THE EFFECTS OF TRAUMATIC AND CHRONIC STRESS ON REFUGEE AND MINORITY CHILDREN

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A liberal arts approach to understanding (by doing)

- The liberal arts combines knowledge from many disciplines with practical experience in real-world settings.
- My own version is 'collaborative action research', where I work with my students, with practitioners (like you), and with (not on) children and families to learn from each other with the purpose of making a positive change.
- Understandings of the greatest value are those that come from respectful, open-minded, and open-hearted sharing.
- Graduates of liberal arts colleges usually don't follow a straight career path, but are prepared to solve problems and make good choices.
- My liberal arts experience as student and teacher has given me:
  - Knowledge of psychology, education, history, and anthropology;
  - Experience as a teacher, therapist, and researcher;
  - Experience with and knowledge of many different minority and at-risk youth, in many settings around the world.

The breath, stress, and auto-regulation

- We can begin to understand the psychological and neurophysiological processes that underlie auto-regulation, stress, and trauma, by carefully observing our breathing.
- The breath, voluntary and involuntary, is an outward sign of the brain's work of keeping us sitting here, engaged, relatively calm. Stress is the name we give to anything external or internal that upsets this balance, any change that demands our attention. Stress is neither good or bad; it is a sign of life.
- Lazarus defined psychological stress as “a particular relationship between the person and the environment that is appraised by the person as taxing or exceeding his or her resources and endangering his or her well-being.’
- Some events, like a tiger walking through the door, are intrinsically stressing, but the ‘stressfulness’ of most events depends on how we perceive them, whether we perceive them as threatening.
- The neurophysiology of stress evolved for human and other species in a world of serious external threats, with the advantage going to those whose responses were quickest and most effective.

