What Allowed Some Children to do Better than other Children Exposed to the Same or Similar Traumatic Incidents?

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Abstract

This qualitative study illustrates the resilience and posttraumatic growth characteristics PTG) that were present and distinguished those children who showed the greatest improvement and sustained gains after completion of the *I Feel Better Now!* Program compared to children who, although showed statistically significant improvement after program completion, demonstrated the least improvement. The children who saw and sustained the greatest gains had an overall greater percentage of resilience and PTG characteristics cited in the literature. The study indicates that those who had fewer gains would therefore benefit from further interventions focused on characteristics such as connections, continuity, dignity, and opportunities, and activities that support resilience and PTG.

Keywords: children, intervention, posttraumatic growth, trauma, resilience

The purpose of this article is to answer a prominent question raised during the randomized, controlled research study, *Children of Today: Short-term Interventions, Long-term Gains*, conducted with at-risk, traumatized children 6-12 years old in four elementary schools in Taylor, Michigan (a core metropolitan city near Detroit). As a group, children participating in this school-based trauma intervention program, *I Feel Better Now!* showed a statistically significant ($p < .001$) reduction in trauma-related symptoms and reactions upon program completion. These gains were sustained through the 3 and 6-month follow up period. The question we asked was related to resilience and posttraumatic growth (PTG). We wanted to determine what characteristics were present in those children who showed the greatest improvement and sustained gains after completion of the *I Feel Better Now!* program compared to the children who demonstrated the least improvement.

The *I Feel Better Now!* program is based upon The National Institute for Trauma and Loss in Children's (TLC Institute) *SITCAP* (*Structured Sensory Interventions for Traumatized Children Adolescents and Parents)* model, a comprehensive, evidence-based, sensory trauma intervention approach designed to diminish the cognitive, behavioral and emotional symptoms that children, adolescents and parents can experience following a trauma (Steele & Raider, 2001). In this model, symptom reduction and the restoration of safety and empowerment are accomplished through a series of sensory based activities related to the major experiences of trauma, which thereafter supports cognitive processes associated with survivor/thriver thinking versus victim thinking. Based upon the current neuroscience documentation that trauma is not a frontal cortex (cognitive) experience but a sensory, implicit one (Levine & Kline, 2008; Perry &

Szalavitz, 2006; Van der Kolk, 2006), interventions are focused initially on sensory-implicit activities associated with the major experiences of trauma. Following these activities *SITCAP* is also designed to achieve the successful cognitive re-ordering of traumatic experiences in ways that move traumatized individuals from victim to survivor thinking and in ways that allow them to become more resilient in future traumas. With increased cognitive functioning resulting from sensory based processing, such as in the *SITCAP* model, the child has a greater chance of benefiting from intervention that addresses the maladaptive coping behaviors characteristic of children who have experienced trauma reactions. In this model, trauma reactions are normalized and the distinction between trauma and grief is emphasized. This structured model provides a session-by-session, situation specific (e.g., school vs. agency) guide to trauma intervention. It is appropriate for individuals who have experienced violent or non-violent trauma and is age-specific (preschoolers, 6-12 year olds, adolescents, adults). Focusing on themes such as safety, hurt, worry, fear, anger and revenge that often result after experiencing either violent or non-violent types of trauma, enhances the generalizability of the model (Steele and Raider, 2001).

An example of a sensory-based intervention in the *I Feel Better Now!* program includes an activity that focuses on the theme of hurt. In this activity children are asked to indicate where in their bodies they feel their hurt by coloring in any part of a body outline that is provided for them on a worksheet. Then the child is asked to draw a picture or symbol that represents the hurt they feel as a result of their trauma experience. Children are then asked to describe the hurt in detail indicating what color, smell, song, word, etc. best describes their hurt. The group facilitator explores with the children ways in which

they can make their hurt feel better such as through relaxation, drawing, playing sports, or talking to a friend or family member. To conclude this activity children are asked to draw a picture that represents their hurt "feeling better".

