

#10017

UNDERSTANDING CHILDHOOD TRAUMA: SIGNIFICANT EVENT CHILDHOOD TRAUMA

MAGNA SYSTEMS, INC., 2002

Grade Level: Adult

29 Minutes

1 Instructional Graphic Included



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CHILDHOOD TRAUMA

- **What is Childhood Trauma?**
- **Significant Event Childhood Trauma**
- **The Brain: Effects of Childhood Trauma**
- **Identifying and Responding to Trauma in Children Up to 5 Years of Age**
- **Identifying and Responding to Trauma in Ages Six to Adolescence**
- **Domestic Violence and Childhood Trauma**
- **Trauma and Healing**
- **A Parents Guide to Identifying and Responding to Childhood Trauma**



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CHILDHOOD TRAUMA

A Guide to Study

Each section of the individual module in this workbook contains the following: Overview, Questions To Consider, Vocabulary, Instructional Objectives, and Self-Test.

The OVERVIEW establishes the framework for the total module.

The QUESTIONS TO CONSIDER can help focus the student's attention while viewing the video.

The VOCABULARY contains words used in each module.

The INSTRUCTIONAL OBJECTIVES set forth what the student will be able to accomplish upon completion of the module.

The SELF-TEST is a check to progress. The answers are found in the self test answer key.

The Video Modules of Understanding Childhood Trauma: Strategies and Solutions and the Workbook Chapters which are an integral part of the series, were produced by Linkletter Films.

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Biography

Bruce D. Perry, M.D., Ph.D.

Dr. Perry is the Medical Director, Provincial Programs in Children's Mental Health for the Alberta Mental Health Board. In addition he continues to lead the ChildTrauma Academy, a training and research institute he founded in 1990. From 1992 to 2001, Dr. Perry served as the Trammell Research Professor of Child Psychiatry and Chief of Psychiatry for Texas Children's Hospital at Baylor College of Medicine in Houston, Texas.

Dr. Perry, a native of Bismarck, North Dakota, was an undergraduate at Stanford University and Amherst College. He attended medical and graduate school at Northwestern University, receiving both M.D. and Ph.D. degrees. Dr. Perry completed a residency in general psychiatry at Yale University School of Medicine and a fellowship in Child and Adolescent Psychiatry at The University of Chicago.

Dr. Perry has conducted both basic neuroscience and clinical research. His neuroscience research has examined the effects of prenatal drug exposure on brain development, the neurobiology of human neuropsychiatric disorders, the neurophysiology of traumatic life events and basic mechanisms related to the development of neurotransmitter receptors in the brain. His clinical research and practice has focused on high-risk children - examining long-term cognitive, behavioral, emotional, social, and physiological effects of neglect and trauma in children, adolescents and adults. This work has been instrumental in describing how childhood experiences, including neglect and traumatic stress, change the biology of the brain - and, thereby, the health of the child.

A focus of his work over the last five years has been the development of innovative clinical and systemic programs and practices based upon emerging concepts regarding child development and neurodevelopment. These programs are in partnership with multiple sectors of the community and in context of public-private partnerships which help catalyze systemic change within the primary institutions that work with high risk children such as child protective services, mental health, public education and juvenile justice.

Dr. Perry is the author of over 180 journal articles, book chapters and scientific proceedings and is the recipient of numerous professional awards and honors, recently including the T. Berry Brazelton Infant Mental Health Advocacy Award and the 2000 Award for Leadership in Public Child Welfare from the National Association of Public Child Welfare Administrators

Coping with Traumatic Events: Terrorist Attacks in the United States *Special Comments for Teachers and School Personnel*

Bruce D. Perry, M.D., Ph.D.

