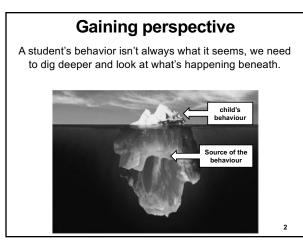
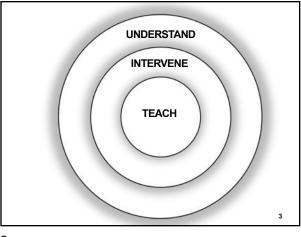
Trauma and the Brain The effects of Complex Childhood Trauma on Behaviour and Learning

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Sources for Understanding Trauma

- o Regalena Melrose
- Bruce Perry Child Trauma Academy
- o Bessel Van der Kolk
- Delphine Collin-Vézina
- Nadine Burke Harris
- Peter Levine
- o Sonia Lupien
- o Australian Childhood Foundation
- ACES Adverse Childhood Experiences Study
- 4

Sources for understanding children and human development

Research on the development of the human brain –

Jay Giedd, Laurence Steinberg, Iain McGilchrist

Attachment-based developmental paradigm of Dr. Gordon Neufeld

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Why look at Trauma now?

- Schools are continuing to struggle with students whose behaviour is difficult to manage
- There seem to be more of these challenging students in our schools
- ▷ Resources at School Boards are limited
- Special classes still have a hard time managing children referred to them
- ▷ There are no other places to send children

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How can understanding Trauma help us?

- ▷ It requires us to "see" behaviour differently
- What we see affects what we do
- It will help us to intervene more effectively to the behaviour using Trauma-informed responses
- Trauma-informed responses are not only helpful to the children who are affected, but are also effective with all children in our schools.
- Better practices for managing behaviour lead to better learning outcomes.

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Complex Childhood Trauma

- Prevalence:
 - Anywhere from 20 to 30% of children have experienced 4 or more Adverse Childhood Experiences (Gonzalez et al. 2016) (Finkelhor D et al. 2007)
- Effects on children
 - Exposure to 4 or greater ACE categories was associated with increased risk for learning and behavior problems, as well as obesity. (Burke et al 2011)

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WHAT IS COMPLEX CHILDHOOD TRAUMA?

- involves the repeated relational harm
- · that comes from:
 - o physical, emotional or sexual abuse
 - o significant emotional or physical neglect
 - family and other forms of interpersonal violence
- directed at infants and children by the very people on whom they depend for protection, nurture and care.

Australian Childhood Foundation

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ACE ST	UDY (2010)	
The study's participants - 17,000 mostly white, middle & upper-		
middle class college-educated San Diegans with good jobs and great health care.		
Adverse Childhood Experiences (10):		
emotional abuse	Ioss of parent	
physical abuse	□ witness domestic violence	
sexual abuse	familial substance abuse	
Iack of family support	familial mental illness	
physical neglect	family member in prison	
With an ACE score of 4 or more the likelihood of:		
•lung disease increases	- <u>390%</u>	
•hepatitis - <u>240%</u>		
•DEPRESSION - 460%		
•SUICIDE - 1,220%	10	

ACE STUDY (2010)

ACE score of 6:

• a <u>4,600% increase</u> in the risk of becoming an IV drug user.

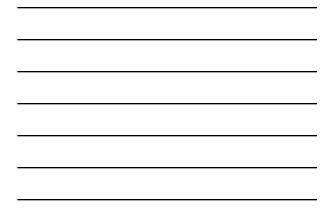
ACE score of 10:

- homeless,
- prison for life or
- · death by suicide

People with <u>high ACE scores</u> **die, on average, 20** years earlier than those with low ACE scores.

