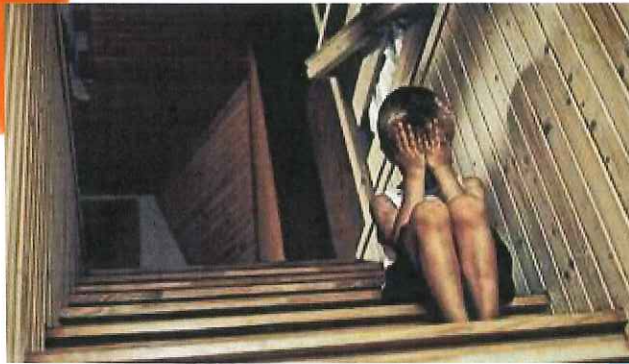


The Impact of Trauma on Children and Adolescents and Treatment Options to Utilize



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Slide 1

THE IMPACT OF TRAUMA ON CHILDREN AND ADOLESCENTS AND TREATMENT OPTIONS TO UTILIZE

Gary J. Lewis
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PTSD Signs and Symptoms

- Although there are many different signs and symptoms that a person may experience when suffering from Post Traumatic Stress Disorder, the symptoms are classified into three main clusters:
 - Reexperiencing Symptoms
 - Avoidance or Numbing Symptoms
 - Hyperarousal Symptoms

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Reexperiencing Symptoms

- Recurrent and intrusive recollections of the traumatic event, which can include images, thoughts, perceptions, sounds, scents, feelings, etc.
- Recurrent distressing dreams (nightmares) of the traumatic event.

Flashbacks: acting or feeling as if the traumatic event were recurring, including a sense of reliving the experience through illusions, hallucinations, and dissociative episodes.

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Hyperarousal Symptoms

- Persistent symptoms of increased arousal as indicated by the following:
 - Difficulty falling or staying asleep
 - Irritability or outbursts of anger
 - Exaggerated startle response
 - Difficulty concentrating
 - Hypervigilance
- Some trauma victims start to think of the world as an overly dangerous place and feel that they are never safe. They also may struggle to trust in anyone or anything.

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PTSD Signs and Symptoms

- People also may experience physical symptoms such as Nausea, Headaches, Weakness, Fatigue, Muscle Tension, and Panic Attacks.
- Young children may experience different symptoms (Reexperiencing play/drawing, general anxiety and avoidance)

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Complex Trauma

- When kids are abused from an early age, especially by parental figures, or they are faced with multiple traumas or repeated traumas, they often suffer from complex trauma or developmental trauma disorder. These youth will suffer more symptoms than the youth with PTSD. They will face cognitive deficits, developmental delays, problems with self-regulation, attachment disorders or related relational problems, somatic problems, problems with affect and emotions, low self-esteem, aggression and self-destructive behavior, and often self-blame.

Other Important Trauma Information

Complex Trauma: When kids are abused from an early age, especially by parental figures, or they are faced with multiple traumas or repeated traumas, they often suffer from complex trauma or developmental trauma disorder. These youth will suffer many more symptoms than youth with PTSD. They will suffer with cognitive deficits, developmental delays, problems with self-regulation, attachment disorders or related relational problems, somatic problems (especially increased illness), problems with affect and emotions, low self-esteem, aggression and self-destructive behavior, and often self-blame. Since many of these are not covered by the DSM-V definition of PTSD, these kids get comorbid diagnoses that result in overtreatment or undertreatment of their condition.

Trauma often can lead to changes in the reward center of the brain. This sometimes leads to pain being pleasure and vice-versa in traumatized individuals.

Ivan Pavlov (Pavlov's dogs): "Trauma is the loss of the instinct of purpose."

Bessell van der Kolk: "Trauma is an illness of not feeling fully alive in the present."

Talk Therapy: Helpful if trauma was rooted in shame and/or secrecy. If not, making these kids tell their stories over and over again is probably doing more harm than good.

Pay attention to body posture!!!

*****How kids process trauma depends on the quality of their attachment relationships*** (Anna Freud, Oliver Sax: importance of parental response, support, and belief)**

Do not restrict movement unless absolutely necessary. When we are traumatized or triggered, the frontal lobe shuts down and the limbic system takes over, so our instinct is to move, usually towards home. When our movements are restricted, it is much more traumatizing than when we can move and self-regulate. How many of your kids were traumatized at home where they could not run away? This leads to helplessness and a very high traumatization rate. If trauma happened somewhere else where kids could run away toward a safe home, less chance of trauma disorder.

