

# Understanding How Trauma Impacts Children in Child Welfare and What to Do About It

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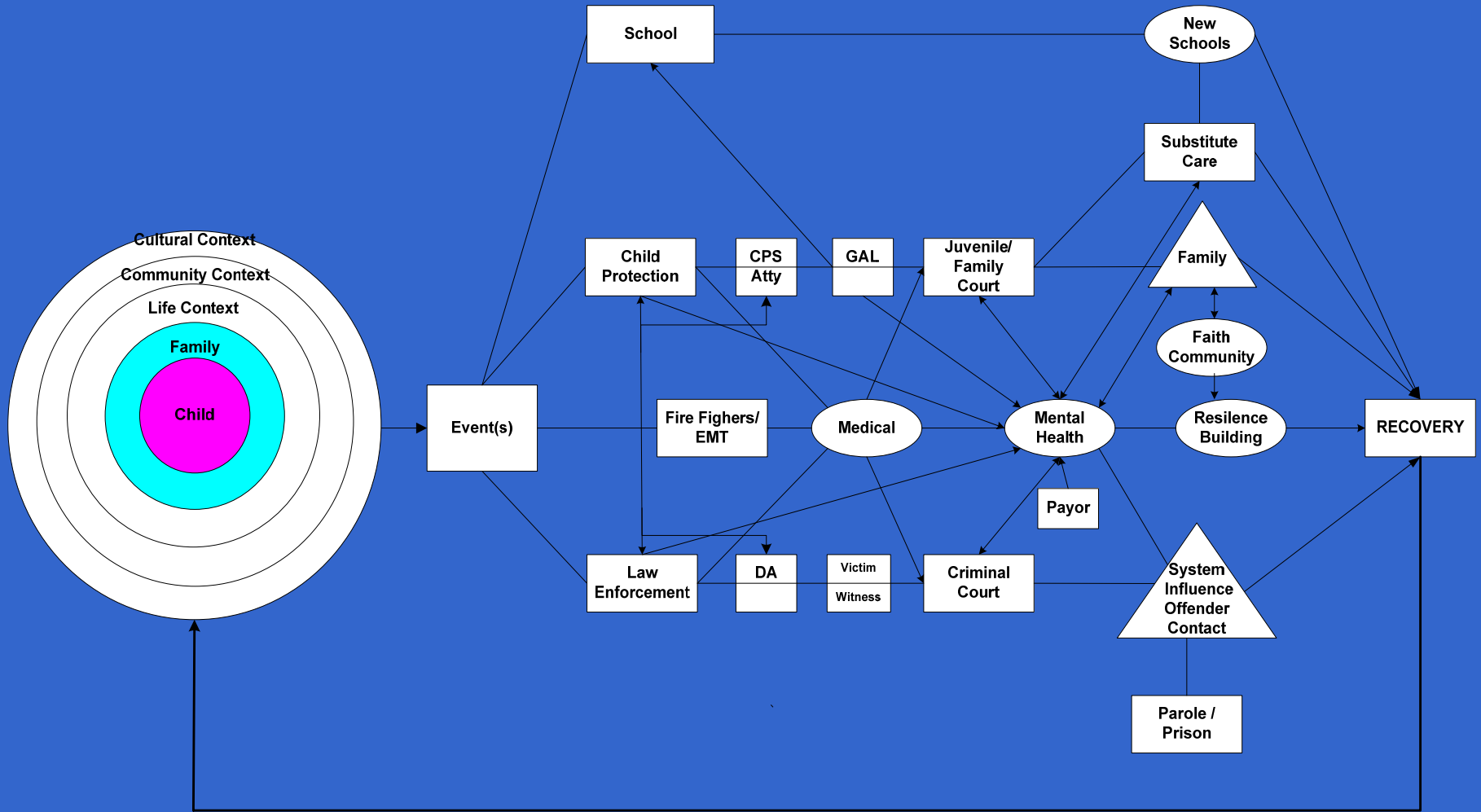
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# What is a Trauma Informed Child Serving System?

