, longer-lasting difficulties, such as the loss of a loved one, a natural disaster, or a frightening injury. If the activation is time-limited and buffered by relationships with adults who help the child adapt, the brain and other organs recover from what might otherwise be damaging effects.

Toxic stress response can occur when a child experiences strong, frequent, and/or prolonged adversity—such as physical or emotional abuse, chronic neglect, caregiver substance abuse or mental illness, exposure to violence, and/or the accumulated burdens of family economic hardship—without adequate adult support. This kind of prolonged activation of the stress response systems can disrupt the development of brain architecture and other organ systems, and increase the risk for stress-related disease and cognitive impairment, well into the adult years.

-Center for the Developing Child
http://developingchild.harvard.edu/index.php/key_concepts/toxic_stress_response/

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IMPAIRED ATTACHMENT

WHAT IT IS

Impaired attachment means the child has difficulty forming healthy attachments with others.

CAUSES

Children with impaired attachment may have had caregivers who:

- Were not skilled at self-regulation (could not manage their emotions)
- Were not attuned to the child (could not read and respond effectively to the child's cues)
- Did not respond consistently and appropriately to the child's behavior
- Experienced a lot of chaos in their lives

IMPACT

Children with impaired attachment often do not trust others and so do not feel safe exploring their world. When children don't explore the world around them, they don't have the experiences they need for healthy development. They may have difficulty learning to self-regulate or take initiative.

Self-regulation

Often children with impaired attachment do not have the coping skills they need to manage their feelings. These children:

- Are unable to identify emotions or know what is causing the emotions
- Have bodies that feel overwhelmed or shut down
- Are unable to effectively communicate their emotions to others

Initiative

Children with impaired attachment are focused on survival rather than developing skills they need to become productive adults and function in society. They often have low confidence that will be able to meet their needs. These children:

- Have difficulty with problem-solving
- Have a poor sense of self
- Have multiple developmental delays

Blaustein, M. E., & Kinniburgh, K. M. (2005). Providing the family as a secure base for therapy with children and adolescents. *Attachment Theory into Practice. 10 (\), AZ-'i.*

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Child Maltreatment

Although some forms of abuse and neglect are more difficult to detect than others, there are usually indicators which suggest that a child might be in need of help.

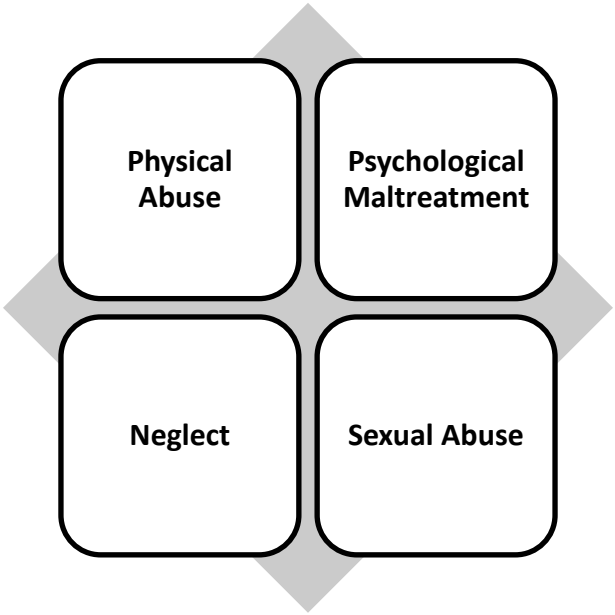
> *Physical Indicators* include aspects of the child's appearance and the presence of bodily injury. These clues are generally easier to detect and diagnose.
>
> *Behavioral Indicators* may be in the form of acting out behavior, behaviors which reflect the child's attempt to cope with or hide the abuse or neglect, or behaviors that suggest developmental problems or emotional distress. Behavioral indicators are more difficult to detect and interpret than physical indicators.

Caregivers and adoptive parents should not try by themselves to determine if a child is being abused or neglected. The child's safety and the serious ramifications of alleged child abuse and neglect make it critical that a trained and experienced professional social worker or physician make this determination. Caregivers and adoptive parents can help by asking for assistance, and should immediately report any suspicion of child abuse or neglect to their local public children services agency.

