

Trauma, Attachment & Impact on Development

SCOPE Vermont Session #7

April 25, 2022

Jennifer Jorgenson, LICSW

VT Child Welfare Training Partnership



SCOPE Vermont Training Series

Supporting Children of the Opioid Epidemic



**PROJECT SCOPE
VERMONT**

Connect with Project SCOPE Vermont

go.uvm.edu/scopevt

www.med.uvm.edu/vchip/icon



Vermont Child Health Improvement Program
UNIVERSITY OF VERMONT LARNER COLLEGE OF MEDICINE



This project is supported, in part, by:



Objectives

- Examine developmental impact of Adverse Childhood Experiences (ACE)
- Understand impact of trauma on caregiver and child relationships and attachment
- Review the Resource Parent Curriculum + Trauma Informed Parenting Skills (RPC+)
- Learn about evidence-based screening tools for developmental trauma



Professional Guidelines for Childhood Trauma

Here are some organizations that can be helpful to keep up to date with current research, data and resources:

- The [National Child Traumatic Stress Network](#) (NCTSN)
- [Substance Abuse and Mental Health Services Administration](#) (SAMHSA)
- [Center for Youth Wellness](#)
- [American Academy of Pediatrics](#) (AAP)
- [US Department of Health and Human Services](#)



Agenda for Today

Trauma
Overview

Impact of
Trauma

Developmental
Trauma

Impact on
Attachment

Trauma
Screening and
Resources



Trauma Overview: What Is Trauma?

NCTSN defines childhood traumatic experiences as when a child may have feared for their lives, believed they would be injured, witnessed violence, or tragically lost a loved one.

This can occur through any of the following:

- Physical, sexual, or psychological abuse and neglect
- Family or community violence
- Substance use disorder (personal or familial)
- Sudden or violent loss of a loved one
- Natural and technological disasters or terrorism
- Refugee and war experiences
- Serious accidents or life-threatening illness
- Military family-related stressors
- Historical Racism
- Intergenerational Trauma
- Climate Change



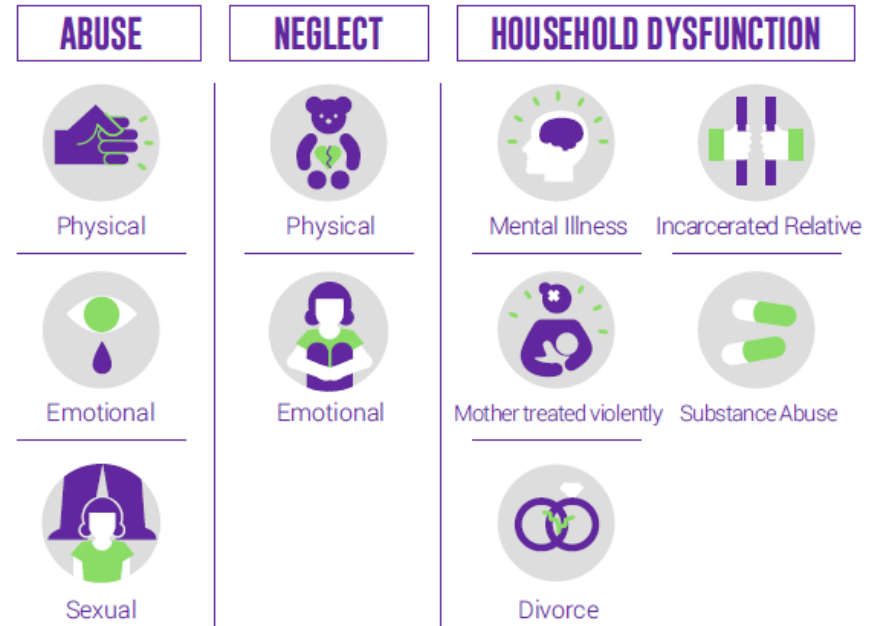
Trauma Overview

Adverse Childhood Experiences (ACEs)

“stressful or traumatic events that children experience before age 18, such as violence at home, neglect, abuse, or having a parent with mental illness or substance dependence. High or frequent exposure to ACEs, without the buffering support of a caring adult, can dysregulate children’s stress response”

(Center for Youth Wellness, n.d.)

