



Fingerprints of Trauma

Childhood PTSD



MO SW-PBS Summer *Training*
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In the United States, 25% of all children will experience at least one traumatic event before the age of 16 with 15% girls and 6% of boys developing symptoms of post-traumatic stress disorder.

National Institute of Health



Outcomes

- Participants will have a deeper understanding of traumatic events and how those events effect brain functions.
- Participants will be given a list of symptoms and behaviors that commonly occur in PTSD children/teens.
- Participants will receive resources that can assist with students suffering from PTSD

What is Childhood Trauma?

“The experience of an event by a child that is emotionally painful or distressful, which often results in lasting mental and physical effects.”



lookthroughtheireyes.org

Two Kinds of Trauma

- Basic trauma-natural disasters, accidents, and disease
These can be one event
- Complex trauma- multiple traumatic exposures that involve direct harm and are interpersonal, premeditated, planned or caused by other humans.



How does Trauma Effect the Brain?

- Increases limbic system- sensibility/impulsivity
- Decreases frontal lobe function- reasoning, personality
- Corpus Callosum- information transfer between right/left is much greater causing personality shifts and mood swings



Amygdala

- Processes emotions before the cortex gets the message
- Generates an emotional response by releasing hormones that lead to defensive responses
- Is immune to the effects of stress hormones- continues to sound an alarm
- Remembers emotionally charged or threatening events

Hippocampus

- Assists transfer of information to cortex
- Vulnerable to stress hormones released by amygdala, loses its ability to function
- This information makes it possible to differentiate between actual and imagined threat
- Causes response to minor irritations

Fight-Flight-Freeze



What are neurological reactions to trauma events?

- Bodies of children who are being abused react and adapt to unpredictable environments.
- Stress can set off a ripple of hormonal changes that permanently wire a child's brain to cope with a hostile world.
- Nervous systems of children who are abused run a constant high because they are constantly anticipating further danger.
- Children who experience trauma perceive the threat to be present when they are in reality safe.



Childhood Trauma Events

- Physical abuse
- Emotional abuse
- Sexual abuse
- Witness to violence
- Natural/Man-made disasters
- Injury



Trauma in the Home

- 3-10 million children witness family violence
- 40%-60% involve child abuse
- Two thirds of the abuse go unreported



Child Abuse Breakdown

- 65% neglect
- 18% physical
- 10% sexual
- 7% mental



How can we know if a child is suffering from Childhood PTSD?



- 1) Documented history
 - 2) Can they recall events
- ✓ Those under four years old can't recall, but brain interference is there.

What behaviors can be expected after a child has had a traumatic experience?



- Children may not have flashbacks or problem remembering like adults.
- Might put the events of the trauma in the wrong order
- Think there were signs that the trauma was going to happen- they think if they pay attention they can avoid future traumas
- Keep repeating a part of the trauma as they play (violent games)
- May also fit parts of the trauma into their daily lives (carry pretend gun)
- Teens show impulsive/aggressive behavior

What are the common symptoms of Childhood trauma?



There are three clusters:

- 1) Recurring dreams or recollections flashbacks
- 2) Avoidance of anything/anyone associated with trauma event
- 3) Increased startle response, sleep difficulties, irritability, anxiety, behavior impulsivity

Additional Symptom Cluster:



- Negative thoughts, moods, feelings
- Distorted sense to blame self or others
- Markedly diminished interest in activities or people
- Inability to remember key details of event

✓ Important to note

Childhood Trauma can appear as:

- ADHD
- Conduct Disorder
- Anxiety Disorder
- Degrees of Depression will be present



Just remember the word “SCARED”



A quick way to identify whether a child is experiencing a trauma:

S- Sudden changes in sleep habits

C- Crying

A- Afraid of things not feared before

R- Refuses activities he/she once enjoyed

E- Easily startled

D- Displays disruptive, violent, bullying or aggressive behaviors



What factors determine trauma effects?

- How severe is the trauma?
- How did the parents react to the trauma?
- How close or far away was the child from the trauma?
- Family history of mental illness or addictions.

Does Media play a role in trauma?



- Media-feed reminder that presents the greatest threat to the children and adolescents (as well as many adults).
- Media exposure can be as great, or nearly so as experiencing firsthand.
- The more exposure children have to violence, placed adolescents at risk and other mental health symptoms.
- Media violence exposure increases risks of physically aggressive behavior.



