The Four Rs and Trauma

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Trauma Defined

Any experience that creates an undue prolonged stress for the person.

- Matt Pierce

Since the inception of CFSS, the leadership and workforce have dedicated a multitude of efforts enhancing their working knowledge of trauma, the impact it has had on enrolled young people’s lives and how best to organize and deliver help. Using research on the development of young persons, emerging findings about how the human brain functions and the fortunate many hours CFSS personnel has spent learning with young people, CFSS thought it was time to share what they believe to be true as it relates to the area of young people and trauma. So here we go…

CFSS believes any experience of trauma is complex, and it varies in type, source, chronicity, and impact. For young people, trauma is experienced at different developmental stages and within different contexts such as family, community, and culture. The adverse stressful experiences young people endure has a strong influence in shaping their beliefs, cognitions, expressions of emotions, and relationships. Young people’s interpretations of their experiences directly correlate with how they socially interact, respond to stress, develop and maintain relationships, and learn acquiring skills to navigate their days. For example, it’s not uncommon for young people who have experienced repeated stress, chaos, exposure to fear and harm to perform dangerous behavior that’s directly in conflict with the involved adults and authorities’ expectations. Though CFSS doesn’t condone young people’s behavior that defies the rules, it does firmly believe when working with young people who have a trauma history that their behavior is absolutely appropriate given the experiences they’ve endured.

Just like young people’s interpretations influence and shape their behavior, CFSS feels strongly that helpers’ interpretations of young people directly correlate with their interventions. When working with a young person who has been exposed to trauma, it’s important to not focus merely on increasing or decreasing a behavior, but rather how the behavior of today has been influenced by the experiences of yesterday. Formal help must take into consideration how the young person regulates his or her body and mind, sources of physical and emotional safety, conceptualization of self, and building or enhancing core relationships.
CFSS has developed this *Healing Habits Manual* to assist helpers with assessing, planning and providing interventions to young people and their families. We hope this set of information and tools are helpful. The manual is broken into four foundational “Rs” of providing trauma work:

- Relationships
- Regulation
- Rules
- Respect

For each R, this manual contains the definition of the R, the impact of trauma on the R, assessment indicators, and example intervention tools specific to the R. Hopefully, the information contained will serve as a springboard for more creative ideas. The manual also contains an appendix with a reference bibliography and supplementary materials.

Now, this is where the work begins! Just as young persons and families do not live in isolation, helpers do not work in isolation. Helpers work in partnership with young people, families, and supervisors. The same goes for choices and use of tools. So use the assessment indicators, and then with the parent/caregiver and young person, determine a tool(s) that align with the assessment.

Remember, young persons express emotions at their own pace and in their own time. This manual contains information that can be individualized accordingly and adapted for use with people of all different abilities. When implemented effectively, these tools provide young persons and involved adults opportunities to learn and practice skills that they can take into their future. Think and be purposeful, use good sound judgment and common sense.

Finally, before we move on, THANK YOU! Thank you for your passion, dedication, and quest for learning the work, so that you can better serve young people and their families.

**Matt Pierce**  
*CFSS Chief Clinical Officer*

**Elaine Groppenbacher**  
*CFSS Clinical Administrator*
The Top Ten List about the Work

1. **Your** Interpretation guides **Your** Intervention.

2. There is a distinct correlation between **looking good, feeling good, and doing good**.

3. The principles of neurodevelopment should influence the “help” provided to young people. If you want to promote cognitive functioning, focus on enhancing the person’s ability to access that part of the brain by helping them **regulate their responses to stress**.

4. **BREATHE** ~ without it, there’s no tomorrow! Remember, an emergency is when someone is dying or dead.

5. **Regular activity** involving heavy work, exercise, play, rhythm, and deep pressure help young people with all types of self-regulation styles become **physically grounded**.

6. **All behavior is communicating** a message. The bigger or more problematic the behavior, the greater the need is for listening, understanding, and compassion.

7. Promoting **the ordinary can be magical**. Our memories of what we’ve endured provide a blueprint for our experiences today. The greatest teaching and learning in doing trauma work is when involved young people find ways to **create alternative experiences** that will lead to new memories, thus fostering functional skills for the young person.

8. Avoid over-correcting. Focus on **consistency, predictability, and regulating your own stress**. There’s a direct correlation between the involved adults’ stress and the stress of the young person.

9. Keep in mind the young person has the **relevant expertise** of what’s helping and hurting them. Progression usually involves adults **listening** to the young person and pacing their activity in a manner that “fits” the young person’s readiness.

10. **Authentic connections** to people, places, and things that cut across treatment boundaries are essential in **strengthening the health of the mind**.
Remember, when using this guide and any other support tools, the core fundamentals of the work at CFSS are rooted in the five universal pillars that each of us are striving to achieve each day. All interventions provided at CFSS are based on these Pillars of Support. They help us to evaluate a person's current situation and develop a plan and goals for a more hopeful and fulfilling future.

**Hope** – CFSS believes that young people and families need to have hope in their daily lives to better manage life circumstances and times of high stress and crisis. CFSS partners with families in finding ways to inspire their belief and resiliency within themselves that tomorrow can be better than today.
**Relationships** – CFSS orchestrates opportunities for young people and families to connect with sustainable natural/informal supports. Purposeful activities are identified by CFSS in collaboration with young people and families to create meaningful relationships.

**Physical Well-Being** – CFSS believes there is a direct correlation between an individual’s physical well-being and emotional health. A primary function of CFSS service delivery is creating opportunities for young people and families to engage in activities that build off their strengths to enhance their physical and mental health.

**Skills** – CFSS partners with young people and families to identify areas of skill development. An important function of service delivery is to create experiential opportunities to practice focused skill areas including social, frustration tolerance, flexibility/adaptability, sensory integration, independent living.

**Enjoyable activities** – CFSS believes "joy" isn't a reward, but an absolute requirement of the recovery process. In collaboration with families and young people, CFSS works to identify and connect them to enjoyable activities in their communities. CFSS's fundamental approach and interventions are founded on the principles of Wraparound, Positive Behavioral Support, and Trauma Informed Care.
RELATIONSHIPS, REGULATION, RULES, AND RESPECT

Definitions, Impacts of Trauma, Assessment Indicators and Intervention Tools
Relationships

We humans are born to connect and develop within the context of relationships. Through the senses and actions of our caregivers, our earliest relationships, we learn about regulating our emotions and behaviors, exploring and engaging the world, taking initiative, and developing our individual sense of self. The qualities of those interactions contribute significantly to the strength of our overall developmental foundation, most specifically our social emotional development. Through these relationships, “we develop our own interpersonal (social) competencies that we use through our lives, that being our capacity to form and engage in relationships with others (p. 11).”\(^1\)

This sense of self, interpretation of the world, and perception of self all have roots in our life experiences and human to human contact.

HOW TRAUMA IMPACTS RELATIONSHIPS

Chronic toxic stress and trauma profoundly impact our relationships with self, others, and the world. The physiological heightened arousal, sense of being physiologically and/or emotionally unsafe, and the unpredictability that often accompanies stress and trauma constrain or limit our experiences of other people and the world. In turn, we come to see the others and the world as hurtful, untrustworthy, unsafe, and predictably unpredictable. Regardless of age, overtime we begin to internalize this perception, struggle for control, and question if we, our sense of self, our very existence will continue in the face of heightened arousal and affect. We lose our sense of respect and value of self and others under such threat.

All is not lost though. Most experts contend a safe, caring bond with one person (grandparent, parent, teacher, sibling, or friend) mediates the impact of undue, prolonged stress and promotes resilience. As Daniel Siegel, MD (2011) states, “Interpersonal neurobiology and social relationships shape the brain and the ways that individuals of all ages adapt to emotional stress (p. 139).”\(^2\) Further, these types of human relationships “buffer the effects of stressful events and literally support the neural networks involved in bonding, attachment, attunement, social interactions and affiliation (p. 139).”\(^3\)

\(^1\) (Blaustein, 2010)
\(^2\) (Steele, 2012)
\(^3\) (Steele, 2012)
ASSESSMENT/INTERVENTION

ASSESSMENT INDICATORS

☑ Caregiver ability to support the young person in the presence of stressors

☑ Caregiver ability to effectively manage own experience

☑ Caregiver capacity to accurately read the young person’s cues and respond appropriately

☑ Caregiver capacity to provide consistent predictable response, clarity with rules, and modulate the environment

☑ Evidence of routines and rituals in daily living ~ caregiver capacity to establish and maintain routines and rituals

☑ Caregiver openness and willingness to playfully interact with the young person

☑ What specific situations seem to be the most challenging for the young person and for the caregivers? When do they feel most comfortable?

