

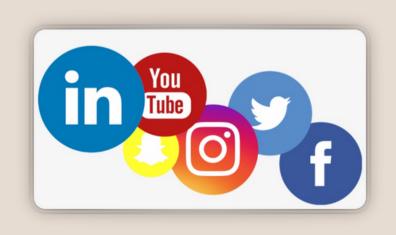
TRAUMA RESPONSIVE CARE



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In part 1, we learned how the stress response system works and how we can influence that in either positive or negative ways.

Remember: The Still Face Experiment, The 3 stages of Stress, ACEs, Maslow, and The
Stanford Prison Experiment
Identify stress response behaviors



SECTION 2

IDENTIFY REACTIVE BEHAVIOR(S) & STRESS RESPONSES IDENTIFY HOW TO CULTIVATE RESILIENCE RESPONDING V. REACTING THE EFFECTS OF HIGH STRESS WORK ON YOUR STS

WHAT IS TRAUMA INFORMED CARE?



•Trauma Informed Care (TIC) is an organizational structure and treatment framework that involves understanding, recognizing, and responding to the effects of all types of trauma.





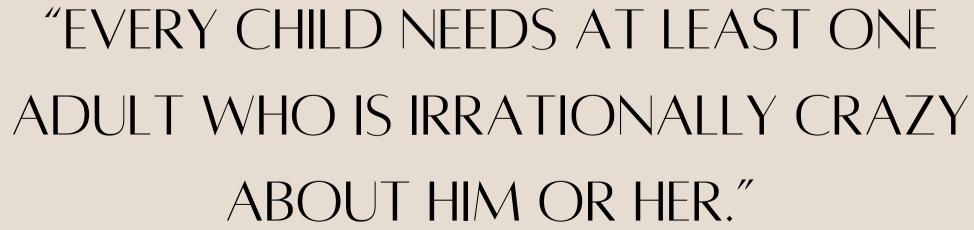
"A program, organization, or system that is trauma-informed: **Realizes** the widespread impact of trauma and understands potential paths for recovery;

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 resist re-traumatization."





– URIE BRONFENBRENNER,
DEVELOPMENTAL PSYCHOLOGIST



IDENTIFYING REACTIVE BEHAVIORS



Situation:

Student threw a chair at and cursed out a teacher.

Report:

Teacher states that student exploded for no reason, they weren't doing their work; teacher tried to correct, they reacted.

WHAT IS HAPPENING HERE? HOW DO WE FIND OUT?

What questions must we ask and how?





Parental resilience
Social connections
Knowledge of child development
Concrete support in times of need
Social and emotional competence of the child
Nurturing and attachment

(US HHS - Admin. for Children and Families)





- ·Find a Sense of Purpose in Your Life
- ·Build Positive Beliefs in Your Abilities
 - Develop a Strong Social Network
 - ·Embrace Change
 - ·Be Optimistic
 - Nurture Yourself
- Develop Your Problem-Solving Skills
 - ·Establish Goals
 - Take steps to problem solve
 - Keep working on your skills

TRAUMA INFORMED CARE



·Essentials of TIC

Connect – Focus on Relationships

Protect – Promote Safety and Trustworthiness

·Respect - Engage in Choice and Collaboration

·Redirect (Teach and Reinforce) – Encourage Skill building and competence

SAMHSA'S 6 KEY PRINCIPLES



·Safety

•Trustworthiness and Transparency

Peer support

Collaboration and mutuality

·Empowerment, voice and choice

·Cultural, Historical, and Gender Issues



The 5 C's of Positive Youth Development

Dr. Richard M. Lerner
Director of the Institute for Applied Research in Youth
Development
Tufts University

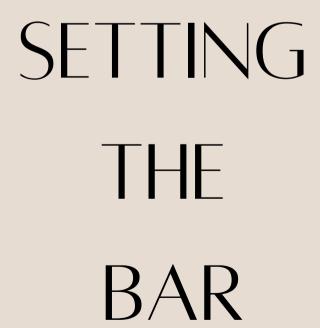


RESTORATIVE PRACTICES

TO Z J J M O R M O

- •Finding the root cause TAKE THE TIME
 - ·Responsive NOT reactionary
 - Identifying supports
 - •Eliminating barriers
 - Accountability with understanding









THE GREATER DANGER FOR MOST OF US LIES NOT IN SETTING OUR AIM TOO HIGH AND FALLING SHORT; BUT IN SETTING OUR AIM TOO LOW, AND ACHIEVING OUR MARK.

