

## Trauma Informed Caregiving: A Trauma Informed Perspective for Working with and Caring for Infants, Toddlers, and Their Families

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## Beginning Thoughts

Survey of the room

My background

What I hope to offer:

- Understanding the “why” and “how”
- Professional and personal experiences
- General and specific strategies
- Follow up support

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## Special Thanks To...

- Deb Wesselmann, Cathy Schweitzer, and Stefanie Armstrong for their family therapy and EMDR treatment model for attachment trauma in children.
- Tina Payne Bryson for *The Whole Brain Child*.
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- Bonnie Badenoch for her compassionate teaching about interpersonal neurobiology.
- The National Traumatic Stress Network for *Caring for Children Who Have Experienced Trauma: A Workshop for Parents and Caregivers*.

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## Strategy 1: Develop a Trauma Informed Perspective

“What happened to you?”

Vs.

“What’s wrong with you?”

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## Core Knowledge for a Trauma Informed Perspective

What is trauma?

What happens to the brain during and after trauma?

What happens in the body during and after trauma?

How does trauma affect development?

What do trauma reactions look like?

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## What is Trauma?

During a traumatic experience three main areas are affected:

- \* **Relationships:** The life or physical integrity of a child or someone critically important to that child is threatened or child feels the threat.
- \* **Emotions:** Causes an overwhelming sense of terror.
- \* **Brain and Body:** The brain and nervous system works differently during trauma and produce physical changes such as pounding heart, rapid breathing; this is the stress response system.

These leave lasting effects after the traumatic event.

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## Types of Trauma

Acute

Chronic

Neglect

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## Adverse Childhood Experiences

Recurrent physical abuse  
 Recurrent emotional abuse  
 Sexual abuse  
 An alcohol and/or drug abuser in the household  
 An incarcerated household member  
 Violence between adults in the home  
 Parental separation or divorce  
 Emotional or physical neglect  
 Someone who is chronically depressed, mentally ill,  
 institutionalized, or suicidal

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## The Spectrum of Neglect

Occasional inattention  
 \* Benign, can build resilience  
 Chronic under-stimulation  
 \* Diminished "serve and return" interactions  
 Severe neglect in a family situation  
 \* Ongoing absence of "serve and return" interactions, often  
 with physical neglect  
 Severe neglect in an institutional setting  
 \* "Warehouse" custodial care

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## Preverbal and Attachment Trauma

### Preverbal Trauma:

- \* When a child is traumatized within the first years of life, attachment figures become part of the traumatic memory system.

### Lasting effects of Attachment Trauma:

- \* Later attachment figures are a primary trigger for the stored traumatic memories.

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## How Children Respond to Trauma

### Factors that influence a child's responses to a traumatic event include:

- \* Child's age and developmental stage
- \* Child's perception of the danger faced
- \* Child's past experience with trauma
- \* Challenges faced by the child after the trauma
- \* Presence/availability of adults who can offer help, reassurance, and protection

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## Depending on these factors...

### Trauma can interfere with healthy development and affect a child's:

- \* Ability to trust others and develop healthy attachments
- \* Sense of personal safety
- \* Ability to manage emotions
- \* Ability to navigate and adjust to life's changes
- \* Physical and emotional responses to stress
- \* General physical and cognitive development

Think about how this might look different for an infant, preschooler, school-age child, or adolescent.

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## Experience Grows the Brain

So what is “normal” brain development?

- \* The brain develops as a result of experience.
- \* The quality of these experiences set up positive or negative lifelong expectations.
- \* Brain development happens from the bottom up, from the “survival” to the “complex”.
- \* Interactions with others are critical to early brain development and ongoing integration.

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## What Is Integration?

Integration takes distinct parts of the brain and helps them work together as a whole (similar to coordination of organs in the body).

Experience molds the brain throughout the lifetime; “what fires together, wires together.”

Key periods in infancy and adolescence.

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## Why Does Integration Matter?

Left/Right hemispheres: Horizontal Integration

- \* Concept of “chaos and rigidity”
- \* Attachment patterns

Upstairs/Downstairs Brain: Vertical Integration

- \* Brain stem, limbic region, cortex
- \* Downstairs: basic functions like blinking, breathing, basic impulses, and strong emotion
- \* Upstairs: sound decision making and planning, impulse control, self-understanding, empathy, morality
- \* Role of amygdala and hippocampus

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## Experiences Build Brain Architecture

<http://developingchild.harvard.edu/resources/experiences-build-brain-architecture/>

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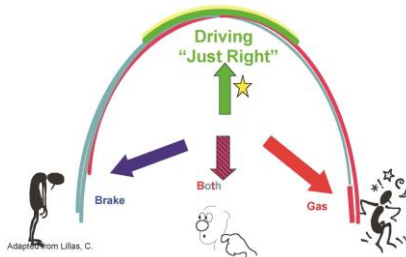
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## The Nervous System




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## Green Zone

- \* Driving "just right" for learning and relationships.
- \* Everyday you'll have a little of red, blue, and combo, but you want mostly green.
- \* The process of bringing the body back to the green zone builds resilience.
- \* If a caregiver can't be in the green zone, a child can't be in the green zone.
- \* If a professional can't be in the green zone, their clients can't be in the green zone.