☑ How consistent are the young person and caregivers’ responses one to the other? How “tuned in” are they, one to the other?

☑ What patterns do you observe, hear about the young person’s behaviors, emotions, responses as well as the caregivers?

☑ How much insight do the caregivers and the young person have about their roles, and especially, about the role of their own response in the relationship?

☑ How does the young person and family culture(s) impact emotional display and physical interaction?

☑ What is considered “normative” for the young person? What is considered “normative for the caregiver? What is considered “normative” for the environment?

TOOLS

⚠️ Remember to use tools of Regulation and Respect (described in following sections).

For sustainability, include the parent or an important adult in the young person’s life whenever possible/appropriate.
MANAGE AFFECT

I. Help the caregiver and the young person notice small good things happening. Remind the caregiver how much small actions and single words can help him/her and the young person shift affect. Examples include a wink, quick smile, a safe touch on the shoulder, a verbal acknowledgement of listening, making funny faces, stroking the hair, holding pinky fingers.

II. Work with the caregiver to “get small” and be developmentally where the young person is at, even if that means getting on the floor to play. Model side-by-side play for both the caregiver and young person.

III. Demonstrate the power of distraction in catching a person off guard and interrupting intense affects. Both the caregiver and the young person can benefit from learning this strategy.

IV. As a helper, fit your presence into the world of the young person who feels unsafe. Control your body and regulate your own energy. Show the young person (as well as caregiver) how to manage personal affect and energy to promote good regulation and interaction.

READ, UNDERSTAND, AND RESPOND TO POTENT AND SUBTLE CUES

I. Choose a YouTube/Vimeo clip of a movie or cable/TV show to watch with the young person. Watch the clip two times:

a. View it first with no sound.

b. Then, talk about what potent and subtle cues/messages the characters are displaying and if the cues seem appropriate to the situation.

c. Then, view it again, but this time with sound.

d. Discuss.

II. Role-play situations in silence using only facial expressions and gestures.
Compare what the players understood each other to be communicating with what each player intended to communicate.

III. Play an “emotions” charade game using the body (e.g. gestures and facial expressions) only to convey to other players the emotion.

UNDERSTAND CONSISTENCY OF RESPONSE (PRAISE, REINFORCEMENT, AND LIMIT SETTING) IN THE CONTEXT OF TRAUMA

I. Catch the young person/parent/person with whom you have conflict being good ~ comment on it!

II. Use small indicators of praise consistently throughout the day ~ indicators that validate, feel physically good, ones that can happen in a second or two (a wink, touch on the elbow, tousle of the hair, quick happy glance, a quick grin).

III. Find out what type of communication (words, tone of voice, gestures, facial expressions) increase and decrease the experience of stress for the young person (also caregiver) and either launch the young person (also caregiver) into his/her stress response or lead him/her to calm.

DEVELOP, MAINTAIN, AND USE RITUALS/ROUTINES FOR MODULATION AND RELATIONSHIP BUILDING

I. Build routines appropriate to the young person’s developmental level, not chronological age. Remember the young person may have uneven development in various domains that do not come close to developmental expectations for chronological age.

II. Help the caregiver discover where the young person’s development stands in each of the various domains of development, including social/emotional.

III. Work with the caregiver and young person to identify one aspect of the day to target for routine building. For example, help them build a weekday morning and/or nighttime routine. Provide them instructions (and do this with them):

   a. Start with simple pieces (e.g., brush teeth, wash face)

   b. Try to make it the same for several days ~ Remind the young person and caregiver/parent to DO THEIR BEST.

   c. Don’t sweat it if a day gets missed. Just start again with the next routine time. Help the young person get started again!
d. Then, make one change on a weekend day or some day when you don’t have something you have to do following your routine.

e. Notice how you feel making the change . . . slowly start challenging yourself with a change here and there so that you can build up your flexibility, as flexibility is so necessary for relationships.

IV. Demonstrate to the young person how it might be easier to talk about difficult topics or about things that may be anxiety producing while walking or running side by side, jumping on the trampoline, playing on the floor with toys, building structures (Legos, Blocks, etc.), doing art/crafts side by side, or playing one-on-one sports.

V. Help the caregiver discover how routine and rituals already help him/her in daily living. Ask him/her to consider how rituals/routines bring comfort during times of stress and uncertainty.

IDENTIFY AND UNDERSTAND UNIQUE ASPECTS OF THE YOUNG PERSON AND CAREGIVERS’ COMMUNICATIONS AND INTERACTIONS

I. Model appropriate communication.

a. Call the young person and caregiver by their preferred names.

b. Greet and acknowledge each person in the vicinity of your interactions.

c. Use “we” instead of “I” in conversations.

d. Promote the young person/caregiver relationship above the helper/young person relationship.

II. Facilitate the young person and caregiver each identifying his/her emotional language by using an Emotional Language Chart. As helper, reflect on and identify your own emotional language to model how to complete such a chart. Discuss individually with each person his/her discoveries about emotional communication. Then, consider bringing them together to share their discoveries, as long as they both agree to honor personal emotional and physical safety.
V. Work with the caregiver to view the world through the lens of the young person, particularly the lens when the young person is under stress. Talk with the caregiver about the high probability that the stress impacts how the young person communicates and interacts. Help the caregiver discover that the stress impacts his/her communication and interactions as well.

VI. Assist the young person and caregiver in identifying shared interests and passions on which to build their communication exchange and interactions.

VII. Identify ways the young person can externalize his/her pain and give it a place outside the young person – in other words, help him/her understand the problem is the problem but it isn’t who they are. Give the problem a name, and then, orchestrate activities to keep the problem away. In other words, partner with the young person to experience today differently than yesterday and build new identities and strengths to keep the pain from becoming his/her identity.

VIII. Assist the young person and caregiver in identifying/creating experiences that promote enjoyment, effective communication, and positive interactions. Through modeling and coaching, help them discover that they can move through stress and upset, as these can be
momentary and need not define their communication, interaction, and overall experience together.

Remember in the end, we want the experiences to end well. Don’t worry about time limits and/or accomplishments. What matters most is that the young person has experiences in life that end well.

**Important:** This work is as much caregiver-driven, as it is young person-driven. Include the caregiver as much as possible because the caregiver needs to receive, implement, and sustain the skills and strategies that work for the young person and the family!

**ADDITIONAL NOTES**

The most consistent predictor of resilience for high-risk young children is a safe, nurturing bond with a single person (e.g. grandparent, teacher, or sibling). Peer relationships are also important as young children who have a least one close friend and who are able to maintain friendships over time are predicted to have greater resilience (p. 20).  

Early relationships lay the foundation for emotional regulation, but more importantly, the formation of relationships between the self and others (p. 140).

*Relationships mediate the major developmental experiences during young personhood as well as how traumatic experiences are processed.*

- Dr. Bruce Perry
  (Steele, 139, 2011)

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4 (Blaustein, 2010)  
5 (Steele, 2012)
Attachment Building Blocks

- Caregiver Management of Affect
- Attunement
- Consistent Response
- Routines and Rituals (p. 36-38)\(^6\)

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\(^6\) (Blaustein, 2010)
Regulation

Regulation is the individual’s capacity to develop and achieve balance (AKA homeostasis) of his/her physiology and emotions while engaging with other people, environments, and life experiences/stressors. Core building blocks of self-regulation include affect identification, modulation, affect expression, and competency when engaging the world (p. 38-40). Self-regulation includes many things such as:

- Modulating thought, action or cognition, physiological states, and associated affect and arousal states
- Tolerating and integrating change, as well as a range of affect and arousal
- Mastering sensory functions, especially self-calming and emotional responsivity
- Communicating effectively one’s experiences with others

Per Blaustein and Kinniburgh (2010), “Self-regulation involves the capacity to effectively manage experience on many levels: cognitive, emotional, physiological, and behavioral (p. 38).” Per DeGangi (2000), “In the developing person, the early regulation of arousal and physiological state is critical for successful adaptation to the environment (p. 2).”

Per Garland (2014), regulation begins with managing one’s physiology in response to state changes. Building on this, our sensory preferences, sensitivities, and processing either augment or hinder our ability to achieve balance (AKA homeostasis) when engaging with the world. These form the platform for mental, social, and finally emotional regulation. Thus, how we manage our physiological responses to experiences and process sensory stimuli have profound impact on our academic learning, behavior, daily living activities, social interaction, and emotional well-being.

