

Understanding and Supporting Children Impacted by Trauma

National Indian Head Start Directors

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It is easier to build strong children than to repair broken men.

- Fredrick Douglas



Note of Caution When Discussing Trauma

- Discussing trauma can be a reminder of our own experiences and may be upsetting.
- If upset feelings don't subside, seek help.
- Talk to a trusted person or a mental health professional.
- Text the Crisis Text Line at 741741 to communicate with a crisis counselor (www.crisistextline.org).
- Call the National Suicide Prevention Hotline 1-800-273-8255.
- Your well-being is important. It is okay to ask for help.





- **Established** in Fall 2007 to serve as a Treatment and Services Adaptation Center (Cat II) within the National Child Traumatic Stress Network (NCTSN)
- **Represents** a national expansion of the previously funded Montana Center for Childhood Trauma (BOR approved, 2004)
- **Mission:** *In respectful partnerships with tribes, NNCTC will implement, adapt, evaluate and disseminate trauma interventions to decrease the social, emotional, spiritual and educational impact traumatic experiences have on American Indian and Alaska Native children.*



Why do we need to talk about trauma?

- Our most pressing health issues can be attributed to traumatic childhood experiences
- Trauma is preventable
- People can heal from the impact of trauma
- Strengths-based model
- Asks the right question



ACE's Study

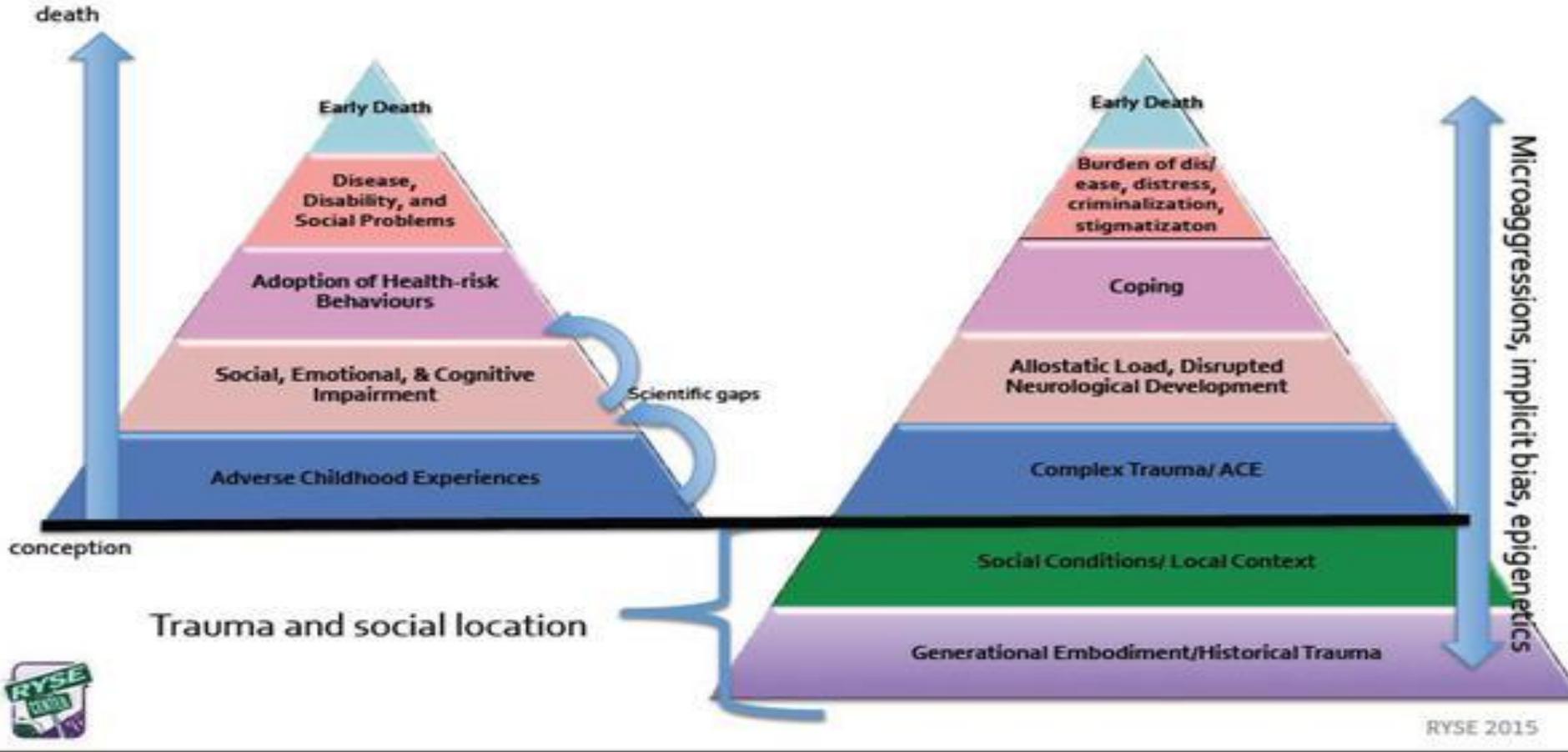
- <https://www.youtube.com/watch?v=sWzwP-f36iA&feature=youtu.be>



Trauma and Social Location

Adverse Childhood Experiences

Historical Trauma/Embodiment



ACEs in Indian Country

Population Sample	Trauma Category	Trauma Exposures	
		1+	Multiple/Severe
36 incarcerated AI/AN in NM (De Ravello et al., 2008)	Childhood ACEs	97.2% (35 of 36)	81% 53% reported childhood SA
288 youth ages 14-24 from one NP reservation (Brockie et al., 2015)	Childhood ACEs	78%	40% 37% reported 3-6 exposures
233 adults aged 50 and older living in rural off-reservation locations in MN and SD (Roh et al., 2015)	Childhood ACEs	75.6%	Mean ACE score = 2.6 31.8% reported 4+ exposures
516 adults from 7 tribes in SD (Warne et al., 2017)	Childhood ACEs	83.15%	61.57% 50.04% reported household substance abuse



“The historical losses experienced by North American Indigenous people are not ‘historical’ in the sense that they happened long ago and a new life has begun. Rather, they are ‘historical’ in that they originated long ago and have persisted.”



Table I. Percentage Frequency of Perceived Losses

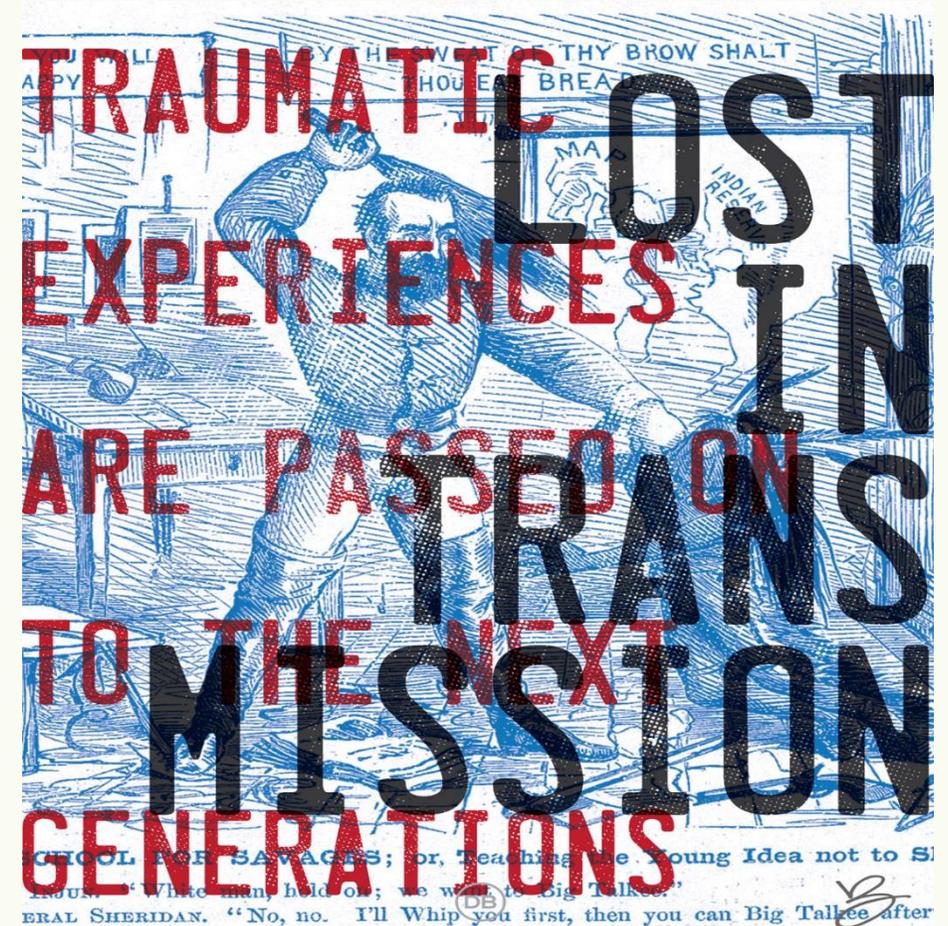
Whitbeck, Adams, Hoyt, & Chen (2004)	Yearly or special times					
	Never	Yearly or special times	Monthly	Weekly	Daily	Several times a Day
Loss of our land	25.2	32.7	13.8	10.1	10.7	7.5
Loss of our language	11.9	21.3	15.0	15.6	27.5	8.8
Losing our traditional spiritual ways	11.3	18.9	15.1	21.4	25.2	8.2
The loss of our family ties because of boarding schools	44.3	26.6	11.4	5.1	8.2	4.4
The loss of families from the reservation to government relocation	52.2	23.3	8.8	6.3	5.7	3.8
The loss of self respect from poor treatment by government officials	29.1	22.2	19.6	7.0	14.6	7.6
The loss of trust in whites from broken treaties	28.7	28.7	12.1	7.6	15.3	7.6
Losing our culture	10.6	20.0	21.3	14.4	25.6	8.1
The losses from the effects of alcoholism on our people	7.5	13.2	15.7	17.6	30.2	15.7
Loss of respect by our children and grandchildren for elders	8.8	10.0	16.3	27.5	28.1	9.4
Loss of our people through early death	9.4	15.6	20.6	21.3	24.4	8.8
Loss of respect by our children for traditional ways	11.9	18.2	17.0	17.6	25.8	9.4

