

THE INVISIBLE WOMAN SERIES · EDUCATIONAL RESOURCE

---

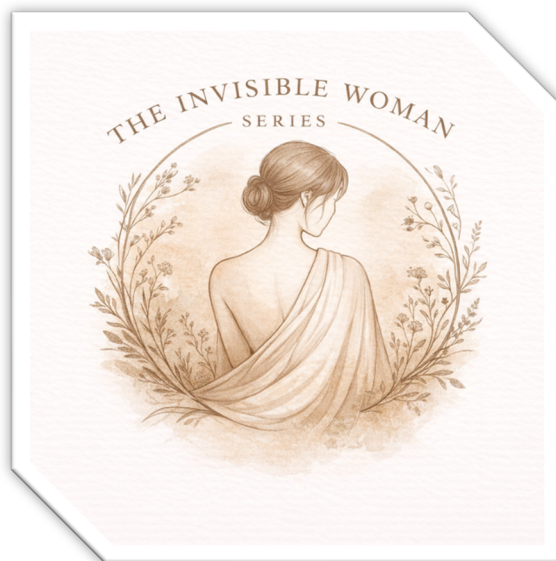
# Strategies for Trauma and Neurodiversity

Grounded, Trauma-Informed Strategies for Children and Youth with ADHD

---

***Brittany Clark***

The Invisible Woman Series · 2026





© 2026 The Invisible Woman Series

All rights reserved.

This book is intended for individual and classroom use.

All content is protected by copyright law. Unauthorized reproduction, distribution, or commercial use of this material is strictly prohibited.

*Thank you for respecting this work and supporting the ethical use of this resource.*

Published in Canada · [theINVISIBLEme.ca](http://theINVISIBLEme.ca)

## About the Author

---

### Brittany Clark

*Creator, The Invisible Woman Series*

Brittany Clark is the creator of The Invisible Woman Series — an educational resource designed to illuminate the experiences of those who feel unseen, unheard, and underserved within systems meant to support them.

Drawing on her background in education and a deeply personal understanding of trauma, neurodiversity, and resilience, Brittany brings warmth, expertise, and lived experience to her work with children, youth, and the educators who serve them.

Her work bridges the gap between research and practice — offering grounded, compassionate strategies for navigating trauma, ADHD, and adverse childhood experiences in educational settings.

[theINVISIBLEme.ca](http://theINVISIBLEme.ca)



## Table of Contents

---

What Is a Trauma-Informed Approach? .....	5
What Are Adverse Childhood Experiences (ACEs)? .....	5
The 10 Categories of ACEs: .....	5
The Impact of ACEs .....	5
Prevention and Protective Factors .....	6
Compassionate Self-Talk (Not Motivational Talk) .....	8
Anchor to Meaning, Not Mood .....	8
Limit Emotional Overload (Especially for Empathic People) .....	9
Gentle Positivity Practices That Actually Help .....	9
When It's Too Much: Shrink the Goal .....	9
Core Principle: Regulation Before Expectation .....	11
What ADHD and Trauma Look Like in Children .....	11
Universal Strategies (All Ages 7–18) .....	11
1. Co-Regulation First (Before Self-Regulation) .....	11
2. Externalize the Problem (Reduce Shame) .....	12
3. Predictability Equals Safety .....	12
4. Body-Based Regulation (Not Just Talking) .....	12
Age-Specific Strategies .....	12
Positivity for ADHD and Trauma Kids — Done Right .....	13
What Helps When Kids Are Triggered .....	14
Primary References .....	20
Additional Sources and Acknowledgements .....	20

## SECTION 1 Understanding Trauma and Adverse Childhood Experiences

### What Is a Trauma-Informed Approach?

A trauma-informed approach recognizes the widespread impact of trauma and integrates this knowledge into all aspects of policy, procedure, and practice. Rather than asking “What is wrong with this child?” a trauma-informed educator asks, “What has this child experienced?” This shift in perspective transforms how support is offered, how behaviour is interpreted, and how relationships are built.

