

---

## MODULE 3

# The Impact of Trauma on Children’s Behavior, Development, and Relationships

---

**Training Time: 125 minutes (2 hours 5 minutes)**

### Key Learning Points

1. There is a difference between physical safety and psychological safety. Child welfare workers should not only aim to keep a child physically safe but should also provide a psychologically safe setting for children and families when inquiring about emotionally painful and difficult experiences.
2. Children manifest symptoms of traumatic stress through behaviors, and workers need to know how to identify these symptoms.
3. Trauma impacts development. Children can become so emotionally overwhelmed by the intense fear, anger, shame, and helplessness that they feel following a traumatic experience that their development of age-appropriate self-regulation may be delayed. Child welfare workers need to recognize that “bad behavior” is most often a traumatized child’s attempt at self-regulation.
4. Seemingly innocuous events such as sounds, smells, places, and other trauma reminders may reconnect children with the emotional states of fear, terror, and hopelessness produced by the trauma.
5. Traumatic events may create new or secondary problems in the child’s life (i.e., difficulties in school, problems with substance abuse). These secondary adversities may be adaptive in the short term but also have the potential to interfere with a child’s long-term recovery.
6. Trauma can result in serious misunderstandings about safety, personal responsibility, and self-concept.
7. Children may need assistance to help them face emotional experiences, begin to make sense out of what happened to them, and express this to others.
8. Module 3 emphasizes Essential Elements 1, 2, and 3:
  1. Maximize the child’s sense of safety.
  2. Assist children in reducing overwhelming emotion.
  3. Help children make new meaning of their trauma history and current experiences.

---

## ACTIVITY 3A

### LECTURE AND SMALL GROUP DISCUSSION

#### Essential Element 1: Maximize the Child's Sense of Safety

---

Activity Time: 20 minutes

#### Materials Needed

- *Comprehensive Guide*, pp. 22–23
- PowerPoint Slides 63–66
- Flip chart
- Markers

#### Trainer Activities

- Lead a lecture/large group discussion from the bullet points below:
  - Use PowerPoint Slide 64 to introduce Module 3, which focuses on Essential Elements 1, 2, and 3.
  - Use PowerPoint Slide 65 to remind participants of the basics of Essential Element 1: Maximize the child's sense of safety.
  - Use PowerPoint Slide 66 to describe how understanding children's responses is critical to maximizing safety.
  - Ask: What type of actions would make a child physically safe after physical abuse, sexual abuse, neglect, or witnessing domestic violence? (Expect answers such as securing appropriate medical care, ensuring protection from further abuse, etc.) Then ask: Which, if any, of those actions make the *child* believe he/she is safe? Allow for discussion.
  - Physical safety (e.g., relative or foster care placement) and psychological safety are not always the same. Ask: When children are in placement, what may leave them feeling psychologically unsafe? (Expect answers such as fear of the unfamiliar foster parent/setting; fear that the abuser will come to get them; fear that the abuser is killing their mom or pets; fear that they are not protecting their siblings; loss of what little security and predictability they had.)

- Cover the following in lecture format:
  - Traumatic stress overwhelms a child’s sense of safety and can lead to a variety of survival strategies for coping. A sense of safety is critical for physical functioning (appetite, digestion, and sleep) and emotional growth.
  - Both physical and psychological safety are important, at home and within service settings. If children or their caregivers are still living in an unsafe setting, this must be addressed immediately. However, it is important to understand that moving a child to a physically safe environment or even creating physical safety in the child’s own home may not produce psychological safety. The child’s fears may remain intense and overwhelming even in the face of a safety protection plan or removal to a “safe” foster home. Despite our perceptions that we are acting with the best of intentions, children rarely perceive our protective efforts in the way that we do.

**TRAINER TIP:** You may illustrate this by asking participants to think about a child who has been removed from her home because her biological father has sexually abused her. Generally, children who have disclosed sexual abuse do so because they want the abuse to stop. They rarely anticipate or wish for the host of events that ensue: mom and siblings being sad or upset, and sometimes even blaming the victim; dad being arrested and sent to jail; the family left without financial support, or at a minimum, forced to leave the home; possibly being put in foster care if mom cannot protect her, etc.

- Even after traumatic events cease, a child may continue to experience insecurity, both physically and emotionally.
- Workers need to provide a psychologically safe environment for children and families while inquiring about emotionally painful and difficult experiences and symptoms. This is why many communities have established child advocacy centers (CACs) to provide an emotionally safe, child-friendly environment for interviewing. Children also need psychologically safe environments in order to heal. This is why both the physical office and the psychological space of trauma therapy are important. Most importantly, steps must be taken to help children feel safe in places where they spend most of their time, including school, their own home, or in another placement.

