

Childhood Trauma



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BR4

12 Core Concepts for Understanding Traumatic Stress Responses in Childhood

1. Traumatic experiences 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.

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Slide 2

BR4

I often use these principles to set a frame for my lecture on trauma, so I put them here, but happy to also start off my section with them if that makes more sense

Brigham, Rebecca(ChildPsych), 11/2/2022

12 Core Concepts for Understanding Traumatic Stress Responses in Childhood

- 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.

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12 Core Concepts for Understanding Traumatic Stress Responses in Childhood

- 9. Developmental neurobiology underlies children's reactions to traumatic experiences.
- 10. Culture is closely interwoven with traumatic experiences, response, and recovery.
- 11. Challenges to the social contract, including legal and ethical issues, affect trauma response and recovery.
- 12. Working with trauma-exposed children can evoke distress in providers that makes it more difficult for them to provide good care.

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Defining Trauma

A traumatic event is a frightening, dangerous, or violent event that poses a threat to a child's life or bodily integrity. Witnessing a traumatic event that threatens life or physical security of a loved one can also be traumatic. This is particularly important for young children as their sense of safety depends on the perceived safety of their attachment figures.



Defining Trauma

What is trauma?

A trauma is a scary, dangerous, or violent event that can happen to any or all members of a family. Some types of trauma that families go through are:

- Accidents or injuries
- Serious illness
- House fires
- Crimes
- Community violence
- School violence
- Sudden loss of a loved one
- Combat injuries or death of a family member
- Violence within the family
- Abuse
- Neglect
- Homelessness
- Natural disasters
- Acts of terrorism
- Living in or escaping from a war zone



Understanding Traumatic Stress

What is traumatic stress?

Everyone gets stressed out once in a while. At any time, a member of any family may worry about staying safe or getting very sick. But when “bad things happen,” such as a trauma event, some family members may become very upset and show signs of traumatic stress. They may:

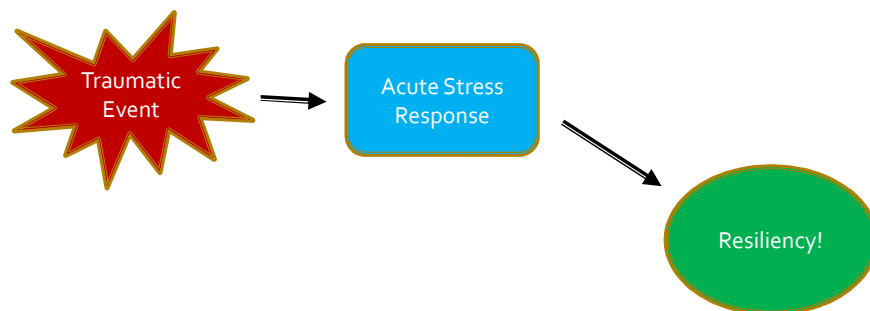
- Feel numb or shock
- Avoid people and places that remind them of the event
- Have nightmares or strong memories of the event, as if re-living it
- Be very afraid, angry, or sad
- Have trouble sleeping or paying attention
- Feel helpless and hopeless
- Be very tired and worn out
- Have aches and pains

*“Sitting around worrying about what happened makes it worse.”
A mother who experienced domestic violence*

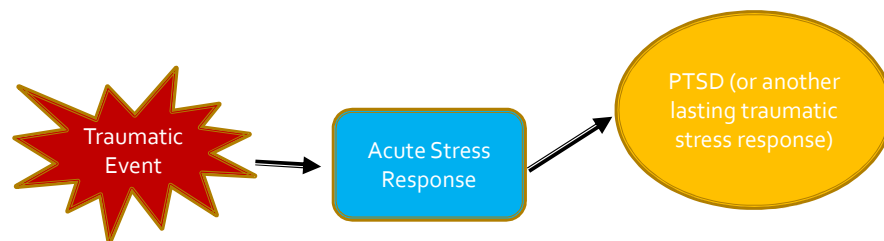
Understanding Traumatic Stress

- It is natural to feel afraid during and after a traumatic situation.
- Fear triggers many split-second changes in the body to help defend against danger or to avoid it. This “fight-or-flight” response is a typical reaction meant to protect a person from harm.
- Nearly everyone will experience a range of reactions after trauma, yet most people recover from initial symptoms naturally.
- Those who continue to experience problems may be diagnosed with PTSD. People who have PTSD may feel stressed or frightened even when they are not in danger.