Each case is different in its causes and its outcomes. There is no blueprint for identifying an abused or neglected child. While any of these clues may occur without cause for alarm, caregivers and adoptive parents should be especially alert to frequent repetition, or the presence of multiple indicators.

It is important to note that the indicators are often quite different, depending on the age of the child.

Child maltreatment falls into one or more of four general categories:



Physical Abuse

Physical indicators:

- Extensive bruises, especially in areas of the body that are not normally vulnerable
- Frequent bruises, particularly on the head or face, the abdomen, or midway between the wrist and elbow
- Bruises in specific shapes, such as handprints or belt buckles
- Marks that indicate hard blows from an object like an electrical cord
- Bruises on multiple parts of the body or in various stages of healing
- Unexplained or repetitive dental injuries
- Unexplained or multiple broken bones
- Major head injuries
- Extreme sensitivity to pain or complaints of soreness and stiffness
- Bald spots from hair pulling
- Adult-sized human bite marks
- Burns from objects such as an iron, cigarettes, or rope
- Immersion burns from having certain body parts held in very hot water

Behavioral indicators:

- Being aggressive, oppositional, or defiant
- Cowering or demonstrating fear of adults
- Exhibiting destructive behaviors toward oneself or others
- Repeatedly being reluctant to go home, which may indicate a possible fear of abuse at home
- Being described as "accident prone"
- Wearing clothing that may be inappropriate for the season to conceal injuries
- Having persistent or repetitive physical complaints, such as a headache or a stomachache, of an unclear cause
- Disliking or shrinking from physical contact

Psychological Maltreatment

Physical indicators:

- Eating disorders
- Self-abusive behaviors
- Sleep disorders
- Developmentally inappropriate bedwetting
- Speech disorders
- Ulcers
- Failure to thrive due to nonmedical causes

Behavioral indicators:

- Extremes in behaviors
- Excessive dependence on adults
- Fear of a parent or generalized fearfulness
- Belief that the maltreatment is their own fault
- Habit disorder
- Depression or crying easily
- Withdrawal or decreased social interaction with others
- Numerous "I can't" statements
- Running away from home
- Aggression or unexplained temper tantrums
- Blank or empty facial expression a great deal of the time

Neglect

Physical indicators:

- Height or weight that is significantly below the accepted standards of physical development
- Wearing inappropriate clothing for the weather
- Poor physical hygiene
- Scaly skin and dark circles under the eyes
- Fatigue or listlessness

Behavioral indicators:

- Refusal to go home
- Stealing, begging, or hoarding food
- Dependency on teachers or alternate caregivers to meet basic needs
- Withdrawal and depression
- Intense feelings of inferiority, guilt, embarrassment, shame, or anger

A specific category of physical neglect is nonorganic (i.e., no medical basis) failure-to-thrive, which occurs when the parent or the caretaker fails to provide the nurturing atmosphere the child needs to grow and to do well. Signs and symptoms that a child may have nonorganic failure-to-thrive include:

- Being thin and emaciated
- Having limp, weak muscles
- Having cold, dull, pale, or splotchy skin
- Seeming to be tense and miserable or apathetic and withdrawn
- Appearing to be insensitive to pain or having self-inflicted injuries
- Wetting the bed at a developmentally inappropriate age
- Eating or drinking from the garbage can, toilet bowl, or a pet's dish
- Experiencing insomnia or disrupted sleep, typically due to hunger

Sexual Abuse

Physical indicators:

- Difficulty or pain in walking, running, or sitting
- Recurrent urinary tract infections
- Problems with urination
- Frequent yeast infections
- Pain, itching, bruises, bleeding, or discharges in the genital, vaginal, or anal areas
- Venereal diseases
- Unexplained gagging
- Torn, strained, or bloody underwear

Behavioral indicators:

- Compulsive interest in sexual activities
- Exceptional secrecy
- Being overly compliant or withdrawn
- Engaging in destructive behavior to self or to others
- Fear of the abuser or an inordinate fear of a particular gender
- Regressive behaviors, such as bedwetting, soiling, and thumb sucking
- Reported sleep problems or nightmares
- Showing fear or resistance at naptime
- Sudden fearful behavior
- In-depth or unusual sexual knowledge or behavior with peers that is developmentally inappropriate
- Self-mutilation

Karageorge, K. & Kendall, R. (2008). The Role of Professional Child Care Providers in Preventing and Responding to Child Abuse and Neglect. Office on Child Abuse and Neglect, Children's Bureau.

