

Trauma Informed Education Slides Handouts Table of Contents

The following materials may be useful as references or handouts for trainees to keep and/or to guide discussions during a training session.

1. **The ACEs Questionnaire** – The original ACES Questionnaire for use by trainees. Page 2
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ACES Questionnaire

Some trainers find it helpful to have trainees determine their own ACE score. This helps demonstrate how common ACEs are and leads to discussions about coping strategies as well as the ways that youth may trigger our own trauma responses. CAUTION – Be sensitive to the ways in which this may be difficult for trainees and encourage self-care, “opting out” or sources of support.

Finding Your ACE Score

While you were growing up, during your first 18 years of life:

1. Did a parent or other adult in the household **often or very often**...
Swear at you, insult you, put you down, or humiliate you?
or
Act in a way that made you afraid that you might be physically hurt?
Yes No If yes enter 1 _____
2. Did a parent or other adult in the household **often or very often**...
Push, grab, slap, or throw something at you?
or
Ever hit you so hard that you had marks or were injured?
Yes No If yes enter 1 _____
3. Did an adult or person at least 5 years older than you **ever**...
Touch or fondle you or have you touch their body in a sexual way?
or
Attempt or actually have oral, anal, or vaginal intercourse with you?
Yes No If yes enter 1 _____
4. Did you **often or very often** feel that ...
No one in your family loved you or thought you were important or special?
or
Your family didn't look out for each other, feel close to each other, or support each other?
Yes No If yes enter 1 _____
5. Did you **often or very often** feel that ...
You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you?
or
Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?
Yes No If yes enter 1 _____
6. Were your parents **ever** separated or divorced?
Yes No If yes enter 1 _____
7. Was your mother or stepmother:
Often or very often pushed, grabbed, slapped, or had something thrown at her?
or
Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard?
or
Ever repeatedly hit at least a few minutes or threatened with a gun or knife?
Yes No If yes enter 1 _____
8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?
Yes No If yes enter 1 _____
9. Was a household member depressed or mentally ill, or did a household member attempt suicide?
Yes No If yes enter 1 _____
10. Did a household member go to prison?
Yes No If yes enter 1 _____

Now add up your "Yes" answers: _____ This is your ACE Score.

BEHAVIORS WE SEE

Age 0-5	Age 6-11	Age 12-17
<ul style="list-style-type: none"> • 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) <p>Resembles Attachment disorders, Autism/ PDD</p>	<ul style="list-style-type: none"> • 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 <p>Resembles Attachment Disorders, ADHD, ODD, Autism/PDD, Depression, Bipolar, Psychosis</p>	<ul style="list-style-type: none"> • Flashbacks • Nightmares/ sleep problems • Emotional numbing • Avoidance of reminders • Depression • Substance abuse • Problems with peers • Anti-social behavior • Withdrawal/ isolation • Physical complaints • Suicidal ideation • School problems • Confusion • Guilt • Revenge fantasies <p>Resembles ADHD, ODD, Autism/PDD, Depression, Bipolar, Borderline, Psychosis</p>

SOME NEUROBIOLOGICAL EFFECTS OF TRAUMA

Increase	Decrease
<ul style="list-style-type: none"> ✓ Size of amygdala (increased interpretation of stimuli as fearful) ✓ Sympathetic NS (fight/flight/freeze) ✓ Startle response ✓ Cortisol levels (stress hormones) ✓ Inflammation ✓ Blood pressure, resting heart rate, respiration ✓ Weight gain ✓ Trembling/shaking ✓ Kindling of HPA axis (takes less stress to trigger a stress response) 	<ul style="list-style-type: none"> ✓ Hippocampal volume (learning and memory) ✓ Corpus callosum volume (smaller, fewer connections, less integration) ✓ Cortex/ Brain volume (smaller brain) ✓ Short-term memory ✓ Verbal recall ✓ Parasympathetic NS (calming system) ✓ Ability to form social attachments ✓ Ability to regulate mood and affect

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

Tactile	Vestibular	Auditory	Vision
<ul style="list-style-type: none"> • Sensitive to textures • Limited diet • Fights while standing in line • Trouble dressing – have a limited wardrobe 	<ul style="list-style-type: none"> • Avoid swings or climbing • Scared on steps or elevators • Over-stimulated by different postures • Often car or bus sick 	<ul style="list-style-type: none"> • Upset in loud places • Trouble with fire drills and announcements • Startle easily to sounds • Cover ears frequently 	<ul style="list-style-type: none"> • Complain of sensitivity to the sun • Difficulty with fluorescent lighting

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

SENSORY UNDER-RESPONSIVITY

Children who are sensory under-responsive may:

