

We Are All Healers

A Toolkit for Understanding and
Responding to Toxic Stress



Table of Contents

Introduction	1
Acknowledgements	2
Background	3
Executive Summary	4
How to Use This Toolkit	6
Using an EBD Framework	7
Environment	8
What are ACEs?	12
Development	14
Biology	18
Coping Strategies	26
Organization Implications.....	28
Tips & Resources	29
Local Resources	34
References	36
Worksheets & Handouts.....	38

We Are All Healers: Introduction



CENTER FOR YOUTH WELLNESS

We were created to respond to a new, medical understanding of how early adversity harms the developing brains and bodies of children. We prevent toxic stress by raising national awareness among those who have power to make a difference – from parents to pediatricians to policymakers. We screen every young person we see for Adverse Childhood Experiences (ACEs) including abuse, neglect, exposure to domestic violence and household dysfunction like parental substance abuse, mental illness, incarcerated parent or divorce, which we know can lead to toxic stress and poor health outcomes. We heal children’s brains and bodies by piloting the best treatment for toxic stress and sharing our findings nationally. We are a health organization embedded within a primary care pediatric home serving children and families in the Bayview Hunters Point neighborhood in San Francisco. We are a diverse team of experts and community members, and are committed to providing you the highest quality care and programming.

Communication Relating to *We Are All Healers: A Toolkit for Understanding and Responding to Toxic Stress*

The toolkit is a community education project under Strategic Initiatives at the Center for Youth Wellness.

Learn more about the Center for Youth Wellness and our Community Education work by visiting our web site at **www.centerforyouthwellness.org**. If you have any questions related to the toolkit including content, training, or implementation please do not hesitate to contact us.

Let’s get started!

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Acknowledgements

With the support of the San Francisco Foundation we are excited to introduce the *We Are All Healers: A Toolkit for Understanding and Responding to Toxic Stress*, designed to support you with the very difficult issue of Adverse Childhood Experiences (ACEs) and toxic stress.

The toolkit was developed in collaboration with Hunters Point Family, BAYCAT and I&M Curriculum Development.

Thank you to those who took the time to meet with Center for Youth Wellness and Hunters Point Family staff to share your experience and inform the development of this toolkit. We would also like to thank all those who attended trainings on April 22, 2014, March 5, 2014, February 24, 2014 and February 4, 2014.



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Background

Here's a little background on how this toolkit came to exist.

In the Summer of 2013, we (the Center for Youth Wellness) were invited to partner with the Campaign for HOPE SF, through a San Francisco Foundation grant, to develop an ACEs informed response to the trauma experienced by residents of HOPE SF sites (Alice Griffith, Hunters View, Potrero Terrace and Annex, and Sunnydale). HOPE SF is the nation's first large-scale public housing renewal project to invest in high-quality sustainable housing, and broad scale community development without displacing current residents. The grant was offered in response to the overwhelming feedback the foundation received from residents that trauma is a major problem affecting the HopeSF communities.

We partnered with the Hunters Point Family, a youth development agency that serves youth living in public housing, to gather wisdom and input from care providers, youth who experienced trauma, parents who experienced the loss of their children and family members, and a broad representation of community residents. This toolkit was created utilizing our knowledge of health and biology, experience providing primary care services, community wisdom and guidance, and the knowledge and experience from the Hunters Point Family. While the themes in this toolkit are applicable and can be useful to communities facing similar dynamics across the country, it is specifically designed to address the issues and needs of San Francisco's HOPE SF communities.

Leaders of the Campaign for HOPE SF understand that too many urban children growing up in communities like HOPE SF suffer the impacts of health disparities—preventable differences in disease, injury, violence, or opportunities experienced by socially disadvantaged populations. Residents of public housing developments experience higher rates of chronic disease, mortality, incarceration, school failure, and poorer overall health. Leading causes of health disparities can be attributed to chronic unemployment, pollution, violence, lack of access to preventative health care and lack of access to fresh food.

While each HOPE SF site is a distinct community with its own strengths and challenges, a report by the San Francisco Department of Public Health found violence, historical trauma and lack of jobs and economic opportunities as key factors that need to be addressed at each housing site.¹

According to an assessment conducted by San Francisco State University Master of Public Health students and faculty, residents indicate violence and trauma as a leading cause for mental health needs.

Children exposed to violence may experience trauma responses, including increased risk of chronic medical, mental health, substance abuse, educational, and employment challenges as adults.

Too many children in our region run the risk of slipping through the cracks. The aim of this toolkit is to assist you with just that—identifying who these children are and supporting their needs. We believe we are all healers and hope this toolkit provides you additional information about the impact of ACEs and toxic stress along with techniques and tools to help the children and families you serve.



Executive Summary

CENTER FOR YOUTH WELLNESS

health begins with hope

Until recently, the profound effect on health as a result of events and experiences from our environment (community our homes) were not well understood.

We know now that our environments (physical, psychosocial, developmental, and intellectual) and our bodies (biology and physiology) are linked to health outcomes.

Why is this important?

It's important because most of us have had past experiences that may without proper support have long-term negative effects on our bodies, families and community.

Two leading researchers, Dr. Vince Felitti at Kaiser Permanente and Dr. Robert Anda together with the CDC conducted the Adverse Childhood Experiences (ACEs) Study. The researchers completed surveys with 17,000 patients. The surveys asked questions about past abuse, neglect, exposure to domestic violence and household dysfunction like parental substance use, mental illness, incarceration or divorce—also referred to as traumatic events or ACEs.

The results from the study are changing medical practices across the nation! The results demonstrated that higher ACEs scores also meant worse health outcomes for the participants in the study. For example, someone with four or more ACEs was 2.2 times as likely to develop ischemic heart disease (heart attack), 2.4 times more likely to have cancer, 10.3 times more likely to be an injection drug user as someone without ACEs. On average, life expectancy is 20 years shorter than someone with zero ACEs. We now know that the more adverse experiences in childhood, the greater the likelihood of cognitive challenges and later health problems, including heart disease, diabetes, substance abuse and depression. We also understand that affects of high ACEs have important influence on other aspects of our lives, e.g. employment, involvement with the criminal justices systems and overall quality of life.



Adverse Childhood Experiences influence brain development and emotions: how we learn, how we behave and how good we feel. Our bodies reactions to negative experiences like ACEs can be harmful. Sometimes the coping strategies that people use when they experience chronic or toxic stress (mental or physical) that results from ACEs are harmful to their bodies, e.g. alcohol, drugs, violence, poor diets, smoking, marijuana.

A coping strategies are behaviors that individuals use (consciously or unconsciously) to deal with adversity. Some people develop positive physical or creative behaviors, such as, participating in sports or exercising, writing, singing, poetry, dance and art to stress reduction. Others connect with positive friends, family and mentors for support. Research studies prove that having positive support individuals in our lives helps us to develop positive reactions to negative stress. It is important to understand that what may seem to be a bad behavior could be a person trying to make themselves feel better or to self sooth.

Traumatic events change our physiology and biology. How our bodies deal with stress involves our brain, hormones and our immune system. These are different

systems that are designed to work together. The systems are designed to respond to threatening events we experience in our lives and environments. This basic response is normal. However, when we are chronically exposed to stressful events or multiple times (without positive nurturing relationships) and without learned techniques to calm the stress-response systems in our bodies; it can have a negative and lasting toll on our physical and mental health.

Yet there is MUCH good news! We at CYW believe that education, individual behaviors, choices, positive support and access to healthcare can help to heal our bodies. Healthy relationships and healthy coping strategies counteract the potential physical and mental damages that can result from unaddressed ACEs. Some examples of self-care measures and good coping strategies include: exercising, yoga, meditation or journal writing and understanding when you are stressed. We all have a role to play in helping ourselves and others heal from traumatic events. Staff at the CYW hope this toolkit, can be useful for individuals working in stressful environments and can support the implementation of trauma-informed approaches with organizations.

How To Use This Toolkit

This toolkit is designed for **you**. You know your community best—what people feel, what they have experienced, and how it affects their daily lives. Our goal is to help you interpret what you're already seeing, and build a vocabulary to explain what you see in new words.

Until recently, the profound effect on health as a result of events and experiences from our environment (community our homes) were not well understood. We know now that our environments (physical, psychosocial, developmental, and intellectual) and our bodies (biology and physiology) are linked to health outcomes. This toolkit includes descriptions and events that take place inside the human body. Because of this there are sections that include a lot of science terms and ideas. Don't worry! We break everything down in a way that is easy to understand and follow. Keep an eye out for the following.

GLOSSARY BOXES

Glossary boxes will give you the definition of a word or concept that we think is important to remember.

GLOSSARY

A **glossary box** is a box like this one that provides the definition of a word or concept.

PROVIDER ALERT BOXES

Provider alert boxes are quick tips that you as a provider can use with your youth and families. Here's an example:

▶▶ PROVIDER ALERT

As a **provider** you should look to yellow boxes like this one for tips you can use with your youth and families.

CALL OUT BOXES

Call out boxes will include a variety of important facts or reflective questions for you as the reader. When you see a call out box, take a moment to reflect on the important information inside.

This is an example of a call out box.

DEVELOPMENTAL ALERT

Developmental alerts are ways to do the skills based on different developmental levels (i.e. young children, school-age, or adolescent.) Here's an example:

Developmental Alert: *When discussing Adverse Childhood Experiences with young children or school-age kids it is helpful to engage them in play or coloring. Many times what they have experienced will shine through. For middle and high school students use drawing or music to start the conversation.*

FIGURES AND IMAGES

Throughout the toolkit there are pictures and images to describe important ideas.

ACTIVITIES AND HANDOUTS

Throughout the toolkit you will see references to an activity. These are for you to do for yourself, or to use with your youth.

The framework we use is called the **Environment, Biology and Development** or "**EBD Framework**."²

A framework is the basic structure that is the foundation for a system or concept. The EBD Framework is the framework to understand how adverse childhood experiences and toxic stress affect our health and behavior.

What does all this mean? Simply, our environments have an actual physical effect on our bodies and biology, and that together they drive our development throughout our lives. We'll use this basic structure to organize information throughout this toolkit.

In this toolkit, you will find sections broken down by **E**, **B**, and **D**:



Environment—the relationship of people to one another and the relationship of people to their physical surroundings.



Development—the ways that we change and grow physically, intellectually, and socially over time.



Biology—the study of life and living beings. This includes the structure of our bodies, all the way down to the cells, how these cells function, and how they grow and adapt over time.

The first piece to the EBD Framework is the E.

- ▶ *E is our **Environment**—the relationship of people to one another and the relationship of people to their physical surroundings.*
- ▶ *“E” means that what happens around us affects us. Some things we control, and others we don’t. We can make choices to heal ourselves and help heal others, because we are all healers.*
- ▶ *Look for this color to learn about life events that make us healthy, and make us sick.*

The second piece of the EBD Framework is the B.

- ▶ *B is our **Biology**—the study of life and living beings. This includes the structure of our bodies, all the way down to the cells, how these cells function, and how they grow and adapt over time.*
- ▶ *“B” is the secret story: the chemicals and science of why we feel and act like we do.*
- ▶ *Look for this color to learn about how life, both good and bad, “gets under your skin.”*

The third piece of the EBD Framework is the D.

- ▶ *D is our **Development**—the ways that we change and grow physically, intellectually, and socially over time.*
- ▶ *D is how we learn, how we behave, and how good we feel. The story of our development can be seen in who we become as adults.*
- ▶ *Look for this color to learn how to recognize the effects of trauma and toxic stress in yourself and your community.*

At the end of the toolkit, you’ll find additional resources and information on topics not included in the E-B-D framework. You can use the Table of Contents to help you find the information you need.



Environment

We start by looking at the **environment**.

Our environment includes:

- ▶ *Our relationships with our family*
- ▶ *Our relationships with our friends*
- ▶ *Our homes, and how safe or unsafe they are*
- ▶ *Our communities*
- ▶ *Our schools*
- ▶ *What else do you think counts as “environment”?*

An incredibly important piece of a child’s environment is supportive caregiver relationships. These relationships are something you always want to take note of when working with youth and families, because they play a major role in a child’s health and development.

Let’s practice by looking at two young peoples’ stories, Yasmin and DeVonte:

- ▶ *What important environmental factors are in each story?*
- ▶ *How about the supportive relationships in these youths’ lives?*
- ▶ *Is there anything else you would like to know about their environment?*

▶▶ PROVIDER ALERT

*You must always take into account what is happening in a youth’s **environment**. This includes the facts and also how the youth perceives the situation.*

Ask your clients about supportive adults relationships in their lives. Youth are happy to talk about people they love and admire.

GLOSSARY

A **caregiver** is anyone in a child’s life who is offering support or literally taking care of the youth regularly. This may include a parent (biological, step, foster, etc.), another family member, a teacher or counselor, even a mentor or babysitter.

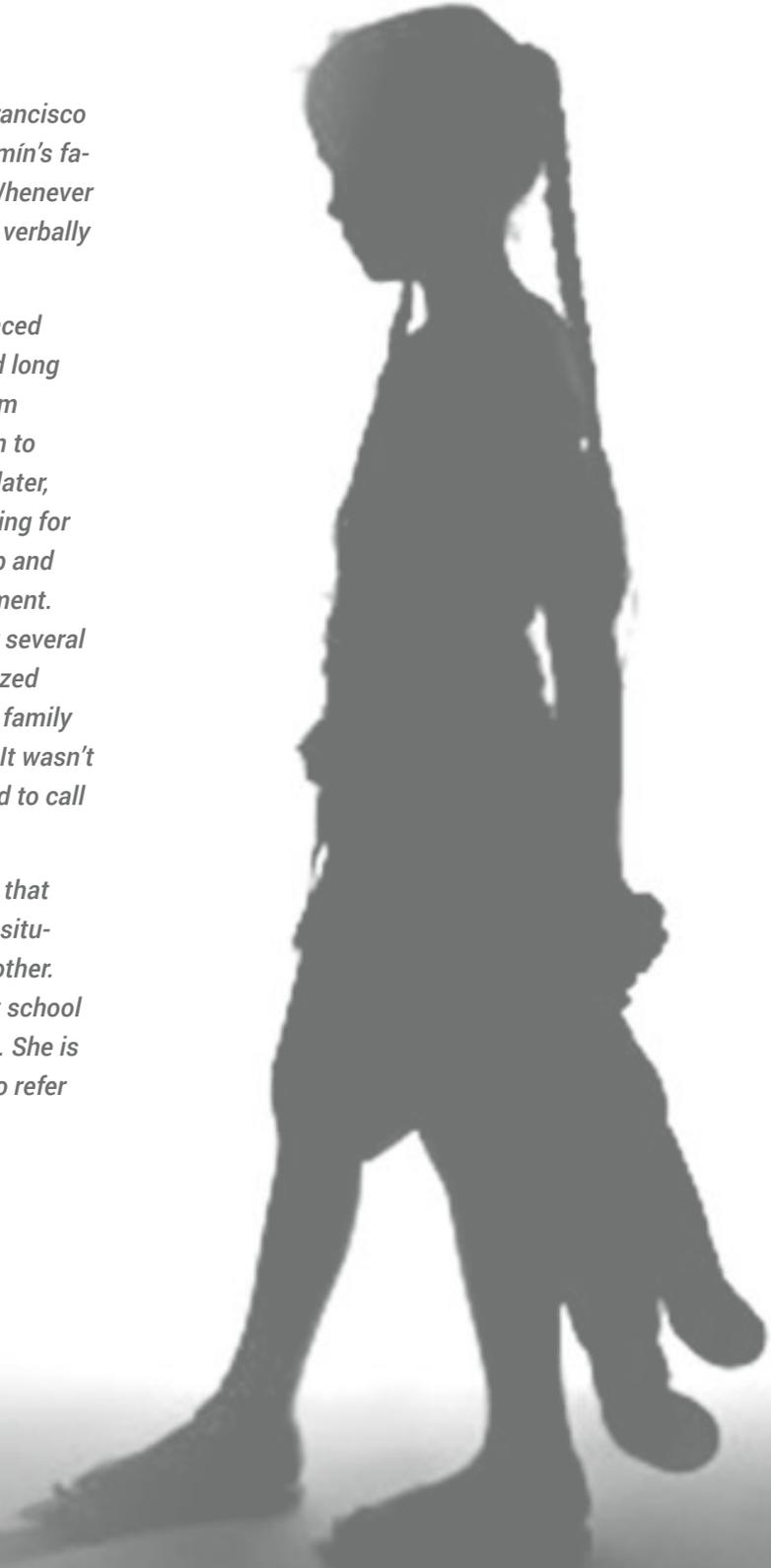


Yasmín's Story

Yasmín is a 7-year old girl growing up in a San Francisco public housing unit. Starting at the age of 4, Yasmín's father began beating her. But it didn't stop there. Whenever her father drank too much, he would also hit and verbally abuse her mother Maria.