Minds Matter
Ohio Psychotropic Medication Quality Improvement Collaborative

What every parent needs to know about

Antipsychotic Medications

WHAT ARE THEY?

Antipsychotic medications are used for many different conditions in children and adults. They work by affecting the way certain chemicals act in your brain.

WHAT ARE POSSIBLE SIDE EFFECTS?

- Weight gain
- An increased risk of high cholesterol or fat
- An increased risk of high blood sugar and diabetes
- Low blood pressure
- Sleepiness
- Dizziness
- Headaches
- Dry mouth
- Involuntary movements which in rare cases can be irreversible
- An increase of a hormone called prolactin which can delay sexual maturity and cause abnormal periods in girls
- Some of these medications may cause rare, but possibly life threatening reactions such as:
  - "Neuroleptic Malignant Syndrome" with symptoms of high fever, sweating and muscle stiffness
  - Increasing the risk of suicidal thoughts in children
  - Serious blood condition
  - Seizures or inflamation of the heart, or changes in the electrical activity of the heart

WHEN ARE THEY PRESCRIBED?

Antipsychotic medications are used to treat serious mental conditions such as bipolar disorder, psychosis and autism related behaviors. They are also sometimes used to manage aggressive behaviors in children and adolescents.

HOW DO I DECIDE?

Informed consent means the doctor explains the benefits and risks of treatment and you give permission. You have the right to refuse treatment for your child.

However, it is important to consider that the long term effects of antipsychotic medications are not fully understood. Discuss the risks and benefits of medication with your child's doctor because special caution should be used when prescribing these medications to children and adolescents with developing brains and nervous systems.

Other treatment approaches may include therapy, social skills training, parent education, and changes to your child's education program.

Minds Matter
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What every parent needs to know about

Antipsychotic Medications

DISCUSS WITH THE DOCTOR

- How well medicines other than antipsychotics might work to help your child's symptoms
- Non-medicine treatments
- The risks and benefits of taking an antipsychotic or adding one to treatment
- Which antipsychotic medicine might work best for your child based on his or her age and condition
- The possible side effects from taking an antipsychotic, especially weight gain, drowsiness, and uncontrollable movements like tics and tremors
- The risk for a serious side effect
- Ways to help you notice side effects so they can be treated or so the medicine can be changed
- Which treatment option best fits your likes, dislikes, and values
- The cost of each medicine

ASK THE DOCTOR

- Which medicine are you considering for my child? Why?
- How long will it take for the medicine to start working?
- Which symptoms might the medicine improve and how can we monitor progress?
- What serious side effects should I look for and when should I contact the doctor?
- How much weight might my child gain from taking an antipsychotic? When should I contact you about my child's weight gain?
- Is my child at risk for having high cholesterol, high blood sugar, or diabetes if he or she takes an antipsychotic?
- How long will my child have to take the medicine?
- What will we do if the medicine stops working?
- Are there other treatment options besides medicines? If so, what are they?

Information in this fact sheet should not be used as a substitute for medical care and advice of a doctor. Each patient has individual facts and circumstances.

Source: As adapted from Antipsychotic Medicines for Children and Teens: A Review of the Research for Parents and Caregivers by the Agency for Healthcare Research and Quality

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Substance Use

Substance Use Continuum

Substance use occurs along a continuum from no use to heavy use. When individuals experience problematic patterns related to substance use they could be diagnosed with a substance abuse disorder or SUD. A substance abuse disorder can be identified as mild, moderate, or severe based on the number of symptoms and severity identified in the Diagnostic and Statistical Manual of Mental Disorders (American Psychiatric Association, 2013). Substance use disorders are commonly referred to as alcohol and other drug addictions.

