

Understanding the Impact of Trauma on Children And Psychosocial Support

Childhood trauma can have profound and long-lasting effects on a child's physical, emotional, and cognitive development. Exposure to abuse, neglect, or other adverse experiences can lead to complex challenges that require specialized, trauma-informed care and support.



Evangelical
Lutheran Church
in America

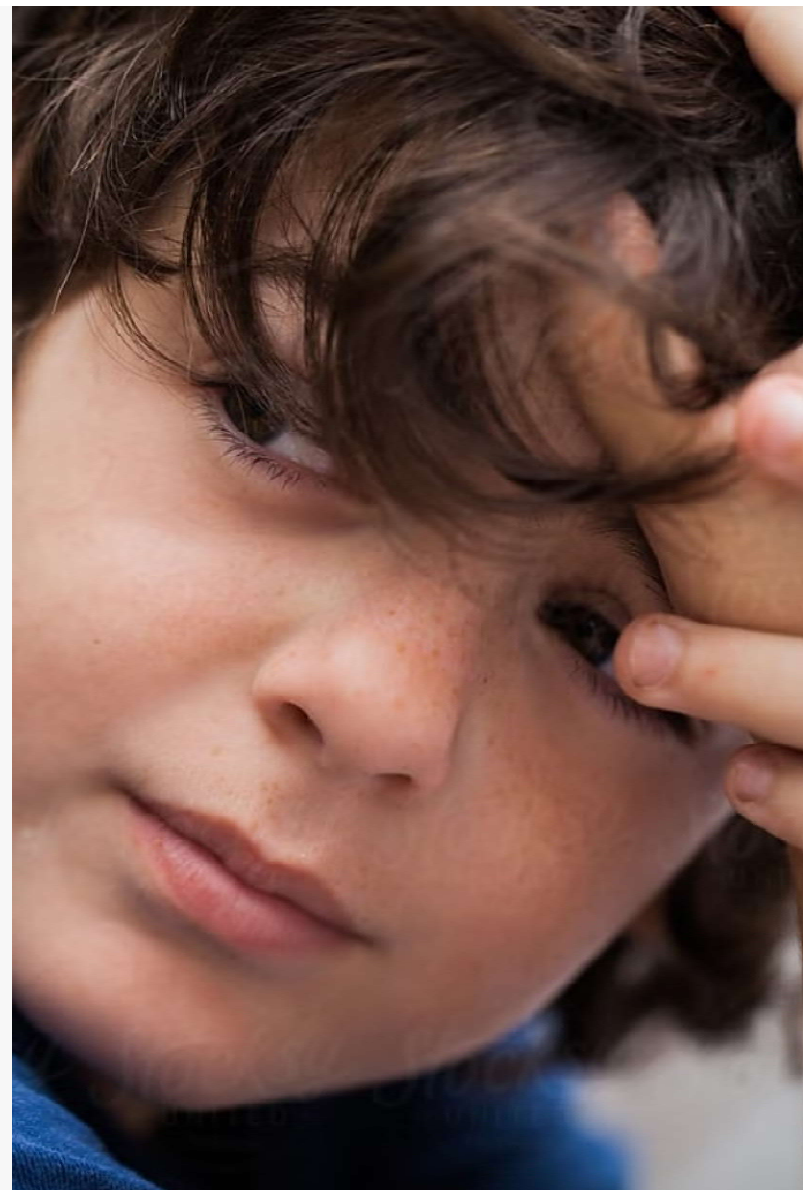


Cocoa Farmers
Association
of Nigeria (CFAN)



LUTHERAN
WORLD RELIEF

Eradication of child labour in Nigeria



Lessons today

- Types of Traumatic Experiences
- Developmental Impacts of Trauma
- Emotional and Behavioral Responses
- Neurobiological Effects of Trauma
- Providing Post-Trauma Psychosocial Support
- Early Psychosocial Support
- When to Refer a Child for Further Mental Health Services (i.e. Specialised Psychosocial Support)
- Substance use (e.g. alcohol, smoking, drugs). Trauma-Informed Approaches to Care
- Creating a Safe and Supportive Environment
- Therapeutic Interventions for Trauma Recovery
- Involving Families and Caregivers
- Specialised Psychosocial support

Types of Traumatic Experiences



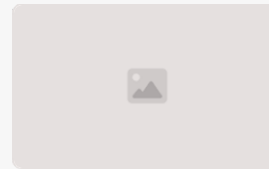
Physical Abuse

Physical abuse, such as hitting, shaking, or burning a child, can have severe emotional and developmental consequences.