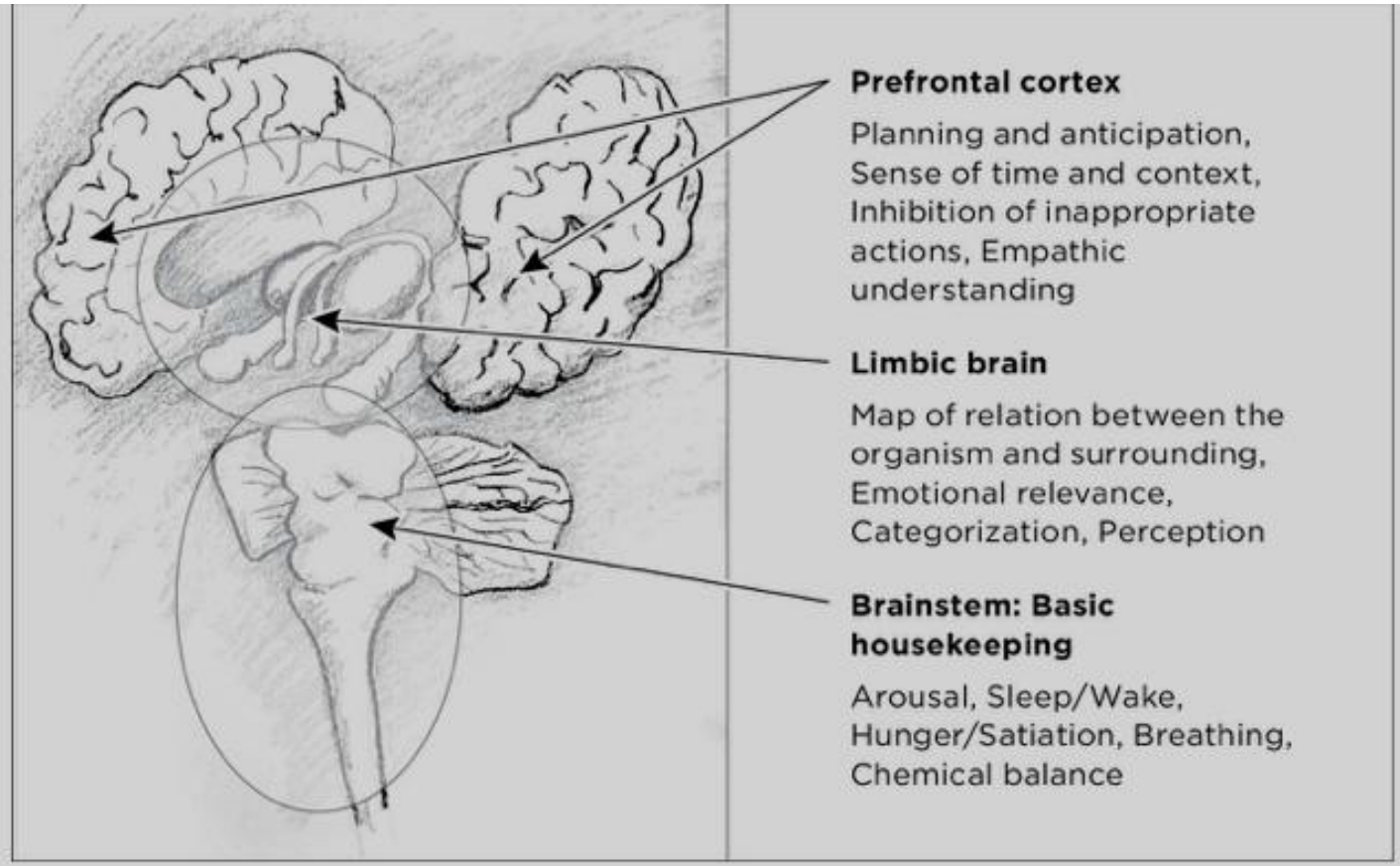
How stress works, 1

- The complex network of systems that constitute stress reactivity depend on the capacity of the person to make good ‘unconscious’ judgments about what is dangerous and what is not.
- Perceived threats can come from the outside and from the inside, as thoughts, fears and desires. When we perceive a threat, a mid-brain sounds the alarm, and its associated structures ‘evaluate’ whether the threat is real or unreal. If the the threat is evaluated as not-threatening, then this response is either never initiated or quickly stopped.
- If the threat seems real, then midbrain structures activate the sympathetic branch of the autonomic nervous system, releasing hormones like adrenaline, causing a sudden increased in blood pressure, and arousal of our senses. If the threat is real, then this hyper-arousal might keep you alive, and is what kept the species alive.

How stress works, 2

- When the threat has passed, the parasympathetic branch of the autonomic nervous system slows your heart, dumps opioid like hormones and neurotransmitters into your system to ease pain and restore calm, and return to homeostasis.
- Unfortunately, when we are aroused by threats that are unreal, that do not engage real fight or flight, we often to not engage the calming process that restores balance, leading to chronic hyper-arousal and many negative psychological and physical conditions.
- We internalize the stress reaction, put ourselves in a state of constant arousal, which leads to problems with sleep, inflammation and tension, non-adaptive coping mechanisms like over-work and drug or alcohol abuse. Sometimes the whole system shuts down and we no longer able to cope: nervous breakdowns, exhaustion, addiction, heart attack and any other illness to which we might be genetically predisposed.

Stress and the (triune) three-part brain



The Triune (Three-part) Brain. The brain develops from the bottom up. The reptilian brain develops in the womb and organizes basic life sustaining functions. It is highly responsive to threat throughout our entire life span. The limbic system is organized mainly during the first six years of life but continues to evolve in a use-dependent manner. Trauma can have a major impact of its functioning throughout life. The prefrontal cortex develops last, and also is affected by trauma exposure, including being unable to filter out irrelevant information. Throughout life it is vulnerable to go off-line in response to threat.

Trauma: Beyond the limits of coping and resilience

- Post-traumatic stress disorder: ‘traumatic experiences as those events that involve experiencing or observing actual or threatened death, physical injury, or threat to physical integrity and that result in feelings of terror, horror, or helplessness.’
- *‘Trauma results in a fundamental reorganization of the way mind and brain manage perceptions. It changes not only how we think and what we think about, but also our very capacity to think. We have discovered that helping victims of trauma find the words to describe what has happened to them is profoundly meaningful, but usually it is not enough. The act of telling the story doesn’t necessarily alter the automatic physical and hormonal responses of bodies that remain hyper-vigilant, prepared to be assaulted or violated at any time. For real change to take place, the body needs to learn that the danger has passed and to live in the reality of the present.*’ -- Bessel van der Kolk (2014-09-25)