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Adverse Childhood Experiences (10):		
emotional abuse	Ioss of parent	
○ parent and/or	o separation/divorce	
sibling	o absence	
physical abuse	○ multiple step-parents	
○ parent and/or	o Illness	
sibling	o death	
sexual abuse	o adoption	
□ lack of family	witness domestic violence	
support	familial substance abuse	
physical neglect	familial mental illness	
	□ family member in prison ²	



Other possible Adverse Experiences

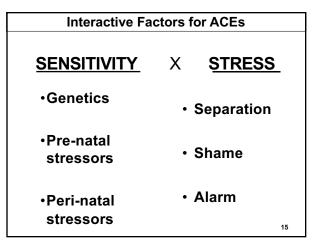
- □ Frequent hospitalization (parent or child)
- Death of a sibling
- □ Sibling with special needs
- Adoption
- Given Several Foster Care
- Multiple changes in parental or guardian care
- Caregivers/parents who are at odds with each other

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CHARACTERISTICS OF AN ACE			
	SEPARATION		
	The loss or possible loss (facing separation) of		
	 those to whom you are attached and/or 		
	who are meant to take care of and protect you		
	Resulting in a state of survival alarm		
►	Chronic – happens over time		
۲	The earlier it is experienced the more the child is affected		
•	• The more ACEs, the more likely the child is to have long-term effects		
۲	Can have a greater effect on a child with high sensitivity		
•	• Can be modulated by a responsive environment- (FACTOR OF PROTECTION)- CARING ATTACHMENTS		
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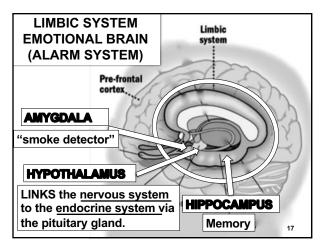


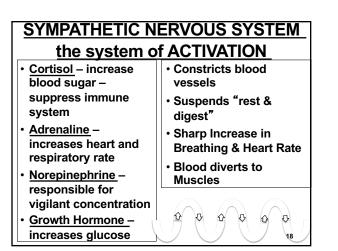


Australian Childhood Foundation Trauma significantly alters baseline physiological	
<u>arousal</u> levels in children.	
 The amygdala becomes kindled, releasing stress hormones into the body and brain 	
Trauma reduces cortical capacity to regulate	
subcortical activation in children.	
 The prefrontal cortex functioning is hijacked and is also less developed due to stress hormones. Emotions take over. 	
▶ Trauma disrupts <u>memory functioning in</u> children.	
 The hippocampus focuses on survival, not on memory transfer 	

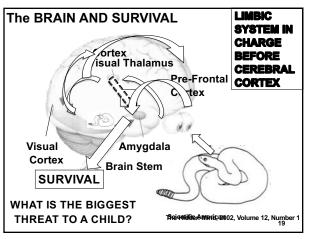
- Trauma restricts the attentional capacity of children.
- The Limbic System is preoccupied with survival









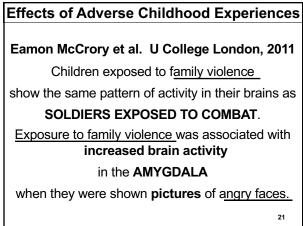


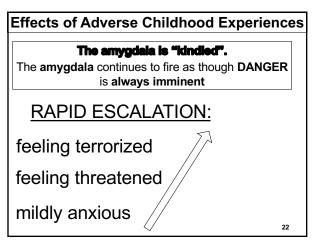


REACTING TO A THREAT

- 1. FREEZE size up - look for Attachment (PURSUIT)
- 2. FLIGHT flee first move to Caution (ALARM)
- 3. FIGHT -- if overtaken-defend Attack (FRUSTRATION)
- 4. NUMBING OUT system withdraws **DEFENSIVE DETACHMENT** 20

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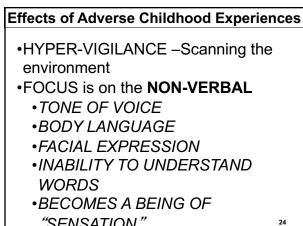




