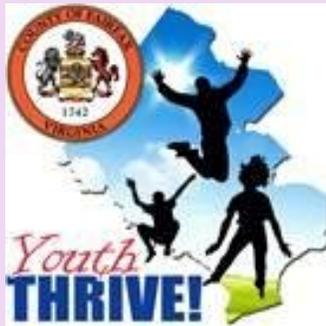


Understanding Trauma in Children and Youth

The Importance Of Relationships

Brought to you by



Fairfax County's Prevention System
Email: ncs-prevention@fairfaxcounty.gov
Twitter: [@ffxyouththrive](https://twitter.com/ffxyouththrive)



**Trauma-Informed
Community Network**

Part of the Partnership for a Healthier Fairfax

TAKING CARE OF OURSELVES



It's OK to ask for help!

1-800-273-TALK (8255)



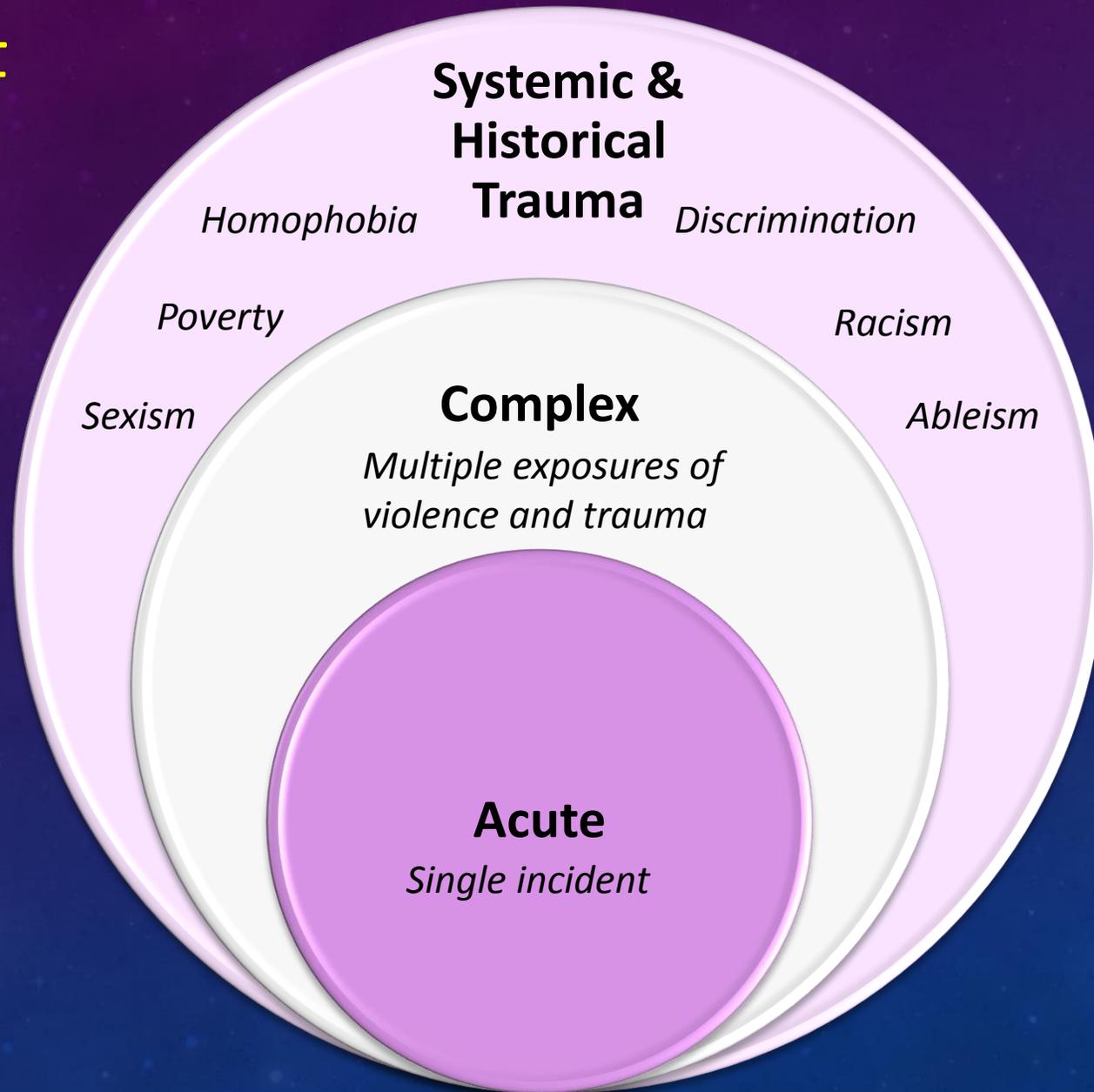
SO WHAT EXACTLY IS TRAUMA?

