Impact of Stress and Trauma: Information, Red Flags and Strategies You Can Use

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Easter Seals Metropolitan Chicago, Inc. (Easterseals) serves people and families in Northern Illinois and Northwest Indiana who face a wide range of physical, emotional, intellectual, social and educational disabilities.


Easterseals’ mission statement is to maximize independence and create opportunities for people with disabilities and other special needs to live, learn, work and play in their communities by providing a lifespan of premier services.
Illinois Chapter,
American Academy of Pediatrics

ICAAP is an organization of approximately 2,000 pediatricians in Illinois

ICAAP’s mission is to promote the right of all children to live happy, safe, and healthy lives, to ensure children receive quality medical care from pediatricians, and to assess and serve the needs of its membership.
Today’s Agenda

• Trauma & Stress
• Adverse Childhood Experiences (ACEs)
• Responding to Trauma
Impact of Trauma and Red Flags
What is Childhood Trauma?

The experience of an event by a child that is emotionally painful or distressful which often results in lasting mental and physical effects.

- **Event** – one time or chronic
- **Experience** – whether the event is experienced as scary or threatening
- **Effect** - long-lasting and life altering
Event: Types Of Trauma

- Single Event
- Complex
- Collective
- Historical
- Secondary

Emotional and physical effects of caring for someone who has experienced trauma.
What are the Adverse Childhood Experiences (ACEs)? (Events)

Growing up (prior to age 18) in a household with:

- Recurrent physical abuse
- Recurrent emotional abuse
- Sexual abuse (single episode or recurrent)
- Emotional or physical neglect
- An incarcerated household member
- Someone who was chronically depressed, mentally ill, institutionalized, or suicidal
- Mother was treated violently
- One or no parents
- An alcohol and/or drug abuser in the house
ACE Study Major Findings

ACEs are common

- 2/3 of adults have 1 or more Adverse Childhood Experience (ACEs)
- 27% have 3 or more
- 5% have 6 or more

Accumulation of ACEs Matters

- Higher # = higher population risk

Graded Relationship: Disease, Disability, Social, Productivity

Scores = Good Proxy Measure Childhood Toxic Stress Dose

ACES are the Most Powerful Known Influence/Predictor of Health

- Mental, Physical, Behavioral, Productivity, Disability, & Social Problems
ACEs Impact Multiple Outcomes

- Smoking
- Alcoholism
- Promiscuity
- Increased Risk of HIV
- Obesity
- Risk Factors for Common Diseases
- Poor Perceived Health
- Illicit Drugs
- IV Drugs
- Multiple Somatic Symptoms

ACEs

- Relationship Problems
- Increased stress
- Married to an Alcoholic
- Difficulty in job performance

General Health and Social Functioning

- Cancer
- Liver Disease
- Chronic Lung Disease
- Ischemic Heart Disease
- Sexual Fractures
- Sexually Transmitted Diseases

Prevalent Diseases

- Difficulty in job performance
- Increased stress
- Married to an Alcoholic

Sexual Health

- Teen Paternity
- Teen Pregnancy
- Fetal Death
- Unintended Pregnancy

Mental Health

- Depression
- Sleep Disturbances
- Memory Disturbances
- Anxiety
- Panic Reactions
- Poor Anger Control

Other

- Hallucinations
- Liver Disease
- Poor Self-Rated Health
- Early Age of First Intercourse

Other

- Isentric Heart Disease
- Cancer
- Liver Disease
- Chronic Lung Disease
- Ischemic Heart Disease
- Sexually Transmitted Diseases

Impact of ACEs: Difficulty in job performance, Increased stress, Married to an Alcoholic, Difficulty in job performance
Experience

Definition says “emotionally painful or distressful”

Scary or threatening long afterward

Age matters:
What is threatening to a 3 year old may not be threatening to a 15 year old
Effects

Some of the brain changes that we will discuss have a direct impact on how the brain processes information.

Complex trauma is toxic because resources that would be allocated for development are instead used for survival to cope with the unstable, frightening and overwhelming environment.
POSITIVE
A normal and essential part of healthy development
EXAMPLES
- getting a vaccine
- first day of school

TOLERABLE
Response to a more severe stressor, limited in duration
EXAMPLES
- loss of a loved one
- a broken bone

TOXIC
Experiencing strong, frequent, and/or prolonged adversity
EXAMPLES
- physical or emotional abuse
- exposure to violence
What makes stress toxic?

• Strong, frequent, and/or prolonged—without adequate adult support.

• When toxic stress response occurs continually, or is triggered by multiple sources, it can have a cumulative toll on an individual’s physical and mental health—for a lifetime.

• The more adverse experiences in childhood, the greater the likelihood of developmental delays and later health problems, including heart disease, diabetes, substance abuse, and depression.

