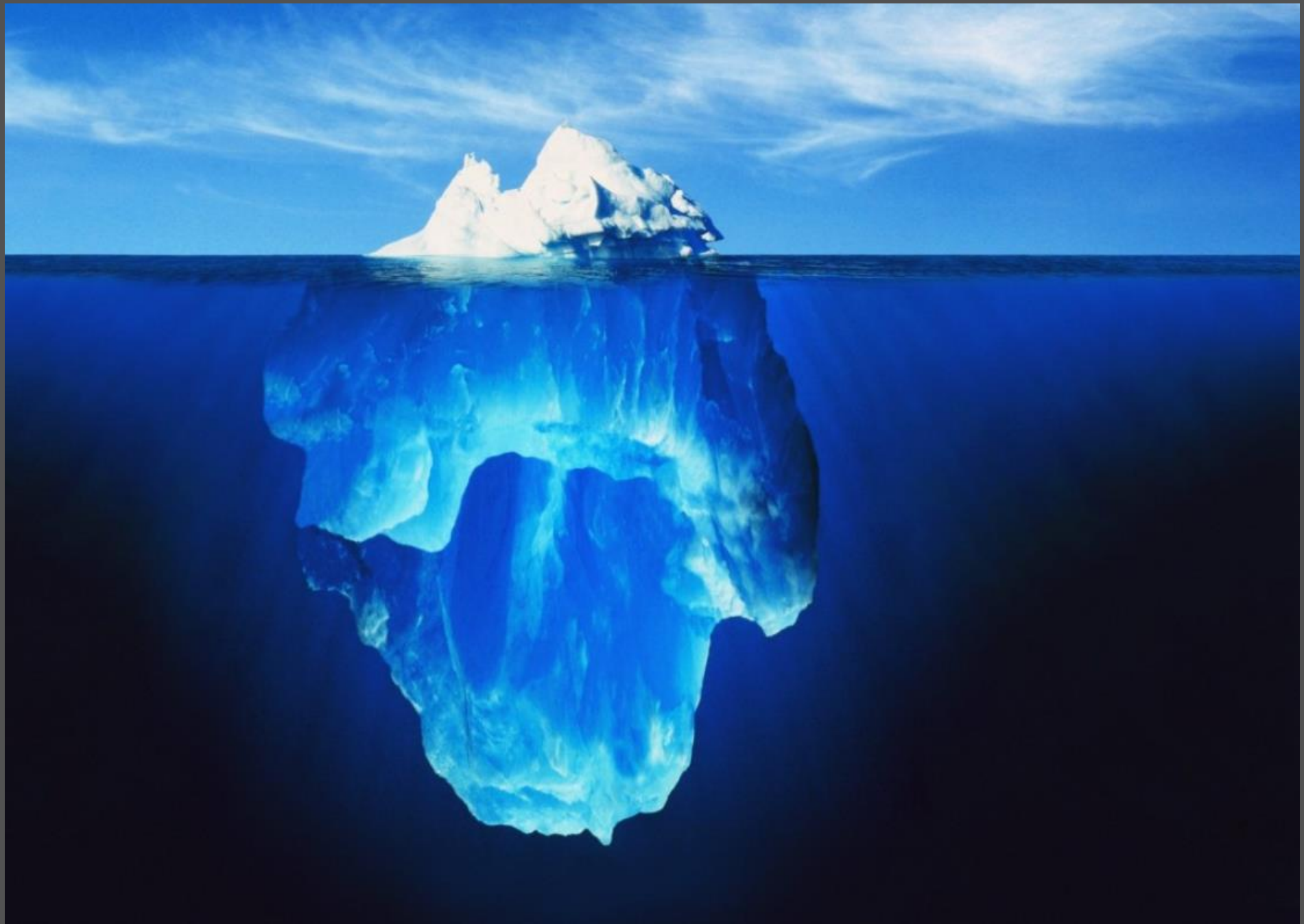
A man in a blue shirt and dark pants is sitting on the ground, leaning against a large, heavy, textured sack. The sack is made of a coarse, brownish material and is piled high, obscuring most of his body. He appears to be resting or exhausted. Several tools, including wrenches and sockets, are scattered on the ground around him. The background is a plain, light-colored surface.

“Troubled kids and adults are distinguished by their regrettable ability to elicit from others exactly the opposite of what they really need.”

L. Tobin





How Trauma Impacts Health Across a Lifetime

Dr. Nadine Burke-Harris

STRESS & EARLY BRAIN GROWTH

Understanding Adverse Childhood Experiences (ACEs)

What are ACEs?

ACEs are serious childhood traumas -- a list is shown below -- that result in toxic stress that can harm a child's brain. This toxic stress may prevent child from learning, from playing in a healthy way with other children, and can result in long-term health problems.

Adverse Childhood Experiences can include:

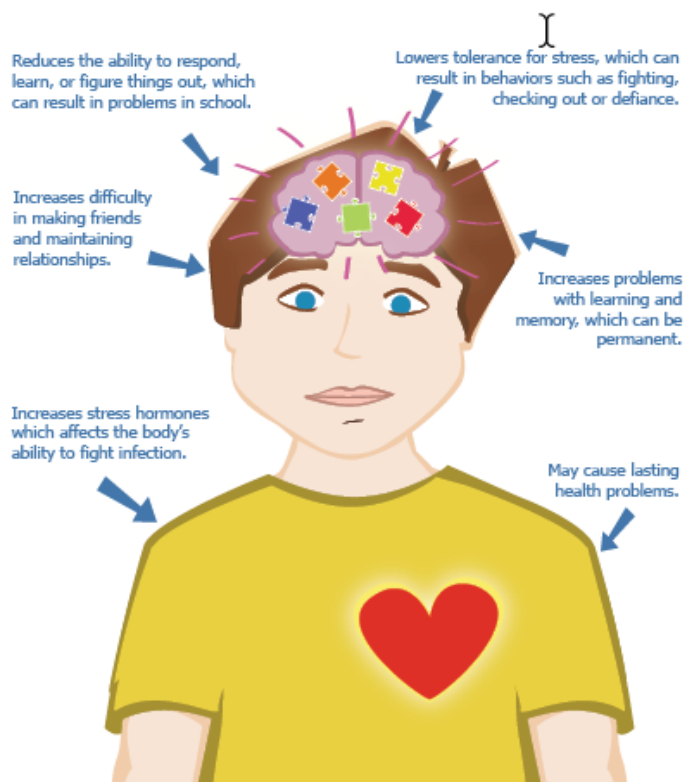
1. Emotional abuse
2. Physical abuse
3. Sexual abuse
4. Emotional neglect
5. Physical neglect
6. Mother treated violently
7. Household substance abuse
8. Household mental illness
9. Parental separation or divorce
10. Incarcerated household member
11. Bullying (by another child or adult)
12. Witnessing violence outside the home
13. Witness a brother or sister being abused
14. Racism, sexism, or any other form of discrimination
15. Being homeless
16. Natural disasters and war

Exposure to childhood ACEs can increase the risk of:

- Adolescent pregnancy
- Alcoholism and alcohol abuse
- Depression
- Illicit drug use
- Heart disease
- Liver disease
- Multiple sexual partners
- Intimate partner violence
- Sexually transmitted diseases (STDs)
- Smoking
- Suicide attempts
- Unintended pregnancies

How do ACEs affect health?

Through stress. Frequent or prolonged exposure to ACEs can create toxic stress which can damage the developing brain of a child and affect overall health.



A Survival Mode Response to toxic stress increases a child's heart rate, blood pressure, breathing and muscle tension. Their thinking brain is knocked off-line. Self-protection is their priority. In other words:
"I can't hear you! I can't respond to you! I am just trying to be safe!"

The good news is resilience can bring back health and hope!

What is Resilience?

Resilience is the ability to return to being healthy and hopeful after bad things happen. Research shows that if parents provide a safe environment for their children and teach them how to be resilient, that helps reduce the effects of ACEs.

Resilience trumps ACEs!

Parents, teachers and caregivers can help children by:

- Gaining an understanding of ACEs
- Helping children identify feelings and manage emotions
- Creating safe physical and emotional environments at home, in school, and in neighborhoods

What does resilience look like?

1. Having resilient parents

Parents who know how to solve problems, who have healthy relationships with other adults, and who build healthy relationships with their children.

2. Building attachment and nurturing relationships

Adults who listen and respond patiently to a child in a supportive way, and pay attention to a child's physical and emotional needs.

3. Building social connections

Having family, friends and/or neighbors who support, help and listen to children.

4. Meeting basic needs

Providing children with safe housing, nutritious food, appropriate clothing, and access to health care and good education.

5. Learning about parenting and how children grow

Understanding how parents can help their children grow in a healthy way, and what to expect from children as they grow.

6. Building social and emotional skills

Helping children interact in a healthy way with others, manage their emotions and communicate their feelings and needs.

