



# **Trauma- Informed Social Work with Children and Adolescents**

**Professor Lindsay Griffin  
Summer 2024**




# Recap Session 2

# Child Development & Core Concepts in TIC

- Children are developmentally **different** than adults
  - Theorists help with understanding what is typical child development include Erikson (8 Stages of Psychosocial Development), Piaget (Cognitive Developmental Theory), Bowlby (Attachment Theory)
- Ecobiodevelopmental framework talks about how genetics interact with a person's environment and how these can lead to lifelong outcomes related to health, mental health, and educational and economic productivity
- The 12 Core Concepts for Understanding Traumatic Stress Response in Children and Families: These are a set of principles to help professionals have a better understanding of the ways that trauma affects children and families and the responses they have in the context of traumatic events. The last core concept relates to how trauma exposure also impacts helping professionals





# **Session 3: Trauma's Impact on Developmental Domains, ACEs, and Risk & Protective Factors**







# Today's Agenda

Adverse Childhood Experiences (ACEs):  
What are they? The original study, and  
health implications.


Developmental impact of trauma on  
multiple domains of life

Individual & Community Level Risk and  
Protective Factors

Implications for interventions and working  
with children, adolescents, and families  
(throughout the session today)

Group Project Work Time






# The Importance of Understanding Childhood Trauma

- Epidemiological Data:
  - Almost ½ of children (0-17) in U.S. have experienced at least one childhood trauma
  - Amongst adolescents (12-17), nearly 1/3 have experienced adversities associated with negative adult health outcomes\*
  - Childhood adversity/trauma increases as children get older and decrease as family income rises

\* [acestoohigh.files.wordpress.com/2013/05](http://acestoohigh.files.wordpress.com/2013/05)



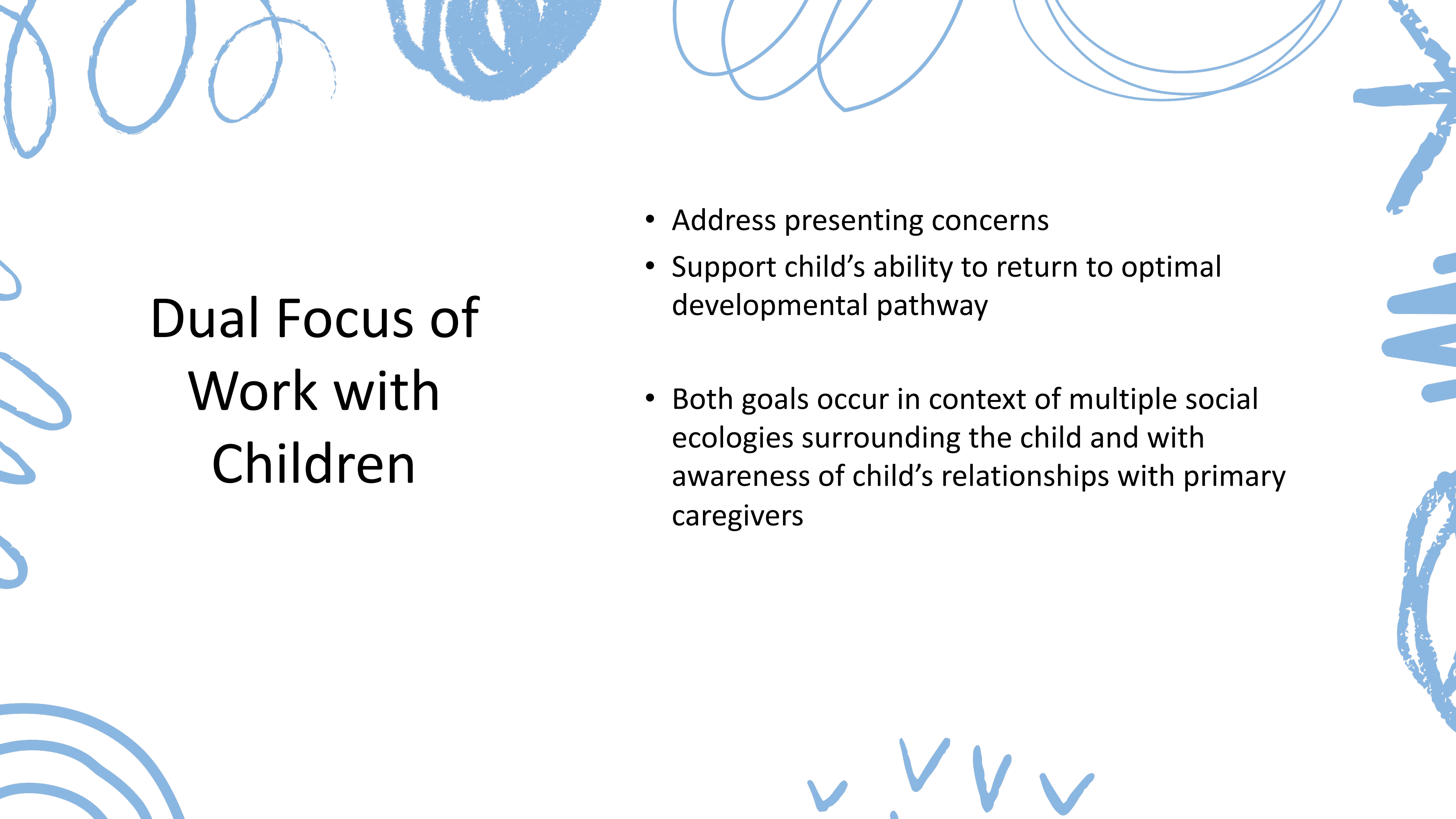


# The Importance of Understanding Childhood Trauma


- Interaction with family structure, income and mental health
  - Children with healthier parents, have less trauma exposure
  - Children with more trauma exposure, have parents who report increased levels of stress
  - As the family's degree of poverty increases, so does exposure to child trauma and adversity
  - Trauma may be underreported because of stigma associated with particular types of trauma exposure

\* [acestoohigh.files.wordpress.com/2013/05](http://acestoohigh.files.wordpress.com/2013/05)





# Dual Focus of Work with Children

- Address presenting concerns
  - Support child's ability to return to optimal developmental pathway
  - Both goals occur in context of multiple social ecologies surrounding the child and with awareness of child's relationships with primary caregivers
- 

# Adverse Childhood Experiences Study

- 1 Conducted from 1995–97 by Kaiser Permanente
- 2 Linked adverse childhood experiences with long-term mental health and physical health outcomes and early morbidity
- 3 10 questions
- 4 Participants were primarily White and middle to upper class

# Why ACEs Matter

The effects of adverse childhood experiences carry well over into adulthood. Statistics show us that adults with an ACEs score of 4 or above:

- Dies an Average of 20 Years Sooner
- 4.5X as likely to become depressed
- 7X more likely to develop alcoholism
- 10X more likely for drug abuse
- 12X more likely to commit suicide
- 32X more likely to have learning and behavior problems

<https://stopchildexploitation.org/child-exploitation/trauma/aces-adverse-childhood-experiences-study/>



Finding Your ACE Score



While you were growing up, during your first 18 years of life:

1. Did a parent or other adult in the household **often or very often...**  
Swear at you, insult you, put you down, or humiliate you?  
**or**  
Act in a way that made you afraid that you might be physically hurt?