• **Supportive, responsive relationships** with caring adults as early in life as possible can prevent or reverse the damaging effects of toxic stress response.
Implications of adverse childhood experiences for adults

- Brain chemistry changes when toxic stress is the norm
- Negatively influences the ability for healthy social/emotional learning, academic and workplace success
- Drives worker compensation costs and chronic absenteeism
- Unable to sustain important personal and professional relationships
EFFECT OF TRAUMA ON PARENTING ABILITY

- Reduced parenting capacity/responses
- Unhealthy response to stress
- High ACE score and risky adult behaviors
- Intergenerational effect
EFFECT OF ACE ON PERFORMANCE ABILITY

• Reduced professional capacity or maladaptive responses to those we serve.

• Diminished capacity to respond to additional stressors in a healthy way.

• ACEs increase the chance of social risk factors, mental health issues, substance abuse, IPV

• ACEs can perpetuate a continuing exposure to ACEs across generations
Toxic Stress and General Development

- Negative effects on body systems, specifically the nervous system and stress hormone system
- Damage developing brain architecture
- Lifelong problems in learning, behavior, and mental and physical health
Effects: Trauma and Triggers

After Trauma

- Child is on Constant Alert
- Child may over-interpret signs of danger
- Child overreacts to normal situations (e.g. *heightened reaction to loud sounds, facial expressions, personal space*)
Toxic stress and Impact on cognitive development

- Inhibits language acquisition and development
- Keeps brain development resources in lower, “reptilian” brain (fight, flight or freeze)
- Maladapted neural connections are formed in the brain
- Leads to long term cognitive delays

Toxic stress and Impact on social/emotional development

- Creates insecure attachments
- Over stimulated stress response
- Ongoing issues managing stress response and decision-making
- Particular vulnerability early in life (<2 years)
Behavior is language

- Separation anxiety
- Lack of developmental progress
- Re-creating traumatic event
- Physical complaints
Academic Performance

- Behavioral issues/concerns in the classroom
- Seeming inability to learn, to concentrate
- High rates of absenteeism
Trauma might look like other things

- Developmental delay
- ADHD behaviors even with medication
- “Behavior issues”
In all young people

- Dysregulated eating, weight issues
- Increased aggression, increased distractibility/high activity level or Irritability, sadness, anger
- Sleep difficulties/nightmares, increased separation anxiety; new fears
- Increased withdrawal/apathy
- Developmental regression
- Repetitive talk/play about the event, intrusive thoughts, memories, worries
Effects: Back to experience

- What did they see?
- What did they hear?
- What did they smell?
- What did they taste?
- What did they feel (touch)?
Long-Term Effects
Perry, 2002

3 Year Old Children

Normal
Extreme Neglect
Red flags do not necessarily indicate trauma
Trauma & The Brain – Some Key Concepts from Bruce Perry, MD

- Not everyone exposed to adverse experiences is traumatized
- Brains respond to repeated stimuli; use-dependent development for recovery
- Even as adults, brains are capable of learning and changing
How do we know if our families may have been exposed to trauma?
Responding To Trauma
A Wise Man Told Us

“Risk Factors Are Not Predictive Factors Because of Protective Factors”

Carl Bell, M.D.
Mediators of Traumatic Stress Responses

Characteristics of the child/youth:
• Subjective experience of the event
• Prior history of exposure to trauma
• Prior psychiatric history
• Coping style
• Strengths & supports
• Family relationships
• Cultural issues
• Gender
• Age

Characteristics of the event and environment:
• Nature & intensity of the event
• Child or family member’s experience of direct harm
• Proximity to event
• Pattern & duration of the event
• Exposure to the event through media & other mechanisms
• Parent’s & other’s reaction to the event
• Level of caregiver & environmental support following the event
Resilience and Strength

Resilience = Positive capacity of people to cope with stress and life problems.

Things that promote resilience and strength

- Strong bonds and connectedness with parents and caring adults
- Positive experiences in the community (school, church, neighborhood)
- Personal qualities, coping resources, courage, leadership
TRAUMA INFORMED DEFINED

A person, program, organization or system that is trauma informed is defined by the **3 Rs**:
1) **REALIZE** the widespread impact of trauma & understand potential paths for healing;
2) **RECOGNIZE** the signs & symptoms of trauma in people; and
3) **RESPOND** by fully integrating knowledge about trauma into practice, settings, procedures, policies & laws.
A Universal Response: Strategies You Can Use
A Universal Approach: Do No Harm
The 5Ss

1. Encourage and Practice **Self-Care** for providers and caregivers
2. Create a **Safe Environment**
3. Provide **Supportive Adult** relationships
4. Model/teach effective **Self Soothing & Self-regulation** and coping strategies
5. Develop **Strengths** and Resilience
SELF CARE

• Youth will have endless needs; pace yourself!
• You will have some successes and some challenges, sometimes you won’t know
• Caring adults are at risk of “compassion fatigue”
• Taking better care of ourselves will not only help us, it will help us be more effective in our work with youth
• The workplace will be safer; everyone benefits
• What are your strategies for Self Care?
STRESS BUSTERS
Strategies

Physical
• Sleep Well, Eat Well, Dance, Exercise

Emotional
• See Friends, Cry, Laugh, Praise Yourself, Use Humor

Personal
• Spend time with children not experiencing stress or trauma, find joy everyday, be quiet, pray

Workplace
• Take Breaks, Set Limits, Peer Support, Get Supervision, Use Vacation time
• Use trauma informed practices and interventions

AND Consider:
HALT – Hungry, Angry, Lonely, Tired
DRAW YOUR SAFE PLACE!
CREATE A SAFE ENVIRONMENT

• Be predictable: Maintain routines and prepare youth for any changes in routine or schedule
• Add ritual to the days activities; promote a positive atmosphere
• Give real choices, ensure youth understand, and provide consistent rewards and consequences for behavior
• Maintain professional boundaries; Avoid the false promise of rescuing youth
SAFETY: WHAT CAN YOU DO?

