

**Trauma-Sensitive 21<sup>st</sup> CCLC Practices**

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**Reflective Warm-up Questions:**

**What brought you to the work you are doing?**

**What keeps you doing this work?**

**What do you wish you could do better?**

**Partner Share**

**Why do you think Trauma-Informed Care is such a “Hot” Topic?**

**What are the key questions you want answered?**

**How we come to be here with you today**

**Trauma Informed Care-  
A Careful Start**

**It is important for all of us to be mindful that:**

**Trauma is common** (WSU AHEC CLEAR Center 2013)

- A large study indicated **90%** of respondents reported one incident of life time trauma
- The average number of traumatic life events was **4.8**
- 2/3** of American adults report significant lifetime exposure to trauma
- 20%** of the US population is exposed to trauma in a given year

**For Helping Professionals** (Francois Mathieu, 2012)

- Between **40 and 85%** of “helping professionals” develop vicarious trauma, compassion fatigue and/or high rates of traumatic symptoms

**And Importantly...**

Many of us will have experienced, in our own lives, a number of the **Adverse Childhood Experiences** we will talk about today

### Going forward, it will be important for each of us:

- To be **aware** of our own "trauma" triggers, or what activates our stress response system
- To be aware of how we **react** when we experience a "trauma" trigger, or our stress response system is activated
- To develop a **self-care plan** that addresses how we manage our affect (emotions) in the immediate situation, as well as near and long term self-care strategies. Maintaining "life balance" can be facilitated by attending to domains of self-care that can include: Professional, Physical, Psychological, Emotional, Spiritual and Personal strategies

(Olga Phoenix Project: Healing for Social Change, 2013).

## What does the terms: "Trauma" and "Adverse Childhood Experiences" (ACE's) mean?

### The ACEs Study

In the mid 1990's, Drs' Vincent Feletti and Robert Anda studied over **17,000 adults** in an effort to understand more about stressful or traumatic childhood experiences such as abuse, neglect, and family turmoil. They called these types of events "Adverse Childhood Experiences" or "ACEs."

Here are **four** key findings from their study:

**First, three major categories of Adverse Childhood Experiences were identified, which included ten different kinds of adversity:**

#### Child Abuse-

- Emotional Abuse
- Physical Abuse
- Sexual Abuse

#### Childhood Neglect-

- Emotional Neglect
- Physical Neglect

#### Household Dysfunction-

- Witnessing Domestic Violence
- Substance Abuse-
- Mental Illness
- Parental Separation or Divorce
- Incarceration of a Household Member

**Second, findings from their study indicated adverse childhood experiences are common. For example:**

- 28 % of the people in their study reported a history of physical abuse
- 15 % reported a history of emotional neglect
- 27 % reported they grew up with a family member who abused substance

**Third, findings suggest adverse childhood experiences tend to occur in clusters:**

- 22 percent of the people in the study reported experiencing 3 or more ACEs.

**Fourth, Feletti and Anda also found that the number of adverse childhood experiences in a person's history increases their risk for numerous health, social, and behavior problems throughout their life span, such as:**

- Chronic obstructive pulmonary disease
- Depression
- Suicide attempts
- Alcoholism and alcohol abuse
- Illicit drug use
- Poor academic or work performance
- Risk for domestic violence

### Take home messages from the ACEs study

1. Adverse childhood experiences **disrupt neurodevelopment**, which can lead to a wide range of impairments and the **adoption of unhealthy behaviors** that increase people's **risk for disease, disability, social problems** and even premature death.
2. The effect of adverse childhood experiences may **vary from person to person** depending on several factors, including:
  - The point in their life a person has adverse experiences
  - The nature of the adverse experiences they have
  - The relational and environmental supports that are present
  - Their own strengths and weaknesses
  - "Dose effect" – frequency and duration of toxic stress

**And Again....Even More Importantly...**

**ACEs Are Not Destiny**

## How do Adverse Childhood Experiences affect school-age children?

The toxic stress resulting from adverse childhood experiences is often unpredictable, severe, prolonged and can result in **skill deficits** in specific areas, including:

1. Relationships
2. Physical Development
3. Emotional Awareness and Regulation
4. Behavior Control
5. Thinking
6. Self-concept

These **skill deficits** or **lagging skills** can be an important source of difficulty for a student in terms of social, emotional and academic development.

Here are some important findings that suggest adverse childhood experiences can have a significant effect on a student's functioning **at school**:

- Harvard University's Center on the Developing Child has noted a strong relationship between adverse childhood experiences and **developmental delays**.
- Washington State Professor Dr. Christopher Blodgett, studied adversity in elementary school children in Spokane Washington. His findings indicate that when compare to children with 0 ACEs, children with 3 or more ACEs are:
  - ✓ 3 times more likely to experience **academic failure**
  - ✓ 5 times more likely to have severe **attendance problems**
  - ✓ 6 times more likely to evidence **school behavior problems**
  - ✓ 4 times more likely to have reported **poor health**

**AND**

The Washington State Family Policy Council suggest that adverse childhood experiences are more common in schools than you may think. They note that, in a typical high school classroom of 30 students, more than **40%** of the students may have 3 or more ACEs.

