



The
Knowledge Center
at Chaddock

Trauma 101

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THANK YOU

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Who are you?

ⓘ Start presenting to display the poll results on this slide.

Learning Objectives:

Participants will:

- Be able to recall the definition of, and describe the differences between, Trauma, Developmental Trauma and Adverse Childhood Experiences.
- Be able to recognize the impact of trauma on human development.

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**What comes to your mind
when you hear the word
trauma?**

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Trauma

Experiencing or witnessing an event in which a person believed his/her life, or someone else's life, was in danger.



(National Child Traumatic Network [NCTSN])

Prevalence of Trauma:

- According to the *Journal of Traumatic Stress*, it is estimated that at least 25% of children experience a traumatic event by age 16.
- The National Comorbidity Survey (participants ages 14-24) found that over 60% of males and 50% of females were exposed to at least one traumatic event.

Kessler et al. (1995)

Developmental Trauma

The term *developmental trauma* (also sometimes referred to as *Complex Trauma*) describes the problem of:

- multiple or prolonged traumatic events
- impact of this exposure on their development
- simultaneous or sequential occurrence of child maltreatment
 - including psychological maltreatment, neglect, physical and sexual abuse, and domestic violence—that is chronic, begins in early childhood, and
- *occurs within the primary caregiving system*

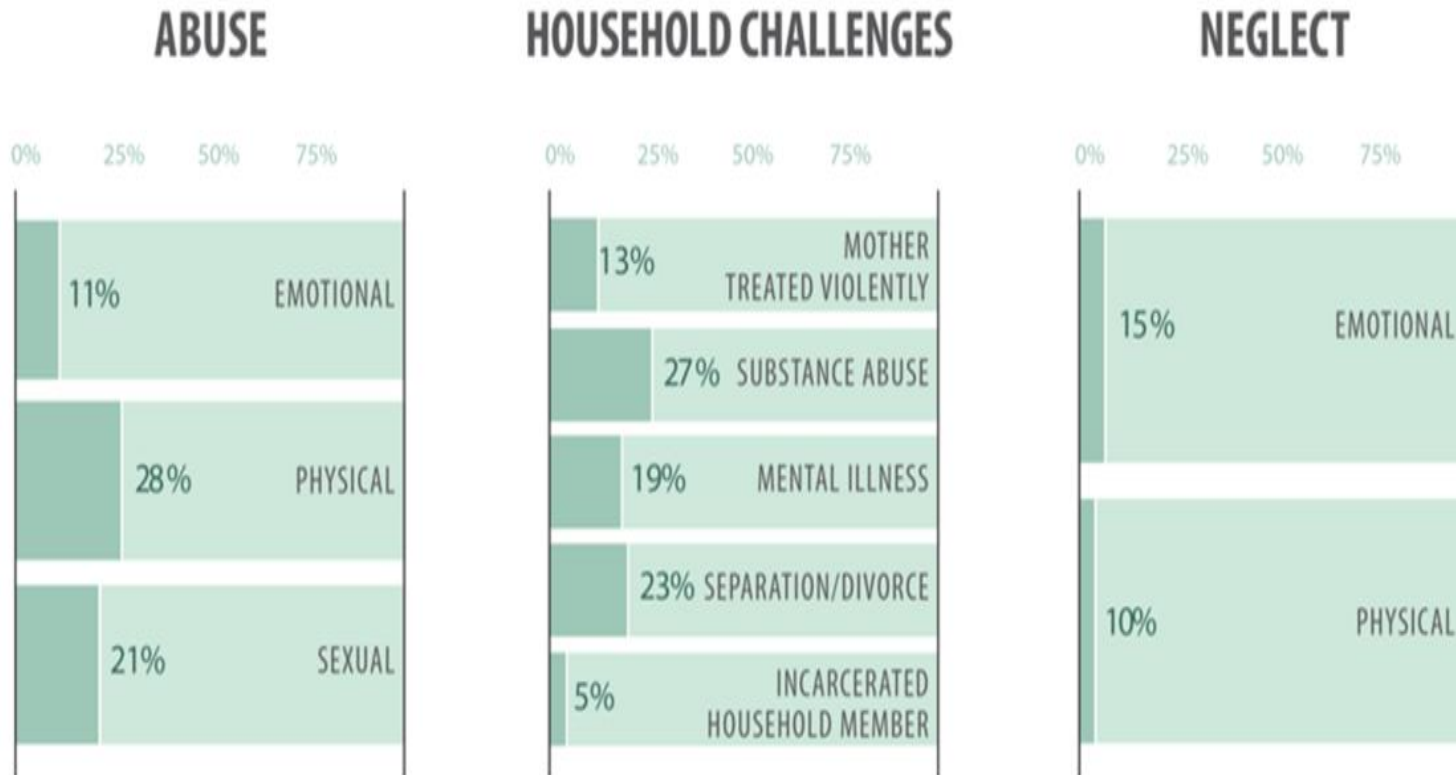
(The National Child Traumatic Stress Network (NCTSN), nd)

