

# Understanding Childhood Trauma

## (Course Transcript)

### Introduction

Hello and welcome, this course focuses on understanding trauma and its impact on children, adolescents, and teenagers.

In this course you will learn the following:

- What trauma is and the long-term impact on a child's health and well-being.
- The impact of toxic stress on brain development.
- What Adverse Childhood Events or ACEs are and the impact ACEs have on physical and mental health.
- What trauma response behaviors may look like in children and youth.
- Ways to build resilience in children and youth.

### Did you know?

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It is estimated that more than 2/3 of children experience one or more traumatic event prior to turning 16 years old. Research has shown that experiencing traumatic events during childhood and adolescents can lead to long-lasting negative effects on physical and mental health during adulthood. This course will provide parents with information on what trauma is, the impact trauma and stress can have on a developing child, and provide strategies to help parents build resilience and promote emotional wellbeing in their children.

## **What is trauma?**

What is trauma?

The Substance Abuse and Mental Health Services Administration (SAMHSA) states: Trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being.

Trauma may result from a single event , such as a (house fire or natural disaster) or from repeated stressful situations such as a(child abuse, domestic violence).

How the child perceives the trauma, the environment in which the trauma occurs, and the support of caregivers can all have an influence on the resulting impact of the trauma experienced.

## **Stress Response – Fight or Flight**

Stress Response – Fight or Flight

In response to trauma or a stressful event, the body launches a stress response – commonly known as Fight or Flight. During the stress response, heart rate and blood pressure rise and the body releases chemicals, called hormones, such as cortisol and adrenaline. The stress response plays an important role in preparing the body to handle dangerous or stressful situations. However, if the stress response remains activated for prolonged periods or if an individual experiences chronic, uncontrolled stress this can have a negative impact on physical and mental health.

## **Stress**

Is all stress bad?

Not all stress is bad – experiencing stress is a normal part of life and child development. When children are exposed to stressful situations, supportive relationships from caring adults can help buffer the stress response. As the child learns to handle the stressful situation, the child develops a healthy stress response system.

For example, children may experience stress as they prepare for the first day of school. Support from caregivers, teachers, and school staff helps calm and reassure the child. As the child learns from this experience, it further strengthens the child's stress response. This would be considered a positive stress experience.

There are other types of stress that can have a negative impact on a child's physical and mental health if left unresolved or if the child does not have supportive adults to work through the stressful situation with.

## **Toxic stress**

Toxic Stress occurs when the body's stress response is excessively activated, either from frequent stressful events or over an extended period of time, leading to a prolonged exposure to high levels of stress hormones.

Exposure to high levels of stress hormones can impact the structure and function of the developing brain as well as negatively impact the cardiovascular, metabolic, and immune system, putting the child at increased risk for getting sick and also for developing health problems later in life.

## **Impact of stress on the brain**

During childhood the brain is undergoing rapid development. The parts of the brain that control language, learning, memory, emotions, and impulse control are developed during childhood. If a child experiences toxic stress and continuous or repeated exposure to high levels of stress hormones during this developmental period, it may impact how a child learns, communicates, behaves, handles emotions, and relates to others.

There are two areas of the brain that are particularly affected by trauma and toxic stress, the amygdala and the hypothalamus.

The amygdala is a small area, deep in the brain where the fear response begins and emotions are processed. The amygdala recognizes danger, produces the stress hormone cortisol, and readies the body to respond.

The hippocampus is the area of the brain responsible for learning, memory, and helping the body regulate the stress response.

Repeated or sustained high levels of stress hormones can cause damage to the amygdala and hippocampus, reduce the size of these areas of the brain, leading to impairment in their function.

## **COVID-19 and Toxic Stress**

COVID-19 brought a new set of challenges and stress that impacted our children and youth. In addition to concerns related to the health and well-being for family and friends, COVID-19 resulted in disruptions to routines,

Trauma and Stress Related to COVID-19 includes:

School closures, school closures led to an abrupt change to daily routines. Many students experienced challenges with virtual learning, connecting to the Internet, and accessing needed resources.