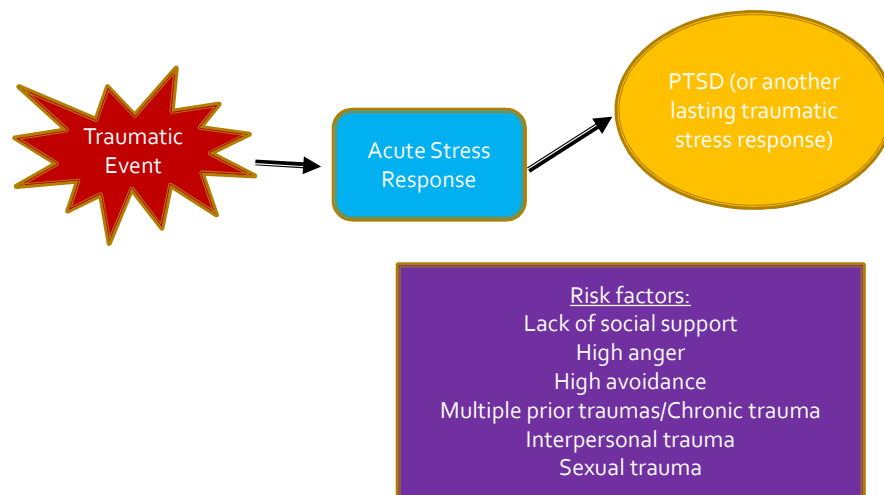
Understanding Traumatic Stress



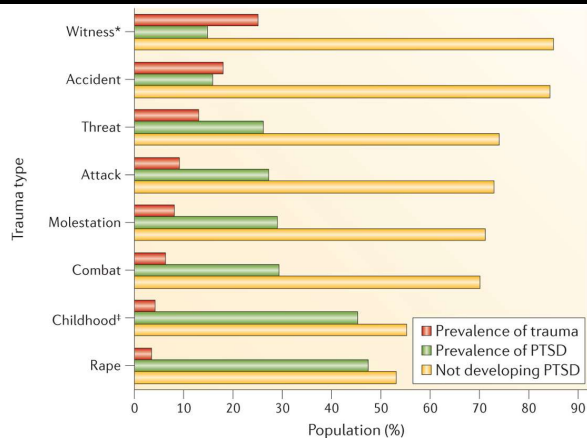
Understanding Traumatic Stress



Understanding Traumatic Stress



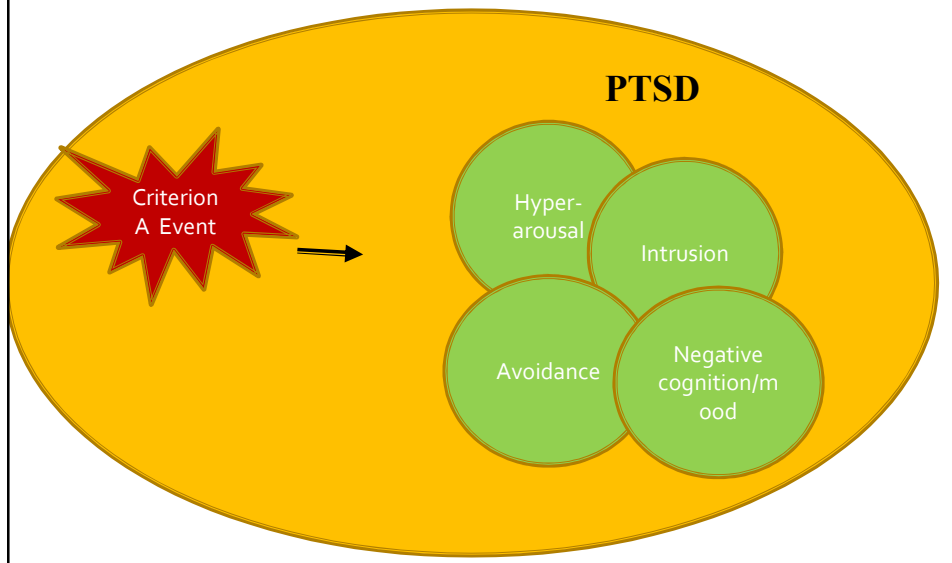
Trauma Exposure and PTSD Occurrence



Most individuals exposed to trauma do not develop post-traumatic stress disorder. Such low rates of PTSD after trauma suggest that PTSD is only one of many responses to trauma. Many individuals do not develop mental health symptoms following trauma exposure

Yehuda, R. *et al.* (2015) Post-traumatic stress disorder
Nat. Rev. Dis. Primers doi:10.1038/nrdp.2015.57

Post Traumatic Stress Disorder



Post Traumatic Stress Disorder

- Criterion A event: Actual or threatened death, serious injury, or sexual violence (defines type of traumatic experience)
- Four clusters of Symptoms
 - Criterion B: intrusion/re-experiencing symptoms
 - Criterion C: avoidance
 - Criterion D: negative alterations in cognition or mood
 - Criterion E: alternations in arousal and reactivity
- Duration of symptoms for more than one month
