

Advanced Seminar: When the Nightmare is Real: Trauma in Childhood and Adolescence

*Course Number: V05.0203; 4 points credit.

*Instructors: Karen Mathewson, MD (Assistant Professor); Natalie Weder, MD (Assistant Professor)

*This course will first be offered in the Spring of 2010 and annually thereafter.

*Prerequisites: V05.0101 or consent of instructor.

Course Description:

Every childhood is fraught with complications, but some children are exposed to traumatic experiences that have a lasting impact upon their development and health. Many children in New York City are still reeling from the effects of September 11th 2001, yet these numbers pale in comparison to the more than three million reported cases of child abuse and neglect in the U.S annually, in addition to the many more cases that go unreported. This course will examine the neurobiological and psychological effects of trauma on children, adolescents, and their families. We will investigate the impact of physical, emotional, and sexual abuse and neglect, war, terrorism, natural disasters, bereavement, and medical illness. In addition, we will explore the concepts of vulnerability and resilience to discover why most affected children successfully traverse their trauma. Finally, we will discuss the treatment modalities commonly employed with traumatized children, adolescents, and their families.

Course Aims:

Knowledge:

Students will learn key aspects of:

1. The epidemiology and definitions of various types of trauma.
2. The common psychological consequences of exposure to trauma during childhood and adolescence.
3. The diagnosis of posttraumatic stress disorder and other psychiatric conditions associated with trauma.
4. The effects of trauma-related stress on the brain of a developing child.
5. The basics of evidence-based treatments for trauma, including pharmacologic, psychosocial, and psychotherapeutic interventions, in addition to alternative methods such as music and art therapy.
6. The concepts of vulnerability and resilience and the factors that contribute to resilience versus pathology.

Skills

Students will be able to:

1. Discuss the current literature regarding exposure to trauma during childhood.
2. Apply developmental theory to the understanding of children who have undergone traumatic events

3. Develop an appreciation for the hardships these children and adolescents face.
4. Develop an understanding of the challenges and rewards associated with treating children and families who have been exposed to significant trauma.

Course Outline & Syllabus

Part I: Introduction to Trauma in Childhood and Adolescence

The first part of the course will provide a basic understanding of the epidemiology of trauma in the life of children and adolescents. We will review basic theories of development and how trauma can influence development. We will also introduce the mental health issues that are often associated with trauma in children and adolescents.

Week 1: Introduction to Trauma in the Life of a Child and Adolescent

There are approximately three million reported cases per year of child abuse and neglect in the U.S., the majority of which go unreported. In addition, many children are exposed to other types of trauma that have a profound influence on their lives. We will introduce the subject of trauma in the life of the child and adolescent and discuss the complicated epidemiology of abuse. The course goals, objectives, and requirements will be reviewed.

Required Readings:

Kaufman J. Child Abuse and Neglect. In: Martin A, Volkmar, FR, eds. Lewis's Child and Adolescent Psychiatry. A comprehensive Textbook 4th ed. Lippincott Williams & Wilkins (2007): 692-700.

Miller, Thomas W. Children and Trauma: Stressful life events and their effects on children and adolescents (1998). Chapter 3.

Required Film:

Forbidden Games (director; Rene Clement)

Week 2: A Child's World

Research and clinical experience have shown that a child's environment has a significant impact on development. We will review the various aspects of a typical child's environment, including socioeconomic status, relationship with and attachment to caregivers, school setting and peer relationships. As a part of this exploration, we will review theories of attachment and parenting styles. Simultaneously, this week will set the stage for how trauma may interrupt, alter, or affect this environment and the ultimate journey to adulthood.

Required Readings:

Eshel N, Daelmans B, et al (2006). Responsive Parenting: Interventions and Outcomes. Bull World Health Organ: 84(12): 991-8.

Fraiberg S, Adelson E, Shapiro V. Ghosts in the nursery. A psychoanalytic approach to the problems of impaired infant-mother relationships. J Am Acad Child Psychiatry. 1975;14(3):387-421.

Nancy Shute, Good Parents, bad results, U.S News, June 12th, 2008.

Week 3: The Effect of Trauma Related Stress on the Developing Brain: Nature vs. Nurture

Recent genetic and neuroimaging advances have allowed us to learn more about the effects of trauma and stress on the brain. This week we will look at the evidence related to the influence of the child's environment on the developing brain. We will provide explanations of how both nurturing and traumatic environments impact the brain in childhood and adolescence. The ways in which trauma and stress influence a child's genetic makeup, hormonal systems, and brain structures will also be reviewed.

Required Readings:

Teicher MH. Scars that won't heal: The Neurobiology of Child Abuse. *SciAm* 2002; 286(3):7.

Goode, E. The Heavy Cost of Chronic Stress. *New York Times*, December 17th, 2002.

