

The Impact of Trauma & Stress on Young Children & How to Help

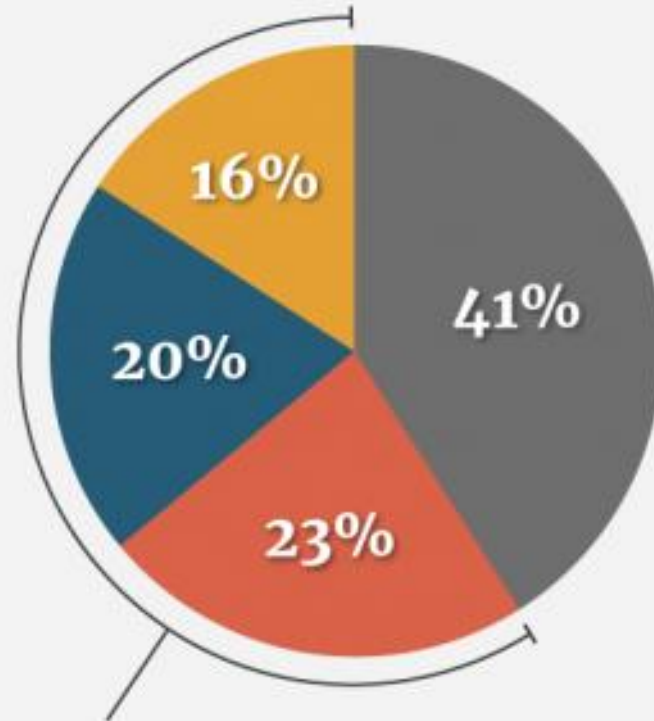
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PENFIELD
EARLY PATHWAYS

Wisconsin ACE Scores

% Wisconsin Residents with ACEs



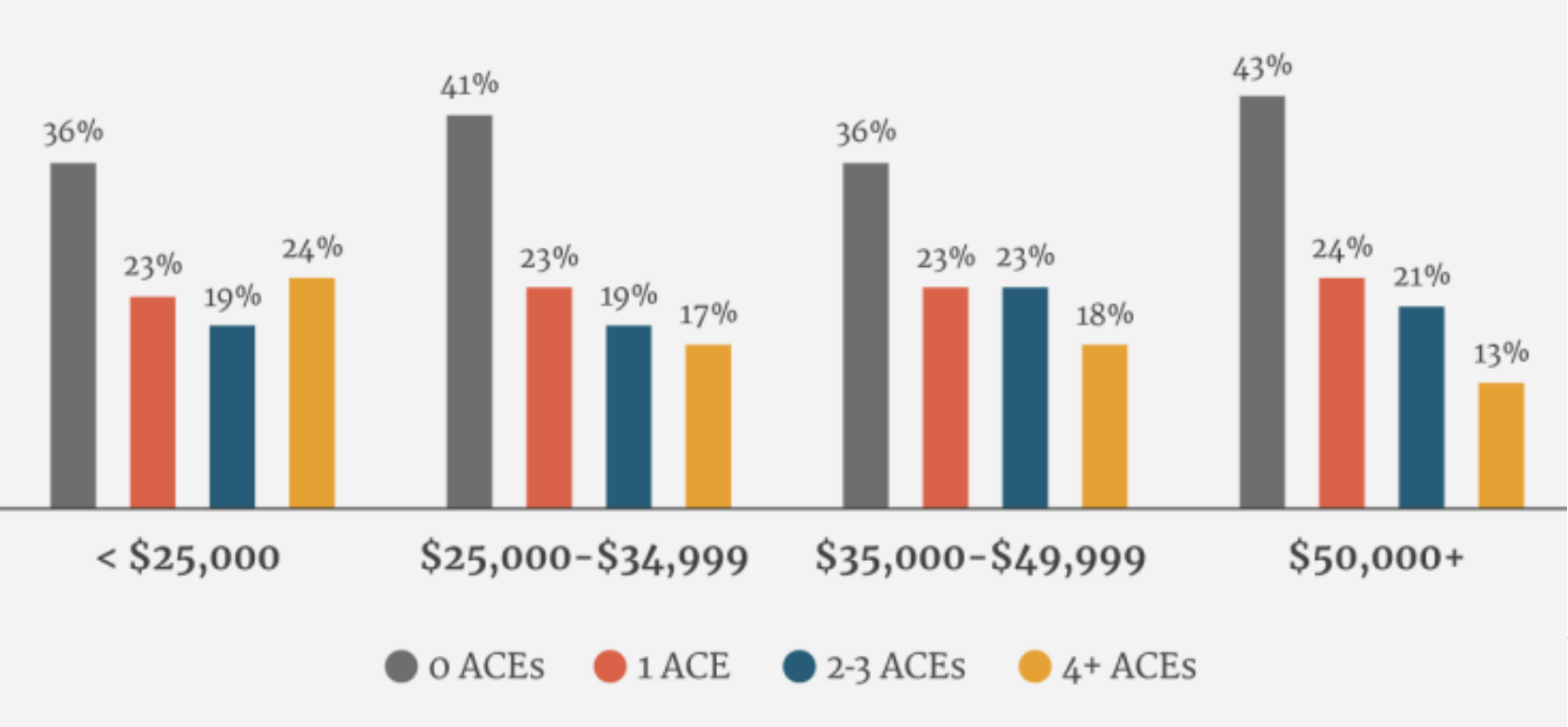
59% of Wisconsin residents have 1 or more ACEs

