Slide 1

Regulate to Educate: Developmental Trauma

It's not a curriculum, it's a mindset

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Slide 2

Content and Awareness

It's not just them...

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Slide 3

Overarching Principal and Progression

<table>
<thead>
<tr>
<th>Trauma Organized</th>
<th>Trauma Informed</th>
<th>Healing Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organizations may be trauma-informed in their policies, procedures, and environment. For this reason, it's important to understand the impact of trauma on students.</td>
<td>These are organizations that provide trauma-informed education to students and educators, focusing on understanding the effects of trauma on development and learning.</td>
<td>These organizations provide a trauma-informed environment that supports healing and recovery.</td>
</tr>
</tbody>
</table>

- Reflective Practice
- Building Resilience
- Staff and Faculty Development
- Community Engagement
- Leadership and Administration

- Understanding of the Impact of Trauma and Resilience
- Trauma-Informed Environment
- Trauma-Sensitive Curriculum
- Trauma-Informed Approach

- Reflective Practice
- Building Resilience
- Staff and Faculty Development
- Community Engagement
- Leadership and Administration
Trauma Informed Systems

Fostering Resilience and Hope

- Compassion fatigue
- Vicarious trauma
- Empathic distress
- Secondary trauma disorder

Regulate to Educate
Professionals: Impact of Stress

- Over-reactive to nonverbal comm.
- Poorly evaluate the student's intentions
- Experience their student as a threat
- The stress activates a defensive stance:
  - Become at odds with your student (competitive, angry).

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Professionals: Impact of Stress
- The stress activates a defensive stance:
  - And deactivates the attachment stance
  - Resentment, fear, hate, retribution and blame

[https://www.youtube.com/watch?v=RZWf2_2L2v8](https://www.youtube.com/watch?v=RZWf2_2L2v8)

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The first step is awareness...
Name it, don’t blame it!
I can work hard enough to make this trauma go away.

Strategies to address impact of stress:
- Reflective Practices
- Focus on what we “do, with, for” the adults
- Classroom/Community practices

Path to supporting one another
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What we can get from one another?

Vicarious Resilience

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What is trauma?

Trauma is not just an event itself, but rather a response to a stressful experience in which a person’s ability to cope is dramatically undermined.

It is an event, experience and effect

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What is Developmental/Complex trauma?

• A psychological and neurobiological injury that results from protracted exposure to stressful events
• Derails typical development across all domains
• Experiences often occur in the caregiving system.
• Impact is immediate and long term
• Effects will require specialized intervention
• Requires multiple tiers of intervention
“Trauma is not a story of what happened to you a long time ago, it is what is in your body.”

Bessel van der Kolk

“Once a problem becomes a social problem and not just the problem of individual perpetrator, then we as a whole community must participate in solving the problem.”

Sandra Bloom, MD

http://changingmindsnow.org/stories

Toxic Stress creates shame that is...

… Often constant,

… Isolating and alienating,

…A barrier between your pain and resolution of your pain, and

…A barrier to believing that I can change

What is the difference between shame and guilt?
**Slide 19**

**Self-Concept**

If I am treated like I am worthless, then I don't matter.

If I am rejected because of mistakes, then I am bad.

If I failed today, I will fail tomorrow.

If I don't have what I need, I can't worry about others.

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**Slide 20**

**7 domains of impairment**

- Biology and the brain
- Attachment and relationship
- Emotional Regulation
- Cognition and Learning
- Behavior
- Dissociation
- Self-concept

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**Slide 21**

**The brain develops from the bottom up**

The brain develops from the bottom up:

- Medulla
- Pons
- Midbrain
- Limbic
- Neocortex

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Brain injury

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Areas of the Brain

- **Cortex**
  - Logic and Reason

- **Limbic**
  - Relationship

- **Brain Stem**
  - Co-Regulate
  - Housekeeping Functions

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Impact of Neglect on the Brain
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Stages of Sleep

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Effects of Trauma on Brain Functioning

- Amygdala (Intensity/significance)
- Thalamus (Visual, auditory, olfactory, kinesthetic, gustatory)
- Hippocampus (cognitive map)
- Prefrontal cortex (integration and planning)
Effects of Trauma on Brain Functioning

Amygdala
Intensity/significance

Thalamus
Visual, auditory, olfactory, kinesthetic, gustatory

Hippocampus
Cognitive map

Pre-frontal cortex
Integration and planning

Surviving
Regulated Child

Surviving
Distressed/Alarmed/Reactive Child

Percentage of available resources:

- Regulated Child: 50%
- Distressed/Alarmed/Reactive Child: 30%, 20%
Neocortex: Logic & Reason
Limbic: Relationship & Emotions
Reptilian: Survival

Interventions:
- Physical Hold
- Movement
- Rhythm
- Physical contact
- Empathy
- Co-regulation
- Silence/Non-verbal
- Adult affect regulation
- Contingency planning
- Point/level systems
- FBA
- PACE
- Validation
- Movement breathing
- Sensory breaks
- Therapy balls and yoga chairs
- Tug of war
- Body sox, rocking
- Writing self-instructions for your body
- Instructing the 'contract' of the room where to sit
- Use your body to say 'yes' and no in a room

Strategies:
- Use of pillows
- Change body position, change arousal level, sit, stand
- Breathing
- Grounding and grounding
- Tactile input
- Fidget toys
- Paper clips and tape
- Change body and page hands
- Flag of war
- Body yes, no
- Writing self-instructions for your body
- Instructing the 'contract' of the room where to sit
- Use your body to say 'yes' and no in a room

