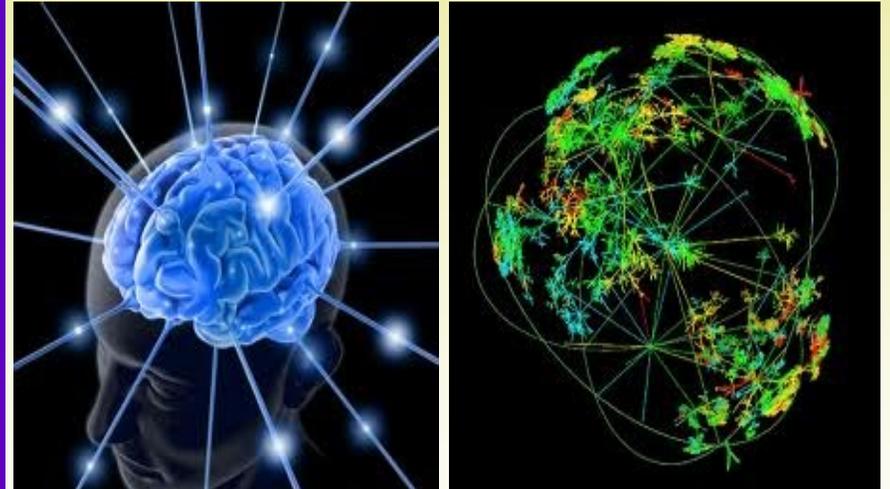


Quick Facts: Developmental Trauma



This fact booklet is intended to enhance understanding about the mental health issues that may be encountered in children and adolescents. The information included is not exhaustive and should never be used to formulate a diagnosis. Mental health diagnoses should be made only by a trained mental health professional after a thorough evaluation.

Students FIRST Project

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Trauma & Children



Traumatic experiences are those that threaten a person's life and/or sense of emotional or physical safety.

Despite efforts on the part of parents and other care providers to protect young people from such things, many children and adolescents experience traumatic events in their young years. In fact, the Child Traumatic Stress Network found in some regions of the country, that by the end of their school age years, as many as one in every four children experiences trauma significant enough to affect their ability to function in their daily lives.

With so many of our young people affected by trauma, it is important that we, as parents and other care providers, understand what trauma means, how it affects our children and teens and what we can do to help.



Getting Linked

- Visit www.ptophelp.org to locate mental health providers who address trauma related issues in children and adolescents in your community.
- Dial 2-1-1 to reach Vermont 2-1-1, a statewide health and human services information and referral program where you can get person to person assistance to find trauma related resources in your community.



Additional Resources

Students FIRST Project
www.studentsfirstproject.org

Child Traumatic Stress Network
www.NCTSN.org

School Psychiatry Program
Massachusetts General Hospital
www.schoolpsychiatry.org

Nat'l. Alliance on Mental Illness
www.nami.org

American Academy of Child and Adolescent Psychiatry
www.aacap.org

The Child Trauma Academy
www.ChildTrauma.org

[Helping Traumatized Children Learn: A Report & Policy Agenda](#), Massachusetts Advocate for Children

[Working with Traumatized Children: A Handbook for Healing](#), K. Brohl, CWLA

Perry, B., & Hambrick, E (2008). [The Neurosequential Model of Therapeutics. Reclaiming Children and Youth 17\(3\), 38—43](#)

Call First Call for Children and Families at **(802) 488-7777** for crisis services for children and adolescents

Educational and Social Implications



In addition to all of these signs and symptoms, perhaps the biggest barrier to the success of children who have experienced developmental trauma is their persistent sense of feeling unsafe and vulnerable. With a life and death sense of urgency, children who have experienced developmental trauma may devote the majority of their internal resources preparing to “fight, flee, freeze or flock” because they see their world as very dangerous.

It is impossible for even the most competent among us to dedicate our full attention to surviving and learning at the same time.

Cultural Considerations



Any child can experience trauma and traumatic stress. Research shows, however, that children and adolescents that tend to be marginalized in our communities (i.e. immigrant/refugee, homeless, LGBTQ, those with disabilities or those living in poverty) have both a higher risk and higher incidence of experiencing trauma. The mental health needs related to trauma will vary across individuals, cultures and communities, as will help seeking behavior and strategies necessary for effective treatment and recovery.

The National Child Traumatic Stress Network has developed extensive resources that address the issue of culture and child traumatic stress. These resources can be found at: www.NCTSN.org.

Developmental Trauma

While some children are exposed to just one traumatic event (e.g. car accident, fire) others experience **multiple** and **repeated** traumatic incidents over time.

For many years, PTSD (Post Traumatic Stress Disorder) was the primary diagnosis given to people who had significant distress following any kind of traumatic experience.