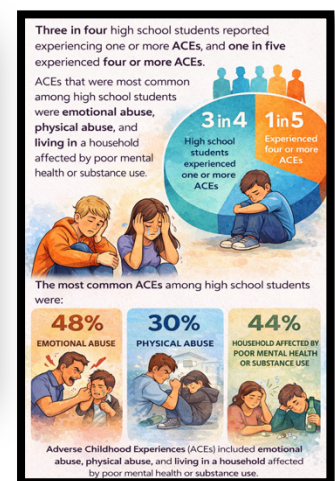
The six core principles of a trauma-informed approach are: “safety,” “trustworthiness and transparency,” “peer support,” “collaboration and mutuality,” “empowerment and choice,” and “cultural sensitivity.” When these principles guide every interaction, schools and classrooms become genuinely healing environments.

### What Are Adverse Childhood Experiences (ACEs)?

Adverse Childhood Experiences (ACEs) are stressful or traumatic events that occur during childhood. These experiences can significantly affect a child's sense of safety, stability, and connection with others.

#### The 10 Categories of ACEs:

- Substance use problems in the household
- Mental health challenges in the household
- Instability due to parental separation
- Instability due to household member conflict
- A household member being incarcerated
- Food scarcity
- Homelessness or unstable housing
- A caregiver struggling with substance use
- Emotional, physical, or sexual abuse
- Neglect



### The Impact of ACEs

ACEs can have long-lasting effects on a child's health, learning, and life opportunities. Children who experience ACEs may face elevated risks for physical illness, mental health challenges, learning difficulties, and future struggles such as unstable employment or financial stress.

ACEs can create toxic stress — a severe, prolonged stress response that disrupts brain development, immune function, and a child's ability to focus, learn, make decisions, and form healthy relationships.

#### Populations at Elevated Risk

- Girls and gender-diverse youth
- Indigenous and multicultural students
- LGBTQ+ youth
- Children experiencing poverty or housing instability
- Youth with limited access to community supports

Some students are more likely to experience ACEs due to the compounding effects of social and economic challenges, systemic discrimination, and limited access to support. These intersecting factors must be understood when designing equitable, inclusive environments.

## Prevention and Protective Factors

Preventing ACEs can greatly improve mental and physical health outcomes for children and communities. Prevention reduces the risk of suicide, depression, substance use, and long-term health conditions such as heart disease.

When children grow up in safe, stable, and nurturing environments — with caring adults and supportive communities — the harmful effects of trauma are significantly reduced. Protective factors do not erase past harm, but they build resilience and restore a child's capacity to thrive.

### How Educators and Caregivers Can Help

- Build consistent, caring relationships with children and youth
- Create predictable, low-threat environments in every interaction
- Offer voice and choice to increase felt safety
- Connect families to community supports and resources
- Model emotional regulation and compassionate self-talk
- Actively challenge discrimination and promote inclusion

*“Everyone plays a role in prevention by building positive relationships and environments that help children feel safe, supported, and valued.”*

## Learning Skills & Understanding — Section 1

### Learning Objectives

- Define Adverse Childhood Experiences (ACEs) and identify the 10 recognized categories
- Explain how trauma and toxic stress affect brain development, emotional regulation, and learning

### Key Concepts

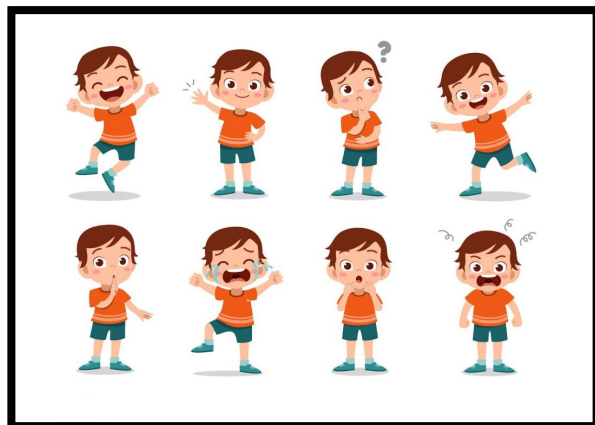
- ◆ Trauma-Informed Approach
- ◆ Adverse Childhood Experiences (ACEs)
- ◆ Toxic Stress
- ◆ Protective Factors
- ◆ Intersectionality