Single Exposure vs. Developmental Trauma

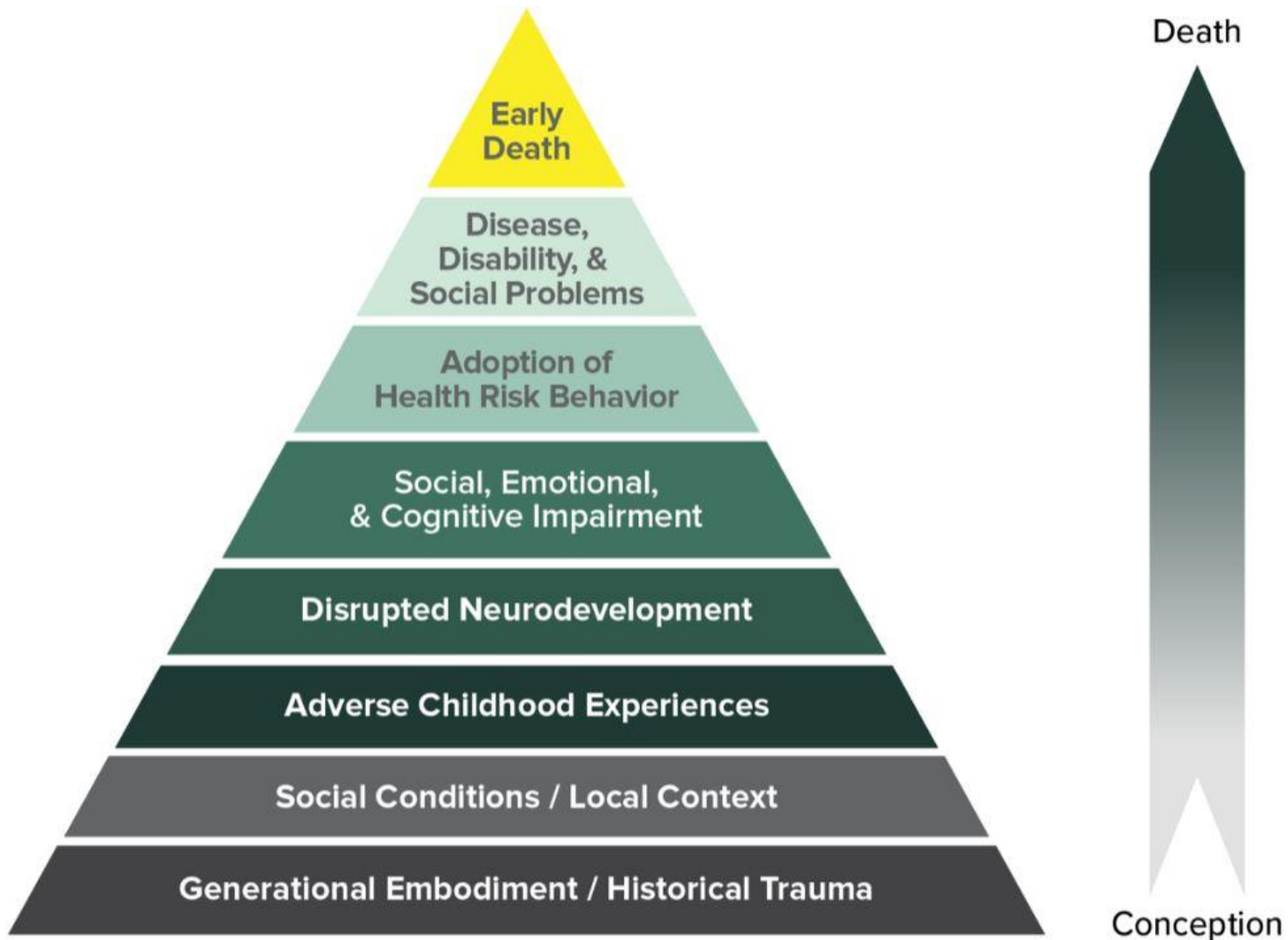
- **Single exposure** to trauma may result in:
 - Intrusive thoughts
 - Interrupted sleep/nightmares
 - Anger and moodiness
 - Social withdrawal
- **Developmental trauma** may result in:
 - Adverse affects on attention, memory, cognition
 - Reduced ability to focus, organize, and process info
 - Interference with problem solving and/or planning
 - Overwhelming feelings of frustration and anxiety

