# Being Trauma Informed & Responsive

## The Training Environment

- Safety is priority
- Voluntary participation
- Demonstrate respect
- Preserve confidentiality
- Limit over-sharing of student or personal concerns
- Encourage self-protection
- Attend to self and others

# PART I:

Trauma & Sensory Processing 101

#### Part I Objectives

#### By the end of this section, attendees will be able to:

- Define traumatic stress, its characteristics and prevalence
- Discuss the potential impacts of trauma on the developing brain & sensory processing
- Discuss long term physical and mental health impacts of trauma
- Discuss compassion fatigue and self-care strategies

## Defining Trauma (3Es)

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

#### Trauma....

- is pervasive
- can impact childhood development and behavior
- has a far reaching and long lasting impact
- affects how youth and families approach services designed to help them

#### Long Term Impacts:

The Adverse Childhood Experiences (ACE) Study

- 1997 study conducted by CDC & Kaiser Permanente
- Surveyed 17,000 adults (middle aged, white, middle income)
- Counted adverse childhood experiences (up to 10)
- 2/3 had at least one ACE; 12% had 4 or more

#### Trauma's Prevalence in Michigan

17%	Michigan adults reported experiencing physical abuse before the age of 18 $^{ m 1}$
11%	Michigan adults reported sexual abuse <sup>1</sup>
28.5%	Michigan children 0-17 reported 2 or more adverse childhood experiences <sup>2</sup>
42.2%	Michigan children whose household income is 0-99% of FPL reported 2 or more adverse childhood experiences <sup>2</sup>
48.7%	Those who receive Children's Special Health Care Services reported 2 or more adverse experiences <sup>2</sup>

<sup>&</sup>lt;sup>2</sup> - 2011-12 National Survey of Children's Health

# Findings: As ACE Score T, So Does Risk For: (ACE Score 4 or More)

- Smoking (2.2)
- Multiple sexual partners (3.2)
- Adult alcoholism (7.4)
- Drug use (4.7)
- STDs (2.5)
- Depression (4.6)

- Suicide attempts (12.2)
- Pulmonary disease (3.9)
- Heart disease (2.2)
- Liver disease (2.4)
- Lost time from work (2.5)
- Early death
  (Those with ACE score of 6 or more, died 20 years earlier)

#### 3 Primary Categories of Response

#### **Fight**

(Physical Arousal)

Aggression

Trouble concentrating

Hyperactivity

#### **Flight**

(Withdrawal & Escape)

Social isolation

Avoidance of others

Running away

#### Freeze

(Stilling & Constricting)

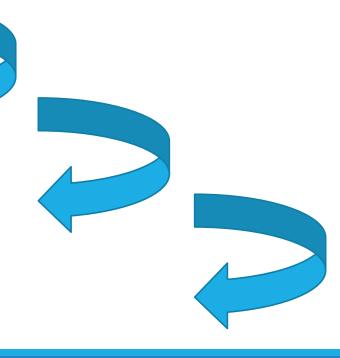
Constricted emotional expression

Stilling behavior

Over compliance and denial of needs

### Impact of Trauma & Toxic Stress

- Changes in physiology
- Changes in brain architecture & function
- Changes in skills, abilities and behavior
- Changes in long-term health and mental health



#### Behaviors we see...

Crying, whimpering, screaming

Immobility and/or aimless motion

Trembling, excessive clinging, frightened facial expressions

Regressed behaviors
(thumb-sucking, bed-wetting, fear of darkness, etc.)

Self-soothing
(rocking, head-banging, etc.)

Ages 6-11	Extreme withdrawal
	Disruptive behavior
	Inability to pay attention
	Regressed behaviors
	Nightmares/sleep problems
	Irrational fears
	Irritability
	School refusal
	Anger outbursts
	Fighting
	Somatic complaints
	Poor academic engagement (school work suffers)
	Depression, anxiety, feelings of guilt, emotional numbing

	Flashbacks
Ages 12-17	Nightmares/sleep problems
	Emotional numbing
	Avoidance of reminders
	Depression
	Substance abuse
	Problems with peers
	Anti-social behavior
	Physical complaints
	Suicidal ideation
	School problems
	Confusion
	Guilt
	Revenge fantasies

## Trauma Triggers (Reminders)

- Are rarely clear
- Often unnoticed, even by the individual
- Can be invisible (sensory oriented)
- Can seem trivial/minor
- Are often uncontrolled factors
- Don't always make sense
- Revert us to less functional versions of ourselves

# Explaining The Brain to Children & Adolescents

https://vimeo.com/109042767

(4:40 Minutes)

# Trauma is a SENSORY EXPERIENCE

because of what happens to the brain and memory during trauma.

