Root Causes of Challenging Behavior: Reframing Complex Trauma

NATALIE KASIBORSKI, PHD, LMSW, MPH
TIFFANY MOORE-CORTEVILLE, LMSW
Today’s Goals:

- Develop a deeper understanding of the ways complex trauma, such as abuse, neglect or domestic violence, can impact a child’s development and behavior.

- Take away strategies to support trauma exposed children and their families.
Participants with a history of trauma may be triggered by today’s discussion of childhood trauma. Please feel free to step out, if needed, or to speak with one of the presenters at the end of the session for support resources.
So what exactly are we talking about?

Making sense of the terms

- Complex Trauma
- Traumatic Stress
- Post-Traumatic Stress Disorder
- Toxic Stress
- ACES
- Child Traumatic Stress
- Allostatic Load
# How Do We “Come to Terms with The Terms” Around Childhood Stress, Stressors, & Impact?

<table>
<thead>
<tr>
<th>SHORTENED TABLE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ACES</strong></td>
</tr>
<tr>
<td><strong>Trauma (psychological)</strong></td>
</tr>
<tr>
<td><strong>Child Traumatic Stress</strong></td>
</tr>
<tr>
<td><strong>Core Concepts of Childhood Traumatic Stress</strong></td>
</tr>
<tr>
<td><strong>Toxic Stress</strong></td>
</tr>
<tr>
<td><strong>PTSD</strong></td>
</tr>
<tr>
<td><strong>Complex Trauma</strong></td>
</tr>
<tr>
<td><strong>Allostatic Load</strong></td>
</tr>
</tbody>
</table>

Table adapted from National Center for Child Traumatic Stress training “Trauma-Informed Integrated Healthcare Speaker Series Childhood Traumatic Experiences, the Body, and the Role of Integrated Healthcare”
Complex Trauma

A. children’s exposure to multiple traumatic events, often of chronic, pervasive interpersonal nature, (ex. ongoing abuse or profound neglect that begin early in life in the context of a disrupted caregiver attachment)

B. The broad, long-term impact of this exposure that disrupts many aspects of child development & formation of the self.
Scope of the Problem

- In the US, the prevalence of childhood IPV is about TWICE that of the prevalence of childhood asthma
  - Prevalence of Childhood asthma: 6.7 million (CDC, 2010)
  - Prevalence of childhood intimate partner violence exposure: 15 million (NCTSN, 2015)

- One out of every 4 children attending school has been exposed to a traumatic event that can affect learning and/or behavior
Scope of the Problem

Additional numbers:

- 10% of children witnessed domestic violence
- 25% percent of children had someone in their household who had been arrested or charged with a crime

Head Start FACES Report, 2000-200
Conducted by the Centers for Disease Control and Prevention and Kaiser Permanente’s Health Appraisal Clinic in San Diego from 1995-1997

Over 17,000 participants

Conclusion: There is a graded relationship between the number of categories of childhood exposure and each of the adult health risk behaviors and diseases studied

-The Adverse Childhood Experiences Study, Vincent J Felitti
Revictimization

Childhood Victimization and Lifetime Revictimization Study

- Abused and neglected individuals have an increased risk of experiencing additional traumas throughout their life

- Childhood victimization increased risk for physical and sexual assault/abuse, kidnapping/stalking, and having a family friend murdered or commit suicide

The Impact of Trauma
<table>
<thead>
<tr>
<th>12 Core Concepts of Childhood Trauma</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Traumatic experiences are inherently complex.</td>
</tr>
<tr>
<td>2. Trauma occurs within a broad context that includes children’s personal characteristics, life experiences, and current circumstances.</td>
</tr>
<tr>
<td>3. Traumatic events often generate secondary adversities, life changes, and distressing reminders in children’s daily lives.</td>
</tr>
<tr>
<td>4. Children can exhibit a wide range of reactions to trauma and loss.</td>
</tr>
<tr>
<td>5. Danger and safety are core concerns in the lives of traumatized children.</td>
</tr>
<tr>
<td>6. Traumatic experiences affect the family and broader caregiving systems.</td>
</tr>
<tr>
<td>7. Protective and promotive factors can reduce the adverse impact of trauma.</td>
</tr>
<tr>
<td>8. Trauma and post-trauma adversities can strongly influence development.</td>
</tr>
<tr>
<td>10. Culture is closely interwoven with traumatic experiences, response and recovery.</td>
</tr>
<tr>
<td>11. Challenges to the social contract, including legal and ethical issues, affect trauma and recovery.</td>
</tr>
<tr>
<td>12. Working with trauma-exposed children can evoke distress in providers that makes it more difficult for them to provide good care.</td>
</tr>
</tbody>
</table>

Developed by the National Child Traumatic Stress Network Core Curriculum Taskforce, 2007
Complex Trauma Impacts:

- Child’s physiological development
- Child’s cognitive development
- Child’s emotional development

*All of these areas affect the child’s behaviors!*
The Physiological Impact
Tolerable Stress

**Stressor**

Brain registers a stressful event

**Alarm System: Amygdala**

“Something’s wrong and I need to take control and protect myself”

**Thinking Center: Prefrontal Cortex**

“I can decide what I need to do about this situation”

**Filing Center: Hippocampus**

“I can figure out the situation based on past experiences and information.”