YesNo

If yes enter 1 \_\_\_\_\_
2. Did a parent or other adult in the household **often or very often...**  
Push, grab, slap, or throw something at you?  
**or**  
**Ever** hit you so hard that you had marks or were injured?

YesNo

If yes enter 1 \_\_\_\_\_
3. Did an adult or person at least 5 years older than you **ever...**  
Touch or fondle you or have you touch their body in a sexual way?  
**or**  
Attempt or actually have oral, anal, or vaginal intercourse with you?

YesNo

If yes enter 1 \_\_\_\_\_
4. Did you **often or very often** feel that ...  
No one in your family loved you or thought you were important or special?  
**or**  
Your family didn't look out for each other, feel close to each other, or support each other?

YesNo

If yes enter 1 \_\_\_\_\_
5. Did you **often or very often** feel that ...  
You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you?  
**or**  
Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?

YesNo

If yes enter 1 \_\_\_\_\_
6. Were your parents **ever** separated or divorced?

YesNo

If yes enter 1 \_\_\_\_\_
7. Was your mother or stepmother:  
**Often or very often** pushed, grabbed, slapped, or had something thrown at her?  
**or**  
**Sometimes, often, or very often** kicked, bitten, hit with a fist, or hit with something hard?  
**or**  
**Ever** repeatedly hit at least a few minutes or threatened with a gun or knife?

YesNo

If yes enter 1 \_\_\_\_\_
8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?

YesNo

If yes enter 1 \_\_\_\_\_
9. Was a household member depressed or mentally ill, or did a household member attempt suicide?

YesNo

If yes enter 1 \_\_\_\_\_
10. Did a household member go to prison?

YesNo

If yes enter 1 \_\_\_\_\_

Now add up your "Yes" answers: \_\_\_\_\_ This is your ACE Score.

Adapted from: [http://www.acestudy.org/files/ACE\\_Score\\_Calculator.pdf](http://www.acestudy.org/files/ACE_Score_Calculator.pdf), 092406RA4CR



# ACE Study Critique



What do you think are some of the shortcomings of the original ACE study?



What might these mean to the children's client systems that social workers interact with?

# Expanded Adverse Childhood Experiences Study

- 1 Conducted in 2012–2013 by the Philadelphia ACE Project
- 2 Focused on living experiences in urban areas and included diversity with SES and race
- 3 Collected 5 additional measures, along with the original ACE questions
- 4 7 in 10 adults had one ACE; 2 in 5 had 4 or more

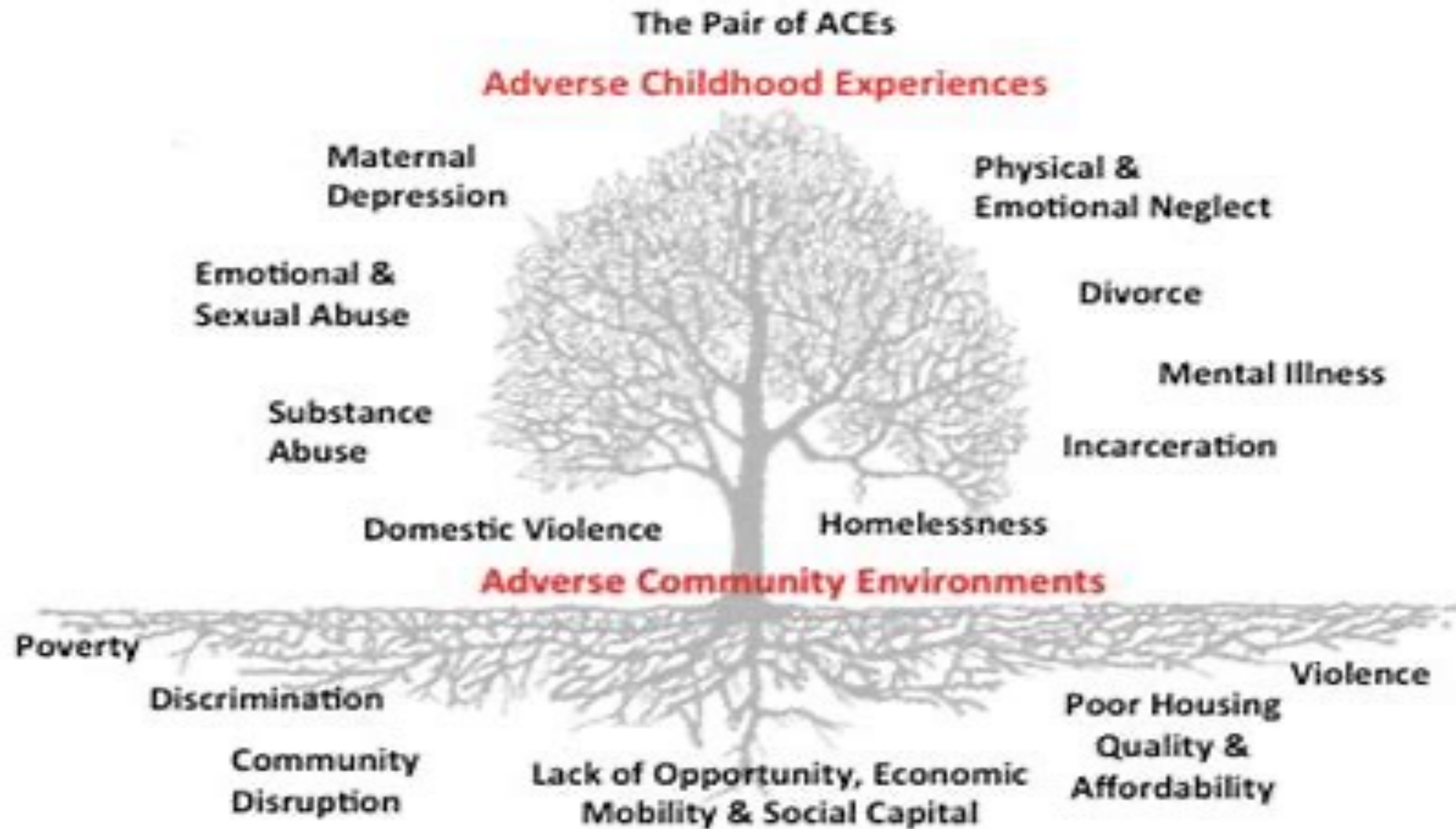
<https://www.cornerstonesofcare.org/Blog/2020/06/19/An-Expanded-Look-at-Adverse-Childhood-Experience-ACE-Studies>

## The Philadelphia Expanded ACE Questions Look At Community Level Adversity

Witness Violence	How often, if ever, did you see or hear someone being beaten up, stabbed, or shot in real life?
Felt Discrimination	While you were growing up... How often did you fee that you were treated badly or unfairly because of your race or ethnicity?
Adverse Neighborhood Experience	Did you feel safe in your neighborhood? Did you feel people in your neighborhood looked out for each other, stood up for each other, and could be trusted?
Bullied	How often were you bullied by a peer or classmate?
Lived in Foster Care	Were you ever in foster care?