### Sensory Processing and Trauma

Children with a history of trauma demonstrate a significant prevalence of sensory processing disorders,

### Sensory Over-Responsivity

Children who are over-responsive tend to respond too much, too soon or for too long to sensory stimuli that other children tolerate easily

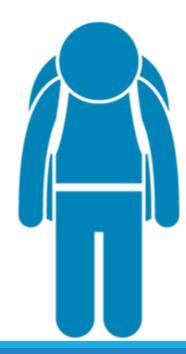
**General Behavior**: May be challenged with transitions, appear controlling and/or defiant



## Sensory Under-Responsivity

Children who are under-responsive tend to respond less, or more slowly to sensory stimuli that other children respond to

**General Behavior**: May be challenged with transitions, appear lethargic or inattentive



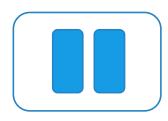
# Sensory Seeking or Craving

Children who are seeking stimuli may be more active and physical than other children

**General Behavior**: May be challenged with settings that require quiet and still movement

### Good News: The Amazing Brain

- Neuroplasticity- Changes in response to trauma, and in response to supportive adults
- Neurogenesis- the ability to grow new neurons, to increase connectivity.
- Neural Networks- The more intensely and frequently a neural network "fires," the stronger its "wiring." In short, repetition is a good thing.



#### Pause

- 1. What is your reaction to the information so far? Did anything surprise you?
- 2. Does it change the way you see the youth you work with? How so?
- 3. Can you think of youth/adults you work with who have any of these behaviors?
- 4. How does/might traumatic stress affect the youth/families you work with?

### Compassion Fatigue

Increased exposure to trauma affected [youth]

Organizational constraints

Ability to engage empathically with others

Unsupportive work environment

Insufficient supervision

Symptoms of anxiety, intrusive thoughts, anhedonia, isolation, and career dissatisfaction

# Symptoms of Compassion Fatigue/Vicarious Trauma

Emotional Roller Coaster Hyper-vigilance oaster PervasiveHopelessness

Angerissues
Sleepissues
Forgetfulness
Isolation
Self-doubt
Apathy

## The ABC Approach







Balance



Connection

#### Personal & Professional Boundaries

#### Reflect:

- What sort of personal/professional boundaries do you create for yourself?
- Who is there to help you manage the stress of your job?
- Where do you feel supported at work? peer-supervision/ supervision/consultation?
- What steps are possible for you to take in your building to support staff?

# Organizational Strategies to Prevent Secondary Trauma

General Wellness

Organizational Culture

- Education and Training
- Reflective Supervision



#### PART II:

Trauma & Sensory Related Strategies

#### Part II Objectives

- Discuss keys for integrating trauma informed principles
- Describe strategies for responding to trauma-related behaviors
- Identify environmental strategies that support healing & resilience

#### Trauma Informed Services

- Compassionate care
- An approach not an intervention
- Supports healing & resilience



## Why is This Important?

https://vimeo.com/103538479

(4:40 Minutes)

## Why Trauma Informed Services?

- Recovery and healing are possible
- Protective factors facilitate healing and resilience
- Healing occurs within the context of RELATIONSHIPS.

# What Does It Mean to Provide Trauma Informed Services?

Delivers services, (mental health, legal, child welfare, education, public health, addiction, housing supports, vocational or employment counseling services, etc.,) in a manner that *acknowledges the role that trauma*, (violence and victimization) plays in the lives of many people seeking these services . . .

