Responding to Traumatic Reactions in Children and Adolescents

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TF-CBT at Family Services

Trauma Types Served
760 Documented

- Physical Abuse: 14%
- Sexual Abuse: 21%
- Domestic Violence: 18%
- Traumatic grief-sudden unexpected death: 7%
- Traumatic grief-suicide: 5%
- Abandonment/incarceration of parent: 12%
- Accidents/Disasters: 5%
- Other Emotional Abuse, Violence/Bullying, Life Threatening Illness: 18%
SAMHSA’s Concept of a Trauma-Informed Approach (4-R’s)

- **Realizes** the widespread impact of trauma and understands potential paths for recovery

- **Recognizes** the signs and symptoms of trauma in clients, families, staff, and others involved with the system

- **Responds** by fully integrating knowledge about trauma into policies, procedures, practices, and settings

- **Resists** re-traumatization
Prevalence

• 1 in 4 children and adolescents attending school has experienced at least one potentially traumatic event (NCTSN 2008)

• Green (1994) ¾ of U.S. population exposed to some event in their lives that causes traumatic stress. About ¼ of those exposed go on to develop PTSD (about ½ of those will continue to have a decade later)

• In 2012 it was estimated that 3.4 million children in the US were referred for abuse or neglect(CDC)
Prevalence

• The Adverse Childhood Experiences (ACE) Study
  63% of the 17,000 participants in the study had experienced at least one category of childhood trauma
  over 20% experienced 3 or more categories of trauma

• Compared to persons with an ACE score of 0, those with a score of 4 or more were –
  12 times more likely to have attempted suicide
  7 times more likely to be alcoholic
  10 times more likely to have injected street drugs
  4 times the risk of emphysema or chronic bronchitis
Trauma

• Normal reaction to an abnormal event

• Trauma experience characterized by a lack of control and unpredictability

• Feeling unsafe, powerless and/or overwhelmed
Trauma

- “Occurs when both internal and external resources are inadequate to cope with external threat”
  Bessel van der Kolk

- The three “E’S” of trauma: Event(s), Experience of Event(s), and Effect
Hard Wired Response to Trauma

- Trauma elicits a survival response (fight, flight, freeze or appease)

- Sympathetic vs. Parasympathetic

- Survival Brain vs. Learning Brain

- Triune Brain Theory
Pet  Feed  Hug
Trauma

• Trauma memories are stored in a more incoherent, less integrated way

• Traumatic stress brings the past into the present - difficulty distinguishing new contexts

• Suppression of language under stress
Trauma Terminology

• Acute/Simple

• Complex/Developmental Trauma Disorder

• Positive, Tolerable & Toxic stress

• Secondary/Vicarious
Domains of Impairment

• Attachment
• Biology
• Emotional Regulation
• Dissociation
• Behavioral Regulation
• Cognition
• Self-Concept
Hallmarks of PTSD

- Re-experiencing – acting or feeling as if the traumatic event is recurring, intrusive symptoms
- Avoiding – doing whatever is necessary to avoid reminders, internal and external
- Increased arousal and reactivity – hyper vigilance, watching out for and anticipating danger
- Negative changes in cognitions or mood – inability to remember, thinking distortions, dysregulated
Common Reactions of Children

- Physical reactions and sensations
- Intrusive, distressing thoughts, images, memories
- Distressing dreams or nightmares
Common Reactions

• Confusion, difficulty concentrating, attending, making decisions, or problem solving

• Significant fear, anxiety, depression, guilt, agitation

• Loss of emotional control, inappropriate emotional response
Common Reactions

• Avoiding thoughts, feelings, or talk associated with the trauma

• Avoiding activities, places or people associated with the trauma

• Detachment or withdrawal from others/usual activities
Common Reactions

- Aggression, acting tough, not afraid of anything

- Exaggerated startle response – sounds, sights, etc.

- Reenacting

- Regression
Ability to Learn Significantly Compromised

- Processing verbal information
- Articulating what learned
- Expressing concerns in words
- Focusing, Organizing
Core Values of a Trauma-Informed Culture

• Safety

• Trustworthiness and Transparency

• Collaboration and mutuality

• Empowerment

• Voice and Choice

(Fallot 2008)
3 Pillars of Trauma-Informed Care

- SAFETY
- CONNECTION
- MANAGING EMOTIONS
Secondary Wounding

• Statements that minimize, blame or question and cause shame or embarrassment

• Often unintentional and a result of a lack of knowledge about what to say

• Secondary Wounding can also be self induced when comparing actions and reactions to others.

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What Helps

• Symptoms are adaptations, be patient

• It’s about what happened to you

• Each member of a family will have their own individual reaction
What Helps

- It’s Okay to talk about the traumatic event
- Be a “Non-anxious” presence, set a good example
- Normalize reactions, buffer and bolster
- Empower, enable choice, collaborate
What Helps

• Provide consistent, predictable structure - (routines and rituals especially helpful in the acute phase)

• Be sure rules and the consequences for breaking the rules are clear

• Simplify, one thing at a time

• Say what you are going to do before you do it
What Helps

• Notice/reduce exposure to unnecessary trauma reminders/triggers

• Facilitate and encourage the appropriate use of support-seeking and coping skills

• Support a Coping Plan for anticipated trauma reminders in a school/work setting and/or a Safety Plan to enhance future safety
What Helps

• Calm the Brain, Calm the Behavior
• Low and Slow
• Name It To Tame It
• Connect Before You Redirect
What Helps

- Comfort Zone/Safety Spot
- Wellness/Coping Cards
- Boredom Box
- Calm Box
- SUD scale/Balloons
- Feeling Faces – emotional literacy
Autonomy Supportive

- Other perspective
- Offering Choice
- Providing information/rationale
- Acknowledging feelings
- Minimize controlling language and attitudes
Resilience and Post Traumatic Growth

- Resilience – capacity to adopt successfully in the presence of risk and adversity

- Helen Keller – “Although the world is full of suffering, it is also full of overcoming it”
Characteristics of Resilient Individuals

- Bolster positive supportive relationships
- Experience positive emotions and regulate negative emotions
- Adopt a task-oriented coping style
- Cognitively flexible
- Create meaning and purpose
6 Areas of Fitness for Improving Resilience:

- Physical
- Interpersonal
- Emotional
- Thinking
- Behavioral
- Spiritual
Managing Our Own Stress

- Stress
- Burnout
- Compassion Fatigue
- Vicarious Trauma
TF-CBT

Trauma Focused Cognitive Behavioral Therapy (TF-CBT) is an evidenced based practice that targets children and adolescents 3-18 years old who have experienced traumatic life events.

Of the hundreds of children and adolescents completing pre and post assessment 90% reported a statistically significant decrease in trauma symptoms.

Contact Family Services of NW PA Intake at 814 866-4500
TF-CBT Components

• Psycho-educational and Parenting skills
• Relaxation
• Affective Modulation
• Cognitive Processing
• Trauma Narrative
• In Vivo Desensitization
• Conjoint parent-child sessions
• Enhancing safety and social skills
Classroom Code Example

• We keep each other safe
• We are all more alike than different
• Helping you helps me too!
• No one hurts and we all try to help
• No one is treated like a nobody!
• We respect each other’s boundaries
Resources

- www.nctsnet.org
- www.tlcinst.org
- acestudy.org
- www.thenationalcouncil.org
- www.melissainstitute.org
- www.childhood.org.au
- www.coaching-forlife.com

Thank You!