

# Trauma 101 Training

## *Participant Manual*



# Trauma 101 Training

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## **Goals**

1. To educate professionals in the community about the impact of trauma on the development and behavior of children.
2. To educate professionals about when and how to intervene directly in a trauma-sensitive manner and through trauma focused referrals.
3. 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 and memory as well as child development.
4. Participants will be able to understand the importance of collaboration with agencies that provide trauma-informed practices.
5. Participants will be able to recognize the importance of trauma-informed practices.

We ask that all individuals attending the training take the ACES Survey as well as the Resiliency Survey below in order for each individual to begin to understand their own histories in order to better understand what the children we interact with may be struggling with.

QR Code for ACES Survey



QR Code for Resilience Survey



# Child Trauma and Child Traumatic Stress

## What Is Child Trauma?

- 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.

## Situations That Can Be Traumatic

- 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:
  - Serious accidents
  - Painful medical treatment

- Community violence
- Natural disasters (e.g., earthquakes, wildfires, floods)
- Sudden or violent loss of a loved one
- Physical or sexual assault (e.g., being shot or raped)
- During an acute event, children go through a variety of feelings, thoughts, and physical reactions that are frightening in and of themselves and contribute to a sense of being overwhelmed.

**Chronic trauma** refers to the experience of multiple traumatic events.

- These may be multiple and varied events—such as a child who is exposed to domestic violence, is involved in a serious car accident, and then becomes a victim of community violence—or long-standing trauma such as physical abuse, sexual abuse, neglect, or war.
- 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.

- Children who experienced complex trauma have endured multiple interpersonal traumatic events from a very young age.

**Historical trauma** is a personal or historical event or prolonged experience that continues to have an impact over several generations.

- Examples include:
  - Slavery
  - Removal from homelands
  - Relocation
  - Massacre, genocide, and ethnocide
  - Cultural and racial immigrant oppression
  - Forced placement in boarding schools

**Neglect as trauma**

- A complex trauma that has profound effects on nearly every aspect of a child’s development and functioning

- Failure to provide for a child's basic needs
- Perceived as trauma by an infant or young child who is completely dependent on adults for care
- Opens the door to other traumatic events
- May interfere with a child's ability to recover from trauma

### **What Is Child Traumatic Stress?**

- Child traumatic stress refers to the physical and emotional responses of a child to events that threaten his or her life or physical integrity or that of someone critically important to the child (such as a parent or sibling).
- Traumatic events elicit feelings of terror, powerlessness, and out-of-control physiological arousal, and overwhelm a child's capacity to cope.
- Post-traumatic stress reactions include re-experiencing the event, avoidance, hyperarousal, and difficult emotions such as guilt and shame.
- A child's response to a traumatic event may have a profound effect on his or her perception of self, others, the world, and the future.
- Traumatic events may affect a child's:
  - Ability to trust others
  - Sense of personal safety
  - Effectiveness in navigating life changes

# How Does Trauma Affect Children?

## Variability in Responses to Stressors and Traumatic Events

- The impact of a potentially traumatic event is determined by both:
  - The objective nature of the event
  - The child's subjective response to it
- Something that is traumatic for one child may not be traumatic for another.
- The impact of a potentially traumatic event depends on several factors, including:
  - The child's age and developmental stage
  - The child's perception of the danger faced
  - Whether the child was the victim or a witness
  - The child's relationship to the victim or perpetrator
  - The child's past experience with trauma
  - The adversities the child faces following the trauma
  - The presence/availability of adults who can offer help and protection

## Effects of Trauma Exposure on Children

- When trauma is associated with the failure of those who should be protecting and nurturing the child, it has profound and far-reaching effects on nearly every aspect of the child's life.
- Children who have experienced the types of trauma that precipitate entry into the child welfare system typically suffer impairments in many areas of development and functioning, including:
  - **Attachment:** Trauma-exposed children may feel that the world is uncertain and unpredictable. They can become socially isolated and can 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 understanding and describing their feelings and internal states.
- **Dissociation:** Trauma-exposed children may experience a feeling of detachment or depersonalization, as if they are *observing* something happening to them that is unreal.
- **Behavioral control:** Children who have been traumatized can show poor impulse control, self-destructive behavior, and aggression towards others
- **Cognition:** Children exposed to trauma can have problems focusing on and completing tasks, or problems planning for and anticipating future events. Some exhibit learning difficulties and problems with language development.
- **Self-concept:** Trauma-affected children frequently suffer from disturbed 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.