#### Trauma-Informed Professionals...

- Appreciate the *high prevalence* of traumatic experiences among youth
- Understand the profound neurological, biological and social effects of trauma and violence
- Engage with youth in a manner that *recognizes and addresses* trauma-related issues
- Are collaborative, supportive, and skilled



# Trauma Informed Services: Key Principles

Safety

Collaboration

Voice & Choice

Trustworthiness

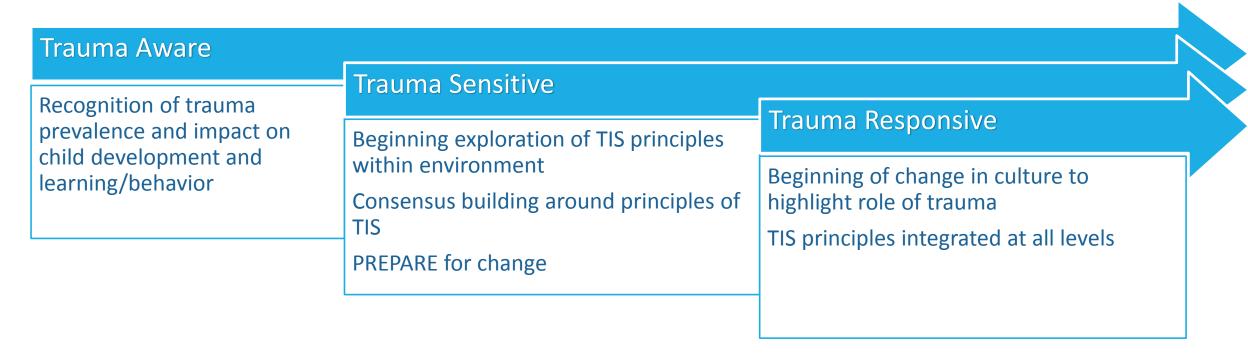
Peer Support

Cultural,
Historical &
Gender Issues

#### Elements of Trauma Informed Environments

- SAFETY precedes learning
- FEAR overrides ability to think clearly
- BEHAVIORS communicate feelings
- ENVIRONMENT & ACTIVITIES can calm
- RELATIONSHIPS can heal
- NON-VERBALS are powerful
- TEAMWORK and shared responsibility are vital
- CONNECTIONS across system

#### A JOURNEY....



Ultimate Outcome: Trauma Informed

## Overall....

Not

"What is wrong with you?"

But

"What happened to you?"

## Handling Disclosures of Trauma

#### Be prepared

- Expect disclosures
- Know agency policies & protocols
- Know state reporting laws
- Discuss confidentiality & reporting requirements
- Have referral info available

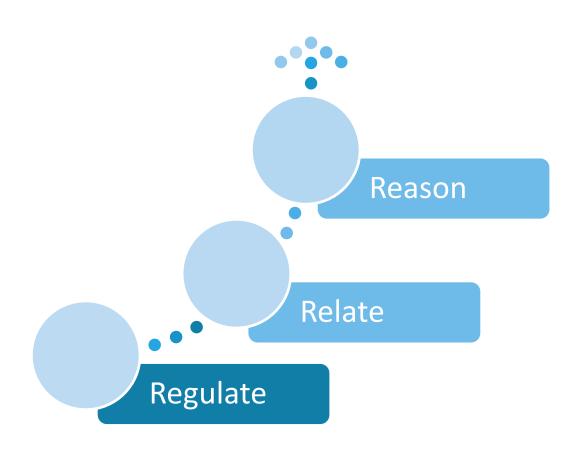
#### After disclosure

- Acknowledge & validate
- Remind about confidentiality & reporting requirements
- Follow up & stay connected

### Pause

- 1. What is your reaction to the information about trauma-informed services? Did anything surprise you?
- 2. Does it change the way you may work with youth in your organization? How so?
- 3. How might you apply trauma informed principles to the youth/adults you thought about earlier? Use the following worksheet to compare your current practices with practices that might be more trauma-informed.