After years of abuse, Yasmín's father was sentenced to prison on robbery charges. Her mother worked long hours to make ends meet. Because Yasmín's mom worked the late shift it was necessary for Yasmín to have a babysitter. Yasmín loved her. Six months later, the babysitter had to quit, leaving Maria scrambling for help. Unable to find anyone, she soon lost her job and the family was forced to move out of their apartment. Yasmín and her mother Maria were homeless for several months until they were able to move into subsidized housing. Luckily their new place was near an old family friend who could watch Yasmín if Maria needed. It wasn't long before Yasmín's uncle (as she was supposed to call him) began fondling her.

Yasmín is ashamed of where she lives and hates that it is so close to her "uncle". The family's difficult situation has created dislike between her and her mother. Recently Yasmín has been getting into trouble at school for spacing out in class and not paying attention. She is struggling academically and her teacher wants to refer her to special education.



Remember what our environment includes—the relationship with others and the relationship to one's surroundings. Name the important parts of Yasmín's environment.

- ▶ *Yasmín's relationship with her father (before and after his imprisonment)*
- ▶ *Yasmín's relationship with her mother*
- ▶ *Yasmín's relationship with her babysitter*
- ▶ *Yasmín's relationship with her "uncle"*
- ▶ *Yasmín's relationship with her teachers*
- ▶ *Yasmín's feelings and experience with being homeless*
- ▶ *Yasmín's feelings and experience of moving to subsidized housing*
- ▶ *Yasmín's feelings and experience of school*

Let's look at another example.

DeVonte's Story

DeVonte is 16. He has grown up in public housing and has many family members living in Bayview Hunters Point. When he was 12, he began going to a local violence prevention program for youth who had previous contact with the juvenile justice system. The program director was close to many of his friends and family, including his mother, two aunts, and his grandmother. His older cousin, Michael, who was more like a brother, also belonged to the program, in addition to several other cousins. DeVonte followed Michael and his older friends around all the time, but they didn't mind—they loved the kid.

When DeVonte was younger he was always smiling, and people always wanted to be around him. One day, after being enrolled in the program for a couple of years, DeVonte was standing outside of school with his two little brothers and his mom, waiting for one of his buddies. He was so excited when his cousin Michael happened to walk by. Before he knew it, there was a car reeling past the front of the school and the sound of shots. People yelled to get down and everyone ducked. It all happened so fast that when it was over it took DeVonte several seconds to notice that Michael was laying on the ground, shot multiple times and surrounded by blood. After that DeVonte was never the same. He began to isolate from others, skipped school. When his friends tried to visit him, he was quiet and seemed to be spacing out.



We talked about the importance of supportive adult relationships. Name a few of DeVonte's.

- ▶ *His mother*
- ▶ *His cousin Michael*
- ▶ *Michael's friends*
- ▶ *Grandmother*
- ▶ *Aunts*
- ▶ *Program Director at the Violence Prevention Program*

Are there other people you'd want to know about in DeVonte's life?

His brothers?

Friends from school?

How about his teachers?

I'm sure these youth sound familiar. You can probably easily think of several youth with similar stories while you're reading about Yasmín and DeVonte. Keep the youth you work with in mind, along with Yasmín and DeVonte. We are going to refer back to them as we make our way through the toolkit.

Going through these youths' stories showed us different types of traumatic events. We call these **Adverse Childhood Experiences** or **ACEs**.



WHAT ARE ACEs?

ACEs are traumatic events that a child may experience before the age of 18. Whether ACEs happen once (i.e. a car accident), or continue over a longer period of time (i.e. sexual abuse or community violence), they can affect health for the rest of someone’s life—including higher rates of disease. They also affect future successes—like high school graduation or getting a job.

One particular scientific research study looked at ten ACEs that children may experience. These ten can be broken down into three types—abuse, neglect, and events that occur in the home.³

More than 15 years have passed since that original ACE study, and researchers know that other traumatic events, such as exposure to community violence, homelessness, bullying in school, or involvement in foster care might also have specific effects on peoples’ health. These adverse experiences—whether they happen once or happen over a longer period of time—are “ACEs.”⁴

Think of the community you live and work in. What else do you think might count as an ACE?

TYPES OF ADVERSE CHILDHOOD EXPERIENCES

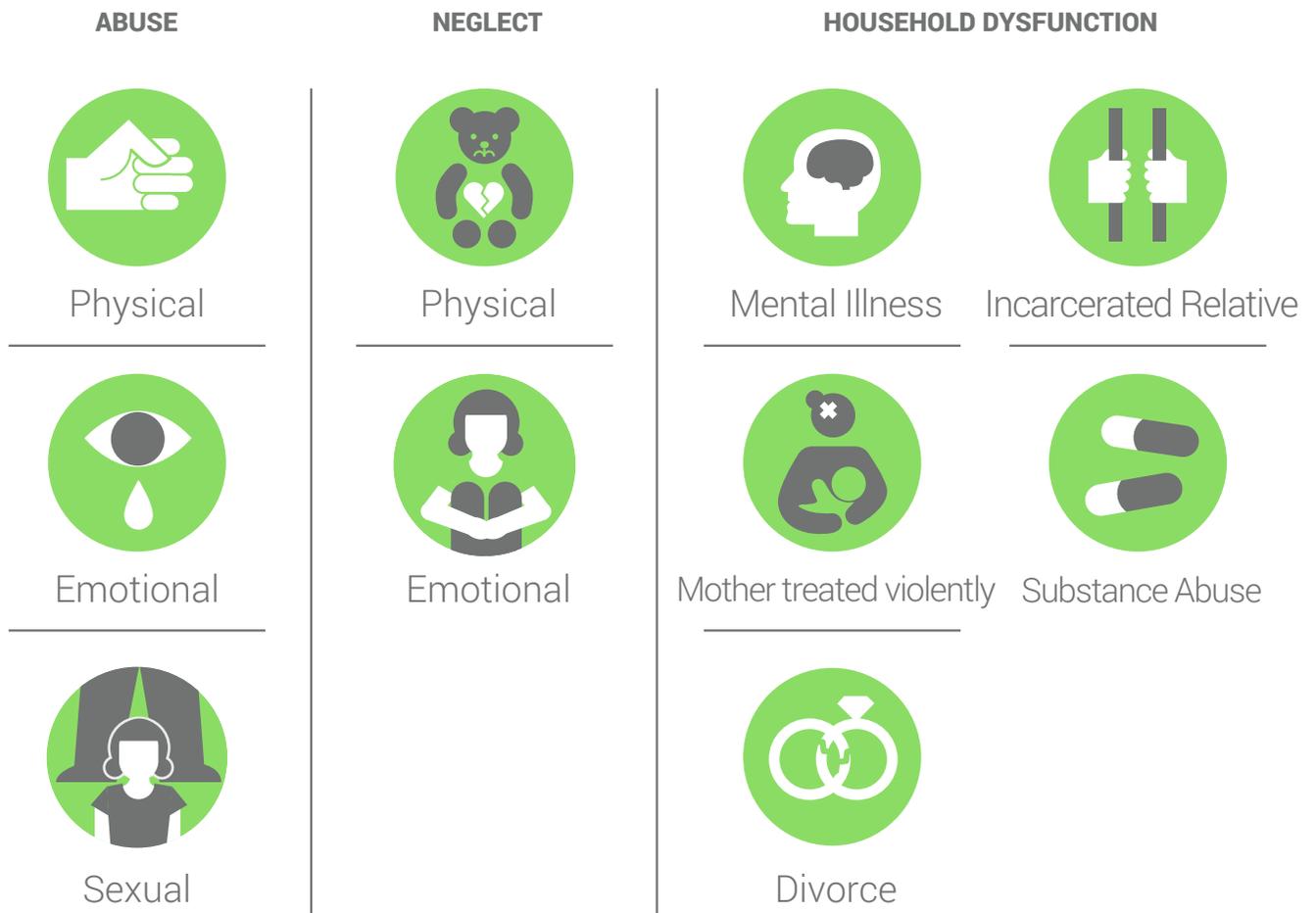


Image courtesy of the Robert Wood Johnson Foundation

Think back to our youth. What ACEs stand out?

Yasmín

- Physical Abuse
- Domestic Violence
- Sexual Abuse
- Removal of father from the home
- Homelessness

DeVonte

- Community Violence
- Witness to his cousin's murder

Research shows that as the number of ACEs in a person's life gets larger, so does the chance they'll develop negative health outcomes or habits (i.e. smoking, heart disease, obesity, even death).⁵ Recognizing the adverse events in your clients' lives is essential. If you can recognize the ACEs in someone's life, you can recognize their potential for long-term harm. That means you can also step in and nurture healing.

Using the EBD framework, this means that when you're looking at the "E"—someone's environment—it's important to look at ACEs.

A person with **4 or more** ACEs is:

- ▶ 2.2 more likely to have ischemic heart disease,
- ▶ 2.4 times more likely to have a stroke,
- ▶ 1.9 times more likely to have cancer, and
- ▶ 1.6 times more likely to have diabetes
- ▶ 12.2 times more likely to attempt suicide,
- ▶ 10.3 times more likely to use injection drugs, and
- ▶ 7.4 times more likely to be an alcoholic.⁶

A person with **6 or more** ACEs is:

- ▶ On average has a life expectancy 20 years shorter than someone with 0 ACEs⁷

What do these numbers mean for Yasmín or DeVonte?

What effects do you see adverse events having on the long-term health of adults in your housing units? How about your community as a whole?

▶▶ PROVIDER ALERT

Knowing your clients' **trauma histories** is important. It will help you plan for how to work with them in the future. Look over the ACE questionnaire and be aware of its questions and how to score it. Be aware that adults have their own ACE scores, and going through the questions might bring up your own and/or a parent's trauma responses. Many clinicians have clients give them the total score, without needing to be specific about which questions they checked "yes/no" on, to protect their privacy.





Development

Now that we've learned about the "E" of the EBD framework, let's move on to the "D"—**development**. Remember that development means:

- ▶ *How we learn, how we behave, and how good we feel. The story of our development can be seen in who we become as adults.⁸*

REACTIONS TO ADVERSE EVENTS

When we learn to recognize the effects of toxic stress in ourselves and in our community, we're seeing "development" in action. Let's start by looking at how children respond to ACEs.

In order to support the children you work with you must understand how the behaviors and actions you see are related to what they've experienced. After a child has experienced an ACE, it is common to have the following traumatic stress reactions.

Toxic stress reactions fall into three categories:

- ▶ *Re-enactment/Re-experiencing*
- ▶ *Avoidance/Numbing*
- ▶ *Hyperarousal/Reactivity⁹*

Re-enactment/Re-experiencing is when thoughts, images, sounds, or feelings associated with the traumatic event come back uncontrollably. These images and sensations can be so intense that we feel as if we're going through the trauma all over again.¹⁰

▶▶ PROVIDER ALERT

School-age, middle, and high school students may have a drop in attendance or grades after an ACE event. Check in about how school is going.

▶▶ PROVIDER ALERT

Young children may reenact traumatic experiences through their play. Children can get "stuck" on one moment in the traumatic event, like when they felt the most scared or helpless. Take note of the topics that are a part of playtime.

Think about it ...

Have you ever been in a bad accident? Did you find yourself randomly thinking it during the day or have dreams about it?

New information about DeVonte...

Remember that DeVonte witnessed his cousin's murder in front of him and his family? DeVonte's grades have started slipping. He often says it's because he can't concentrate saying, "my head is full and I'm tired." His mother says that he is having nightmares, which has never been a problem before. She has also heard him say "It doesn't even matter anyways. I'm not going to live that long."

Avoidance/Numbing is when someone feels numb, frozen, shut down, or separated from normal life. This may involve pulling away from friends and activities that they used to enjoy.¹¹

Dissociation is a reaction that is a type of avoidance. Dissociation can occur when one is under extreme stress, when strong emotions surface, or when a person feels threatened. Individuals who dissociate are mentally separating the self from the experience. They may feel as if they are in a dream or an unreal state. As a result of this, it is possible to "lose" blocks of time.¹²

Think about it ...

Have you ever lost a person close to you? Do you remember what you felt? Did you feel anything at all? Were there times when you felt nothing or didn't want to be around others?

Think about it ...

Have you ever had someone always sit with his or her back to the wall in a room or restaurant? How about when there is a sudden loud noise and you see a person jump out of their skin?

New information about Yasmín...

Remember how Yasmín and her mother were starting to argue because of their new living situation? Yasmín has started hanging out in her room more, forgetting to do her duties around the house. When Maria asks her about it, Yasmín responds that she simply forgot. Often times Yasmín's mother will be calling for her with no answer. Worried, her mother will check on her. When she does Yasmín is usually unaware that she is being called, often looking startled to see her mom in her room.

Recently Yasmín has been getting into trouble at school for staring out the window in class and not paying attention. She is struggling academically and her teacher wants to refer her to special education. Last month Yasmín was suspended for kicking a boy in the privates because she thought he was too close to her.

Hyperarousal/Reactivity is when your body is always on alert. This involves jumpiness, nervousness, or being quick to startle. Hyperarousal can also include hypervigilance or the need to constantly scan the environment and others for danger.¹³

People who experience hyperarousal are always unconsciously ready to respond with the "fight or flight" reaction. You may have youth who are quick to anger. Do you experience this as well? They can flash, going from zero to RED in a matter of seconds. This is hyperactivity.

►► PROVIDER ALERT

Dissociation is common in youth who have very complex trauma histories or multiple ACEs in their background, especially chronic sexual abuse.