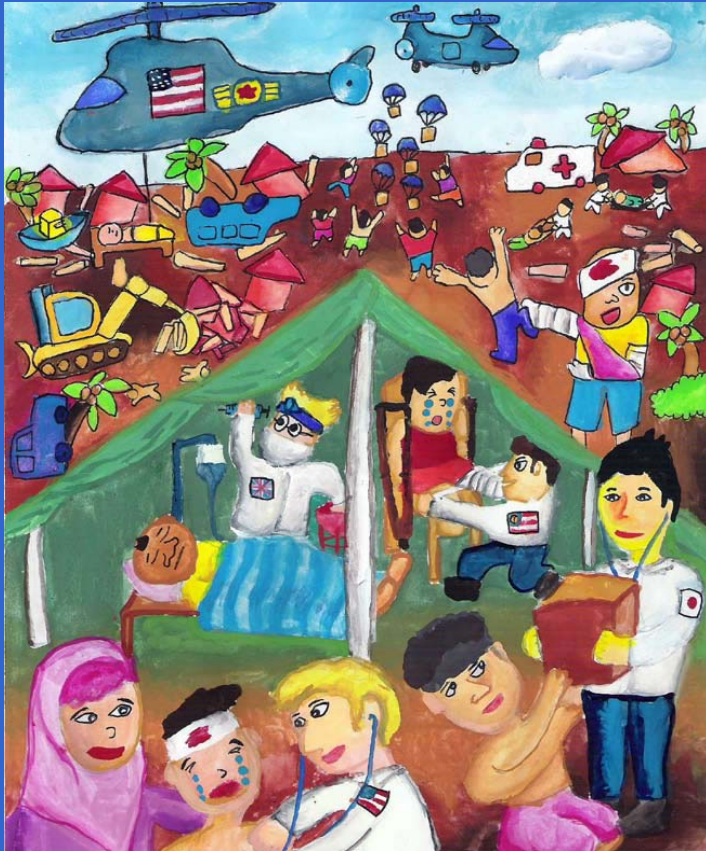
- Understand the impact of childhood traumatic stress on the children served by the child serving system
- Understand how the system can help mitigate the impact of trauma or can add new traumatic experiences

# Emotional Chain of Custody



Experience shapes response to future trauma

# What Is Child Traumatic Stress?



Artwork courtesy of the International Child Art Foundation ([www.icaf.org](http://www.icaf.org))

Traumatic Stress

APPRAISAL & RESPONSE TO DANGER

ENVIRONMENT  
FAMILY

RESISTANCE & VULNERABILITY

CHILD INTRINSIC  
FACTORS



IMPACT OF EVENT

ACUTE IMPACT

LONG TERM IMPACT

# What Is Child Traumatic Stress?

- Child traumatic stress refers to the *physical and emotional responses* of a child to events that threaten the life or physical integrity of the child or of someone critically important to the child (such as a parent or sibling).
- Traumatic events overwhelm a child's capacity to cope and elicit feelings of terror, powerlessness, and out-of-control physiological arousal.



# Types of Traumatic Stress

- **Acute trauma** is a single traumatic event that is limited in time.
- **Chronic trauma** refers to the experience of multiple traumatic events.
- **Complex trauma** describes both exposure to chronic trauma—usually caused by adults entrusted with the child’s care—and the impact of such exposure on the child.