- Identify student populations at elevated risk and understand intersectionality's role in shaping vulnerability
- Describe the core principles of a trauma-informed approach and how they apply in educational settings
- Recognize the educator's role in building protective factors and fostering resilience

- ◆ Inclusive Environments
- ◆ Resilience

## Key Questions — Section 1

- 1 In your own words, describe what a trauma-informed approach means. How does it differ from a purely behavioural or punitive approach to student conduct?
- 2 Review the 10 categories of ACEs. Choose two or three and describe how each might manifest as observable behaviours in a classroom or school setting.
- 3 Why are certain student populations — such as Indigenous students, LGBTQ+ youth, and children in poverty — at elevated risk for ACEs? What systemic factors contribute to this disparity?
- 4 What practical steps can you take in your own practice to build protective factors for students who have experienced ACEs?
- 5 Reflect on a time when you witnessed a student struggling. How might an understanding of ACEs and trauma change how you would respond to that student today?



## SECTION 2 Grounded Strategies for Educators and Caregivers

Working in environments where children and youth carry the weight of trauma requires more than professional knowledge — it requires personal sustainability. The strategies in this section are designed to help educators and caregivers maintain their own regulation, meaning, and well-being, so they can remain present and effective.

These are not performance tools. They are evidence-aligned practices that honour the nervous system's need for safety before it can sustain compassion, clarity, and connection with others.

### Compassionate Self-Talk (Not Motivational Talk)

*Talk to yourself the way you would talk to a child or student who is struggling.*

Motivational self-talk can inadvertently create pressure and shame. Compassionate self-talk is grounded in neurobiological reality: the nervous system heals through safety and kindness, not urgency.

Instead of saying:	Try saying:
"I should be coping better."	"Anyone carrying this much would feel overwhelmed."
"I need to push through this."	"I can be gentle with myself and still move forward."
"I don't have time to rest."	"Rest is part of resilience, not a failure."

This is not weakness — it is neurobiological repair. When we speak to ourselves with compassion, we activate the body's calming response, restoring the capacity to think clearly, connect with others, and move forward.

### Anchor to Meaning, Not Mood

Trauma can hijack emotions, but it cannot take meaning. On difficult days, returning to your core values — rather than waiting to feel better — restores a sense of agency and direction.

- What kind of person do I want to be in this moment?
- What value can I act on — even gently?
- Am I drawing on kindness, honesty, protection, faith, and learning?

#### Small value-aligned actions restore agency:

- Sending one kind message to a colleague or student
- Showing up, even when you feel quiet or depleted
- Choosing rest instead of self-punishment

## Limit Emotional Overload (Especially for Empathic People)

Highly empathic educators and caregivers are especially vulnerable to absorbing the stress of the children and families around them. Over time, this can lead to compassion fatigue — a state of emotional and physical exhaustion that reduces the capacity to care effectively.

### Protective Strategies:

- Time-box emotionally heavy content — limit exposure to distressing news or difficult conversations to set periods of the day
- Visualize returning others' pain to where it belongs — practise compassionate detachment without withdrawal
- End each day with something sensory and pleasant: a warm shower, soft blanket, calming music, or time in nature

*“You are allowed to protect your light.”*

## Gentle Positivity Practices That Actually Help

These practices work after regulation, not instead of it. Forced positivity before the nervous system has settled can feel dismissive and increase shame.

- Gratitude with realism: “One thing that didn’t hurt today was...”
- Strength spotting: “What did I do today that took courage — even quietly?”
- Future-self compassion: “What will tomorrow-me thank me for?”