The original randomized controlled study was conducted at four elementary schools in the Taylor School District: Eureka Heights, Fisher, Taylor Parks, and Myers Elementary Schools in 2nd through 5th grade. Parents whose child experienced or witnessed one or more traumatic events as indicated on TLC Institute's *Traumatic Incident Life Event Checklist* granted permission for their child to be screened for severity of trauma symptoms. The *Briere Trauma Symptom Child Checklist (TSCC)* (Briere, 1996) was used as the screening tool. All children with an elevated score (within the clinical range) in one of the subscales on the *TSCC* were randomly assigned to either Group A, the treatment group, which participated in the ten-week *I Feel Better Now! Program* one hour each week, or Group B, the wait list or control group. After the ten-week waiting period children and parents in Group B participated in the 10-week *I Feel Better Now! Program,* identical to Group A. Three standardized trauma and mental health measures, the *TLC PTSD Child and Adolescent Questionnaire (CAQ)* (Steele & Raider, 2001)*, the Briere TSCC and Achenbach's Child Behavior Checklist (CBCL))* (Achenbach & Rescoria, 2001) were administered at pre-intervention, post-intervention, 3-month and 6-month follow-up. Children and parents in Group B completed an additional set of measures at the end of their wait list period. Children demonstrated remarkable statistically significant ($p < .001$) reductions in trauma symptoms across subscales of re-experiencing, avoidance, and arousal and reductions across mental health subscales including depression, somatic complaints, social problems, thought problems,

attention problems, internalizing and externalizing problems, rule breaking behavior and aggressive behavior.

It was hypothesized that those who saw and sustained the greatest gains had a greater percentage of resilience and PTG characteristics cited in the literature. Focus groups with all participants from both Group A and Group B were conducted to determine the presence and/or absence of these characteristics in those who did well versus those who did not do as well. The study also hoped to identify other possible characteristics supporting resiliency not cited in the literature.

Resilience

Resilience characteristics have been reported to exist in children prior to trauma experiences (Bonanno, Papa and O'Neill, 2001). Children who demonstrate most of the psychological and emotional attributes associated with resilience and whose social and family environment supports resiliency may experience trauma symptoms after exposure to traumatic events however, only a small number will develop posttraumatic stress disorder (PTSD). Psychological and emotional attributes associated with resilience in children include: above average verbal skills, cognitive and problem solving abilities, positive self-esteem, ability to self regulate behavior, positive expectations about the future, the ability to ask for help and to use social support (Cloitre, Martin & Linares, 2005; Rice & Groves, 2005).

Family and social environmental processes associated with resiliency include; a stable, nurturing parent/caregiver, a connection to an adult in the extended family and consistent family processes such as rituals, routines, traditions and structure (Cloitre, et al, 2005; Rice & Groves, 2005). In describing their *Connections, Continuity, Dignity,*

Opportunity (CCDO) model, Seita, Mitchell, and Tobin (1996) wrote that resilience was the outcome of environments that promote connections, continuity, dignity and opportunity . Connections refer to supportive, guiding, positive relationships. Continuity refers to events that shape one's life. Dignity refers to value for self (self worth) and others, and opportunity refers to environments that foster growth and change. Of course, not all resilient children possess all of these attributes nor do all of these attributes exist to the same degree in children. It is therefore, reasonable to hypothesize that factors of resilience exist in several combinations and psychological and emotional attributes exist to a greater or lesser extent in children. Family and social environmental supports range from many to modest, and it is reasonable to assume that a child with several psychological, emotional, family and social attributes associated with resilience may be most resilient. Children with fewer psychological, emotional, family and social attributes may be less resilient. Consequently exposure to traumatic events may result in fairly rapid return to pre-trauma functioning for children at the high end of the continuum of resilience and more prolonged struggle with posttraumatic symptoms for less resilient children.

