

# Cracking the Survival Code: Shifting to a Trauma Informed Lens



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*How We See Things Influences our Understanding & Response*



*Our understanding determines our solutions*

# ***Won't vs Can't Behaviour***

Is behaviour always within willful control?

- ★ Behaviour management strategies that consequence bad behaviour implies that behaviour is in willful or conscious control
- ★ But what if a youth's behaviour is a reflection of an unconscious reflective response to a trauma trigger?

# Humans are social creatures

- ★ Young child needs caregivers to survive
- ★ Our relational experiences during early childhood influence how our “safety” or stress response systems develop

# How Does It Develop? In the Context of *Relationships*

★ Healthy infant & child development is all about **relationships**

★ Brains are built on the '*Serve & Return*' of human interaction – *a circle of communication*



**Still Face Experiment: Dr. Edward Tronick**  
<https://www.youtube.com/watch?v=apzXGEbZht0>

# Adverse Childhood Experiences (ACE) Study

*17,000 participants were asked about (10 types of childhood trauma that had been identified in earlier research literature):*

- ★ Physical abuse
- ★ Sexual abuse
- ★ Emotional abuse
- ★ Mother treated violently
- ★ Household substance abuse
- ★ Household mental illness
- ★ Parental separation or divorce
- ★ Incarcerated household member

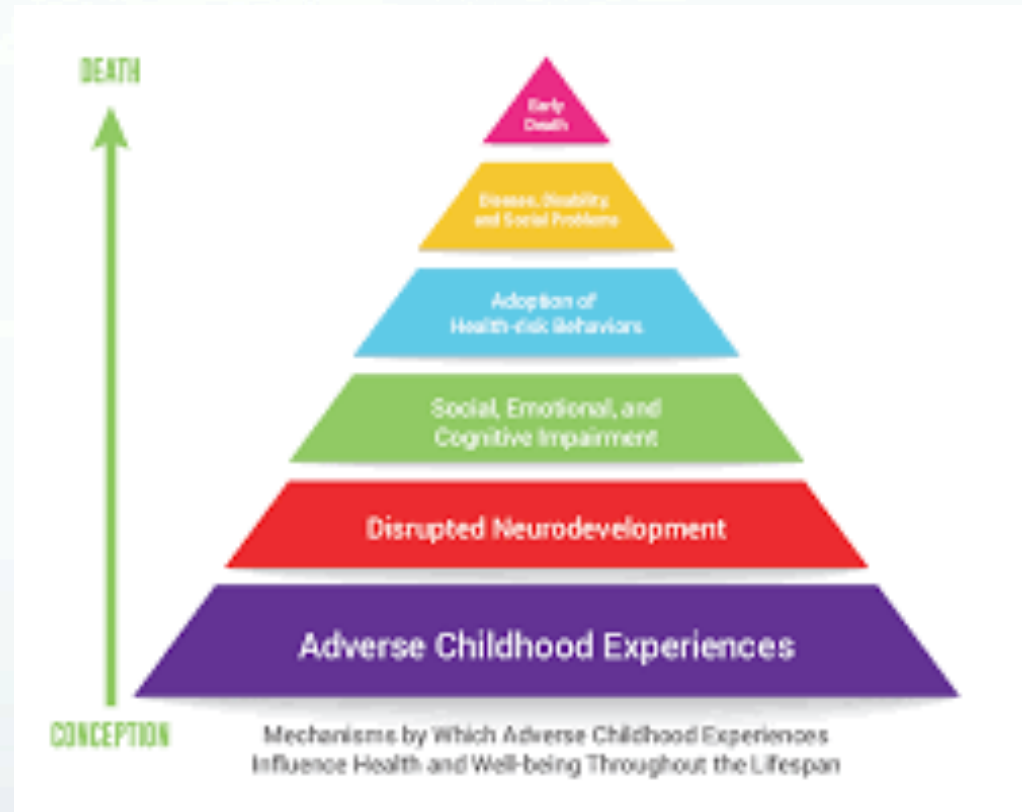
# ACES Findings

- ★ Adverse childhood experiences are common
- ★ Adverse childhood experiences often occur together
- ★ Adverse childhood experiences have a **dose-response relationship** with many health problems



