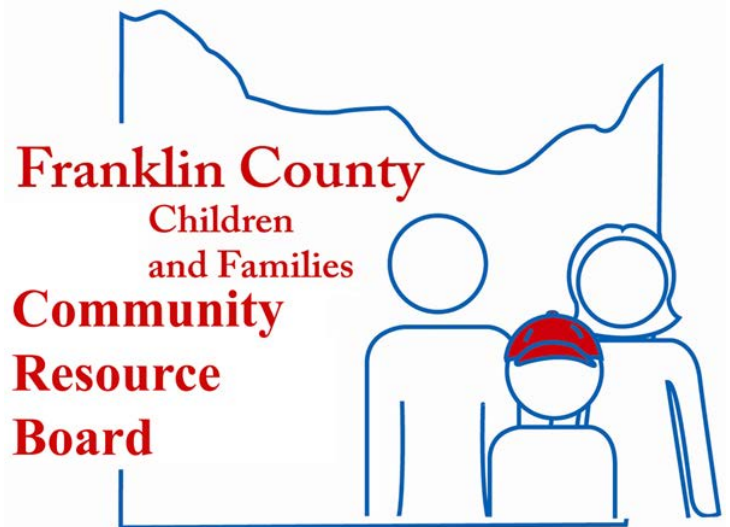


# Trauma 101

## *Trainer's Guide*



Curriculum adapted from National Child Traumatic Stress Network's Childwelfare Toolkit and Toolkit for Educators

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## Materials Checklist

**Trainer Note:** Materials are listed in the order in which they appear throughout the *Trainer's Guide*.

- Laptop and LCD projector
- Flip charts, markers, and stand, one for each table
- Speakers (if using the LCD to project video and audio clip)
- *Trauma 101: Participant Manual*, one for each participant
- *Trauma 101: Supplemental Handouts*, one packet for each participant, will vary depending on training audience.
- YouTube Audio clip of *LISA 9-1-1*
- YouTube Video of *Removed*
- Blank white paper
- Extra pens/pencils

## Goals and Learning Objectives

### GOALS

- To educate professionals in the community about the impact of trauma on the development and behavior of children
  
- To educate professionals about when and how to intervene directly in a trauma-sensitive manner and through trauma focused referrals
  
- To ensure that all professionals are aware of and know how to access timely, quality, and effective trauma focused interventions

### LEARNING OBJECTIVES

1. Participants will be able to understand the term *child traumatic stress* and know what types of experiences constitute childhood trauma.
  
2. Participants will be able to understand the relationship between a child's lifetime trauma history and his or her behaviors and responses.
  
3. Participants will be able to understand how traumatic experiences affect brain development, memory, and child development.
  
4. Participants will be able to recognize the importance of trauma-informed practices.
  
5. Participants will be able to understand the importance of collaboration with trauma informed agencies.

## Lesson Plan

TOPIC	LEARNING OBJECTIVE	METHODOLOGY
<p>Session 1: Trauma Facts</p> <p>30 minutes</p> <p>Welcome, Overview, and Introductions</p> <p>What Impact Does Trauma Have on Children?</p>	<p>Introductions, Orientation to Trauma 101, and Review of the Learning Objectives.</p> <p>1. Participants will be able to understand the term child traumatic stress and know what types of experiences constitute childhood trauma.</p> <p>2. Participants will be able to understand the relationship between a child's lifetime trauma history and his or her behaviors and responses.</p> <p>3. Participants will be able to understand how traumatic experiences affect brain development, memory, and child development.</p>	<p>Trainer and Participant Introduction</p> <p>Large Group – Introductions</p> <p>Review goals and objectives.</p> <p>Lecture on trauma facts.</p> <p>Large Group: Lisa 911</p> <p>Independent Writing – Trauma-Informed Self-Assessment</p> <p>Lecture on effects of trauma on different ages and stages of development.</p> <p><i>PPT Slides</i></p> <p><i>Participant Manual</i></p>
<p>Session 2: Trauma Effects Per Age/Stage</p> <p>15 minutes</p> <p>Behaviors/Red Flags of Children who have Experienced Trauma (Per Age/Stage)</p>		