Effects of Adverse Childhood Experiences
TRAUMA CHANGES THE BRAIN •Karr-Morse and Wiley:
-for children of <u>any age</u> , long-term damage can occur from a single searing trauma or a prolonged exposure to chronic stress or fear.
The body is in a constant state of preparation for defense because threat is seen everywhere.
This affects memory and learning because the

This affects memory and learning because the brain requires REST in order to consolidate what has been learned. 23

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"SENSATION"

Erin E. Edmiston et al., Yale Univ. 2011

Self-reported scores on the Childhood Trauma Questionnaire (CTQ) show that experiences of

physical abuse, physical &/or emotional neglect can <u>decrease</u> the volume of the PREFRONTAL

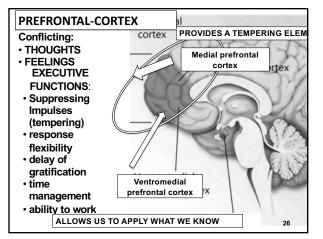
CORTEX MALES = IMPULSE CONTROL

FEMALES = EMOTIONAL REGULATION

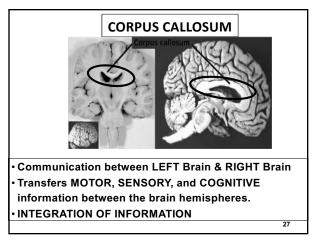
A.P. Jackowski et al., 2008

Children with PTSD had reduced volume in the Corpus Callosum. 25

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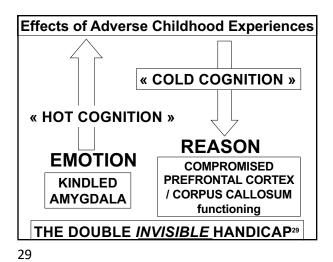
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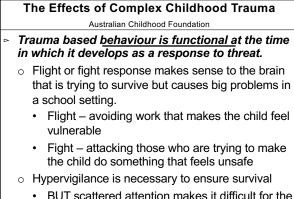


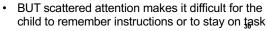
LEFT HEMISPHERE		RIGHT HEMISPHERE
	NEO-CORTEX	
• detail-oriented • decontextualize • finds facts • wants THE RUL • looks for THE ANSWER	ASU DA	 whole- oriented contextualizes makes vivid and concrete, takes in the whole picture
RIGHT HEMISPHERE REQUIRES EXPERIENCES NOT INFORMATION TO DEVELOP		
The Master and His Emissary: The Divided Brain lain McGilchrist ²⁸		









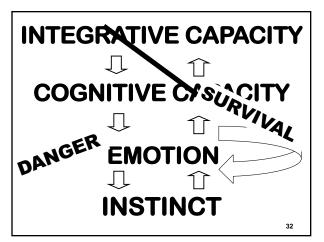


The Effects of Complex Childhood Trauma Australian Childhood Foundation

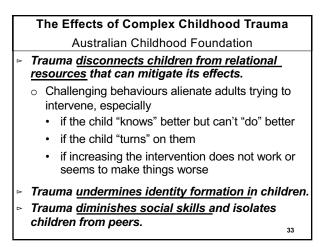
Trauma limits children's response flexibility and adaptability to change.

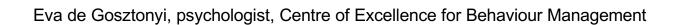
- When in the survival mode cortisol, norepinephrine cause the brain to put the focus on survival behaviours which stem from the limbic system
- Even though the child "knows better", in the moment, the child cannot "do better" as they cannot access the higher parts of the brain
- Since cortisol is detrimental to brain development, children have access to fewer parts of the cortex than children of the same age. Less prefrontal cortex access and less communication between the hemispheres (corpus callosum)

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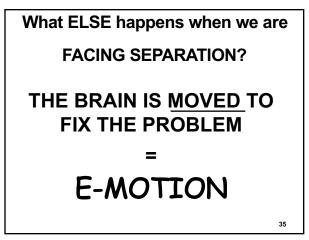
WHAT DOESN'T WORK