# Neurobiology

- Exposure to violence and abuse is stressful
- Long-term consequences from chronic stress
- Implications for:
  - Practice
  - Intervention
  - Prevention

# Brain Development

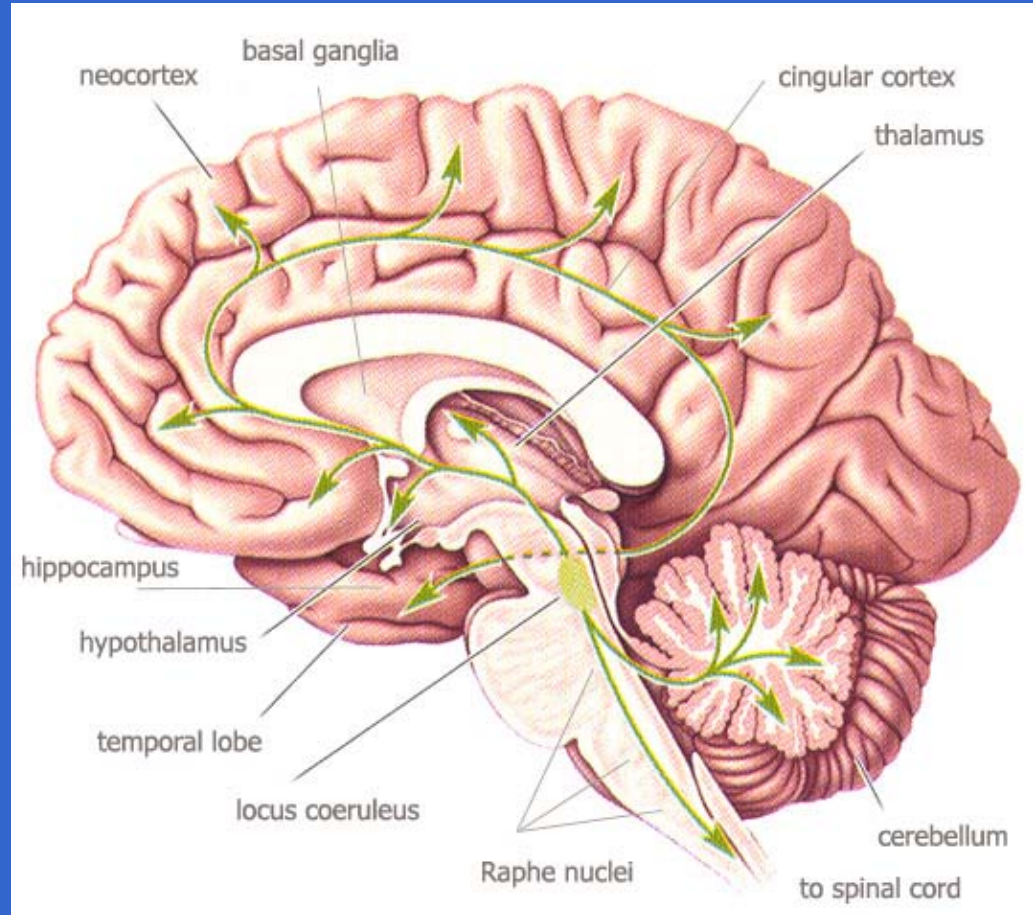
- Prenatal brain has 2 - 3 times number adult neurons
- Maximum numbers neurons at birth
- New neuron formation ends at birth with few exceptions
- Brain growth over first years of life due to myelination and synaptic connections
- Growth dependent on stimulation

# Brain Development

- Few synapses at birth
- New synapses form in response to stimulation
- Neural pathways allow for skill acquisition and memory formation:
  - Motor
  - Cognitive
  - Emotional

# Stress and Developing Brain

- Locus coeruleus
  - Increases in activity if information is new or threatening
- Amygdala:
  - Process, interprets, integrates emotions
  - Weighs value of sensory input
  - Sensitive to kindling
  - Role in fear conditioning and controlling aggressive behaviors
- Cerebellum:
  - Mental health maintenance
  - Grows slowly after birth
  - Moderates limbic irritability
  - Involved in attention, language, affect, thinking



# Stress

- Focus on survival
- More excitable neurons
- Decreased development left brain
- Decreased size corpus callosum
- Blunted activity in cerebellum



- Hyperarousal
- Dissociation
- Attachment problems
- Lack of empathy - antisocial
- Aggression
- Impulsive behaviors
- Emotional, not cognitive response to problems

# Cumulative Impact of Trauma

- Traumas build upon one another creating a cumulative impact shaping the child's world view, their response to their environment, their ability to regulate their emotions, and impairs their judgment and cognitive processes used in learning and decision making. Add to that shame and misplaced guilt and self-blame that often accompanies abuse - you have a recipe for disaster.

