

Trauma in Early Childhood: A Neglected Population

Thursday, May 12

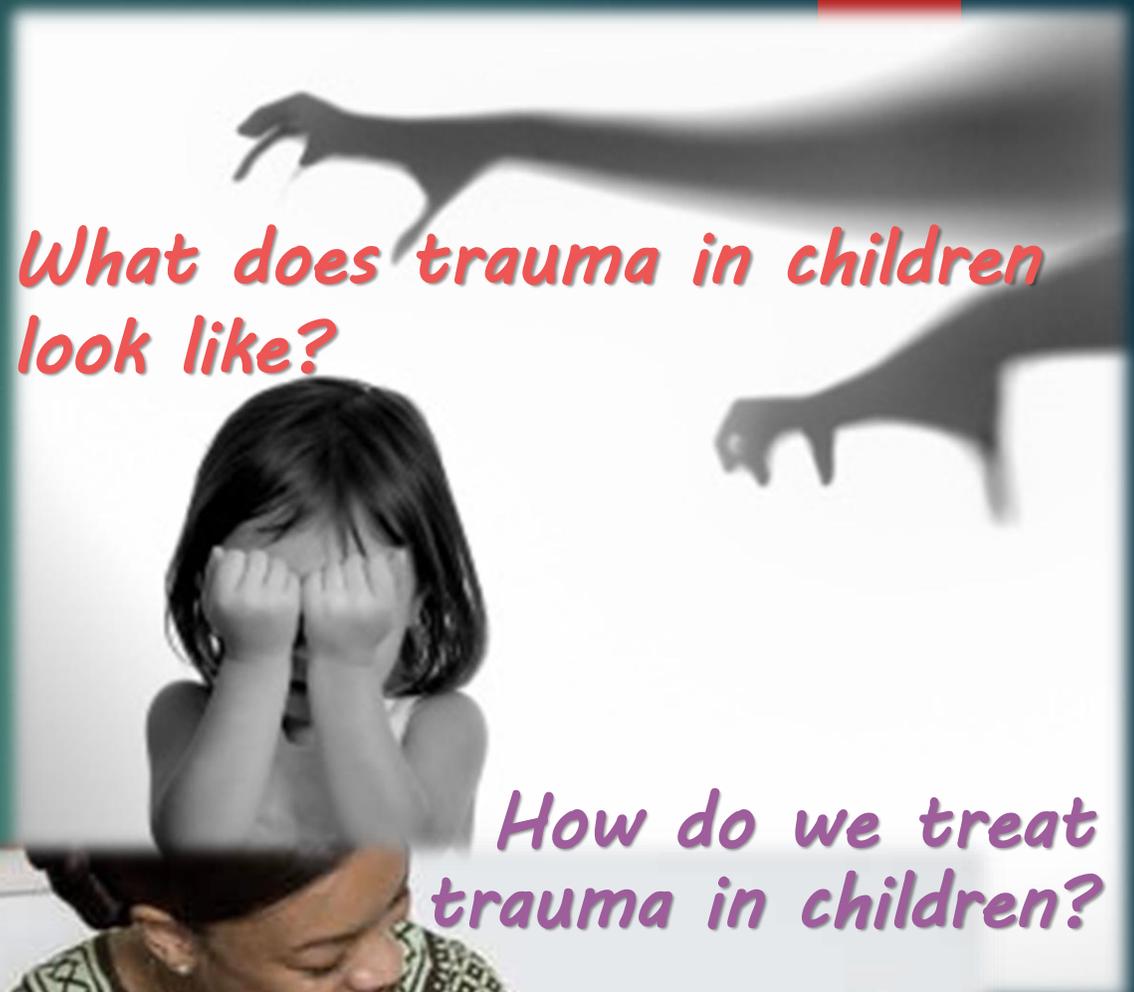
Psyc140T – Psychology of Trauma

UCSC

De Young, Kenardy, & Cobham (2011)

