Rising above Trauma: Resilience and the Role of Parents and Caregivers

The ability to recover from traumatic events is called resilience or being able to "bounce back." Children who feel safe, capable, and lovable are better equipped to "bounce back" from traumatic events.

There are many influences in a child's life that can promote resilience and help a child see the world as meaningful, predictable, and manageable. Some of the influences that can increase resilience include:

- A strong, supportive relationship with a caring, committed adult
- A connection with a positive role model or mentor
- Recognition and nurturance of their strengths and abilities
- Some sense of control over their own lives
- A sense of membership in a community larger than themselves, such as their neighborhood or cultural group

Regardless of the child's age or the types of trauma experienced, healing is possible. With nurture and support, children who have been through trauma can regain trust, confidence, and hope. Parents and other caretakers can help by creating a safe, structured, predictable, and nurturing environment; listening to the child's story at the child's pace; and working with a team of professionals trained in trauma and its treatment.

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Some Evidence-Based Treatments for Children Available in San Diego County

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)

- Designed to treat children/youth aged 3-18 years and reduce their negative emotional and behavioral response to trauma; and to empower them to gradually talk about the trauma and correct any unhelpful or untrue trauma-related beliefs
- Aims to provide support and skills to help parents and caregivers cope with their own distress and to respond optimally to the children in their care
- Treatment length is 12-20 sessions

Parent-Child Interaction Therapy (PCIT)

- Works with the parent or caregiver and child together
- Designed to treat children aged 3-8 years who are exhibiting disruptive behaviors
- Therapist coaches the parent/caregiver through an earpiece from behind a one-way mirror
- Average of 14-20 weekly sessions focused on relationship enhancement and behavior management

Child-Parent Psychotherapy (CPP)

- Attachment-based treatment for young children aged 0-6 years exposed to interpersonal violence that lasts for an average of 50 sessions
- Focuses on safety, affect regulation, improving the child-parent/caregiver relationship, normalization of trauma-related response, joint construction of a trauma narrative
- Goal is to return child to his/her normal development course

There are various evidence-based trauma-focused treatments. A trauma-informed mental health professional will be able to determine which treatment is most appropriate for a given case. Visit the Chadwick Center's website at www.chadwickcenter.org or call 858-966-5803 for more information.

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Understanding Child Traumatic Stress for Parents and Caregivers

This pamphlet was developed by Pam Toohey, Birth Parent Association, in collaboration with Chadwick Center staff and the Chadwick Trauma-Informed Systems Project (www.ctisp.org) as part of the National Child Traumatic Stress Network (www.nctsn.org).

A PARTNER IN NCTSN The National Child Traumatic Stress Network

What is Trauma?

Most children who enter the child welfare system have been exposed to a wide range of painful and stressful experiences.

Experiences are considered traumatic when they threaten the life or well-being of the child or of someone critically important to the child (such as a parent, grandparent, or sibling). These include events such as witnessing or being the victim of violence, serious injury, or physical or sexual abuse. Unexpected separations from family (such as entering foster care) can also be traumatic for children.

Traumatic events can lead to intense physical and emotional reactions, including:

- An overwhelming sense of terror, helplessness, or horror
- Automatic physical responses such as rapid heart rate, trembling, or dizziness
- Feeling agitated or hyper-alert

While these reactions are distressing, they are, in fact, normal (our bodies' way of protecting us and preparing us to confront danger). However, some children experience more intense, longer-lasting trauma reactions that can interfere with their physical and emotional health and development.

Types of Traumatic Stress

Acute Trauma

Acute trauma is a single traumatic event that lasts for a limited period of time, for example: a natural disaster, motor vehicle accident, or being bitten by a dog. During a brief traumatic event, a child may go through a variety of thoughts, feelings, and physical responses that change from moment to moment as the child appraises the danger faced and the possibility of safety. During the event, the child's emotional and physical reactions can be frightening and add to his or her sense of being overwhelmed.

Types of Traumatic Stress (cont.)

Chronic Trauma

Chronic trauma is a series of traumatic events, often over a long period of time. For example: child is exposed to domestic violence as well as community violence – or – recurrent events of the same kind, such as physical or sexual abuse. Chronic trauma may result in any or all of the symptoms of acute trauma, but effects may be more severe and longer lasting. Often, each new traumatic event will remind the child of a prior trauma and reinforce its negative impact so that the child may become even more convinced that the world is not a safe place. Over time, children who have felt overwhelmed by trauma over and over again may become more sensitive and less able to tolerate ordinary everyday stress.

Complex Trauma: When Trauma is Caused by Loved Ones

Complex Trauma is when the trauma is caused by loved ones who are in a position to care for and protect the child. This refers to multiple traumatic events that may begin at an early age and are caused by actions/inactions of the parents or caregiving adult(s), which cause intense effects on a child's physical and psychological development. As a result, these children often:

- Have difficulty regulating their feelings and emotions
- Have a hard time feeling safe
- Have difficulty forming trusting relationships
- Find it hard to navigate and adjust to life's changes
- Display extreme emotional and physical responses to stress

How do Children Respond to Trauma?

Every child reacts to trauma differently. What one child finds very distressing may be less so for another. A child's response to a traumatic event will vary, depending on certain factors that include:

- Child's age and developmental stage
- Child's perception of the danger faced
- If the child was the victim or a witness
- Child's relationship to the victim or perpetrator
- Child's past experience with trauma
- Difficulties the child faces in aftermath of trauma
- The presence/availability of adults who can offer help, protection, and support

Children who have been through trauma may show traumatic stress reactions in any of 3 categories:

- **Hyper-arousal:** The child is jumpy, nervous, and easily startled
- **Re-experiencing:** Images, sensations, or memories of the traumatic event come uncontrollably into the child's mind. Re-experiencing may make a child feel "back in the trauma" or relive the event in the form of nightmares
- **Avoidance and withdrawal:** The child feels numb, frozen, shut down, or cut off from normal life and other people. The child may withdraw from friends and formerly pleasurable activities. Some children may disconnect or withdraw internally during a traumatic event and feel detached and separate from their bodies. They may even lose track or time and space and may then dissociate during any stressful event.

Behaviors and Emotional Reponses:

Traumatic stress reactions can lead to a range of troubling, confusing, and possibly alarming behavioral or emotional responses in children such as:

- Trouble learning, concentrating, transitioning between activities, or taking in new information
- Problems falling or staying asleep, or nightmares
- Emotional instability, mood swings, or suddenly becoming angry or aggressive