

Trauma Informed Practices: Fostering a Child's Resilience Through Proactive Approaches

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Agenda

Description of problem behavior

Understanding the definition of trauma

Understanding basic neuro-development

Understanding the effects of trauma

The three pillars of trauma-Safety, Regulation & Relationships

Proactive strategies vs reactive approaches

Building positive relational supports

Description of Problem Behavior:

Some behavior(s) are a problem because of how often they occur (frequency), or how long they last (duration), how severe they are (intensity), or because of when and where they occur (time and place).





Challenging Behaviors Are...

Any repeated pattern of behavior that interferes with learning or activities

Behaviors that are not responsive to the use of developmentally appropriate guidance procedures

Why Children Engage in Challenging Behavior

Challenging behavior **COMMUNICATES**

used instead of language by a child who has lagging skills in social and/or communication development

Challenging behavior **WORKS**

gaining access to something or someone, or avoiding something or someone



Activity

The Explosive Child

Ross Greene, Ph.D

Willful

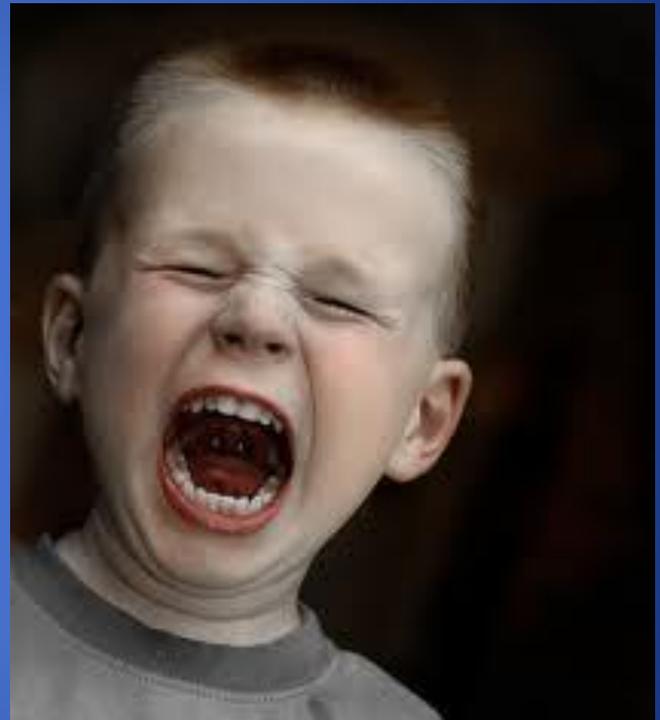
Defiant

Controlling

Attention seeking

Impulsive

Manipulative



Explodes over little things:

Outbursts, tantrums, physical and verbal aggression

'Inflexible - Explosive'

Inflexibility paired with **low frustration and tolerance**

Makes life significantly more difficult for these kids and for the people who interact with them

Think of a child...



What if...
the child's behavior is a
CLUE
not "the problem"?

And what if...

Challenging behavior occurs
in response to
the demands of the environment
exceeding a child's capacity to respond
adaptively?

Our first step:
Shift the Framework
through

UNDERSTANDING

Understanding leads to:

- > Better sense of what strategies to use
- > Improved adult-child interactions

How are inflexible-explosive children different from other children?

Shifting from their own agenda to others' agenda often induces an...

unimaginable

intense

debilitating

level of **frustration**



Lagging skills need to be
**Understood, addressed and
taught.**

We reframe the explosive behavior from
'controlling' or 'non-compliant' to understanding
the child has lagging skills in _____ that impact
the child's ability to _____.

Underlying Skill Deficits

Academic Skills- skills are delayed, skills are above those of peers, mismatch between what is expected of student and what student is capable of performing

Social Skills- lack of confidence, delay in social communication, difficulties reading social cues and/or facial expressions, difficulties with turn taking, back and forth conversation, asking to join, etc.

Physical Skills- lacks physical ability to perform tasks necessary or required

Personal Coping Skills- frustration tolerance, patience, successful transitioning, utilizing skills when upset or regulated

Communication Skills- self-advocacy skills, comprehending and expressing language

Executive Functions- starting, stopping, switching, sustaining, planning, organizing

Emotional Skills- emotional reactions to situations does not match the situation

Lagging skills

Focusing

Waiting

Independent work

Carpet time

Handling disappointment



Your **interpretation** will guide your **intervention**:

Old Framework

Child does well when they

WANT TO

Child's behavior is

Planned

Intentional

Purposeful

Informed Framework

Child does well when they

CAN

Child's behavior is

Unplanned

Unintentional

Think about your child...



