

Trauma Informed Approaches

Hope Center for Children

What is Traumatic Stress?

“Traumatic” stress refers to a level of stress that is so intense that it can be overwhelming for our bodies to manage.

Components of a Traumatic Experience

- Overwhelming experience
- Involves a threat to our physical and/or mental well-being
- Results in vulnerability or a loss of control
- Leaves people feeling helpless and fearful
- Interferes with relationships and beliefs

Out of home placements for kids

- What are a few examples of traumatic events that kids we serve in group care have experienced in their lives prior to coming to the group home?
- What are a few examples of feelings that a child may experience on his/her first day at the group home?

Impact on the Person's life

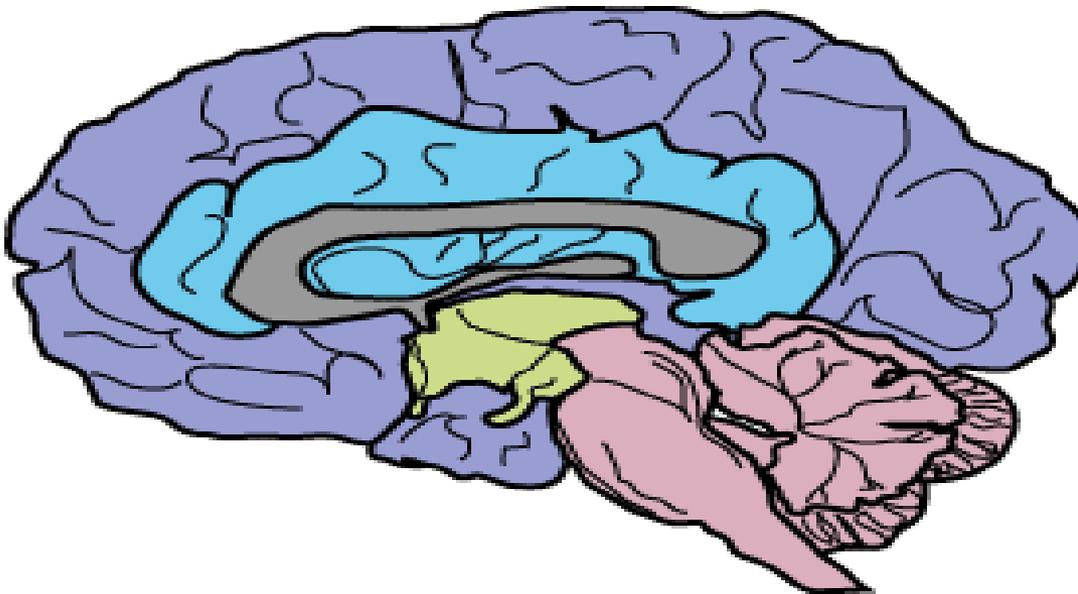
- responses to danger
- ability to form and sustain relationships
- self-concept
- decision-making
- physical and mental health
- ability to maintain housing and employment

Biological Impact of Trauma

- Traumatic Stress is associated with lasting changes in the following areas of the brain:
- Amygdala-perform a primary role in the processing of memory, decision-making, and emotional reactions
- Hippocampus-consolidates information from short-term to long-term memory and spatial navigation.
- Prefrontal Cortex- involved in planning complex cognitive behavior, personality expression, decision making, and moderating social behavior

The Human Brain

The Human Brain



- Neocortex
- Limbic
- Diencephalon
- Brainstem

B. Perry, MD

Brain Development

- While the initial development of the brain starts soon after conception, the brain continues to grow and develop for many years after birth. In fact, the brain appears to grow until 10 years of age. However by age 2 a child's brain weighs 75% of what the adult brain will weigh (Carmichael, 1990) and the brain will be almost completely developed by age 5 (Pfefferbaum, Matholan, and Sullivan, 1994).

More on Brain Development

- Significant brain development takes place around the time of birth in humans. This is the time when there is a high rate of brain growth and development of synaptic sites (those small gaps between cells so important to neuron communication). Any damage or trauma to the brain at this stage could have a long-term, permanent impact on a child's behavior (Anand and Scalzo, 2000).

Trauma in early life

- Trauma in early life can lead to problems in maintaining interpersonal relationships, coping with stressful situations, and controlling emotion. The crucial experiences that form a person's ways of coping come from the caregiver-infant relationship (Schoore, 2001). Infants who have suffered trauma in their first year of life have difficulty developing working coping strategies.

More on Trauma in early life

Trauma experienced prior to age two, may have particularly harmful effects, including biochemical changes that make a developmentally immature, structurally defective right brain. Trauma in infancy may lead to disruption of the development of the right hemisphere of the brain (Schoore, 2001), the half that is most involved in the processing of emotions.