- Be unaware of sensory input others notice
- Have a delay before responding to sensory input
- Have a high pain threshold, not cry when hurt
- Seem to not notice when his name is called
- Seem tired or lethargic
- Seem unaware of things around him
- Not notice noxious smells
- Need to watch his hands when using them
- Prefer sedentary vs active, physical play
- Appear passive, unmotivated or apathetic

SENSORY SEEKING or CRAVING

Sensory Seeking children may:

- Be fidgety
- Love rough and tumble play
- Be in “perpetual motion”
- Be hard to calm
- Be constantly touching or poking objects or peers
- Have difficulty sitting still
- Fall on purpose
- Stare at moving objects/reflections
- Appear to be a risk taker
- Chew or mouth non-food objects

Team Time
Part One
Discussion Questions

- 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?**

NON TRAUMA INFORMED

POWER OVER

YOU CAN'T CHANGE

JUDGING

PEOPLE NEED FIXING FIRST

OPERATE FROM THE DOMINANT CULTURE

PEOPLE ARE OUT TO GET YOU

RIGHT/WRONG

HELPING

"YOU'RE CRAZY!"

COMPLIANCE/OBEDIENCE

NEED-TO-KNOW BASIS FOR INFO

PRESENTING ISSUE

"US AND THEM"

LABELS, PATHOLOGY

FEAR-BASED

I'M HERE TO FIX YOU

DIDACTIC

PEOPLE MAKE BAD CHOICES

BEHAVIOR VIEWED AS PROBLEM

WHAT'S WRONG WITH YOU?

BLAME/SHAME

GOAL IS TO DO THINGS THE 'RIGHT' WAY

PRESCRIPTIVE

PEOPLE ARE BAD

CONSIDER ONLY RESEARCH AND EVIDENCE

POWER WITH

YOUR BRAIN IS 'PLASTIC'

OBSERVING

PEOPLE NEED SAFETY FIRST

CULTURAL HUMILITY

PEOPLE CAN LIVE UP TO THE TRUST YOU GIVE THEM

MULTIPLE VIEWPOINTS

LEARNING

"IT MAKES SENSE"

EMPOWERMENT/COLLABORATION

TRANSPARENCY AND PREDICTABILITY

WHOLE PERSON AND HISTORY

WE'RE ALL IN THIS TOGETHER

BEHAVIOR AS COMMUNICATION

EMPATHY-BASED

SUPPORT HEALING

PARTICIPATORY

PEOPLE WHO FEEL UNSAFE DO UNSAFE THINGS

BEHAVIOR VIEWED AS SOLUTION

WHAT HAPPENED TO YOU?

RESPECT

GOAL IS TO CONNECT

CHOICE

PEOPLE ARE DOING THE BEST THEY CAN

CONSIDER ALSO LIVED EXPERIENCE

TRAUMA INFORMED CARE

Team Time
Part Two
Discussion Questions

- 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 one of the youth/adults you thought about earlier? Use the following worksheet to compare your current practices with practices that might be more trauma-informed.**

Moving from Traditional to Trauma Informed Services

Directions: Think about a child or family that you've worked with that has concerning or challenging behaviors. Describe the situation and what behaviors and changes you've seen. Converse with your small group to complete the grid. On the left side think about your current practice and responses. On the right side think about how those might be different using a trauma-informed approach.

	Traditional (Current) Approach	Trauma Informed Approach
Data	Case Example	What data would be most important? Hypotheses? Is there anything else you would want to know?
Initial Response	What would you do? Who else would be involved initially?	What would you do? Who else would be involved initially?
Organization's Response	How would your organization respond? Would there be a formal response or consequence?	How would the organization respond? Would there be a formal response or consequence?
Short-term & Long-term Implications	What are the obvious & subtle (+/-) of the organization's response on the youth/family?	What are the obvious & subtle (+/-) of the organization's response on the youth/family?
Other considerations		What policies or practices should be revisited? Are there proactive/preventive measures that could be instituted to help the youth/family? Who should be involved?

Regulate, Relate, Reason Checklist: In-the-Moment Strategies Start at the Bottom

FIRST: Are we sufficiently regulated?

SECOND: What is the state of our relationship? Is there need for further repair?

Maintain a future focus – what will support growth?

Consider length of time since incident

Consider amount of time available to engage in dialogue

Consider teacher goals – are they reasonable for the student?

- Consequence VS punishment
- What will help the student recognize impact of behavior
- How will the student be supported in developing alternative strategies and skills

Consider and address student goals

Reframe negative behavior as a growth opportunity

Encourage student to review strategies used and consider the need for new strategies

Reinforce student's ability to succeed in making positive change

Foster hope – help the student create a positive future picture

Celebrate healthy insights and change

Provide opportunities for positive community interactions and support

Remember change is slow and incremental

FIRST: Are we sufficiently regulated?

