FROM THE FIELD

TRAUMA & RESILIENCE

Helping Young Children Who Have Experienced Trauma

On November 1st, 2017, CANTASD (the National Child Abuse and Neglect Technical Assistance and Strategic Dissemination Center) hosted a Digital Dialogue with Jessica Dym Bartlett, Ph.D., MSW, Senior Research Scientist at Child Trends.

Find Related Resources:

- Access the Digital Dialogue recording and handouts.
- Visit CANTASD's topic page on Recovery and Healing to learn more.
- Stay connected to our ongoing work in this area.

SETTING THE CONTEXT: DEFINING AND UNDERSTANDING THE UNIQUE IMPACTS OF TRAUMA IN EARLY CHILDHOOD

This Digital Dialogue focused on young children who have experienced trauma. Early childhood trauma occurs when a young child (age 0–6) experiences an event that causes actual harm or poses a serious threat to the child's emotional and physical well-being. Early childhood trauma is different from regular life stressors because it causes a sense of intense fear, terror, and helplessness beyond the normal range of typical childhood experiences.

Trauma does not affect all children the same way. Some children who have experienced trauma are resilient and show few lasting effects. Others, however, have experienced intense trauma that affects many aspects of their lives and may last well into adulthood. Trauma early in life (from 0 to 6 years of age) can have a devastating impact on a child's emotional and physical well-being. The far-reaching conversation in the Digital Dialogue touched on these themes:

- Prevalence of early childhood trauma
- The biological mechanisms by which trauma affects young children's development
- The needs of young children who have experienced trauma
- The important role of caregivers in helping children to heal and build resilience to trauma
- How caring for a child who has experienced trauma can have an impact on caregivers—including the complication of co-occurring trauma for children and caregivers
- Supporting caregivers as a strategy for supporting children

ENGAGING PARTICIPANTS: SUPPORTING THE RESILIENCE OF YOUNG CHILDREN WHO HAVE EXPERIENCED TRAUMA

Dr. Bartlett noted that trauma affects nearly half of all U.S. children (National Survey of Children's Health, 2011/2012) and has a disproportionate impact on the youngest children. She discussed some of the reasons that early childhood trauma has often been overlooked—including the common misconception that very young children are not affected by trauma because they are too young to have memories of traumatic

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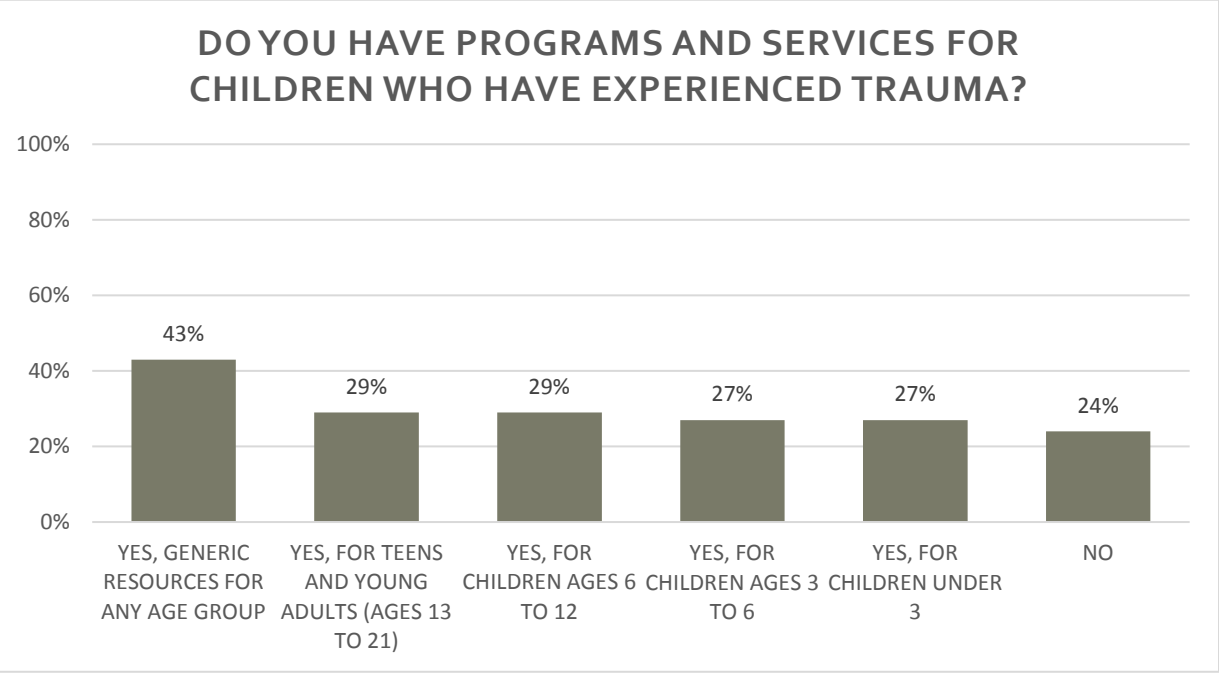
events. As part of this discussion, we asked participants a set of questions about their own programs and services for young children who have experienced trauma and their caregivers.

Poll Question 1: DO YOU HAVE PROGRAMS AND SERVICES FOR CHILDREN WHO HAVE EXPERIENCED TRAUMA? (SELECT ALL THAT APPLY)



Note: Percentages based on responses from 133 individuals.

Poll Question 2: HOW DO YOU WORK WITH AND SUPPORT PARENTS WHO ARE PARENTING YOUNG CHILDREN EXPOSED TO TRAUMA?

