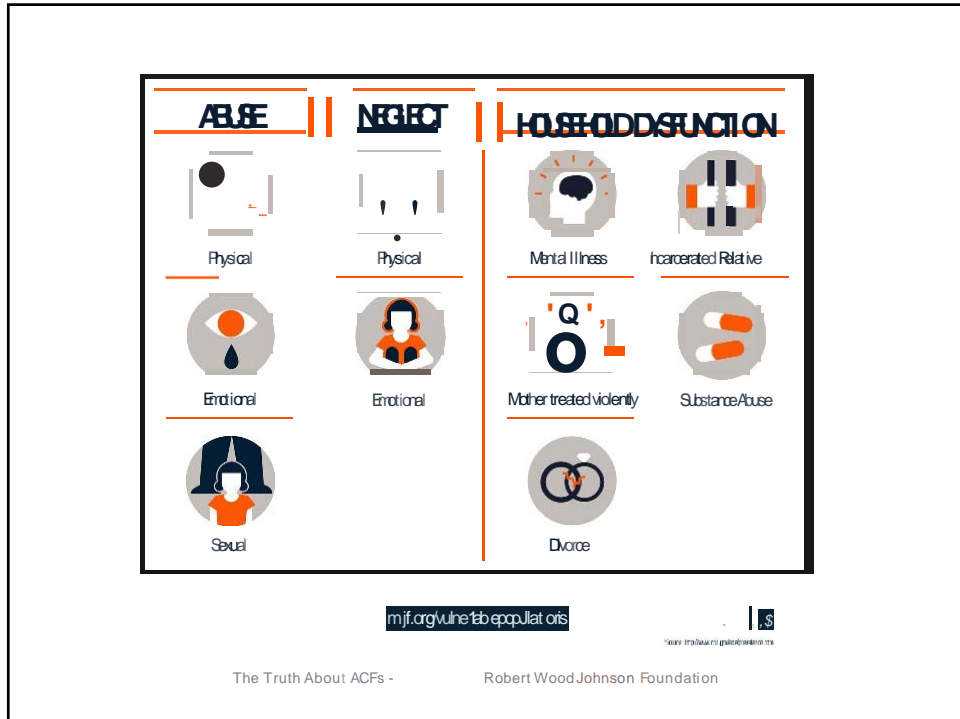
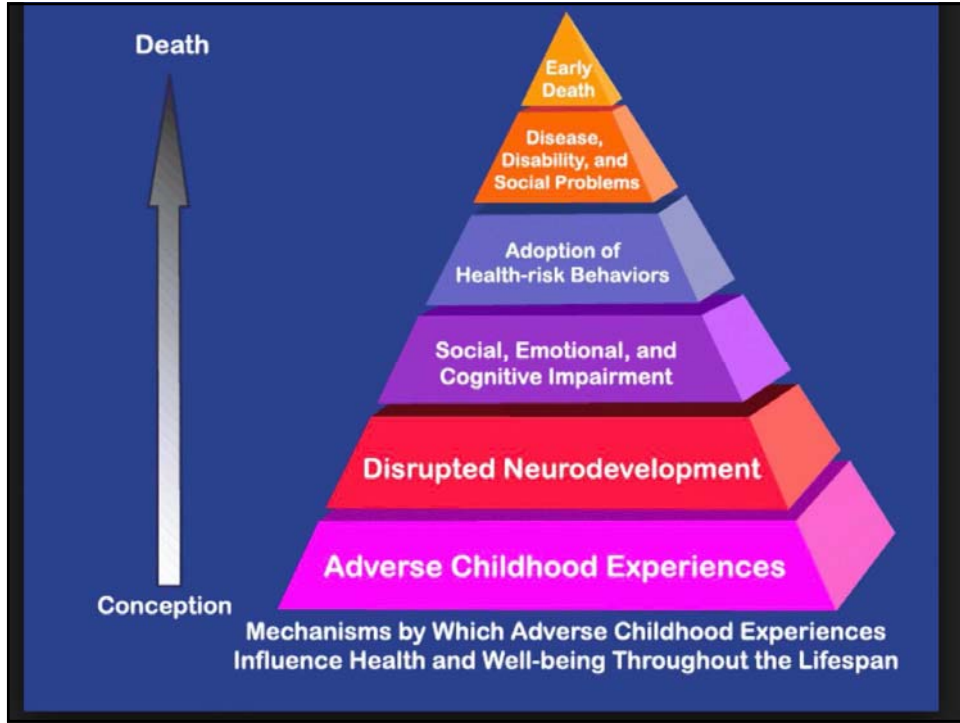