Communicate empathically and congruently

Acknowledge and praise positive strategies used for regulation

Consider tone of voice and volume

Consider the student's relational needs

Consider the student's preferences for relating

- Being with?
- Doing with?
- Talking with – about preferred topics or interests

Consider body language to support a relationship with this student

- Proximity
- Openness
- Eye Contact
- Touch

Listen without trying to solve. Avoid trying to make it better

On a scale of 0-10, how well am I regulated?

Have I used my own strategies for regulation?

On a scale of 0-10, how well is the student regulated?

What strategies have I explored/ practiced with this student that I can call upon?

In this moment, what strategies can assist regulation?

- Grounding – 3 Things
- Exercise/Rhythmic, Repetitive, Movement
- Calming scents
- Breathing/Imagery
- Heavy work activities

Checklist developed using concept from B.D. Perry (2006) by Jeanne Felter, PhD, LPC and Michelle Gorenberg, OTD, OTR/L Checklist developed using concept from B.D. Perry (2006) by Jeanne Felter, PhD, LPC and Michelle Gorenberg, OTD, OTR/L

Trauma & Sensory Sensitive Thinking

Detective Work for Regulate, Relate, Reason

Questions to ask.....

- **What does it “feel” like?** How does the student experience the world?

- **WHERE?** Which spaces support or present barriers to regulation? Consider:
 - Size – large or small spaces?
 - What type of lighting?
 - Busy or quiet? What background noises are there?
 - How many people are in the environment? How much personal space is available?
 - Is there room to move?
 - Are there sensory “tune up” options available? How are they used to best support the student?

- **WHEN?** Are there times of day that support or present barriers to regulation? Consider:
 - Timing of activities: Is the student more/less regulated after getting off the bus? After recess? In the morning or as the day goes on?
 - Are there predictable times of day that present challenges?
 - What came before? Consider the cumulative nature of the student’s experiences.

- **WHAT?** Are there activities that support or present barriers to regulation? Consider:
 - What activities does the student prefer and what are their characteristics?
 - What are the sensory qualities of the activities? Consider all 8 senses.
 - What skills are required? Is there a way to maximize the student’s strengths?
 - Are activities predictable or random?
 - Is there a rhythm to the activity?
 - Who does the activity with the student? Is the student alone or with family/friends?

- **WHO?**
 - Are there relationships that support or present barriers to regulation? Consider:
 - Body language? Near/Far? Opened/Closed? Direct/Indirect? Eye Contact?
 - Tone and vocal volume?
 - What activities are associated with the relationship?

“Starting up”

Sample Wish List for Starting up a Basic Sensory Room:

- Bubble Lamp(s) with safety bracket(s)-acrylic mirrors behind
- Large beanbag chairs
- Rocking chairs & glider rockers
- TV with VCR/DVD
- Large scenic posters/mural
- A comfortable rug
- A book shelf
- A variety of self-help books
- A lockable cabinet
- Stereo
- CD players with headphones
- Assorted types of music
- Nature and relaxation CDs
- Yoga mats
- Therapy & exercise balls
- Lighting/projector–various options
- Ceiling effects–various options
- Weighted vests/weighted blankets/weighted lap pads
- Wrist & ankle weights
- A sound machine
- A flowing water fountain
- Bins with assorted items for each sensory area
- Aromatherapy diffuser kit
- A meditation bell
- Journaling & Art supplies
- A guitar
- A keyboard
- Window treatments
- A dimmer switch for the lighting

Emergency Self-Care Worksheet

Why do I need to do this? It is very hard to think of what to do for yourself when things get tough. It is best to **have a plan ready** for when you need it.

What should be in it? You need to consider 3 general areas: what to do, what to think, and what to avoid.

1. Make a list of what you can do when you are upset that will be good for you.

a. What will help me relax? _____

For example,

- Breathing, Muscle relaxation, Music
- Reading for fun, watching a movie
- Exercising, Taking a walk

b. What do I like to do when I'm in a good mood? _____

- List all the things you like to do so you remember what they are when you need to think of something to do.

c. What can I do that will help me throughout the day? _____

For example,

- Avoid too much caffeine if feeling anxious
- Remember to breathe
- Watch my thoughts
- Stay in the moment

d. Other: What else do YOU need to do that is specific to YOU? _____

2. Make a list of people you can contact if you need support or distraction.

For example, your best friend, other friends, sibling, parent, grandparent, other relative, therapist, priest/minister/rabbi/imam, etc.