Table II. Percentage Frequency of Emotional Responses to Losses

Whitbeck, Adams, Hoyt, & Chen (2004)	Always	Often	Sometimes	Seldom	Never
Often feel sadness or depression	4.4	11.3	44.0	22.0	18.2
Often feel anger	6.9	16.9	38.1	22.5	15.6
Often anxiety or nervousness	1.3	8.1	23.1	24.4	43.1
Uncomfortable around white people when you think of these losses	11.3	10.1	22.6	20.1	35.8
Shame when you think of these losses	5.0	9.4	18.8	27.5	39.4
Loss of concentration	1.3	5.0	25.6	29.4	38.8
Feel isolated or distant from other people when you think of these losses	3.1	5.0	21.3	25.6	45.0
A loss of sleep	0.0	1.3	10.0	23.8	65.0
Rage	3.1	1.9	11.9	14.4	68.8
Fearful or distrust the intentions of white people	8.8	6.9	18.9	20.8	44.7
Feel like it is happening again	5.0	3.8	22.6	17.0	51.6
Feel like avoiding places or people that remind you of these losses	3.8	4.4	22.8	15.2	53.8

Ehlers, Gizer, Gilder, Ellingson, & Yehuda, 2013

- People younger than 30 had similar historical trauma scores to those of people older than 30.
- Individuals with substance dependence experience more distress related to historical losses than people who are not dependent on alcohol or drugs.



What is Trauma?

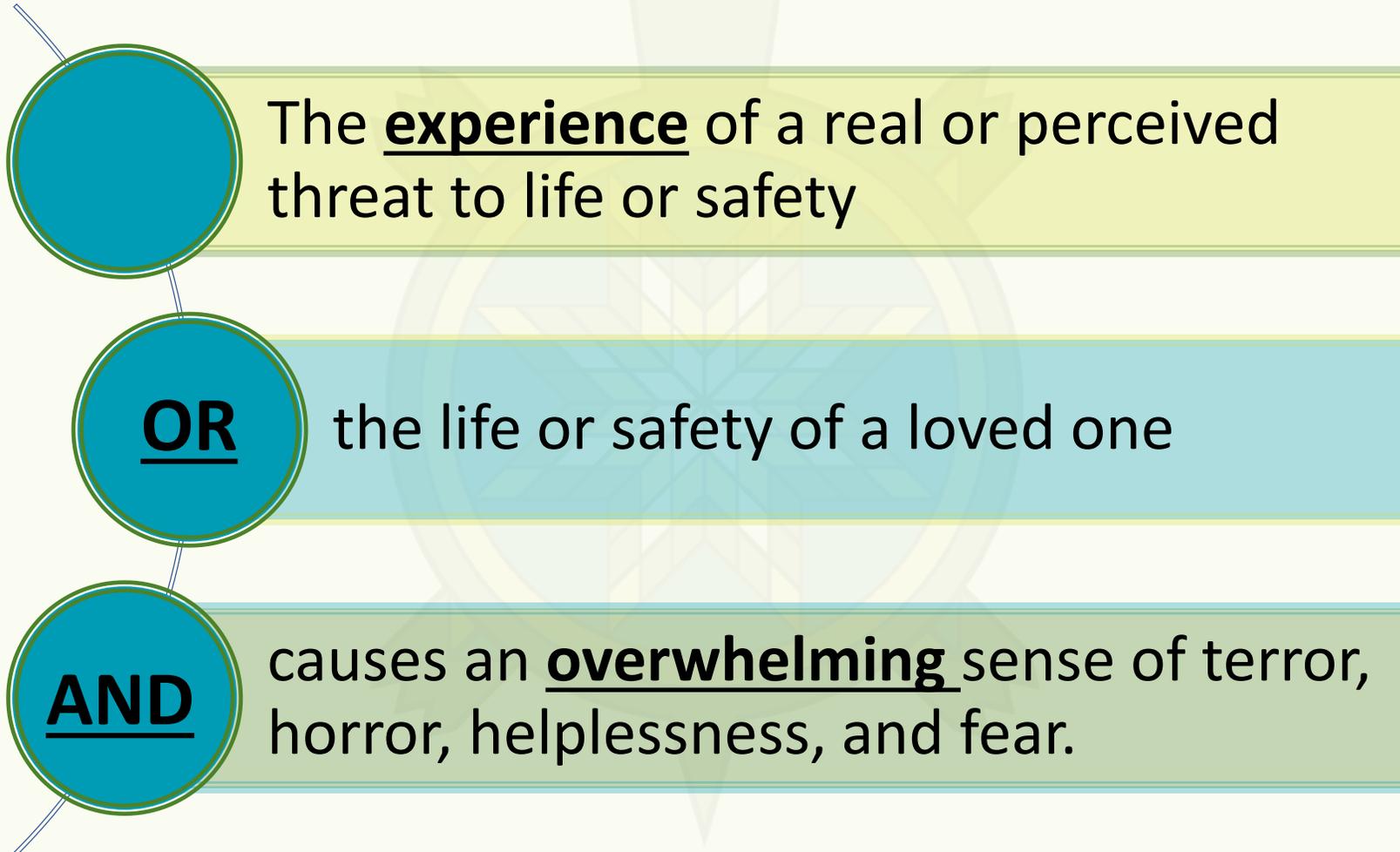
- A highly stressful experience with lasting emotional and physical effects
- Perceived threat to life, physical integrity, caregiver, environment
- Overwhelms capacity to cope



NCTSN, 2015



Trauma Defined



Types of Trauma



Acute



Chronic



Complex



Historical



Secondary



A Range of Situations Can Be Traumatic

- Automobile Accidents
 - Life-Threatening illness
 - Witnessing or experiencing community violence (shootings, stabbings, robbery, fighting at home, in the neighborhood, or at school)
 - Natural Disasters
 - Terrorism
 - Traumatic death
-
- Physical or sexual abuse
 - Abandonment
 - Witnessing Domestic Violence
 - Bullying
 - Neglect
 - Living in a chronically chaotic environment
 - Military deployment



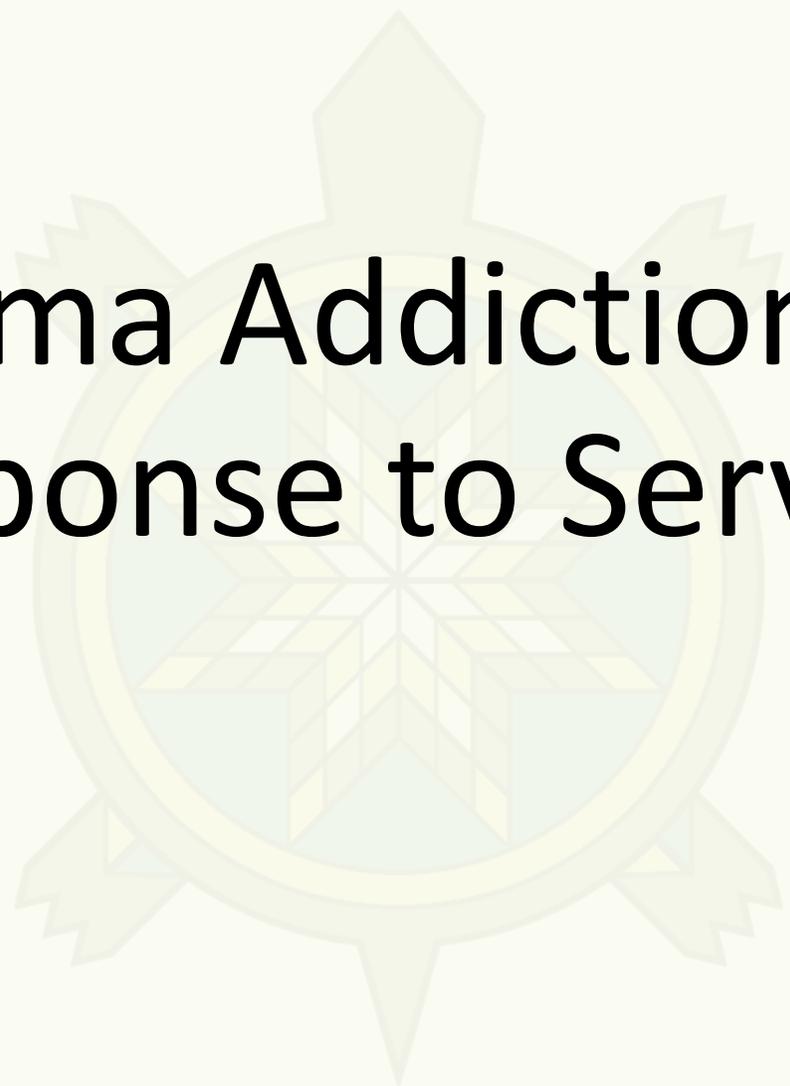
Traumatic Events



- Childhood abuse
- Neglect
- Exposure to violence
- PTSD from serving in the military
- Substance abuse
- Suicide



Trauma Addiction and Response to Services



Native Women Exposed to Violence



- In a 2008 CDC study, 39% of Native women surveyed identified as victims of intimate partner violence in their lifetime, a rate higher than any other race or ethnicity surveyed.
- In a 2006 study, 96% of American Indian respondents who had been a victim of rape or sexual assault had experienced other physical abuse as well
- A 2004 study that examined intimate partner rape among American Indian women found that one in five respondents (20.9%) reported they had been a victim of at least one incident in their lifetime.
- During a physical assault, American Indian and Alaska Native women were more likely to be injured than women of all other groups and more of these injuries needed medical care.