Re-enacting/Re-experiencing

- Flashbacks
- Nightmare
- Reliving through play
- Talking about the event over and over

Avoidance/Numbing

- Isolation from friends and family
- Withdrawal from enjoyed activities
- "Spacing out" or blacking out
- Feelings of hopelessness

Hyperarousal/Reactivity

- Constant scanning
- Jumpy
- Anxious and nervous
- Impulsive and restless
- Difficulty regulating moods

Another common reaction to a traumatic event is a **psychosomatic** response—a physical reaction that results from stress rather than an injury. This reaction is common for children, and it can include tummy aches, headaches, bathroom problems, or pain. Pay close attention to kids when they talk about not feeling well.

GLOSSARY

Psychosomatic reactions are when mental or emotional events cause real body symptoms, such as pain or irritation. When people experience psychosomatic symptoms, they are not just "making it up."

Take a minute to think about all the behaviors you see on a daily basis. Could any of these be related to a past trauma?

▶▶ PROVIDER ALERT

Many of these reactions are connected to one another. For example, a flashback may make you feel out of control, and will therefore produce hyperarousal. Many people think that their reactions mean that they are "going crazy" or "losing it." You can help them understand that these responses are common to the situations they have experienced.

Traumatic stress reactions can lead to a range of troubling, confusing, and sometimes alarming behaviors in children. Be on the lookout for:

- ▶ **Difficulty with learning**—They may not be able to focus, concentrate, or take in new information. (See page 39 for a handout on the difference between ADHD and the symptoms of trauma and stress)
- ▶ **Sleep problems**—Children may have trouble going to sleep or staying asleep, or experience nightmares when they do sleep.
- ▶ **Mood swings**—Youth may be tearful one minute and cheerful the next, or suddenly becoming angry or aggressive.
- ▶ **Regression**—They may not "act their age", instead reverting to a much younger age (i.e. sucking a thumb or bed wetting)

The effects of ACEs are cumulative—they add up over time. The more traumatic events youth have experienced, the harder it is for them to recover from any single event they experience now, making the likelihood of seeing trauma reactions higher.

REMINDERS TO ADVERSE EVENTS

We've talked about reactions to adverse events, now let's talk about reminders. During a traumatic event, everything connected with it—sights, smells, tastes, sounds, sensations, people, and places—may get linked in the child's brain with the event. This is not a conscious process and they probably wouldn't even know their brain had made the connection.¹⁴ These reminders are also known as "triggers."

Reminders of an ACE can cause youth to experience trauma reactions. The same reactions a youth has during or after a traumatic event, they can experience when exposed to a trauma reminder. Even years after a traumatic experience, a trauma reminder (or trigger) can have a strong impact.

▶▶ PROVIDER ALERT

Youth may not understand the connection between the reminder and his or her reaction. If one of your youth start to display any of the reaction behaviors, begin by gently asking them what it was that they think happened. "You seem angry, what set you off?"

Let's look at some of the reminders our youth experience:

DeVonte freaks out every time someone drops their text book in class, and whenever someone loudly slams the classroom door. The teacher cannot understand why he reacts so strongly. Why do you think DeVonte has this response?

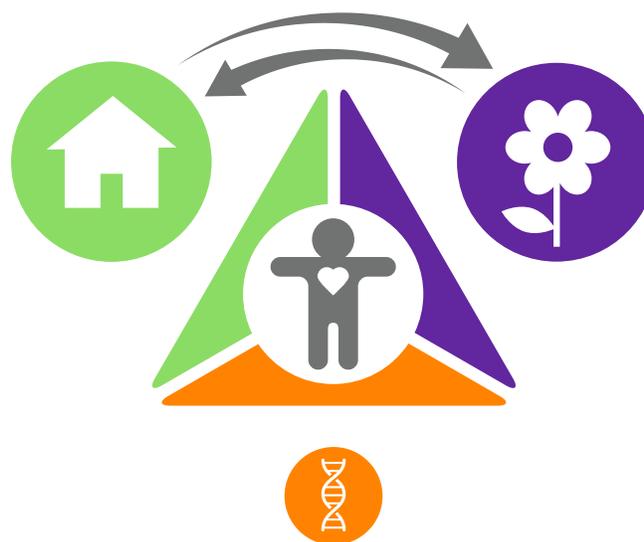
The unexpected and loud sounds likely remind DeVonte of the sound of gun shots.

With Yasmín's trauma history she could have a good deal of reminders coming at her on a daily basis. Here is one of them. Yasmín is unsure why whenever she goes to gym class her stomach begins to hurt. It is usually when the gym teacher is talking to her or is nearby.

There could be a few things going on here. But we know for sure it is something to do with the gym teacher. A good place to start is to ask if he looks like Yasmín's uncle or wears the same cologne as he does.

Let's Review!

We've looked at the **environment** and how it affects **development**. We've also learned that if we're seeing certain behaviors (these count as development) we can be pretty sure that there's something going on in the environment—this can help us understand the behaviors we see in young people, ourselves, and our community.



Biology

Now let's talk about what is going on inside the body during adverse events, and how prolonged exposure to adversity can literally change our biology. This is the "B," biology, in the EBD framework. It's the story of what's happening "under the skin" of what we see.

TYPES OF STRESS

How our bodies deal with stress involves our brain, hormones, and immune system. These different systems are designed to work together to respond to threatening events we come into contact with in our lives. This basic stress response is normal.

GLOSSARY

Hormones are "chemical substances that act like messenger molecules in the body. After being made in one part of the body, they travel to other parts of the body where they help control how cells and organs do their work."¹⁵

As an example, adrenaline is a hormone. Adrenaline is the messenger that moves from one part of your body to your heart to tell it to beat faster. Hormones are the "postal workers" of our bodies.

There are three different types of stress. How often stressful things happen, and the intensity of the experience, will help determine how a person's body will respond.

For many people, when they think about being stressed, they think about having too much to do or having multiple responsibilities without enough time to do them. For many children stress comes from homework, an important exam, the first day of school, or a sports event. This type of stress is known as **positive stress**—a mild or moderate response, causing brief increases in heart rate or mild changes to the body's stress hormone levels.¹⁶ Positive stress is common and, in fact, an important part of growing up. It helps us develop the capacity to handle stressful situations later on in life.¹⁷



While positive stress is essential for healthy child development, **tolerable stress** is more intense stress that has the potential to impact a child's development over time. Its negative effects may be lessened by lasting for a shorter amount of time or only happening infrequently, which would help the child's brain to recover. The presence and/or guidance of a caring adult who can help the child through the difficult period also plays an essential role in helping the child's brain to recover.¹⁸

Toxic stress is the "extreme, frequent, or extended activation of the body's stress response without the buffering presence of a supportive adult."²⁰ Toxic stress is harmful for children because of the changes and growth going on in the brain during childhood. When experiencing toxic stress, the mind and body can't turn off its physical reactions to adverse events. Having your stress response constantly activated has the potential to stunt healthy development.²¹

Unfortunately, many of the youth you serve probably fall into the toxic stress category. Let's dive into more detail about toxic stress.

Think of it this way. One day you are taking a walk and you come across a bear. Your brain and your body activate your stress response. Your heart rate increases, you start to sweat, you physically become shaken and all these reactions are taking place simultaneously. Based on the reactions occurring in your body, you will either choose to run away, slowly back away, or exit the situation in a manner that seems safe to you. Now, a week later, you are taking the same walk. You turn the corner and see a huge (but friendly) dog. Before realizing that it is not a harmful situation, your body reacts in the exact way that it did when you encountered the bear.

In situations where children and families are living with toxic stress, their bodies are always activated. They always feel like they've just seen the bear even when the bear is not present.

When stressful events occur continually, or happen multiple times, it can have a cumulative toll on an individual's physical and mental health. The more adverse experiences in childhood, the greater the likelihood of cognitive challenges and later health problems, including heart disease, diabetes, substance abuse, and depression.



Image courtesy of the Harvard Center on the Developing Child

GLOSSARY

To **"buffer"** is to shield, protect, or cushion.²² Supportive adults can "buffer" children against the adverse effects of toxic stress by helping them to feel safe, calm down and regulate their stress response.

GLOSSARY

Cortisol is a type of hormone that plays a part in our body's stress response. One of its functions is to increase blood sugar. Remember that hormones are our body's messengers, where one part of the body sends a message to another part of the body.

Keep in mind that tolerable stress can become toxic stress and cause long-term harm to a child's development if there is no caring adult to help the child manage the stress.¹⁹ Supportive adults make a world of difference.

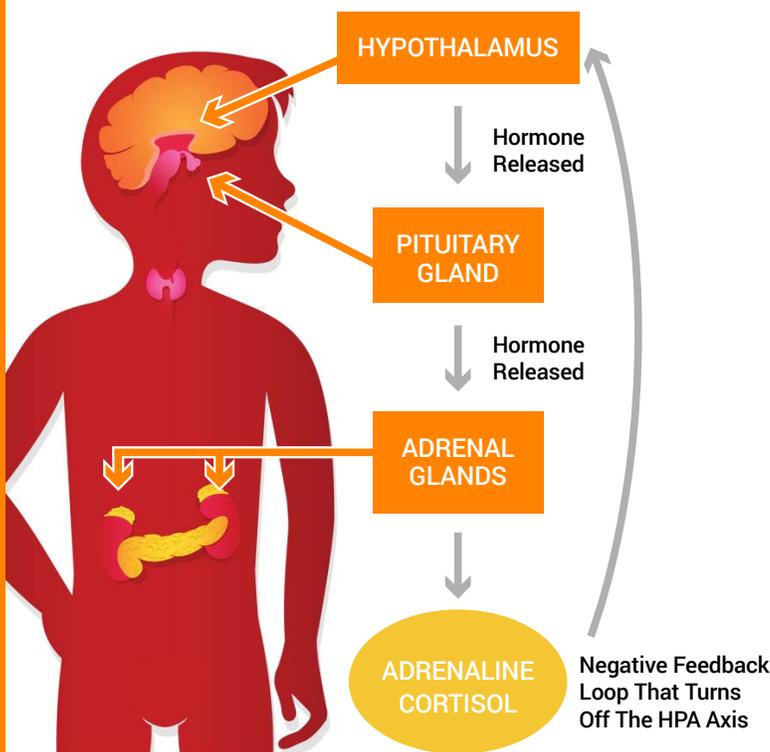
▶▶ PROVIDER ALERT

Helping a child or family understand what is happening in their bodies when they are stressed and how to cope with those feelings is a way to build resilience. Knowledge about what is going on in their bodies gives them a sense of control.

WHAT IS THE BODY'S STRESS RESPONSE?

Learning how to deal with stress is a normal part of growing up. When we encounter stressful situations, our bodies gear up to respond: they increase our heart rate and blood pressure and release stress hormones like cortisol. If you think of what it feels like to see a bear, you can imagine what that feels like—the body is gearing up to run away or fight. When children experience this stress response surrounded by supportive adults, they learn how to feel these stressful reactions and safely bring their body back to baseline. By practicing this over and over—experiencing stress, being supported by adults, and coming back to baseline—children develop healthy stress response systems. This prepares children to have healthy stress responses as adults.²⁴

THE HYPOTHALAMIC-PITUITARY-ADRENAL (HPA) AXIS: AN IMPORTANT PART OF THE BODY'S STRESS RESPONSE



GLOSSARY

The **hypothalamus** is the part of the brain that links the nervous system to the endocrine system. It acts like a gland and produces hormones, but is still a part of the brain.

GLOSSARY

The **nervous system** is like your body's road system—it's an important way that messages get sent throughout your body to and from your brain. It includes the brain, your spinal cord, and nerves that go throughout your body. Messages travel fast through the nervous system.

GLOSSARY

The **endocrine system** is like the body's other message delivery system, in addition to the nervous system. It is a collection of glands that secrete hormones into your blood stream that carry messages throughout your body. The nervous system is fast and immediate, and the endocrine system is a little slower and more long-lasting, with effects lasting anywhere from a few hours to a few weeks.

GLOSSARY

Adrenaline is a hormone that plays a role in the body's stress response. It makes our hearts beat faster when we are stressed, nervous, or excited.

GLOSSARY

The **immune system** includes several organs and cells in our bodies and helps the body protect itself from disease. Specifically, the immune system can detect foreign organisms, such as viruses and bacteria, or abnormal cells, such as cancer cells, and eliminate them. When the immune system is weakened we develop infections or cancers.

THE STRESS RESPONSE IN THE BODY

As the brain prepares to respond to a stressor, the body gears up to do what the brain tells it to.

- ▶ *Your body reads what is happening through one of your senses—touch, sight, taste, smell, or sound.*
- ▶ *The hypothalamus links the nervous system to the endocrine system.*
- ▶ *The endocrine system releases stress hormones, such as adrenaline and cortisol, to prepare the body to respond to the stressor.*
- ▶ *The heart rate, blood pressure, and breathing rate all increase.*
- ▶ *Blood rushes to the muscles, while digestion and the immune system are switched off (to save energy). This happens because you need more blood in your muscles to run away.*

During a stressful situation a person is in a highly alert state. The brain and body work closely together to keep the person safe. The brain logs this information and saves it for future use. Think of it like computer software. When a person experiences something, their brain and body remember the event and create “software” to remember how to respond. Next time something similar happens, or the person sees the same thing or person, the body already knows what “software” to run. This is healthy and normal—the body is smart and develops these different stress responses, or “software programs,” that run automatically so it doesn’t have to start from scratch every time. This is part of how we learn to keep ourselves safe and determine if things are dangerous. It’s as if every time we see something we already know is dangerous our body simply opens up a program and it starts running—we don’t need to think through the steps every time.

When someone has a healthy stress response system, and experiences something stressful, the body has already practiced its stress response and can respond in a healthy way—their “computer software” is helpful.

However, if the stress response is long-lasting or intense, and there aren’t supportive adults to help the child come back to baseline, the result is toxic stress. When someone has toxic stress, the “computer software” is distorted. This long-term activation of the

body’s stress response can harm a child’s developing brain and body.²⁵

To understand how toxic stress harms the brain and body, let’s learn how it works.

What’s going on in the body during toxic stress?