Resources:

ACES 101

<http://acestoohigh.com/aces-101/>

Triple-P Parenting

www.triplep-parenting.net/glo-en/home/

Resilience Trumps ACEs

www.resiliencetrumpsACEs.com

CDC-Kaiser Adverse Childhood Experiences Study

www.cdc.gov/violenceprevention/acestudy/

Zero to Three Guides for Parents

<http://www.zerotothree.org/about-us/areas-of-expertise/free-parent-brochures-and-guides/>



Prevalence of ACEs in Schools

By high school (30 Students)

- 58% (17) Students with no exposure to physical abuse or adult to adult violence
- 29% (9) Students with exposure to physical abuse **OR** adult to adult violence
- 13% (4) Students with exposure to physical abuse **AND** adult to adult violence



Compared with children with no adverse childhood experiences, kids with **three or more ACEs** were:

- *3 times* more likely to **fail**
- *5 times* more likely to have severe **attendance problems**
- *6 times* more likely to have severe **behavior problems**
- *4 times* more likely to have self-reports of **poor health**



Positive

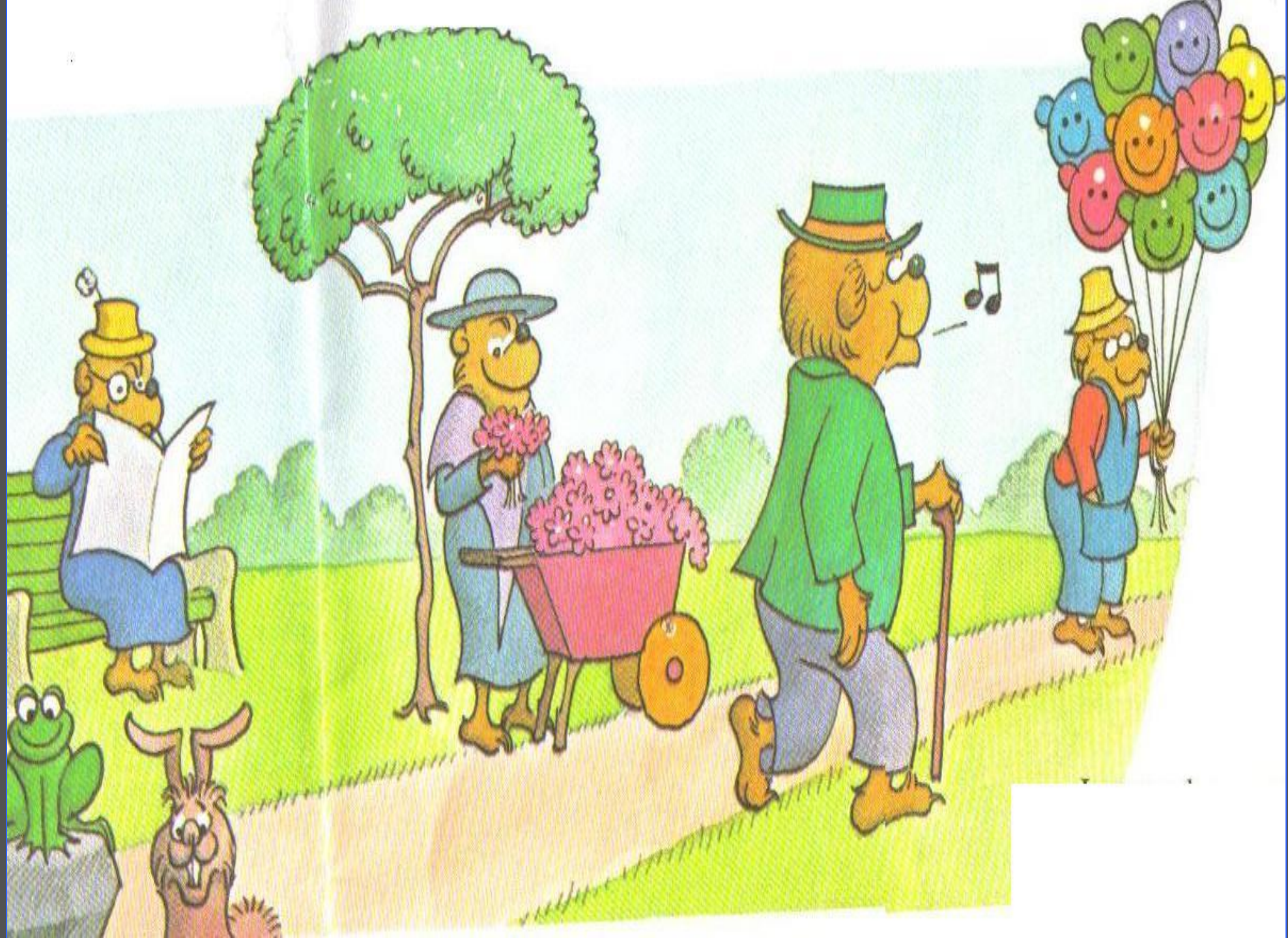
Brief increases in heart rate,
mild elevations in stress hormone levels.

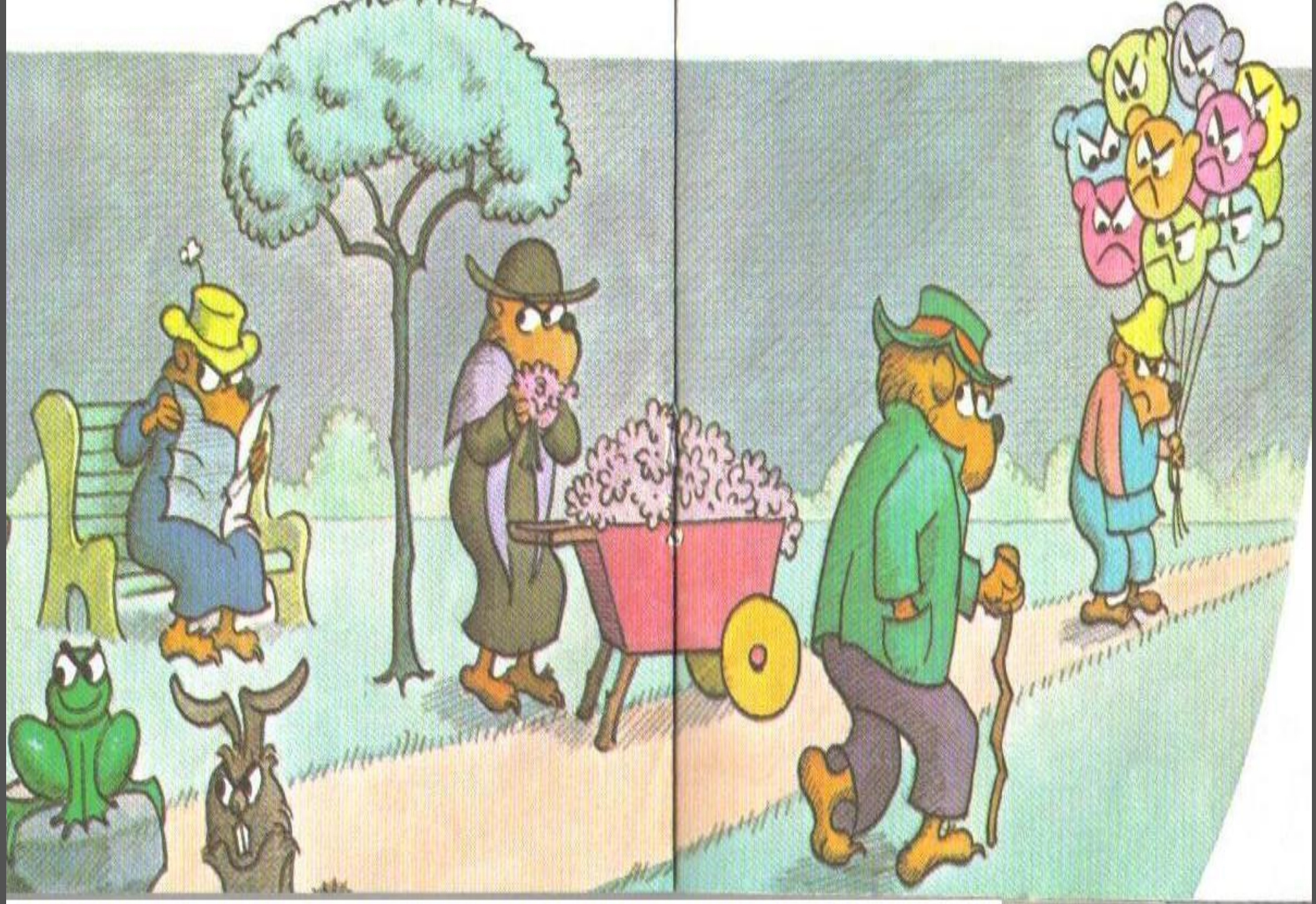
Tolerable

Serious, temporary stress responses,
buffered by supportive relationships.

Toxic

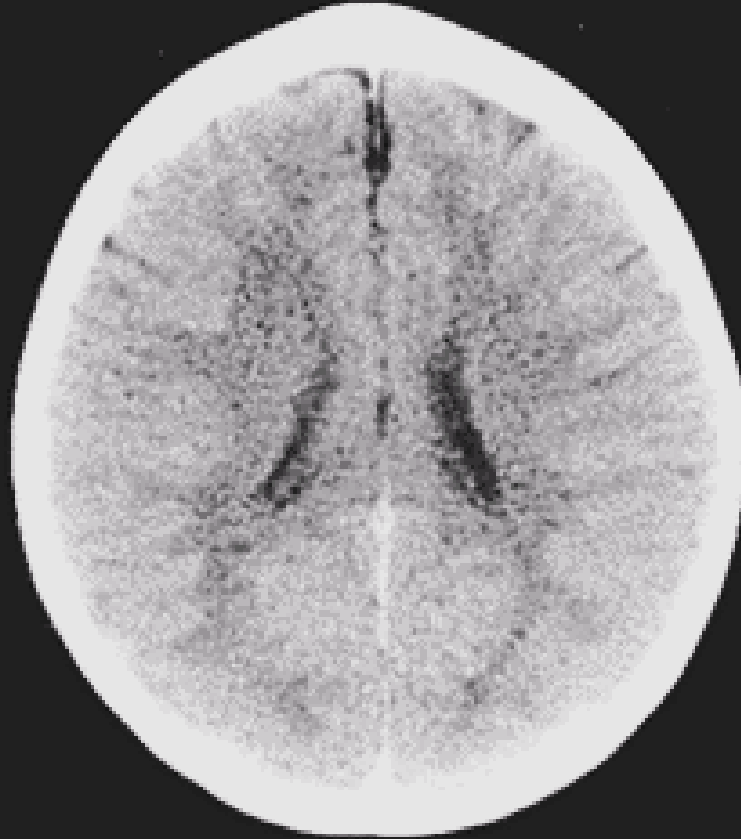
Prolonged activation of stress response systems
in the absence of protective relationships.