<https://www.cornerstonesofcare.org/Blog/2020/06/19/An-Expanded-Look-at-Adverse-Childhood-Experience-ACE-Studies>





Pair of ACES Tree: Adverse Childhood Events and Adverse Community Environments



# 3 Realms of ACEs

Adverse childhood and community experiences (ACEs) can occur in the household, the community, or in the environment and cause toxic stress. Left unaddressed, toxic stress from ACEs harms children and families, organizations, systems and communities, and reduces the ability of individuals and entities to respond to stressful events with resiliency. Research has shown that there are many ways to reduce and heal from toxic stress and build healthy, caring communities.



Thanks to Building Community Resilience Collaborative and Networks and the International Transformational Resilience Coalition for inspiration and guidance. Please visit [ACEsConnection.com](https://ACEsConnection.com) to learn more about the science of ACEs and join the movement to prevent ACEs, heal trauma and build resilience.

ACEs  
Connection

# ACEs Tools Critique



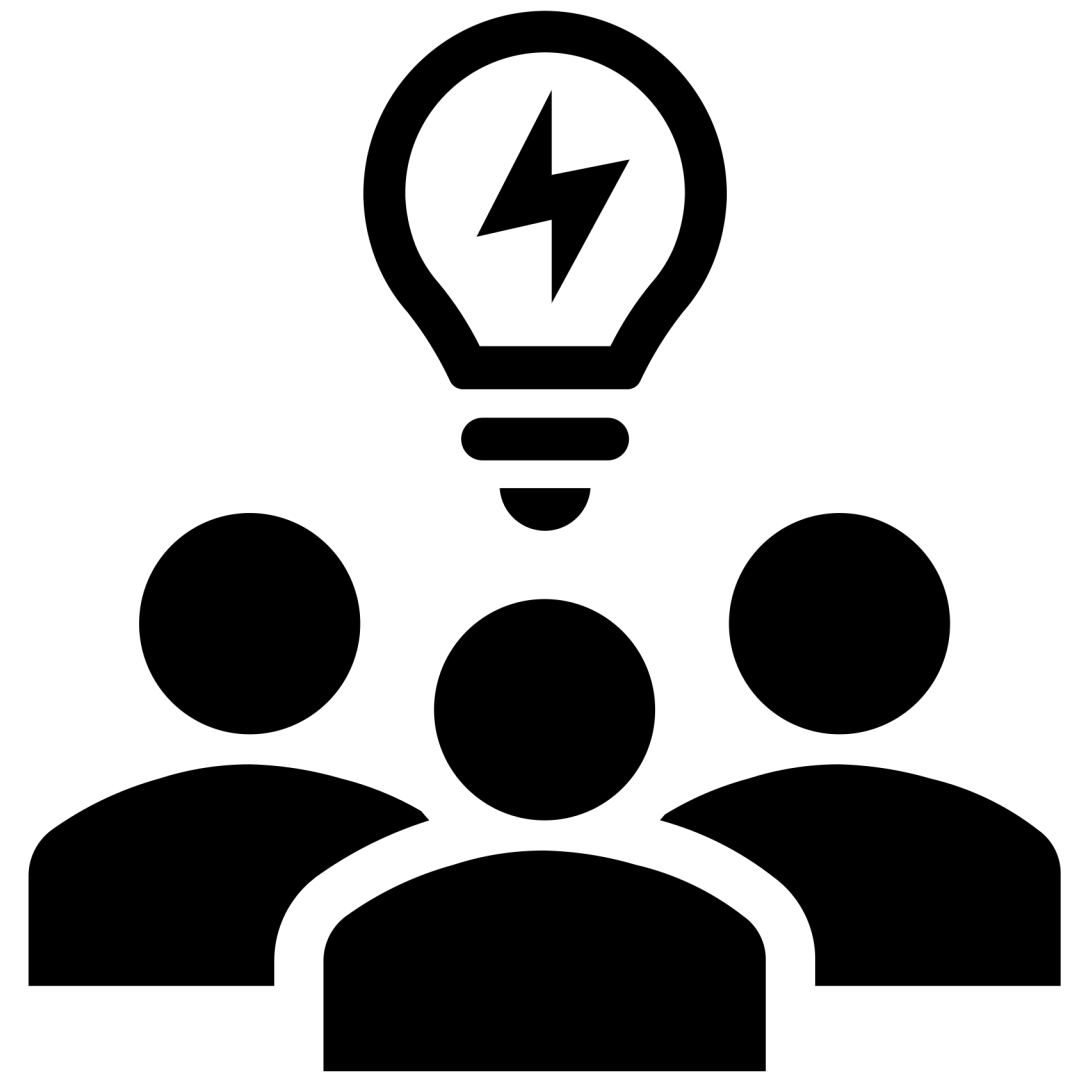
What are your initial thoughts on the Pair of ACEs Tree and the 3 Realms of ACEs compared to the original ACE study?



How can these tools help social workers when working with children and family systems?