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Intervention considerations

- Movement
- Routines and rituals
- Structure
- Supervision
- Small world
- Stage not age
- Push the pause button

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Key Principles of Attachment

- Empowered and future oriented
- Engagement
- Psychoeducation
- Routine
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Healthy Attachment Sequence

Physical or psychological need

Relaxation
(parasympathetic ANS)

State of high arousal

Attunement/satisfaction of need

Relaxation
(parasympathetic ANS)

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Unhealthy Attachment Sequence

Physical or psychological need

Anxiety, rage, numbing

Needs are disregarded/disrupted

Shame, mistrust, disregulation, disturbed mental blueprint

State of high arousal

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Components of bonding

- Touch
- Rocking
- Hugging
- Kissing
- Gazing
- Singing
- Physical
- Vestibular
- Sensory
- Proxemics
- Visual
- Auditory

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Affect Management

When caregivers modulate their own affect and emotional responses, they can create an emotionally safe environment in which children can learn.

ATTUNEMENT

- Reading and responding to the cues of another
- Synchronous and interactive
- Helps prevent mismatch between need and provision
- Reading the non-verbal, social-emotional "language" of another

Consistency

- Every Day
- Every Grade
- Every Body
- Every Environment
PACE: Curiosity
Promotes adult-child attunement
Decreases defensiveness
Promotes understanding and reduces negative judgement
Helps inhibit caregiver’s first reaction to a child

PACE: Empathy
Empathy is awesome: it fuels connection to both the giver and receiver
helps establish and maintain an “in synch” feeling between child and caregiver
authenticates the child’s experience, facilitates a more relaxed mental state
is an emotion-based process, visceral and extremely impactful to the body and mind

Key Concept
Connection vs. Control
Attachment Strategies

1. Adult Affect Regulation & Adult Restraint
   - Ability to “feel and deal” (Fosha)
   - “Serve and return”
   - Your family is in the room with you
2. “One good relationship away”
3. Minimize Reenactment
4. Connect-Rupture-Repair
5. Empathy and Validation
6. Coregulation

Interventions

1. Dowl
2. Silent Simon says
3. Paper circle of safety
4. Passing a book in a line
5. Games that enhance body control
   - Say “no” with your body, say “yes” with your body
6. Jumping rope
7. Drumming
8. Mirroring or attunement activities

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Normative Danger Responses
Autonomic Nervous Response System
  • Fight
  • Flight
  • Freeze
  • Flock

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Reason
  ➔ Relate
  ➔ Regulate
Sequence of Engagement

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Recognizing Affect – Emotional Identification
Facial Expression Recognition

Key Concept

All functioning is state dependent
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**Stage vs. Age**
- Stage = where child is at developmentally, regardless of chronological age
- Ask yourself, “At what age do kids typically master this behavior?”
- Intervene based on the developmental challenge, not the age of the child – this usually requires creativity!

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**AROUSAL CONTINUUM**
- Reflexive – terror, brain stem
- Reactive – fear, mid brain
- Alarm – emotional, limbic
- Alert – concrete, subcortex
- Calm – abstract, neocortex

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**Experiences and Memories**
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Potential strategies

• Movement
• Mindfulness
• Non-verbal communication
• Reflectively listen
• Validation
• Shhhhh
• Attunement
• Match affect without replication

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More strategies

• Using a song, words or other cues to help prepare change in activity
• Patterned, repetitive proprioceptive OT activities such as isometric exercises (chair push-ups, wall sitts, bear hugs while child tries to pull the adult’s arms away, applying deep pressure),
• Weighted vests, blankets, ankle weights

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“No matter how exciting and meaningful and supported the learning experience is designed to be, a child cannot reap the cognitive benefits of it unless she feels calm enough to be curious.”

(McMahon, 2011)

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Interrupted Sequential Thinking

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Sequential Thinking

A child’s successful completion of many academic tasks depends on the ability to bring a linear order to the chaos of daily experience. Traumatic experience can limit this ability to organize material sequentially, leading to difficulty in reading, writing and communicating verbally.

From Helping the Traumatized Child Learn
Executive functioning
- Delaying and inhibiting responses
- Cognitive flexibility
- Working memory

Sit n Git
Brain fatigues after 7 minutes!

Move it!
Movement is important for learning and staying calm
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Strengthening learning

- Forgetting
- Sleep/Rest
- Movement

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Potential interventions

- Multi-modal learning
- Regulate to educate
- Build on competencies
- Multiple motor breaks
- Differentiated instruction
- To do lists
- Visual schedules
- Repeat directions (tone of voice)
- Give notes

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7 domains of impairment

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- Self-concept
Can't vs. Won't

- Would you jump off a cliff?
  [https://www.youtube.com/watch?v=Iuv__-nyO1M](https://www.youtube.com/watch?v=Iuv__-nyO1M)
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Non-cognitive skills

A teacher’s ability to improve non-cognitive skills has more effect on graduation rates than does her ability to raise test scores.

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Primary triggers

- Loss
- Transition
- Limits
- Intimacy
- Feeling insecure

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Themes of behavior

- More important than what happened
- Co-detectives
- Press the pause button

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But...what about consequences?

Relational and relevant
Restorative and reparative

Potential interventions/considerations

- Behavior is about survival
- Function AND feeling behind behavior
- Skill deficit
- Validation/attachment/comfort seeking vs. attention seeking or manipulative
- Focus on connection, not consequence
- Connect, repair, safe
- Ritualize transitions (with movement)
- Evaluative process (even praise) can create defensiveness
- Remember where they are likely in their brain

Keys to Successful Intervention
The 6 Rs

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