



Nurtured Heart Approach from a Trauma Informed Perspective

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NHA-
Building Inner
Wealth, Changing
where our energy
flows and
improving how we
recognize children.



The super- power of humankind is our capacity to connect. It is regulating, rewarding and the major “route” by which we can teach, coach, parent, heal and learn

Why do we need to be Trauma-Informed?

Being a trauma-informed means understanding trauma and its manifestations and approaching all interactions through a trauma-informed lens.

Being trauma-informed can help increase safety for you, the person with whom you are interacting and the community as a whole.



What is Traumatic?



The same event can be experienced, adapted to, and carried forward in different ways by different children.

So, it is the response by the individual to the experience or event that is “traumatic” – not the event itself.



Lack of a specific pattern of experience during developmental periods impact brain organization and functioning.

It is not about a lack of will,
 ◦ it is about a lack of skill!

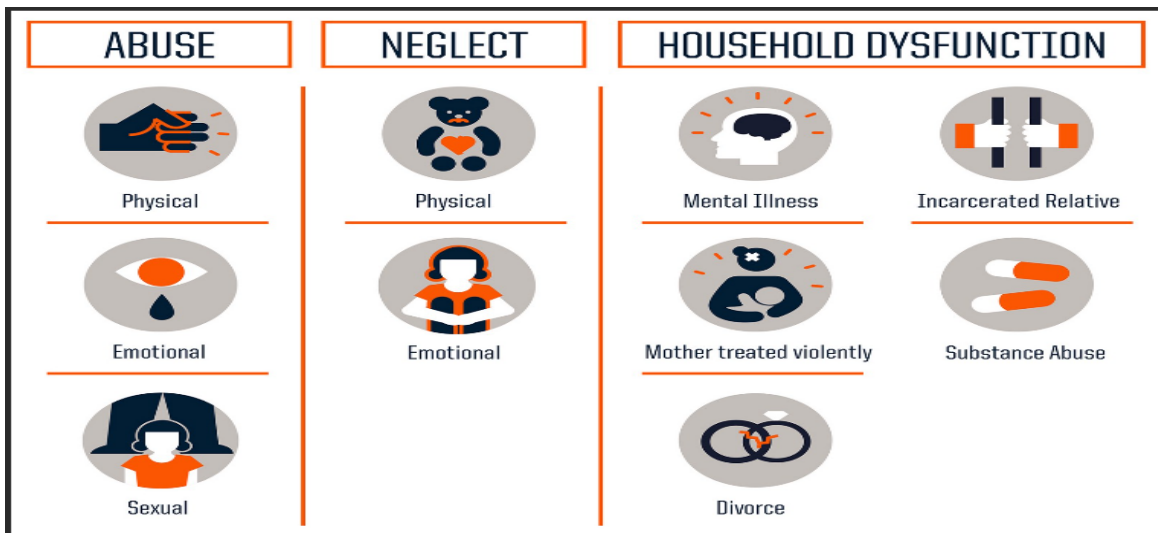
Lack of a specific pattern of experience during developmental periods impact brain organization and functioning



FAMILY PORTRAIT BY A 14 YEAR OLD BOY. NEGLECTED BY CAREGIVER DURING FIRST 18 MONTHS OF LIFE.



The Adverse Childhood Experiences (ACE's)



Experiences build on one another-impact development & functioning

Adverse Childhood Experiences

have a tremendous impact on future violence victimization and perpetration and lifelong health and opportunity.



Impact of chronic stress and how it impacts brain development.



Brain develops templates in order to quickly assess risk in novelty

Brain is naturally set up to watch for danger, interpret new experiences as dangerous.

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The brain can generalize from the single abusive father to all adult males.

The brain takes associations from a single or specific event and generalizes to other situations.

This process, generalization, can literally alter the way future experiences are sensed, perceived and processed.

Association is at the heart of understanding attachment, good and bad, as well as trauma-related symptoms

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The brain makes associations between patterns of neural signals co-occurring in any given moment in time

This capacity allows humans to learn, create images of the future and survive.

This capacity can also make humans vulnerable to false associations – e.g., creating fears of non-threatening objects.