# Trauma & Toxic Stress

- ★ ACEs are linked to a broad range of difficulties such as limited attention, poor concentration, emotion dysregulation, hyperarousal, poor self-concept and difficulty forming relationships.
- ★ When stress hormones repeatedly flood the brain they have a negative effect on executive functions, which impact memory, concentration and focus, language processing, sequencing information, and decision making.



# Stress in Childhood

Stress is a natural & inevitable part of childhood, but the TYPE of stress can make a difference in the impact on a child's brain & body.

“STRESS is a mental, physical or biochemical response to a perceived threat or demand”

## Positive Stress

Mild stress in the context of good attachment



Temporary, mild elevation in stress hormones & brief increase in heart rate

No buffering  support necessary

Increased **RESILIENCE** and confidence  
Development of coping skills



[www.70-30.org.uk](http://www.70-30.org.uk)  
@7030Campaign

## Tolerable Stress

Serious, temporary stress, buffered by supportive relationships



More severe, continuing cardiovascular and hormonal response

Presence of  buffering caring adult

Adaption and recovery with some possibility for physical/emotional damage



## Toxic Stress

Prolonged activation of stress response system without protection

Prolonged activation of stress response system & disrupted development of brain and immune system



No adult



buffers

Lifelong consequences:

- Heart disease
- Alcoholism
- Memory & learning difficulties
- Anxiety/depression
- Cancer



# Complex Trauma

- ★ Usually takes place at an early age
- ★ The exposure is sustained
- ★ Most pervasive impact to development

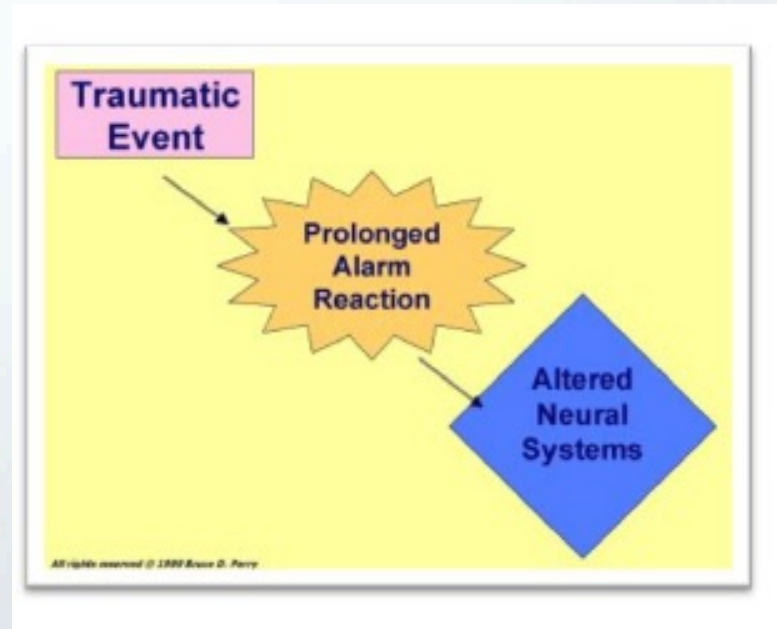
.....especially when the trauma occurs within the child's primary **care giving system** and/or **social environment**

They are in a constant state of “alarm”..... even when no external threat exists.

- ✓ They are *hyper vigilant* and *over-reactive* which often gets mistaken for ADHD.
- ✓ They are often emotionally reactive and struggle with relationships.



The **absence of a safe attuned caregiving relationship** is one of the most **powerful activators** of the stress response system. **Prolonged activation of the stress response system** in the absence of protective buffers can lead to an **over-reactive stress response system**.