1. **Talk about these events in class in factual and focused ways.** It is appropriate to talk about these events in the classroom. But it is not appropriate to turn each class into an unstructured group therapy session. There should be open, honest, and accurate discussion in classes that is directed and contained by a teacher. Once this initial period of grief has subsided, try to keep discussions focused on aspects relevant to the content of your curriculum. You should not ignore it: children never benefit from 'not thinking about it' or 'putting it out of their minds.' But your students will be better served if they take an aspect of this and discuss it in focused, thoughtful and rational ways. In history talk about extremism in other key world events; in Social Studies talk about various cultural/religious views of death. Now, this does not mean you should ignore the emotional impact of this; just don't feel that you have to become an expert in trauma psychology to help your students.
2. **Find out what the children think and feel.** An important first step in talking about this event is to find out what the children think and feel. Many of the children will have distorted information. Young children, for example, often make false assumptions about the causes of major events. These distortions can magnify his sense of fear and make him more likely to have persisting emotional or behavioral problems. Correct misperceptions with accurate but age-appropriate explanations.
3. **Don't over focus on these events: resume normal patterns of activity at school as soon as possible.** In the immediate post-event period, children and adults often over-focus on traumatic events. The horror of this event, the pervasive media coverage and the many discussions can actually saturate a child's capacity to process and move forward in a healthy way. Make the classroom a safe place to get some structured relief from this emotional barrage. By focusing on school work, a child's over-worked stress-response system can get a little rest period.
4. **Take a child's lead on when, what and how much to say.** After you have some sense of what your students know, and you have clarified any distortions, let them take the lead during your informal discussions about this topic. Students may ask you many difficult questions, "How long can you live if you are trapped like that?" You do not need to be too detailed or comprehensive in your answers. If you let children direct unstructured discussions by their questions - you will find that you will have many, many short discussions and not one "big" talk. These little discussions make it easier for students to digest this huge emotional meal.
5. **Don't feel that you have to have all the answers.** Some aspects of this will forever remain beyond understanding. You can explain that you just don't know - and that sometimes we will never know why some things happen. Help teach your students that hate can lead to senseless cruelty. And that you, we all, learn to live with some unknowns. When you share your struggles

with the child, their own struggles become easier.

6. **Reassure the children about safety.** Many children - and many adults - are frightened. This event has shattered our sense of safety. Your students may have fears about personal safety but more likely will be worried about parents flying, going to work in public places or working in high-rise buildings. Reassure your students. Your home and community are safe. Steps are being taken to make things safer. Remind them that only a few hateful people did this.
7. **Inform parents and children about the risks of children watching too much media coverage.** Watching the images of this over and over not only won't help child. In fact, it may make this worse for them. Young children are very vulnerable to this. Children six and under may actually think that there have been hundreds of buildings collapsing. Tell children and parents to limit their viewing of the media coverage with explicit images. Ultimately, the goal is to decrease the traumatic power of these images and that is very difficult when the images permeate the media.
8. **Anticipate increased behavioral and emotional problems and decreased capacity to learn.** When children feel overwhelmed, confused, sad or fearful, they will often "regress." And so do adults. You may see a variety of symptoms in your students: these include anxiety (or fearfulness), sadness, difficulty concentrating, sleep problems, increased impulsivity or aggression. These symptoms are usually short-term (days or weeks) and tend to resolve with reassurance, patience and nurturing. When children feel safe, they will be most likely start to "act their age."
9. **Some children will be more vulnerable than others.** Not all children will react to these events in the same way. Some children may seem disinterested and no changes in their behaviours will be noticed. Other children may have profound symptoms that seem out of proportion to their real connection to these events. We can not predict how a given child will react but we do know that children with pre-existing mental health or behavioural problems are more likely to show symptoms. We also know that the closer a child is to the actual traumatic event (i.e., if a loved one was injured or killed) the more severe and persisting the symptoms will be. The high-risk children in your class are high risk for having increased problems following this event.
10. **Your reactions will influence children's reactions.** Children sense emotional intensity around them and will mirror the emotional responses and interpretations of important adults in their life. That includes their teachers. Younger children will try to please you - sometimes by avoiding emotional topics if they sense that it may upset you. Try to gauge your own reactions. If you find yourself crying or being very emotional, it is fine. Just make sure that you try to tell your students why you cried. It is reassuring to children to know they are not alone with their feelings. Make sure they hear, many times, that even though it may be upsetting it is still important to share feelings and thoughts with each other.
11. **Don't let anger be misdirected.** A major mistake following these events would be to let hate win. Don't let the frustration, anger and rage that this event produces to be misdirected. Only a small, hateful group of people did

this. No ethnic group or religion bear the brunt of these senseless destructive acts. Every religion and ethnicity has produced examples of extreme hateful and violent behaviours. Don't let the hate spread. Make sure your students understand that hurting more innocent people will only mean that terror wins.