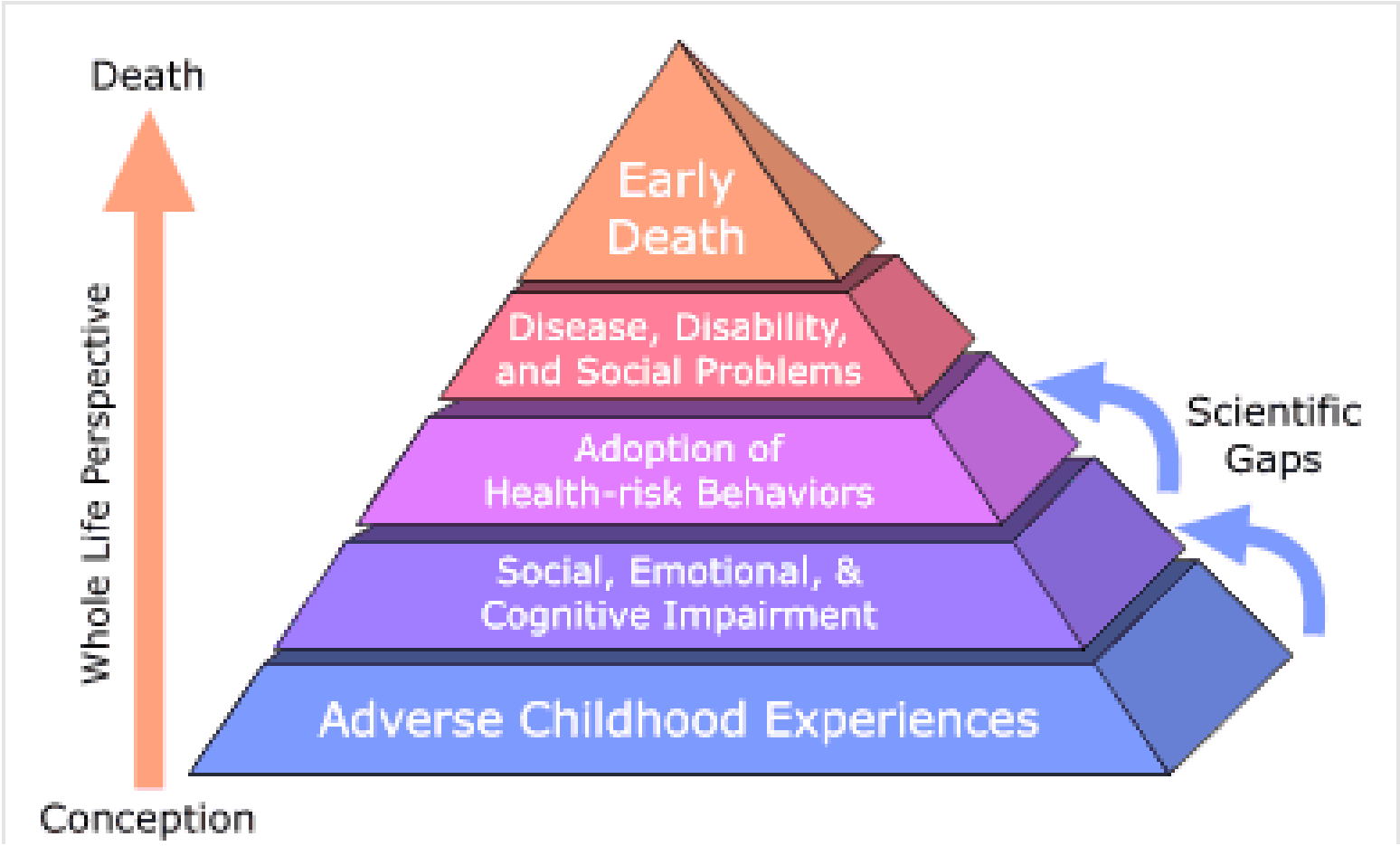
Post-traumatic stress disorder (PTSD)

- The psychiatric community officially recognized PTSD as an anxiety disorder in 1980 (DSM 1): there is much controversy over the diagnosis and medicalization of PTSD.
- In most current version of DSM 5: there are four primary symptoms:
  - *Intrusion symptoms*: repetitive, involuntary recollections (may be expressed in play), dissociative reactions, flashbacks, nightmares, distress
  - *Persistent avoidance of stimuli* (places, people, things, language) associated with the trauma.
  - *Negative alterations in cognitions and mood*: inability to recall traumatic event(s), negative beliefs about self and the world, blame of self and others, numbing, alienation, loss of interest, persistent negative emotions
  - *Alterations in arousal and reactivity*: irritability, aggression, self-destructive behavior, hyper-vigilance, easily startled, attentional problems, insomnia.
- DSM 5 does recognize a sub-type of PTSD for children under 6, though this is not very different from the adult diagnosis.