• <https://www.futureswithoutviolence.org/userfiles/file/Violence%20Against%20AI%20AN%20Women%20Fact%20Sheet.pdf>

Supports Needed for Recovery

- May need to retain some denial initially to protect fragile self-image in early recovery
- Understanding past behavior as a consequence of addiction, trauma and attempts to survive, not deliberate
- Look at their own childhoods
- Develop self-empathy
- Develop self-forgiveness
- Able to look honestly at impact on children
- Ability to parent differently
 - www.nctsn.org



Parent-Child Relationship

- Shame, guilt & remorse for past behaviors
- Traumatic memories may be stimulated for parents who were abused as children
- Lack of exposure to good parenting models, engage in coercive/punitive parenting
- Parental trauma histories impact their
 - Ability to regulate their emotions
 - Self soothing
 - Judgements on safety for self/children



Trauma, Recovery and Parenting

- Ability to tolerate a child's sadness, anxiety or aggression
- Child may serve as a reminder or trigger due to vulnerability, helplessness, neediness, gender or age
- Behaviors and attitudes developed as attempts to cope negatively impact parenting:
 - Isolation, distancing, distrust of self, belief that no one cares and nobody can help
- www.nctsn.org



Trauma and Recovery

- Changes in roles and relationships among family members
- Stimulates guilt and remorse for past behaviors
- Stimulates fear and loss
- Can trigger traumatic memories
 - www.nctsn.org
- Feeling the feelings. . . Requires support



People with Trauma Response to Services

Developed by the Trauma Committee at The Institute for Family Health

- Trauma affects the way people approach potentially helpful relationships. Not surprisingly, those individuals with histories of abuse are often reluctant to engage in, or quickly drop out of, many human services.
 - Think about an example from your own personal/professional experience
- Trauma has often occurred in the service context itself. Involuntary and physically coercive practices, as well as other activities that trigger trauma-related reactions, are still too common in human serving organizations.
 - Can you provide an example from your own professional experience?



Referrals to Other Systems

- Many trauma survivors do not seek mental health services, but look for help in primary care settings, presenting with physical symptoms
- Neither provider or patient/client may be aware that current physical complaints may be connected to past traumas

Sources: <http://www.publichealth.va.gov/docs/vhi/posttraumatic.pdf> Schumann, L. and Miller, J. L. (2000), Post-Traumatic Stress Disorder in Primary Care Practice. *Journal of the American Academy of Nurse Practitioners*, 12: 475–482. doi: 10.1111/j.1745-7599.2000.tb00159.x





Supporting Resilience

Through Developing a Trauma Lens Personally and Professionally



Concepts of Trauma (3 E's):

Individual trauma results from an **event**, series of events, or set of circumstances that is **experienced** by an individual as physically or emotionally harmful or life threatening and that has lasting adverse **effects** on the individual's functioning and mental, physical, social, emotional, or spiritual well-being.



Trauma-Informed Key Assumptions (4 R's)

- 1. Realize** the widespread impact of trauma and understand potential paths for recovery;
- 2. Recognize** the signs and symptoms of trauma in clients, families, staff, and others involved with the system;
- 3. Respond** by fully integrating knowledge about trauma into policies, procedures, and practices; and
- 4. Seek to actively Resist Re-traumatization.**





Realize



Realize

- All people at all levels of the organization or system have a basic realization about trauma and understand how trauma can affect families, groups, organizations, and communities as well as individuals.
 - Trauma plays a role in mental and substance use disorders and should be systematically addressed.
 - Trauma is not confined to the behavioral health sector.
 - Trauma is often a barrier to effective outcomes in child-serving systems.



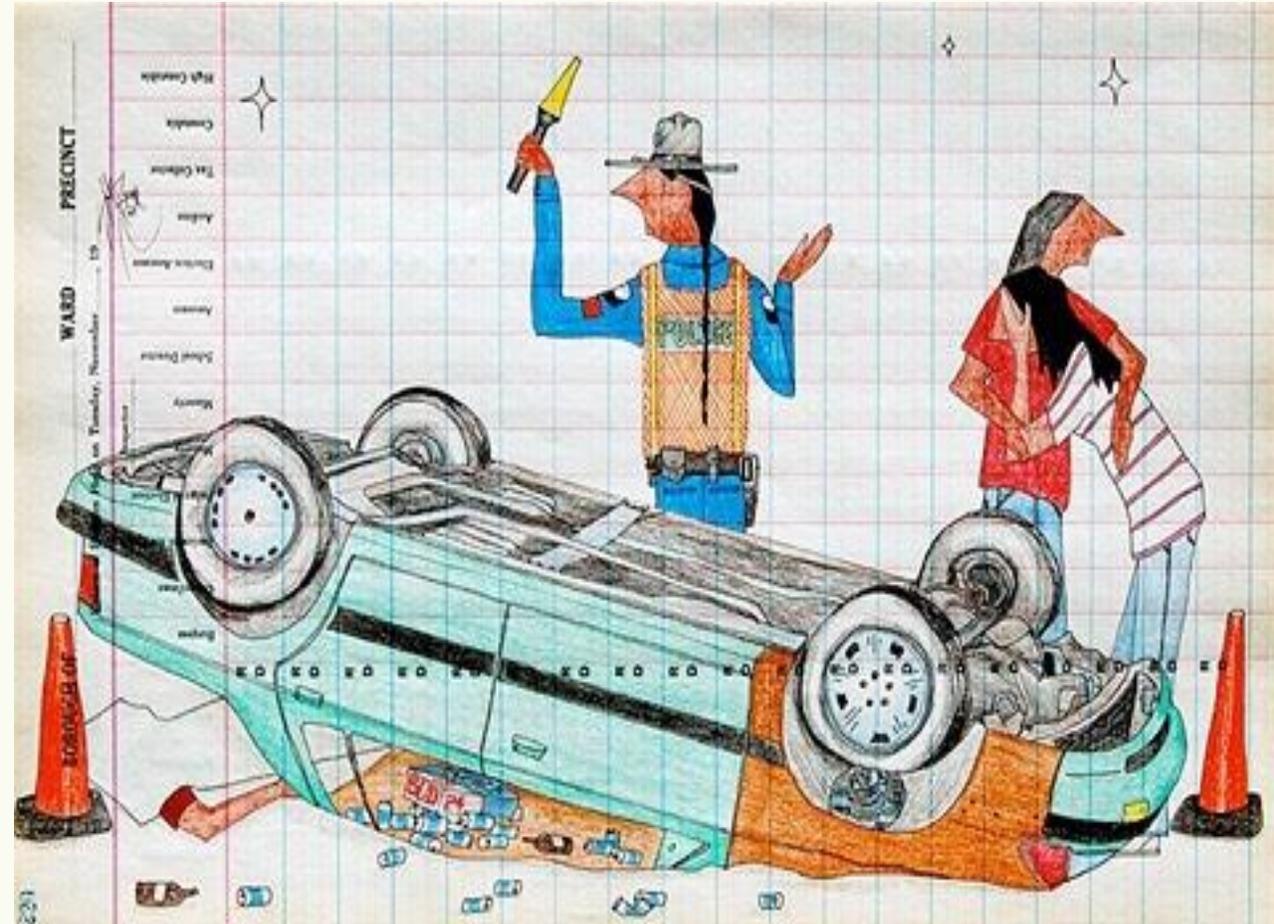
Realize: Evans-Campbell (2008)

- **Individual Impacts:** Weak ethnic identity, historical loss reminders, mistrust of agencies, etc.
- **Family Impacts:** Severed family roles, loss of cultural parenting practices, etc.
- **Community Impacts:** Lateral violence, pervasive poverty, loss of sovereignty, severed community roles, unhelpful federal policies, etc.



Realize: Present & Vicarious Trauma

- AIANs are facing current traumas in the community that are not historical but will be in the future if we do not recognize the impact and respond.
- Current systems that serve tribal children are expected to address past, present, & vicarious trauma of American Indians.