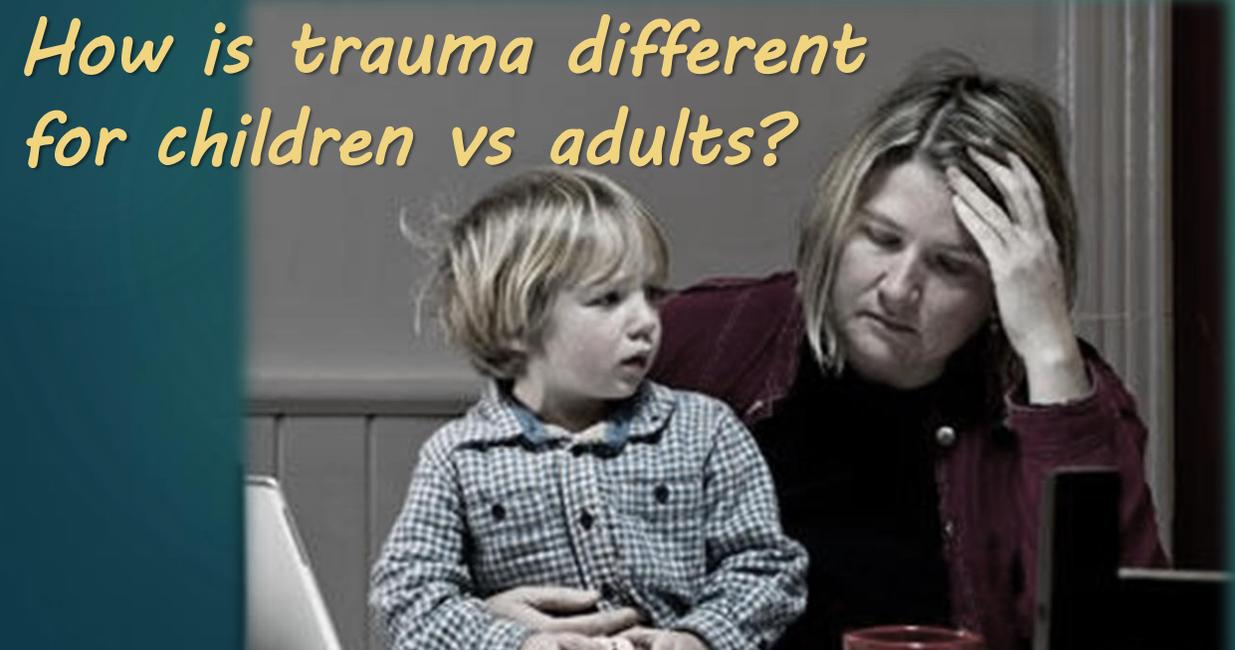


Can children experience trauma?



What does trauma in children look like?

How do we treat trauma in children?



How is trauma different for children vs adults?





Kids don't have the developmental capacities to remember, understand, or be affected by trauma

6 developmental capacities

to remember, understand, & be affected by trauma

MEMORY



**PERCEPTUAL
ABILITIES**



**AFFECTIVE
EXPRESSION**



**MOTOR
DEVELOPMENT**



**SOCIOEMOTIONAL
RELATIONSHIPS**



**VERBAL
EXPRESSION**



MEMORY



Implicit/Nondeclarative Memory

- ◆ Automatic, unconscious memories
- ◆ Begins prenatally!
- ◆ Links to fears, phobias, anxieties

Explicit/Declarative Memory ~ “Autobiographical Memory”

- ◆ Conscious memories, expressed verbally and behaviorally
- ◆ Begins at 18-24 months, alongside cognitive sense of self
- ◆ 30-36 months: Can retain & accurately recall distressing events

PERCEPTUAL ABILITIES

Tactile (Touch)

Auditory (Hearing)

} At birth: Same as adults!

Visual (Sight)

- ◆ 3 months: Depth perception
- ◆ 5 months: Face differentiation
- ◆ 6 months: Capable of 20/20 vision



AFFECTIVE EXPRESSION

Distress, Joy, Interest

- ◆ 1st few weeks!

Primary emotions

- ◆ Sadness, anger, fear
- ◆ 6-8 months

Complex emotions (self-conscious)

- ◆ Shame, guilt, embarrassment
- ◆ 18-21 months
- ◆ Linked to developing self-awareness



MOTOR DEVELOPMENT



Relevance to trauma?

