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‘On Our Minds’: The hidden scars of childhood trauma

It's hard to say for sure what happened to Paulette - not her real name - when her biological mother took back custody from foster parents and put her daughter, then 2 1/2 years old, into the care of a cousin-in-law.

Paulette would visit with her foster parents on weekends, a less-common occurrence in the world of foster care. She would complain to her foster mother, now her adoptive mother, Angelica - also not her real name - that she had been beaten by the cousin-in-law.

"She would cry to us, 'Daddy, Daddy, I don't want to go there no more,' but there was no choice," Angelica told The Montclair Times.

It's certain, however, at least from the perspective of Paulette's therapist, Keira Hauck, that Paulette's situation was a traumatic one. To be taken from her foster parents, who had cared for her since she was 10 weeks old, in her toddler years would be traumatic for any child. To be beaten, perhaps repeatedly, would be another level of trauma, Hauck said.

When the cousin-in-law of Paulette's biological mother indicated she could no longer take care of Paulette, Angelica and her husband were given back custody. But by then, Paulette was exhibiting signs of acute emotional distress.

"When she came back, she was never the same," Angelica said. "She was terrified to sleep by herself. She was terrified to get her hair washed. She was afraid of the dark."

Paulette also "acted out" in school and at home, hitting, throwing objects, and saying hurtful things, the foster mother said.

"When she unstraps herself from the seatbelt and she throws shoes at you in the seat, it's like, OK, you have to do something," Angelica said.

After researching options, Angelica contacted the Riskin Children's Center at the Mental Health Association of Essex County, based in Montclair, where Hauck works.

A psychiatric evaluation revealed that Paulette had Attention Deficit Hyperactivity Disorder (ADHD) and emotional issues. She began taking a mood stabilizer, Risperdal, and Ritalin for aggression. Paulette also began play therapy sessions with Hauck.

Angelica soon decided to bring her other adopted daughter, Nikita, not her real name, who had been mimicking some of Paulette's behavior and who had a biological family history of mental illness. Now both Paulette and Nikita attend play therapy once a week.

The treatment is covered by Medicaid. "Thank God," Angelica said.

Both Hauck and Angelica said that Paulette had showed improvements, as had Nikita, since treatment began.

In a brief interview, Paulette demonstrated the deep-breathing exercises that Hauck had shown her: breathing in and out, slowly, in order to calm down.

"You practice it all the time," said Paulette.

ACES ARE HIGH

In the United States, five million children are exposed to traumatic events each year, according to research published by Houston, Tex.-based child trauma researcher Bruce Perry.

In 2011, the latest year for which statistics were available, New Jersey had more than 70,000 reported incidents of domestic violence, a five percent decrease from 2010. Children were involved in 5 percent of offenses that year, and an additional 26 percent were present during the incidents.

Trauma and adverse experiences in childhood have proven to be a tremendous indicator for health issues, including mental-health issues, according to data compiled in dozens of scientific papers released under the Adverse Childhood Experiences (ACE) Study, conducted by the Kaiser Permanente Institute in collaboration with the federal Centers for Disease Control and Prevention, under the direction of Vincent Felitti and Robert Anda.

According to ACE research, 63 percent of all adults in the study, which had a sample of more than 17,000 people, had faced some form of adverse childhood experience in any of 10 categories, including neglect, sexual abuse, drug use in the household, presence of a mentally ill person in the household, and divorce or separation of parents.

A higher "ACE score" correlated with higher chances of an adult having physical health issues, including hypertension, obesity, heart disease, sexually transmitted diseases, and early fetal death.

As well, depression and suicide rates had a strong relationship to higher ACE scores. According to the research, a patient with an ACE score of 4 or more was 460 percent more likely to be depressed and 1,220 percent more likely to attempt suicide than someone with an ACE score of zero.

Hallucinations were also more common with higher ACE scores, the research revealed.

