Unpacking the Invisible Backpack
Understanding the Impact of Childhood Trauma on Youth Mental Health

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Objectives

Provide a working definition for trauma and key warning signs to be aware of when working with youth.

Describe the effects of trauma exposure on a child’s whole well-being.

Discuss best practices for working alongside a child impacted by trauma. Share clinical resources for screening, treatment, and further advocacy around trauma exposure.
The Invisible Backpack

• What are the kids you're working with carrying with them?
What is Trauma?

1. Witnessing or experiencing an event that poses a **real** or **perceived** threat to the life and well-being of the child or someone close to them.

2. Negatively impacts the child’s ability to cope, causing distress symptoms which may be expressed by disorganized or agitated behavior.
Types of Trauma

Acute trauma

Chronic trauma

Complex trauma

Historical or Generational trauma

Traumatic Grief
Risk Factors

- Severity of the event.
- Proximity to the event.
- Caregivers’ reactions.
- Prior history of trauma.
- Family and community factors.
Impact of Childhood Trauma in the U.S.


Marginalized populations are at a significantly greater risk for exposure to trauma:

- BIPOC youth
- LGBTQ+ Community
- Low Income Families

Trauma and Brain Development

- New neuropathways (synapses) are formed and strengthened as repeated experiential learning occurs.
- The brain adapts to the environment, both positive and negative.
Traumatic Stress Response

Traumatic Event → The Body’s Alarm System → Stress Hormones → Traumatic Stress

(Georgetown University Center for Child & Human Development, n.d.)
Trauma and the brain

• Exposure to trauma causes the brain to develop in a way that will help the child survive amid trauma
• Past trauma causes the brain to interpret minor events as threatening
• The limbic system has a disproportionate fear response to the experience and sends signals to the brainstem.
  • The prefrontal cortex (logic and reason) is skipped over, leading to impulsive reactions.
• Fight, Flight, Freeze, or Fawn
• “Trauma brain” can either take all outside information in at once (hyperarousal) OR block everything out (disassociation)
## Impact on Child Development

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<tr>
<th>Neurobiological effects</th>
<th>Psychosocial effects</th>
<th>Emotional Effects</th>
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<tr>
<td>• Brain abnormalities</td>
<td>• Poor attachment</td>
<td>• Diminished sense of self</td>
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<td>• Stress hormone dysregulation</td>
<td>• Poor socialization</td>
<td>• Poor emotional regulation skills</td>
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<td>• Poor self-efficacy</td>
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Impacts on a Child’s Physical Health

- Trauma can be “stored” in the body in the form of physical tension or health complaints
  - i.e. headaches, stomachaches
- Teens and young adults may engage in risky behaviors that compound these conditions (e.g., smoking, substance use, and diet and exercise habits that lead to obesity).

Higher levels of stress hormones

Altered perception of pain

May lead to chronic health conditions and sicknesses
Long Term Effects

Social Problems
- Homelessness
- Criminal behavior
- High utilization of health and social services
- Difficulty forming lasting relationships

Disease and disability:
- Mental health conditions
  - Depression, suicide, PTSD
- Substance abuse
- Chronic health conditions
- Continued cycle of abuse
Attachment

• Trauma can inhibit the development of secure attachment.
  • Foster care
  • Incarceration
  • Illness/Loss
  • Family history of trauma
• A child’s relationship with an attachment figure (i.e. parent/caregiver) can influence a child’s response to stress
  • Young children with more secure attachments are more likely to show resilience following trauma.
Common Trauma-Related Diagnoses

- Trauma symptoms can sometimes initially present similarly to symptoms of other neurodevelopmental disorders.

Posttraumatic Stress Disorder (PTSD)
- Re-experiencing memories of trauma
- Avoidance
- Hyperarousal and reactivity
- Negative Alterations of Cognition and/or Mood
- Disassociation

Reactive Attachment Disorder (RAD)

Disinhibited Social Engagement Disorder

Conduct Disorders

Mood Disorders (i.e. Major Depression)
Early Childhood

• Young children may experience developmental delays after experiencing trauma.
• Young children may experience very real emotions before language development but cannot communicate these.
• Post-traumatic play
  • Repeated playing out of traumatic event with toys with strong emotion, as if reenacting experienced trauma
• Regression of age-appropriate behaviors (i.e. baby talk, bed-wetting, tantrums, biting)
• May present as clingy or fearful regarding separations or new situations.
School-Aged Children

• Children often are also beginning to differentiate between emotional expression in different contexts.
• May alternate between shy/withdrawn and unusually aggressive behavior.
• Fear may lead them to avoid activities they previously enjoyed.
• Though the language has developed more, a child may continue to have challenges communicating emotions related to early experiences of trauma.
• Even very young children can understand the concrete idea of cause and effect
  • This can often lead to the development of unhelpful beliefs (i.e. “I got beat because I am a bad kid.”)
  • Things adults tell them can influence these thought patterns (e.g., “I did this to you because you are a bad kid.”).
Adolescents

• Negative thought patterns that have been reinforced throughout childhood
  • “I can’t trust anyone.”
• Abstract thinking lead to conceptualizing self-conscious emotions (i.e. shame, guilt)
• Low self-esteem and helplessness
  • Feeling that they are unique or alone in their experiences
• Altered recognition of danger
  • Overestimating: Fear and avoidance
  • Underestimating: Increased risk-taking behaviors
  • Substance Use, Criminal Activity, Sexual Promiscuity
Supportive Skills

• Validate the child’s feelings while emphasizing the importance of safety
  • “It’s okay to feel angry. It’s not okay to hit.”

• Provide a variety of outlets for expressing emotions
  • Talking, Writing, Drawing, Child-directed play

• Give the child control over some aspects of their life.
  • Beware of power struggles!

• Encourage the maintenance of connections and consistent relationships
  • Be proactive around any anticipated changes

• Break down tasks into brief, one-step directions
  • Providing visuals, aids, and reminders can reinforce this

• Communicate and prepare for upcoming changes or expectations.
  • Be mindful of potential triggers and reminders of trauma.
Trauma-Informed Approaches

Early intervention, treatment, and positive caregiving relationships can help repair the negative impacts of trauma.

A child’s “bad” behavior can often be an adaptive mechanism to trauma.

Instead of approaching with “Why do you keep acting this way?”, reflect on “What happened to you?”

Use of trauma-informed treatment tools and models

Early Trauma Screening (i.e. ACEs, UCLA-PTSD RI)
TF-CBT, EMDR
Therapeutic Play
Sensory Integration
References


• Oklahoma TF-CBT. (n.d.). https://oklahomatfcbt.org/


• The National Child Traumatic Stress Network. https://www.nctsn.org/
Questions?