Recognize



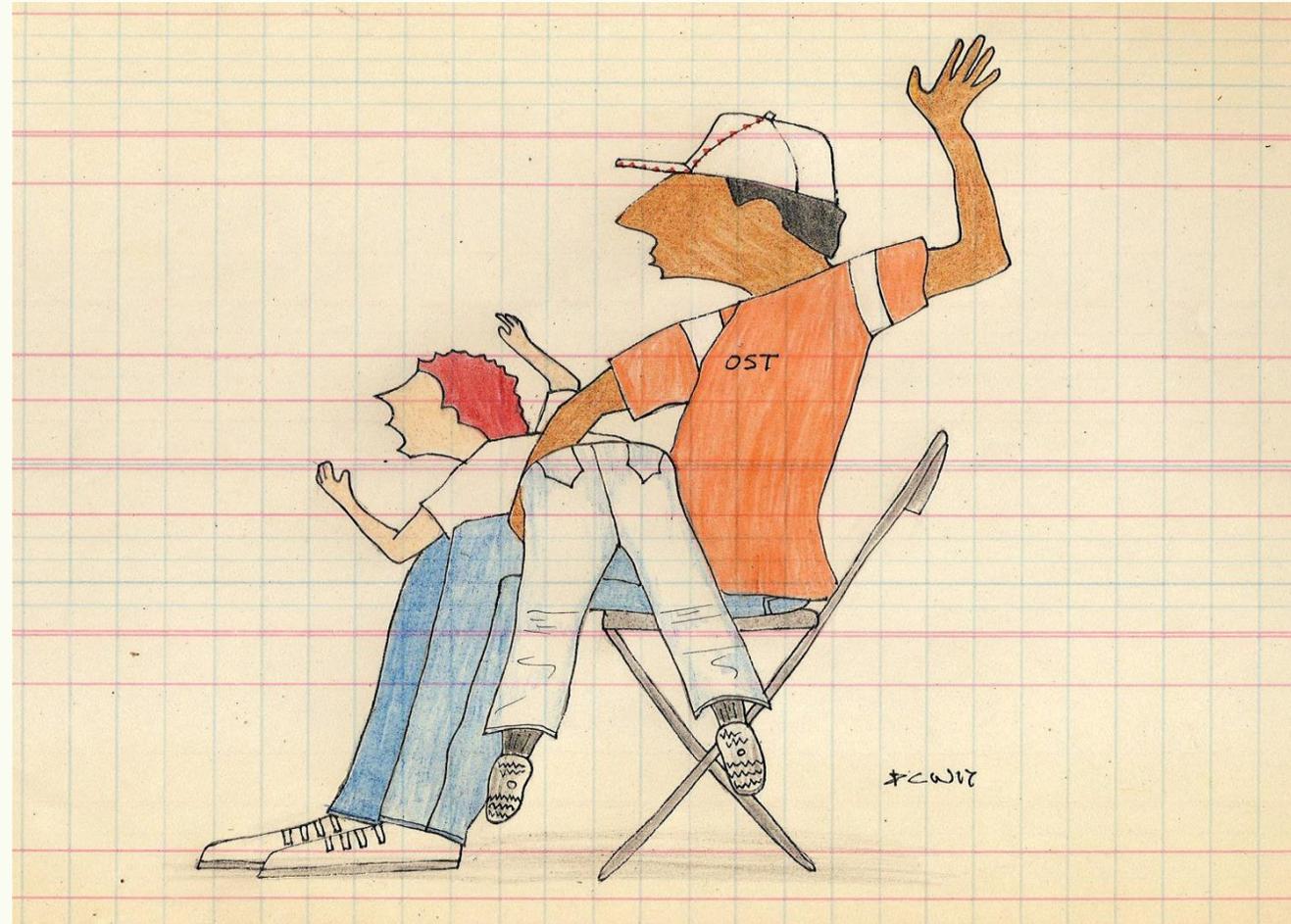
Recognize

- People in the organization or system are able to recognize the signs of trauma.
 - Gender, age, or setting-specific signs may be manifest by individuals seeking or providing services.
 - Trauma screening and assessment assist in the recognition of trauma, as do workforce development, employee assistance, and supervision practices.



Recognize: Signs & Symptoms

- **Physical**
 - Clothing
 - Physical Features
- **Mental**
 - Language
 - Identity
- **Emotional**
 - Social Structures
 - Belonging
- **Spiritual**
 - Ceremonial Practices
 - Prayer





Respond



Respond

- The program, organization, or system responds by applying the principles of a trauma-informed approach to all areas of functioning.



6 Principles

1. **Safety** – physical and psychological safety for everyone
2. **Trustworthiness & Transparency** – building and maintaining trust by transparently making decisions and operating
3. **Peer Support** – incorporating the knowledge of individuals with lived experiences of trauma into the operations
4. **Collaboration & Mutuality** – recognizing that healing happens in relationships and meaningful sharing of power
5. **Empowerment, Voice, & Choice** – supports and promotes self-advocacy skills, shared decision-making, and choice
6. **Cultural, Historical, & Gender Issues** – responsive to racial, ethnic, cultural, and gender needs while also addressing historical trauma



Respond: Policies, Procedures, & Practices

- **Safety**
 - Providing safety
 - No sexist attire or actions
- **Trustworthiness & Transparency**
 - There is consistent communication with families about services activities & supports



Respond: Policies, Procedures, & Practices

- **Peer Support**
 - Promotion of safety & belonging using traditional social structure
 - Promote and validate feelings of belonging
- **Collaboration & Mutuality**
 - Ceremonial practices and/or educational courses offered



Respond: Policies, Procedures, & Practices

- **Empowerment, Voice, & Choice**
 - Encourage voice of clients
 - Ceremonial practices and/or educational courses offered
- **Cultural, Historical, & Gender Issues**
 - Tribal language in programming
 - Culture accessible for program clients



Resist Re-Traumatization



Resist Re-Traumatization

- The trauma-informed approach seeks to resist re-traumatization of clients as well as staff.
 - Staff are taught to recognize how organizational practice may trigger painful memories and re-traumatize clients with trauma histories and interfere with healing and recovery.
 - Language, behaviors, and policies are changed to take into consideration the experiences of trauma among children and adult users of the service and among staff providing the services.
 - The organization has practitioners trained in evidence-based trauma practices.
 - Policies of the organization promote a culture based on beliefs about resilience, recovery, and healing from trauma.
 - Systems response involves a universal precautions approach in which one expects the presence of trauma in lives of individuals being services, ensuring not to replicate it.





Enhance Resilience



Strategies to Enhance Resilience

- Promote relationships with competent, caring adults
- Facilitate proximity with secure base figures
- Support parent function during crisis
- Foster quality friendships
- Foster school bonding and engagement
- Nurture brain development
- Teach self-regulations skills
- Provide opportunities to succeed and develop talents
- Provide opportunities for meaningful action
- Support cultural traditions that provide children with adaptive tools and opportunities to connect with competent and caring prosocial adults



Key Message #1

It is the child's
experience of the
event,...
not the event itself,..
that is traumatizing.



Key Message 2

The behavioral and emotional adaptations that maltreated children and adults make in order to survive are brilliant, creative solutions.

But they can be personally costly.



Key Message 3

If we don't look for or acknowledge trauma in the lives of children and adolescents, and adults we end up chasing behaviors and limiting the possibilities for change.



Conclusion



- We cannot ignore the implications of trauma for our children, families and communities.
- The human cost in quality life for American Indians requires us to take action to address childhood trauma
- Evidence-based interventions can make a difference
- Tribes can make a difference
- **You** can make a difference

Responses to Trauma

Common Reactions	Child Traumatic Stress	PTSD
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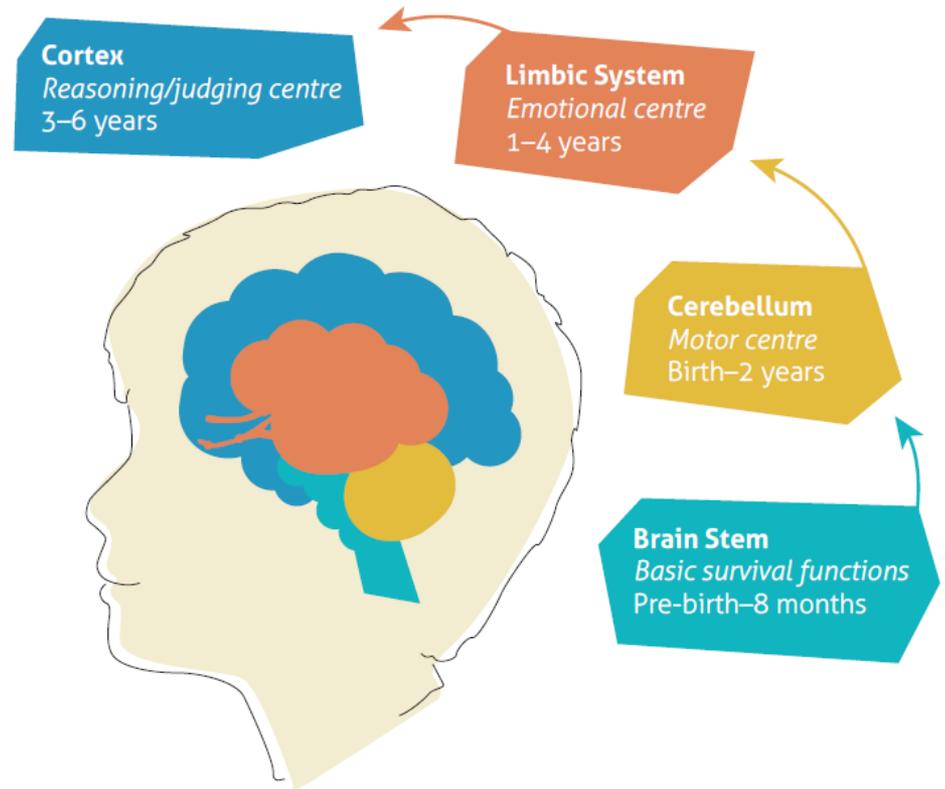


- Hyperarousal
- Re-experiencing
- Avoidance or Numbing
- Changes in Affect
- Sense of Foreshortened Future
- Cognitive Distortions

Brain Development

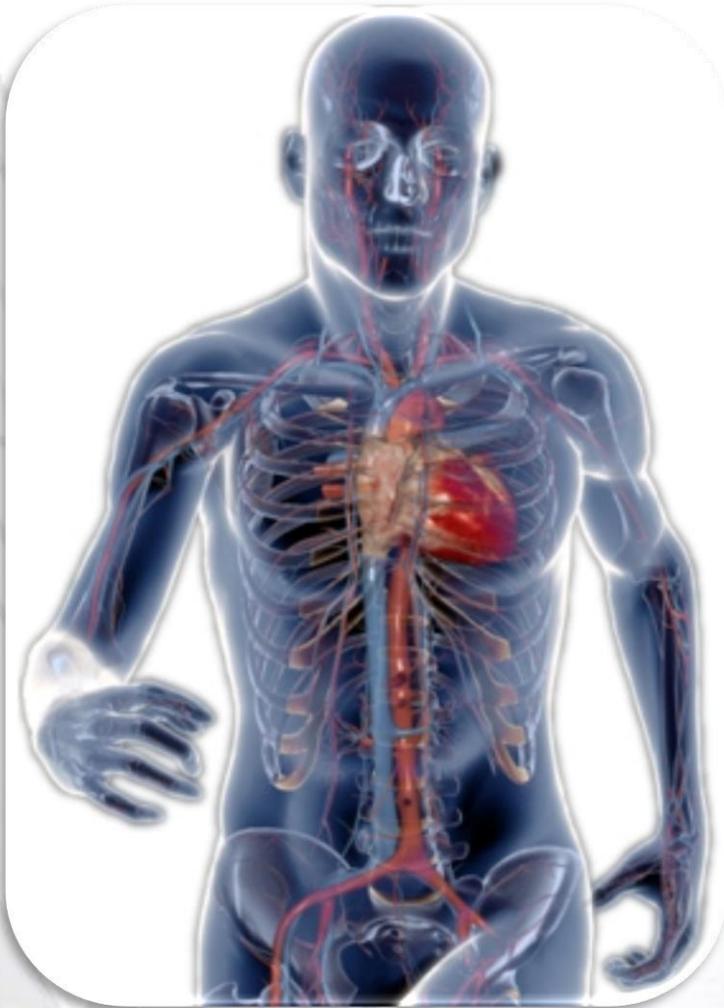
- Is sequential
- First **brain stem**
- Then **cerebellum**
- Next **limbic system**
- Finally **cortex**