Neglect: The *Worst* Offender

3-Year-Old Children



Normal

Child Trauma Academy

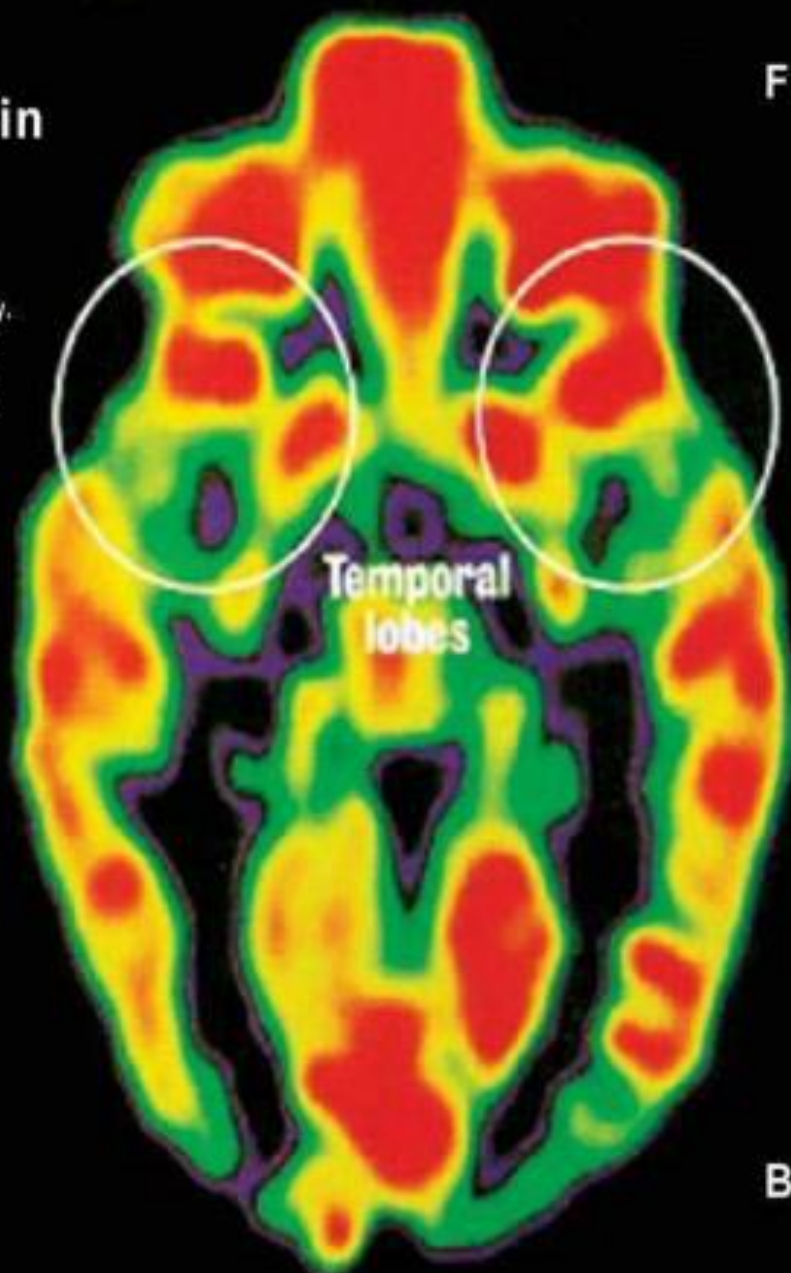


Extreme Neglect

1997 Bruce D. Perry, M.D., Ph.D.

Healthy Brain

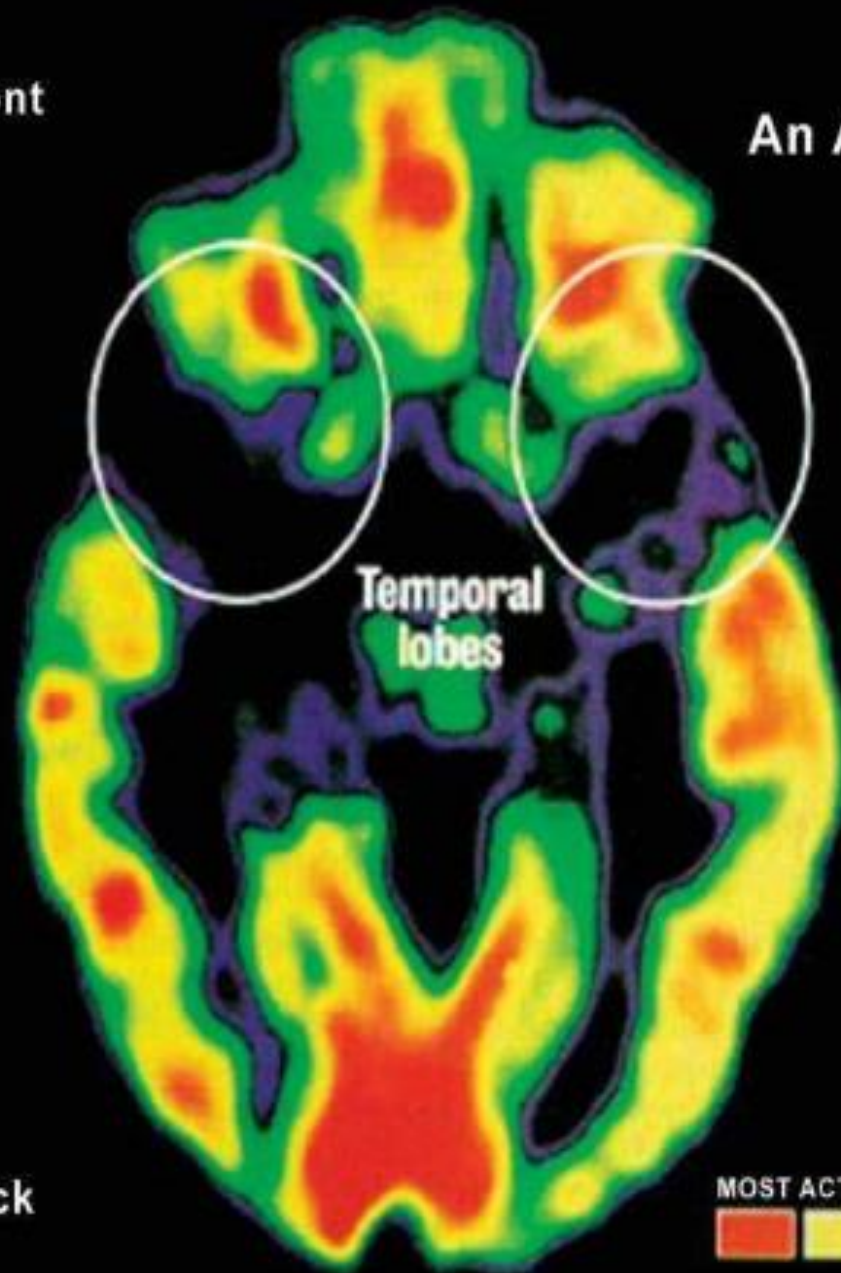
This PET scan of the brain of a normal child shows regions of high (red) and low (blue and black) activity. At birth, only primitive structures such as the brain stem (center) are fully functional; in regions like the temporal lobes (top), early childhood experiences wire the circuits.



Front

An Abused Brain

This PET scan of the brain of a Romanian Orphan, who was institutionalized shortly after birth, shows the effect of extreme deprivation in infancy. The temporal lobes (top), which regulate emotions and receive input from the senses, are nearly quiescent. Such children suffer emotional and cognitive problems.