## Trauma and Overwhelming Emotion

Trauma can elicit such intense fear, anger, shame, and helplessness that the child feels overwhelmed.

Overwhelming emotion may interfere with the development of age-appropriate self-regulation.

Emotions experienced prior to language development may be very real for the child, but difficult to express or communicate verbally.

Trauma may be “stored” in the body in the form of physical tension or health complaints.

### **Overwhelming Emotion and Behavior**

Trauma-exposed children may also exhibit:

- **Over-controlled behavior,** in an unconscious attempt to counteract feelings of helplessness and impotence, may manifest as difficulty transitioning and changing routines, rigid behavioral patterns, repetitive behaviors, etc.

- **Under-controlled behavior**, due to cognitive delays or deficits in planning, organizing, delaying gratification, and exerting control over behavior, may manifest as impulsivity, disorganization, aggression, or other acting-out behaviors

Trauma-exposed children's maladaptive coping strategies can lead to behaviors that undermine healthy relationships and may disrupt foster placements, including:

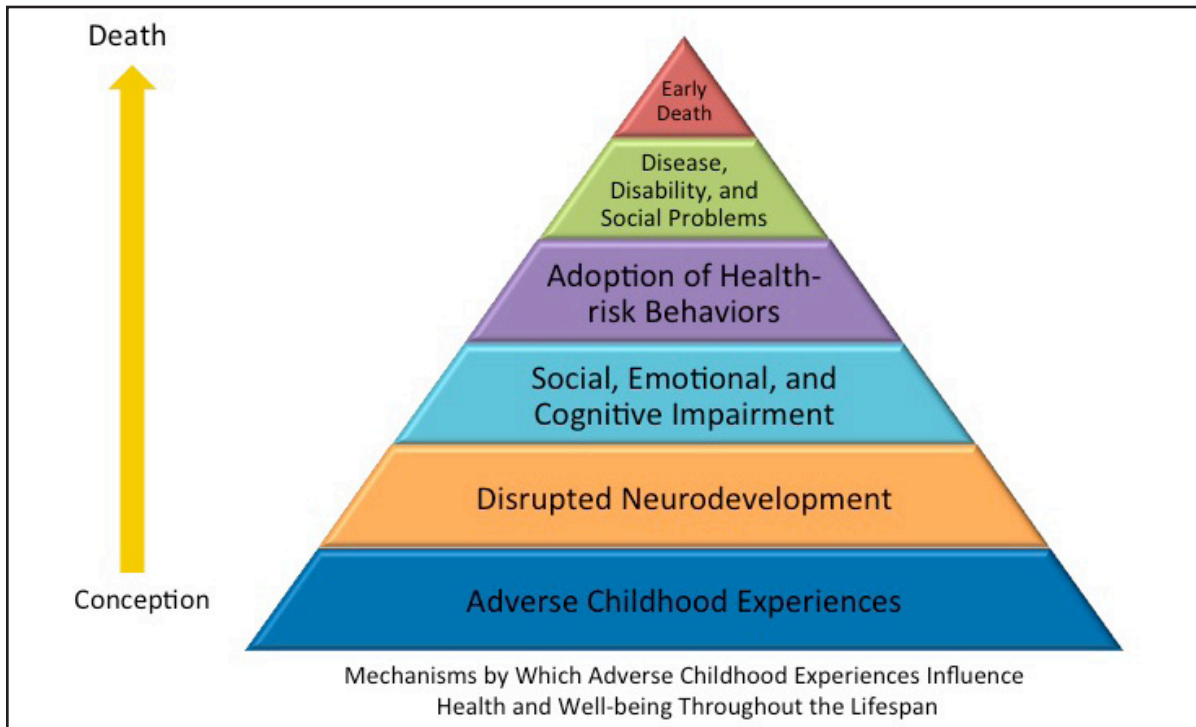
- Sleeping, eating, or elimination problems
- High activity levels, irritability, or acting out
- Emotional detachment, unresponsiveness, distance, or numbness
- Hypervigilance, or feeling that danger is present even when it is not
- Reckless or self-destructive behaviors
- Increased mental health issues (e.g., depression, anxiety)
- An unexpected and exaggerated response when told "no"