Brain Disease

A substance abuse disorder is a chronic, often relapsing brain disease that causes compulsive drug seeking and use, despite harmful consequences to the addicted individual and to those around him or her. Although the initial decision to use alcohol or take drugs is voluntary for most people, the brain changes that occur over time challenge an addicted person's self-control and hamper his or her ability to resist intense impulses.

Treatment and Relapse

Through scientific advances, there is more known about how drugs work in the brain than ever. Drug addiction can be successfully treated to help people stop abusing drugs and lead productive lives. Similar to other chronic, relapsing diseases, such as diabetes, asthma, or heart disease, drug addiction can be managed successfully. And as with other chronic diseases, it is not uncommon for a person to relapse and begin abusing drugs again. Relapse, however, does not signal treatment failure. It indicates that treatment should be reinstated or adjusted. An alternative treatment may be needed to help the individual regain control and establish recovery.

Adapted from Drug Facts: Understanding Drugs and Addiction. (November 2012). Retrieved Aug.15, 2014, from http://www.drugabuse.gov/publications/drugfacts

CHILDREN PRENATALLY EXPOSED TO OPIATES

Prenatal substance abuse continues to be a problem worldwide. The most common substances involved in fetal exposure include: nicotine, alcohol, marijuana, opiates, cocaine, and methamphetamines. Substance use during pregnancy can adversely affect a growing fetus. Early in pregnancy, fetal malformations may occur while, later in pregnancy, it is the developing fetal brain that is more vulnerable to injury (American Academy of Pediatrics, 2013).

Based on data averaged across 2010 and 2011, among pregnant women aged 15 to 44, 5.0 percent (109,000) were current illicit drug users in the United States. Of the 5%, opiate use accounted for 0.2% (4,000) of these numbers (SAMSHA, 2011).

Neonatal abstinence syndrome (NAS) is a group of problems that occur in a newborn who was exposed to addictive illegal or prescription drugs while in the mother's womb. Between 55% and 94% of babies exposed to opioids prior to birth exhibit signs of withdrawal, according to the American Academy of Pediatrics (2013). Symptoms of opiate exposure can include any of the following:

- Less time between feedings – because difficult to settle after feedings and eats more frequently
- Difficulty breathing, cold-like symptoms, "asthma"
- Increased startle responses and "hypervigilance" – harder to put to sleep or soothe
- High-pitched, increased frequency cry
- "Bad eater" – uncoordinated suck, increased reflux, vomiting
- Overwhelmed in new or loud or crowded environments – hard to go out! (National Center for Traumatic Stress Network, 2014)

Short and Long Term Effects

- Neurological Deficits
- Decreased Self-Regulation Abilities
- Increased Sensory Processing Problems
- Motor Skill Developmental Delays
- Attachment Problems/Concerns
- Feeding Difficulties and Lag in Communication Development
- Delays in Cognitive Development
- Behavioral and Emotional Functioning Concerns

ADDITIONAL RESOURCES

- Drug Free Action Alliance: https://www.drugfreeactionalliance.org/know
- National Institute on Drug Abuse: http://www.nida.nih.gov
- Partnership for a Drug-Free America: http://www.drugfree.org
- Substance Abuse and Mental Health Services Administration: http://www.samhsa.gov

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Finding Your ACE Score

The ACE Score attributes one point for each category of exposure to child abuse and/or neglect. Add up the points for a Score of 0 to 10.

While you were growing up, during your first 18 years of life:

1. Did a parent or other adult in the household often or very often… Swear at you, insult you, put you down, or humiliate you? **or** Act in a way that made you afraid that you might be physically hurt?	If yes enter 1
2. Did a parent or other adult in the household often or very often… Push, grab, slap, or throw something at you? **or** Ever hit you so hard that you had marks or were injured?	If yes enter 1
3. Did an adult or person at least 5 years older than you ever… Touch or fondle you or have you touch their body in a sexual way? **or** Attempt or actually have oral, anal, or vaginal intercourse with you?	If yes enter 1
4. Did you often or very often feel that … No one in your family loved you or thought you were important or special? **or** Your family didn't look out for each other, feel close to each other, or support each other?	If yes enter 1
5. Did you often or very often feel that … You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? **or** Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?	If yes enter 1
6. Were your parents ever separated or divorced?	If yes enter 1
7. Was your mother or stepmother: Often or very often pushed, grabbed, slapped, or had something thrown at her? **or** Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard? **or** Ever repeatedly hit at least a few minutes or threatened with a gun or knife?	If yes enter 1
8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?	If yes enter 1
9. Was a household member depressed or mentally ill, or did a household member attempt suicide?	If yes enter 1
10. Did a household member go to prison?	If yes enter 1

Now add up your "Yes" answers: _____. This is your ACE Score.

