



Focus on Module 6: TRAUMA'S IMPACT ON CHILD MENTAL HEALTH



Myths & Misconceptions

Common myths and misconceptions about the impact of traumatic experiences persist today despite scientific evidence to the contrary.



True or False:

1. Children under 3 are often impacted by trauma
2. Children need more than love to heal from trauma
3. Trauma impacts the actual physical development of the brain
4. If a child doesn't talk about it, it isn't a problem

True or False answers: 1-T, 2-T, 3-T, 4-F



Watch the video in Module 6 Lesson 1, "Chronic Adverse Experiences" to explore the basics of early traumatic experiences and then review *Handout - The Impact of Early Adversity on Child Development*. What was most interesting or surprising to you? How might this knowledge change the way you interact with children?

ACE Study

- The Adverse Childhood Experiences (ACEs) study looked at the association between childhood experiences and lifelong health. Some experiences are so stressful that they can alter brain development as well as the immune system, increasing the risk of lifelong health and social problems, including substance abuse, heart disease and cancer, and mental illness.



See page 2



Helping Children Talk About Trauma

Many adults struggle with how to effectively respond to children's emotional pain. Their tendency is to avoid intense feelings and try to make things better by minimizing or ignoring the situation. They are often afraid to probe into painful experiences with children and youth for fear of the trauma becoming too overwhelming.

You may struggle with how to help children and youth or you may believe that this is the role of a therapist. In fact, both Child Welfare Professionals and parents need to know how to respond therapeutically to children's and youth's emotional pain. **The most helpful first response is to convey empathy for the child's or youth's feelings through reflective listening.**



You can also support parents to better understand their child. Distribute *Handout - Parenting a Child Who Has Experienced Trauma* and *Complex Trauma: Facts for Caregivers* to foster and adoptive families to help them better understand the behaviors of children from hard places, to more effectively address negative behaviors, and to learn to more effective coping skills so they feel more confident and competent in their parenting approach.

Minimizing Moves to Reduce Trauma

The following strategies can help to minimize trauma that results from placement changes:

- Maximize the use of kinship placements which have a lower risk of removal and a higher likelihood of adoption or guardianship
- Protect continuity of positive relationships in children's lives to enhance the child's sense of safety and trust.
- Conduct early assessments and match children with caregivers who can meet their needs.
- Incorporate therapeutic parenting skills in your work with parents as well as make referrals for therapeutic service.

Secondary Traumatic Stress (STS)

We all recognize how difficult this work can be, but we often underestimate the impact it has on us. Professionals indirectly experience trauma as they compassionately listen to stories of maltreatment and other traumas, empathize with their feelings, and actively struggle to try to help children and youth, often in the face of many obstacles.

Children's and youth's experiences also may remind workers of their own past traumas. Workers who are members of oppressed minorities are at higher risk for STS. While some may experience physical trauma on the job, it is more likely that they will experience trauma vicariously than directly. This can have a range of effects on professionals.



Complete the Professional Quality of Life Scale and think about what the results mean for you and your work. If you are experiencing a significant amount of STS, work with your supervisor to develop an individual self-care plan. What are some strategies you can put in place?



nurture.
inspire.
empower.



Contact NTI for more information: ntiadmin@adoptionsupport.org

NTI is funded through the Department of Health and Human Services, Administration for Children and Families, Children's Bureau, Grant #90CO1121. The contents of this publication do not necessarily reflect the views or policies of the funder, nor does mention of trade names, commercial products or organizations imply endorsement by the U.S. Department of Health and Human Services. This information is in the public domain. Readers are encouraged to copy and share it, but please credit the National Adoption Competency Mental Health Training Initiative.