# Variability

- The impact of a potentially traumatic event depends on several factors including:
  - The child's age and developmental stage
  - The child's perception of the danger faced
  - Whether the child was the victim or a witness
  - The child's relationship to the victim or perpetrator
  - The child's past experience with trauma
  - The adversities the child faces following the trauma
  - The presence/availability of adults who can offer help and protection

# Acute Impact of Trauma

- Development
- Educational Performance
- Social Relationships
- Behavior

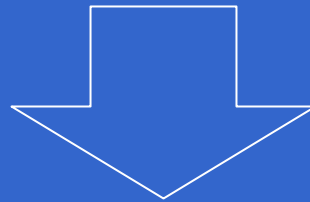
## Adverse Childhood Experiences

- Abuse and Neglect (e.g., psychological, physical, sexual)
- Household Dysfunction (e.g., domestic violence, substance abuse, mental illness)



## Impact on Child Development

- Neurobiologic Effects (e.g., brain abnormalities, stress hormone dysregulation)
- Psychosocial Effects (e.g., poor attachment, poor socialization, poor self-efficacy)
- Health Risk Behaviors (e.g., smoking, obesity, substance abuse, promiscuity)



## Long-Term Consequences

### Disease and Disability

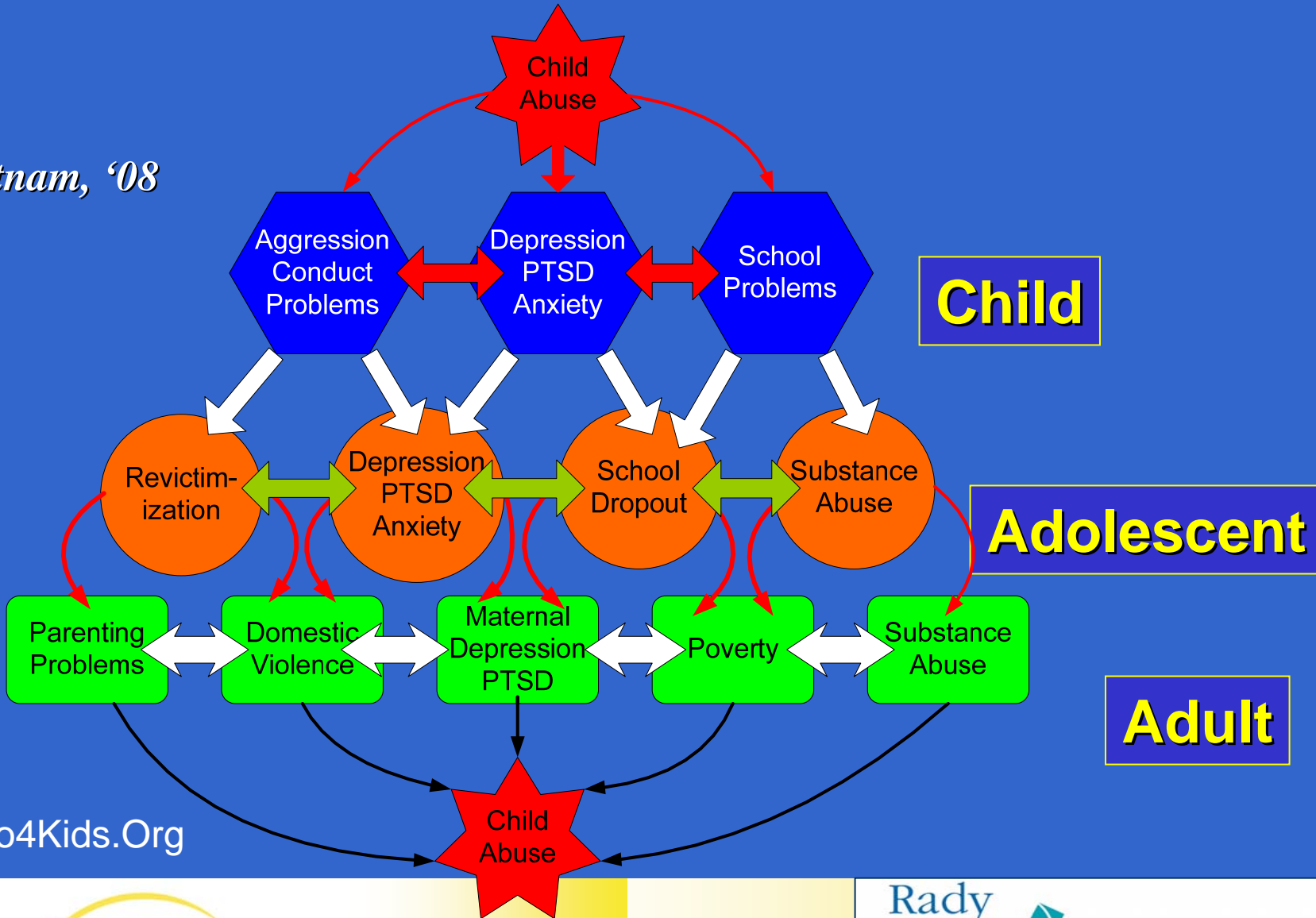
- Major Depression, Suicide, PTSD
- Drug and Alcohol Abuse
- Heart Disease
- Cancer
- Chronic Lung Disease
- Sexually Transmitted Diseases
- Intergenerational transmission of abuse