MICHELANGELO BUONARROTI

Quotes 2 love.com

BUT ALSO





THEY'VE SET THE BAR TOO HIGH!

CONSIDERATIONS

- ·You.
- ·Them.
- •Experiences.
 - ·Attitudes.
 - ·Behaviors.
 - Physical
 - Verbal
- ·Non-verbal











"It's not that your son is bad, he just exceeds standards for mischief."





- Movement/rocking
 - ·Biting/chewing
- ·Tapping, bouncing of the leg/body
 - ·Not being able to sit/pacing
 - Draw to music
- · "Hiding" in clothes or with their body or someone else's
 - Not talking or talking excessively
 - ·Crying

WHAT NOT TO DO





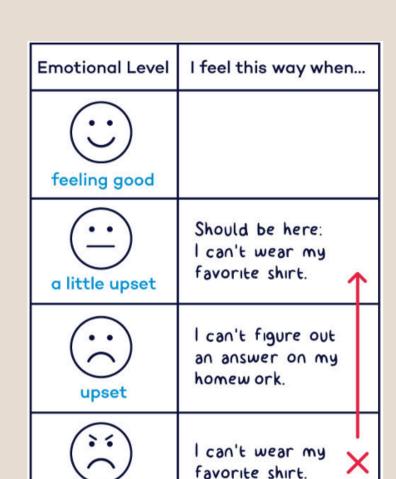
TEACHING SELF-

REGULATION

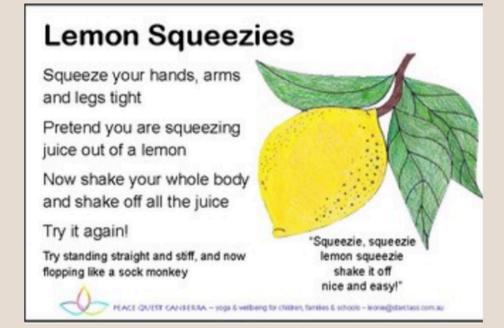


You can also ... Make the biggest sigh in the world Make the smallest and quietest sigh Try it with other lovely smells like chocolate cake!





very upset



·Wet noodle

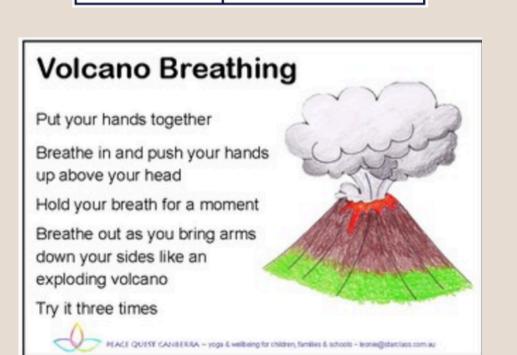
Breathing exercises

Communicating

emotions

Insulin V Cortisol















Perception IS reality for them

·Their "tigers" are right next to them and GROWLING

They are still CHILDREN

·They are constantly ON while in detention

•NO ONE can use their thinking brain when their stress response system is ON
•The SEVERITY of the PERCEIVED threat will determine how quick and how strong the response; the higher and the longer the escalation, the longer it will take to HEAL from this and re-regulate. This may take some folks, sometimes hours, days, or even weeks to fully recover