Posttraumatic Growth

Postraumatic Growth (PTG) is the outcome of successful use of specific coping skills following exposure to trauma (Ungerleider, 2003). Reworking the trauma experience leading to a new contextual framework or trauma narrative that becomes manageable is essential for PTG to occur. PTG is a relatively new concept and is manifested in several clearly defined behavior and thought patterns not necessarily present prior to exposure, as are resilience characteristics (Turner & Cox, 2004).

Tedeschi and Calhoun (1996) developed a PTG growth inventory of 21 items. This inventory evaluates characteristics of PTG including: relationships with others take on greater value; new possibilities become more clearly defined; personal strength and empowerment supports one's belief in the ability to make changes; and overall enhanced appreciation of life is developed (Tedeschi, Park & Clahoun, 2000). Turner and Cox (2004) described similar characteristics of PTG including willpower and altered perspectives as the two primary descriptors. Chesler, in an interview with Ungerleider (2003) defines PTG as the experience or expression of positive life change as an outcome of a trauma or life crisis. The Circle of Courage model developed by Brendtro, Brokenleg and Van Brockern (1990) suggests children do best when they experience belonging, mastery, independence and generosity. These we suggest are outcomes of a series of experiences described under resilience under the CCDO model of connections, continuity, dignity and opportunities. There are a number of authors that cite the following psychological emotional, and behavioral changes as indicative of PTG; feeling more compassion and empathy for others, increased psychological and emotional maturity in comparison to peers, increased ability to "bounce-back", deeper understanding of personal values, purpose and meaning, taking control of one's recovery, and the ability to reframe one's trauma experience (Tedeschi & Calhoun, 2004; Ungerleider, 2003; Turner & Cox, 2004; Steele, Malchiodi & Kuban, 2008). Pathways to PTG therefore involve changing the sensory experience of trauma, then reframing that experience into a trauma narrative that can be managed and thereafter followed by actions or experiences that support this new view of self, others and life.

To summarize, there are many similarities between resilience and PTG such as taking control of one's choices associated with resilience and taking control of one's recovery associated with PTG. Resourcefulness associated with resilience is also similar to accepting help associated with PTG, as are "connections" and "belonging", "mastery" and "independence". The literature, as well, cites many differently defined characteristics. In some cases these characteristics are outcomes resulting from adhering to specific beliefs, values, and behaviors.

Given the variety of descriptors for resilience and PTG, it was determined that the characteristics could be included under the CCDO cited categories of connections, continuity, dignity and opportunities. This study sought then to identify specific characteristics within the categories that could be attributed to those who saw the greatest gains compared to those who saw fewer gains.

The Qualitative Study: Child, Parent, and Social Worker Focus Groups

Child, parent and social worker focus groups were held upon completion of the 6-month follow-up period of *I Feel Better Now!* program. All focus group participants were interviewed in mixed gender groups. The "top one third" of children were those who had the best results across all evaluation measures after completing the program. Similarly, the "bottom one third" of students were those who had the least amount of improvement, although still statistically significant. Fourteen students from the top one third and 13 students from the bottom one third were selected to participate in these focus groups. These groups were then randomly assigned as follows: Group One into two groups of 7 students (Group 1A, Group 1B) and Group 2 into one group of 6 students and a second group of 7 students (Group 2A, Group 2B).

The Taylor Schools' Director of Social Work invited the selected parents and students to attend the focus groups. Parents and students were invited by a mailed letter and then by follow-up phone call. Each parent and each student received dinner at the focus group sessions as well as a gift card used as compensation for participation in the focus groups. Meijer gift cards in the amount of 25 dollars for parents and 5 dollars for children were provided. Parent groups (60 minutes) included two groups of parents from students in the highest rate of improvement group and two parent groups from students in the lowest rate of improvement group. There were four total parent groups. Student groups (45 minutes) consisted of four total student groups of six to seven participants each (two groups from the highest rate of improvement group and two groups from the lowest rate of improvement group). Children and parents were asked focus group questions supported by sensory-based activities contained in a guide given to each child and parent.