- ◆ Behavioral expression of trauma symptoms

Gross Motor

- ◆ 4-7 months: Sitting up, rolling over, crawling
- ◆ 8-12 months: First steps

Fine Motor

- ◆ 4-7 months: Grasping, exploring objects
- ◆ 8-12 months: Pincer grasp, throwing & shaking objects

VERBAL EXPRESSION



Developmental milestones

- ◆ 3 months: Cry differently for different needs
- ◆ 6 months: Babble, use voice to express emotions
- ◆ 12 months: Imitate speech sounds, simple words
- ◆ 18 months: Recognize names and familiar words, growing vocabulary
- ◆ 24 months: 1-2 word phrases/questions, 50+ words

By 18-29 months: Verbally express subjective experiences and internal reactions!

SOCIOEMOTIONAL RELATIONSHIPS



Attachment w/primary caregiver(s)

- ◆ 7-18 months: Attachment w/primary caregiver(s)
Separation & Stranger anxiety
- ◆ 18-36 months: Meaningful interactions w/family members & peers

Relevance to trauma?

- ◆ Betrayal Trauma Theory
- ◆ Relationship impairment = behavioral symptom

Summary of Developmental Capacities

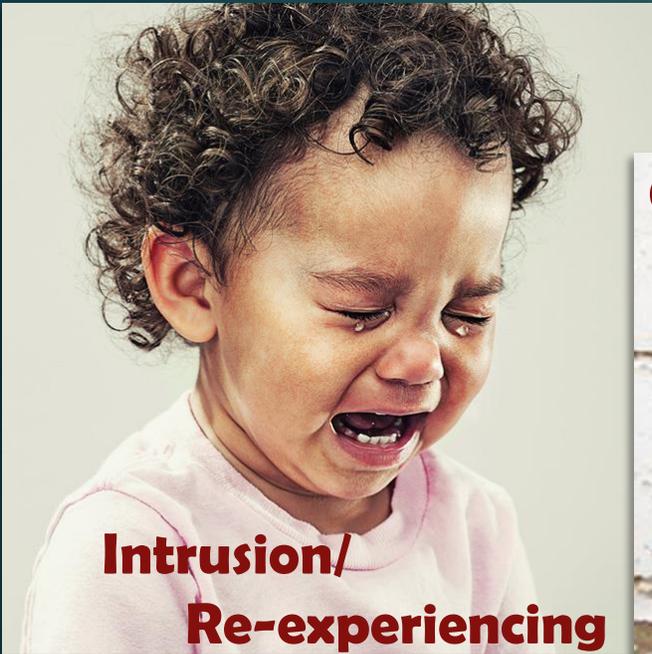
- ◆ By **7 months**: Developmental capacities for trauma symptoms
 - ◆ Perceptual
 - ◆ Affective
 - ◆ Behavioral
 - ◆ Social
- ◆ By **18 months**: Developmental capacities for trauma narratives
 - ◆ Autobiographical memory
 - ◆ Verbal expression of internal states



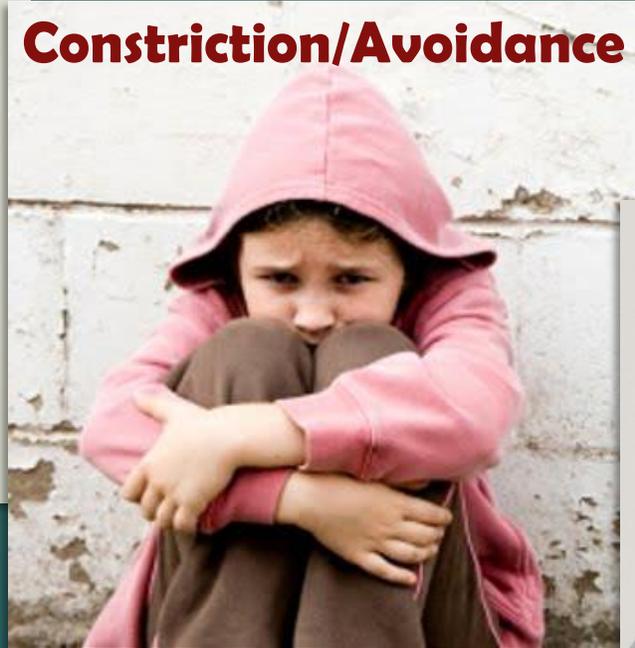
*Very young children can
experience & remember
traumatic events,
and exhibit
emotional & behavioral symptoms*