Trauma and memories of abuse

- Children may store their memories of abuse in visual images in the right side of their brain. It may be that harm to the right brain is responsible for why some children and adults continue to re-experience the trauma that took place in infancy (Schoore, 2001).
- Children may also store their survival based responses to abuse in the right brain, using these responses, without consciously being aware of it, throughout their lives.

Biochemical Reactions to Stress

- “Fight or Flight” response to danger
- Stress Hormones (cortisol, epinephrine, nor epinephrine, vasopressin, oxytocin, and endogenous opioids)—controlled by amygdala
- Hypervigilance—focuses intensely on the perceived danger

“Fight or Flight” response

- Undeveloped motor skills—infants
- Reliance on caregivers
- Infant’s reaction to stressful situations: alert the caregiver (cry)
- Caregiver is source of the danger: limited options
- Freezing or defeat or surrender response
- Dissociation vs. hyper arousal

Children and Trauma

- Each child's response is unique.
- Physical and Neurological changes in the brain may lead to long-term consequences.
- Assessment
- Understand and truly "Hear" their story
- We cannot change what happened to them, but we can better understand their story

Trauma may be “relationship-induced”

- Healing will come through relationship-based interventions.
- Parents/Caregivers/Practitioners must be trained to offer healing relationships. (What does this look like?)
- Parents/Caregivers/Practitioners must understand their own attachment/relationship risks and be willing to address them.

Pillars of Trauma-Informed Care

- Safety
- Connections (Relationships/
Attachment)
- Managing Emotions (Self-
Regulation)

Thoughtful and Emotional Present

“A present challenge for any individual is learning to live “in the moment” to fully experience the rhythms of interacting with another human being, another human brain. To do so means being able to regulate one’s feelings in such a way that one can be both thoughtful and emotionally present at the same time.” --Michelle Maikoetter

Relationships Make a Difference!

“Nothing is learned outside
the context of a relationship.

Relationships create the
groundwork necessary to change
brains (Cozolino, 2006)

Teaching-Family Model

- Relationship Based ! Quality Components
- Preventive Teaching –Goal to teach problem solving, self regulation, resiliency skills.
- Teaching Interaction/Teaching Self Control— Goal to calm down, engage, and teach alternative coping skills to deal with inappropriate behavior and trauma.
- Supportive Consultation—Focus on supporting the practitioner to ensure they are able to be caring caregivers.

Reasons to Hope

- Resiliency buffers the effects of trauma.
- Social support and resources are protective factors that build resiliency at any age.
- Safety can be created from multiple sources and a little may go a long way.
- Brain development is far more dynamic than we used to think.
- Language and cognition can form a buffer.

Building Resiliency

- Resilience – positive adaptation despite adversity
- Goals across the lifespan:
 1. *In early childhood*, successful secure attachment
 2. *In later childhood*, mastery of school and establishing meaningful peer and adult relationships
 3. Reduce exposure to vulnerability and *increase access to protective resources*

Calm Creates Calm

- One person's emotion regulation of nervous system impacts the emotion regulatory system of another's. - Diana Fosha, 2003
- “The presence of a safe, caring, calm other increases oxytocin, which creates a calming effect and “down regulates” amygdala circuitry.” –Taylor et al, 2008

Resiliency

- Increase Pro-social Bonding
- Set Clear, Consistent Boundaries
- Teach Life Skills
- Provide Caring & Support
- Set and Communicate High Expectations
- Provide Opportunities for Meaningful Participation

Trauma-Informed Parenting

- Recognize impact trauma has had on the child
- Help the child to feel SAFE
- Help the child to understand and manage overwhelming emotions
- Help child to understand and manage difficult behaviors
- Respect and support positive, stable and nurturing relationships
- Help your child develop a strength-based understanding of his or her life story
- Be an ADVOCATE for your child
- Take care of YOURSELF too! Call your Consultant and communicate openly to him/her!

