

The Impact of Trauma on the Body, Brain, & Behavior

Job Aid



What are the levels of stress?

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Positive Stress: Brief physiological response; increased heart rate, mild elevations in stress hormone levels

Tolerable Stress: Serious, temporary stress; buffered by recovery time, coping resources, and social support

Toxic Stress: Prolonged activation of stress response systems with little or no opportunity to recover, and lack of resources or supportive social relationships

What are the types of trauma?

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- **Big “T” Trauma** – Extraordinary and significant events that cause physical, mental, and emotional harm. Most associated with development of PTSD.
- **Little “t” Trauma** – Non-life threatening, ego-threatening events that cause feelings of hopelessness. The accumulated effect of multiple little “t” traumas can have a significant impact on mental health.
- **“C” Trauma** – Collective, cumulative experiences or “hidden” traumas, repetitive environmental stressors (racism, homophobia, etc.)

What are youth risk and protective factors?

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Youth **risk factors** are a combination of individual, relational, community, and societal factors that contribute to the risk of child maltreatment. Risk factors include: traumatic life events; traumatic brain injury; misuse of social media platforms; chemical imbalance in the brain; social isolation and bullying; abrupt ending of treatment; being a member of the LGBTQIA+ community; family history of mental illness; maladaptive coping mechanisms; and fear of school shootings and violence.

Youth **protective factors** are the opposite of risk factors, things that may lessen the risk of child maltreatment. Protective factors include: being close to at least one adult; problem-solving skills; a nutritious and balanced diet; positive self-talk; structure and routine; activity monitoring; daily wellness check-ins; support from family/friends; community bonding; culturally-competent educators and peers; and respected identities/culture/pronouns.

How does the impact of trauma affect an individual?

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Trauma has many impacts on an individual and their physical and mental health, brain development, behavior, cognition, relationships, and emotions.

How does trauma affect the brain?

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Trauma:

- Decreases activation of the prefrontal cortex (which controls cognitive functions, decision making, and information processing)
- Heightens the amygdala (which processes sensory information and emotions)
- Decreases function of the hippocampus (affects the ability to learn and remember information)

Trauma throws off the ability of the brain to balance survival and rational thinking.

What is the difference between shock trauma and developmental trauma?

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Shock trauma is a sudden large impact trauma that requires more reflexive autonomic NS response including extreme survival mechanisms.

Developmental trauma requires harmful age-inappropriate expectations of children, leading to the development of character defenses that may be functional initially, but dysfunctional in the long term.

Both types can be experienced, and both have impacts on behaviors and relationships into adulthood.

What can influence a child's response to trauma?

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A child's response to trauma can vary and will depend on their:

- Developmental level
- Premorbid functioning
- Previous life experiences
- Level of exposure to the trauma
- Caregiver reactions
- Subsequent changes in living situation

What are the neurophysiological impacts and outcomes of trauma on children?

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When exposed to a trauma, children can develop:

- Fear dysregulation – learn to fear what is safe, and learn not to fear things that are dangerous
- Emotional dysregulation – impulsivity, rage, depression, anxiety
- Attentional biases/cognitive distortions – oversensitive or attentional avoidance
- Disruptions in relationships – lose their natural ability to establish relationships

What are the survival mode responses?

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Survival mode responses are:

- Fight: the aggressive response
- Flight: the escape response
- Freeze: when a person is incapable of moving or making a choice; happens when they can't fight or flee
- Submit: often occurs with children; looks like child is trying to please or appease the abuser

What does trauma look like in young children? In school-age children? In adolescents?

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In young children, trauma can be seen in these behaviors:

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| - Attachment difficulties | - Fussiness |
| - Excessive fear of strangers/separation anxiety | - Trouble eating and sleeping |
| - Regression after reaching a developmental milestone | |

In school-age children, trauma can be seen in these behaviors:

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| - Aggression | - Fixation on own safety or safety of others |
| - Withdrawal | - Re-enactment of traumatic event through play |
| - Frequent nightmares | - Concentration difficulties |

In adolescents, trauma can be seen in these behaviors:

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| - Anxiety or depression | - Feelings of intense guilt, anger, or shame |
| - Risk-taking or self-destructive behaviors | - Negative view of people and society |
| - Persistent thoughts of suicide or seeking revenge (in some cases) | |

What are some exclusionary school discipline practices used in school, and what are their effects?

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- Suspensions
- Expulsions
- Referrals to law enforcement
- Corporal punishment

These practices can have the effect of:

- Aggravating pre-existing responses related to adverse childhood experiences and trauma
- Depriving students of essential opportunities for learning and growth
- Compounding feelings of isolation and fear, increasing stress, and deepening mistrust between students and educators

What are some facts about inequities in disciplinary practices in schools?

