Effectively Responding to the Emotional Aspects of Trauma, Grief and Loss

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Objectives
- Describe the common mental health treatment issues adoptive families face.
- Define attachment theory within the context of adoptive families.
- Understand the impact that trauma, grief and loss and identity issues may have on the attachment process.

What is Attachment?
- The deep and enduring connection established between a child and caregiver
- beginning in the womb,
- continuing to develop in the first several years of life,
- lasting an entire lifetime.

Attachment Components
- Attachment components:
  - Affective
  - Behavioral
  - Cognitive
  - Kinesthetic/tactile
  - Psychic
  - Physical security (secure base)
  - Context of secure holding environment of the attachment relationship

What is Attachment?
- The deep and enduring connection established between a child and caregiver
- beginning in the womb,
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Affective Component
- The security of the attachment relationship also provides a space for emotional reactions to stress and fear:
  - crying
  - clinging
  - anger
  - frustration
- A full range of affects and the foundation of emotional regulation is established in the context of the attachment relationship.
Attachment Behavior

Attachment behavior on the part of the infant or child operates to increase proximity and contact with the caregiver.

Exploratory behavior decreases proximity with the maternal caregiver and promotes interaction with the environment and individuation.

Attachment Behavior

- Attachment behaviors serve different functions.
- **Signaling** behaviors (smiling, cooing) alert the caregiver that the infant desires interaction.
- **Aversive** behaviors (crying, kicking) trigger a quick response to provide problem solving or protection and safety.
- **Active** behaviors (reaching for, clinging) promote proximity to the secure base.

Cognitive Component

Parent-child attachment relationships and patterns of communication directly influence the development of mental processes in childhood.

- Research identifies attachment as playing a vital role in all of the following:
  - Formation of brain structures and organization of the nervous system
  - Language development
  - Attaining full intellectual potential
  - Acquiring a conscience
  - Increasing competency

Kinesthetic/Tactile Component

“...You [mother] just adapt the pressure of your arms to the babies’ needs, and you move slightly, and you perhaps make sounds. The baby feels you breathing. There is warmth that comes from your breath and your skin, and the baby finds your holding to be good.” (Winnicott, 2002, p. 21)

Gazing, holding, rocking, stroking, nuzzling are examples of kinesthetic and tactile body contact.

Psychic Component

Attachment is the psychological availability of a caregiver as a source of safety and comfort in times of child distress.

Physical Security Component

The attachment figure must be physically and reliably present. “Without adequate environmental reliability the personal growth of a child can’t take place.”

Secure base is defined as the attachment figure. A particular, substantial someone must exist to whom the child can attach.
## Attachment Relationship

- Attachment exists in the secure holding environment of the mother-infant/child attachment relationship.

## What is Attachment?

- Attachment is the creation of a mutual bond in which the mother/caregiver shapes infant development through her interactions and relationship with her child.
- Attachment is not something that parents do to their children; rather, it is something that children and parents create together, in an ongoing reciprocal relationship — even if that relationship has negative components.
- Attachment is based on evolutionary biological necessity.
- Attachment behaviors must exist and be reciprocated for the infant to survive physically and psychically.
- Attachment is an instinctive system in the brain that evolved to ensure infant safety and survival.
- Attachment and secure base functions operate to promote child, brain, and personality development and emotional regulation.

## Attachment Impact

- Attachment profoundly influences every component of the human condition:
  - **Mind** (how we think & perceive the world)
  - **Body** (secure attachment leads to less physical illness, good hygiene, and sensory integration)
  - **Emotions** (secure attachment helps moderate and regulate emotional states)
  - **Relationships** (secure attachment promotes healthy and positive current and future relationships)
  - **Values, morals, spirituality** (secure attachment influences positive social values, faith, compassion, remorse, meaning in life)

## Attachment and the Brain

- Each individual's ability to form and maintain relationships using this "emotional glue" is different. Some people seem "naturally" capable of loving and form numerous intimate and caring relationships. Others are not so lucky, feel no "pull" to form intimate relationships, and find little pleasure in being with or close to others.
- Just as the brain allows us to see, smell, taste, think, talk, and move, it is the organ that allows us to love — or not. The systems in the human brain that allow us to form and maintain emotional relationships develop during infancy and the first years of life (empathy, caring, sharing, inhibition of aggression, emotional regulation, capacity to love, etc.).