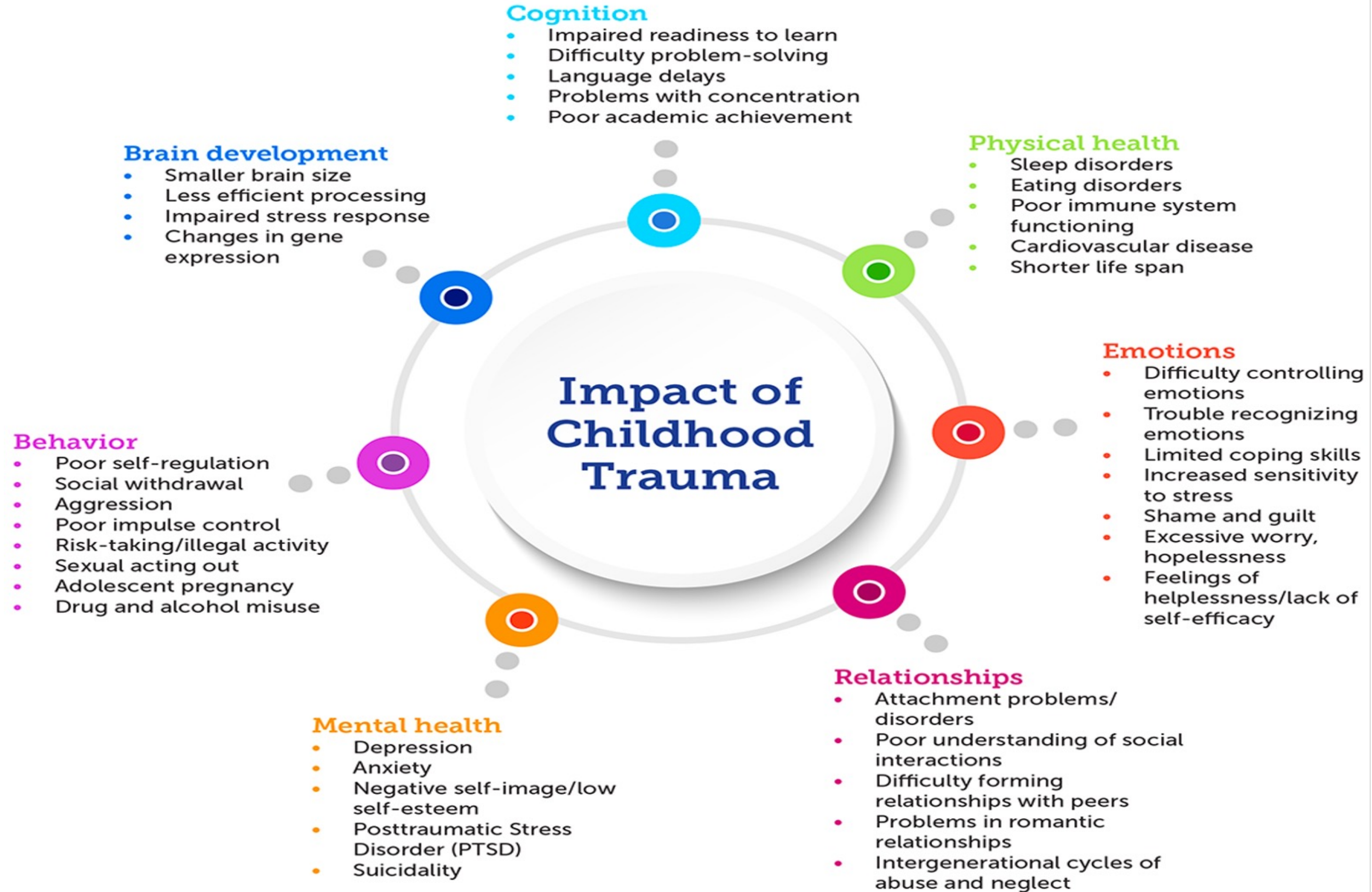
# Small Group Activity

- Pull up the file in Moodle titled “Worksheet Week 3.1”
- Take 15–20 minutes in small groups to discuss the questions on this worksheet





# Impact of Childhood Trauma

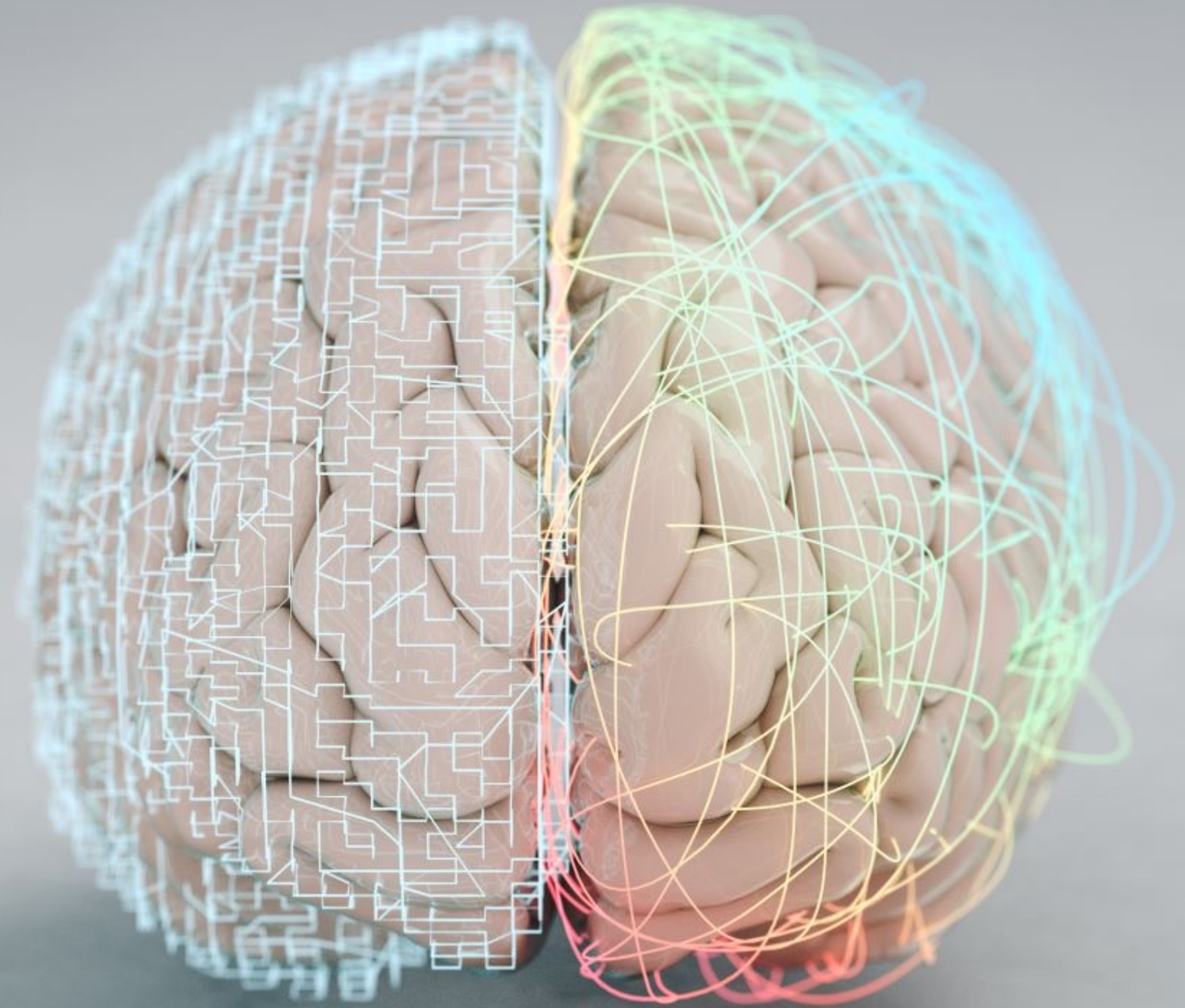




# Physical Health: Body and Brain

## **During infancy, childhood and adolescence:**

- Shaped by both environment and physiology/genetics
- In an environment of chronic or acute stressors; aspects of biological development, such as immunology and brain development, including our stress response systems, may not develop optimally
- Both under and over stimulation can negatively impact physical development and brain development; Both complex trauma and neglect are associated with somatic symptoms and impact on neurobiology





# Emotional Responses

## **Complex trauma history:**

Reminders of traumatic events may be everywhere in the environment.

Children/adolescents may react powerfully to reminders; having difficulty managing emotions and finding “calm”

Since the traumas may be of an interpersonal nature, even mildly stressful interactions with others may serve as trauma reminders and trigger intense emotional responses.