Brain development starts with the first building blocks of early experiences



The brain looks for past similar patterns to match up to current experiences with past experiences which then reinforces and strengthens existing neural connections

EVERYTHING we experience is processed thru the lowest functioning areas of our brain which is responsible for regulating, interpreting our world thru our senses and automatically responds to perceived dangers.

If this part of our brain is oversensitive and over reactive it sends very different signals to the higher brain areas.

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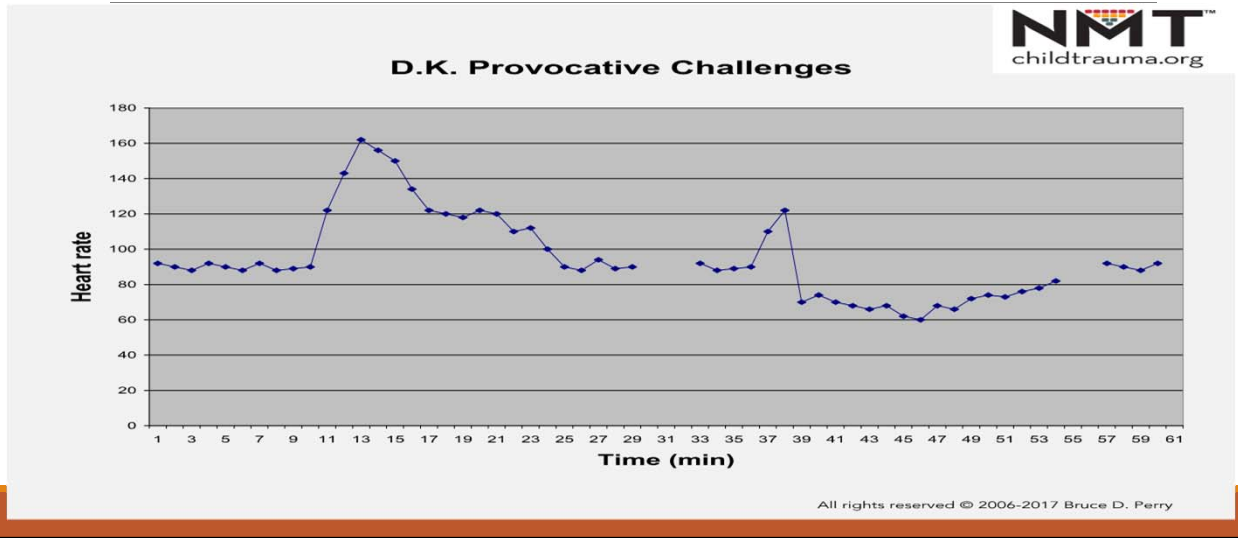
Greater generalizing of specific experiences when younger due to a lack of sufficient templates

Exposure to abusive man at early age	→	Generalize to all men
Child more globally reactive	→	Leads to more global problems.
Exposure to abusive man in adulthood	→	Specific cue related reactions to that man or similar actions.

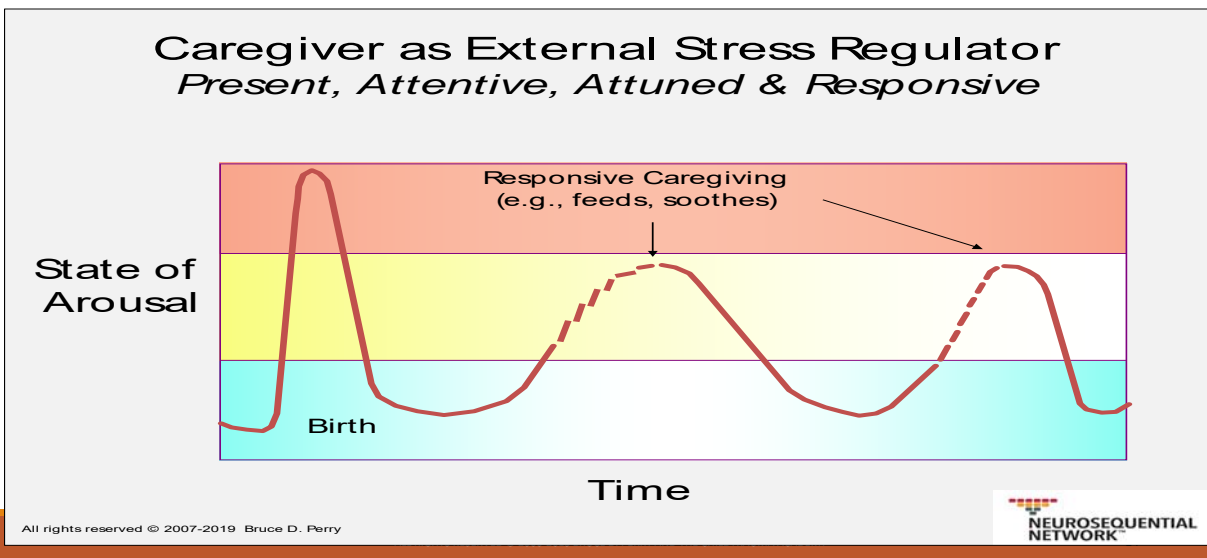
Adult w/history of developmental chaos, trauma are more likely to be over reactive to later situations as well