Form 092406RA4CR http://acestudy.org/ace_score

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Sarah's Story

Throughout her early life, Sarah was severely neglected by her mother, and possibly physically abused, as well. She was diagnosed as failure to thrive at two months, but went home under protective supervision.

As a baby, Sarah did not coo or babble. She was very difficult to comfort and seemed to prefer to be left alone. Sarah began to crawl at 12 months, and at 15 months she still could not stand, even if supported. Sarah would not look into people's eyes and did not like strangers. She appeared afraid of men.

At two, Sarah startled easily and seemed to be constantly tense, with darting eyes. She would not hold or play with toys. She had frequent digestive upsets and vomited almost every day. During these episodes, she did not seek out her mother and would cry only briefly.

Sarah was placed with her maternal grandmother at age three when her mother entered a substance abuse treatment center. Sarah stayed with her grandmother while her mother tried to beat her addiction. She did not like to be outside or in large open rooms. When Sarah played with other children, she got upset easily and bit and hit. She often woke up during the night, and had fitful sleep. She was a picky eater and periodically gorged then threw up.

The grandmother loved Sarah and tried to take care of her, but her own ailments and fixed income made it hard for her to always do what was best. When Sarah was eight, the grandmother's health had deteriorated to the point she needed to move into an assisted living facility. Sarah was placed in foster care.

At nine years old Sarah was three feet nine inches tall and weighed 52 pounds. After repeating her first grade year, she was promoted to second grade, but continued to test at the first grade level in both math and reading. She complained of frequent, nondescript body aches and pains. The teachers reported she had a difficult time sitting still in class and refused to sit in any desk that was by a door or window. She preferred to play with the younger children on the playground.

At home, Sarah refused to participate in household chores and fun activities saying, "I can't do it." She broke many items in the foster home, including two lamps, the TV remote control, and the dishwasher. Despite clear evidence that she was at fault, she steadfastly denied it and told her caseworker that her foster mother must not like her very much. She continued to sleep poorly, and often roamed the house at night. There were several occasions where food was found hidden in her room.

Recently, the foster father received a promotion that meant the family needed to move out of state. Sarah wanted to remain close to her grandmother, so she asked to be moved to another family. Sarah is now fourteen and living with you.

She is quiet and withdrawn, interacting minimally with the people around her. She always keeps her back to a wall and is constantly looking over her shoulder. She has poor hygiene, going days without bathing, and sleeping in the clothes she had worn during the day.

At school, Sarah is also quiet and withdrawn, but truancy is a major problem. Although teachers describe her as a nice girl, they are concerned that her peer group is pretty rough and they report she is developing a reputation for being sexually "loose."

QUESTIONS

1. What trauma did Sarah experience or do you suspect she experienced? What indicates Sarah has developmental delays?

2. How has Sarah's attachment been impacted by her complex trauma?

3. What are the behavioral indicators that Sarah may be experiencing toxic stress?

4. What can you, as Sarah's foster caregiver, do to help Sarah build protective factors and support her development?

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Individual Reflection

Please take a few minutes to reflect on what you have learned in the Preservice training and how it applies to you. Give this sheet to the agency worker who is completing your homestudy.

1. On a scale of 1-5 (with 1 being not very prepared and 5 being fully prepared), please rate how prepared you are to parent a child who has experienced multiple childhood traumas. Please explain your answer.

1 2 3 4 5

2. On a scale of 1-5 (with 1 being not very prepared and 5 being fully prepared), please rate how prepared you are to parent a child with developmental delays? Please explain your answer.

1 2 3 4 5

3. How do you feel about your ACE score? Do you think there is a connection between your score and your current health or behaviors?