



Children Exposed to Primary & Secondary Trauma from a Military & Community Perspective

The Impact of Trauma

TRAUMA Definition

- Experiencing a significantly disturbing distressing event which causes Psychological impact

Event Factors

- How directly events affect their lives:
- Physical proximity to event
- Emotional proximity to event (threat to child, parent versus stranger)
- Secondary effects-of primary importance (does event cause disruption in on-going life)

Individual Factors

- Genetic vulnerabilities and capacities
- Prior history (i.e. consistent stress or one or more stressful life experience/s)
- History of psychiatric disorder
- Familial health or psychopathology
- Family/parental and social support
- Age and developmental level

Trauma can happen from Direct & Indirect Exposure of the events

PRIMARY TRAUMA

- Abuse, Neglect, Family Violence
- Bullying (school & social media)
- Loss of family member/friend
- Community violence

SECONDARY TRAUMA

- "different parent" returned from deployment
- Parent with mental illness
- Watching critical events on the news repeatedly



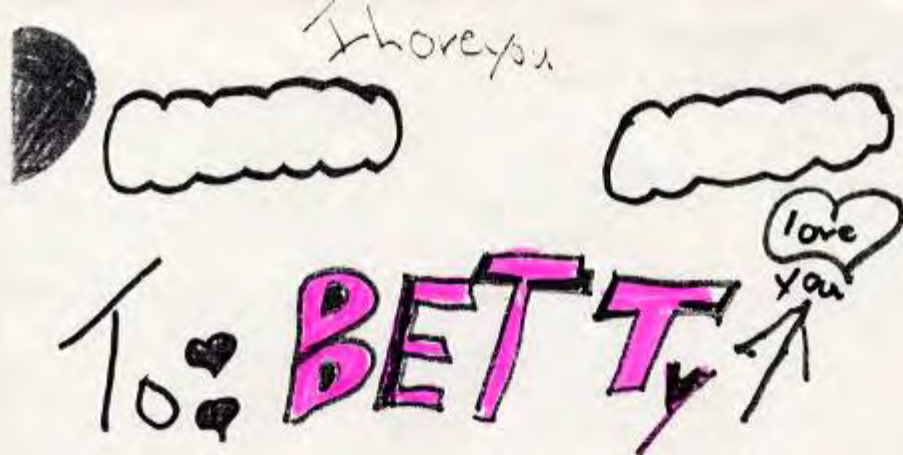
Children experience events differently

What are the signs and symptoms that might indicate a child has experienced an event as traumatic?

SIGNS & SYMPTOMS OF A CHILD EXPERIENCING TRAUMA

- 1. Shock**
- 2. Denial**
- 3. Withdrawal**
- 4. Developmental Regression**
- 5. Unpredictable Emotions (unable to regulate emotions)**
- 6. Flashbacks of the event**
- 7. Disruptive Sleep**
- 8. Excessive Focus on physical symptoms (Somatic symptoms)**
- 9. Difficulty with peer & school functioning**
- 10. Behavior Problems**





What is Psychological Trauma ?

- Overwhelming, unanticipated danger that cannot be mediated/processed in way that leads to fight or flight
- Immobilization of normal methods for decreasing danger and anxiety
- Neurophysiological dysregulation that compromises affective, cognitive and behavioral responses to stimuli

What is Psychological Trauma

- Events are not traumatic, but they are potentially traumatogenic.
- There are types of events that are more likely to be traumatic than others
- However, the individual's subjective experience is likely the most salient factor

A family moving overseas may cause stress in one child, but not in another or a parent being deployed may cause serious symptoms in one while being mildly disturbing to another

Developmental Stage

- Children have different paradigmatic reactions to stressful events at different developmental phases
- Children are more sensitive to different events and situations at different phases of development