Physical and social distancing to prevent the spread of the disease resulted in prolonged separation from family, teachers, classmates, and friends.

Fears of COVID-19 impacting the health of oneself and loved ones

Loss of a loved one related to COVID-19

Loss of employment leading to financial stress in the family

Food and housing insecurity

Household stress placing youth at increased risk for abuse or witnessing domestic violence

Missed routine healthcare appointments –annual physical exams and immunizations, dental and eye appointments, counseling sessions, physical or speech therapy may all have been delayed or missed due to the pandemic.

Missed or cancelled significant life events – such as birthdays, graduations, vacations, athletic events, births, and funerals.

Fears of leaving the house or returning to school for in-person learning.

As discussed previously, the ongoing stress and trauma resulting from the pandemic may have a long-term impact on the health and well-being of our youth.

Below is a link to The Centers for Disease Control and Prevention's COVID-19 Parental Resources Tool Kit. This link will also be located in the resources section of this course.

### **ACEs**

What are ACEs?

Adverse Childhood Events, or ACEs, are potentially traumatic events a child experiences prior to turning 18 years old.

Examples of ACEs include:

- Abuse: Physical, emotional, or sexual
- Neglect: Physical or emotional
- Household Dysfunction: Mental illness, substance abuse, domestic violence, divorce, incarcerated relative.

## **ACE prevalence**

Research conducted on ACEs has found that ACEs are very prevalent across all populations – with over 2/3 of adults having experienced at least one ACE and more than 25% of adults having experienced three or more ACEs.

Why is this finding important?

It has been found that childhood traumatic experiences can have long lasting negative impacts on physical and mental health and wellbeing. In addition, the more ACEs an individual experiences, the greater the risk for long-term, negative health outcomes.

### **Long Term Impacts**

ACEs have been associated with an increased risk of developing heart disease, diabetes, cancer, obesity, infectious diseases, substance abuse, depression, anxiety, and attempted suicide.

In addition, ACEs are associated with an increased risk of injury, learning and behavior problems, dropping out of school, unemployment, and involvement in high-risk activities.

## **ACE Risk Factors**

Risk factors have been identified that are associated with an increased possibility of an individual experiencing ACEs.

These risk factors Include:

- Families experiencing high levels of stress such as: mental illness, financial stress, parenting stress or with high levels of conflict or disagreement within the household.
- Caregivers who experienced abuse or neglect as a child.
- Families that do not have a social support network and/or are isolated from others.
- Caregivers who do not provide consistent supervision or discipline of their children.

Communities with high rates of crime, violence, or easy access to drugs and alcohol.

Communities with high unemployment rates, poverty, and food insecurity.

### **ACE Protective Factors**

#### Protective Factors

There are protective factors that can help reduce the risk of ACEs having long-term impacts on health and well-being. It is important to recognize that parents, family members, teachers and the community can all support the development of protective factors in a child.

These protective factors include:

Supportive, caring, and loving relationship with parents and caregivers.

Stable, safe living environments where a child's basic needs are met.

Healthy relationships with family, friends, and peer groups



Families that engage in fun, positive activities together

Parents and/or caregivers that work through disagreements peacefully.

Communities that provide access to stable housing, food assistance, medical care, and other basic needs.

Communities where residents are connected to one another and provide a network of support.

Parents and caregivers can play a role in building these protective factors in a child's life. Examples of ways to build protective factors in children include:

- Spending time with your child – this may include talking, reading, and playing together.

Serving as a role model – modeling good communication and conflict resolution skills, engaging in healthy lifestyle behaviors such as eating healthy, being physically active, and managing stress.

Creating positive experiences for your family to engage in together – this includes going on walks or riding bikes together, reading books together, or enjoying meals as a family

Providing support and encouragement for your child.

Helping your child to recognize and share emotions.

Teaching your children how to handle conflict.

Involving your child in activities to help them build confidence and develop communication skills.

Pop-Up: Note: There is not a single cause for ACEs. It is important to be aware of all of the different risk and protective factors that can have an impact on a child's development. Reducing risk factors and increasing protective factors can positively influence a child's development.

