

TRAUMA

- Psychological trauma occurs when an actual or perceived threat of danger overwhelms a person's usual coping ability.
- Diagnosis of traumatization should be based on the context and meaning of the child's experience, not just on the event alone. Being lost for 1 hour can be traumatizing to some children. Being held at gunpoint with family members might not be traumatizing to a child who does not comprehend danger and feels relatively safe. Children take their cues from significant adults as to what is dangerous.

Meaning is influenced by:

- 1) child's biopsychosocial history
 - 2) temperament
 - 3) level of development
 - 4) preparation
 - 5) context in which event occurred
 - 6) support from attachment figures
- For children, trauma can compromise all areas of development:
 - 1) identity formation
 - 2) cognitive processing
 - 3) experience of body integrity
 - 4) ability to manage behavior
 - 5) affect tolerance
 - 6) spiritual and moral development
 - 7) ability to trust self and others
 - Children's coping skills are determined by:
 - 1) age
 - 2) verbal ability
 - 3) strength
 - 4) mobility
 - 5) freedom
 - 6) experience
 - 7) availability of attachment figures

CONSEQUENCES OF TRAUMA

- The consequences, or outcomes of trauma are categorized into four areas: Persistent Fear State
Disorder of Memory
Dysregulation of Affect
Avoidance of Intimacy

1. Persistent Fear State

Neurobiology - the brain develops and organizes as a reflection of experience. Neurophysiological activation during acute stress in children is usually rapid and reversible. With trauma the brain is altered and the child experiences fear, threat, unpredictability, frustration, chaos, hunger and pain. The template for brain organization is the stress response.

FIGHT - fight response of the very young is to cry and alert caregiver. Regressive tantrums and aggressive behaviors may also be fight equivalents.

FLIGHT - physical flight is not possible for children. Most common equivalent is dissociation. In some older kids, substance abuse may also be flight response.

FREEZING - occurs when dangerous event is perceived as inevitable. Adults often respond with threats and demands that result in the child experiencing increased fear. The freezing behavior is commonly labeled as oppositional-defiant.

These automatic brain responses to fear can be re-stimulated when children are exposed to reminders of the traumatizing event. Responsive behaviors include:

- 1) hypervigilance
- 2) heightened startle response
- 3) increased irritability
- 4) anxiety
- 5) physical hyperactivity
- 6) extreme regressive behaviors

2. Disorder of Memory

Severe traumatizing events are not processed and stored in memory in the same manner as other events. Instead of being integrated with past experiences, they appear to remain separate and are partly or fully out of conscious awareness.

FLASHBACKS - sudden, spontaneous re-experiencing of all or part of a traumatizing event. Flashbacks can be physiological sensations, affective experiences, behavioral reenactment or horrific images. They are stimulated by associative cues such as:

- similar affect states, such as fear combined with helplessness
- sensory experiences, such as a smell or sound
- behavioral interactions, such as a whispered threat or spanking
- specific objects in the environment, such as a beer can or knife

PROTECTIVE DISSOCIATION - sudden, temporary alteration in the integrative function of consciousness wherein one's experience is separated from one's conscious awareness. This involuntary, natural mechanism is present in infancy and continues throughout adulthood.

Children's chronic use of protective dissociation can become an automatic habitual response to any and all stressors that can interfere with functioning and development.

3. Dysregulation of Affect

Trauma survivors experience significant problems with modulation of affect. They experience intrusive, spontaneous, affective recollection of trauma which they try to control or prevent by numbing and avoidance. Affect dysregulation is commonly described as an all-or-nothing emotional style.

Adult survivors say they are about to burst with emotion and would lose control and overwhelm themselves and others with uncontrollable expression of emotion if allowed to experience or express even a small amount of what they feel.

In children, this is seen in play, which is severely constricted in

affect (verbalizations, movement and fantasy production) and interspersed with out-of-control affective storms unrelated to play. Behaviors related to dysregulation of affect include:

- oppositional**
- defiant**
- uncooperative**
- anxious**
- depressed**
- impulsive**
- unpredictable**
- learning disabilities**
- misinterpretation of verbal and non-verbal cues**

4. Avoidance of Intimacy

Inherent emotional closeness leads to feelings of vulnerability and feelings of loss of control. Both of these are intolerable to trauma victims. Intimacy represents a threat, not safety.

Intimacy avoidance is an adaptive response in children who have been hurt by adults or witnessed adult violence. Behaviors used to avoid intimacy include:

- 1) clingy behavior,**
- 2) hyperactivity**
- 3) avoidance of eye contact**
- 4) withdrawal**
- 5) oppositional behavior**
- 6) disgusting personal habits**
- 7) inability to trust adults**
- 8) aversion to physical or emotional closeness**
- 9) may be guarded or controlling and often exhibit pseudo maturity**