# Strategies



# Start at the Bottom: Regulate

- Manage your own reactions
- Recognize that the youth's behavior is communicating feelings or loss of control
- Validate youth's emotion then guide toward calm
  - Limit questions
  - Call on practiced proactive strategies/ exercises

## Regulate:

#### Consider the Environment

- Create quiet/safe spaces
- Be aware of lighting and background noises
- Encourage respect for personal space
- Develop predictable routines
- Provide advance notice for transitions and changes of routines
- Create opportunities for sensory organizing movement throughout the day

## Regulate:

### Proactive Strategies

- Reorient to the present
  - Focus on immediate environment
- Imagery
- Breathing/ mindfulness meditation/ yoga
- Exercise/ experience with nature
- Teach about the brain & senses & how they react

## Here's Some Recommendations

**Oral-Sensory Strategies**: Chewing gum, biting your nails, eating snacks

Movement Strategies: Rocking in your chair, going for a run, bending over, dancing

Touch Strategies: Twirling your hair, squeezing a stress ball, holding something soft in your

hand

Auditory Strategies: Do you listen to a particular type of music or hum to yourself?

Visual Strategies: Watching a fire or fish tank, reading a book, watching a lava lamp.

# Sensory Strategies for Over-Responders

- "Slow and Low" activities relaxation, coloring
- Heavy work activities
- Rhythmic head to toe movement rocking, yoga
- Repetitive activities

- Calm yourself
- Warning about transitions & future events-no surprises
- Environmental strategies-physically comfortable, water, snacks, low light

# Sensory Strategies for Under-Responders

- Use alerting, fast or intense sensory inputs
- Use stimulation of taste and smell sour, hot, mint, aroma bracelets
- Find and tap into the child's motivation-incentives
- Use color to enhance attention
- Toys (like Slinkys or other fidgets)
- Pencils, etc.
- Physical activities- stretches, toe tapping, blinking, figure 8

# Strategies For Sensory Seekers (Cravers)

- Use tactile, smell, taste & vision
- Create organized movement experiences goal directed and purposeful
- Involve the child in purposeful heavy work tasks (moving desks)
- Environmental modifications fidgets, Velcro on desk

# Next Step Up: Relate

- The connection between youth who have experienced trauma and adults is essential to the healing process
- The brains of children who have experienced trauma may have learned to associate adults with negative emotions
- Youth benefit from positive interactions with adults

### Relate

#### First regulate with the youth, then Relate:

- Tone of voice and volume?
- Youth's relational needs? What communication modes will support them in this moment?
- Body language to support a relationship?
- Positive communication
- Listen without trying to solve
- Avoid trying to make it better

### Relate:

### Build Empathy with Youth

- REFRAME: "What happened to you?" not, "What's wrong with you?"
- REFRAME: "Symptoms" are adaptive coping necessary to survive, not as pathology
- REFRAME: "Behaviors" as communication that can lead to understanding
- PTSD symptoms are typical reactions to atypical circumstances.
- The individual is a survivor. Celebrate their survival mechanism(s)

## At the Top: Reason

#### Think Consequences (vs. Punishment)

- Consistent and Individualized Responses
- Appropriate to Developmental stage
- Consider triggers and experiences
- Retain youth in learning/services
- Consider function of behavior & encourage skill development
- Help youth to recognize impact
- Recognize that change is slow and incremental

### Reason

- Reframe negative behavior as growth opportunity
- Review strategies used and consider need for modified/new strategies
- Support autonomous decision-making and independent functioning
- Emphasize student's ability to make changes
- Foster hope
- Celebrate healthy insights and change
- Provide pro-social opportunities and encourage restorative practices, community interaction and support
- Focus on future strategies

## Trauma and Sensory Friendly Environments

- Routines/ consistency
- Choices
- Clear, firm limits for inappropriate behavior
- Sensitive to environmental cues that can trigger reactions
- Anticipate difficulties and provide additional supports
- Provide warnings
- Understand trauma re-enactment

# Next Steps



## References

A detailed list of references is provided in the Being Trauma Informed and Responsive Toolkit

### Contact:

#### Mary Mueller, LMSW

Project Coordinator, Trauma Informed Systems

Michigan Department of Health & Human Services

MuellerM1@michigan.gov

#### Lauren Kazee, LMSW

Mental Health Consultant Michigan Department of Education

Michigan Department of Health & Human Services

KazeeL@michigan.gov