

Outline for Trauma education (K. Flannery)

1. What is Trauma (definition, diagnoses, changing of the brain, normalization)

Trauma is an incident that threatens life or integrity of a person. It can also affect both a loved one and an individual through secondary trauma. Such incidents are mental/emotional / physical abuse, death of a family member, domestic violence in the home, rejection, tornados/hurricanes/forest fires that affect residential areas, chronic health issues, and gun violence.

Trauma affects the emotional state, physiological state and cognitive state of an Individual (Georgetown University NTAC CMHHD and JBS international, 2016). It additionally affects these same development states of a child when it happens early in life. How early could that be? Research has found that newborns can be affected by trauma, showing signs such as an increased Moro reflex or startle response (Government of Western Australia Department of Communities, 2018).

It does not matter what race, ethnic group, gender identity, creed, educational level, socio-economic status, or belief system you may have, trauma has affected almost everyone in some form.

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Traumatic stress is the bodily, emotional and cognitive response of trauma events, which can bring a lasting negative impact on physical and mental health. Traumatic events can be short or ongoing.

Chronic trauma is an ongoing, long, repeated traumatic event.

Complex Trauma is about chronic trauma and the emotional and physical negative aftermath. Complex trauma is seriously damaging due to the pervasiveness of the individual unable to create healthy relationships and can be caused by caregivers or professionals in a power position. Examples of complex trauma are abuse or neglect from a caregiver or other family member, being exposed to violence against others in the home, neighborhood violence, chronic childhood medical care, and so on.

Toxic stress is the effect of consistent subjection to traumatic events, like physical abuse that maintain the stress response system in the body.

Intergenerational trauma occurs when traumatic events are not coped with, the emotional and behavioral impact are carried from parents to offspring. Such is the case when parents who experience complex trauma and do not heal from it in childhood are not able to empathize, show care or self-regulate their behaviors. This trauma also creates dysfunctions in ability to trust and attach with others, which such behaviors can transfer to the child as well.

Historical trauma is a subset of intergenerational trauma in that it is a community-wide psychological trauma for a certain group of people who experienced racial injustice, systemic

abuse, historical traumatic incidents or all of it. An example of such people are Native Americans, Alaskan Natives, African Americans, and Asian Americans.

Culture is an important variable to understand given the aspect of trauma. Our culture as an individual is a part of ourselves and indicates how we might respond to trauma and process it. It also gives us the chance to determine what solutions we have moving forward in order to treat and heal from this trauma. For example, the use of tribal resources, such as a tribe's mental health clinic, connecting with elders or joining a community event might be more beneficial for a Native American in seeking support rather than outside sources. Similar to an older Christian-oriented female seeking counsel from their pastor or going to a Christian counselor.

ACEs is Adverse Childhood Experiences (Pezzote, 2021). This was a study done by Kaiser Permanente Health Appraisal Clinic and the CDC (Pezzote, 2021). It had a population of more than 17,000 patients providing extensive info regarding their childhood (Pezzote, 2021). The participant of people were 80% white or Hispanic adults who were insured, with other minorities represented being Asian or African American (Pezzote, 2021). These patients were asked questions related to 10 childhood trauma categories: neglect, physical/sexual/ mental abuse, substance abuse in the home, mental illness in the home, domestic violence, and criminality of a parent/caregiver (Pezzote, 2021). 1 in 4 people had a score connected to at least one childhood trauma (Pezzote, 2021). One in 16 had a score of at least 4 childhood traumas, which is concerning. This score of 4 or more is where the heavy correlations begin for health issues like obesity, chronic depression, coronary artery disease, risks for alcoholism, IV drug issues, risk of multiple divorces, risk of early death and so on (Pezzote, 2021). The reason why this study is brought up is to not scare you guys and gals as parents but to provide prevention and education on understanding what untreated/ignored childhood trauma can become. That's why awareness, ongoing communication with your child and a trusting relationship are the key aspects to help for prevention. In turn, it leads to getting them mental health resources if they encounter impactful traumas, which allows them to feel safe, secure and ultimately successful.

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Talking with your kids about traumatic events

Before anything else, including talking with your kids, be aware of your own impact when processing out a trauma (Connecticut State Department of Children and Families, 2021). Children watch and model their parents/caregivers response to everyday life (Connecticut State DCF, 2021). This traumatic event is no different. Acknowledge your needs for self-care and emotional support (Connecticut State DCF, 2021). Ask for help! (Connecticut State DCF, 2021).

Consider discussing an initial meeting time and date with your child for them to be aware this conversation will occur, if they are middle school to high school age (National Child Traumatic Stress Network, 2008). Just like with adults, children sometimes need a moment to process. If they are younger than middle school age, consider talking to them at a time where they will be relaxed or in a neutral mood (National Child Traumatic Stress Network, 2008).