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7 (Blaustein, 2010)
8 (Blaustein, 2010)
9 (DeGangi, Pediatric Disorders of Regulation in Affect and Behavior, 2000)
10 (Garland, 2014)
When we have success in regulating our experiences, we typically have done so because of different things such as, but not limited to the following capacities. We often have some awareness of how we are doing internally (sleepy, awake, anxious, settled, calm) and understand these states of arousal. We can identify and express a range of affect, and in turn, tolerate a range of affect displayed by other people. We use different actions and cognition to modulate our arousal and affect to keep ourselves in balance. We understand that aspects of internal experiences (i.e., sensation, feeling, thought, and behavior) are actually interconnected and know the factors that influence these experiences. Finally, we have the ability to effectively communicate our internal experiences and what we need to achieve balance (p. 111).12

HOW TRAUMA IMPACTS REGULATION

Given that managing stress has its roots in physiological regulation, we know that living with chronic, toxic stress or trauma challenges our physiology significantly and often keeps us in a heightened state of arousal. Thus, we never quite achieve and sustain the state of “quiet alert” and balance required for successfully learning and appropriate interactions within the world. Per Blaustein and Kinninbrugh (2010), “Young children who have experienced chronic trauma demonstrate core deficits in the capacity to regulate physiological and emotional experience (p. 29).”13

ASSESSMENT/INTERVENTION

ASSESSMENT INDICATORS

☑ Degree of awareness of internal state

☑ Quality of physical, sensory, mental, emotional, and social self-regulation

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12 (Blaustein, 2010)
13 (Blaustein, 2010)
☐ Type and consistency of young person’s response across settings, caregivers, and stressors

☐ Ability to tolerate a range of arousal and affect in self and others

☐ Ability to use action or cognition to modulate arousal and affective state

☐ Knowledge and understanding of how sensation, feeling, thought and behavior are interconnected and what factors influence our internal experiences

☐ Capacity to effectively communicate experience with others

☐ Caregiver ability to support the young person in the presence of stressors

☐ Caregiver ability to effectively manage own experience

☐ Caregiver capacity to read young person’s cues and respond appropriately

☐ Caregiver capacity to provide consistent predictable response, clarity with rules, and modulate the environment

☐ Evidence of routines and rituals in daily living ~ caregiver capacity to establish and maintain routines and rituals
**TOOLS**

⚠️ Remember to use tools of Relationships.

For sustainability, include the parent or an important adult in the young person’s life whenever possible/appropriate.

💡 **Important:** Remember that the work is about EXPERIENCES, not the processing of experiences. Ask questions to increase awareness of the impact of the experience. Change focus if “processing” has overtaken the “experience.”
MANAGE PHYSICAL SELF (MANAGE AROUSAL AND STATE REGULATION)

I. While engaging in a side by side activity (e.g. talking a walk, playing a board game, etc.), have the young person talk about how he/she manages the physical self during different times of the day ~ morning, midday, late afternoon, evening, late night. If you have the opportunity, ask questions like:

a. Do you have the same level of energy during each time period or does it change from time period to time period or even, day to day?

b. Do you feel differently depending on what you eat or what you are doing?

c. If so, what food and activities give you the most energy, help you have the clearest mind so you can remember things, and bring out the best in you?

d. Then encourage the young person to create a video, collage, written piece, spoken word, art, etc., that shows what he/she has learned about self.

II. Engage in adrenaline based and rhythmic activities. For example, take Yoga, Zumba, Spin, or Dance classes, jump on a trampoline, go for a run, and/or lift weights with a young person. Have the young person pay attention to how his/her body feels in each setting. Ask questions like:

a. Which one feels the best, helps your body stay calm and your mind focused?

b. Which one gets your insides rumbling, makes you nervous?

c. Which one energizes you or makes you sleepy?

d. In other words, which brings out the best you?

e. Have the young person think about how many of these feelings he/she experiences in everyday life and what to change/keep the same.

III. If the young person has built up intense energy, unresolved anger and tension, think about ways for safe release: taking the classes noted above, riding a bike, walking a long distance, running, hiking, lifting weights, jumping on a trampoline, hitting balls at the park or batting cage, skate boarding ~ any adrenaline boosting or rhythmic activity might help. Some young people might need to do things that involved more that movement and rhythm.
IV. Some might benefit from throwing (yes, throwing!) potter’s clay, a basketball, a medicine ball, or softball. Now where?? Find a brick wall or a hard wall structure that cannot be damaged by the item being thrown. Have the young person throw the item against the wall and feel the sense of the pressure needed to throw it. Ask how the feeling changes depending on how hard or soft the throw or how many times the throw happens.

V. Use techniques of the theatre. Give a group of young people the following instructions:
   
a. Tell them to pay attention to what’s happening inside their bodies, as they follow the instructions during the activity.

b. In silence, walk freely around the room looking only at the floor.

c. Slowly begin to notice the people around you.

d. Take a quick glance ~ don’t let them see you looking. Then, make eye contact for 1 – 2 seconds and break away.

e. In silence, walk some more, glance again, and make eye contact for a bit longer (e.g., 5 – 6 seconds).

f. Repeat a third time, but this time instruct them to make and hold eye contact until you say stop (e.g., 15 seconds) or as much as the young persons can tolerate.

g. Ask them to reflect back. Did they notice any change in their bodies with each change they made with their eye contact? If so, what change? If not, what do they think are the reasons?

VI. To help increase awareness in one’s body, here’s an exercise that involves pressure. Have the young person stand against a wall and then press his/her back to the wall, lie down on the floor pressing the back to the floor, or do a wall squat. Have the young person do anything that puts constant even pressure on multiple parts of his/her body. Give the following instructions:

a. Slowly move your attention through your body, from one part of the body to the next.

b. Pay special attention to those areas that you know in your thinking mind are on contact with the wall/floor, but you do not feel against the wall or the floor.
c. When you stop the pressure contact (e.g., stand up or stop pushing against the wall), let someone know what body part you didn’t feel.

d. If you’re comfortable, ask someone to press the palm of his/her hand against the body part (e.g., shoulder) so that you can begin to understand what pressure feels like on that part of your body.

VII. Use any of the *How Does Your Engine Run* activities appropriate to the age. Help the young person learn about state regulation and how to manage his/her arousal and energy.

**UNDERSTAND/MANAGE SENSORY PREFERENCES, SENSORY PROCESSING, SPECIFICALLY MODULATION (DEGREE OF SENSITIVITY, CRAVING OF SENSORY INPUT)**

I. With the young person, take a sensory inventory to learn about preferences. Then, talk about it and maybe even try out the results to see if they make sense.

II. With the young person, go to several places with different lighting, sound, and items with various textures. Have the young person pay attention to how his/her body feels in each setting. Discuss the following questions about the places:

   a. Which one feels the best, helps your body stay calm and your mind focused?
   
   b. Which one gets your insides rumbling or makes you nervous?
   
   c. Which one energizes you or makes you sleepy?
   
   d. In other words, which brings out the best you?
   
   e. How many of these items do you have going on in your everyday life?
   
   f. What would it take to include in your day more with the ones that bring out your best?

III. With the young person, identify each of your favorite activities and your least favorite activities. Discuss the following questions about the activities:

   a. When you do too much of either of them, how do you feel?
   
   b. How do you know when too much is too much?

IV. Help the young person create an emotions meter and/or an activity meter to use as a tool to help assess and put into words what he/she is feeling? This can help with a young person who has trouble accessing words when under stress.
V. Ask additional questions to help a young person learn about his/her sensory preferences:

a. What foods and liquids do you like/dislike?

b. What textures/surfaces do you like/dislike touching?

c. Do you like soft stroking of your arm or a firm grasp of someone’s hand?

d. What are your favorite clothes? Do your favorites have anything in common (color, material, loose/tight fit, tags/no tags, soft/smooth/rough)?

SUSTAIN ATTENTION AND CONTROL IMPULSIVITY

I. Help the young person choose an activity that provides steady sustained sensory input according to his/her sensory preferences. Start with a 10-15 minute activity, increasing over time. If applicable, before the activity, have the young person describe where and how he/she is feeling what inside his/her body. After the activity, describe the same. Note and discuss any differences.

II. Have the youth choose an activity that provides rhythmic sensation such as, but not limited to riding a bike, walking a long distance, running, hiking, lifting weights, jumping on a trampoline, hitting balls at the park or batting cage, skate boarding, or taking a Zumba, Spin, or Dance class. Help the young person identify which of the activities helps him/her feel the best, keep the body calm and the mind focused. Consider using the same process as above as appropriate.

III. Help the young person create a contained personal space (e.g. tent in room for a young person) that aligns with his/her sensory preferences related to sound, light, color, texture ~ a place in which the young person feels “safe” and/or calm.