Source: www.nctsn.org

Types of ACEs:



Taken from: <https://www.cdc.gov>



Mechanism by which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan

Taken from: <https://www.cdc.gov>

The Pair of ACEs

Adverse Childhood Experiences

Maternal Depression

Physical & Emotional Neglect

Emotional & Sexual Abuse

Divorce

Substance Abuse

Mental Illness

Domestic Violence

Homelessness

Incarceration

Adverse Community Environments

Poverty

Violence

Discrimination

Poor Housing Quality & Affordability

Community Disruption

Lack of Opportunity, Economic Mobility & Social Capital

Ellis W. & Dietz W. BCR Framework. *Academic Press* (2017).

ACEs Vs. Trauma

All Trauma's are ACE's but not all ACE's are Trauma's

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What is your ACE score?

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Recognizing the Impacts of Trauma on Human Development

PHYSICAL

PSYCHOLOGICAL

EMOTIONAL

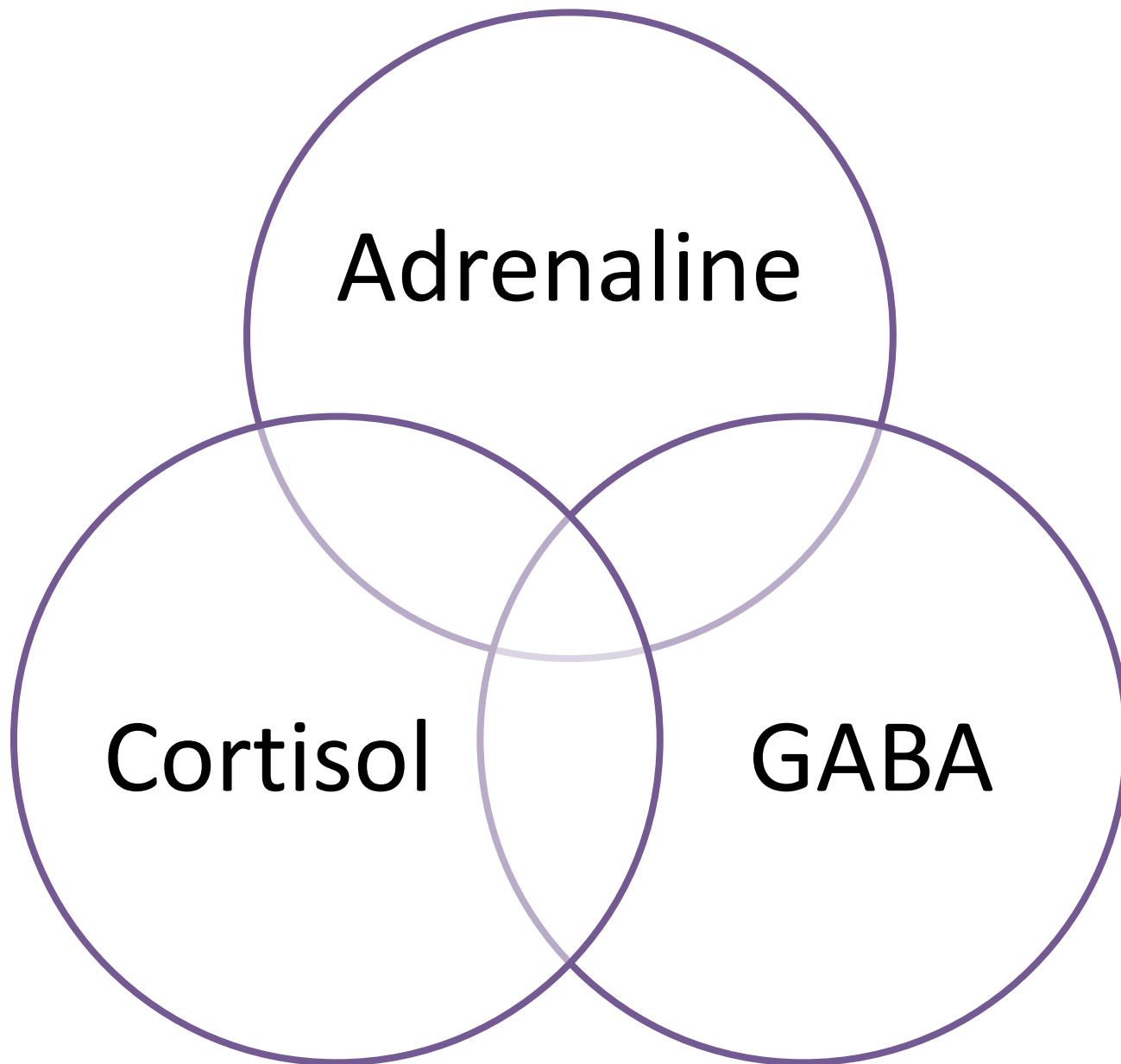
PSYCHOSOCIAL

Physical Impacts

1. Neurochemical
2. Epigenetics
3. Impact of Trauma on the Brain
4. Somatic Complaints

1. Neurochemical

- Adrenaline
- Cortisol
- GABA



<https://developingchild.harvard.edu/resources/toxic-stress-derails-healthy-development/>

2. Epigenetics

Holocaust Exposure Induced Intergenerational Effects on *FKBP5* Methylation.

Conclusion of the study:

This is the first demonstration of an association of preconception parental trauma with epigenetic alterations that is evident in both exposed parent and offspring, providing potential insight into how severe psychophysiological trauma can have intergenerational effects.

(Yehuda et al., 2016)

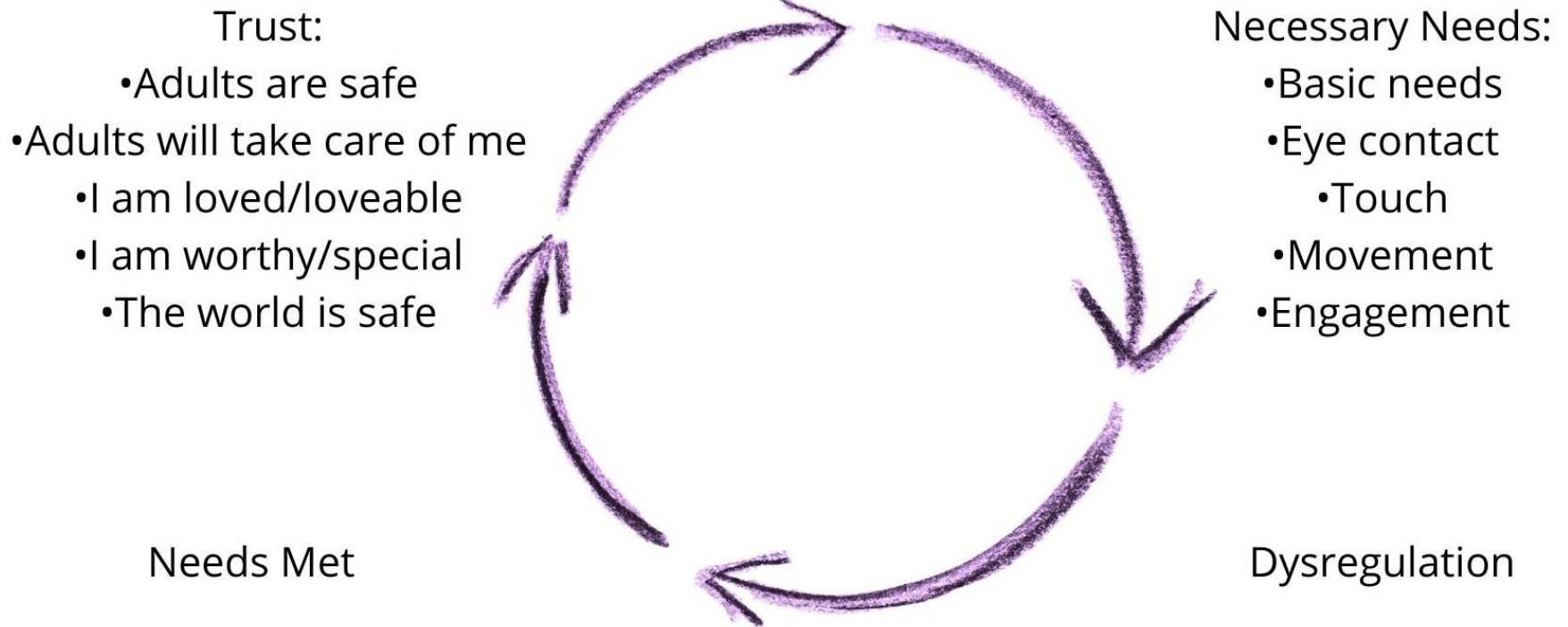
**BABY A AND BABY B.
WHAT DOES BABY A NEED?**