## When It’s Too Much: Shrink the Goal

On the hardest days, reducing expectations is not giving up — it is strategic self-preservation. Redefining what counts as success protects your nervous system and keeps you present for the long term.

On Hard Days...	Counts As...
Staying present	Success
Completing one task	Productivity
Not being cruel to yourself	Positivity

*“That counts. Truly. Self-care matters.”*

### Learning Objectives

- Apply compassionate self-talk strategies when navigating personal or professional stress
- Distinguish between mood-driven reactions and value-aligned responses, and use meaning-anchoring techniques
- Identify evidence-based strategies for limiting emotional overload, particularly for highly empathic individuals
- Use realistic positivity practices that support genuine wellbeing without toxic positivity
- Recognize when to reduce expectations and model self-compassion for students

### Key Concepts

- ◆ Compassionate Self-Talk
- ◆ Neurobiological Repair
- ◆ Meaning-Making and Values Alignment
- ◆ Compassion Fatigue
- ◆ Emotional Overload
- ◆ Realistic Positivity
- ◆ Self-Regulation

## Key Questions — Section 2

- 1 How does compassionate self-talk differ from toxic positivity? Why is this distinction especially important for educators working in trauma-affected environments?
- 2 The resource suggests anchoring to meaning rather than mood. Describe a professional situation where this might be challenging. How would you apply this principle in practice?
- 3 Empathic educators are at elevated risk for compassion fatigue. Identify two or three protective strategies from this section that you could realistically incorporate into your weekly routine and explain your choices.
- 4 What does “shrinking the goal” mean in practice? When is this approach most important, and how can it support sustainable practice over time?
- 5 How does your own regulation as an educator affect the students you work with? What professional and ethical responsibilities does this place on teaching professionals?

## SECTION 3 ADHD Strategies for Children and Youth

Children with ADHD who have also experienced trauma are not misbehaving — they are communicating unmet regulation needs. Understanding this distinction is foundational to every strategy in this section.

Below are age-responsive, trauma-informed, ADHD-aware strategies that help children feel safe, capable, and hopeful — without shame or power struggles.

### Core Principle: Regulation Before Expectation

#### For All Ages 7–18: Regulation Before Expectation

- Children cannot access focus, memory, or emotional control until their nervous system feels safe.
- Regulated educator = regulated classroom.

### What ADHD and Trauma Look Like in Children

You might observe the following in children with ADHD and trauma histories:

- Big emotional reactions to seemingly small triggers
- Explosive responses or complete emotional shutdown
- Forgetfulness, avoidance, or refusal to engage
- Hypervigilance — ongoing alertness even in safe environments
- Shame, self-criticism, or statements like “I’m bad” or “I can’t do anything right.”

None of this is intentional. These children are doing the best they can with a nervous system shaped by adversity.

### Universal Strategies (All Ages 7–18)

#### 1. Co-Regulation First (Before Self-Regulation)

Children borrow calm from the adults around them. A regulated educator is the most powerful regulatory tool in any classroom.

What Helps:	Avoid:
Soft voice and unhurried pace	Lectures or long explanations
Sitting nearby without hovering	Saying “Calm down”
Naming feelings: “Something feels overwhelming right now.”	Consequences during active distress

## 2. Externalize the Problem (Reduce Shame)

Separate the child from the behaviour. When a child feels that they are the problem, shame blocks every pathway to change.

Instead of saying...	Try saying...
"Why are you like this?"	"Looks like your ADHD brain is overloaded right now."
"Stop it."	"Your alarm system is loud — let's help it quiet down."

## 3. Predictability Equals Safety

Both trauma and ADHD make uncertainty feel threatening. Predictable routines and clear transitions reduce cognitive and emotional load, freeing the nervous system to engage with learning.

- Visual schedules are reviewed at the start of each day
- Transition warnings: "Five more minutes, then we move to..."
- Consistent routines with intentional, communicated flexibility
- Clear expectations shared before activities begin

## 4. Body-Based Regulation (Not Just Talking)

Verbal processing alone cannot regulate a dysregulated nervous system. The body needs to move and discharge stress before cognitive engagement is possible.