# Emotional Responses

## **Pattern of emotional responses:**

Children who have experienced complex trauma often have difficulty identifying, expressing, and managing emotions, and may have limited language for feeling states.

They often internalize and/or externalize stress reactions and as a result may experience significant depression, anxiety, or anger.

Their emotional responses may be unpredictable or explosive.

A child may react to a reminder of a traumatic event with trembling, anger, sadness, or avoidance.





# Emotional Responses

Having learned that the world is a dangerous place where even loved ones can't be trusted to protect you, children are often vigilant and guarded in their interactions with others

More likely to perceive situations as stressful or dangerous.

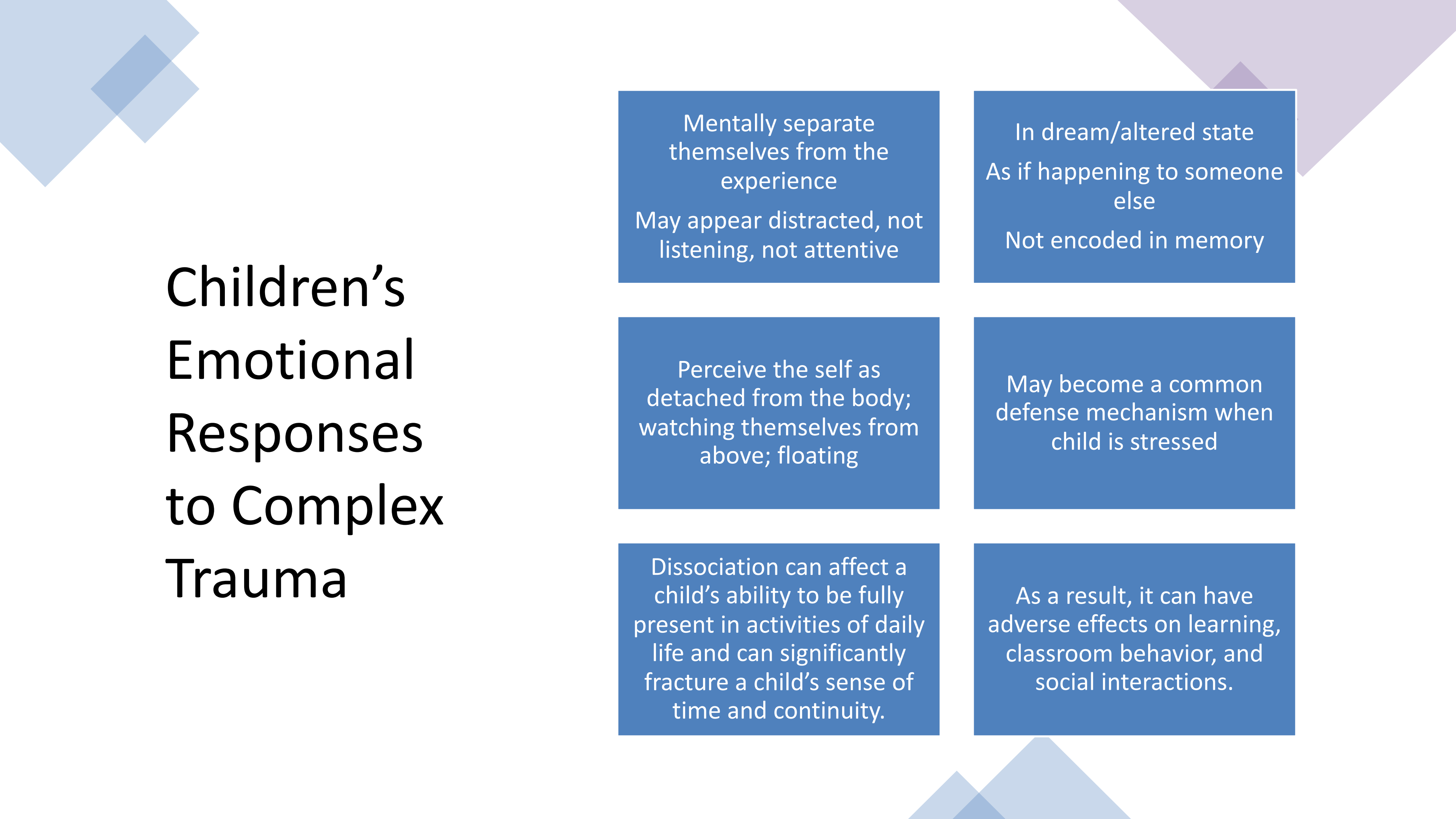
While this defensive posture is protective when an individual is under attack, it becomes problematic in situations that do not warrant such intense reactions.

Alternately, many children also learn to "tune out" (emotional numbing) to threats in their environment, making them vulnerable to revictimization.



# Emotional Responses

- Difficulty managing emotions is pervasive and occurs in the absence of relationships as well.
- Having never learned how to calm themselves down once they are upset, many of these children become easily overwhelmed.
  - For example, in school they may become so frustrated that they give up on even small tasks that present a challenge.
  - Children who have experienced early and intense traumatic events also have an increased likelihood of being fearful all the time and in many situations.
  - They are more likely to experience depression as well.



# Children's Emotional Responses to Complex Trauma

Mentally separate  
themselves from the  
experience

May appear distracted, not  
listening, not attentive

In dream/altered state  
As if happening to someone  
else

Not encoded in memory

Perceive the self as  
detached from the body;  
watching themselves from  
above; floating

May become a common  
defense mechanism when  
child is stressed

Dissociation can affect a  
child's ability to be fully  
present in activities of daily  
life and can significantly  
fracture a child's sense of  
time and continuity.

As a result, it can have  
adverse effects on learning,  
classroom behavior, and  
social interactions.



# Behavior

A child with a complex trauma history may be easily triggered or “set off” and is more likely to react very intensely.

The child may struggle with self-regulation (i.e., knowing how to calm down) and may lack impulse control or the ability to think through consequences before acting.

As a result, complexly traumatized children may behave in ways that appear unpredictable, oppositional, volatile, and extreme.