- Causing functional impairment

(Slightly modified criteria for children under age 6)

PTSD Criteria C or D (<6 y/o)

- Either Criteria C or D criteria; they don't have to have both
 - Negative Cognition in kids can look like-
 - Socially withdrawn
 - Diminished interest in play
 - Reduction in expression of positive emotion

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PTSD in Early Childhood

(Coates, 2009)

- 3 additional factors differentiate young children's responses to a trauma from those of older children and adults:
 - their cognitive immaturity,
 - their developmental vulnerability,
 - and the relational context of early trauma given young children's dependence on
 - 3 patterns of adult response: unresponsive, overprotective, re-enacting

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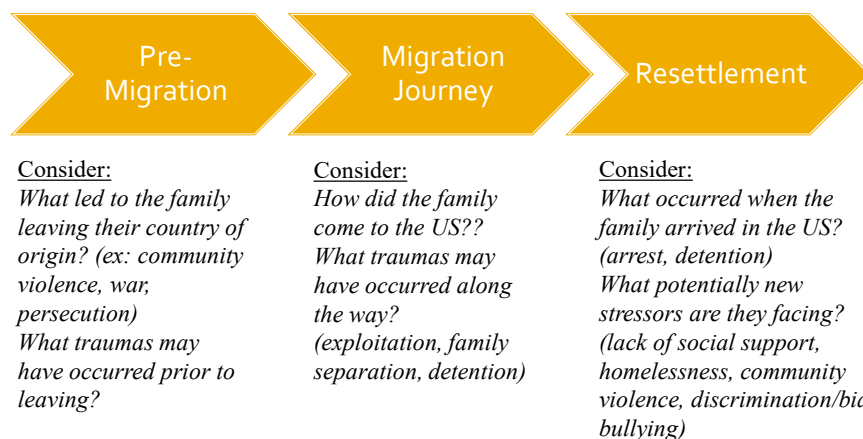
Clinical Assessment in Youth

Consider standardized instruments

- TESI/TESI-PR (exposure)
- Child Trauma Questionnaire (exposure)
- UCLA PTSD Index (exposure and symptoms)
- TSCC/TSCYC (symptoms)
- CAPS-CA-5 (symptoms)