TOPIC	LEARNING OBJECTIVE	METHODOLOGY
<p>Session 3: Handling Trauma</p> <p>20 minutes</p>	<p>2. Participants will be able to understand the relationship between a child's lifetime trauma history and his or her behaviors and responses.</p>	<p>Lecture about a proactive suggestion for children who have experienced trauma.</p>
<p>Session 4: Examples and Practices</p> <p>25 minutes</p>	<p>3. Participants will be able to understand how traumatic experiences affect brain development, memory, and child development.</p> <p>4. Participants will be able to recognize the importance of trauma-informed practices.</p> <p>5. Participants will be able to understand the importance of collaboration with trauma informed agencies.</p>	<p>Large Group – Show Franklin County Resources. Show how to do a therapy referrals.</p> <p>Small Group – Activity 3B: Long-Term Effects of Trauma</p> <p>Independent Writing – Trauma-Informed Post-Test and Evaluation</p> <p><i>PPT Slides</i></p> <p><i>Participant Manual</i></p>

## Session 1      Trauma Facts

### Trainer Activities

- Cover the following in your brief introduction:
    - Thank participants for attending the training.
    - Introduce trainer(s), and give a synopsis of trainer background.
    - Provide logistical information, e.g., locations of bathrooms, phones, coffee and food, sign-in sheets, beginning and ending times, schedules of breaks, etc.
    - Orient participants to the *Participant Manual* and *Supplemental Handouts*.
  - Acknowledge from the beginning that talking about trauma and maltreatment can be difficult and can elicit overwhelming feelings and reactions in all of us. Remind participants to take care of themselves during the training, including taking breaks as needed and monitoring their own levels of upset.
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### Introductions

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- Have participants introduce themselves, and ask them what brought them to the training.
  - Ask participants to also include any specific questions they have related to child trauma, and note their questions on a flip chart. Let participants know when during the course of the training their question will be addressed. If there isn't enough time, do your best to provide a reference or resource where the participant can get more information.
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### Trauma 101 Pre-Test

- Ask participants to complete the Pre-Test on page 2 of the *Participant Manual*.
- After completing the assessment, ask them to keep an open mind as they hear the information over the next few days that will help them to better evaluate how trauma-informed their current practice is.
- Ask participants to complete the ACES and Resilience Surveys using the QR Codes.

## Trainer Activities

- Using lecture format, present the material in PowerPoint Slides 4-5. The content covered includes information on trauma and the types of traumatic stress. Use the following information to lecture:

### Child Trauma is...

- Witnessing or experiencing an event that poses a real or perceived threat to the life or well-being of the child or someone close to the child.
  - The event overwhelms the child's ability to cope and causes feelings of fear, helplessness, or horror, which may be expressed by disorganized or agitated behavior.
- 
- Ask participants to call out any situations that come to mind that can be traumatic for children. Make sure that all of the main examples of child trauma are included:
    - Physical or sexual abuse
    - Abandonment, betrayal of trust (such as abuse by a caregiver), or neglect
    - The death or loss of a loved one
    - Life-threatening illness in a caregiver
    - Witnessing domestic violence
    - Automobile accidents or other serious accidents
    - Bullying
    - Life-threatening health situations and/or painful medical procedures
    - Witnessing or experiencing community violence (e.g., drive-by shooting, fight at school, robbery)
    - Life-threatening natural disasters
    - Acts or threats of terrorism

### Types of Trauma

- Acute trauma is a single traumatic event that is limited in time. Examples include:
- Chronic trauma refers to the experience of multiple traumatic events.
  - The effects of chronic trauma are often cumulative, as each event serves to remind the child of prior trauma and reinforce its negative impact.
- Complex trauma describes both exposure to chronic trauma—usually caused by adults entrusted with the child's care—and the impact of such exposure on the child.
- Historical trauma is a personal or historical event or prolonged experience that continues to have an impact over several generations.
- Neglect as trauma
  - While some participants may not think of neglect as traumatic, you can ask them to imagine how it might feel for a young child to be left at home alone for days without food.



# Audio Demonstration of Child Traumatic Stress

## **Lisa 9-1-1**

- Put up Slide 6 and warn the participants about what they are about to hear.
- Play the audio clip of Lisa 9-1-1.
- After you play the recording, allow time for general reflections and responses. This is important due to the intensity of the material. The amount of time needed to discuss reactions to the clip may vary depending on the group. If participants need more time to process their reactions to the clip, feel free to cut out some of the following suggestions for debriefing on the clip.
- Next, ask participants to describe how their own bodies and minds were reacting to this audio, recorded long ago, in which they personally were not threatened. Explain that while no one was actually seriously injured that night (confirmed by San Diego 9-1-1), the traumatic stress was quite obvious and real.
- Ask participants to brainstorm other types of events that might produce the same intense reactions. Look for answers such as: physical abuse/assault, sexual abuse, life-threatening violence in the house or community/school, auto accidents, natural disasters, etc.
- If any of the participants seem particularly distressed during this activity, it is a good idea to check in with them during the break. Make sure that they have someone to talk to as needed (e.g., a personal support person, supervisor, peer, or Employee Assistance Program counselor).