Child's **brain-based stress response system** appears to become permanently changed

### **Over-reactive Stress Response System**



*Children focus unconscious attention on the need to ensure safety!*



Normal Life, Bad Things



PTSD

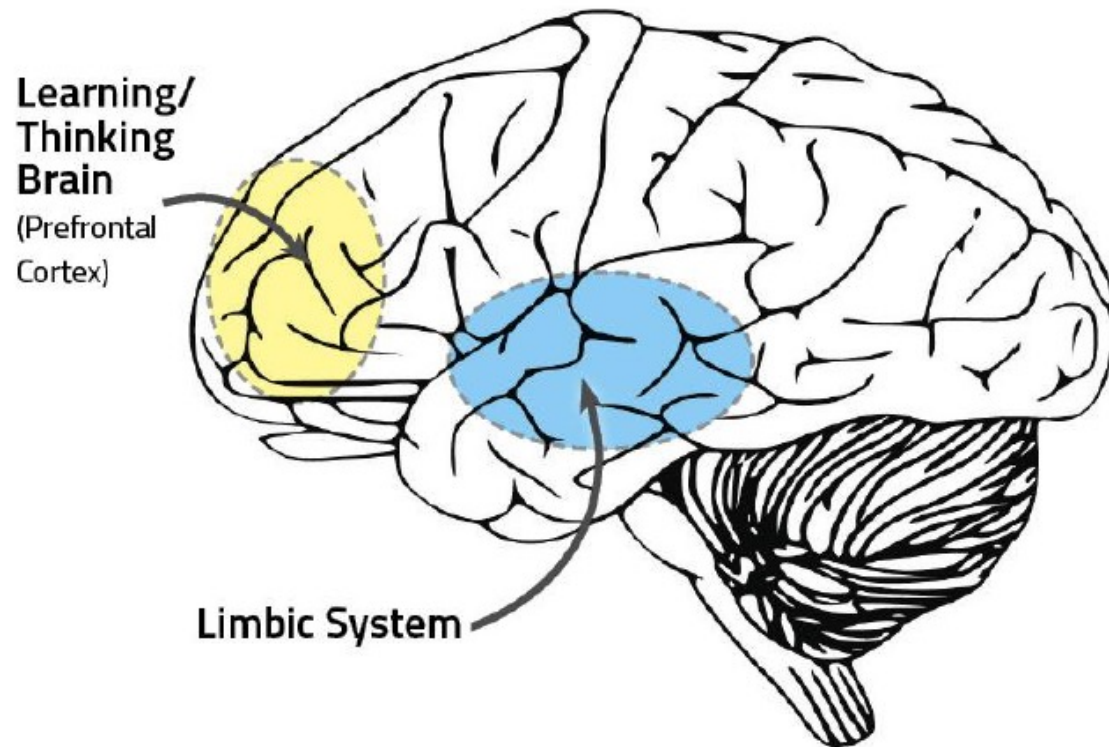


Complex Trauma



## Survival Mode: Flight/Fight/Freeze

Frontal lobe (Prefrontal cortex) goes offline  
Limbic system / mind and lower brain functions take over



# Trauma & Behavior

- ★ Exposure to traumatic experiences can result in hypervigilance, as students continue to perceive situations as threatening in the absence of danger.
- ★ When we understand trauma, we are less likely to view trauma-related behaviours as intentional or oppositional
- ★ This understanding will reduce punitive types of responses that can re-traumatize students





# ***Reflection Activity***

## *Won't vs Can't Behaviour*

- ★ Behaviour management strategies that consequence bad behaviour implies that behaviour is in willful or conscious control
- ★ But what if a youth's behaviour is a reflection of an unconscious reflective response to a trauma trigger?

Has the information presented to this point fostered a shift in your perception of your students? Does it then encourage some changes in your practice as a teacher in WOTP. Discuss with a partner and be prepared to share with the larger group.