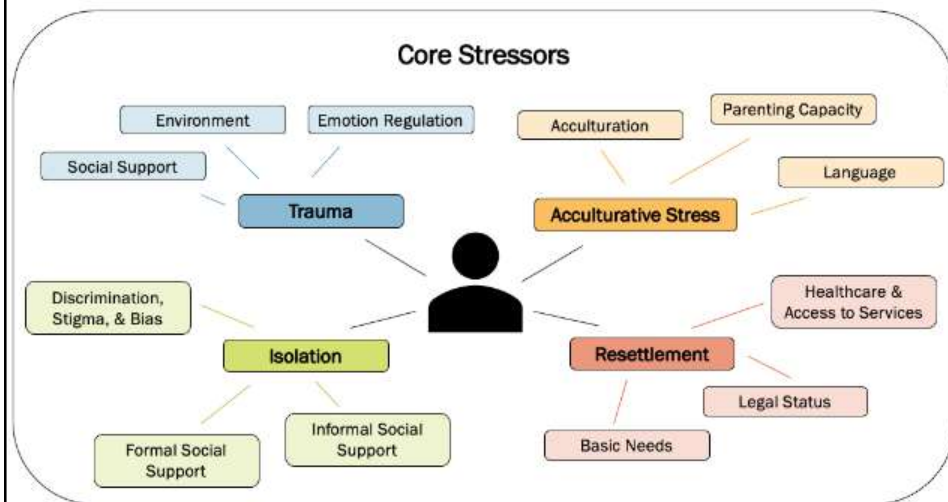
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Trauma and Immigration



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Refugee and Immigrant Core Stressors



<https://www.childrenshospital.org/programs/trauma-and-community-resilience-center> 19

Goals for Therapy Interventions for Trauma in Children and Adolescents

- Safety in the social environment (felt sense of safety as well as actual safety)
- Building emotional and behavioral regulation, cognitive processing
- Meaning-making about past trauma (storying), schemas about self/others/world, promoting post-traumatic growth
- Enhancing resiliency and integration into social network, fostering attachment and connection

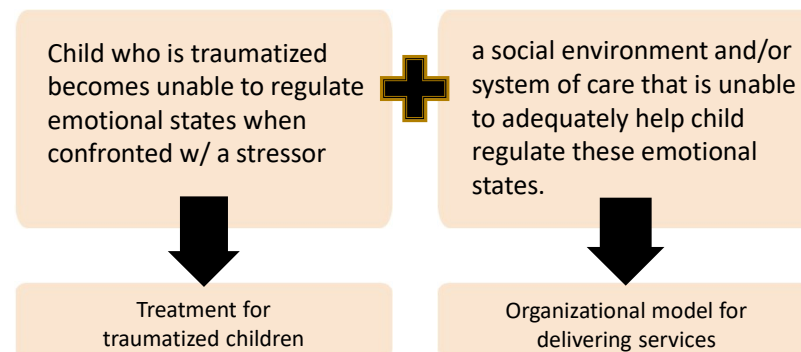
Caregiver Support

- Interview caregivers about their concerns after their child has experienced a trauma
- Psychoeducation about trauma and trauma responses
- Help caregivers understand when children are resilient and don't have PTSD
- Support caregivers in coping with their own reactions (shame, blame, anger, trauma responses)
- Manage concrete concerns that may arise after a trauma

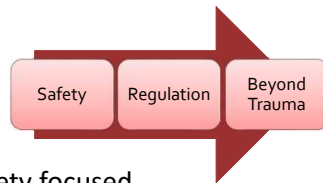
Trauma Systems Therapy (TST)

<https://www.nctsn.org/interventions/trauma-systems-therapy>

The development of traumatic stress in children as resulting from the intersection of two main elements:



Trauma Systems Therapy (TST)



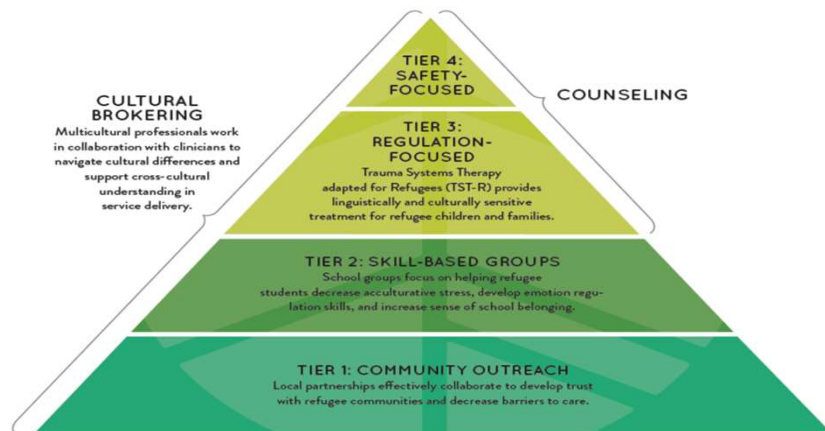
- **Safety focused**
 - Safety, reduce dangerous survival states, organize services, teach parents how to help
- **Regulation focused**
 - Overcoming survival states through skills building, nurturing parent attunement, trigger identification
- **Beyond Trauma**
 - Building cognitive skills, developing a trauma narrative, envisioning the future, nurturing relationships