REASONING, TALKING especially about CONSEQUENCES

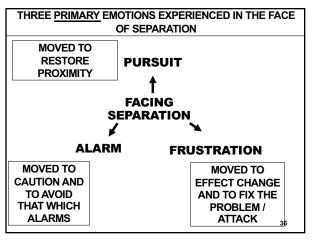
- Talking keeps them in high arousal flight or fight mode intensifies the agony.
- When the child is in "survival" mode they cannot hear our words, just our tone.
- <u>They can't process language (the words we are using) just keep hearing the TONE</u>
- They can't remember the future (what will happen if they don't stop) **only feel the intensity of the present moment.**

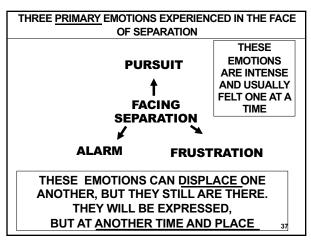
Waiting to hear: "And I've had it with you."

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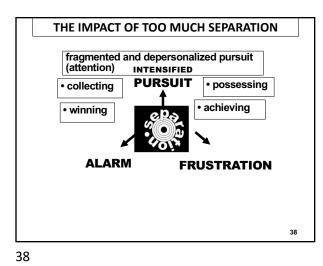


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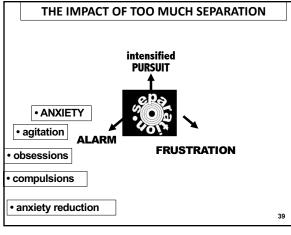


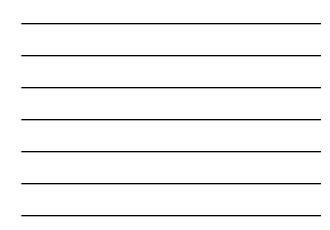


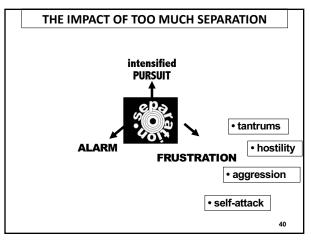


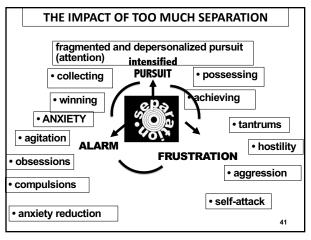




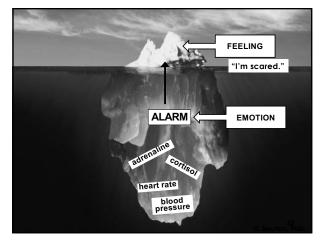




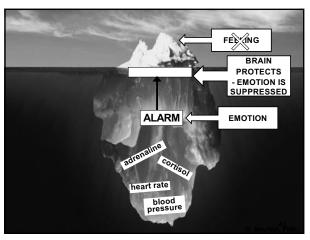




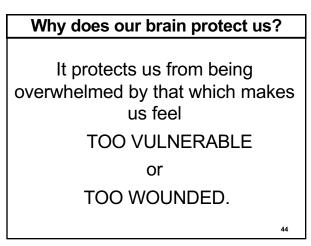
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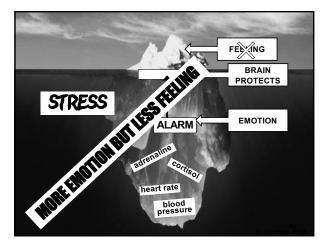
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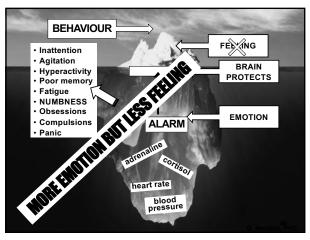