## 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.
- These behaviors place them at risk for a range of serious mental and physical health problems, including:
  - Alcoholism
  - Drug abuse
  - Depression
  - Suicide attempts
  - Sexually transmitted diseases (due to high-risk activity with multiple partners)
  - Heart disease, cancer, chronic lung disease, skeletal fractures, and liver disease

(Felliti et al, 1998)

## Long-Term Trauma Impact—ACE Pyramid: CDC



(<http://www.cdc.gov/ace>)

### Adverse childhood experiences such as:

- Abuse and neglect:
  - Emotional abuse
  - Physical abuse
  - Sexual abuse
  - Emotional neglect
  - Physical neglect
- Household dysfunction:
  - Mother treated violently
  - Household substance abuse
  - Household mental illness
  - Parental separation/divorce
  - Incarcerated household member

## Can lead to:

### Impact on Child Development:

- Neurobiologic effects (e.g., brain abnormalities, stress hormone dysregulation)
- Psychosocial effects (e.g., poor attachment, poor socialization, poor self-efficacy)
- Health risk behaviors (e.g., smoking, obesity, substance abuse, promiscuity)

### Long-Term Consequences:

- Disease and disability:
  - Major depression, suicide, PTSD
  - Drug and alcohol abuse
  - Heart disease
  - Cancer
  - Chronic lung disease
  - Sexually transmitted diseases
  - Intergenerational transmission of abuse
- Social problems:
  - Homelessness
  - Prostitution
  - Criminal behavior
  - Unemployment
  - Parenting problems
  - Family violence
  - High utilization of health and social services

# What Is the Impact of Trauma on the Brain and Body?

## **Trauma and the Brain**

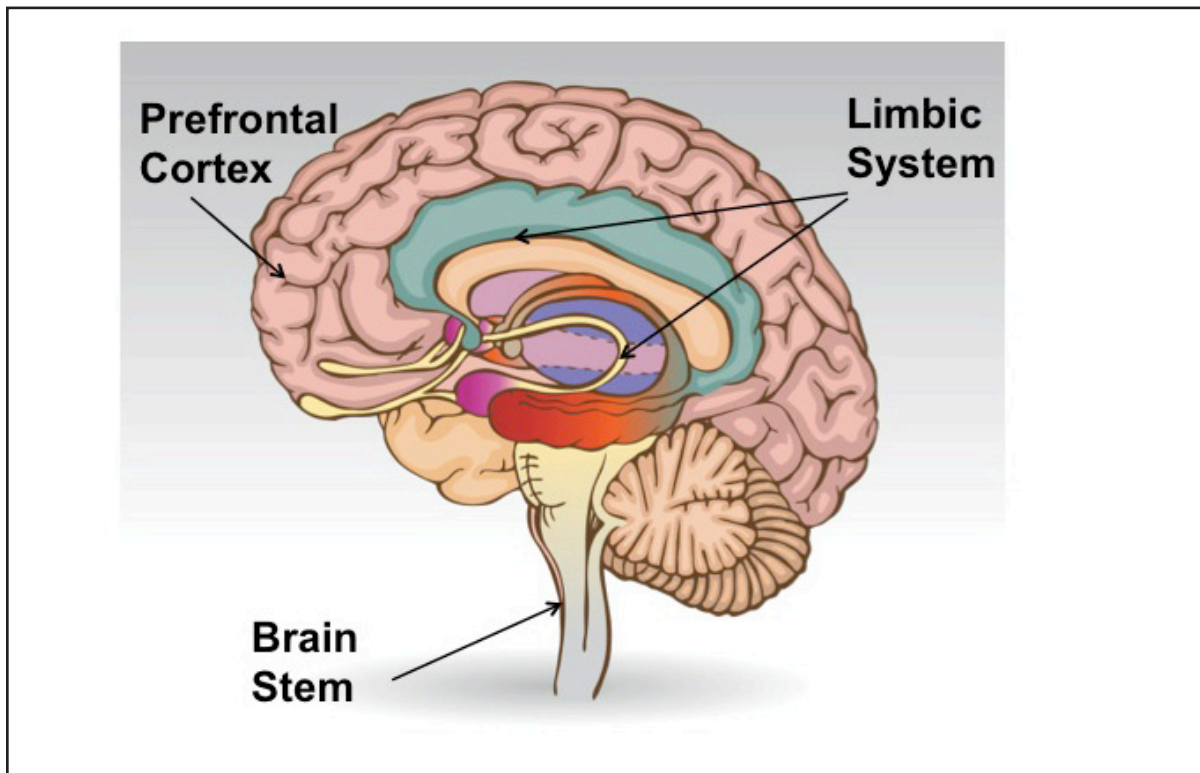
Trauma can have serious consequences for the normal development of children's brains, brain chemistry, and nervous system.