- Socio-ecological model of treatment
- Phase-based
- Strong emphasis on social environment, including but not limited to caregiver
- Mechanism of change is equal emphasis on 1) building the child's skills and 2) changing the environment to better support the child

Trauma Systems Therapy for Refugees (TST-R)

<https://www.nctsn.org/interventions/trauma-systems-therapy-refugees>

STRUCTURE OF TST-R SERVICES



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Boston Services for Trauma and Resources for families (Boston STAR)



GOALS

Increase capacity of BMC to meet needs of families who have experienced trauma

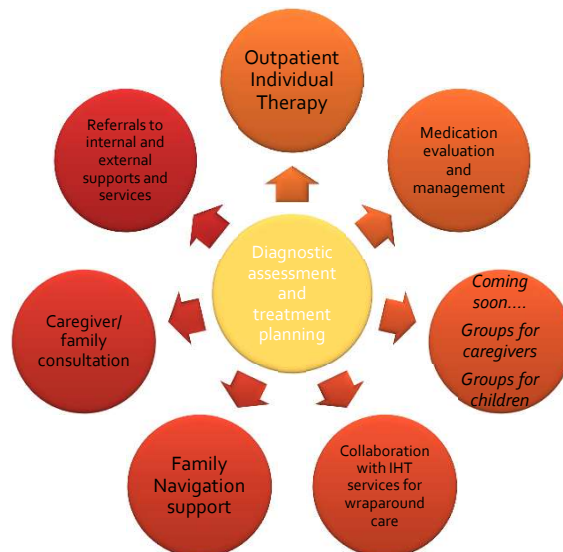
Expand access to evidence-based trauma treatment services for BMC families

Multidisciplinary team based approach to care, including providing case management and resource support

Culturally responsive services, with a focus on needs of refugee/immigrant families through TST-R

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Boston Services for Trauma and Resources for families (Boston STAR)



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Addressing Concrete Needs

- Housing
- Food
- Utilities
- Clothes
- Toys, books
- Transportation
- Employment
- Education
- Immigration/legal
- Childcare
- Recreational programs/FUN!

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Role of the Cultural Broker

Bridging between clinician and client/family



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Referring to STAR

- BostonSTAR@bmc.org or 617.414.3820
- Criteria:
 - Under 18
 - History of trauma
 - Traumatic stress response/trauma symptoms
 - Receives care at BMC or affiliated CHC

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What can I do?

- Enhance safety (both actual and perceived) through safety planning and advocacy
- Address concrete needs to increase stability and reduce ongoing family stressors
- Build child's own regulation skills to manage survival states
- Increase the ability of the environment to support the child's regulation through caregiver support and systems advocacy
- Facilitate caregiver attunement, support caregivers in responding to their child's survival states
- Enhance positive community connections, build social support, increase nurturing relationships

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Resources to Learn More

- Boston STAR Website: <https://www.bmc.org/boston-services-trauma-and-resources-families-star>
- National Child Traumatic Stress Network: <https://www.nctsn.org/>
 - 12 Core Concepts: <https://www.nctsn.org/resources/12-core-concepts-concepts-understanding-traumatic-stress-responses-children-and-families>
- Trauma Systems Therapy for Refugees: <https://www.nctsn.org/interventions/trauma-systems-therapy-refugees>
- Boston Children's Hospital (partnership): <https://www.childrenshospital.org/programs/trauma-and-community-resilience-center>
 - Refugee and Immigrant Core Stressors Toolkit (BCH): https://redcap.tch.harvard.edu/redcap_edc/surveys/?s=RCDFHVK4P7THRL4

Happy to answer questions:

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