Becoming Trauma Informed

What?

Shifting our perspective on behavior by integrating trauma-informed practices into the daily routine

Why?

Because research shows these little things can make a big difference for many children

How?

By educating ourselves we can create safe and caring environments for children & staff

Trauma

Defined as:

A physical or psychological threat or assault to a child's physical integrity, sense of self, safety or survival or to the physical safety of another person significant to the child.

(Kathleen Moroz, Vermont Agency of Human Services, 2005)

Extreme distress that overwhelms one's ability to cope.

(Elizabeth Hudson)

Defining word of trauma: **TERROR**

(Bill Steele)

Potentially Traumatizing Events:

Loss of a parent or sibling

Serious accident/Natural disaster

Serious illness (of loved one, the child...)

Invasive medical procedure, surgery

Severe bullying

Domestic violence

Personal attack by another person or animal

Witness to violence in the home, neighborhood, or school

Separation/Abandonment (from caregiver)

Think about your child...

What do you know about the world they live in outside of school?

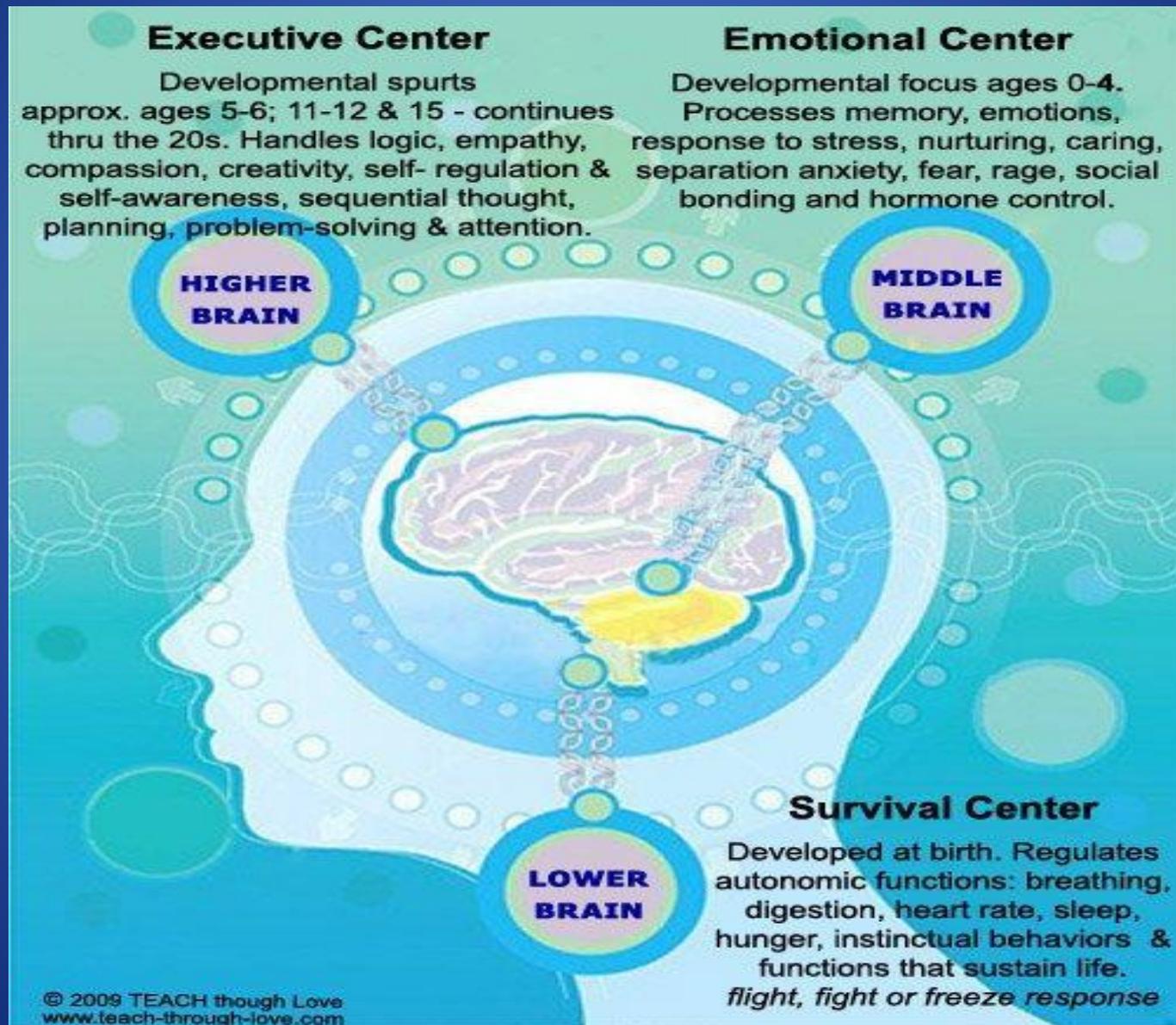


(You don't need to know to allow for the possibilities)

The question becomes
NOT
“What is wrong with you?”
but
“What *happened* to you?”

