



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



■ 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 billion annual medical costs
- Lifetime prevalence 28.8%
 - 3 of every 100 children and adolescents ages 9 to 17
 - Girls more affected than boys



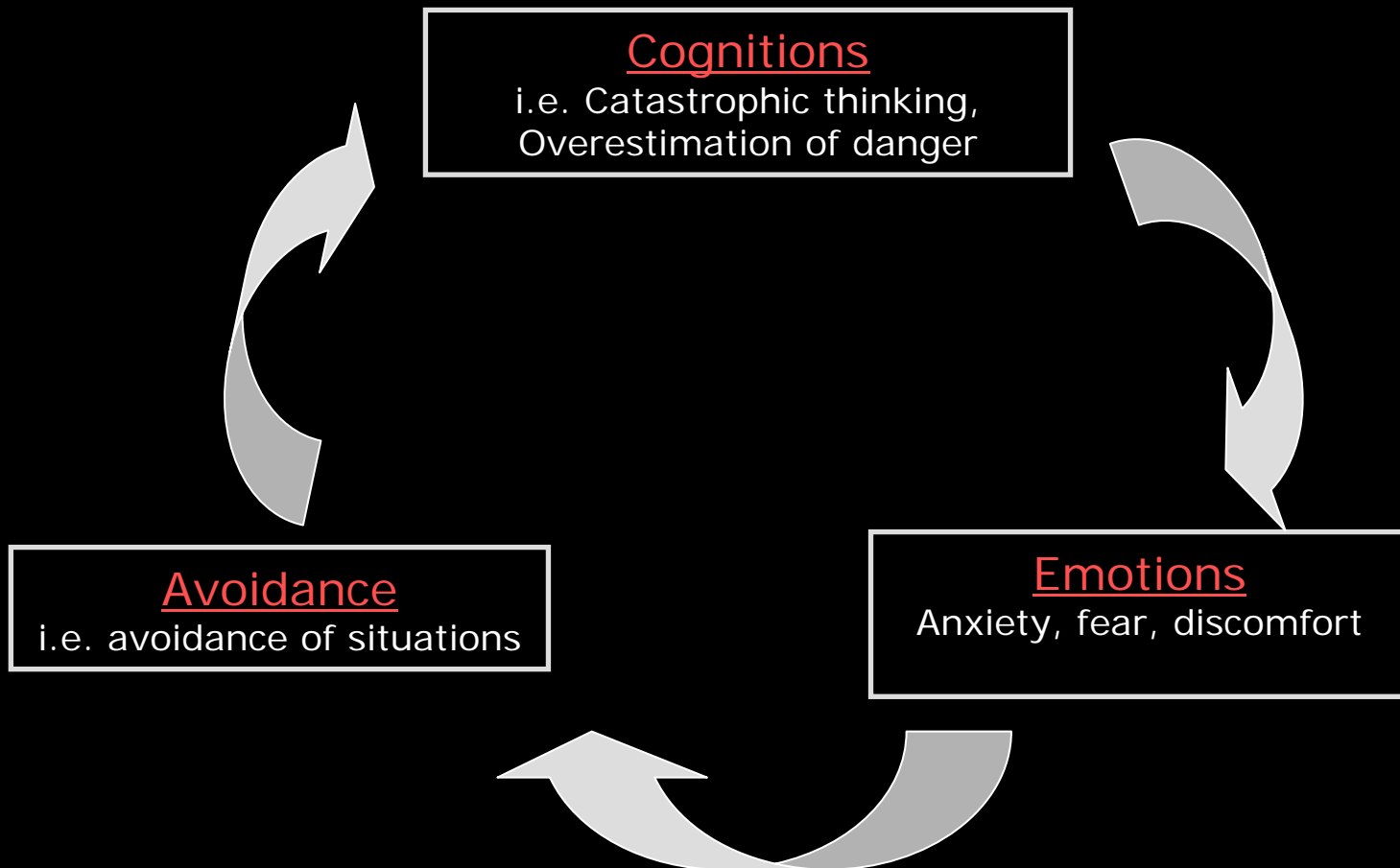


Anxiety Disorders: Lifetime Prevalence

| | |
|--------------------------------|-------|
| 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





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**

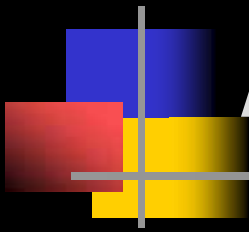
PTSD, anxiety,
depression

**Psychiatric
Illness**



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



Effect Varies by Individual

- 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:

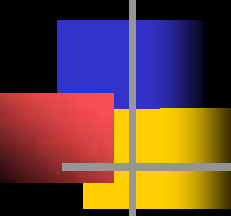
1. Difficulty falling or staying asleep
2. Irritability or outbursts of anger
3. Difficulty concentrating
4. Hyper-vigilance
5. Exaggerated startle response



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

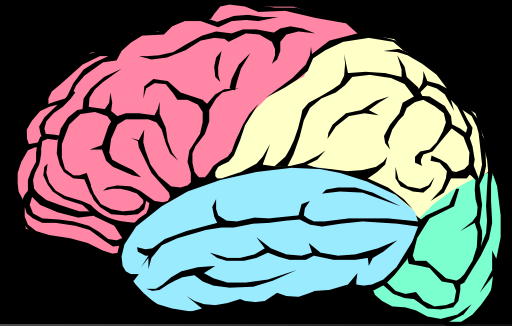
Behavioral expression of PTSD

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



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



Psychological First Aid

- 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) |

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 reality of death |

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 |

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 with challenge of own impulse control (e.g., must be hard to be so angry) |

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 |

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 behavior | Address impulse toward reckless behavior in acute aftermath; link it to challenge of impulse control associated with violence |

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 |

TF-CBT*Web*

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



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



Psychoeducation

- 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

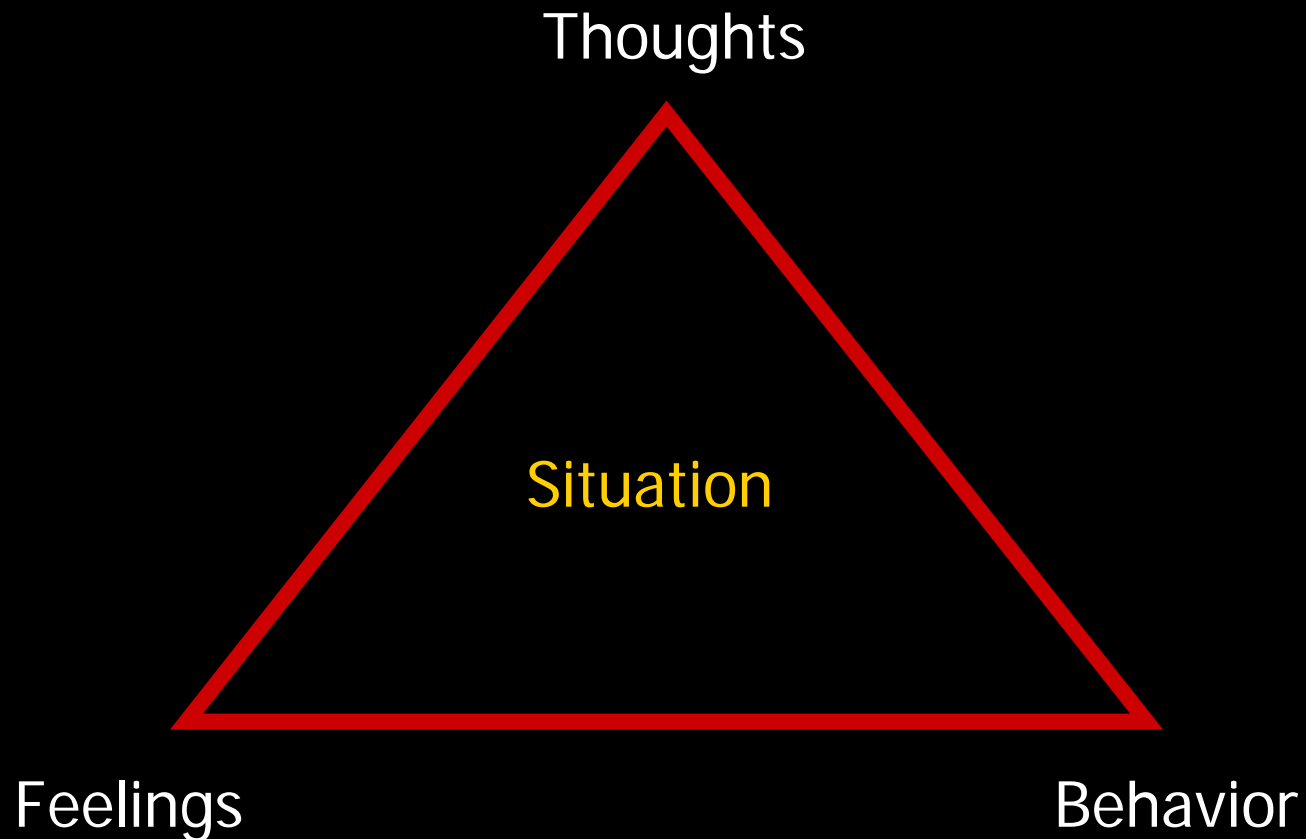


Thought Stopping/Distraction

- 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





Cognitive Restructuring

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



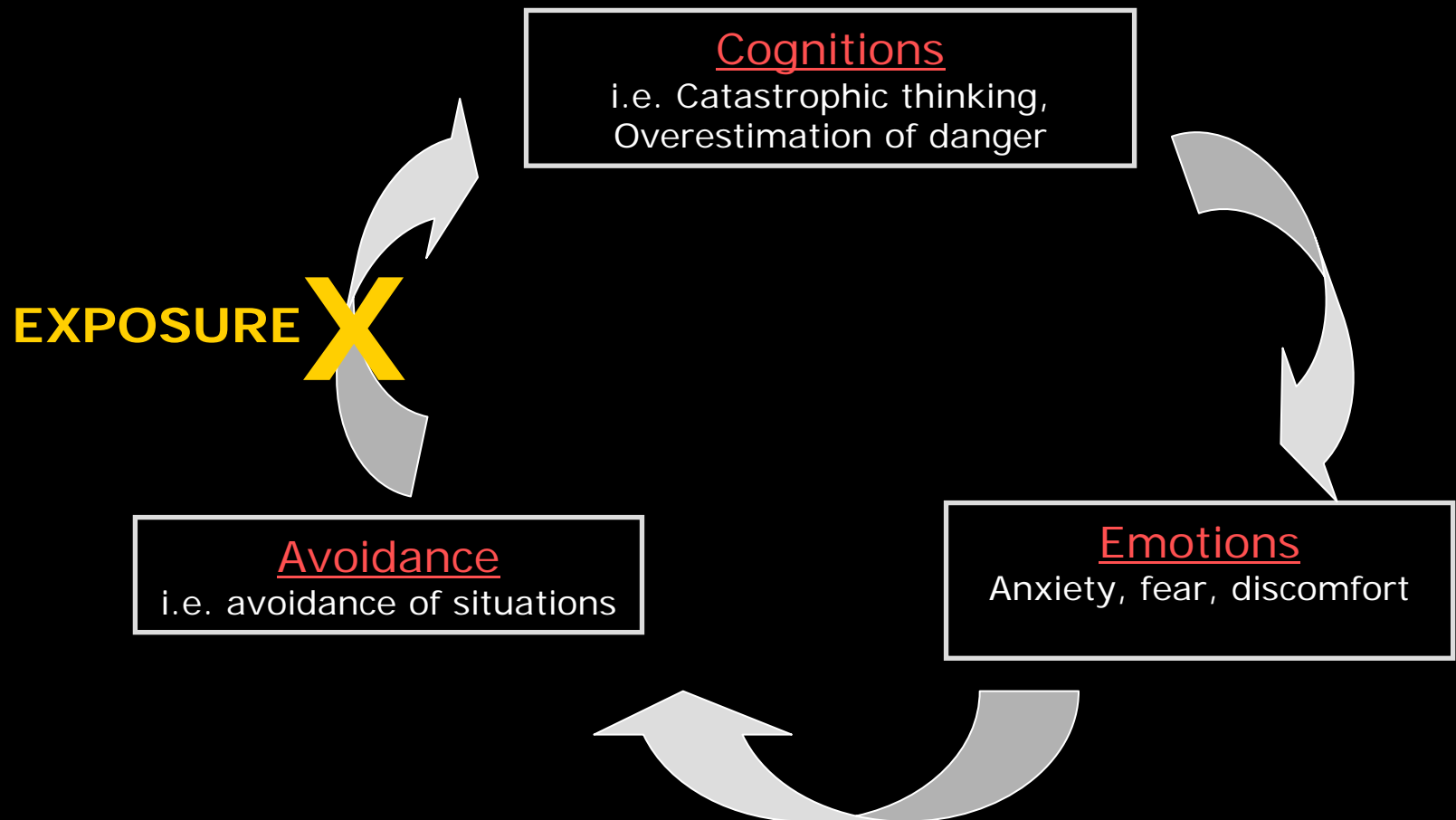
Exposure

- 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





Resources

- Anxiety Disorders in Children (Fact Sheet)
<http://mentalhealth.samhsa.gov/publications/allpubs/CA-007/default.asp>
- National Child Trauma Stress Network (NCTSN)
http://nctsn.org/nctsn/nav.do?pid=hom_main
- Trauma Focused Cognitive Behavior Therapy (TF-CBT) Web Training
- Psychological First Aid
http://nctsn.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