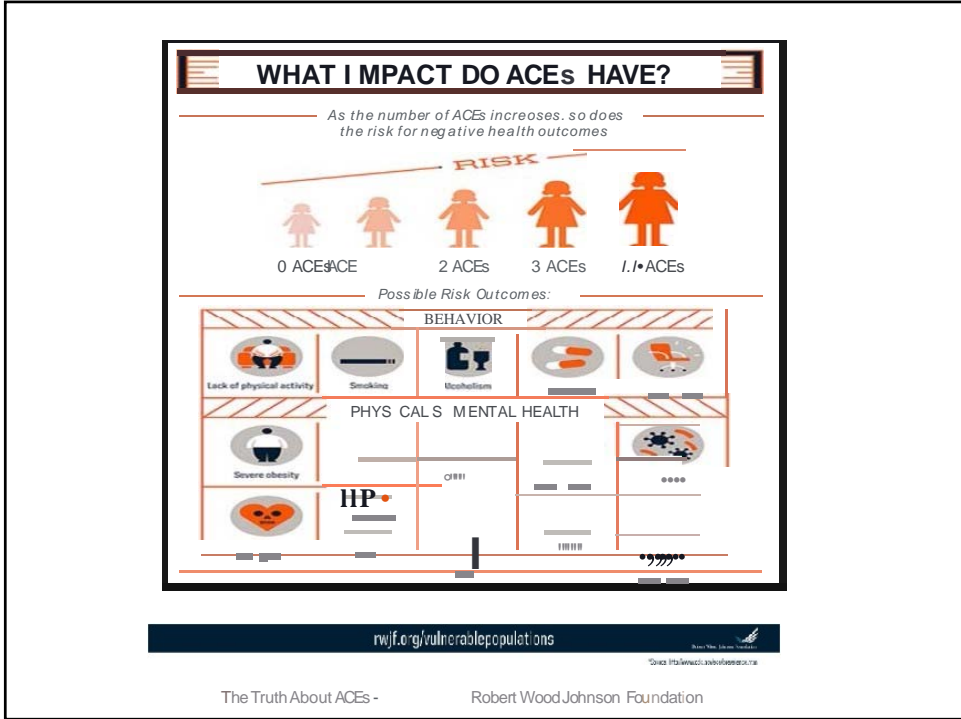
**Complex Trauma in
Children and Adolescents**

Sara Coffey, D.O.
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Department of Psychiatry and
Behavioral Sciences
Oklahoma State University
Center for Health Sciences



Overview of trauma across the lifespan Trauma and School Performance and Learning
Trauma and Treatment Vicarious Traumatization Professional Self Care





Overview of trauma across the lifespan Trauma and School Performance and Learning

Helping Traumatized Children Learn

*supportive school environments
for children traumatized by family violence*

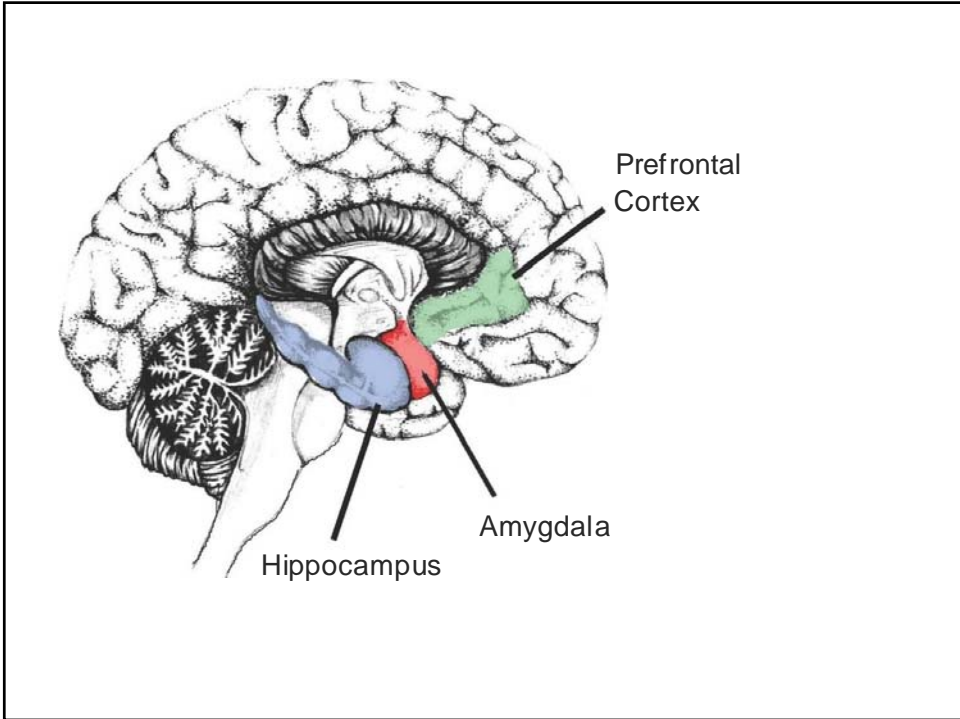
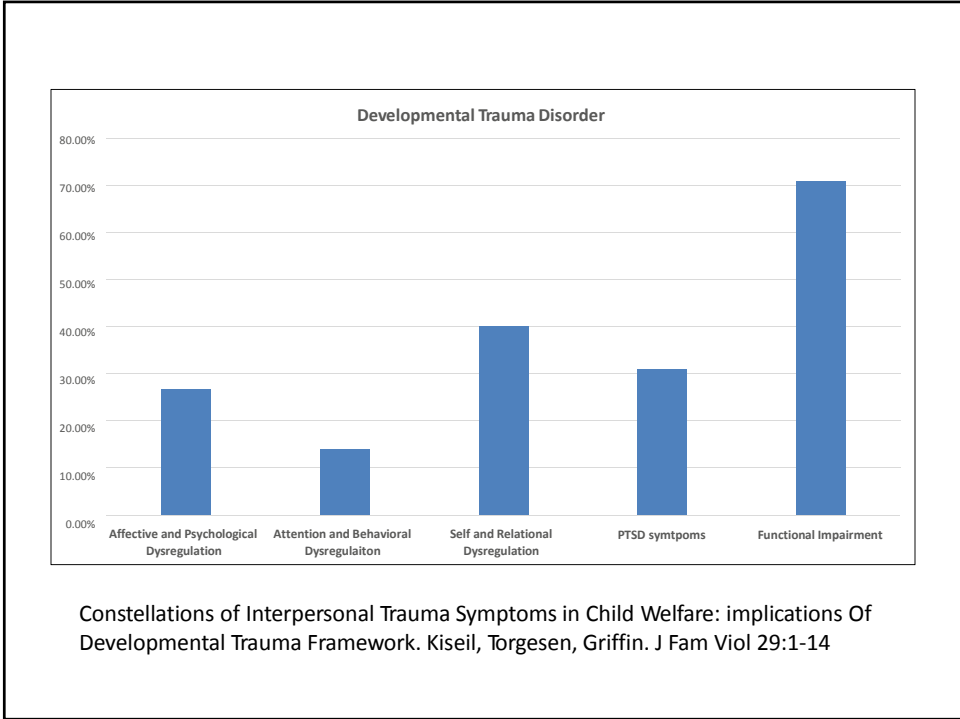
A Report and Policy Agenda