## Trainer Activities

- Using lecture format, present the material in PowerPoint Slides 7-11
- **Variability in Responses to Stressors and Traumatic Events:**

Use the bulleted points below to augment the information on PowerPoint Slides 7:

  - Two children may react to the same event in very different ways, depending on their age, previous trauma history, relationship with the perpetrator, perception of the danger faced, etc.
  - Children who are removed from their parents after a traumatic experience may be more impacted, due to the stress of separation and loss of parental support.
- **Effects of Trauma Exposure on Children**
  - ▶ **Attachment:** Trauma-exposed children feel that the world is uncertain and unpredictable. Their relationships can be characterized by problems with boundaries, as well as distrust and suspicion. As a result, these children can become socially isolated and have difficulty relating to and empathizing with others.
  - ▶ **Biology:** Children impacted by trauma may experience changes in brain chemistry and structure and higher levels of stress hormones. They may show hypersensitivity to physical contact. Many of these children exhibit unexplained physical symptoms and increased medical problems.
  - ▶ **Mood regulation:** Children exposed to trauma can have difficulty regulating their emotions, as well as difficulty knowing and describing their feelings and internal states. They can have difficulty appropriately communicating wishes and desires to others.
  - ▶ **Dissociation:** Trauma-exposed children may sometimes experience a feeling of detachment or depersonalization, as if they are “observing” something happening to themselves that is unreal. They can also withdraw from the outside world or demonstrate an amnesia-like state.
  - ▶ **Behavioral control:** Children who have been traumatized can demonstrate poor impulse control, self-destructive behavior, and aggression against others. Sleep disturbances and eating disorders can also be manifestations of child traumatic stress.
  - ▶ **Cognition:** Children exposed to trauma can have problems focusing on and completing tasks in school, as well as difficulty planning and anticipating. They sometimes have difficulty understanding their own contribution to what happens to them. Some trauma-exposed children demonstrate learning difficulties and problems with language development.
  - ▶ **Self-concept:** Trauma-affected children can experience a lack of a continuous, predictable sense of self. They can suffer from disturbances of body image, low self-esteem, shame, and guilt.
  - ▶ **Development:** Trauma can disrupt developmental processes and interfere with the mastery of age-appropriate tasks and skills.

## ■ Long-Term Effects of Childhood Trauma

- In the absence of more positive coping strategies, children who have experienced trauma may engage in high-risk or destructive coping behaviors.
- The Adverse Childhood Experiences (ACE) Study involved asking a large sample of middle-class adults about 10 categories of stressful childhood experiences (listed on Slide 10-11). The study found higher than expected rates of abuse, neglect, and household dysfunction. Refer to the Centers for Disease Control and Prevention website (<http://www.cdc.gov/ace/index.htm>) for more information about the ACE Study.
- Review the long-term trauma impact using the Adverse Childhood Experiences (ACE)s and pyramid on the slide and in the Participant Manual on page 9 and 10.
  - ▶ Adults who experienced multiple adverse childhood experiences (ACEs), including child maltreatment, are more likely to develop health risk behaviors such as alcoholism, drug abuse, depression, suicide attempts, smoking, physical inactivity, severe obesity, having over 50 sexual intercourse partners, and contracting sexually transmitted disease. The number of adverse childhood experiences showed a graded relationship to the presence of adult diseases including heart disease, cancer, chronic lung disease, skeletal fractures, and liver disease (Felitti et al., 1998). More recent analyses of the ACEs data has suggested that ACEs may be an indicator of a chaotic family environment that results in an increased risk of premature death among family members (Anda et al., 2009).

## ■ Understanding Trauma Reminders

- Review Slide 11 and be sure to fully explain the concept of trauma reminders, also called trauma triggers.
- Emphasize that, when reminded of the trauma by innocuous cues in the environment (e.g., sights, smells, sounds), children may feel as if they are re-experiencing the traumatic event and the related distress.
- Children who have experienced trauma may face so many trauma reminders in the course of an ordinary day that the whole world seems dangerous and no adult seems deserving of trust.
- \* Important not to take these Trauma reminders personally!