● 0 ACEs ● 1 ACE ● 2-3 ACEs ● 4+ ACEs

Source: 2017-2018 Wisconsin Behavioral Risk Factor Surveillance Survey

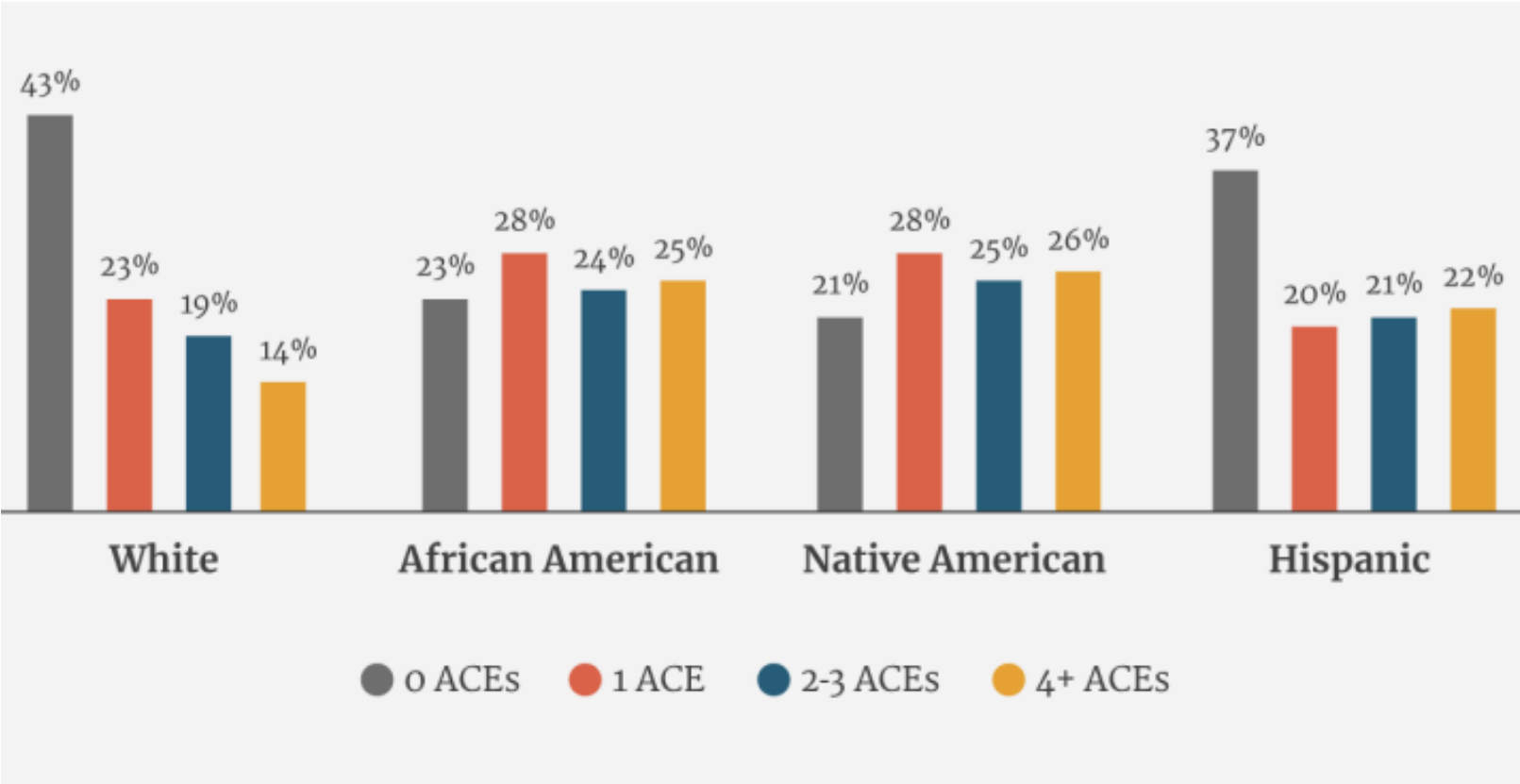


By Household Income



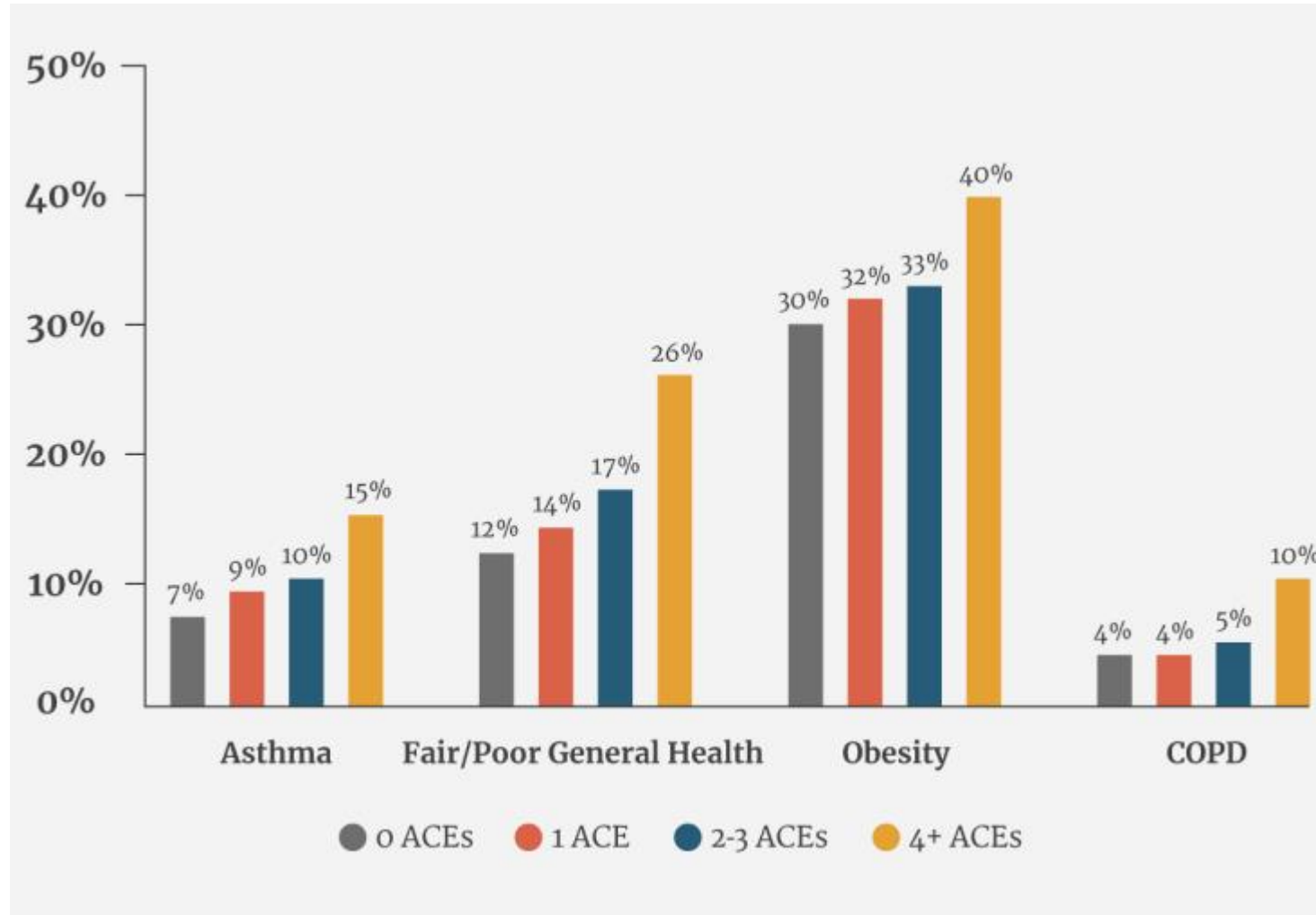
Source: 2017-2018 Wisconsin Behavioral Risk Factor Surveillance Survey