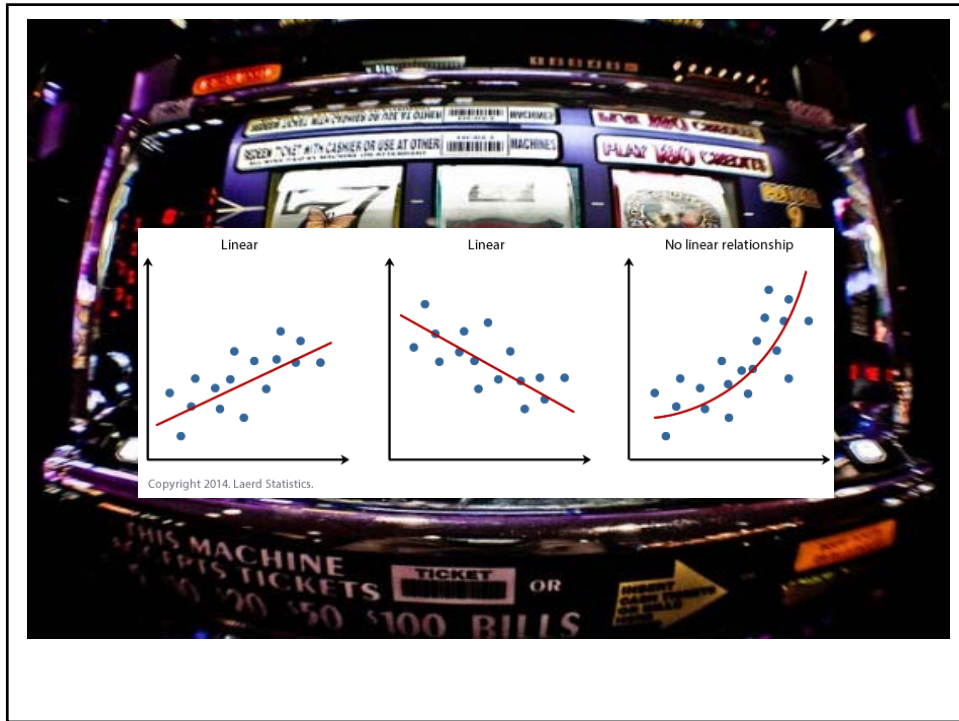


Trauma and School

- There is a dose-response relationship between adverse childhood experiences and student learning.
 - Are two-and-one-half times more likely to fail a grade
 - Score lower on standardized achievement test scores
 - Have more receptive or expressive language difficulties
 - Are suspended or expelled more often
 - Are designated to special education more frequently









Overview of trauma across the lifespan
Trauma and Treatment

Trauma and School Performance and Learning

Posttraumatic Stress Disorder :