*BUT... their limited verbal & cognitive abilities can
make it difficult for adults to accurately assess trauma!*

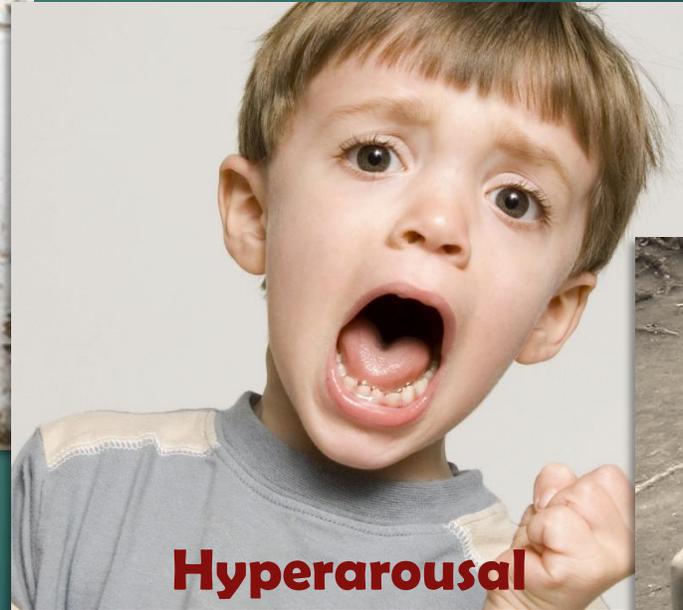
What does trauma in children look like?



**Intrusion/
Re-experiencing**



Constriction/Avoidance



Hyperarousal



**Negative
Changes
in Mood/
Cognitions**

Intrusion/Re-experiencing

Post-traumatic play

- ◆ Child continuously acts out themes from traumatic experience
- ◆ Rigid, repetitive, and anxious quality

Drawing & talking about event

- ◆ Child may not seem to be distressed

Distressing nightmares

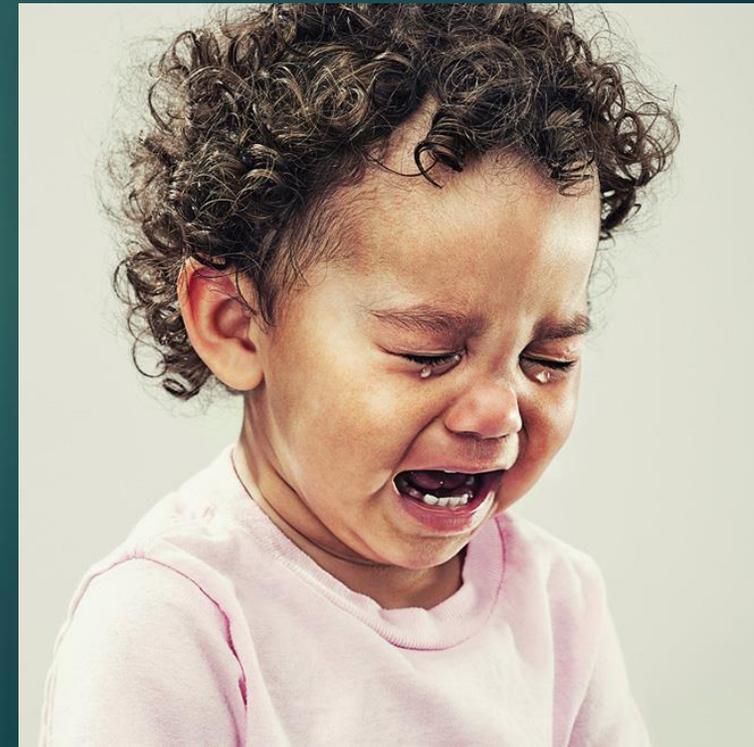
- ◆ Dreams may not clearly link to event

Intense reactions to reminders of event

- ◆ May be internal OR external reminders!