**Action**

*Fight, Flight, Freeze*

Adapted From: TARGET-A Life Skills 10-12 Session Adolescent & Child Version
Extreme Stress

**Stressor**
- **Alarm System: Amygdala**
  - “Something’s wrong and I need to take control and protect myself”
- **Filing Center: Hippocampus**
  - “I can figure out the situation based on past experiences and information.”
- **Thinking Center: Prefrontal Cortex**
  - “I can decide what I need to do about this situation”

**Action**
- Fight, Flight, Freeze

---

Adapted From: TARGET-A Life Skills 10-12 Session Adolescent & Child Version
Broken Alarm System

- Normal stress response **needs** all components to work best

- Extreme stress response **needs** to cut out thought and go straight to action to work best

- When someone is exposed to prolonged stress, they respond to **most** stressful situations *as if* they are extreme stress situations.
The Cognitive Impact
The way people think about their experiences influences their emotional, behavioral, and physiological reactions.

“It's snowing still,” said Eeyore gloomily.
"So it is."
"And freezing."
"Is it?"
"Yes," said Eeyore. "However," he said, brightening up a little, "we haven't had an earthquake lately.”

— A.A. Milne
Cognitive Theory

- **Automatic thoughts** are thoughts that automatically come to mind when a situation occurs.

- **Thought distortions** are ways of thinking of things that are exaggerated and/or irrational.

- Early experiences impact the thoughts that each of us has.

**Correcting misperceptions and changing the way we think about things improves our reactions.**
Development of Automatic Thoughts

Early Experience

Formation of assumptions

Stressful incident

Assumptions activated

Negative automatic thoughts

Other behavioral and mood problems
Example: 15 year old boy

**Early Experience**
- Early Childhood Neglect

**Formation of assumptions**
- “No one cares about me.”
- “If I need something I have to take it myself.”
- “I’m not worth the effort.”

**Stressful incident**
- Argument with a girlfriend

**Assumptions activated**
- It’s always been this way. People don’t love me. I’ll always be on my own.

**Negative automatic thoughts**
- “I’m not worth the effort.”
- “No one cares about me.”

**Other behavioral and mood problems**

Behavioral: Skipping school, arguing with parents/friends, self-injurious behavior, failing classes, social isolation

Mood: Depressed, lonely, anxious, angry
Example: 6 year old girl

**Early Experience**
- Early Childhood Neglect

**Formation of assumptions**
- “No one will help me.”
- “If I need something I have to take it myself.”
- “It doesn’t matter what I do.”

**Stressful incident**
- Substitute Teacher at School; Change in predictable routine

**Assumptions activated**
- My teacher left and may not come back, people I love will not take care of me when I need them.

**Negative automatic thoughts**
- “I’m not worth it.”
- “No one cares about me.”
- “No one will help me when I need help.”

**Other behavioral and mood problems**
- **Behaviors:** Shutting down in class, rigid adherence to the rules, tantrums
- **Mood:** Fear, anger at teacher and others, sadness, overwhelmed
Thought Distortions

All or nothing thinking
- Seeing things in black or white categories. If a situation falls short of perfect, you see it as a total failure.
- Instead of: “This one person does not want to date me.”
  It’s “No one cares about me.”

Catastrophizing
- Always thinking the worst possible outcome is going to happen.
- Instead of: “Today will be different and tomorrow will be back to normal.”
  It’s “My teacher left and may not come back. People I love will not take care of me when I need them.”

Labeling
- You identify yourself with your shortcomings.
- Instead of, “The substitute teacher needs time to help everyone.”
  It’s “I’m not worth it.”
The Behavioral Impact
Traumatic Expectations of the World

WHENEVER I TAKE MY BATH...

...I ALWAYS PUT MY DUCKY IN FIRST.

FOR COMPANIONSHIP?

TO TEST FOR SHARKS
The Behavioral Impact

Not all children who experience trauma have negative or lasting behavior responses—so what is the mediator???

