What Is Child Traumatic Stress?

Child traumatic stress refers to the physical and emotional responses of a child to threatening situations.

Affect youth’s:
- Ability to trust others
- Sense of personal safety
- Effectiveness in navigating life changes

Something that is traumatic for one child may not be traumatic for another.
Early Childhood Trauma

- Unique in that children take in much of their information through sensory information instead of language
- This means that sounds, sights, movements and other sensations may be frightening and impact child’s perception of safety
- Also unique because young children don’t understand cause and effect – they believe in “magic”

Continued...

- Young children may believe they cause things to become real just as they do in play
- Unique in that children are not able to express themselves verbally
- Often young children use behaviors to tell us their experience
- Unique in that young children are less able to anticipate danger or know how to keep themselves safe

Last but not least...

- Unique in that young children are completely dependent on their caregiver/parent for survival
- Infants and toddlers cannot keep themselves safe, cannot take care of their physical needs, and often cannot soothe themselves
- This dependency is the foundation for bonding and attachment to a primary caregiver.
What does it look like in a young child?

Look at in context of relationship and development

First have to know what “normal” development looks like for this age group

Case example

20 months old:

- Likes to imitate parents
- Loves to explore
- Needs constant attention
- Possessive
- Tantrums sometimes
- Rapidly growing vocabulary
- Use 2-3 words in a sentence
- Jabbers to self expressively
- Enjoys songs
- Walks, runs and climbs

Symptoms of trauma

20 months:

- Difficulty with sleep/wake cycle
- Withdrawn
- Not engaged with caregiver
- Difficulty being soothed
- No reaction to separation
- Failure to make eye contact
- Excessive temper tantrums or more noncompliant than peers
- Looses previous developmental skills
- Distress at trauma reminder
Let's see it

Impact of Trauma

Long-Term Effects of Childhood Trauma

- High-risk or destructive coping behaviors
- Risk for serious mental and physical health problems, including:
  - Alcoholism
  - Drug abuse
  - Depression
  - Suicide attempts
  - Sexually transmitted diseases (due to high risk activity with multiple partners)
  - Heart disease, cancer, chronic lung disease, skeletal fractures, and liver disease

Adverse Childhood Experiences

- Emotional abuse
- Physical abuse
- Sexual abuse
- Emotional neglect
- Physical neglect

Household dysfunction:
- Mother treated violently
- Household substance abuse
- Household mental illness
- Parental separation/divorce
- Incarcerated household member

Adverse Childhood Experiences
- Abuse and Neglect (e.g., psychological, physical, sexual)
- Household Dysfunction (e.g., domestic violence, substance abuse, mental illness)

Impact on Child Development
- Neurological Effects (e.g., brain abnormalities, stress hormone dysregulation)
- Psychosocial Effects (e.g., poor attachment, poor socialization, poor self-efficacy)
- Health Risk Behaviors (e.g., smoking, obesity, substance abuse, promiscuity)

Long-Term Consequences
- Disease and Disability
  - Major Depression, Suicide, PTSD
  - Drug and Alcohol Abuse
  - Heart Disease
  - Cancer
  - Chronically Transmitted Diseases
  - Intergenerational transmission of abuse

Social Problems
- Homelessness
- Prostitution
- Criminal Behavior
- Unemployment
- Parenting problems
- Family violence
- High utilization of health and social services


Trauma and the Brain

- Disease and Disability
- Social Problems

Trauma Derails Development

• Exposure to trauma causes the brain to develop in a way that will help the child survive in a dangerous world:
  - On constant alert for danger
  - Quick to react to threats (fight, flight, freeze)

• The stress hormones produced during trauma also interfere with the development of higher brain functions.