- Establish a “welcome” routine for new youth
- Be consistent
- Be aware of a youth’s cues & triggers for certain events (anniversaries, certain places & people)
- Set limits with consistency and patience; ensure respect for self and others
- Model appropriate self respect, coping and problem solving skills; remember to manage your emotions too!
- Use a trauma lens to ensure environmental settings are “safe”
How we may unintentionally cause our visitors to relive their trauma:
The importance of the **physical environment**

<table>
<thead>
<tr>
<th>What hurts</th>
<th>What helps</th>
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<tbody>
<tr>
<td>• Congested areas that are noisy</td>
<td>• Spaces that are comfortable, calming and offers privacy</td>
</tr>
<tr>
<td>• Poor signage that is confusing</td>
<td>• Furniture is clean and comfortable</td>
</tr>
<tr>
<td>• Uncomfortable furniture</td>
<td>• No wrong door philosophy: we are all here to help</td>
</tr>
<tr>
<td>• Cold non-inviting colors and paintings/posters on the wall</td>
<td>• Wall coverings, posters/pictures are pleasant and conveys a hopeful positive message</td>
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SUPPORTIVE ADULT RELATIONSHIPS

• Assist youth by using active listening skills, learn individual strengths and vulnerabilities; help access resources to develop talents, interests, etc.

• Be sensitive to youth’s change in tone of voice, rhythm of their movement, notice patterns of activities and change in behavior

• Allow for an encouraging & positive, supportive relationship with youth; remember criticism can feel crushing but approval can be motivating and energizing

• The Search Institute research indicates the more caring adults a child has the better; for teenagers it is at least three or more adults. Help youth identify safe and supportive relationships.
SUPPORTIVE ADULT RELATIONSHIPS: WHAT CAN YOU DO?

• Listen, pay attention, answer questions asked in language they can understand
• Remember youth will not learn (i.e. remember) new behaviors during a crisis
• Youth will learn from their mistakes: help them see the positive aspects of a situation
• Follow-up with youth after a crisis
• Help the youth feel valued, respected and appreciated by adults.
• Give youth your attention, hold infants close and respond to their needs, show love and affection
• Smile!
SELF SOOTHING TO SELF REGULATION

• When the youth is losing control, they rely on you to provide the emotional glue they can’t access
• Help youth expand their “feelings” vocabulary
• Teach youth self soothing techniques
• Model calm using soft voice tones, breathing techniques, and other strategies to reduce stress
• Once a youth understands how to self soothe, self regulation will be more likely to occur
• Praise youth for using appropriate coping strategies (even after angry outbursts once they have regained control)
SELF SOOTHING TO SELF REGULATION: WHAT CAN YOU DO?

– Teach/Support Calming skills
  • Know their triggers
  • Recognize and de-escalate signs of escalation
  • Teach breathing techniques, how to relax; mindfulness

– Teach/Support Coping skills
  • Use a balance of verbal and behavioral responses
  • Introduce safe coping skills, new ways to respond

– Teach/Support Problem solving skills
  • Role model
  • Youth need to practice, practice, practice
STRENGTH & RESILIENCE

• You are there to help them see/feel/understand/build their strengths
• Use positive statements
• Find the strengths – start small, do often, celebrate
• Try to put yourself in their place. What you view as a challenge may be evidence of great strength on the part of the youth or family
• Each interaction provides another opportunity to develop positive relationships, increase confidence & self esteem, and new brain pathways!
STRENGTHS & RESILIENCE: WHAT CAN YOU DO?

• Help youth identify & recognize their strengths; practice with them to be stronger

• Know their natural talents and interests
  – Sports, music, drawing, cooking, writing

• Strengths can include developing
  – Spiritual beliefs
  – Cultural identity

• Engage in age-appropriate activities that stimulate the mind and body
The Foundation of a Successful Society is Built in Early Childhood

- Educational Achievement
- Economic Productivity
- Responsible Citizenship
- Lifelong Health

Healthy Child Development leads to

Strong Communities

Healthy Economy
Need More Information?

Check out:
The National Child Traumatic Stress Network
www.nctsn.org

Look Through Their Eyes
http://lookthroughtheireyes.org/

Illinois Chapter of the AAP
http://illinoisaap.org/
Questions or Comments Today?

QUESTIONS OR COMMENTS TOMORROW?

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