Baby A

Need:	Response:
Hungry	Gets fed
Distressed	Picked up/Soothed
Dirty	Changed/Bathed
Interaction	Spoken to/Played with
Warm/Cold	Clothes adjusted
Tired	Rocked

Internal Working Model – Baby A

First Year of Life Cycle



The Secure Attachment Circle

When the caregiver is attuned, connected and responsive, the child is able to demonstrate a secure attachment:

“I am secure and safe. I am loved. I am free to explore and relate”.

Beyond simply meeting her
unique needs, however, her
parents *dance* with her.

Hundreds of times, day after
day, they dance with her.

Daniel A Hughes “Building the Bonds of Attachment” 3rd Edition.

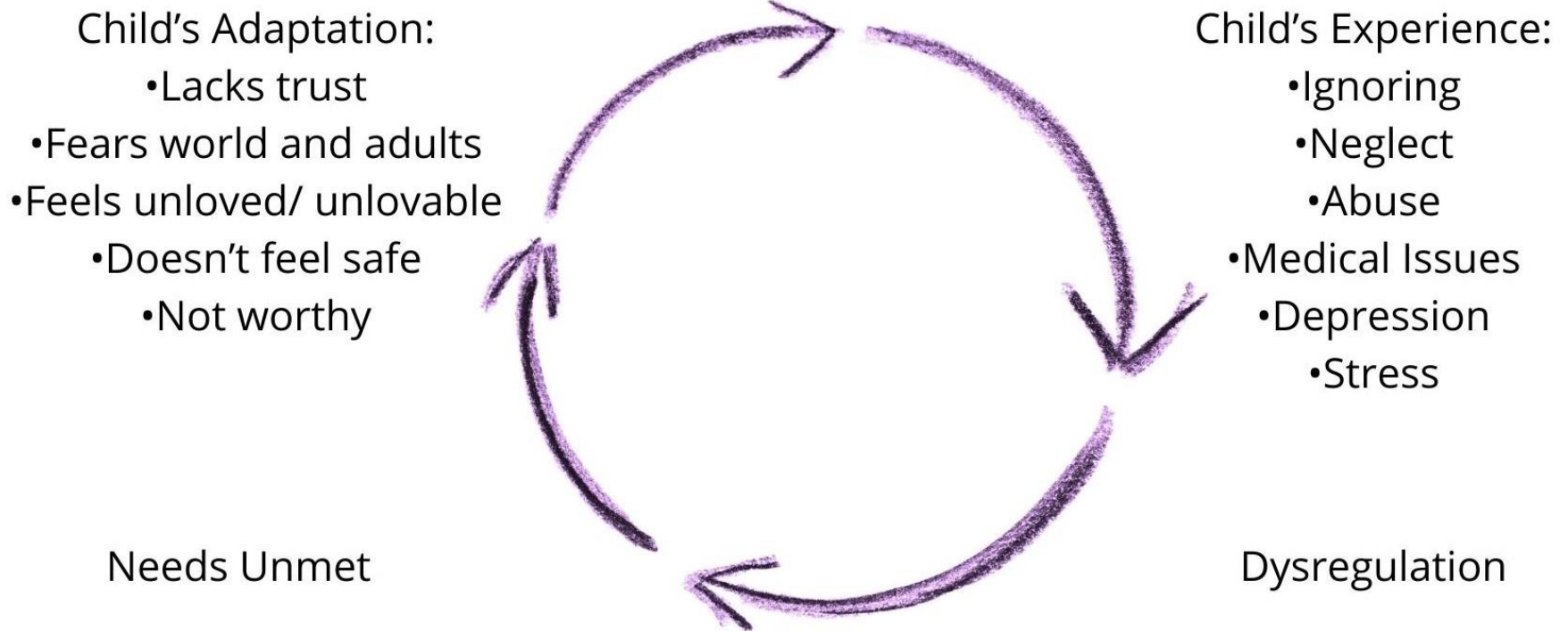
WHAT DOES BABY B NEED?