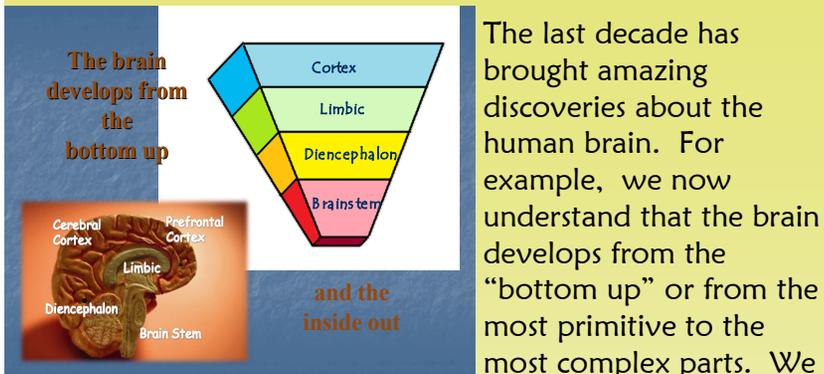
With recent advances in brain research, however, experts now understand that the reactions of children to traumatic experiences that are **repeated, over time** are different and much more complex than those caused by a single traumatic event or short term exposure to trauma. Experts in the field of traumatic stress have developed the term “DEVELOPMENTAL TRAUMA” to describe the **negative developmental impact** on children who are exposed to **repeated** or **multiple** traumatic experiences **over time**.

DEVELOPMENTAL TRAUMA can cause **psychological** and **neurological** injuries that dramatically affect the way children think, feel and behave. Children are especially at risk for this if the traumatic experiences occur in places where they are supposed to feel safe and be taken care of, such as in the home, school and/or neighborhood.

Some common examples of the types of traumatic experiences that kids may be **repeatedly** exposed to **over time** that may contribute to developmental trauma include:

- ◆ Neglect
- ◆ Bullying
- ◆ Sexual or physical abuse
- ◆ Prolonged maternal stress during pregnancy
- ◆ Chronic mental or physical illness of the child or his/her caregiver
- ◆ Severe and chronic family fighting
- ◆ Chronic neighborhood violence

Developmental Trauma & Brain Development

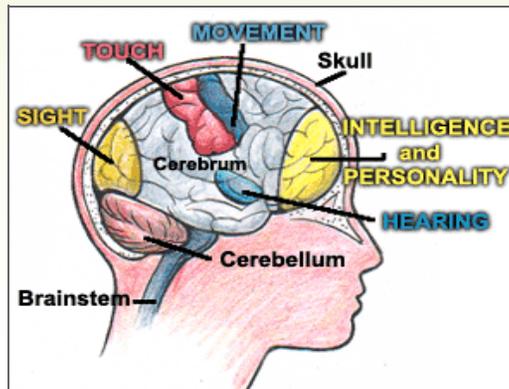


The last decade has brought amazing discoveries about the human brain. For example, we now understand that the brain develops from the “bottom up” or from the most primitive to the most complex parts. We

have learned that in order for the more complex parts of the brain (cortex) to flourish, healthy development of the lower, parts (brain stem, diencephalon, limbic system) is necessary.

We also now know that our brain begins developing *before* we are born and continues until we are *between the ages of 25 and 30*. While every one of these years of brain development is important, research has helped us to understand that there is a critical four year period—from conception to age 3— during which time the brain is most vulnerable to traumatic experiences.

During these critical years, *repeated* exposure to traumatic experiences can impact the healthy development of the different regions of the brain and what these regions are responsible for doing.



Educational and Social Implications

Though every child is unique, one who has experienced developmental trauma will likely have signs and symptoms in the areas of *attachment*, *self-regulation*, and *competency* impacting their functioning at school, home, and in the community. Below are some examples of how this may present.

ATTACHMENT

- | | |
|---|---|
| <ul style="list-style-type: none"> ◆ Having a hard time making and keeping friends ◆ Distrust and suspiciousness of other kids and adults | <ul style="list-style-type: none"> ◆ Problems with social boundaries and understanding social cues ◆ Social isolation |
|---|---|

SELF-REGULATION

- | | |
|--|--|
| <ul style="list-style-type: none"> ◆ Difficulty managing or recognizing emotions ◆ Crying often or when it does not seem appropriate ◆ Easily aroused high-intensity emotions ◆ Moving between emotions quickly and without apparent cause ◆ Difficulty self-soothing | <ul style="list-style-type: none"> ◆ Poor self control over impulses ◆ Verbal/physical aggression ◆ Over-compliance or non-compliance with adults ◆ Eating/sleeping problems ◆ Excessive feelings of sadness, anxiety, fear, shame, guilt, hopelessness ◆ Hypersensitivity to physical contact |
|--|--|

COMPETENCY

- | | |
|---|--|
| <ul style="list-style-type: none"> ◆ Disrupted capacity for executive functioning or skills requiring planning/organizing ◆ Difficulty learning new information or retrieving what they have learned ◆ Poor short/long term memory and concentration ◆ Difficulty organizing thoughts, information, and activities ◆ Disorientation to time and space ◆ Lack of sustained curiosity | <ul style="list-style-type: none"> ◆ Poor planning and problem solving and difficulty using language to solve problems ◆ Difficulty processing language ◆ Poor self-concept, low self-esteem and/or lack of confidence ◆ Difficulty accepting praise/reward ◆ Delay in developmental tasks they should achieve by their age |
|---|--|

Developmental Trauma and Triggers



This type of self-protective reaction happens so instantaneously that most often the child does not even know what has triggered them or why they are reacting the way they are.