By Race



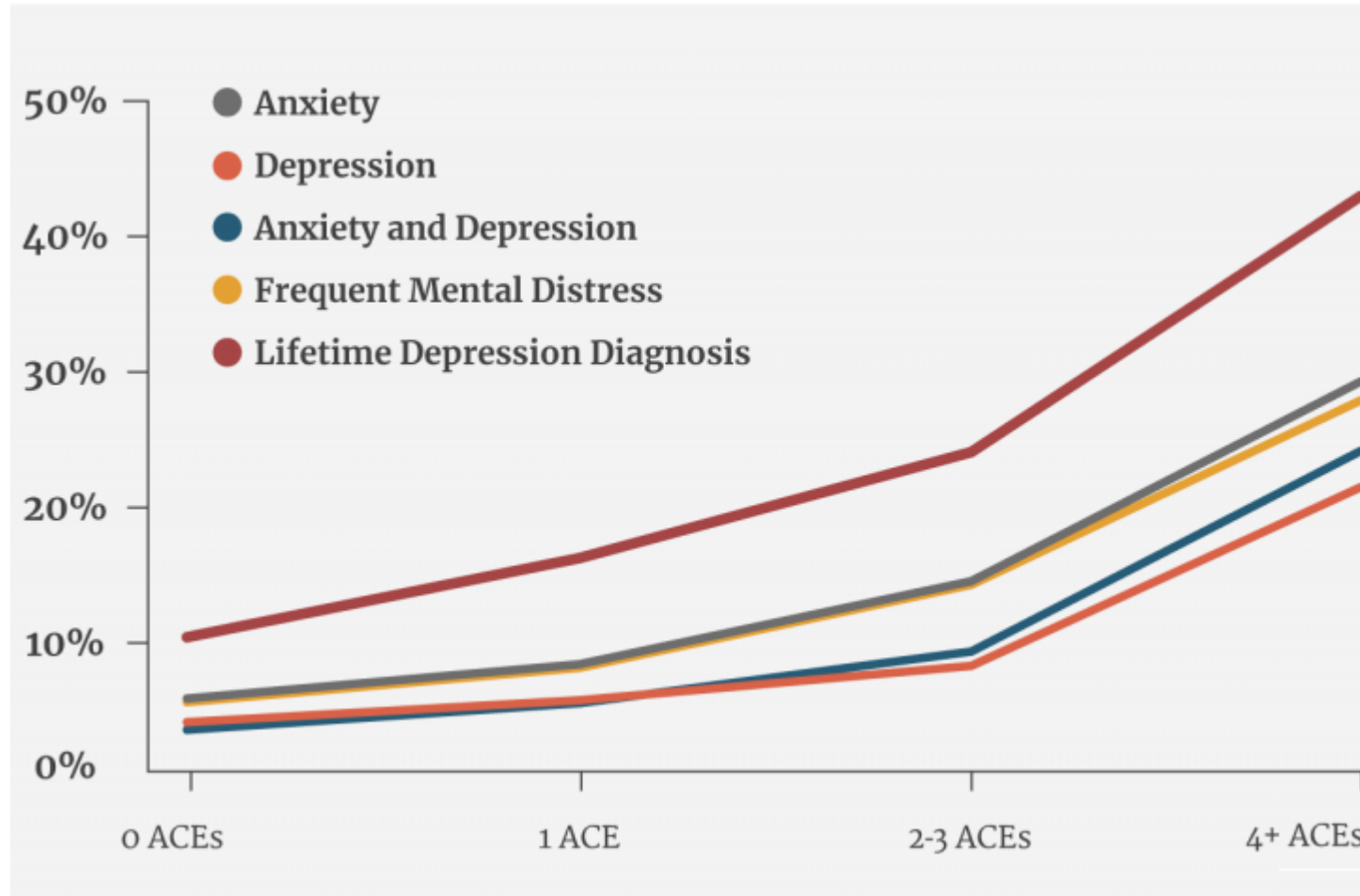
Source: 2017-2018 Wisconsin Behavioral Risk Factor Surveillance Survey

Co-Occurring Health Concerns



Source: 2017-2018 Wisconsin Behavioral Risk Factor Surveillance Survey

Co-Occurring Mental Health Concerns



Source: 2017-2018 Wisconsin Behavioral Risk Factor Surveillance Survey

Common Misconceptions about Children and Trauma

Children won't remember a trauma that has occurred.

