



Developmental signs of stress and impact of trauma

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Some facts

- More than 2/3 of children report at least one traumatic event by 16 years of age, with 13.4 % developing some PTSD symptoms, 9.2 % developing PSD
- Transient moderately psychological distress may be a normative reaction to traumatic exposure
- Predictive of later childhood problems including smaller cerebral volume, lower academic achievement
- Sexual abuse alone is strong predictor of adverse outcomes including substance abuse, conduct problems and depression
- Few symptoms observed following first event, cumulative effects

- Although most children are resilient after trauma exposure, some development significant and potentially long lasting mental health problems
- Clinicians should not attempt to conduct forensic assessments in the context of a clinical evaluation
- Most individuals who experience truly life threatening events manifest posttraumatic symptomatology immediately, but only about 30% tend to manifest enduring symptoms beyond the first month

- Children often experience life saving medical procedures as traumatic
- Young children may manifest new aggression, oppositional behavior, regression, and new fears
- 88% of PTSD symptomatology was not observable from clinical examination of young children
- Panic symptoms in the immediate aftermath of a trauma are predictive of subsequent PTSD
- Providing an early mental health intervention, debriefing was neither better or worse than control in improving PTSD symptoms for kids in road traffic accidents

Core Curriculum on Childhood Trauma (NCTSN, 2007)

- A set of guidelines/concepts to assist mental health providers in understanding trauma/developing case conceptualizations
- 12 core concepts:
 - 1. Traumatic events are inherently complex
 - 2. Trauma occurs within a broad context that includes children's personal characteristics, life experiences, and current circumstances.
 - 3. Traumatic events often generate secondary adversities, life changes, and distressing reminders in children's daily lives.
 - 4. Children can exhibit a wide range of reactions to trauma and loss.

- 12 Core Concepts

- 5. Danger and safety are core concerns in the lives of traumatized children.
- 6. Traumatic experiences affect the family and broader caregiving systems.
- 7. Protective and promotive factors can reduce the adverse impact of trauma.
- 8. Trauma and post trauma adversities can strongly influence development.
- 9. Developmental neurobiology underlies children's reactions to traumatic experiences.
- 10. Culture is closely interwoven with traumatic experiences, response, and recovery.

Risk and Protective Factors

- Severity of the event
- Proximity to the event
- Caregivers' reactions
- Prior history of trauma
- Family and community factors

Long-term Effects

- May have more difficulty establishing healthy relationships and keeping jobs
- May have increased involvement in mental health systems
- May have increased involvement in child welfare and juvenile justice systems
- May have long-term health problems, die at an earlier age
- May have increased health-risk behaviors (e.g., smoking, substance use, etc)

Practice parameters (AACAP, 2010)

- Routine screening for PTSD during initial mental health assessment is recommended
- If screening indicates symptoms, clinician should conduct formal evaluation to determine, presence, severity and degree of functional impairment, including parents in the evaluation when possible
- Assessment should consider differential diagnosis of other psychiatric disorders and physical conditions that mimic symptoms
- Treatment planning should consider a comprehensive treatment approach which includes consideration of the severity and degree of impairment and should incorporate appropriate interventions for comorbid conditions
- Trauma focused therapies should be considered first line treatment

Effects of Trauma

- If a child and an adult witness the same traumatic event, a child under the age of 11 is 3 times more likely to develop symptoms of PTSD than the adult.
- Depressive symptoms
- Anxiety
- Behavior changes
- Difficulties with self regulation
- Problems relating to others or forming attachments
- Regression/loss of previously acquired skills
- Attention and academic difficulties
- Nightmares
- Difficulty sleeping and eating
- Physical symptoms
- Repetitive play/intrusive thoughts

Risk and protective factors

- Female gender
- Previous trauma exposure
- Multiple traumas,
- Greater exposure to the index trauma
- Presence of preexisting psychiatric disorder
- Parental psychopathology
- Lack of social support
- Parental support
- Lower levels of parental TSD
- Resolution of other parental trauma related symptoms