## Attachment Relationship

- Attachment, first and foremost, exists in the context of relationship - in the context of the mother-child relationship.
- **If and when that relationship is disrupted, it causes dysregulation in all of the attachment components.**

## Attachment Features

- Unique Features of an Attachment Bond:
  - Enduring form of a bond with a “special” person.
  - Involves soothing, comfort, and pleasure.
  - **Loss or threat of loss of the special person evokes intense distress.**
  - There is security and safety in the context of this relationship (Perry, 2009).
Attachment Functions

1. Learn basic trust and reciprocity, which serves as a template for all future emotional relationships.
2. Explore the environment with feelings of safety and security ("secure base"), which leads to healthy cognitive and social development.
3. Develop the ability to self-regulate, which results in effective management of impulses and emotions.


4. Create a foundation for the formation of identity, which includes a sense of competency, self-worth, and a balance between dependence and autonomy.
5. Establish a prosocial moral framework, which involves empathy, compassion and conscience.
6. Generate the core belief system, which comprises cognitive appraisals of self, caregivers, others, and life in general.
7. Provide a defense against stress and trauma, which incorporates resourcefulness and resilience.

Internal Working Model

- Early experiences with caregivers shape a child's core beliefs about self, others, and life in general.
- Experiences of the baby and young child are encoded in the brain's limbic system.
- Over time, repeated encoded experiences become internal working models or core beliefs about self, the self in relation to others, and the world in general.
- These core beliefs become the lens through which children (and later adults) view themselves and others, especially authority and attachment figures.

Internal Working Model - Core Beliefs

- Core beliefs serve to interpret the present and anticipate the future in specific ways.
- Secure Attachment:
  - Self: “I am good, wanted, worthwhile, competent, and lovable.”
  - Caregivers: “They are appropriately responsive to my needs, sensitive, dependable, caring, trustworthy.”
  - Life: “My world feels safe; life is worth living.”

Attachment Characteristics

- Human beings are highly social creatures.
- Human brains are designed to be in relationship with other people.
- Interactive communication shapes both the structure and function of the brain.
- Brain scan technology proves this point.
- Attachment experience directly influences the development of children and is directly responsible for activating or not activating their genetic potential.
### Attachment Bond

- The most important factor in creating attachment is positive physical contact (e.g., hugging, holding, rocking, singing, feeding, gazing, kissing, and other nurturing behavior).
- Factors crucial to bonding include time together (in childhood, *quantity does matter*), face-to-face interactions, eye contact, physical proximity, touch, and other primary sensory experiences such as smell, sound, and taste.
- During the first three years of life, the human brain develops to 90 percent of adult size. There are critical periods during which bonding experiences must be present for the brain systems responsible for attachment to develop normally. These critical periods appear to be in the first year of life, and are related to the capacity of the infant and caregiver to develop a positive interactive relationship.

### Secure Attachment

- All infants/children need a primary caregiver who:
  - cares for them in sensitive ways and
  - who perceives, makes sense of and responds to their needs.
- A secure attachment establishes basis for:
  - exploration of the world
  - resilience to stress
  - formation of meaningful relationships with self and others
  - ability to balance emotions
  - make sense of life
  - create meaningful interpersonal relationships in the future

### Securely Attached Children

- Securely attached children demonstrate many of these protective factors:
  - Trust, intimacy and affection
  - Strong identity
  - Positive self-esteem
  - Prosocial coping skills
  - Empathy, compassion and conscience
  - Self-confidence, independence, autonomy
  - Competency in social environments
  - Positive behavioral performance

### Securely Attached Children

- Academic success in school
- Adaptive, resilient behaviors in the face of adversity
- Ability to communicate needs
- Ability to manage impulses and feelings
- Maintain emotional balance and regulate feelings
- Strong positive relationships with parents, caregivers, and other authority figures
- Pleasure from interacting with other people
- Positive leave-taking and reunion experiences

### Securely Attached Children

- Positive emotional and play states in relationships
- Long-term friendships
- Develop fulfilling intimate relationships
- Positive and hopeful belief systems about self, family and society – the world is benign
- Rebound from disappointment and loss
- Promote secure attachment in their own children when they become adults

### Attachment and Adverse Care

- Ainsworth and Bowlby believed and demonstrated that: *attachment develops despite adverse care, repeated punishment, and abuse from attachment figures.*
- This has been supported by more current research.
- **THIS IS A PROFOUNDLY CRITICAL FACT WITH DEEP IMPACT ON THE LIVES OF CHILDREN.**
- Ethical and moral implications.
Attachment and Adverse Care

- Attachment does not equal destiny because the human brain remains flexible throughout the life span.
- Relationships with parents can and do change over time.
- A secure attachment relationship develops between the primary caregiver and infant/child if 1/3 (or more) of the time, their reciprocal communication is sensitive, attuned and secure.