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## Green Zone




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## Red Zone

- \* Like your foot on the gas pedal.
- \* The sympathetic nervous system.
- \* Examples: anger and aggression.
- \* A baby is in a “flooded” state in the red zone.
- \* Includes irritable and angry responses and/or patterns.

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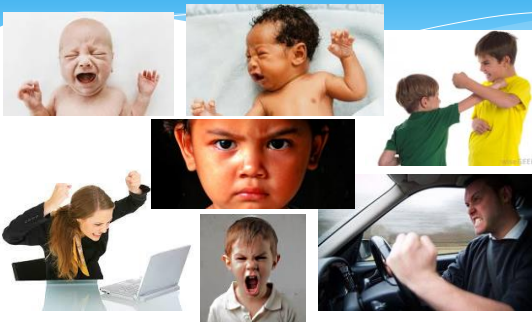
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## Red Zone




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## Blue Zone

- \* Like your foot on the brake.
- \* The parasympathetic nervous system.
- \* Examples: depression and being “zoned out.”
- \* Baby is in a “shut down” state in the blue zone.
- \* Includes shut down responses and/or patterns.

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## Blue Zone




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## Combo Zone

- \* Like your foot alternating on the gas and the brake.
- \* Vacillation between the sympathetic and parasympathetic nervous system.
- \* Example: anxiety and “freeze response.”
- \* Baby is in a vigilant state in the combo zone.
- \* Includes vigilant responses and/or patterns.

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## Combo Zone




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## Combo Zone

<https://www.youtube.com/watch?v=NgoxmRT2YWw>

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## The Stress Response System

In the case of a perceived threat, the “survival” part of the brain responds first (fight, flight, or freeze), then the “thinking” part of the brain sorts it out later.

In the case of an actual threat or trauma, the “survival” part of the brain takes over and the “thinking” part of the brain shuts down. The “survival” part of the brain tells the body to release stress hormones; this is the stress response system at work.

This response is good for survival in the moment, but can cause lasting changes to the brain and body, especially with chronic trauma or neglect.

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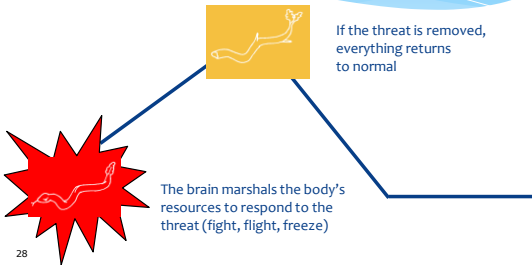
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## The Internal Alarm System




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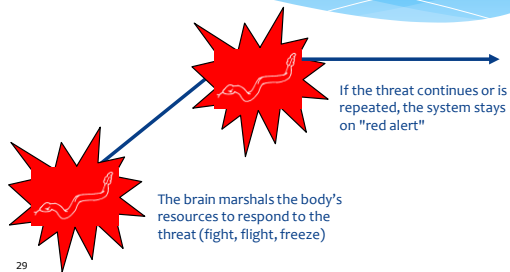
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## The Internal Alarm System




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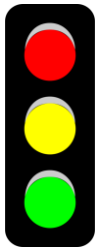
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## Three Types of Stress



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

**Tolerable:** Serious, temporary stress responses, buffered by supportive relationships.

**Positive:** Brief increases in heart rate, mild elevations in stress hormones.

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## How Trauma Impacts the Brain

### Practice builds the brain:

- \* If a child is spending a lot of time in survival mode due to toxic stress then the “survival” part of the brain develops more.
- \* The more complex or “thinking” part of the brain under develops.
- \* This is why a child who has experienced trauma may struggle to reason, have empathy, connect consequences to behavior, control impulses, solve problems, or complete academic work. **Their brain is underdeveloped and/or not functioning “normally”.**

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## Trauma Derails Development

Early and prolonged traumatic stress, particularly at the hands of caregivers, causes the brain to develop in a way that prepares the child to survive in an unpredictable and risky world, including being able to:

- Stay on constant alert for danger
- Quickly mobilize an intense “fight, flight, or freeze” response
- React quickly to threats

Strategies such as talking, reasoning, consequences, threats, and reward systems don't work when a child's internal alarm system is activated and they feel in danger (either real or perceived).