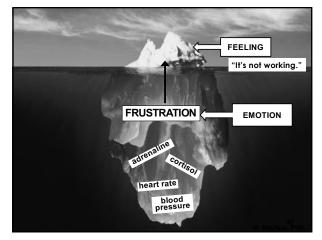


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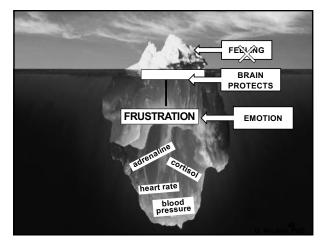




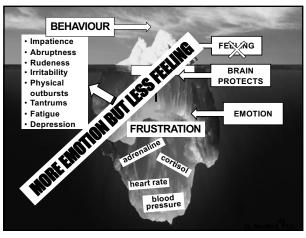




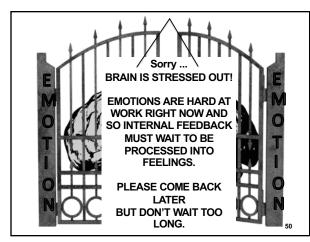
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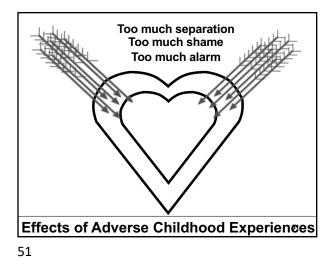














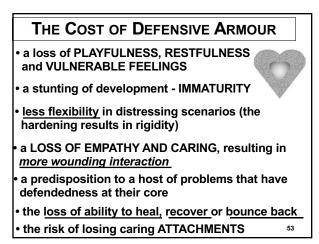
THE REASON FOR DEFENSIVE ARMOUR



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- It's not safe.
- It' not safe to express what I am feeling.
- It's not safe to depend or be vulnerable.
- The world is overwhelming and there is no one who can keep me safe.

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Intervening with Complex Childhood Trauma CREATE A SAFE WORLD

1. Keep child-adult relationships strong

- Don't let the behaviour cause divisions
- Find ways to reassure the child even when it has been a difficult day
- 2. Minimize the experience of SEPARATION
 - Analyse often used interventions for hidden sources of separation

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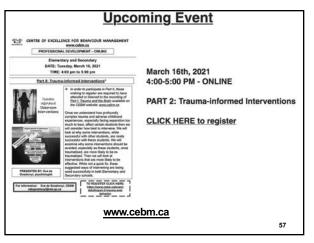
- 3. Compensate for the effects of Trauma (over-reactivity and immaturity) to help the child behave successfully
 - Provide options for when overwhelmed
 - ANTICIPATE and PREVENT

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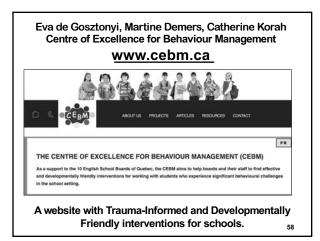
Intervening with Complex Childhood Trauma CREATE A SAFE WORLD 4. Provide structure and predictability 5. Build a team of interveners – Use adult resources in the school creatively 6. Offer a variety of intervention options – Provide safe spaces in the classroom

- Create a Nurturing Support Centre
- Provide a safe place to express emotions
- 7. Aim to soften the defensive armour through emotional expression and play
 - Help the child to find their tears
 - Provide many opportunities for Play

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TRAUMA RESOURCES

Books:
Bessel Van der Kolk: The Body Keeps the Score

Bruce D. Perry & M. Szalvavitz: The Boy who was Raised as a Dog

Nadine Burke-Harris: The Deepest Well
Regalena Melrose: Why Students Underachieve

- · Regalella Mellose.
- Websites:

Australian Childhood Foundation: https://www.childhood.org.au/___

- The effects of Adverse Childhood Experiences (ACE Study)
- www.cdc.gov/violenceprevention/childabuseandneglect/acestudy/index.html

> Child Trauma Academy (Bruce Perry): http://childtrauma.org/

Burke Foundation (Nadine Burke Harris): <u>https://burkefoundation.org/what-drives-us/adverse-childhood-experiences-aces/</u>