The three types of ACEs include



source: Robert Wood Johnson Foundation, 2013



Exposure to trauma causes the brain to develop in a way that will help the child survive in a dangerous world:

On constant alert for danger and quick to react to threats (fight, flight, freeze)



The stress hormones produced during trauma also interfere with the development of higher brain functions.



Trauma Overview: Family Substance Use

A child may experience trauma as a result of having a caregiver with a substance use disorder or addiction.

Child neglect may result from parental preoccupation with drug seeking

- As seen through - Poor child hygiene, school absenteeism, poor supervision, unsafe environments, unsafe adults
- Children witnessing drug related activity may also witness caregiver overdose
- The number of children living with an adult with OUD increased by 30% (423,000 in 2002 to 548,000 in 2017)



Trauma Overview: Historical Trauma

Historical trauma is multigenerational trauma that is experienced by a specific cultural, racial or ethnic group. This may include populations which experienced oppression such as slavery, forced migration, the Holocaust, and colonization of Native Americans.

Historical trauma can lead to poor physical and behavioral health, low self-esteem, depression, self-destructive behavior, substance misuse, addiction, or high rates of suicide.

Why this matters - Due to past traumas, unresolved grief and distrust of majority groups or government programs may exist.

(Administration for Children and Families, n.d.)



Impact of Trauma: Early Childhood Trauma (1)

NCTSN describes the experience of Early Childhood Trauma (ages 0-6) to be unique for the following reasons:

- Early trauma has been associated with reduced size of the brain cortex, and area responsible for memory, attention, perceptual awareness, language, and more. This can impact IQ and ability to regulate emotions.
- Traumatic events can have a strong sensory impact on children - A child's perceived sense of safety can be impacted by loud noises, visual stimulation, violent movements, and other sensations associated with a traumatic event.

(continued...)



Impact of Trauma: Early Childhood Trauma (2)

- Young children are less able to anticipate danger or know how to keep themselves safe, making them vulnerable to the effects of trauma.
- Young children depend on parents/caregivers for survival and protection. Without the support of a caregiver, children experiencing trauma can struggle regulating their emotions, can experience large amounts of stress, and have decreased ability to communicate their needs.

(NCTSN, n.d.)



Impact of Trauma: Early Childhood Trauma (3)

Symptoms and behaviors of early childhood trauma (NCTSN, n.d.)

Children 0-2 exposed to trauma may:

- Demonstrate poor verbal skills
- Exhibit memory problems
- Scream or cry excessively
- Have poor appetite, low weight, or digestive problems

Children 3-6 exposed to trauma may:

- Have difficulties focusing or learning in school
- Develop learning disabilities
- Show poor skill development
- Act out in social situations
- Imitate the abusive/traumatic event
- Be verbally abusive
- Be unable to trust others or make friends
- Believe they are to blame for traumatic event
- Lack self-confidence
- Experience stomach aches or headaches



