Trauma & Anxiety in Children

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Objectives

- Distinguish between fears and anxiety
- Provide specific information about trauma reactions across development
- Provide information about Post Traumatic Stress Disorder (PTSD)
- Update on trauma and depression and recent research on PTSD
- Overview of first aid for trauma in schools
- Overview of psychological treatments
- Resources

Childhood Fears

Fear	Age							
	1	2	3	5	7	9	12	14
Separation	X	X			X			
Noises		X			X			
Falling	X				X		X	
Animals/insects	X		X	X				
Toilet training	X	X						
Bath	X	X						
Bedtime		X	X		X			
Monsters/Ghosts			X	X				
Divorce				X				
Getting lost			X	X				
Loss of Parent				X				
Social rejection						X		
War						X		
New situations						X		
Adoption						X		X
Burglars							X	X
Injections								X

Childhood Fears

- Key questions
  - Does child's fear interrupt daily schedule more than three times per day?
  - Can anyone recall a specific trigger?
  - How do you (parents) respond?
- Fears
  - Respond to reassurance, often have plausible event as cause, child can be distracted, and does not impinge on child's play and development

Managing Childhood Fears

DON'T:

- Use fear as a threat
- Humiliate child or belittle fear
- Be indifferent to distress
- Be unrealistic about child's ability to master fear
- Be overprotective

DO:

- Respect child's inclination to withdraw
- Support child to develop mastery over feared object/situation
  - Initial avoidance
  - Discussions about fear (not lectures)
  - Gradual introduction to fear
  - Modeling
- Take concrete action

Anxiety Disorders

- Most common psychiatric disorder
- 42.3 billon annual medical costs
- Lifetime prevalence 28.8%
  - 3 of every 100 children and adolescents ages 9 to 17
  - Girls more affected than boys

Anxiety Disorders: Lifetime Prevalence

Disorder	Lifetime prevalence
Specific Phobia	12.5%
Social Anxiety Disorder	12.1%
Post-traumatic Stress disorder	6.8%
Generalized Anxiety Disorder	5.7%
Panic Disorder	4.7%
Obsessive-Compulsive Disorder	3%

Cycle of Anxiety

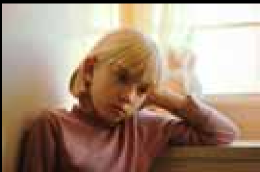
Cognitions
i.e. Catastrophic thinking,
Overestimation of danger

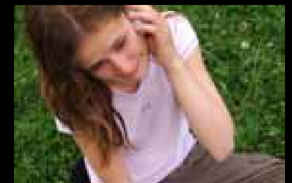
Emotions
Anxiety, fear, discomfort

Avoidance
i.e. avoidance of situations

Comorbidity

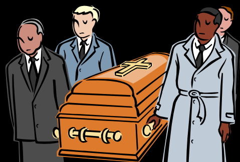
- Anxiety Disorders
  - 1/3 meet criteria for 2 or more anxiety disorders
- ADHD
  - 15-24% of children with SAD or GAD meet criteria for ADHD
- Major Depression
  - Estimates range from 28% to 47% to 69%
  - Tend to be older with more severe anxiety symptoms





Types of Trauma

- Physical abuse/neglect
- Sexual abuse
- Auto accidents or serious injuries
- Medical procedures
- Unexpected death of loved one



- Acts of violence
  - Domestic
  - School/community
- Terrorism
- Natural disasters
- Refugee & war zone trauma

One of every 4 children will experience traumatic event prior to age 16

Possible Effect of Trauma

Insomnia, difficulty eating & sleeping, sense of vulnerability

Distress Response

Poor attention, irritability, difficulties at school, withdrawal, aches & pains, substance use, reckless behavior

Behavioral Changes

Psychiatric Illness

PTSD, anxiety, depression

Posttraumatic Stress Reactions

- Intrusive
  - Distressing thoughts/images of event
  - Strong physical/emotional reactions to trauma reminders
- Avoidance & Withdrawal
  - Avoiding any physical reminders of event
  - "Forgetting" parts of event
  - Emotional numbing and detachment
- Physical arousal reactions
  - Bodies stay "on alert" – hypervigilant, irritability
  - Trouble sleeping, poor attention, aches & pains

Effects of Trauma on the Ability to Learn

- Increased difficulties concentrating & learning → disruptive behavior
- Research has shown students traumatized by violence tend to have
  - Lower GPA
  - More negative social/behavioral marks
  - More school absences