Start off the conversation by naming the traumatic event, pausing to see how they are responding to you saying it out loud, then slowly asking questions, “What do you know about ___event?” “How have your friends responded to this news?” “What’s your understanding of it?” “I would be interested in knowing what you are thinking about if you would like to share....” “Is there anything else that you haven’t told me, anything you are worried about?”(Newman, 2015; Connecticut State DCF, 2021)

Give them time to think and respond, and be cognizant of where their attention span, maturity level, and distress is when giving questions (Connecticut State DCF, 2021). Yes or No questions might be easier for some children. Clear up any misinformation they may have about the trauma (Connecticut State DCF, 2021).

Listen to their responses or their silence (Newman, 2015). Be fully present in the moment, stay off the phone, and have no other distractions while this talk is occurring (Newman, 2015). Be calm in your affect and use non-verbal communication like nodding or short responses like “Ok” to show you are actively listening (Newman, 2015). Your children likely will be taking this conversation seriously (Newman, 2015).

Reiterate their words, summarize, and discuss what they know (Newman, 2015). You might be surprised with what your kids say. It might be the first time they acknowledge their fears, concerns or feelings to anyone about the event (Connecticut State DCF, 2021)!

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Acknowledge your own thoughts and feelings about the trauma, but explain how you are coping and responding to this trauma as well (Connecticut State DCF, 2021). Model these behaviors for the child to see (Connecticut State DCF, 2021). Encourage the child in knowing that this traumatic event is rare, that sometimes moments like these are unmanageable, terrible things can happen, that they are safe, and there is no responsibility or blame carried by them (Connecticut State DCF, 2021).

Explain people, groups or organizations who are willing to help in traumatic events like these, like the American Red Cross, with disasters (Newman, 2015). Promote the idea that there is goodness in the world and that things can change for the better (Newman, 2015).

Use normal routines, such as going to school, band practice, events you do as a family as a means of maintenance and normalcy for your kid, if they are ready (Connecticut State DCF, 2021).

Limit the use of computers, smart phones and television if the trauma is on a state, national, or international level, outside of the home (Connecticut State DCF, 2021). If limiting their use doesn’t occur, re-traumatization or increased levels of anxiety could occur in a child (Connecticut State DCF, 2021).

Additionally be aware of your conversations with other adults in the household regarding the trauma, depending on tone with infants or content with elementary school children or later, as that can provide some undue anxiety for the child (Newman, 2015)

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Infants: With caregivers who present as anxious, infants may become fussy (Connecticut State DCF, 2021). Try to stay calm when interacting with them (Connecticut State DCF, 2021). Routines are integral and keeping the same set of parents/caregivers helps (Connecticut State DCF, 2021).

The same maintenance of routines, the same set of caregivers, and calm demeanor also works for Toddlers and Preschoolers (Connecticut State DCF, 2021). When discussing the event, describe and answer questions about the traumatic event in easy terms (Connecticut State DCF, 2021). You can describe using their own words they use (Newman, 2015). Reassure that they are safe during this talk (Connecticut State DCF, 2021). Do normal activities with them (i.e. reading, listening to music) to provide comfort (Newman, 2015). Limit TV and other media coverage (if the trauma is outside the home); if watched, a parent should be present (Connecticut State DCF, 2021).

Elementary-age children should have a limit on TV and other media coverage as well (Connecticut State DCF, 2021). Be aware of their responses if they do watch such programming as their comprehension, coping and communication level might be more limited than more mature kids (Connecticut State DCF, 2021). Comfort them with the understanding that they are safe in the family, and define others who might also be ensuring on keeping them safe in the community (Newman, 2015). Maintenance of routines are important as well (Connecticut State DCF, 2021).

Teenagers may or may not acknowledge their feelings (Substance Abuse Mental Health Services Administration, 2012). Offer support, and state that you're willing to talk with them at any time (SAMHSA, 2012). Emphasize that they matter and their input matters. They may complain of physical pains which is a mind-body connection or psychosomatic (SAMHSA, 2012). This can be a normal response. They may get into more delinquent behaviors or start fights at school/in the home as another response to the trauma (SAMHSA, 2012). Consider these connections when having a discussion with them.

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The two current national traumatic experiences all people have experienced in this country still present are covid-19 and 9/11. The current generation of children are experiencing Covid 19 while people who are 25 years old and above remember and understand the gravity and emotional connection of 9/11. I'd like to focus in on research points with both events.

Covid 19 pandemic: The key piece is that children can have a huge span of responses to this pandemic. Responding to them with a calm demeanor, providing boundaries when needed, but also empathizing helps their coping abilities. (Bartlett, 2020).