Trauma refers to experiences that cause intense physical and psychological stress reactions. It can refer to a single event, multiple events, or a set of circumstances that is experienced by an individual as physically and emotionally harmful or threatening and that has lasting adverse effects on the individual's physical, social, emotional, or spiritual well-being.

FORMS OF TRAUMA

- Violence
- Witness/exposure to violence
- Abuse
- Neglect
- War Zone & Refugee Experiences
- Traumatic Grief
- Terrorism
- Immigration Experiences
- Medical Trauma
- Natural Disasters

LEVELS OF TRAUMA



TO PUT IT ANOTHER WAY...

Normal Reactions to Horrific Situations

Symptoms = adaptations or ways of coping



Can result in challenging behavior

TRAUMA SYMPTOMS

Reaction to trauma (or a trauma trigger)
can be Short Term or Long Term, and can include:

- **Emotional:** Identification, Expression, Regulation [overwhelmed]
- **Physical:** Physiological response [Survival Mode—Freeze, Fight, or Flight (can't sit still)]; Somatic complaints [stomach aches]
- **Relational or Social:** Attachment, ability to connect, trust, friendships
- **Spiritual:** Hopeless
- **Behavioral:** Hyper, aggressive, impulsive, risk taking/sensation seeking, “defiant,” or acting out behavior, withdrawn (“compliant”)
- **Cognitive:** Brain development, memory loss, confusion, inability to concentrate
- **Self-Concept:** Sense of self, self-worth, self-esteem, self in the world

Triune Brain: Extreme Emotional Distress

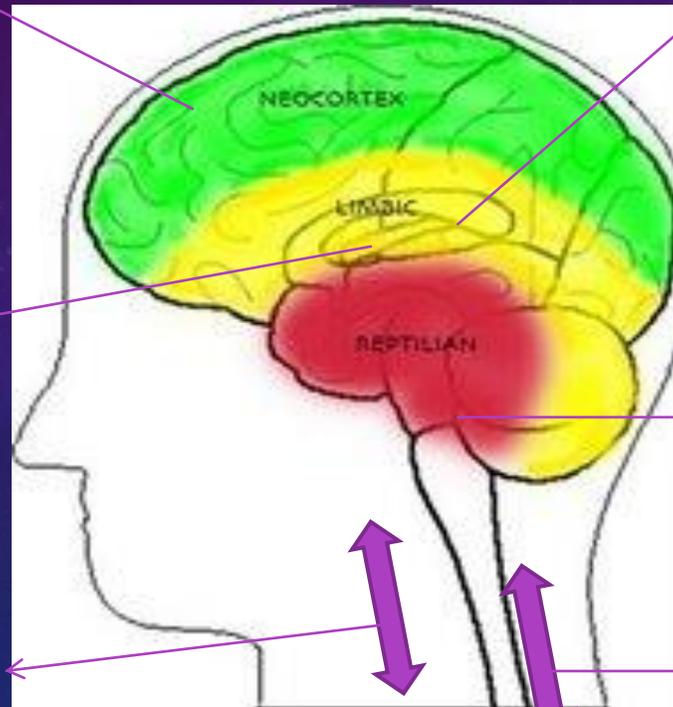
Neocortex:

Regulates Amygdala,
Processes Memory
[narrative, logical].
Shuts down in states of
alarm

Amygdala:

Implicit Memory.
Most efficient in
states of alarm.

Ventral Vagal:
(Parasympathetic)
Numb
"Play dead".