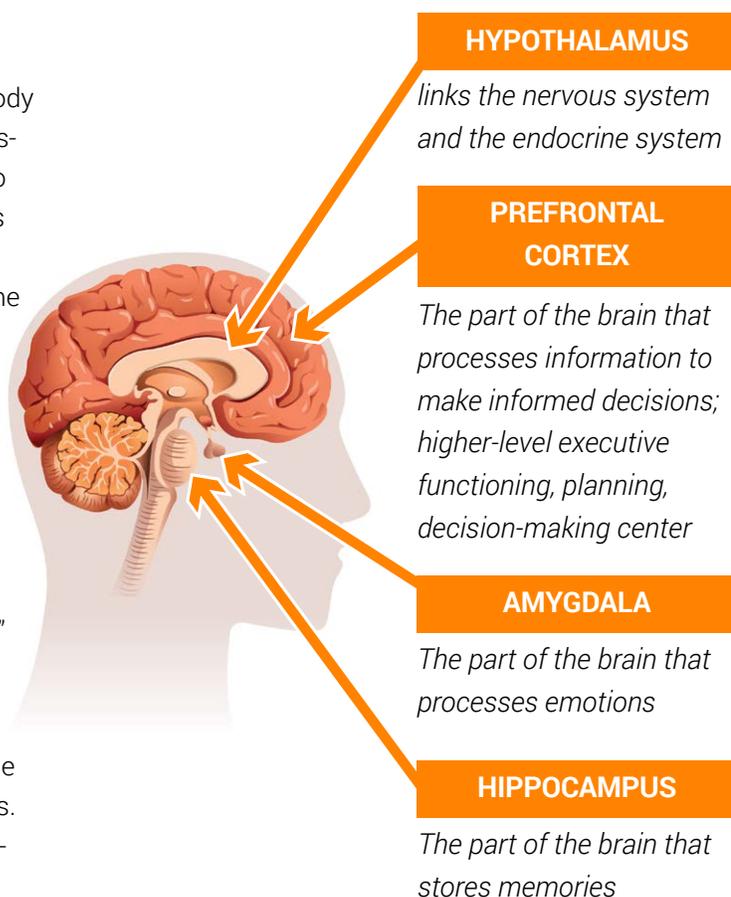
TOXIC STRESS AND BRAIN DEVELOPMENT

The basic architecture of the human brain is constructed through an ongoing process that begins before birth and continues into adulthood. Like the construction of a home, the process begins with laying the foundation, framing the rooms, and then wiring the electrical system. Early experiences literally shape how the brain is built. A strong foundation in the early years increases the likelihood of positive outcomes, while a weak foundation increases the odds of later health and emotional difficulties.

There are tiny cells in our brains called **neurons**.

GLOSSARY

Neurons are the building blocks of the brain and nervous system. They help carry messages throughout the brain and body.



Neurons are the building blocks of our brains. They process and transmit information through electrical and chemical signals, in turn, telling our bodies what to do. Have you ever opened an electrical panel or watched a telephone repair person open a junction box on the street? We take it for granted that the telephone works when we pick it up or the lights come on when we flick the switch. In order for either of these systems to work there is a wiring system in place that sends electrical messages back and forth to make the light switch or phone work. Our brains too are a complex system. Each of its parts makes up an amazing wiring system that has the ability to communicate across different regions of the brain. As we mentioned before, different sections of the brain have different functions. The brain's wiring system does a good job of communicating messages to tell each part what to do and when.

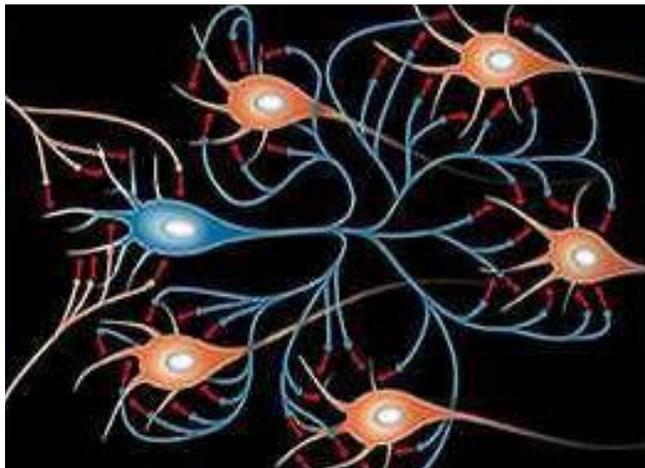
During development there is a constant turnover of neurons, depending on how often we use them. This process of turnover is called **dendritic pruning**.

GLOSSARY

Dendritic pruning: *Neurons that have been over-utilized due to chronic stress will be reinforced and become stronger. The neurons that aren't used fall away. "Use it or lose it."*

NERVE PROLIFERATION...

By age 11 for girls and 12 for boys, the neurons in the front of the brain have formed thousands of new connections. Over the next few years most of these links will be pruned.



Dendritic pruning is when connections that neurons make with one another either get strengthened (we're using them often) or die out (we are not using them). If you have ever heard the phrase "use it or lose it" then you understand a little bit about brain development.

Throughout our life, we make more brain cells than we ultimately use. Through the process of dendritic pruning, cell connections either strengthen or die out and fall away, depending on how much we use them. This is like a farmer "pruning a tree" when he cuts away the deadwood that isn't being used. Your brain participates in its own internal pruning process by getting rid of neurons/brain cells that aren't being used. The neurons and brain cells that are left after the pruning process can become stronger with regular activity. This is all called **neuroplasticity**.

GLOSSARY

Neuroplasticity *is the brain's ability to change itself in response to experiences.*

This process of pruning:

- ▶ Occurs from birth until early adulthood
- ▶ Helps with brain development
- ▶ Is how we learn new things/memorize information that can lead to long-lasting functional changes in the brain

...AND PRUNING

Those that are used and reinforced—the pathways involved in language, for example—will be strengthened, while the ones that aren't used will die out.

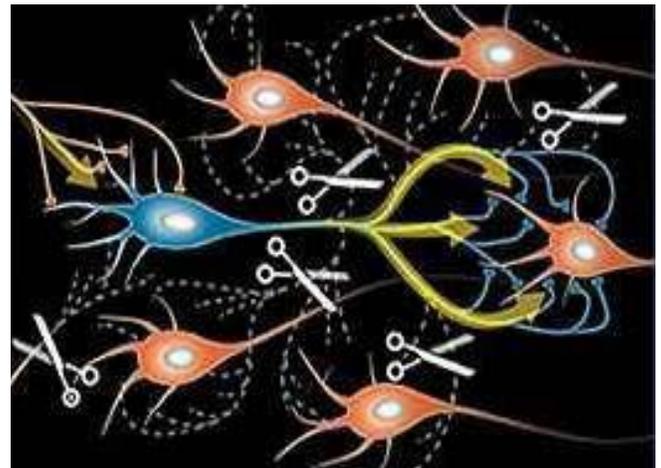


Image courtesy of Macmillan Higher Ed and Worth Publishers, for educational purposes only.

►► PROVIDER ALERT

Have young clients do the various activities in this toolkit with you. Talk to them, play with them. Build up those neural connections.

The most critical time for influencing brain architecture is in the first 5 years, and research is also beginning to suggest that there is a second “critical period” of brain development from about ages 11-15. The brain doesn’t fully stop developing until about 25 years old.²⁶ We have a window of opportunity to intervene and help strengthen these neuronal connections. You can support better learning, the ability to manage stress well, and the capability to make better decisions by working with your clients.

Toxic stress leads to the dying out of the neurons in the prefrontal cortex, and higher levels of connections in the amygdala. Take a look at this figure. If we allow youth to continue to experience toxic levels of stress these are the parts of the brain that could be affected.

PREFRONTAL CORTEX

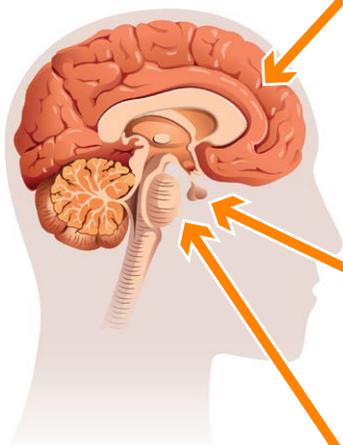
People with fewer connections in the prefrontal cortex can have affected learning, risk assessment, and decision-making. They usually exhibit more risky behaviors.

AMYGDALA

People with enlarged amygdalas tend to be more anxious and emotionally reactive.

HIPPOCAMPUS

People with smaller hippocampuses can have affected memory and learning.



Changes in brain architecture due to toxic stress include:

- ▶ Loss of brain cells
- ▶ Damage to brain cell connections
- ▶ Enlargement of the amygdala or shrinking of the hippocampus.
- ▶ Hyperactivity of certain parts of the brain²⁷

TOXIC STRESS AND THE IMMUNE SYSTEM

The **immune system** plays two main roles in our bodies. It is responsible for fighting off infections and any foreign pathogens that can cause disease in our body, and it interacts with the brain during our stress response.

GLOSSARY

*The **immune system** includes several organs and cells in our bodies and helps the body protect itself from disease. Specifically, the immune system can detect foreign organisms, such as viruses and bacteria, or abnormal cells, such as cancer cells, and eliminate them. When the immune system is weakened we develop infections or cancers.*

Like the stress response, the immune system is complex and involves different cells that play a role in both the short-term and long-term response against disease. Small proteins from our immune cells make their way into our tissues or blood stream—these are called cytokines. These proteins facilitate different immune responses that are important for the stress response.

You can think of a carefully balanced teeter-totter. The right amount of certain cytokines helps the body to fight disease, so we need enough of them to keep us healthy. Too many cytokines leads to increased inflammation, which can lead to diseases like heart disease and cancer. So the immune system needs to be carefully balanced, like a teeter-totter.

When people are very stressed, or have toxic stress, it can cause different imbalances in the immune system. For example, when people are overly stressed, they can be more likely to catch a cold, or other passing sicknesses that are going around. Or they might not get sick immediately, but might be more likely to develop inflammation-based diseases later on in life like heart disease.²⁸

The pathways are complicated and the relationship between the immune system and the stress response is not quite this simple, but these are some examples of how uncontrolled stress response can impair the immune system.

TOXIC STRESS AND METABOLISM

Our metabolism breaks down starches that we eat into glucose, a form of sugar that enters the bloodstream. The hormone insulin then helps cells throughout the body absorb glucose and use it for energy. Keeping this whole system in balance is important—if it's not in balance, we are at risk for metabolic diseases like diabetes, heart disease, and obesity.²⁹

When we experience toxic stress, cortisol levels can be higher than normal. Uncontrolled cortisol affects our metabolism. Cortisol interferes with insulin, the hormone that manages your blood sugar levels.

Remember when we talked about cortisol earlier?

When people experience toxic stress, their cortisol levels are imbalanced. **Cortisol** is responsible for:

- ▶ Long-term stress response
- ▶ Increasing blood sugar (which can lead to diabetes)
- ▶ Stimulating fat deposition (which can lead to diabetes)
- ▶ Helping to break down nutrients in our diet such as protein, fat, and carbohydrates

TOXIC STRESS AND EPIGENETICS

Epigenetics literally means “above” or “on top of” genetics. It refers to external modifications to DNA that turn genes “on” or “off.” These modifications do not change the DNA sequence, but instead, they affect how cells “read” genes. Epigenetics is the reason why a skin cell looks different from a brain cell or a muscle cell. All three cells contain the same DNA, but their genes are expressed differently.

ACEs and toxic stress can affect which books are

read, or induce epigenetic changes. Studies show that the family environment, especially early caregiving, is particularly important for epigenetic regulation of the human stress response.³² For children, supportive adult relationships early on in life literally affect how their genes are expressed later in life!

GLOSSARY

Genes are made up of segments of DNA and they determine physical traits, including the color of your eyes and whether your hair is straight or curly. You inherited your genes from your parents, which is why someone might say “you have your mother’s smile.”³⁰

GLOSSARY

Genetics is the study of the way physical traits and characteristics get passed down from one generation to the next. This is also called heredity. Genetics includes the study of genes, which have a special code called DNA that determines what you will look like and whether you are likely to have certain illnesses.³¹ Certain genes are associated with certain diseases, but if you have a specific gene it doesn’t always mean that you will develop the disease. For example BCRA2 is a gene associated with a higher risk of developing breast cancer but not all women that have this gene will develop breast cancer.

GLOSSARY

Epigenetics is the study of how genes are “read” instead of how they’re organized. Epigenetic changes can happen DURING our life, and not only between generation to generation. Our environment affects how our genes are read. Things in our environment that can influence how genes are read include pollution, stress, and the food we eat.



Think of Epigenetics as a library

Think about books in a library waiting to be read. Epigenetics is the likelihood that the books will be taken off of the shelf, opened, read and utilized. When you go to the library, you don't read all of the books that are there, just the ones that are useful to you.

Epigenetic changes do not modify the DNA infrastructure (or the library itself and the books that are stacked there), but they can alter the expression of DNA (which books are read). This then impacts protein synthesis, organ development and function. Epigenetics is the way in which non-genetic factors, like our environment and stress, can influence the way our DNA is expressed (or "read").

TOXIC STRESS AND HORMONAL SYSTEMS

Understanding how hormones play a part in stress will help you know what youth are literally experiencing in their bodies. Imagine walking down the street and seeing a bear.

What's happening in your body? What would you do?

Remember, your body is built to react to stress. Our brain judges the situation (see page 21) and decides whether or not it is a stressor. Different neural pathways are activated and our bodies release adrenaline and cortisol into our blood stream to regulate the stress response—remember that this is like computer programming. We go into fight, flight, or freeze.

The fight, flight, or freeze response ("fight or flight" for

short) is a physiological reaction that occurs in response to a perceived harmful event, attack, or threat to survival. Adrenaline or noradrenaline flow through your body turning off certain systems and igniting others. When this happens people either fight back to the threat, run away from the threat, or freeze in the moment.

If the stress response is repeatedly overwhelmed—as it is with toxic stress—the brain learns to keep the response activated. With this constant state of activation the typical stress response gets switched off.³³ When this switch is disabled it can result in changes to all the systems we've discussed. This continual activation leads to poor mood regulation, learning, memory, and behavior.

Coping Strategies

Let's review!

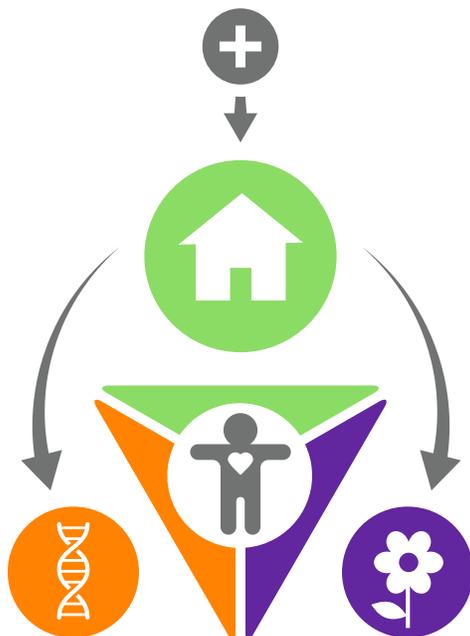
We've discussed ...

1. The importance of understanding the environment's role in toxic stress
2. How people react to adverse events
3. Reminders of those traumatic situations ("triggers")
4. Types of stress with a focus on the negative impact of toxic stress
5. The way the body responds to stress
6. How toxic stress affects our brain, immune system, metabolism, epigenetics, and hormones

We've covered a lot of material! Now that you know what you are looking at, how do you serve young people with this knowledge?

The good news is that, looking at the EBD framework, you can step in and change a young person's environment, which will then affect both their biology and their development. You can even change your own! Healthy relationships and healthy coping strategies all can become part of the environment that shows up in peoples' biology and development.

If you add more goodness to "E," you'll see healthier results in "B" and "D"!



GLOSSARY

Coping strategies are "what a person does in order to avoid, remove, minimize, or 'get through' a stressful situation."³⁴ Coping strategies are things a person does, consciously or unconsciously, to feel better.