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## Toxic Stress Derails Development

<http://developingchild.harvard.edu/resources/toxic-stress-derails-healthy-development/>

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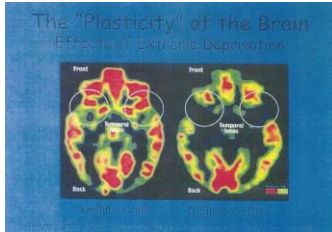
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## Impact on the Brain




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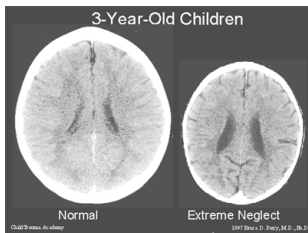
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## Impact on the Brain




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## Trauma Is What We See...




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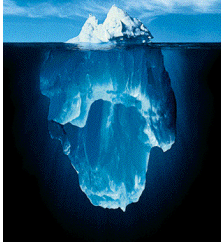
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## And What Is Hidden...




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## The Tip of the Iceberg... Behaviors

What behaviors have you seen in traumatized children?

What behaviors are the most difficult for you?

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## Below the Surface... Trauma and Toxic Stress

Post Traumatic Stress Disorder:

- \* Intrusion
- \* Avoidance
- \* Negative Alterations in Cognitions and Mood
- \* Increased Arousal

Attachment Difficulties

Toxic Stress Patterns

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## 4 Toxic Stress Patterns

1. Over-reactivity: Stress responses that occur too frequently and too quickly.
2. Repeated reactivity: Can't adapt to "normal" challenges and transitions.
3. Extended reactivity: Prolonged stress responses that take too long to recover (more than 10 to 20 minutes).
4. Dampened recovery: Can't recover from stress response back to baseline health (healthy sleep cycle and awake state).

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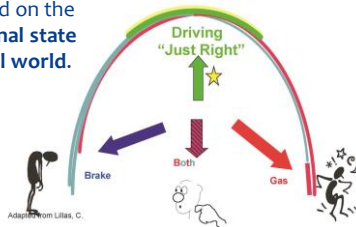
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## Remember the Nervous System?

It's doing what it should based on the child's **internal state** and **external world**.




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Possible Regulation and Stress Response Correlates of Interpersonal Modes Across the Lifecycle

Regulation Mode	Low Threat / Low Reactivity	High Threat / High Reactivity	Low Threat / Low Reactivity	High Threat / High Reactivity
Low Reactivity	<ul style="list-style-type: none"> <li>• Stable, predictable, calm</li> <li>• Low reactivity to stressors</li> <li>• Low reactivity to transitions</li> <li>• Low reactivity to social interactions</li> <li>• Low reactivity to physical sensations</li> <li>• Low reactivity to emotional states</li> </ul>	<ul style="list-style-type: none"> <li>• High reactivity to stressors</li> <li>• High reactivity to transitions</li> <li>• High reactivity to social interactions</li> <li>• High reactivity to physical sensations</li> <li>• High reactivity to emotional states</li> </ul>	<ul style="list-style-type: none"> <li>• Stable, predictable, calm</li> <li>• Low reactivity to stressors</li> <li>• Low reactivity to transitions</li> <li>• Low reactivity to social interactions</li> <li>• Low reactivity to physical sensations</li> <li>• Low reactivity to emotional states</li> </ul>	<ul style="list-style-type: none"> <li>• High reactivity to stressors</li> <li>• High reactivity to transitions</li> <li>• High reactivity to social interactions</li> <li>• High reactivity to physical sensations</li> <li>• High reactivity to emotional states</li> </ul>
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## Behaviors Through the Trauma Lens

### Challenging Behaviors:

Lying, Defiance, Stealing, Bathroom Issues, Food Issues, Aggression, Sexualized Behaviors

### Remember “What Happened to You?”:

Calming thoughts for caregivers.

What are the child's beliefs?

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## Strategy 2: Create Safety

### Types of safety:

- \* Physical safety
- \* Emotional/Psychological Safety
- \* Safety in Relationships

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## What is Safety?

### Physical safety ≠ psychological safety

To feel psychologically safe, children need:

- To feel oriented in their environment
- To have control over some aspects of their lives
- To know what will happen next
- To be seen and appreciated for who they are
- To have a sense of connection and continuity with their past

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## Strategies that Promote Safety

- \* Remember that even if external world is safe, the child's internal state may not reflect this.
- \* Develop a family safety plan.
- \* Create thoughtful plans around contact with triggers.
- \* Set and adhere to routines and schedules.
- \* Have clear rules.
- \* Set boundaries and limits with consistency and patience.
- \* Caregivers in the "green zone" promote a neuroception of safety.
- \* **NO physical punishment.**

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## Strategy 3: Integrate the Brain

Help the child to integrate their brain.

The experiences that caregivers provide lay the groundwork for integration and mental health... no pressure!

Work to build better brain skills in less emotionally charged situations so they will be more available during times of stress.

