UNDERSTANDING TRAUMA: HOW TO HELP, NOT HINDER

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LEARNING OBJECTIVES

• Identify symptoms of trauma in child and adolescent survivors
• Understand how a traumatic event can have lasting impacts throughout the developmental lifespan
• Identify trauma-informed practices to utilize when engaging child and adolescent survivors
DISCLAIMER

- This presentation discusses sensitive material that may be triggering to participants
- Please take breaks as needed and take care of your needs
TRAUMA DEFINITION

- Experiencing serious injury to self, or witnessing serious injury or death of someone else
- Exposure to threats of serious injury or death to self or others
- Psychological harm or violation of integrity
- Powerlessness, helplessness, horror, fear, terror

(NCTSN, 2009)

Helplessness to help yourself; Helplessness to help someone else
EXAMPLES OF TRAUMA

- Car Accident
- Natural Disaster
- Serious Medical Treatment
- Birth Trauma
- Bullying
- Community Violence
- Domestic Violence
- Emotional Abuse
- Physical Abuse
- Sexual Abuse
- Neglect
- Homelessness

- Exposure to Alcohol/Drugs
- Parent/Guardian with Mental Illness
- Separation from Caregiver
- Parent/Guardian Incarcerated
- Sudden Death/Loss
- Witness to Death
- Robbery
- Kidnapping

(Adapted from Childhood Trust Events Survey, 2006)
PREVERBAL TRAUMA

- Lack of prenatal care
- Traumatic birth
- Neglect/Abuse
- Early Surgeries/Hospitalizations/Medical Issues
- Foster Care/Adoption (multiple placements)
- Caregiver’s untreated mental health or addictions issues
- Failure to thrive
- Separation from primary caregivers
- Poor attachment
THE LEVEL OF A CHILD’S SYMPTOMOLOGY IS INFLUENCED BY:

- Level of exposure
- Type of incident
- Nature of incident
- Closeness to victim

- Relationship wealth in child’s life at time of trauma.
UNDERSTANDING TRAUMA: SYMPTOMS IN CHILDHOOD
AGE SPECIFIC REACTIONS: TODDLERS/PRESCHOOL

- Withdrawal
- Denial of the events
- Thematic play
- Anxious attachment
- Specific fears
- Regression
AGE SPECIFIC REACTIONS: SCHOOL AGE CHILDREN

- Performance decline
- Obsessive talking about the trauma
- Discrepancy in mood
- Behavioral changes
- More elaborate reenactments
- Psychosomatic complaints
AGE SPECIFIC REACTIONS: ADOLESCENTS

- Acting out behaviors
- Low self esteem
- “Too old, too fast”
- Displaced anger
- Risk taking
- Reoccupation with self
- Untrusting of adults
- Overly socialized, even for developmental level
PHYSICAL SYMPTOMS

- Headaches
- Stomachaches
- Shortness of breath
- Increased heart rate
- Fatigue
- Excess energy
- Change in appetite
- Bedwetting
- Sensitivity to touch
- Decreased reactivity to injury or pain
- Unconscious flinch reaction
- Digestive problems
COGNITIVE SYMPTOMS

• Inattention
• Lack of concentration
• Worry
• Intrusive thoughts
• Memory impairment
• Dissociation
• Foreshortened future
• Negative beliefs
• Self-blame
• Changes in values
EMOTIONAL SYMPTOMS

- Anxiety
- Fear
- Numb
- Hopelessness
- Irritability
- Anger/rage
- Shame
- Worthlessness
- Loneliness

- Sadness
- Apathy
- Guilt
- Panic
- Depression
SOCIAL SYMPTOMS

- Attachment disturbance
- Isolation
- Trust
- Loss of interest
- Poor conflict resolution
- Poor boundaries
- Risky behavior
BEHAVIORAL SYMPTOMS

• Tantrums
• Aggression
• Hypervigilance
• Hyperactivity
• Withdrawal/Isolation
• Clinging to parents
• Separation anxiety
• Avoidance
• Repetitive play

