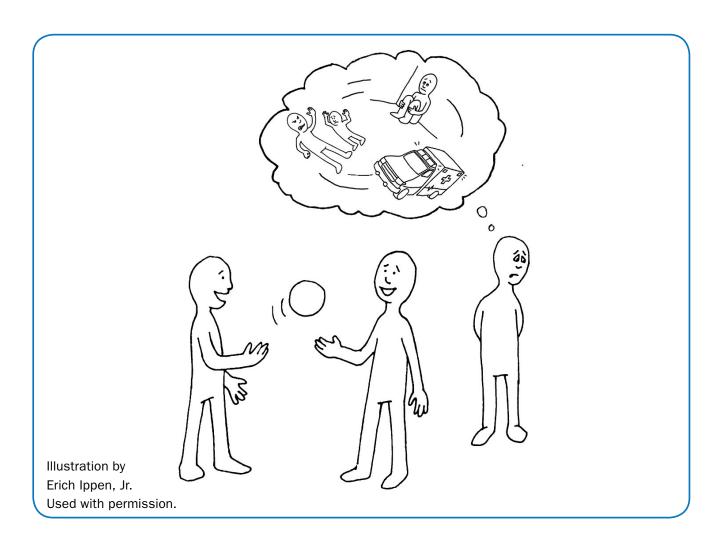
Module 3: Understanding Trauma's Effects



What You Will Need

- Module 3 PowerPoint slides 1–25
- "My Child" Worksheet, Module 3 (Participant Handbook, p. MC-7)
- Plastic sandwich bags for "What's in the Suitcase?" Group Activity
- Index cards for "What's in the Suitcase?" Group Activity
- Pens/pencils

Icon Reminders



Facilitator tip



Group activity/discussion



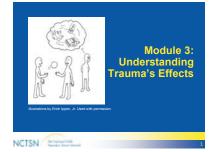
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Facilitator Goals

- Make participants aware of the profound impact trauma has on children's development and functioning.
- Introduce concept of the "Invisible Suitcase."
- Reassure participants that children can heal from the effects of trauma and that resource parents play a crucial role in the healing process.

Key Learning Objectives

- Describe the ways in which trauma can interfere with children's development and functioning.
- Describe how children of different ages may respond to trauma.
- Describe the "Invisible Suitcase" and how trauma-informed parenting can "repack" the suitcase.



Module 3: Understanding Trauma's Effects

Before participants arrive, write on the board (or an easel) the Big Ideas that the group identified during the last module. Greet participants as they enter the room.

Keep participants informed of the time remaining until the session begins. Remind participants of basic logistical information (location of bathrooms, timing of breaks, etc.).



Start the session by thanking the participants for coming back and directing their attention to the Big Ideas from the last session. Ask the participants to share any experiences or insights they may have had since the last session. Allow 5 to 10 minutes for discussion.

In the last session, we discussed what trauma is and how it affects children. Now let's take a closer look at what happens inside the bodies and minds of children who have been through traumatic experiences.



Essential Element 1

The effects of trauma may reveal themselves through a child's acting-out behaviors, withdrawal, difficulties in school, or even as physical complaints like headaches or stomachaches. In adolescence, substance abuse, eating disorders, and self-harming behaviors like cutting can result from trauma exposure.

To understand why trauma has these effects, we need to understand how experience shapes the brain.



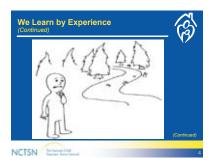
We Learn by Experience (1/2/3)

Everything that we expect and believe—about ourselves, about other people, and about the world that we live in—is learned through experience. For example, imagine that you're taking a walk in a park near your home. You glance down, and in front of you is a huge snake.



How do you think you'd react?

Allow time for responses.

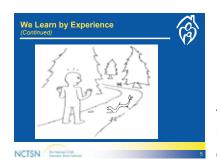


Now imagine that you have to walk through that same park a couple of days later. How do you think you'd feel about it?



Allow time for responses.

More than likely you're going to be watching the ground a lot more closely!



And if you happen to see a stick on the path, you're likely to startle, even before the thought "Augh! Snake!" reaches your conscious awareness.

Even if you'd been through the park many times before without seeing a snake, seeing a snake once changes your perception of the park, and makes you expect danger there.

That's because it's a lot more dangerous to mistake a snake for a stick than to see a snake in every stick. Our brains are wired this way—to generalize in the direction of looking out for danger so that we can protect ourselves.