Self-regulation therapies: Yoga, Thai Chi, drum circles, usually involve rhythmic movements and breathing.

Dopamine blockers: used to treat limbic system and help with self-regulation. However, these are a disaster for learning and lead to educational issues and cognitive deficits.

Treatment Approaches for Developmental Trauma Disorder

Exposure Therapy

Cognitive Behavioral Therapy

Group Therapy

Internal Family Systems

ARC Therapy (Attachment, Regulation, Competencies)

SMART (Sensory Motor Arousal Regulation Treatment)

Art Therapy

Music Therapy

Yoga, Thai Chi, Martial Arts, Drum Circles

EMDR (Eye Movement Desensitization Reprocessing)

Multi-Modal Therapy

Psychoeducation

Family Based Therapy (especially addressing Attachment Issues)

Relaxation Techniques

Journaling

Medications

Dialectical Behavior Therapy

Psychoanalysis

PTSD 10 Ways to Build Resilience

1. Make connections.
 - Accept help and support.
 - Find a support group.
2. Avoid seeing crises as insurmountable problems.
3. Accept that change is a part of living.
4. Move toward your goals. Do something regularly.
5. Take decisive actions.
6. Look for opportunities for self-discovery.
 - Reflect on what you can learn about yourself.
7. Nurture a positive view of yourself. Be confident in your problem solving ability or get help in problem solving.
8. Keep things in perspective. Avoid blowing the event out of perspective.
9. Maintain a hopeful outlook. Visualize what you want.
10. Take care of yourself.
 - Exercise regularly.
 - Engage in enjoyable activities.

Universal Precautions for PTSD

- Do approach all as if they have PTSD
- Do enhance the sense of safety
- Do enhance the sense of security
- Do enhance the sense of competency
- Do enhance self-esteem
- Do use a calm and deliberate voice
- Do orient to the here and now
- Do offer support and empathy
- Do model responsible behavior
- Do encourage participation in PTSD treatment
- Do get permission before touching the client
- Do have an awareness of body space
- Do make the client aware if you are approaching from behind
- Do use a calm voice and avoid yelling
- Do manage the intensity when discussing trauma
- Do understand the trauma is very real to them
- Do understand that the client may feel tremendous shame, blame, or guilt
- Do have an awareness of their triggers of trauma
- Do value your ability to help!

DEFINING PTSD

DSM-5 @ TRAUMA- AND STRESSOR-RELATED DISORDERS/ POSTTRAUMATIC STRESS DISORDER

DIAGNOSTIC CRITERIA

- A. Exposure to actual or threatened death, serious injury , or sexual violence in one (or more) of the following ways:**
1. Directly experienced the traumatic event(s).
 2. Witnessing, in person, the event(s) as it occurred to others.
 3. Learning that the traumatic event(s) occurred to a close family member or close friend. In cases of actual or threatened death of a family member or friend, the event(s) must have been violent or accidental.
 4. Experiencing repeated or extreme exposure to aversive details of traumatic event(s) (e.g., first responders collecting human remains; police officers repeatedly exposed to details of child abuse):
- B. Presence of one (or more) of the following intrusion symptoms associated with the traumatic event (s), beginning after the traumatic event(s) occurred:**
1. Recurrent, involuntary, and intrusive distressing memories of the traumatic event(s).
Note: In children older than 6 years, repetitive play may occur in which themes or aspects of of the traumatic events(s) are expressed.
 2. Recurrent distressing dreams in which the content and/or affect of the dream are related to the traumatic event (s).
Note: In children, there may be frightening dreams without recognizable content.
 3. Dissociative reactions (e.g. flashbacks) in which the individual feels or acts as if the traumatic event (s) were recurring. (Such reaction may occur on a continuum, with the most extreme expression being a complete loss of surroundings of present surroundings.)
Note: In children, trauma-specific reenactment may occur in play.
 4. Intense or prolonged psychological distress at exposure to internal or external cues that symbolize or resemble aspects of the traumatic event (s).
 5. Marked physiological reactions to internal or external cues that symbolize or resemble an aspect of the traumatic event (s).

