

CHILDHOOD STRESS, TRAUMA, AND SSJHWF GRANT PROJECTS

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This review of recent published research studies offers a way of understanding some of the health and wellness issues of children that are prevalent today and are addressed in the various grant proposals submitted to the SSJHWF that offer projects to prevent or treat these concerns. Hopefully, this short appraisal will aid the SSJHWF in making decisions related to the most focused and advantageous use of available grant funds.

Highlights are as follows:

- A. Stress is a normal part of life and a certain amount is actually necessary for survival.
- B. Children learn from parents and/or other caregivers how to respond to stress in a physically and emotionally healthy manner.
- C. Toxic or unmanageable stress results from adverse experiences that may occur over weeks, months, or years. Children are unable to effectively cope with this type of stress by themselves. An example of toxic stress is child maltreatment, which includes abuse and neglect.
- D. It is known that 75% of adult brain weight has been gained by age 2, with near completion of adult intracranial volume by age 5. When children are overwhelmed with unmanageable stress levels, early brain development is disrupted and there is compromised functioning of the nervous and immune systems. This can lead to impaired brain circuit connections, development of a smaller brain, and cognitive deficits that can continue into adulthood. In fact, one researcher states that "Traumatized children are often wrongly treated for attention deficit disorder/hyperactivity." (Dr. Victor Carrion, Professor of Psychiatry and Behavioral Science, Stanford University)
- E. High levels of childhood toxic stress can lead to health problems later in life. **The Adverse Childhood Experiences (ACE) Study** demonstrates a link between specific **1)** violence-related stressors, including child abuse, neglect and **2)** risky behaviors and health problems in adulthood such as alcoholism, depression, eating disorders, cardiovascular disease, cancer, diabetes, respiratory disorders, and other chronic diseases.
- F. ACE events include: **1.** Emotional, physical, or sexual abuse; **2.** Emotional or physical neglect; **3.** Household dysfunction; **4.** Mother treated violently; **5.** Household substance abuse; **6.** Household mental illness; **7.** Parental separation or divorce; and **8.** Arrest or incarceration of a household member.

- G. Other traumatic experiences that are considered ACE events are: **1.** Significant separation from caregivers; **2.** Serious illness or death of someone close to the child and other unnatural death of someone close to the child; **3.** Suicide attempt or completed suicide by someone close to the child; **4.** Direct experience of serious illness; and **5.** others such as extremely painful and frightening medical procedures, natural disasters, bullying, and experiencing or watching war events and terrorist attacks on TV.
- H. The above information highlights the importance of recognizing and addressing the effects of traumatic exposure in young children as soon as possible. Several studies recommend investing in early-intervention programs that can alter the conditions under which ACE events occur.
- I. Recommended interventions include:
- 1. Parenting Education Programs** that occur in group settings and are used to reduce the risk factors and enhance the protective factors that are associated with ACE events.
 - 2. Screening and Treatment Programs** that can provide early identification and treatment of toxic stress-related events thus preventing long-term negative health and behavioral outcomes.
 - 3. Home Visitation Programs** that involve trained personnel visiting families in their homes to provide training, education, and support regarding prenatal and infant care and child development. This program begins before birth and continues past the second birthday. Some studies have shown a 40% reduction in child maltreatment incidences when early home visitation is used.

Some of the Grants approved by the SSJHWF since 2002 that support projects which are focused on prevention and/or direct intervention of stressful traumatic events of children include:

- 1. Funding of mental health counselors and educators** who provide many services in school-based health centers (individual, group, classroom, consultation with parents) that help children deal with personal issues and assist them in strengthening self-esteem. Some of the issues are anxiety, depression, grief, drug addiction, familial difficulties, alcoholism, bullying, and truancy, just to mention a few. Therapists and educators provide extensive screening to identify risk factors, stress-related events, and health problems which can be treated and/or prevented.
- 2. Establishment and support of Child Advocacy Centers** which provide forensic interviewing for children who have been abused and whose cases are in litigation. These centers offer counseling to victims and survivors individually and in groups. They also provide community education aimed at abuse prevention.

3. **Support of WV Child Advocacy Network activities**, one of which is to provide trauma-focused cognitive behavioral therapy training to therapists working in and with WV Child Advocacy Centers. This training was just recently offered also to therapists who are working in school-based health clinics.
4. **Collaborating with Prevention in Community Outreach staff** to provide funding for in-home parent training and education programs related to prenatal, infant, and child development education.

REFERENCES

Hodas, Gordon R. Responding To Childhood Trauma: The Promise and Practice Of Trauma Informed Care. Pennsylvania Office of Mental Health and Substance Abuse Services; 2006.

Kronkosky Charitable Foundaton Research Briefing: 2009. Grief and Bereavement in Children.

Middlebrooks JS, Audage NC. The Effects of Childhood Stress on Health Across the Lifespan. Atlanta (GA): Centers for Disease Control and Prevention, National Center for Injury Prevention and Control; 2008.

National Scientific Council on the Developing Child. Cambridge: The Council: 2005 [cited 2007 April 9]. Excessive stress disrupts the architecture of the developing brain. Working Paper No. 3. Available from: http://www.developingchild.net/pubs/wp/Stress_Disrupts_Architecture_Developing_Brain.pdf. 2.

Ness, Cindy D. The Adverse Childhood Experiences (ACE) Study. Schuyler Center for Analysis and Advocacy Research Briefing: 2009.

Overview of the Adverse Childhood Experiences (ACE) Study. Robert F. Anda, MD, MS Co-Principal Investigator www.acestudy.org.