Hippocampus:

Explicit Memory.
Stops functioning
due to high levels of
stress hormones.

Survival Reflexes:

Executes Fight,
Flight, Freeze
Responses.
[Response defies
explanation or
attenuation through
words.]

Dorsal Vagal:
(Sympathetic)
Flight or fight.

Paola Sandoval-Moshenberg
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WHAT CAN A TRAUMATIC EXPERIENCE DO TO THE BRAIN?

FIGHT, FLIGHT OR FREEZE

If trauma is prolonged, extreme, or repetitive, it can physically change the brain.

The Amygdala (*"The Body Guard"*) can become STUCK!! in an alert state. The Body continues to sense danger when there is none, and sends out Stress Response Signals!

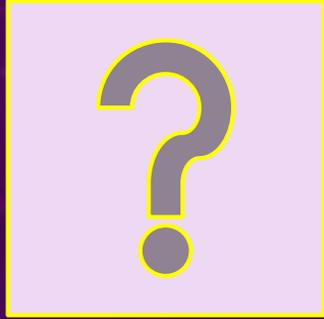
The person who experienced the trauma, keeps living *"IN THE MOMENT!"*

Long after the trauma ends, the person may become unable to separate "NOW/SAFE" FROM "THEN/DANGER!"

A TRAUMA-INFORMED ENVIRONMENT

- *Realizes* the widespread impact of trauma and understands potential paths for recovery;
- *Recognizes* the signs and symptoms of trauma in clients, families, staff, and others involved with the system;
- *Responds* by fully integrating knowledge about trauma into policies, procedures, and practices; and
- Seeks to actively *avoid re-traumatization*

A trauma-informed approach can be implemented in any type of service setting or organization.



WHAT DOES IT MEAN TO FOR HUMAN SERVICES STAFF TO BE TRAUMA-INFORMED?

When someone experiences a traumatic event, there is almost always a feeling of powerlessness and a perceived loss of control.

Factors that might be creating instability for children and youth (divorce, eviction, etc.) might bring up some of those very same feelings.

Consider how the barriers that clients might be experiencing related to accessing resources on their own might bring up those same feelings of powerlessness and lost control. (transportation, language, intellectual/developmental/physical disability, etc)

AWARENESS INCLUDES...

- Warm, welcoming and comfortable spaces
- Friendly, inviting, empathetic interactions
- Awareness of how traumatic stress symptoms may manifest themselves differently depending upon cultural factors
- Viewing behavioral challenges through a “trauma lens.” The behavior may make sense as a coping strategy or adaptation given what the person has experienced
- Making procedures and routines sensible, consistent and predictable to convey a sense of control and safety



How can we acknowledge that Trauma can have negative long-term effects on people, while maintaining a practical, hopeful and asset-focused approach?

