

Childhood Trauma: Its Effects on Mental Health and Behavior

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Each year in the United States, millions of incidents of abuse and/or neglect are reported to authorities. According to the Illinois Department of Children and Family Services, in 2010 there were 28,888 reported cases of child abuse and neglect in the country's fifth largest state.¹ While childhood trauma includes abuse and neglect, experiences may involve abandonment, betrayal, physical or sexual assaults or witnessing violence. The term complex trauma describes the dual problem of children's exposure to traumatic events and the impact of this exposure on immediate and long-term outcomes. Complex traumatic exposure refers to children's experiences of multiple traumatic events that occur within the social environment that is supposed to be the source of safety and stability in a child's life.²

The vast majority of cases of maltreatment of a child are in the home, at the hands of parents. Leading researcher Bessel A. van der Kolk, medical director of The Trauma Center at the Justice Resource Center in Boston, says that "when caregivers are emotionally absent, inconsistent, frustrating, violent, intrusive or neglectful, children are liable to become intolerably distressed and unlikely to develop a sense that the external environment is able to provide relief." These children suffer the inability to regulate their emotions and contend with excessive anxiety, anger, and longings to be cared for. Even a mother's lack of positive emotional involvement and flatness of affect is an important factor in a child's later normally integrative functions of identity, memory or consciousness.³

Traumatic experiences at an early age vastly affect the development of the child's brain, which in turn, impair emotional and cognitive stability and growth. The National Scientific Council on the Developing Child states, "the interrelated development of emotion and cognition relies on the emergence, maturation, and interconnection of complex neural circuits in multiple areas of the brain, including the prefrontal cortex, limbic cortex, basal forebrain, amygdala, hypothalamus, and brainstem." Neural circuits involved in emotion regulation are linked to "executive functions," which are related to problem-solving skills developed in the preschool years. Emotions support executive functions when they are well regulated but compromise attention and decision-making when they are poorly controlled. Trauma, causing negative emotions, ultimately causes difficulty with cognition.⁴

Therefore, as part of a child's emotional and mental development and ability to learn, predictability and continuity are critical. "A child needs to develop categories in order to be able to place any particular experience in a larger context" writes van der Kolk. He finds that multiple exposures to trauma – abandonment, betrayal, physical or sexual assaults, witnessing domestic violence – engender: 1) intense affects like rage, betrayal, fear, resignation; and, 2) efforts to avoid the recurrence of those emotions.⁵

Evidence shows that young people who have deficits in cognitive and emotional regulation are at higher risk for trauma exposure and development of post-traumatic stress disorder. A study in the *Journal of Traumatic Stress* determined that "individuals who have juvenile Conduct Disorder (CD) are also more likely to engage in lifestyles or behaviors that increase their risk of exposure to a traumatic event and, therefore, development of PTSD."⁶ Researchers forming the National Child Traumatic Stress Network (NCTSN) Complex Trauma Task Force find that early traumatic stress is associated with enduring sequelae that extend beyond Posttraumatic Stress Disorder, including: (a) self-regulatory, attachment, anxiety, and affective disorders in infancy

and childhood; (b) addictions, aggression, social helplessness and eating disorders; (c) dissociative, somataform, cardiovascular, metabolic, and immunological disorders; (d) sexual disorders in adolescence and adulthood; and (e) re-victimization.”⁷

The Centers for Disease Control and Prevention has, through the long-term study, “The Effects of Childhood Stress on Health Across the Lifespan” released in 2005, demonstrated a relationship between adverse childhood experiences and depression, suicide attempts, alcoholism, drug abuse, sexual promiscuity, domestic violence, and other severe unhealthy behavior.⁸

The NCTSN has stated that the same symptoms can be the result of traumatic experiences or mental illness. A traumatized child and a child with bipolar disorder may have difficulty with regulating their emotions, even though the child with bipolar disorder never experienced a traumatic event and the traumatized child does not suffer from bipolar disorder. Worse, a traumatic event can exacerbate mental illness, resulting in greater symptoms.⁹

Correctly diagnosing emotional and psychological disorders by thoroughly screening for trauma in a clinical setting is critical. Without gentle but direct inquiry into traumatic experiences, treatment providers will miss reasons for emotional and social maldevelopment that children suffer. When early identification and treatment occurs, the associated long-term negative health and behavioral outcomes can be lessened. Adults who interact frequently with children (daycare providers, teachers, social workers, counselors) should have sufficient knowledge and skills to identify and care for children who have been exposed to traumatic childhood experiences.¹⁰

Fortunately, a number of organizations in Illinois are stepping in to prevent traumatic experiences and ameliorate their affects on children through therapeutic services:

Youth Network Council (YNC), and its partner, the **Illinois Childhood Trauma Coalition (ICTC)**, has established a Trauma-Informed Youth Services Initiative to incorporate trauma-focused and trauma-informed practices and policies into six community-based agencies serving youth in rural, suburban, and urban areas of Illinois to improve outcomes for those experiencing traumatic stress. Using Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS), the project will serve 719 youth aged 10-17—many of whom are living with trauma due to mental health issues and experience with violence—considered at-risk due to crisis situations in the family, experience with the juvenile justice system, and/or homelessness. The ICTC will also develop and assist in implementing an organizational trauma-focused self-assessment; provide training to line and clinical staff about childhood trauma; and offer consultation and technical assistance to youth services providers. Northwestern University's Mental Health Services and Policy Program will design, oversee, and manage the outcome and process evaluation; analyze data on a monthly basis; generate reports; and provide feedback to YNC to inform its work as a Network center.