Your Internal Alarm System

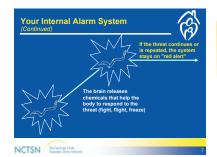
To fully understand just how the brain responds to danger, it helps to take a closer look at the body's internal alarm system.

- When faced with a threat:
- The brain triggers the release of adrenaline, cortisol, and other stress hormones. These chemicals activate the systems you need to immediately respond to the threat—either by fighting back, getting away, or freezing.

The area of the brain that prompts the response is sometimes called "primitive brain." It is the first part of the brain to develop, and it controls the most basic functions and reactions that we need to survive—including fear, anger, sexual responses, and memory. It's the primitive brain that enables us to make the split-second decisions that protect us in a dangerous situation.

Other, more advanced parts of the brain are responsible for thinking, reasoning, and consciously processing information. These areas of the brain help to analyze the threat and signal the primitive brain to stop pumping out stress hormones so the body's systems can return to normal.

① When you realize that you're looking at a stick, not a snake, and you feel yourself relax, those higher centers have done their job.



Your Internal Alarm System (Continued)

For most people, the body's emergency response shuts down shortly after danger has passed.

- But in children exposed to severe or chronic trauma, the emergency response system can get stuck in the "on" position.
- The stress hormones keep flowing and make it harder for the parts of the brain that think and plan to work efficiently. The stress hormones and related brain chemicals that are generated actually get in the way of rational thinking.

Take a moment and remember a time that you were really frightened. Were you able to think clearly, take in new information, and plan for the future during that moment? Or was all of your mental energy focused on keeping yourself safe?



Experience Grows the Brain (1/2)

Trauma during childhood affects many aspects of a child's functioning because childhood is when the brain develops and becomes organized.

A child's brain grows from the bottom up, starting with the most basic functions needed for survival (including those controlled by the primitive brain) and then getting more and more complex as the child accumulates experiences.



1 The brain develops by forming connections.

Even though a baby is born with 100 billion brain cells, the connections between these cells form over time. These connections, called neural pathways, are like the wiring in a house or highways that connect one part of the brain to the other.

- Experience—especially interactions with parents (or other caregivers)—determines the growth and pattern of brain development, including the connections that form the basis for thoughts, feelings, and behaviors. It is through relationships with caring adults that children develop the brain connections that make it possible for them to trust, regulate their own emotions, and love other people.
- The more an experience is repeated, the stronger the resulting brain connections become. For example, when you repeat words and phrases to a baby, you are strengthening the language connections in the brain that enable the child to understand speech.

Repeated traumatic experiences, on the other hand, have a more negative effect.



For more information on how

the brain develops during childhood, direct participants to pages 3-17 through 3-24 of the Participant Handbook, "Understanding Brain Development in Young Children."



Trauma Derails Development

When the people who should be protecting, loving, and guiding young children expose them to trauma instead of care, children's development can get derailed.

A brain that is constantly reacting to threats can become "wired" for survival in a risky and unpredictable world—developing in a way that:

- Keeps the child on constant alert for danger
- Allows the child to respond quickly to even the slightest threat

When this happens, other developmental pathways get disrupted, and children may fail to accomplish other important "developmental tasks."



Young Children (0-5)

There are certain periods—special times during the brain's development—when it is most open to certain kinds of learning and development. When trauma occurs during one of these periods, it may show itself in specific ways.

- Early childhood—about birth through the preschool years—is crucial for the development of brain pathways that:
 - Help children process what they see and hear
 - Enable children to recognize, analyze, and respond to emotional cues
 - Enable children to become attached to their primary caregiver—the person on whom they depend for survival

Children who have experienced trauma during early childhood may:

- Be particularly sensitive to loud noises
- Reject contact and avoid being touched
- Have a heightened startle response
- Be confused about what's dangerous and whom to go to for protection, particularly if the trauma was at the hands of a caregiver
- Be clingy and resist being separated from familiar adults or places where they feel safe



School-Aged Children (6-12)

During the school years, the brain starts building the pathways that help children do more conscious, rational processing of their experiences. This growth enables them to:

- Manage fears, anxieties, and aggression
- Focus their attention on learning and solving problems
- Control their impulses and manage their physical reactions to perceived dangers

School-aged children who have experienced trauma may:

- Experience mood swings, for example, shifting between being shy and withdrawn to being aggressive
- Have difficulties in school and other learning situations
- Have specific anxieties and fears, such as fear of the dark
- Demand lots of attention
- Revert to "younger" behaviors, such as baby talk or wanting adults to feed or dress them



Adolescents (13-21)

During adolescence, the brain continues to build connections and pathways that enable young people to:

- Think abstractly
- Imagine the future and anticipate and consider the consequences of their behaviors
- Make realistic appraisals of what's dangerous and what's safe
- Alter their current behaviors in order to meet their longer-term goals

Adolescents who have experienced trauma may:

- Have difficulty imagining or planning for any kind of future, instead "living in the moment" without regard to consequences
- Have trouble accurately assessing risk—either over- or underestimating the danger of a situation or activity
- Engage in aggressive or disruptive behaviors
- Engage in reckless or self-destructive behaviors, such as drug or alcohol abuse, cutting themselves, or having unprotected sex

Adolescents who are reexperiencing their trauma or are troubled by trauma reminders may feel that they are weak, strange, or childish, or "going crazy" because of their bouts of fear or exaggerated physical responses. This may lead them to even further isolation, anxiety, and depression.

Traumatized children and adolescents can learn new ways of thinking, relating, and responding. Rational thought and self-awareness can help children override primitive brain responses. Unlearning—and rebuilding—takes time.

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Getting Development Back on Track

- The good news is that children and youth whose development has been derailed by trauma can learn new ways of thinking, relating, and responding emotionally. In fact, the cortex, the highest part of the brain—the part that makes us human and that is associated with reason and analysis—continues to develop throughout adolescence and into adulthood.
- By providing new, positive experiences and examples, we can help traumatized children and adolescents to build new neural pathways to bypass old ones.
- Rational thought and self-awareness can help young people override primitive brain responses.
- The process of unlearning and rebuilding will take time—and patience—but we should always remember that there is hope and the potential for change.



What Trauma-Informed Parents Can Do

To help children overcome trauma and build new neural pathways, it is important to:

- Provide a secure base of love and protection.
- Be emotionally and physically available.
- Recognize and respond to the child's needs.
- Provide guidance—including examples of appropriate reactions and responses to emotional cues.
- Provide opportunities for children to safely explore the world around them.



Let's Take a Break!

Announce a 10-minute break.

Be sure to remind the group of the location of bathrooms, phones, etc.

Note the current time and the time when the workshop will resume.



The Invisible Suitcase

We've seen that trauma can actually affect the development of children's brains. In the process, trauma also shapes children's beliefs and expectations about:

- Themselves
- The adults who care for them
- The world in general

Many who survived trauma have learned to expect and believe the worst about themselves and about the people who care for them.

These beliefs and expectations are like an "Invisible Suitcase" that children carry with them from placement to placement, from school to school, and from childhood into adulthood.



The Invisible Suitcase (Continued)

You didn't create this Invisible Suitcase, and the beliefs inside aren't specifically about you. But understanding the contents of your child's Invisible Suitcase is critical to understanding your child and helping him or her to overcome the effects of trauma.

Let's consider Maya's Suitcase.

Refer participants to Maya's complete case history on page CS-3 of the Participant Handbook.

Exposure to domestic violence Physical abuse, including broken bones and bruises Separation from her mother Medical trauma, including hospitalization WESN

Maya's History

It might seem as if Maya is too young to have anything in her Suitcase—she's only eight months old.

Still, Maya's brain has already begun to connect certain experiences and sensations with others.

In the course of her short life, Maya has experienced:

- Exposure to domestic violence
- Physical abuse
- Separation from her mother
- 1 Medical trauma, including time with her arms in casts



Maya's Behaviors

Now that Maya is living with her aunt, she:

- Cries and screams, but seems to reject all attempts to physically comfort her
- 1 Is easily startled and upset by loud noises
- Becomes particularly upset when brought to the doctor's office
- Calms down when she can hold her bottle propped up in the crib, as opposed to being held in her aunt's arms
- Seems to take comfort from a particular piece of music



What's in Maya's Suitcase? (Group Activity)

Given what we know, what do you think Maya has learned?





Give participants time to share their thoughts. One facilitator should lead the discussion while the other makes notes on the board.

Allow five minutes for this discussion (fewer if the participants finish sooner). Make sure the following points are made:

- Crying is scary.
- When I cry, no one responds to me.
- When I cry, others hit me or yell at me.