CHILDHOOD DISORDERS

- Adjustment Disorders
- PTSD
- Reactive Attachment Disorder (RAD)
- Depressive Disorders
- Anxiety Disorders
- Conduct Disorders
- Attention Deficit Hyperactivity Disorder (Comorbidity disorders present over 50% of the time)

Therapies that work with children exposed to Trauma

- Cognitive-Behavioral Therapy (CBT)
- Cognitive-Processing Therapy
- Child Individual Psychotherapy
- Family therapy
- Exposure therapy
- Additional resources (medication management & psychological assessments)

Monitoring

- Symptoms related to traumatic events may appear at almost any time after an event and may be triggered by secondary reminders that were previously unrecognized. *(J. R. Davidson, 2001; McFarlane, 2000; North et al., 2002)*
- Continued monitoring allows for treatment to take place early in symptom formation and before they become potentially refractory.

Physical Displacement and Social Disruption

- Physical displacement and social disruption has been found to be the highest correlated factor related to outcome after traumatic events. (*Laor, Wolmer, & Cohen, 2001; Laor et al., 1997; Laor, Wolmer, Mayes, Golomb, & et al., 1996; Lonigan et al., 1994*)

Continuing Threat

- Children's worry about their safety can be a powerful contributor to or source of depressive and anxiety symptoms and may also lead to oppositional and aggressive behavior as children's anxiety leads to a misunderstanding of environmental cues in an attempt to reassert some sense of control. (Ford, 2002)

Continuing Threat

- If the threat is imagined or greatly exaggerated, psychotherapeutic treatments may be very useful
- However if credible, early interveners should work with the family and helping agencies to ensure the child and families' physical and emotional safety

Principles of Intervention

1. **Do no harm**
2. Child Development is basis of intervention
3. Parents or primary caretakers are essential therapeutic agents.
4. Restoration of external structure and authority
5. Amelioration of threat

Principles of Intervention

6. Do not assume knowledge of what is the most salient event, image or idea for the individual
7. Early responses require collaboration with first responders and others (police, fire-rescue, EMS, Red Cross, courts etc.)

Immediate Interventions

- **Children who are direct witnesses or victims**
 - Ensure physical health: Have medical personnel check if concern
 - First and foremost: reunite with known caring adults (especially parents)
 - If adults not available keep with teachers, friends and peers
 - Move to safe place when possible, but in group or with family

Early Treatment and Intervention

- Psychotherapeutic interventions in the absence of structure and organization will not be effective.
 - Provide real and concrete information about event, explain actions of authorities
 - Provide basic necessities

Clinical Early Intervention Goals

1. Help children regain a sense of control and efficacy in the face of feeling overwhelmed and helpless
2. Engaging children and family
3. Assessment of risk factors
4. Monitoring and Follow-up

Psychotherapeutic Interventions

Must facilitate developmentally-appropriate expression (e.g., drawing, play)

Must focus on age-relevant categories/themes (i.e., basic schemata, e.g., safe-unsafe)

Must **not** encourage premature closure/decisions or expose the child to information/affect overload

Key Elements of Early Intervention

- **Engagement:** Empathic, non directive inquiry (not what happened?, but how are you feeling)
- **Support:** Confer control in therapeutic contact (initiating drawings VS. 100 questions)
Follow the child's lead

TAKE AWAY

- You may be the “First Responder” on the scene of the event.
- You may be the first person that a child discloses an incident of abuse or neglect.
- Your response to the child is critical to restoring a sense of safety and security to the child

- Make sure the child is safe
- Providing empathy and a listening ear are key components at that moment ...followed by connecting that family to services and resources.
- CI can link you to local and regional Experts and resources such as:

Resources continued

- Dr. Dianne Cooney-Miner, RMAPI Initiatives
- Dr. Jody Manly, Mt Hope Family Center
- CI Trauma Report to the Greater Rochester Foundation
- And a number of additional community resources

Thank you for attending

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Thank You for attending

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Our vision is to make a
difference in the lives of
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