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#10019 UNDERSTANDING CHILDHOOD TRAUMA: IDENTIFYING AND RESPONDING TO TRAUMA—AGES 6 TO ADOLESCENCE

MAGNA SYSTEMS, INC., 2002
Grade Level: Adult
29 Minutes
1 Instructional Graphic Included

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#10016 UNDERSTANDING CHILDHOOD TRAUMA: IDENTIFYING AND RESPONDING TO TRAUMA—AGES 0 TO 5 YEARS OLD
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#10022 UNDERSTANDING CHILDHOOD TRAUMA: WHAT IS CHILDHOOD TRAUMA?

Funding for the Captioned Media Program is provided by the U.S. Department of Education

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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Contents

The Workbook topics listed here are integrated with the video modules of the Understanding, Identifying and Responding to Childhood Trauma series.

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95 West County Line Road, Barrington, IL 60010

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 VOCBULARY 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

5 VIDEO #5
Identifying and Responding to Trauma: Ages 6 to Adolescence

Overview

Adolescent children recognized as suffering from the effects of trauma present many new challenges for teachers, caregivers, and professionals. A primary difference between younger children and older adolescents is that adolescents have more autonomy, verbal skills, and choices. Adolescents are beginning to form relationships, become involved in school and school activities, and are accountable to higher expectations.

Trauma effects in adolescents are now often subject to gender differences. Adolescent boys tend to exhibit disciplinary problems, and adolescent girls tend to isolate and dissociate. School learning is adversely affected by the alarm state, causing a child to focus on non-verbal cues rather than a teacher's presented information. Teachers are given helpful practices to bring a traumatized child into the present to better focus and retain information.

Also addressed are the correlations between school truancy and a traumatized child's attempts to avoid pain, and a teacher's attempts at discipline being perceived as a treat. Often, attempts at discipline by a teacher will trigger the alarm state, and cause a traumatized child to re-experience the trauma and go into a fight or flight response.

Because the home is where many children are violated and traumatized, teachers have many opportunities to teach acceptance, self-value, and basic skills. Helping a traumatized child to form healthy and caring relationships with teachers, professionals, and peers, will have far-reaching and positive therapeutic results.

Questions To Consider

1. What positive role can a community play in the healing of traumatized children?
2. What are the general traumatic effects in adolescent boys?
3. What are the general traumatic effects in adolescent girls?
4. What primary obstacles to learning make it more difficult for traumatized children to succeed in school?
5. Why do traumatized adolescents have difficulty in perceiving negative consequences to behavior?
6. Why are traumatized adolescents often truant from school?
7. What primary difficulty do teachers have in disciplining a traumatized child?
8. Why are teachers often very effective in helping a traumatized child?

Vocabulary

Expectations For children, adult expectations to conform and succeed.

Surface Misidentification The tendency to label a child based on surface behaviors rather than on the underlying causes for the behavior.

Predisposition The natural emotional make-up of a child.

Startle-response The quick natural reaction to threat experienced by a traumatized child.

Arousal Generally existing in boys, the traumatic reactions of acting out, hyper-activity, and hyper-vigilance.

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.

Hyper-activity Acting out behaviors due to threat, such as aggression and impulsivity.

Hyper-vigilance Scanning the immediate environment looking for clues of impending threat.

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

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

Threat The emotional feelings from past incidences in a child's life that have caused traumatic reactions.

Delaying gratification The ability to patiently work toward a future goal rather than acting in the moment without perception of negative consequences.

Non-verbal Cues/Non-verbal Information The non-verbal behaviors a child perceives as threat in a caregiver or teacher, such as: tone of voice, body posture, and facial expressions.

Impulsivity A traumatized child's tendency to react without consideration of consequences.

Avoidance Withdrawing for safety when a traumatized child feels threatened. Often caused by dissociation resulting in school truancy.

Positive dialogue Reinforcing and caring discussion with a traumatized child.

Trans-generational trauma Conscious or unconscious stereotypes and self beliefs about one's race or origins because of traumatic historical threat.

Instructional Objectives

1. Describe Dr. Perry's comments about positive adults in the lives of traumatized children.
2. Describe how a teacher can be most effective, one on one, in the life of a traumatized child.
3. Describe an example of how trans-generational trauma in a parent can negatively influence their children.
4. Describe how therapy is helpful in healing from trauma, but real healing comes from understanding friends and siblings.