Neglect

Neglect, or the failure to provide for a child's basic needs, can deeply impact a child's sense of safety and trust.



Sexual Abuse

Sexual abuse, including inappropriate touching or exploitation, is a traumatic experience that can have lasting impacts on a child's mental health.



Witnessing Violence

Witnessing violence, such as domestic abuse or community violence, can be profoundly distressing and shape a child's view of the

Developmental Impacts of Trauma

Early Childhood	Middle Childhood	Adolescence	Lifelong Impact
Trauma experienced in early childhood can disrupt critical developmental milestones, impacting attachment, emotional regulation, and cognitive abilities. This can lead to delays in speech,	School-aged children may struggle with concentration, academic performance, and peer relationships due to the lingering effects of trauma. They may also exhibit behavioral issues or	Traumatic experiences during adolescence can interfere with the development of a strong sense of identity and independence. Teens may engage in risky behaviors or have trouble forming	Unresolved childhood trauma can continue to impact an individual's physical and mental health, relationships, and overall well-being throughout their lifetime if not addressed with appropriate

Emotional and Behavioral Responses

Heightened Emotions

Traumatized children may experience intense and unpredictable emotions, such as fear, anger, sadness, or irritability, which can make it challenging for them to regulate their feelings.

Changes in Behavior

Trauma can lead to disruptive behaviors, including aggression, defiance, withdrawal, or regressive behaviors like bedwetting or thumb-sucking, as the child struggles to cope.

Difficulty Focusing

Trauma can impair a child's ability to concentrate, remember information, and engage in learning, as their mind remains preoccupied with the traumatic event and its aftermath.



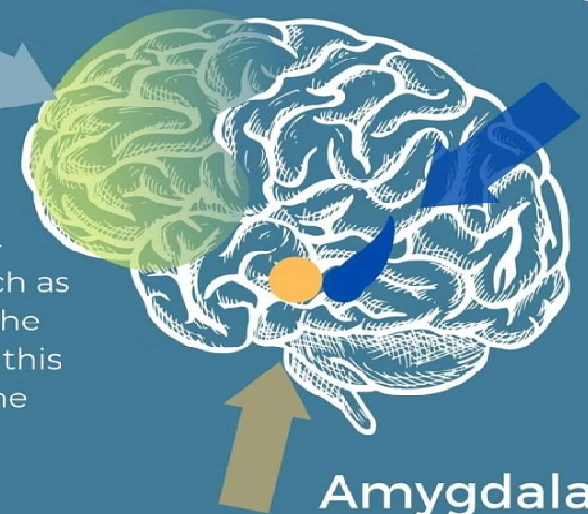
Neurobiological Effects of Trauma

Traumatic experiences can have profound impacts on the developing brain. Chronic stress can lead to changes in the structure and function of the hippocampus, amygdala, and prefrontal cortex, areas critical for memory, emotion regulation, and impulse control. These neurobiological changes can contribute to difficulties with hypervigilance, emotional dysregulation, and cognitive impairments often seen in children who have experienced trauma.

HOW TRAUMA AFFECTS THE BRAIN

@PSYCHOTHERAPY.CENTRAL

ntal
ex



Hippoc

al thinking -
emotions such as
ponses from the
- with PTSD this
duced volume

Respo
men
differ
between
presen
reme
make s
traum
con
exp
trauma

Amygdala

Wired for survival, when active, it is hard to think rationally. The more hyperactive the amygdala is, the more signs of PTSD are present.