Trauma and Limit Setting

- Reduce need for limits through limited choice
- Compromise
- Choose your moments (flipped brain)
- Be aware of Triggers

(Blaustein & Kinniburgh, 2010)

Ongoing Trauma “Reminders” — Internal

- A person’s thoughts
- A person’s memories
- A person’s feelings
- A person’s behaviors
- A person’s own body or body parts

Ongoing Trauma “Reminders” —

External

Another person

A word

A place

A color

A situation

A time of day

A smell

A season

A type of food

A song

A physical characteristic

Clues that Trauma Re-enactment May Be Occurring

Emotional response extreme for situation

Behavioral response is extreme for the situation

Appears “out of it,” unresponsive, or
dissociative

Response seems to be to someone other than
the person present

Engaging in “strange” behaviors, things that
don’t make sense under normal circumstances

What NOT to do with Trauma Reminders

- Assume child is being rebellious
- Tell the child they are being dramatic or “overreacting”
- Force the child to “face” the reminder
- Express anger or impatience

What Children Can Do--SOS

- STOP (take several long deep breaths)
- ORIENT (Look around and take in immediate surroundings, take note of physical reactions, body sensations—heartbeat, breathing, muscles)
- SEEK HELP (use a stress buster to calm down, ask a trusted friend or adult for help)

The Brain

- Imagine that the brain is like a house with both a downstairs and a upstairs.
- Goals to integrate the upstairs and the downstairs.
- Teach individuals to make good decisions in high-emotion situations.

Adpated from Siegel, D.J., & Bryson, T.P. (2011). The whole-brain child: Twelve revolutionary strategies to nurture your child's developing mind. New York: Random House.

Downstairs Brain

- Includes the limbic region and the brain stem
- Most primitive part of brain
- Basic functions such as breathing, blinking and heart rate.
- Innate reactions (fight, flight or freeze)
- Strong emotions such as anger or fear.
- Basic necessities are managed downstairs.
- “ Brain Stem” OR “Animal Brain”

Upstairs Brain

- Cerebral cortex---highly sophisticated
- Thinking, Imagining, Planning
- Sound decision making
- Cover emotions and body
- Self-understanding/Insight
- Empathy
- Morality
- Fear modulation
- Intuition
- Response flexibility

Basic Care of Upstairs Brain

- Get enough sleep
- Get enough water
- Get enough exercise
- Get enough good nutrition
- Kids need to eat and exercise EVERY two hours
- Keeps blood sugar regulated
- Exercise reduces the build up of the stress of a constantly alert downstairs brain!

Two things get in the way of “upstairs and downstairs” brain working together

- Developmental
- Amygdala

Developmental

- How old are they and where are they in their development?
- Upstairs isn't fully developed until mid twenties
- Think of brain as “under construction.”

The Amygdala

- Size and shape of almond, found in Limbic (Downstairs) area
- Watchdog---always watching for danger.
- Quickly processes and expresses emotions, especially anger and fear.
- Senses danger, hijacks the Upstairs Brain.
- Act before we think.

Downstairs Tantrums

- When child is in midst of tantrum, lost ability to clearly think.
- No point in discussing consequences or appropriate behavior during tantrum
- 20 Minutes for hormones to shut down Cortisol/Adrenaline
- Focus on calming amygdala, soothing and calming

Engage don't Enrage

Upstairs Brain

- Do use words to acknowledge how they are feeling (Empathy step of TFM teaching interaction)
- Do invite them to negotiate with you for a solution that works for both of you
- Don't threaten, use ultimatums (or "label" them), give a consequence

Calming the Storm— Disarming

- Focused (yoga) breathing
- Progressive muscle relaxation
- Visualization (“perfect day”, ocean, sky, cloud, butterfly)
- Music
- Dance
- Calming space
- Talking
- Drawing, Journaling, reading
- Walking
- Nature
- Sports
- Blowing bubbles

Big Emotions are Not Logical

- One of the least effective things we can do is argue with someone when their downstairs' brain is in charge of them
- Goal is to reconnect “downstairs” to “upstairs” brain
- THEN you can problem solve
- The child is NOT being manipulative

Sensory Play

For younger children, use their senses—something they can touch, etc.

- Feeling Box—fabrics and textures
- Listening Centers
- Visual Center—aquarium, calming bottles
- Sensory trays—rice, beans, sand, play dough, ooey-gooey
- Water Play
- Finger Painting
- Sandbox

More on Sensory

- Proprioceptive Activities (sense of what muscles and joints feel): Push down on shoulders, head, arms, Roll up tightly in a blanket. Walking
- Vestibular Activities (Sense of movement and gravity): Swinging, trampoline, jump rope, rocking chair, sprint running, riding toys
- Deep Pressure: (tactile and proprioceptive): Squeeze hands and feet, bear hugs, firm massage,
- Heavy Work: pushing wheelbarrow or furniture, pulling bungee cord or rope, pressing or crushing aluminum cans or paper balls, carrying heavy items from place to place.
- Oral: chewing helps organize, sucking helps to calm, crunching is alerting
- Tactile: vibration, brushing, massage, sensory roller, wind fan

Build Routines



Review

After talking more about trauma-informed approaches, is there anything that you learned that you may “take-away” from the training and use as you interact with kids in the group home?

What are Teaching-Family Model quality components? How do these relate to being trauma-informed?