### So why are ACEs a big deal?

- We are not wired to live in constant stress.
- Toxic stress and environments of trauma can cause a constant state of fear that impacts the brain and body chemistry (fight, flight, or freeze). In this state brains can't develop "normally" and a kind of re-wiring takes place with survival pathways created that impede learning and generate lagging thinking skills.
- Too many kiddos are "on alert", on edge, unable to focus on learning. Stress and trauma provide lots of practice shutting off normal development.
- We see more dis-regulation, over-reaction, emotional responses, defiance, etc.
- We can start to see some red-zone kiddos through new eyes

## What else?

### Neuroscience-The Hand-brain Model

### So do students with these issues and responses to situations find their way into after school programs? Y/N

Things we can grab onto:

- ACEs are not destiny
- There is much hope
- Trauma is a word, not a sentence
- Lagging skills are a reason, not an excuse
- Brains can be re-wired with repetitions of positive practice
- We know how to help create environments and situations that help students
- We can learn how to manage "our" behaviors and responses
- We can help teach resilience

### What Does the Term "Resilience" Mean?

### Resilience

According to Harvard's Center on the Developing Child, "the essence of resilience is a positive, adaptive response in the face of significant adversity..."

*(In other words, being able to self-regulate and handle stress in productive ways)*

Current research suggests that several factors increase the likelihood of a child having greater resilience.

- At least one stable, caring and supportive adult relationship (*maybe you!!!*)
- A sense of mastery or "self-efficacy" – a belief in ones ability to handle difficult situations
- Well developed coping skills such as the ability to regulate emotions and consider multiple solutions to problems
- Supportive and affirming cultural traditions and or faith.

### ACES and Resilience

#### Trauma Informed and Resilience Oriented

Two core features of trauma-informed environments that promote the development of resilience are:

## "Predictability" and "Safety"

A phrase increasingly heard from those working in the field of childhood adversity is:

## "Resilience trumps ACEs"

A phrase being used in education is:

## "Fostering Resilient Learners"

### The Neurodevelopmental Skills and Demands Approach:

#### 5 Key Concepts

- Core Elements of the Environment
- Use-dependent Development
- **Kids do Well if They Can**
- Regulation
- Engagement in Relevant Instruction

### Core Elements of the Environment

Bruce Perry, M.D., Ph.D., The Child Trauma Academy

- Relational (safe)
- Relevant (developmentally-matched)
- Repetitive (patterned)
- Rewarding (pleasurable)
- Rhythmic (resonant with neural patterns)
- Respectful (child, family, culture)

Robinson, 2016

### Use-dependent Development

Bruce Perry, M.D., Ph.D., The Child Trauma Academy

"Neurons and neural systems are designed to change in a **'use-dependent'** fashion...Healthy organization depends on the pattern, frequency, and timing of key experiences during development. Patterned, repetitive activity changes the brain...Repetition, repetition, repetition: Neural systems, and children **change with repetition.**"

Robinson, 2016

### Kids do Well if They Can

Ross Greene, Ph.D., Level 1 Advanced Training-Collaborative Problem Solving-2010

"Challenging Behavior occurs when the cognitive demand being placed upon a person outstrip the person's capacity to respond adaptively."

"Unsolved Problems: Specific conditions in which the demands being placed upon a person exceed the person's capacity to respond adaptively."

"Behind every challenging behavior is a lagging skill and a demand for that skill."

"Your explanation guides your intervention."

Robinson, 2016

### Regulation

Adele Diamond (2010) & Daniel Siegel (2012)

“Regulation involves **monitoring and modifying** processes across time, for example. Affect and emotion, physiology and motor movement or communication. In essence, integration leads to optimal regulation (Siegel).”

“Executive functions is a term referring to a set of cognitive functions involved in the **top down control** of behavior in the service of a goal. They are needed whenever ‘going on automatic’ would be insufficient or detrimental (Diamond).”

“Self-regulation refers primarily to **emotional control and regulation**...self-regulation also embraces the importance of motivation and alertness. Self-regulation researchers view emotions as equal partners in the learning process and in the achievement of one’s goals (Diamond).”

“Regulation involves **monitoring and modifying** processes across time, for example. Affect and emotion, physiology and motor movement or communication. In essence, integration leads to optimal regulation (Siegel).”

### Engagement in Relevant Instruction

From Peter Blauvelt, Ph.D. 'Too Simple to Fail: A Case for Educational Change, 2011'

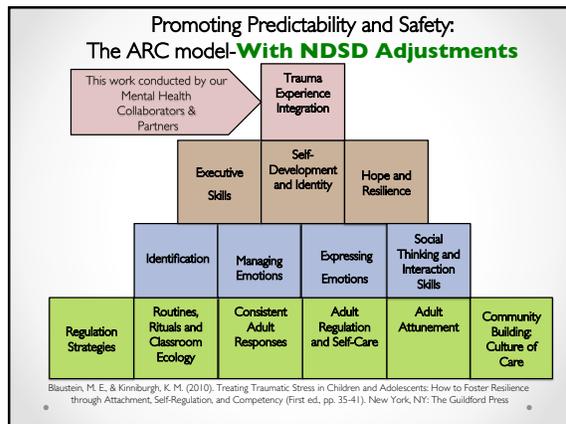
**Theory of School Learning:**

“The only way schools can increase learning is to **increase** the amount of **relevant instructional time** delivered.”