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.

These changes may affect the way trauma-exposed children and adolescents respond to future stress in their lives, and may also influence their long-term health.



Plasticity means the brain continues to change in response to repeated stimulation. This plasticity signifies both risk and opportunity, in that trauma can negatively impact the brain, but corrective experiences can repair damage by creating new connections.

(Pynoos, Steinberg, Ornitz, & Goenjian, 1997)

## Brain Structure: Three Main Levels

- **Cortex** – abstract thought, logic, factual memory, planning, ability to inhibit action
- **Limbic system** – emotional regulation and memories, value of emotion
- **Brainstem/midbrain** – autonomic functions (e.g., breathing, eating, sleeping, feeling pain)

## Experience Grows the Brain

- Brain development happens from the bottom up:
  - From primitive (basic survival: brainstem)
  - To more complex (rational thought, planning, abstract thinking: prefrontal cortex)
  - The brain develops by forming connections.
  - Interactions with caregivers are critical to brain development.
  - The more an experience is repeated, the stronger the connections become.

(NCTSN: Caring for Children Who Have Experienced Trauma, 2010)

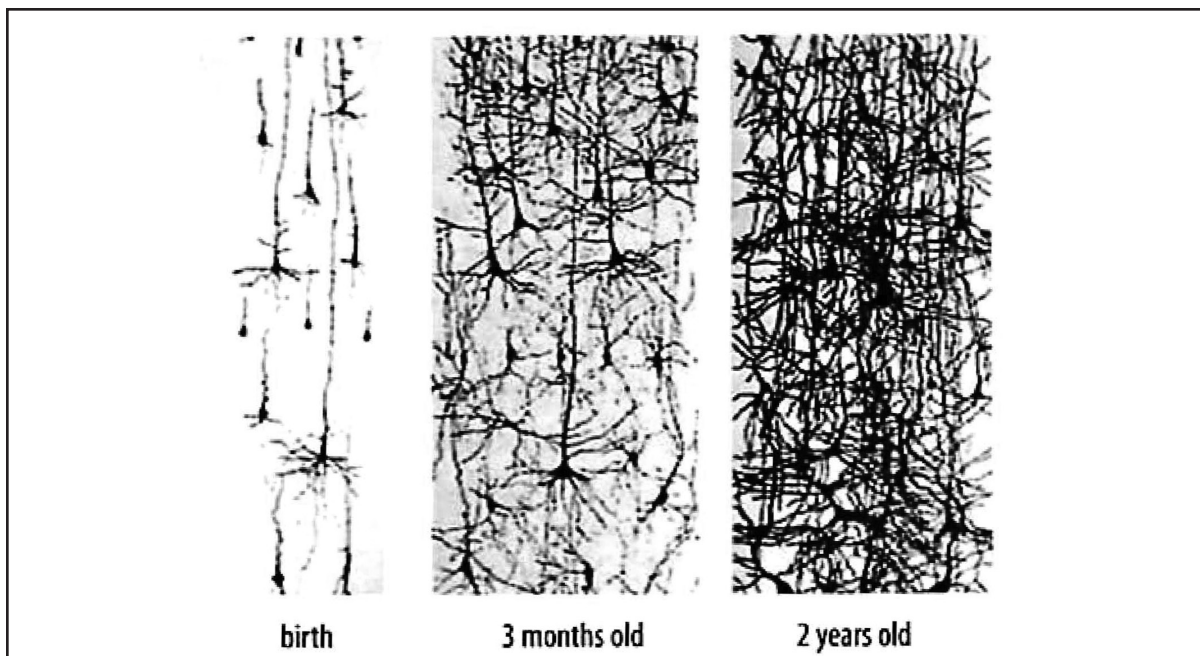
## Brain Development

- The prenatal brain has 2-3 times the number of adult nerve cells as the adult brain.
- The maximum number of nerve cells is present at birth.
- Brain growth (size and weight) over the first years of life is due to:
  - Myelination: the process that allows nerve impulses to move more quickly
  - An increase in synaptic connections: how nerve cells communicate with other cells
- The growth of the brain is dependent on stimulation and experience.