·They will need safety/space; food, water, shelter, SLEEP



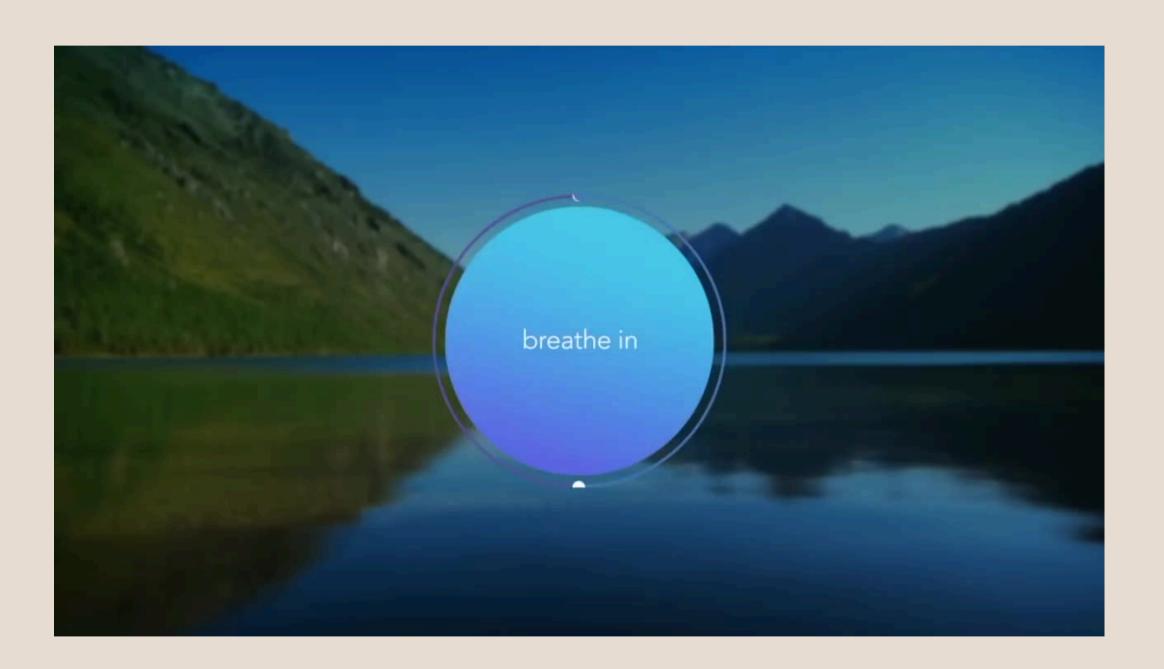
BEST PRACTICES

- •Practice prevention: self-care and coping plans; breathing exercises; de-escalation of self and others PLEASE, take care of YOU
 - •Know early intervention: de-escalation; how to avoid re-traumatizing/escalating youth; de-escalation of self and others
 - ·Intervention: mirroring; calming/de-escalation; procedure;
- •Recovery: relationship repair; counseling/connection; prevention and education WITH youth

LET'S LEAVE THE STRESS AT THE DOOR....



1.Sit comfortably, OPEN hands, open front body
2.Scan your body for tension
3.As you follow the breath cues, INTENTIONALLY release that muscle tension, anywhere you find it







FIRST,
DO NO HARM.



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Remember!