• Reenactment
• Self-harm
• Regression
• Risk-taking behaviors
• Substance abuse
• Toileting problems
• Sleep disturbance
• Acting out
SEXUAL BEHAVIORS THAT REQUIRE REASSESSMENT

• Beyond child’s appropriate developmental stage
• Include aggression/threats/coercion
• Persistent behaviors that are difficult to distract
• Include children with 4+ years age difference
• Evoke emotional distress or pain
• Variety of behaviors that occur daily
COMMON COPING

- Disassociation
- Sexual acting out
- Cutting
- Clinginess
- Attachment difficulties
- Criminal activity
- Anger outbursts towards those close to them
TRAUMA SYMPTOMS AND MISDIAGNOSIS:

• Depression
• Attention Deficit Hyperactivity Disorder
• Oppositional Defiant Disorder
• Conduct Disorder
• Reactive Attachment Disorder
UNDERSTANDING TRAUMA: IMPACT OF TRAUMA OVER THE LIFESPAN
BRAIN’S RESPONSE
Unthinking Responses

- Fight
- Flight
- Freeze
- Collapse
Window of Tolerance

Hyperarousal Zone

<table>
<thead>
<tr>
<th>2. Sympathetic “Fight or Flight” Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increased sensations, flooded</td>
</tr>
<tr>
<td>Emotional reactivity, hypervigilant</td>
</tr>
<tr>
<td>Intrusive imagery, Flashbacks</td>
</tr>
<tr>
<td>Disorganised cognitive processing</td>
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</tbody>
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<table>
<thead>
<tr>
<th>3. Dorsal Vagal “Immobilisation” Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relative absence of sensation</td>
</tr>
<tr>
<td>Numbing of emotions</td>
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<tr>
<td>Disabled cognitive processing</td>
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<tr>
<td>Reduced physical movement</td>
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1. Ventral Vagal “Social Engagement” Response

State where emotions can be tolerated and information integrated

Adapted from Ogden, Minton, & Pain, 2006, p. 27, 32; Corrigan, Fisher, & Nutt, 2010, p. 2
PTSD in Adulthood

- Untreated PTSD, coupled with continuing life stresses or subsequent traumas, can so deplete the body’s neurological and biochemical reserves that a clinical depression results. (Matsakis, 1996)
- Symptoms of PTSD are after effects of an event severe enough to alter person’s thinking, feelings, and physical reactions
- Not all cases are the same. Some people have symptoms that do not interfere with their life.
Adverse Childhood Experiences (ACE) Study

• Compares current adult health status to childhood experience decades later
• 10 Questions exploring instances of:
  ▫ Verbal, physical, sexual abuse
  ▫ Neglect
  ▫ Parental separation or incarceration
  ▫ Parental untreated mental health
  ▫ Household alcohol and drug addictions
ACE Study, cont. 

- Found the presence of one or more adverse childhood experiences increased the likelihood of a person experiencing the following:
  - Alcoholism
  - COPD
  - Depression
  - Fetal Death
  - Health-related quality of life
  - Adolescent pregnancy
  - STI’s
  - Smoking
  - Suicide attempts
  - Illicit drug use
  - Liver disease
  - Risk for intimate partner violence
  - Early initiation of sexual activity
  - Unintended pregnancies
Transgenerational Trauma

• “A collective complex trauma inflicted on a group of people who share a specific group identity or affiliation – ethnicity, nationality, and religious affiliation. It is the legacy of numerous traumatic events a community experiences over generations and encompasses the psychological and social responses to such events.”

  (Evans-Campbell, 2008)

• Epigenetic research suggests genes carry memories of trauma experienced by our ancestors and can influence how we react to trauma and stress.

