



## Trauma Informed Care

**What is Trauma?** The unique individual experience of an event or enduring conditions in which the individual's ability to integrate his/her emotional experience is overwhelmed and the individual experiences (either objectively or subjectively) a threat to his/her life, bodily integrity, or that of a caregiver or family member.

**Trauma-** Caused by exposure to an adverse experience that:

- Overwhelm one's ability to effectively respond
- Generate intense negative emotional states
- Involve a loss of control and a sense of vulnerability
- Often occurs in an interpersonal context
- Change one's sense of self and the expectations of the world
- Hinder one's ability to think flexibly and feel secure
- Disrupt the developmental trajectory

### **Why traumatic experiences are inherently complex.**

Every traumatic event—even events that are relatively circumscribed—is made up of different traumatic moments. These moments may include varying degrees of objective life threat, physical violation, and witnessing of injury or death. Trauma-exposed children experience subjective reactions to these different moments that include changes in feelings, thoughts, and physiological responses; and concerns for the safety of others. Children may consider a range of possible protective actions during different moments, not all of which they can or do act on. Children's thoughts and actions (or inaction) during various moments may lead to feelings of conflict at the time, and to feelings of confusion, guilt, regret, and/or anger afterward. The nature of children's moment-to-moment reactions is strongly influenced by their prior experience and developmental level. Events (both beneficial and adverse) that occur in the aftermath of the traumatic event introduce additional layers of complexity. The degree of complexity often increases in cases of multiple or recurrent trauma exposure, and in situations where a primary caregiver is a perpetrator of the trauma.

### **Trauma Symptoms:**

1. **Re-experiencing:** flashbacks, bad dreams, frightening thoughts
2. **Avoidance:** staying away from reminders of the trauma, avoiding thoughts of the trauma
3. **Arousal and reactivity:** being easily startled, tense, having difficulty sleeping
4. **Cognition and mood:** trouble remembering the trauma, negative thoughts about oneself or the world, distorted feelings like guilt or blame, loss of interest in enjoyable activities.

## Children can exhibit a wide range of reactions to trauma and loss.

Trauma-exposed children can exhibit a wide range of post-trauma reactions that vary in their nature, onset, intensity, frequency, and duration. The pattern and course of children's post-trauma reactions are influenced by the type of traumatic experience and its consequences, child-intrinsic factors including prior trauma or loss, and the post-trauma physical and social environments. Posttraumatic stress and grief reactions can develop over time into psychiatric disorders, including posttraumatic stress disorder (PTSD), separation anxiety, and depression. Post-traumatic stress and grief reactions can also disrupt major domains of child development, including attachment relationships, peer relationships, and emotional regulation, and can reduce children's level of functioning at home, at school, and in the community. Children's post-trauma distress reactions can also exacerbate preexisting mental health problems including depression and anxiety. Awareness of the broad range of children's potential reactions to trauma and loss is essential to competent assessment, accurate diagnosis, and effective intervention.

### Presenting Problems

School/work problems	Poor frustration tolerance	Relationship problems
Disruptive behavior	Anger/aggression	Impulsivity
Substance use/abuse	Criminal Behaviors	Oppositionality
Anxiety	Depression	Poor concentration
Low Motivation	Dissociation	Stress related disorders
Medical problems	Self-harming	Suicidal thought/behavior

### Traumatic events often generate secondary adversities, life changes, and distressing reminders in children's daily lives.

Traumatic events often generate secondary adversities such as family separations, financial hardship, relocations to a new residence and school, social stigma, ongoing treatment for injuries and/or physical rehabilitation, and legal proceedings. The cascade of changes produced by trauma and loss can tax the coping resources of the child, family, and broader community, these adversities and life changes can be sources of distress in their own right and can create challenges to adjustment and recovery. Children's exposure to trauma reminders and loss reminders can serve as additional sources of distress. Secondary adversities, trauma reminders, and loss reminders may produce significant fluctuations in trauma survivors' post-trauma emotional and behavioral functioning.

### Triggers

A trigger can be anything that sets off a memory of trauma, potentially causing a flashback, a painful emotion, or a bodily sensation related to the trauma.

Triggers are often the cause of emotional and behavioral crises.

