

Trauma-Informed Care Series

This month, we bring you part three of an eight-part series about the effects of trauma on children and parenting through a trauma-informed lens. This information is courtesy of the National Child Traumatic Stress Network. More information can be found at www.nctsn.org.

Module 3 – Understanding the Effects of Trauma

by Melinda Rhoades

Trauma can interfere with the development and functioning of a child at any age.

1. We learn by experience. When we experience trauma, we take that traumatic information in through our senses (sight, sound, touch, taste and smell) and the trauma is stored in the most primitive parts of our lower brain.

This part of our brain lacks reasoning or understanding. This part of our brain is our fear receptor and it is fully developed before we are born. It is our personal alarm system and it is unique to each one of us. This fear receptor is what has helped us survive.

2. When our fear receptor is triggered, it impairs the way we are able to think, reason, problem solve and interact with others. It impacts our social and emotional ability to function. When a young brain is exposed to multiple traumatic experiences, it affects the way the brain develops.

3. Trauma can impact an individual's regulatory system, causing their brain to develop in a manner in which it is constantly on high alert (hypervigilant), perceives fear when no real fear is present, has a harder time calming down and reasoning/thinking when triggered, causes a person to feel that the bad thing is happening again (flashbacks), and impacts the way that the individual views the world. A brain that has experienced trauma does not develop the same way as a brain that has not been exposed to repeated fear, violence, isolation, neglect or abuse.

A brain that has been impacted by trauma can heal. Healing is done over time and only in the context of a secure and regulated relationship with another person.

Traumatized children and adolescents can learn new ways of thinking, relating and responding. They can eventually learn to override the primitive response system in their brain. They can unlearn trauma patterns and see the world through a different lens. This process takes time, but it can be accomplished through repetitive, regulated, and rewarding interactions with trusted adults.

A trauma informed parent can help a child heal by practicing the following parenting techniques:

- Offer a secure base of love and affection.
- Be emotionally and physically available.
- Recognize and respond to the child's needs.
- Provide guidance and example.
- Provide opportunities to safely explore the world.

A traumatized child comes with an “invisible suitcase” full of experiences that has shaped the way that they view the world.

A trauma informed parent, can help a child identify and unpack those trauma memories, and replace them with safe and loving experiences so that they can see the world through a different lens, and function on a new level, from a place of security.

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Understanding the Effects of Trauma, *continued*

Defiance and Personal Hygiene

Christine was a 9-year-old girl that had extremely poor personal hygiene. Her foster parent had received complaints from Christine's school and external family members could not understand why Christine was always so dirty and had a lingering odor.

Christine's foster parent would ask her to shower and wash her hair, but she realized that Christine was only sitting on the bathroom floor and running the shower. She was not actually getting INTO the shower, let alone using soap or shampoo.

Christine's foster parent brainstormed with her therapist and they devised a plan.

For one week, Christine's foster parent sat on the bathroom floor with her and read stories, played games and chatted before bedtime each night. She talked to her about safety in the home and reinforced that no one in the foster home would hurt Christine, and that they loved and cared for her. The foster parent's approach was repetitive and rewarding. The foster parent remained regulated and calm during the nightly routine.

The next week Christine's foster parent continued to sit on the bathroom floor with her before bed each night, but she ran the shower or bath water while they played and read and chatted. The foster parent continued to reinforce that Christine was safe in the home and with the foster family.

On the third week, Christine's foster parent asked her if she was ready to put on her bathing suit and play in the bathtub while the foster parent sat on the floor nearby. They did this every night for almost a week, before Christine was comfortable enough to allow her foster mother to shampoo her hair.

Eventually, working at Christine's pace, the foster parent was able to sit outside the bathroom door while Christine showered or bathed. Shortly after that, Christine was able to bathe alone, and clean herself with very little assistance from her foster mother. Christine's foster mother continued to praise Christine and remind her of all the ways she was safe in the home and in the bathroom.

Christine's brain had developed extreme and debilitating fear related to the bathroom and showering. While no one knew the details of why she was so terrified, her foster parent understood that her responses were related to trauma and were impacting the way her brain developed. Christine could not reason away the fear, she couldn't be bribed to shower and she couldn't be embarrassed or shamed into showering.

Christine's trauma informed parent was able to identify the fear that Christine was carrying with her. She was able to help Christine unpack that fear and replace it with safe, secure and loving experiences in the bathroom. This allowed her to restore her brain development and functioning to a normal level for her age.