S. Bloom

Trauma and the Brain



Stress response systems begin in the lower parts of the brain and help to regulate and organize higher parts of the brain

If the stress response systems in the lower portions of the brain are **poorly organized or poorly regulated**, they may dysregulate and disorganize higher parts of the brain

Adaptive Responses to Threat

Hyper-arousal (“gears up for action”)

Appears willful/oppositional, defiant, aggressive, hyper-vigilant, anxious, panicked, etc.

Dissociative (“disengages from external world...attends to inner world”)

Avoidance, withdrawal from outside world, compliant (almost robotic), detaches, numb, self-soothes, fetal position, overwhelmed, etc.

Trauma and Pain

“States of autonomic hyper-arousal are subjectively experienced as pain.”

Allan Schore

“Troubled children are in some kind of pain and pain makes people irritable, anxious and aggressive.”

Perry and Szalavitz

Principles of Neurodevelopment & Neurobiology

(Dr. Bruce Perry)

Neural systems can be changed with

repetition, repetition, repetition, repetition,
repetition, repetition, repetition,

of appropriate, therapeutic activities
(patterned and rhythmic).

The Three Pillars

(Howard Bath)



SAFETY



A sense of safety helps children stay engaged in the present. We need to front load safety. A sense of safety is not a reward for work well done.



How do we create safety for children who don't experience safety within?



How do we create safety on a daily basis?

- Trusting Relationships
 - Empathy
 - Listening
 - Reliability
- Predictability
 - Routines
 - Structure
 - Explicit Rules
 - Explicit Expectations
- Build community
 - Community circles
 - Morning meetings
 - The right to pass
 - Shared celebrations
 - Restorative practices
 - Inclusiveness
 - Respect for all
 - Appreciation of differences

Safety...

A person

A place

A thing



REGULATION



“The capacity to self regulate is not just a nice thing, it determines your future”

-Howard Bath

What is regulation?

Ability to maintain a state of calmness, focus and alertness

Regulation supports the child's ability to process, think, interact with others and learn



What is dysregulation?

The inability to maintain inner calmness, to focus attention and remain alert, often resulting from experiencing stress beyond one's window of tolerance or ability to cope



How does trauma change a child's ability to self regulate?



Fear and terror are sensory, visceral experiences

Sensory reminders of a traumatic event can trigger the brain into a heightened survival response

Dysregulated states can be triggered by reminders of traumatic events

Usually unconscious and nonverbal sensory inputs



Children who do not feel safe may:

Be hyper vigilant: scanning for threat or danger

Perceive threat or danger where we see none

Exhibit unpredictable anger, aggression, fearfulness, hyper-vigilance

Appear fidgety, unable to concentrate, oversensitive



Think about your child....
What are their lagging skills?



Shifting the Framework

“Needy”

“Attention seeking”

Or....

Co-regulation seeking

Short, small capacities for independent regulation



Regulation Activities

Neurons that fire together wire together...

Therefore, children who live in a persistent state of fear often cannot turn off the survival mode

Regulation (or sensory) activities...

Help soothe the survival impulses, help the child regulate in the moment, and also helps to rewire the child's brain over time

Regulation Activities

Spontaneous -

Responding to a child's need

Planned -

Based on trigger activities or times of day



Regulating activities help children shift from a state of arousal (survival mode) to a thinking state

Regulation activities are NOT a reward.

They help students get ready for learning!

Intervene Early-Be PROACTIVE

Support children when they are ‘good to go’

Notice when a child is just beginning to become dysregulated (This is also called attunement). Identify early signs such as facial expressions, voice tones, body movements or emotions such as embarrassed, anxious, humiliated and take action.

The smaller it is the easier it is to fix.

Teachers/caregivers often feel pressured to *make* children learn. But if a child is not available for learning, demanding learning is not going to have any positive effect. We can respond with power struggles and frustration OR we can teach them to regulate and **get ready to learn**.

