Children and Trauma: Providing Support Following A Traumatic Event

Dr. Bridgette Wade, MSW, LCSW-BACS, C-SSWS
Ms. Carolyn Hill, MSW, C-SSWS

East Baton Rouge Parish School System
Baton Rouge, LA

Advancing School Social Work Practice National Institute
Tulane University – New Orleans, LA
January 31, 2017

Workshop Objectives

- Overview of Trauma
- How children react to trauma (by age)
- Strategies to support trauma-impacted children
- Responses when trauma is prolonged
- Evidenced-based interventions to address prolonged trauma
- Self-care strategies for mental health professionals to avoid secondary trauma

EBR

What is Trauma?

Trauma is an emotional response to a terrible event i.e. accident, abuse, natural disaster, etc.

An experience that threatens life or physical integrity and that overwhelms an individual's capacity to cope

Common responses include: fear, sadness, behavior problems, regression, school problems, or social difficulties

Trauma may signal: Fight, Flight, Freeze response

Types of Trauma

- Community Violence
- Complex Trauma
- Domestic Violence
- Early Childhood Trauma
- Medical Trauma
- Natural Disasters
- Neglect
- Physical Abuse
- Refugee Trauma
- School Violence
- Sexual Abuse
- Terrorism
- Traumatic Grief

Effects of Trauma on Children

Brain Impact

- Hyper arousal = Over production of hormone Cortisol
- Chronic Stress (Elevated Cortisol production) – kills neurons in the brain

Hyper arousal results in increased heart rate, body temperature and a constant anxiety state = at risk of other health problems later in life.

EBR

Other Symptoms of Trauma

- Abandonment, loss, and grief
- Attachment dysfunctions
- Neurological alterations
- Cognitive impairments
- Coordination and motor skill problems
- Sensory processing
- Fear
- Anger
- Flashbacks and PTSD
- Depression

EBR

Learned Helplessness

- Repeated experience of overwhelming stress
- Difficulty with self-regulation
- Unable to understand that they have choices and can change the course of their life.
- All developmental stages are impacted if left untreated

EBR

Impact of Trauma

EBR

ACEs – Adverse Childhood Experiences

Childhood experiences (both positive and negative) impact future violence victimization and perpetration and lifelong health and opportunity.

ACEs occur prior to 18th birthday and are linked to:

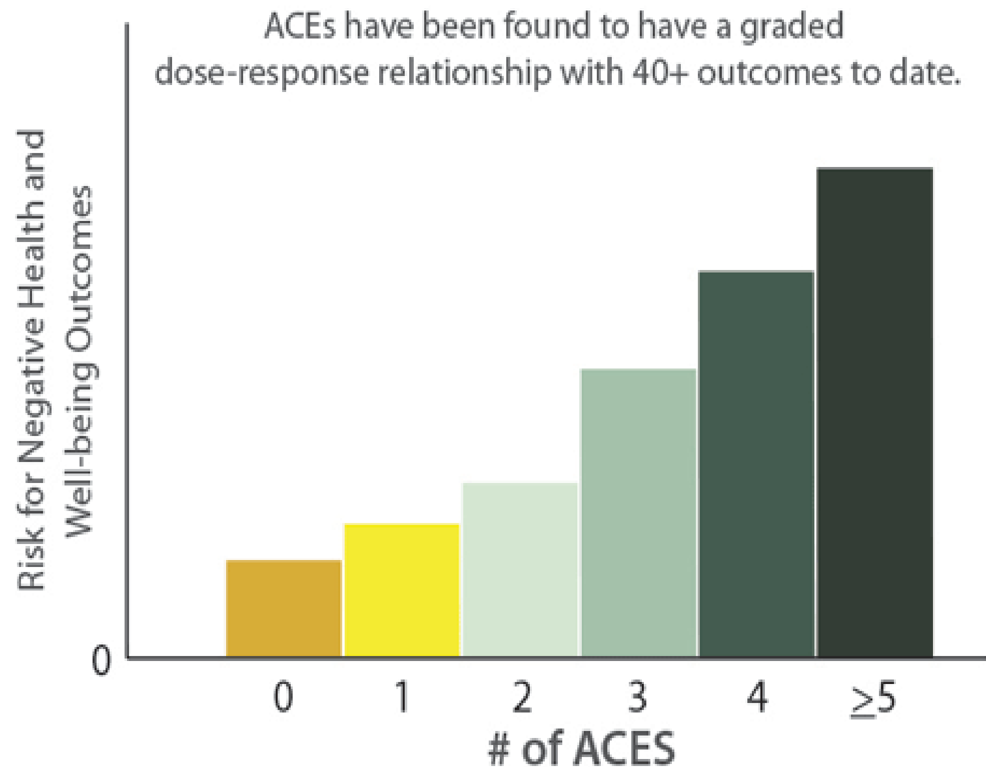
- Risky health behaviors
- Chronic health conditions
- Low life potential and
- Early death