Teaching a youth how to cope with what is happening in their bodies is your most valuable tool. It is empowering, offers hope, and builds resilience. Here's how to do it.

WHAT ARE COPING STRATEGIES?

Trauma, especially when it occurs early in life and/or is repeated, can derail normal child development. The good news is that you can nurture resilience and help youth cultivate hope to overcome the impact of their traumatic past. You do this by teaching healthy coping strategies.

Remember when we discussed that we learn by experience (see page 21)? In traumatic moments, especially in situations of chronic trauma, children learn coping strategies. This is pretty amazing—the body instinctively knows that it needs to find ways to calm itself down and manage anxiety. We don't want to take coping strategies away from young people, just support them in finding and using coping strategies that are healthy.

A coping strategy is a behavior individuals use consciously or unconsciously to deal with adversity. People cope in different ways. These ways can be positive (adaptive) or negative (maladaptive).

Positive (adaptive) ways to cope would be to write in a journal, read a book, or exercise.

Negative (maladaptive) ways to cope could include self-destructive behaviors, violence, or extreme withdrawal.



Coping strategies serve a purpose. They do the following:

- ▶ Increase a youth's sense of physical and emotional safety
- ▶ Decrease anxiety and fear
- ▶ Protect themselves from the impact of future trauma or losses³⁵

We don't want to take coping strategies away from the children you serve. Instead we want to teach them how to use them appropriately (unless they are harmful) and give them more positive strategies to use.

How Would You Cope with These Realities?

- Domestic Violence
- Sexual Abuse
- Bullying
- Physical Abuse
- School Violence
- Rape
- Gang Involvement
- Loss of a loved one due to violence
- Community Violence
- Natural Disaster
- Homelessness
- School Violence

What coping strategies did you come up with? Chances are good it was a mix between positive and negative things.

POSITIVE OR ADAPTIVE COPING

- Exercising
- Listening to music
- Faith-based activities
- Talking to someone who will listen
- Yoga or meditation
- Drawing or painting
- Writing in a journal
- Lying down

NEGATIVE OR MALADAPTIVE COPING

- Drugs
- Drinking alcohol
- Disordered eating
- Smoking tobacco or marijuana
- Compulsive sex or high-risk sex
- Hitting walls or fighting
- Self-injury like cutting, excessive hair pulling or burning oneself
- Suicidal thoughts or actions

The above are just a few ways youth cope with ACEs and situations that trigger stress. Since trauma reminders are experienced through the senses (see page 20), you can use the senses to calm down too. How we feel—calm, irritated, aroused, angry, tired, relaxed—is directly affected by what we receive from our five senses.

Yasmín's Coping Style

Yasmín's spacing out in class seems to happen all the time, and gets worse as she gets older. She's become so disconnected with the world around her that she has started to cut herself to be able to feel ... anything. When she isn't cutting herself she chain smokes cigarettes, saying it calms her down.

DeVonte's Coping Style

Devonte can't sleep and the only thing that he says works for him is to smoke weed before bed. It didn't happen often at first, but experiencing the numbed out feeling makes him feel better."

Coping strategies or calming strategies that Yasmin and Devonte can use instead may include exercise, mindfulness meditation, yoga, and acupuncture. These strategies may be similarly effective in helping with situations similar to Yasmin and Devonte, and most are applicable and beneficial to all age ranges.

Check out pages 40-47 for handouts with suggestions for these and other coping strategies.

Organizational Implications

Each organization will have a different role to play . The first step is to analyze your organization's mission and role. For some organizations, exploring trauma interventions and services can be a response. For other organizations, for example without a clinical component, exploring trauma-informed approaches might be all that can be done. Organizations without a clinical component to their work are not encouraged provide trauma assessments or screenings.

For the purpose of this toolkit, we will focus on Trauma-Informed Approaches, since it's something every organization can incorporate.

What is a trauma-informed approach?

- ▶ *It's the recognition of the widespread impact of trauma*
- ▶ *The understanding of signs and symptoms of trauma and its impact on clients, staff and organizations*
- ▶ *Incorporating a trauma lens to all policies and procedures*
- ▶ *The shift from "What's wrong with you?" to "What happened to you?"*

The first step to becoming a trauma-informed organization is staff training and education. Now let's look at some key principles of trauma-informed approaches to care adapted from SAMHSA 2012 Trauma Definition Working Draft and listed in the Trauma & Resilience: an Adolescent Provider Toolkit (see handouts on pages 48-49).

Tips & Resources

Doing this work is so rewarding, but it can be difficult. Let's not kid ourselves—there will be times of crisis. You can diffuse these situations while waiting for help, if help is needed.

DURING A CRISIS

The following section explains how to work with children who are in crisis. There are a few things that you can do to help during intense circumstances before outside assistance is needed or arrives.

Here are a few things you should know about a crisis.

Crisis is universal – everyone experiences crisis at some point in their lives, no matter who they are.

Crisis is relative - what may be a crisis to you may not be to someone else. It is important to meet people where they are, and assist them through their personal experience.

Crisis is about the here and now – crisis can be immediate harm/danger and/or something that was triggered by a trauma reminder. Whatever the situation is, it is something that is very stressful for the person experiencing it.

Crisis is temporary – due to the acute nature of crisis, it will not last for very long if you intervene correctly.

During a crisis your basic task is to help ground clients back to the present moment and de-escalate the intense emotions they are feeling. In a moment of crisis, the stress response system becomes overwhelmed. The goal for you is to calm and orient your client back to a place where they feel in control.

GLOSSARY

Grounding is connecting back to the present moment. Providers can help their clients ground themselves, often using physical sensations to “bring people back.”

▶▶ PROVIDER ALERT

Crisis moments refer to points in time when individuals lose physical and rational control of their emotions and/or behavior. Almost always there are warning signs that a person is moving toward a crisis. This is why it is helpful to work through warning signs with your clients. By catching early warning signs and engaging in calming strategies you may not get to crisis mode.

If a client becomes elevated and overwhelmed, there are some simple steps you can take to intervene (on page 31). First, here are some basic strategies you should use before and after the whole conversation.

1. KNOW THE INDICATORS FOR WHEN SOMEONE IS DISORIENTED OR OVERWHELMED

- ▶ Looking glassy eyed and vacant—unable to find direction
- ▶ Unresponsiveness to verbal questions or commands
- ▶ Not seeming to know where they are
- ▶ Exhibiting strong emotional responses, uncontrollable crying, hyperventilating, rocking or regressive behavior
- ▶ Experiencing uncontrollable physical reactions (shaking, trembling)
- ▶ Exhibiting frantic searching behavior

2. REGULATE YOUR OWN EMOTIONS

You must be able to demonstrate the ability to stay grounded and regulate your own emotions internally as you listen to the individuals' experiences. This is the whole idea of putting your oxygen mask on first. This is to help you listen and to model calming behaviors. Many times just lowering your volume to a slow pace can help someone in crisis.

2 Quick Tips to Regulate Your Emotions

- ▶ Engaging in deep breathing
- ▶ Being aware of your own triggers



3. USE ACTIVE LISTENING SKILLS

You should demonstrate attentive listening skills by listening to the individual with your ears and observing the youth's non-verbal body language with your eyes.

Hearing versus Listening:

Hearing is a biological act. Hearing requires only that we receive the message using our sense of hearing.

Listening is an intellectual act. Listening requires paying close attention, concentrating, and trying to understand what the message means.

TIPS FOR BEING A GOOD LISTENER

Give your full attention on the person who is speaking. Stop what you're doing and pay attention. Don't look out the window or at what else is going on in the room.

Make sure your mind is focused. It can be easy to let your mind wander if you think you know what the person is going to say next, but you might be wrong! If you feel your mind wandering, change the position of your body and try to concentrate on the youth's words.

Let the youth finish before you begin to talk. Youth appreciate having the chance to say everything they want to say without being interrupted. When you interrupt, it looks like you aren't listening, even if you really are.

Let yourself finish listening before you begin to speak! You can't really listen if you are busy thinking about what you want say next.

Listen for main ideas. The main ideas are the most important points the youth wants to share with you. They may be mentioned at the start or end of a talk, and repeated a number of times. Pay special attention to statements that begin with phrases such as "My point is..." or "The thing to remember is..."

Use paraphrasing. This is a technique that allows the individual to feel heard in their sharing which in turn enhances the trusting relationship that allows for continued trust and sharing. Paraphrasing involves restating what you have heard the youth saying, but in a shortened manner. Always clarify with the youth if they accept or reject the summary. You can use expression like, "It sounds like... is that true?", "What I hear you saying is...", "I hear you sharing that you felt scared and alone during that time...is that close?"

Minimal Encouragers. Sit up straight and look directly at the youth. You can say things like "That sounds awful," "That must have been very difficult to have gone through," "You didn't deserve to have that happen to you," "I'm glad you called us." Use simple prompts which entice the youth to continue speaking. This will indicate to the youth that you are listening. Examples include: "and..., then..., hmm..., mmm..., right..."

Remember body language. Of course you may need to look away to write notes, but remember that eye contact keeps you focused on the job at hand and keeps you involved in the conversation. Keep your body shifted to the youth and keep a close enough distance to ensure clarity of conversation. Be aware, too, to not make any sudden movements or gestures that might make the youth feel threatened or trapped. It is also important to ensure your safety in the situation so plan your exits accordingly.

Avoid emotional involvement. When you are too emotionally involved in listening, you tend to hear what you want to hear—not what is actually being said. Try to remain objective and open-minded.

Questioning. Open-ended questions provide the individual the opportunity to share more details. Open-ended questioning can elicit someone to begin sharing their story. Examples of open-ended questions include:

- ▶ *Would you describe one of your feelings about leaving your relationship?*
- ▶ *How have you been sleeping?*
- ▶ *How are you managing right now with all that you are going through?*
- ▶ *What can I support you with right now?*

Closed-ended questions elicit a yes, no or maybe response. Closed-ended questions result in short answers and do not encourage the youth to continue their dialogue. However, closed questions clarify information directly.

- ▶ *For example, "Are you feeling safer?"*

Keep an open mind! You may have your own opinion about what someone's telling you, but focusing on your own feelings about something will hinder your ability to listen. You are not always going to like what someone's telling you or agree with it.

WHAT DO I DO?

Ground the person - before moving forward or being able to get any information from your client, you will more than likely need to ground them.

Take slow deep breaths and reduce excessive physical movements yourself – the youth will probably start, unconsciously, mirroring your behavior.

Reduce the volume of your voice - this helps them focus more on what is happening right in front of them.

Ask questions that have to do with the present environment - asking about what's going on around them also brings their attention to the present.

Grounding Questions:

- ▶ *"I'm going to ask you a few questions. Do you think you could try to answer them for me?"*
- ▶ *Name 5 things around us that are yellow (or whatever color happens to be around)*
- ▶ *Name 4 things you can feel ("chair on my back" or "feet on floor")*
- ▶ *Name 3 things you can hear right now ("fingers tapping on keyboard" or "tv")*
- ▶ *Name 2 things you can smell right now (or, 2 things you like the smell of)*

Define the Problem - after your client is able to be in the present moment with you, it's time to get information about what happened.

Determine what's going on – ask specific questions when necessary. Get the problem in the youth's terms.

Determine the depth of problem. What kind of meaning is attached to it for the youth?

Determine what of the immediate factors is most changeable. What does the youth have the most control over?

Explore Feelings - be cautious when asking questions about your client's feelings. You do not want to trigger another reaction.

Respond to and affirm the youth's present feelings.

Proceed with caution, as there may be an ACE in the past that was triggered.

Validate these feelings and be aware of, and address, any self-blame.

Explore Past Coping Strategies - after you have explored what happened and how your client is currently feeling, you should explore what has worked in the past in regards to calming strategies.

Take inventory of ways the youth has dealt with any kind of crisis in the past.

Help them evaluate past, successful coping mechanisms.

Explore all available resources/support systems.

Make a Plan - you should now be at a place where you can talk about next steps.

Discuss coping strategies to use later that day if the youth becomes triggered again.

Schedule a follow-up appointment. Even casual check-ins are comforting to people who feel out of control.

▶▶ PROVIDER ALERT

Don't tell your clients what to do. If you do, you are not allowing the opportunity for them to grow and learn how to handle their reactions the next time a crisis occurs. The main goal is EMPOWERMENT!!! You want them to learn that they have control over their situations and have the strength and tools to deal with it.



BURNOUT AND SECONDARY TRAUMATIC STRESS

Secondary Traumatic Stress is the emotional duress that results from hearing the trauma experiences of another. Individuals affected by secondary traumatic stress may find that they are re-experiencing personal trauma or that they are experiencing increased avoidance and/or arousal reactions related to the indirect trauma exposure.

This chart from the National Child Traumatic Stress Network shows the differences between Secondary Traumatic Stress and related conditions:

What are some of the common symptoms of secondary trauma?

Below is a partial list of symptoms and conditions associated with secondary traumatic stress:

- *sadness*
- *anger*
- *hopelessness*
- *poor concentration*
- *detachment (lack of emotion, disinterested)*
- *fearfulness*
- *shame*
- *physical ailments*
- *absenteeism (regularly missing work)*
- *insensitivity to violence*
- *intrusive thoughts*
- *chronic fatigue*
- *emotional exhaustion*
- *hopelessness*
- *loss of creativity*
- *sleeplessness*

Secondary Traumatic Stress and Related Conditions: Sorting One from Another

Secondary Traumatic Stress refers to the presence of PTSD symptoms caused by at least one indirect exposure to traumatic material. Several other terms capture elements of this definition but are not all interchangeable with it.

Compassion fatigue, a less stigmatizing way to describe secondary traumatic stress, has been used interchangeably with the term.

Vicarious trauma refers to changes in the inner experience of the therapist resulting from empathic engagement with a traumatized client. It is a theoretical term that focuses less on trauma symptoms and more on the covert cognitive changes that occur following cumulative exposure to another person's traumatic material.

Compassion satisfaction refers to the positive feelings derived from competent performance as a trauma professionals. It is characterized by positive relationships with colleagues, and the conviction that one's work makes a meaningful contribution to clients and society.

Burnout is characterized by emotional exhaustion, depersonalization, and a reduced feeling of personal accomplishment. While it is also work-related, burnout develops as a result of general occupational stress; the terms is not used to describe the effects of indirect trauma exposure specifically.

Why should organizations be concerned with secondary trauma and its impact on their providers?

Secondary traumatic stress is a contributing factor to the provider turnover rate. High turnover rates can increase the workload for remaining staff. Additionally, it often results in poor continuity of care for an organization's clients—traumatized or distressed children,

adults or families. Individual and supervisory awareness of the impact of this indirect trauma exposure is an essential part of protecting the health of providers and ensuring that individuals consistently receive the best possible care from those committed to helping them.



SELF-CARE

Before we discuss self-care, take a moment and reflect on everything you have read so far. Earlier in the toolkit we discussed the ACE study. Maybe you were wondering about your own ACE score? Many of us are attracted to this work because of our own childhood or family experiences. Understanding these is a critical first step in designing good self-care strategies.

Take a minute to add up your ACE score. Are you surprised at the number of adverse events in your past? Remember that in the original study as the number of ACEs increased, the risk of smoking, severe obesity, suicide attempts, alcoholism, drug abuse, sexual promiscuity, traumatic reenactment, self-injury and eating disorders also increased. The risks were most significant for those who had experienced four or more ACEs compared to those who had experienced none.

