



ADVERSE CHILDHOOD
EXPERIENCES:

HOW TO PROVIDE
TRAUMA INFORMED
CARE AND PROMOTE
RESILIENCE

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Presentation



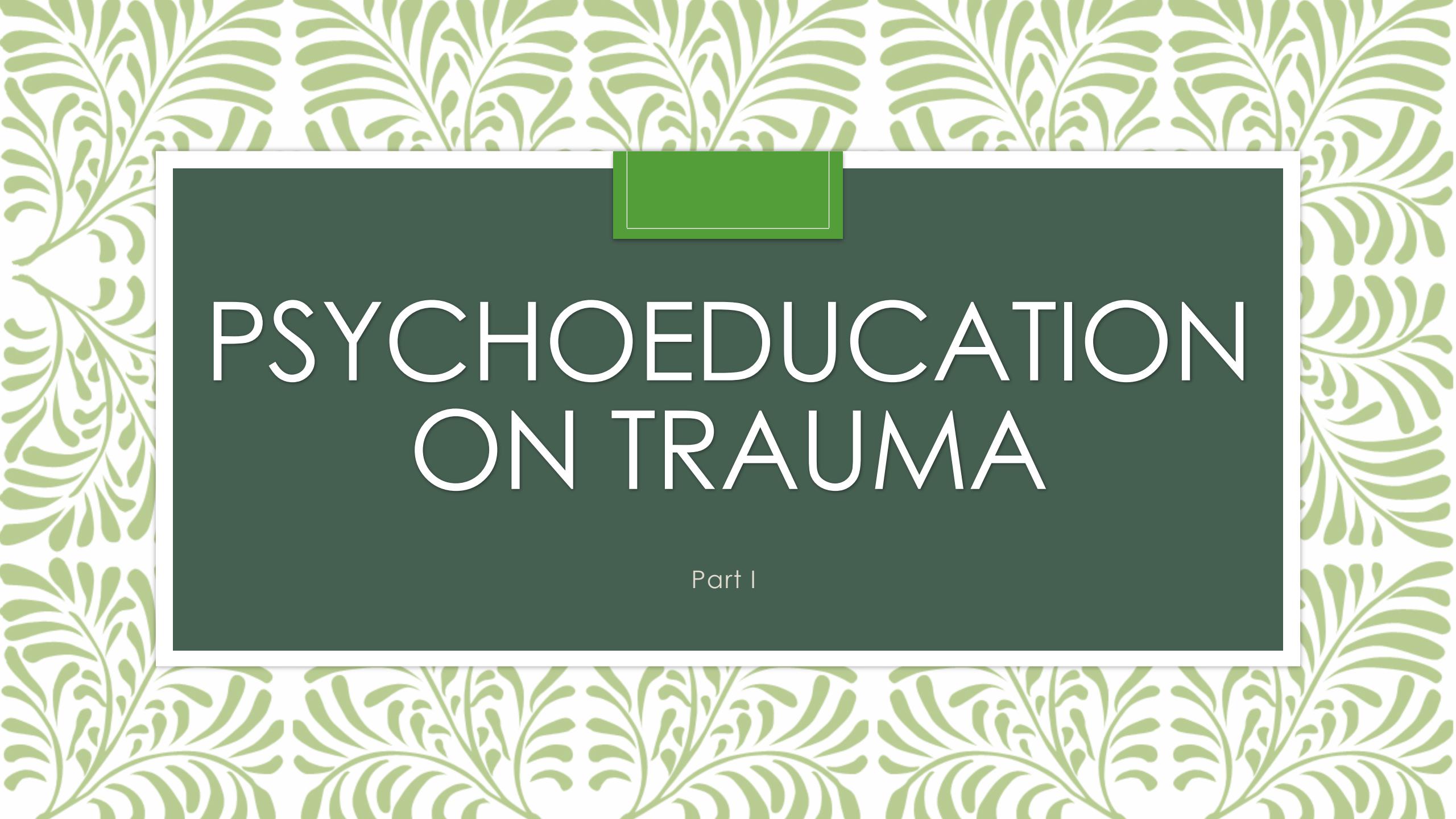
Psychoeducation on Trauma



Trauma Informed Care



Promoting Resilience



PSYCHOEDUCATION ON TRAUMA

Part I

What is Trauma?