Dissociative episodes

- ◆ Child appears frozen/unresponsive



Avoidance/Constriction

Avoidance

- ◆ Avoid people, places, situations, and/or objects that remind them of trauma
- ◆ May be **obvious** (marked distress) OR **subtle** (averting gaze)

Emotional Numbing

- ◆ Social withdrawal from family/friends
- ◆ Decreased affection
- ◆ Diminished interest/participation in play



Hyperarousal

Irritability/Fussiness

- ◆ Temper tantrums
- ◆ Exaggerated startle response
- ◆ Increased separation anxiety

Hyperactivity

Disturbed sleep



Negative Changes in Mood/Cognition

Loss of previously acquired developmental skills

- ◆ Enuresis, Encopresis
- ◆ Baby talk

New fears

- ◆ May have no obvious links to trauma!

Physical aggression

- ◆ Towards family, peers, animals

Sexualized behaviors



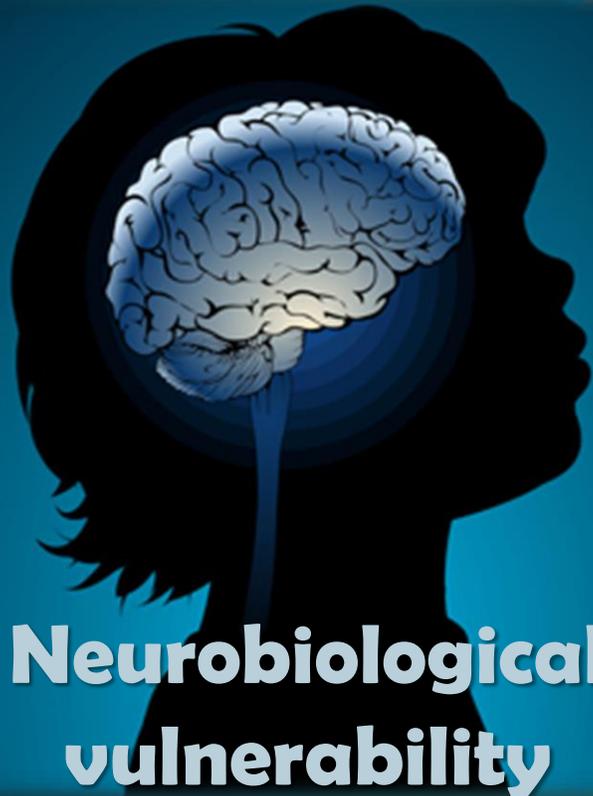
How is trauma different for children vs adults?



Diagnostic difficulties



**Parental
factors**



**Neurobiological
vulnerability**

Diagnostic Difficulties

BEHAVIORAL vs COGNITIVE/AFFECTIVE symptoms

Directly observable

Depends on
verbal abilities

Symptoms may resemble normative behavioral changes

- ◆ Inattention, defiance, aggression, impulsivity...
- ◆ May treat **symptoms** rather than underlying **cause!**

Children don't just "grow out of" PTSD

- ◆ Can become chronic... symptom or trait?
- ◆ Links to: later anxiety, depression, ADHD, ODD



Neurobiological Vulnerability

Rapid neurophysiological development & organization!

- ◆ Stress modulation
- ◆ Emotional regulation
- ◆ Some evidence for hippocampal reduction

Critical/Sensitive periods

- ◆ Trauma exposure during critical period may derail developmental trajectories
- ◆ Organization & internalization of information develops according to use...