Before you read too much into this, keep in mind that you can promote and protect your own health by engaging in self-care. Self-care is the ability to engage in helping others without sacrificing other important parts of one's life.

Self-care is:

- ▶ *only taking responsibility for job functions you have control over.*
- ▶ *the ability to maintain a positive attitude towards the work despite challenges.*
- ▶ *recognizing a staff person's right to be well, safe, and fulfilled.*

Self-care is **not** an emergency response plan to be activated when stress becomes overwhelming.

- ▶ *Self-care is NOT about acting selfishly ("It's all about me!").*
- ▶ *Self-care is NOT about doing more or adding more tasks to an already overwhelming "to-do" list.*
- ▶ *Healthy self-care can renew our spirits and help us become more resilient. Self-care is most effective when approached proactively, not reactively.*

Think of self-care as having three basic aspects—the ABCs of Self-Care:

- ▶ *Awareness*
- ▶ *Balance*
- ▶ *Connection*

AWARENESS

The first step in self-care involves a check-up of your body and mind. This step requires you to slow down and focus on your stress levels.

Ask yourself the following.

- ▶ *How does stress affect my body?*
- ▶ *How does stress affect my personal life?*
- ▶ *How does stress affect my professional life?*

This toolkit provides a two page worksheet from the National Child Traumatic Stress Network called "The Stress Awareness Tool" on pages 59-60. There are only three questions but really think about your responses.

BALANCE

The second step in self-care is balance. Balance includes your personal and family life, your work life, and rest. You will be more productive when you make time to rest and relax. Being aware of your life balance gives you an opportunity to change and grow as a person and as a provider.

This toolkit provides you with a worksheet from the National Child Traumatic Stress Network called "Self-Care Worksheet." Look at the worksheet and identify a few ways you can add balance and reduce stress in your life.

See "Self Care Worksheet" and "Finding the Time Worksheet" on pages 55-57.

CONNECTION

The final step in self-care is connection. It involves building supportive relationships with people in all areas of your life: community, friends, work, and family. The stronger your connections and social supports, the better you will be able to disconnect from work and create more balance.

Sources: <http://www.nctsn.org/resources/topics/secondary-traumatic-stress>

We are all vulnerable to absorbing the adverse experiences of the people we serve. It is our responsibility to ensure that we are taking care of ourselves in order to continue to do our jobs effectively.

Thank you for taking the time to learn all the information included in this toolkit and all that you have done for and with your community! On page 34 you will find information on local resources we thought you may find useful in regards to community violence.

Local Resources

Most of the time when trauma occurs, we feel desperate, alone, and reach out for help. There are many resources that victims of trauma can access, such as Victims Assistance Services, the Witness Protection Program, and Emergency Transfers if you are a resident of public housing. However, you must be aware that each of these programs have requirements and procedures to access the resources. It is very important that you understand these requirements and procedures so you are not “caught off guard” and you can minimize miscommunications and other problems when you are trying to access services. The following is a listing of these services. You can find more information on-line or by calling the phone numbers provided for each service.

THE DISTRICT ATTORNEY’S VICTIMS SERVICES PROGRAM

(415) 553-9044/www.sfdistrictattorney.org

The Victim Services Division provides free comprehensive advocacy and support to victims of crime and witnesses to crime. The services include: assistance with “Victim Compensation Program” claims; crisis intervention and emergency assistance; help navigating the criminal justice system; resources and referrals; restitution; witness relocation and transportation.

Below is a list of services:

THE VICTIM COMPENSATION PROGRAM

(415) 553-9044 <http://sfvictimservices.org>

Under California law, qualifying victims of crime may receive financial assistance for losses resulting from a crime when they cannot be reimbursed by other sources. The following losses may be covered by the Program: Medical, Dental, Mental Health Counseling, Wage Income Financial Support, Funeral Burial, and Job Retraining.

VICTIM SERVICES DIVISION

(415) 553-9044 <http://sfvictimservices.org>

Victim Services Division supports families of homicide victims by providing: funeral and burial assistance funds of up to \$5,000; crisis intervention and grief counseling; crime scene cleanup; and moving assistance or emergency shelter for qualified individuals.

SKY (SUPPORT FOR KIDS AND YOUTH):

(415) 553-9044 <http://sfvictimservices.org>

SKY provides therapy for children and youth who have experienced trauma due to violence, including children who have been physically or sexually abused in the home.

THE CALIFORNIA VICTIM COMPENSATION PROGRAM

1-800-777-92291/www.victimcompensation.ca.gov

The Victim Compensation Program (CalVCP) can help victims and family members of victims.

CalVCP can help victims of crimes that occur in California as well as California residents who become victims while outside of their own state. Minors who suffer emotional injuries from witnessing a violent crime may be eligible for a maximum of \$5,000 in counseling. This law went into effect in 2009 and allows the minor witness to be eligible for assistance. To qualify, the minor witness must have been in close proximity to the crime. Go to the CalVCP website for more information.

THE FEDERAL WITNESS PROTECTION PROGRAM

Northern District of California (N/CA)

U.S. Marshal: Donald M. O’Keefe

U.S. Courthouse/Phillip Burton Building

450 Golden Gate Avenue, Room 20-6888

San Francisco, CA 94102

(415) 436-7677/<http://www.usmarshals.gov>

The federal Witness Security Program, known as WITSEC, provides witnesses and their families with protective services to ensure their health and safety. WITSEC pays for protection by providing witnesses, and their immediate family members, with new identities. It provides documentation, housing, and assistance with

basic living expenses such as medical care.

Through WITSEC, witnesses also receive 24-hour protection when they actually give testimony at trial, or when they attend any other “high-threat” event or court proceeding. Protection may include armed guards for physical security when the witness travels to the courthouse.

Who gets protected?

The decision to allow a witness to receive protective services lies with the Office of the Attorney General. The U.S. Department of Justice: Office of Enforcement Operations, or OEO, is responsible for authorizing or approving protective services for any witness, or the immediate family of any witness, who provides testimony in a case. If the witness’s testimony is essential to the case, and if the act of testifying places the witness’s life, or the life of his or her family, in jeopardy, the OEO can offer the witness protection through the WITSEC program.

Choosing to enter the program always rests with the witness, and not all witnesses are offered protective services. The decision to offer protection lies with Justice Department officials, and is typically made after they speak with the prosecutors and investigators involved in the case. Sometimes, attorneys representing potential witnesses will negotiate with officials on behalf of their clients about entry into WITSEC program.

The federal Witness Protection Program is for federal cases. Meanwhile, local law enforcement agencies have been forced to devise their own, much more modest, strategies. In San Francisco, prosecutors use a network of safe houses, many run by nonprofit agencies, to hide witnesses before they testify.

CALIFORNIA WITNESS RELOCATION AND ASSISTANCE PROGRAM

(916) 319-9603/CalWRAP@doj.ca.gov

California’s witness protection program is called the California Witness Relocation and Assistance Program (CalWRAP). CalWRAP is a state-level program that reimburses local law enforcement agencies for costs associated with witness relocation and protection where “credible evidence exists of a substantial danger that a witness may suffer intimidation or retaliatory violence.”

Reimbursable costs include: temporary lodging, storage of personal belongings, rent, meals, utilities, psychological counseling, medical care, new identities, vocational or occupational training, and costs of law enforcement security in conducting transportation and protection.

SAN FRANCISCO HOUSING AUTHORITY EMERGENCY TRANSFERS

(415) 715-3280/www.sfha.org

For families that are residents of public housing, an emergency transfer is possible if the situation is considered an emergency circumstance and there is a need to protect the resident or a household member. The SFHA Executive Director or designee may consider facts and circumstances including. This decision may include recommendations by the District Attorney or a sworn peace officer with a rank equivalent to an SFPD Detective II or higher attesting to the factual need for a transfer. An emergency transfer is a discretion of the SFHA Executive Director, or his/her designee and will be reviewed on a case by case basis.

If the dwelling unit is damaged to the extent that conditions are created which are hazardous to life, health, or safety of the occupants, the Housing Authority must offer standard alternative accommodations, if available, where necessary repairs cannot be made within a reasonable time.

All emergency transfer requests made by or on behalf of a resident must be made in writing and submitted to the Property Office or SFHA Executive Director.



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The EBD framework was originally presented, in a different form, by the Harvard Center on the Developing Child. We've adapted the original EBD framework presented in the above paper to fit the content in this toolkit. Primary differences include that we've replaced the "E" to mean "environment" rather than "ecology," and have developed a new graphic to represent the flow between categories.
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Note that for this toolkit, we have replaced the study's original category of "household dysfunction" with "events that occur in the home."
- 4 For the purposes of this toolkit, we've taken a more liberal definition of "ACE" to be any adverse childhood experience. Often in scientific literature, "ACEs" refer to adverse experiences in childhood that have been proven to have a correlation with adult health outcomes. The original CDC/Kaiser ACEs study (see reference 3) identifies 10 specific ACEs.
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- 23 Center on the Developing Child image
- 24 See reference 16.
- 25 Ibid.
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Worksheet: Finding Your ACE Score

Developmental Alert: For young children and school-age kids you're going to have to ask them the questions and fill out the scores of 0 or 1. Middle school or high school students should fill out the quick checklist themselves with your help. KEEP READING LEVEL IN MIND!

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

1. Did a parent or other adult in the household often or very often...

Swear at you, insult you, put you down, or humiliate you?

or *Act in a way that made you afraid that you might be physically hurt?*

Yes No If yes enter 1 _____

2. Did a parent or other adult in the household often or very often...

Push, grab, slap, or throw something at you?

or *Ever hit you so hard that you had marks or were injured?*

Yes No If yes enter 1 _____

3. Did an adult or person at least 5 years older than you ever...

Touch or fondle you or have you touch their body in a sexual way?

or *Attempt or actually have oral, anal, or vaginal intercourse with you?*

Yes No If yes enter 1 _____

4. Did you often or very often feel that ...

No one in your family loved you or thought you were important or special?

or *Your family didn't look out for each other, feel close to each other, or support each other?*

Yes No If yes enter 1 _____

5. Did you often or very often feel that ...

You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you?

or *Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?*

Yes No If yes enter 1 _____

6. Were your parents ever separated or divorced?

Yes No If yes enter 1 _____

7. Was your mother or stepmother:

Often or very often pushed, grabbed, slapped, or had something thrown at her?

or *Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard?*

or *Ever repeatedly hit at least a few minutes or threatened with a gun or knife?*

Yes No If yes enter 1 _____

8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?

Yes No If yes enter 1 _____

9. *Was a household member depressed or mentally ill, or did a household member attempt suicide?*

Yes No If yes enter 1 _____

10. Did a household member go to prison?

Yes No If yes enter 1 _____

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

Adapted from original ACEs study, see reference #3

Is it ADHD? A Handout for Parents

Just because a child has symptoms of ADHD does not mean that he or she actually has it. Certain medical conditions, psychological disorders, and stressful life events can cause symptoms that look like ADHD. If your child shows any of these signs and his/her school is discussing ADHD with you it is a good idea to follow-up with a school counselor, your pediatrician, or a mental health provider before you receive an ADHD diagnosis.

The checklist below includes the symptoms of ADHD and of Post-traumatic Stress.

Symptoms of ADHD

- ▶ *Doesn't pay attention to details*
- ▶ *Has trouble staying focused*
- ▶ *Is easily distracted*
- ▶ *Has difficulty remembering things*
- ▶ *Frequently loses or misplaces things*
- ▶ *Constantly fidgets or squirms*
- ▶ *Has difficulty playing quietly or relaxing*
- ▶ *May have a quick temper or short fuse*
- ▶ *Often interrupts others*
- ▶ *Inability to keep powerful emotions in check*

Symptoms of Post-traumatic stress

- ▶ *Refuses to go to school*
- ▶ *Gets in fights*
- ▶ *Difficulty sleeping*
- ▶ *Sudden and extreme emotional reactions*
- ▶ *Has angry outbursts*
- ▶ *Has problems concentrating*
- ▶ *Fidgety and hyperactive*
- ▶ *Acts younger than their age*
- ▶ *Difficulty paying attention*
- ▶ *Loses interest in activities*

It's Good to Know: ADHD medications won't work if a child's inattention or disruptive behavior is caused by anxiety or traumatic stress and not ADHD.

Coping Strategies for Young Children (0-5):

Yoga is a practice that may include physical postures, breathing exercises, and meditation. Benefits may include increasing strength, balance, flexibility, and concentration while lowering blood pressure, stress, anxiety, and insomnia as found in several research studies including ones conducted by the National Institutes of Health (NIH). Yoga has also been found to improve resilience, mood, and self-regulation skills related to emotions and stress for students. Research has found the body's stress response system is linked to sensitivity to pain, which may be reduced with yoga.⁴⁰ Similarly, yoga benefits our muscles and glands and can support in stabilizing things like our blood pressure and help with digestion⁴¹ which in turn can lead to improved physical and emotional health. Yoga is also found to improve blood circulation, oxygen uptake, and hormone function.⁴²

Acupuncture is a technique used by specialists to stimulate specific points of the body to help manage pain, stress, insomnia and anxiety. Although thin needles are most commonly used, magnets, beads, or tacks may substitute. Two other popular methods are laser acupuncture that uses electrical stimulation and acupressure that substitutes needles by applying physical pressure to those specific points.⁴³ By exciting certain areas of the tissue, there is a release of chemicals such as opioids, oxytocin, and endorphin. These chemicals may help with pain, stress, anxiety, and headaches.⁴⁴

Try out these other tips to help your child stay healthy!

Feeding your child a balanced, nutritious meal promotes healthy development.

- ▶ **Add** berries or bananas with their whole grain cereal or oatmeal.

Holding and hugging relaxes muscles, boosts mood, and builds a trusting relationship.

- ▶ **Hug** your child regularly and especially when he/she is crying.

Warm baths increases blood circulation, relaxes your body and relieves stress.

- ▶ **Bathe** your child in a warm bath to ease them to sleep.

Sleep is essential for the developing brain of your child and helps them control their emotions.

- ▶ **Stick to a regular sleep schedule** to ensure your child gets enough sleep.

Coping Strategies for School Age Children (6-12) p.1

Physical activity or exercise is any body movement that uses more energy than resting. Some examples include dancing, jumping rope, tug of war, climbing on a jungle gym, and playing sports. Exercise is great for your physical body and the mind. Research by the National Institute of Health (NIH) has found that exercise can not only improve and help maintain strength and fitness, but also help boost your mood, improve sleep, and prevent some future diseases. When you exercise, your body makes chemicals called endorphins that can make you feel happier thereby allowing for these benefits for your mind too. Getting at least 1 hour of exercise every day is recommended.