DSM-5

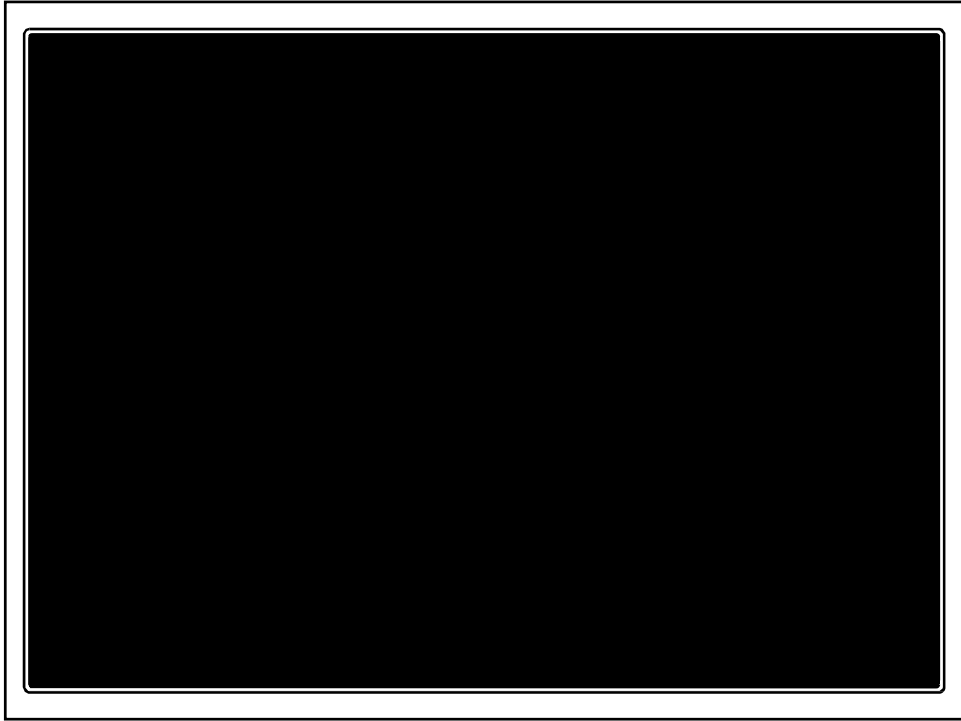
- For Criterion A, an event associated with PTSD must include actual or threatened death, serious injury, or sexual violation resulting from one or more of the following scenarios:
 - Directly experiencing the traumatic event-
 - Witnessing the traumatic event in person-
 - Experiencing the actual or threatened death of a close family member or friend that is either violent or accidental
 - Directly experiencing repeated and extreme exposure to aversive details of the event (i.e., the type of exposures frequently encountered by police officers and first responders)

Posttraumatic Stress Disorder

DSM-5 (2013)



- *Exposure to Trauma*
- 1+ “Intrusion” Symptoms
 - Recurrent Memories
 - Recurrent Dreams
 - Feeling of Recurrence
 - Distress at Re-Exposure
 - Physiological Reactivity
- 1+ Avoidance Symptoms
 - Memories, Thoughts, Feelings
 - External Reminders
- 2+ Negative Cognitions
 - Poor Memory
 - Self-Concept
 - Cause/Consequences
 - Emotional State
 - Interest/Participation
 - Detachment
 - Loss of Positive Emotions
- 2+ Arousal Symptoms
 - Irritability
 - Recklessness
 - Hypervigilance
 - Exaggerated Startle
 - Poor Concentration
 - Sleep Disturbance



Emotional Abuse

Adverse Childhood Events

- Emotional Abuse
- Physical Abuse
- Sexual Abuse
- Mother Treated Violently
- Household Substance Abuse
- Mental Illness in Household
- Parental Separation or Divorce
- Criminal household member
- Emotional Neglect
- Physical Neglect

A photograph of a young child with dark hair, crying and looking upwards. The child's neck and shoulder area are covered in handwritten words and phrases, some of which are difficult to read but appear to be related to trauma or abuse. The background is a plain, light-colored wall.


Developmental Trauma Disorder: Exposure

Triggered
pattern of
repeated
dysregulation
in response
to trauma
cues

Persistently
Altered
Attributions
and
Expectancies



Oklahoma Department of
Human Services

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Child Abuse and Neglect Hotline: 1-800-522-3511

If you suspect that a vulnerable adult is the victim of abuse, neglect or exploitation, please contact your [Local County Office](#) during regular business hours (8-5). **After** regular business hours, call the [Statewide Abuse Hotline: 1-800-522-3511](#).