Attachment Disruption

- If the attachment bond does not occur with sufficient regularity, then the necessary safe and secure experiences do not occur as they should.
- Instead, insecure attachments are formed.
- Insecure attachments arise from repeated experiences of failed or broken emotional communication and connection.

Causes of Attachment Disruption

- Any of the following conditions occurring to a child during the first 36 months of life puts them at risk for attachment disruption:
  - Unwanted pregnancy
  - Pre-birth exposure to trauma, drugs, alcohol
  - On-going maternal alcohol and/or drug use
  - Abuse/neglect in the first three years of life
  - Multiple caregivers
  - Lack of attunement between mother and child
  - Young or inexperienced mother with poor parenting skills

Causes of Attachment Disruption

- Separation from primary caregiver (i.e., illness or death of mother, severe illness or hospitalization of the baby, removal from the home, or adoption
- On-going pain such as colic, hernia or many ear infections
- Changing day care situations or using providers who don’t do bonding
- Moms with chronic depression
- Several moves or placements (foster care, failed adoptions)
- Caring for baby on a timed schedule or other child-centered parenting

Attachment Disruption

- Some children experience attachment disruption.
- This disruption occurs along a continuum from separation anxiety to reactive attachment disorder.
- Attachment relationships form in the first 3 years of life - and are strongly impacted from the very first days of an infant’s life when the infant can already distinguish “mother” from hearing, taste and smell.
- Therefore, if attachment is disrupted, symptoms develop early in infancy and toddlerhood.

Separation Anxiety Symptoms

- Repeated excessive anxiety about something bad happening to loved ones or losing them.
- Fear of getting lost or being kidnapped.
- Repeated hesitancy or refusal to go to daycare or school or to be alone or without loved ones.
- Persistent reluctance/refusal to go to sleep at night without being physically close to adult loved ones.
- Repeated nightmares about being separated from the people who are important to the child.
- Recurrent physical complaints: headaches/stomach aches when separation occurs or is expected.
Attachment Contrasts

- Securely Attached
  - Able to separate from parent
  - Seek comfort from parent when frightened
  - Happy when parent returns
  - Prefers parent to strangers

- Separation Anxiety
  - Feel anxious about separation from parent
  - Often cry or whine
  - Cling in desperation
  - Silent in frustration, fear, anger, desperation
  - Unwilling to interact with others, even familiar others

Attachment Loss

- Loss or threat of loss of the attachment figure (parent) evokes intense distress in most children.
  - Children may cry, cling, be angry or frustrated in reaction to that intense distress and fear.
  - Remember that attachment behaviors serve different functions.
  - Signaling behaviors (smiling) alert the caregiver that the child desires interaction. But in supervised visitation, this is often activated in reverse so the child signals interaction (need) by being “naughty.”

Attachment Loss

- Aversive behaviors (crying, kicking) are part of a child’s repertoire to trigger a quick caregiver response to provide problem solving or protection and safety. This is highly activated for most kids during supervised visitation, foster care transition and adoption.
  - Active behaviors (clinging) promote proximity to the mother and secure base. Separation anxiety often triggers either clinging or rejection in the child.
  - All of these can be over-activated in older distressed children in foster and adoptive situations.

