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245I Mental Health Training · CTSS Behavioral Aide Series

MHBA-04

Childhood Trauma & ACEs

Participant Guide

Mental Health Behavioral Aides (CTSS) · Part of the 30-Hour Pre-Service Training

Updated July 2026 — Minn. Stat. 245I.05, subd. 3(d) (trauma-informed care & secondary trauma)

Understanding trauma, working in a trauma-informed way, and protecting yourself too.

Learning Objectives — by the end of this module you will be able to:

- Define trauma and adverse childhood experiences (ACEs)
- Explain how trauma affects the developing brain and behavior
- Recognize trauma responses and triggers
- Apply the principles of trauma-informed care
- Respond to a triggered child and avoid re-traumatization
- Recognize secondary trauma and practice self-care

Section 1: What trauma is

Trauma is the response to overwhelming experience — not the event alone.

- **The response, not the event.** Trauma is how an overwhelming or frightening experience overwhelms a child's ability to cope — the same event affects children differently.
- **Single or ongoing.** It can be one event (an accident, a loss) or repeated and ongoing (abuse, neglect, violence) — the ongoing kind is often called complex trauma.
- **Developmental trauma.** When trauma happens early and repeatedly, it can shape development itself — how a child trusts, regulates, and relates.
- **Common, and treatable.** Many children in CTSS have trauma histories. With safety and support, children heal — trauma is not a life sentence.

Section 2: Adverse childhood experiences (ACEs)

Early adversity affects health and behavior — and relationships buffer it.

- **What ACEs are.** ACEs are potentially traumatic events in childhood — abuse, neglect, and household challenges like violence, substance use, or separation.
- **Dose matters.** More ACEs raise the risk for mental and physical health problems later — but risk is not destiny.
- **Buffered by relationships.** Safe, stable, nurturing relationships buffer the effects of ACEs — which is exactly where your role matters.

Section 3: How trauma affects the brain

Trauma trains the brain and body to survive — sometimes at learning's expense.

- **Survival brain.** Under threat, the thinking brain steps back and the survival brain takes over — a child can't reason or learn well in that state.
- **Stress response.** Trauma can leave the alarm system stuck on, so a child overreacts to cues others barely notice.
- **Memory & the body.** Trauma memories are stored with sights, sounds, and sensations, so reminders can trigger a full-body reaction.

A triggered child isn't giving you a hard time — they're having a hard time. Safety comes before teaching.

Section 4: Trauma responses you'll see

Survival looks different in different children — none of it is 'bad behavior.'

- **Fight.** Aggression, defiance, or anger — the child's body reads threat and pushes back to feel safe.
- **Flight.** Running, hiding, avoiding, or fidgeting to escape — an attempt to get away from a felt danger.
- **Freeze.** Going still, shutting down, 'zoning out,' or dissociating — the body's brake when fight or flight feel impossible.
- **Fawn.** People-pleasing, over-compliance, or clinginess — staying safe by keeping others happy.

Section 5: Triggers and trauma reminders

A trigger is a cue that signals 'danger' to a traumatized brain.

- **Sensory cues.** A tone of voice, a smell, a touch, a raised hand, or a certain place can trigger a reaction before thought.
- **Relational cues.** Feeling unsafe, criticized, cornered, or out of control can trip the alarm even without physical danger.
- **Big reactions to small things.** A response that seems 'too big' for the moment is a clue that a trigger, not the moment itself, is driving it.
- **Get curious.** Notice patterns and share them with the team so triggers can be reduced and coping planned.

Section 6: The trauma-informed shift

Change the question, and everything you see changes with it.

- **What happened?.** Ask 'what happened to this child?' instead of 'what's wrong with this child?' — behavior becomes understandable.
- **Behavior is adaptation.** Trauma behaviors were once survival strategies; respect that, then help build safer skills.
- **Safety first.** A dysregulated child can't learn — restore felt safety before any expectation or lesson.
- **Relationship heals.** Consistent, safe relationships are the main way children recover from trauma. You are part of the treatment.

Section 7: Trauma-informed care in practice

Six principles that guide every interaction.

- **Safety.** Make the child feel physically and emotionally safe — predictable, calm, and non-threatening.
- **Trustworthiness.** Be consistent and transparent; do what you say you'll do, so trust can grow.
- **Choice.** Offer real choices where you can; trauma steals control, so giving some back is healing.
- **Collaboration.** Work with the child and family, not on them; power-sharing builds safety.
- **Empowerment.** Build on strengths and skills so the child feels capable and hopeful.
- **Cultural responsiveness.** Respect culture, identity, and history; what feels safe and respectful varies by family.

Section 8: Regulation and co-regulation

You can't teach a dysregulated child — you help them settle first.

- **Regulate yourself.** Your calm is contagious. Steady your own breathing and tone before you try to help the child.
- **Co-regulate.** Lend your calm — soft voice, safe distance, simple words, presence — until the child's body settles.
- **Then teach.** Only once the child is regulated do you coach the coping skill the plan targets. Connect before you correct.

Never try to reason with, lecture, or consequence a child mid-trigger — the thinking brain is offline.

Section 9: Responding to a triggered child

A calm, safe sequence — the same every time.

- Keep everyone physically safe
- Lower your voice, slow down, soften your body
- Give space and reduce demands and stimulation
- Co-regulate with calm presence and simple words
- Once settled, reconnect and name what happened
- Note the trigger and response for the team

Follow your program's crisis and safety procedures; if there's danger, get help immediately.