- Divide the list of people into categories by asking yourself the following questions:
 - Who can I call if I am feeling depressed or anxious?
 - Who can I call if I am lonely?
 - Who will come over to be with me if I need company?
 - Who will listen?
 - Who will encourage me to get out of the house and do something fun?
 - Who will remind me to follow my self-care plan?
 - Other:

3. Next, make a list of positive things to say to yourself when you are giving yourself a hard time.

Examples of negative self-talk:

- “I got a B- on the paper; that proves that I shouldn’t be in graduate school.” CHANGE to: “That is a good grade. I will work on getting a better one.”
- “I do not understand research methods, I am so dumb.” CHANGE to: “A lot of students are having a problem with this course. Maybe we should start a study group to help each other.”
- “I can’t get all this work done. I should just drop out.” CHANGE to: “I will develop a schedule so that I can get this all done.” “I can check with other students for ideas.” “I can get some feedback from the professors that might help me do the assignments.”

You get it. Try to think about what you would say to a client with the same struggles and apply it to yourself.

4. Next, make a list of who and what to avoid when you are having a hard time.

Examples of people to avoid:

- My boy(girl)friend broke up with me. I will not call my sister as she always hated him. She’ll be happy he’s gone.
- I didn’t get my assignment in on time and I’m worried about my grade. I will not call my dad. He is a stickler for doing things in advance so that they are never late. He’ll just give me a hard time.
- I am discouraged about my grades. I won’t call my best friend because she’ll just tell me not to worry about it and to quit school if it’s such a hassle.

You get this too. Not everyone can be supportive or helpful with every situation. Go to the ones who can be supportive about the specific issue you are dealing with.

Examples of things to avoid:

- I should not stay in the house all day.
- I should not stay in bed all day.
- I should open the shades and let the light in.
- I should not listen to sad music.
- I should not drink too much alcohol.
- Other:

Again, you get it.

5. Write this plan on a 3x5” card. Keep it in your purse/wallet (and on your phone if you can). Look at it often. Add any good ideas to it whenever you can. USE IT!

(Prepared by Elaine S. Rinfrette, PhD, LCSW-R)

Trauma Informed and Responsive
Building Our Trauma Sensitive Community

1. WHAT are our first steps? Based upon the information in this workshop and your self-assessment, identify 2-3 first steps that you can take to improve trauma awareness in your organization. These should be steps that you plan to take within the next 1-3 months. Think small steps for big impact!
2. WHAT barriers or challenges do we anticipate to this process?
3. WHAT opportunities can we take advantage of to support growth toward trauma informed practices in our organization?
 - a. WHAT structures, routines or activities are already in place that we can build on? (For example, could you build 10 minutes of a trauma-awareness conversation into existing staff meetings? Is there an existing practices or routine that could be a vehicle for including trauma-sensitive approaches?)
 - b. WHAT community connections could support our work?
 - c. WHAT opportunities could there be for future funding?
4. WHO are our first partners?
 - a. WHO in our organization might be most receptive and/or most available to partner with us in learning and sharing trauma awareness and sensitivity?
 - b. WHO in our organization may we not have considered as partners before, but would now include in our plan?
 - c. WHO might we identify as a partner in our community? Consider families, other human service providers, and potential funding opportunities.
5. HOW will we measure impact? Set 2-3 measureable goals that can be accomplished in the next 1-6 months.

Videos That Can Be Used in the Training

All Versions:

“Explaining The Brain to Children & Adolescents” <https://vimeo.com/109042767>

“Trauma Informed Care: Perspectives and Resources – A Comprehensive Web-Based, video-Enhanced Resource Tool” Introductory Video to Module 1. <https://vimeo.com/103538479>

Educators & Juvenile Justice/Residential Care Versions:

“Every Opportunity”, <https://www.youtube.com/watch?v=VxyxywShewI>

Health Care Version:

“How Childhood Trauma Affects Health Across a Lifetime, Nadine Burke Harris”
<https://www.youtube.com/watch?v=95ovlJ3dsNk>

Optional Videos:

These video resources may be useful for certain audiences.

“Chad’s Story” and “Unique’s Story” – Videos that highlight the impact adults can have for a child who has witnessed violence. <https://changingmindsnow.org/stories>

“Resilience- The Biology of Stress and the Science of Hope” <http://kpirfilms.co/resilience/> Or contact Mary Mueller at muellerm1@michigan.gov to borrow a copy of this DVD.

“Paper Tigers One High School’s Unlikely Success Story” <http://kpirfilms.co/paper-tigers/> Or contact Mary Mueller at muellerm1@michigan.gov to borrow a copy of this DVD.