Attachment Loss

- Difficulty adapting to kinship or foster care or adoption.
  - Depression symptoms:
    - Loss of pleasure/interest in life
    - Irritability, anger and/or deep sadness
    - Isolation and withdrawal
    - Hopelessness, helplessness, worthlessness
    - Sleep/fatigue and/or eating problems and/or hoarding
    - Psychomotor agitation or retardation
    - Difficulty concentrating
    - Recurrent thoughts of death and/or suicidality

Attachment Loss

- Anxiety symptoms:
  - Excessive anxiety and worry, cannot control the worry
  - Restlessness or feeling keyed up or on edge
  - Being easily fatigued
  - Difficulty concentrating or mind going blank
  - Irritability
  - Muscle tension
  - Sleep disturbance including nightmares
  - Obsessions/compulsions
  - Phobias
  - Hypervigilence and autonomic symptoms

Attachment Loss

- Behavior problems
  - Emotional dysregulation
  - Cognitive delays
  - Developmental delays and regression
  - Social relationship problems
  - Family problems
Attachment-Related Behavior Problems

- DeKlyen and Speltz (2001) describe how the parent-child relationship affects the development of behavior problems and assert that many behaviors later deemed behavior problems are simply attachment strategies of seeking comfort and proximity.
- Common problem that children and adolescents with attachment disturbances have is the diminished capacity to self soothe.

Signs of Attachment Disruption

- Attachment disrupted children may exhibit 1 or 2 symptoms. Severely attachment disordered children may exhibit many or all symptoms:
  - The child was neglected and/or physically/sexually abused in the first three years of life
  - Superficially engaging and “charming” behavior toward strangers
  - Lack of affection with parents (not cuddly)
  - Little eye contact with parents, on normal terms
  - Persistent nonsense questions/incessant chatter
  - Argumentative - often over ridiculous things

Signs of Attachment Disruption

- Inappropriate demanding and clingy behavior
- Lying about the obvious (crazy lying)
- Stealing
- Destructive behavior to self, to others, and to material things (chronically accident prone)
- Abnormal eating patterns
- Food issues - hoards, gorges, refuses to eat, eats strange things, hides food
- No impulse control (frequently acts hyperactive)
- Delays in learning (developmental delays)
- Abnormal speech patterns

Attachment Disruption

- Children without touch, stimulation, and nurturing can literally lose the capacity to form any meaningful relationships for the rest of their lives. Fortunately, most children do not suffer this degree of severe neglect. The problems that result from this can range from mild interpersonal discomfort to profound social and emotional problems. In general, the severity of problems is related to how early in life, how prolonged, and how severe the emotional neglect has been.
- This does not mean that children with these experiences have no hope to develop normal relationships. Clinical experiences and a number of studies suggest that improvement can take place, but it is a long, difficult, and frustrating process for families and children. It may take many years of hard work to help repair the damage from only a few months of neglect in infancy.

Attachment Classifications

- Securely attached children feel a consistent, responsive, and supportive relation to their mothers even during times of significant stress. Insecurely attached children feel inconsistent, punishing, unresponsive emotions from their caregivers, and feel threatened during times of stress.

<table>
<thead>
<tr>
<th>Attachment Classification</th>
<th>Percentage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Securely attached</td>
<td>05-70 %</td>
<td>Explores with mom is near, upset with separation, warm greeting upon return, seeks physical touch and comfort upon reunion</td>
</tr>
<tr>
<td>Insecurely avoidant</td>
<td>15-20 %</td>
<td>Ignores mom when present; little distress on separation; activity turns away from mom upon reunion</td>
</tr>
<tr>
<td>Insecurely resistant</td>
<td>10-15 %</td>
<td>Little exploration until mom in room; stays close to mom; very distressed upon separation; minimal physical contact upon reunion with mom</td>
</tr>
<tr>
<td>Insecurely disorganized/distracted</td>
<td>5-10 %</td>
<td>Confusion about approaching or avoiding mom; most distressed by separation; upon reunion acts confused and dazed – similar to approach-avoidance reaction in animal models</td>
</tr>
</tbody>
</table>
### Influential Factors

- **Any factors that interfere with bonding experiences can interfere with the development of attachment capabilities.**
- **Infant:** The child's "personality" or temperament influences bonding. If an infant is difficult to comfort, irritable, or unresponsive compared to a calm, self-comforting child, he or she will have more difficulty developing a secure attachment.
- **Caregiver:** The caregiver's behaviors can also impair bonding. Critical, rejecting, and interfering parents tend to have children that avoid emotional intimacy. Abusive parents tend to have children who become uncomfortable with intimacy, and withdraw.
- **Environment:** A major impediment to healthy attachment is fear. If an infant is distressed due to pain, pervasive threat, or a chaotic environment, they will have a difficult time participating in even a supportive caregiving relationship.
- **Fit:** The "fit" between the temperament and capabilities of the infant and those of the mother is crucial. Some caregivers can be just fine with a calm infant, but are overwhelmed by an irritable infant. The process of reading each other's non-verbal cues and responding appropriately is essential to maintain the bonding experiences that build in healthy attachments.