Fact: Early memories store themselves as sensations (images, smells, sounds) that can decrease the child's sense of safety. These stored memories often are seen in a child's dreams, play, and relationships with others.

Children can experience trauma in the womb.

Fact: The fetus can experience neurobiological stress while in the womb. If stress is chronic, the fetus' body will adjust to the stressful input, and this can be expressed through the child's temperament or behavior after the child is born.

If a child were traumatized, it may not be easily identified.

Fact: It can be difficult to spot signs of trauma in young children, especially due to their level of development and challenging behavior being common during this age.



Common Misconceptions about Children and Trauma

Children can continue to be impacted by a traumatic event that occurred in childhood later in life.

Fact: Everyone responds to trauma differently. The frequency, severity, and intensity of the trauma will impact a person's response to the trauma. In addition, resiliency factors and temperament may also impact the expression of trauma symptoms. Many people who experience trauma in childhood continue to be impacted by trauma into adulthood.

Trauma occurs as a result of bad parenting.

Fact: A child who has consistent structure and a nurturing attachment with their caregiver can still experience trauma symptoms. These symptoms may appear to be a lack of discipline or a poor parent-child relationship; however the symptoms are related to trauma rather than functional behaviors.



Positive Stress	Tolerable Stress	Toxic Stress
<ul style="list-style-type: none"> • Brief stressors that occur in the normal development of infants and young children • Builds resiliency and promote growth in the child • Easily managed with the help of a supportive caregiver 	<ul style="list-style-type: none"> • Creates more disruption to life • We are able to cope and manage the stressor • A supportive caregiver helps to manage the stressor and coping 	<ul style="list-style-type: none"> • Harmful if chronic • Creates helplessness and system deregulation • It can impact the brain, the body, and development
<ul style="list-style-type: none"> • Mild goal frustration (e.g., being unable to reach a desired toy) • Getting an immunization • First day in a new school or childcare setting 	<ul style="list-style-type: none"> • Death in the family • Serious illness or accidental injury • Divorce or separation • Natural disaster • Acts of terrorism 	<ul style="list-style-type: none"> • Child abuse and neglect • Emotional availability of the caregiver (e.g., parental depression or substance abuse) • Chronic conditions (e.g., poverty)



