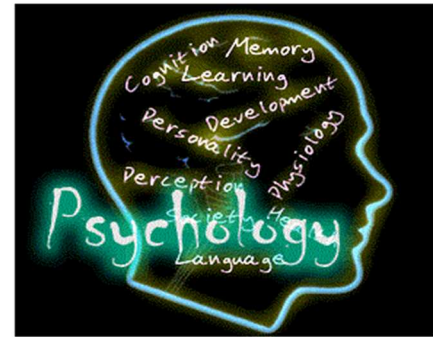


PSYCH CORNER

TRAUMA EDITION

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FACTS:

- 66% people have experienced at least 1 trauma
- 1 out of 8 people have experienced 4 or more traumas
- 1 out of 8 children have 1 substantiated trauma by age 18
- 1 out of 4 children have been neglected by age 17
- Trauma is not an event, it's how that person perceives an experience
- More traumatic experiences can lead to more physical & mental health problems
- Trauma in children has been linked to lower GPA, behavior problems, decreased reading ability, and increase likelihood of dropout and absenteeism

COMMON TYPES:

- Posttraumatic Stress Disorder
- Reactive Attachment Disorder
- Acute Stress Disorder
- Adjustment Disorder
- Disinhibited Social Engagement Disorder

COMORBID DIAGNOSES:

- Generalized Anxiety Disorder
- Separation Anxiety Disorder
- Panic Disorder
- Obsessive-Compulsive Disorder

Trauma is becoming one of the more researched topics today due to recent studies showing the life-long impact trauma can have on people. Research shows that trauma/toxic stress in young children can reduce brain matter by up to 20%. This can cause delays in a child's language development, attention, memory, problem solving skills, and social skills. The Adverse Childhood Experiences Study ([ACE Study](#)) was a research study that found a direct link between childhood trauma and mental/physical health problems later in life. A child who experiences **four** ACEs is two times more like to smoke, seven times more likely to become an alcoholic, 10 times more likely to inject street drugs, 12 times more likely to attempt suicide, and 32 times more times likely to have behavioral problems in school. We cannot prevent all traumatic events/experiences, but we should increase our awareness of some possible behavioral signs one may manifest after a traumatic experience and focus on how to help that person have a better quality of life.

Types of Trauma:

- Neglect (physical and emotional)
- Abuse (physical, sexual, and emotional)
- Household (mental illness, substance abuse, incarcerated relative, abuse of caregiver, and divorce/separation)

Possible characteristics:

- Power struggles
- Defiant
- Withdrawn
- Fighting/aggression
- Substance abuse
- Self-injurious behaviors
- Hyperactive/impulsive
- Sleep problems
- Appears on-edge
- Anxious/worries a lot
- Depressed
- Angry
- Inconsistent emotional responses
- Perfectionistic
- Intrusive thoughts
- Somatic symptoms (i.e. stomachache)

Things to do: (Many are the same as in the anxiety newsletter)

- Foster/establish a strong, trusting relationship
- Be patient
- Increase structure/predictability
- Be caring and supportive
- Continue to have high expectations that are clear and concise
- Identify and build on strengths
- Opportunities for involvement (i.e., sports, martial arts, school activities, etc.)
- Take care of yourself. You can help much more when your needs are met.
- If characteristics show no signs of improvement, seek outside support

Things to avoid:

- Re-exposure to the traumatic experience
- Expecting the child/person to 'get over' the experience sooner than later
- Be closed-minded (i.e., "I don't know why you're upset over that!")
- Belittling the person (i.e., "I wouldn't be crying if that happened to me.")

Additional information

- **Relaxation techniques** (Same as anxiety newsletter)
 - Deep breathing
 - “Slowly take a deep breath in through the nose, hold it for 3 seconds, and then slowly let the breath out of your nose.” Repeat this exercise 5-10 times.
 - Key-word recognition
 - Have your child get into the calm place (eyes closed, calm breathing, quiet setting, etc.) and have them silently state a word/short phrase that elicits a positive feeling (i.e., Disney World).
 - Practice this multiple times to condition him/her to say the word and become calm without having to do all the relaxation training in advance.
 - Grounding
 - Have your child silently point out: 5 things they see; 4 things they feel; 3 things they hear; 2 things they smell; 1 thing they taste.
 - Flow activities
 - Tasks that are fairly easy, but require some level of attention/effort
 - Examples can include; coloring, singing, yoga, exercising, playing a sport, cooking/baking, etc.
- **Additional look fors:**
 - **Preschool-aged students**
 - Preschool students may lose recently acquired developmental milestones and may increase behaviors such as bedwetting, thumb-sucking, and regress to simpler speech.
 - They may become more clingy to their parents and worry about their parents safety and return.
 - These young students may also become more irritable with more temper tantrums and have more difficulty calming down.
 - A few students may show the reverse behavior and become very withdrawn, subdued, or even mute after a traumatic event.
 - **Elementary-aged students**
 - Elementary students may show signs of distress through somatic complaints such as stomachaches, headaches, and pains.
 - These students may have a change in behavior, such as increased irritability, aggression, and anger. Their behaviors may be inconsistent.
 - These students may show a change in school performance and have impaired attention and concentration and more school absences.
 - Late elementary students may excessively talk and ask persistent questions about the event.
- **Teach resiliency**
 - Resiliency skills help children/people get through traumatic events
 - Children/people with weaker resiliency skills are more prone to perceive events as traumatic
 - 7 C’s of Resiliency (Dr. Ken Ginsburg, 2006)
 - **Competence:** Ability to know how to handle situations effectively; developing set of skills to trust own judgment, make responsible choices and face difficult situations;
 - **Confidence:** Demonstrating competence in real life situations that is in turn affirmed by caring adults; grounded in deep sense of safety, protection & security;
 - **Connection:** Close ties to family, friends, school & community; produces strong values and prevents seeking destructive alternatives; fosters safety and trust;
 - **Character:** Fundamental sense of right & wrong to ensure children are prepared to make wise choices & contribute positively to the world;
 - **Contribution:** Realizing “the world is a better place because I am in it;” consciously taking action and making choices to improve the world that is seen, heard & affirmed by caring adults;
 - **Coping:** A wide range of positive, adaptive coping strategies learned most often from caring, healthy adults; children often mimic coping strategies of parents/guardians;
 - **Control:** Knowing that own choices, decisions, and actions lead to positive or challenging outcomes in life.

“Being traumatized means continuing to organize your life as if the trauma were still going on, unchanged and immutable, as every new encounter is contaminated by the past.” *The Body Keeps the Score*, Bessel Van Der Kolk, 2014

“Life is 10% what happens to you and 90% how you react to/perceive it.” Steven Covey