Experiences fire
network of neurons
Repeated experiences
establish patterns



Making Space for Learning, 2010

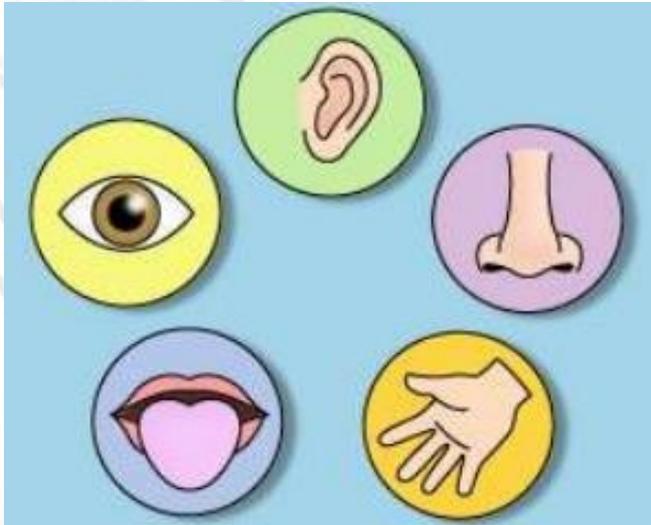
Brain Body Stress System



- Brain/body fast-acting stress system – survival
- Long term stress response
- Neither allows higher order thinking
- Increased heart rate, temperature, blood pressure
- Increased psychosomatic symptoms

Perceived Triggers of Danger

- Sensory: sights, smells, sounds, touch, taste



- Emotional: anxious, afraid, vulnerable, out of control

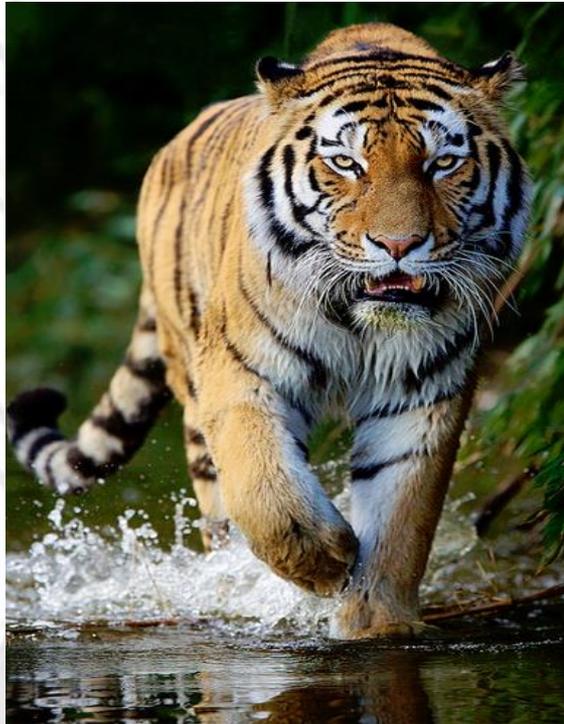


Some triggers are obvious, others are difficult to detect

Perceived Triggers of Danger

- Sudden fear

- fight/flight/freeze



- Paper Tiger



Adults can unintentionally trigger children...have you?

Trauma's Impact on Emotional Development

- Difficulty with self-regulation
- Difficulty describing feelings/internal states
- Difficulty communicating wishes and desires
- Often feel self critical, anxious, worried, fearful, ashamed, guilty - rarely experience joy



Threat Appraisal and Detection in Traumatized Children



Impact on Behavior in Young Children

- Separation anxiety/clinginess
- Regression
- Lack of developmental progress
- Re-creating traumatic event
- Aggressive, defiant
- Withdrawn, avoidant
- Difficulty sleeping
- Self soothing behaviors
- Over or under-reacting to environmental stimulus
- New fears
- Statements about death/dying

Impact on Cognitive Development

- Reduced ability to attend, concentrate, memorize, engage
- Less experience with executive functioning
- Decreased communication skills
- Feelings of frustration with academic tasks
- Increased special education referrals

Impact on Relationships

- Previous disrupted relationships
- Distrustful of others
- Withdraw
- Misread cues
- Seek attention/reject
- Reach out inappropriately to others (strangers)

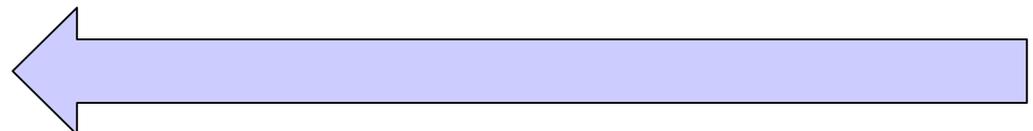


Adaptive Responses to Trauma – B. Perry

Hyper-arousal Continuum	Rest	Vigilance	Resistance	Defiance	Aggression
Dissoactive Continuum	Rest	Avoidance	Compliance	Dissociation	Fainting
Mental State	Calm	Alert	Alarm	Fear	Terror



FELT SAFETY



RESILIENCE

- Resilience is the ability to recover from traumatic events.
- The natural ability to navigate life well.
- Research has shown that 2/3 of children who experience adverse childhood events will grow up and “beat the odds”



RESILIENCE

- Variables that buffer children from adversity
 - Optimistic temperament
 - Intellectual aptitude
 - Social competency
 - Secure attachments (especially a caring adult)
 - Living in supportive families and safe communities
- Can be natural characteristics, but can also be learned

For those you know and/or work with who have been impacted by trauma, how has it impacted them? What are some symptoms they may be experiencing?



What has been helpful for you in working with those impacted by trauma?



Why We Need Trauma Sensitive Schools

- <https://traumasensitiveschools.org/why/>

Concepts of Trauma Informed Systems

The 4 R's

- **Realizes** the widespread impact of trauma
- **Recognizes** trauma signs and symptoms
- **Responds** by integrating knowledge about trauma into all facets of the system
- **Resists re-traumatization** of trauma-impacted individuals

Trauma Resilient Educational Programs

A trauma resilient school:

- acknowledges the prevalence of traumatic occurrences in students' lives
- is sensitive to unique needs of students
- uses a multi-tiered approach for providing universal, targeted, and individualized supports

TIER 3
Intensive, Individual Interventions
Individual Students; Assessment-based; High Intensity; longer duration

5%

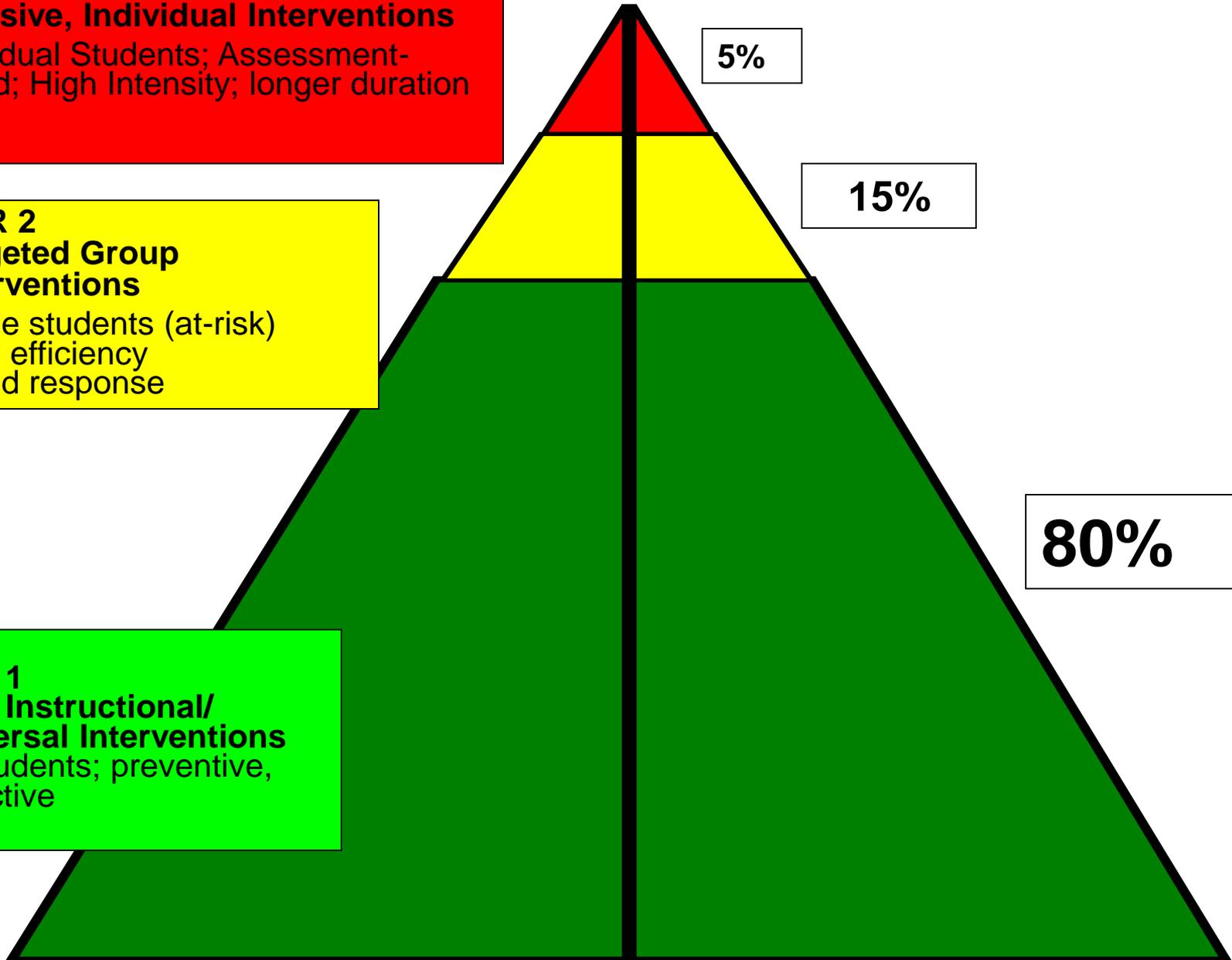
TIER 2
Targeted Group Interventions
Some students (at-risk)
High efficiency
Rapid response

15%

TIER 1
**Core Instructional/
Universal Interventions**
All students; preventive,
proactive

80%

A Multi-Tiered Approach



Relationship is the Evidence-Based Practice

- Engage in positive, trusting relationships
- Provides new experiences with adults that are:
 - consistent
 - validating of feelings
 - protective
 - unconditional
- Basic human need (to be: seen, heard, respected, safe, belong, connected)
- Who was that person for you?