Types of Trauma

Acute

- Isolated incident
- Single exposure

Chronic

- Occurs more than once
- Ongoing exposure

Complex

- Combination of above
- Wide range of effects

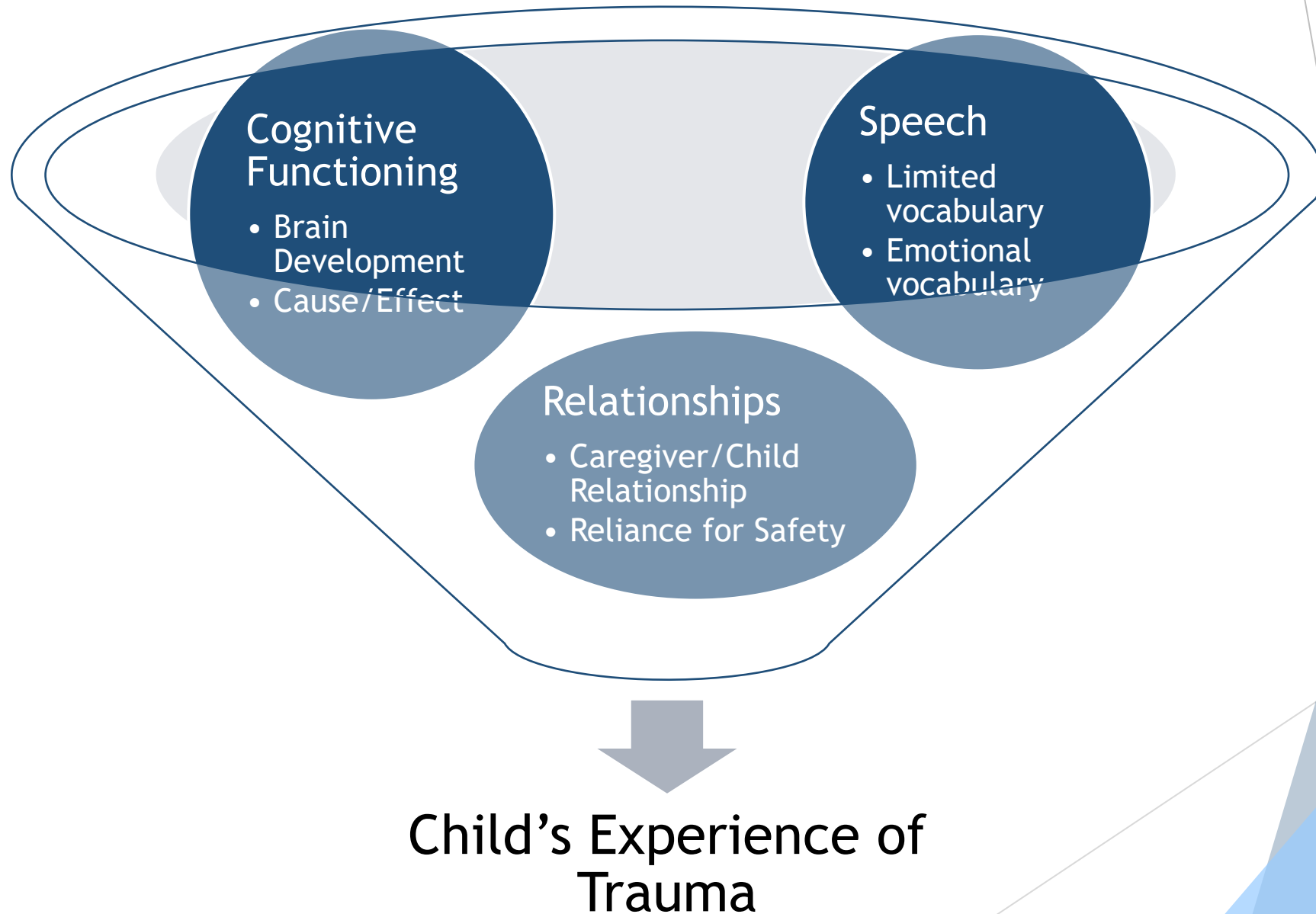


Intergenerational Trauma

- ▶ General definition: how trauma experienced by one generation impacts the following generation
 - ▶ Includes future vulnerability to stress
- ▶ Stress or trauma may be viewed as “normal” when it is experienced by multiple generations of a family or community
- ▶ Can be both learned behaviors/attitudes (mistrust) and biological (stress response system)
 - ▶ Survival messages (ex. “don’t trust others”, “asking for help is dangerous”)
 - ▶ Epigenetics (turning certain genes “on” or “off”) driven by environment
- ▶ Poverty can result from experiencing traumas and in turn increases risk of experiencing future traumas
- ▶ Includes impact of ongoing racial discrimination (though some categorize this separately as Historical Trauma when referring to the broader culture)



Young Children and Trauma



Risk Factors of a Child Developing Trauma Symptoms After a Stressful Event

- ▶ Severity of the event
- ▶ Proximity to the event
- ▶ Caregiver reaction to the event
- ▶ Number of traumatic events the child has experienced
- ▶ Available internal and external resources
 - ▶ Internal
 - ▶ Developed coping skills
 - ▶ Development of cause and effect
 - ▶ External
 - ▶ Community resources
 - ▶ Therapy
 - ▶ Family support



Common Trauma Symptoms in Young Children

Behavioral (Externalizing) Symptoms	Emotional (Internalizing) Symptoms
<ul style="list-style-type: none">• Staring/ “spacing out”• Hyperactivity• Short attention span• Use of adult language• Sleep problems• Regression• Exaggerated startle response• Hoarding or hiding food• Aggression• Play re-enactment• Extreme temper tantrums• Lack of interest in play or withdrawal	<ul style="list-style-type: none">• Frustration• Anger• Guilt• Shame• Fear• Anxiety• Sadness• Lack of emotions



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Resiliency Factors

- ▶ All people including children respond differently when they experience a stressful or traumatic event.
- ▶ Factors that may help to protect the person or child from the harmful effects of stress or trauma.
 - ▶ Strong caregiver-child relationship/ attachment
 - ▶ Adult caregiver's resilience
 - ▶ Child's temperament
 - ▶ Caregiver attunement
 - ▶ Family and community support
 - ▶ Successfully handling positive and tolerable stress
 - ▶ Some of this helps a child to develop success in managing stress and builds resiliency.
 - ▶ Safety, both physical and emotional, of the home environment
 - ▶ Positive caregiving skills



Trauma & The Developing Brain

- ▶ Physical changes can occur in the brain when under chronic stress
 - ▶ Amygdala gets bigger
 - ▶ Responsible for controlling emotional responses
 - ▶ Brain's alarm system
 - ▶ Hypothalamus releases more stress response hormones
 - ▶ Higher levels of adrenaline
 - ▶ Development slows in frontal lobe and prefrontal cortex
 - ▶ Responsible for concentration, decision-making, planning, impulse control
 - ▶ Hippocampus becomes smaller
 - ▶ Responsible for integrating memories which impacts learning



