The Traumatized Child:

Rebuilding the Dollhouse

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Objectives:
Why should you be here listening to this lecture?

• Background literature and science
• Apologia….recognize the occurrence rate
• Types of PTSD and stressors
• Interventions YOU can do!!
“The clinicians concern is elicitation and maintenance of a state of comfort and relaxed attention in which the pediatric examination or procedure can be carried out without resistance, agitation, fear or further psychic damage....”

Families of critically ill and injured children would benefit from the practitioners of pediatric critical care acquiring enhanced knowledge and sensitivity about family communication and dynamics.

Shudy et al., 2006 Pediatrics, Vol 118 Supplement 3
COMMENTARY

Love, Pain, and Intensive Care

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Love, Pain, and Intensive Care

“The drive for objective assessments and measurements in recent years has overshadowed some of the subjective aspects of medical care. Whereas evidence-based medicine informs "what" we can do for our patients, "how" we are providing this care may be equally important. This includes not only the actual details of care delivery but also the attitude, feelings, and emotional state of professional caregivers at the time of patient interactions. Interventions performed without empathy, mechanically, or while distracted by other concerns may be less effective than those imbued with love and care for the patient's well-being.”
Love, Pain, and Intensive Care

“During training, practitioners are encouraged to maintain objectivity and suppress their emotive reactions or emotional involvement in all clinical situations. Habitual suppression of emotive behavior becomes second nature...and is often seen as a component of professional competence and efficiency..."cold, clinical, matter-of-fact" behaviors are modeled as symbols of professionalism, whereas love, compassion, or empathy may signify weaknesses or lack of professionalism.

Conclusions: Parents of children undergoing cardiopulmonary bypass surgery are at increased risk for intermediate and long-term psychological malfunctioning. Acute symptoms of PTSD in parents shortly after discharge of their child are a major risk factor for the development of chronic PTSD. Clinicians need to identify parents at risk at an early stage to provide them with systematic support.
All parents of surviving infants with hypoplastic left heart syndrome in PICU, irrespective of timing of diagnosis, experienced numerous stresses and losses, and the majority exhibited clinical levels of traumatic stress. Receiving the diagnosis itself is very traumatic and is compounded by the environment of the PICU which alienates parents from their infants and interferes with parent-infant bonding. Parental adaptation to this situation can be assisted by staff
This study indicates that delusional and factual memories are reported by almost two-thirds of children and are associated both with the duration of opiates/benzodiazepines and risk of post-traumatic stress. More research is needed on the presence of delusional memories and associated risk factors in children receiving intensive care treatment.
25% of all American youth experience a traumatic event by the time they are 16y/o. These events include:

- Natural disasters (eg, hurricanes, tornados, floods)
- Violence (eg, rape, physical assault, witnessing domestic, intimate partner, war, combat)
- Traumatic events related to illness or injury

Youth’s reaction to catastrophic events or major stressors can vary from:

- Temporary distress
- Severe forms of psychopathology

Factors that influence the development of severe stress reactions are:

- Proximity, intensity, and duration of exposure
- Age, prior mental health, coping strategies,
- Quality of family support
A subset of youth exposed to a traumatic event develop Post-Traumatic Stress Disorder (PTSD).

PTSD is characterized by intense fear and three categories of symptoms:

- Re-experiencing the event
- Emotional numbing
- Increased arousal
So please excuse the handwriting
Which may not be too clear.
But this afternoon by the lion's cage
I'm afraid I got too near.
And I'm writing these lines
From inside a lion,
And it's rather dark in here.
War and Children

War is the ultimate poverty....

Mother Theresa
Famine

Our lives begin to end the day we become silent about things that matter.

- Martin Luther King Jr.
Hurricane Katrina

All men are caught in an inescapable network of mutuality.