La Rabida Children's Hospital's Chicago Child Trauma Center (CCTC) serves inner-city African American and other Chicago-area children exposed to the full range of traumatic events including medical trauma and complex trauma. Refunded, the CCTC now expects serve a total of 1,350 children, and will evaluate the effectiveness of interventions for urban African American children. Effective practices will then be disseminated to major child service system stakeholders. Given the CCTC's emphasis on resiliency and consumer involvement, expertise in child trauma, experience in the NCTSN, regional and national reputations, and existing collaborative relationships, the center expects to increase and enhance services to traumatized

children in the Chicago area. As the only Community Treatment and Services Center in the NCTSN whose primary mission is serving urban African American children living in poverty, the CCTC brings to the Network a sophisticated understanding of societal, cultural, and multigenerational factors that shape children's responses to and recovery from exposure to trauma. Among the ten goals are: increasing capacity to provide Child-Parent Psychotherapy (CPP), disseminating complex trauma interventions, and working with the Illinois Childhood Trauma Coalition to build trauma-informed service systems across the state.

Serving one of the nation's most economically disadvantaged areas, the CCTC defines its mission as serving children on Chicago's South Side and in south suburban Cook County, where their risk of exposure to traumatic stress is great.

Heartland Alliance advances the human rights and responds to the human needs of endangered populations—particularly the poor, the isolated, and the displaced—through the provision of comprehensive and respectful services and the promotion of permanent solutions leading to a more just global society. Community-Based Refugee Trauma Treatment (Community-Based RTT) is a program of International FACES (Family, Adolescent and Child Enhancement Services) at Heartland Health Outreach. More than half of the refugee children seen at International FACES are diagnosed with anxiety disorders, including PTSD, and experience a variety of other trauma-related problems including persistent fears of death, violent memories and nightmares, insomnia, depression, behavior disorders, developmental delays, or poor performance in school. International FACES will expand its culturally and linguistically appropriate, trauma-informed service model to include adaptation and application of the Cognitive Behavioral Intervention for Trauma in Schools (CBITS). IFACES, in collaboration with World Relief-Chicago's (WRC) Horizons Clinic, will provide in-school CBITS programming to help refugee students and their families manage the symptoms of trauma, develop their capacity to self-soothe, and improve their social and school functioning. Community-Based RTT services will be delivered to 200 children in four public schools located in multicultural neighborhoods on the north side of Chicago; in participants' homes; and on-site at International FACES and WRC's Horizons clinic.

Children's Research Triangle's (CRT) Trauma Treatment Program (TTP) is an assessment-driven, trauma informed intervention program based in Chicago and Belleville, Illinois. The TTP increases trauma-informed therapeutic services available to children and adolescents ages 2 to 18 by providing and evaluating evidenced-based interventions, and educating professionals, caretakers, and other community members about the impact of trauma on youth. The TTP is an expansion of the existing program at CRT, thereby increasing the number of children served in the community. The TTP follows the Trauma Assessment Pathway Model, which forms the basis of the screening, assessment, and interventions utilized in the program. As part of the TTP, all children and adolescents referred to CRT for services undergo an initial screening for trauma exposure. Children identified as having a history of trauma are referred for an assessment designed to obtain more information about the child's trauma history, behavioral presentation, and trauma-related symptomatology. The results from the assessment drive the individual intervention plan, which can include case management, legal advocacy, referral to outside agencies, or participation in trauma-informed evidenced-based practices.

The Chaddock Trauma Initiative of West Central Illinois (CTIWCI) provides trauma-informed services to under-served children and adolescents who live in the rural community of Quincy, Illinois, and the surrounding tri-state area (Illinois, Iowa, Missouri). Using school and community settings, the project focuses on treating traumatic stress, and provides training for parents, foster parents, educators, and other professionals. The project serves more than 1,780 clients,

aged 0-19, and their families who have experienced trauma due to child abuse and neglect, violence, poverty, catastrophic events, and/or separation and loss, particularly among families of military personnel who have been deployed to the Middle East. The project's training component serves approximately 1,500 adults each year. The goals are to: 1) infuse the tri-state area with specialized evidence-based practices including Child-Parent Psychotherapy (CPP), Trauma Focused Cognitive Behavioral Therapy (TF-CBT), Cognitive Behavioral Intervention for Trauma in Schools (CBITS), and Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS); 2) train parents and child-serving professionals to implement specialized trauma services; and 3) further develop best practice models of trauma-related services through collaboration and coordination with local, state, and national organizations.

¹ <http://www.state.il.us/DCFS/docs/FY10canzip.pdf>

² Complex Trauma in Children and Adolescents White Paper from the National Child Traumatic Stress Network Complex Trauma Task Force

³ Quality of Early Care and Childhood Trauma: A Prospective Study of Developmental Pathways to Dissociation; The Journal of Nervous and Mental Disease; Volume 197, No. 6, June 2009

⁴ Draft for Child Welfare Vol.90, No.6, 69 – 89 (2011).

⁵ Developmental Trauma Disorder: Towards a rational diagnosis for children with complex trauma histories, Bessel Van der Kolk, 2005

⁶ Koenen, Fu, et al; "Juvenile Conduct Disorder as a Risk Factor for Trauma Exposure and Posttraumatic Stress Disorder"; Journal of Traumatic Stress, Vol. 18, No. 1, February 2005, p. 29

⁷ Complex Trauma in Children and Adolescents White Paper from the National Child Traumatic Stress Network Complex Trauma Task Force

⁸ Middlebrooks JS, Audage NC., Atlanta (GA): Centers for Disease Control and Prevention, National Center for Injury Prevention and Control; 2008.

⁹ Complex Trauma in Children and Adolescents White Paper from the National Child Traumatic Stress Network Complex Trauma Task Force

¹⁰ Middlebrooks JS, Audage NC. The Effects of Childhood Stress on Health Across the Lifespan. Atlanta (GA): Centers for Disease Control and Prevention, National Center for Injury Prevention and Control; 2008.