Impact of Trauma

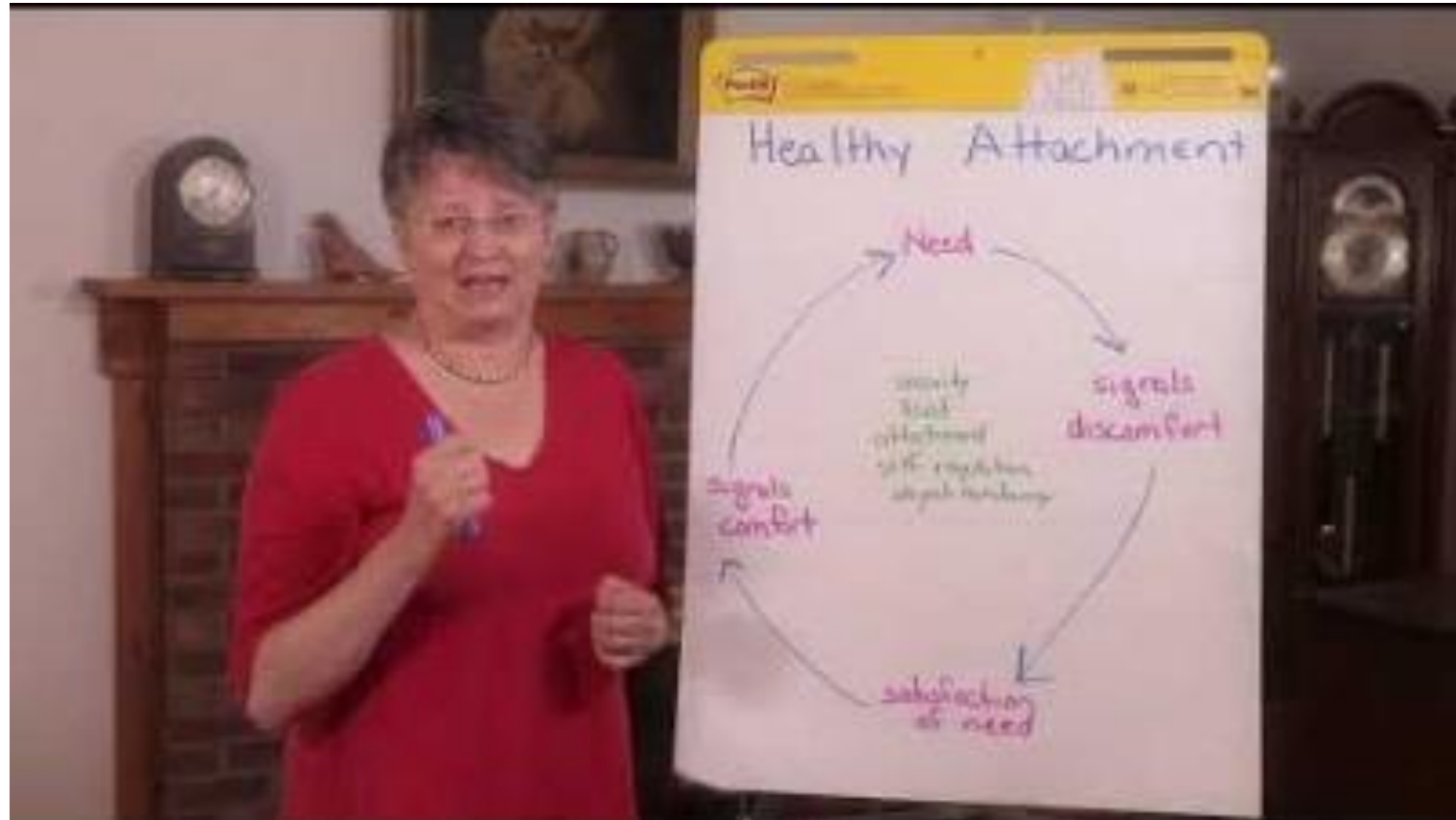
Childhood Trauma and Relationships

- Infants and children experience and learn about their world through relationships. The relationships children have with caregivers play a role in regulating stress, and a child's response to stress in early life.
- The quality and stability of caregiver/child relationships in early childhood lay foundation for range of later developmental outcomes
- Nurturing relationships – or a community of caring adults – are a critical factor in promoting resilience and recovery from trauma

(Center for Early Childhood Mental Health Consultation, n.d.)



Impact on Attachment



RPC+ Resource Parent Curriculum + TIPS (Trauma Informed Parenting Skills)

- FREE 10-week Trauma Intensive Skills Workshop for resource parents
- Child Welfare Training Partnership and Designated Agencies offer classes statewide (virtually currently)
- RPC+ Residential
- Breakthrough Parenting Curriculum (BPC) coming soon



Trauma Screening Tools (1)

The [Safe Environment for Every Kid](#) (SEEK) Parent Questionnaire

- 16 yes/no questions which takes 2-3 minutes to complete
- Used to screen risk factors for child maltreatment
- Available in English, Spanish, Chinese, and Vietnamese



Parent Questionnaire - R

Dear Parent or Caregiver: Being a parent is not always easy. We want to help families have a safe environment for kids. So, we're asking everyone these questions about problems that affect many families. If there's a problem, we'll try to help.

