The Effects of Trauma—
Moving Toward Trauma Informed Practice

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Introduction

Who are we?
Today’s Agenda

- Childhood trauma—what is it?
- How does trauma can impact children?
- What it means to be “trauma-informed?”
- How is trauma identified at intake?
- How are trauma symptoms assessed?
- What are some effective interventions to use with trauma survivors?
- How to partner with parents and teachers?
- Q&A
What is a traumatic experience?

- An experience that is emotionally stressful, shocking or distressing
- Events that threaten the life or physical safety of the child or someone they love
What are some examples of childhood trauma?
Examples of Possible Traumatic Experiences

- Serious accidents
- Community violence
- Natural disasters (earthquakes, wildfires, floods)
- Sudden or violent loss of a loved one; separations from parent/siblings
- Physical or sexual abuse; neglect
- Medical procedure
Who is affected by Trauma?

✓ Most of us -- studies tell us trauma is very common in the United States
✓ 1 in 7 children experienced a form of child maltreatment
✓ 1 in 40 infants experience some form of abuse
✓ 50% of children who live in poverty witness violence
Poverty is a **Significant** Risk Factor

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**Fear-Inducing Events Disproportionately Affect Children in Low-Income Environments**

<table>
<thead>
<tr>
<th>% of children ages 2-17 who...</th>
<th>$50,000+</th>
<th>$20-$50,000</th>
<th>$20,000 or less</th>
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<tbody>
<tr>
<td>experience sexual victimization</td>
<td>![Graph Data]</td>
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<tr>
<td>experience maltreatment</td>
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<td>witness violence</td>
<td>![Graph Data]</td>
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*Source: Finkelhor, et al. (2005)*
Harvard Video

https://www.youtube.com/watch?v=rVwFkcOZHJw
Traumatic Reaction in Children

A traumatic event can:

- Cause a child to feel overwhelmed
- Disrupt a child’s sense of control
- Cause feelings of terror and helplessness
- Cause physiological arousal (changes in the body in response to the threat)
Executive Functioning Skill Development in Young Children

A range of tests measuring different forms of executive function skills indicates that they begin to develop shortly after birth, with ages 3 to 5 providing a window of opportunity for dramatic growth in these skills. Growth continues throughout adolescence and early adulthood; proficiency begins to decline in later life.

The Architecture of Learning and Memory

Prefrontal Cortex

Amygdala

Temporal Lobe

Hippocampus
Brain Activity During Stress

When we are stressed, we move from the rational, thinking part of our brains, to our primitive, survival oriented limbic system.
Emotional memories can be problematic because . . .

1. Increases in cortisol will strengthen the memory of emotional events, creating fear memories
2. Static levels of cortisol in the brain weaken the memory formation and learning in non-threatening environments

3. Therefore:
   ✓ fear memories are strong and stored,
   ✓ they are easily retrieved over and over again,
   ✓ And new learning and memory formation is blocked
Trauma Effects on Body

- Headaches
- Stomach Aches
- Digestion Problems
- Poor Appetite
Trauma Effects on Development

Language

Cognitive Development

Physical Development
Trauma Effects on Emotions and Behavior

- Fear
- Hypervigilence
- Withdrawn
- Aggressive
- Anxiety
- Depression
- Lack of Trust
Some behaviors you might see

- Fear of being separated from parent; clinging
- More crying, whimpering, screaming, tantrums
- Unable to self-soothe
- Difficulty falling asleep, night waking
- May reenact scenes in play
- Jumpy, startles easily, seems anxious
- Increased reactivity & impulsivity
- Defiance
- Perfectionism
- Development of new fears
Some behaviors you might see

- Loss of developmental milestone / returning to behaviors shown at earlier ages
- More immature behaviors
  - Problems with toileting (bedwetting, soiling)
  - Thumb sucking; Fear of the dark
  - These self-soothing behaviors can be attributed to the child attempting to “cope” with their experience and the new interpretation they may have of past and future events.
What is the differential diagnosis?

1. AD/HD
2. Oppositional Defiant Disorder
3. Anxiety Disorders
   - OCD, Separation Anxiety
4. Autism Spectrum Disorders
5. Learning Disorders
6. Mental Retardation/Borderline Intellectual Functioning
Abusive or Neglectful Caregiving

- Mistrust of others
- Feelings of lack of control
- Fear about future
- Belief that world is unsafe place
- Assumption that others will not like me

Trauma & Relationships
How does trauma effect children in school long term?

Traumatized children are:

- 2.5x more likely to fail a grade in school
- Score lower on standardized achievement tests
- More likely to have struggles in receptive & expressive language
- Suspended & expelled more often
- More frequently placed in special education

Adapted from: Wisconsin department of public instruction
Why Do Children React Differently to Trauma?