- A deeply distressing or disturbing experience
- Posttraumatic Stress Disorder (PTSD) - involved in/ witnessing an accident, combat Veteran, large experience etc.
- Complex Trauma- "small" events or incidents that reoccur and add up to impact a person's functioning over time- abuse, neglect, unstable home etc.

DSM-5-TR

- **Emotional signs include:**
 - sadness, anger, denial, fear, shame
- **These may lead to:**
 - Nightmares, insomnia, difficulty with relationships, emotional outbursts, difficulty concentrating (school performance)
- **Common physical symptoms:**
 - Nausea, dizziness, altered sleep patterns, changes in appetite, headaches, gastrointestinal problems
- **Psychological disorders may include:**
 - PTSD, depression, anxiety, substance abuse problems

COMMON RESPONSES AND SYMPTOMS OF TRAUMA

DSM-5-TR

Trauma and Stressor-Related Disorders

- Reactive Attachment Disorder
- Disinhibited Social Engagement Disorder
- Posttraumatic Stress Disorder
- Acute Stress Disorder
- Adjustment Disorders
- Prolonged Grief Disorder

DSM-5-TR

- A mental disorder that responds well to treatment
- Can be a complex cluster of events, but most of us think of singular events
 - Combat Veteran, car crash, death or serious injury, assault, highly emotional event
- General symptoms:
 - Intrusive memories
 - Avoidance
 - Negative changes in thinking and mood (depression, anxiety, changes in relationship or functioning)
 - Changes in physical and emotional reactions (hypervigilant)
- Treatments:
 - Talk therapy
 - Cognitive Behavioral therapy (CBT)
 - Eye Movement Desensitization and Reprocessing (EMDR)
 - Psychedelic assisted therapy (adults only)

Posttraumatic Stress Disorder (PTSD)

DSM-5-TR

- Extraordinary experiences that bring about severe distress and helplessness.
- They may be one-time events like acts of terrorism, natural catastrophes, and sexual assault.
- They may be prolonged stressors like war, child abuse, neglect or violence.
- They are much more difficult or even impossible to overlook, yet they are often actively avoided.
- For instance, people may steer clear of triggers like personal reminders, certain locations, or situations like crowded or even deserted places.
- (Barbash, 2017)

Big T Trauma

- Examples are: life changes like a new job or moving; relationship events like divorce, infidelity, or an upsetting personal conflict; life stressors like financial troubles, work stress or conflict, or legal battles.
- Accumulate and can become complex trauma.
- Many are Adverse Childhood Experiences (ACEs)
- (Barbash, 2017)

Little t Trauma

Adverse Childhood Experiences

- Physical abuse
- Emotional abuse
- Sexual abuse
- Physical neglect
- Emotional neglect
- Parental separation or divorce
- Living in a home with violence, particularly toward a mother figure
- Living in a home with a problem drinker or someone who uses illicit drugs
- Living in a home with mental illness
- Having a household member go to prison
- Bullying
- Discrimination
- Losing a parent
- Poverty
- Unstable housing
- War
- Family separation
- Collective experiences: community violence

(NCSL, 2022)

Types of ACEs



ABUSE

- Emotional
- Physical
- Sexual



NEGLECT

- Emotional
- Physical



HOUSEHOLD CHALLENGES*

- Substance misuse
- Mental illness
- Suicidal thoughts and behavior
- Divorce or separation
- Incarceration
- Intimate partner violence or domestic violence

Other Adversity



- Bullying
- Community violence
- Natural disasters
- Refugee or wartime experiences
- Witnessing or experiencing acts of terrorism

* The child lives with a parent, caregiver, or other adult who experiences one or more of these challenges.