Some indicators:

- Relationships that are positive and respectful
- There is a “PLAN”
- Instruction/activities that are understood
- Learning environments that are safe (predictable routines)
- Expectations and routines are taught and practiced
- Students are actively engaged and participating in the learning/activity
- Learning/activities connect to student interests, needs and/or experiences
- Students receive feedback and encouragement
- Instructors/leaders are “attuned” to the environment

Robinson, 2016



### Promoting Predictability and Safety: The ARC model-**With NDSD Adjustments**

**Competency Level**----Teach students to initiate skills and make adaptive choices to meet their goals.

**Self-Regulation Level**----Teach students regulation skills and provide opportunities for guided practice.

**Attachment Level**----Develop a predictable and safe environment to support student learning.

Blaustein, M. E., & Kinniburgh, K. M. (2010). Treating Traumatic Stress in Children and Adolescents: How to Foster Resilience through Attachment, Self-Regulation, and Competency (First ed., pp. 35-41). New York, NY: The Guildford Press

## Check Yourself:

## NDSD-Adjusted ARC Inventory

## Well-Developed Routines are Regulating

- A good routine, where **skills and demands** are well-matched, will create a classroom or after-school activity that is safe and regulated.
- Regulating activities can become a part of a routine.

## Attuned Relationships are Regulating

### --Attunement--

#### The ARC Definition

Blaustein, M. E., & Kinniburgh, K. M. (2010)

Attunement is the capacity of caregivers and children to accurately **read each other's cues** and **respond appropriately**. This capacity requires that the caregiver and child be attuned on many levels: cognitive, emotional, behavioral and physiological. Accurate attunement allows caregivers to respond to the **emotion underlying** children's **behavior** rather than simply reacting to the most notable or distressing problem.

## Attunement- "Nonverbal Connection"

-Siegel & Hartzell-

### Nonverbal Communication

- Eye Contact
- Facial Expression
- Tone of Voice
- Gestures
- Posture
- Timing of Response
- Intensity of Response

### --Attunement--

## Mantras for "Those Moments"

### Helpful Mantra I

"HALT"

Hungry?

Angry?

Lonely?

Tired?

Siegel & Payne Bryson, 2014

Helpful Mantra 2

“Attune to the Stage and State”

Bruce Perry, M.D., Ph.D.-2010-2014  
www.ChildTrauma.org

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Helpful Mantra-3

“Respect the Intimacy Barrier”

Bruce Perry, M.D., Ph.D.-2010-2014  
www.ChildTrauma.org

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Helpful Mantra 4-

“ACES Shift Function”

Get/Avoid  
To  
Safety/Needs

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**“Regulate-Relate-Reason”**  
Bruce Perry, M.D., Ph.D., The Child Trauma Academy

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**Regulate**  
Always strive to help a student become regulated or “settled.”  
This means they are both physically and emotionally calm.

**Relate**  
Increase student’s ability to feel safe and secure in a working relationship with us.  
Often this means listening, reassuring and empathizing with their point of view  
before we get to ours.

**Reason**  
It’s only after you’ve done these first critical steps of regulating and relating  
that the student is ready to reason and engage in problem solving with you.

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**Team Exercise**

1. Pick a student you suspect may have a history of significant ACEs.
2. Talk with each other about using the Regulate-Relate-Reason Mantra with this student is upset about an issue in your program.

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**Trauma Informed Practices:**

- Review or Initial Questions
- Take Home Concepts
- Links

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## After-School Applications and Ideas

- Know the existing expectations, rituals and routines of the school for all school and facility locations and work with them
- Meet with regular-day school staff about students prior to start-up—know your students
- Identify “red-zone” students who need additional supports and strive to build upon existing strategies that are successful at school
- **Predictable routines and orderly transitions are your #1 priority. Think about every transition that exists in your program and plan for consistency**
- Relationships are critical for many students and you don’t have the luxury of time. Contact the school and arrange to meet with individual/groups of students before your program starts – be the familiar face
- Conduct staff orientation for your extended-day crew to cover all of the above. Establish common practices and agreements.

- Teach and expect that activity coordinators and instructors stay “attuned” to their students and anticipate issues as best they can (as opposed to react to them)
- Teach and expect that activity coordinators and instructors avoid confrontive, sarcastic or harsh public reprimands. Seek agreement on activity management approaches and avoid punishments or consequences that are outside of planned, practices and understood procedures
- Consider Playworks or other problem-solving strategies students can employ during play
- Identify quiet spaces or cool-down areas that some students may need
- Designate some “go-to” individuals for issues that arise and a problem-solving approach

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Trauma does not discriminate.  
Discrimination exists in our response to trauma.

Be the hope.