12. **Don't hesitate to get more advice and help.** If you feel overwhelmed or if you see persisting problems with your students, don't hesitate to reach out for help. In most communities there are professionals and organizations that can answer your questions and provide the services your students need.

About the ChildTrauma Academy

The ChildTrauma Academy is a unique collaborative of individuals and organizations working to improve the lives of high-risk children through direct service, research and education. These efforts are in partnership with the public and private systems that are mandated to protect, heal and educate children. For more information see: <http://www.ChildTrauma.org>

2 Video#2: Significant Event Childhood Trauma

Overview

Significant event childhood traumas are different from ongoing patterned family-based traumas, in that they catch a child by surprise. These trauma-causing significant events include: school violence, terrorist attacks, life threatening accidents, the death of a parent or sibling, and natural disasters such as floods, earthquakes, devastating storms, and fires. The effects of childhood significant event traumas are examined to help assist teachers, parents, and caregivers learn how to recognize and provide effective intervention for children suffering from significant event childhood trauma.

The known pattern of effects to children from a significant traumatic event include: the alarm state, re-experiencing, emotional memory, and avoidance. Teachers, parents, and caregivers are given counteractive information to assist children as they learn to accept the event and heal through the trauma. These measures include: being honest about the trauma, not avoiding what happened, to keep discussing the details of what happened as long as necessary, to be nurturing and predictable with a child, and understanding the child's survivor guilt.

Most significant event traumas for children are naturally resolved in a few weeks or a month, but if at six months a child is still distressed and exhibiting traumatic effects, professional help should be sought. A somewhat better indicator than time, for healing, is how distressing the significant event is, and how much it interferes with a child's ability to lead a relatively normal life.

For many children, the feelings of loss associated with a significant event trauma may never entirely go away, but the way a traumatized child experiences loss in the future will change for the better.

Questions To Consider

1. After highly publicized school violence incidents, such as Columbine, do children feel safe at school? Are they really safe at school?
2. How quickly should authorities react after a school violence incident, and what assistance to children should be offered?
3. What can a teacher in the classroom best do to help a child that has recently experienced a significant traumatic event?
4. Should a teacher become involved when a child's parents are going through a divorce?
5. What is the most important thing a parent or caregiver can do to help a child get through the feelings of a significant event trauma?

Vocabulary

Significant event trauma An event that brings the feelings of overwhelming loss, fear, or danger to child, and catches a child off guard.

School violence A significant event, such as a shooting by a fellow student at school, that is relatively unexpected.

The Alarm State The fight or flight reaction of a human being under threat.

Re-experiencing Uncontrollable obsessive thoughts and feelings after a significant traumatic event. The attempt to regain control and master the event.

Emotional Memory The trigger of the original thoughts and feelings due to the significant traumatic event during re-experiencing.

Avoidance A natural effort to avoid direct reminders of the event due to the thoughts and feelings provoked.

Dissociation The attempt to withdraw attention from the outside world and go into a safer interior world in the attempt to avoid traumatic thoughts and feelings.

Behavioral Impulsivity Unconscious acting out behaviors without regard to consequences due to the avoidance of painful feelings.

Chronic anxiety Ongoing conscious and unconscious fear due to a significant traumatic event.

Overwhelmed parent Any parent, usually single, that doesn't have the time or resources to be an effective child caregiver.

Role-modeled violence Generational violence that children copy from a parent.

Baseline The consensus from observation of where a child is physically and emotionally after a significant traumatic event.

Unrealistic scenarios The imaginings of a child who doesn't know, or can't yet accept, the realities of a significant traumatic event.

Guilt In the case of a significant traumatic event, the guilt a child feels for surviving the event.