Strategy	Examples
Heavy work	Pushing a wall, carrying books, rearranging chairs
Movement breaks	Brief structured physical activity between tasks
Oral sensory input	Chewing gum or crunchy snacks
Vestibular movement	Rocking, swinging, pacing, or bouncing
Fidget tools	Used intentionally, matched to the child's regulation need

## Age-Specific Strategies

Ages 7–10 <i>What They Need Most:</i> Safety · Connection · Simple Choices	
<p><b>Strategies:</b></p> <ul style="list-style-type: none"> <li>• Emotion charts: "Show me how big the feeling is"</li> <li>• Calm-down corner — always a choice, never a punishment</li> </ul>	<p><b>Avoid:</b></p> <ul style="list-style-type: none"> <li>• Long verbal explanations — the dysregulated brain cannot process them</li> <li>• Delayed consequences — too abstract for this developmental stage</li> </ul>

<ul style="list-style-type: none"> <li>• Short tasks with frequent visible success</li> <li>• Choice within structure: “Reading or drawing first?”</li> </ul>	
---	--

**Ages 11–13** *What They Need Most:* Validation · Autonomy · Skill-Building

<p><b>Strategies:</b></p> <ul style="list-style-type: none"> <li>• Name what you notice: “Your body looks restless — would you like to move or have quiet time?”</li> <li>• Teach emotional vocabulary — help students name feelings precisely</li> <li>• Normalize differences in brain wiring and nervous system responses</li> <li>• Offer corrections privately — never in front of peers</li> </ul>	<p><b>Avoid:</b></p> <ul style="list-style-type: none"> <li>• Public corrections or comparison with peers</li> <li>• Dismissing emotional responses as “overreacting”</li> </ul>
--	--

**Ages 14–18 (Teens)** *What They Need Most:* Dignity · Choice · Trust

<p><b>Strategies:</b></p> <ul style="list-style-type: none"> <li>• Collaborative problem-solving: “What would help you next time?”</li> <li>• Normalize trauma responses — help teens understand their nervous system without shame</li> <li>• Teach nervous system literacy: help students identify their own regulatory state</li> <li>• Allow autonomy in regulation: music, pacing, headphones, standing desks</li> </ul>	<p><b>Avoid:</b></p> <ul style="list-style-type: none"> <li>• Power struggles — they erode the trust that regulation requires</li> <li>• “You should know better” — this communicates that struggle equals failure</li> </ul>
---	---

## Positivity for ADHD and Trauma Kids — Done Right

Replace vague “positive thinking” with approaches that honour reality, build genuine confidence, and acknowledge effort without minimizing difficulty.

Replace...	With...
Positive thinking	Accurate thinking
Praise for outcomes only	Strength spotting
Success-focused feedback	Effort recognition

**Examples of Strength-Based Language**

- "You didn't give up — that matters."
- "Your brain works differently, not worse."
- "That was brave, even if it was messy."

## What Helps When Kids Are Triggered

In the Moment:	After Regulation:
1. Lower demands immediately	Reflect together on what happened
2. Offer grounding: breathing, movement, or sensory input	Practise the skill that was missing in the moment
3. Stay close but remain calm	Repair the relationship — name it and move forward
4. Delay all consequences until after regulation	

*"You're not in trouble — you're having a hard time, and I'm here."*

### Learning Skills & Understanding — Section 3

#### Learning Objectives

- Understand how ADHD and trauma intersect to shape children's behaviour, regulation, and learning
- Apply the principle of regulation before expectation across all ages and contexts
- Use co-regulation and body-based strategies to support dysregulated children and youth
- Select and apply age-specific strategies appropriate for children aged 7–10, 11–13, and 14–18
- Respond to dysregulation using shame-reducing, strength-based language and approaches