Baby B

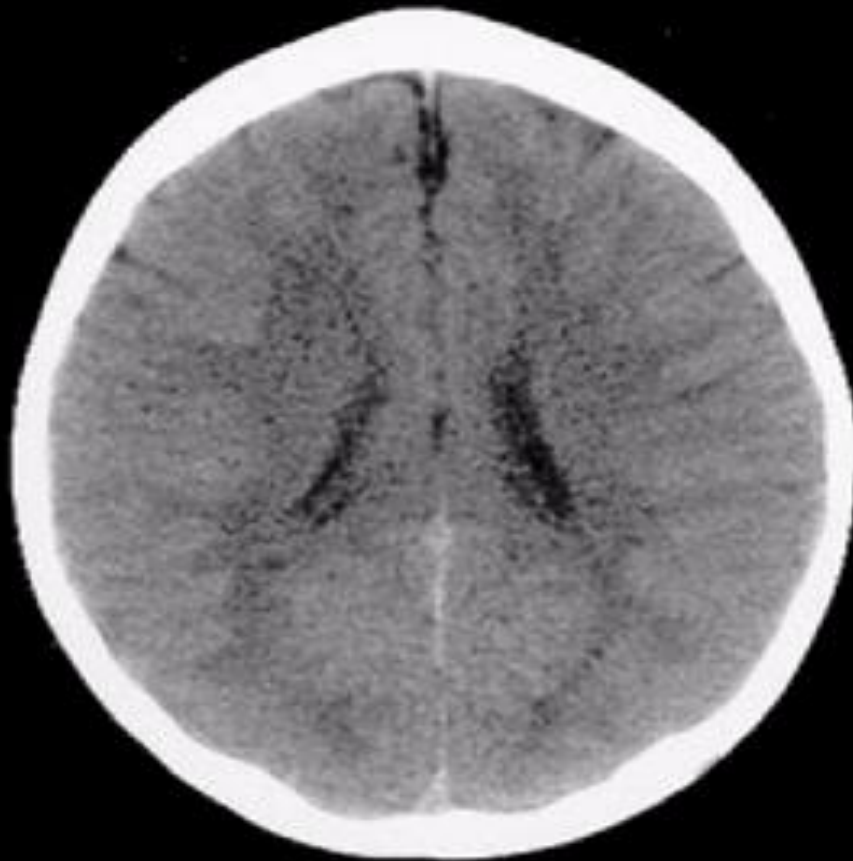
Need:	Response:
Hungry	Fed inconsistently
Distressed	Ignored/Yelled at
Dirty	Cleaned inconsistently
Interaction	Blank expression
Warm/Cold	Same clothes
Tired	Shaken/Yelled at

Internal Working Model – Baby B

First Year Trauma Cycle



3 Year Old Children



Normal



Extreme Neglect

CIVITAS Child Trauma Program

© 1997, Bruce D. Perry, M.D., Ph.D.

(Perry & Pollard, 1997)

The Impact of a Negative Experience

THE STILL FACE

The Brain

Basic purpose of the **front brain**:

Learning, logic, reasoning, problem solving.

Basic purpose of the **middle brain**:

Puts an emotion to what is perceived and sends a message to either front or back brain.

Basic purpose of the **back brain**:

Survival, fight/flight/freeze responses.

Executive Functioning

Purpose:

Action-self regulation of action

Memory-working memory/accessing recall

Emotion-managing frustration/modulating emotion

Effort-regulating alertness, processing speed

Focus-focusing, shifting attention to tasks

Activation-organizing, prioritizing, planning

Last to develop, first to switch off!

- The child's brain is impacted by traumatic experiences in how the brain:
 - responds to threat
 - stores traumatic memory
- The brain is “designed to change in response to patterned, repetitive stimulation.”