- Robert
- Ben
- Raul

PTSD in Brief

- Exposure to traumatic event (actual, threatened, or witnessed) resulting in fear, helplessness
- Repeated re-experiencing of event
- Avoidance of reminders of event
- Symptoms of increased arousal; Often somatic complaints

DSM-IV Criteria for PTSD

A. Person has been exposed to a traumatic event and :
   1. Person experienced, witnessed, or was confronted with event that involved actual/threatened death, serious injury, or threat to others
   2. Person's response involves intense fear, helplessness or horror

B. The traumatic event is persistently re-experienced in one or more of the following ways
   1. Recurrent and intrusive distressing recollections including images, thoughts or perceptions. (In young children repetitive play may occur where themes or aspects are expressed)
   2. Recurrent distressing dreams, in children may be dreams without recognizable content
   3. Acting or feeling as if the event were recurring, or they are reliving it. In children may be a reenactment
   4. Intense psychological distress when exposed to external or internal cues
   5. Physiological reactivity on exposure to internal or external cues that symbolize or represent the traumatic event

DSM-IV Criteria for PTSD

C. Persistent avoidance of stimuli associated with trauma and numbing not present before the trauma – three or more of the following:

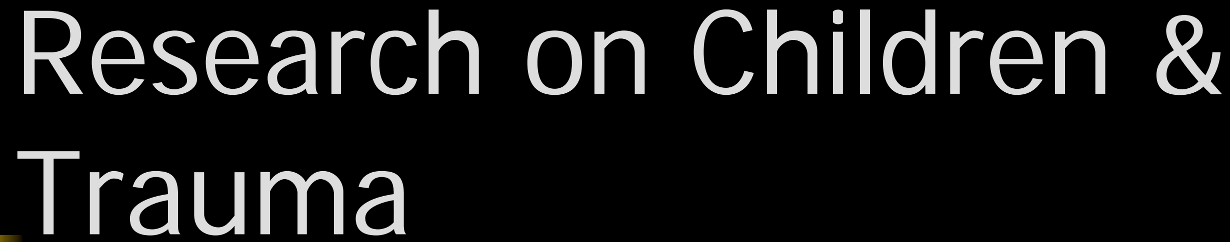
1. Efforts to avoid thoughts, feelings, conversations about the trauma
2. Efforts to avoid activities, places, or people that arouse recall
3. Inability to recall specific aspect of trauma
4. Markedly diminished interest in activities
5. Feelings of detachment or estrangement
6. Restricted range of affect
7. Sense of foreshortened future

D. Persistent symptoms of increased arousal not present before as indicated by two of following:

1. Difficulty falling or staying asleep
2. Irritability or outbursts of anger
3. Difficulty concentrating
4. Hyper-vigilance
5. Exaggerated startle response

DSM-IV Criteria for PTSD

- Duration greater than a month (if less acute stress disorder)
- Disturbance causes significant distress or impairment in social, occupational, or other areas of functioning
- Acute (<3 mo) vs. Chronic qualifiers, also with delayed onset (after 6 months)



Research on Children & Trauma

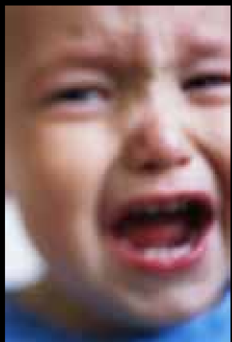
- Brief counseling shortly after even can help alleviate PTSD symptoms & prevent worsening or co-occurrence of depression
- Parents' responses influence a child's response
- Community violence affects students AND teachers
- Depression commonly occurs with PTSD
- Inner-city children experience greatest exposure to violence
- Girls traumatized as children have a higher probability of developing a major depression afterward than do girls exposed at adolescence

Developmental Issues

Preschool Age

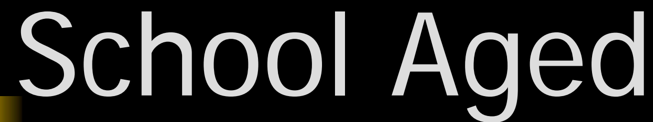
- Don't perceive threat until happening
- Can feel totally helpless and passive
- Can feel deeply threatened by separation/loss of loved one
- Can be very upset when they see parents/caretaker in distress
- Very difficult for young children to experience failure of being protected by adults

Behavioral expression of PTSD Preschool



- Loss of previously acquired skills and regression (Thumb sucking, bed wetting, simpler speech, self-stimulation)
- Sleep problems and night terrors
- Separation and stranger anxiety; clingy to parents/adults & worried about their safety
- More irritable, fearful, and difficult to soothe OR more withdrawn, subdued or mute
- Re-enactment via play