# ***The Survival Code***

*As a result, the rubric of survival (“What do I have to do to survive?”) is likely to social appropriate behavior (“Is this behavior appropriate within the laws of my community and society?”)*



## The Paradox of TIC

<https://www.youtube.com/watch?v=jFdn9479U3s>



# ***The Impact of Complex Trauma***

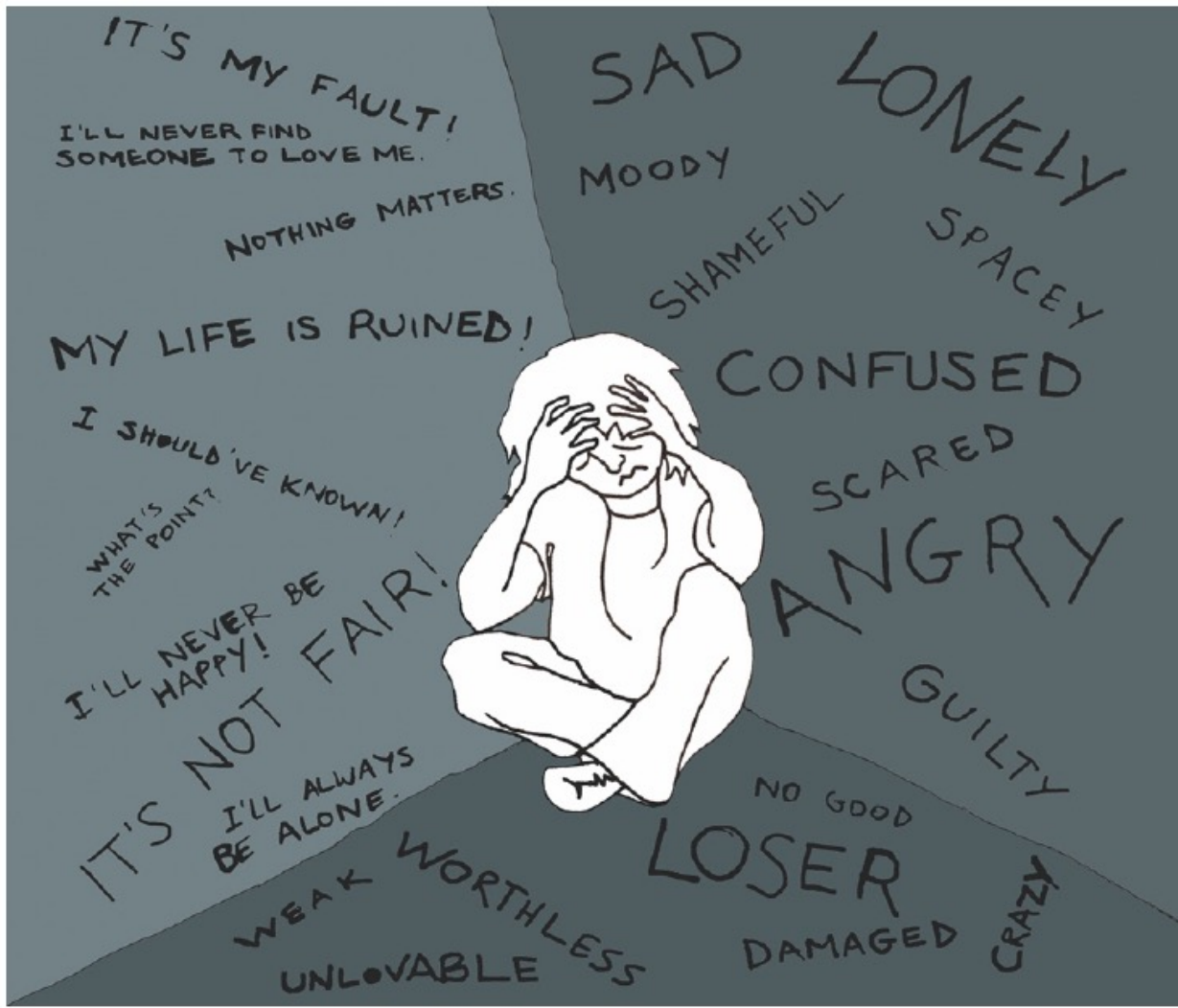
The *survival brain* impedes functioning of the *learning brain* by disrupting:

- ✓ The reward/motivation system that is essential for attention, learning, initiating and completing tasks, and social and moral judgment;
- ✓ The distress tolerance/self-regulation system that is crucial to coping with frustration, boredom, unhappiness, worry, sadness, fear, guilt, shame, and depression
- ✓ The executive system that is necessary for proactive problem-solving, sustained and focused attention.

Thus, youth with complex trauma histories tend to have extremely high “survival IQs,” but due to operating in survival mode they often experience serious difficulties in several areas:

- ❖ Stopping to think before reacting
- ❖ Setting and achieving goals that involve positive outcomes
- ❖ Handling intense feelings of frustration/anger without resorting to aggression
- ❖ Handling intense feelings of disappointment/hopelessness without becoming isolative, reckless, self-harming, or suicidal
- ❖ Using alcohol and drugs to cope with frustration, boredom, and hopelessness
- ❖ Developing and maintaining relationships based on mutual trust and well-being
- ❖ Following social and legal rules and expectations
- ❖ Recognizing their own self-worth and positive accomplishments

***Trauma trumps logic every time***



Trauma-Informed Practice provides a new paradigm shift

***From:***

What's wrong with you

***TO:***

What has happened to you

## **Trauma informed schools**

*Using a trauma informed lens means considering the context of behaviors, suspending judgment, moving from a punitive approach and responding with supports and strategies that help students feel safe, supported and valued*



# The 4 Rs of TIP

Realize

Recognize

Respond

Resist Re-  
Traumatization



# 5 Key Principals to TIP

## ★ Safety

- ★ Creating areas that are calm and comfortable

## ★ Trust

- ★ Providing clear and consistent information

## ★ Choice/Control

- ★ Providing an individual options in their treatment

## ★ Collaboration

- ★ Maximizing collaboration among staff, youth, and their families in organizational and treatment planning

## ★ Empowerment/Strength Based

- ★ Noticing and capitalizing on capabilities of youth and their families





- ★ Provide predictable, calm and safe environments that are attentive to transitions, routines and sensory/regulatory needs (i.e., movement, exercise, music, creating, building; at intervals throughout the day).
- ★ Employ discipline policies that balance accountability with an understanding of trauma, providing opportunities to repair, restore and practice good decision making
- ★ Monitor peer interaction to prevent re-victimization or bullying
- ★ Identify youth who have been exposed to trauma and build staff capacity to recognize triggers
- ★ Do not minimize or underestimate the severity of a youth's trauma