ACEs Can Increase Risk for Disease, Early Death, and Poor Social Outcomes

Research shows that **experiencing a higher number of ACEs** is associated with **many of the leading causes of death** like heart disease and cancer.



CHRONIC HEALTH CONDITIONS

- Coronary heart disease
- Stroke
- Asthma
- Chronic obstructive pulmonary disease (COPD)
- Cancer
- Kidney disease
- Diabetes
- Obesity



MENTAL HEALTH CONDITIONS

- Depression



HEALTH RISK BEHAVIORS

- Smoking
- Heavy drinking or alcoholism
- Substance misuse
- Physical inactivity
- Risky sexual behavior
- Suicidal thoughts and behavior



SOCIAL OUTCOMES

- Lack of health insurance
- Unemployment
- Less than high school diploma or equivalent education

Complex Trauma

- **Complex trauma** describes both children's exposure to multiple traumatic events—often of an invasive, interpersonal nature—and the wide-ranging, long-term effects of this exposure.
- These events are severe and pervasive, such as abuse or profound neglect. They usually occur early in life and can disrupt many aspects of the child's development and the formation of a **sense of self**.
- Since these events often occur with a caregiver, they interfere with the child's ability to form a **secure attachment**. Many aspects of a child's healthy physical and mental development rely on this primary source of safety and stability.
- ACEs can be complex trauma
- Mostly occur in childhood, affect **neurodevelopment**, and effects are seen in adulthood

(NCTSN,2022)

Signs and Symptoms in children

Young children who experience trauma may:

- Have difficulties forming an attachment to caregivers
- Experience excessive fear of strangers or separation anxiety
- Have trouble eating and sleeping
- Be especially fussy
- Show regression after reaching a developmental milestone (e.g., sleeping through the night, toilet training)



(Bartlett & Steber, 2019)

Signs and Symptoms in children

School-age children who experience trauma may:

- Engage in aggressive behavior
- Become withdrawn
- Fixate on their own safety or the safety of others
- Re-enact the traumatic event through play
- Have frequent nightmares
- Exhibit difficulty concentrating in school

(Bartlett & Steber, 2019)