Back

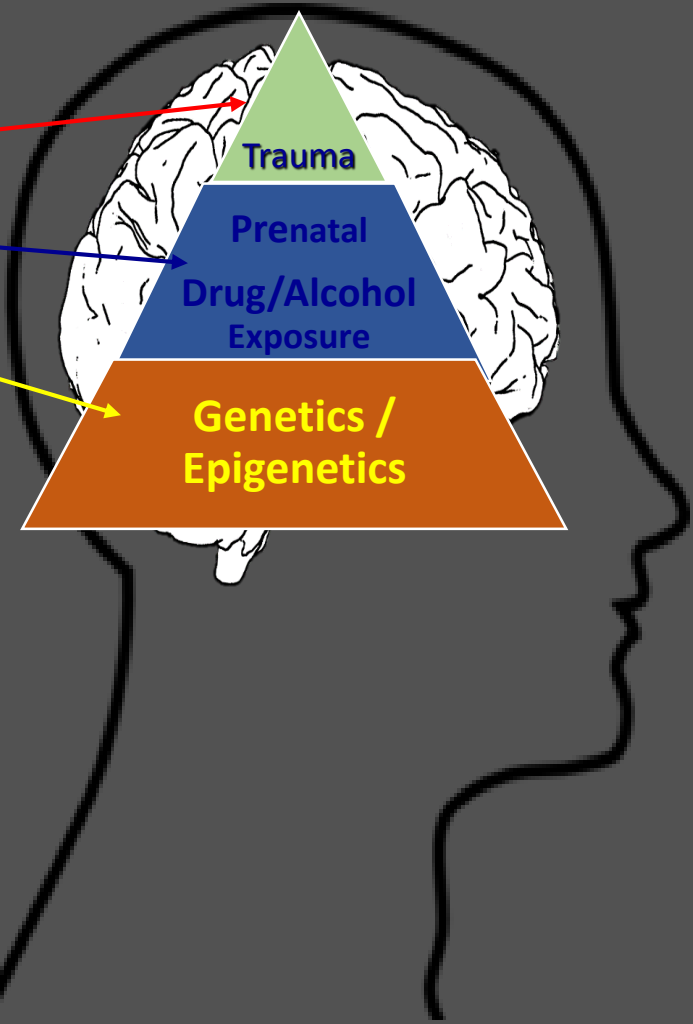


Psychoeducation Tools

- https://www.ted.com/talks/nadine_burke_harris_how_childhood_trauma_affects_health_across_a_lifetime
- https://www.childhealthdata.org/docs/default-source/cahmi/aces-resource-packet_all-pages_12_06-16112336f3c0266255aab2ff00001023b1.pdf
- <https://www.menominee-nsn.gov/CommunityPages/FosteringFutures/Documents/ACESHandoutForParents.pdf>
- <https://developingchild.harvard.edu/science/>
- https://rems.ed.gov/docs/NCTSN_ChildTraumaToolkitForEducators.pdf
- https://www.aap.org/en-us/Documents/ttb_aces_consequences.pdf

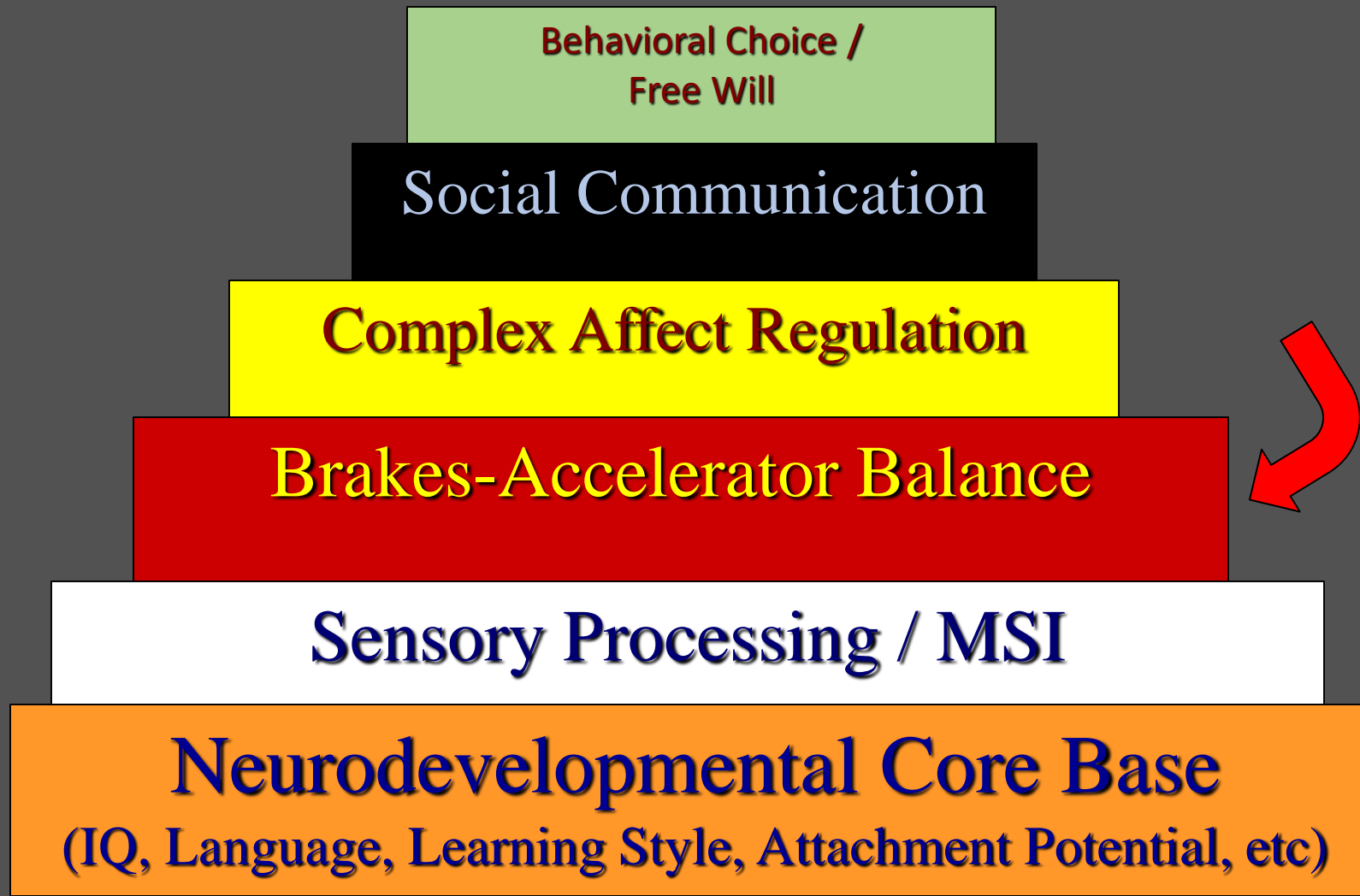
**ALL of These
Must be
Considered and
Addressed**

**Integrated
Lens**



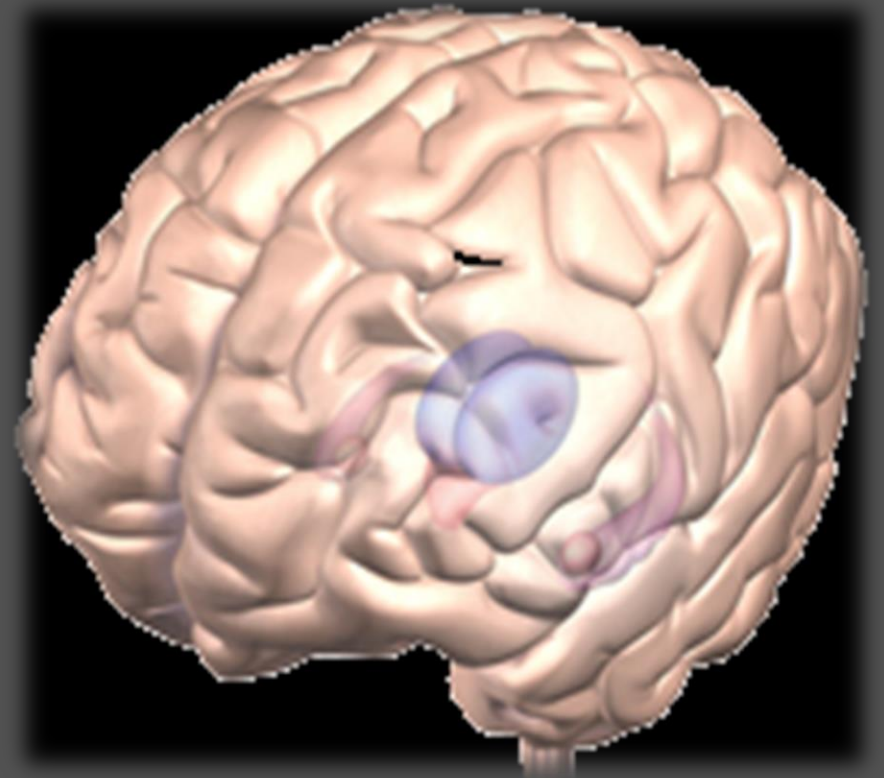
Brain – Behavior Functional Model:

Building Resilience one level at a time



The Limbic “Accelerator”: Energy Management in Regulation

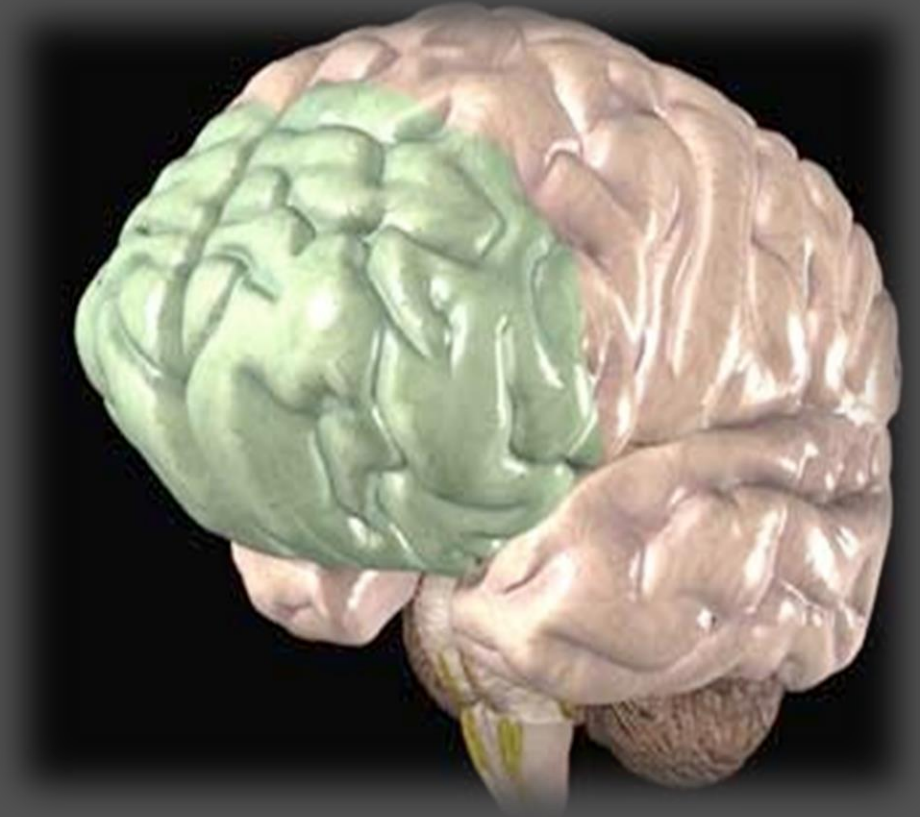
- “RPM of your brain
- Propelled by the brain stem/limbic system
- Auto-pilot vs. conscious control
- Intrinsic vs. extrinsic motivation
- “Remote control” **increases**
(anxiety/panic/anger/mania/stimulants)
- “Remote control” **decreases**
(depression/narcolepsy/opiates/cannabis)