- Ask participants to identify transition points that children may experience during their involvement in the child welfare system. List answers on the flip chart. Expect answers such as:
  - Investigative phase
  - Decision to leave the child in the home
  - Decision to remove the child and place him or her with relatives
  - Decision to remove the child and place him or her without siblings and with caregivers with whom the child is unfamiliar
  - Enrolling the child in a different school
  - Placement in a new foster home
  - Visits with non-offending parents or relatives
  - Visits with caregivers who have abused them or been violent in their presence
  - Testifying in juvenile court
  - Testifying in criminal court
  - Reunification
  - Adoptive placement
- Assign participants to three small groups and assign one developmental stage—Early Childhood, School Age, or Adolescence—to each group.
- Provide the following instructions:
  - Each group should generate practical strategies relevant to that age group that can be used to help enhance the child’s feelings of **psychological** safety at one of these critical transitions.
  - Encourage participants to refer to the *Comprehensive Guide*, pp. 22–23, to help generate ideas. They will likely also draw on their own experiences to complete the exercise.
  - As time permits, participants should choose additional transition points to discuss.
  - As a last step, each group should select the three most promising strategies for each transition point they’ve discussed to share with the entire group. Invite discussion with the large group.

**TRAINER TIP:** You may wish to break up participants' discussions according to function (e.g., emergency response, long-term units, adoptive units, investigations, etc.) so they can explore the transition points that are most common or challenging in their current jobs.

---

## ACTIVITY 3B

### LARGE GROUP DISCUSSION

#### Essential Element 2: Assist Children in Reducing Overwhelming Emotion

---

Activity Time: 20 minutes

#### Materials Needed

- *Comprehensive Guide*, pp. 12–17, 23–24
- PowerPoint Slides 67–74
- 2 twist-top seltzer bottles, unopened
- 1 twist-top seltzer bottle, opened, emptied, and refilled with plain water (identified in some way so that you can later distinguish between it and the other 2 bottles)
- Paper towels
- Supplemental Handout: *Coping with Trauma Reminders*

#### Trainer Activities

- Show PowerPoint Slides 67–68.
- Make the following points in lecture format:
  - Trauma can result in such intense fear, anger, shame, and helplessness that the child feels overwhelmed by his or her emotions.
  - This overwhelming emotion may delay the development of age-appropriate self-regulation. Emotions experienced prior to language development may be very real for the child but difficult to express or communicate verbally. Remind participants to revisit the PowerPoint slides from Module 1 (and described in greater detail in the *Comprehensive Guide*, p. 17) about the different ways

these emotions may be expressed developmentally in young children, school-aged children, and adolescents.

- Trauma may be “stored” in the body in the form of physical tension or health complaints.
  - When faced with *trauma reminders* (any person, place, situation, sensation, feeling, or thing reminding them of the traumatic event), children may re-experience intense and disturbing feelings tied to the original trauma. Their resulting behaviors may be an appropriate response to their internal turmoil but may seem “out of place” in the current situation.
- Display PowerPoint Slide 69 as you illustrate the above points with the “Bottle Exercise.” (DeRosa, Habib, et al., 2006) Explain that a history of trauma frequently builds pressure that must be released. Without the intervention of a trauma-informed child welfare system, the pressure may likely impact the child’s behavior and emotional development manifesting in both internalizing and externalizing ways. One way to think about chronic stress is that all of the feelings get “bottled up” inside of us.
- Explain that, while this exercise may seem overly simplistic, it provides a good visual illustration of how children respond when experiencing overwhelming stress.
  - Take out the 2 bottles filled with seltzer (bubbly water), the identical bottle filled with plain water, and the paper towels.
  - Ask for three volunteers, and hand each of them a bottle. Ask them each to shake the bottles while the group members call out stressful or traumatic events that children in foster care have experienced or witnessed. Ask participants to describe what is happening inside the bottles, and draw parallels to what occurs with children in the child welfare system.
  - Have the volunteer who is holding the bottle filled with plain water open it. When nothing happens, explain how sometimes, when people keep things bottled up inside, they feel numb, as if they don’t have any feelings at all.
  - Next, have the second volunteer *quickly* open his or her seltzer bottle (facing away from the group, if possible). When it bursts quickly, explain how when people keep things bottled up inside, they sometimes explode.
  - Finally, have the third volunteer *slowly* open the other seltzer bottle. With each turn, ask participants to list possible coping strategies or range of behaviors that may reflect the child’s efforts to manage the overwhelming emotions. Point

out that some coping strategies are adaptive, and others are maladaptive. Typically labeled “bad” behaviors, these maladaptive coping strategies are more correctly labeled as *secondary adversities*. These secondary adversities may be adaptive for the child in the short term, but they have the potential to interfere with a child’s long-term recovery.

- Also point out that their list includes both externalizing and internalizing behaviors.
- Show PowerPoint Slides 69–72 on “Understanding Children’s Responses.” (You can remind participants that these ideas were introduced in Module 1 and that more information is found in the *Comprehensive Guide*, pp. 12–17).
- Briefly review PowerPoint Slides 73–74, which outline what child welfare workers can do to assist children and adolescents to reduce overwhelming emotion, and refer participants to the *Comprehensive Guide*, pp. 23–24, for additional information.