For example, children were asked to rate how much their parents have helped them to feel better about scary memories by circling a specific graphic on a worksheet. The graphics were designed to represent the extent to which their parents have helped them. (A lot, a good amount, a little bit, not at all). The following graphics were included: the world, a house, an ant, and the number zero. Parents were given worksheets containing clip art graphics created to depict several activities in which their children may participate. They were asked to select and discuss the clip art pictures that best represented their child. The parents were also asked to respond to questions verbally. Every child and parent focus group was transcribed verbatim by a court reporter. Taylor

School Social Workers served as facilitators and co-facilitators for each parent and student focus group.

In addition one focus group was conducted with the Taylor Schools' social workers that lead the *I Feel Better Now!* program groups in the original study. The social work focus group (90 minutes) consisted of 8 social workers, was led by the TLC Institute and took place at the Taylor Schools' Administration Building. This group utilized guides containing questions and supporting activities. Social workers were asked to respond to questions verbally. This focus group was also transcribed verbatim by a court reporter.

Demographics of Children in Focus Groups

Children in the focus groups were averaged 10 years in age, were predominately white (86%); forty-eight percent of participants were male, and 52% of participants were female. All (100%) had histories of multiple traumas including both violent and non-violent trauma exposures such as abuse, neglect, domestic violence, death of a parent, witness to neighborhood violence, separation and homelessness. All (100%) of focus group child participants had additional life events during the follow-up period. These additional life events also consisted of violent and non-violent trauma. The differences therefore in the children in focus groups who showed most improvement as compared to children in focus groups who showed least improvement (although statistically significant) were not in race, age, life events or trauma history. Instead the differences between these two groups were recognized in the presence or absence of resilience and PTG characteristics.

Focus Group Observations

The following tables illustrate the most significant differences in responses between those who saw the greatest gains versus those who saw the least gains. It is important to keep in mind that those who saw the least gains overall still demonstrated significant gains in areas similar to the group who saw the greatest gains. Both groups for example reported having fewer nightmares, not being as jumpy and nervous, having less anger and laughing more. The responses represent the response of the majority in each group. All focus group participants were given equal opportunity to participate in the discussion. Each participant was asked a question in turn and careful attention was given to prevent any group participant from monopolizing or influencing the focus group discussion.

If we simply read the different responses of the two groups of children to questions about their parents, we see a much better quality of interaction between children and parents of the group who saw the most gains versus the group who saw fewer gains.

Table 1 Differences between groups with greatest and least gains

Group - Greatest Gains	**Group - Least Gains**
How much have your parents helped you feel better?	
"A lot"	"Not at all", "A little bit"
How did they help to feel better?	
"Spending time together" "Helping with homework" "Playing games together"	"Do not help at all" (Majority were unable to say how they helped)

The children who saw fewer gains clearly indicated the absence of support from their parent/caregiver. Furthermore those who saw the greatest gains report very specific interactions with parents, compared to those who saw fewer gains being unable to describe specific helping interactions. This also suggests that a very limited sense of connection and belonging exists for these children. We might conclude that these children do not see themselves as being valued as much as the children who saw the greatest gains. This is supported in Table Two and later in Table Six.

Table 2 Support from parents in the two groups

Group - Greatest Gains	**Group - Least Gains**
What are some things your parents say that make you feel good about yourself?	
"I love you" "You make me laugh" "You are smart" "They ask if I'm okay"	"They buy me things" They say," I love you"

The children who saw the greatest gains reported far more verbal affirmations. Those who saw fewer gains only reported the one affirmation, "I love you" whereas the majority in this group reported, "They buy me things" versus providing multiple verbal affirmations. Connections via verbal interactions were limited among those who saw fewer gains. Also the quality of interaction that does exist is less self-enhancing and self-esteem building. Saying "I love you" is not the same as "You make me laugh" and "You are smart."

Table 3 Who is most important to the children?

Group - Greatest Gains	**Group - Least Gains**
Who is most important to you and what makes you like them best?	

