

#10015

UNDERSTANDING CHILDHOOD TRAUMA: A PARENT'S GUIDE TO IDENTIFYING AND RESPONDING TO CHILDHOOD TRAUMA

MAGNA SYSTEMS, INC., 2002
Grade Level: Adult
45 Minutes
1 Instructional Graphic Included



CAPTIONED MEDIA PROGRAM RELATED RESOURCES

- [#10016 UNDERSTANDING CHILDHOOD TRAUMA: IDENTIFYING AND RESPONDING TO TRAUMA—AGES 0 TO 5 YEARS OLD](#)
- [#10019 UNDERSTANDING CHILDHOOD TRAUMA: IDENTIFYING AND RESPONDING TO TRAUMA—AGES 6 TO ADOLESCENCE](#)
- [#10022 UNDERSTANDING CHILDHOOD TRAUMA: WHAT IS 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**



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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>

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VIDEO #8

A parents Guide to Identifying and Responding to Childhood Trauma

Overview

The terrorist events in America on September 11, 2001 permanently changed our world, and caused many various traumatic reactions in individuals. This is particularly true for children, not yet emotionally equipped to understand their feelings of fear and insecurity. The children recognized as suffering from the effects of trauma, present many new challenges for parents to know how to identify trauma in their children, and respond effectively.

This program, featuring a pioneer in the research of childhood trauma, Dr. Bruce D. Perry, presents information on recognizable childhood trauma behaviors, and gives parents concrete data on how to best proceed, and offer real help. This information not only covers catastrophic events such as terrorism, floods, and earthquakes, but also informs parents about the real, and ongoing, trauma effects of parental addiction, abuse, and divorce. Identification of trauma and trauma effects segments include: Types of Trauma, Degree's of Trauma, Emotional and Physical Reactions to Trauma, Short Term and Long Term Trauma Effects, and Parental Behavior Influences on Childhood Trauma.

Particular emphasis to the recent terrorist attacks is given to assist parents to help their children work through their negative feelings and behaviors. Parents are cautioned to seek outside professional help for their children if problematic behaviors persist. Dr. Perry concludes: "Many creative people and inventive things have been the product of good people who have had bad things happen to them. We, as adults, need to try and balance the bad things with the good things."

Vocabulary

Trauma An experience that activates an individual's stress response for an abnormally long period of time.

Survival Threat An event or situation that causes an individual to feel fear and concern for their safety.

Post-Traumatic Stress Disorder Professionally diagnosed disorder with known emotions and behaviors caused by stressful trauma.

Child Development Age appropriate and optimal opportunities for children to mature into healthy and functional adults.

Significant event trauma An event that brings the feelings of overwhelming loss, fear, or danger to a child, and catches a child off guard.

Ongoing Trauma Consistent trauma caused to a child by parental abuse, neglect, violence, and addiction.

Anticipatory Anxiety A traumatized child's real or imagined expectations of impending threat to their safety.

The Arousal Continuum The scale that measures the degrees of escalating trauma feelings.

The Alarm State The fight or flight reaction in a human being under threat.

Re-experiencing A child's natural reaction to trauma. The child will replay a traumatizing event over and over in the mind in an attempt to master the event and feel safe again.

Emotional Memory Replaying a traumatic event in a child's mind will cause the child to again experience the original emotions.

Avoidance The natural attempt by a traumatized child to try and avoid the overwhelming emotions of a traumatic event.

Dissociation The attempt to withdraw attention from the outside world and go into a safer interior world in the attempt to avoid traumatic thoughts and feelings.

Invested Family The family of a child who is educated concerning trauma and is directly involved in helping the child to cope and heal.

Childhood Brain Development Positive or negative experiences in a child's life before the age of five that influence brain organization.

Predisposition The natural emotional make-up of a child.

Hyper-activity Acting out behaviors due to threat, such as aggression and impulsivity.

Hyper-vigilance Scanning the immediate environment looking for clues of impending threat.

Non-verbal Cues/Non-verbal Information The non-verbal behaviors a child perceives as threat in a caregiver or teacher, such as: tone of voice, body posture, and facial expressions.

Magical Thinking Inappropriate imaginings of very young children when they're not told the truth.

Instructional Objectives

1. Describe Dr. Perry's comments about positive adults in the lives of traumatized children.
2. Describe why parental divorce, violence, and addiction can be traumatizing to a child.
3. List the cumulative affects of untreated trauma to a child that eventually results in adult problems.
4. Describe Dr. Perry's comments concerning traumatized children performing far below their potential.
5. Describe Dr. Perry's comments concerning creative people and surviving trauma.