Pop-Up Note: As a parent or caregiver, it is important you recognize that parenting can be challenging, it is ok to ask for outside help for you, your children, and your family.

## **Trauma Response Behaviors**

### Trauma Response Behaviors

It is important for parents and caregivers to be able to recognize behaviors that children who have experienced traumatic stress may demonstrate. When a child acts out, understand this may not be a child misbehaving, but rather the child's response to traumatic experiences that have occurred.

### What Trauma Response Behaviors May Look Like in Pre-School Aged Children

Behaviors you may see in pre-school children ages 3-6 include:

- Difficulty focusing or staying on task

- Frequent headaches or stomach aches

- Disrupted sleep patterns and nightmares– the child may have difficulty falling asleep at night or staying asleep throughout the night.

- The child may experience a loss of appetite, eat poorly, and experience weight loss

Inability to manage emotions, act out in social situations, tantrums

Feeling anxious or fearful or unsafe

Frequent tantrums

Lack self-confidence, loss of confidence

Difficulty making friends and forming attachments to others

Aggressive behavior, verbally abusive

Responds more quickly and aggressively to a perceived threat

Regression of toileting skills (bathroom accidents)

Separation issues – fearing separation from parents/caregivers (clingy)

Perceive facial expressions or tones of voice to be threatening when there is no threat

Difficulty calming down once upset – unable to self-regulate emotions

Developmental delays and learning disabilities

Acting out the traumatic event in play or repeating in conversation

Visit the sites below to learn more about recognizing and treating the effects of child trauma.

Effects | The National Child Traumatic Stress Network ([nctsn.org](https://nctsn.org))

Signs-of-possible-trauma-in-children-and-adolescents\_02.pdf ([anu.edu.au](https://anu.edu.au))

Recognizing and Treating Child Traumatic Stress | SAMHSA

## **What Trauma Response Behaviors May Look Like – Elementary**

What Trauma Response Behaviors May Look Like in Elementary Aged Children

Elementary children may experience the following behaviors as a response to trauma:

Difficulty concentrating or paying attention

Being anxious or fearful

Frequent tears or expression of being sad

Being quiet, withdrawn, and wanting to be left alone

Experiences feelings of guilt or shame

Poor impulse control – may lead to classroom disruptions, getting in trouble at school, or fighting with peers or adults

Tantrums, verbal aggression such as cursing, saying mean things to others

Frequent stomach aches or headaches – this may come in the form of requests to visit school nurse

Regressing to behaviors common in younger children, such as sucking the thumb, being scared of the dark, or wetting the bed.

## **What Trauma Response Behaviors May Look Like – Adolescents and Teenagers**

What Trauma Response Behaviors May Look Like in Adolescents and Teenagers

Behaviors you may see in adolescents and teenagers include:

Depression

Expresses feeling alone

Self-harming behaviors

Disordered eating

Feeling tired all the time

Having nightmares

Breaking the rules

Physical and verbal aggression towards others

Risky behaviors such as fighting, running away, abuse of alcohol or drugs, or becoming sexually active.

b. A key aspect of supporting a child who has experienced trauma is switching one's perception of behaviors – changing the question from “what is wrong with you?” to “what happened to you?”

## **Resilience**

What is resilience?

Resiliency can be thought of as the ability to cope with stress, use skills to handle problems, and bounce back from challenging situations or traumatic events.

How to build resilience

Similar to a muscle, resiliency is something that can be strengthened and grown with practice.

Supportive relationships that can be consistently counted on during both good and bad times provide the foundation for building resiliency. Strong, positive relationships provide a child with a sense of ongoing connection and support, which is a necessary ingredient for building resiliency.

Providing a child with a sense of physical and emotional safety, where the child feels seen and valued, helps the child develop a sense of confidence when faced with decisions. As children are empowered to make decisions, they develop belief in their ability to handle stressful situations effectively.

Working with your child to develop good communications skills and problem-solving strategies can also help build resiliency. Talk through stressful situations with your child so they recognize expressing emotions is allowed and valued. Help your child learn from their experiences and discuss how he/she would respond in the future if faced with a similar situation. The more practice your child has, the better prepared he or she will be in responding to potentially stressful situations.