# Behavior

Under-control and over-control of behavior can be serious concerns:

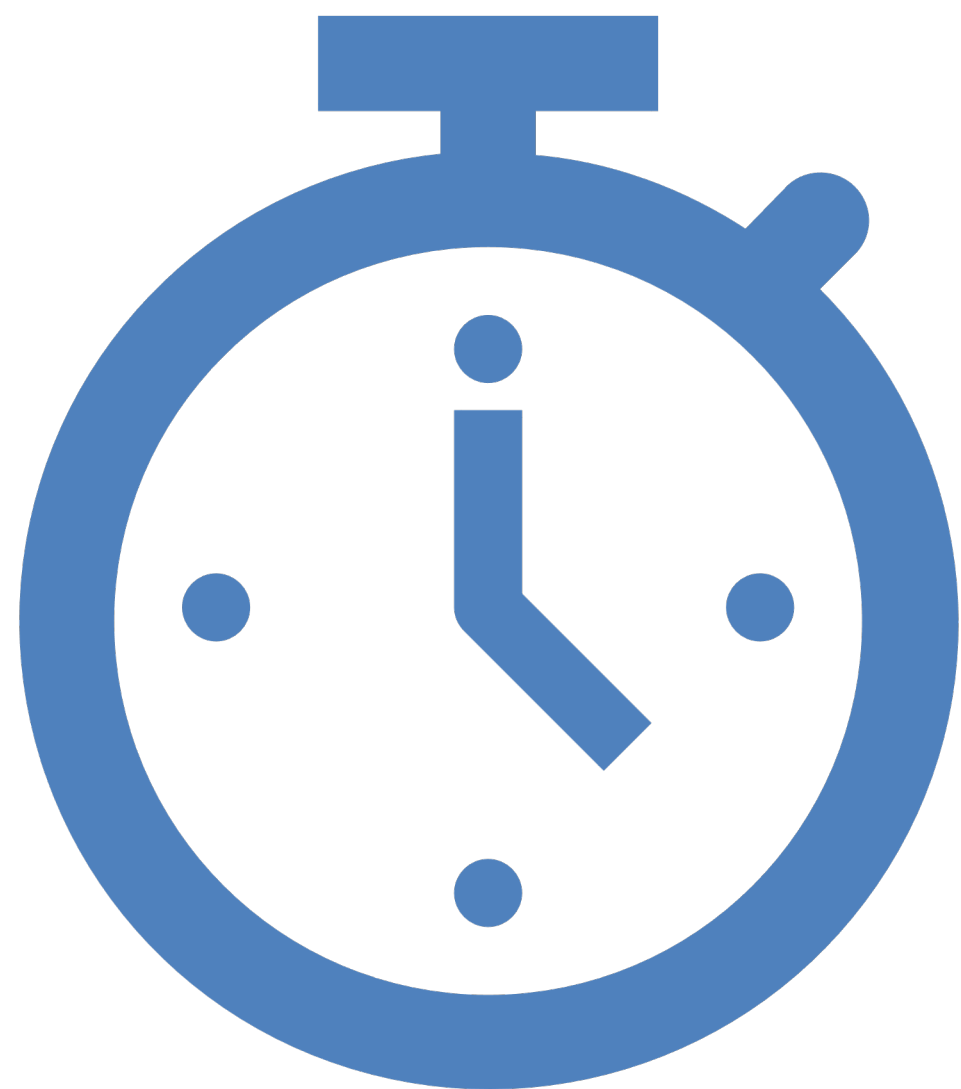
A child who feels powerless or who grew up fearing an abusive authority figure may react defensively and aggressively in response to perceived blame or attack

Alternately, may at times be overcontrolled, rigid, and unusually compliant with adults.

# Behavior

Complexly traumatized children are more likely to engage in high-risk behaviors, such as self-harm, unsafe sexual practices, and excessive risk-taking such as operating a vehicle at high speeds.

They may also engage in illegal activities, such as alcohol and substance use, assaulting others, stealing, running away, thereby making it more likely that they will enter the juvenile justice system.



Break Time!



# Cognition, Thinking and Learning

Children with complex trauma histories may have problems thinking clearly, reasoning, or problem solving. They may be unable to plan ahead, anticipate the future, and act accordingly. When children grow up under conditions of constant threat, all their internal resources go toward survival.

# Children's Cognitive Responses to Complex Trauma

---

When in chronic stress response mode, they may have trouble thinking a problem through calmly and considering multiple alternatives.

---

They may find it hard to acquire new skills or take in new information

---

They may struggle with sustaining attention or curiosity or be distracted by reactions to trauma reminders.

---

They may show deficits in language development and abstract reasoning skills.

---

learning difficulties that may require support in the academic environment.

---

As a result, it can have adverse effects on learning, classroom behavior, and social interactions.

---



# Self-Concept

Children learn their self-worth from the reactions of others, particularly those closest to them.

Caregivers have the greatest influence on a child's sense of self-worth and value.

Abuse and neglect make a child feel worthless and despondent.

A child who is abused will often blame him- or herself. It may feel safer to blame oneself than to recognize the parent as unreliable and dangerous.

Shame, guilt, low self-esteem, and a poor self-image are common among children with complex trauma histories.





# Self-Concept

To plan for the future requires a sense of hope, control, and the ability to see one's own actions as having meaning and value.

Children surrounded by violence in their homes and communities learn from an early age that they cannot trust, the world is not safe, and that they are powerless to change their circumstances.


Beliefs about themselves, others, and the world diminish their sense of competency.



# Self-Concept

Their negative expectations interfere with problem-solving, and foreclose on opportunities to make a difference in their own lives.

Having learned to operate in “survival mode,” the child lives from moment-to-moment without pausing to think about, plan for, or even dream about a future.