#### Key Concepts

- ◆ Regulation Before Expectation
- ◆ Co-Regulation vs. Self-Regulation
- ◆ Dysregulation
- ◆ Nervous System Literacy
- ◆ Body-Based Regulation
- ◆ Externalizing the Problem
- ◆ Predictability as Safety
- ◆ Identity Safety
- ◆ Strength-Based Language

### Key Questions — Section 3

- 1** What is the core principle of “regulation before expectation,” and why is it essential for children with both ADHD and trauma history? How might applying this principle change the way you structure your day or lessons?
- 2** Describe the difference between co-regulation and self-regulation. How can educators actively support both processes, and what does the research tell us about their developmental sequence?
- 3** Review the strategies for each age group (7–10, 11–13, 14–18). What remains consistent across all three? What changes, and why do those changes reflect developmental needs?
- 4** Why is shame such a significant barrier for children with ADHD and trauma? How do strategies like “externalizing the problem” and strength-based language address the role of shame in dysregulation?
- 5** How might you restructure one existing classroom routine using principles from this section? Describe what would change, your rationale, and the outcome you would hope to see.

## Glossary

---

### **Adverse Childhood Experiences (ACEs)**

Stressful or traumatic events during childhood, including abuse, neglect, and household dysfunction, are associated with lifelong impacts on health, learning, and well-being.

### **Body-Based Regulation**

Strategies that use physical movement or sensory input to regulate the nervous system, such as movement breaks, heavy work, rocking, swinging, and fidget tools.

### **Co-Regulation**

The process by which a regulated adult helps calm a dysregulated child by offering a steady, calm, non-threatening presence. Co-regulation precedes and scaffolds self-regulation.

### **Compassion Fatigue**

A state of emotional and physical exhaustion that can develop in caregivers and educators who regularly support those experiencing trauma or chronic stress.

### **Dysregulation**

A state in which the nervous system is overwhelmed and unable to effectively manage emotions, impulses, or physiological arousal. Often presents as aggression, withdrawal, or dissociation.

### **Externalizing the Problem**

A strategy that separates the child's identity from challenging behaviour, reducing shame while supporting collaborative problem-solving. Example: "Your ADHD brain is overloaded."

### **Hypervigilance**

A heightened, persistent state of alertness in which the brain and body remain on alert for potential threats, even in safe environments. Common in individuals with trauma histories.

### **Nervous System Literacy**

An understanding of how the autonomic nervous system functions under stress enables individuals to identify their own regulatory state and apply appropriate strategies.

### **Predictability**

The experience of safety that comes from consistent routines, clear expectations, and reliable transitions. For children with trauma and ADHD, predictability reduces anxiety and supports sustained engagement.

### **Protective Factors**

Conditions or attributes at the individual, family, community, or systems level that reduce adverse outcomes and strengthen a child's capacity for resilience.

### **Regulation Before Expectation**

The foundational principle that children must feel safe and regulated before they can access learning, memory, or emotional control. Dysregulated nervous systems cannot meet academic or behavioural expectations.

### **Strength-Based Language**

Communication that focuses on a child's competencies, effort, and character rather than deficits. Builds identity, safety, and supports intrinsic motivation.

### **Toxic Stress**

A severe, prolonged stress response from strong, frequent, or persistent adversity without adequate adult support. Disrupts brain architecture, immune function, and metabolic systems.

### **Trauma-Informed Approach**

A framework that recognizes the widespread impact of trauma, integrates this knowledge into culture, policies, and individual interactions, and actively works to avoid re-traumatization.