ACES can have lasting effects on….

Health (obesity, diabetes, depression, suicide attempts, STDs, heart disease, cancer, stroke, COPD, broken bones)

Behaviors (smoking, alcoholism, drug use)

Life Potential (graduation rates, academic achievement, lost time from work)



What *can* Be Done About ACES?

These wide-ranging health and social consequences underscore the importance of preventing ACEs before they happen. **Safe, stable, and nurturing relationships and environments** (SSNREs) can have a positive impact on a broad range of health problems and on the development of skills that will help children reach their full potential. Strategies that address the needs of children and their families include:

Voluntary home visiting programs can help families by strengthening maternal parenting practices, the quality of the child's home environment, and children's development.
Example: Nurse-Family Partnership

Home visiting to pregnant women and families with newborns

Parenting training programs

Intimate partner violence prevention

Social support for parents

Parent support programs for teens and teen pregnancy prevention programs

Mental illness and substance abuse treatment

High quality child care

Sufficient Income support for lower income families

EBR

Trauma Impact and Interventions by Age

EBR

Trauma-Sensitive Approach

- Being able to recognize the vulnerability and opportunity that exist in the early childhood years from (0-8 years).
- Understanding the child's chronological and development age of the child
- Notice things the child does well and build on their strength
- Use praise and acknowledge good choices and behaviors
- Use practices that ensure sensitivity, predictability and consistency
- Ensuring inclusiveness
- Building on existing strengths of children and families.

Birth to 2 years

- These children are pre-verbal and do not have the words to describe the event or their feelings.
- Able to retain memories and sounds
- Reactions may include:
    - Irritability, crying more than usual, increase desire/need to be held/cuddled.
    - Influenced by how parents cope with trauma
    - Tendency to act out elements of traumatic events that occurred years past

EBR

Birth to 2 years - Interventions

- Create a safe environment
- Establish routines for play, meals, rest as early as possible
- Spend extra time at bed time
- Praise and recognize responsible age appropriate behaviors
- Safe guard personal possessions

EBR

Preschool: 3-6 years

- Often feel helpless/powerless when facing overwhelming event
- Feel intense fear and insecurity when separated from caregivers
- Unable to grasp concept of permanent loss
- May experience physical rather than emotional symptoms (stomachaches).

EBR

Preschool: 3-6 years - Interventions

- Encourage expression through play or drawing
- Be prepared to offer more patience, attention and assistance with daily activities
- Offer verbal reassurance of safety and physical comfort
- Remind parents to maintain a calm environment, comforting play, meal and bedtime routines.

EBR

School Age: 7 – 11 years

- Behaves like a younger child (regression)
- Anger and aggression (self regulation decreases)
- Worries about safety
- Insomnia
- Loss of interest in usual activities
- Stomachaches/headaches
- Clinging to caregiver/separation anxiety
- Poor concentration
- Temporary school performance concerns
- General worry and anxiety
- Closely observes parent's anxiety/fear
- Preoccupation with safety and danger

EBR

School Age: 7 – 11 years - Interventions

- Understands permanence of loss
- Use simple direct language when speaking about death (avoid "passed away" or "with the angels")
- Allow the student to re-tell the event and its effect on them through writing, art, music, etc.
- Address attention and concentration problems by teaching stress management techniques (deep breathing, progressive muscle relaxation, individual or group counseling, yoga, guided imagery, etc.
- Involve students in planning/implementing safety drills
- Encourage discussion (but don't insist) of the event with trusted individuals (teachers, counselors, peers or family members)
- Help students to understand that aggressive or withdrawn behaviors are attempts to regain control or to numb responses.