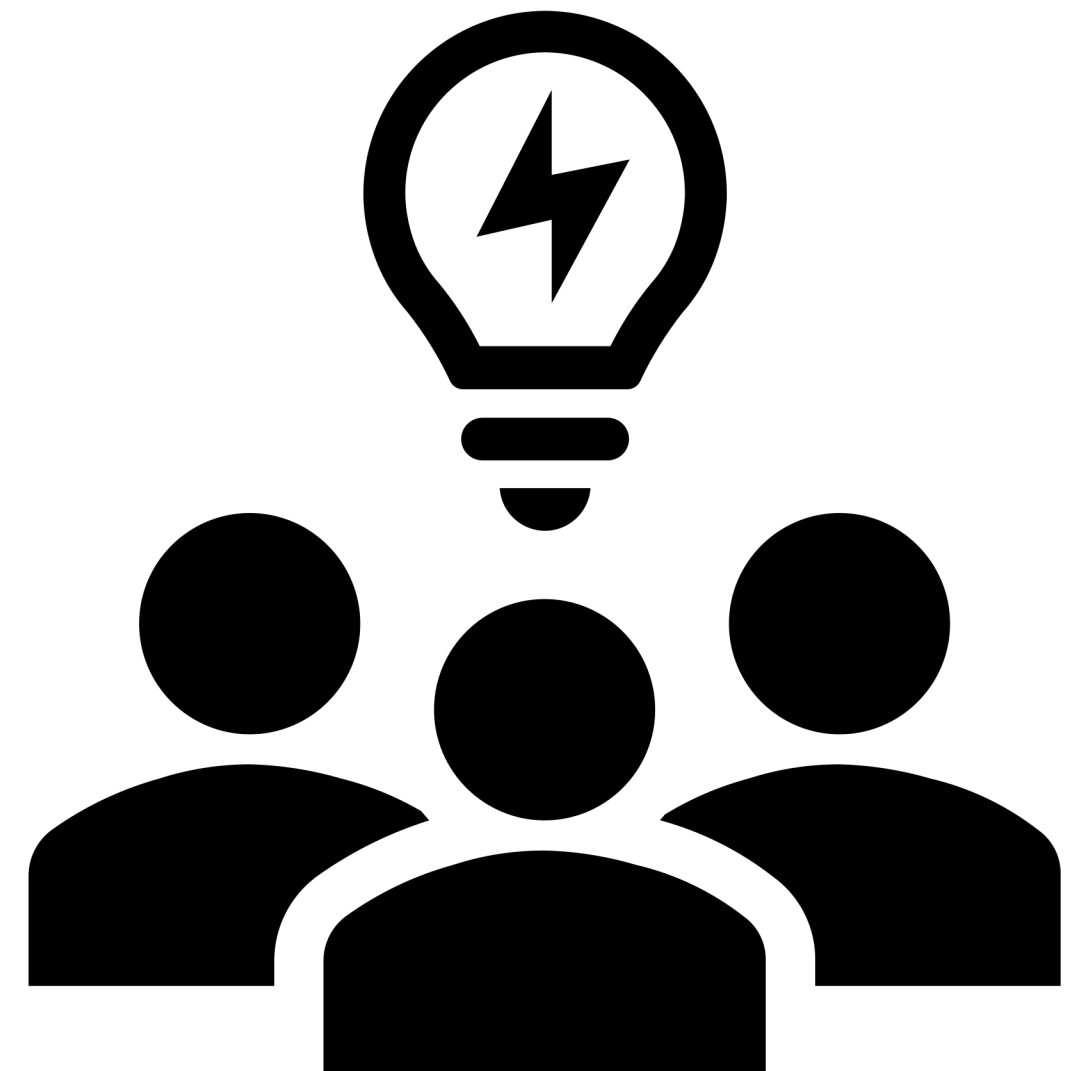


# Long-Term Health Outcomes


Traumatic experiences in childhood have been linked to increased medical conditions throughout the individuals' lives. The Adverse Childhood Experiences (ACE) Study is a longitudinal study that explores the long-lasting impact of childhood trauma into adulthood. The ACE Study includes over 17,000 participants ranging in age from 19 to 90. Researchers gathered medical histories over time while also collecting data on the subjects' childhood exposure to abuse, violence, and impaired caregivers.

# Small Group Activity

- Pull up the file in Moodle titled “Impact of Complex Trauma on Multiple Domains”
- Take 15 minutes in small groups to discuss examples in your work and how trauma has impacted the different domains in a child/adolescent and family’s life






- 
- Individual level: age, developmental level, genetics, disabilities, temperament, personality
  - Social: lack of supportive relationships, inconsistent caregiver, frequent changes in caregivers, living in poverty, lack of connection to cultural identity
  - Community: historical traumas, oppression/marginalization, policies



# Risk Factors



- 
- Individual level: age, developmental level, genetics, lack of disability or generally well-adapted/supported with disabilities, temperament, personality
  - Social: presence of supportive relationships, consistent and dependable caregiver, living above the poverty level, sense of connection to cultural identity
  - Community: community healing practices, safe neighborhood, access to needs (safe housing, fresh food, available healthcare), green spaces



# Protective Factors





## 40 Developmental Assets (Search Institute)

- 40 research-based, positive experiences and qualities that can influence development
- Relationships are one of the most influential positive assets a child can have.

Brief video: <https://youtu.be/n5Y9kwCOF7I>

<https://searchinstitute.org/resources-hub/developmental-assets-framework>



# Protective Factors

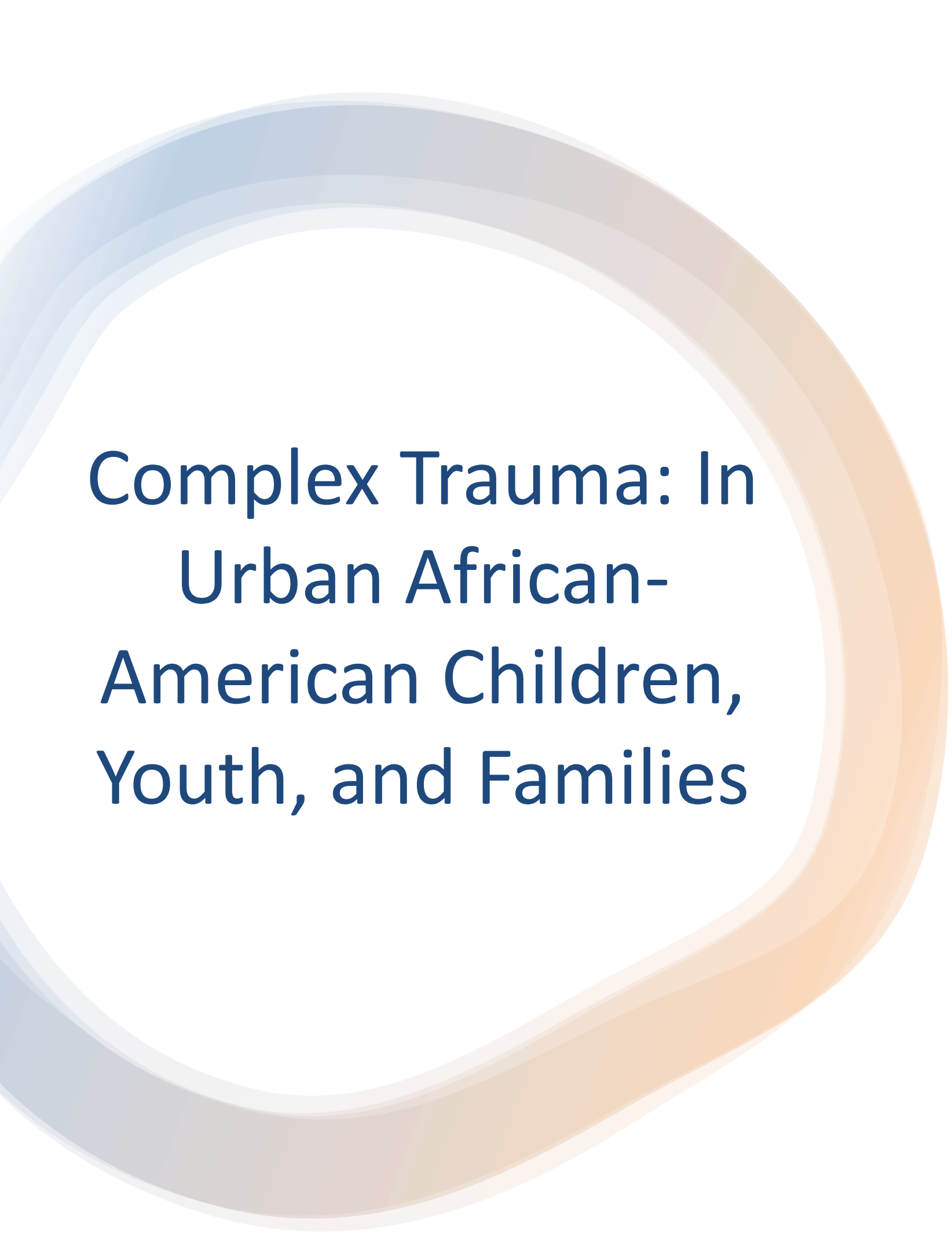




# Attachment and Relationships

- The importance of a child's close relationship with a caregiver cannot be overestimated.
- Through relationships with important attachment figures, children learn to trust others, regulate their emotions, and interact with the world; they develop a sense of the world as safe or unsafe, and come to understand their own value as individuals.