Environment

Create an environment that supports regulation:

Structured (and flexible)

Predictable (and flexible)

Routines (and flexible)



Distraction

Distractions can move a child from an over aroused state to a regulated state...

Using a sense of humor

Talking about an interest

Changing the activity or task or subject

Offering choices

Taking a break or take a walk

Exercise

Music

Games, puzzles, play dough, etc.



Co-Regulation

Co-regulation is sharing your regulation with a child

Be regulated

Be calm

Be non-threatening

Use a soft voice

Have a relaxed body



**The child will tend to regulate in this direction as well*

Transitions

Minimize

Foreshadow



Support transitions with pre-taught routines

Module 1: The CPI *Crisis Development Model*SM

The diagram illustrates the Crisis Development Model. At the top, a dashed arc labeled "Integrated Experience" spans across two columns. The left column is titled "Crisis Development/Behavior Levels" and lists four items: 1. Anxiety, 2. Defensive, 3. Risk Behavior, and 4. Tension Reduction. The right column is titled "Staff Attitudes/Approaches" and lists four corresponding items: 1. Supportive, 2. Directive, 3. Physical Intervention, and 4. Therapeutic Rapport. A vertical line separates the two columns, and a horizontal line is positioned below the top row of the table.

Crisis Development/Behavior Levels	Staff Attitudes/Approaches
1. Anxiety	1. Supportive
2. Defensive	2. Directive
3. Risk Behavior	3. Physical Intervention
4. Tension Reduction	4. Therapeutic Rapport

Our behaviors and attitudes can affect those in our care and vice versa.

Anxiety: a change in behavior (e.g., pacing, withdrawal)

Defensive: beginning to lose rationality (e.g., refusal, shouting)

Risk Behavior: behaviors that present a risk to self or others (e.g., hitting, self-injury)

Tension Reduction: decrease in physical emotional energy (e.g., crying, apology)

Supportive: an empathic, non-judgemental approach (e.g., listen, allow time)

Directive: decelerating an escalating behavior (e.g., give simple directions, set limits)

Physical Intervention: disengagement and/or holding skills to manage risk behavior (e.g., low, medium, high level disengagement and/or holding skills)

Therapeutic Rapport: re-establish communication (e.g., listen carefully, debrief)

Create planning based on the child's state of regulation:

1. Regulated

Hands to self
Engaged in learning
Participates in academics
Smiling
Happy eyes
Talking
Fragile
Makes verbal connections
Compliant
Can make choices
Sensitive
Will hold hand sometimes

1. Adult Actions

Call on him when he can be successful (questions without "right" answers -- opinions)
Give single step directions
Allow physical space
Special spot in line
Praise
Reflective stories (tell him a story of what he did well)
Sensory/Touch: back, shoulder, side hug, pressure
Scheduled regulation breaks

2: Tension

Eyes get bigger
Scans room
Focuses on peers (not learning)
Mad face
Gentle swatting/poking at other kids

2. Adult Actions

Distraction
Offer choices
Offer regulation break (classical music, drawing, fidgets, etc.)
Novel person
Check for basic needs: food
Time in
Job
(weighted vest?)

3: Early Distress

3. Adult Actions

Wrinkled face

Furrowed brow

Eyes big

Can't make a choice

Poking other kids

Physical change:

Jerky body

Over aroused

Stands

Super sensitive

FOOD

Switch adults

Call for back up

Ask kids next to him to move

Give space (instead of making him move)

Shield/block other kids (be the barrier)

If you need to remove him, he will feel social devastation and escalate, so be prepared.

4. DISTRESS

4. Adult Actions

Primitive/ Primal

Physical aggression:

Bucks, arches, bites, spits

"I'm scared"

High whining

"I'm going to call the cops on you"

"I'm not in trouble"

Swearing

Physical escort to safe space

Two adults

Use "I can fix it"

"You are not in trouble"

"I will help you stay safe"

Relationships



RELATIONSHIPS MATTER

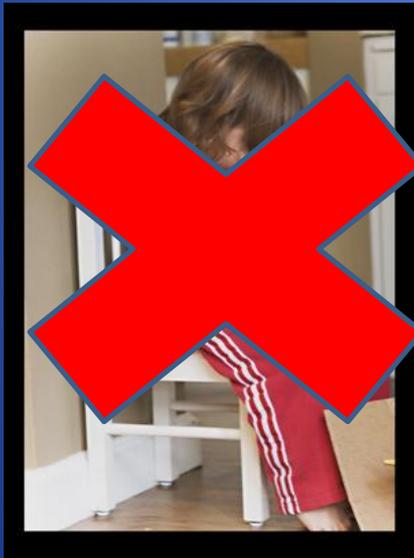
Traumatizing

Not Traumatizing



Time In

Time-In is an opportunity for time with a safe adult that focuses on empathy, connection and inner calm. This is preventative time or time to reestablish regulation and relationship.