Pre-Adolescents/Adolescents: 12-18 years

- Responses are similar to adults
- Engagement in dangerous risk-taking behaviors (reckless driving, alcohol or drug use)
- Views the world as more dangerous or unsafe
- Feelings of being overwhelmed by intense emotions and unable to articulate them to others
- More accident prone
- Insomnia
- Concentration difficulties
- Temporary school performance/attendance concerns
- Worry, anxiety, suicide, and suicide packs

EBR

Pre-Adolescents/Adolescents: 12-18 years - Interventions

- Create opportunities for engagement (family game night, dinner out, etc)
- Include their friends in family gatherings
- Maintain ongoing communication with the school/counselor
- Provide opportunities to talk about the traumatic event
- Include adolescent in development of a family safety/emergency plan
- Do not punish your adolescent for regressive behaviors
- Praise responsible behaviors
- Limit TV time and suggest modifying news notifications on tech devices

EBR

Prolonged Trauma Responses in Children/Adolsecents

- Exposure to multiple traumatic events (invasive, interpersonal, wide-ranging, long-term impact)
- Severe and pervasive
- Interferes with ability to form a secure attachment bond
- Often characterized by history of multiple events

EBR

Effects

- Physiological
- Emotional
- Cognitive functioning
- Concentration
- Impulse control
- Self-image
- Relationships

Linked to many problems across ones lifespan:

- Addiction
- Chronic physical conditions
- Depression and anxiety
- Self-harming behaviors
- Psychiatric disorders
- Dissociation

EBR

Resources to support children and adolescents with prolonged trauma response

How can I make sure my child receives help at school?

If your child is staying home from school, depressed, angry, acting out in class, having difficulty concentrating, not completing homework, or failing tests, there are several ways to get help at school. Talk with your child's school counselor, social worker, or psychologist. Usually, these professionals understand child traumatic stress and should be able to assist you to obtain help.

Ask at school about services through Federal legislation including:

1. Special Education—the Individuals with Disabilities Education Act (IDEA) which, in some schools, includes trauma services; and
2. Section 504—which protects people from discrimination based on disabilities and may include provisions for services that will help your child in the classroom.

Check with your school's psychologist, school counselor, principal, or special education director for information about whether your child might be eligible for help with trauma under IDEA.

The good news is that there are services that can help your child get better. Knowing who to ask and where to look is the first step.

What is the best way to treat child traumatic stress?

There are effective ways to treat child traumatic stress many treatments include cognitive behavioral principles:

- Helping children and their parents establish or re-establish a sense of safety
- Techniques for dealing with overwhelming emotional reactions
- An opportunity to talk about the traumatic experience in a safe, accepting environment
- Involvement, when possible, of primary caregivers in the healing process

Children And Adolescents With Prolonged Trauma Response

- **All Babies Cry (ABC)** strengths-based prevention program that targets the parents of infants, with the goal of reducing incidences of child abuse during the first year of life.
- **Skills Training in Affective and Interpersonal Regulation for Adolescents (STAIR-A)** is a manualized, cognitive–behavioral therapy (CBT) program that aims to improve emotion regulation and interpersonal and social-support problems among adolescents exposed to trauma.
- **Support for Students Exposed to Trauma (SSET)** school-based group intervention for middle-school students (ages 10–14) who are suffering from symptoms of posttraumatic stress disorder (PTSD).
- **Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)** is a psychosocial treatment model designed to treat posttraumatic stress and related emotional and behavioral problems in children and adolescents ages 3 to 18 years.

MATCH GAME
WHAT'S THE BEST Approach (ES)

Consider Amy. Her teacher brought the third grader, who had been a model student, to the school nurse, complaining that she was not paying attention or completing her work. Quiet and withdrawn in the nurse's office, Amy eventually said, "May I tell you something?" She then proceeded to talk about seeing her cat hit and killed by a car. She was both sad and frightened, couldn't make sense out of what had happened, and was having nightmares.