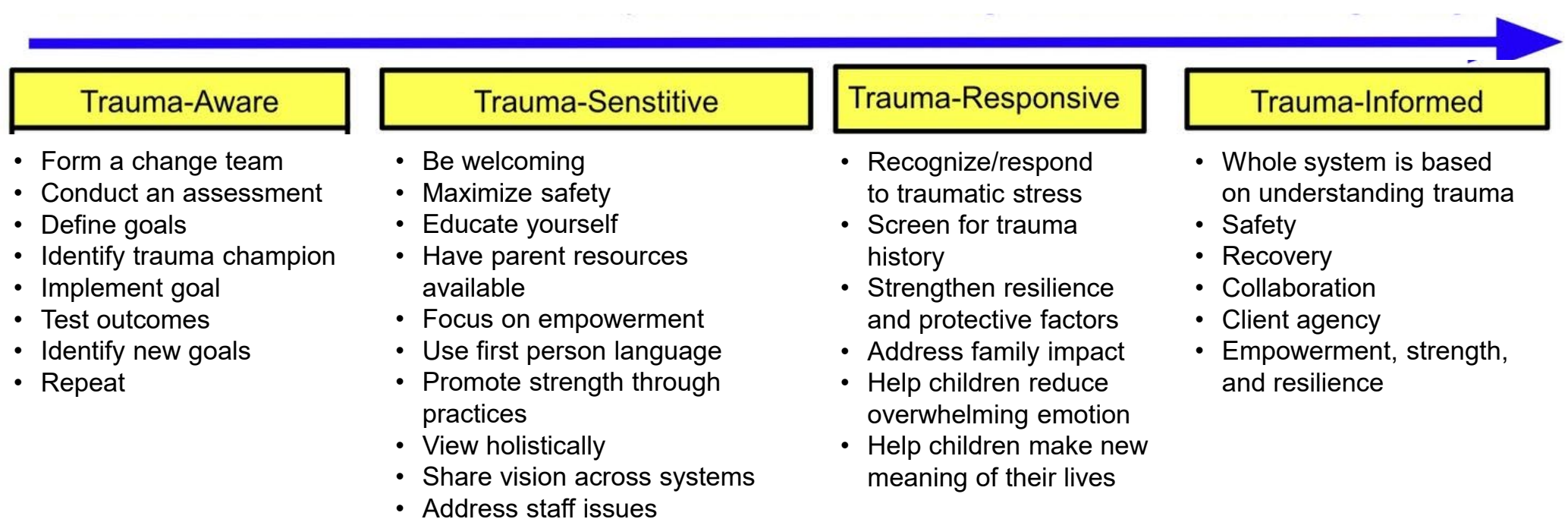
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- Children of color, children with disabilities, and LGBTQ+ students continue to be treated differently at school, particularly around disciplinary practices
- Black students face harsher and more frequent punishment than their white peers, as early as preschool
- Students who are disproportionately targeted by harsh and unfair school discipline policies are also more likely to face adversity and toxic stress outside of school

What are some strategies and tools to respond to trauma?

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Think about responding to trauma as a continuum, starting by being trauma-aware, moving onto being trauma-sensitive, then trauma-responsive, and, ultimately, trauma-informed.



Source: Adapted by Antonia Quadara from Mieseler & Myers (2013)Quadara, A. (2015). Implementing trauma-informed systems of care in health settings: The WITH study. State of Knowledge paper. Melbourne: Australian Institute of Family Studies.

What are the four Rs of trauma-informed care?

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The four Rs of trauma-informed care are:

1. **Realize** the widespread impact of trauma and understand potential paths for recovery
2. **Recognize** the signs and symptoms of trauma in students, families, staff, and others
3. **Respond** by fully integrating knowledge about trauma into policies, procedures, and practices
4. **Resist** re-traumatization of children, as well as the adults who care for them

What are some ways to support someone who has experienced trauma?

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- Predictability
- Space
- Choice
- Support
- Perspective
- Recalibration
- Attribution
- Reciprocity

How can I recognize and mitigate stress of a traumatic experience?

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1. Recognize your discomfort – pay attention to your body, behavior, and thoughts
2. Investigate your stress and its impact on your body, behavior, and thoughts without passing judgement
3. Understand the sources of fear and anxiety
4. Negotiate with your brain (appraise stressor, activate parasympathetic nervous system, practice self care, offload emotions in a healthy way)
5. Distract and re-activate positive thoughts and memories
6. Imagine a better tomorrow

What are some questions to ask before responding to a behavior?

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Before responding to a behavior, focus on the person behind the behavior, and ask:

- Is the child communicating a basic human need?
- Does the behavior reflect the developmental stage of the child?
- What is the current state of the child's nervous system?
- Is the child stressed into a survival response?
- Is the child using a coping strategy that no longer serves them?
- Have there been structural changes to the child's brain as a result of long-term exposure to toxic stress or trauma?
- Is the behavior a result of trauma-induced thinking or conditioning?
- How is the problem behavior, the child's solution?

How can I co-regulate?

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- Focus on the emotions driving the behavior, rather than the behavior itself
- It's not about correcting bad behavior, but instead about helping children to understand how to manage emotional upset
- Use positive words and phrases and "I" statements
- Avoid accusatory statements, and follow up with open-ended questions
- Speak slowly with an empathic calm tone
- Don't threaten negative consequences or give ultimatums
- Give the child space; don't restrict their movement
- Encourage orientation of the child and physical stability



What are some consequences of working with people who are experiencing trauma?

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People who work with individuals who are experiencing trauma often themselves experience:

- Empathy fatigue (empathy and compassion)
- Secondary or vicarious trauma
- Unhealthy boundaries