ACEs = ADVERSE CHILDHOOD EXPERIENCES

The three types of ACEs include

ABUSE



Physical



Emotional



Sexual

NEGLECT



Physical



Emotional

HOUSEHOLD DYSFUNCTION



Mental Illness



Incarcerated Relative



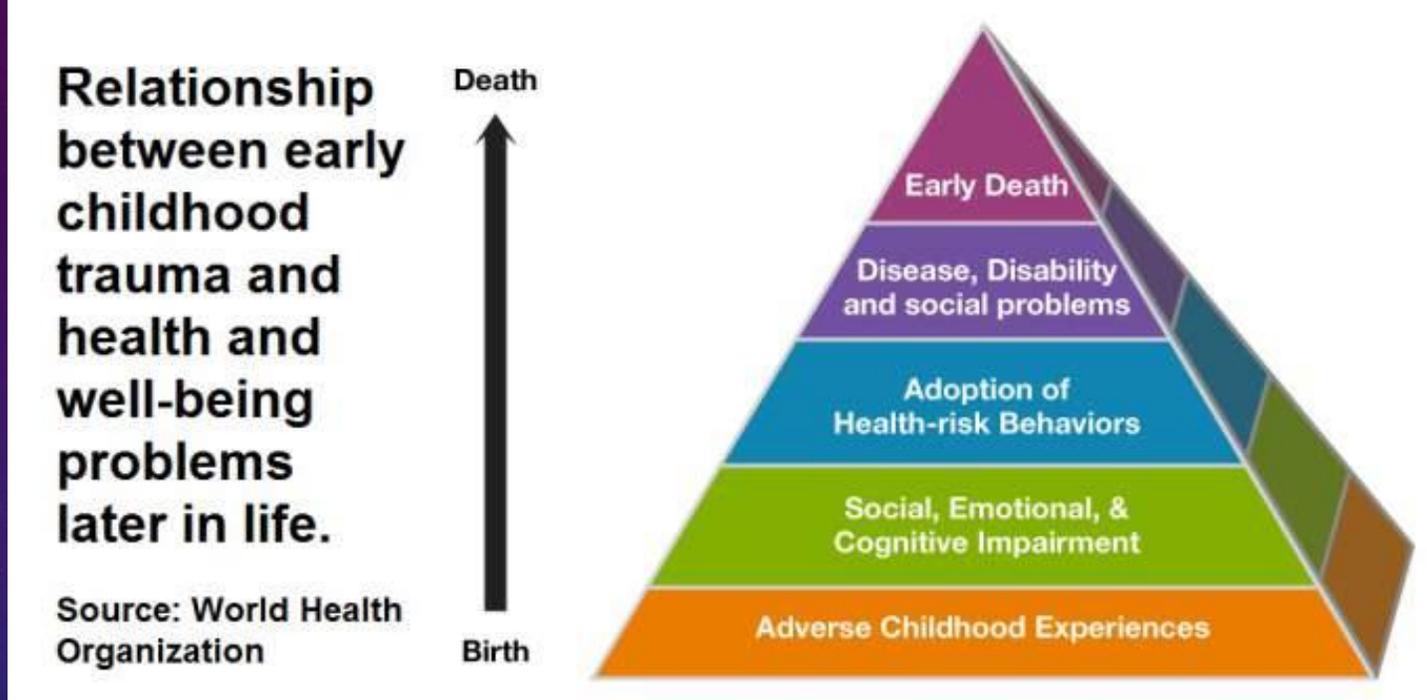
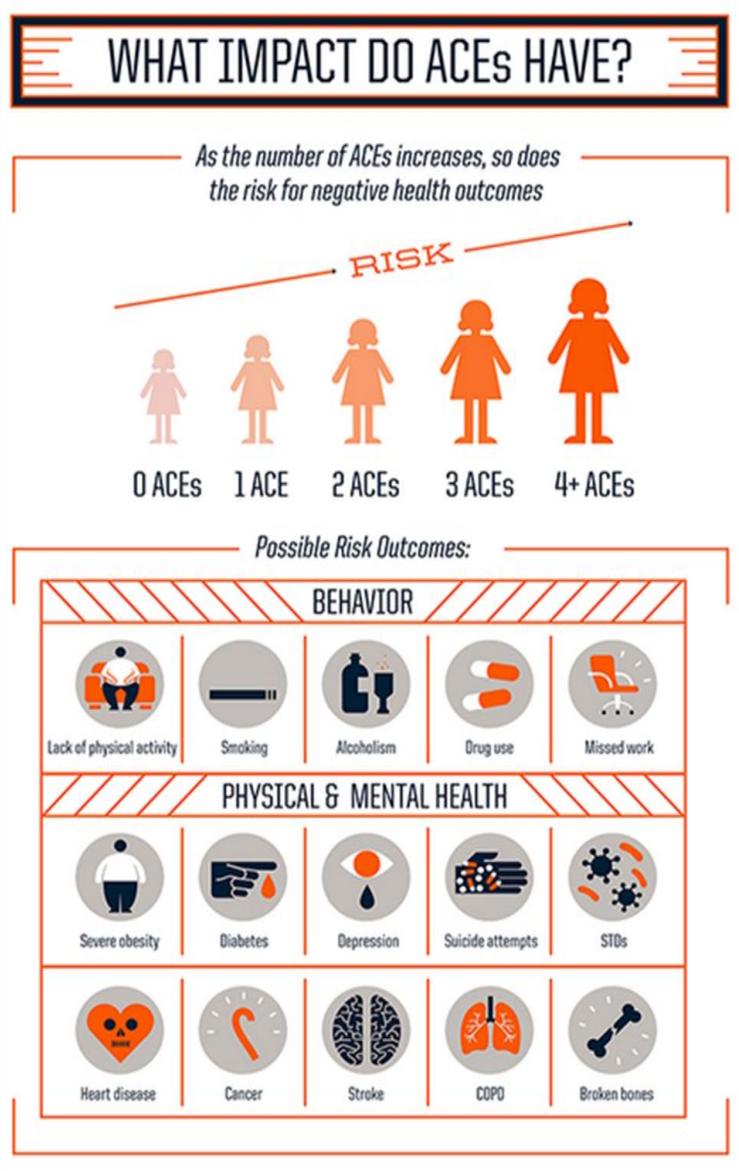
Mother treated violently