Meditation is a mind-body practice that can help you gain a sense of calm, peace, and balance. **Mindfulness** is a form of meditation to develop awareness and acceptance of the present moment. You can focus on one specific aspect, such as your breathing, and allow other thoughts or emotions to freely pass. Research has shown that mindfulness meditation can ease stressors such as anxiety, depression, and chronic pain. This process works by reducing cortisol, a hormone in the body that can produce physical and emotional stress.⁴⁵ Studies have shown that when families engaged in meditation with a child with ADHD, it is effective in improving self-esteem, behavior, concentration, and sleeping patterns, while reducing anxiety, and conflict for the child. This in turn alleviates stress for the family.⁴⁶

Yoga is a practice that may include physical postures, breathing exercises, and meditation. Benefits may include increasing strength, balance, flexibility, and concentration while lowering blood pressure, stress, anxiety, and insomnia as found in several research studies including ones conducted by the NIH. Yoga has also been found to improve resilience, mood, and self-regulation skills related to emotions and stress for students. Research has found the body's stress response system is linked to sensitivity to pain, which may be lessened with yoga.⁴⁰ Similarly, yoga benefits our muscles and glands and can support in stabilizing things like our blood pressure and help with digestion⁴¹ which in turn can lead to improved physical and emotional health. Yoga is also found to improve blood circulation, oxygen uptake, and hormone function.⁴²

Acupuncture is a technique used by specialists to stimulate specific points of the body to help manage pain, stress, and anxiety. Although thin needles are most commonly used, magnets, beads, or tacks may substitute. Two other popular methods are laser **acupuncture** that uses electrical stimulation and **acupressure** that substitutes needles by applying physical pressure to those specific points.⁴¹ By exciting certain areas of the tissue, there is a release of chemicals such as opioids, oxytocin, and endorphin. These chemicals may help with pain, stress, anxiety, and headaches.⁴²

Coping Strategies for School Age Children (6-12) p.2

Try out these other tips to help your child stay healthy!

Feeding your child a balanced, nutritious meal promotes healthy development

- ▶ *Eat more fruits and veggies and less junk foods and sugary drinks like chips, candy, and soda*
- ▶ *Ex. mix berries or bananas with their whole grain cereal or oatmeal*

Holding and hugging relaxes muscles, boosts mood, and builds a trusting relationship

- ▶ *Hug your child regularly*

Excessive screen time is correlated with less physical activity and unhealthy eating

- ▶ *Limit screen time (tv, computer, video games, cellphone) to 2 hours per day and avoid bright screens before sleep*

Warm baths increases blood circulation, relaxes your body and relieves stress

- ▶ *Give your child a warm bath to ease them to sleep*

Sleep is essential for proper mind and body development

- ▶ *Create a sleep schedule to ensure your child gets enough sleep every night*

Breathing releases tension and anxiety in the mind and body

- ▶ *Take deep breaths with your child during tense situations to relieve stress*

Coping Strategies for Adolescents (13-18) p.1

Physical activity or **exercise** is any body movement that uses more energy than resting. Some examples include walking, running, dancing, swimming, weight-lifting, and playing sports. Exercise is great for the physical body and the mind.

Research by the National Institute of Health (NIH) has found that exercise can not only improve and help maintain strength and fitness, but also help with feelings of depression and anxiety, thinking part of the brain, and prevent or treat diseases such as heart disease, high blood pressure, breast and colon cancer, and osteoporosis. Your body produces endorphins, which are chemicals that make you feel happier and more relaxed. It also increases the amount of good cholesterol (HDL) while reducing bad cholesterol (LDL) that promotes a healthier heart. Your bones are strengthened when you exercise, which helps prevent osteoporosis, or brittle bones.

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Coping Strategies for Adolescents (13-18) p.2

Check out these tips to help you stay healthy!

Feeding your adolescent a balanced, nutritious meal promotes healthy development

- ▶ *Eat more fruits and veggies and less junk foods and sugary drinks like chips, candy, and soda*
- ▶ *Ex. mix berries or bananas with their whole grain cereal or oatmeal*

Holding and hugging relaxes muscles, boosts mood, and builds a trusting relationship

- ▶ *Hug your adolescent regularly*

Excessive screen time is correlated with less physical activity and unhealthy eating

- ▶ *Limit screen time (tv, computer, video games, cellphone) to 2 hours per day and avoid bright screens before sleep*

Warm baths increases blood circulation, relaxes your body and relieves stress

- ▶ *Encourage your adolescent to take a warm bath to ease them to sleep*

Sleep is essential for proper mind and body development

- ▶ *Adolescents often have disregulation of sleep, which is normal—so naps are important*

Breathing releases tension and anxiety in the mind and body

- ▶ *Suggest deep breaths with your adolescent during tense situations to relieve stress*

Music can lower stress and moderate your mood

- ▶ *Listen, sing, or dance along to your favorite tunes*

Positive relationships are important

Encourage your adolescent to spend time with positive peers

Coping Strategies for Adults (18+) p.1

Physical activity or **exercise** is any body movement that uses more energy than resting. Some examples include walking, running, dancing, swimming, and gardening. Exercise is great for your physical body and the mind.

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Coping Strategies for Adults (18+) p.2

Below are addition tips to maintain your health:

Eating a balanced, nutritious meal protects your health and wellbeing

- ▶ *Reduce your consumption of caffeinated drinks and eat more fruits and veggies*
- ▶ *Ex. mix berries or bananas with their whole grain cereal or oatmeal*

Holding and hugging relaxes muscles, boosts mood, and builds a trusting relationship

- ▶ *Hug your friends and family*

Excessive screen time is correlated with less physical activity, unhealthy eating, and trouble sleeping

- ▶ *Limit screen time (tv, computer, video games, cellphone) to 2 hours per day and avoid bright screens before sleep*

Warm baths increases blood circulation, relaxes your body and relieves stress

- ▶ *Take a warm bath to ease tensions and promote sleep*

Sleep is essential for proper mind and body development

- ▶ *Create a sleep schedule to ensure your child gets enough sleep every night*

Breathing and stretching releases tension and anxiety in the mind and body

- ▶ *Take deep breaths or stretch to relieve stressful situations and loosen your body*

Music can lower stress and moderate your mood

- ▶ *Listen, sing, or dance along to your favorite tunes*

Mindfulness Meditation

By John P. Rettger, PhD

Mindfulness involves “paying attention in a particular way: on purpose, in the present moment, and nonjudgmentally” and with compassion. It is the cultivation of present-moment awareness without trying to change anything about one’s experience. It is the deliberate act of compassionately observing one’s thoughts, emotions, and sensory experience just as they are.

Mindful Breath Awareness Practice

Come to a comfortable sitting position in your chair. Sit forward so that your back is not touching the chair back, see that both of your sitting bones are evenly resting on the flat of the chair and both your feet are firmly grounded to the floor. Breathe in through the nose and sense the air flowing through the nostrils and down through the collar bones, rib cage, and into the low belly. Feel your lower belly expand and observe the full length of the inhale, notice the slight pause after the inhale, and then the origin of the exhale from the low belly all the way through the rib cage, the collar bones, and up and out through the nostrils. Let the breath flow naturally one breath to the next. When your mind wanders away, with kindness, simply acknowledge that the mind has wandered and bring it back to the breathing. Continue in this way for a few minutes. (After a few minutes) Gently bring your awareness back to the breath, back to the body, and slowly let go of the meditation as you exhale, and open your eyes reorienting to the room. Spend a few moments resituating yourself before you move on to other activities.

References

Kabat-Zinn, J. (1994). Full catastrophe living: Using the wisdom of your body and mind to face stress, pain, and illness. New York: Bantam Dell.

Trauma-Informed Approaches: Key Principles

A trauma-informed approach reflects the adoption of underlying values or principles rather than a specific set of procedures. These values or principles are generalizable across all settings, although language and application may be setting or sector-specific.

Basic principles of a trauma-informed approach include:

- ▶ *Safety: throughout the organization, staff and the people they serve feel physically and psychologically safe; the physical setting is safe and interpersonal interactions promote a sense of safety.*
- ▶ *Trustworthiness and transparency: organizational operations and decisions are conducted with transparency and the goal of building and maintaining trust among staff, clients, and family members of people being served by the organization.*
- ▶ *Collaboration and mutuality: there is true partnering and leveling of power differences between staff and clients and among organizational staff from direct care staff to administrators; there is recognition that healing happens in relationships and in the meaningful sharing of power and decision-making.*
- ▶ *Empowerment: throughout the organization and among the clients served, individuals' strengths are recognized and validated and new skills developed as necessary.*
- ▶ *Voice and choice: the organization aims to strengthen the clients' and family members' experience of choice and recognize that every person's experience is unique and requires an individualized approach.*
- ▶ *Peer support and mutual self-help: are integral to the organizational and service delivery approach and are understood as a key vehicle for building trust, establishing safety, and empowerment.*
- ▶ *Resilience and strengths based: a belief in resilience and in the ability of individuals, organizations, and communities to heal and promote recovery from trauma; builds on what clients, staff and communities have to offer rather than responding to their perceived deficits.*
- ▶ *Inclusiveness and shared purpose: the organization recognizes that everyone has a role to play in a trauma-informed approach; one does not have to be a therapist to be therapeutic.*
- ▶ *Cultural, historical and gender issues: are addressed; the organization actively moves past cultural stereotypes and biases, offers gender responsive services, leverages the healing value of traditional cultural connections, and recognizes and addresses historical trauma.*
- ▶ *Change process: is conscious, intentional and ongoing; the organization strives to become a learning community, constantly responding to new knowledge and developments.*

Source:

Substance Abuse and Mental Health Services Administration (SAMHSA). 2012. Trauma Definition Working Draft. <http://www.samhsa.gov/traumajustic/traumadefinition/index.aspx>

Trauma-Informed Approaches: Suggested Guidelines For Implementation

Guidelines can provide a roadmap to help individuals and agencies get started in the process of implementing a trauma-informed approach. Guidelines can also assist in the development of a change strategy, help identify organizational strengths and weaknesses, and provide milestones to measure progress. While no checklist can cover every possible situation, and measurement metrics will need to vary across settings, a general set of guidelines can be useful as a starting point.

In a trauma-informed approach, change permeates all levels of an organization or system; all aspects of organizational culture are in alignment. While different organizations have varying responsibilities and spheres of influence, the following organizational domains are identified as potentially relevant across a variety of settings.

- ▶ *Governance and leadership: the leadership and governance bodies of the organization support and invest in implementing and sustaining a trauma-informed approach; there is an identified point of responsibility within the organization to lead and oversee this work.*
- ▶ *Policy: there is a written policy establishing a trauma-informed approach as an important part of the organizational mission.*
- ▶ *Engagement and involvement of people in recovery, trauma survivors, consumers and family members of children in services: these groups have significant involvement, voice, and meaningful choice at all levels and in all areas of organizational functioning, (e.g., program design, implementation, service delivery, quality assurance, access to peer support, workforce development, and evaluation).*
- ▶ *Cross sector collaboration: there is collaboration between adult and children's services, prevention and treatment, different health and human service sectors, education, legal, child welfare, criminal justice, and DOD/VA systems and sectors.*
- ▶ *Interventions: all interventions, including screening and assessment, are based on the best available empirical evidence, are culturally appropriate, and reflect principles of a trauma-informed approach; a trusted and effective referral system is in place; and trauma-specific interventions are acceptable, effective, and available for individuals and families seeking services.*
- ▶ *Training and workforce development: training on trauma and how to respond to it is available for all staff; a human resource system incorporates trauma-informed principles in hiring, supervision, staff evaluation; procedures are in place to support staff with trauma histories.*
- ▶ *Organizational protocols: organizational procedures reflect trauma-informed principles, including collaborations with other agencies.*
- ▶ *Quality assurance: there is ongoing assessment, tracking, and monitoring of trauma-informed principles.*
- ▶ *Financing: financing structures are designed to support a trauma-informed approach (e.g. staff training, appropriate facilities, etc.) and evidence based trauma-specific services.*
- ▶ *Evaluation: measures used to evaluate service or program effectiveness reflect an understanding of trauma.*
- ▶ *Physical environment of the organization: investments should be made to ensure that the physical environment promotes a sense of safety for clients and staff.*

Note: this is a handout directly from the Adolescent Health Working Group Toolkit: Trauma & Resiliency an Adolescent Provider Toolkit

Source: Substance Abuse and Mental Health Services Administration (SAMHSA). 2012. Trauma Definition Working Draft. <http://www.samhsa.gov/traumajustic/traumadefinition/index.aspx>

Death and Grief Handout p.1

There is no right or wrong way to grieve and no “appropriate” length of time to experience grief following the death of a loved one. People’s reactions and grieving process varies. Common expected responses include:

- ▶ *Sadness, anger, guilt, insecurity, denial*
- ▶ *Aggression, loss of appetite, sleep problems*
- ▶ *Social isolation, clinging, irritability*
- ▶ *Difficulty focusing, changes in thinking, including constant thoughts about the person and/or death*

Beliefs and attitudes about death, funerals, and expressions of grief are strongly influenced by family, culture, religious beliefs, and rituals related to mourning. You should allow individuals to engage in their traditions, practices, and rituals in order to provide support for each other, to seek meaning, to manage their responses, and to honor the death appropriately.

Reactions to the death of a loved one or close friend can be felt intensely or slowly and gradually. Although painful to experience, there are healthy responses. Over time, these reactions tend to include more pleasant thoughts and experiences, such as telling positive stories and remembering him/her in comforting ways.

When working with people who have lost someone, remember that:

- ▶ *The person should be treated with dignity, respect, and compassion.*
- ▶ *Grief reactions will vary from person to person.*
- ▶ *What they are experiencing is understandable and to be expected.*
- ▶ *There is no “correct” course of grieving; how a person grieves is dependent not only on his/her cultural and religious beliefs, but also on his/her developmental level.*
- ▶ *You can explain that they will most likely continue to experience periods of sadness, loneliness, or anger, but that grief symptoms typically get better over time*
- ▶ *Grief puts older children and adults at risk for abuse of over-the-counter medications, smoking, alcohol, drug usage, and depression and suicidal thoughts.*

- ▶ *If their work or relationships are becoming drastically affected, they may benefit from seeking professional help.*

TALKING ABOUT DEATH WITH CLIENTS

When someone dies people may not be able to describe their feelings, and they may resist talking with others about how they feel. Sometimes distracting activities, such as drawing, listening to music, or reading, will be more calming than talking. For those who wish to be alone, provide them with some privacy (if it is safe to do so).

When a child or adult does want to talk with you about the death, listen quietly and do not feel you need to say much. Do not probe.

Do **Not** Say:

- ▶ *I know how you feel*
- ▶ *It was for the best*
- ▶ *He is better off now*
- ▶ *It was her time to go*
- ▶ *At least he went quickly*
- ▶ *Let’s talk about something else*
- ▶ *You are strong enough to deal with this*
- ▶ *Be glad he passed quickly*
- ▶ *It’s good that you are alive*
- ▶ *You’ll feel better soon*
- ▶ *You need to grieve*
- ▶ *You need to relax*
- ▶ *That which doesn’t kill us makes us stronger*
- ▶ *It could be worse; you still have a brother/sister/mother/father*
- ▶ *Everything happens for the best according to a higher plan*
- ▶ *(To a child) You are the man/woman of the house now*
- ▶ *You should work towards getting over this*

Death and Grief Handout p.2

Children's and adolescents' understanding of death varies depending on age and prior experience with death, and is strongly influenced by family, religious, and cultural values.