# Index

---

## A

- Adverse Childhood Experiences (ACEs) — Section 1
- Age-specific strategies — Section 3
- Anchor to meaning — Section 2
- Autonomy, supporting teen — Section 3

## B

- Body-based regulation — Section 3
- Brain development and ACEs — Section 1
- Break cards — Section 3

## C

- Calm-down corner — Section 3
- Co-regulation — Section 3
- Collaborative problem-solving — Section 3
- Compassion Fatigue — Section 2
- Compassionate self-talk — Section 2

## D

- Dignity (teens) — Section 3
- Dysregulation — Section 3

## E

- Emotion charts — Section 3
- Emotional overload — Section 2
- Externalizing the problem — Section 3

## F

- Fidget tools — Section 3
- Future-self compassion — Section 2

## G

- Gratitude with realism — Section 2

## H

- Heavy work — Section 3
- Hypervigilance — Section 3

## I

- Identity safety — Section 3
- Inclusive environments — Section 1
- Indigenous students (risk) — Section 1
- Intersectionality — Section 1

## L

LGBTQ+ youth (risk) — Section 1  
Limiting emotional overload — Section 2

## **M**

Meaning-making — Section 2  
Movement breaks — Section 3

## **N**

Nervous system literacy — Section 3  
Neurobiological repair — Section 2

## **P**

Positivity practices — Section 2, Section 3  
Predictability as safety — Section 3  
Prevention of ACEs — Section 1  
Protective factors — Section 1

## **R**

Regulation before expectation — Section 3  
Resilience — Section 1, Section 2

## **S**

Self-care — Section 2  
Shame, reducing — Section 3  
Shrink the goal — Section 2  
Strength-based language — Section 3  
Strength spotting — Section 2, Section 3

## **T**

Toxic stress — Section 1  
Transition warnings — Section 3  
Trauma-informed approach — Section 1

## **V**

Value-aligned actions — Section 2  
Visual schedules — Section 3

## References

---

### Primary References

- Alberta Education. (2023). Supporting student mental health. Government of Alberta.  
<https://www.alberta.ca/student-mental-health>
- Alberta Family Wellness Initiative. (n.d.). Early brain development and toxic stress.  
<https://www.albertafamilywellness.org>
- Bath, H. (2008). The three pillars of trauma-informed care. *Reclaiming Children and Youth*, 17(3), 17–21.
- Centers for Disease Control and Prevention. (2023). Adverse childhood experiences (ACEs).  
<https://www.cdc.gov/aces>
- CHADD. (n.d.). Classroom and parenting strategies for ADHD. <https://chadd.org>
- Cleveland Clinic. (2023). Adverse childhood experiences (ACEs).  
<https://my.clevelandclinic.org/health/articles/24875-adverse-childhood-experiences-ace>
- Microsoft Corporation. (n.d.). Stock images [Illustrations]. Microsoft Word.
- National Health Service. (2023). Attention-deficit hyperactivity disorder (ADHD) in children and teenagers.  
<https://www.nhs.uk/conditions/attention-deficit-hyperactivity-disorder-adhd/>
- Occupational Therapy Association of Alberta. (n.d.). Sensory regulation and mental health supports.  
<https://www.otaa.ca>
- OpenAI. (2026). AI-generated images [Illustrations]. <https://openai.com>
- Perry, B. D. (2006). Applying principles of neurodevelopment to clinical work with maltreated and traumatized children. In N. Boyd Webb (Ed.), *Working with traumatized youth in child welfare* (pp. 27–52). Guilford Press.
- Siegel, D. J. (2012). *The developing mind: How relationships and the brain interact to shape who we are* (2nd ed.). Guilford Press.
- Substance Abuse and Mental Health Services Administration. (2014). SAMHSA's concept of trauma and guidance for a trauma-informed approach (HHS Publication No. SMA 14-4884).  
<https://www.samhsa.gov>
- Understood.org. (n.d.). Teaching and parenting strategies for children with ADHD.  
<https://www.understood.org>

### Additional Sources and Acknowledgements

- School division wellness resources and support coordinators
- Indigenous education departments and community liaisons
- University faculty recommendations in education and child psychology
- Mental health and wellness networks serving educators and families
- Professional development sessions and trauma-informed practice conferences

All images used in this resource are either AI-generated (OpenAI, 2026) or sourced from Microsoft Word stock image libraries. No copyrighted photographs were reproduced without permission.