Brain Diagram

Brain Structure: Three Main Levels

- Prefrontal cortex – abstract thought, logic, factual memory, planning, ability to inhibit action
- Limbic system – emotional regulation and memories, “value” of emotion
- Brainstem/midbrain – autonomic functions (breathing, eating, sleeping)
Brain Development

- The maximum number of nerve cells is present at birth.
- The prenatal brain has 2-3 times the number of nerve cells as the adult brain.
- Brain growth (size and weight) over the first years of life is due to:
  - Myelination: the process that allows nerve impulses to move more quickly.
  - Increase in synaptic connections: how nerve cells communicate with other cells.
- Growth is dependent on stimulation and experience.

Experience Grows the Brain

Brain development happens from the bottom up:
- From primitive (basic survival: brainstem).
- To more complex (rational thought, planning, abstract thinking: prefrontal cortex).

Experience Grows the Brain (continued)

- The brain develops by forming connections.
- Interactions with caregivers are critical to brain development.
- The more an experience is repeated, the stronger the connections become.
Brain Development and Experience

- Relatively few synapses are present at birth
- Learning requires forming new synapses as well as strengthening and discarding existing synapses
- Early synapses are weak and need repeated exposure to strengthen
- Brain adapts to environment – positive or negative

Building Connections: Rapid Growth of Synapses


Traumatic Stress Response Cycle

Structural Difference in the Brain: Early Childhood

- In early childhood, trauma can be associated with reduced size of the cortex.
- The cortex is responsible for many complex functions, including memory, attention, perceptual awareness, thinking, language, and consciousness.
- Trauma may affect “cross-talk” between the brain’s hemispheres, including parts of the brain governing emotions.
- These changes may affect IQ, the ability to regulate emotions, and can lead to increased fearfulness and a reduced sense of safety and protection.

Trauma and Memory

- Physical or emotional sensations can trigger these memories, causing flashbacks, nightmares, or other distressing reactions.
- Implicit memory means even very young children can perceive their environment and retain unconscious memories (e.g., sound of their mother’s voice).
- Explicit memories are the conscious memories that are created around age two and tied to language development.

The Influence of Developmental Stage

- Child traumatic stress reactions vary by developmental stage.
- Children and youth exposed to trauma expend great deal of energy responding to, coping with, and coming to terms with the event.
- May reduce capacity to explore environment and to master age-appropriate developmental tasks.
- The longer traumatic stress goes untreated, the farther children tend to stray from appropriate developmental pathways.
THE INFLUENCE OF DEVELOPMENTAL STAGE: YOUNG CHILDREN

- Express distress through strong physiological and sensory reactions (e.g., changes in eating, sleeping, activity level, responding to touch and transitions)
- Become passive, quiet, and easily alarmed
- Become fearful, especially regarding separations and new situations
- Experience confusion about assessing threats and finding protection, especially where a parent or caretaker is the aggressor
- Engage in regressive behaviors (e.g., baby talk, bed-wetting, crying)
- Experience strong startle reactions, night terrors, or aggressive outbursts
- Blame themselves due to poor understanding of cause and effect and/or magical thinking

THE INFLUENCE OF DEVELOPMENTAL STAGE: YOUNG CHILDREN

- Trauma can inhibit secure attachment
  - Young child is separated from parent:
    - Separation may be experienced as traumatic when abrupt and associated with overwhelming change and loss.
  - Multiple caregivers/disruptions in caregiving:
    - Disruptions may be numerous and sudden.
    - Interruption of familiar schedules and routines occur

ATTACHMENT FIGURES AS MEDIATORS OF TRAUMA RESPONSE

- Child’s relationship with attachment figure mediates response to trauma.
- Caregivers’ response to trauma influences how child perceives trauma.
- When there is interpersonal trauma, children and caregivers may serve as traumatic reminders for one another.
What to ask/what to observe?

- What things is the child doing that are on target developmentally? What things is the child not doing that they should be?
- What does the relationship look like? What does the child do with each person, or not do with each person?
- What are changes in behaviors, mood, routines, health, or play behavior?

Trauma Screening

- Learn how to screen for trauma in children
- Use the screening tool developed by NCTSN to make appropriate referrals for trauma assessments
- Learn about appropriate treatment interventions like Child Parent Psychotherapy

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