

NHCBH Workforce Development Network

Foundational Competencies in Children's
Behavioral Health

Trauma and its Impact on Children




Mission

The NH Children's Behavioral Health Workforce Development Network is to build a sustainable infrastructure for the professional development of the children's behavioral health workforce based upon the core competencies and infused with the system of care core values and guiding principles.



NH Children's Behavioral Health Core Competencies

- System of Care Core Values and Principles
- 7 Key Domains
- Levels: Foundational
Intermediary
Advanced



Foundational Competency Modules

Trauma and its Impact on Children

Foundational Level



Trauma and its Impact on Children

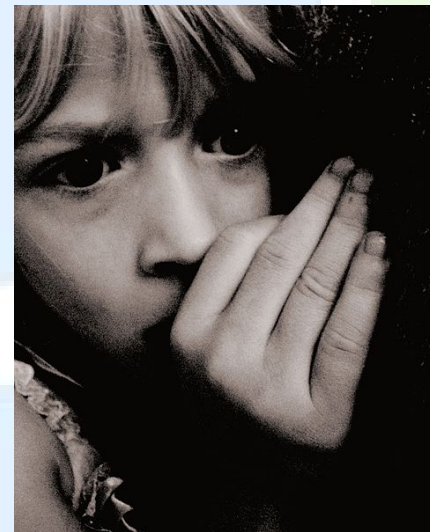
Erin Barnett, PhD, Assistant Professor of Psychiatry, Geisel School of Medicine at Dartmouth, Dartmouth Trauma Interventions Research Center

Objectives:

- What is trauma?
- What are symptoms of post-traumatic stress?
- How does trauma impact children?
- How do we help traumatized children?

What is trauma?

- Exposure to actual, threatened death, serious injury, or sexual violence
- Examples:
 - Physical, sexual abuse
 - Witnessing violence in the home or community
 - Natural disasters, terrorism
 - Scary accidents, medical procedures



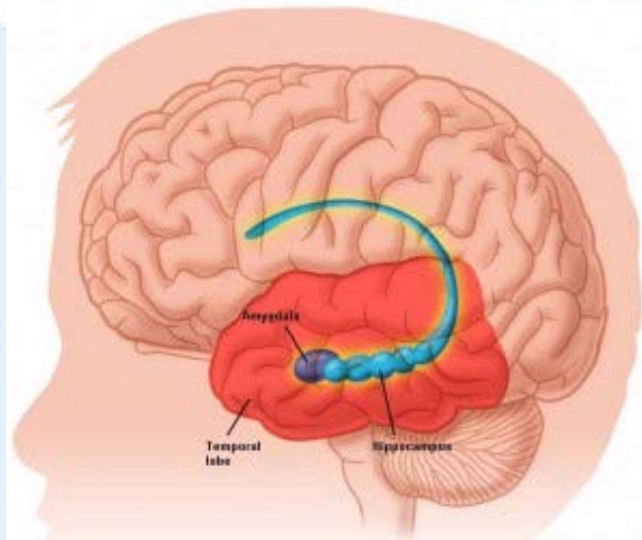
What are post-traumatic stress symptoms in children and adolescents?

- PTSD represents a failure to recover following trauma
- DSM-5, 4 symptom clusters:
 - Intrusion symptoms (intrusive memories, images, nightmares, repetitive play for younger children)
 - Avoidance of stimuli associated with trauma (thoughts/feelings, external reminders)
 - Negative changes in cognition and mood (thoughts about self, world, depressed/detached affect)
 - Arousal and reactivity symptoms (hypervigilance, anxiety, sleep disturbance, anger, reckless)



What are other impacts of trauma on children?



- Emotional development
- Social development
- Cognitive development
- Physical development



Development in these areas are affected by actual changes in the brain, neurochemistry, and fear response systems

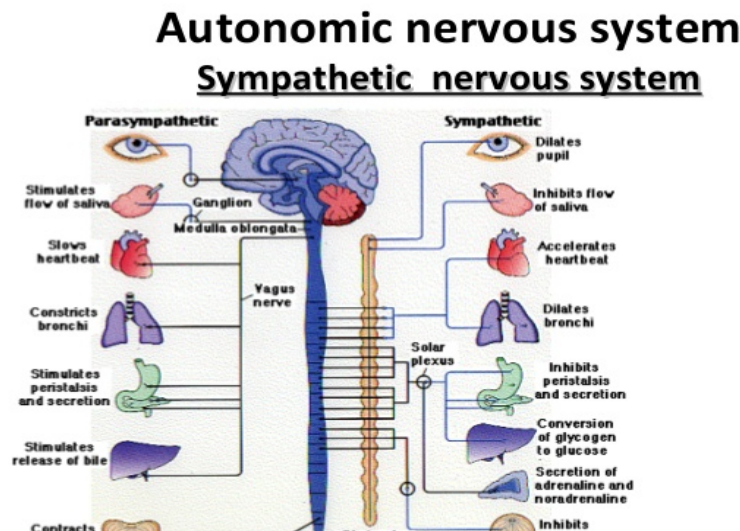
Emotional development



- Emotional life derives from “felt” safety and security and caregiver attunement
- What predicts emotion regulation?
 - Caregiver sensitivity  Infant social engagement, fear responses, and physiological stress reactions 
emotion regulation

Emotional development

- Fear and stress overwhelm our systems
 - Shut down or overdrive
 - Stress hormones
 - When overwhelmed, cannot make use of opportunities to develop emotional, social, and cognitive skills



Social development

Social relationships are an outgrowth of early attachments

- What we expect from others and the world
- Appropriate ways to treat others and be treated