## Brain Development and Experience

- The brain has relatively few synapses present at birth.
- Learning requires forming new synapses as well as strengthening and discarding existing synapses.
- Early synapses are weak and need repeated exposure to strengthen.
- The brain adapts to environment, both positive and negative.

## Building Connections: Rapid Growth of Synapses



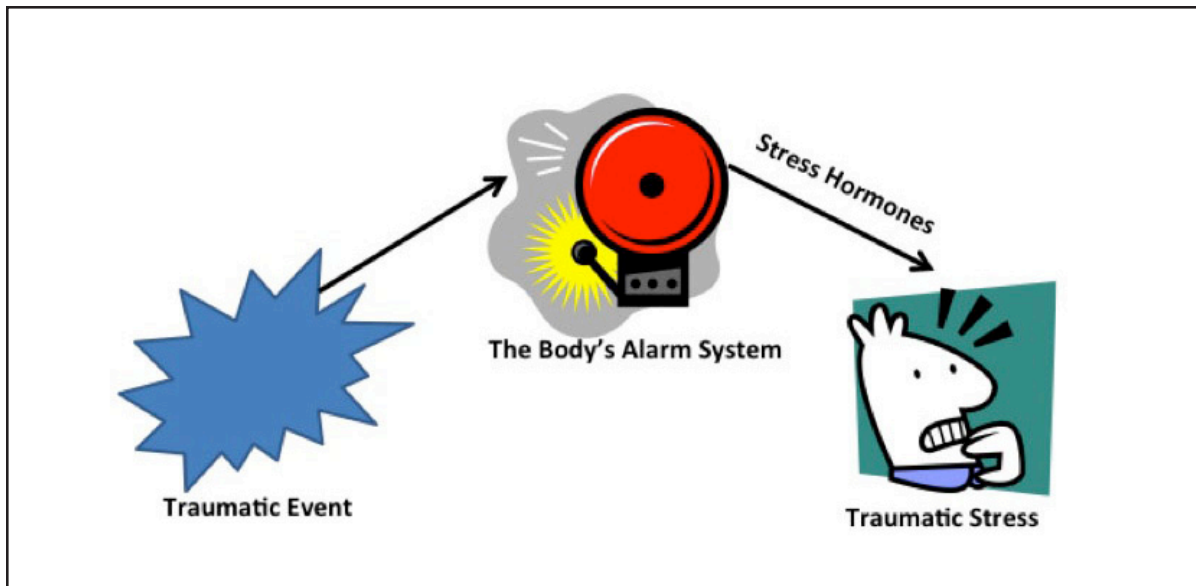
(Carter, 1999)

## Trauma Derails Development

- Exposure to trauma causes the brain to develop in a way that will help the child survive in a dangerous world:
  - On constant alert for danger
  - Quick to react to threats (fight, flight, freeze)
- The stress hormones produced during trauma also interfere with the development of higher brain functions.

(Teicher, 2002)

## Traumatic Stress Response Cycle



(Georgetown University Center for Child & Human Development, n.d.)

- Past trauma causes the brain to interpret minor events as threatening.
- The limbic system has a disproportionate fear/emotional response to the experience and sends signals to the brainstem.
- Cortisol and adrenaline are released, increasing heart rate and respiration.
- Fight, flight, or freeze response is initiated.
- Prefrontal cortex (where reasoning occurs) is skipped – leading to impulsive reactions.
- Memories of the event can be foggy and stored erratically.

(Campbell, J. S. W., n.d.).

## Impact of Maltreatment on Brain Structure

Structural brain differences can develop in the context of maltreatment. 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 and Cohen, 2001; Amodio and Frith, 2006).



## Trauma and Memory

- Implicit memory – babies can perceive their environment and retain unconscious memories (e.g., recognizing mother's voice)
- Explicit memory – conscious memories created around age two and tied to language development
- Children with early trauma may retain implicit memories of abuse
- Physical or emotional sensations can trigger these memories, causing flashbacks, nightmares, or other distressing reactions

(Applegate & Shapiro, 2005)

## Trauma and the Brain

In **early childhood**, trauma can be associated with reduced size of the cortex. The cortex is responsible for many complex functions, including memory, attention, perceptual awareness, thinking, language, and consciousness.