Maslow's Hierarchy of Needs

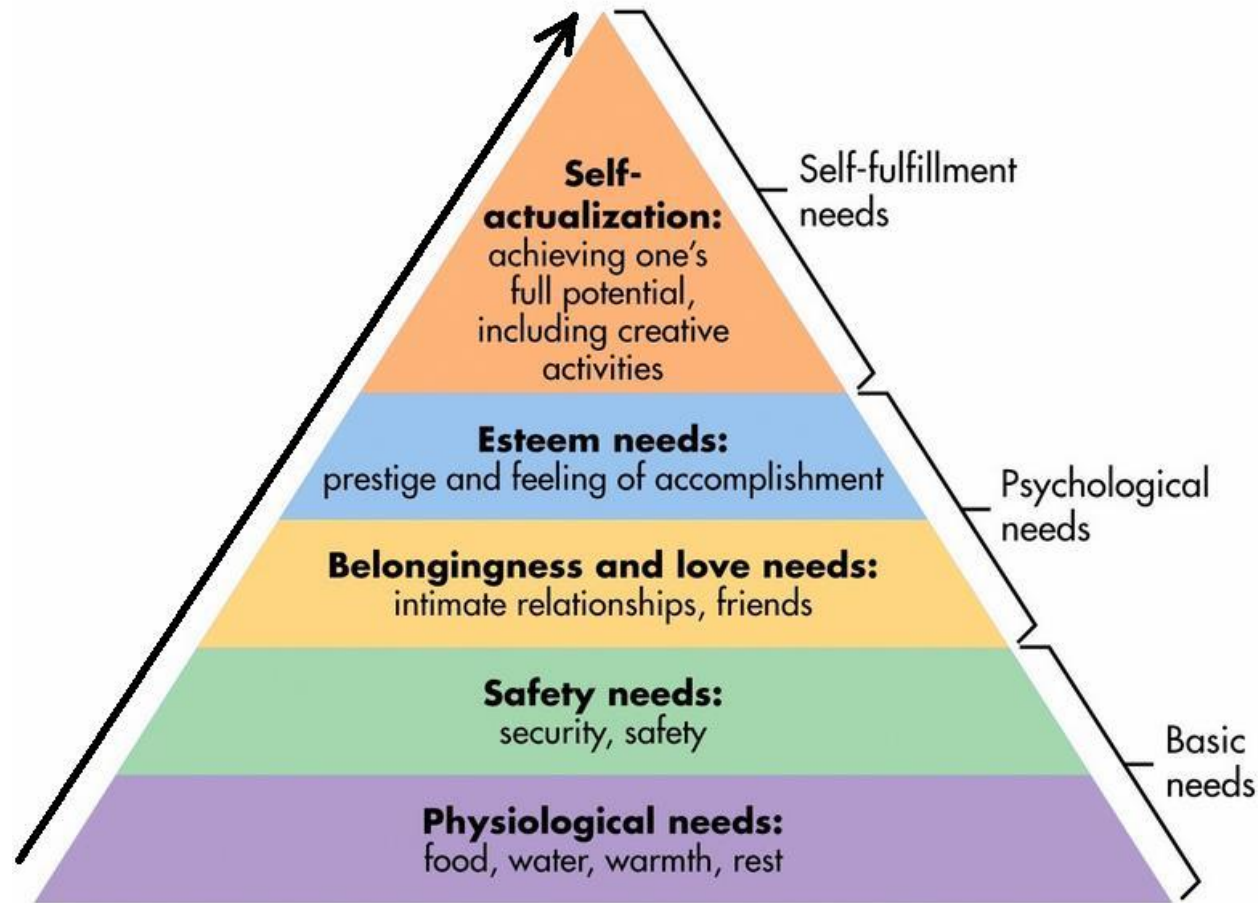


Image taken from: <http://www.simplypsychology.org/maslow.html>



Working with Young Children



Challenges

- Lack of language
- Rapid developmental change
- Limited interventions
- Lack of previous coping
- Signs often not recognized



Benefits

- Early intervention
- Crucial period for brain development
- Healing within the caregiver-child relationship
- Children highly engaged in caregiver relationships



Childhood
Adversity

Risk Factors

Poverty
Low social support
Unsafe or unstable
home environment
Exposure to chronic
stressors

Protective Factors

Nurturing and
supportive caregiver
Safe and predictable
environment
Social support
Positive Caregiving



How to Support Children

- ▶ Adjust expectations
- ▶ Don't make assumptions
- ▶ Provide consistency
- ▶ Engage in nurturing activities (e.g. reading, allowing child to help with chores)
- ▶ Have clear expectations
- ▶ Provide control when appropriate
- ▶ Allow the child to talk
- ▶ Ask for or recommend help



Some Ideas to Challenge

- ▶ I have never harmed this child, therefore they should know I am safe
 - ▶ The more inconsistent adults the child has in their life, the less they may trust adults in general
 - ▶ You may remind them of an adult involved in the trauma
- ▶ If I am kind and understanding with a child who has been through stress, they will appreciate that I am not one of the scary adults in their life and behave well
 - ▶ Kids who have experienced trauma have learned to mistrust even consistent adults
 - ▶ Behavior related to trauma is not related to which adult the child is with
 - ▶ Kids will often act out more with adults they trust
- ▶ This child is very friendly and affectionate with me right away, that means they know I am trustworthy and like me, it's sweet
 - ▶ Kids being willing to go with or say "I love you" to a new person, or having low preference between a new person and a familiar caregiver are signs of low boundaries
- ▶ If a child has been through something traumatic, I should just try to make them happy in any way I can
 - ▶ While kids who experience trauma may need more nurturing and positivity, this does not mean they do not need limits



So, How Do I Tell Whether Something Is Related to Trauma?



A Place to Start: Which of These Describes the Behavior?

Typical Behavior

- ▶ Is a behavior you would expect from this age group
- ▶ Happens about as often as other children their age
- ▶ Is resolved using behavior response strategies
- ▶ Is not extreme in intensity
- ▶ Has a discernable motivation

Trauma-Related Behavior

- ▶ Is something out of the ordinary for this age group
- ▶ Happens more often than other children their age
- ▶ Is prolonged or high in intensity
- ▶ Has no apparent motivation or out of the ordinary motivation



Tracking Behaviors to Determine Patterns

- ▶ Identify patterns of behaviors
 - ▶ What are the events/activities/people/times that lead to trauma responses?
 - ▶ What are the typical responses/symptoms that the child exhibits?
 - ▶ What does the caregiver already do to help the child manage their symptoms?
 - ▶ Provide caregiver with support in making changes to their responses as needed
- ▶ When triggers are identified, then we can determine how to manage each of the triggers
 - ▶ Eliminate the situation
 - ▶ Help the child cope with stressful situations



Sample Tracking Chart:

Date & Time	What happened before?	What was the child's response?	How did the caregiver respond?
7/20/16 at 10:15 AM	Playing with a group	Hitting, kicking those near her	Helped her take a break to calm down
7/22/16 at 1:00 PM	Got ready for nap time	Cried, ran off, attempted to hide, disturbed other kids	Reminded her that it was naptime but offered to sit next to bed while she fell asleep
7/22/16 at 7:00 PM	Got ready for bed	Cried, tantrum, threw items, got up multiple times	Reminded her it was bedtime and provided comfort items
7/23/16 at 1:00 AM	Sleeping	Woke-up screaming "Help", cried	Provided comfort and comfort items