**“Every child needs one person
who is crazy about him.”**

Uri Bronfenbrenner



Universal Strategies: for ALL students

- Provide structure and consistent, predictable routines
- Create clear behavioral expectations (students and staff)



Class Rules Matrix

Sara Stone

	Classroom	Bus	Hallway	Outside
Be Safe	<ul style="list-style-type: none"> *Use walking feet *Sit on our tickets at circle *Pretzel Legs at circle 	<ul style="list-style-type: none"> *Sit in our seats *Listen to the driver *Wait on the sidewalk (in our square) 	<ul style="list-style-type: none"> *Use walking feet *Hands at our sides *Keep eyes forward 	<ul style="list-style-type: none"> *Listen to the teachers outside *Slide on our bottoms *Watch out when driving tricycles
Be Kind	<ul style="list-style-type: none"> *Share toys *Quiet hands with friends *Use words with friends 	<ul style="list-style-type: none"> *Say Hi to our bus driver 	<ul style="list-style-type: none"> *Use quiet voices *Smile at friends we meet 	<ul style="list-style-type: none"> *We can take turns on the slide and swings *We can use kind words
Be Responsible	<ul style="list-style-type: none"> *We can bring our books to school *Clean up *Wash our hands 	<ul style="list-style-type: none"> *Remember our backpacks when we leave the bus 	<ul style="list-style-type: none"> *Use quiet voices *Stay in our line 	<ul style="list-style-type: none"> *Touch the fence when we hear the bell

When Greeting Parents Teachers...



- Looks like:
 - Smiles
 - Is friendly
 - Is professional

- Sounds like:

- Speaks positively about
 - The school
 - The children
 - Other staff
 - The job
 - The day
- Talks with everyone without having favorites
- Uses names whenever possible



“If a child doesn’t know how to read, we teach.

If a child doesn’t know how to swim, we teach.

If a child doesn’t know how to multiply, we teach.

If a child doesn’t know how to drive, we teach.

If a child doesn’t know how to behave,

we....

teach?

punish?

Why can’t we finish the last sentence as automatically as we do the others?”

Tom Herner

Universal Strategies: for ALL students

- Teach expectations and social skills
- Provide high rates of specific, positive feedback
 - Increases positive interactions
 - Increases desired behavior
 - Increases self-esteem
 - Increases felt safety



Punishment vs Discipline

- Punishment

- Scolding, berating, threats, taking away privileges

- Goal:

- To stop a behavior

- Impacts of punishment:

- Higher rates of physical aggression, increased feelings of resentment, fear, shame, isolation, lowered self esteem

- Motivated by:

- Adult's anger
- Me against you

- Discipline

- Setting limits, modeling, direct instruction, feedback, follow through with consequences

- Goal:

- To teach what to do instead

- Impacts of discipline

- Increases in appropriate behaviors, reductions in behavior incidents

- Motivated by:

- Child's best interests
- Me with you

Balancing EMPATHY with ACCOUNTABILITY

Looking through the Trauma-Sensitive Lens...

“Not realizing that children exposed to inescapable, overwhelming stress may act out their pain, that they may misbehave, not listen to us, or seek our attention in all the wrong ways, can lead us to punish these children for their misbehavior... If only we knew what happened last night, or this morning before she got to school, we would be shielding the same child we’re now reprimanding.”

On Playing A Poor Hand Well Mark Katz

Universal Strategies: for ALL students

- Use **consistent consequences** that teach
 - Include processing and problem solving
- Provide **choices**
- Provide **warnings** before changes
- Provide **pre-corrects** and **actively supervise**

Triggered by Praise

- Positive attention may be a reminder of traumas experienced previously
- They may not trust you now, but don't give up trying
- Believe in them
- Keep at it and be consistent





Triggered by Limits

- Limits can trigger emotions (e.g. shame) and be associated with harsh punishment
- Even so, limits are important
 - Comfort in knowing concisely what is appropriate and what is not in a consistent and non-threatening manner
- Consistent limit setting increases felt safety
 - Hesitating to set limits may prevent outbursts but can send negative message

Managing Our Own Emotions

- **Greatest gift we can give** is to be an emotional container for the child
 - Responding calmly, appropriately
 - Willing to tolerate strong emotion



When you are afraid....what actions/words from another person do you find comforting?

Managing Our Own Affect

Psychoeducation

- Understanding trauma and its impact
- Depersonalizing behaviors – behavior may be with us, but not about us
- Validate Your Own Feelings



Examining Our Attitudes about Challenging Behaviors

- What behaviors push your buttons?
- How do these behaviors make you feel?
- How does this impact your relationship with a child and his/her family?

Resolution 1280x1024 px - Free Photoshop PSD file download - www.psdgraphics.com

Tuning Into Ourselves

- Notice reactions

- Body cues
- Thoughts – automatic thoughts in difficult situations
- Emotions – what do we feel with these thoughts in mind?
- Behavior - what do we do with these thoughts in mind?

- Coping strategies

- Deep breathing
- Muscle relaxation
- Distraction
- Self-soothing
- Time outs
- Positive self-talk
- Reframing
- What works for you to KEEP THE CALM?

Reframing

Upsetting Thoughts

**“That child is a monster.
This is getting ridiculous.
He’ll never change.”**

“I’m sick of putting out fires!”

Calming Thoughts

**“This child is testing to see
where the limits are.
My job is to stay calm and help
him learn better ways to behave.”**

**“I can handle this. I am in control.
They have just learned some powerful
ways to get control. I will
teach them more appropriate
ways to behave.”**

Reframing

Upsetting Thought

“I wonder if the corner grocery is hiring?”

**“He ruins everything!
This is going to be the worst
year of my career.”**

Calming Thoughts

**“I feel undervalued right now –
I need to seek support from
my peers and supervisor.”**

**“Having her in my class is going to
be a wonderful Professional
Development experience.”**

Speed Share Activity

Find someone you don't know or haven't talked to in a while.....

Decide who goes first and who goes next.

In 3-5 minutes, share with them:

- What you do in the moment when a student may be escalating or pushing your buttons and you feel tension in yourself starting to rise.....
- What works for you, what doesn't?
- Switch
- Move on to new partners and repeat

Attunement

- Behavior communicates needs and feelings
- Children impacted by trauma often have difficulty identifying and communicating needs and feelings
- Try to identify the function of the behavior
- Become keen observers



Understanding Children's Behaviors

- What's the Function?

- Reflect

- What does he/she look like when...
- What does he/she look like before the explosion/shut-down/etc.?
- What clues are there that things are starting to be difficult?
- What might he/she have been feeling when....
- Have you ever noticed other times he/she does...
- What was going on right before that happened
- Work to identify Triggers (fight, flight, freeze)



Let's Each Think of a Child....

- you may struggle with...
- he/she may be defiant/aggressive or checks out/disconnects or....

- Activity

Behavior

Why

Student

Typical
Response

Alternate
Response

BEHAVIOR

Defiant, won't follow instructions
Aggressive, throws items

WHY

Triggered by direct instruction
Feels out of control

E

TYPICAL RESPONSE

Prompt
Reteach
Remove

ALTERNATE RESPONSE

Provide choices with instruction
Provide wait time

Response to Escalated Student

- You can't reason with a brain in fear (Sporleder)
- Keep yourself centered
- Reflect what you are seeing (briefly)
- Cue student in use of modulation skills (pre-teach)
 - Incorporate choice
 - May be moving to a safe space or taking a break to calm down
- Engage student in self-monitoring
- Reinforce the use of modulation skills
- Invite expression when calm



Attunement: Reflective Listening

- Accept and respect all of a child's feelings
- Show child that you are listening
 - Active listening skills – be **present**, **hear** what's being said, allow for **silence**
- Tell child what you hear him/her saying
 - **Reflect Back**
- Name the feelings
 - You seem angry, is that right?
 - Name the cues
 - Allow the child to correct you
- Only offer solutions/problem solve after helping child to express how he/she feels



Phil Dunphy Learns Reflective Listening

- <https://www.youtube.com/watch?v=95IANI1oeBk>

Attunement: Look for opportunities to build pleasure in engagement

- Pay attention to opportunities for positive engagement and interaction
 - Build positive interaction into natural daily routines
 - A little bit of fun can go a long way



Teaching **Self-Regulation**

- Managing our emotions, bodies, thoughts, and behaviors
 - Awareness of internal states
 - Toleration of a range of emotions and energy levels
 - Ability to modulate emotions/energy
 - Understanding the connection between thoughts, feelings, actions
 - Effectively communicating experiences/feelings

