

Trauma, Health and Behavior



Adverse Childhood Experiences Studies (ACEs)

One of the primary research efforts to examine the effects of early traumatic experiences in childhood and how they relate to later development, are the Adverse Childhood Experiences (ACE) studies.



The early ACE studies, conducted in the 1990s, asked adults if they had experienced certain traumatic events in their childhoods such as abuse, neglect, or significant household challenges



Watch the video:
https://youtu.be/GovY11G_d3w

Researchers found that ACEs were distressingly common. In the original study, about 66% of adults reported having experienced at least one ACE. Even more concerning was that about 20% of adults reported experiencing three or more ACEs.

But, what is most troubling is the link between ACEs and later health issues and life outcomes. *Researchers found that the more ACEs a person reported, the more likely they were to have significant problems later in life.*

Early Experiences

- emotional, physical, or sexual abuse
- emotional or physical neglect;
- domestic abuse
- household substance abuse,
- mental illness in household,
- parental separation or divorce,
- criminal household member

Life Outcomes

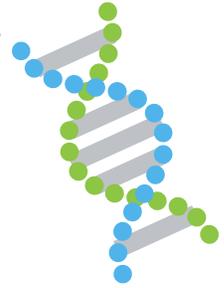
- chronic diseases (heart, lung, and liver diseases)
- risky health behaviors (drug & alcohol use)
- mental health problems
- poor reproductive health and risky sexual behaviors
- intimate partner violence, sexual violence
- lower academic and/or work achievement

Though this research is correlational (meaning we can't say for sure that this is cause and effect or determine which specific adverse experiences cause later health problems) the link between these early traumatic experiences and later health is striking. The impact of childhood trauma is both cumulative (because more ACEs leads to more health problems) and long-lasting (because we see the effects of childhood trauma in adult health).



Why are ACEs related to later health?

Why is it that experiencing trauma as a child relates to health issues later in life? Scientists call this phenomena: **biological embedding**. Your early, stressful life experiences can become embedded in your biology. They “get under your skin” and change the way your body functions long term.



When we experience toxic stress in the form of trauma, especially early in life, it can reshape how our bodies will respond to stress later in life. Trauma can alter the stress response system in the brain, but it also shapes other interconnected biological systems. Changes to children’s sleep, growth, or immune system development, may result and set the stage for long-term issues that persist into adulthood. We can also often see signs of trauma affecting children's biology and behaviors while the trauma is happening.



Trauma in Behavior

Often children who have experienced trauma exhibit challenging **fight, flee, or freeze** behaviors to feeling threatened or overwhelmed. Especially in young children who do not have language skills to describe what they’re feeling or experiencing, behavior is the primary way of expressing their needs and feelings. As a result, children who are experiencing high levels of stress may act out, shut down, or act defiantly.



What are examples of challenging behaviors you see in children that might be a result of trauma?

Examples of Challenging Behavior

- throwing
- hitting
- kicking
- spitting
- arguing
- temper tantrums
- hostility
- defiance
- whining
- not showing feelings
- running away
- hiding
- shutting down
- dissociating
- freezing

Bottom Line: Behavior is communication.

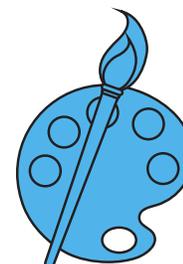


Understanding Challenging Behaviors

Sometimes we interpret challenging behaviors as a child being willfully disobedient, difficult, or manipulative. However, when we interpret these behaviors as coming from a place of overwhelming stress and not malice, they begin to make more sense.

Ava and the Art Supplies

Ava, a 2.5 year old child, hits her teacher and screams "No!" when she is told it is time to clean up the art supplies. She throws the marker in her hand across the table, hitting another child in the face. When her peer begins to cry, Ava ducks under the art table and tries to hide.



Tired teacher perspective: *"I feel like Ava is always butting heads with me. She doesn't like to follow instructions and has problems with keeping her hands to herself. She's probably hiding because she knows I'm upset with her."*

Trauma sensitive lens: *I remember that Ava's dad has been in the hospital for the last several weeks. It seems like she doesn't know what to expect right now and I might have surprised her by telling her to clean up with very little warning. I wonder if she is hiding because she needs my help to calm down?*



When children act out, shut down, act defiantly, it can be challenging to move forward. Getting curious about what might be going on to contribute to the behavior helps us identify productive ways to respond to the behaviors.





Responding to Challenging Behaviors

Focusing on helping children cope with their overwhelming feelings through relationship-based approaches is a primary way to care for children expressing challenging behaviors due to trauma. Often, to respond effectively, we need to first recognize how these behaviors might be affecting our ability to cope.