The Prefrontal Cortex “Brakes”:

The “brakes” of the brain

- Working memory / memory recall
 - Verbal and Non-verbal
- Focusing (locking, shifting & sustaining)
- Planning / Organizing
- Problem Solving
- Self-monitoring of behavior/action
 - Impulse control
 - Inhibition
 - Key role in **introspection**
- Major role in **Self-Regulation** → → →



Adverse Childhood Experience (ACE) Questionnaire

Finding your ACE Score ra hbr 10 24 06

While you were growing up, during your first 18 years of life:

1. Did a parent or other adult in the household **often** ...
Swear at you, insult you, put you down, or humiliate you?
or
Act in a way that made you afraid that you might be physically hurt?
Yes No If yes enter 1 _____
2. Did a parent or other adult in the household **often** ...
Push, grab, slap, or throw something at you?
or
Ever hit you so hard that you had marks or were injured?
Yes No If yes enter 1 _____
3. Did an adult or person at least 5 years older than you **ever**...
Touch or fondle you or have you touch their body in a sexual way?
or
Try to or actually have oral, anal, or vaginal sex with you?
Yes No If yes enter 1 _____
4. Did you **often** feel that ...
No one in your family loved you or thought you were important or special?
or
Your family didn't look out for each other, feel close to each other, or support each other?
Yes No If yes enter 1 _____
5. Did you **often** feel that ...
You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you?
or
Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?
Yes No If yes enter 1 _____
6. Were your parents **ever** separated or divorced?
Yes No If yes enter 1 _____
7. Was your mother or stepmother:
Often pushed, grabbed, slapped, or had something thrown at her?
or
Sometimes or often kicked, bitten, hit with a fist, or hit with something hard?
or
Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?
Yes No If yes enter 1 _____
8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?
Yes No If yes enter 1 _____
9. Was a household member depressed or mentally ill or did a household member attempt suicide?
Yes No If yes enter 1 _____
10. Did a household member go to prison?
Yes No If yes enter 1 _____

Now add up your "Yes" answers: _____ This is your ACE Score

CYW Adverse Childhood Experiences Questionnaire (ACE-Q) Child

To be completed by Parent/Caregiver

Today's Date: _____

Child's Name: _____ Date of birth: _____

Your Name: _____ Relationship to Child: _____

Many children experience stressful life events that can affect their health and wellbeing. The results from this questionnaire will assist your child's doctor in assessing their health and determining guidance. Please read the statements below. Count the number of statements that apply to your child and write the total number in the box provided.

Please DO NOT mark or indicate which specific statements apply to your child.

1) Of the statements in Section 1, HOW MANY apply to your child? Write the total number in the box.

Section 1. At any point since your child was born...

- Your child's parents or guardians were separated or divorced
- Your child lived with a household member who served time in jail or prison
- Your child lived with a household member who was depressed, mentally ill or attempted suicide
- Your child saw or heard household members hurt or threaten to hurt each other
- A household member swore at, insulted, humiliated, or put down your child in a way that scared your child OR a household member acted in a way that made your child afraid that s/he might be physically hurt
- Someone touched your child's private parts or asked your child to touch their private parts in a sexual way
- More than once, your child went without food, clothing, a place to live, or had no one to protect her/him
- Someone pushed, grabbed, slapped or threw something at your child OR your child was hit so hard that your child was injured or had marks
- Your child lived with someone who had a problem with drinking or using drugs
- Your child often felt unsupported, unloved and/or unprotected

2) Of the statements in Section 2, HOW MANY apply to your child? Write the total number in the box.

Section 2. At any point since your child was born...

- Your child was in foster care
- Your child experienced harassment or bullying at school
- Your child lived with a parent or guardian who died
- Your child was separated from her/his primary caregiver through deportation or immigration
- Your child had a serious medical procedure or life threatening illness
- Your child often saw or heard violence in the neighborhood or in her/his school neighborhood
- Your child was often treated badly because of race, sexual orientation, place of birth, disability or religion

TRAUMA SCREENING CHECKLIST (AGES 0-5)

Michigan Department of Health and Human Services

Complete and score the checklist according to instructions on the attached Trauma Screening Checklist Instruction Guide. Reference the attached Trauma Screening Checklist Definitions, if needed. When completed, refer to the Children's Services Agency Trauma Protocol/Trauma Screening Best Practices Guide for further case planning based on results.

Child's Name []	Child's Date of Birth []	Sex []	
Person ID (Child) []	Case ID []		
Parent/Caregiver Name []		Date []	
County/Agency []		Completed by <input type="checkbox"/> Foster Care <input type="checkbox"/> CPS	
This checklist completed based on an interview with <input type="checkbox"/> Child <input type="checkbox"/> Parent/Caregiver			

SECTION 1 – CHECK EACH ITEM WHERE THE TRAUMA IS KNOWN OR SUSPECTED. Note: Endorsing exposure items does not necessarily mean substantiation of the child's experience; it is for screening purposes only.

Are you aware or do you suspect the child has ever experienced or been exposed to any of the following **types of trauma**?

- | | |
|--|---|
| <input type="checkbox"/> Physical abuse | <input type="checkbox"/> Prenatal exposure to alcohol/drugs or maternal stress during pregnancy |
| <input type="checkbox"/> Neglectful home environment | <input type="checkbox"/> Lengthy or multiple separations from parent |
| <input type="checkbox"/> Emotional abuse | <input type="checkbox"/> Placement outside of home (foster care, kinship care, residential) |
| <input type="checkbox"/> Exposure to domestic violence | <input type="checkbox"/> Loss of significant people, places, etc. |
| <input type="checkbox"/> Exposure to other chronic violence | <input type="checkbox"/> Frequent/multiple moves; homelessness |
| <input type="checkbox"/> Sexual abuse or exposure | <input type="checkbox"/> Other (indicate) [] |
| <input type="checkbox"/> Parental substance abuse | |
| <input type="checkbox"/> Impaired parenting (mental illness) | |
| <input type="checkbox"/> Exposure to drug activity aside from parental use | |

SECTIONS 2 – 4: CHECK EACH BEHAVIOR THAT HAS BEEN OBSERVED IN THE LAST 180 DAYS.

SECTION 2

Does the child show any of the following behaviors?

- | | |
|--|---|
| <input type="checkbox"/> Aggression towards self; self-harm | <input type="checkbox"/> Difficulty with sleeping, eating, or toileting |
| <input type="checkbox"/> Excessive aggression or violence towards others | <input type="checkbox"/> Social/developmental delays in comparison to peers |
| <input type="checkbox"/> Explosive behavior (going from 0-100 instantly) | <input type="checkbox"/> Repetitive violence and/or sexual play (or maltreatment themes) |
| <input type="checkbox"/> Hyperactivity, distractibility, inattention | <input type="checkbox"/> Unpredictable/sudden changes in behavior (i.e., attention, play) |
| <input type="checkbox"/> Excessively shy | <input type="checkbox"/> Other (indicate) [] |
| <input type="checkbox"/> Oppositional and/or defiant behavior | |
| <input type="checkbox"/> Sexual behaviors not typical for age | |

SECTION 3

Does the child exhibit any of the following emotions/moods?

- | | |
|--|---|
| <input type="checkbox"/> Excessive mood swings | <input type="checkbox"/> Flat affect, very withdrawn, seems emotionally numb or "zoned out" |
| <input type="checkbox"/> Frequent, intense anger | <input type="checkbox"/> Other (indicate) [] |
| <input type="checkbox"/> Chronic sadness, doesn't seem to enjoy any activities, depressed mood | |

SECTION 4

Does the child have any of the following relational/attachment difficulties?

- | | |
|--|--|
| <input type="checkbox"/> Lack of eye contact, or avoids contact | <input type="checkbox"/> Doesn't reciprocate when hugged, smiled at, spoken to |
| <input type="checkbox"/> Sad or empty-eyed appearance | <input type="checkbox"/> Has difficulty in preschool or daycare |
| <input type="checkbox"/> Overly friendly with strangers (lack of appropriate stranger anxiety) | <input type="checkbox"/> Doesn't seek comfort when hurt or frightened; shakes it off, or doesn't seem to feel it |
| <input type="checkbox"/> Vacillation between clinginess and disengagement and/or aggression | <input type="checkbox"/> Other (indicate) [] |

TOTAL ENDORSEMENTS (add all marked checkboxes) []

TRAUMA SCREENING CHECKLIST (AGES 6-18)

Michigan Department of Health and Human Services

Complete and score the checklist according to instructions on the attached Trauma Screening Checklist Instruction Guide. Reference the attached Trauma Screening Checklist Definitions, if needed. When completed, refer to the Children's Services Agency Trauma Protocol/Trauma Screening Best Practices Guide for further case planning based on results.