Self-Test

1. What are the variables that affect the specific symptoms in a traumatized child?

2. How does the home life of a traumatized child help in healing?

3. What are the primary trauma symptoms for adolescents?

4. What are the two primary adaptive patterns to trauma in children?

5. Why is it important for teachers to understand the gender differences in reaction to trauma, in children?

6. How can a teacher best determine if a child is dissociating?

7. What preoccupation in the classroom can deter a traumatized child from learning?

Self-Test (Continued)

8. What are some helpful practices for teachers to best insure learning in a traumatized child?

9. Without teacher intervention, what is the most reinforcing for a traumatized child?

10. What is a primary signal to a teacher that a child is suffering from trauma?

11. When a traumatized child perceives school discipline as a threat, how will the child usually react?

12. What is the primary concern for a traumatized child seeking relationships during healing?

13. How do traumatized children and children with Attention Deficit Disorder react differently toward discipline by a teacher?

14. Why do traumatized children often suffer from test anxiety?

15. According to Dr. Perry, why do traumatized adolescents most often not meet their potential; socially, emotionally, and cognitively?

Self-Test (Continued)

16. What technique do many adolescent girls use to dissociate?

17. Why is doing the small things by teachers therapeutic for traumatized adolescents?

18. What are Dr. Perry's comments about people who have survived and flourished after trauma?

Identifying and Responding to Trauma in Ages Six to Adolescence
Self-Test Answer Key

Questions To Consider:

1. It's the community of positive and caring adults and peers in a traumatized child's life that can create a therapeutic web. The more positive adults in their life, the better off they're going to be.

2. Traumatized adolescent boys usually exhibit a hyper-active response and are hyper-vigilant to what's going on around them.

3. Traumatized adolescent girls usually dissociate from their surroundings and retreat to a safer inner world.

4. Children arriving at school in the alarm state will pay more attention to non-verbal cues than to the information given by a teacher. Also, children will easily distracted by hyper-vigilance as they seek safety.

5. A traumatized child's sense of time will be distorted, causing the future to be foreshortened. This creates a sense of immediacy with consequences for negative behavior losing its importance.

6. School can be an additional stress to an already chaotic and dangerous home environment.

7. Escalation. Discipline will be perceived as threat, escalating a child's acting out behaviors. Ultimately, a traumatized child will feel cornered into a fight or flight response.

8. Many traumatized children come from a violent home environment. For them, school can be a much safer place, decreasing the alarm state, and causing them to be more present and receptive.

Instructional Objectives:

Where there are inadequate role models at home, an invested adult, such as a coach, youth minister, or a neighbor, can play a positive role in the lives of children.

To be the most directly effective, teachers should understand what happened to the child, be sensitive to the child's strengths and weaknesses, spend focused time with the child, and start to build a catalogue of positive experiences to offset the negative experiences.

An example is a parent who is a Vietnam veteran. The veteran's children had symptoms that were exacerbated by combat-related cues, although the children were never in combat.

Adolescents will seek out friends and siblings they care for and trust more often than therapy. Healing comes from invested people in the life of a traumatized adolescent who listen, share, tolerate, and invest in a real relationship.

Self-Test:

1. The frequency, patterns, and intensity of the trauma, and the predisposition of the child.
2. The degree of predictability, stability, and safety of the home environment.
3. Withdrawal, anxiety, depression, sleep disturbance, hyperactivity, aggression, hyper-vigilance, increased startle response, and mood problems.
4. Arousal and dissociation.
5. Teachers will be better prepared to recognize specific trauma symptoms, and will be less likely to misdiagnose and misidentify.
6. Dissociation will escalate when threat is perceived.
7. Misinterpreting or over-reading non-verbal information.
8. Befriend the child, be attentive, remain calm, make direct eye contact, limit gestures, frequently ask direct questions, focus on the lesson, provide extra one on one time, don't show frustration, and don't' single out the child.
9. To seek immediate reward because of the inability to delay gratification.
10. School truancy, when there aren't obvious reasons, signals that there may be problems at home.
11. The child will escalate his or her behaviors and act out reflexively, impulsively, and aggressively.
12. Safety.
13. If a teacher approaches a traumatized child with similar attempts at discipline that have been effective with an ADD child, the traumatized child will become more anxious, overwhelmed, and symptomatic.
14. Because of feelings of threat, the natural escalation of the alarm response by likely recent family violence.
15. Because of chaos and violence at home, these children are continually stirred up physiologically and emotionally. It's impossible for these children to be present and learn when they're preoccupied.
16. Adolescent girls often dissociate by cutting themselves. The physical pain can help to induce a state of being distant, soothed, calm, and safe from traumatic pain.
17. Children remember the little things done for them by a teacher because the teacher went out of his or her way for them. Even small efforts by a teacher can have a huge impact on a traumatized child.
18. Many, many, creative and inventive things have been the product of good people who have had bad things happen to them.

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