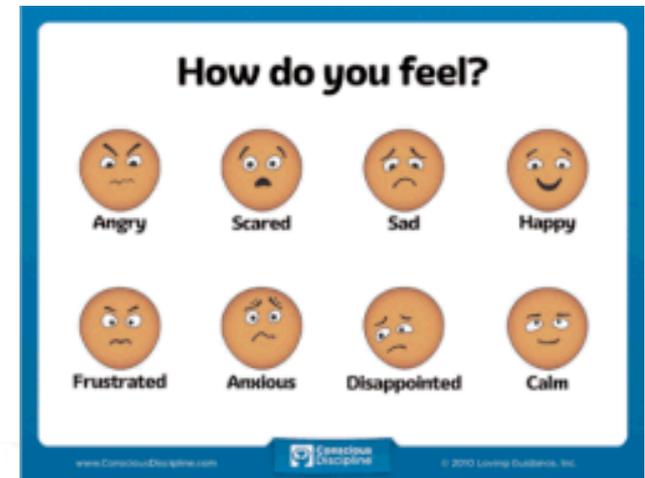
SELF REGULATION

Dysregulation Co-Regulation Self-Regulation

I Do, We Do, You Do

Emotions Identification

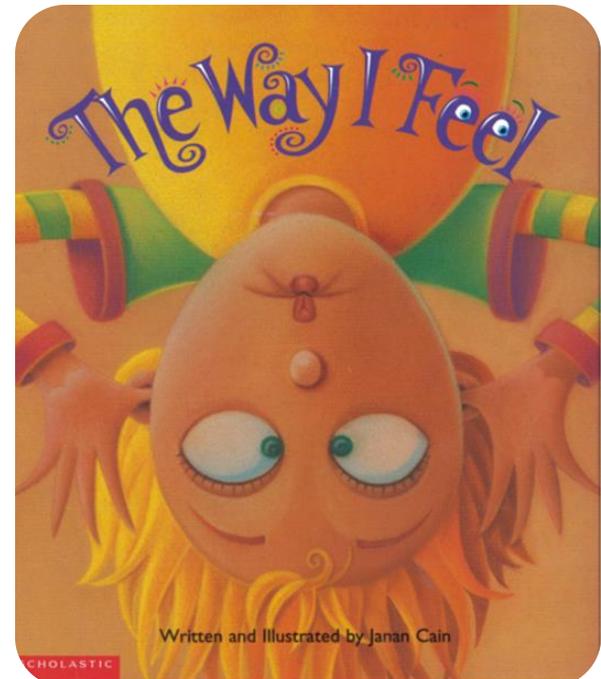
- Build a vocabulary for emotional experience
- Identification of emotion in self
- Identification of emotion in others
 - Reading cues
- Feelings are connected to thoughts, actions, and body sensations
- Normalization of feelings



Teach explicitly - also Reflect & Model
I Do, We Do, You Do

Emotions Identification Activities

- Feelings chart/posters
- Books about feelings
- Feelings puppets
- How would you feel if...
- Body drawing/awareness
- Photographs
- Word play
- Feelings scenarios
- Naturally occurring teachable moments
- Facilitating play interactions
- Feelings flashcards
- Feelings detective
- Model feelings language
- Feelings book



Regulating Emotions

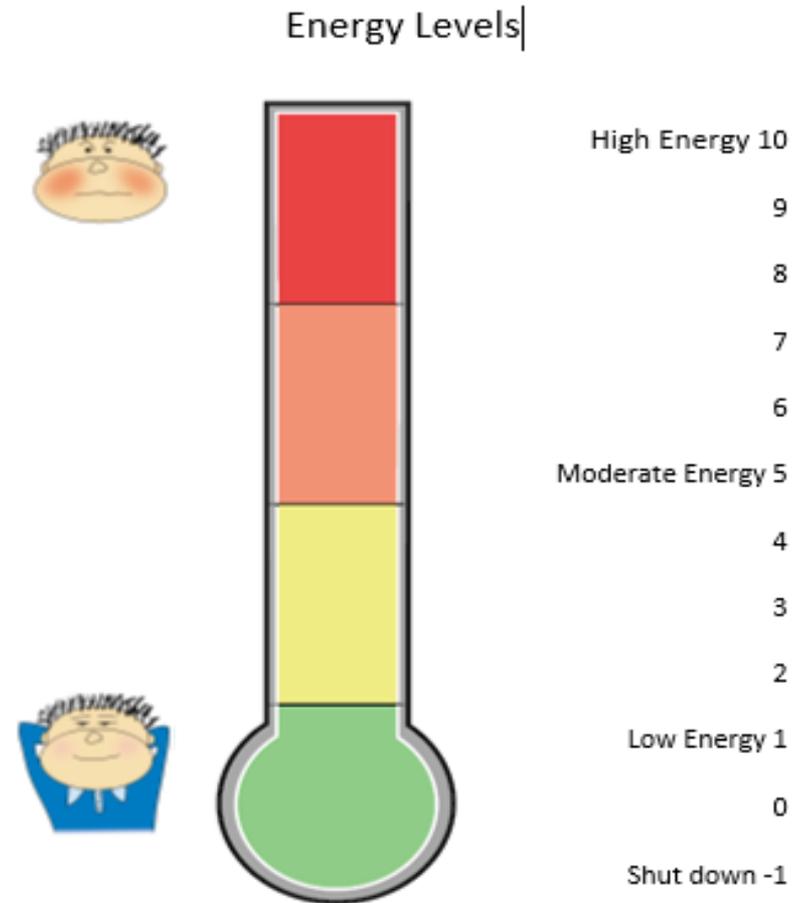
- Teach the concept of ENERGY
- Identify levels of energy
 - charged up
 - shut down
- Identify shifts in energy (a little calmer now)
- Identify ways *emotions* impact *energy*

Emotional Regulation Goals

- Help children
 - Calm their bodies through **Down-Regulating** energy
 - Increase energy through up-regulate
 - Manage the ebb and flow of energy and arousal
 - Identify a “comfort zone”
 - Build a sense of control over regulating

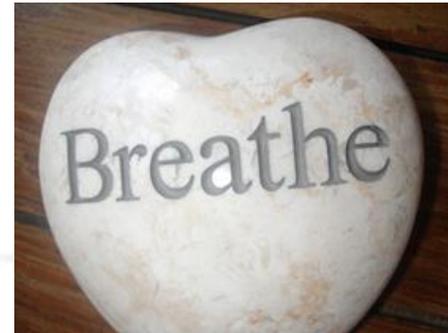
Tracking Energy

- Experiment and track
- Rate energy level using the thermometer
- Before and after regulation activities



Emotional Regulation Activities

- **Breathing**
- **Muscle Relaxation**
- **Movement**
- **Grounding**
- **Sound/Music**
- **Sensory Tools/box**
- **Sensory Exercises**



Teach, Practice, Repeat
Time, patience, don't give up

Breathing

Bubble Breathing:

Blow a very big bubble without letting it pop – slowly, evenly, then release

Floor Breathing:

Lie on the floor, place stuffed animal on stomach. Breathe so the animal rises and falls with each breath

Muscle Relaxation

Robot/Ragdoll:

Walk stiffly like a robot, then melt into a rag doll.

Squeeze a Lemon:

Squeeze imaginary lemons in fists very tightly then drop them on the floor.

Squeeze Through the Fence:

Make bodies tight and straight, pretend to squeeze between two fence posts. Then release

Turtle/Giraffe:

Act like a turtle going into a shell, then turn into a giraffe stretching for a leaf.

Movement

Drumming:

Tap on knees or drum.
Alternate between fast and slow beats and movements.

Start & Stop:

Play “Freeze Tag” or “Red Light, Green Light”. Alternates increasing and decreasing levels of energy.

Music & Dance:

Use different types of music (silly, sad, etc.) to show different movements we make when feeling different Emotions.

Move Like Animals:

Move like different animals to increase or decrease levels of energy.

Grounding

Up-Regulation:

Play “I Spy”. Look around the environment and notice what can be seen colors, shapes, objects...

Go outside, close eyes and listen for sounds.

Down-Regulation:

With a stuffed animal and ask children to describe the animal using their senses. Describe the smell, sound, appearance, and texture to another student.

Use objects with smooth, soft surfaces to touch

Making a Sensory Toolbox

- Sensory objects, which can include, but are not limited to
 - Stuffed animal, puppet, foot massager, head massager, play-doh, bubbles, marbles, bean bags, stress balls, hand lotion, sensory blanket, weighted vest, noise cancelling headphones, large blanket, squishy toys, chewy toys, drums, slinkies, pillows, etc.
- Supports sensory comfort and feeling safe in the environment

Examples of Toolbox Items



Using a Sensory Toolbox

- Introduce objects in box to children while they are in a neutral state of energy. Explain what the box is for and how to use it
 - Remind them that all feelings are okay
 - But some ways of expressing our feelings are not safe
 - Sensory objects can help us manage our feelings so we can make good, safe choices

Sensory Toolbox Activities

- Molding play-doh
- Sifting through marbles
- Rubbing lotion onto hands
- Blanket wraps
- Blanket swing
- Rinsing hands in sink
- Gentle massage
- Bear hugs
- Petting grass or digging in sand/dirt

Expressing Emotions

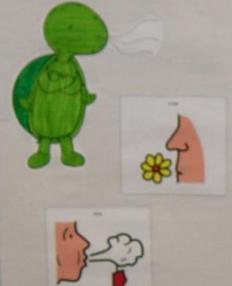
- Identifying safe network of people to share emotions with
- Building verbal communication skills
 - “I” Statements
 - When ____ happens, I feel _____
- Practicing self-expression
 - Drawing, painting, journaling, dancing...

Problem Solving

1. Stop



2. Breathe



3. Say the problem



4. Say how you feel



5. Choose a solution



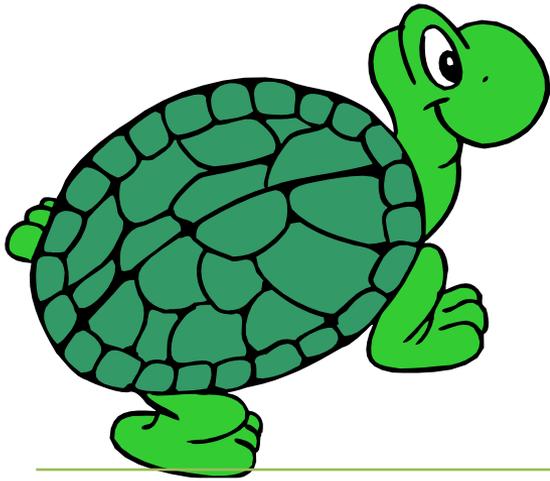
Introducing Twiggle

Let's solve the problem,



Twiggle can help!