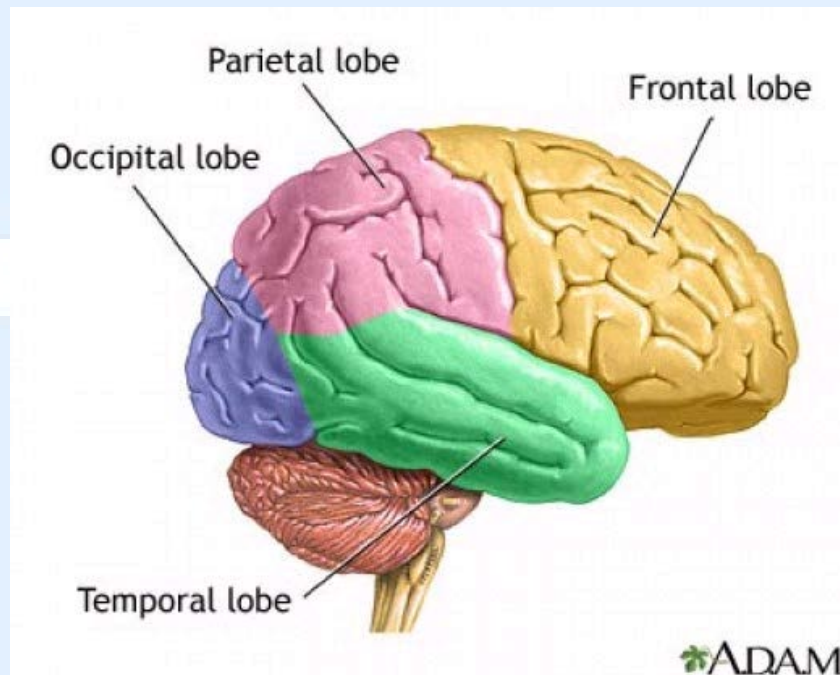


Social development

- Lack resources to dedicate to social interactions
 - Socially immature or precocious
- Social anxiety, trust, healthy boundaries
- Emotional problems get in the way

Cognitive development

- When under threat or fear:
 - We cannot access our brain's higher level areas



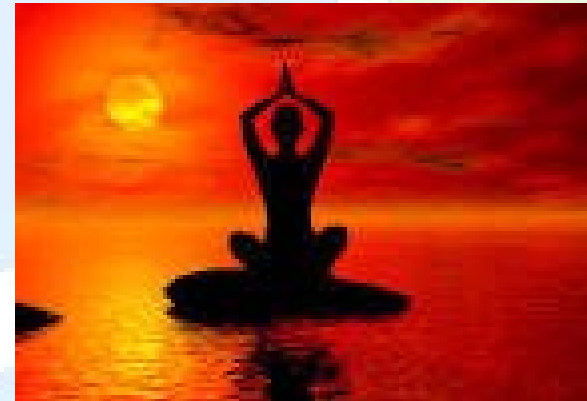


Cognitive development

- When under threat or fear:
 - Dedicate cognitive resources to hypervigilance, avoidance, etc.
 - Derails development during brain's "sensitive periods"
- Impact on learning/school settings

Physical development

- “Dissociated” from the body
- Sexual development
- In extreme cases,
impaired physical growth
- Worse physical health in
long-term





How can we help traumatized children?

- Prevention:
 - Legal
 - Social changes
- Create safety (actual and felt)
- Return to normal developmental track
- Reduce PTSD symptoms
- Build resiliency

“Resilient children are made, not born”

Bruce Perry, 2006

How can we help traumatized children?

- In the acute aftermath (< 1 month)
 - Create safety
 - “Who is on your safety team?”
 - “What do you do if...?”
 - Build social and community supports
 - Allow for discussion if child desires

How can we help traumatized children?

- When a child has not naturally recovered
- Principles of evidence-based interventions
 - Build coping skills
 - Includes caregiver or support person
 - Bear witness
 - Provide support
 - Parenting management strategies
 - Trauma-focused (discuss traumatic events or at least impact on child)

How can we help traumatized children?

- Evidence-based treatments available in New Hampshire

The screenshot shows the homepage of the TF-CBT Web program. At the top, there are logos for MUSC (Medical University of South Carolina), Allegheny General Hospital, CARES Institute, and NCTSN (The National Child Traumatic Stress Network). Below the logos is a navigation bar with links for Register, Login, Introduction, Resources, and Contact Us. The main content area features a large image of a young girl in a dark jacket looking to the side. To the right of the image, the text reads "TF-CBT Web" and "A web-based learning course for TRAUMA-FOCUSED COGNITIVE-BEHAVIORAL THERAPY". Below this, a list of topics is displayed with blue circular icons: Psychoeducation, Stress Management, Affect Expression and Modulation, Cognitive Coping, Creating the Trauma Narrative, Cognitive Processing, Behavior Management Training, Parent-Child Sessions, and Evaluation. At the bottom of the page, there is a footer with the text "A Strategy to Help" and "System Requirements | Credits". The copyright notice at the very bottom reads "Copyright 2005 Medical University of South Carolina All Rights Reserved".

- Trauma-focused Cognitive Behavioral Therapy (TF-CBT)
 - Ages 4-18
- Child Parent Psychotherapy (CPP)
 - Ages 0-6



Credits

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Thank You!

The NH Children's Behavioral Health Core Competencies and this module are made possible through grant funding from

- The Endowment for Health
- F.A.S.T. Forward, a SAMHSA grant awarded to the NH Department of Health and Human Services and
- the work of many people who are passionate about helping children, youth and families.