Child's Name []	Date of Birth []	Sex []	
Person ID (Child) []	Case ID []		
Parent/Caregiver Name []		Date []	
County/Agency []		Completed by <input type="checkbox"/> Foster Care <input type="checkbox"/> CPS	
This checklist completed based on an interview with <input type="checkbox"/> Child <input type="checkbox"/> Parent/Caregiver			

SECTION 1 – CHECK EACH ITEM WHERE THE TRAUMA IS KNOWN OR SUSPECTED. Note: Endorsing exposure items does not necessarily mean substantiation of the child's experience; it is for screening purposes only.

Are you aware or do you suspect the child has ever experienced or been exposed to any of the following **types of trauma**?

- | | |
|--|---|
| <input type="checkbox"/> Physical abuse | <input type="checkbox"/> Prenatal exposure to alcohol/drugs or maternal stress during pregnancy |
| <input type="checkbox"/> Neglectful home environment | <input type="checkbox"/> Lengthy or multiple separations from parent |
| <input type="checkbox"/> Emotional abuse | <input type="checkbox"/> Placement outside of home (foster care, kinship care, residential) |
| <input type="checkbox"/> Exposure to domestic violence | <input type="checkbox"/> Loss of significant people, places, etc. |
| <input type="checkbox"/> Exposure to other chronic violence | <input type="checkbox"/> Frequent/multiple moves; homelessness |
| <input type="checkbox"/> Sexual abuse or exposure | <input type="checkbox"/> Other (indicate) [] |
| <input type="checkbox"/> Parental substance abuse | |
| <input type="checkbox"/> Impaired parenting (mental illness) | |
| <input type="checkbox"/> Exposure to drug activity aside from parental use | |

SECTIONS 2 – 5: CHECK EACH BEHAVIOR THAT HAS BEEN OBSERVED IN THE LAST 180 DAYS.

SECTION 2

Does the child show any of the following behaviors?

- | | |
|--|---|
| <input type="checkbox"/> Aggression towards self; self-harm | <input type="checkbox"/> Oppositional and/or defiant behavior |
| <input type="checkbox"/> Excessive aggression or violence towards others | <input type="checkbox"/> Sexual behaviors not typical for age |
| <input type="checkbox"/> Explosive behavior (going from 0-100 instantly) | <input type="checkbox"/> Difficulty with sleeping, eating, or toileting |
| <input type="checkbox"/> Hyperactivity, distractibility, inattention | <input type="checkbox"/> Social/developmental delays in comparison to peers |
| <input type="checkbox"/> Excessively shy | <input type="checkbox"/> Other (indicate) [] |

SECTION 3

Does the child exhibit any of the following emotions/moods?

- | | |
|--|---|
| <input type="checkbox"/> Excessive mood swings | <input type="checkbox"/> Flat affect, very withdrawn, seems emotionally numb or "zoned out" |
| <input type="checkbox"/> Frequent, intense anger | <input type="checkbox"/> Other (indicate) [] |
| <input type="checkbox"/> Chronic sadness, doesn't seem to enjoy any activities, depressed mood | |

SECTION 4

Does the child have any of the following difficulties in school?

- | | |
|---|--|
| <input type="checkbox"/> Low or failing grades | <input type="checkbox"/> Difficulty with authority/frequent behavior referrals |
| <input type="checkbox"/> Attention and/or memory problems | <input type="checkbox"/> Other (indicate) [] |
| <input type="checkbox"/> Sudden change in performance | |

SECTION 5

Does the child have any of the following relational/attachment difficulties?

- | | |
|--|---|
| <input type="checkbox"/> Lack of eye contact, or avoids contact | <input type="checkbox"/> Does not seek adult help when hurt or frightened |
| <input type="checkbox"/> Lack of appropriate boundaries in relationships | <input type="checkbox"/> Other (indicate) [] |

TOTAL ENDORSEMENTS (add all marked checkboxes) []

RESILIENCE Questionnaire

Please circle the most accurate answer under each statement:

1. I believe that my mother loved me when I was little.

Definitely true Probably true Not sure Probably Not True Definitely Not True

2. I believe that my father loved me when I was little.

Definitely true Probably true Not sure Probably Not True Definitely Not True

3. When I was little, other people helped my mother and father take care of me and they seemed to love me.

Definitely true Probably true Not sure Probably Not True Definitely Not True

4. I've heard that when I was an infant someone in my family enjoyed playing with me, and I enjoyed it, too.

Definitely true Probably true Not sure Probably Not True Definitely Not True

5. When I was a child, there were relatives in my family who made me feel better if I was sad or worried.

Definitely true Probably true Not sure Probably Not True Definitely Not True

6. When I was a child, neighbors or my friends' parents seemed to like me.

Definitely true Probably true Not sure Probably Not True Definitely Not True

7. When I was a child, teachers, coaches, youth leaders or ministers were there to help me.

Definitely true Probably true Not sure Probably Not True Definitely Not True

8. Someone in my family cared about how I was doing in school.

Definitely true Probably true Not sure Probably Not True Definitely Not True

9. My family, neighbors and friends talked often about making our lives better.

Definitely true Probably true Not sure Probably Not True Definitely Not True

10. We had rules in our house and were expected to keep them.

Definitely true Probably true Not sure Probably Not True Definitely Not True

11. When I felt really bad, I could almost always find someone I trusted to talk to.

Definitely true Probably true Not sure Probably Not True Definitely Not True

12. As a youth, people noticed that I was capable and could get things done.

Definitely true Probably true Not sure Probably Not True Definitely Not True

13. I was independent and a go-getter.

Definitely true Probably true Not sure Probably Not True Definitely Not True

14. I believed that life is what you make it.

Definitely true Probably true Not sure Probably Not True Definitely Not True

How many of these 14 protective factors did I have as a child and youth? (How many of the 14 were circled "Definitely True" or "Probably True"?) _____

Of these circled, how many are still true for me? _____

Screening Tools

- <https://www.ncjfcj.org/sites/default/files/Finding%20Your%20ACE%20Score.pdf>
- <https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/resilience/Pages/Clinical-Assessment-Tools.aspx>

Resiliency vs Strength-Based

Not at all the same

Resiliency ***contextualizes*** a child's strengths (individual, familial, community) against her/his adverse experiences

Zolkoski & Bullock, (2012)

How to remember the 5 PROTECTIVE FACTORS that make your family strong.



Use your Thumb to remember

**Social & Emotional
Competence of
Children**

because a "thumbs up"
is one of the first ways
we learn to communicate
our emotions.



Your Pinky Finger signifies
**Concrete Support
in Times of Need**

because it is the smallest
finger and reminds us that we
all need help sometimes.



Your Index Finger represents
**Knowledge of Parenting
and Child Development**

because you are your child's
1st teacher!

Your Ring Finger stands for
Parental Resilience

because your first commitment
must be to yourself in order
to be strong for others.



Your Middle Finger can
help you remember
Social Connections
because it should never
stand alone! We all need a
positive social network.

Building Resiliency: Protective Factors

Relatedness / Connectedness



Affect-Regulation



Mastery / Efficacy



	Relationships	Mastery/Efficacy	Affect Regulation
Individual	<ul style="list-style-type: none"> • Secure attachment • Getting along with and making friends with peers • Positive social development (connectedness to peers, family, community, institution) 	<ul style="list-style-type: none"> • Early mastery and intrinsic motivation • Executive functioning, planning and problem solving • Functional Language, learning to read and write, learning mathematics • Initiating Interactions and following rules for appropriate conduct at home/school/in public • Realistic control attributions • Self-efficacy • Positive physical development (healthy habits, good health, risk management skills) • Positive intellectual development (school, life, vocation, critical and rational thinking) • Subjective sense of adult status in decision-making and self sufficiency • Future orientation 	<ul style="list-style-type: none"> • Attention regulation • Appropriate emotional inhibition and expression • Understanding of self and others' emotions • Empathy and acceptance of other children's emotional responsiveness • Positive psychological and emotional development (self-esteem and self-regulation; coping, responsibility, problems-solving). • Behavioral and emotional autonomy
Family	<ul style="list-style-type: none"> • Responsiveness • Affection • Protection from harm and fears • Ability to provide adequate nutrition, childcare, safe housing, health care • Supportive relationships with family • Perceived teacher support • Physical and psychological safety • Opportunities to belong • Integration of family, school, and community efforts. • Balance of autonomy and relatedness to family 	<ul style="list-style-type: none"> • Reliable, consistent support and discipline from caretakers (language based vs. physical) • Opportunities to resolve conflict • Adequate income • Cognitive stimulation in the home • Parental resources: positive personal efficacy, self-views high, life satisfaction • Effective classroom management • Positive partnering between school & family • Concrete strategies and strong leadership to promote achievement • Appropriate structure (limits/rules/monitoring/predictability) • Opportunities for skill building 	<ul style="list-style-type: none"> • Support and develop new skills • Low parental economic stress • Time in emotionally responsive interactions with children/caretakers • Behavioral and emotional autonomy
Community	<ul style="list-style-type: none"> • Stable, secure attachment to child-care provider • Supportive Relationships • Opportunities to belong • Low ratio of caregivers to children • Access to supplemental services; medical • Physical and Psychological safety 	<ul style="list-style-type: none"> • Support for early and ongoing learning • Appropriate structure (limits, rules, predictability) • Opportunities for skill-building • Support for efficacy 	<ul style="list-style-type: none"> • Regulatory systems that support high quality of care. • Behavioral and emotional autonomy

Thoughts on Building Resiliency

Recovering from trauma and neglect is **all about relationships**- rebuilding trust, regaining confidence, returning to a sense of security, and reconnection to love.