Week 4: Posttraumatic Stress Disorder and Other Mental Health Issues Related to Trauma

This week we will provide an overview of the diagnosis, etiology, and treatment of post-traumatic stress disorder from a biopsychosocial perspective. This discussion will provide the framework for a basic understanding of the psychiatric disorders that are associated with trauma in children. This framework will be built upon throughout the course as the different types of trauma are more closely examined and understood.

Required Readings

Stover CS, Berkowitz S, et al. Posttraumatic Stress Disorder. In: Martin A, Volkmar, FR, eds. *Lewis's Child and Adolescent Psychiatry. A comprehensive Textbook* 4th ed. Lippincott Williams & Wilkins (2007): 701-10.

Caffo, E, Belaise C (2003). Psychological aspects of traumatic injury in children and adolescents. *Child Adolesc Psychiatr Clin N Am Jul; 12 (3): 493-535.*

Part II: The Different Faces of Trauma

There are many types of traumatic events that children and adolescents experience in their lives. These range from physical and sexual abuse, to natural disasters, terrorist attacks, bereavement, and medical illness. This section of the course will review these various types of trauma. Through course work and clinical examples, we will highlight the social, educational, medical, emotional, behavioral, and psychological ramifications of trauma.

Week 5: Maltreatment; the Complexity of its Definition and its Psychosocial Consequences on the Exposed Child

The definition of child maltreatment is a source of continuous challenge and disagreement. Is an unborn child being abused if its pregnant mother smokes crack? Is

any type of corporal punishment physical abuse? This week we will explore the cultural, historical, and psychological complexities surrounding the definition of child abuse and neglect. We will examine the common problems associated with maltreatment, such as aggression, anxiety, posttraumatic stress disorder and mood disorders. We will also provide an introduction to the Administration of Children Services (ACS) and foster care in New York City.

Required readings:

Durrant JE (2008). Physical punishment, culture and rights: current issues for professionals. *J Dev Behav Pediatr*; 29(1):55-66.

Required Film:

Aging Out. A PBS documentary that chronicles five adolescents as they “age out” of the foster care system.

Class 6: The Sexual Abuse of Children and Adolescents

Sexual abuse of children and adolescents is a widespread problem. Some researchers have found that at least 30 % of women and 15 % of men surveyed report being sexually assaulted by the age of 18. Sexual abuse can take many forms, from inappropriate fondling to child and adolescent prostitution. We will review the various forms of sexual abuse, its risk factors, consequences, and treatment. We will also discuss the ways in which sexual abuse has been understood throughout history and across cultures.

Midterm Exam

Required Readings:

Lev-Wiesel R (2006). Intergenerational transmission of sexual abuse.

Motherhood in the shadow of incest. *J Child Sex Abuse*; 15 (2): 75-101.

Willis BM, Levy BS (2002). Child prostitution: global health burden, research needs, and interventions. *Lancet*; 359 (9315):1417-22.

O’Donohue, William T.; Geer, James H. (1992). *The Sexual Abuse of Children*, Chapter 2.

Dorothy, Allison. “Bastard out of Carolina”, Chapter 5.

Class 7: When Home isn’t Sweet; Intergenerational Violence and the Effect of Parental Mental Illness on the Developing Child

Approximately 300,000 children in the United States enter the foster care system each year. On average, each child spends three years in the foster care system before either returning home or being adopted. Parental substance abuse is the most common risk factor for children who enter the system. In addition, many of these abusive parents were abused or neglected children themselves. We will explore the repercussions of intergenerational violence, parental substance abuse and domestic violence on the lives of children and adolescents. The current challenges faced by the foster care system and the effects of the child’s removal from the home will also be examined.

Required readings:

- Walsh C, MacMillan HL (2003). The relationship between parental substance abuse and child maltreatment: findings from the Ontario Health Supplement. *Child Abuse Negl*;27(12): 1409-25.
- Bergner, D. The Case of Marie and her sons. *New York Times*, July 16th, 2006.

Required Film:

Documentary “Girlhood”; director: Liz Garbus

Class 8: The Trauma of Children Exposed to War and Terrorism

We will look at the experience of children in areas of the world riddled by war and terrorism. We will discuss children and adolescents who have grown up in a constant battleground, including boy soldiers and child refugees.

Required Readings:

- Laor, N; Wolmer, L; Mayes, LC. Gershon, A (1997). Israeli preschool children under SCUDS: A 30 month follow up. *Journal of the American Academy of Child and Adolescent Psychiatry*, 36, 349-356.
- Bayer, CP; Klasen F et al (2007). Association of trauma and PTSD symptoms with openness to reconciliation and feelings of revenge among former Ugandan and Congolese child soldiers. *JAMA*; 298 (5): 555-9.

Required Film:

War Dance (2007). (Directors: Sean Fine and Andrea Nix)

Class 9: Terrorism in the United States and its Impact on Children and Adolescents

The terrorist attacks on the United States have left an indelible mark on the psyche of all Americans. We will examine the impact of terrorism in the United States of America on children and adolescents. We will discuss the child and adolescent mental health consequences of the Oklahoma City bombing, school shootings, and the terrorist attacks of 9/11.