"Parent/Caregiver/Grandparent/Uncle"	"I don't know"
"They treat me special"	"They buy me things"
"We play games on the weekend"	

The fact that the children who saw fewer gains did not specifically identify a parent, teacher or another adult being important, readily supports the absence of human connection. Having a connection with someone other than a parent was cited as a resilience factor in the literature. A few of the responses from Group B further illustrate this absence. "My grandma, but she is dead." "I don't know – myself?" "My parents, they have to take care of me". Not only are these children not being "treated special"; they are void of feeling really important to somebody.

Table 4 What is the favorite thing to do at home?

Group - Greatest Gains	**Group - Least Gains**
What is your favorite thing to do at home?	
"Spend time with parents, brothers, sisters"	"Sleep"

Children who lack connection will alienate themselves and engage in avoidant behaviors. Not knowing and experiencing valued connections, they will find it difficult and threatening to trust or engage others and explore new activities. These children will have fewer peers who like them, will be less likely to seek help and less likely to talk to others about their difficulties all of which are substantiated in Tables Five and Six.

Table 5 How often do the children play with friends?

Group - Greatest Gains	**Group - Least Gains**

How often do you play with your friends?	
"We play all day on the weekends and during the summer."	"We play 2-3 hours on the weekend."

As connections and interactions are limited at home they will be limited outside the home. This was also supported by the observations of the social workers. We see in Table Six that children with fewer gains interact with others in ways their parents interact with them. Seeking help and having value for others were identified as factors of PTG. Although both groups engage these factors, we see that those with fewer gains only sometimes engage or initiate these and other factors.

Table 6 Group differences

Social Worker Observations	**Group - Greatest Improvement**	**Group - Least Improvement**
Positive self-identity	Always, Most often	Sometimes
Positive coping skills	Always	Sometimes
Empathetic to others	Always, Most often	Sometimes
Able to articulate feelings	Most often	Sometimes, Not at all
Participates in groups	Most Often	Sometimes
Has an aspect of life that gives them joy	Always	Sometimes
Child is like by peers	Most Often	Sometimes, Not at all
Child is liked by school staff	Always, Most Often	Sometimes
Seeks help	Always	Sometimes
Talks about problems	Most Often	Sometimes

Parents

The majority of parents of the children who saw the greatest gains were employed and had health insurance. Most were able to take their children special places. Most had computers, and parents monitored their use. The children of this group, therefore, had greater opportunities for growth. Many of the parents whose children saw fewer gains were receiving public assistance, had histories of drug abuse, unsteady employment, were parents with mental illness, parents working afternoons, had no medical insurance, had no computers, unable to afford to put children in outside of school activities such as Little League and Boy Scouts. This group overall had fewer opportunities for growth and mastery. These comparisons make it quite clear that family resources play a significant role in allowing children to make significant gains following trauma intervention.

Parents also provided their observations (Table Seven) of the differences seen in their children following completion of the program.

Table 7 Parent observations

Parent Observations	**Group - Greatest Gains**	**Group - Least Gains**
Improved Self-esteem	86%	64%
Child talks more, more open with feelings	93%	50%
Sleeping better	71%	64%
No more nightmares	50%	50%
Less Anger	71%	71%
Less Arguments	71%	64%
Better Grades	64%	50%
Not as nervous, jumpy, anxious	71%	64%
Laughs more	71%	71%

First we see that parents of both groups had similar observations of changes experienced in their children following completion of the program. However, what distinguishes the two groups is that children who saw the greatest gains demonstrated higher levels of self-esteem (value for self), were empathetic to others (value for others), and almost all were observed to be more self-expressive and open with their feelings. In all other areas the groups were similar or fairly similar in changes, which supports the evidence-based research showing sustained gains in both groups from completion of the program through 3 and 6 months following program completion. However, those who lived in environments where interactions/connections, continuity, dignity and opportunity were limited realized fewer gains.

Conclusion

The fact that all participants sustained gains six months following completion of *the I Feel Better Now!* program suggests they all shared characteristics of resilience and PTG.