IV. Encourage the young person to use noise reduction headphones.

V. Go with a young person to a multipurpose store of choice (groceries, pharmacy, clothing, everyday items, “superstore”, etc.) Ask the young person to lead you to the section of the store that he/she thinks is the most boring and/or senseless. Model for the young person the strategy of putting one’s hands in one’s pockets when having the tendency to touch everything. Ask the young person what
he/she sees as useful, or not, of the items. Ask what the young person or anyone could do with the item instead of its intended use. In an effort to increase or expand the young person’s tolerance of this regulated activity, try increasing the time of staying focused in a repeat attempt. This can be done related to any boring activity ~ can teach strategies such as self-talk to stay focused, on task, and reign in impulsivity.

VI. BREATHE. Learn with the young person the various yoga breaths and find the ones that help calm the body and focus the mind.

DEVELOP THE CAPACITY TO INITIATE ACTION, COPE WITH DISAPPOINTMENT, AND DEAL WITH “NO”

I. To give opportunities to solve challenges outside of stress, role play particular situations with the young person and others involved (stress drills) ~ in other words, help the young person practice until he/she comes up with some responses that do not lead to conflict, being upset, or big behavior. Make sure to use statements of validation and model empathy during your interactions, as well as when providing feedback.

II. Again, in an effort to build capacity and understand situations, have the young person act outside experiences that cause stress. For example, take an unfinished scenario (presented verbally, in writing or with action figures in fantasy/super hero play) that includes disappointment or unrealized plans. Help the young person complete the scenario either verbally, in writing, or by action two times.

   a. First, complete the scenario with a negative response.

   b. Discuss how this feels and what can be accomplished going forward.

   c. Then, complete the scenario with a positive response.

   d. Again, discuss how this feels, what can be accomplished going forward, AND the differences between the two.

   e. Remember to adapt the scenarios in light of the young person’s triggers. Be mindful of the scenarios for young persons with prolonged, high stress histories. Avoid triggers until such time as the young person has effective coping strategies and support in place.
III. Go with the young person to a store, ballgame, school event, mall, etc., and together watch a problem unfold.

   a. Encourage the young person to talk about what happened.

   b. Assist the young person in identifying what worked or didn’t work in resolving the problem.

   c. Ask what he/she might do differently than the people involved.

IV. Go with the young person when he/she goes to do something that makes him/her nervous or uncomfortable doing right away or that he/she has to learn in order to do it. This could be as simple as asking a clerk in a store to help find something or making a phone call to order pizza. Now, follow these tips:

   a. Encourage the young person to engage in the task in ways that make sense to him/her.

   b. Tell the young person to pay attention to body feelings, what’s happening on the inside.

   c. When the young person feels a little anxiety and/or appears anxious, remind the young person you are there to help work through the anxiety.

   d. Stop before things become overwhelming; remind the young person that he/she will instinctively know when being overwhelmed is about to take over.

   e. Encourage the young person keep trying, once he/she seems calmer, less anxious. Remind him/her that it’s okay and healthy if he/she has to take the successive approximation approach (breaking the “something” down into little pieces to accomplish one at a time before trying the whole thing). Over time, help the young person take on things that are more anxiety provoking ~ remember, little by little.

V. Model learning and identifying one’s uniquely personal alarm system and false triggers!

VI. Teach the young person to take his/her pulse to monitor heart rate, as this can signal the need for slow breaths.

VII. Model “on-the-spot” or “in-the-moment” strategies for dealing with heightened stress and/or disappointment by doing anything that brings the youth back to feeling his/her physical body. Examples include:

   a. Clasping one’s hands and pushing them together in front of one’s body

   b. Marching in place
c. Crossing arms in front of one’s body with the right hand squeezing the left upper arm and the left hand squeezing the right upper arm ~ a self-squeeze/hug

d. Pushing down on one’s thighs

e. Having something in the pocket to manipulate or press into the upper thigh (e.g., twisting a piece of string, jingling the change, or pressing the keys in your pocket against your leg)

f. Stretching the silly putty

VIII. BREATHE. Learn the various yoga breaths and find the ones that help you the most get rid of your upset and achieve calm.

READ, UNDERSTAND, AND RESPOND TO CONTEXT AND CUES

I. Take the young person somewhere to practice recognizing engaging and disengaging cues given by babies, toddlers, and other young people. Together, go watch kids on a playground or watch a little brother and sister as they play at home. Then, discuss how people know what the young person needs other than through words.

II. Help the young person learn to recognize primary body language communication ~ again, go people watching at the mall or ball game. Discuss what people are communicating non-verbally. Now, do their actions match their words?

III. Learn the difference between potent and subtle non-verbal communication (body language, engaging and disengaging cues) ~ again watch people you know and don’t know.

IV. Ask the young person to choose a YouTube/Vimeo clip of a movie or cable/TV show. Watch the clip two times in the following way:

a. View it first with no sound.

b. Then, talk about what you think happened and what the characters experienced internally during the clip.

c. Then, view it again, but this time with sound.

d. Discuss.
V. Identify and create a chart about my own non-verbal cues.

IDENTIFY AFFECT AND EXPRESS AFFECT APPROPRIATE TO SITUATION

I. Ask the young person to choose a YouTube/Vimeo clip of a movie or cable/TV show. Watch the clip two times in the following way:

   a. View it first with no sound.

   b. Then, talk about what you think happened and what the characters are displaying and if it seems appropriate to the situation.

   c. Then, view it again, but this time with sound.

   d. Discuss.

II. Take mental note of situations when the young person gets frustrated or angry and then, personalizes the problem.

   a. At another time when emotions and behaviors are calm and well regulated, talk with the young person about externalizing the problem ~ noting, “the problem is the problem.”

   b. Encourage the young person to name the problem.

   c. When the problem arises again, remind the young person to use the identified name in an effort to keep the problem in context and not internalize it.

III. Use pictures to practice identifying affect and associated emotions.

IV. Have the young person pick a piece of art, music, etc.:

   a. Work with the young person to identify the affect and associated emotions he/she sees/experiences in the piece.

   b. Next, work with the youth to lookup the artist, lyricist, composer, etc., to see what he/she has to say about the piece.

   c. Ask the young person, “Were you close?”
V. Use techniques from the theatre. For example, use mirroring to practice different affects and emotions.

All of these tools, and those that follow, can be effective, but first and foremost, safety conditions need to be established and maintained. For example, implement activities incrementally and talk with and involve the adults in the young person’s life.

**Important:** This work is as much caregiver-driven, as it is young person-driven. Include the caregiver as much as possible because the caregiver needs to receive, implement, and sustain the skills and strategies that work for the young person and the family!

**ADDITIONAL NOTES**

As we develop, early on we begin to regulate our arousal and physiological state with the assistance of our caregivers. As we grow, capacity to regulate is critical for us successfully adapting to our environments. We need to develop homeostasis, something important in the modulation of physiological states including sleep-wake cycles, hunger and satiety, body temperature, and states of arousal and alertness. We need homeostasis in order to master sensory functions, self-calming, and emotional responsivity. Homeostasis also is important for our regulation of attentional capacities.

**Homeostasis**

- Read and interpret one’s own body signals ~ Basic physiological readiness
- Process sensory stimulation from the environment and others ~ Take interest in the world
- Internalize self-soothing from others
- Signal communication to others about one’s own needs for self-soothing

**Purposeful Communication and the Planning of Thoughts and Actions**

- Plan and organize thoughts and actions
  - Develop ideation
  - Self-control and self-monitoring
Plan and organize goals, adaptive responses, future actions

Differentiate one’s own thoughts and actions from others ~ Theory of mind

Symbolization of experiences

Empathic affective mirroring (p. 2 – 15)\(^{14}\)

Also, regular activity involving heavy work, exercise, play, and rhythm helps. A young person with all types of self-regulation issues can become physically grounded with regular activity involving heavy work, exercise, play, and regular deep pressure (p. xiii).\(^{15}\)

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\(^{14}\) (DeGangi, The Dysregulated Adult: Integrated Treatment Approaches, 2012)

\(^{15}\) (Garland, 2014)
**Rules**

Each day we humans face the challenge of balancing — specifically, striking the balance between meeting our own needs for growth, healing, and restoration with adhering to the rules we face while interacting in our families, school, work, social settings, and the larger society. Often, the quality of and the success in our lives rest on how well we strike that balance.

Young people learn how to strike that balance through the adults in their lives, particularly those closest to them, who hold influence be it organic and part of the daily adult-young person relationship or imposed by forces outside the relationship. Young people find these adults in their immediate and extended families, coaches, troop/group leaders, teachers (school and interests), religious leaders, and other helpers (DCS, probation, direct support, and counselors). Adults have the challenge of creating conditions that allow for young persons to heal, as well as learn to live by the rules and act meaningfully in their worlds.