Present is filtered thru the past

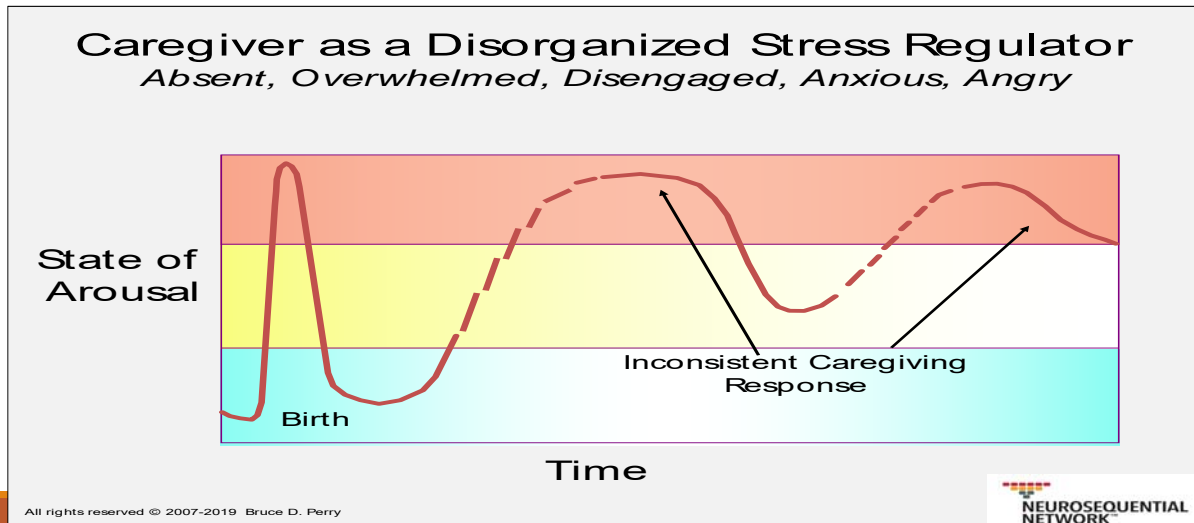
The brain will match the present sensory inputs to similar past associations and this will reinforce the association. In order to change the template there must be repetitive, dosed exposure within a safe context.



Child learns thru multiple interactions that the world and adults are predictable and safe and they are cared for.



Child learns thru multiple interactions that the world and adults are dangerous, unpredictable and the must create their own sense of safety



The most basic elements of brain functioning and instinctual basic needs kick in when a person does not feel safe.



Traumatized persons may overreact to triggers and perceived threats, they will act out when they do not feel safe: Safe from harm by others, or from themselves.

Expecting a person to know why they did something or to assume they reasoned out their action when they are in this lower level of brain functioning with a heightened stress response is unreasonable.

Humans become humane.

Being born a human being does not ensure a child will become humane.



The capacity to care, to share, to listen, value and be empathic – to be compassionate – develops from being cared for, shared with, listened to, valued and nurtured.

Humane caregiving expresses our capacity to be humane. Inhumane caregiving can decrease or even destroy this capacity.

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Humans are INTERDEPENDENT not INDEPENDENT creatures



Human beings are fundamentally relational with a neurobiological “design” intended for creating, managing and maintaining relationships

Relational qualities and capacity determine the global health of a group

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Affiliation



Attachment bonds arise from one on one relationships.