Signs and Symptoms in children

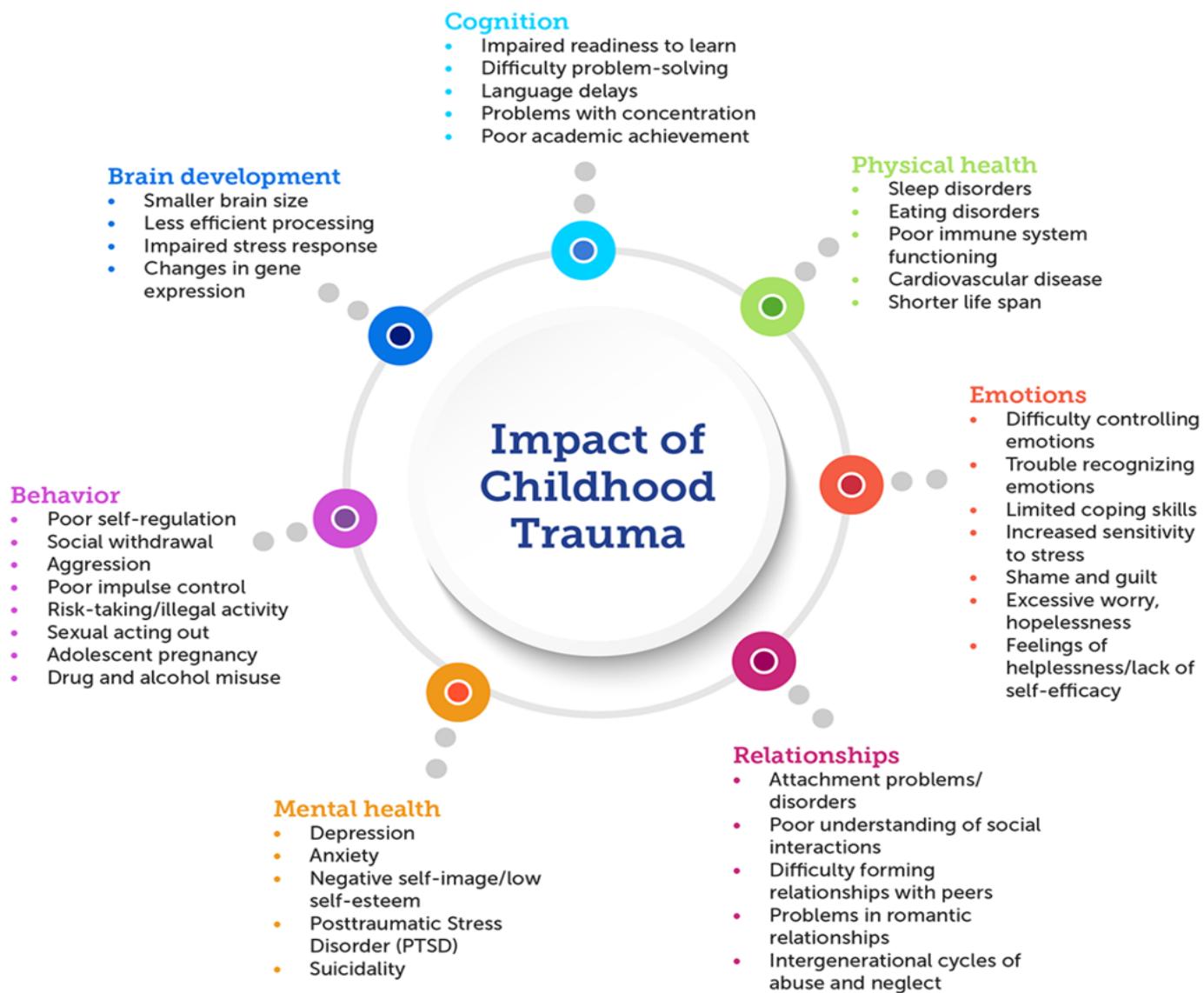
Adolescents who experience trauma may:

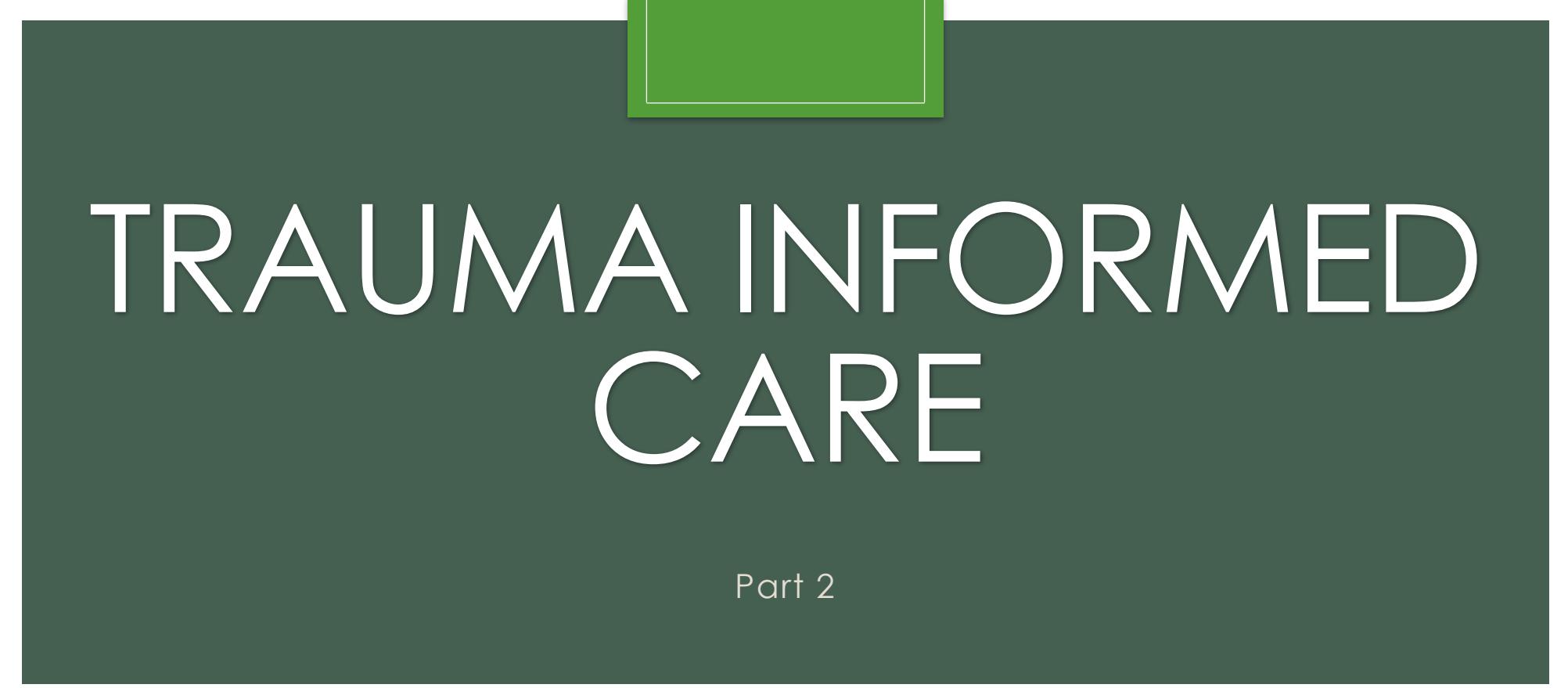
- Become anxious or depressed
- Engage in risk-taking or self-destructive behaviors (e.g., drug and alcohol misuse, dangerous driving, sexual promiscuity, self-harm, illegal activity)
- Feel intense guilt, anger, or shame
- Adopt a negative view of people and society
- Suicidal thoughts