**HOW TRAUMA IMPACTS RULES**

Given that chronic, toxic (AKA undue prolonged) stress/trauma profoundly impacts our relationships with self, others, and the world, young people often act out of what they know—fear—and will engage in whatever they can to control their fear and keep what they are experiencing to what they know. Thus, these young people often will take whatever measures they can to recreate the only experiences they know. So instead of relishing, liking, and trusting order and calm, they may indeed create chaos, thinking it to be safe because they know it. They will push against any rules to see how the adults in their lives will react. Will the adults hold firm and collaboratively solve issues with the young person or become punitive, lose their cool and become chaotic themselves? Adults need to remember to create rules that take into account the young person’s social-emotional development and capacity to regulate emotions and behavior.

**ASSESSMENT/INTERVENTION**

**ASSESSMENT INDICATORS** (these apply to young persons and the adults in their lives)

- Sense of agency related to self, the world, and self in the world
- Capacity to delay or inhibit response
- Degree of socially acceptable reactivity to circumstances
Capacity to manage impulsivity and maintain focused attention

Capacity to engage in active decision-making under non-stressful and stressful circumstances

Capacity to anticipating consequences under non-stressful and stressful circumstances

Capacity to evaluating outcomes under non-stressful and stressful circumstances

Capacity to generate alternative solutions under non-stressful and stressful circumstances

Existence of conditions in the relationship and environment that promote the young person’s adherence to rules and healing from chronic prolonged stress and internal chaos.

TOOLS

Remember to use tools of Relationship, Respect (described in the next section), and most of all, Regulation.

For sustainability, include the parent or an important adult in the young person’s life whenever possible/appropriate.

COLLABORATIVE PROBLEM SOLVING

I. Listen closely, without judgment or interpretation, to the narratives of the young person and caregiver. Tell back to each person his/her story to make sure you have listened closely enough to understand the young person’s and caregivers’ experiences and presenting problem. Then use these three steps:

a. Use validating and empathizing statements to demonstrate understanding and comfort.

b. Define the problem through the young person’s perspective and the caregiver’s lens.

c. Invite the young person and caregiver to brainstorm possible negotiated solutions they can both accept.
II. Help the caregiver identify the circumstances under which he/she needs to enforce a rule versus when he/she needs to give allowance for not following a rule.

III. Model using empathy statements, defining the problem/situation, and inviting the young person to help determine next steps/solution.

IV. Review and utilize approaches from *The Explosive Child*, as appropriate.

V. Review and utilize approaches from *Collaborative Therapy with Multi-Stressed Families*, as appropriate.

**MANAGE IMPULSIVITY AND DELAY GRATIFICATION/DELAY OR INHIBIT RESPONSE**

I. Relaxation techniques (see appendix for options including imagery, progressive muscle relaxation, word repetition, behavioral relaxation, music, and Ready, Set, R.E.L.A.X.).

II. Teach the young person to keep something in his/her pocket to manipulate (rubbing stone, squeezing silly putty, etc.) when the feeling takes hold to jump out of the seat or speak out of turn when in class, a meeting, or other situation where one has to stay on the quiet side.

III. Sit on a therapy ball instead of a regular chair, roll a golf ball or tennis ball under the foot, doodle, take lots of notes, and/or turn the information into images.

IV. Count slowly to 10 before you say or do anything!

V. Pay attention to the environment and ask questions:

   a. How does the environment promote safety and security if at all?

   b. How does the environment contribute to the meeting the sensory needs and preferences of the young person? The caregiver?

   c. What adjustments can occur in the environment to promote regulation, respect, relationship, and ultimately adherence to the common good?

**ESTABLISH AND MAINTAIN ATTENTION, ORDER, AND ROUTINE**

I. Help the caregiver discover where the young person’s development in each of the various domains of development, including social/emotional.
II. Help the caregiver examine the unacceptable behavior through a developmental, not chronological lens. Ask the following questions:

a. What makes this behavior unacceptable for this young person’s chronological age?

b. At what chronological age, if any, would we just expect to see this type of behavior and just chalk it up to being a certain age?

c. What’s the possibility that the young person is acting in an expected way for his/her development ~ not chronological age?

d. Does the behavior meet a developmental need?

e. How would a caregiver respond to the behavior if the young person actually were the developmental age instead of their chronological age?

f. What can a caregiver do that 1) meets the underlying need and 2) aligns with the identified developmental age to help a young person learn the appropriate behavior?

III. Help the young person keep track of when he/she pays attention the most during the day ~ morning, midday, afternoon, evening, late night, etc. What’s different or the same about that time, and what he/she is doing from other times in the day?

IV. Have the young person imagine what it would look like if he/she did pay attention to something boring or that usually doesn’t keep his/her interest. Think about what it would take to keep attention/focus on the item/task. Try it.

V. Create a ritual/routine to follow for completing tasks that the young person struggles sticking with and maintaining attention.

VI. Sit on a therapy ball instead of a regular chair, roll a golf ball or tennis ball under the foot, doodle, take lots of notes, and/or turn the information into images.

IDENTIFY AND UNDERSTAND THE DEFINITIONS, RULES, PARAMETERS OF INTERACTION IN FAMILY, SCHOOL, AND SOCIAL GROUPS

I. Refer to the Collaborative Problem Solving resources (described on page 27).

II. Help the caregiver think through the results of different strategies for enforcing rules and when best, if at all, to use them. Examples include “you have three choices” versus “it’s my way or the highway” versus “not today”.

III. Help the caregiver to modulate him/herself and rules to stay comfortable in his/her environment while giving allowance to the young person to achieve comfort in his/her environment.

IV. Have the young person and/or caregiver write, create, or make an “All About My Social Rules” book, scrapbook, spoken word, poster, movie, etc. Have him/her share this with someone he/she trusts. Have the young person/caregiver ask the person how his/her “All About My Social Rules” creation fits with that person’s experiences of being with family, friends, school, work, and social settings. Ask them what their number one social rule is that helps them succeed in these settings. Discuss.

V. Help the young person and/or caregiver come to a place where they can safely learn the content in one another’s “All About My Social Rules” creation.

VI. Help the young person and caregiver obtain a copy of the Code of Conduct for school or work. Pick two rules and think of all the reasons why those rules are included ~ reasons other than “the adults think so!” Pick one rule each has success in following and think about why that is. Then, pick one rule each struggles following and think about why that is. Have each person talk with someone he/she trusts to think of ways to follow the rule, yet not lose sight of role and unique identity.

VII. Take your phone/camera with you through the day. Take pictures of different things that mean family, school, and/or social “rules” to you. Make a poster board or slide show of these images. Ask your friends and adults you trust what the images mean to them. Then, draw, write lyrics, and/or write poetry about these images and how people see them.

IDENTIFY ALTERNATIVE SOLUTIONS TO SITUATIONS OF MISUNDERSTANDING AND MISALIGNMENT, ESPECIALLY SITUATIONS WITH POTENTIAL CONFLICT

I. Discover and consider any “hidden” messages, rules, strategies that exist that drive the direction of the interaction/situation. Get curious, discuss these with involved adults to promote alternative solutions that help restore balance and avert conflict.
II. Go to the theatre. As Bessel Van Der Kolk, MD writes, “Conflict is central to the theatre (p. 396).”\(^{16}\) All sorts of conflicts happen in all types of theatre. Well, this holds for movies, too. See if the young person can identify different reactions to the same situation. How do the characters understand/interpret the experiences/situations the same or differently? Does it matter?

III. Have the young person and/or caregiver write a play/make a movie that shows people having different reactions to the same situation. Share the creation and ask people which character makes the most sense to them and why.

IV. Using fantasy/video games (something outside daily life experience), practice different solutions to situations that include misunderstanding and misalignment ~ even if it goes against the typecast of your character.

V. Pick a book, movie, cable/TV show where things usually finish up or resolve neatly before the book, movie, show ends. Change one event or action in the plot. Then, track the impact of that event or action on how things resolve. In essence, write a different ending, maybe one that doesn’t end so neatly. How do the characters get along? What do they do to get along? Can they eventually resolve their issues? Imagine…

VI. Learn the social rulebook of the young person and the associated language and communication strategies. Keep these in mind when searching for alternative strategies to restore balance and avert conflict.

VII. Partner with the caregiver to allow the young person to develop and implement one rule that the household endorses. It doesn’t matter if it’s a small rule; the message is for the young person to have a sense of control.

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**Important:** This work is as much caregiver-driven, as it is young person-driven. Include the caregiver as much as possible because the caregiver needs to receive, implement, and sustain the skills and strategies that work for the young person and the family!