What can we do as caregivers...

*Try to prevent the challenging behavior-
Be Proactive!*

Teach New Skills

Respond Effectively



Selecting Prevention Strategies

Change the environment to reduce the likelihood that challenging behavior will occur



Preventions that fit in the natural routines and structure of the group situation or family

Soften triggers or change the triggers so they do not cause the child to display challenging behavior



Selecting Prevention Strategies...

Provide choices

Embed preferences into activities

Use timers, visuals, social stories, etc.

Remove triggers

Reduce distractions

Intersperse non-preferred tasks with preferred tasks

Enhance predictability with schedules



Strategies to make routines or activities easier for the child and soften the triggers



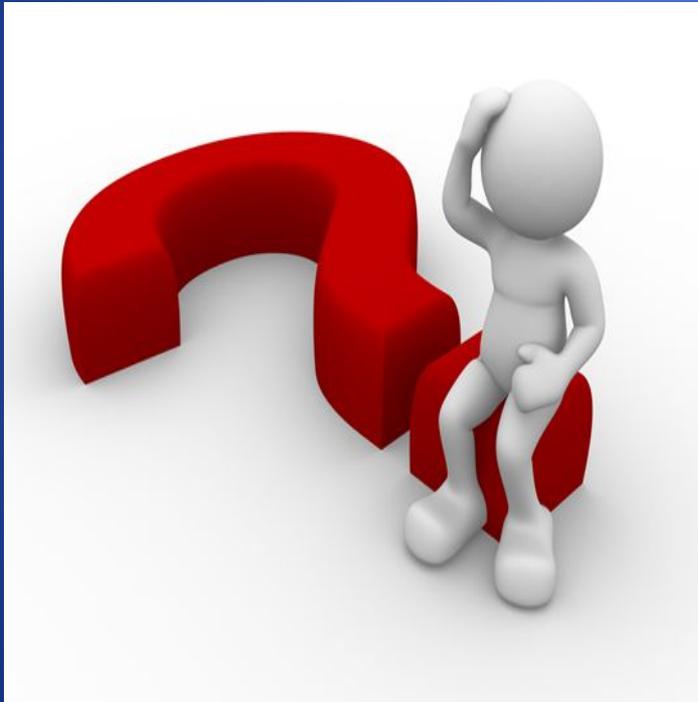


So what if the
behavior was a
CLUE
and not a
problem?

Think of a child...



Questions & Thank You!



“Whether we’re a preschooler or a young teen, a graduating college senior or a retired person, we human being all want to know that we’re acceptable, that our being alive somehow makes a difference in the lives of others”

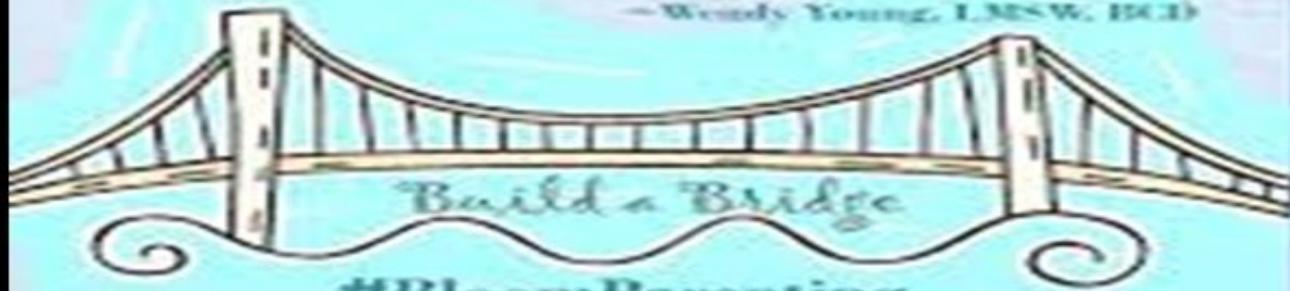
-Mr. Fred Rogers

“The kids that need us the most are almost always the most difficult to like.”

-Travis Wright, UW Madison

Punishment does
not build new skills.
Build a bridge from
where your child's
behavior is to where
you want it to be.

—Wendy Young, LMSW, BCD



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