---

## ACTIVITY 3C

### LECTURE

#### Essential Element 3: Help Children Make New Meaning of Their Trauma History and Current Experiences

Activity Time: 10 minutes

#### Materials Needed

- *Comprehensive Guide*, pp. 24–25
- PowerPoint Slides 75–77

#### Trainer Activities

- Present the following in lecture format, utilizing PowerPoint Slide 75.
  - Child trauma can result in serious misunderstandings about safety, personal responsibility, and self-concept. It can disorganize and distort the connections between thoughts, feelings, and behaviors, and disrupt the encoding and processing of memory.

- Traumatic experiences may be difficult for children to communicate, thereby undermining their confidence and the social support they might receive from others. School-age and older children need to do more than just recall or repetitively replay trauma details; they need help developing a coherent understanding of their traumatic experience. Children need to feel safe enough to face emotional experiences, to begin to make sense out of what happened to them, and to express this to others.
- For many children, trauma-focused treatments will help them to make new meaning of their trauma history and current experiences. We will discuss referrals to trauma-focused treatments in greater detail in Module 4. However, there are strategies that are within the child welfare worker’s role to help the child make new meaning. Cover material on PowerPoint Slides 76–77.

---

## **ACTIVITY 3D**

### **CASE VIGNETTE**

#### **Andrew**

**Activity Time: 40 minutes**

#### **Materials Needed**

- Supplemental Handout: *Case Vignette—Andrew*
- Flip chart
- Markers

#### **Trainer Activities**

- Divide participants into three groups (six, if the group is large, and double up the group assignments.) Assign one of the Essential Elements addressed in this module to each group:
  - Maximize the child’s sense of safety.
  - Assist children in reducing overwhelming emotion.
  - Help children make new meaning of their trauma history and current experiences.

- Each group will be analyzing the same vignette, and questions 1 and 2 are the same for all groups. In question 2b, each group will be exploring their respectively assigned Essential Element. Question 3 allows participants to discuss and transfer knowledge to cases they are currently managing or have worked on in the past.

**TRAINER TIP:** Some trainers have found that certain training groups are “hungry” for an opportunity to discuss actual cases. If this is the case in your group, feel free to substitute small or large group discussions about actual cases in place of the vignettes.

- Allocate the final 10 minutes of this activity for groups to report back their recommendations from Question 3b and how their approach supports their assigned Essential Element.

---

## ACTIVITY 3E

### SUMMARY OF ESSENTIAL ELEMENTS 1, 2, AND 3

---

**Activity Time: 30 minutes**

#### Materials Needed

- Supplemental Handout: *Sample Letter: Evaluation of Action Plans* (optional)
- Supplemental Handout: *Bringing It Back to Work: Essential Elements 1, 2, and 3*

#### Trainer Activities

- Distribute Supplemental Handout: *Bringing It Back to Work: Essential Elements 1, 2, and 3* to all participants.

*NOTE TO TRAINER:* Distribute Supplemental Handout: *Sample Letter: Evaluation of Action Plans*, **IF and only IF there will be follow-up with training participants a few months AFTER the training** regarding Action Plan implementation. If county personnel or training staff are not planning to follow up with training participants (or have not contracted with anyone else to do so), then it is unnecessary to

distribute this letter to training participants. (If distributed, participants may keep this letter.)

- Instruct participants on how to complete the worksheets:
  - Refer to the Supplemental Handout: *Bringing It Back to Work: Essential Elements 1, 2, and 3*.
  - Discuss with participants that there are several strategies that can be used to implement each of the Essential Elements. During this activity, inform participants that they will be focusing on strategies that address Essential Elements 1, 2, and 3.
  - Ask participants to review the strategies listed under each of the Essential Elements (1–3).
  - Point out that the strategies for all of the Essential Elements (not just 1–3) are written in SMART objective format (*Specific, Measurable, Achievable, Results-Oriented, Timely*).
  - Ask participants to mark an “X” in up to three boxes next to the ideas that they think they would MOST like to emphasize in their daily child welfare practice for each Essential Element.
- Debrief: For Essential Element 1, ask participants to call out a few of the strategies they indicated they would most like to emphasize in their daily child welfare practice, and why. Do the same for Essential Elements 2 and 3.

**TRAINER TIP:** In order to save time during the training, assemble the worksheets together into one packet for each participant so that you don’t have to spend time distributing the worksheets. Ask participants to hold on to their Essential Element Worksheet packets throughout this training because we will keep referring back to them.

**IF PRESENTING THIS TRAINING IN TWO FULL DAYS,  
CONCLUDE WITH THE DAY 1 SUMMARY, BELOW.**

---

## ACTIVITY 3F

### SUMMARY OF DAY 1 AND TRAINING EVALUATION

---

Activity Time: 5 minutes

#### Materials Needed

- Supplemental Handout: *Child Welfare Trauma Training Toolkit Training Evaluation (Day 1)*

#### Trainer Activities

- Thank participants for their participation in Day 1 activities.
- Process any questions or comments from Day 1.
- Provide a brief overview of content for Day 2. Let participants know that at the end of Day 2, you will be doing some relaxation/self-care exercises, and encourage everyone to come prepared to share exercises that they personally use and like.
- Ask participants to complete Training Evaluation for Day 1.