**PRACTICE
acronym:**

Psychoeducation and Parenting skills

Relaxation skills

Affective modulation skills

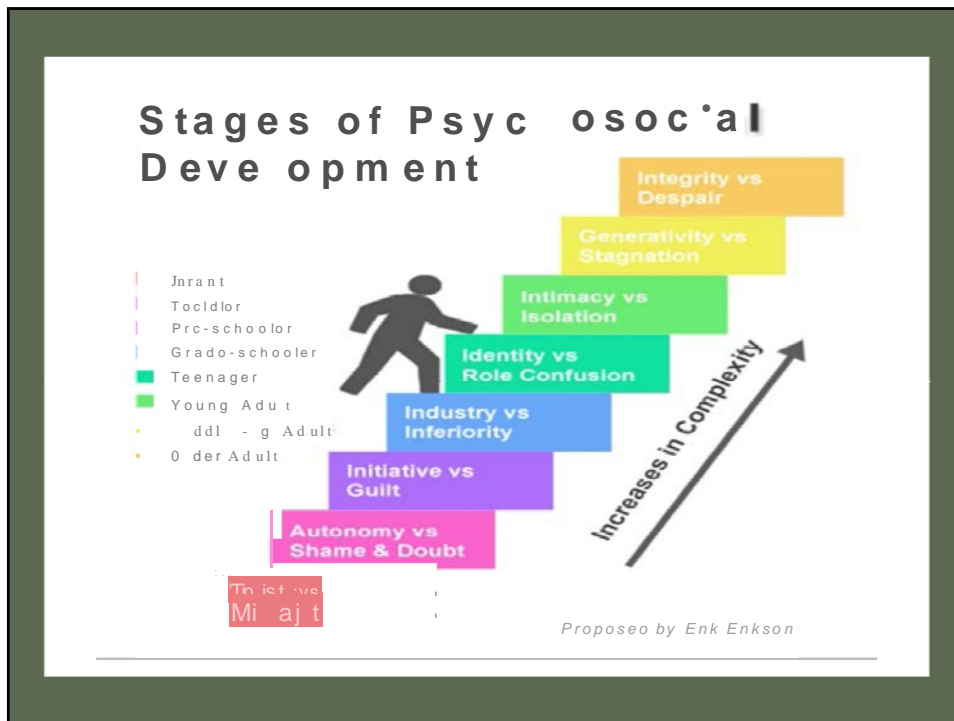
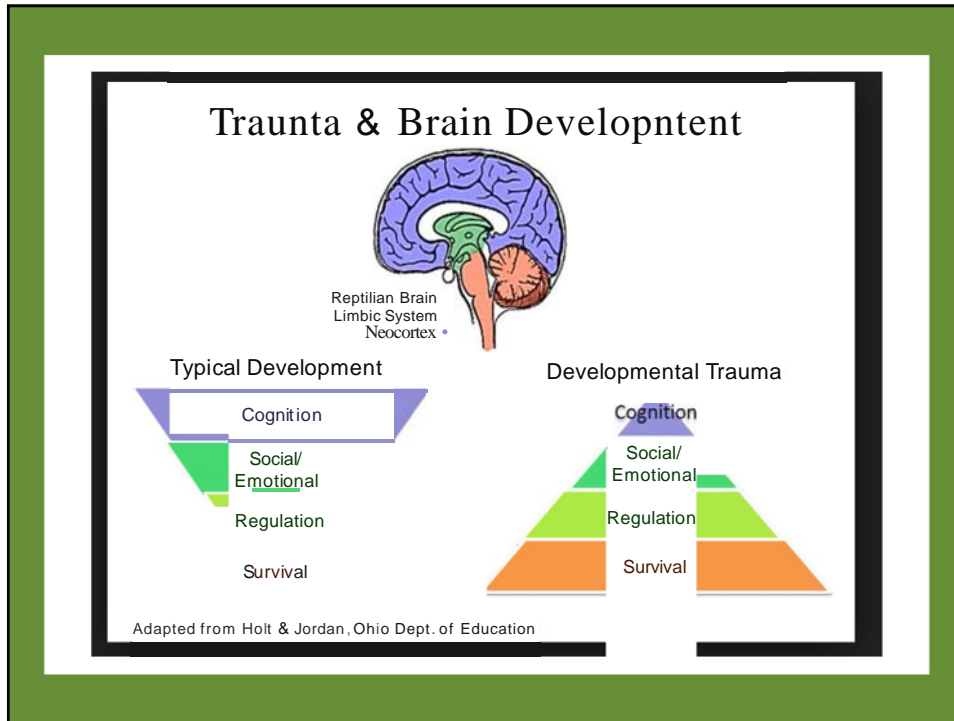
Cognitive coping and processing

Trauma narrative

In vivo mastery of trauma reminders

Conjoint child parent sessions

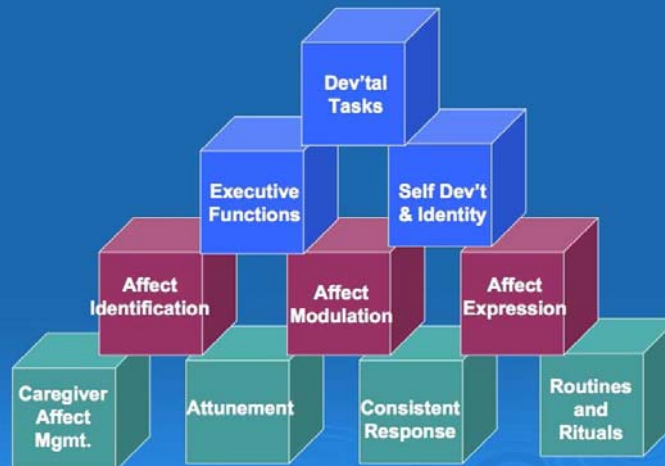
Enhancing future safety and development



ARC Treatment Model

- Attachment
- Regulation
- Competencies

10 Building Blocks



Kinniburgh & Blaustein 2005

Child Psychiatry Hum Dev (2010) 41:624-640
 DOI 10.1007/s10578-010-0192-3

REVIEW PAPER

Table 1 Studies on psychopharmacological treatment of children and adolescents with PTSD (1999-2009)