Please answer the questions about your child being seen today for a checkup. If there's more than one child, please answer "yes" if it applies to any one of them. This is voluntary. You don't have to answer any question you prefer not to. This information will be kept private, unless we're worried about your child's safety.

Today's Date: ___/___/___

Child's Name: _____

Child's Date of Birth: ___/___/___

Relationship to Child: _____

PLEASE CHECK

- | | | |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Would you like us to give you the phone number for Poison Control? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Do you need to get a smoke alarm for your home? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Does anyone smoke at home? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | In the past 12 months, did you worry that your food would run out before you could buy more? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | In the past 12 months, did the food you bought just not last and you didn't have money to get more? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Do you often feel your child is difficult to take care of? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Do you sometimes find you need to slap or hit your child? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Do you wish you had more help with your child? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Do you often feel under extreme stress? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Over the past 2 weeks, have you often felt down, depressed, or hopeless? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Over the past 2 weeks, have you felt little interest or pleasure in doing things? |



Trauma Screening Tools (2)

CYW Adverse Childhood Experiences Questionnaire (ACE-Q)

- 17 item instrument completed by caregiver
- Takes approximately 2-5 minutes to complete
- Available in English and Spanish, with three age specific versions

CYW Adverse Childhood Experiences Questionnaire (ACE-Q) Child

To be completed by Parent/Caregiver

Today's Date: _____

Child's Name: _____ Date of birth: _____

Your Name: _____ Relationship to Child: _____

Many children experience stressful life events that can affect their health and wellbeing. The results from this questionnaire will assist your child's doctor in assessing their health and determining guidance. Please read the statements below. Count the number of statements that apply to your child and write the total number in the box provided.

Please DO NOT mark or indicate which specific statements apply to your child.

1) Of the statements in Section 1, HOW MANY apply to your child? Write the total number in the box.

Section 1. At any point since your child was born...

- Your child's parents or guardians were separated or divorced
- Your child lived with a household member who served time in jail or prison
- Your child lived with a household member who was depressed, mentally ill or attempted suicide
- Your child saw or heard household members hurt or threaten to hurt each other
- A household member swore at, insulted, humiliated, or put down your child in a way that scared your child OR a household member acted in a way that made your child afraid that s/he might be physically hurt
- Someone touched your child's private parts or asked your child to touch their private parts in a sexual way
- More than once, your child went without food, clothing, a place to live, or had no one to protect her/him
- Someone pushed, grabbed, slapped or threw something at your child OR your child was hit so hard that your child was injured or had marks
- Your child lived with someone who had a problem with drinking or using drugs
- Your child often felt unsupported, unloved and/or unprotected

2) Of the statements in Section 2, HOW MANY apply to your child? Write the total number in the box.



Trauma Screening Tools (3)

NCTSN Screening Checklist: Identifying Children at Risk

- 2 versions (Ages 0-5 and 6-18)
- Screening checklist for risk factors associated with traumatic stress



NCTSN

The National Child
Traumatic Stress Network

**Trauma
Informed
System
Initiative**

Screening Checklist: Identifying Children at Risk Ages 0-5

Please check each area where the item is known or suspected. If history is positive for exposure and concerns are present in one or more areas, a comprehensive assessment may be helpful in understanding the child's functioning and needs.

1. Are you aware of or do you suspect the child has experienced any of the following:
 - Physical abuse
 - Suspected neglectful home environment
 - Emotional abuse
 - Exposure to domestic violence
 - Known or suspected exposure to drug activity *aside from parental use*
 - Known or suspected exposure to any other violence *not already identified*
 - Parental drug use/substance abuse
 - Multiple separations from parent or caregiver
 - Frequent and multiple moves or homelessness
 - Sexual abuse or exposure
 - Other _____

If you are not aware of a trauma history, but multiple concerns are present in questions 2, 3, and 4, then there may be a trauma history that has not come to your attention.