DEFINING PTSD

DSM-5 ® TRAUMA— AND STRESSOR-RELATED DISORDERS/
POSTTRAUMATIC STRESS DISORDER
CONTINUED

C. Persistent avoidance of stimuli associated with the traumatic event (s), beginning after the traumatic event (s) occurred, as evidenced by one or both of the following:

1. Avoidance of or efforts to avoid distressing memories, thoughts, or feelings about or closely associated with the traumatic event (s).
2. Avoidance of or efforts to avoid external reminders (people, places, conversations, activities, objects, situations) that arouse distressing memories, thoughts, or feelings closely associated with the traumatic event (s).

D. Negative alterations in cognitions and mood associated with the traumatic event (s), beginning or worsening after the traumatic event (s) occurred, as evidenced by two (or more) of the following:

1. Inability to remember an important aspect of the traumatic event (s) (typically due to the dissociative amnesia and not to other factors such as head injury, alcohol, or drugs).
2. Persistent and exaggerated negative beliefs or expectations about oneself, others, or the world (e.g., "I am bad," "No one can be trusted," "The world is completely dangerous," "My whole nervous system is permanently ruined").
3. Persistent, distorted cognitions about the cause or consequences of the traumatic of the traumatic event (s) that lead the individual to blame himself/herself, or others.
4. Persistent negative emotional state (e.g., fear, horror, anger, guilt, or shame).
5. Markedly diminished interest or participation in significant activities.
6. Feelings of detachment or estrangement from others.
7. Persistent inability to experience positive emotions (e.g., inability to experience happiness, satisfaction, or loving feelings).

E. Marked alterations in arousal and reactivity associated with the traumatic event (s) occurred, beginning or worsening after the traumatic event (s) occurred, as evidenced by two (or more) of the following:

1. Irritable behavior and angry outbursts (with little or no provocation) typically expressed as verbal or physical aggression toward people or objects.
2. Reckless or self-destructive behavior.
3. Hypervigilance.
4. Exaggerated startle response.
5. Problems with concentration.
6. Sleep disturbance (e.g., difficulty falling or staying asleep or restless sleep).

DEFINING PTSD

DSM-5 @ TRAUMA- AND STRESSOR-RELATED DISORDERS/ POSTTRAUMATIC STRESS DISORDER CONTINUED

F. Duration of the disturbances (Criteria B, C, D, and E) is more than 1 month.

G. The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

H. The disturbance is not attributable to the physiological effects of substance (e.g., medication, alcohol) or other medical condition.

Specify whether:

With dissociative symptoms: The individual's symptoms meet the criteria for posttraumatic stress disorder, and in addition, in response to the stressor, the individual experiences persistent or recurrent symptoms of either of the following:

- 1. Depersonalization:** Persistent or recurrent experiences of feeling detached from, and as if one were an outside observer of, one's mental process or body (e.g., feeling as though one were in a dream; feeling a sense of unreality of self or body or of time moving slowly).
- 2. Derealization:** Persistent or recurrent experiences of unreality of surroundings (e.g. the world around the individual is experienced in and unreal, dreamlike, distant, or distorted).

Note: To use this subtype, the dissociative symptoms must not be attributable to the physiological effects of substances (e.g., blackouts, behavior during alcohol intoxication) or other medical condition (e.g., complex partial seizures).

Specify if:

With delayed expression: If the full diagnostic criteria are not met until at least 6 months after the event (although the onset and expression of some symptoms may be immediate).

DEFINING PTSD

DSM-5 ® TRAUMA— AND STRESSOR-RELATED DISORDERS/ POSTTRAUMATIC STRESS DISORDER FOR CHILDREN 6 YEARS AND YOUNGER

A. In children 6 years and younger, exposure to actual or threatened death, serious injury, or sexual violence in one (or more) of the following ways:

1. Directly experiencing the traumatic event (s).
2. Witnessing, in person, the event (s) as it occurred to others, especially primary caregivers.
Note: Witnessing does not include events that were witnessed only in the electronic media, television, movies, or pictures.
3. Learning that the traumatic event (s) occurred to a parent or caregiving figure.

B. Presence of one (or more) of the following intrusion symptoms associated with the traumatic event (s), beginning after the traumatic event (s) occurred.

1. Recurrent, involuntary, and intrusive distressing memories of the traumatic event (s).
Note: Spontaneous and intrusive memories may not necessarily appear distressing and may be expressed as play reenactment.
2. Recurrent distressing dreams in which the content and/or affect of the dream are related to the traumatic event (s).
Note: It may not be possible to ascertain that the frightening content is related to the traumatic event (s).
3. Dissociative reactions (e.g., flashbacks) in which the child feels or acts as if the traumatic event (s) were recurring. (Such reactions may occur on a continuum, with the most extreme expression being a complete loss of awareness of present surroundings.) Such trauma-specific reenactments may occur in play.
4. Intense or prolonged psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event (s).
5. Marked physiological reactions to the reminders of the traumatic event (s).