WHAT TO DO



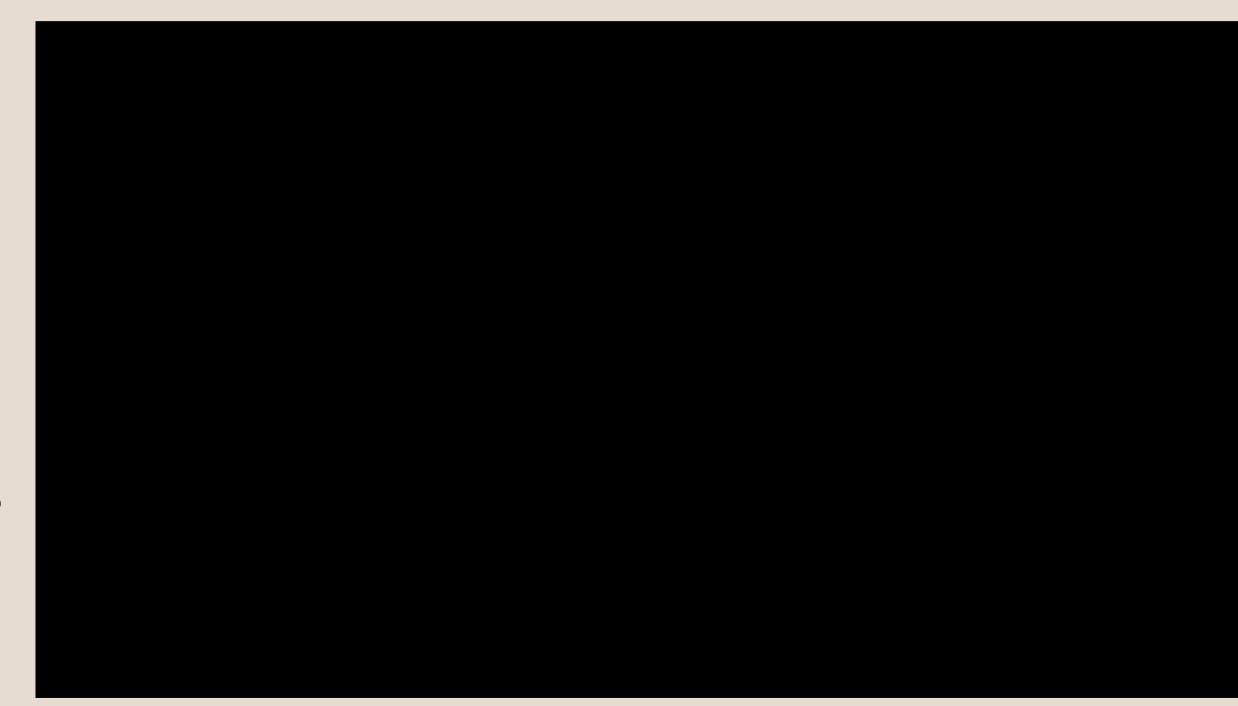
ASSERTIVE not aggressive

FIRM not attacking

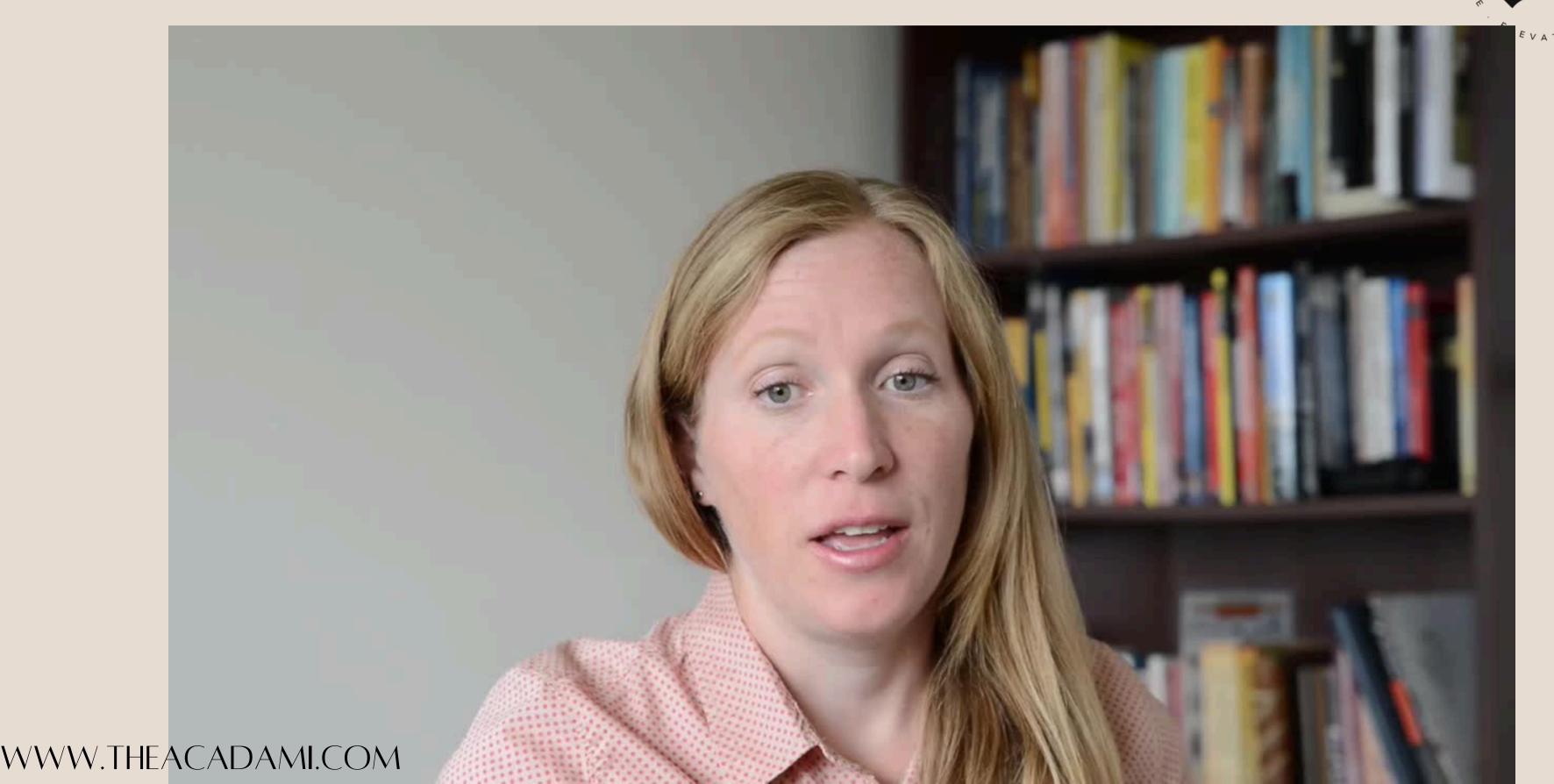
CALM not hyped/aroused

LOW TONES/not yelling

GIVE SPACE as much as possible



REGULATING PRACTICES..





YOU must be
CONSISTENT
PREDICTABLE
CALM, ALERT
DE-ESCALATED
FOLLOWING THE ROUTINE MODELING

WARNINGS: lights coming on/off; doors opening or closing; approach; when ANYTHING is going to change

Children of trauma need AS MUCH INFORMATION as possible!

Remember your Trauma Responsive Care:

1. Take the TIME needed with them

1. They have to feel SAFE, first

2. They CANNOT think or communicate well within a stress response/escalated

2.ACTIVELY seek to RESIST re-traumatization

3. Beware loud sounds, bright lights

1.Common "triggers"

2.Closed off rooms/cold, dark rooms

4.NEVER touch without permission, even to console

5.BEND DOWN to speak to children

1.Are there any toys or stuffed animals you could give to them?

2.Can you allow them to draw while you talk to them?

3. Work with your partners: therapists, social workers, etc...

6.SMILE

7.Be as warm and nurturing as possible

8.Remember to be PATIENT even when trying to ask questions

9.Remember that these CHILDREN are probably conditioned to lie to you and

distrust you, this is NOT their fault

10.Remember that compliance does NOT mean they are okay/feeling safe

11.RESPOND do not react to their behavior

12. Avoiding using language like "good girl" or "good boy"

13.ASK, "how can I help you feel safer right now?" "is this or that okay with you?"





SUGGESTED MEDIA & RESOURCES

- Ted Talks/Books/Videos
- ·Brene' Brown Vulnerability Researcher & Author
- ·Nadine Burke Harris Pediatrician, ACES & Resilience Researcher
- Dr. Bruce D. Perry Trauma & Child Development Specialist & Author
 - •The Child Trauma Academy: <u>www.Childtrauma.org</u>
 - •ECHO: <u>www.echotraining.org</u>
 - •http://traumainformedcareproject.org/
 - •https://www.samhsa.gov/nctic
 - •http://vetoviolence.cdc.gov/apps/aces/1.html#
 - ·http://traumainformedcareproject.org/resources.php
- •http://traumainformedcareproject.org/resources/aces_execsummary2016_snglpg s.pdf
- ·http://traumainformedcareproject.org/resources/RESILIENCE_Questionnaire.pdf