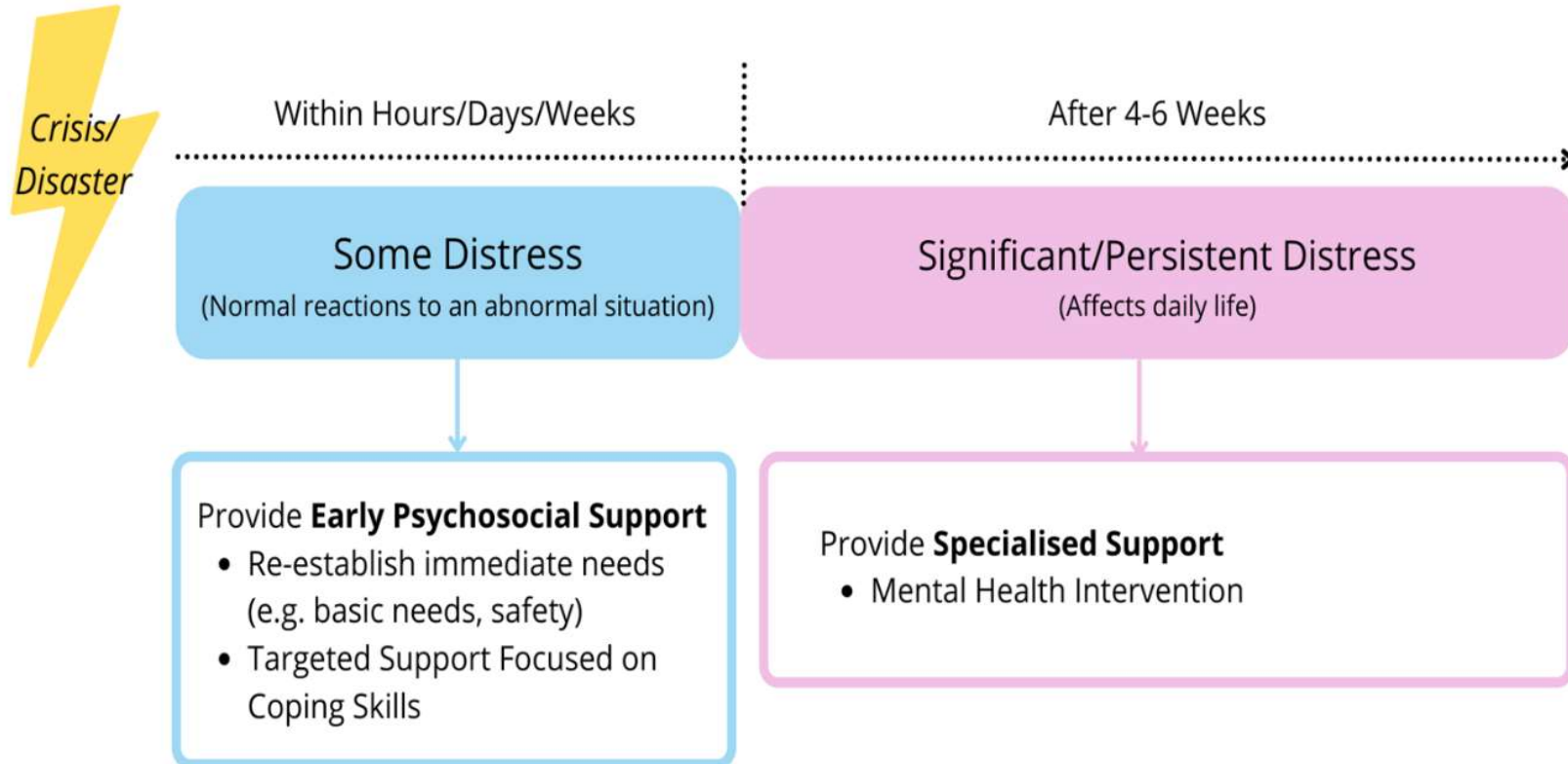
@PSYCHOTHERAPY.CENTRAL

Providing Post-Trauma Psychosocial Support

- Psychosocial support refers to the continuum of actions and interventions that help to support psychological and emotional healing and recovery in individuals (and their family members) after a crisis event.
- This includes assessing of needs and linking families up to relevant resources, ensuring that families are connected with sources of social support, strengthening coping strategies, or providing intervention and therapy.