Troubled children are in some kind of pain, and pain makes people irritable, anxious, and aggressive. Only patient, loving, consistent care works - **there is no short-term miracle**.

Perry, B., Szalvitz, M. (2006). The boy who was raised as a dog: and other stories from a child psychiatrist's notebook.

Basic Books: New York, NY.

Resilience Tools

- The Community Resilience Cookbook:
<http://communityresiliencecookbook.org/your-bodybrain/>
- <https://cssp.org/our-work/project/strengthening-families/>
- Substance Abuse Prevention Skills Training (SAPST)

“Contact between people stimulates two important neurotransmitters, dopamine which enhances attention and pleasure and serotonin which reduces fear and worry. When people are in pain connecting with another can *physiologically reduce fear and worry* and help them function effectively again”

Hallowell, (1999)

Building a Community

- Ritualistic Greetings or check-ins
(builds relationships and helps gauge needs)
- Creating rules together to establish a shared understanding of expectations.
- Debriefing to help make sense of struggles
- Offer transition warnings
- Educating and supporting clients so they have strategies on how to work with others in their lives or situations that are anticipated to cause stress.

Three Practical Acts to Build Positive Relationships

- Recognize and honor a child's inability to trust and feel safe despite how it feels for you.
"Of course you can't trust me."
- Know you cannot change a child's perception because you tell them what your reality is.
"I know you can't believe me"
- Start where the child is at, not where you want them to be.
Safety is always the first step.
"How can I help you feel safer?"

Relatedness Strategies

- Do what you say, say what you mean
- Greet each day, thanking them for being here today
- Look for the story behind the Behavior
- Remain calm & consistent
- Remember...
 - The Relationship Dance
 - 5 to 1 ratio, 7 to 1 for trauma



Relationship Building

Change “attention seeking” to “connection seeking”

Building in 2 Positive Choices

- Give 2 acceptable choices to allow involvement in shared decision making to build confidence

Passive Aggressive Tone vs. Calm Statements

Building Resiliency

Mastery / Efficacy

Keystone of development and resiliency are the ***internal beliefs*** about “self” that are formed in childhood

Consistent experiences of success can impact a persons world / environment; brain wiring can be altered (***neuroplasticity***) & they come to believe that they can **achieve goals...and...**

Building Resiliency

Mastery / Efficacy

...they are willing to take risks, fail, & struggle... believing that they can ultimately **overcome** any and all **obstacles** and barriers but...

...In order to wire this into the brain, they need the **support and affirmation** of others...

...who provide **reasonable opportunities** for them to be successful..

Building Resiliency

Mastery / Efficacy

...”No matter whether you are successful or not, you are ***valuable and lovable***”...

Building Resiliency

Mastery / Efficacy

When this does **not** occur:

- View failure as an “all or nothing” for love or connection
- Doubt their personal value if they are not successful
- Believe & **internalize labels** given to them... such as “bad” or “worthless” or others...

Building Resiliency

Mastery / Efficacy

Maltreated children often believe that the maltreatment is somehow ***their fault***:

- “I was bad... and now my mom is dead”
- “I was mean to my sister”
- “If I was nicer, my dad wouldn’t be in jail now”

..and no matter what they do, good things are not going to happen...

Building Resiliency in Children

Mastery / Efficacy

...and contributes to ***negative beliefs***:

- “I do not deserve success”
- If success happens, it will be temporary
- Locus of control becomes external
- They expect to fail
- They lose motivation to try again
- Learned helplessness
- **Pervasive powerlessness**

Provide antidotes to toxic stress

- **Empower/prevent victimization**
 - “You are valuable and Loveable”
 - Discover and support hidden talents
 - Seek genuine “trumpet” moments
 - Provide ample opportunities for integrated treatment (movement, music, art)
 - Avoid using strength areas as negative re-enforcers

Mastery/Efficacy Strategies

- Frame failure as universal, an expected part of learning
 - Give permission to fail
 - In times of failure, be accessible
- Avoid setting the bar too high
- Build choices into the day
- Every day is a new day
- Provide experiences for success
- Praise the *process*, not the content

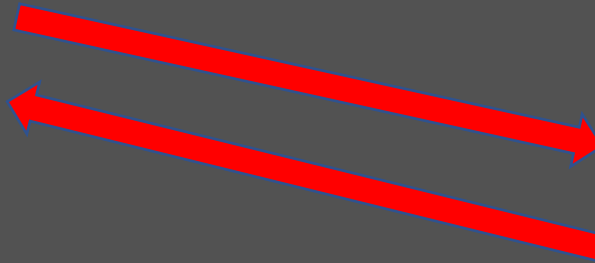
Building Resiliency

Emotional / Behavioral Regulation

- Risk factor in resiliency (the first two are protective)
- Must be a priority no matter what the age
- Must be handled early in the process
- Also a major reason for **overmedication** in the system
- Involves many complex brain systems
- **Willfulness paradigm** creeps in here

Delicate Balance of Behavioral Regulation: Coarse control of brain energy / behavior

Top-Down “**Brakes**” (Prefrontal Cortex)



Bottom-Up “**Accelerator**” (Brainstem/Limbic System)



“Name it to Tame it”

Dr. Daniel Siegel

Living Within The Window of Tolerance: The Different Zones of Arousal

HYPERAROUSAL ZONE

Sympathetic "Fight or Flight Response"
(Too much arousal)



SIGNS YOU ARE HERE:

- Tension, shaking
- Emotional reactivity
- Defensiveness
- Racing thoughts
- Intrusive imagery
- Emotional overwhelm
- Feeling unsafe
- Obsessive/cyclical thoughts
- Hyper-vigilance
- Impulsivity
- Anger/Rage

OPTIMAL AROUSAL ZONE

Ventral Vagal "Window of Tolerance"



SIGNS YOU ARE HERE:

- Feel and think simultaneously
- Experience empathy
- Feelings are tolerable
- Present moment awareness - "Right here, right now"
- Feel open and curious (versus judgmental and defensive)
- Awareness of boundaries (yours & others)
- Reactions adapt to fit the situation
- Feel safe

HYPOAROUSAL ZONE

Parasympathetic "Immobilization Response"
(Too little arousal)



SIGNS YOU ARE HERE:

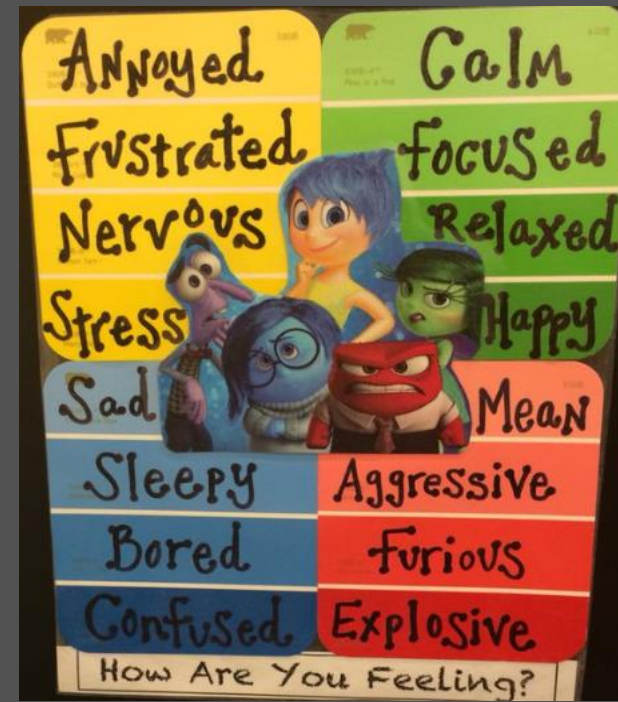
- Relative absence of sensation
- No energy
- Reduced physical movement
- "Not there"
- Can't defend oneself
- Disabled cognitive processing/"can't think"
- Numbing of emotions
- Disconnected
- No feelings
- Ashamed
- Flat affect
- Feeling 'dead'
- Shut down
- Passive
- Can't say no



Just Breathe

Julie Salzman & Josh Salzman

	Surprised
	Scared
	Confused
	Sad
	Happy
	Angry



ZONES OF REGULATION!

Blue	Green	Yellow	Red
Sick Sad Tired Bored Moving Slowly	Happy Calm Good to Go Focused Ready to Learn	Frustrated Worried Silly/Wiggly Anxious Excited	Mad/Angry Mean Yelling/Whining Out of Control Need Time and Space

happy	sad	angry	excited
afraid	shy	guilty	tired
jealous	loved	hopeful	bored
proud	sorry	embarrassed	surprised

What Zone Are You In?