- No one is there to comfort me, so I try to comfort myself.
- I'm not worth taking care of.

Okay, how about her beliefs about her caregivers?



Give participants time to share their thoughts. Allow five minutes for this discussion (fewer if the participants finish sooner). Make sure the following points are made:

- Others cause pain, not comfort.
- Others are not safe and cannot be trusted.

What do you think she has learned about the world?



Give participants time to share their thoughts. Allow five minutes for this discussion (fewer if the participants finish sooner). Make sure the following points are made:

- The world is a scary and dangerous place.
- Hospitals are scary places where I might be hurt or left alone.
- The world often sounds loud and overwhelming.
- The bottle is good.
- The music is good.

What's in the Suitcase? (Group Activity) Take a plastic sandwich ba

- Take a plastic sandwich bag from the center of the table
- Using separate slips of paper, write down what you think might be in your child's "invisible suitcase." Be sure to include:
- · Beliefs and expectations about him or herself
- Beliefs and expectations about you and other caregivers

Beliefs and expectations about the world

WITCH HOUSE

What's in the Suitcase? (Group Activity)

Okay, let's bring things back around to our own children.

In the middle of the table there are some plastic sandwich bags and index cards. Everybody take one bag and at least three cards (you may need more as we go along). Think about the child in your "My Child" Worksheet.

Based on what you know of his or her behaviors and trauma history, what sort of beliefs and expectations is your child carrying around in that Invisible Suitcase?

Write them down on the cards—one belief/expectation per card.

Be sure to include at least one belief about:

- Him- or herself
- You or other caregivers
- The world in general

Give participants approximately five minutes to think about it and fill in their cards. At five minutes, ask if everyone is done filling the "Suitcases." (You might also want to note that, for many children, their actual suitcases are often nothing more than plastic bags, so using sandwich bags for this exercise seemed appropriate.)

"Repacking" the Suitcase (Group Activity) • How can we "repack" this suitcase with positive experiences and beliefs? • How can we promote resilience in this child by making him or her feel: • Safe? • Capable? • Lovable?

"Repacking" the Suitcase (Group Activity)



Ask for one or two volunteers to share the contents of their children's Suitcases. Try to pick participants who have not been dominating the discussion.

Ask the participants to briefly describe their child's age, trauma history, and behaviors before reading each "item" from the Suitcase.

One facilitator should lead the discussion while the other writes the information about the child and the Suitcase on the board or easel, leaving one-half of the easel free for suggestions from the group discussion.

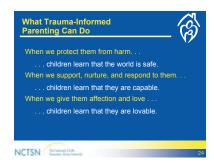
When the participants have finished describing their children and the Suitcase, thank them and open the discussion to the group.

Now that we have an idea of what's IN these Suitcases, let's talk about what we can do to get some of this negative stuff OUT.

- What can we do to repack these Suitcases with more positive beliefs and experiences?
- How can we help these children to become more resilient and to believe that they are safe, capable, and lovable?

One facilitator should lead the discussion, going over one Suitcase item at a time, while the other notes the suggestions on the board or easel. Be careful to gently correct any trauma misinformation. Allow 10 to 15 minutes for this activity.

At the end of the discussion, thank participants for their great ideas and ask them to turn to page MC-7 of their "My Child" Worksheet. Give participants five minutes to fill out the Invisible Suitcase section of the worksheet before moving on.



What Trauma-Informed Parenting Can Do

- When we protect children from harm, children learn that the world is safe.
- When we nurture children's strengths and respond to children's needs, children feel capable of navigating the world.
- 4 And when we provide affection and love, children develop selfesteem and learn that they are worth loving.



Module 3: Wrap Up

Ask each table to choose two Big Ideas that they consider to be most useful or important things that they learned during the session, and to write each idea on an index card.



Give the groups three minutes to discuss and decide on their ideas.

One facilitator should serve as timekeeper and give the groups a one-minute warning before calling "time" and collecting the cards.

One facilitator should read from the index cards, while the other notes the ideas on the board or easel. Allow another five to 10 minutes to review, discuss, and condense (if appropriate) the ideas presented into three or four Big Ideas for the day. Ask the participants to keep these ideas in mind as they deal with their children in the days before the next module.

Finally, revisit the Feelings Thermometer and go around the room checking in. If desired, do a relaxation or stress buster exercise with the group before breaking for the day.