**Individual Variability**- there is substantial variability in how individuals are impacted by trauma.

### Factors that influence responses to trauma:

Age at which trauma occurs	Duration of trauma
Number of traumatic experiences	Type of threat/harm

Protective factors before, during, and immediately after the trauma	Personality
Genetics	

### **What is Trauma Responsive Care?**

- Trauma aware, trauma informed, trauma responsive
- Trauma responsive care involves understanding, commitment, and practices organized around the goal of successfully addressing trauma-based needs.
- Trauma responsive care conveys a purposeful, supportive approach to individuals exposed to trauma, and operates on many levels.
- Trauma responsive care is healing-centered.

### **How to Heal the Stress Response System (6 things needed to heal the stress response system):**

1. Nutrition
2. Exercise
3. Sleep
4. Mindfulness
5. Mental Health
6. Healthy Relationships

### **Prevention Focus: REGULATION**

- Improve capacity for self-regulation
- Create environments that promote regulation
- Address challenging behavior for what it is-a signal of dysregulation

### **Building capacity for self-regulation**

- Self-regulation is learned through co-regulation
- The more often people experience calm, the easier it is to return to a calm state
- Environmental and contextual factors can facilitate self-regulation

### **What are some prevention strategies to Promote Regulation?**

- Helping children find meaning
- Regulating activities to increase the window of tolerance
  - yoga
  - mindfulness meditation
  - regular, rhythmic movement (running, walking, dancing, rocking, swinging)
  - fitness-based physical education, every day for 30-60 minutes
- Building and developing relationships
- Routines and rituals
- Support for ALL transitions- no surprises
- Emphasizing safety
- Creating a “family” culture

- Supporting children at an individual level and addressing developmental deficits: cognitive, language, academic, social/emotional, physical
- Having fun
- Giving children a sense of purpose; giving them a role or job

### **Intervention and Response- Ineffective Strategies**

- Excessive questioning
- Lecturing
- Giving or appealing to logic
- Asking to make a better choice
- Comparing
- Promising a reward
- Ignoring
- Threatening
- Using point charts
- Minimizing
- Time-out
- Getting angry

\*\*\* Strategies that rely on the frontal lobe will not work because they child has difficulty accessing that part of the brain. \*\*\*\*\*

\*\*\*Threats and attempts to control increase alarm and activity in the amygdala, thus escalating the situation.\*\*\*

### **How to Relate – Make or re-establish connection**

- Empathy and understanding
- Validation
- Deep reflective listening
- Curiosity
- Emotion-focused perspective
- Expressing passion
- Anchoring
- Non-judgmental
- Non-threatening
- Identify possible triggering cues

### **How to Reason- Use the crisis to teach a social-emotional lesson**

- Review what happened in terms of the youth's experience, then help the youth review from others' perspectives
- Find humor
- Build regulation skills/expand the window of tolerance
- Teach coping skills
- Teach social skills, critical thinking skills, problem solving skills, and emotional intelligence
- Address developmental deficits
- Adjust expectations if needed and challenge solutions

## How to Repair-rebuild the relationships and make amends

- Rebuild the relationships and re-integrate into the group or class
- Reinforce the “family” culture
- Restorative practices: Give the youth ongoing opportunities to make amends for any harm done

Remember “rules without relationships equal rebellion”

## Parents, caregivers, and teachers can learn to watch the State of their children:

- *If they are calm*, they can access the highest parts of their brain. They are able to do creative work, using the things they know to create things like poems, pictures, essays, sculptures, and models.
- *If they are alert*, they can handle the stress of learning new things. They can work in groups, share responsibility, and enjoy most class interactions.
- *When they become alarmed*, however, they will act emotional or possibly drift into daydreams as they try to escape this heightened stress level. If alarmed, they cannot learn well, and will start to activate their fight or flight mechanism. This is what happens when kids start to act out or seem disengaged.
- *If a child moves into the fear state*, they will become reactive and will fight, run or possibly faint. No clear thinking can happen in this state. Learning is impossible.
- *If in terror*, the child will not even remember what has happened during a conflict. He or she is on auto-pilot and has no control over their actions.

Parents, caregivers, and teachers can learn to use regulating interventions to help get their students and children back to a state where they can both learn and reason. In fact, unless we do regulate ourselves and then help regulate our children, no learning or reasoning is even possible. The lower regions of the brain need attention first.

Sourced from [Duke University National Center for Child Traumatic Stress](#)

<https://www.pta.org/docs/default-source/uploadedfiles/guide-to-cultural-awareness-iii>

Colorado Department of Human Services- COACT Colorado-SAMHSA-Colorado Cross-Systems Training Institute