And the peace wall....



Peace Wall Problem Solving Steps

Student Action

Teacher Action

Step 1. Stop

“First, let’s stop.”

Step 2. Breathe

“Now, take a deep breath. Smell the flowers and blow out the candles 3 times.”

Step 3. Say the problem

“Say what the problem is.”

Step 4. Say how you feel

“Say how you feel about it.”

Step 5. Choose a solution

“What are some solutions? Pick one.”

Step 6. Check in

“How did it go? Did it work?”

Secondary Traumatic Stress

“The natural and consequent behaviors and emotions resulting from knowing about a traumatizing event experienced by a significant other, the stress resulting from helping or wanting to help a traumatized or suffering person” (Figley, 1995.)



Why talk about STS?

- ▶ The effects of STS on child early childhood workers are intense and widespread.
- ▶ STS decreases staff effectiveness and contributes to turnover.
- ▶ STS impacts HS program ability to provide early childhood education.



Factors influencing a person's response to stress:

1. The specific nature of the event.
2. The individual's subjective perception of the event.
3. The timing of the event in the individual's life.
4. The individual's prior history of coping with stressful events.
5. The individual's personal resources at the time of the event.
6. The external supports that are available to the individual.

Burnout

“The index of the dislocation between what people are and what they have to do. It represents an erosion in values, dignity, spirit and will—an erosion of the human soul. It is a malady that spreads gradually and continuously over time, putting people into a downward spiral.”

Maslach & Leiter, 2008

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Workplace Mismatches That Contribute to Burnout

- Overloaded work schedule
- Lack of control
- Breakdown of community
- Unfair treatment of staff
- Conflict of values



Vicarious Trauma

“Negative transformation in the helper that results from empathic engagement with trauma survivors and their trauma material, combined with a commitment or responsibility to help them.”

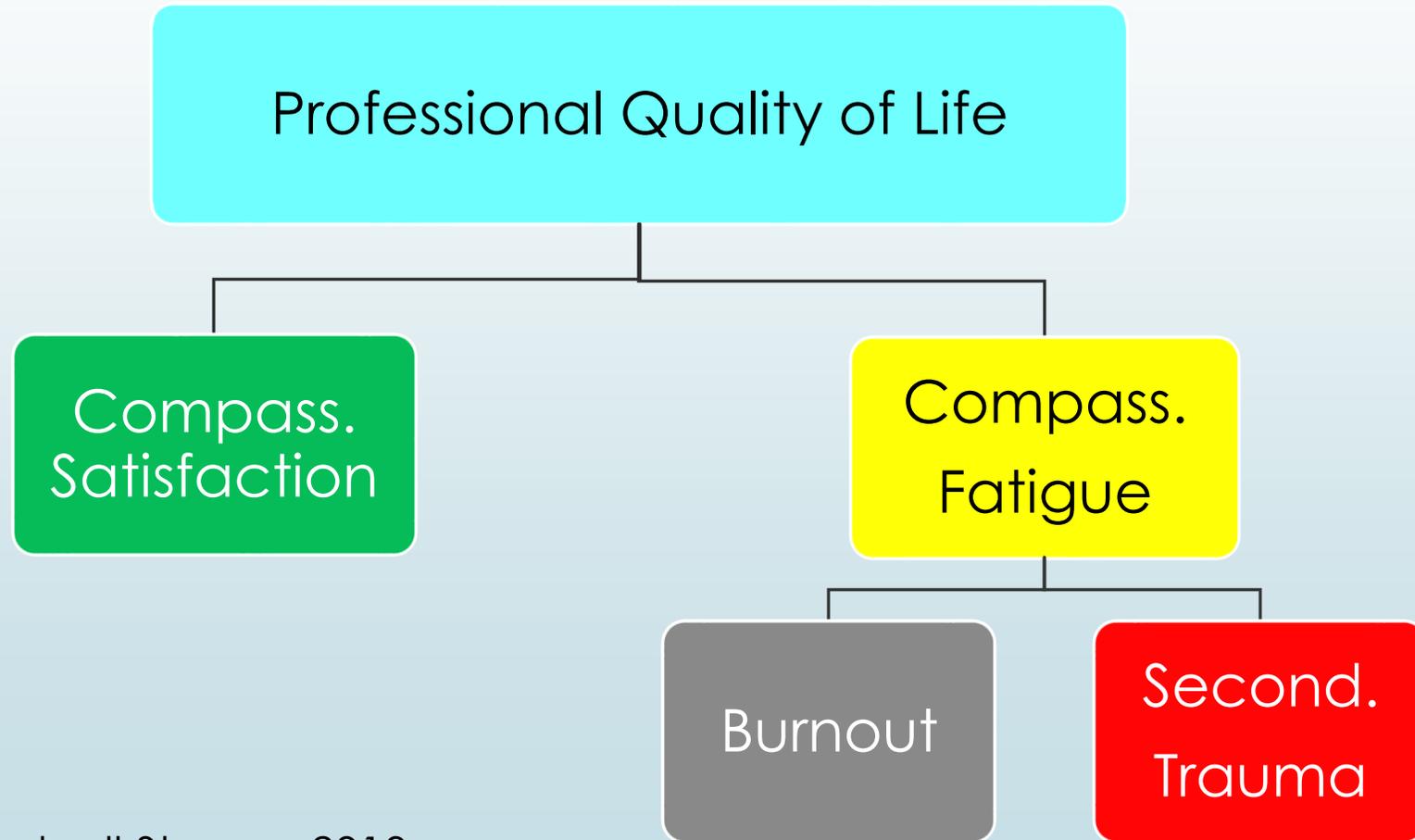
Pearlman and Caringi, 2008

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Vicarious Trauma, ctd.

- Key characteristic: Disrupted spirituality, or the loss of meaning and hope.
- Hypothesized underlying mechanism: The helper's empathic engagement with the client.
- If untreated: Likely to grow in severity.
- If processed: Possibility of growth for both helper and client.

Professional Quality of Life (ProQOL)



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Be Attentive to STS Symptoms

- In our emotional lives
- In our physical health
- In our personal relationships
- In our workplace behaviors

Emotional Indicators

- Anger
- Sadness
- Prolonged grief
- Anxiety
- Depression
- Hopelessness
- Emotional numbing



Physical Indicators

- Headaches
- Stomachaches
- Lethargy
- Hyper-arousal
- Compromised immune system
- Sleep troubles
- Breathing troubles



Personal Indicators

- Tendency to blame, mistrust
- Mood swings
- Irritability, intolerance
- Cynicism
- Isolation from family and friends
- Loss of support network



Workplace Indicators

- Avoidance of certain students, places, or situations
- Missed work
- Tardiness
- Lack of motivation
- Quick to anger and become argumentative
- Reduced productivity



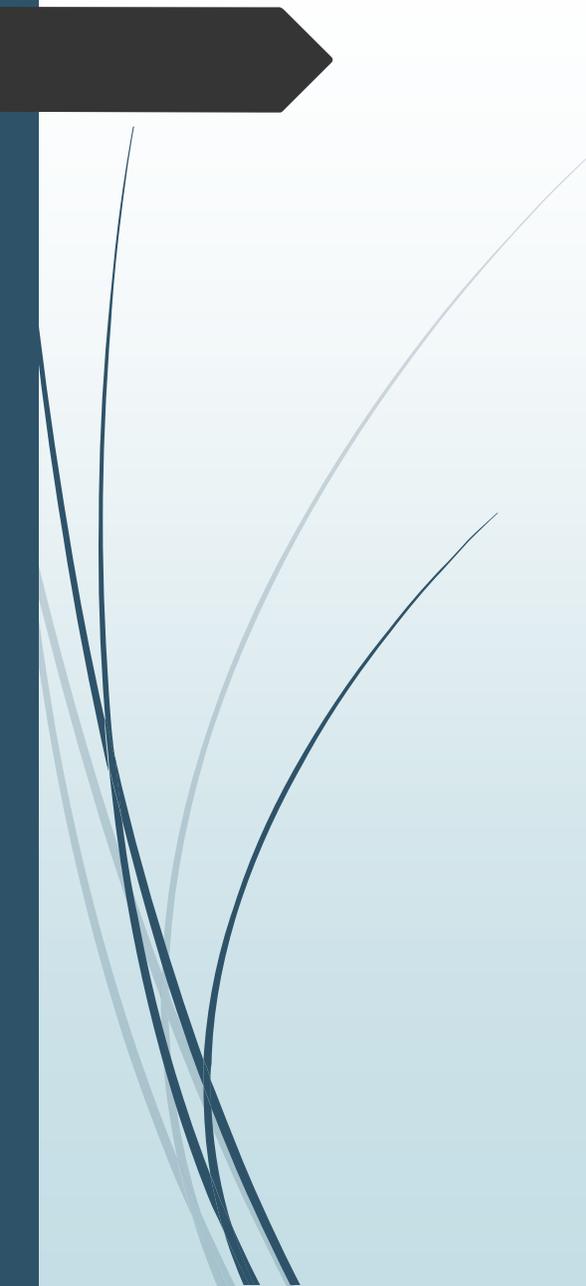
Organizational Stress





Characteristics of a Stressed Organization

- Stuck
- Missionless
- Crisis-driven
- Punitive
- Unsafe

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Build in Supports on the Organizational Level

- Collegial support
- Forums to address STS
- Consistent supervision
- Respect for workers
- Wellness activities
- Staff celebrations
- Full use of vacation leave

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Understand What We Can't Change on the Organizational Level

- Who the children or their parents are
- The types of behaviors we encounter
- The amount of paperwork that is required

Positive Supervision

- Regularly scheduled
- Not crisis-driven
- Protected from other tasks



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High-Quality Supervision Makes Possible:

- Effective teaching
- Clearly defined expectations and limits
- Increased student engagement
- Stronger teaching skills
- Stronger communication skills
- Improvements in student goal attainment

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Remember

- You deserve as much support and positive input as you provide others who have experienced trauma and loss.