

## Part 1

### Trauma

- Definition: An exceptional experience in which powerful and dangerous events overwhelm a person's capacity to cope
- Complex trauma occurs when an individual experiences multiple adversities over his or her lifetime
  - Ongoing or overlapping trauma
  - Lack of protective factors
- Behavior signals trauma is occurring
- Research: ACEs & development of children
  - Adverse Childhood Experiences (very common) -see ACEs checklist
    - Abuse (physical, emotional, social)
    - Neglect (physical, emotional)
    - Household dysfunction (mental illness, incarcerated relative, mother treated violently, substance abuse, divorce)
  - A person with 4 or more ACEs more prone to serious health struggles
  - Children most sensitive, brain development affected by ACEs

## What do we see?

- Stress response system: Flight, Fight, Freeze (typically in this order)
- We may not know the trigger, but see the response in behavior
- Overall daily challenges:
  - In emotional regulation
    - Trouble calming down strong emotions
    - Difficulties naming and understanding emotions & often see neutral emotions as negative, angry
    - Disproportionate responses
    - Edgy (emotions always close to the surface)
  - In cognition
    - Difficulty learning, problem-solving, language, memory, impulse control, paying attention
    - Perfectionism
  - In social relationships
    - Forming and keeping relationships
    - Difficulty reading verbal and nonverbal cues
    - Difficulty taking others' perspectives
  - With physical responses
    - Hypervigilant senses
    - Hyper aroused
    - Poor sense of attunement
    - Frequent illness, asthma and speech difficulties
    - Poor sleep habits

## Part 2

### What do we think?

- Adversity causes a stress response, releasing hormones.
- Ongoing adversity, or recurring sensory triggers of the stressor is toxic.
  - The window of stress tolerance shrinks with trauma, increases with protective factors – see Window of Tolerance graphic
- The thinking brain vs. the doing brain
  - Thinking: Prefrontal Cortex
  - Doing: Limbic
  - Smoke Detector: Amygdala (the switch activator)
  - In a state of stress, individuals are in “doing brain”, unable to access “thinking brain”
  - Using the “Flipping One’s Lid” demonstration to help children name and tame this process
  - Children can notice what their bodies are doing, indicating they are “flipping their lids” -decreasing impact of trauma, empowering child and others to communicate and work through the moment
- Emotional keyboard
  - Hard-wired vs. taught
  - Best states for learning: emotions propelling individuals forward
  - Emotions begin in amygdala, which can activate stress response if too strong/too much
- Understanding developmental shifts
  - External messages become internal realities
  - Up to 2 years old, completely depended on caregivers
  - 2-10 years old, discovering truths
  - 10 & up filtering information
  - Beliefs, neural pathways are created, strengthened by repetition
  - We are story-formed people

## Part 3

### What do we do?

- Shifting understanding: looking at behavior through the trauma-lens
  - Adaptation, not a choice
- Healing comes through dependable, caring relationships
  - Consistent
  - Honest
  - Safe
  - Belief in the individual's success
  - Modeling emotional regulation
  - Communicating value of the individual
- Protective factors, such as healthy (supportive) relationships, sense of purpose, physical activity, adequate sleep and spiritual practices increase protective hormones
- Responding helpfully, honoring the emotion, giving space for grief
  - Immediate response: manage own stress response, co-regulate behavior, bring awareness to the present moment, validate
    - NOTE: nonverbal communication is processed *much more quickly!*
    - Going below the individual's eye level removes dominance/threat
    - Repetition is important, growing the brain
    - Asking why or talking consequences are NOT helpful
    - Rewards are processed in the thinking brain, NOT now
    - Balance accountability and availability
  - Short-term response: model, teach and reinforce skills
    - Bring down stress to manage it
    - Practice correct response, re-wiring the brain
    - Teach and model emotional range, self-regulation skills
    - Claim Scripture, class mantras
    - Ignore “no” (undesired behavior) and give two “yeses” (options for what to do instead)

- Use art, drama, etc. to express
- Adapt the environment
  - Greeting = time to “take temperature”
  - Be consistent, predictable
  - Create calm atmosphere
  - Communicate and prepare for change (use visuals!)
  - Identify and reduce stressors (sounds, tasks, etc.)
  - Provide stress-relievers (movement, spaces, relational moments)
  - Create quiet, safe place to regulate behaviors
  - Allow opportunities for appropriate choice (giving some level of control to the individual)
  - Increase communication with caregivers
- Rethinking Discipline
  - Restorative Practices instead of traditional methods
    - Strengthening social, relational connections
    - Focus: harm done to community and how to make it right
- Long-term Response
  - Increase understanding & care
    - Debrief after significant trauma events
      - Listen to each other
      - Brainstorm together
    - Develop common language for calming and coping strategies
    - Create opportunities for individuals to serve
    - Pray with and for each other
    - Stay current in information regarding trauma
    - Connect with community mental health resources (cognitive behavior therapy)

## Final Thoughts

- See the goldfish under the shark.
- Trust in the redemptive work of Christ.
- Enjoy “[Beautiful Things](#)” (“you make me new, you are making me new”)

## See Resources:

- Resource Guide
- Finding Your ACE Score
- Window of Tolerance graphic
- Trauma Infographic