(Bartlett & Steber, 2019)



Impact of Childhood Trauma





TRAUMA INFORMED CARE

Part 2

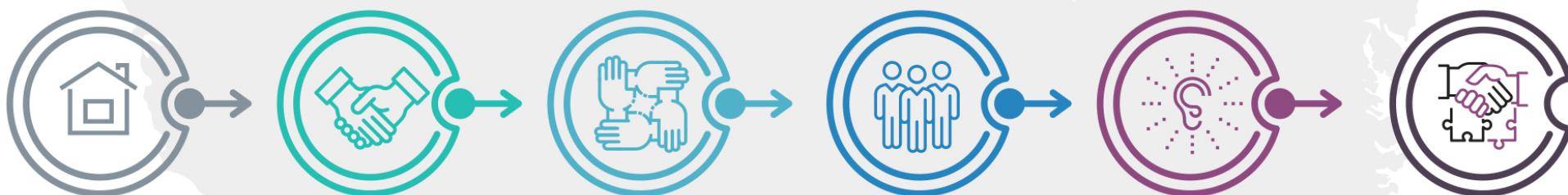
- A trauma-informed approach seeks to resist re-traumatization of clients as well as staff. Organizations often inadvertently create stressful or toxic environments that interfere with the recovery of clients, the well-being of staff and the fulfilment of the organizational mission
- Resisted through increasing knowledge of trauma in the organization to the members of that organization.

What is TIC?

6 GUIDING PRINCIPLES TO A TRAUMA-INFORMED APPROACH

The CDC's [Center for Preparedness and Response \(CPR\)](#), in collaboration with SAMHSA's [National Center for Trauma-Informed Care \(NCTIC\)](#), developed and led a new training for CPR employees about the role of trauma-informed care during public health emergencies. The training aimed to increase responder awareness of the impact that trauma can have in the communities where they work.