Preschool children may not understand that death is permanent and may believe that, if they wish it, the person will come back. They need help confirming the physical reality of a person's death—that he/she is no longer breathing or having thoughts, and feels no discomfort or pain. They may worry about something bad happening to another family member. It may be helpful to explain death to young children through the use of storybooks that talk about dying or death.

School-age children understand the physical reality of death, but may picture death as a monster or a skeleton. They may feel an upsetting "ghostlike" presence of the lost person, but not tell anyone.

Adolescents generally understand that death is irreversible. Losing a family member or friend can trigger rage and impulsive decisions, such as quitting school, running away, or abusing substances. These issues need prompt attention by the family and/or school.

THE 5 STAGES OF GRIEF

1. DENIAL AND ISOLATION

The first reaction to the death of a loved one is to deny the reality of the situation. It is normal and a defense mechanism that buffers the immediate shock. We block out the words and hide from the facts. This is a temporary response that carries us through the first wave of pain.



2. ANGER

As denial and isolation begin to wear off, the reality and pain of the death come back. This pain gets redirected and expressed as anger. The anger may be aimed at inanimate objects, complete strangers, friends, or family. Anger may be directed at our deceased loved one. Rationally, we know the person is not to be blamed. Emotionally, however, we may resent the person for causing us pain or for leaving us. We feel guilty for being angry, and this makes us more angry.



Remember, grieving is a personal process that has no time limit, or a "right" way to do it.

3. BARGAINING

The normal reaction to feelings of helplessness and vulnerability is often a need to regain control. Secretly, we may make a deal with our higher power to try to postpone the inevitable.



Death and Grief Handout p.3

4. DEPRESSION

Two types of depression are associated with mourning. The first one is a reaction to the things we now have to deal with relating to the loss. We worry about the costs and burial. We worry that, in our grief, we have spent less time with others that depend on us.



The second type of depression is more subtle and, in a sense, perhaps more private. It is our quiet preparation to separate and to bid our loved one farewell. Sometimes all we really need is a hug.

5. ACCEPTANCE

Reaching this stage of mourning is a gift not afforded to everyone. Death may be sudden and unexpected or we may never see beyond our anger or denial. It is not necessarily a mark of bravery to resist the inevitable and to deny ourselves the opportunity to make our peace. This phase is marked by withdrawal and calm. This is not a period of happiness and must be distinguished from depression.



Coping with loss is an ultimately deep and personal experience, but others can be there for you and support you through this process. The best thing you can do is to allow yourself to feel the grief as it comes. Resisting it only will prolong the natural process of healing.

Here are 6 tips to help during this time:

- ▶ *Make time to feel, whether you're feeling anger, sadness, or pain. These emotions are neither good nor bad. It is OK to feel these and they will not last forever.*
- ▶ *Make sure to take care of yourself during this time. Go out on a walk, and make sure to eat healthy foods.*
- ▶ *Notice the simple things around you. It could be a smile on a child's face, a gorgeous sunset, or maybe tasting your favorite food.*
- ▶ *Know your limits. Allow yourself to take a break when feelings becoming overwhelming.*
- ▶ *Helping others can be a great way to move through grief. Make things for those you care about.*
- ▶ *Support is known to help when dealing with death. Join a grief or support group either online or in person. It can be very supportive.*

The grief you are feeling will seem more severe some times and subtle during others. More than anything treat yourself with love and kindness during this time.

The Stress Awareness Tool Handout

Think about how you are affected by various stressors and complete the list below.

Ways in which my body reacts to stress:

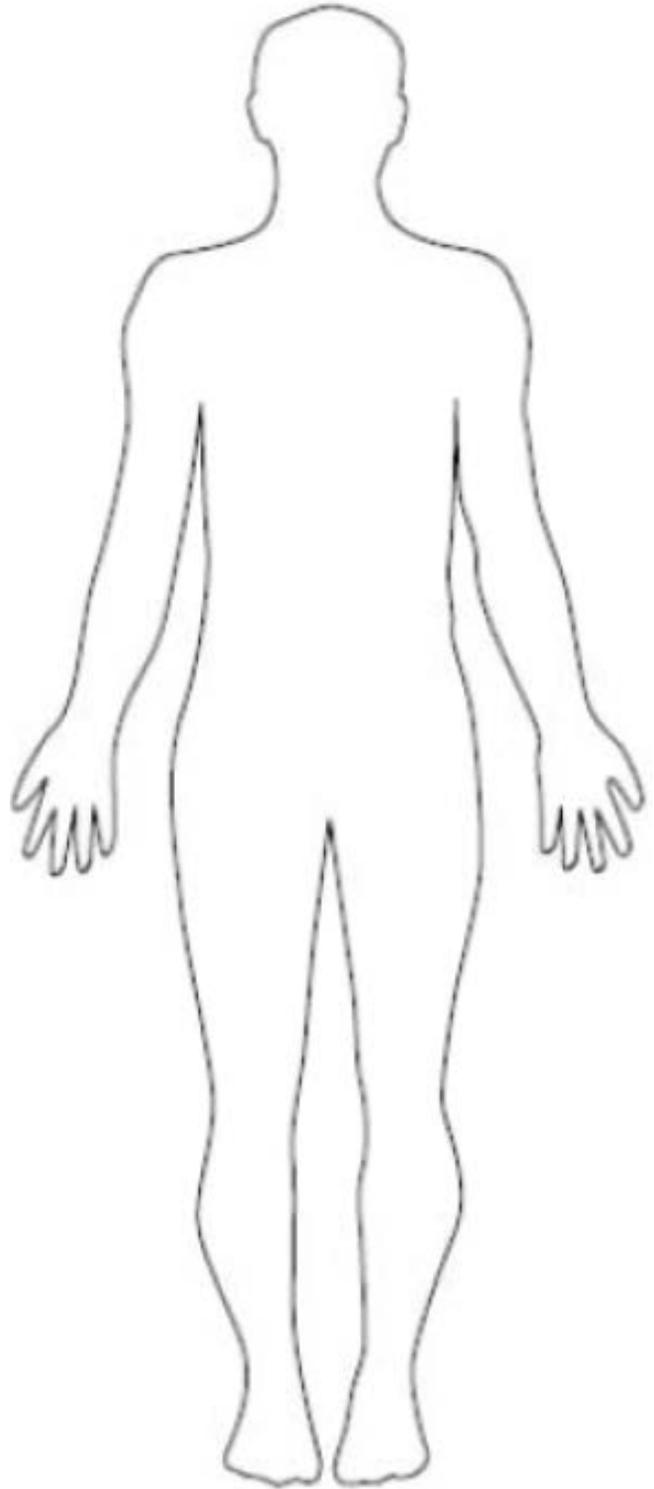
1. _____
2. _____
3. _____
4. _____
5. _____

Ways in which my personal life is affected by stress:

1. _____
2. _____
3. _____
4. _____
5. _____

Ways in which my professional life is affected by stress:

1. _____
2. _____
3. _____
4. _____
5. _____



Put an X on the body in all the places where you feel stress.

How Stress Affects the Body

Headaches, feelings of despair, lack of energy, sadness, nervousness, anger, irritability, increased or decreased eating, trouble sleeping, mental health problems (such as panic attacks, anxiety disorder and depression), behavior younger than age

Stress hormones increase

Increased risk of diabetes

Increase in asthma

Increased inflammation

Nausea, stomach pain, heartburn, weight gain

Acne and other skin problems

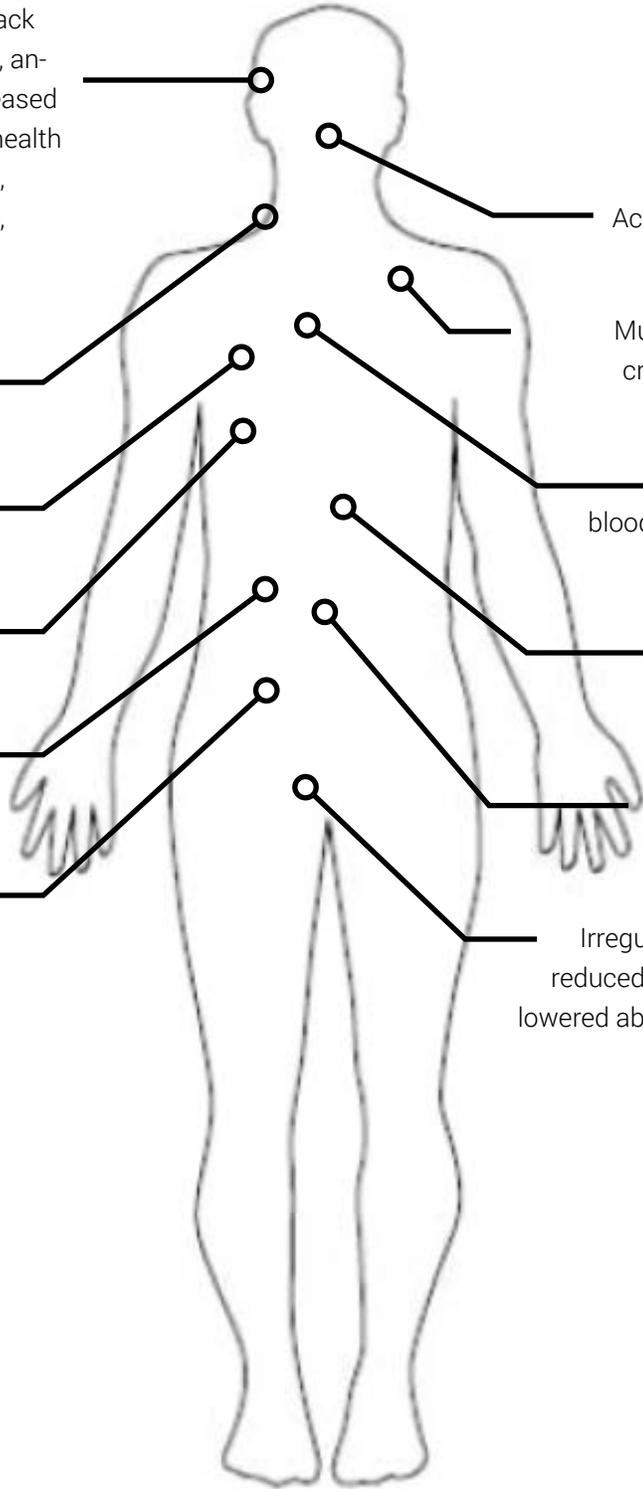
Muscle aches and tension, increased risk of reduced bone

Faster heartbeat, rise in blood pressure and heart attack

Blood sugar increases, higher cholesterol

Diarrhea, constipation and other digestive

Irregular or more painful periods, reduced or increased sexual desire, lowered ability to fight or recover from illness, bedwetting



Self-Care Worksheet p.1

This worksheet provides an overview of effective strategies to maintain self-care. Look through the list and see if there are one or two items you can start doing tomorrow.

PHYSICAL SELF-CARE

- Eat regularly (e.g. breakfast, lunch and dinner)
- Eat healthy
- Exercise
- Get regular medical care for prevention
- Get medical care when needed
- Take time off when needed
- Get massages
- Dance, swim, walk, run, play sports, sing, or do some other physical activity that is fun
- Take time to be sexual—with yourself, with a partner
- Get enough sleep
- Wear clothes you like
- Take vacations
- Take day trips or mini-vacations
- Make time away from telephones/devices
- Other: _____

EMOTIONAL SELF-CARE

- Spend time with others whose company you enjoy
- Stay in contact with important people in your life
- Give yourself affirmations, praise yourself
- Love yourself
- Re-read favorite books, re-view favorite movies ____ Identify comforting activities, objects, people, relationships, places and seek them out
- Allow yourself to cry
- Find things that make you laugh
- Express your outrage in social action, letters and donations, marches, protests
- Play with children
- Other: _____

PSYCHOLOGICAL SELF-CARE

- Make time for self-reflection
- Have your own personal psychotherapy
- Write in a journal
- Read literature that is unrelated to work
- Do something at which you are not expert or in charge
- Talk to a trusted friend or family member
- Notice your inner experience --listen to your thoughts, judgments, beliefs, attitudes, and feelings
- Engage your intelligence in a new area, e.g. go to an art museum, history exhibit, sports event, auction, theater performance
- Practice receiving from others
- Be curious
- Say "no" to extra responsibilities sometimes
- Other: _____

WORKPLACE OR PROFESSIONAL SELF-CARE

- Take a break during the workday (e.g. lunch)
- Take time to chat with co-workers
- Make quiet time to complete tasks
- Identify projects or tasks that are exciting and rewarding
- Set limits with your clients and colleagues
- Balance your case load so that no one day or part of a day is "too much"
- Arrange your work space to be comfortable and comforting
- Get regular supervision or consultation
- Negotiate for your needs (benefits, pay raise)
- Have a peer support group
- Develop a non-trauma area of professional interest
- Find a mentor
- Other: _____

Self-Care Worksheet p.2

SPIRITUAL SELF-CARE

- Make time for reflection*
- Spend time with nature*
- Find a spiritual connection or community*
- Be open to inspiration*
- Cherish your optimism and hope*
- Be aware of nonmaterial aspects of life*
- Try at times not to be in charge or the expert*
- Be open to not knowing*
- Identify what is meaningful to you and notice its place in your life*
- Meditate*
- Pray*
- Sing*
- Spend time with children*
- Have experiences of awe*
- Contribute to causes in which you believe*
- Read inspirational literature (talks, music, etc.)*
- Other: _____*

BALANCE

- Strive for balance within your work-life and work day*
- Strive for balance among work, family, relationships, play and rest*
- Other: _____*

Source:

Transforming the Pain: A Workbook on Vicarious Traumatization. Saakvitne, Pearlman & Staff of TSI/CAAP (Norton, 1996)

Finding the Time Worksheet

Self-care does not have to be time-consuming. As nice as it would be to take a three-week vacation to a tropical island, the truth is that most of us do not have the time or resources for that. Below are some tips for using the time that you do have effectively.

If you have...

2 MINUTES

- Breathe
- Stretch
- Daydream
- Take your stress temperature
- Laugh
- Doodle
- Acknowledge one of your accomplishments
- Say no to a new responsibility
- Compliment yourself
- Look out the window
- Spend time with your pet
- Share a favorite joke

5 MINUTES

- Listen to music
- Have a cleansing cry
- Chat with a co-worker
- Sing out loud
- Jot down dreams
- Step outside for fresh air
- Enjoy a snack or make a cup of coffee/tea

10 MINUTES

- Evaluate your day
- Write in a journal
- Call a friend
- Meditate
- Tidy your work area
- Assess your self-care
- Draw a picture
- Dance
- Listen to soothing sounds
- Surf the web
- Read a magazine

30 MINUTES

- Get a massage
- Exercise
- Eat lunch with a co-worker
- Take a bubble bath
- Read non-work related literature
- Spend time in nature
- Go shopping
- Practice yoga
- Watch your favorite television show

Source:

Volk, K.T., Guarino, K., Edson Grandin, M., and Clervil, R. (2008). *What about you? A workbook for those who work with others*. Needham: MA. The National Center for Family Homelessness.

Notes

Notes



CENTER FOR

YOUTH  **WELLNESS**

health begins with hope