C. One (or more) of the following symptoms, representing either persistent avoidance of stimuli associated with the traumatic event (s) or negative alterations in cognitions and mood associated with the traumatic event (s), must be present, beginning after the event (s) or worsening after the event (s):

PERSISTENT AVOIDANCE OF STIMULI

1. Avoidance of or efforts to avoid activities, places, or physical reminders that arouse recollections of the traumatic event (s).
2. Avoidance of or efforts to avoid people, conversations, or interpersonal situations that arouse recollections of the traumatic event (s).

DEFINING PTSD

DSM-5 @ TRAUMA— AND STRESSOR-RELATED DISORDERS/ POSTTRAUMATIC STRESS DISORDER FOR CHILDREN 6 YEARS AND YOUNGER CONTINUED

NEGATIVE ALTERATIONS IN COGNITIONS

3. Substantially increased frequency of negative emotional states (e.g., fear, guilt, sadness, shame confusion).
4. Markedly diminished interest or participation in significant activities, including constriction of play.
5. Socially withdrawn behavior.
6. Persistent reduction in expression of positive emotions.

D. Alterations in arousal and reactivity associated with the traumatic event(s), beginning or worsening after the traumatic event(s) occurred, as evidenced by two (or more) of the following:

1. Irritable behavior and angry outbursts with little or no provocation) typically expressed as verbal or physical aggression toward people or objects (including extreme temper tantrums).
2. Hypervigilance.
3. Exaggerated startle response.
4. Problems with concentration.
5. Sleep disturbance (e.g., difficulty falling or staying asleep or restless sleep).

B. The duration of the disturbance is more than 1 month.

F. The disturbance causes clinically significant distress or impairment in relationships with parents, siblings, peers, or other caregivers or with school behavior.

G. The disturbance is not attributable to the physiological effects of a substance (e.g., medication or alcohol) or other medical condition.

Specify whether:

With dissociative symptoms: The individual's symptoms meet the criteria for posttraumatic stress disorder, and in addition, in response to the stressor, the individual experiences persistent or recurrent symptoms of either of the following:

1. **Depersonalization:** Persistent or recurrent experiences of feeling detached from, and as if one were an outside observer of, one's mental process or body (e.g., feeling as though one were in a dream; feeling a sense of unreality of self or body or of time moving slowly).
2. **Derealization:** Persistent or recurrent experiences of unreality of surroundings (e.g. the world around the individual is experienced in and unreal, dreamlike, distant, or distorted).

DEFINING PTSD

DSM-5 ® TRAUMA— AND STRESSOR-RELATED DISORDERS/
POSTTRAUMATIC STRESS DISORDER
FOR CHILDREN 6 YEARS AND YOUNGER
CONTINUED

Note: To use this subtype, the dissociative symptoms must not be attributable to the physiological effects of substances (e.g., blackouts, behavior during alcohol intoxication) or other medical condition (e.g., complex partial seizures).

Specify if:

With delayed expression: If the full diagnostic criteria are not met until at least 6 months after the event (although the onset and expression of some symptoms may be immediate).

DTD Training Evaluation

Date: _____ Presenters: _____

Name: (optional) _____ Work Experience: _____

Agency: _____

Please circle the number that best describes your opinion:

	Lacking		Adequate		Excellent
My level of knowledge and skill in this topic area before the training:	1	2	3	4	5

My level of knowledge and skill now is:	1	2	3	4	5
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Regarding the Training:

The organization and the pace were:	1	2	3	4	5
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The variety and interest of the presentation were:	1	2	3	4	5
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The materials provided:	1	2	3	4	5
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The amount of job specific practical information was:	1	2	3	4	5
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The balance of lecture and discussion was:	1	2	3	4	5
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The trainers ability to:

Cover objectives was:	1	2	3	4	5
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Illustrate and clarify points:	1	2	3	4	5
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Encourage participation and questions was:	1	2	3	4	5
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Respond to questions was:	1	2	3	4	5
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The overall usefulness of this training:	1	2	3	4	5
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What I liked best about this training: \_\_\_\_\_

This training will help me do my job by: \_\_\_\_\_

For future trainings I suggest: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

Thank you for taking the time to complete this form! Your feedback will help to improve this training.