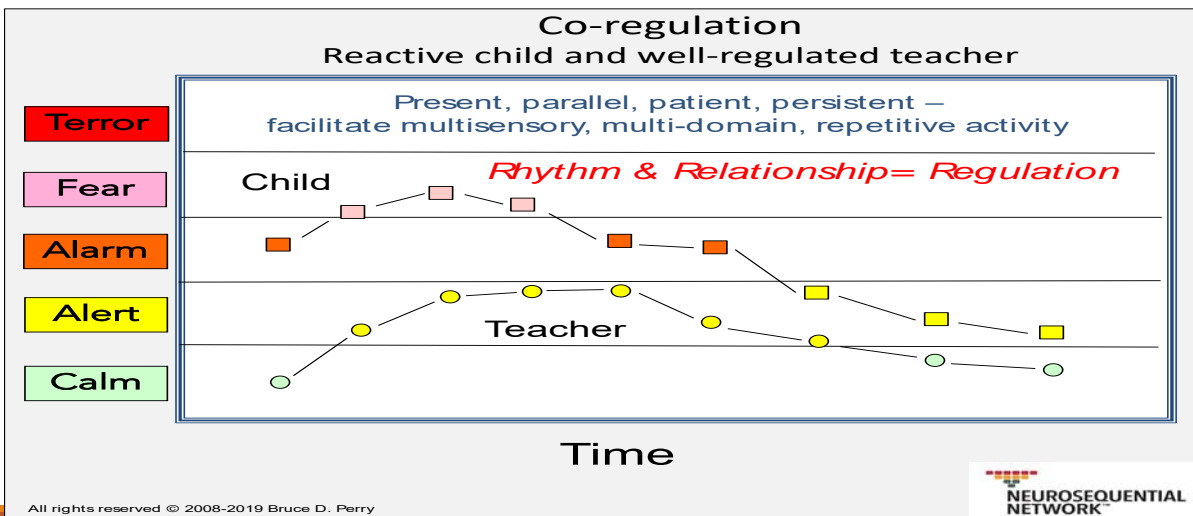
Affiliation in groups is more complex and require the capacity to regulate anxiety, impulsivity and frustration.

Mastery of one-on-one or adult child relationships does not predict mastery of one-to-many relationships.

Role of parents and adults in community to support seeking new and positive interactions

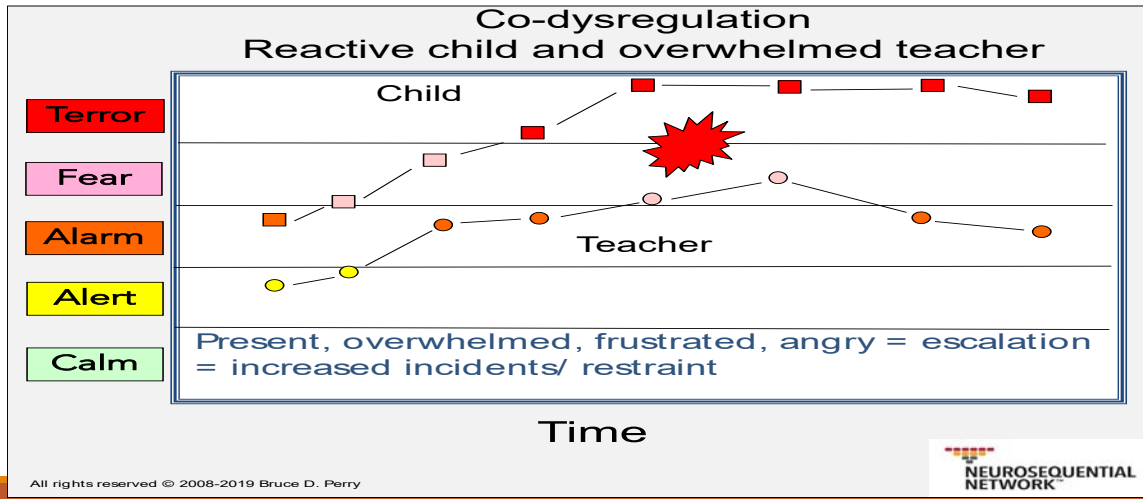
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People are relational creatures. We take our cues from those around us. We regulate by our associations.