- As helping professionals working with children and adolescents, you are likely to occasionally come across situations where a child or young person has experienced a crisis or a traumatic event.
- In these situations, the support that children receive from their caregivers and supportive adults around them (including professionals!), can go a long way in helping them to cope and bounce back from the experience.
- The provision of psychosocial support can be broken down into two phases: 1) Early Psychosocial Support and 2) Specialised Support. Navigate the tabs on the side to find out more about each of these phases.

Response: Providing Psychosocial Support



- **Early Psychosocial Support**

- Immediately after a crisis or traumatic event, it is expected that children will present with some distress because of the devastating and unsettling nature of the crisis event.
- Early psychosocial support is support provided in the initial period (i.e. hours, days or weeks) after a crisis.
- Early psychosocial support is focused on ensuring that the child and family's basic or practical needs (e.g. food, water, medical care) are met, reinforcing healthy coping strategies, and connecting the child to a social support network.
- This helps the child re-establish a sense of physical and emotional safety after a traumatic event, and can help to facilitate the natural recovery process, reducing the likelihood of distress symptoms persisting or escalating over time.

- Early psychosocial support is not psychotherapy, and does not require the child to recount or process details of the crisis or trauma event.
- The key tasks that any professional providing early psychosocial support to children and teenagers in times of crisis are:

1. Ensure physical and psychological safety

- Strategies to ensure this include:

Introducing yourself and explaining your role to the child and the family

Adjusting the complexity of the language used to the developmental age of the child

Reconnecting the child to supportive caregivers, safe adults, and sources of social support

- Ensuring that the child and their caregivers are brought to a place of safety, especially if there is danger in their environment

Creating spaces that help the child feel secure

2. Ensure basic and practical needs are met

- You can do so by linking children and their families up with services that can help them meet these needs. Some examples of immediate basic and practical needs include:
 - Medical care
 - Financial needs
 - Water, food, shelter
 - Means of communication (e.g. WiFi, mobile phone reception)
 - Access to accurate information about the event
 - Protection from further harm/danger

3. Encourage coping strategies

- When a child's safety concerns and basic needs are addressed, psychosocial support can focus on reinforcing or teaching healthy coping skills. Strategies that may help promote coping include:
 - Encouraging the child and their caregivers to return to basic routines (i.e. bed, meal, or play times, school routine)
 - Encouraging the child to use their existing adaptive coping strategies, and/or teach them new strategies (e.g. deep breathing, grounding techniques, progressive muscle relaxation, mindfulness strategies, etc.)
- Teaching problem-solving skills
Applying these skills allows the child to experience a greater sense of control, thus decreasing the level of distress they may feel

4. Providing information and normalising of emotions

Ways to do so include:

- Providing caregivers and children with brochures or tip sheets about trauma reactions and ways to soothe and cope with these reactions. Understanding their reactions, and knowing ways to cope helps individuals feel more empowered, and instills a sense of hope.
- Directing children and caregivers to reliable sources of information where they can obtain accurate updates about the event. Informing caregivers to be aware of their child's exposure to crisis-related content on media platforms, and to check in with how their child is thinking or feeling about what they learn from media sources.
- Providing caregivers with information about the impact of the media on children, and how to mitigate this.

5. Strengthen social and community support and connectedness

Strategies for this include:

- Helping the child and their family identify and utilise their existing strengths.
- Ensuring that families can access the available resources and services (e.g. financial assistance, healthcare, housing, appropriate children's services) that can help them resume their normal day-to-day living.
- Encouraging the continuation of activities that are typically held in the community (e.g. religious gatherings, meetings) where feasible
- Ensuring the continuation of play, recreation or school-based activities, including both formal and informal programmes
- Identifying individuals who are at risk of not receiving adequate social support.

When to Refer a Child for Further Mental Health Services (i.e. Specialised Psychosocial Support)

- Most children may just require early psychosocial support and be able to overcome signs of early distress within 4 to 6 weeks, after they have had some time to adjust. However, it is still important to keep a look out for children at risk of developing mental health difficulties after experiencing a traumatic event.
- This includes children who experience high levels of distress that make it difficult for them to carry out their usual activities.