School Aged

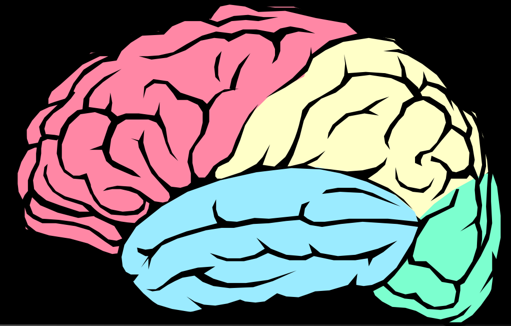


- More aware of threats and protective actions
- Can feel like failures, ashamed or guilty
- May be with parents, peers, or alone when trauma occurs
- Sexual molestation occurs at highest rate in this age group

Behavioral expression of PTSD School aged

- Inconsistent withdrawn & aggressive behavior
  - Irritability, whining, regressive behavior, anxiety, depression, fear, hypervigilance, aggression, lack of emotion, withdrawal
- Stomachaches, headaches, pains, poor sleep
- Amnesia for event OR excessive focus on prevention of event or revenge
- Impaired attention & concentration, school avoidance/absences
- Avoidance of trauma reminders

Adolescence



- More active in judging & addressing threats
- Learning to handle physical/emotional responses in order to take action
- May make decisions about how to intervene
  - Guilt
- Struggle over issues of irresponsibility, malevolence, & human accountability

Behavioral Expression of PTSD Adolescent

- Range of feelings: anger, guilt, shame, betrayal, rage, anxiety, hopelessness, depression, apathy
  - Self-conscious about emotional response to event
  - Feel unique & alone in suffering

- Shift in interpersonal relationships/ loss of interest in peers

Behavioral expression of PTSD Adolescent

- Poor impulse control, agitation or decreased energy, self-destructive, accident-prone, and reckless behaviors
- Substance use
- Change in school performance/attendance
- Fantasies about revenge and retribution

Intervention and Treatment

1. School Environment
2. Psychological First Aid
3. Psychological Treatment

School environment

- Take care of yourself
- Focus on students & learning environment
- Provide structure
- Maintain objectivity
  - Calm & caring
  - Simple direct answers

School environment

- Reinforce safety and security
- Be patient and reduce student workload as needed (temporary)
- Be ready to listen
- Acknowledge & validate feelings
- Reinforce anger management

For Parents (and Teachers)

- Providing a strong supportive presence
- Modeling and managing their own expression of feelings and coping
- Establishing routines with flexibility
- Accepting children's regressed behaviors while encouraging and supporting a return to age-appropriate activity
- Helping children use familiar coping strategies

Adapted from Goodman, 2002

For Parents (and Teachers)

- Helping children share in maintaining their safety
- Allowing children to tell their story in words, play, or pictures to acknowledge and normalize their experience
- Discussing what to do or what has been done to prevent the event from recurring
- Maintaining a stable, familiar environment

- Builds on concept of children's resilience
- Acknowledges seriousness of danger & increased feelings of vulnerability
- Goals:
  - Re-establish "protective shield"
  - Normalize reactions
  - Verbalize feelings
  - Allow students to express feelings & develop constructive coping strategies

Symptoms and Psychological First Aid Preschool through Second Grade

Response to Trauma	First Aid
Helplessness & Passivity	Provide support, rest, comfort, good, opportunity to play or draw
Generalized fear	Reestablish adult protective shield
Cognitive confusion (e.g., do not understand that the danger is over)	Give repeated concrete clarifications for anticipated consequences; tolerate regressive symptoms in time-limited manner
Difficulty identifying what is bothering them	Provide emotional labels for common reactions
Lack of verbalization – selective mutism, repetitive nonverbal traumatic play, unvoiced questions	Help verbalize general feelings and complaints (so they won't feel alone with their feelings)

Adapted from: PynoosRS, NaderK: (1988) Psychological first aid and treatment approach to children exposed to community violence: Research implications. Journal of Traumatic Stress 1: 445-473.