Participants learned SAMHSA'S six principles that guide a trauma-informed approach, including:



1. SAFETY
2. TRUSTWORTHINESS & TRANSPARENCY
3. PEER SUPPORT
4. COLLABORATION & MUTUALITY
5. EMPOWERMENT VOICE & CHOICE
6. CULTURAL, HISTORICAL, & GENDER ISSUES

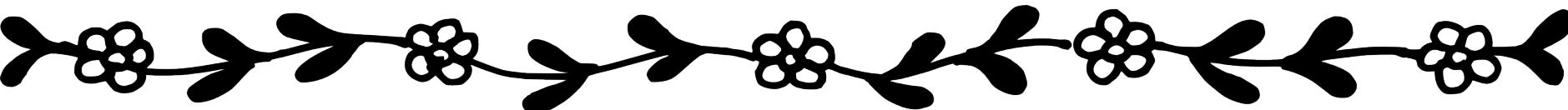
Adopting a trauma-informed approach is not accomplished through any single particular technique or checklist. It requires constant attention, caring awareness, sensitivity, and possibly a cultural change at an organizational level. On-going internal organizational assessment and quality improvement, as well as engagement with community stakeholders, will help to imbed this approach which can be augmented with organizational development and practice improvement. The training provided by [CPR](#) and [NCTIC](#) was the first step for CDC to view emergency preparedness and response through a trauma-informed lens.

(CDC, 2020)

What is TIC: 6 Principles

1. Safety - Throughout the organization, staff and the people they serve, whether children or adults, feel physically and psychologically safe.

2. Trustworthiness and Transparency - Organizational operations and decisions are conducted with transparency with the goal of building and maintaining trust with clients and family members among staff and others involved in the organization.



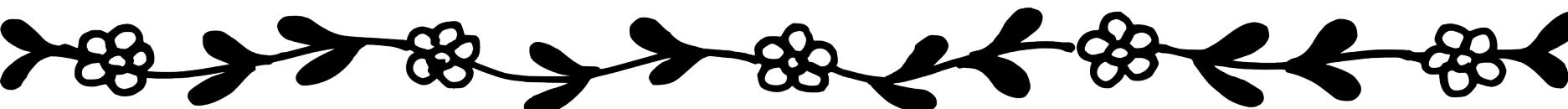
What is TIC: 6 Principles

3. Peer Support - These are integral to the organizational and service delivery approach and are understood as a key vehicle for building trust, establishing safety, and empowerment.

- The term “Peers” refers to individuals with lived experiences of trauma, or in the case of children this may be family members of children who have experienced traumatic events and are key caregivers in their recovery.

4. Collaboration and Mutuality - There is recognition that healing happens in relationships and in the meaningful sharing of power and decision-making.

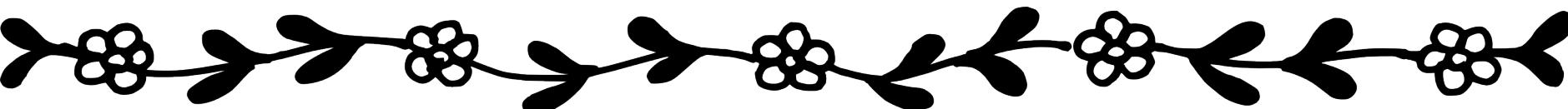
- The organization recognizes that everyone has a role to play in a trauma-informed approach. One does not have to be a therapist to be therapeutic.



What is TIC: 6 Principles

5. Empowerment, Voice and Choice- Organization aims to strengthen the staff, client, and family members' experience of choice and recognizes that every person's experience is unique and requires an individualized approach. This builds on what clients, staff, and communities have to offer, rather than responding to perceived deficits.

6. Cultural, Historical, and Gender Issues- The organization actively moves past cultural stereotypes and biases , offers culturally responsive services, leverages the healing value of traditional cultural connections, and recognizes and addresses historical trauma.