# Restorative Practices

Address and discuss the needs of the school community

Build healthy relationships between educators and students

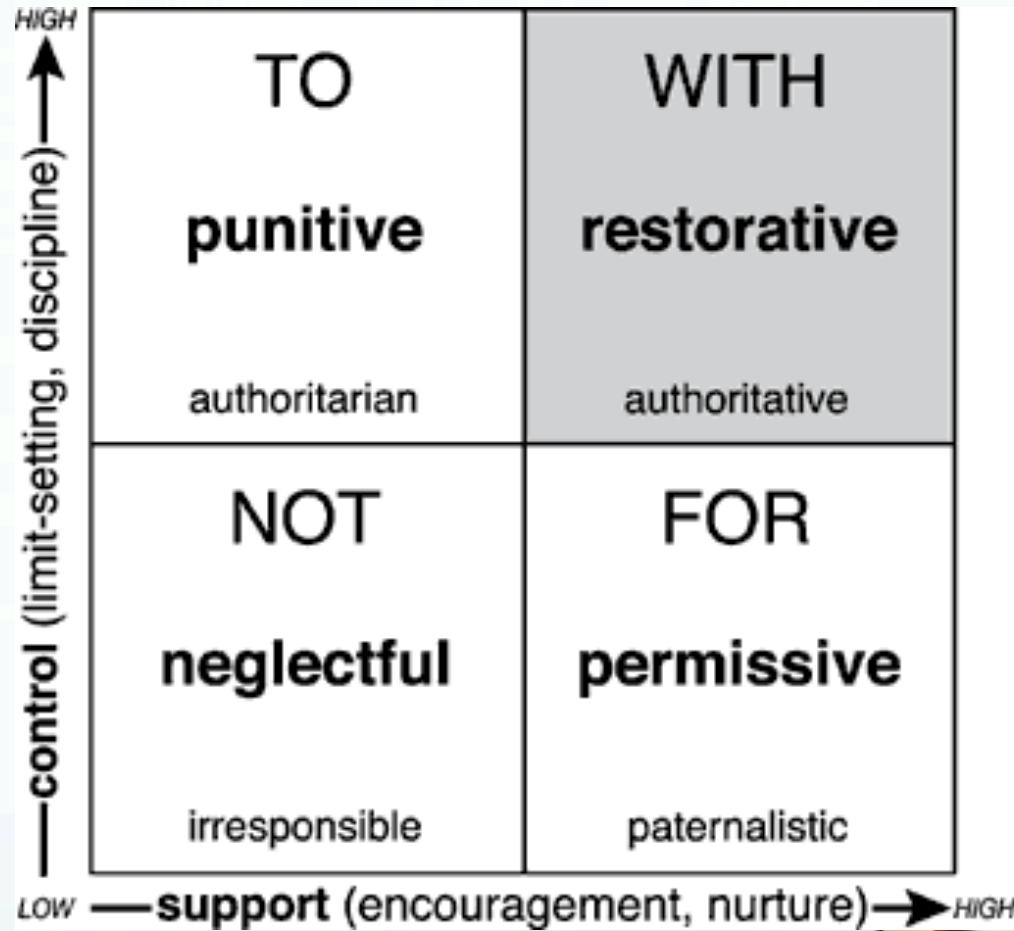
Resolve conflict, hold individuals and groups accountable

Reduce, prevent, and improve harmful behavior

Repair harm and restore positive relationships



# Restorative Practice



# Restorative Questions

To respond to challenging behavior...

- What happened?
- What were you thinking at the time?
- What have you thought about since?
- Who has been affected by what you have done?
  - In what way?
- What do you think you need to do to make things right?

To help those harmed by other's actions...

- What did you think when you realized what had happened?
- What impact has this incident had on you and others?
- What has been the hardest thing for you?
- What do you think needs to happen to make things right?

# Restorative Practices

<https://www.youtube.com/watch?v=nUIRkuOFtw0>



# Trauma Informed Practice in Action

*Where the rubber meets the road!*

Think of a real situation that highlights some of the challenges you have experienced with your students related to:

- Academics/engagement
- Peer relationships
- Relations with adults

Share strategies that you used successfully which you believe reflect the key elements of a trauma informed approach





***“Human compassion, is at the very heart and soul of how we must address this issue.”***

***(Briere, 2010)***





For more information on mental health, please visit our website at: <http://cemh.lbpsb.qc.ca/index.htm>



# ***Selected Resources***

- ★ Trauma information in schools: <https://traumaawareschools.org/>
- ★ SAMHSA: [https://www.samhsa.gov/samhsaNewsLetter/Volume 22 Number 2/trauma tip/](https://www.samhsa.gov/samhsaNewsLetter/Volume_22_Number_2/trauma_tip/)
- ★ NCTSN: <https://www.nctsn.org/what-is-child-trauma/trauma-types/complex-trauma>
- ★ Trauma Center: <https://traumacenter.net/index.html>
- ★ Trauma Center at JRI: <http://www.traumacenter.org>
- ★ ACES information:  
<https://www.samhsa.gov/capt/practicing-effective-prevention/prevention-behavioral-health/adverse-childhood-experiences>