Responses to this question clustered into the following areas:

- Therapeutic interventions focused on the parent-child dyad
- Trauma screenings and assessments for children
- Training for staff and adoption of a trauma-informed approach in programs and systems
- Specific evidence-based programs and practices
- Supportive services (parenting classes, referrals to Head Start and early childhood, Part C services, support groups, etc.)

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Our conversation with Jessica Bartlett picked up on certain themes from these responses, including:

- The importance of therapeutic trauma interventions that engage and include both parent and child.
- The value of the field's growing emphasis on trauma screening—and the need to ensure that programs and resources are available to support families who have positive trauma screenings.

Programs and Practices Cited as Effective by Participants

- *Safe Care*
- *Circle of Security*
- *Child-Parent Psychotherapy*
- *Functional Behavioral Assessments*
- *Trust-Based Relational Intervention*

Q&A with Jessica Bartlett

Can you provide an example of how to identify trauma in children less than 3 months old? What would cause PTSD in a child of that age, what are the symptoms, and how is it resolved?

Jessica Bartlett: Diagnosing PTSD in infancy is somewhat controversial, and trauma symptoms in infants are not as well documented as those in older children. However, a number of studies (e.g., (Alessi & Hearn, 1984; Bogat et al., 2006; Davidson, 1978; Layzer, Goodson, & deLange, 1985; Scheeringa & Zeanah, 1995) have shown that very young infants do, in fact, show signs of posttraumatic stress. For instance, a study by Bogat and colleagues (2006) found that nearly half (44%) of infants exposed to intimate partner violence had at least one trauma symptom.

Criteria for diagnosing traumatic stress disorder in very young children were originally introduced in the Diagnostic Classification (DC): 0–3 (ZERO TO THREE, 1994) and recently updated in the DC: 0–5 (ZERO TO THREE, 2015). Examples of trauma symptoms in infants and toddlers commonly documented in the literature are listed below—although these symptoms in and of themselves do not necessarily indicate that trauma has occurred.

- Eating problems
- Sleeping problems
- Clinginess/separate anxiety
- High levels of irritability, screaming, crying
- Hyperarousal
- Fear
- Aggression
- Regression in skills previously mastered
- Atypical responsiveness to adults
- Mood disturbances
- Problems interacting with peers and adults

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If you are interested in additional information on how symptoms differ across early childhood, the National Child Traumatic Stress Network (NCTSN) has a useful online resource, Symptoms and Behaviors Associated with Exposure to Trauma (NCTSN, 2010).

What social norms can we build around our response to young children who have experienced trauma?

Jessica Bartlett: Increased public attention in recent years regarding the impact of child trauma and how to address it is encouraging, but we still have far to go to establish and maintain social norms that support a trauma-informed society. Trauma-informed care (TIC) generally requires a shift in how people view children and families who experience trauma. In particular, TIC emphasizes an understanding of a child's current functioning in the context of past trauma exposure. For instance, rather than viewing children as "bad" or engaging in "bad behavior" that should be "fixed," one can become aware of prior experiences that have led to these behaviors and respond accordingly. These are a few examples of changes in thinking and social norms that can support TIC with young children:

- Rather than assuming that young children are simply resilient to trauma, understand that traumatic events that occur at young ages pose serious threats to well-being, in large part because they co-occur with sensitive periods of brain development and social-emotional development (Schore, 2001).
- There is no "one-size-fits-all" profile of a traumatized child. Each child will have a unique response to trauma, depending on factors such as the frequency, chronicity, and intensity of the traumatic event; whether the event occurred within a child's caregiving system; and the overall balance of risk and protective factors in a child's life (NCTSN, 2010b; Ogden, Minton, & Pain, 2006).
- The Substance Abuse and Mental Health Services Administration (SAMHSA, 2014) promotes trauma-informed systems of care that focus on:
    - Realizing the widespread impact of trauma and understanding potential paths for recovery
    - Recognizing the signs and symptoms of trauma children, families, staff, and others involved in a child's life
    - Responding by fully integrating knowledge about trauma into policies, procedures, and practices
    - Actively seeking to avoid re-traumatization

We have an infant and early childhood mental health program that has good outcomes. What types of funding sources are others using to keep their programs viable?

Jessica Bartlett: Funding for infant and early childhood mental health and early childhood trauma initiatives is an ongoing challenge, but there are funding mechanisms available. SAMHSA's National Center for Child Traumatic Stress developed guides on strategies for supporting trauma-focused initiatives through both private funding (Gray & Schmid, 2007) and public funding (Gray & Szekely, 2006).

Federal funding opportunities also can be found at www.grants.gov and are often listed on the websites of funding agencies (e.g., SAMHSA lists grants related to trauma at https://www.samhsa.gov/trauma-violence/grants). In addition, the National Center for Children in Poverty developed a resource with profiles of six states that successfully funded services early childhood mental health services (Johnson, Knitzer, & Kaufmann, 2002).

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Related Resources:

Child Trends: Helping young children who have experienced trauma: Policies and strategies for early care and education

National Child Traumatic Stress Network: Early Childhood Trauma

National Scientific Council on the Developing Child: Excessive Stress Disrupts the Architecture of the Developing Brain

SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach

Child Welfare Information Gateway: Trauma-Informed Practice

Child Welfare Information Gateway: Developing a Trauma-Informed Child Welfare System

Administration for Children and Families: Resource Guide to Trauma-Informed Human Services

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