

LUNCH N LEARN

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IDENTIFYING, UNDERSTANDING, AND RESPONDING IN
SENSITIVE WAYS TO TRAUMA IN CHILDREN AND TEENS

OBJECTIVES

- Identify signs and symptoms of traumatic stress in children and teens
- Understand the link between early traumatic stress/attachment disruption and later mental and physical health
- Describe at least three protective factors that help children and teens be resilient in the face of trauma
- Utilize two trauma-informed strategies/approaches with children, teens, or families who have experienced trauma and are escalated or dysregulated

WHAT IS TRAUMA?

- Exposure to actual, threatened death, serious injury, or sexual violence
- Examples:
 - Physical, sexual abuse
 - Neglect of young children or elderly
 - Witnessing violence in the home or community
 - Natural disasters, terrorism
 - Scary accidents, medical procedures



Acute Trauma

Single traumatic event that is limited in time

During an acute event, people go through a variety of feelings, thoughts, and physical reactions that are frightening AND normal

Chronic Trauma

Multiple/varied traumatic events (e.g., being exposed to violence and then being in a serious car accident, or ongoing abuse/neglect)

The effects of chronic trauma are often **cumulative**

“That which does not kill us makes us weaker”

Complex Trauma

Both the exposure to chronic trauma and the impact of such exposure on a person

Multiple interpersonal traumatic events from a young age

Profound effects on nearly every aspect of development and functioning

Neglect

Failure to provide for a child's, vulnerable person's basic needs

Perceived as trauma by child or person who is completely dependent on adults for care

Opens the door to other traumatic events

May interfere with a person's ability to recover from trauma

PREVALENCE OF TRAUMATIC EVENTS

- Potentially traumatic events are the norm, not the exception
- 40% by age 18 (general population)
- Some research suggests up to 90% over lifetime

Risk factors...
are not
Predictive factors...
because of
Protective factors

ADVERSE CHILDHOOD EXPERIENCES SURVEY

SILENT POLL

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?

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?

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?

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?

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?

6. WERE YOUR PARENTS EVER **SEPARATED OR DIVORCED?**

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 OVER AT LEAST A FEW MINUTES OR THREATENED WITH A GUN OR KNIFE?

8. DID YOU LIVE WITH ANYONE WHO WAS A **PROBLEM DRINKER OR ALCOHOLIC, OR WHO USED STREET DRUGS?**

9. Was a household member **depressed or mentally ill**, or did a household member attempt suicide?

10. Did a household member **go to prison**?

Now add up your “Yes” answers:
This is your ACE Score

ONE INDIVIDUAL'S ACE SCORE...

- Is not predictive or deterministic
- Many of us have incredible protective factors
- Let us now....
 - Use this information for harm
 - Respond to the root causes
- Yet, on average...

Number of Adverse Childhood Experiences (ACE Score)	Women	Men	Total
0	34.5	38.0	36.1
1	24.5	27.9	26.0
2	15.5	16.4	15.9
3	10.3	8.6	9.5
4 or more	15.2	9.2	12.5

The higher your ACE score, the higher your risk of health and social problems

SO HOW DOES THIS HAPPEN?

Basic Brain Development:

- Brain development is **sequential & hierarchical**
- It involves the creation of a complex web of neural networks or associations
- Neurons that fire together, wire together
- Brains are shaped by experiences, both positive and negative



SURVIVAL & FEAR: OUR BRAIN'S SPECIAL TALENT



SURVIVAL & THE FEAR RESPONSE

- From an evolutionary perspective, the brain has developed special talents for detecting & protecting us from danger
- Many areas and networks in the brain are involved in dealing with fear
 - The amygdala detects danger
 - The brain stem is activated to mobilize the body
- We use generalization to become more effective at detecting danger