Source: Perry, B. (2000)

Fight, Flight, or Freeze

- Threat, or perceived threat, triggers back brain:
 - Survival responses
 - Fight, Flight or Freeze
- Fight, Flight, Freeze is the body's response to *perceived* threat or danger.
- The body enters and remains in a state of physiological arousal until the perceived threat has passed.

Re-experiencing Trauma

- People experience trauma through the senses
- Typically trauma is re-experienced or remembered through the senses
- Healing must involve the senses

4. Somatic Response

- Physical pain or distress
- Always asking to see the nurse
- No medical explanation

Psychological Impacts

1. Mental Health
2. Substance Use
3. Suicidality

1. Mental Health

- Reduced functioning
- High levels of distress
- Meet criteria for a mental health diagnosis
- Increased use of healthcare, including prescriptions

2. Substance Use

- Teens who experienced physical or sexual abuse were three times more likely to report past or current drug use than those who had not been abused.
- In other survey's more than 70% of substance use clients had some form of Trauma exposure.
- Some studies on PTSD show that 59% of teens with PTSD develop substance abuse issues.

(The National Child Traumatic Stress Network [NCTSN], 2008b)

3. Suicidality

- Self harming behaviors
- Thoughts of death or dying
- Thoughts of ending their life
- Active plans to end their life
- Attempted to end their life
- *Individuals that have a trauma exposure are **15 times** more likely to attempt suicide*

Emotional Impacts

1. Hypo- and hyper-arousal
2. Lack of emotional vocabulary
3. Emotional regulation

1. Hypo- and Hyper-Arousal

HYPER-AROUSAL TOO MUCH

feeling words

angry, anxious, hyper,
obsessive, over-whelmed

SIGNS YOU ARE HERE

shaky/tense
feeling safe
impulsive
big emotions
racing body/thoughts

OPTIMAL-AROUSAL JUST RIGHT

feeling words

good, okay, great,
happy, relaxed, calm

SIGNS YOU ARE HERE

feelings and thoughts work together
appropriate reactions
present moment awareness
regulated
feeling safe
good boundaries

HYPO-AROUSAL TOO LITTLE


feeling words

tired, bored, depressed,
sleepy, low, blah

SIGNS YOU ARE HERE

reduced physical movement
no energy
shut down
passive
numb
no feelings
disconnect

adapted from:
Levine, P. (1997) *Waking the Tiger*. North Atlantic Press.
Ogden, P., Minton, K. & Pain, C. (2006) *Trauma and the body: a sensorimotor approach to psychotherapy*.
Siegel, D. (2006) *An interpersonal neurobiology approach to psychotherapy*. *Psychiatric Annals*, Vol. 364.

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2. Lack of Emotional Vocabulary

- Limited ability to identify or express feelings:
 - Mad, Sad, Glad, and Scared
- Limited ability to express the intensity of emotions:



3. Emotional regulation



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What was it like watching that video?

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Psychosocial Impacts

1. Behavioral Issues
2. Family Issues
3. School Issues
4. Legal Problems

1. Behavioral Issues

Remember: All Behavior has Meaning

- Aggression
- Shutting down
- Verbal disrespect
- Avoidance
- Attention seeking

2. Family Issues

- Problems with primary caregiver:
 - includes cutoff or enmeshment
- Poor sibling relationships
- Fractured attachments with primary caregiver
- Fear of parent safety

3. School Issues

Trauma Facts for Educators:

- Trauma can impair learning:
 - Adversely affect attention, memory, and cognition
 - Reduce a child's ability to focus, organize, and process information
 - Interfere with effective problem solving and/or planning
 - Result in overwhelming feelings of frustration and anxiety
- Trauma can impact school performance:
 - Lower GPA
 - Higher rate of school absences
 - Increased drop-out
 - More suspensions and expulsions
 - Decreased reading ability

(The National Child Traumatic Stress Network, 2008a)

4. Legal Problems



Resiliency and Protective Factors

What helps buffer kids from these experiences

1. Biological Factors
2. Environmental Factors
3. Individual Factors

1. Biological

Genetics

Brain Chemistry and Structure

Hormones and The Stress Response System

2. Environmental

Support/Community Resources

Community Context

Parent-Child Relationship and Family Dynamics

Parent Mental Health

School Context

3. Individual

Individual Temperament

Communication Skills

Sense of Humor and Personality

Emotional Regulation Skills

“Where there is Hope,
there is Life”

– Anne Frank

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