↑ **time** in
hyperarousal/
dissociation



↑ **dysregulation** of
physiological, cognitive,
emotional, & behavioral
systems

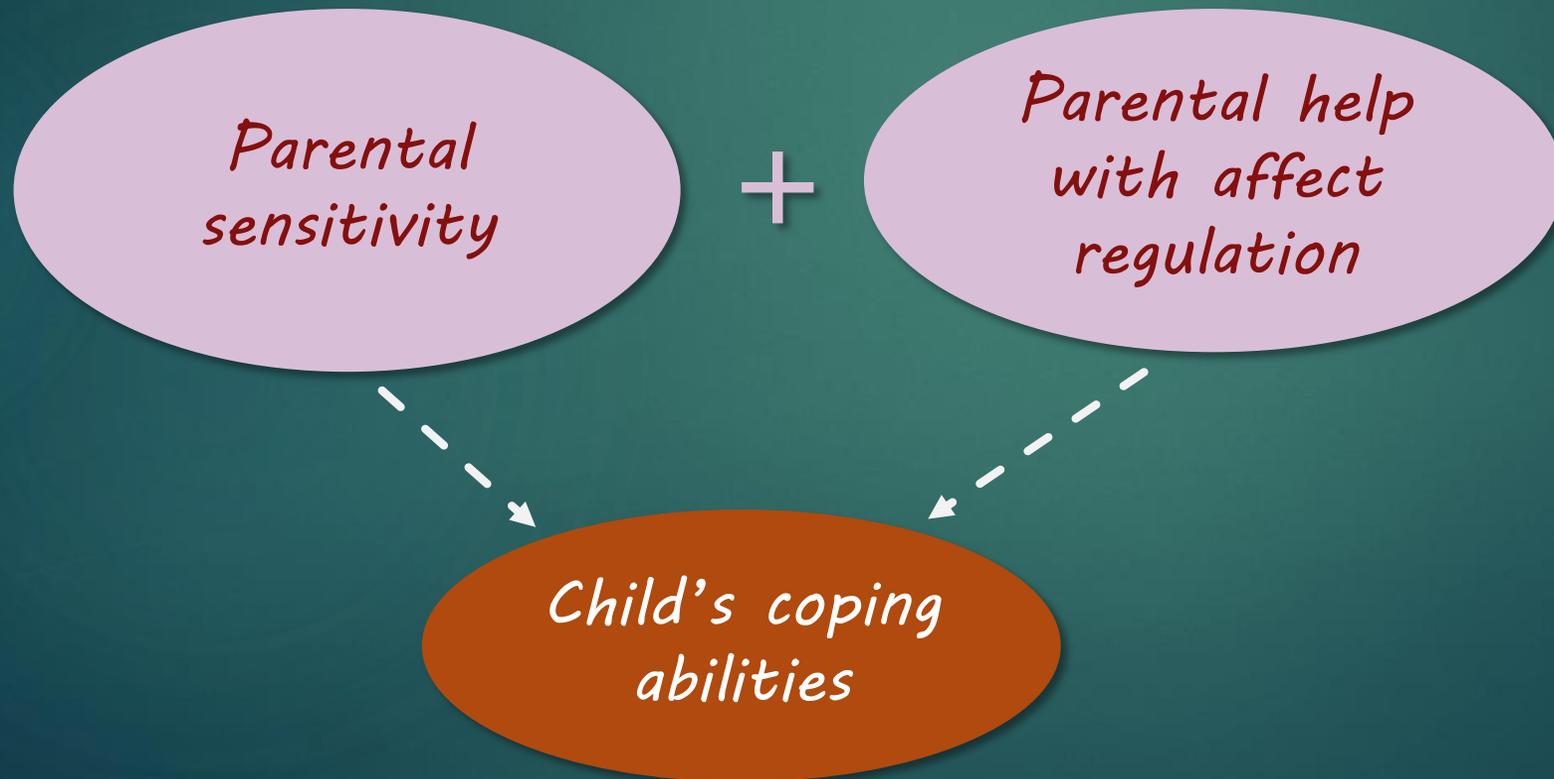


↑ likely to become
maladaptive **traits**

Parental Factors

Importance of parent-child relationship

- ◆ Safe, secure, predictable environment
- ◆ Self-regulation of emotions (esp. distress)



Parental Factors

Parents are typically exposed to, witness, or responsible for traumatic event!

PTSD in parents has implications for child's coping

- ◆ Impede sense-making process
- ◆ Model maladaptive responses
- ◆ Exacerbate child's responses
- ◆ Contribute to child's belief that world is unsafe
- ◆ Damage child's trust in parent's ability to be a secure base

Why is this important to consider?



How do we treat trauma in children?

Trauma-Focused CBT

C - Cognitive

Change behavior by addressing thoughts and perceptions that create distorted/unhelpful views

B - Behavioral

Modify habitual responses to certain situations or stimuli

T - Therapy (Family)

Look at patterns of interactions among family members (systems approach)

How do we treat trauma in children?

Trauma-Focused CBT

Short-term; 12-18 joint child-parent sessions

- P** - Psychoeducation & parenting skills
- R** - Relaxation & stress management
- A** - Affective expression & modulation (reduce negative responses)
- C** - Cognitive coping and processing (correct maladaptive beliefs)
- T** - Trauma narration
- I** - “In vivo exposure”: Gradual exposure to trauma reminders
- C** - Conjoint parent/child sessions
- E** - Enhancing personal safety & future growth

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