### \*Trauma Reminder Examples:

-A nine-year-old girl who was repeatedly abused in the basement of a family friend's house refuses to enter the resource family's basement playroom.

-A toddler who saw her cousin lying in a pool of blood after a drive-by shooting has a tantrum after a bottle of catsup spills on the kitchen floor.

-A teenager who was abused by her stepfather refuses to go to gym class after meeting the new gym teacher who wears the same aftershave as her stepfather.

-A twelve-year-old boy who'd been molested by a man in a Santa Claus suit runs screaming out of a YMCA Christmas party.

## ■ Reenactment Behaviors

- When placed in a new, presumably "safe" setting, children who have experienced trauma may exhibit behaviors (e.g., aggression, sexualized behaviors) that evoke in their new caregivers some of the same reactions they have experienced with other adults (e.g., anger, threats, violence).
- Just as maltreated children's sense of themselves and others may be negative and hopeless, these "reenactment behaviors" can cause the new adults in their lives to feel negative and hopeless about the child.
- For children with histories of medical trauma, reenactment behaviors may occur in the hospital or healthcare setting and can negatively impact the children's rapport with healthcare professionals.
- Children who engage in reenactments are not consciously choosing to repeat painful relationships. Their behavior patterns have become ingrained over time because they:
  - ▶ Are familiar and helped the child survive in other relationships
  - ▶ "Prove" the child's negative beliefs and expectations (i.e., a predictable world, even if negative, may feel safer to the child than an unpredictable one)
  - ▶ Help the child vent frustration, anger, and anxiety
  - ▶ Give the child a sense of mastery over the old traumas

## Trauma and the Brain Trainer Activities

- Present the material in Slides 12-13 :
  - Trauma can have serious consequences for the normal development of children's brains, brain chemistry, and nervous systems.
  - Trauma-induced alterations in biological stress systems can adversely affect brain development, cognitive and academic skills, and language acquisition.
  - Early trauma may lead to atypical development of the hypothalamic-pituitary-adrenal (HPA) axis stress response, which predisposes to psychiatric vulnerability later in life (van Goozen and Fairchild, 2008).
  - Trauma-exposed children and adolescents display changes in levels of stress hormones similar to those seen in combat veterans.
- Highlight that, because the brain is affected by experience, there is an opportunity
  - These changes may affect the way traumatized children and adolescents respond to future stress in their lives, and may also influence their long-term health.

to help repair some of trauma's negative impact through corrective experiences. This offers hope for children of all ages.

Our brains continue to grow until early 20s to late 30s.

### ■ Impact of Maltreatment on Brain Structure

- Compared to non-maltreated children, maltreated children present with a smaller corpus callosum, which controls communication between hemispheres related to arousal, emotion, and higher cognitive abilities (De Bellis et al., 1999, 2002; De Bellis & Keshavan, 2003; Teicher et al., 2004).
- Adults who were maltreated as children show reduced volume of the hippocampus, which plays a central role in learning and memory (Vythilingam et al., 2004; Vermetten et al., 2006; Woon & Hedges, 2008) and decreased volume of the prefrontal cortex, which controls behavior, cognition, and regulation of emotions (Tomoda et al., 2009; Miller & Cohen, 2001; Amodio & Frith, 2006).
- Slide 13 shows how extreme neglect and sensory deprivation affects the development of the temporal lobe. The left side shows the healthy brain of a non-maltreated child, and the right side shows the brain of a three year old child who was institutionalized in a Romanian orphanage shortly after birth. Decreased activity in the temporal lobe, which regulates emotions and receives sensory input, is associated with emotional and cognitive problems.

## Session 2: Trauma Effects Per Age/Stage:

### Trainer Activities

Remind participants that these are red flags and because a child exhibits one of these symptoms it does not mean that they have definitely experienced trauma, but should be a red flag to ask questions.

#### **The Influence of Developmental Stage:**

##### **Preschool Aged Children**

- Review Slides 15-16 to discuss the impact of trauma on school-age children. Elicit examples from participants and help them link trauma reactions to behavioral responses (e.g., children who have experienced domestic violence may be overly fearful and preoccupied with the safety of their mother resulting in extreme separation anxiety).