### Social Problems

- Homelessness
- Prostitution
- Criminal Behavior
- Unemployment
- Parenting problems
- Family violence
- High utilization of health and social services

# Developmental Cascade of Transgenerational Child Maltreatment Risk

-- F. Putnam, '08



OhioCanDo4Kids.Org

# TITLE OF THIS SESSION:

Understanding How Trauma Impacts Children in  
Child Welfare and

What to Do About It

# How Trauma Plays Out in Child Welfare

How would trauma influence:

- Safety
- Permanency
- Well-Being

Miami Herald August 11, 2009

## Child-welfare panel: Potent drugs misused on foster kids

Seven year old “Though Gabriel (*Myers*) was in regular contact with agency-referred therapists and a psychiatrist, the report says, the “intensive therapy” was aimed almost exclusively at preventing the reoccurrence of sexually inappropriate behaviors that may have resulted from his molestation when he was a small child in Ohio.

“Gabriel had been given several psychiatric drugs linked by federal regulators to potentially dangerous side effects, including suicide”

“Gabriel Myers was not provided specific and upfront therapy to deal with identified trauma, possible post-traumatic stress disorder, and depression,” the report says.

“Gabriel Myers hanged himself from a detachable shower hose April 16 at a Broward foster home”

“Psychotherapeutic medications are often being used to help parents, teachers and other child workers quiet and manage, rather than treat, children,”

# Childhood Trauma and Other Diagnoses

- Other common diagnoses for children in the child welfare system include:
  - Reactive Attachment Disorder
  - Attention Deficit Hyperactivity Disorder
  - Oppositional Defiant Disorder
  - Bipolar Disorder
  - Conduct Disorder
- These diagnoses generally do not capture the full extent of the developmental impact of trauma.
- Many children with these diagnoses have a complex trauma history.

# Cognitive Coping Cognitive Triangle



# Essential Elements of Trauma-Informed Child Welfare Practice

1. Maximize the child's sense of safety.
2. Assist children in reducing overwhelming emotion.
3. Help children make new meaning of their trauma history and current experiences.
4. Address the impact of trauma and subsequent changes in the child's behavior, development, and relationships.
5. Coordinate services with other agencies.