Other effects of trauma on children

- Fear, worry, sadness, anger, feeling alone and apart from others
- Feeling as if people are looking down on them, low self-esteem, not being able to trust others
- Behaviors such as aggression, out of place sexual behavior and abuse of drugs or alcohol

Childhood Trauma Treatments



- TF-CBT (Trauma Focused Cognitive Behavior Therapy)
- PFA- (Psychological First Aid)
- EDMR (Eye Movement Desensitization Reprocessing)
- Play Therapy
- Seeking Safety

TF-CBT

- TF-CBT- (Trauma-Focused Cognitive-Behavior Therapy)
 - techniques to help lower memory of trauma
 - learn how to assert themselves
 - learn to change thoughts/beliefs about trauma
 - not be afraid of memories



PFA- (Psychological First Aid)

- School age/teens that have experienced violence
- Provide comfort and support- let children know their reactions are normal
- Teaches calming and problem solving skills
- Helps caregivers deal with changes in child's feelings or behavior



EMDR- (Eye Movement Desensitization and Reprocessing)

Combined cognitive therapy and eye movement



- Focus is given to past disturbing memories and related events. Also, it is given to current situations that cause distress and to developing skills and attitudes for positive future actions.
- At some point, the client focuses eyes on an image, negative thought, and body sensations while simultaneously engaging in EMDR processing using a set of bilateral stimulation.
- This is an eight phase treatment.

Play Therapy

- Treat young children who are not able to deal with trauma more directly
- Games, drawings to help children process their traumatic memories



Seeking Safety (teens/adults)

- Safety is the priority as first stage treatment
- Integrated treatment of PTSD and substance abuse
- Focus on Ideals (restore ideals that have been lost or destroyed)
- Four content areas: cognitive, behavioral, interpersonal, case management
- Attention to process



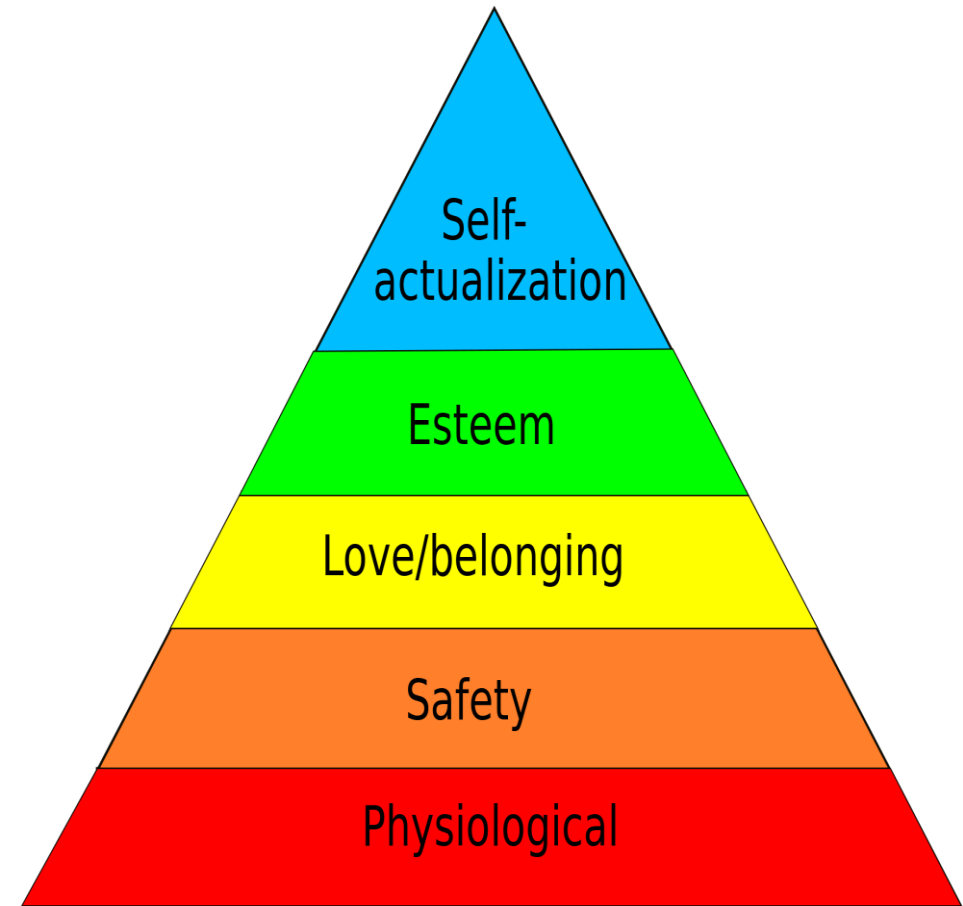


Resources

- *Seeking Safety A Treatment Manual for PTSD and Substance Abuse* by Lisa M. Najavits
- lookingthroughtheireyes.org
- pstd.va.gov
- www.nctsn.org (National Child Traumatic Stress Network)
- www.istss.org (International Society for Traumatic Stress Studies)

In the Classroom

- Give time to process
- Allow time for grounding
- Clear expectations
- Emotionally safe environment
(expectations/boundaries, support,
positive)
- Plan to ask for help
- Establish trust



Questions



Comments

Thank You

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