Substance Abuse



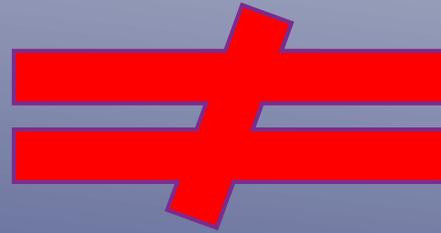
Divorce



ACEs = Adverse Childhood Experiences

These messages of doom can be very distressing to the person with a high ACEs score!

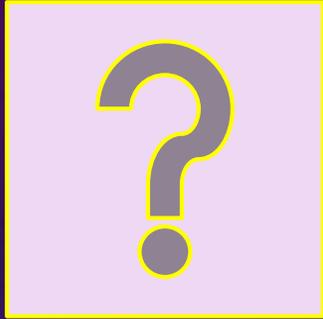
“All children are capable of success, no exceptions!”



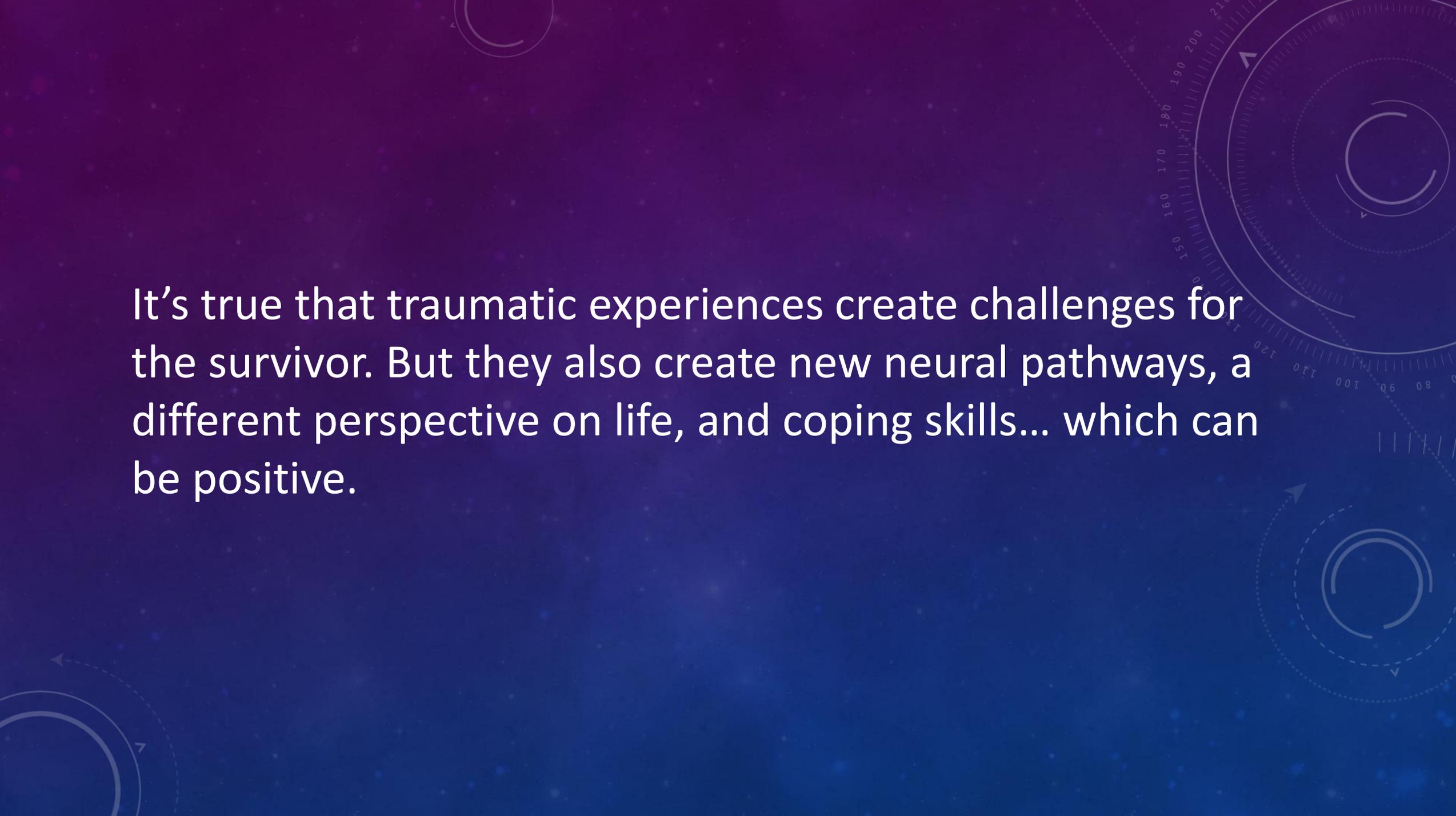
Expectations of:

- Alcoholism
- Drug Use
- Diabetes
- Depression
- Suicide Attempts
- STDs
- Heart Disease
- Cancer
- Stroke
- Early Death
- Etc....





OK, SO WHAT'S THE ANSWER?



It's true that traumatic experiences create challenges for the survivor. But they also create new neural pathways, a different perspective on life, and coping skills... which can be positive.

Words are everything. The words we use for behaviors affect how we *perceive* the behaviors.

We can reframe the “negative” behaviors of traumatized youth (and adults), develop a growth mindset, and focus on assets for all youth, regardless of trauma history.

Develop a **growth mindset** and help youth to do the same

FIXED MINDSET		GROWTH MINDSET
<ul style="list-style-type: none">• SOMETHING YOU'RE BORN WITH• FIXED	SKILLS	<ul style="list-style-type: none">• COME FROM HARD WORK.• CAN ALWAYS IMPROVE
<ul style="list-style-type: none">• SOMETHING TO AVOID• COULD REVEAL LACK OF SKILL• TEND TO GIVE UP EASILY	CHALLENGES	<ul style="list-style-type: none">• SHOULD BE EMBRACED• AN OPPORTUNITY TO GROW.• MORE PERSISTANT
<ul style="list-style-type: none">• UNNECESSARY• SOMETHING YOU DO WHEN YOU ARE NOT GOOD ENOUGH	EFFORT	<ul style="list-style-type: none">• ESSENTIAL• A PATH TO MASTERY
<ul style="list-style-type: none">• GET DEFENSIVE• TAKE IT PERSONAL	FEEDBACK	<ul style="list-style-type: none">• USEFUL• SOMETHING TO LEARN FROM• IDENTIFY AREAS TO IMPROVE
<ul style="list-style-type: none">• BLAME OTHERS• GET DISCOURAGED	SETBACKS	<ul style="list-style-type: none">• USE AS A WAKE-UP CALL TO WORK HARDER NEXT TIME.

<http://mindsetonline.com/index.html>

REFRAME:

Sometimes the personal characteristics that can be challenging in a group setting do have a positive side.

Defiant → Independent

Demanding → Assertive

Fussy → Strong Sense of Self

Impulsive → Spontaneous

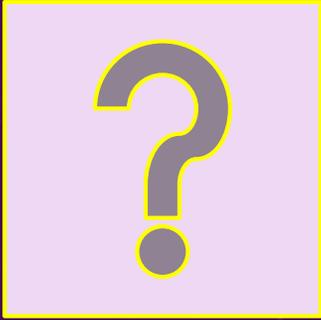
Manipulative → Resourceful

Nosey → Inquisitive

More importantly, we can help traumatized youth recognize the tools and life skills they may have gained from their ACEs, such as:

- Adaptability
- Creativity
- Empathy
- Resilience
- **Resourcefulness**
- Gratitude
- Passion

These skills can also be developed and strengthened, with a growth mindset.