Trauma may affect *cross-talk* between the brain's hemispheres, including the parts of the brain that govern emotions. These changes may affect IQ and the ability to regulate emotions, and can lead to increased fearfulness and a reduced sense of safety and protection.

In **school-age children**, trauma undermines the development of brain regions that would normally help children:

- Manage fears, anxieties, and aggression
- Sustain attention for learning and problem solving
- Control impulses and manage physical responses to danger, enabling the adolescent to consider and take protective actions

As a result, children may exhibit:

- Sleep disturbances
- New difficulties with learning
- Difficulties in controlling startle reactions
- Behavior that shifts between overly fearful and overly aggressive

In **adolescents**, trauma can interfere with development of the prefrontal cortex, the region responsible for:

- Consideration of the consequences of behavior
- Realistic appraisal of danger and safety
- Ability to govern behavior and meet longer-term goals

As a result, adolescents who have experienced trauma are at increased risk for:

- Reckless and risk-taking behavior
- Underachievement and school failure
- Poor choices
- Aggressive or delinquent activity

The brain continues to develop in adolescence and young adulthood, providing increased vulnerability, but also a window of opportunity to make new connections based on experiences.

Changes in dopamine levels during adolescence lead to risk-taking behavior (Spear, 2010).

With adult support, adolescents can learn self-regulation, coping skills, and mastery by taking risks.

Study shows that the female brain reaches full maturity at age 21-22, while the male brain is not fully mature until almost 30 (Lenroot et al., 2007).

# **What Is the Influence of Developmental Stage?**

## **The Influence of Developmental Stage**

- Child traumatic stress reactions vary by developmental stage.
- Children who have been exposed to trauma expend a great deal of energy responding to, coping with, and coming to terms with the event.
- This may reduce children's capacity to explore the environment and to master age-appropriate developmental tasks.
- The longer traumatic stress goes untreated, the farther children tend to stray from appropriate developmental pathways.

## **Trauma and Development in Young Children**

Developmental delays are common (50%, according to the National Survey of Child and Adolescent Well-Being [NSCAW]) among children in the child welfare system. These delays can be in the areas of:

- Cognitive functioning
- Gross and fine motor skills
- Speech and language skills
- Sensory skills
- Emotional/behavioral regulation

Due to the prevalence of developmental delays and the impact of trauma on children's ability to master age-appropriate tasks, developmental screenings are recommended for all young children in the child welfare system. These screenings help to evaluate:

- Emotional well-being
- Gross and fine motor skills
- Coping skills
- Speech and language skills
- Self-help abilities
- Relationship with caregivers

(First & Palfrey, 1994; Reams, 1999; Rosenberg, Zhang, & Robinson, 2008; Stahmer et al., 2005)

## The Influence of Developmental Stage: Young Children

**Young children** who have experienced trauma may:

- Express their distress through strong physiological and sensory reactions (e.g., changes in eating, sleeping, activity level, or responding to touch and transitions).
- Display changes in behavior by:
  - Becoming passive and quiet
  - Becoming negative and engaging in aggressive behaviors
- Engage in post-traumatic play by:
  - Repeatedly playing out the event with toys and with strong emotion, as if the event were occurring in the present
  - Repeatedly playing out the event with toys and with restricted/flat affect
  - Not changing the theme or outcome of the play theme
- Repeatedly discuss the event, if they have the language skills, at socially inappropriate times or with strangers.
- Become clingy and fearful, especially regarding separations and new situations.
- Become fearful of things or situations not related to the traumatic event.
- Experience strong startle reactions, sleep problems, and night terrors.
- Experience confusion in terms of assessing threat and finding protection, especially in cases where a parent or caretaker is the aggressor. These children may find threat in safe situations or assess dangerous situations as safe.
- Regress to age-inappropriate behaviors (e.g., baby talk, bed-wetting, crying).
- Blame themselves due to poor understanding of cause and effect and/or magical thinking.

