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

Principal Investigators: R. Anda, MD, MS and V. Felitti, MD
## Trauma’s Prevalence in Michigan

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Description</th>
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<tbody>
<tr>
<td>17%</td>
<td>Michigan adults reported experiencing physical abuse before the age of 18</td>
</tr>
<tr>
<td>11%</td>
<td>Michigan adults reported sexual abuse</td>
</tr>
<tr>
<td>28.5%</td>
<td>Michigan children 0-17 reported 2 or more adverse childhood experiences</td>
</tr>
<tr>
<td>42.2%</td>
<td>Michigan children whose household income is 0-99% of FPL reported 2 or more</td>
</tr>
<tr>
<td>48.7%</td>
<td>Those who receive Children’s Special Health Care Services reported 2 or more</td>
</tr>
</tbody>
</table>

1 - 2013 MIBRFSS
2 - 2011-12 National Survey of Children’s Health
Findings: As ACE Score ↑, 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...

#### Ages 0-5
- Fear of being separated from parent
- 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

#### Ages 12-17
- Flashbacks
- 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]

Unsupportive work environment

Organizational constraints

Insufficient supervision

Ability to engage empathically with others

Symptoms of anxiety, intrusive thoughts, anhedonia, isolation, and career dissatisfaction
Symptoms of Compassion
Fatigue/Vicarious Trauma

- Emotional Roller Coaster
- Hyper-vigilance
- Pervasive Hopelessness
- Poor Self-Care

- Anger
- Sleep Issues
- Forgetfulness
- Anxiety
- Isolation
- Self-doubt
- Apathy
The ABC Approach

Awareness  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.*

(adapted from Fallot and Harris, 2002)
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 . . .

(adapted from Fallot and Harris, 2001)
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

(adapted from Harris and Fallot, 2001) and NASMHPD, 2003-present)
Trauma Informed Services: Key Principles

- Safety
- Collaboration
- Voice & Choice
- Trustworthiness
- Peer Support
- Cultural, Historical & Gender Issues

SAMHSA: The Concept of Trauma and Guidance for a Trauma Informed Approach
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

Adapted from NCTSN: Child Trauma Toolkit for Educators (2008)
A JOURNEY....

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

JSI Research and Training Institute, http://rhey.jsi.com
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

- Reason
- Relate
- Regulate

Perry, B.D. (2006)
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

Adapted from Adolescent Health Workgroup, 2013
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
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