\(^{16}\) van der Kolk, 2014
ADDITIONAL NOTES

Healthy environments include deep moral values of respect, cooperation, and generosity.

Per Tancredi (2005), value formation and belief systems play an important part in healing and naturally emerge in early young personhood and are reinforced or reshaped by the attachment experiences of young person’s environments (p. 106). According to Thames (2008), “values are a reflection of our culture, who we are, and . . . [they] enable and empower us to establish priorities and make decisions we can live with and by (p. 106).”

Neurocognitive competencies include the capacity to engage in effective functions and other cognitive abilities to act meaningfully on the world (p. 11).


Among the most important tasks for a young person is the development of a sense of agency: the knowledge that he or she has the ability to make an impact on the world. Agency develops as we try, we do, and we choose. To some degree, a sense of agency relies on adequately operating executive function skills: those cognitive skills held in the prefrontal cortex that allow us to exert control over our actions by delaying response, anticipating consequences, evaluating outcomes, and actively making decisions (p. 40).

Work with young person to act, instead of react, by promoting higher-order cognitive processes to solve problems and make active choices in the service of reaching identified goals.

Per Blaustein and Kinniburgh, executive functions can be thought of as the “captain of the cognitive ship.” They help human beings navigate the world in a goal-directed, thoughtful way. Many skills are classified as executive functions. Among them are the following:

- Delaying or inhibiting response
- Active decision-making
- Anticipating consequences
- Evaluating outcomes
- Generating alternative solutions

17 (Steele, 2012)
18 (Steele, 2012)
19 (Blaustein, 2010)
20 (Blaustein, 2010)
Executive functions:

- Allow us to participate actively in life
- Provide a sense of control and agency
- Bring conscious thought to our actions

In the absence of higher cognitive control, we are caught in stimulus-response mode: Life throws something at us, and we react (p. 175-176).\(^\text{21}\)

Executive function skills help us actively change our responses and behaviors to meet the demands of the situation (p. 130).\(^\text{22}\)

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\(^{21}\) (Blaustein, 2010)
\(^{22}\) (Garland, 2014)
Respect

People function at both macro (broader society, country, city, etc.) and micro (work, school, family, dyads, etc.) levels by adhering to a set of definitions, parameters, rules external to individual perceptions and sense of self. Respect requires each person to recognize when and how his/her sense of self, internal logic, deep culture, value system, and understanding of the world aligns or does not align with that other people, groups, society. Our social or interpersonal competence rests on how successfully we can adjust when these do not align.

For instance, a young person wants play video games when done with assigned work during Math class today. The class rule is that students can only play these games on Fun Friday. Today is only Tuesday! The young person knows the rule, but has the internal want, which does not align with the rule. The young person has to reconcile this misalignment ~ either the young person delays gratification or demands fulfillment NOW. What to do?

HOW TRAUMA IMPACTS RESPECT

Undue, prolonged stress shifts a young person’s sense of the world and sense of self. Often, experiences bathed in this type of stress take hold in body and psyche. The young person’s sense of safety, typical, calm, and routine then becomes rooted in these prolonged stress-filled experiences. These experiences often contain heightened tension, chaos, little safety, and do not resemble anything “typical” of healthy living. The young person encounters situation after situation where his/her understanding of things does not align with that of other people who have not experienced undue prolonged stress. This makes for fertile ground for poor reading of cues, fear, conflict, and compromised and/or loss of positive identity.

ASSESSMENT/INTERVENTION

ASSESSMENT INDICATORS

☑ Type and consistency of young person’s response across settings, caregivers, and stressors
☑ Degree of internal and external locus of control
☑ Ability to read social cues and context
☑ Existence and appropriateness of boundaries (rigid/diffuse) related to self and others
☑ Capacity to identify and describe personal attributes, including likes/dislikes, values, opinions, family norms, culture.

☑ Capacity to identify and describe internal resources and strengths/successes.

☑ Capacity to describe self across multiple aspects of experiences: self before and after an experience (e.g. trauma), self with different people (biological parents, adoptive parents), self as displayed to others versus self on the inside.

☑ Capacity to imagine the future, especially self in the future.

☑ Ability to cause change, display agency

☑ Existence of a sense of competency that outweighs a sense of deficit

TOOLS

⚠️ Remember to use tools of Relationships and Regulation.

For sustainability, include the parent or an important adult in the young person’s life whenever possible/appropriate.

IDENTIFY UNDERSTANDING OF HOW THE WORLD OPERATES

I. Help the young person create a collage, video, or piece of art that represents the world as she/he sees it.

II. Engage the young person in a group activity with friends or other people known to the young person. Facilitate the group activity with these instructions:

   a. Each person picks a sports team, music group, person that represents how he/she sees the world.

   b. Ask no questions until the person finishes his/her explanation.

   c. What did the young person learn about what’s most important to each person in the group? Any similarities? Any differences? Discuss.
III. Ask the young person to pick a movie that represents how he/she sees the world operating. Then, ask:

a. “What would you change in the movie to make things better for yourself and others?”

b. “What would you change in your life to make things better for yourself and others?”

IV. Help the young person make a movie about things he/she likes!

V. Have the young person identify a situation or a movie clip and ask people how they would manage and what they would do in a similar situation. Discuss the following questions with the young person:

a. Are the other people are doing the same or different things than you would do?

b. Why do you think that happens?

DISCOVER POSITIVE IDENTITIES, ABILITIES/COMPETENCIES, AND ROLES IN FAMILY, SCHOOL, WORK, AND SOCIAL SETTINGS

I. Use whatever strategy/environment that feels safe to help the young person remember and understand that the past is exactly that, the past and NOT today; the problem is the problem, but doesn’t define him or her.

II. Whenever possible, stage opportunities for the parent, caregiver and/or important adults in the young person’s life to “be proud” and share in the positive identities and successes of the young person.

III. Engage the young person and family to make a “Pride” wall somewhere in the young person’s physical life (bedroom, living area, kitchen, office, etc.). Invite the young person, parent, brothers, sisters, roommates, and others to make notes, take pictures, etc., about good moments for today and moving forward. Use the Pride wall to help the young person distinguish the past from today and what’s to come.

IV. As the young person discovers positive identities, encourage him/her to write, create, and make an I Am book, scrapbook, poster, spoken word, or video to capture the identities. Encourage the young person to share the creation with important people in his/her life.
V. With the young person and important people in his/her life, read *My Many Colored Days* by Dr. Seuss. Encourage the young person to create, make a personal *Many Colored Days* book, video, poster, spoken word, or video and share it with these important people.

VI. Help the young person identify what roles they have in these settings and which roles get the attention and do not. Create activities to promote the roles that get the least attention.

NAME AND MAINTAIN POSITIVE IDENTITY IN A SOCIALLY ACCEPTABLE WAY WHEN AMONG FAMILY, SCHOOL, AND SOCIAL GROUPS

I. Offer to go on an adventure with the young person to discover his/her passions/interests using a variety of tools and trial/error.

II. Help the young person search out other people who share the same passions/interests. If a group exists, plan with the young person how to evaluate the group for safety and then, initiate contact.

III. With the young person, review the people in his/her life with the goal to identify safe and supportive people. If the young person is not able to identify safe and supportive people, strategize with the young person and important adult (parent, guardian) how to find safe and supportive people. When a young person has safe and supportive people the young
person figures out how to talk with these people about what they can do to help him/her maintain his/her unique identity in socially appropriate ways when feeling upset, challenged or stressed.

IV. Support the young person as she/he creates a personal logo or shield that represents the self across all settings and/or in particular settings. Remember, creating a logo/shield can occur in a variety of ways using a variety of media (draw, paint, sculpt, song, spoken word, rap, photo collage, video montage, etc.). Just make sure that this creation results in something concrete and tangible for the young person.

RECOGNIZE WHEN CONFLICT EXISTS BETWEEN ONE’S UNDERSTANDING/INTERPRETATION OF EXPERIENCES/SITUATIONS AND THAT OF OTHER PEOPLE

I. Go with the young person to live theatre. As Bessel Van Der Kolk MD writes, “Conflict is central to the theatre (p. 396).”\(^{23}\) All sorts of conflicts happen in all types of theatre and movies. Help the young person identify how people have different reactions to the same situation. Ask:

a. How do the characters understand/interpret the experiences/situations?

b. Which character did they most closely align with? Why?

c. The same or differently? Does it matter?

II. Help the young person write a play/make a movie that shows people having different reactions to the same situation. Support the young person in staging the play/showing the movie. Assist the young person in leading the discussion with viewers about which character makes the most sense to them and why.

III. With the young person, make something enjoyable happen with friends or family members. BEFORE the happening, practice regulation techniques that the young person can use during the happening in the event he/she feels stressed or knows that people are not seeing things the same way. Role-play with the young person different types of outcomes before the happening. TAKE BREAKS IF NECESSARY!!