Instructional Objectives

1. Describe some common childhood significant traumatic events.
2. Describe how a significant traumatic event can influence a child's development.
3. Describe the primary negative influences to a child's development caused by unrecognized and unhealed Post-Traumatic Stress Disorder.
4. Describe the difficulties for a single parent who is trying to help a child who is suffering from a significant traumatic event.

Self-Test

1. For a teacher, why is it usually easier to help a child suffering from a significant traumatic event than one suffering from chronic trauma?

2. What should a teacher do after telling the class about a student who has just had a significant traumatic event?

3. How can a teacher benefit a child by listening and being non-judgmental?

4. How can a teacher be most effectively tolerant of a child suffering from a significant event trauma?

5. What should a teacher know about parents that will help him or her be most effective in helping a child suffering with significant event trauma?

6. How can a teacher be the eyes and ears of the family?

Self-Test (Continued)

7. When should a teacher seek outside help for a child suffering from a significant event trauma?

8. What is especially damaging to the children of divorcing parents?

9. What fact should a teacher reinforce to a child whose parents are divorcing?

10. What does Dr. Perry mean by "the perception is as important as the reality" in regard to school violence?

11. According to Dr. Perry, what can happen to the kids who actually witness a shooting at school?

12. How can being a single parent be overwhelming?

13. What does it do to a child to be around violence in the home?

14. According to Dr. Perry, why is violence a malignant combination?

Significant Event Childhood Trauma Self-Test Answer Key

Questions To Consider:

1. A recent survey reports that 80% of children do not feel safe at school. In reality, children are as safe as ever, with the chance of being struck by lightning higher than that of being a victim of school violence.
2. There is no need to bring in professionals too quickly. The first reactions after a school violence incident are natural, with families, friends, and the clergy offering adequate help. Ten to fifteen percent of children will still be experiencing severe trauma effects at three to six months and should be revisited with professional assistance offered.
3. When the child is not present, a teacher should discuss openly what happened with the entire classroom and give information on what feelings and behaviors from the child can be expected. When the child returns, a teacher should give condolences in a private moment and let the child know that he or she will be offered understanding and support.
4. Yes, approach the child and offer understanding and support, but do not be manipulated by either parent into taking sides.
5. All of the criteria in the program for helping a traumatized child point to simply being caring and being present to all of the child's emotions and questions.

Instructional Objectives:

Death of a parent or sibling, violence, near death accidents, parental divorce, natural disasters.

An unhealed child will exhibit some or all of the following which impairs childhood development: behavioral impulsivity, hyper-vigilance, hyperactivity, depression and withdrawal, insomnia, nightmares, and chronic anxiety.

There is a real loss of previous functioning for the child and a slower rate of acquiring new developmental skills.

Isolation and being overwhelmed. Human beings are designed to live in groups, designed for extended families, and designed to have multiple adults around to help in care giving.

Self-Test

1. The significant event is generally known, whereas chronic abuse is ongoing and unknown.
2. The teacher should try to give the class information about how the event may affect the affected child and how the child may act.
3. The child will feel safer and more comfortable, and be able to talk and process the significant traumatic event.
4. The teacher should understand that there is no one right way for a child to react to significant event trauma, and that all children possess different coping styles.
5. Because the parents are also dealing with their own shock and loss, they may minimize some of the distress a child is experiencing.
6. By closely observing the behaviors of the child, and if warranted, reporting the observations to the family in a supportive and understanding way.
7. When problems are manifesting for a long period of time, there is interference with a child's ability to progress in school, and when a child has difficulty in developing healthy peer relations.
8. To disrupt their consistency of school and friends.
9. That the child had absolutely no role or responsibility in the divorce.
10. When someone feels that they're threatened, that will activate their fear response and change their behaviors even without real threat.
11. They are in real danger of developing Post-Traumatic Stress Disorder, a neuropsychiatry disorder that has emotional, behavioral, cognitive, and physiological symptoms.
12. One person is expected to meet all the needs of children at different ages, and take care of all the family's economic needs.
13. The child will have classic trauma-related symptoms and they will be fearful.
14. Role-modeled violence leads to an almost predictable effect that a child will become violent and aggressive in all of his relationships.

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