Note: Concerns in the following areas do not necessarily indicate trauma; however, there is a strong relationship.

2. Does the child show any of these behaviors:
 - Excessive aggression or violence towards self or others
 - Repetitive violent and/or sexual play (or maltreatment themes)
 - Explosive behavior (excessive and prolonged tantruming)
 - Disorganized behavioral states (i.e. attention, play)
 - Very withdrawn or excessively shy
 - Bossy and demanding behavior with adults and peers
 - Sexual behaviors not typical for child's age
 - Difficulty with sleeping or eating
 - Regressed behaviors (i.e. toileting, play)
 - Other _____

3. Does the child exhibit any of the following emotions or moods:

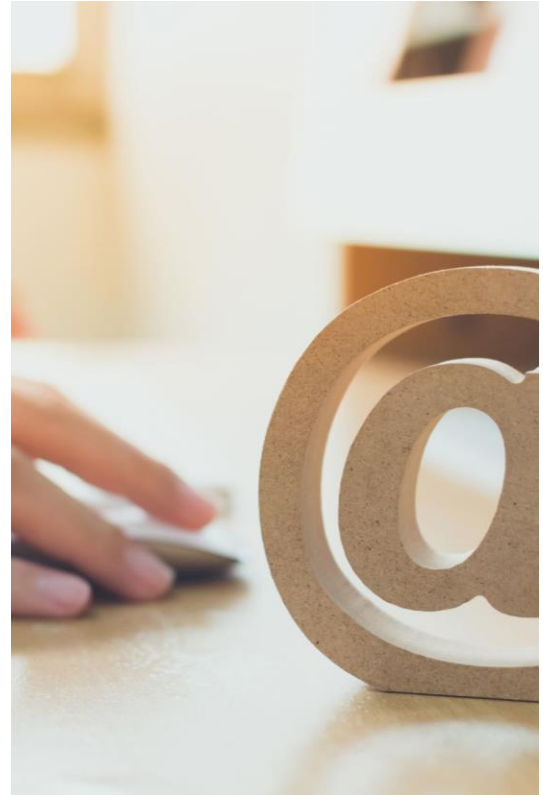


Need information on
anything else?

Jennifer Jorgenson

jennifer.jorgenson@uvm.edu

513.253.1331



References

- Administration for Children and Families. (n.d.). Trauma - What is Historical Trauma. US Department of Health and Human Services. Retrieved from <https://www.acf.hhs.gov/trauma-toolkit/trauma-concept>
- Bullinger, L. R., & Wing, C. (2019). How many children live with adults with opioid use disorder? *Children and Youth Services Review, 104*, 104381. <https://doi.org/10.1016/j.childyouth.2019.06.016>
- Burke Harris, N., & Renschler, T. (2015). Center for Youth Wellness ACE-Questionnaire (CYW ACE-Q Child, Teen, Teen SR). Center for Youth Wellness. San Francisco, CA.
- Center for Early Childhood Mental Health Consultation. (n.d.). Trauma in the Context of Relationships. Retrieved from https://www.ecmhc.org/tutorials/trauma/mod2_5.html
- Center for Youth Wellness. (n.d.). ACES and Toxic Stress. Retrieved from <https://centerforyouthwellness.org/ace-toxic-stress/>
- National Child Traumatic Stress Network [NCTSN]. (n.d.). About Child Trauma. <https://www.nctsn.org/what-is-child-trauma/about-child-trauma>
- Robert Wood Johnson Foundation. The truth about ACEs. May 2013. <https://www.rwjf.org/en/library/infographics/the-truth-about-aces.html>
- Teicher, M. H. (2002). Scars that won't heal: The neurobiology of child abuse. *Scientific American, 286* (3),68-75.
- Winstanley, E. L., & Stover, A. N. (2019). The Impact of the Opioid Epidemic on Children and Adolescents. *Clinical Therapeutics, 41*(9), 1655-1662. <https://doi.org/10.1016/j.clinthera.2019.06.003>