(Complex) developmental trauma disorders (DTD)

- Besides elements of PTSD, DTD ‘includes other overwhelming experiences of childhood, often occurring within the attachment relationship, such as neglect, psychological maltreatment, attachment separations, and impaired caregiving systems.’ Early and persistent trauma have the most damaging impacts.
- Development of our brains is use-dependent: Specific changes happen in the brain in response to repeated input, or patterns. Those connection that are used repeatedly are strengthened, those which are not are pruned away.
- DTD involves significant disruptions to normal neuro-developmental processes, that affect intrapersonal, interpersonal, and regulatory functioning through childhood and into adulthood.
- Intergenerational trauma, with effects to expression of genetic characteristics across generations, can occur when the parenting competencies of individuals suffering from PTSD or DTD affect their children’s development.
- Adverse Childhood Experiences studies (ACE) showed high incidence of long-term, highly negative effects on health and behavior of those experiencing trauma and chronic stress during early childhood.

Adverse childhood experiences (ACE) studies



When parents cannot be depended upon: problems with attachment

- Secure attachment in infancy characterized by *attunement* between caregiver and infant, so that, for example, distress is met with soothing and provision of care. This promotes the development of infant's capacity for self-regulation - self-soothing with confidence in availability of parent.
- A ‘good enough’ care-giver is essential for brain development of stress management and self-referential systems: awareness of feelings and bodily sensations.
- Non-availability or non-attunement of parents produce disturbed patterns of attachment, aggression or withdrawal, dissociation et al., and abnormal neurological development, that is, developmental trauma.
- Parents suffering from PTSD cannot themselves self-regulate or feel what they are feeling or respond to external stimuli – like the needs of their children -- in reliable ways.
- A traumatized caregiver with a disorganized home situation is best predictor of developmental trauma, with effects of stress and trauma cascading across generations. This situation in a correlate of systemic racism, poverty, social exclusion, war, and violence.

When the world is not safe: problems with arousal and regulation

- Young children especially, and all youth up to adolescence, are developing psychological and behavioral capacity to self-regulate – to modulate their emotions and behavior in the face of normal and abnormal stress.
- A disrupted history of attachment diminishes the capacity to modulate arousal, to accurately evaluate threat, and to respond ‘appropriately’ to stress (change, uncertainty).
- The worlds of refugee and marginalized children are typically insecure – food, time, violence, safety, comfort, availability of reliable adults – producing patterns of continual arousal without alternating relaxation.
- ‘Normal situations’ are then interpreted by children who never feel safe as threatening, producing ‘inappropriate’ behavior – aggression, inattention, withdrawal, for example.

When you can't feel or remember: problems with dissociation and numbing

- The two basic responses available to organisms in circumstances of threat are fight, flight, and fright.
- The lack of an 'escape route' is a strong predictor of how individuals will respond to trauma.
- Hypo-arousal – freezing and emotional withdrawal – are common responses to threat when no possibilities of resistance or flight are available. The brain protects itself by shutting off access to feelings, emotions, and memory.
- Clinically, this is known as dissociation, or de-realization, when the child is no longer psychologically present or connected to what he or she is feeling, to what is happening.
- This has serious consequences for intrapersonal relationships (a secure and reliable sense of self), interpersonal relationships, cognitive development, and the development of competency generally.

Frameworks for treatment of developmental trauma: ARC

- Intervention model for youth who have experienced complex developmental trauma, and for systems of care surrounding these youth.
- Nine treatment targets within three domains
  - **Attachment**: Caregiver management of affect, attunement, consistent response, routines and rituals
  - **Regulation** of self: affect identification (building self-awareness), modulation (of arousal to find states that are comfortable and effective), expression (of internal expression to others).
  - **Competency**: Executive functions (build capacity to set goals, identify problems, and generate strategies), Self and identity (build coherent and consistent sense of self)
- *Trauma experience integration* is a model for exploring, connecting, and understanding historical experiences and a fragmented sense of self.

Frameworks for treatment of developmental trauma: TARGET

- Trauma Affect Regulation: Guide for Education and Therapy (TARGET) is a multi-disciplinary, community-based intervention from children and teens with DTD.
- TARGET begins with psycho-educational program to teach children how to develop thinking and filing strategies to counter tendencies to hyper-vigilance and arousal.
- Employs education, cognitive-behavioral therapy, mindfulness and meditation practices, and experiential therapies (art, somatic, movement) to develop focusing skills necessary to achieve emotional balance.
- FREEDOM: Focusing, Regulation, Emotion, Evaluation of thoughts, Definition of goals, Options for behavior, and Make a positive contribution to the world, and to others.
- TARGET began as a plan for clinical treatment for adults with PTSD, carried out by individual therapists, but in adaption to children and adolescents it includes more people and modalities.
- This is not generally a family-focused treatment plan, though parents with PTSD might also be engaged in their own treatment.