(Trauma Informed Oregon, 2022)

Many treatment modalities

- Any theoretical orientation or treatment modality is trauma informed if you know, follow, emphasize, and prioritize trauma-informed care principles
- EMDR, Exposure Therapy, DBT, TF-CBT – more directly targeting trauma symptoms
- Humanistic, Client-Centered, Psychodynamic, Family Systems, Attachment theory- more likely to target complex trauma
- The National Child Traumatic Stress Network lists many modalities, such as “Attachment, Self Regulation, and Competency” (ARC)



Therapeutic Frame

- Safety, security, consistency
- Therapeutic relationship is the core of change and healing
- Clear communication regarding practice policies
- Starting and ending the session the same way
- Making sure a client leaves feeling “contained”
- Setting boundaries and limits on your accessibility
- Using language (often emotion-focused) that fosters safety
- Being process-oriented and making room for how a client feels or presents in the session
- Owning up to our own mistakes
- Process termination



Therapeutic Frame & Telehealth

- Same principles apply
- Start and end session on time
- Send client the same link if possible, or send consistently
- Sessions and Zoom – same link & waiting room
- Have boundaries with email communication
- Set the frame: sit at your desk with your laptop, treat it like a real session, encourage clients to do the same
- Especially for children- have parents set them up with an iPad or laptop in a quiet, private room with headphones.
- Encourage in person sessions





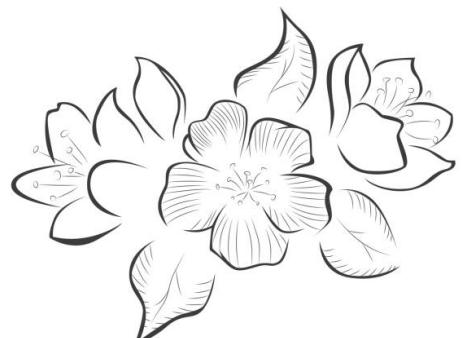
PROMOTING RESILIENCE

Part 3

Resilience according to APA

- Resilience is the process and outcome of successfully adapting to difficult or challenging life experiences, especially through mental, emotional, and behavioral flexibility and adjustment to external and internal demands.
- A number of factors contribute to how well people adapt to adversities, predominant among them:
 - the ways in which individuals view and engage with the world
 - the availability and quality of social resources
 - specific coping strategies

(APA, 2022)



Resilience

- **Factors that promote resilience:**
 - Person-centered variables (temperament of the child, personality, coping strategies)
 - Demographic variables (male gender, older age, greater education)
 - Sociocontextual factors (supportive relations, community resources)
- Can impact how quickly intervention is sought:
 - Boys- externalizing behaviors are observed
 - Financial resources, access, health literacy
- TIC promotes resilience, recovery ,and thriving!

(Bonnano & Mancini, 2008)



Risk Factors & Protective Factors

Risk factors: increase the likelihood a person will experience adversity

- Risk factors for trauma commonly include living in poverty, a lack of social supports, and prior history of trauma
- Additionally, children who identify LGBTQ and children in military families are at an increased risk for experiencing trauma.
- However, the presence of risk factors or membership in a high-risk group does not necessarily mean that a child will experience trauma or its most adverse effects.
- Protective factors can buffer children from risk and improve the odds of resilient functioning.

(Bartlett & Steber, 2019)



Risk Factors & Protective Factors

Protective factors: characteristics, conditions, or events that promote healthy development and minimize the risk or likelihood a person will experience a particular illness or event, or its related negative outcomes.

- Research shows that the strongest protective factor linked with resilience to childhood trauma is the reliable presence of a sensitive, nurturing, and **responsive adult**.
- The presence of such a figure can help children by restoring a **sense of safety**, predictability, and control; giving them the feeling of safety; providing them a way to process traumatic events; protecting them from re-traumatization; supporting their development of self-regulation; and helping them heal.

(Bartlett & Steber, 2019)



Promoting Resilience

- **Additional protective factors** that promote resilience to childhood trauma:
 - Support from family, friends, people at school, and members of the community
 - A sense of safety at home, at school, and in the community
 - High self-esteem and positive sense of self-worth
 - Self-efficacy
 - Spiritual or cultural beliefs, goals, or dreams for the future that provide a sense of meaning to a child's life
 - A talent or skill in a particular area
(e.g., excelling in school or in a sport)
 - Coping skills that can be applied to varying situations
- (Bartlett & Steber, 2019)





THANK YOU

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