WHAT FIRES TOGETHER, WIRES TOGETHER

It is common for the children and adolescents treated at the Riskin Children's Center to have been through some sort of abuse or trauma, Hauck said.

"She's not really that unique of a case," Hauck said of Paulette. "Most of our cases have had some kind of a trauma component to them."

Gerard Costa, a developmental psychologist and the director of the Center for Autism and Early Childhood Mental Health at Montclair State University, explained that traumatic experiences can impact the nervous system, and trauma experienced at a young age can have an even further adverse impact on the brain and the developing neural pathways of the brain and body.

"Early adverse relationships create a different neurobiology," Costa said. "We're only now understanding. We're only now waking up to this."

Much of this research has been spearheaded by Perry, a prominent researcher on childhood trauma, Costa explained. A common refrain in neurobiology - "what fires together, wires together" - is especially important for understanding trauma and brain development.

While there are gaps in the scientific understanding of how abuse and trauma can lead to mental-health problems, correlations are apparent. And adverse experiences can impact children in many ways, including exasperating predispositions to mental health issues, explained Hauck.

"Any major disruption, like placements in foster care or foster homes, you'll see an exacerbation of the symptoms," Hauck said.

It was important for research to continue on the neurobiology of trauma, Costa noted.

MEETING TRAUMA HEAD-ON

From Hauck's perspective, more needs to be done, and earlier, for children who have been through traumatic experiences. Better resources need to be available to meet a demand for addressing early-childhood mental-health issues, including training psychiatrists and therapists to take on cases for young children, Hauck said.

Hauck suggested that children who enter family court systems for foster care should automatically be granted a social worker, as occurs with domestic violence cases. Hauck added, though, that fiscally, the state seemed unprepared for such a commitment.

"It's just not going to happen, but I would love it if a clinician were to follow that kid," Hauck said.

Hauck often treats children who have experienced traumatic situations months or years after the trauma has been endured.

There needs to be more immediate attention to children who have been traumatized, both Hauck and Costa said.

And ideally, the trauma can be prevented with nurturing care and better support for parents of young children, Costa argued.

"If we had the resources, I would pour it into [ages] 0-to-5," Costa said.

PLAY, TOUCH, FEEL

There are many factors to consider when discussing childhood mental health: home, school, and community life all must be examined, Hauck emphasized. As well, there are genetic, biochemical, social, and environmental factors that play into one's mental-health makeup, she said.

As diverse as such a field of data is for children, there is an equally diverse array of responses to take with a traumatized child.

Play therapy is one common approach, and Hauck said she never pressures the children she works with to talk to her about underlying traumatic events, whether they be sexual abuse, bullying, spousal violence in the home, or other adverse experiences.

Hauck calls the more artistic side of play therapy "expressive therapy," and says she makes space for the children she works with to draw and paint, dance, drum, make music, and play games.

"Play is the language of children," Hauck said. "Children naturally communicate through play."

Other approaches, especially those springing from the camp of Perry's work, include massage, a technique called Eye Movement Desensitization and Reprocessing, or EMDR, along with deeper practices with drumming and dance for children. Such approaches also work well for adults who have been traumatized, researchers have indicated.

Costa argues for pushing deeply into expressive and emotional right-, middle- and lower-brain activities, rather than left-brained and neo-cortex-oriented talk therapy, in order to rewire traumatized parts of the brain.

"All of this relates so powerfully to the ACE studies," Costa said.

THE MAGIC WORD

What seemed to give therapists and researchers hope in the field of childhood trauma was the observation that human beings have the capacity for resiliency.

"Resiliency is the child's ability to bounce back from adversity, the way they adapt and grow from experiences and traumatic events," Hauck said.

Hauck recalled an example of resiliency when she looked at a drawing made by a child she had treated. The child dressed up a monster she had drawn a picture of, which represented challenging experiences she had endured with violence in the home, using puff balls and glitter.

"That's the resilience, a little tiny snippet of resilience," said Hauck. "That's how they're able to conquer their fears and get through it."

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