- Age
- Temperament
- History
- Victim
- Witness
- Other risks

Support from Caring Adult
What does it mean to be “Trauma Informed?”

- Understanding the impact of trauma on children
- Assuming that children are doing the best they can to cope
- Using that understanding in planning for the child
- Understanding your role in responding to distress
Many students have had traumatic experiences. Trauma can impact the learning behavior and relationships at school. Trauma sensitivity helps a child regain a sense of security or safety so they can learn. Trauma sensitivity requires a whole team approach.

Slide adapted from massadvocates.org. Helping children learn
How “school ready” are preschoolers who have experienced trauma?

Young children who have experienced trauma may be “delayed” in their social skills and emotional development & having trouble coping with emotions.

5/7 identified “readiness skills” are social-emotional skills...

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**USA TODAY Snapshots**

**Early on, social skills trump smarts**

Percentage of 800 kindergarten teachers surveyed who say these skills are essential or very important:

- Paying attention: 86%
- Not being disruptive: 86%
- Following directions: 83%
- Getting along with others: 83%
- Problem-solving: 61%
- Knowing the alphabet: 32%
- Counting to 20: 27%

Source: Mason-Dixon Polling for Fight Crime: Invest in Kids
By Julia Neyman and Alejandro Gonzalez, USA TODAY
What are some effective interventions to use with trauma survivors?
1. Psychoeducation

- Don’t ignore the trauma - address it directly with caregiver and child at the beginning of the relationship (why they are here)

- Educate caregivers that trauma reactions are normal and treatable
1. Make Relationship Deposits

- Play
- Listen
- Encourage Efforts
- Hugs High-fives
- Positive attention
- Nurturing Touch

‘Relaxed Talk’

Like putting $ in the good behavior bank!

Adapted from: Center on the Social-Emotional Foundation of Early Learning [http://csefel.vanderbilt.edu/](http://csefel.vanderbilt.edu/)
2. **Always Use Positive Guidance**

- It will take practice for children to develop their social emotional skills, and to manage their emotions – be patient.
- Redirect to appropriate behavior.
- Praise, praise, praise.
- Teach a few simple rules.
- Be calm, firm, and matter-of-fact.
Smile

Show

Me I am

Loved

Everyday
3. Teach Social-Emotional Skills

- Feelings Identification – through labeling and modeling; books about feelings and posters
- Problem Solving

Problem Solving Steps – Simple Words to Teach and Remind Children

1. Say the problem.
2. Think, think, think of some solutions.
3. Pick one solution.
4. Give it a try.
How do you begin building social-emotional skills in young children?

1. Allow the child to maintain the coping skills that helped them to survive the trauma, even if these coping skills are not ideal, while building new healthy coping skills.

2. Support the child and reminding them that they can manage the situation, the caregiver/teacher is there for support.
Teaching Emotional Literacy

Emotional literacy is the ability to identify, understand, and respond to emotions in oneself and others in a healthy manner.
You can teach children to use I Feel/I Choose* and Calm Down Buckets

* Adapted from Conscious Discipline materials
Enhancing Safety

Safe environments are:

- **Predictable:** Know what happens next
  - Have your daily schedule on a poster at child’s eye level (use both pictures and words).
  - If the schedule will need to be changed, let the children know in advance

- **Patterned:** Environment is organized
  - Teach the children about the schedule daily

- **Relational:** Caregivers they know and trust can help them focus on learning and reduce hyper-vigilence
Enhancing Safety

- What does it take for this child to feel safe?
- What are the child’s triggers?
  - Each child will be different
- Find ways to both show and tell the child the following message:
  - You are safe here.
  - Our classroom is a safe place. I will keep you safe.
  - I will listen to you and respond to your needs.
Classroom Strategies

Our strategies must address the fact that children with trauma may be:

- Lacking a feeling of safety – and may in fact be in unsafe situation
- Lacking essential stable, nurturing relationships
- “Delayed” in their social skills and emotional development & having trouble coping with emotions
When to Refer

- If you are concerned that a child’s behavior isn’t improving, consider a referral for mental health services.

- There are evidence-based trauma-focused treatments. A mental health professional trained in trauma should be able to determine help.
  - Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)
  - Parent-Child Interaction Therapy (PCIT)
  - Child-Parent Psychotherapy (CPP)
The NEST Program Resource

• Arkansas Network for Early Stress and Trauma is a program administered by the University of Arkansas for Medical Sciences.

• Children ages 5 and under who have experienced some type of trauma and their families are eligible to participate. Families receive evidence-based child trauma treatments and support.

• NEST partners with mental health providers across the State to help make evidence-based treatment available to children and their families.
Q&A

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