\(^{23}\) (van der Kolk, 2014)
IDENTIFY AND USE TOOLS TO COPE WITH SUCH CONFLICT, TOOLS THAT MATCH SENSORY AND REGULATORY NEEDS AND PREFERENCES

I. Go with the young person to a place the young person defines as stressful. Before getting there, create a game or a project to complete while at the place. Simple is better when choosing a game or project. Ensure the young person feels you’re on their team and committed to accomplishing the task or project.

II. Work, play, or talk side by side the young person rather than directly eye to eye, especially when talking about anxiety provoking issues, topics, and events. Examples of activities include walking the park or mall, going for a run, jumping on the trampoline, playing on the floor with toys, building structures (Legos, Blocks, etc.), doing art/crafts, playing one on one sports. Use the power of distraction when emotions become too raw or intense.

III. Learn and use Progressive Muscle Relaxation Technique!
**Important:** This work is as much caregiver-driven, as it is young person-driven. Include the caregiver as much as possible because the caregiver needs to receive, implement, and sustain the skills and strategies that work for the young person and the family!

**ADDITIONAL NOTES**

Blaustein and Kinniburgh (2010) identify areas in which children may struggle in developing competency related to respect.

**Intrapersonal (Self) Development**

*Intrapersonal competencies (sense of self and self-development)*

Children may develop a negative self-concept and a reduced sense of competency; young children may feel a lack of power and control over their lives and actions, and they may be more likely to perceive actions as “failures” and to blame themselves, rather than external factors. Young children will have greater difficulty forming a coherent identity and sense of self, with a lack of integration across experience, a fragmented understanding and manifestation of self and identity, and reduced or absent future orientation.

**Interpersonal (Social) Development**

*Interpersonal competencies (capacity for form and engage in relationships with others)*

Young children may have (1) difficulty reading social cues, (2) overly rigid or diffuse physical and emotional boundaries, and (3) a basic lack of trust in, or overly dependency on, others)—vulnerable to further victimization or negative influence in their search for connection and attachment (p. 11).

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*Your INTERPRETATION guides your INTERVENTION.*

- Matt Pierce

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24 (Blaustein, 2010)
Appendix / Additional Resource Information
Competencies Associated with Individual Life Outcomes

- Intrapersonal competencies (sense of self and self-development)
- Interpersonal competencies (capacity to form/engage in relationships with others)
- Regulatory competencies (capacity to recognize and modulate emotional and physiological experience)
- Neurocognitive competencies (capacity to engage in effective functions and other cognitive abilities to act meaningfully on the world) (p. 11)²⁵

²⁵(Blaustein, 2010)
Developmental Guidelines for Promoting Resilience

AGES 0 – 3

- Avoid any prolonged time away from the young person.
- Increase touching, holding, comforting, play (friendly baby talk).
- Avoid talking about what happened in the young person’s presence because the emotional brain (limbic system) will pick up the tension and stress you have about what happened.

AGES 3 – 6

- Follow the same guidelines for ages 0 – 3.
- Think in terms of the importance of finding pleasant, fun things to do in the midst of what is happening.
- Listen patiently to their story of what happened as often as they wish to tell it.
- If the young person’s behaviors regress, allow this to happen. It is the young person’s way of reclaiming some sense of safety.
- Make nighttime a comforting time: give physical comfort and read a favorite book.
- Delay introducing anything new into the young person’s routine.
- Answer questions as simply as possible.
- Anticipate calmly some different reactions like nightmares or new fears. Assure the young person you are not afraid and know these will change.
- Be positive in your verbal communications that this is only temporary, that you are confident everyone will bounce back.
- Give the young person opportunities to draw what happened.
❖ Begin the young person’s day with something pleasant and fun and end the day in the same way.

❖ Check on how the young person is doing at school or at home if signs of stress are observed by teachers.

AGES 6 – 12

❖ Follow the guidelines for ages 3 – 6.

❖ Look for new ways to experience some sense of calmness and regulation—music, play, and games. Provide the young person with choices to talk about what happened or not to talk, to do more of what they do well as a way to feel better or avoid thinking about what happened.

❖ Help the young person think about ways he/she may help others if others were involved.

AGES 12 – 19

❖ Adolescents benefit from play, staying active, comforting, connecting with peers, basic routine, and support.

❖ Have conversations about why they think this happened and what it means to the way they think about life and their future.

❖ Encourage activities directed at helping others who may have been victims.

❖ Provide sensory activities that help express their feelings—compiling a playlist of songs that reflect their thoughts and feelings, creating a collage, or writing in a journal (p. 178-179).26

26 (Steele, 2012)
Questions to Consider When Developing Formulation/Approach

I. What has this young person/family experienced? Pay attention to both positive and stressful experiences.

II. What other factors have influenced this young person and family? Consider the following:

a. Young person and family culture (multidimensional)

b. Intergenerational influences

c. Caregiver functioning (current and historical)

d. Biological/organic strengths and vulnerabilities, including temperament

e. Economic factors

f. Young person’s role in the family
III. In what ways might those experiences and contextual factors have impacted the young person? This family? Consider:

a. Developmental impact: attachment style, self-regulation capacity and organization, relationships, motor skills

b. Beliefs (about self, others, the world)

IV. What do the patterns we observe suggest about the young person’s (or family’s) learned adaptations to these experiences? In what way do current behaviors make sense, given historical experiences? Consider not just surface behaviors (e.g., temper tantrums), but core driving issues (e.g., surges of arousal) as well.

V. Do patterns of current behavior give us clues about key triggers or cues of potential danger? If not, based on historical experiences, what might we expect to trigger the danger response in the young person?

VI. In the face of triggers, what kind of behaviors is the young person engaging in? Which current behaviors are we most concerned about? (How) Do these related to past experiences?

VII. What other stressors are impacting the current presentation? What other resources are helping to buffer it?

VIII. What strengths does the young person have? Are there ways in which the young person has been able to harness these to buffer his or her experiences (p. 47)?

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27 (Blaustein, 2010)
Concepts for Understanding Traumatic Stress Responses in Young Children and Families

Traumatic experiences are inherently complex.

Every traumatic event—even events that are relatively circumscribed—is made up of different traumatic moments. These moments may include varying degrees of objective life threat, physical violation, and witnessing of injury or death. Trauma-exposed young children experience subjective reactions to these different moments that include changes in feelings, thoughts, and physiological responses; and concerns for the safety of others. Young children may consider a range of possible protective actions during different moments, not all of which they can or do act on.

Young children’s thoughts and actions (or inaction) during various moments may lead to feelings of conflict at the time, and to feelings of confusion, guilt, regret, and/or anger afterward. The nature of young children’s moment-to-moment reactions is strongly influenced by their prior experience and developmental level. Events (both beneficial and adverse) that occur in the aftermath of the traumatic event introduce additional layers of complexity. The degree of complexity often increases in cases of multiple or recurrent trauma exposure and in situations where a primary caregiver is a perpetrator of the trauma.

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Trauma occurs within a broad context that includes the young person’s personal characteristics, life experiences, and current circumstances.

Young personhood trauma occurs within the broad ecology of a young person’s life that is composed of both young person-intrinsic and young person-extrinsic factors. Young person-intrinsic factors include temperament, prior exposure to trauma, and prior history of psychopathology. Young person-extrinsic factors include the surrounding physical, familial, community, and cultural environments.

Both young person-intrinsic and young person-extrinsic factors influence young children’s experience and appraisal of traumatic events; expectations regarding danger, protection, and safety; and course of post trauma adjustment. For example, both young person-intrinsic factors such as prior history of loss, and young person-extrinsic factors such as poverty may act as vulnerability factors by exacerbating the adverse effects of trauma on young children’s adjustment.

Traumatic events often generate secondary adversities, life changes, and distressing reminders in young children’s daily lives.

Traumatic events often generate secondary adversities such as family separations, financial hardship, relocations to a new residence and school, social stigma, ongoing treatment for injuries and/or physical rehabilitation, and legal proceedings. The cascade of changes produced by trauma and loss can tax the coping resources of the young person, family, and broader community. These adversities and life changes can be sources of distress in their own right and can create challenges to adjustment and recovery.

Young people’s exposure to trauma reminders and loss reminders can serve as additional sources of distress. Secondary adversities, trauma reminders, and loss reminders may produce significant fluctuations in trauma survivors’ post trauma emotional and behavioral functioning.

Young children can exhibit a wide range of reactions to trauma and loss.