Hot Buttons



Hot buttons are the behaviors or experiences that make us angry, upset, and feel out of control. And sometimes we overlook how children's behaviors might trigger a fight, flight or freeze response in us and cause us to react emotionally. When we're feeling emotional and out of control, how can we expect our kids to be in control of their own feelings?

When our buttons are being pushed, we might feel a flush of anger, clenched fists and racing heart. We might shut down or disengage. As adults, we need to acknowledge that we also have emotional responses to these challenging behaviors. It's totally normal! But instead of letting that REACTION take over, we need regulate our own feelings first, before trying to RESPOND to the situation at hand.

In the moment...



Take a breath



Power down



Be present

Try taking a few deep breaths. Count to ten. Separate from the situation for a minute before returning to address the issue. Do whatever you can do safely in the moment cope with your own reaction so you can respond appropriately to address the child's feelings, thoughts and actions. Then, afterward, do some reflection on why that experience pushed your buttons so you can be aware of triggers for next time.



What are some of your hot buttons?
How does your body react when you feel overwhelmed or stressed?

Strategies for in the Moment

Remember that when children exhibit challenging behaviors, they are asking for your help. In the moment, there are a number of strategies we can use to de-escalate the situation, help calm the child, and address the behavior.

Comfort

- ensure safety
- be a quiet nearby presence
- lower tone of voice or sing softly
- offer hiding places

What to say

"I see you are not okay. I will stay here with you to keep you safe."

Connection

- give words to feelings and thoughts
- describe emotions and degree of emotions
- separate intentions vs. actions
- establish predictability in environment through clear, consistent rules

"It's okay to be a lot sad right now. I don't think sad will last forever, but it's a big feeling right now."

"You're thinking I wanted to hurt you, but I don't. It was an accident that you got hurt and I'm sorry it happened. I didn't want that to happen to you."

Collaboration

- work together
- suggest alternative solutions for next time
- give agency and choices: be in control, but not controlling

"You can't climb on the furniture. I know rules are hard. I can help you with that rule so you and I can read or play a game. You choose."



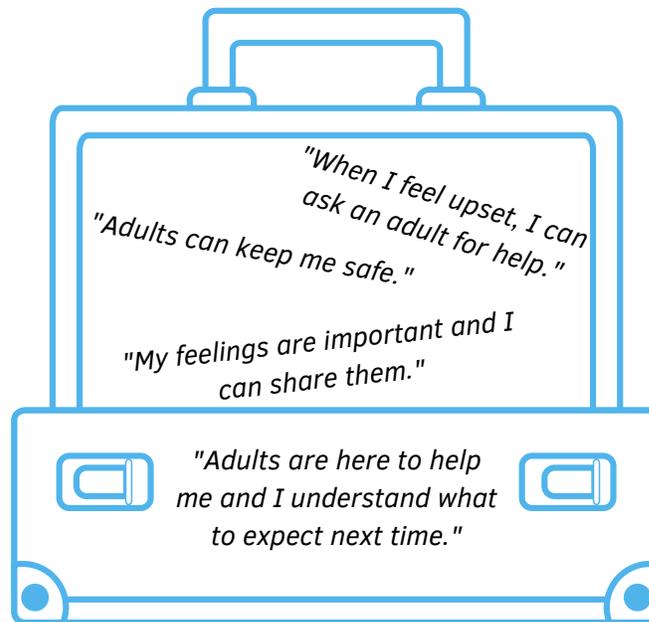
Watch in this video role-play example, how we can help a child, who has been exhibiting challenging behaviors, transition between activities effectively.

Link to video: <https://youtu.be/rUcG2-EFkNI>



Watch the video:
<https://youtu.be/LRLh59kOvGQ>

Providing comfort, connection, and collaboration gives children important messages about their security and agency. These interactions also help buffer children's response to stress, and give them opportunities to practice new coping skills. By using these techniques, you send important messages to the child that they can carry with them in their "suitcase" into future interactions and relationships with others.



Little by little these positive relationship experiences build to provide a healthy foundation for children to rely on as they recover from traumatic experiences.

Other things to consider:

Are the child's basic needs met?

Children who are hungry, tired, sick, or unsafe may need help meeting these basic needs before any attempts are made to change behaviors.

Where is the child developmentally?

Reflect on what the child's current abilities are and whether you are asking the child to do something beyond their reach. In general, treat the child the age they *act*, not the age they *are*.

How can I, the caregiver, be a model?

Children (and adults) learn from what they see and experience. Consider how you can be an example of how to use healthy coping strategies.