#### **The Influence of Developmental Stage:**

##### **School Aged Children**

- Review Slides 17–22 to discuss the impact of trauma on school-age children. Elicit examples from participants and help them link trauma reactions to behavioral responses (e.g., children with intrusive trauma memories may have difficulty concentrating in school).

#### **The Influence of Developmental Stage:**

##### **Adolescents**

- Slides 23-25 cover trauma responses and reactions in adolescents. Ask for examples and point out that adolescents who expect to be abandoned might push people away, including professionals and caregivers.

## Session 3: What Can We Do To Help Traumatized Children

### Trainer Activities

#### Enhancing Child Well-Being: Resilience

- Review the definition of resilience on Slide 27 and emphasize that, due to neuroplasticity, children who have experienced trauma can develop resilience when supported by caring, safe, nurturing adults and thrive when presented with positive new opportunities and learning experiences (Reed, 2006). Emphasize the worker's role in enhancing resilience through corrective relationships and experiences.
- The diagram on Slide 28 identifies factors that enhance resilience.

#### Enhance Child Well-Being and Resilience

- Review Slide 29. Many children are naturally resilient, and are able to get through the difficult experiences they have had and even flourish. It is important for the child welfare system to recognize and build on children's existing strengths, while linking them to trauma-informed services when needed.
- Positive attachment to an adult is a factor that enhances resilience for children. Therefore, both individual caseworkers and overall agency policies should support the continuity of children's relationships and minimize disruptions, so that familiar and positive figures, including parents, teachers, neighbors, siblings, and other relatives remain involved in the child's life.
- Child welfare staff and agencies should also ensure that children who have been traumatized have access to evidence-based trauma treatments and services, and that feedback from the clinician informs decisions about the child's placement and services.

#### Trauma-Focused Treatment and Services

- Trauma-informed therapy can enhance resilience by addressing the impact of trauma through helping the child to reduce overwhelming emotion, cope with trauma triggers, and make new meaning of his/her trauma.
- When referring a child who has been impacted by trauma to a mental health provider, it is important to consider the therapists' level of training and experience in treating trauma in children.
- There are numerous treatment models that have been shown to be effective in reducing trauma symptoms among children (evidence-supported interventions).

## **Trauma-Focused Treatment and Services**

- Review Slide 30, which lists the core components of trauma-focused, evidence-based treatment. Ask participants if they are familiar with any of these components. If they are talking with a therapist or a child and these components are mentioned, there is a good chance that the child is receiving trauma-informed treatment.
- Slide 31 lists questions to ask therapists or agencies that provide services to determine whether they are trauma-informed. Workers may feel uncomfortable asking these questions of mental health providers, but children who have been impacted by trauma need and deserve a specialist, just as children with serious dental problems need an orthodontist.

## **Proactive Suggestions for Handling Trauma**

- Review Power Point Slides 27-31 and discuss with participants the Proactive Suggestions for Handling Trauma.
- Discuss suggestions for ways in which they can practice these suggestions in their agency, home, etc.  
List these on the poster board.
- Review Power Point Slides 32-36 and discuss with participants ways in which they can access trauma informed resources and can be involved in the trauma informed community:
  - Consultation Completed by Franklin County Cares
  - Franklin County Cares  
<http://www.acesconnection.com/g/franklin-county-mo-cares-trauma-informed-community-initiative>
  - Franklin County Community Resource Board  
[www.franklincountykids.org](http://www.franklincountykids.org)
  - Franklin County Service Providers  
[www.fcserviceproviders.org](http://www.fcserviceproviders.org)



## **Session 4: Examples and Practice**

### **Trainer Activities**

- Removed
- Put up Slide 38 and warn the participants about what they are about to watch
- Play the you tube video Removed
  - After watching the video, allow time for general reflections and responses.
  - Discuss questions on Slide 38.

### **Post Test and Training Evaluation**

- Address any final questions that participants may have.
- Ask participants to complete the training evaluation form and post-test.
- Thank participants for attending and participating.

## **References**

**Child Welfare Collaborative Group, National Child Traumatic Stress Network, and The California Social Work Education Center. (2013). Child welfare trauma training toolkit: Trainer's guide (2nd ed.). Los Angeles, CA and Durham, NC: National Center for Child Traumatic Stress.**

**National Child Traumatic Stress Network Schools Committee. (October 2008). Child Trauma Toolkit for Educators. Los Angeles, CA & Durham, NC: National Center for Child Traumatic Stress.**