# Complex Trauma: In Urban African- American Children, Youth, and Families


“Cases of individual exposure to trauma do not occur in isolation. In addition to the high rates of exposure to trauma and other types of adversities, African-American children and families must cope with the effects of historical trauma and the intergenerational legacy of racism. In spite of progress, the legacy of slavery can be found in many areas of American society. “

NCTSN.ORG(2017). Complex Trauma in Urban African-American Children, Youth, and Families



# GET TO KNOW THE COMMUNITY YOU SERVE

- Get to know the community you serve. In order to understand children and families within their social and historical context, it is essential for providers to familiarize themselves with the issues facing their clients' communities. This is especially important if providers do not reside in the same community as their clients. Providers should understand, from their clients' perspective, what is is like to live in that community; what stressors as well as resources youth encounter day-to-day; and what the history of racial trauma has been within the community



**Prioritize  
engagement and  
earning trust as  
essential  
components of  
treatment.**

- Providers, should understand that some youth and families may approach services with healthy and often well-justified skepticism. They should be prepared to directly address and validate expressions of distrust as appropriate and understandable. Providers should allow for ample time to learn about not only how youth and families have coped with and overcome difficulties, but also to explore positive aspects of their lives and communities and their sources of support.

# Focus on what youth have been through rather than “what’s wrong” with them

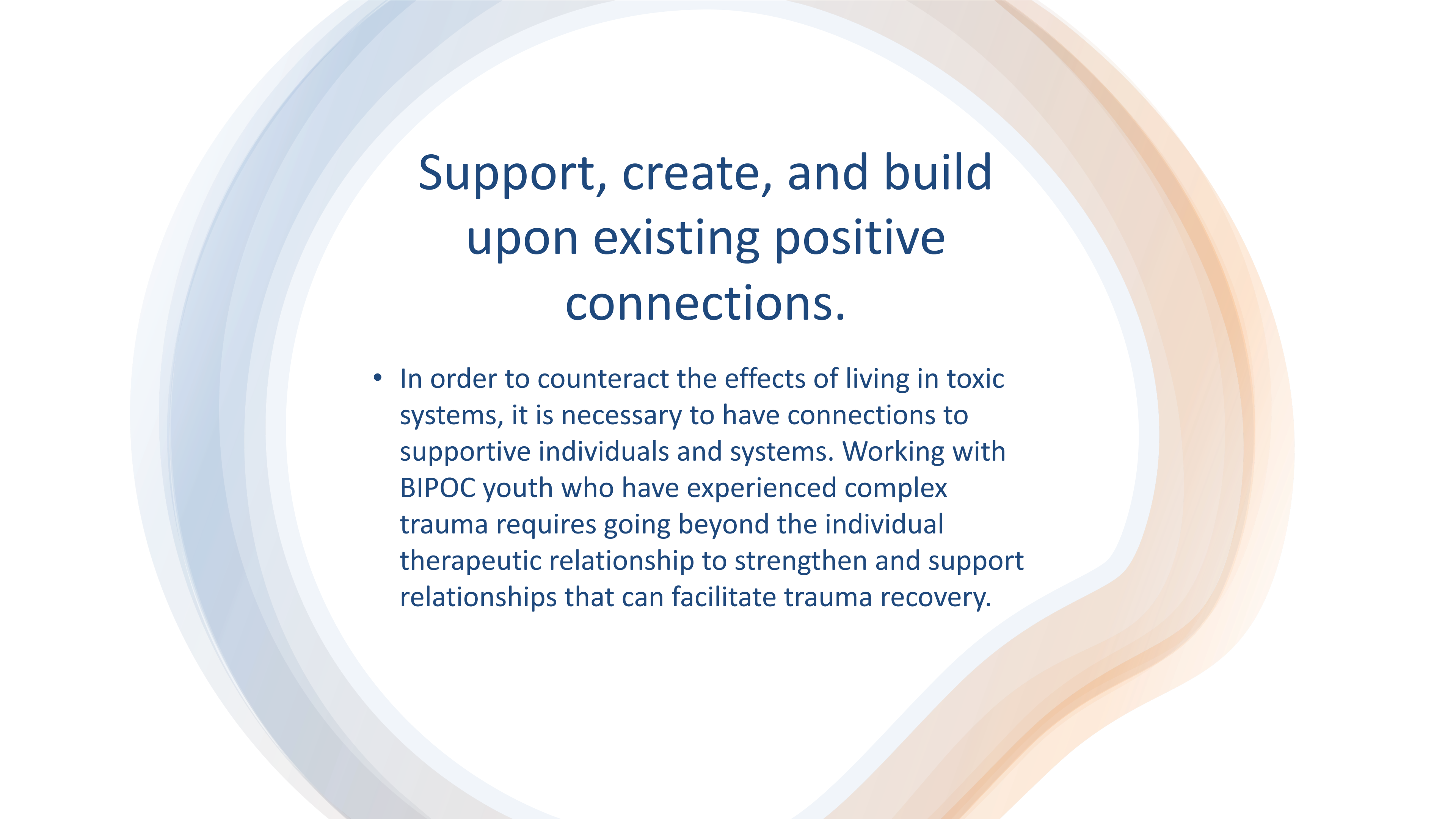
- BIPOC children and youth who have experiences traumatic stress are often be negatively labelled by schools and other systems as having moral, intellectual, or behavioral deficits. Services should be viewed as supports to facilitate recovery from emotional and psychological injuries rather than as attempts to fix behavior or cure mental disorders. Thus, one of the most important things a provider can do is to reframe the question from “What’s wrong with you?” to “What happened to you?”





# Normalize trauma reactions and provide practical tools for coping with them.

- Youth who are experiencing trauma-related symptoms are often also facing ongoing stressors in their day-to-day lives. Providing simple ways to manage these symptoms and stressors early in your relationship will free up youths' internal resources for recovery and will facilitate development of a therapeutic alliance.



## Support, create, and build upon existing positive connections.

- In order to counteract the effects of living in toxic systems, it is necessary to have connections to supportive individuals and systems. Working with BIPOC youth who have experienced complex trauma requires going beyond the individual therapeutic relationship to strengthen and support relationships that can facilitate trauma recovery.

# Questions?





# Group Presentations

- In your groups:
  - Identify a news topic/recent event you want to focus on (remember to focus on something that pertains to children)
  - Identify roles for each person in the group—who is responsible for what?





# What's Next?

- **Next session: Trauma, Attachment, Neurobiology, and Adolescent Brain Development**
- Brain Basics: Architecture of the Brain and Brain Development
- Complex Trauma and implications for Attachment
- Impact of traumatic stress on adolescent development
- Try to take the time to look at NIMH: Brain Basics webpage and TED Talk: The Amazing Teen Brain