-Martin Luther King Jr.
Children of the Tsunami
Abuse

I cannot comprehend Man’s inhumanity toward men…

Sir Winston Churchill
CHILD ABUSE
trying to get over child abuse
The Traumatized Family
9/11
Post 9/11 Pain-A Public School Survey

• 8300 NYC students, 4-12\textsuperscript{th} grade, Feb-March 2002
• 1/3 attend schools near Ground Zero, 1/3 Staten Island, 1/3 Brooklyn
• 24% probs. Falling asleep, 17% nightmares, 45% obsessional thinking about the attack, 18\% avoidant behaviors.
• Estimates: 11\% may have PTSD (girls more than boys, fourth & fifth graders most affected)
Aspects of Treatment:

• Family members and healthcare providers play an important role as co-therapists for an abused child

• Families need to be supported in the management of these behaviorally difficult children

• In the treatment of children, need to remember that we are dealing with evolving situations, not past traumas, as in an adult talking to a therapist about something that happened in his/her childhood
Emotional reactions to trauma:

• Absence of feeling
• Sense of rage
• Unremitting sadness
• Ongoing fear is ubiquitous
What is Trauma?

– 1) An event that overwelms the coping capacities of the individual

– 2) The person’s response involved intense fear, helplessness, or horror

– 3) Physical, cognitive, emotional & behavioral symptoms

– 4) Trauma is characterized by helplessness, terror & un-integrated emotions
Trauma Myths

• Time heals all wounds
• Just keep busy, don’t think about it
• Kids are just like adults, they’ll grow out of it and forget about it
The Concept of “Basic Trust” - John Bowlby

- **Bowlby** - was a psychoanalyst; a major figure in psychiatry: 1960s-1970’s

- Attachment between a parent & child is critical

- **Basic trust**: our primary experience of safety & wellbeing

- This experience is absolutely critical in normal development

- **Trauma violates** a sense of basic trust
Types of Trauma (Lenore Terr)

- **Type 1** traumatic conditions of childhood follow from unanticipated single events.

- **Type II** disorders follow from long-standing or repeated exposure to extreme external events.

- Theory: in Type II trauma: massive attempts to protect the psyche and to preserve the self are put into gear, i.e. in the case of sexual and physical abuse.

- Childhood physical & sexual abuse represents one of the most extreme forms of trauma.
How do Children React to Trauma?

• Fear for self

A child’s worldview generally consists of immediate family members and themselves, it is easy to understand the specificity of these fears.

• PTSD is only one way kids react to trauma, also see depression, attachment disorders, other anxiety disorders, etc.
Reactions to Trauma Will Vary With:

- Age and developmental level
- Hx of trauma
- Prior psychiatric disorders
- Presence/absence of support systems
- Family rxns: Children are subject to the reactions of their parents
- Consider regression *Heinz Kohut: Analysis of the Self*
The Chowchilla Bus Incident:
Kidnapping/hostages 1976

Terr, L. *Psychoanal Study Child*. 1979;34:547-623
The Cardinal Features of PTSD include:

A. **Exposure** to life threatening event which:
   1) involves actual or threatened death or injury
   2) the person’s response involved intense fear, helplessness, or horror

B. **Re-experiencing** of the trauma

C. **Avoidance & Numbing** behaviors

D. **Hyperarousal**
PTSD Criteria B: What is “Reexperiencing”? 

1. **Distressing recollections** of the trauma (kids can just have nightmares) 
2. **Reliving the experience** (flashbacks) (Kids may not tell you—just look disorganized & agitated.) 
3. **Psychological distress** or **physiological reactivity** at exposure to trauma reminders 

**Kids don’t tell you they are re-experiencing, they ACT as if they are re-experiencing—i.e., they re-enact the trauma over & over again.**
PTSD Criteria C: Persistent Avoidance of stimuli & numbing

1. Efforts to avoid trauma-related **thoughts** or feelings
2. Efforts to avoid trauma-related **activities** or situations
3. **Diminished interest** in activities
4. **Detachment** from others (“I’m empty, I don’t feel”)
5. A sense of a foreshortened future (“I’m going to die young”)
6. Restricted range of affect: limited emotional expression.
   (The younger the child, the more avoidance there may be)
D. Sxs of Increased Arousal (not present before the trauma)

A. Sleep disturbances
B. Irritability or outburst of anger
C. Difficulty concentrating
D. Exaggerated startle response
E. Call it: An Acute Stress Disorder if it lasts less than three months
F. Hypervigilance
(Overlaps with other anxiety/mood disorders)
PTSD Diagnosis

- Strong comorbidity with a range of conditions including behavioral disorders
- Often confused with ADHD and conduct disorders “pseudoADHD”
- Need careful history: anxiety sx may be obscured by irritability, poor concentration & restlessness
- Ask about how the parents were involved in the traumatic situation—is the parent traumatized as well as the child?
Development Features of PTSD

- **Age 0-2** Piaget’s stage of sensorimotor development—child’s concept of death: “All Gone”: Out of sight, out of mind.

