

#10021

UNDERSTANDING CHILDHOOD TRAUMA: TRAUMA AND HEALING

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**



Published by Magna Systems, Inc.

Contents

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

Understanding, Identifying and Responding to Childhood Trauma	Page
1. What is Childhood Trauma?	1
Self Test Answer Key	38
2. Significant Event Childhood Trauma	6
Self Test Answer Key	40
3. The Brain: Effects of Childhood Trauma	10
Self Test Answer Key	42
4. Identifying and Responding to Trauma in Children up to 5 Years of Age	14
Self Test Answer Key	44
5. Identifying and Responding to Trauma in Ages Six to Adolescence	19
Self Test Key	46
6. Domestic Violence and Childhood Trauma	24
Self Test Key	48
7. Trauma and Healing	28
Self Test Answer Key	50
8. A Parents Guide to Identifying and Responding to Childhood Trauma	32
Self Test Answer Key	52

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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>

7 VIDEO #7 Trauma and Healing

Overview

Childhood trauma can cause many adult life problems if left unhealed. There can be addiction, domestic violence, Post-Traumatic Stress Disorder, abuse and neglect of children, and a feeling of general malaise and unhappiness. Often in mid-life, an adult unhealed traumatized child will come to a place where life just isn't working anymore. This can be an opportunity for many to recognize and accept what really happened to them as children, and begin a painful, but hopeful, healing process.

This program presents the stories of Cynthia, Curtis, and Vickie. Cynthia is just now realizing that she has suffered from acute Post-Traumatic Stress Disorder and is accepting how this has led to violence in her life. Curtis is working to recover from his addiction to crack cocaine, and is beginning to understand how his fatherless childhood has affected his life. Vickie has hit a mid life crises where she has broken the denial of the real violence that occurred in her childhood home, and realizes how that has affected her parenting and adult relationships. All have come to realize that many of their problems are the result of childhood abuse and trauma.

Jane Middleton-Moz sums up: We've all striven for health all of our life. No matter how we did it, we've aimed for survival. The next step of survival is to start looking at the whole self.

Questions To Consider

1. What do Cynthia, Curtis, and Vickie share in common in their childhood?
2. What is common to Cynthia, Curtis, and Vickie's healing?
3. What does Jane Middleton-Moz discuss about anger and a file cabinet inside oneself?
4. What does Dr. Perry say about addiction and parenting children?
5. What happens when a child's emotions are shut down and not allowed after they become an adult?
6. According to Dr. Perry, what seems normal to traumatized children?
7. What two ways of expressing anger are not normal and healthy?
8. What does Dr. Perry say makes traumatic scars easier to live with?

Vocabulary

Accumulation A gradual build up of smaller things into a large whole.

Open System A family where there is the normal expression of anger, joy, and all feelings.

Trigger A similar adult event that reminds an adult traumatized child of an original trauma experience, along with the associated emotions and feelings.

Control/Release A process where a person controls their expression of emotions and finally has to release those emotions, often with negative consequences.

Panic Attack The resurfacing of repressed and frightening emotions after the fact.

Generational Beliefs and behaviors passed down from family to family.

Trauma Significant or ongoing events that threaten survival and produce overwhelming feelings of fear and hyper-vigilance.

Post-Traumatic Stress Disorder Specific criteria, and a clinical diagnosis, of an individual suffering from certain behaviors and thought processes as a result of severe trauma.

Intervention The recognition of a specific condition or situation, and the strategies to stop or change outcome.

Instructional Objectives

1. Describe the correlation between body memory and panic attacks.
2. Why do victims in domestic violence situations often feel like it's their fault?
3. Describe Jane Middleton-Moz's statement concerning addiction and being numb.
4. How is being traumatized like being a war survivor?
5. Describe Jane Middleton-Moz's final statement concerning hope.