### Abuse and Neglect Affects Attachment

- There are three primary themes that have been observed in abusive and neglectful families.
  1. The most common effect is that maltreated children are, essentially, rejected and have difficulty developing emotional intimacy.
  2. In abusive families, it is common for this rejection and abuse to pass from generation to generation.
  3. Another theme is "parentification" of the child where the child acts like the adult rather than the child in the relationship.


### Understanding Common Labels for Adopted Children

- Children adopted from foster care are at risk for many types of disorders:
  - Attachment disorders
  - Developmental delays and disorders
  - Health diagnoses (including a lack of medical history)
  - Trauma and anxiety diagnoses
  - Depression, mood, and bereavement diagnoses
  - Behavioral diagnoses
  - Psychiatric diagnoses
  - Symptoms related to birth parent/s psychiatric illnesses and substance use and abuse
  - Developmental, mental health, and medical and psychological screening and follow-up is essential for children following adoption from foster care.

### Fetal Alcohol Syndrome Disorder (FASD)

- Fetal alcohol syndrome (FASD) refers to a set of physical and mental birth defects found in babies whose mothers drank alcohol regularly and heavily during pregnancy.
- Symptoms of babies born with FASD may include:
  - Small size/low birth weight
  - Brain damage
  - Mental retardation
  - Behavioral problems
  - Facial abnormalities
  - Heart, lung, or kidney defects
- Services that may be beneficial for a child with FAS include:
  - Infant mental health
  - Special education
  - Early medical intervention
  - Occupational therapy

Information adapted and compiled from the Child Welfare Information Gateway

### Oppositional Defiant Disorder (ODD)

- Oppositional defiant disorder (ODD) is characterized by defiant and hostile behavior on an everyday basis that interferes with the child's functioning.
- Symptoms may include:
  - Temper tantrums
  - Excessive anger
  - Easily angered
  - Blaming others
  - Seeking revenge
- Services that may be beneficial for a child with ODD include:
  - Behavior management
  - Skills development
  - Individual therapy (especially experiential therapies)

Information adapted and compiled from the Child Welfare Information Gateway

### Posttraumatic Stress Disorder (PTSD)

- PTSD occurs as a result of a traumatic event in a child's life.
- Symptoms may include:
  - Frequent memories of the event
  - Sleeplessness
  - Angry outbursts
  - Regressive behavior
  - Hyperactivity
  - Anxiety
  - Physical symptoms (e.g., rapid, shallow breathing, stomach aches, headaches, etc.)
- Services that may be beneficial for a child with PTSD include:
  - Individual counseling
  - Behavior management
  - Symptom management
  - Skills development
  - Medication

Information adapted and compiled from the Child Welfare Information Gateway
### Reactive Attachment Disorder (RAD)
- Reactive attachment disorder (RAD) is the inability of children to form secure and loving attachments with their caregivers. Children with reactive attachment disorder may be:
  - Superficially charming
  - Indiscriminately affectionate
  - Impulsive
  - Hyperactive
  - Severe behavior problems
  - Lack of empathy or conscience
- Services that may be beneficial for a child with RAD:
  - Individual counseling
  - Behavior management
  - Family therapy
  - Attachment-based therapy

### Attention Deficit Hyperactivity Disorder (ADHD)
- Attention deficit hyperactivity disorder (ADHD) affects the ability of children to control their behavior. A child with ADHD may exhibit the following characteristics:
  - An inability to sit still
  - Problems paying attention
  - Inability to control behavior
  - Impulsiveness
- Services that may be beneficial for a child with AD/HD include:
  - Behavior management
  - Skills development
  - Special education
  - Medication

### Autism & Autism Spectrum Disorders
- Autism is a developmental brain disorder with physical and behavioral components. It affects the brain area controlling language, social interaction, and abstract thought. Autism spectrum disorders include pervasive developmental disorder, Asperger syndrome, Rett syndrome, and childhood disintegrative disorder, any of which may be used interchangeably with the term autism.
- Symptoms may include:
  - Communication difficulties
  - Emotional difficulties
  - Mental retardation
  - Sensitivity to sensory stimuli
- Services that may be beneficial for a child with autism include:
  - Educational training
  - Speech therapy
  - Language therapy
  - Medication
  - Occupational therapy