Children should be referred for further mental health services if they develop the following symptoms and reactions at any point after a traumatic event:

- ✓ Dissociative symptoms (i.e. appearing confused, distant, daydreaming, aloof)
- ✓ Extreme confusion or difficulties focusing and making simple decisions
- ✓ Intense or uncontrollable emotional experiences
- ✓ Extreme intrusive thoughts
- ✓ Significant physical complaints (e.g. headaches, stomachaches, nausea, fainting)
- ✓ Significant drop in self-care (i.e. personal hygiene or grooming)
- ✓ Risky behaviours (e.g. self-harm, suicidal ideation, or being a risk to others).

Substance use (e.g. alcohol, smoking, drugs).

- In addition to the above, children who experience distress reactions that persist beyond 4 to 6 weeks after the event may also benefit from a referral to a professional trained in providing specialised psychosocial support or mental health interventions.
- Helping professionals may also use relevant screening tools to obtain information from both the child and caregivers, to help distinguish when a child may need specialised support.
- An example of a quick screening tool for trauma-related difficulties after exposure to a traumatic event is the [Child Trauma Screening Questionnaire](#).

Trauma-Informed Approaches to Care

1

Prioritize Safety

Create a physically and emotionally safe environment for the child.

2

Foster Connections

Emphasize supportive relationships and a sense of belonging.

3

Support Self-Regulation

Teach coping skills and strategies to manage emotions and behavior.

4

Promote Resilience

Empower the child to develop their strengths and inner resources.

Trauma-informed care recognizes the profound impact of adverse experiences on a child's development and well-being. By prioritizing safety, fostering connections, supporting self-regulation, and promoting resilience, providers can create a healing environment that supports the child's recovery and growth.

Creating a Safe and Supportive Environment



Physical Safety

Ensure the physical environment is safe, with clear boundaries and minimal triggers. Provide a calming, comforting space that helps children feel secure.



Emotional Safety

Build an atmosphere of trust, empathy, and acceptance. Allow children to openly express their thoughts and feelings without fear of judgment.



Supportive Relationships

Foster positive connections with caring adults and peers. Encourage a sense of community and belonging to help children feel supported.

Therapeutic Interventions for Trauma Recovery



Trauma-Focused Therapy

Evidence-based therapies like Cognitive Processing Therapy and Prolonged Exposure help process traumatic experiences and develop healthy coping mechanisms.



Family Therapy

Engaging families and caregivers in the healing process supports emotional regulation, communication, and the rebuilding of secure attachments.



Support Groups

Peer-to-peer support groups foster a sense of community, reduce isolation, and provide a safe space for sharing experiences and strategies.

Involving Families and Caregivers

1 Collaborative Approach

Work closely with families and caregivers to understand the child's unique needs and develop a comprehensive, coordinated care plan.

3 Caregiver Support

Offer counseling, support groups, and respite care to help caregivers manage the emotional and practical challenges of supporting a child with trauma.

2 Family Education

Provide families with resources and training on trauma-informed parenting techniques to support the child's healing and growth.

4 Ongoing Communication

Maintain open and frequent communication with families to monitor progress, address concerns, and adjust the care plan as needed.

- **Specialised Psychosocial support**

- Specialised Psychosocial support refers to mental health interventions that are provided when distress reactions start affecting the child's daily functioning at any point after the crisis event (see "When to refer a child for further mental health services" section in Early Psychosocial Support tab), or if the distress reactions do not reduce with early psychosocial support and persists beyond 4 to 6 weeks after the event.

- Children who experience higher levels or persistent distress usually do have exposure to more risk factors such as previous exposure to traumatic experiences, lack of social support, or prior history of behavioural or emotional difficulties.
- As such, it is beneficial for them to receive Specialised Psychosocial Support.

- This form of support is usually provided by trained professionals, who will assess the child by gathering information from the child and caregiver, to determine what psychological interventions would be best suited for the child.
- Examples of evidence-based psychological interventions for children who present with trauma-related concerns are Trauma Focused Cognitive Behavioural Therapy (TFCBT), or Eye Movement Desensitization and Reprocessing (EMDR).

THANK YOU

END



D.A. Oluwole, PhD.

This material and other viable materials for self-improvement are available at <https://www.positivepsychology.org.ng/>