Self-Test

1. In Vickie's childhood home, what happened the next morning after a night of parental fighting?

2. What is Cynthia's emotional perception of why she almost killed her husband?

3. What happened to Cynthia during the time that she attacked her husband?

4. What was Curtis' family like when he was a child? Was he traumatized?

5. What happened that caused Curtis to reflect on his life?

6. What is the primary thing that Curtis is trying to figure out?

7. What happens to Cynthia when she feels threatened?

8. What are Cynthia's insights into herself concerning her Post-Traumatic Stress Disorder?

9. What does Dr. Perry say about the reason why traumatized children create problems around safe and predictable adults?

10. What unrealistic goal did Vickie have when she tried to intervene in the violence between her father and mother?

Self-Test (Continued)

11. As a child, what did Vickie perceive as her responsibility in her parent's domestic violence?

12. What did Vickie realize about her life at around the age of thirty?

13. How did Curtis' father affect his life?

14. What helped Curtis in learning how to care for himself?

15. What is the primary hindrance to Cynthia's recovery?

16. What is Cynthia's final statement concerning her hope for the future?

Trauma and Healing

Self-Test Answer Key

Questions To Consider:

1. All have come from homes where there has been abuse, addiction, and violence.
2. As adults, all have become aware and recognized the influence their childhood has had on them.
3. The file cabinet is all of our emotions. You can't go from A to Z, without going through the midpoint. People who cannot express anger, when triggered, will release the entire file cabinet in rage.
4. No matter how much someone loves their children, the competition ends in a hands down victory for the drug.
5. The child will learn to hold on, to hold on to your chair while going through life.
6. That chaos and threat are normal.
7. Over expression of anger that is right out there, and absolutely no expression of anger.
8. A number of people in your life who are considerate and caring, so that significant changes can begin.

Instructional Objectives:

As an adult, when vulnerability is triggered, body memory of the original vulnerability is triggered and causes a panic attack. It feels like you're going to die and fall apart.

Unrecognized childhood trauma is like growing up in a war zone. The victims in domestic violence make that connection and blame themselves for the violence. Victims often don't understand that they're just following the patterns in their lives.

When children aren't allowed normal emotional expression, as adults, they will utilize addictions to numb themselves from the emotions of life. The only way to find release is to use.

Survival. When you survive in a war, you don't have the time to stop and allow yourself all of the associated feelings. Later, when you're safe, the feelings break through and become overwhelming. It's very similar with traumatized children in an unsafe home.

"I've never had anybody I'm working with that hasn't been able to understand and feel glorious as a result of that. And to feel proud of themselves as survivors."

Self-Test:

1. It would be like nothing ever happened.
2. Cynthia is very sensitive and easily hurt and upset. She would hold everything in until she explodes.
3. She had a blackout and couldn't remember everything that happened.
4. Curtis was traumatized as a child. In his family was alcoholism and domestic violence.
5. Severe drug addiction, and came to a point where he cared enough about himself to deal with his problems.
6. If it is his childhood that's causing him to go back and forth in his drug addiction, and why he's in treatment.
7. Cynthia has flashbacks. "I see things that actually happened to me."
8. She doesn't know what to do to control it and she doesn't think anyone can help her. "It's something I have to do within myself. It's not happening now, it's all over with."
9. They are unfamiliar and uncomfortable with the ways we think adults should be with children.
10. She thought she could say a magic word and he would change into this wonderful father that she had dreamed about all of her life.
11. "I felt responsible for everybody." Vickie sometimes felt powerful, like she could do something magical to fix things.
12. Vickie started letting go of the feeling that things weren't so bad. "That did affect me, you get bad things from that. I'm suffering from that now."
13. Curtis just wanted to be around his unavailable father. His father just gave him money.
14. His friends continued to care about him even when he didn't care for himself.
15. Trust. Cynthia trusts too much, trusts the wrong people, or doesn't trust trustworthy people.
16. "No one feels this pain that I'm feeling. Gonna get my life back on track and not live large. Not gonna be beside myself and forget where I came from. I'm gonna be happy!"

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