Why Routines Are Important

- ▶ Routines help create a predictable and a nurturing environment, which help make the child feel safe
 - ▶ Without routine, their brain is constantly scanning for what is coming next, putting their system on “alert” and leading to more impulsive reactions
- ▶ Certain activities during the day may be more difficult for children who have experienced trauma due to possible triggers
 - ▶ Example: Having nightmares at bedtime which leads to the child not wanting to go to bed
- ▶ Routines also help children develop independence and self-help skills, regaining control
- ▶ It is important to help parents understand the importance of routine and assist them in the development of routines whenever possible



Transitions

- ▶ Transition and change can be difficult for children who have experienced trauma, due to unpredictability
 - ▶ Provide warnings that a change is coming and what will happen after the transition has occurred (e.g., “We are cleaning up the toys in 5 minutes, then we are eating lunch”)
 - ▶ Timers can be used as a concrete way to indicate when a transition will occur
 - ▶ Use a visual schedule of pictures to help create predictability so the child can see on the schedule what will happen next, this can include coping skills
 - ▶ Use routine songs to help indicate the ending or starting of the next activity
 - ▶ Consider using a comfort item the child can hold while transitioning to help the child stay regulated during the transition



Trauma-Sensitive Limit Setting

- ▶ Remember limit setting is still important!
 - ▶ Young children who have experienced trauma or stressful events will still “test the limits” like other children their age
 - ▶ If caregivers do not respond by setting appropriate limits, challenging behavior may emerge and be reinforced
 - ▶ Limits help children feel safe
 - ▶ Children who have experienced trauma may test limits to see how their caregiver will respond
 - ▶ Firm and consistent limits are best
 - ▶ If children are testing limits, this may be a good sign that they feel safe enough to work through normal development



Trauma-Sensitive Limit Setting: Time-Out vs Time-In

Time-Out

- ▶ Consequence for challenging behavior
- ▶ Does not provide child with attention while in time out
- ▶ Goal is for child to take a break from the situation and re-enter it when calm

Time-In

- ▶ Strategy for helping a child calm down and “get regulated”
- ▶ Goal is for child to take a break from the situation
- ▶ Caregiver helps child calm down using coping skills
 - ▶ Attention limited for negative behavior but provided for use of coping skills or reassurance
 - ▶ Not as predictable of a time length as Time Out
- ▶ The child is re-entering the situation when calm



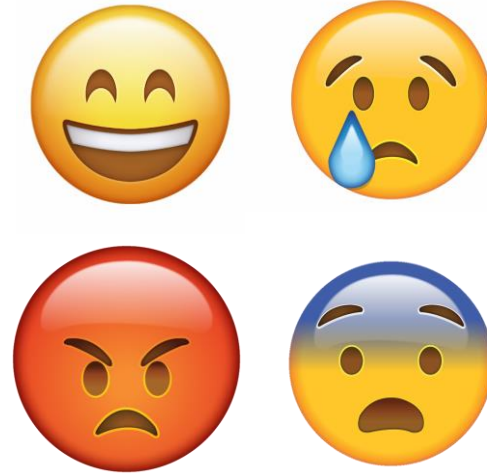


Wait—What's a Coping Skill?

- ▶ A coping skill is a tool or activity that helps the child re-regulate and calm down
- ▶ The simplest are often the most effective
 - ▶ Deep breaths
 - ▶ Squeezing a stress ball
 - ▶ Counting to 10
 - ▶ Hugging a stuffed animal tightly
 - ▶ Yoga poses
- ▶ The goal is to refocus the attention on something that will channel or calm the child's body and energy
- ▶ Adults should always do the skills with the child



Labelling Feelings



- ▶ Start with basic feelings (happy, sad, mad, scared)
- ▶ Label feelings around the child
 - ▶ Books, TV, other people around them
- ▶ Label feelings the child has
 - ▶ For example: “I understand that you’re mad right now”, “when you’re crying that lets me know you’re sad”
- ▶ Model labelling your own feelings
 - ▶ Children hearing adults appropriately verbalized their feelings and cope with them can help them learn from example



Redirection

- ▶ Say the child's name and get their attention
- ▶ Say it as a statement if there's not a choice
- ▶ Use "Can Do" language
 - ▶ Phrase it in terms of what you DO want to see not what you don't
- ▶ Only say it once. Avoid multiple repetitions
 - ▶ Children will recognize the pattern and wait until they've hit the "last straw"
- ▶ If the child doesn't listen, stay calm and guide them to complete the task
- ▶ Praise them specifically for the task



Trauma-Sensitive Limit Setting: Sexualized Behavior

- ▶ How to respond to sexualized behaviors
 - ▶ DON'T OVERREACT!
 - ▶ Don't yell or spank
 - ▶ Don't shame ("That's gross!" or "That's nasty!")
 - ▶ Do Respond
 - ▶ Use simple redirection statements ("That is only for adults" or "That is not what we do with our bodies").
 - ▶ Use redirection to another activity or appropriate way to play with the toy
 - ▶ If a child tells you that they have been touched inappropriately or exposed to sexual content, BELIEVE them!
 - ▶ "I'm proud of you for telling me this! You did the right thing."

*Remember young children imitate behaviors that they have seen. They do not understand the meaning of sex.