Author	Agent	Sample size	Age	Measures	Outcomes
Steiner et al. [5, 42]	Divalproexin, nortriptyline	71	Mean age: 16 years	CGI ratings for core PTSD symptoms, YSR, WAI-62	Patients with high-dose treatment showed significant improvement in core PTSD symptoms-intrusion ($P = .006$), avoidance ($P = 0.05$) and hyperarousal ($P = 0.08$).
Chen et al. [13, 30, 39, 43]	Trauma-focused CBT + sertraline placebo	24	10-17 years	K-SADS-PL, CGAS, CPSS, MIQ, SCARED, children's attributions and perception, Scale, CBCL, Beck depression inventory II, parent's emotional reaction questionnaire, parental support questionnaire, side effect form for children and adolescent.	There was a non-significant difference between groups, showing an advantage for the CBT plus sertraline.
Stallis et al. [44]	Quetiapine	6	15-17 years	Traumatic symptom checklist in children (TSCC)	Typical symptoms of PTSD including anxiety ($P < 0.01$), dissociation ($P < 0.01$), depression ($P < 0.01$) and anger ($P < 0.05$) showed significant improvement after the treatment leading to continuation of the therapy.
Meighen et al. [45]	Risperidone	3	25 months, 3 years	Clinical observation	Risperidone provided improvement across all symptom clusters of ASD.
Sikler [46]	Risperidone, Paroxetine, Bupropion, Methylphenidate	20 (inpatient, 25% withdrawn from PTSD)	4-5 years	COL, CBCL	In this chart review, a reduction in aggression was found in two-thirds of the aggressive preschoolers.
Karl et al. [47]	Clozapine	39	Mean age: 14 years	GAF	Once the clozapine dosage was stabilized, only 24% of the subjects needed concomitant mood stabilizers ($P < 0.001$), and only 21% of the subjects required concomitant antidepressants ($P < 0.001$).

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Table 1 continued

Author	Agent	Sample size	Age	Measures	Outcomes
Sat et al. [48]	Citalopram	24 adolescents and 14 adults	Mean age: 14.1 years; 33.5 years	CAPS-CA, CGK, SADS-PL, SCID-1	Although there were no significant differences in outcome results between children/adolescents ($n = 24$) and adults ($n = 14$), both groups had significant reductions in mean CAPS total scores.
Stet et al. [49]	Allopuramide	8	Mean age: 14.8 years	CAPS, COI, K-SADS, Zung depression rating Scale	Core PTSD symptoms (re-experiencing, avoidance, and hyperarousal symptoms) significantly improved at week 12 on the clinician-administered PTSD Scale (child and adolescent version) (CAPS-CA), with a 38% diminution in total CAPS scores between baseline and endpoint and a significant difference in COI severity scores ($P = 0.0004$) between baseline and endpoint.
Saxe et al. [50]	Morphine	24	Mean age: 11.67 years	CPTSDRI (colored fatigue pain Scale)	A significant association ($P < 0.05$) between the dose of morphine and the reduction of core PTSD symptoms after 6 months was registered.
Robert et al. versus [51]	Mirtazapine versus placebo	25	Mean age: 8 years	Structured clinical interview	Mirtazapine was found to be significantly more effective in reducing ASD symptoms than the placebo ($P < 0.002$).

Catecholamines Norepinephrine, epinephrine	Hyperarousal, re-experiencing, increased heart rate, increased blood pressure, chest pain, sweating, dilated pupils, rage, aggression
Dopamine	Hypervigilance, intrusive thoughts, avoidance, hyperreactivity, paranoia, aggression
Serotonin	Re-experiencing, avoidance and psychic numbing, hyperarousal, mood, impulsive-compulsive behaviors, aggression, suicide, rage, chemical abuse and/or dependency
GABA/benzodiazepine	Disorientation, hyperarousal, impaired attention and memory processing
Opioid	Psychic numbing, self-mutilation
Miscellaneous	
Limbic system	Intrusive memories, hyperreactivity, re-experiencing
Neuroendocrine	Increased sensitivity of HPA axis, decreased cortisol, low stress tolerance, elevated corticotropin-releasing factor, cascade of stress responses, hyperarousal, panic, increased suppression on DST

SSRI's

Zoloft (sertraline)

Prozac (fluoxetine)

Celexa (citalopram)

Adrenergic Agents, etc.

