

#10022

UNDERSTANDING CHILDHOOD TRAUMA: WHAT IS CHILDHOOD TRAUMA?

MAGNA SYSTEMS, INC., 2002

Grade Level: Adult

29 Minutes

1 Instructional Graphic Included



CAPTIONED MEDIA PROGRAM RELATED RESOURCES

[#10015 UNDERSTANDING CHILDHOOD TRAUMA: A PARENT'S GUIDE TO IDENTIFYING AND RESPONDING TO CHILDHOOD TRAUMA](#)

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[#10020 UNDERSTANDING CHILDHOOD TRAUMA: THE BRAIN—EFFECTS OF CHILDHOOD TRAUMA](#)

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.

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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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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>

1 Video #1 What is Childhood Trauma?

Overview

Childhood trauma affects approximately four million children each year. The causes and effects of childhood trauma are examined to assist teachers, parents, and caregivers to learn how to recognize and provide effective intervention for children suffering from childhood trauma.

There are two general categories of trauma: ongoing trauma, and significant event trauma. Ongoing traumatic incidents include: parental physical and emotional abuse, violence, and neglect. Significant event trauma incidents include: death of a parent or sibling, near fatal accidents, and natural catastrophes such as: floods, hurricanes, and fires. Both kinds of trauma produce predictable negative effects to a child's socialization, development, and cognitive skills.

Parents, caregivers, and teachers all have a role in providing an environment conducive to helping children overcome trauma effects through recognition and intervention.

Questions To Consider

1. Why is it important to identify traumatized children?
2. What inherent ability in children is heightened by trauma?
3. What are some of the problems a traumatized child is at risk of developing later in life if not recognized and treated?
4. What is the primary difficulty in recognizing and treating childhood trauma?
5. How is self-esteem negatively affected by childhood trauma?
6. Severe stress and trauma results in what clinical disorder?
7. What would happen if every traumatized child in this country was treated for trauma related problems?
8. What is the determining factor of a healthy society?

Vocabulary

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

Hyper-vigilance A heightened sense of awareness to scan the environment to help ensure survival.

Maximizing survival potential The processing and acting on information from the environment in order to know how to best survive.

Adaptive to trauma One who has inadvertently learned to over-interpret danger cues, as a result of trauma, for self protection.

Trauma-induced anticipatory behaviors Over-interpreting non-verbal cues, scanning the environment, acting on impulses, and striking out before being struck. All, to help ensure survival.

Traumatic memory The brains natural ability to effectively forget prior traumatic experiences.

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.

Strategies The means by which one implements a plan for a predetermined outcome.

Instructional Objectives

1. Describe some common childhood traumatic events and situations.
2. Describe how trauma influences childhood development.
3. Describe how trauma adversely affects an individual's potential.
4. Describe the differences in the severity of trauma effects to a child from both significant event trauma and ongoing trauma.
5. Describe how trauma impacts society on a very cold level.

Self-Test

1. What is Dr. Perry's definition of trauma?

2. What happens to a person from a threatening and chaotic world when they enter a predictable and consistent world?

3. What is anticipatory anxiety?

4. What parts of the physical body, due to brain regulation, are affected by trauma?

5. What are the results of recent studies on childhood trauma and the effects on adult physical health?

6. Can adults heal from childhood trauma?

7. What is the primary benefit for an adult in healing from childhood trauma?

8. Are the effects of trauma abnormal?

9. Does understanding the effects of trauma make the trauma go away?

Self-Test (Continued)

10. What interactions with people best help in all childhood trauma healing processes?

11. What is Dr. Perry's statement concerning children who are traumatized, beaten, hurt, and devalued?

12. What is Dr. Perry's statement concerning the benefit to society in healing traumatized children?

13. What is the "penny wise and pound foolish" approach?

14. What is the determining factor of how children can cope differently to similar traumatizing experiences?

15. What is the primary risk factor for children who cope poorly with traumatic experiences?

16. How does trauma affect memory?

17. What is Dr. Perry's statement concerning the saddest part of his work?

18. What are the behaviors that define the term, adaptive to trauma?

Self-Test (Continued)

19. What can affect a child's specific reaction to trauma?

20. What gifts can communities offer to traumatized children?

What Is Childhood Trauma?

Self-Test Answer Key

Video #1 Questions To Consider:

1. Without recognition and intervention of childhood trauma, the resultant problems will not go away of their own accord.
2. Survival.
3. Depression, anxiety, substance abuse, school failure, vulnerability to future abuse, and criminality.
4. The vast differences in individual reactions to trauma.
5. The abuse and humiliation by parents in the family unit.
6. Post-Traumatic Stress Disorder
7. The entire mental health and child welfare communities in this country would be overwhelmed.
8. A society is only as healthy as its child rearing history.

Instructional Objectives:

Parental abuse and violence, parental divorce, parental or sibling death, natural disasters, and near death accidents.

At first, there are small problems, but like a snowball at the top of a mountain, there's an accumulation of problems that adversely affect childhood development.

The accumulation of behaviors, such as: being incapable of forming or maintaining relationships, being incapable of doing well in school, being incapable of holding a job, and simply not enjoying the world the way they might have.

Significant event traumas produce varying degrees of trauma, but the trauma is not as severe or pervasive as ongoing trauma, because it's not continuous or chronic.

If traumatized children are not recognized and healed, they will end up in systems where they are tax consumers. If traumatized children are loved, nurtured, and healed they will potentially become taxpayers.

Self Test:

1. An experience that activates an individual's stress response for an abnormally long period of time.
2. These people become confused and try to make the predictable world more confusing and chaotic.
3. The prolonged anticipation and waiting for unpredictability.
4. The heart, lungs, bowels, and the skin.
5. The more adverse childhood events, the less overall adult physical health.
6. Yes, but it's extremely difficult.
7. The reclaiming of lost human potential.
8. No, these effects are the normal response of a healthy brain to threat.

Self Test (Continued):

9. No, but the understanding helps people to carry the trauma effects better and feel more hopeful.
10. Wisdom, consideration, sensitivity, and caring.
11. You will lose a whole generation of people who could have been inventors, artists, responsible citizens, and empathic parents; and what happens is the society will lose
12. If you increase the percentage of kids who have these wonderful things, and decrease the percentage who have these terrible things, you're going to have a healthier culture
13. Building prisons instead of high quality early childcare models.
14. The strength and diversity of the social support system they have.
15. Isolation and being disconnected without an invested family to help them through the trauma.
16. Memory recalls pleasant things because they are not threatening, and forgets unpleasant things because they are threatening.
17. Helping kids to see themselves with an accurate mirror
18. To help ensure survival, a child will over-interpret non-verbal cues, scan the environment, quickly act on impulses, and learn to strike out before being struck.
19. Genetic predisposition, age, gender, history of previous stress exposure, and the effectiveness of caregivers.
20. Time, attention, respect, instruction, and comfort.

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OR ADDITIONAL COPIES OF THE WORKBOOK, PLEASE

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