IS THERE ANY WAY TO PREVENT CHALLENGING BEHAVIOR IN THE FIRST PLACE?

- Offer choices whenever you can. Avoiding power struggles is KEY!
- Focus on PROBLEM SOLVING over punishment. Help youth come up with ways to control their own behavior.
- Be aware of your own physical presence, tone of voice, volume, body language, etc. Generally avoid physical touch, and work hard to maintain an even tone of voice and neutral body language.
- Have a game plan for how you can offer youth a safe place to calm down if they need it.
- If appropriate for your setting, devote program time to teaching children and youth skills to identify and manage their emotions. Kids need to learn coping skills to manage situations that become overwhelming. Follow the links on this site for lots of ideas <http://www.pbisworld.com/tier-1/teach-coping-skills/>.

PREVENTING CHALLENGING BEHAVIOR

Self Regulation Tool #1



5-4-3-2-1 Grounding Exercise

name:

5 things
you can see

4 things
you can feel

3 things
you can hear

2 things
you can smell

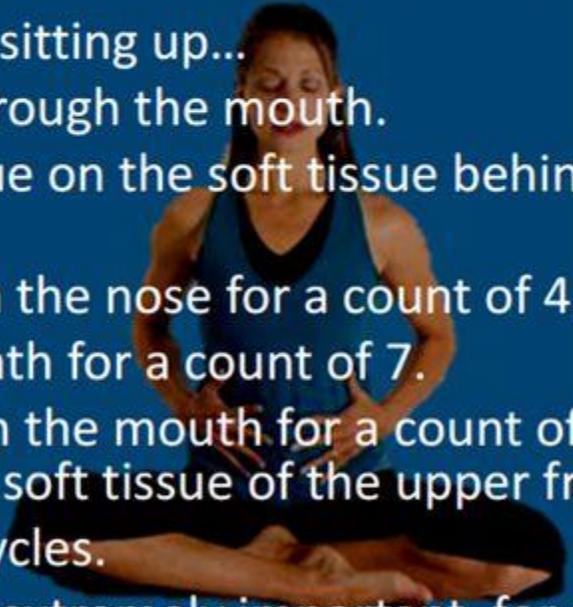
1 thing
you can taste

PREVENTING CHALLENGING BEHAVIOR

Self Regulation Tool #2

4-7-8- Breathing

Re-patterning the Nervous system

- Lying down or sitting up...
 - Exhale fully through the mouth.
 - Put your tongue on the soft tissue behind your upper front teeth.
 - Inhale through the nose for a count of 4.
 - Hold your breath for a count of 7.
 - Exhale through the mouth for a count of 8 (keeping your tongue on the soft tissue of the upper front teeth).
 - Do this for 4 cycles.
 - Consistency is extremely important, for maximum benefit practice this 2 x daily for 6 weeks.
- 

WHEN CHALLENGING BEHAVIOR STRIKES

- Continue to be mindful of your own physical presence and tone of voice as part of managing the fact that YOU may be triggered by aggressive, disrespectful, or otherwise challenging behavior. Children and youth need YOU to remain calm.
- Think about what might ACTUALLY be happening to trigger the behavior. Ask the child or youth VERY SIMPLE questions about what is going on in a compassionate manner.
- Try offering food or water, or suggest some basic relaxation techniques like deep breathing to help bring them back to the moment. Find some other ideas here:
http://kidshealth.org/parent/cancer_center/feelings/relaxation.html
- Help the child or youth regain control by VALIDATING their thoughts and feelings, and offering them choices for how they can remove themselves from the situation or otherwise manage the unacceptable behavior. Calmly request that they chose from one of several workable options.