Antiadrenergic Medications

Prazosin

Alpha-2 Agonist

Clonidine

Guanfacine

Beta-Blockers

Propranolol

Other Agents

Second-Generation Antipsychotics

- Risperidone (Risperdal)
- Quetiapine (Seroquel)

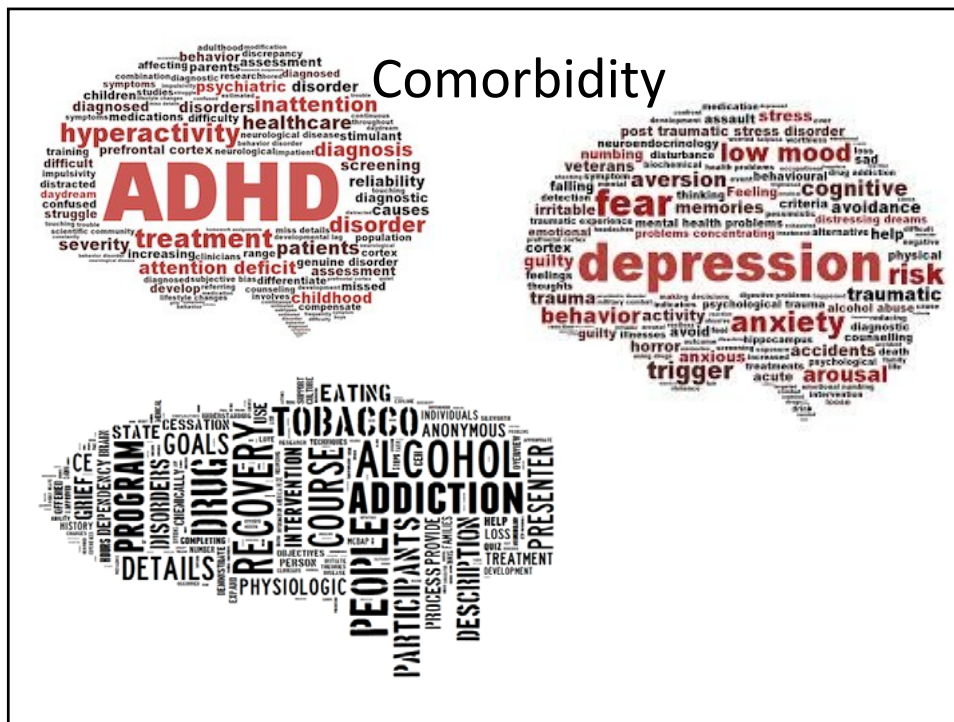
- Carbamazepine (Tegretol)
- Valproic Acid (Depakote)

- Cycproheptadine (Periactin)

Other Antidepressants

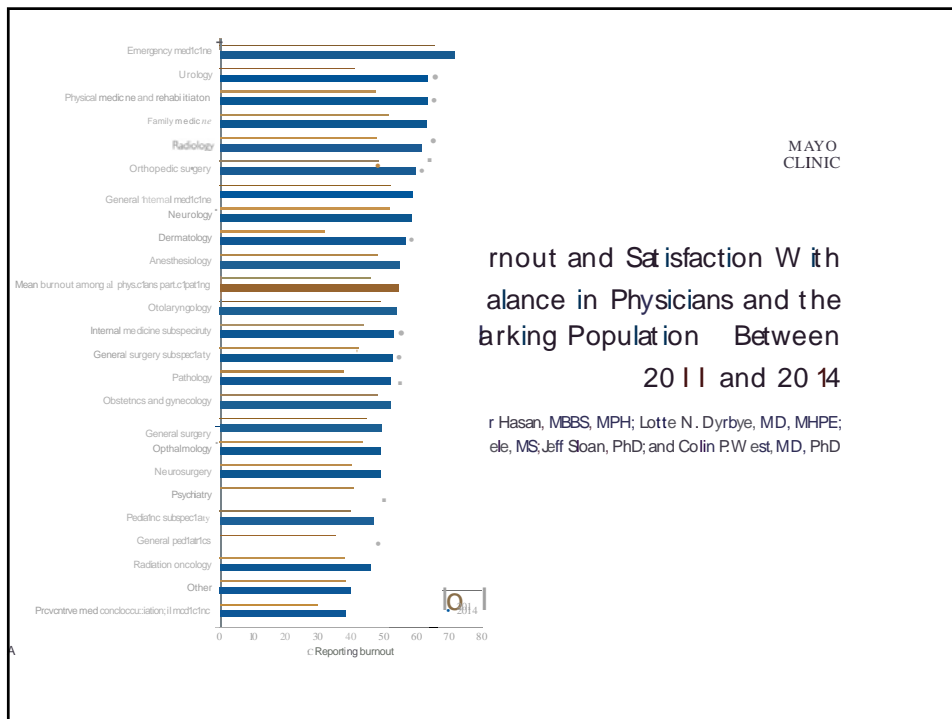
- Imipramine (Tofranil)
- Nefazadone (Serzone)

