The Impacts of Early Childhood Trauma on Social, Emotional and Behavioral Development

Brooks Collins-Gaines, M.Ed, LPC, ECMHC
Gabriela Mance, M.Ed, LPC
Learning Outcomes

• Participants will learn current trauma research and how trauma impacts early childhood development.
• Participants will learn the importance of screening tools for early childhood social, emotional and behavioral Issues.
• Participants will gain appropriate referrals and resources in the community.
Video- Hand Model

https://www.youtube.com/watch?v=gm9CIJ74OxW
Executive State
Prefrontal Lobes
What can I learn from this?

Emotional State
Limbic System
Am I loved?

Survival State
Brain Stem
Am I safe?
How would you define trauma?
Defining Trauma

• Traumatic stressor- Any event (or events) that may cause or threaten death, serious injury, or sexual violence to an individual, a close family member, or a close friend. (American Psychiatric Association, 2013)

• Complex Trauma- An exposure to multiple traumatic events, often of an invasive, interpersonal nature, and the wide-ranging, long term impacts of the exposure. (NCTSN, n.d.)
Types of Trauma

- Community Violence
- Complex Trauma
- Domestic Violence
- Early Childhood Trauma
- Medical Trauma
- Natural Disasters

- Neglect
- Physical Abuse
- Sexual Abuse
- Refugee Trauma
- School Violence
- Terrorism
- Trauma Grief

(NCTSN, n.d.)
Signs and Symptoms

Children aged 0-2
• Act withdrawn
• Demand attention through both positive and negative behaviors
• Demonstrate poor verbal skills
• Display excessive temper tantrums

• Exhibit aggressive behaviors
• Exhibit memory problems
• Exhibit regressive behaviors
• Experience nightmares or sleep difficulties
• Fear adults who remind them of the traumatic event
• Have a poor appetite, low weight and/or digestive problems
• Have poor sleep habits
• Scream or cry excessively
• Show irritability, sadness and anxiety
• Startle easily
Signs and Symptoms

Children aged 3-6

- Act out in social situations
- Act withdrawn
- Demand attention through both positive and negative behaviors
- Display excessive temper
- Be anxious and fearful and avoidant
- Be unable to trust others or make friends
- Be verbally abusive
- Believe they are to blame for the traumatic experience
- Develop learning disabilities
- Exhibit aggressive behaviors
- Experience nightmares or sleep difficulties
- Experience stomachaches and headaches
Signs and Symptoms Continued

• Fear adults who remind them of the traumatic event
• Fear being separated from parent/caregiver
• Have difficulties focusing or learning in school
• Have poor sleep habits
• Imitate the abusive/traumatic event
• Lack self-confidence
• Show irritability, sadness and anxiety
• Show poor skill development
• Startle easily
• Wet the bed or self after being toilet trained or exhibit other regressive behaviors

Trauma Research

- Trauma impacts in cognitive development (Enlow et al., 2012)
- The Adverse Childhood Experience (ACE) study (Felitti et al., 1998)
- Effects of Complex Trauma (NCTSN, n.d.)
- Maternal Interpersonal Trauma and Child Social-Emotional Development (Folger et al., 2017)
Trauma Statistics

• Child Maltreatment
  – In 2012, 3.4 million referrals of children being abused or neglected to state and local CPS
    • 78% neglect
    • 18% physical abuse
    • 9% sexual abuse
    • 11% other types of maltreatment

(U.S. Department of Health and Human Services, 2013)
Trauma Statistics

• Deaths from Child Maltreatment
  – In 2012, an estimated 1,640 children died from child maltreatment
  • 70% younger than age 3

• Characteristics of Perpetrators
  – 80.3% parents
  – 6.1 relatives other than parents
  – 4.2 unmarried partners of parents

(U.S. Department of Health and Human Services, 2013)
What is Resilience?
Defining Resilience

• “Ability to recover from or adjust easily to misfortune or change.” (Merriam-Webster, n.d.)
• Ability to “bounce back”
Protective Factors

• “Protective factors are the resources, processes, or characteristics that help an individual buffer risk and build resilience.”

• Reduce the harmful effects of risk

• Support recovery from negative events

• Support positive outcomes

(Cairone & Mackrain, 2014)
Risk Factors

• “Negative influences, situations, and characteristics that contribute to the probability that an individual will have great difficulty coping with life.” (Cairone & Mackrain, 2014)
Categories

• **Environmental**: safety of where you live, quality of the programs and services available (or unavailable) to you”

• **Familial**: how loving and caring your family may be, how much time and support your family offers each other”

• **With-in person**: your temperament, abilities (and insecurities), skills and characteristics that make you who you are”

(Devereux Center for Resilient Children, n.d.)
Video- ReMoved

- https://www.youtube.com/watch?v=lOeQUwdAjE0
Video Discussion

- Traumatic signs
- Trauma symptoms
- Resiliency and protective factors
Screening Tools
DECA-I/T, P-2, C

• Measures protective factors and behavioral concerns
  – Initiative
  – Attachment/ Relationship
  – Self-regulation
  – Behavioral Concerns

• Strength based
DECA-I/T

• DECA Infant/Toddler- The DECA-IT is a reliable and valid behavior rating scale used to assess protective factors and to screen for social and emotional risks in very young children.
• Contains protective factor scales: Initiative, Self-Regulation, and Attachment/Relationships
• Observation over a 4 week period
• 10 to 15 minutes to complete
• Completed by parents and/or early childhood professionals
• Scored by certified or licensed professionals
DECA-P-2

• DECA Pre-school- The DECA-P2 is a strength-based, standardized assessment measuring within-child protective factors in children: Initiative, Self-Regulation, and Attachment/Relationships
• Includes an 11-item Behavior Concerns scale
• Ages 3 through 5
• Observation over a 4 week period
• 10 to 15 minutes to complete
• Completed by parents and/or early childhood professionals
• Scored by certified or licensed professionals
DECA-C

• DECA Clinical Form- The DECA-C is a behavior rating scale which assesses protective factors and social and emotional concerns including: aggression, attention problems, emotional control problems, and withdrawal/depression.
• Ages 2 through 5
• Observation over a 4 week period
• 10 to 15 minutes to complete
• Completed by parents and/or early childhood professionals
• Scored by certified or licensed professionals

(LeBuffe & Naglieri, 2003)
ASQ:SE

• Ages and Stages Questionnaire- Social emotional- The ASQ: SE measures self-regulation, compliance, communication, adaptive behaviors, autonomy, affect, and interaction with people
• Up to 6-years-old
• Parent completed questionnaire
• 30 items per questionnaire
• 10-15 minutes to complete
• 2-3 minutes for professionals to score

(Squires et al., 2017)
YCPC-Checklist

- Young Child PTSD Checklist examines traumatic events, symptoms, and functional impairment
- Ages 1-6-years-old
- Parent/Caregiver completed checklist
- Administered by Mental health professionals
- FREE
Referrals and Resources
Where to refer?

• Mental Health Professionals (e.g. counselors, social workers, community psychiatric supportive treatment (CPST), psychiatrists, psychologists, etc.)

• Local School Systems and Childcare Centers (e.g. Early Learning Programs, Early Childhood Mental Health (ECMH) consultants, school counselors, school psychologists, etc.)

• Help Me Grow/ Early Intervention Services
Who to refer?
When to refer?
Case Examples/Your Examples

• Case 1
• Case 2
• Questions?
References


References


References