WHEN CHALLENGING BEHAVIOR STRIKES

- Use active and reflective listening. Don't interrupt.
- Avoid judgment, and offer advice and reassurance sparingly. Focus on providing choices so that children and youth can feel empowered to help THEMSELVES.
- **Remember that their behavior is not driven by logic.** They are in flight, fight or freeze mode and survival responses are taking over. Try some de-escalation techniques to help them manage their aggression and calm down. Check out this video to see how to pull some of these ideas together.
<https://www.youtube.com/watch?v=QGn1bx7ZZUY>

WHEN CHALLENGING BEHAVIOR STRIKES

Consider what **fight, flight, or freeze** may actually look like in your setting, and avoid interpreting the behavior in a negative way. For example, a triggered individual might

-> Run away unexpectedly

-> Become irritable, hostile, or aggressive

-> Shut down... not speaking, making eye contact, or participating



WHAT IF SOMEONE DISCLOSES A TRAUMATIC EXPERIENCE?

Validate & Normalize

Provide opportunities where children and youth can talk safely about their experiences and be reassured that their reactions are normal.

- “It makes sense that you are feeling this way.”
- “Help me understand how you feel.”
- “Let’s talk about ways I can help you if you are ready.”
- “I’m sorry that happened. This is not your fault.”
- “I care about you. How can I help?”
- “I am here for you when you are ready for help.”

INTERVENTION TECHNIQUES

Instilling Hope

- Help others set and achieve personal goals
- Provide opportunities to help others and “give back”
- Provide age appropriate opportunities to be a “kid” / have fun
- Help youth become engaged with school and provide supports to improve school success
- Offer opportunities for success and restored feelings of competence
- Focus on strengths

INTERVENTION TECHNIQUES

Developing a Sense of Connection & Supportive Relationships

Know your role

Know when to refer

- If a youth experiences symptoms which significantly impair their ability to function over a period of several months, referral to a mental health professional experienced in trauma treatment is recommended.

Factors that can increase resilience include:

- A strong relationship with at least one competent, caring adult
- Feeling connected to a positive role model

BEING TRAUMA INFORMED

WHAT NOT TO DO

A trauma-informed approach means providing role-appropriate interventions for all children, regardless of a known trauma history.

Therefore:

- Do not ask for details regarding traumatic / past experiences
(See “Intervention Techniques” section if they bring them up)
- Do not investigate
- Don’t assume the worst
- Don’t go it alone/ don’t go beyond your role – seek out resources and help.



ISN'T THIS TOO MUCH WORK?

When we have educational or program responsibilities, it can be overwhelming to keep all of these concepts in mind. But with practice, they can truly make us more successful.

Kids respond to adults who “get” them. You may be the only adult in the young person’s life who treats them with respect.

“It’s not **more** work, it **is** the work.”

RESOURCES - INTERNET

Immigrant / Refugee Children:

- <http://www.refugees.org/resources/for-service-providers/working-with-refugees.html>
- http://www.brycs.org/clearinghouse/search_resources.cfm

Childhood Trauma :

- <http://www.samhsa.gov/trauma/index.aspx#TipsChildren>
- <http://www.nctsn.org/resources>
- http://www.nctsn.org/sites/default/files/assets/pdfs/childrenanddv_factsheetseries_complete.pdf

When a Child's Parent has PTSD:

- http://www.ptsd.va.gov/professional/treatment/children/pro_child_parent_ptsd.asp

RESOURCES – SERVICE PROVIDERS

- Northern Virginia Family Service Violence Intervention and Prevention Services: – 571-748-2574
- FCPS Office of Psychology Services - 571-423-4250
- FCPS Office School Social Work - 571-423-4300
- Community Services Board (CSB) - 703-383-8500
- Coordinated Services Planning– family activities and basic needs 703-222-0880

RESOURCES – HOTLINES

- National Suicide Prevention Lifeline:
 - 1-800-273-TALK (8255)
 - <http://suicidepreventionlifeline.org>
- Crisis Link 24-Hour Suicide Hotline:
 - 703-527-4077 or text 703-940-0888
 - <http://prsinc.org/crisislink/services/>
- 24-Hour Domestic & Sexual Violence Hotline: 703-360-7273
- Alternative House Teen Crisis Hotline: 1-800-SAY-TEEN (729-8336)
- Fairfax County 24-Hour Emergency Services: 703-573-5679, TTY 711