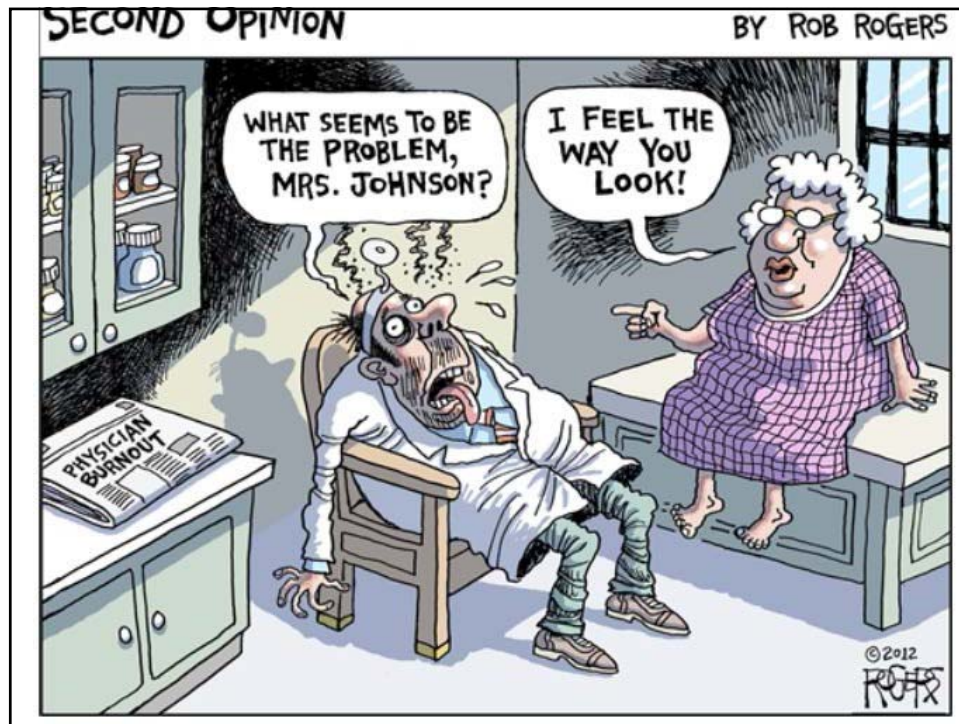




Burnout, Vicarious trauma and Secondary Trauma

- **Burnout:** emotional exhaustion, a reduced feeling of accomplishment. Occurs as result of general occupational stress.
- **Vicarious traumatization:** harmful changes in professionals' views of themselves, others, and the world as a result of exposure to traumatic material
- **Secondary traumatic stress:** a syndrome among professional helpers that mimics Post traumatic stress disorder and occurs as a result of exposure to traumatic material





Secondary Traumatic Stress

- Increase in arousal
- May Re-experience own personal trauma
- Avoidance
- Changes in memory and perception
- Alterations in sense of self-efficacy
- Sleeplessness
- Fear
- Chronic Exhaustion

Secondary Traumatic Stress

- **Barriers to detection**

- Self-blame
- Shame
- Denial
- Self-Sacrifice
- Job-Security
- Pressure
- Cost



Overview of trauma across the lifespan

Trauma and School Performance and Learning

Trauma and Treatment

Vicarious Traumatization

Professional Self Care

Secondary Traumatic Stress Prevention



Professional Quality of Life Scale (ProQOL)

*Compassion Satisfaction and Compassion Fatigue
(ProQOL) Version 5 (2009)*

When you *[help]* people you have direct contact with their lives. As you may have found, your compassion for those you *[help]* can affect you in positive and negative ways. Below are some questions about your experiences, both positive and negative, as a *[helper]*. Consider each of the following questions about you and your current work situation. Select the number that honestly reflects how frequently you experienced these things in the *last 30 days*.

1=Never 2=Rarely 3=Sometimes 4=Often 5=Very Often

- _____ 1. I am happy.
- - - 2. I am preoccupied with more than one person I *[help]*.
- - - 3. I get satisfaction from being able to *[help]* people.
- _____ 4. I feel connected to others.
- _____ 5. I jump or am startled by unexpected sounds.

In this section, you will score your test so you understand the interpretation for you. To find your score on each section, total the questions listed on the left and then find your score in the table on the right of the section.

Compassion Satisfaction Scale

Copy your rating on each of these questions on to this table and add them up. When you have added them up you can find your score on the

The sum of my Compassion	So My Score Equals	And my Compassion Satisfaction
--------------------------	--------------------	--------------------------------

Burnout Scale

On the burnout scale you will need to take an extra step. Starred items are "reverse scored." If you scored the item 1, write a 5 beside it. The reason we ask you to reverse the scores is because scientifically the measure works better when these questions are asked in a positive way though they can tell us more about their negative form. For example, question 1. "I am happy" tells us more about

- *1. _____ =
- *4. _____ =
- 8. _____
- 10. _____
- *15. _____ =
- *17. _____ =
- 19. _____
- 21. _____
- 26. _____
- *29. _____ =

The sum of my Burnout Questions is	So my score equals	And my Burnout level is
22 or less	43 or less	Low
Between 23 and 41	Around 50	Average
42 or more	57 or more	High

You Wrote	Change to	the effects of helping when you are <i>not</i> happy so you reverse the score
	5	
2	4	
3	3	
4	2	
5	1	

Total: _____



Final Thoughts

- Traumatic Events Happen
- You are imperative in its detection
- There are ways to prevent and treat it
- Trauma effects those of us who work with it
- You are a vital component in the healing process