5	Out of Control The Hulk	
4	Starting to Lose It The Hulk	
3	Anxious/Worried/Excite d The Flash	
2	I Think I Can Handle It Spiderman	
1	Just Right Superman	



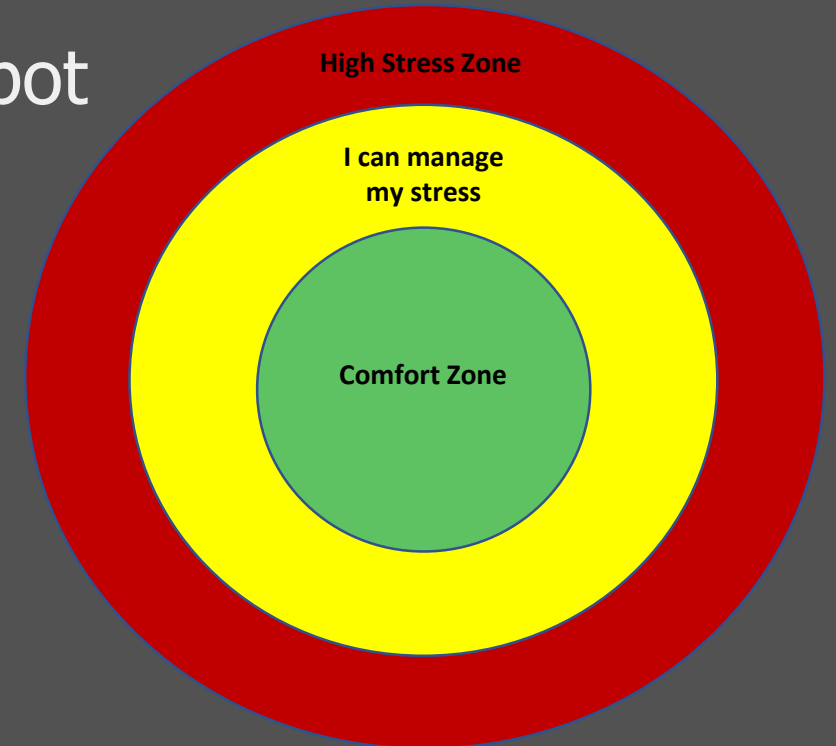


<p>BALLOON BREATHING</p> <p>Sitting in a comfortable position, place your hands around your mouth as if you were about to blow up a balloon. Take a deep breath in through the nose and, as you slowly exhale through your mouth, start to spread your hands out as if you are blowing up a great big balloon. Hold your hand position as you inhale again and then spread your hands further as you exhale. Once your balloon is as big as it can be, gently sway from side to side as you release your balloon up into the sky.</p>	<p>SHOULDER ROLL BREATHING</p> <p>Choose a comfortable sitting position. As you take a slow deep breath in through your nose raise your shoulders up towards your ears. Breathe slowly out through your mouth, lowering your shoulders as you exhale. Repeat slowly, rolling your shoulders up and down in time with your breath.</p>	<p>BACK TO BACK BREATHING</p> <p>Find a partner and sit on the floor back to back. Sit tall and close your eyes if you want to. Decide who will start - that person begins by inhaling deeply and then exhaling slowly, and then continues to breathe slowly and deeply. Their partner should feel the expansion in their partner's back each time they breathe in and then try to sync their own breathing to that both partners are breathing in time together.</p>	<p>TUMMY BREATHING</p> <p>Lie on the floor and place a small stuffed animal on your stomach. Breathe in deeply through your nose and feel the stuffed animal rise, and then feel it lower as you slowly exhale through your mouth. Rock the stuffed animal to sleep using the rise and fall of your stomach.</p>
<p>TAKE 5 BREATHING</p> <p>Sit comfortably, resting one hand in front of you with fingers outstretched like a star and the pointer finger of your other hand ready to trace your hand. Starting at the base of your thumb on the outside of your hand, breathe in slowly through your nose as you slide your pointer finger up to the tip of your thumb. Breathe out slowly and slide your pointer finger down the inside of your thumb. Breathe in as you slide your finger up the rest of your thumb and out as you slide down. Continue breathing in and out as you trace your whole hand.</p>	<p>BUMBLEBEE BREATHING</p> <p>Sitting comfortably, gently place the tips of your pointer fingers in your ears and close your eyes. Breathe in through your nose and then hum quietly as you slowly breathe out.</p>	<p>ELEPHANT BREATHING</p> <p>Stand with your feet wide apart and your arms dangling in front of your body like an elephant's trunk. As you breathe in deeply through your nose, raise your arms up high above your head. Then slowly swing your arms down again as you breathe out through your mouth.</p>	<p>BUBBLE BREATHING</p> <p>Sit comfortably with your eyes closed. Begin by imagining you are holding a bubble wand. Breathe in deeply and then, as you breathe out slowly and gently, imagine you are blowing bubbles into the room. Imagine the bubbles are filled with peace or love or happiness and that you are filling the whole room with a peaceful, happy feeling. As you keep breathing slowly and blowing your imaginary bubbles, feel your body become calm and relaxed.</p>



Affect Regulation Strategies

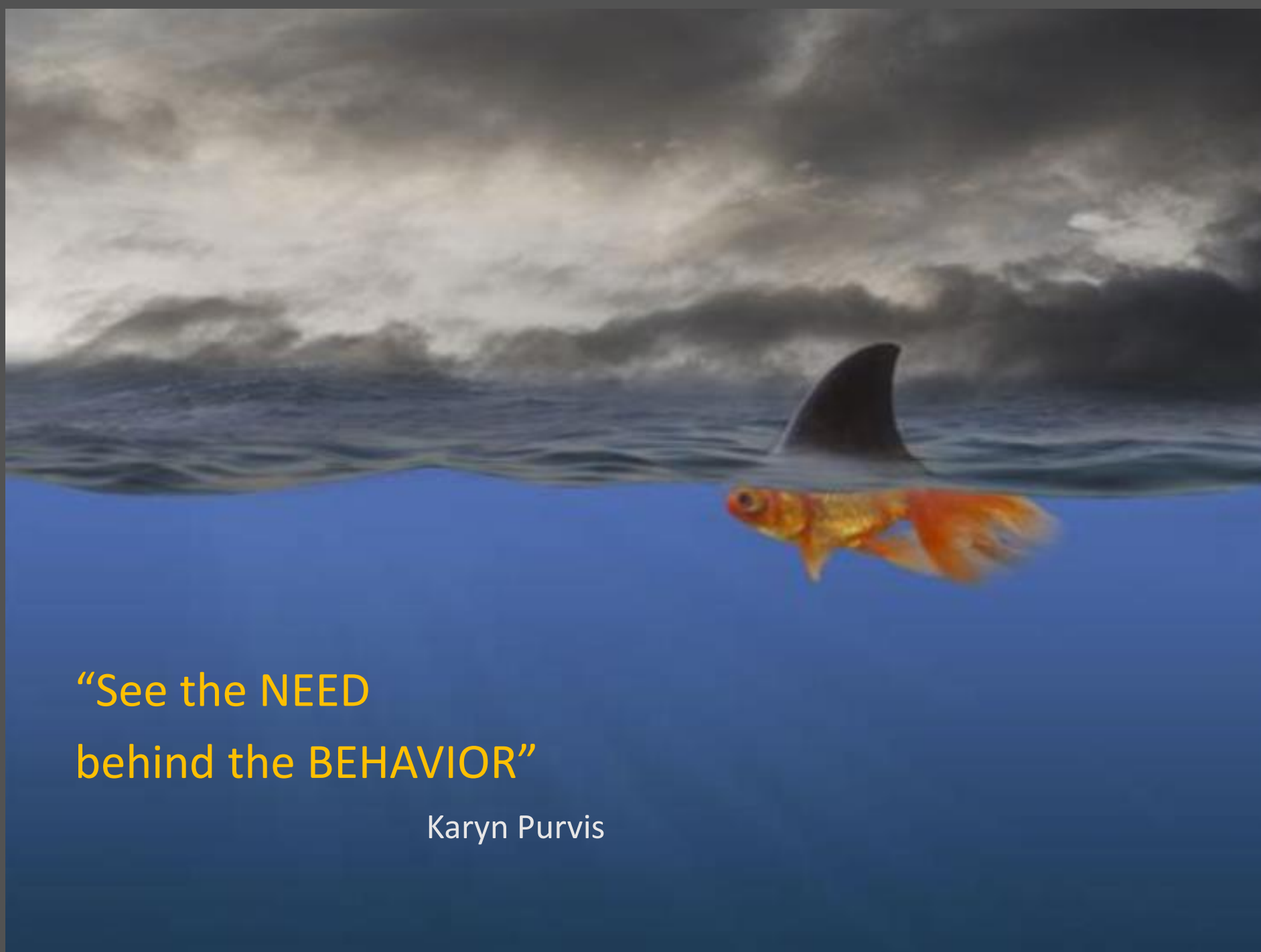
- Mindfulness/Meditation
- Yoga/Movement
- Feelings Scales with limited choices
- Building a “Safe Zone” or “Chill Out” spot
- Integrate the brain hemispheres
 - Walking, cross crawl, tapping
- Build in Rescue breaths through day
- Sensory zones
- Bullseye
- Use familiar/ Relatable examples
- **REPETITION!! PRACTICE though day**



Things to Remember

Brains are developed by what they do slowly and repeatedly over time. In order for a person to become kind, giving, and empathetic, they need to be treated that way.

Routine and repetition are huge in the recovery process. The brain changes in response to patterned, repetitive experiences: the more you repeat something, the more ingrained it becomes.



“See the **NEED**
behind the **BEHAVIOR**”

Karyn Purvis

Defiant, combative, hostile, and *uncooperative* are **labels** used by many people to describe trauma-exposed children and adults.

What if, instead, we saw them as *frightened, struggling to cope, confused, abandoned,* and **dealing with the effects of extreme stress** in the ways they have learned to find relief?