Trauma-exposed young children can exhibit a wide range of post trauma reactions that vary in their nature, onset, intensity, frequency, and duration. The pattern and course of young children’s post trauma reactions are influenced by the type of traumatic experience and its consequences, young person-intrinsic factors including prior trauma or loss, and the post trauma physical and social environments.
Post-traumatic stress and grief reactions can develop over time into psychiatric disorders, including posttraumatic stress disorder (PTSD), separation anxiety, and depression. Posttraumatic stress and grief reactions can also disrupt major domains of young person development, including attachment relationships, peer relationships, and emotional regulation, and can reduce young children’s level of functioning at home, at school, and in the community.

Young children’s post trauma distress reactions can also exacerbate preexisting mental health problems including depression and anxiety. Awareness of the broad range of young children’s potential reactions to trauma and loss is essential to competent assessment, accurate diagnosis, and effective intervention.

**Danger and safety are core concerns in the lives of traumatized young children.**

Traumatic experiences can undermine young children’s sense of protection and safety, and can magnify their concerns about dangers to themselves and others. Ensuring young children’s physical safety is critically important to restoring the sense of a protective shield.

However, even placing young children in physically safe circumstances may not be sufficient to alleviate their fears or restore their disrupted sense of safety and security. Exposure to trauma can make it more difficult for young children to distinguish between safe and unsafe situations, and may lead to significant changes in their own protective and risk-taking behavior. Young children who continue to live in dangerous family and/or community circumstances may have greater difficulty recovering from a traumatic experience.

**Traumatic experiences affect the family and broader caregiving systems.**

Young children are embedded within broader caregiving systems including their families, schools, and communities. Traumatic experiences, losses, and ongoing danger can significantly impact these caregiving systems, leading to serious disruptions in caregiver-young person interactions and attachment relationships. Caregivers’ own distress and concerns may impair their ability to support traumatized young children. In turn, young children’s reduced sense of protection and security may interfere with their ability to respond positively to their parents’ and other caregivers’ efforts to provide support.

Traumatic events—and their impact on young children, parents, and other caregivers—also affect the overall functioning of schools and other community institutions. The ability of caregiving systems to provide the types of support that young children and their families need is an important contributor to young children’s and families’ post trauma adjustment. Assessing and enhancing the level of functioning of caregivers and caregiving systems are essential to effective intervention with traumatized youths, families, and communities.
Protective and promotive factors can reduce the adverse impact of trauma.

Protective factors buffer the adverse effects of trauma and its stressful aftermath, whereas promotive factors generally enhance young children’s positive adjustment regardless of whether risk factors are present. Promotive and protective factors may include young person-intrinsic factors such as high self-esteem, self-efficacy, and possessing a repertoire of adaptive coping skills. Promotive and protective factors may also include young person-extrinsic factors such as positive attachment with a primary caregiver, possessing a strong social support network, the presence of reliable adult mentors, and a supportive school and community environment.

The presence and strength of promotive and protective factors—both before and after traumatic events—can enhance young children’s ability to resist, or to quickly recover (by resiliently “bouncing back”) from the harmful effects of trauma, loss, and other adversities.

Trauma and post trauma adversities can strongly influence development.

Trauma and post trauma adversities can profoundly influence young children’s acquisition of developmental competencies and their capacity to reach important developmental milestones in such domains as cognitive functioning, emotional regulation, and interpersonal relationships. Trauma exposure and its aftermath can lead to developmental disruptions in the form of regressive behavior, reluctance, or inability to participate in developmentally appropriate activities, and developmental accelerations such as leaving home at an early age and engagement in precocious sexual behavior. In turn, age, gender, and developmental period are linked to risk for exposure to specific types of trauma (e.g., sexual abuse, motor vehicle accidents, and peer suicide).

Developmental neurobiology underlies the young person’s reactions to traumatic experiences.

Young children’s capacities to appraise and respond to danger are linked to an evolving neurobiology that consists of brain structures, neurophysiological pathways, and neuroendocrine systems. This “danger apparatus” underlies appraisals of dangerous situations, emotional and physical reactions, and protective actions. Traumatic experiences evoke strong biological responses that can persist and that can alter the normal course of neurobiological maturation.
The neurobiological impact of traumatic experiences depends in part on the developmental stage in which they occur. Exposure to multiple traumatic experiences carries a greater risk for significant neurobiological disturbances including impairments in memory, emotional regulation, and behavioral regulation. Conversely, ongoing neurobiological maturation and neural plasticity also create continuing opportunities for recovery and adaptive developmental progression.

**Culture is closely interwoven with traumatic experiences, response, and recovery.**

Culture can profoundly affect the meaning that a young person or family attributes to specific types of traumatic events such as sexual abuse, physical abuse, and suicide. Culture may also powerfully influence the ways in which young children and their families respond to traumatic events including the ways in which they experience and express distress, disclose personal information to others, exchange support, and seek help. A cultural group’s experiences with historical or multigenerational trauma can also affect their responses to trauma and loss, their world view, and their expectations regarding the self, others, and social institutions. Culture also strongly influences the rituals and other ways through which young children and families grieve over and mourn their losses.

**Challenges to the social contract, including legal and ethical issues, affect trauma response and recovery.**

Traumatic experiences often constitute a major violation of the expectations of the young person, family, community, and society regarding the primary social roles and responsibilities of influential figures in the young person’s life. These life figures may include family members, teachers, peers, adult mentors, and agents of social institutions such as judges, police officers, and young person welfare workers. Young children and their caregivers frequently contend with issues involving justice, obtaining legal redress, and seeking protection against further harm. They are often acutely aware of whether justice is properly served and the social contract is upheld.

The ways in which social institutions respond to breaches of the social contract may vary widely and often take months or years to carry out. The perceived success or failure of these institutional responses may exert a profound influence on the course of young children’s post trauma adjustment, and on their evolving beliefs, attitudes, and values regarding family, work, and civic life.
Working with trauma-exposed young children can evoke distress in providers that makes it more difficult for them to provide good care.

Mental healthcare providers must deal with many personal and professional challenges as they confront details of young children’s traumatic experiences and life adversities, witness young children’s and caregivers’ distress, and attempt to strengthen young children’s and families’ belief in the social contract. Engaging in clinical work may also evoke strong memories of personal trauma- and loss-related experiences. Proper self-care is an important part of providing quality care and of sustaining personal and professional resources and capacities over time.
Development of Self-Regulation

Visual representations offer us a way to think about how regulation develops in the human body. The very areas that bring us to work with young persons and their families rest on core physiological processes necessary for self-regulation.

The first diagram shows that cognitive and intellectual functioning rests on a foundation comprised of the central nervous system and sensory system (p.1-11). The second diagram shows that what is considered as “third order” or the highest order of self-regulation rests on brain stem functioning and state regulation (p. 1-4). The human body uses the central nervous and sensory systems to develop its sensory motor and perceptual motor capacity. The quality of the developed sensory motor and perceptual motor capacity combined with automatic bodily functions and state regulation contribute to outcomes in academic learning, daily living activities, and behaviors. For example, a young person struggling to stay focused in the classroom under certain conditions may in fact have challenges with screening input. Also, the young child who has difficulty forming words due to speech apraxia may be able to communicate frustration only through behavior. If people around the child do not keep this in mind, they soon may view this child through the lens of behavioral challenges rather than speech and language deficits.

29 Adapted from (Williams, How Does Your Engine Run? A Leader's Guide to the Alert Program for Self-Regulation, 1996)
Development of Self-Regulation

**FIRST ORDER**
- Automatic functions:
  - temperature
  - blood pressure/heart rate
  - respiration
  - sleep/wake cycles
  - ingestion/digestion/elimination
  - integrated function of nervous, endocrine & immune systems
- Muscle/cortical tone
- State maintenance
- Monitoring for survival

**SECOND ORDER**
- Suck/swallow/breathe synchrony
- Selective attention
- Visual searching, monitoring & directing
- Adaptive movement
- Vocalization in patterns
- Ability to achieve, maintain and change situation appropriate states
- Oral: Use of taste, texture, temperature, suck, blow, bite, crunch, chew, lick
- Hands: Use of form, size, texture, temperature, movement patterns
- Body/parts: Use of movement patterns & planes of movement:
  - Push, pull, lift, carry, hang, bounce, swing, rotate
  - Horizontal (supine/prone), vertical, diagonal, upside down, backwards

**THIRD ORDER**
- Intention
- Sustained attention
- Working memory
- Choice of a goal
- Anticipatory planning
- Planning
- Formulation of strategies
- Execution of strategies
- Self-monitoring
- Problem solving
- Voluntary, goal directed behavior
- Language for organization
- Recognition of need for state change/maintenance
- Organization of spaces, time, tasks, environments
References