Sometimes, the things that trigger a child or youth can be hard for others to see and/or understand as well. Because the “action part” of their brain is “turned on” or “activated” too much, these kids may seem fine one minute and very upset the next - triggered by something in their environment that may be so subtle it is invisible to their care providers, teachers and/or peers. A simple request by a teacher or parent that seems reasonable can cause the child to fight, flee, freeze or flock.



Further confusing the picture, when the “thinking” part of their brain is turned on and working, these children can often communicate a clear understanding of their behavior and alternative ways of responding. Because these kids sometimes have this insight and self-control, adults often mistakenly believe that they are able to, or should be able to, control their feelings and behaviors all of the time. **BUT THIS IS NOT THE CASE.**

Simply put, in moments when these children perceive their environment as safe, they are more able to access the “thinking part” of their brain and to reflect on their actions in a rational way. However, because the action part of their brain is so persistently “stuck on” because they perceive their world as dangerous (even when others don’t), access to the “thinking” part of their brain is often largely restricted.

Developmental Trauma & Brain Development

JUST WHAT DO THESE BRAIN PARTS DO?

Brain Stem (core functions) - manages our heart rate, blood pressure, body temperature, and other core body functions. *For example, children who have experienced developmental trauma may have faster resting heart rates than their peers.*

Mid Brain/Diencephalon (reactions, senses and sleep) - helps us with movement, sleep, appetite, arousal (physiological readiness for activity), etc. *For example, children who have experienced developmental trauma often have a hard time falling and staying asleep, their appetites may seem different from their peers and they may have a hard time with movement and coordination (motor regulation).*

Limbic (emotional center of the brain) - helps us manage our emotions. *For example, children who have experienced developmental trauma have a hard time identifying, understanding, expressing and managing their feelings. This can contribute to difficulty with turn-taking, sharing and peer relationships.*

Cortex (thinking part of the brain) - Continues developing until we are 25 or 30—helps us manage our thinking and learning. *For example, children who have experienced developmental trauma may have poor concentration, attention, and short/long term memory as well as difficulty with organizational skills including processing information,*



The Brain & Self-Protection



One of the brain's most important responsibilities is to keep us safe by directing us to act quickly (without thinking!) in response to an imposing danger. The action part of our brain protects us when we feel unsafe by directing us to instantly:

Fight (e.g. yelling, hitting, arguing)

- *Example: Someone comes up from behind you and startles you. You react by turning and hitting the person.*

Flee (e.g. running or walking away, disconnecting emotionally)

- *Example: You are crossing the street and see a car speeding straight toward you. You dive out of the road.*

Freeze (e.g. curling up, stopping moving)

- *Example: You are a child in bed and hear your parents loudly arguing and are unable to leave your bed to see what is going on.*

Flock (e.g. gathering in groups when there is a danger — safety in numbers)

- *Example: You are in a classroom when another student becomes angry and aggressive. All of the students move quickly to the other side of the classroom as a group.*

In each of these examples, the “Thinking Part” of the brain stops working (“turns off”) and the “Action Part” of the brain takes over (“turns on”) demanding immediate action to ensure safety. This is a healthy, normal and necessary defense when it responds to ***real and immediate dangers and turns on and off at the right times.***

The Brain & Self-Protection



Unfortunately, when children are exposed to ***many*** traumatic events ***over time***, the “Action Part” of their brain gets “turned on” too much and has a hard time “turning off”. Even when their environment seems safe, they perceive it as dangerous. This causes them to be in a heightened state of arousal **which means they are constantly in a state of psychological and physiological tension (anxious, startle easily, trouble sleeping, muscle tension, etc.)** leaving them **continuously fearful and self-protective.**

For many of these children even the slightest change around them may automatically (without thinking!) trigger a fight, flee, freeze or flock response. Just like your brain's immediate direction to flee the danger of a speeding car, when the child is triggered, his/her brain demands an instant reaction, as if his or her life depends upon it, even if it doesn't.

EXAMPLES OF COMMON SITUATIONS THAT MAY SERVE AS TRIGGERS

1. Children who have seen a lot of violence at home may be triggered by *seeing people argue with each other* or even just disagreeing.
2. Children who were neglected and did not get enough attention may be triggered by *being alone*.
3. Children who were abused may be triggered by a *teacher setting a limit* or by *an adult's tone of voice* or “look”.
4. Children who were abandoned or rejected by their primary caregiver may be triggered by *people trying to have a positive relationship with them (due to lack of trust in adults)*.
5. Children who live in highly chaotic homes characterized by things like fighting, lots of different people in and out of the household, and/or no predictable routines might be triggered by *a lack of structure or consistency*.