

MODULE IV: TRAUMA AND ITS EFFECTS

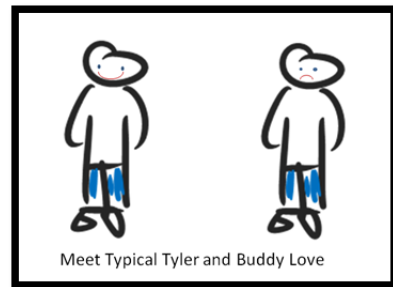
Note Taking Guide

At the end of this training, you will be able to:

- Identify childhood traumas
- Describe how attachment can be impacted by complex trauma
- Describe the possible behavioral indicators of a child who is experiencing toxic stress

Overview and Impact of Trauma

- Complex trauma – multiple traumatic events from a very young age.
- On one end of the development continuum is a child who has not experienced any trauma. He has no trauma symptoms, is developmentally on target, and has optimal social and emotional functioning.
- On the other end of the development continuum is a child who has experienced multiple traumas. He has significant trauma symptoms, is developmentally delayed, and has severe social and emotional impairments.



Trauma and Toxic Stress

- The Adverse Childhood Experiences (ACE) study shows a clear relationship between the number of ACES a person has experienced and his risk for negative health and behavioral outcomes.
- When a child’s stress response system never turns off, a child is continually flooded with stress hormones and is on constant alert. This is called toxic stress.
- Toxic stress can lead to developmental delays.
- The impact if trauma is highly individualized.

Adverse Childhood Experiences (ACE)		
Abuse and Neglect	Family Functioning	Other
<ul style="list-style-type: none"> • Emotional abuse • Physical abuse • Sexual abuse • Emotional neglect • Physical neglect 	<ul style="list-style-type: none"> • Substance abuse • Incarceration of family member • Loss of a parent • Mental illness in family member • Witnessing domestic violence 	<ul style="list-style-type: none"> • Separation from siblings • Placement out of home • Natural disasters • Terrorism • Pre-natal traumas

Responsibilities of Caregivers and Adoptive Parents

- Understand a child’s path into care
- Advocate and participate in services
- Be able to work with substance abusing parents
- Help the child develop appropriately
- Recognize your own trauma and how it affects your parenting



<p>List three ways you will use the information from this training.</p> <p>1.</p> <p>2.</p> <p>3.</p>

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Toxic Stress

As you watch the brief video *Toxic Stress* by Harvard’s Center for the Developing Child, write down any facts that are new to you or known facts that were re-enforced by this video.

Positive stress response is a normal and essential part of healthy development, characterized by brief increases in heart rate and mild elevations in hormone levels. Some situations that might trigger a positive stress response are the first day with a new caregiver or receiving an injected immunization.

Tolerable stress response activates the body’s alert systems to a greater degree as a result of more severe, longer-lasting difficulties, such as the loss of a loved one, a natural disaster, or a frightening injury. If the activation is time-limited and buffered by relationships with adults who help the child adapt, the brain and other organs recover from what might otherwise be damaging effects.

Toxic stress response can occur when a child experiences strong, frequent, and/or prolonged adversity—such as physical or emotional abuse, chronic neglect, caregiver substance abuse or mental illness, exposure to violence, and/or the accumulated burdens of family economic hardship—without adequate adult support. This kind of prolonged activation of the stress response systems can disrupt the development of brain architecture and other organ systems, and increase the risk for stress-related disease and cognitive impairment, well into the adult years.

-Center for the Developing Child

http://developingchild.harvard.edu/index.php/key_concepts/toxic_stress_response/

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Finding Your ACE Score

The ACE Score attributes one point for each category of exposure to child abuse and/or neglect. Add up the points for a Score of 0 to 10.

While you were growing up, during your first 18 years of life:

1. Did a parent or other adult in the household often or very often... Swear at you, insult you, put you down, or humiliate you? or Act in a way that made you afraid that you might be physically hurt?	If yes enter 1
2. Did a parent or other adult in the household often or very often... Push, grab, slap, or throw something at you? or Ever hit you so hard that you had marks or were injured?	If yes enter 1
3. Did an adult or person at least 5 years older than you ever... Touch or fondle you or have you touch their body in a sexual way? or Attempt or actually have oral, anal, or vaginal intercourse with you?	If yes enter 1
4. Did you often or very often feel that ... No one in your family loved you or thought you were important or special? or Your family didn't look out for each other, feel close to each other, or support each other?	If yes enter 1
5. Did you often or very often feel that ... You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? or Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?	If yes enter 1
6. Were your parents ever separated or divorced?	If yes enter 1
7. Was your mother or stepmother: Often or very often pushed, grabbed, slapped, or had something thrown at her? or Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard? or Ever repeatedly hit at least a few minutes or threatened with a gun or knife?	If yes enter 1
8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?	If yes enter 1
9. Was a household member depressed or mentally ill, or did a household member attempt suicide?	If yes enter 1
10. Did a household member go to prison?	If yes enter 1

Now add up your "Yes" answers: _____. This is your ACE Score.

Form 092406RA4CR http://acestudy.org/ace_score

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Sarah's Story

Throughout her early life, Sarah was severely neglected by her mother, and possibly physically abused, as well. She was diagnosed as failure to thrive at two months, but went home under protective supervision.