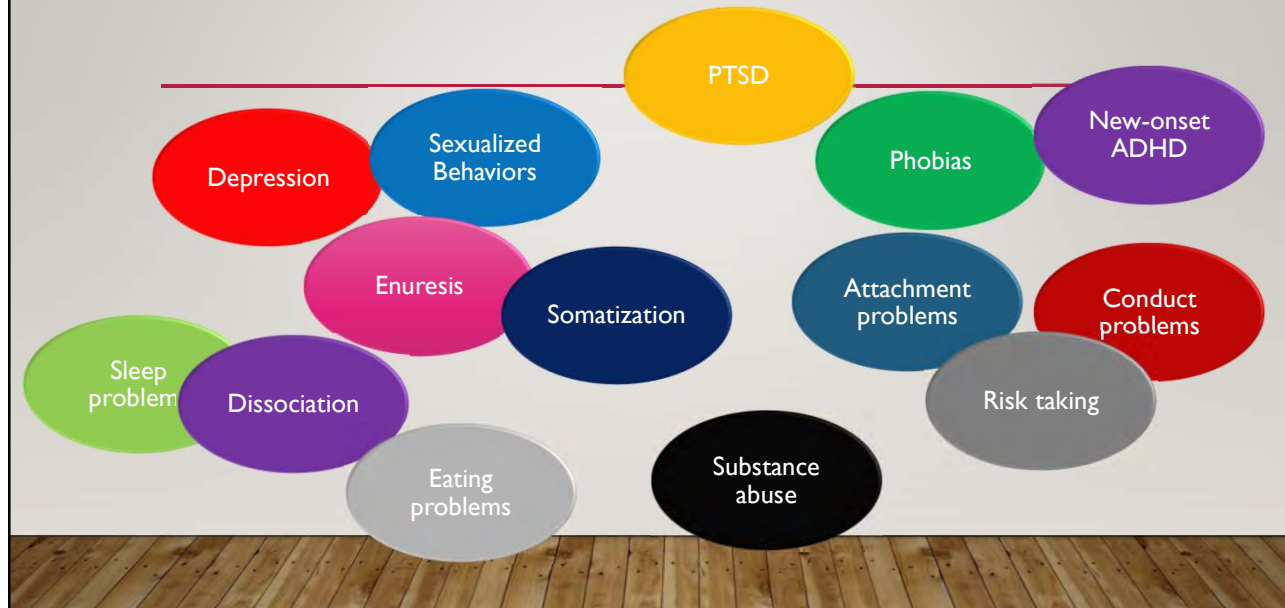
THE BODY'S ALARM SYSTEM

- The body's alarm system is designed to make us efficient & keep us safe
- An adaptive system for stress management is built from early experiences
 - One gears us up (sympathetic)
 - The other brings us down (parasympathetic)



WHAT CAN TRAUMA LOOK LIKE?

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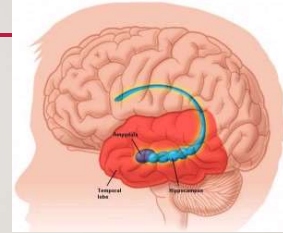
COMMON TRAUMA TRIGGERS

(ADAPTED FROM ARC, KINNIBURGH & BLAUSTEIN, 2005)

- Unpredictability or sudden change
- Transition
- Loss of control
- Feeling vulnerable or rejected
- Loneliness
- Sensory overload
- Confrontation
- Praise, intimacy, and positive attention

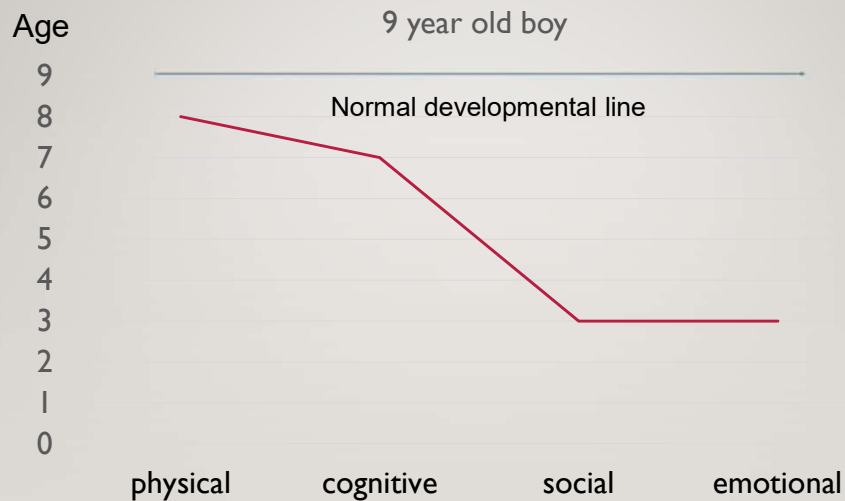
THE IMPACT OF TRAUMA ACROSS DEVELOPMENTAL DOMAINS

- Emotional development
- Social development
- Cognitive development
- Physical development



Development in these areas are affected by actual changes in the brain, neurochemistry, and fear response systems

WHICH DEVELOPMENTAL DOMAIN TO FOCUS ON?



PROTECTIVE / RESILIENCE FACTORS

- Re-establishing ACTUAL and FELT safety
- Strong attachments and healthy relationships
- Emotion regulation
- Optimism/hope

RESILIENCY

- Family/social support and resilience
- Knowledge of parenting and child development
- Concrete supports in times of need
- Engagement in prosocial activities
- Intelligence
- Attractiveness
- Optimism
- Emotion Regulation

PRIMARY ELEMENTS OF TIC

1. **Realize** the prevalence of trauma
2. **Recognize** how trauma affects all individuals involved with the program, organization, or system, including its own workforce
3. **Respond** by putting this knowledge into practice

TRAUMA-INFORMED CARE (TIC)

- Trauma-informed care allows services to be delivered in a manner that **does not re-traumatize** people or make their trauma symptoms worse.
- Trauma-informed care creates places and services that **make people feel safe and secure**.
- Trauma-informed care allows for clients to **participate in decisions** about their treatment.

LOW AND SLOW

- Voice and body movements
 - Low volume, low posture (to the ground)
 - Slow pace of speech, slow body movements

REGULATE OVER TEACH

- No “learning” can occur until the person is regulated and calm
- There is no point in delivering consequences, lecturing, etc.
- Rather, the only goals are safety and regulation
- EMPATHY – *“I know you are struggling,” “I know this is hard,” “This is a safe place,” “Can I get you a drink of water”*
 - No “buts” and no “at leasts”

CONNECTION OVER ISOLATION

- “Be with”
 - *“I’m here **with** you,” “**We** will get through this,” “I’d like to **stay with** you and make sure you are safe”*