9/11: 9/11 related research found that in the aftermath of a traumatic event, a kid's response, especially very young kids, are dependent upon the connection they have with a parent after the traumatic event. (Coates & Schechter, 2004). Communication can play a major role in a child's resiliency.

Your children may be affected by local news, what happens to local families, based on their proximity and connection. For example, in August there was a shooting of a 5 year old in Benzie County. The mother was the shooter and during this, there were other children in the household. In June, there

was also a different incident of accidental shooting of a 9 year old boy in a Kalkaska home where there other children present as well. In these instances, if you live within the community, it might help to check in with your kid and explore if they have any connection to the affected family (if you don't already know). They might be waiting for you to talk to them about it and make sense of it. Or at least acknowledge the circumstances.

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Local Resources

I wanted to give you some local resources that connect with trauma, variables of trauma, so you know where to go, if needed. I also wanted to let you know what I do.

At Child and Family Services, I work as a Youth Services Counselor. I'm a mental health therapist who works with pre-teens to young adults who are homeless, at-risk, or have run away from home. Youth Services works within a 5 county region: Grand Traverse, Kalkaska, Antrim, Leelanau and Benzie counties. Due to the population I serve, I am well aware of the level of Trauma that could be present with my clients. I am focused in trauma informed care and therapy tailored to a client's need.

We also have a Youth Shelter called Pete's Place that helps Homeless or Runaway youth ages 12-17 years old. They receive food, clothing, transportation to school or work (depending upon goals they have), individual counseling, family counseling for reunification if they are in the shorter program, independent living skills and other case management services.

There is a Behavioral Health section of Child and Family Services with psychologists, therapists, counselors and social workers specialized to help with different variables, including Trauma. A subset of this is the Child Trauma Assessment Center which is a group of clinicians specialized in assessments for children ages 2-18 that focus on intelligence, motor skills, attention, speech, mental health symptoms, medical related concerns, trauma-related symptoms and other developmental concerns. These assessment usually determine recommendations for children and teens who have gone through various levels of trauma (mild to severe), can have a DHHS foster care or adoption connection, and are referred by all different agencies like DHHS, schools, other mental health professionals, parents and beyond.

Traverse Bay Child Advocacy Center is another organization. This organization focuses on the mental health of a child after a child had experienced sexual or physical abuse or there is violence occurring in the household. Usually referred by authorities, a forensic interview is conducted by professional at the CAC followed by personalized trauma informed therapy that is conducive to healing from these incidents. In addition, these professionals provide understanding and psychoeducation to the child's social support system/caregivers. Because the aim is to advocate, help these children and provide a safe environment for all, this CAC (alongside multiple CAC's across the country) are so important for the community.

Michaels Place is a great organization that provides free services geared towards grief or loss of a loved one, like support groups, robin's nest which is an activity based program that helps children learn skills usually provided by a caregiver, workshops and so much more.

NAMI is national alliance on mental illness. They provide free support and psychoeducational groups for individuals with mental illness and the family members who support said individuals. Trauma is a strong

variable for mental illness and complex trauma ultimately can complicate both the level of severity and general healing with a mental health condition.

Grand Traverse Band of Ottawa and Chippewa Indians has Behavioral health services with general counseling, family counseling, psychiatric treatment, and a traditional healer. Anishinaabek Family Services which has types of fostering/adoptive services, prevention services, child protective services, and protective services.

What to look for when you are searching for trauma therapy

There are definite resources in this area. To look for the correct ones, terms like Trauma focused CBT, EMDR or Eye movement desensitization and reprocessing treatment and prolonged exposure treatment are types of mental health treatment that have been empirically tested, supported and a mental health professional has to be certified in, in order to practice them. When looking at psychologists, counselors, social workers, therapists and other mental health professionals in private practices and non-profits, check to see if they have the certifications or credentials that list such treatment if your need is trauma therapy for you or your kid. Then ask what's the treatment is about, why its effective, and why they practice it. This will help guide you towards the correct treatment.

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Here are some of the references I highly suggest looking over as parents to help yourselves while tackling this conversation. The Bartlett Covid 19 reference is great, we are still experiencing issues from Covid 19 and the aftermath that follows. It will be on most kids (and adults) minds for a while, let's acknowledge that. The Government of Western Australia reference gives a comprehensive look at trauma affecting each child's age, so you can know what to look for, if the trauma affects them and if it becomes more complex. The nine tips to talk to your kid about trauma is a great general article if you have the time. The SAMHSA article is an easy read to deal with this complex topic and focuses on most items we discussed. These references plus the rest of them are on a separate page you can download off the library website, same place as this presentation.

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Here's just a quote that is so perfect to what is being discussed (Read)

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References and how to talk to your kids about trauma will be downloadable files that you guys and gals can grab if you need them.

My contact info is located on this slide.

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Thank you so much for your time listening to this presentation. Feel free to reach out if you have any questions or comments!