### Helping Professional Credentials and What They Mean
#### Helping Professional Credentials
- Medical Doctors – (MD or DO) has graduated from medical school and a residency program. An M.D is a doctor of medicine and a D.O is a doctor of osteopathic medicine. Both are physicians and prescribe medication. Most of the time M.Ds and D.Os are roughly interchangeable.
- Psychiatrist – (MD) has graduated from medical school, and then graduated from a psychiatric residency program. A psychiatrist is a medical doctor and can prescribe medication. They generally do not do therapy.
- Psychologists – (Ph.D) has about 5 years of graduate training in psychology. They cannot prescribe medication because they are not medical doctors. They are therapy doctors and are often involved in completing psychological and other testing.
- Master of Social Work – (MSW) has 2 years of graduate training in social work. In Michigan, social workers who are licensed are generally referred to as LMSW’s or licensed master social workers. They can be found in child welfare agencies, in the schools and often provide therapy.

#### and What They Mean
- Licensed Professional Counselor – (LPC) has advanced training, a graduate academic degree, clinical work experience, and has passed a state certified licensing examination. They can be found in a variety of settings and do provide therapy.
- Registered Art Therapist – (ATR-BC) has been trained in both art and therapy and holds a master's degree in art therapy or a related field. Art therapists use a variety of art forms like drawing, painting and sculpting to assess and treat patients. The art these persons create gives them a creative outlet to express themselves.
- Registered Play Therapist – (RPT; RPT-S) has been trained in play therapy and holds a master's degree and license in a mental health field. They can be found in a variety of settings and are trained to use play, a child's natural form of expression, as a means for understanding and communicating with children about feelings, thoughts and behaviors.
- Speech Therapist – also called a speech-language pathologist (SLP) – has a masters degree and diagnoses and treats speech, language, and voice disorders. Speech therapists often work in schools but can also be found in clinics, hospitals, and private practice.
Trauma and Brain Development

The Hierarchy of Brain Function

- The “Brainstem” controls basic body mechanisms: blood pressure, heart rate, body temperature
- The “Diencephalon” or “Midbrain” regulates: motor regulation, “arousal,” appetite, sleep
- The “Limbic” system controls: affiliation, “attachment,” sexual behavior, emotional reactivity
- The “Neocortex” or “Cortical Brain” is where abstract and concrete thought occur

Principles of Neurodevelopment

- The brain is underdeveloped at birth and organizes from the “bottom” up – brainstem to cortex – and from the inside out.
- Development occurs in a predictable and hierarchical fashion. It begins in our more primitive structures (the brainstem) and ends with the more complex structures (the cortex).
- Each stage of neurodevelopment is based on all previous experience and development. Yet, those experiences do not have equal influence throughout development.
- There are Critical Periods and Sensitive Periods during development, windows of time during which parts of the brain either require or are more sensitive to certain stimulation needed to develop appropriately.
- Pruning: Neurons and synapses not stimulated appropriately are eliminated. If stimulation is absent or abnormal, developmental opportunities may be lost. The most important developmental opportunities occur in the fetal and first 2 years of life.

Types of Trauma

- Trauma is based in the nervous system – not in the event itself. There are different types of trauma and those different types of traumatic events have different effects on an individual child. A person’s natural resilience (e.g., inherent intelligence, access to support networks, positive coping skills) will effect how the trauma impacts them.
- Witnessing Violence (domestic and other)
- Natural Disaster
- Terrorism
- Accidents
- Abuse/Neglect
- Removal from caregivers
- Parental depression
- Loss of Caregiver

Types of Trauma: Acute Trauma

- Acute trauma is a single traumatic event that is limited in time. Isolated events (e.g., a school shooting or serious accident) may produce a conditioned behavioral trauma response. Examples include:
  - Serious Accidents
  - Community Violence
  - Natural Disasters (earthquakes, wildfires, floods)
  - Sudden or Violent Loss of a Loved One
  - Physical or Sexual Assault (e.g., being shot or raped)
  - During an acute event, children go through a variety of feelings, thoughts, and physical reactions that are frightening in and of themselves and contribute to a sense of being overwhelmed.