Required Readings:

- Pfefferbaum, B, Nixon, SJ, Tucker, PM et al (1999). Posttraumatic stress responses in bereaved children after the Oklahoma City bombing. *Journal of the American Academy of Child and Adolescent Psychiatry*, 38 (11) 1372-1379.
- Hoven, CW, Duate CS, et al (2005). Psychopathology among New York City public school children 6 months after September 11th. *Archives of General Psychiatry*; 62 (5): 545-52.
- Foer, Jonathan S, “Extremely loud and incredibly close”. Chapter 2.

Class 10: The Trauma of Living through a Life-Threatening or Chronic Medical Illness

Though chronic and life-threatening childhood illness is relatively rare, it always has significant effects on a child’s development. We will examine the trauma that these children face. We will also discuss the impact of receiving a diagnosis, undergoing

medical procedures, and receiving treatment. Finally, the missed opportunities for normative childhood experiences and their bearing on children will be reviewed.

Required Readings:

- Stuber, Margaret, Shemesh, Eyal (2006) Post-traumatic Stress Response to Life-Threatening Illnesses in Children and Their Parents. *Child and Adolescent Psychiatric Clinics of North America*; 15 (3): 597-611.
- Poltorak, Dunya Y, Glazer, John P (2006). The Development of Children's Understanding of Death: Cognitive and Psychodynamic Considerations. *Child and Adolescent Clinics of North America*; 15 (3): 567-575.
- Excerpts from Gunther, John. "Death Be Not Proud: A Memoir".

Required Film:

"A Lion in the House". (Directors: Steven Bognar and Julia Reichert)

Part III: Hope for a Better Future: Understanding Resilience and the Treatment of Children and Families who have Endured Trauma

Vulnerability and resilience are immensely important in our understanding of trauma. Why some children are devastated and others virtually unscathed is an area of much debate, yet uncovering the mysteries of vulnerability and resilience are absolutely necessary if we are to design effective primary prevention and treatment programs. The course will conclude with a review of effective treatments and future areas of study.

Class 11: Resilience in the Wake of Trauma, Part I

Some children continue to develop relatively normally in the face of trauma, while others suffer from the chronic repercussions of their experience. Researchers have tried to determine the possible factors that are protective for normal development versus the risk factors for psychosocial disability in the wake of a traumatic event. In 2003, a groundbreaking study by Caspi and colleagues showed that the resilience demonstrated by some subjects who had been exposed to severe maltreatment as children could be partly explained by a particular gene. We will examine the concept of resilience and the biological and environmental modifiers of risk and resilience in children exposed to trauma.

Required Readings

- Bazelon E. A Question of Resilience .*New York Times*, April 30th, 2006.
- Masten A (2001). Ordinary Magic: Resilience processes in development. *American Psychologist* 56:27-38

Required Film:

Movie: "Turtles can Fly"; director: Baman Ghobadi

Class 13: Resilience in the Wake of Trauma, Part II

We will bring trauma to life by examining real life examples of people who have undergone extreme trauma but have been able to survive and turn their experience into something positive. We will discuss individuals who have translated their traumatic experiences into various forms of art, music, film, and literature.

Required Readings:

Eggers, David (2006). "What is the What". Assigned chapters to be determined.
Laub D, Podell D (1995). Art and Trauma. *Int J. Psycho-Anal*;76:995-1005.

Required Film:

Documentary: "Born into brothels" (director: Zana Briski)

Class 13: Therapeutic Interventions for Survivors of Trauma, Part I

We will summarize our understanding of the diagnosis and treatment of Posttraumatic Stress Disorder. Our focus will be on individual, family, group, and social therapies and interventions.

Required Readings:

Wethington, HR et al (2008). The effectiveness of interventions to reduce psychological harm from traumatic events among children and adolescents: a systematic review. *Am J Prev Medicine*. Sep; 35 (3): 287-313.
St. Thomas, Bruce, Johnson, Paul (2007). Empowering children through art and expression: culturally sensitive ways of healing trauma and grief.

Class 14: Therapeutic Interventions for Survivors of Trauma, Part II

We will continue with our discussion of the treatment of Posttraumatic Stress Disorder. This week we will focus on the neurobiological effects of treatment, both psychosocial and medication, along with a thorough discussion of the pharmacological strategies for the treatment of trauma.

Examinations and Grades:

Grades are based upon: attendance and class participation (15%); a multiple choice/short answer **midterm exam** (20%); **two response papers** following both visits to an agency and a local shelter (10% each; 20% total); **interview** with NYC 9/11 survivor OR **response paper** to film (10%); **final paper** focused on each student will be required to interview someone who was living in NYC during 9/11 (10%); and multiple choice/short answer **final exam** (25%).