  If it cannot be seen, it does not exist.

  - Preschool-
    - A child conceives the possibility of reviving the dead person by giving hot food or keeping the body warm.
    - May see dead people as living in a box underground in a place called heaven.
    - The child thinks his own thoughts or actions could cause death. The child feels guilt and fear or retribution for bad things done or angry thoughts.

  The child thinks death is like sleep.
Developmental Features of PTSD

- Elementary School Children-Preadolescence (6-12)

  Developmental Hallmarks: Mastery of skills, logical thinking, concretization

  PTSD symptoms: Loss of concentration/irritability, Withdrawal from friends and family, arguments, decline in school performance

  Oklahoma City-Most children were at school, did not feel/see blast
  Very high rates of PTSD symptoms were claimed. TV exposure and knew someone who died or who lost someone in the blast.

  Response: Can sit and have a discussion
Developmental Features of PTSD

- Adolescence/ Preadolescence

  Increased capacity for abstract thought, Emphasis on autonomy and sexuality, Struggle to appear competent

  Possible responses: Similar to adults, Flashbacks, avoidance, substance abuse, physical complaints, suicidal thoughts (much less in children), angry, fantasies of revenge
Protective Factors that may mitigate negative effects of trauma:

• Family members who are mobilized to help: this is Crucial

• **Other social supports** outside the immediate family

• Successful **mastery** of past disasters & traumatic events

• Temperamental qualities- “the resilient child” (ability to express distress in language and share the story).
A Complex Neuropsychosocial Model:

- **Hyperarousal** is inherent in trauma.
- Norepinephrine increased, increased adrenergic receptor activity in chronic PTSD.
- The limbic system is overwhelmed by trauma
- Neuroanatomical alterations - amygdala & hippocampus (changes in memory functions).
- PET/SPECT - Increased reactivity of amygdala & ant. cingular gyrus.
Biological Alterations In Cortisol

• **Cortisol levels are lower** than nl in some studies of PTSD pts—even decades after a traumatic event; however, CRF levels appear to be increased in the cerebrospinal fluid.

• A general theory: In PTSD there is a **failure to contain the biologic stress response at the time of the trauma** (a physiological tsunami). This leads to:
  – intrusive recollections of the event
  – avoidance of reminders of the event
  – symptoms of hyperarousal.
PTSD is a “Disorder of Recovery”

• Traumatic memories do not fade away-no new sxs, same at 1 wk or 1 month

• The quality of the memory becomes distorted in PTSD-the brain doesn’t recover.

• Memory is mediated by the amygdala

• Most frequent symptoms: intrusive thoughts expressed in different forms

• Without tx, course is chronic and unrelenting
Forgetting:

• Traumatized children block out large segments of childhood, more than is typical.
• As opposed to normal childhood, the traumatized child may appear relatively indifferent to pain
• Lack of empathy
• Failure to define or acknowledge feelings
• Avoid psychological intimacy
Denial:

- Repeatedly brutalized and benumbed children employ massive denial.
- When their denial related behaviors cluster together, the negative changes in personality
What is dissociation?

- A psychophysiologica...thoughts, feelings or actions, so that for a period of time certain information is not associated or integrated normally or logically with other information.

- An important outcome of repeated, long-standing terrors

- Children come to learn that the stressful events will be repeated.
Dissociative techniques:

- Going to a different place
- Assume persona of heroes or animals
- Sense of watching a movie that child is in
- “Floating”
- Observers: child looks numb, robotic, nonreactive, daydreaming, glazed appearance, acutely psychotic (brief reactive psychotic)
Helping children to resolve trauma:

- Goal: Stabilize mood so child can use full range of cognitive skills & abilities.
- Process: allow expression of anger, fear and grief, and teach child how to handle emotions when they are out of control.
- The ability to handle contradictory emotional experience needs to be encouraged— a hallmark of emotional development.
Treatment Modalities

• Psychotherapy

  – Trauma Focused Cognitive behavioral therapy (first line), Cognitive-Behavioral Interventions for Trauma in Schools (CBITS), UCLA Trauma/Grief Program for Adolescents

  – Parents should be included in therapy whenever possible
Treatment Modalities

• Pharmacotherapy (TCAs, SSRIs): Only given when there is a clear indication (comorbid diagnosis; psychotherapy unable to provide symptom relief).