## Trauma and Attachment

- The sensitive period for attachment is the first two years of life.
- All development occurs in the context of attachment, which:
  - Supports affect regulation
  - Builds a foundation for trust and safety
  - Establishes self-worth and competence

## The Influence of Developmental Stage: School-Age Children

**School-age children** with a history of trauma may:

- Experience unwanted and intrusive thoughts and images
- Become preoccupied with frightening moments from the traumatic experience
- Replay the traumatic event in their minds in order to figure out what could have been prevented or how it could have been different
- Develop intense, specific new fears linking back to the original danger

**School-age children** may also:

- Alternate between shy/withdrawn behavior and unusually aggressive behavior
- Become so fearful of recurrence that they avoid previously enjoyable activities
- Have thoughts of revenge
- Experience sleep disturbances that may interfere with daytime concentration and attention

## The Influence of Developmental Stage: Adolescents

In response to trauma, **adolescents** may feel:

- That they are weak, strange, childish, or “going crazy”
- Embarrassed by their bouts of fear or exaggerated physical responses
- That they are unique and alone in their pain and suffering
- Anxiety and depression
- Intense anger
- Low self-esteem and helplessness

These trauma reactions may in turn lead to:

- Aggressive or disruptive behavior
- Sleep disturbances masked by late-night studying, television watching, or partying
- Drug and alcohol use as a coping mechanism to deal with stress
- Self-harm (e.g., cutting)
- Over- or under-estimation of danger
- Expectations of maltreatment or abandonment

- Difficulties with trust
- Increased risk of revictimization, especially if the adolescent has lived with chronic or complex trauma

### **Adolescents, Trauma, and Substance Abuse**

Adolescents who have experienced trauma may use alcohol or drugs in an attempt to avoid overwhelming emotional and physical responses. For these teens:

- Reminders of past trauma may elicit cravings for drugs or alcohol.
- Substance abuse further impairs their ability to cope with distressing and traumatic events.
- Substance abuse increases the risk of engaging in risky activities that could lead to additional trauma.

Child welfare workers must address the links between trauma and substance abuse and consider referrals for relevant treatment(s).

# **Maximize Physical and Psychological Safety for Children**

## **Maximize Physical and Psychological Safety for Children**

Safety is one of the priorities of the child welfare system, but a child and family who have experienced trauma may still feel unsafe even when they are no longer in a dangerous situation. Given this, in addition to ensuring physical safety, it is important to help children and families feel psychologically safe.

### **What Is Psychological Safety?**

Psychological safety can be defined as the experience of feeling safe, secure, and protected from danger or harm. It relates to one's perception or sense of safety.

### **Safety and Trauma**

- Children who have experienced trauma may:
  - Have valid fears about their own safety or the safety of loved ones
  - Have difficulty trusting adults to protect them
  - Be hyperaware of potential threats
  - Have problems controlling their reactions to perceived threats

(Grillo, Lott, and the Foster Care Subcommittee of the Child Welfare Committee,  
National Child Traumatic Stress Network, 2010)

### **Maximizing Safety**

#### ***Understanding Children's and Families' Responses***

Children and families who have experienced trauma often exhibit challenging behaviors and reactions. When these behaviors are labeled as "good" or "bad," we lose sight of the fact that an individual's behavior is reflective of his or her experience. Many of the most challenging behaviors are strategies that, in the past, may have helped them survive in the presence of abusive or neglectful caregivers.

## ***Trauma Reminders***

When faced with people, situations, places, or things that remind them of traumatic events, children and parents may experience intense and disturbing feelings tied to the original trauma.

These *trauma reminders* can lead to behaviors that seem out of place, but were appropriate—and perhaps even helpful—at the time of the original traumatic event.

Children and parents 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 one seems deserving of trust.

## ***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 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.

Reenactment behaviors can also be seen in parents who have their own histories of trauma. Parents who were maltreated as children may repeat their abuse experiences with their own children and/or may react in a defensive manner when they feel threatened.

Children and parents who engage in reenactments are not consciously choosing to repeat painful relationships. The behavior patterns have become ingrained over time because they:

- Are familiar and helped them survive in other relationships.
- Prove the child's or parent's negative beliefs and expectations (i.e., a predictable world, even if negative, may feel safer than an unpredictable one).
- Help them vent frustration, anger, and anxiety.
- Give the child or parent a sense of mastery over the old traumas.