Types of Trauma: Chronic Trauma

- Chronic trauma refers to the experience of multiple traumatic events.
  - These may be multiple and varied events – such as a child who is exposed to domestic violence, is involved in a serious car accident, and then becomes a victim of community violence – or longstanding trauma such as physical abuse, neglect, or war.
  - The effects of chronic trauma are often cumulative, as each event serves to remind the child of prior trauma and reinforce its negative impact.
  - Chronic traumatization has a pervasive and profound effect on developing brain structures, systems, and neurobiology, e.g.:
    - The fear center, the amygdala, is enlarged, causing the person to live in a constant state of fear.
    - The hippocampus is decreased, affecting learning and memory.
Types of Trauma: Complex

- Complex trauma describes both exposure to chronic trauma – usually caused by adults entrusted with the child’s care – and the impact of such exposure on the child.
- Children who experienced complex trauma have endured multiple interpersonal traumatic events from a very young age.
- Complex trauma has profound effects on nearly every aspect of a child’s development and functioning.

Additional Sources of Stress

- Children in the child welfare system frequently face other sources of ongoing stress that can challenge workers’ ability to intervene. Some of these sources of stress include:
  - Poverty
  - Discrimination
  - Separation from parent/siblings
  - Frequent moves
  - School problems
  - Traumatic grief and loss
  - Refugee or immigrant experiences

Impact of Potentially Traumatic Event Depends on Factors

- The child’s age and developmental stage
- The child's perception of the danger faced
- Whether the child was the victim or a witness
- The child's relationship to the victim or perpetrator
- The child's past experience with trauma
- The adversities the child faces following the trauma
- The presence/availability of adults who can offer help and protection

Health and Neurodevelopmental Impacts of Trauma

- The classic stress response is not practical for infants and children. They tend to have a hyperarousal response (like a “fight or flight”) or a dissociative response (like a “freeze”). These two types of responses have different chemical events and manifest differently.
- Biology. Traumatized children may experience problems with movement and sensation, including hypersensitivity to physical contact and insensitivity to pain. They may exhibit unexplained physical symptoms and increased medical problems.
- Dissociation. Some traumatized children experience a feeling of detachment or depersonalization, as if they are “observing” something happening to them that is unreal.
- Behavioral Control. Traumatized children can show poor impulse control, self-destructive behavior, and aggression toward others.
- Cognition. Traumatized children can have problems focusing on and completing tasks, or planning for and anticipating future events. Some exhibit learning difficulties and problems with language development.

Psychosocial and Relational Impact of Trauma

- Attachment. Traumatized children feel that the world is uncertain and unpredictable. They can become socially isolated and can have difficulty relating to and empathizing with others.
- Mood Regulation. Children exposed to trauma can have difficulty regulating their emotions as well as difficulty knowing and describing their feelings and internal states.
- Self-Concept. Traumatized children frequently suffer from disturbed body image, low self-esteem, shame and guilt.

Trauma and Altered Neurodevelopment

- Altered cardiovascular regulation
- Behavioral impulsivity
- Increased anxiety
- Increased startle response
- Sleep abnormalities
### Effects on Relationships
- Difficulty forming positive relationships
- Poor sense of self
- Lowered self-esteem
- Expectation of being treated poorly
- Loss of secure base
- Loss of sense of trust

### Attachment Loss and Grief
- The loss of birth parents as a result of adoption sets the stage for feelings of grief and loss as well as feelings of rejection and abandonment that many adopted persons typically experience at some point in their lives. These feelings are, additionally, often triggered by successive losses (e.g., siblings, friends, familiar school) as well as traditional life transitions (e.g., puberty, graduation, marriage, birth of one’s own child, etc.).
- Brodzinsky, Schechter, and Marantz (199) suggest that dealing with the grief and loss of birth parents, in addition to identity formation and the search for self, contribute to shaping the psychological development of adopted persons.

### Generalized Reactions to Grief
- **Negative behavior** - May become angry and strike out at adults and friends. May have difficulty expressing their feelings when someone close to them dies. Emotions may come out sideways as behavioral difficulties.
- **Increased activity** - May become restless and overactive in response to grief. This helps them deny feelings for periods of time.
- **Dependency** - May become clingy and over-dependent on adults to cope with their sadness and grief.
- **Regression** - May return to behaviors previously given up.