# Essential Elements of Trauma-Informed Child Welfare Practice

6. Utilize comprehensive assessment of the child's trauma experiences and their impact on the child's development and behavior to guide services.
7. Support and promote positive and stable relationships in the life of the child.
8. Provide support and guidance to child's family and caregivers.
9. Manage professional and personal stress.

# What Makes the Essential Elements “Essential”?



Artwork courtesy of the International Child Art Foundation ([www.icaf.org](http://www.icaf.org))

# Essential Element #1: Maximize the child's sense of safety.

- Traumatic stress overwhelms a child's sense of safety and can lead to a variety of survival strategies for coping.
- Safety implies both *physical* safety and *psychological* safety.
- A sense of safety is critical for functioning as well as physical and emotional growth.
- While inquiring about emotionally painful and difficult experiences and symptoms, workers must ensure that children are provided a psychologically safe setting.

## Essential Element #2:

### Assist children in reducing overwhelming emotion.

- Trauma can elicit such intense fear, anger, shame, and helplessness that the child feels overwhelmed.
- Overwhelming emotion may delay the development of age-appropriate self-regulation.
- Emotions experienced prior to language development may be very real for the child but difficult to express or communicate verbally.
- Trauma may be “stored” in the body in the form of physical tension or health complaints.

## Essential Element #3:

# Help children make new meaning of their trauma history and current experiences.

- Trauma can lead to serious disruptions in a child's sense of safety, personal responsibility and identity.
- Distorted connections between thoughts, feelings, and behaviors can disrupt encoding and processing of memory.
- Difficulties in communicating about the event may undermine a child's confidence and social support.
- Child welfare workers must help the child feel safe, so he or she can develop a coherent understanding of traumatic experiences.

# Essential Element #4

Address the impact of trauma and subsequent changes in the child's behavior, development, and relationships.

- Traumatic events affect many aspects of the child's life and can lead to secondary problems (e.g., difficulties in school and relationships, or health-related problems).
- These “secondary adversities” may mask symptoms of the underlying traumatic stress and interfere with a child's recovery from the initial trauma.
- Secondary adversities can also lead to changes in the family system and must be addressed prior to or along with trauma-focused interventions.

# Essential Element #5:

## Coordinate services with other agencies.

- Traumatized children and their families are often involved with multiple service systems. Child welfare workers are uniquely able to promote cross-system collaboration.
- Service providers should try to develop common protocols and frameworks for documenting trauma history, exchanging information, coordinating assessments, and planning and delivering care.
- Collaboration enables all helping professionals to view the child as a whole person, thus preventing potentially competing priorities.

## Essential Element #6:

Utilize comprehensive assessment of the child's trauma experiences and its impact on the child's development and behavior to guide services.

- Thorough assessment can identify a child's reactions and how his or her behaviors are connected to the traumatic experience.
- Thorough assessment can also predict potential risk behaviors and identify interventions that will ultimately reduce risk.
- Child welfare workers can use assessment results to determine the need for referral to appropriate trauma-specific mental health care or further comprehensive trauma assessment.

# Essential Element #7:

## Support and promote positive and stable relationships in the life of the child.

- Separation from an attachment figure, particularly under traumatic and uncertain circumstances, is highly stressful for children.
- Familiar and positive figures — teachers, neighbors, siblings, relatives — play an important role in supporting children who have been exposed to trauma.
- Minimizing disruptions in relationships and placements and establishing permanency are critical for helping children form and maintain positive attachments.