## Promoting Safety

- Let children and families know what will happen next.
- Give children control over some aspects of their lives.
- Help children maintain connections.
- Give a safety message.
- Help caregivers manage emotional “hot spots”:
  - Food and mealtime
  - Sleep and bedtime
  - Physical boundaries

(Grillo et al., 2010)

## What can be done to help a traumatized child?

- Maintain usual routines. A return to “normalcy” will communicate the message that the child is safe and life will go on.
- Give children choices. Often traumatic events involve loss of control and/or chaos, so you can help children feel safe by providing them with some choices or control when appropriate.
- Increase the level of support and encouragement given to the traumatized child. Designate an adult who can provide additional support if needed.
- Set clear, firm limits for inappropriate behavior and develop logical—rather than punitive—consequences.
- Recognize that behavioral problems may be transient and related to trauma. Remember that even the most disruptive behaviors can be driven by trauma-related anxiety.
- Provide a safe place for the child to talk about what happened. Set aside a designated time and place for sharing to help the child know it is okay to talk about what happened.
- Give simple and realistic answers to the child’s questions about traumatic events. Clarify distortions and misconceptions. If it isn’t an appropriate time, be sure to give the child a time and place to talk and ask questions.
- Be sensitive to the cues in the environment that may cause a reaction in the traumatized child. For example, victims of natural storm-related disasters might react very badly to threatening weather or storm warnings. Children may increase problem behaviors near an anniversary of a traumatic event.
- Anticipate difficult times and provide additional support. Many kinds of situations may be reminders. If you are able to identify reminders, you can help by preparing the child for the situation. For instance, for the child who doesn’t like being alone, provide a partner to accompany him or her to the restroom.
- Warn children if you will be doing something out of the ordinary, such as turning off the lights or making a sudden loud noise.
- Be aware of other individuals’ and children’s reactions to the traumatized child and to the information they share. Protect the traumatized child from curiosity and from the details of a child’s trauma.
- Understand that children cope by re-enacting trauma through play or through their interactions with others. Resist their efforts to draw you into a negative repetition of the trauma. For instance, some children will provoke teachers in order to replay abusive situations at home.
- Although not all children have religious beliefs, be attentive if the child experiences severe feelings of anger, guilt, shame, or punishment attributed to a higher power. Do not engage in theological discussion. Rather, refer the child to appropriate support.

- In order to make accommodations for a traumatized child, you might:
  - Shorten assignments/activities
  - Allow additional time to complete assignments/activities
  - Give permission to leave an activity to go to a designated adult (such as a counselor or school nurse) if feelings become overwhelming
  - Provide additional support for organizing and remembering assignments/directions/rules/etc.

### **When should a referral be made for additional help for a traumatized child?**

When reactions are severe (such as intense hopelessness or fear) or go on for a long time (more than one month) and interfere with a child's functioning, give referrals for additional help. As severity can be difficult to determine—with some children becoming avoidant or appearing to be fine (e.g., a child who performs well academically no matter what)—don't feel you have to be certain before making a referral. Let a mental health professional evaluate the likelihood that the child could benefit from some type of intervention.

# **Enhance Child Well-Being and Resilience**

## **Enhance Child Well-Being and Resilience**

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 a child'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.

## **Trauma-Focused Treatment**

There are trauma-informed, evidence-supported interventions that are appropriate for many children in the child welfare system and that share many core components. Unfortunately, many therapists who treat trauma-exposed children lack any specialized knowledge or training on trauma and its treatment.

When a child welfare worker has a choice of providers, he or she should select the therapist who is most familiar with the available evidence and has the best training to evaluate and treat the child's symptoms.

## **Core Components of Trauma-Focused, Evidence-Based Treatment**

- Building a strong therapeutic relationship
- Psychoeducation about normal responses to trauma
- Parent support, conjoint therapy, or parent training
- Emotional expression and regulation skills
- Anxiety management and relaxation skills
- Trauma processing and integration
- Personal safety training and other important empowerment activities
- Resilience and closure

## Questions to Ask Therapists/Agencies That Provide Services

- Do you provide trauma-specific or trauma-informed therapy? If so, how do you determine whether the child needs trauma-specific therapy?
- How familiar are you with evidence-based treatment models designed and tested for treatment of child trauma-related symptoms?
- How do you approach therapy with children and families who have been impacted by trauma (regardless of whether they indicate or request trauma-informed treatment)?
- Describe a typical course of therapy (e.g., can you describe the core components of your treatment approach?).

## 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.

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