• In general psychotherapy is first line treatment in children.
Trauma-focused Cognitive Behavioral Therapy (TF-CBT)

- Defined by the acronym PRACTICE:
  - Psychoeducation,
  - Parenting Skills,
  - Relaxation,
  - Affective modulation,
  - Cognitive processing,
  - Trauma narrative
Pharmacotherapy

- SSRIs (Sertraline etc): Small open trials have suggested potential benefit in children (e.g. Seedat et al 2002), but little evidence exists regarding their overall efficacy in children.

- TCAs: Imipramine, Doxepin. Not considered first line due to potential for prolonged cardiac conduction. Must use only in hospital setting.
Resilience:

• There are individual differences in the response to trauma—many are resilient.

• Children respond to trauma in many different ways—not all have symptoms or a diagnosis of PTSD.

• We focus on a child’s strengths, as well as their problems.

• Encourage them to recognize and validate their miraculous coping strategies.
The Human Capacity to Thrive in the Face of Potential Trauma

....remarkable levels of resilience in children exposed to corrosive early environment...research examined resilience in children exposed to isolated and potentially traumatic events...suggests such events almost always produce lasting emotional damage.

However, upward of 50% of people display resilience. Research has identified substantial individual variation in response to traumatic events....4 prototypical and empirically derived outcomes: chronic dysfunction, recovery, resilience, and delayed reactions....
Play:

• Play helps the traumatized child to talk about upsetting events. Children can become flooded with anxiety when they talk about the actual traumas

• “Pretend” is easier—it allows the child to control the situation

• At different times in the therapy a child will alternately speak or play, require directive or nondirective treatment
Young Children's Reactions to War-Related Stress: A Survey and Assessment of an Innovative Intervention

Avi Sadeh, DSc, Shai Hen-Gal, PhD and Liat Tikotzky, MA

METHODS. In addition to standard care, 35 children received a brief intervention aimed at encouraging them to care for a needy Huggy-Puppy doll that was given to them as a gift. The effects of the Huggy-Puppy intervention were assessed in a follow-up interview 3 weeks after the war. Study II assessed the efficacy of group administration of the Huggy-Puppy intervention to 191 young children, compared with 101 control subjects.

RESULTS. The Huggy-Puppy intervention was associated with significant reductions in stress reactions in the postwar assessment. A higher level of attachment and involvement with the doll was associated with better outcomes. The results of study II indicated that group administration of the Huggy-Puppy intervention was associated with significant reductions in stress reactions.
Bottom line on Childhood PTSD

• PTSD be confused with other psychiatric dxs
• Sexual & physical abuse represents the extreme form of trauma
• Children react in different ways to trauma
• Significant evidence for neurophysiological alterations after trauma affecting the limbic system & memory functions.
• A hyperaroused state occurs: evidence for abnormalities in norepinephrine and cortisol production.
• Comprehensive tx is needed-involving families, individual therapy and medication, (when indicated)
• You will all see traumatized children during the course of your careers. Remember these signs & symptoms.
When a Parent Dies:

Dear Mom,

I really miss you.

I am doing fine in school. I think about you everyday. I am really sorry you had to go down there. I wouldn't like it there myself. I don't know yet what to give you for mother's day.

Love,
Ashly
The Bereaved Child:

- Sudden traumatic death leaves survivors feeling numb & shocked for wks & months
- Death by homicide creates overwhelming grief for survivors
- Children grieve differently at different ages
- Parents are often the hardest people for a bereaved child to talk to
- Children need to know that their feelings are normal grief feelings
Thoughts, Feelings & Behaviors of Grieving Child

• Retell events of the deceased’s death
• Dreams/Nightmares
• Feel the deceased is with him or her
• Reject old friends
• Can’t concentrate, want to call home
• Worry excessively about his/her own health
• Sometimes appear unfeeling about loss
• Be “class clown” to get attention
• Be overly concerned with caretaking needs.
Another Traumatic Event

Involves Children and little attention is paid to it.....
Don't worry dad,
I'll take care of Mom!
Why I love Children
Only The Dog Knows For Sure
Where’s da beer?
The line separating good and evil passes not through states, nor between political parties either--but right through every human heart.

Alexander Solzhenitsyn