## **Resilience and Rest**

The Importance of rest for resilience. Rest is another key ingredient in building resiliency. Rest includes both physical rest for your body as well as practices to support mental well-being.

Sleep is essential for optimal physical and mental health in children and adolescents.

Lack of sleep during childhood and adolescence is associated with a negative impact on the immune system, long-term concerns related to cardiovascular health, attention and behavior problems, difficulty concentrating, anxiety, depression, self-harm behavior, and is considered a risk factor for mental health and substance abuse concerns.

Despite the importance of sleep, school-aged children routinely do not get adequate sleep at night.

How much sleep does your child need?

The American Academy of Sleep Medicine recommends:

That 3 – 5-year-old children get 10 – 13 hours of sleep

6 – 12-year-old children get 9 – 12 hours of sleep

And 13 – 18-year-old children get 8 – 10 hours of sleep

How to build a sleep routine to support your child.

Create a consistent sleep schedule – have your child go to bed and wake up at the same time each day, even on the weekends. Disrupting the sleep schedule by sleeping in on the weekends can make the weekday mornings more challenging.

Keep electronics out of the bedroom – including TVs, phones, computers, and tablets. Limit the use of electronics in the hour before bed, to help reduce exposure to blue light which can impact sleep.

Create an ideal sleeping environment by keeping the bedroom cool, dark, and quiet. Start dimming the lights in the hour before bedtime to help prepare your child for sleep.

Teaching your child mindfulness practices and calming techniques is another aspect of promoting rest and mental wellbeing. Techniques such as deep breathing exercises, journaling, and taking quiet time to reflect can all help. All mindfulness exercises that can help promote awareness of emotions and help build resilience.

Encourage your child to reflect on questions, such as....

What in my life am I grateful for today?

When do you feel the happiest?

What makes you feel proud?

Who are your heroes? Why?

Three qualities I like most about myself are...

Some areas of my life I would like to improve are...



Something I want to learn more about is...

What makes you feel anxious or stressed? What can you do to help relieve these feelings of anxiety or stress?

What is your #1 goal? What do you need to take to accomplish your goal?

Reminder – building resiliency takes time, the more your child practices and develops skill sets to handle potentially difficult situations, the stronger your child's resilience will grow.

Follow the links below to learn about mindfulness and calming techniques.

## **Neuroplasticity**

Can the brain heal?

An exciting area of research in recent years involves neuroplasticity, which is the capacity of the brain to develop and change throughout the lifespan. It used to be thought that once an individual reached adulthood, the structure of the brain no longer changed. We now know the brain continues to grow, adapt, rewire and form new connections, even in adulthood. This is good news, as it means the brain can recover from the negative effects of traumatic events.

New connections in the brain are formed and strengthened by experiences.

Secure, positive, caring relationships can help build new connections in the brain, help an individual feel safe and valued, and promote healing. In addition, mindfulness practices, which help individuals become more self-aware and promote reduced stress and calmness, also have the ability to help the brain to

heal. Individuals have the capacity to overcome many of the adverse effects of trauma if given access to needed supports, provided opportunities to learn new resiliency building and mindfulness skill-sets, and form positive, secure relationships with others.

## **Resources**

Below are a list of Parent - Caregiver Resources as well as Helpline and Hotlines. Please note that all of these resources links and numbers will be provided in the “Resources” section of this course.

## **Conclusion**

In this course you learned that many children and youth experience trauma and toxic stress, which can impact brain development and have a long-lasting negative effect on an individual’s health and well-being. You learned how the COVID-19 pandemic brought added stress and challenges that impacted the wellbeing of our children and youth. Information was provided on what ACEs are, including risk and protective factors related to adverse childhood events. Examples were provided on what trauma-response behaviors may look like in children at different age-levels. You learned strategies to help build resiliency in children and youth and how the brain can heal following traumatic experiences. Finally, resources to reach out to for further information or during a crisis were provided. From the information provided in this course, you now have a foundation for

understanding trauma, recognizing trauma-response behaviors, and building resiliency in children and youth.