### How Preschoolers Express Grief
- Bedwetting and thumb sucking
- Difficulty toileting and/or sleeping
- Anxiety at bedtime
- Clinging to adults – general clingingness
- Exaggerated fears, especially of abandonment
- Crying and excessive crying
- Irritability and temper tantrums
- Regression
- Stubbornness

### How Elementary Children Express Grief
- Overt signs of grief: sadness and anger
- School and learning problems
- Social problems
- Preoccupation with the loss
- Preoccupation with related worries
- Daydreaming and inattention
- Bedwetting and other Regression
- Developmental delays
- Eating and sleeping problems
- Fighting and Violent play
- Anger at adults and friends
- Physical symptoms and complaints
- Wide mood swings
- Able to verbally expresses emotions
- Feelings of hopelessness and hopelessness
- Increase risk-taking & self-destructive behaviors
- Anger, aggression and fighting
- Oppositional behavior
- Withdrawal from adults
- Depression and sadness
- Lack of concentration and attention
- Identity confusion
- Testing limits

### How Pre-Teens and Early Adolescents Express Grief
**Affective Symptoms**
- Sad, depressed
- Scared, frightened, fearful, panic
- Confused, disorganized, relief
- Rage, anger, irritability, frustration
- Flattened, numb, avoidant, disbelief
- Guilt, self-blame, responsibility
- Abandonment, loneliness
- Hopeless, worthless, helpless

**Behavioral Symptoms**
- Regression and developmental delays
- Tantrums, rages, aggression, fighting
- Withdrawal and avoidance (of adults)
- Unpredictable and limit-testing
- Self-abusive, risk-taking, and destructive behaviors
- Lower functioning at school and home
- Slowed or agitated speech and/or body movement

**Cognitive Symptoms**
- False assumptions about cause of event
- Self-blame and self-hatred
- Believe they are responsible for death
- Believe they are being punished
- Destructive ideation
- Magical thinking
- Imagining death scenarios
- Lack of concentration and attention

**Physiological Symptoms**
- Nausea, stomach aches, headaches
- Change in appetite
- Sleeplessness, fatigue, exhaustion
- Hypervigilance, restlessness
- Shortness of breath
- Tightness in throat or chest, palpitations
- Crying and sighing
- Weakness, light-headed, dizzy

**Social Symptoms**
- Overly sensitive
- Dependent
- Withdrawn, avoiding others
- Lack of initiative or interest
- Hyperactive or underactive
- Relationship difficulties
- Lowered self esteem
- Avoiding talking about loss so others won’t feel uncomfortable

**Spiritual Symptoms**
- Shaken belief in beneficence
- Belief of being punished
- Undermined basic trust
- Fear of religious ceremonies
- Confusion, fear about death and dying
- Preoccupation with death
- Spiritual developmental injury
- Sensing a presence (visual/auditory)
### Factors That Affect Functioning

- Coping strategies
- Previous functioning
- Defense mechanisms
- Resiliency features
- Protective factors
- Risk Factors

### Risk Factors

- Increased number of risk factors = increased difficulty in child grief process
- Sudden death, suicide, homicide or termination of parental rights
- Death or termination of parental rights of mother for girls before/during adolescence
- Death or termination of parental rights of father for pre-teen/adolescent boys
- Stigma associated with suicide/homicide or termination of parental rights
- Conflictual relationship prior to death or loss of parent/s
- Inadequate preparation for funeral or removal or termination of parental rights

### Protective Factors

- Protective factors foster the ability to cope and thrive in difficult circumstances.
- Individual attributes:
  - Intelligence
  - Communication skills
  - Internal locus of control
  - Positive self-concept
- Emotional ties/cohesion within the family
- Strong social support from families, teachers, church, and community

### Protective Factors

- Parental coping and support for the child
- Economic resources to facilitate the family’s adaptation
- Prior low levels of anxiety and depression
- Positive, adaptive coping and problem-solving skills
- Prior successful academic achievement
- Ability to understand the events based on age and developmental level

### Feelings and Behaviors
Feelings and Behaviors

- This graphic of an iceberg illustrates that the behaviors and/or reactions we see in our children are often caused by one or more unseen emotion or feeling.
- Like an iceberg… more of their thoughts and feelings lie BELOW the surface – what we can’t see. Behaviors are what they show ABOVE the surface. The more we understand what is below the surface of our children’s behaviors, the better we can understand how to work with them.
- Looking to what lies below the surface behaviors can help us to get a better picture of how to empathize and communicate with our children. It can help us get closer to them.

References & Resources