Some stress is normal, however, “strong, frequent, or prolonged activation of the body’s stress response systems in the absence of the buffering protection of a supportive, adult relationship “ can last a lifetime.
How Children Respond to Trauma

- Will vary depending on:
  - Age
  - Developmental stage
  - Temperament
  - Perception of danger
  - Previous/cumulative trauma
  - Adversities faced following the trauma
  - Response of caregivers and adult supports
Behavior Responses

- Reactivity/Impulsivity/Hyperarousal
  - Nervousness
  - Jumpiness
  - Quick to startle
Behavior Responses

• Emotional Instability
  • Sad
  • Angry
  • Mood-swings
  • Aggressive
Behavior Responses

- Re-experiencing
  - Intrusive memories (images, sensations, dreams)
  - Thinking is reflexive, not reflective (automatic thoughts)
Behavior Responses

• Withdrawal
  - Numbness
  - Shutting down
  - Pulling away from activities/people
  - Avoiding reminders of the trauma
What can we do about it? Resilience

- Resilience: the process of managing stress and functioning well in a particular context when faced with adversity.
- Resilience is the ability to recover from traumatic events
- We can build resilience!!
  - A relationship with a competent, caring adult
  - Connection to a positive role model/mentor
  - Nurturing/appreciating talents/abilities
  - Feeling in control
  - Having a sense of community or belonging
Building Resilience: Application of the Strengthening Families Framework in the Context of Complex Trauma
The Strengthening Families Approach

- A research informed, strengths based initiative aimed at preventing child abuse and neglect

- The protective factors are attributes and conditions that help keep ALL families strong and on a pathways of healthy development and wellbeing

- Two generation approach, addressing issues related to:
  - The parent
  - The child
  - The parent-child relationship
The Strengthening Families Approach

The 5 Protective and Promotive Factors:

- Parental Resilience
- Social Connections
- Knowledge of Parenting and Child Development
- Concrete Support in Times of Need
- Social Emotional Competence of Children
Parental Resilience

- How parents/caregivers respond to stressors is much more important than the stressor itself in determining the outcomes for themselves and their children.

- “Parent and child well-being are inextricably linked” (Schmidt et al, 2014)
Supportive relationships and resilience protect us from the impact of trauma and toxic stress

- Decrease stress hormones
- Enhance sense of safety
- Teach positive coping skills
Social Connections

- Caregivers healthy, sustained relationships with people, institutions, the community, or a force greater than oneself that promote a sense of trust, belonging and that one matters
Social Connections: Strategies

- The connection between the caregiver and service provider is important
- Awareness of impact of trauma on caregiver and worker
  - Compassion fatigue
  - Possibly triggers memories of own trauma
  - Secondary traumatization
Knowledge of Parenting and Child Development

- An understanding of parenting strategies and child development helps parents understand what to expect and how to provide what children need during each developmental phase
Knowledge of Parenting and Child Development: Strategies

- **Education about trauma and trauma responses**
  - Cognitive
  - Developmental
  - Behavioral
Concrete Support in Times of Need

- Assisting caregiver to identify, find and receive concrete support in times of need.

- Helps to ensure they and their family receive the basic necessities everyone deserves in order to thrive, especially:
  - specialized medical
  - mental health
  - social services
  - educational support
  - legal services
Concrete Support in Times of Need: Strategies

- Know when to refer to additional mental health services:
  - Chronic v. single trauma
  - Symptoms persistent
  - Parents are unable to ensure safety and be attuned to the needs of the child
  - Parent has also been traumatized and is symptomatic
  - Trauma involves sudden or violent loss of caregiver or family member

NCTSN, 2015
Social-Emotional Competence of Children

- Defined as “the developing capacity of the child to
  - form close and secure adult and peer relationships
  - experience, regulate, and express emotions in socially and culturally appropriate ways
  - and explore the environment and learn

- ---all in the context of family, community, and culture” (CSEFEL)
Factors that promote social and emotional competence:
- Well developed social-emotional competence of caregiver
- Nurturing and trusting relationship with caregiver
- Consistent, affectionate, responsive care and interaction from caregiver
- Regular and predictable routines
- Physically and emotionally safe environment
Social and Emotional Competence: SOS: Stop, Orient, Seek Help

- **Stop**
  - Stop and take several long, deep breaths

- **Orient**
  - Look around and take in immediate surroundings
  - Be aware of physical response (breathing, heartbeat, etc)

- **Seek Help**
  - Use a “stress buster” to help calm down
  - If needed, call a trusted friend or reliable adult

-NCTSN, 2015
Local Resources

- Community Mental Health
  - Infant Mental Health

- Women’s Resource Center
  - Individual and Group counseling
  - Specialized groups for survivors
  - Shelter and transitional housing support for survivors

- Health Department Northwest Michigan Child Adolescent Health Centers
  - Pellston
  - Mancelona
  - Boyne City

- Hospice
Contact Information

- **Natalie Kasiborski, PhD, LMSW, MPH**
  - n.kasiborski@nwhealth.org
  - 231-347-5144

- **Tiffany Moore-Corteville, LMSW**
  - tmoore@wrcnm.org
  - 231-347-0067