Self-Test

1. How are very young children indirectly traumatized by terrorist events?

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2. According to Dr. Perry, how long it has taken for there to be an increasing awareness of childhood trauma?

-
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3. What are the ages of children that parents should look for trauma effects?

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4. What are Dr. Perry's comments concerning identifying traumatized children early, and giving them services?

-
-
5. What are the two main types of trauma to children, and how do they differ?

-
-
6. Why does a child suffering from ongoing trauma often attempt to "stir things up"?

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-
7. List the increasing degrees of threat on the arousal continuum.

-
-
8. List the four distinct natural sets of behaviors a traumatized child uses to try to ensure survival.
-
-

Self-Test (continued)

9. According to Dr. Perry, which traumatized children are at the greater risk?

10. What eventual behavior problems are caused by adverse brain development in children under the age of five years old?

11. What are the primary requirements of healthy childhood development?

12. When should parents take action to stop the problems in their children associated with trauma?

13. How can parents help to prevent trauma in their children during a divorce?

14. What are the basic needs of children during this time of increasing terrorist attacks?

15. Why should parents encourage their children to talk about their perceptions and feelings of the terrorist attacks?

16. Why shouldn't parents discuss in front of their children who could have been responsible for the terrorist attacks?

17. How can parent's best help when their children's fears of terrorism are again triggered?

18. What should a parent do if all their best efforts of helping their children during increasing terrorism don't seem to be effective?

19. According to Dr. Perry, what is the most important thing a parent can do during this time of increasing terrorism?

Self-Test (continued)

20. What is the best line of defense for parents to help stop their children from suffering from trauma effects?

A Parents Guide to Identifying and Responding to Childhood Trauma

Self-Test Answer Key

Instructional Objectives:

1. Where there is inadequate role models at home, an invested adult, such as a coach, youth minister, or a neighbor, can play a positive role in the lives of children.
2. These parental behaviors directly, or indirectly, cause neglect and abandonment of children. This causes ongoing trauma in children with many resultant adverse developmental problems.
3. The younger the child, the severity of the trauma, the duration of the trauma, the degree of isolation, the longer without intervention: the more severe the impaired childhood development and eventual adult problems.
4. Traumatized children continually feel overwhelmed and anxious. They're only capturing a portion of what's happening, and they're not meeting their potential; socially, emotionally, or cognitively.
5. Many creative people and inventive things have been the product of good people who have had bad things happen to them. For children, parents need to balance the good with the bad. As traumatized children grow up, they can take advantage of traumatic experiences in ways that are reflective of their tenacity, their strength, and their humanity.

Self-Test:

1. In parents eyes, attention, distraction, unpredictability, and in the changes of a parent's basic patterns of being.
2. In Dr. Perry's professional lifetime.
3. From very young children through the teen years.
4. The problems won't just go away. It's an accumulation, like a tiny snowball going downhill that gets bigger and bigger.
5. Significant Event Trauma, such as: terrorist attacks, accidents, floods, fires, and storms. Ongoing Trauma, such as: parental divorce, abuse, violence, and addiction.
6. When traumatized children enter a world where things are predictable and consistent, they will stir things up so that their world will make sense.
7. Calm, arousal, alarm, fear, and terror.
8. The Alarm State, Re-experiencing, Emotional Memory, and Avoidance.
9. Children without an invested family or supportive community activities.

Self-Test (continued)

10. These children will overreact, be frustrated easily, can't plan effectively, and won't understand the consequences of their behaviors.
11. Calm, safety, predictability, and attentiveness.
12. The younger the child and the sooner the trauma is recognized.
13. When there is a gradual and mature separation that create many opportunities for children to understand what's happening.
14. Children need guidance, security, and to know that they are being cared for.
15. To correct any misinformation and stop imaginings.
16. Children may think that someone around them is planning a similar event, or blame other children in a particular group.
17. Remain consistent and predictable, and continue to be reassuring.
18. Reach out for help. Seek professional counseling and community resources.
19. To be calm, attentive, predictable, and don't let a child's emotional escalation, escalate the parent.
20. Working to continually identify trauma in children, and responding appropriately and effectively.

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OR ADDITIONAL COPIES OF THE WORKBOOK, PLEASE

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