• Trauma experienced by earlier generations can influence the structure of our genes, making them more likely to “switch on” the unthinking responses to stress and trauma.
HOW TO HELP, NOT HINDER
CLIENT IMPLICATIONS

The client’s primary survival need is to regulate their body and brain. An unregulated/symptomatic client does not have access to relationship or complex reasoning skills.
BOTTOM-UP APPROACH:
# TWO APPROACHES TO REGULATION

<table>
<thead>
<tr>
<th>Co-Regulation</th>
<th>Auto-Regulation</th>
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</thead>
<tbody>
<tr>
<td>• Use relationships to keep within window of tolerance</td>
<td>• Ability to keep self in window of tolerance.</td>
</tr>
<tr>
<td>• Other stimulates or calms the child</td>
<td>• Ability to stimulate or calm self</td>
</tr>
<tr>
<td>• Humans bodies are dependent on regulation from others to survive as well as to develop.</td>
<td>• Learned from co-regulating experiences.</td>
</tr>
</tbody>
</table>
CO-REGULATION

- Match tone
- Match affect
- Match intensity
- Don’t match emotion
TOUCH AND CO-REGULATION

- Touch can be triggering.
- Touch can be calming and grounding
- Touch must be used mindfully, and for the benefit of the child
- Having non-perpetrating caregivers in room providing the touch can increase comfort and safety
### SENSORY TOOLS TO FACILITATE REGULATION

<table>
<thead>
<tr>
<th>Calming</th>
<th>Alerting</th>
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</thead>
<tbody>
<tr>
<td>Heavy blankets</td>
<td>Holding ice</td>
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<tr>
<td>Soft/Low lighting</td>
<td>Spinning in circles</td>
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<tr>
<td>Soft materials</td>
<td>Cool room</td>
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<tr>
<td>Drinking water</td>
<td>Cold water/Washcloth on face</td>
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<tr>
<td>Chewing fruit flavored gum</td>
<td>Air blowing across skin</td>
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<tr>
<td>Rocking or steadily swinging</td>
<td>Strong mints</td>
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<tr>
<td>Focusing on calming scenes</td>
<td>Standing on toes/Balancing</td>
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<tr>
<td>Repetitive sounds</td>
<td>Bright lights</td>
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<tr>
<td>Soothing scents</td>
<td>Dancing to upbeat music</td>
</tr>
<tr>
<td>Gentle yoga/Stretches</td>
<td>Unpredictable sounds</td>
</tr>
<tr>
<td>Leisure walk</td>
<td>Strong scents</td>
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<tr>
<td></td>
<td>Forceful hand clap</td>
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<tr>
<td></td>
<td>Fast walking/running</td>
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TRAUMA-INFORMED CARE:
LOCATION/ENVIRONMENT

- Safety (Physical and Emotional)
- Neutral
- Are others present?
- Sensory items
TRAUMA-INFORMED CARE:
CONFIDENTIALITY/CONSENT

• Private, quiet space
• Explain role
• Don’t make promises
TRAUMA-INFORMED CARE: COMMUNICATION

- Language considerations
- Side-by-side play
- Believe the child!!
- Take the child seriously
- Ask before touching
- Offer choices if possible
- Avoid flooding (taking breaks)
- Refrain from “why” questions
- Support person available?
- Sensory tools
TRAUMA-INFORMED CARE:
AWARENESS OF TRAUMA SYMPTOMS

• Memory problems
  ▫ May need written instructions
  ▫ May need step-by-step explanations
• Hyperarousal/Hypoarousal
• Chronological age vs Developmental age
• Consider secondary victims
• Acknowledge and validate that increase in symptoms may equal decrease in functioning
• Normalize feelings and reactions to trauma
TRAUMA-INFORMED CARE:
CONSISTENCY

- Provide predictable patterns of interaction with the child
- Offer choices
- Give notices regarding change when possible
TRAUMA-INFORMED CARE: DISCLOSURES

- May be fragmented
- May not get a disclosure at all
- Only obtain information necessary to make the report
- Begin with general, open-ended questions
- Do not use leading questions
- “For many children, abuse disclosure is a process, not an event”

(Carnes, 2000)
DISCLOSURES: SOME FACTS

- Estimated 60-80% of childhood sex abuse victims withhold disclosures
- Over half of disclosures are delayed for 5 years or more
- Often tell a non-abusing parent
- False allegations are rare (about 2%)
- More likely to understate than overstate
- Difficult to tell stranger