The majority of participants reported (Table Seven) fewer nightmares, sleeping better, less anger, less arguments, not as jumpy or nervous and laughing more. The question is whether those who saw the greatest gains also experienced additional characteristics not present in those who did less well? The answer is yes.

The interaction between parents and the children who had fewer gains was severely limited. For example, those children reported very limited verbal affirmation from parents. Those who saw the greatest gains cited multiple affirmations coming from their parents while only one affirmation; “I love you” was reported by the children of fewer gains. Saying “ I love you” does not carry the same value as “You make me laugh”

or “You are smart”, which were examples reported by children with the greatest gains. Children obviously need to hear how they are valued to feel valued. It is not surprising that only 65% improvement in self-esteem was reported by parents of the children with fewer gains compared to 86% improvement reported by those with the greatest gains.

Furthermore, if a child has little value for himself, he will have little value for others. This is supported in both parent and social worker observations of the child’s interaction with others as only sometimes being empathetic. Dignity (self-worth, respect for others) was reported as minimal among those with fewer gains. Subsequently, if a child has little value for self or others, he will not likely ask for help nor be “more open with feelings.” Of those who saw the greatest gains 93% reported their children were more open with their feelings and always sought help as needed compared to 50% among those with fewer gains. The quality of interactions between child and parent certainly represents a focus for future interventions for those who had fewer gains.

Connections for those with fewer gains were also limited. The children who had the greatest gains were connected to an adult other than their parent and reported having many friends in the neighborhood and at school. We saw that the children with the greatest gains played with friends “all day on the weekend and during the summer” compared to the lesser gain children who reported far fewer friends and limited or no significant contact with adults others than parents. These children also reported they played “only 2-3 hours a week with friends”. These same children also participated less in group activities and were less liked by their peers. School staff, when reporting their observations, were unaware of which children had greatest or least gains yet their

observations of those who had fewest interactions with peers were of those who had fwer gains.

Somewhat related to the area of connections as well as opportunities and dignity was the fact that those who saw the greatest gains more frequently reported that "going to class" was one of their favorite things about school. Those with fewer gains did not mention going to class as one of their fun things to do; instead they cited gym and recess. When a child questions his own identity, has limited opportunities for growth and who has not experienced positive interactions with parents on a regular basis he will become terrified of the opportunities which class presents.

The quality of "continuity" (event's that shape one's life) for these children's lives was definitely different. Those with the greatest gains reported a home life that was fairly predictable, one in which there were frequent interactions with parents, a wide range of fun things to do, strong verbal affirmations and traditions (i.e. Friday Night movies). It was the opposite experience for those with fewer gains. Verbal affirmations were limited and fun things to do were infrequent (My favorite thing to do at home is sleep). As these children reported about their various aspects of home life, they presented a picture of often being lonely and bored. They reported very minimal experiences, which brought them joy compared to those who saw the greatest gains.

The use of the *CCDO* model helped describe the differences between the two groups of children and emerged as more beneficial than attempting to cite the many and varied characteristics of resilience and PTG cited in the literature. Certainly those who saw the greatest gains tended to have stable, nurturing parent connections, connected to adults other than their parent, had social support, and compassion for others. At the same

time, those who had fewer gains also shared these characteristics but not at the level of quality or frequency reported by those with greatest gains.

The *I Feel Better Now!* program demonstrated its value for the children with fewer gains as well as those with greater gains. Even given differences between the two groups, gains once obtained were largely sustained six months after completion of the program. However, those who had fewer gains would likely be far more vulnerable to experiencing their difficult life events as traumatic and begin to see fewer sustained gains without further interventions focused on connections, continuity, dignity and opportunities and activities which support these as manifestations of resilience and PTG. Given the finding of this study, the *I Feel Better Now!* program will be accompanied by an additional program for those similar to the children had fewer gains. The program, *Raising Resilient Children in a Traumatic World: A How to for all Parents and Teachers* will be a school based program to assist parents and families engage in and practice supporting greater resilience and PTG in their children.

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