Developmental trauma

- Developmental tasks build on themselves with success and mastery at a given stage laying the foundation of success at a later one
- Neural plasticity- ability of the brain to adapt and change in response to an experience
- Trauma and adversity shape development: core deficits in interpersonal competencies, intrapersonal competencies, regulatory competencies and neurocognitive competencies
- Impact through –prioritization of certain developmental tasks and skills typically those relevant to the child’s survival
- Interference with other developmental tasks, frequently those most dependent on the availability of safe attachment

Early Childhood

- Developing tasks of building affect tolerance and regulation strategies
- Attachment- our earliest understanding of self, other and self in relation to others
- Infants learn rudiments of interpersonal interactions including how to interpret expressions of others and communicate need
- The child who receives relatively consistent, sensitive responses from their caregivers develops a basic sense of safety in the world, of others as responsive and trustworthy and of self as worthy of care
- In a safe enough system, exploration begins moving from sensory to physical and child develops a sense of agency, a belief in his capacity to have an impact on his world

- Preschoolers tuned in to structure, repetition and security, little sense of time and space and their interpretation of the world is concrete and immediate
- Elementary school aged children begin to see the world expanding beyond the immediate family and see the gradual increase in the importance of peers
- Independence increases and their investment in personal accomplishments
- Adolescence- characterized by rapid changes, emerging sense of self and identity

- In young children child may be left with no frame in which to interpret communicative experiences
- Adaptation may be to communicate more strongly or minimize communication
- Absence of self soothing
- May not explore

- Elementary school aged children may demonstrate impairments in competent development across domains
- Continued failures may take toll on sense of self
- Children may internalize self blame and negative self concept

Affective symptoms

- Fear
- Anxiety
- Sadness
- Depressive symptoms
- Anger
- Affective dysregulation

Behavioral symptoms

- Avoidance
- Emotional numbing
- Modeling
- Traumatic bonding
- Substance abuse
- Self injury

Cognitive symptoms

- Inaccurate or irrational cognitions

General symptoms

- Stomach aches, headaches
- Crying a lot
- Fear or anxiety
- Sadness or irritability
- Thoughts about the traumatic event that won't go away
- Avoiding thinking or talking about anything that reminds him or her of the traumatic event
- Acting as if the event is happening right now (when it is something that occurred in the past)
- Trouble managing behavior or emotions
- Pains in the body that don't seem to have a physical cause
- Hopelessness
- Nightmares
- Trouble paying attention
- Trouble falling asleep, or sleeping too much
- Getting upset when things happen that remind him or her of the traumatic event
- Lack of desire to play with others or take part in activities that her or she used to enjoy

Age specific effects (NCTSN.org)

Preschool children

- **Preschool children** Bed wetting
- Thumb sucking
- Acting younger than their age
- Trouble separating from their parents
- Temper tantrums
- Aggressive behavior like hitting, kicking, throwing things, or biting
- Not playing with other kids their age
- Repetitive playing out of events related to trauma exposure

Elementary school children

- **Elementary school children** Changes in their behavior such as aggression, anger, irritability, withdrawal from others, and sadness
- Trouble at school
- Trouble with peers
- Fear of separation from parents
- Fear of something bad happening

Middle and high school-aged youth

- **Middle and high school-aged youth** A sense of responsibility or guilt for the bad things that have happened
- Feelings of shame or embarrassment
- Feelings of helplessness
- Changes in how they think about the world
- Loss of faith
- Problems in relationships including peers, family, and teachers
- Conduct problems

Resilience

Positive predictors include:

- Infancy- positive temperament and secure attachment style
- Preschool- autonomy and capacity for social orientation
- Middle childhood self perceived sense of efficacy and personal competency
- Adolescence- sense of personal responsibility and social maturity

- Practice Parameter for the assessment and treatment of children and adolescents with posttraumatic stress disorder, *Journal of the American Academy of Child and Adolescent Psychiatry*, 49 (4) 414-430. 2010
- Blaustein, M.E. & Kinniburgh, K.M. (2010). *Treating traumatic stress in children and adolescents*. New York: Guilford Press.
- Cohen, J.A., Mannarino, A.P, & Deblinger, E. (2017). *Treating trauma and traumatic grief in children and adolescents*. New York: Guilford.