(Alaggia, 2010)
WHAT NOT TO DO:

• Do not make promises you cannot keep
• Do not become emotional or judgmental
• Do not display anger towards the perpetrator
• Do not jeopardize the child or parent’s safety by sending home unsolicited information about domestic violence

(Alaggia, 2010)
REMEMBER YOUR ROLE
Guardian Ad Litems

- CHILD’S BEST INTEREST
- Consider developmental age
  - Not every victim is hysterical, crying, visibly upset
  - Children WANT to be cared for by caregivers
    - It’s confusing
    - Threats made or implied
  - What are the documented behaviors telling you?
- Safety plans
- Trauma Disclosure
  - WILL be fragmented
  - You may not get one at all
Advocates

• CLIENT’S BEST INTEREST
• Advocate
  ▫ Court is intimidating
  ▫ Decrease barriers
  ▫ Run interference
• Participate
  ▫ Believe your client
  ▫ Consider secondary victims
  ▫ Utilize other treatment providers
• Continue to seek education on trauma
  ▫ Acknowledge and validate correlation between increased symptoms and decreased functioning.
Crime and Trauma Assistance Program
CRIME AND TRAUMA ASSISTANCE PROGRAM (CTAP)

- Individual therapy for adults and children
  - Trauma-Focused Cognitive Behavioral Therapy
  - Eye Movement Desensitization Reprocessing
  - Dialectical Behavioral Therapy
- Group therapy
  - Trauma Response Group (psych-education)
    - Education, trauma stabilization, coping skills, readiness assessment
  - Circle of Hope (therapy group)
    - Adult female survivors of childhood sexual abuse
  - Healing Circle (therapy group)
    - Adult female survivors of sexual assault or rape
  - Circle of Strength (therapy group)
    - Adult male survivors of childhood sexual abuse
- Education
- Outreach
CTAP FUNDING SOURCES

• CTAP provides services to clients FREE of charge.

1. Federal & State Grant Funds
   • **VOCA** (Victims of Crime Act – Federal Funding) and **SVAA** (State Victims Assistance Act – Ohio Attorney General’s Office)
   • **VAWA** (Violence Against Women’s Act Department of Homeland Security)
   • **JAG-K** and **JAG-SA, 2** (Office of Criminal Justice Services)
   • **Salvation Army OVC Grant**-funds services to Human Trafficking Victims and Survivors
   • **Ohio Attorney General’s Funding to Colleges**-The Ohio State University-funds services to OSU students
   • **Department of Youth Services Grant-Franklin** County Juvenile Probation-funds services to Juvenile Court

2. Mount Carmel Health Systems
3. Mount Carmel Foundation
WHO DO WE SERVE?

• Victims and co-survivors of:
  ▫ Assault
  ▫ Bullying
  ▫ Car accidents
  ▫ Childhood sexual abuse
  ▫ Children who witness violence
  ▫ Community violence
  ▫ Divorce
  ▫ Domestic violence
  ▫ Elder abuse
  ▫ Emotional abuse
  ▫ Exposure to alcohol/drugs
  ▫ Gang violence
  ▫ Grief/Loss
  ▫ Hate crimes
  ▫ Home invasion
  ▫ Homelessness
  ▫ Homicide

  ▫ House/Business fire
  ▫ Human trafficking
  ▫ Kidnapping
  ▫ Natural disaster
  ▫ Neglect
  ▫ Occupational accidents
  ▫ Parent/Guardian incarceration
  ▫ Parent/Guardian with mental illness
  ▫ Physical abuse
  ▫ Robbery
  ▫ Serious medical treatment
  ▫ Sexual abuse
  ▫ Sexual violence
  ▫ Stalking
  ▫ Suicide
  ▫ Witness to death
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  - 614-234-5900
References

- Perry, B. (2010) Integrating Principles of Neurodevelopment into Clinical Practice: Introduction to the Neurosequential Model of Therapeutics (NMT). Presentation 2015, February, Columbus, OH.