Use Integrative Parenting vs. Emotion-Driven Parenting

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## Emotion-Driven Parenting

**Emotion-Driven Parenting** uses consequences/punishments, spankings, lectures, raised voices, and orders.

Knowing what you know now about the impact of trauma on the brain and nervous system, why does emotion-driven parenting not work with traumatized children especially?

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## Integrative Parenting

**Integrative Parenting** uses attunement and empathy, calming the child's brain, pre-teaching and teaching, play and affection, parent mindfulness, connection and nurturing, and minimal use of consequences.

Attunement and empathy are the foundation.

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## What is Attunement?

- \* Be a detective for the child's emotions beneath the behavior.
- \* Name and validate the emotions to soothe.
- \* Provide reassurance. Say, "You can have these feelings and be ok. I'm here for you."
- \* Empathize. Say, "I feel that way too sometimes. How can I help?"

How would this look different for infants, toddlers, preschoolers, and older children?

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## How to Strengthen Attachment

Attuned communication:

- \* Name feelings
- \* Empathy

Practice closeness:

- \* Mirroring
- \* Reading together
- \* Games

Recognize positive behaviors and enjoyable moments.  
Go through photo albums, tell early stories.

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## Meltdowns

### Prevention:

Prepare and reassure before going to a new, stimulating, or anxiety-producing place. Have a calm down plan. Pre-teach and practice skills.

### Reaction:

Soothe the “downstairs” (survival) brain, before engaging the “upstairs” (thinking) brain.

AND

Connect with the emotional, right hemisphere, before engaging the logical left hemisphere.

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## What is an Upstairs Meltdown?

- \* It's conscious and a child can control it.
- \* Wants get mixed up with needs.
- \* Driven by negative beliefs such as, “I have to be in charge of getting what I need” or “I can't trust adults to take care of what I need.”

### What to do about it?

- \* Don't give in.
- \* Remain calm and kind.
- \* Walk away or remove child from the situation.

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## What is a Downstairs Meltdown?

Out of control emotions are a reaction to the past.

### Three Phases:

1. Acting Out (Panic)
2. Acting In (Shame)
3. Repair and Reconnection (Emotional Pain)

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## How to Manage

Phase 1 (Panic): Use attunement.

- \* Give space and be calm

Phase 2 (Shame): Use attuned containment and grounding.

- \* Move closer, give messages of safety and love, verbal grounding

Phase 3 (Emotional Pain): Use attuned restoration of relationship bond.

- \* This is a “window of opportunity” to build relationship bond, increase touch, continued reassuring messages

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## Remember...

- \* Punishments do not help heal or calm a child's brain.
- \* If a child was wounded by relationships, (s)he needs to heal through relationships.
- \* Increasing a caregiver's connection to a child will heal and calm the child's brain, help the child stay in the “green zone”, and change the child's underlying belief system.

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## Caregivers Can Make a Difference

Strategy 1: Look at behaviors from a **Trauma Informed Perspective**.

- \* Know if the child has a history of trauma.
- \* Identify a trauma reaction or behaviors that are a result of traumatic experiences.
- \* Know what is going on in the child's brain and body; consider the stress response system.

Strategy 2: Create **Safety**.

Strategy 3: Change your caregiving response by using strategies that promote **Integration**.

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## Children Can Recover

You can help by:

- \* Being emotionally and physically available
- \* Recognizing and responding to the child's needs
- \* Providing guidance
- \* Providing opportunities to safely explore the world
- \* Making it safe to talk about trauma

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## What Good Caregiving Can Do

From protection from harm...

... children learn that the world is safe.

From support, nurturing, and responsiveness...

... children learn that they are capable.

From affection and love...

... children learn that they are lovable.

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## Your Role As a Caregiver

1. Recognize the impact trauma has had on your child's behavior, development, and relationships.
2. Help your child to feel safe.
3. Help your child to understand and manage overwhelming emotions.
4. Help your child to understand and modify problem behaviors.
5. Respect and support positive, stable, and enduring relationships in the life of your child.

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## Your Role As a Caregiver

6. Help your child to develop a strength-based understanding of his or her life story, trauma history, and current experience.
7. Be an advocate for your child with service providers, teachers, and others who can help foster his or her growth and development.
8. Promote and support trauma-focused psychological assessment and treatment (play therapy, TFEBT, EMDR, IMH) for your child.

Trauma treatment is family treatment

9. Take care of yourself.

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## The Challenge...

Caring for children who have been through trauma can leave caregivers feeling:

- \* Confused
- \* Frustrated
- \* Unappreciated
- \* Angry
- \* Helpless
- \* Judged by others

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At times it may feel as though you are holding a candle against the darkness...



But...

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... the wound is the place where the light enters you.  
-Rumi



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Questions?

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Thank you!

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## References

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