# Essential Element #8:

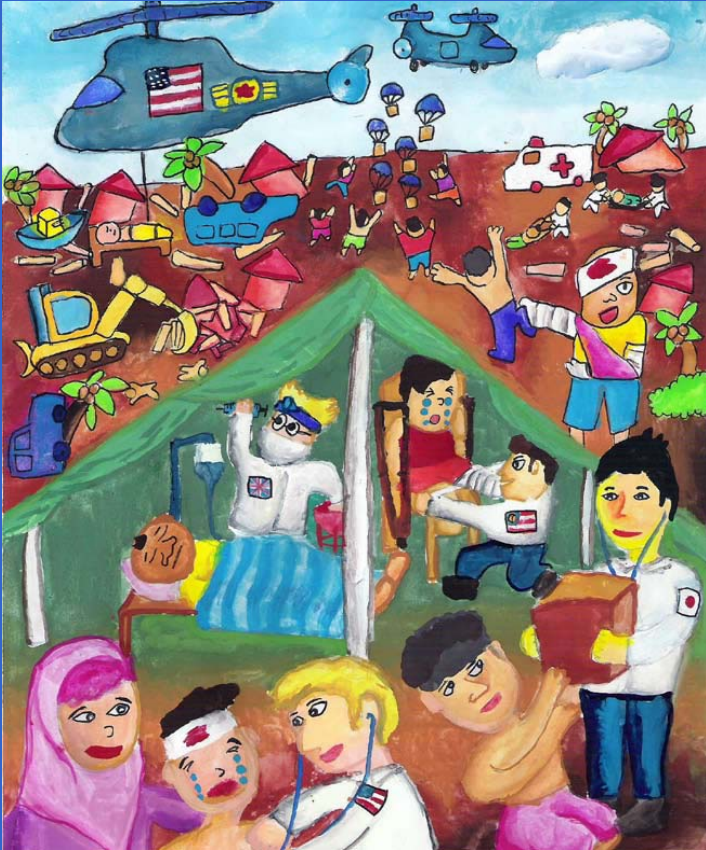
## Provide support and guidance to the child's family and caregivers.

- Resource families have some of the most challenging roles in the child welfare system.
- Resource families must be nurtured and supported so they, in turn, can foster safety and well-being.
- Relatives serving as resource families may themselves be dealing with trauma related to the crisis that precipitated child welfare involvement and placement.

# Essential Element #9: Manage professional and personal stress.

- Child welfare is a high-risk profession, and workers may be confronted with danger, threats, or violence.
- Child welfare workers may empathize with victims; feelings of helplessness, anger and fear are common.
- Child welfare workers who are parents, or who have histories of childhood trauma, might be at particular risk for experiencing such reactions.

# Trauma Informed Treatment Lessons form Evidence Based Practice:



Artwork courtesy of the International Child Art Foundation ([www.icaf.org](http://www.icaf.org))

# Core Components of Trauma-Informed, Evidence-Based Treatment

- Building a strong therapeutic relationship
- Psychoeducation about normal responses to trauma
- Parent support, conjoint therapy or parent training
- Emotional expression and regulation skills
- Anxiety management and relaxation skills
- Cognitive processing or reframing