Symptoms and Psychological First Aid Preschool through Second Grade

Response to Trauma	First Aid
Attributing magical qualities to traumatic reminders	Separate what happened from physical reminders (e.g., house, monkey-bars, parking lot)
Sleep Disturbances (night terrors & nightmares, fear of going to sleep, fear of being alone, esp. at night	Encourage them to let parents & teachers know
Anxious attachment	Provide consistent caretaking (e.g., assurance of being picked up from school, knowledge of caretaker's whereabouts)
Anxieties related to incomplete understanding about death	Give explanations about physical relaity of death

NCTSN The National Child Traumatic Stress Network

Adapted from: PynoosRS, NaderK: (1988) Psychological first aid and treatment approach to children exposed to community violence: Research implications. Journal of Traumatic Stress 1: 445-473.

Symptoms and Psychological First Aid Third through Fifth Grade

Response to Trauma	First Aid
Preoccupation with own actions during event: responsibility & guilt	Help express their secretive images about event
Specific fears, triggered by traumatic reminders	Help identify & articulate traumatic reminders & anxieties; encourage them not to generalize
Retelling & replaying of even (traumatic play)	Permit them to talk and act it out; address distortions & acknowledge normality of feelings & reactions
Fear of being overwhelmed by feelings (crying, anger)	Encourage expression of fear, anger, sadness, in your supportive presence

Adapted from: PynoosRS, NaderK: (1988) Psychological first aid and treatment approach to children exposed to community violence: Research implications. Journal of Traumatic Stress 1: 445-473.

Symptoms and Psychological First Aid Third through Fifth Grade

Response to Trauma	First Aid
Impaired concentration & learning	Encourage to let teachers know when thoughts & feelings interfere with learning
Sleep disturbances (bad dreams, fear of sleeping alone)	Support them in reporting dreams, provide information about why we have bad dreams
Concerns about own & others' safety	Help to share worries; reassurance with realistic information
Altered & inconsistent behavior (e.g., unusually aggressive or reckless behavior)	Help to cope wit challenge of own impulse control (e.g., must be hard to be so angry)

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Symptoms and Psychological First Aid Third through Fifth Grade

Response to Trauma	First Aid
Somatic complaints	Somatic complaints
Hesitation to disturb parents with own anxieties	Offer to meet with children & parents to help children express feelings to parents
Concern for other victims & families	Encourage constructive activities on behalf of injured & deceased
Feeling disturbed, confused, frightened by their grief responses, fear of ghosts	Help retain positive memories as they work through more intrusive traumatic memories

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Symptoms and Psychological First Aid Adolescents (Sixth Grade and Up)

Response to Trauma	First Aid
Detachment, shame, & guilt (similar to adult response)	Encourage realistic discussion of event, feelings about it, & realistic expectations of what could have been done
Self-consciousness about their fears, sense of vulnerability, & other emotional responses; fear of being labeled abnormal	Help them understand adult nature of these feelings; encourage peer understanding & support
Post-traumatic acting out behavior (e.g., drug use, sexual acting out, delinquent behaviors)	Help to understand acting out behavior as an effort to numb their responses to, or to voice their anger over, the event
Life threatening re-enactment; self-destructive or accident-prone behaivor	Address impulse toward reckless behavior in acute aftermath; link it to challenge of impulse control associated with violence

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Adapted from: PynoosRS, NaderK: (1988) Psychological first aid and treatment approach to children exposed to community violence: Research implications. Journal of Traumatic Stress 1: 445-473.

Symptoms and Psychological First Aid Adolescents (Sixth Grade and Up)

Response to Trauma	First Aid
Abrupt shifts in interpersonal relationships	Discuss expectable strain on relationships with family & peers
Desires & plans to take revenge	Elicit actual plans of revenge; address realistic consequences of these actions; encourage constructive alternatives that lessen traumatic sense of helplessness
Radical changes in life attitudes, which influence identity formation	Link attitude change to event's impact
Premature entrance into adulthood (e.g., leaving school, getting married), reluctance to leave home	Encourage postponing radical decisions in order to allow time to work through response to event & grieve

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Adapted from: PynoosRS, NaderK: (1988) Psychological first aid and treatment approach to children exposed to community violence: Research implications. Journal of Traumatic Stress 1: 445-473.

