



# TRAUMA-LAYERING:

## PRACTICING TRAUMA-INFORMED CARE WITH CHILDREN AND YOUTH

### The Bottom Line

COVID-19 has worsened mental health and caused traumatic stress in children. Children involved with child welfare - especially those in care - are particularly vulnerable to experiencing trauma-layering and long-term mental health impacts. Building relationships through trauma-informed care and introducing mindfulness may increase protective factors and support positive coping mechanisms.

### Trauma-Layering

With COVID-19, catastrophic weather incidents, financial difficulties, etc, there has been increased stress and disrupted holistic health and safety in children and youth throughout Canada. These consequences are expected to be much more pronounced for vulnerable and marginalized groups such as children involved with child welfare. For example, many of these children - especially those in care - have experienced intergenerational trauma, abuse and neglect, a lack of nurturing trusted adults, and a history of hostile environments.

During COVID-19, children faced additional layers of trauma, including social isolation, worsening of pre-existing mental health challenges, the absence of developmental milestones, the disruption of school, neglect, and general anxieties, all of which may lead to toxic stress. With reduced in-person supervision from school, community members, child welfare workers, and other service providers, many children were exposed to undetected maltreatment potentially leading to trauma reactivation and/or trauma-layering.

Trauma-layering occurs when a person experiences multiple and/or prolonged adverse (childhood) experiences, or experiences that remind a person of earlier traumatic experiences.

## Trauma-Informed Care for Children and Youth

Child-serving sectors often adopt a symptom-focused approach for mental health concerns. It is perhaps more important than ever to adjust practice to be focused on the safety and resilience-building components of trauma-informed care to ensure children and youth thrive in unprecedented times. There are no rigid rules to follow when promoting healing through trauma-informed care. Rather, the main emphasis should be on maintaining consistent attention to the potential impacts that trauma has on children and responding with sensitivity and cultural safety.

Suggested guidelines to adapt to trauma-informed care include:

- Trustworthiness and transparency should exist between the child and service provider to build relationships through honesty and empathy.
- Safety and violence-free environments should be secured for the child/youth.
- Peer support should be offered and adjusted during COVID-19 to accommodate 'survivor to survivor' healing through social support.
- Collaboration and mutuality should occur with other service providers, as all partners have a role to play in responding to the trauma of a child.
- Empowerment and choice should be given and the strengths of the child should be emphasized, supporting them to create their own narrative.
- Cultural, historical and gender issues should be considered when assessing and responding to risks, reforming policy, and developing treatment plans.

## Possible Responses

- Understand that children impacted by trauma may display resistant or disruptive behaviour in response to stress. Progress with self-regulation of emotions may have regressed during COVID-19. Remain calm and view any negative behaviour as a protective response, rather than a personal attack.
- Practice reflective listening. Children may not want to hear a solution, but rather have a safe space to speak and feel deeply listened to.
- Children impacted by trauma should not be led outside of their window of tolerance. If this does occur, the use of Inherently Non-Clinical Relational Activities (INCRAs) may support the calming of emotions. During times of hyperarousal, focus on somatic INCRAs chosen and led by the child, such as socially distanced sports, yoga, or walking.

## Possible Responses

- Participate in self-disclosure with the child. Many children impacted by trauma may not feel comfortable disclosing to service providers who do not disclose to them. Service providers should set boundaries and distinguish between what they are okay sharing with others and what they are not. Self-disclosure does not mean details must be given; relating to and building mutual trust with the child is the most important aspect.
- Mindfulness is often beneficial for children to manage emotions and teach self-regulation. Many older children and youth will not reap the benefits of mindfulness because they think it is referring to only meditation. Ways to teach mindfulness to children include:
  - Provide the definition of mindfulness in a clear and respectful way.
  - Give options and choice when supporting children in choosing and practicing a mindfulness technique that is right for them and applicable to their lives. Start simple and advance with time.
  - Children should be aware of how techniques can be authentically applied to their everyday life. Engage in dialogue explaining how mindfulness can be used in regulating emotions such as anger, stress, frustration, and anxiety.
  - Do not put too much stress on logistics. Mindfulness can have effects without the need for closed eyes, certain body positioning, or following specific instructions. Strict direction may make a child less inclined to practice any techniques and may trigger a trauma response.
  - Be aware of cultural differences or trauma that may be present. Try not to insinuate that mindfulness is 'better than', but rather that it may be worth trying. Recognize that breathing exercises may trigger a trauma response and a different technique may need to be used.



For original sources and documents, please visit: [www.childtraumaresearch.ca](http://www.childtraumaresearch.ca)