# Core Components of Trauma-Informed, Evidence-Based Treatment

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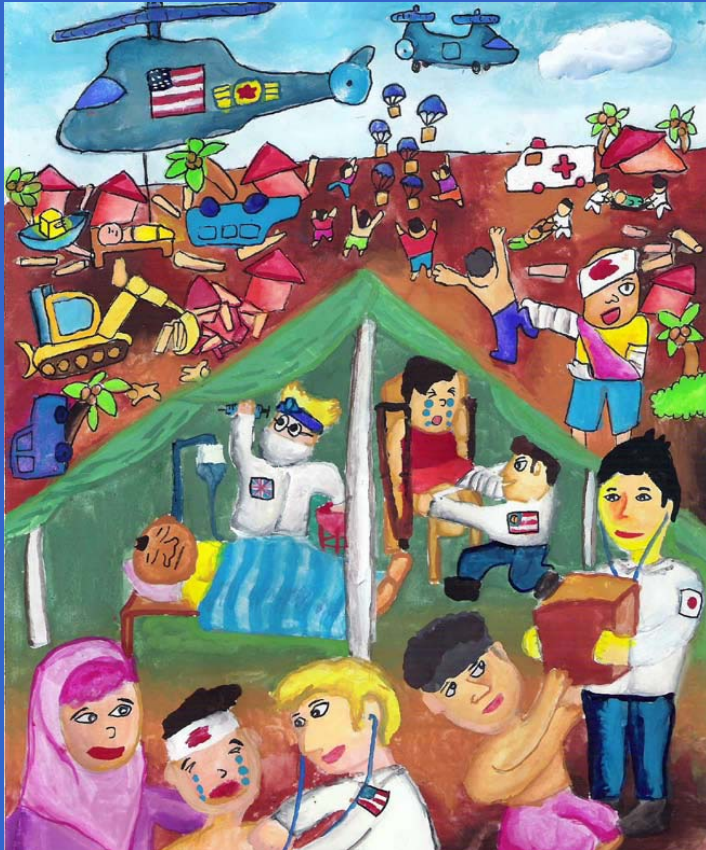
- Construction of a coherent trauma narrative
- Strategies that allow exposure to traumatic memories and feelings in tolerable doses so that they can be mastered and integrated into the child's experience
- Personal safety training and other important empowerment activities
- Resilience and closure

*\*Interventions such as the Evidence Based "Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT)" utilize these components as a standard part of treatment*

# Questions to Ask Therapists/ Agencies That Provide Services

- Do you provide trauma-specific or trauma-informed therapy? If so, how do you determine if the child needs a trauma-specific therapy?
- How familiar are you with evidence-based treatment models designed and tested for treatment of child trauma-related symptoms?
- How do you approach therapy with traumatized children and their families (regardless of whether they indicate or request trauma-informed treatment)?
- Describe a typical course of therapy (e.g., can you describe the core components of your treatment approach?).

# Child Welfare Trauma Training Toolkit:



Artwork courtesy of the International Child Art Foundation ([www.icaf.org](http://www.icaf.org))

# Child Welfare Training Toolkit Overview

- Educate child welfare professionals about the impact of trauma on the development and behavior of children.
- Educate child welfare professionals about when and how to intervene directly in a trauma-sensitive manner and through strategic referrals.
- Assure that all children in the child welfare system will have access to timely, quality, and effective trauma-focused interventions and a case planning process that supports resilience in long-term healing and recovery.

# Child Welfare Training Toolkit Overview,

## Cont'd

- Assist child welfare workers in achieving the Child and Family Services Review (CFSR) goals of ensuring that all children involved in the nation's child welfare system achieve a sense of:
  - Safety
  - Permanency
  - Well-being
- Full toolkit can be downloaded from [http://www.nctsn.org/nccts/nav.do?pid=ctr\\_cwtool](http://www.nctsn.org/nccts/nav.do?pid=ctr_cwtool)

# Resources

- [www.nctsn.net](http://www.nctsn.net) (National Child Traumatic Stress Network)
- [www.ChadwickCenter.org](http://www.ChadwickCenter.org) (Chadwick Center)
- [www.musc.edu/cvc/](http://www.musc.edu/cvc/) (TF-CBT on-line and OVC guidelines)
- [www.cachildwelfareclearinghouse.org](http://www.cachildwelfareclearinghouse.org) (Online Evidence Based Practice Resource Designed for Public Child Welfare Professionals- With Support from California Department of Social Services)

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email: [sdconference@rchsd.org](mailto:sdconference@rchsd.org)

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### Featured Plenary Speakers

- Mark Wynn - International Lecturer, National Trainer on Domestic Violence
- Erin Runnion – Parent of Melissa Runnion, an abducted and murdered child
- Laurie Robinson, Assistant Attorney General for Justice Programs, US Department of Justice
- Robert Reece – Clinical Professor of Pediatrics, Tufts University School of Medicine
- Joy Osofsky – Professor of Pediatrics & Psychology, Louisiana State University