As a baby, Sarah did not coo or babble. She was very difficult to comfort and seemed to prefer to be left alone. Sarah began to crawl at 12 months, and at 15 months she still could not stand, even if supported. Sarah would not look into people's eyes and did not like strangers. She appeared afraid of men.

At two, Sarah startled easily and seemed to be constantly tense, with darting eyes. She would not hold or play with toys. She had frequent digestive upsets and vomited almost every day. During these episodes, she did not seek out her mother and would cry only briefly.

Sarah was placed with her maternal grandmother at age three when her mother entered a substance abuse treatment center. Sarah stayed with her grandmother while her mother tried to beat her addiction. She did not like to be outside or in large open rooms. When Sarah played with other children, she got upset easily and bit and hit. She often woke up during the night, and had fitful sleep. She was a picky eater and periodically gorged then threw up.

The grandmother loved Sarah and tried to take care of her, but her own ailments and fixed income made it hard for her to always do what was best. When Sarah was eight, the grandmother's health had deteriorated to the point she needed to move into an assisted living facility. Sarah was placed in foster care.

At nine years old Sarah was three feet nine inches tall and weighed 52 pounds. After repeating her first grade year, she was promoted to second grade, but continued to test at the first grade level in both math and reading. She complained of frequent, nondescript body aches and pains. The teachers reported she had a difficult time sitting still in class and refused to sit in any desk that was by a door or window. She preferred to play with the younger children on the playground.

At home, Sarah refused to participate in household chores and fun activities saying, "I can't do it." She broke many items in the foster home, including two lamps, the TV remote control, and the dishwasher. Despite clear evidence that she was at fault, she steadfastly denied it and told her caseworker that her foster mother must not like her very much. She continued to sleep poorly, and often roamed the house at night. There were several occasions where food was found hidden in her room.

Recently, the foster father received a promotion that meant the family needed to move out of state. Sarah wanted to remain close to her grandmother, so she asked to be moved to another family. Sarah is now fourteen and living with you.

She is quiet and withdrawn, interacting minimally with the people around her. She always keeps her back to a wall and is constantly looking over her shoulder. She has poor hygiene, going days without bathing, and sleeping in the clothes she had worn during the day.

At school, Sarah is also quiet and withdrawn, but truancy is a major problem. Although teachers describe her as a nice girl, they are concerned that her peer group is pretty rough and they report she is developing a reputation for being sexually “loose.”

QUESTIONS

- 1. What trauma did Sarah experience or do you suspect she experienced? What indicates Sarah has developmental delays?

- 2. How has Sarah’s attachment been impacted by her complex trauma?

- 3. What are the behavioral indicators that Sarah may be experiencing toxic stress?

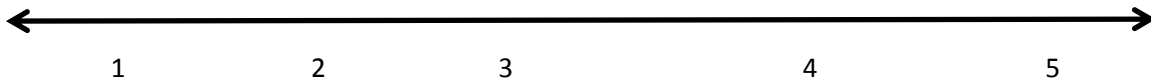
- 4. What can you, as Sarah’s foster caregiver, do to help Sarah build protective factors and support her development?

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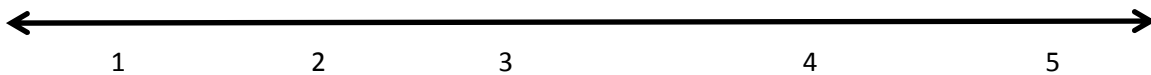
Individual Reflection

Please take a few minutes to reflect on what you have learned in the Preservice training and how it applies to you. Give this sheet to the agency worker who is completing your homestudy.

1. On a scale of 1-5 (with 1 being not very prepared and 5 being fully prepared), please rate how prepared you are to parent a child who has experienced multiple childhood traumas. Please explain your answer.



2. On a scale of 1-5 (with 1 being not very prepared and 5 being fully prepared), please rate how prepared you are to parent a child with developmental delays? Please explain your answer.



3. How do you feel about your ACE score? Do you think there is a connection between your score and your current health or behaviors?



Ohio Child Welfare Training Program Preservice Module 4 Trauma and Its Effects

County where training was held: _____

Trainer: _____

Date: _____

Please complete the survey and provide comments to help us improve this training.

1. A child who is experiencing toxic stress might:
 - Be less “on alert” than other children
 - Experience most things as potential threats
 - React in a slow, thoughtful manner
2. Which event(s) could be considered childhood trauma (check all that apply):
 - Witnessing domestic violence
 - Being abused
 - Repeatedly being called names and put down
 - Placement into foster care
3. Which attachment-related behavior(s) might indicate the child has experienced complex trauma (check all that apply):
 - Panic if caregiver is late picking him/her up
 - School phobia
 - Needy or clingy
 - Two or three close friends
4. The trainer could improve this training if they (check all that apply):
 - Shared additional relevant personal examples
 - Managed the group more effectively
 - Gave clearer instructions for activities
 - Helped me better understand how to apply the information to foster care or adoption
 - Other _____
5. Have you been completing the reflection sheets?
 - Yes
 - No
 - I have completed some of them.
6. If you have completed reflections sheets, have you shared them with your worker?
 - Yes, I have.
 - Not yet, but I plan to.
 - No, I do not plan to share them.
7. What other information would you like to share that will benefit future participants of this training (use the back of this sheet if needed)?

Thank you for your feedback!