Another example is John. He is constantly in trouble at school, and appears to have significant problems grasping fourth grade material. His mother describes the violence that is pervasive in both their home and neighborhood. She reports that John has witnessed his father repeatedly beating her, and has been a victim himself of his father's rages. During first grade he was placed in foster care. John has also seen gun violence in his neighborhood.

Student Traumatic Experience (MS)

Consider Joy. Her teacher brought the sixth grader to the school nurse because she was complaining of a stomachache. The teacher was concerned about Joy's complaint and explained to the nurse that, while Joy had always been an enthusiastic and hardworking student, recently she had not been paying attention or completing her work. In the nurse's office, Joy was quiet and withdrawn, but eventually admitted that she had witnessed a girl being beaten by another student the previous day. She was sad, frightened, and afraid for her safety.

Another example is Trent. He is constantly getting into fights at school and appears to have significant problems understanding and completing his work. Trent was removed from his home in third grade and placed with his paternal grandmother. When contacted by the teacher about his problems in school, his grandmother explains that prior to coming to live with her, Trent lived in a community ridden with gang violence. His father was part of a gang and Trent used to see gun battles among gang members in his neighborhood. The grandmother also admits that Trent's father was very aggressive and may have physically abused Trent when he was younger.

Student Traumatic Experience (HS)

- Consider Nicole. Her teacher noticed that the tenth grader, who had previously been a very outgoing and popular student, suddenly appeared quiet, withdrawn, and “spaced out” during class. When the teacher approached her after class, Nicole reluctantly admitted that she had been forced to have sex on a date the previous week. She was very embarrassed about the experience and had not told anyone because she felt guilty and was afraid of what would happen.

- Another example is Daniel. Daniel has become increasingly aggressive and confrontational in school. He talks throughout class time and has difficulty staying “on task.” When approached by the teacher, his mother describes the constant neighborhood violence that Daniel is exposed to. He has witnessed a gun battle among gang members in the neighborhood and his mother suspects that he is in a gang. She is worried that he may be using drugs and alcohol. The mother also admits that during fifth grade, Daniel was placed in foster care due to physical abuse by his father and constant domestic violence in the home.

LEADERSHIP

Social Workers as Leaders in Trauma Response

- Create a positive climate in schools (faculty, staff, and students)
- Use vigilance in maintaining safety
- Educate administrators/staff about widespread impact of trauma
- Explain signs/symptoms or trauma in students and families
- Identify interventions to build resilience

SAMHSA Recommendations

- Safety
- Trustworthiness and transparency
- Peer Support
- Collaboration and mutuality
- Empowerment, voice, and choice
- Cultural, Historical, and Gender issues

Promoting Self Care

EBR

Self-Care Strategies for Mental Health Professionals To Avoid Secondary Trauma

EBR

- Detach
- Practice good sleep hygiene
- Determine whether you are highly sensitive
- Practice Daily Ecstatic Seizure
- Meditate or Relax
- Schedule monthly massage/body work
- Call Hotlines
- Plan socially nurturing outings in advance
- Declutter home and office
- Connect with fellow clinicians for support

EBR

Resources

- National Child Traumatic Stress Network
- Center for Disease Control and Prevention
- Louisiana Spirit Crisis Counseling Program (Baton Rouge – 225-342-8609)
  - NEDHSA - Northeast Delta Human Services Authority (Caldwell, East Carroll, Franklin, Jackson, Lincoln, Madison, Morehouse, Ouachita, Richland, Union and West Carroll
  - NLHSD - Northwest Louisiana Human Services District (Bienville, Bossier, Caddo, Claiborne, DeSoto, Natchitoches, Sabine, Red River, and Webster
  - FPHSA - Florida Parish Human Services Authority (Livingston, St. Helena, Tangipahoa, St. Tammany, and Washington
- American Psychological Association
- NASW Self Care in Social Work (video)
- SAMHSA – National Registry of Evidence-based Programs and Practices
- Crisis Intervention Center – The Phone (800-437-0303)
- *ICARE* – 225-226-2273