Section 10: Avoiding re-traumatization

Well-meant responses can re-injure — choose safety.

- **Avoid power struggles.** Force, cornering, and threats re-create the loss of control at the heart of trauma; de-escalate instead.
- **Predictability.** Surprises and sudden changes feel dangerous; give warnings, routines, and clear steps.
- **Don't force disclosure.** Never pressure a child to talk about their trauma; that's the professional's work, done when the child is ready.
- **Repair ruptures.** If a moment goes badly, reconnect warmly afterward — repair rebuilds the safety trauma took.

Section 11: Secondary trauma and self-care

Caring for hurting children can affect you — that's normal, and it matters.

- **Secondary trauma.** Hearing about and witnessing children's trauma can lead to secondary or vicarious trauma — emotional exhaustion, numbness, intrusive thoughts, or burnout.
- **Know your signs.** Notice changes in your sleep, mood, patience, or dread of work; naming it early keeps it from growing.
- **Care for yourself.** Use supervision, set boundaries, rest, connect with support, and reach out for help — you can't pour from an empty cup.

Apply It — Scenarios

The freeze that looks like defiance
During a transition, a child goes completely still and silent and won't respond to instructions. A staff member says he's 'ignoring us on purpose' and moves to give consequences.
The right response: → Recognize freeze — going still and unresponsive is a trauma response, not willful ignoring. → Restore safety — lower demands, soften your voice, give space and time, and co-regulate with calm presence. → Don't consequence a freeze — it punishes a survival response and can re-traumatize; connect first. → Note the trigger and share with the team so the plan can support the transition next time.

A child starts to disclose
While playing, a child begins telling you something scary that happened at home. You feel unsure how to respond.
The right response: → Stay calm and listen — don't react with alarm or push for details; let the child share what they choose. → Don't interview — you're not the investigator; avoid leading questions that could harm a case. → Follow mandated reporting — if it suggests maltreatment, report per your program's policy right away. → Tell your supervisor and document the facts; connect the child to the professional for support.

Key Terms

Term	What it means
Trauma	The response to an overwhelming experience that exceeds a child's ability to cope.
ACEs	Adverse childhood experiences — potentially traumatic events like abuse, neglect, or household challenges.
Complex trauma	Repeated, ongoing trauma, often within relationships, that shapes development.
Trigger	A cue — sound, smell, tone, or situation — that signals danger to a traumatized brain.
Fight/flight/freeze/fawn	Automatic survival responses to felt threat.
Trauma-informed care	Practice that centers safety, trust, choice, collaboration, empowerment, and culture.
Co-regulation	Lending your calm to help a child settle before they can self-regulate.
Secondary trauma	The emotional impact on you from caring for children who've experienced trauma.

Check Your Understanding

1. Trauma is best defined as:

A. The response to an overwhelming experience — not the event itself

B. Only physical injury

C. The event, regardless of the child

D. A permanent, untreatable condition

Answer: A — Trauma is the response; the same event affects children differently.

2. ACEs stands for:

A. Acute care emergency services

B. Assessment of child emotional states

C. Advanced classroom education standards

D. Adverse childhood experiences

Answer: D — ACEs are adverse childhood experiences.

3. A triggered child is best understood as:

A. Being manipulative

B. Choosing to misbehave

C. Faking it

D. Having a hard time, not giving you a hard time

Answer: D — Safety comes before teaching; the child is overwhelmed.

4. A trigger is:

A. A reward for good behavior

B. A treatment goal

C. A type of medication

D. A cue that signals danger to a traumatized brain, often before thought

Answer: D — Triggers can be sensory or relational cues.

5. Offering a child real choices is healing because:

A. Trauma steals control, so giving some back restores safety

B. It spoils the child

C. It avoids the treatment plan

D. It gives up authority entirely

Answer: A — Choice restores a sense of control.

6. Which response risks re-traumatizing a child?

A. Warnings and routines

B. Calm co-regulation

C. Force, cornering, and power struggles

D. Offering choices

Answer: C — Force re-creates the loss of control at trauma's heart.

7. A healthy response to secondary trauma is to:

A. Push through and ignore it

B. Quit without telling anyone

C. Blame the children

D. Use supervision, set boundaries, rest, and reach out for support

Answer: D — Self-care and supervision protect you and the children.

What You Learned

- Trauma is the response to overwhelming experience — common and treatable
- ACEs raise risk, but safe relationships buffer them — that's your role
- Trauma shifts a child into survival mode; a triggered child can't learn
- Fight, flight, freeze, and fawn are survival responses, not bad behavior
- Ask 'what happened?' and lead with safety, trust, choice, and relationship
- Co-regulate first, avoid re-traumatization, and never force disclosure
- Watch for secondary trauma in yourself and practice self-care

Next: Family-Centered & Culturally Responsive Care (MHBA-05).

Legal & Training Basis

Content built to Minn. Stat. 245I.04 (mental health behavioral aide qualifications and scope) and 245I.05 (required training), for mental health behavioral aides in Children's Therapeutic Services and Supports (CTSS). This module is one hour of the 30-hour pre-service MHBA training. NOTE: the MHBA parent team training required by 245I.05 must use a curriculum approved by the commissioner (DHS) — this series supports, but does not replace, that approved curriculum. Recognition-level content; diagnosis and treatment belong to the qualified professional. Current as of July 2026.