MUSC
MEDICAL UNIVERSITY OF SOUTH CAROLINA
National Crime Victims Research and Treatment Center

ALLEGHENY GENERAL HOSPITAL
Center for Traumatic Stress In Children and Adolescents

UMDNJ SOM CARES INSTITUTE
Child Abuse Research Education & Service

A PARTNER IN NCTSN
The National Child Traumatic Stress Network

TF-CBTWeb

A web-based learning course for

Trauma-Focused Cognitive-Behavioral Therapy

- Psychoeducation
- Stress Management
- Affect Expression and Modulation
- Cognitive Coping
- Creating the Trauma Narrative
- Cognitive Processing
- Behavior Management Training
- Parent-Child Sessions
- Evaluation

A Strategy to Help

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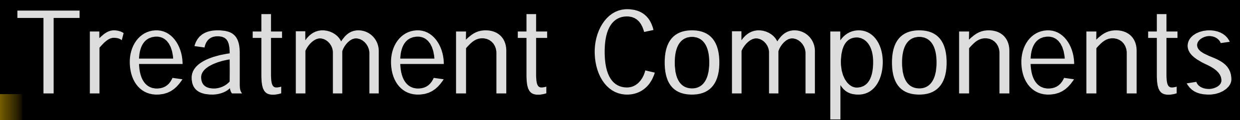

Treatment Components

1. Exploration of trauma via creating a coherent narrative of what happened
2. Stress management & relaxation skills
3. Exploration & correction of unhealthy/wrong views about trauma
4. Inclusion of parents

Pharmacological treatment as an adjunct to other treatments

Psychoeducation

- General education
  - Specific information about traumatic events
  - Body awareness/sex education in cases of physical or sexual maltreatment
  - Risk reduction skills
    - Safety plan, active and confident responses

- Tailor information to what children know and their developmental level
  - What is ______________________(trauma)
  - How often do things like this happen?
  - Why does this type of trauma happen?
- Include information about "normal" emotional reactions and associated cognitions

Relaxation Training

- Provide physiological explanation
- Deep (diaphragmatic) breathing
  - Big sigh, balloon in stomach, blow bubbles
- Progressive Muscle Relaxation (PMR)
  - Sequence of tensing and relaxing muscles
  - Robot to Ragdoll and Turtle to Cat
- Imagery

Thought Stopping/Distraction

- Verbally ("go away") or physically (snap bracelet) distract or interrupt thought
  - Not the time and place for these thoughts, I.e., in school, while trying to sleep, playing, etc.
- Replace with pleasant thought
- Mindfulness – focus on what is happening in the present

Cognitive Behavioral Therapy

Thoughts

Situation

Feelings

Behavior

Cognitive Restructuring

- Changing negative cognitions associated with anxiety
  - Identify negative or unhelpful thoughts
  - Provide alternative and balanced ways of thinking
- Identifying Feelings

Exposure

- Graduated exposure to feared object or situation based on fear hierarchy
- Imaginal and in vivo exposure
- Participant modeling

- Takes the power away from the disturbing object/thoughts/images

**Seek professional help to do exposure work; but make it OK to talk about trauma*

Cycle of Anxiety

Cognitions
i.e. Catastrophic thinking,
Overestimation of danger

Emotions
Anxiety, fear, discomfort

Avoidance
i.e. avoidance of situations

EXPOSURE X

Resources

- Anxiety Disorders in Children (Fact Sheet) http://mentalhealth.samhsa.gov/publications/allpubs/CA-007/default.asp
- National Child Trauma Stress Network (NCTSN) http://nctsnet.org/nccts/nav.do?pid=hom_main
- Trauma Focused Cognitive Behavior Therapy (TF-CBT) Web Training
- Psychological First Aid http://nctsnet.org/nctsn_assets/pdfs/edu_materials/psychological_1st_aid.pdf
- AACAP. (1998). Summary of the practice parameters for the assessment and treatment of children and adolescents with posttraumatic stress disorder. American Academy of Child and Adolescent Psychiatry. Journal of the American Academy of Child and Adolescent Psychiatry, 37(9), 997-1001.
- Helping Children and Adolescents Cope with Violence and Disasters http://www.nimh.nih.gov/publicat/violence.cfm

Resources

- National Association for School Psychologists (NASP): Crisis & Safety Information

  http://www.naspcenter.org/crisis_safety/index.html
- NASP: Helping children with special needs cope with trauma

  http://www.nasponline.org/resources/crisis_safety/specpop_general.aspx
- About PTSD: NYC Child Study Center

  http://www.aboutourkids.org/aboutour/articles/about_ptsd.html
- Goodman, R. F. (2002). Caring for kids after trauma and death: A guide for parents and professionals. New York: The Institute for Trauma and Stress, NYU Child Study Center. <www.AboutOurKids.org>
- A Terrible Thing Happened – A story for children who have witnessed violence or trauma. M. Holmes, S. Mudlaff, and Illustrator C. Pillo, Magination 2000