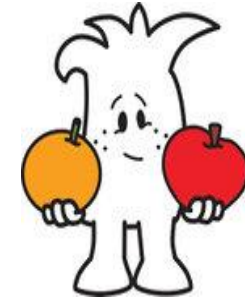


Boundaries

- ▶ Establishing and maintaining good boundaries is important
 - ▶ Especially for children who have experienced sexual abuse or transitions of caregivers (e.g. foster care)
- ▶ Challenging behaviors may be used by a child in attempt to maintain their boundaries
 - ▶ Example: being aggressive when others are close
- ▶ Poor boundaries, especially with strangers, can be a sign of low attachment to primary caregivers and/or a trauma history
 - ▶ A child with poor boundaries may need to be repeatedly redirected to appropriate interaction, but be supportive while doing so as the child may see this as rejection
- ▶ Be mindful that wanting boundaries is an appropriate response, so for some children attempting to make them be physically close (e.g. hug) with others or sharing can be triggering



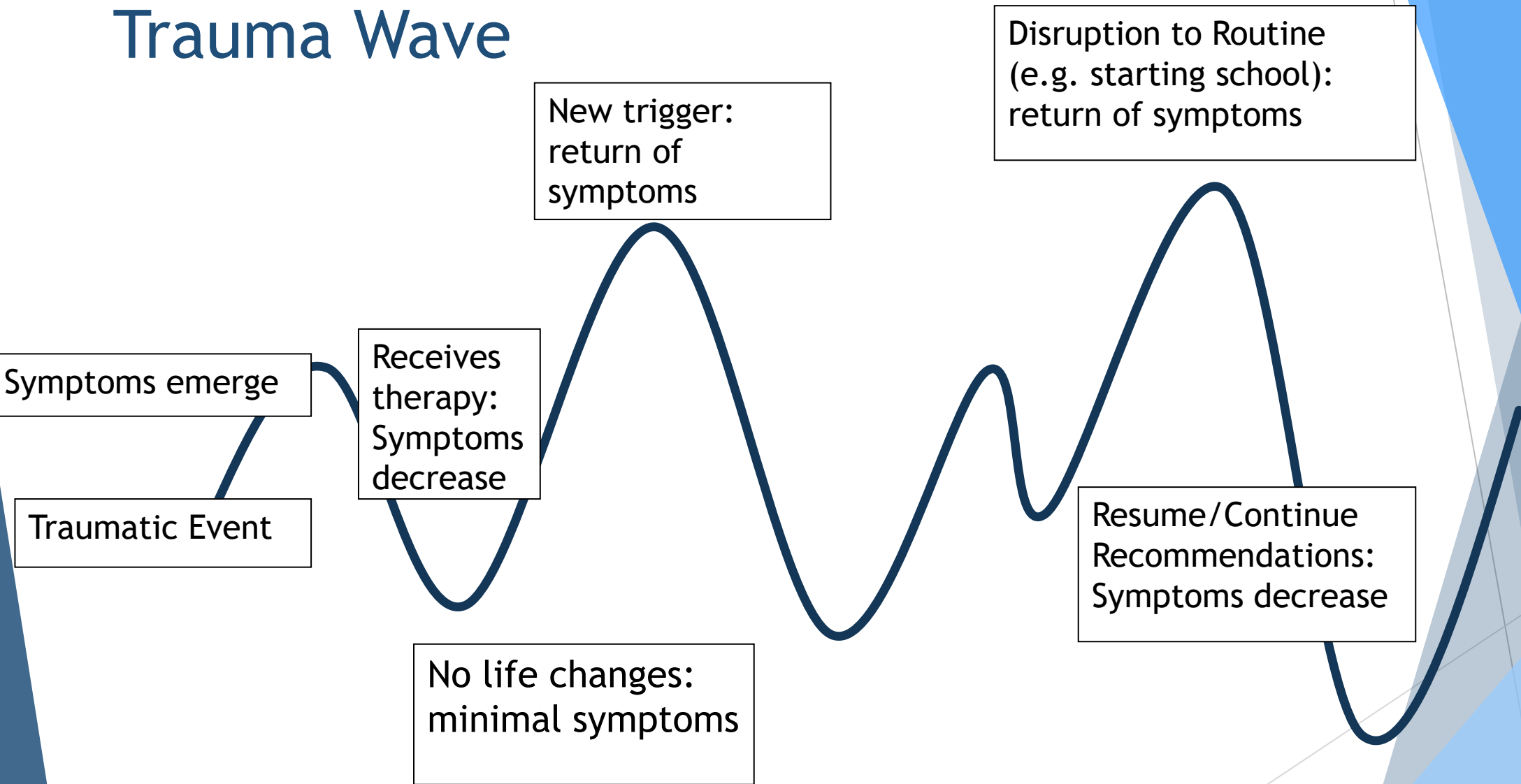
Forced Choice



- ▶ A “forced choice” is a way to compromise, while still following through with the expectations and limits
- ▶ Take a moment to consider what your goal is in the interaction
- ▶ Get the child’s attention and tell him/her the options in a calm voice
- ▶ Stick to 2-3 options. This will help the child better understand the options and make your response predictable
- ▶ If the child does not make a choice on his/her own, the adult can choose
- ▶ Stick with the original options and stick with the choice once made



Trauma Wave



What to Say If a Child Discloses Information

- ▶ Respond
 - ▶ Avoid giving no response at all due to being unsure what to say, this sends a message that a child should not have talked about it or that you don't believe them
- ▶ Have a “go to” phrase
 - ▶ When unexpected and/or severe information is divulged
 - ▶ Helps you control your response
 - ▶ Examples: “thank you for telling me” or “I’m proud of you, you did the right thing”



Remember:

- ▶ Your interactions matter, even the smallest ones
- ▶ Children may be reacting to many stressors you are not aware of, be patient and kind
- ▶ A child may not show that they appreciate your interactions with them, especially limits, but they do make a difference
- ▶ A child with broken trust in adults will continue to test no matter how consistent you are, keep it up anyway
- ▶ Trauma and stress does not only impact the child, but the caregivers too, be patient with the adults in the child's life whenever possible
- ▶ Being “trauma informed” does not just mean being educated on trauma, it means actively making choices and modifying your behavior to create safety for children, even when the children's behaviors may make it difficult





P E N F I E L D
EARLY PATHWAYS

Questions?

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