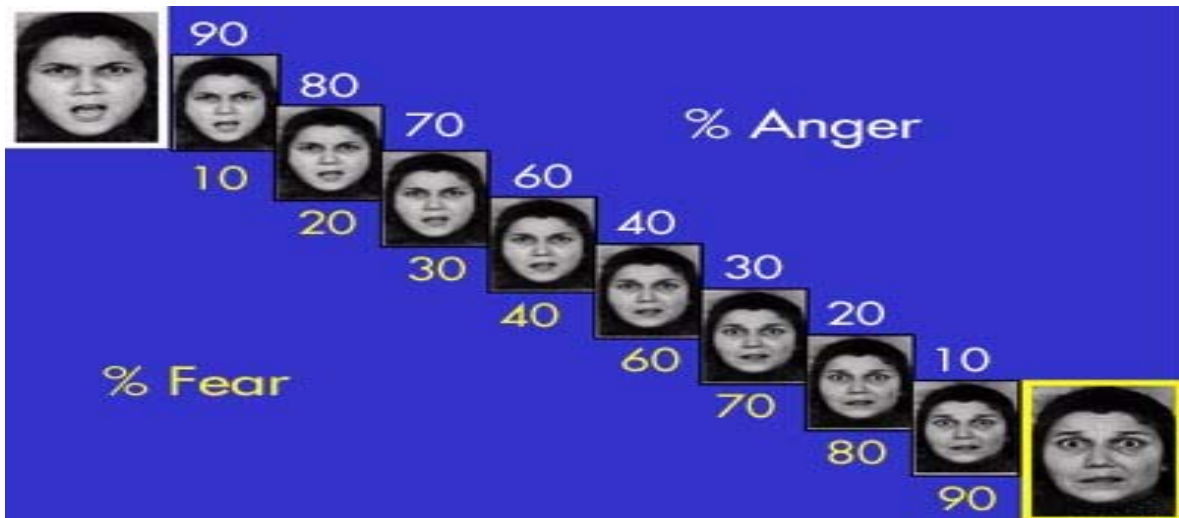
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These kids will find their own ways to self sooth or will model the negative methods they have seen demonstrated by those around them.



Physically Abused Children See Anger Where Others See Fear

Graphic by: Seth Pollak, courtesy PNAS



BULLYING & TRAUMA FACTS

Having been traumatized leads to an increased likelihood that a person will engage in bullying behavior.

Having been traumatized leads to an increased likelihood that a person will be bullied.

The National Child Traumatic Stress Network

The relationship between trauma and bullying

FACT Children who are victims of trauma often have difficulty developing appropriate social skills and are thus more likely to become victims of bullying later in life.

41% of kids who have had at least 3 Adverse Childhood Experiences (ACEs) demonstrate negative behaviors like bullying

FACT As the number of ACEs increased, the likelihood of adolescent violence related perpetration (including bullying) also increased

Being bullied can lead to PTSD

For all bullied students, 27.6% of boys and 40.5% of girls had PTSD scores within the clinical range

Those who both bully and are bullied had even worse symptoms

Because bullying is ongoing and typically goes undetected, many children who are bullied can develop symptoms of PTSD

What does this tell us? ?

Just implementing a bullying prevention and intervention program without also addressing trauma may be missing the needs of many children

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Just implementing trauma interventions without also addressing bullying may be ignoring a potential and current source of trauma

Rewards and Consequences need to match the mental state

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Sense of Time	Extended Future	Days Hours	Hours Minutes	Minutes Seconds	Loss of Sense of Time
Primary secondary Brain Areas	NEOCORTEX <i>Subcortex</i>	SUBCORTEX <i>Limbic</i>	LIMBIC <i>Midbrain</i>	MIDBRAIN <i>Brainstem</i>	BRAINSTEM <i>Autonomic</i>
Cognition	Abstract	Concrete	"Emotional"	Reactive	Reflexive
Mental State	CALM	ALERT	ALARM	FEAR	TERROR

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State Dependence of Cognition

Functional IQ	120-100	110-80	90-60	70-50
PRIMARY Secondary Brain Area	NEOCORTEX <i>Cortex</i>	CORTEX <i>Limbic</i>	LIMBIC <i>Diencephalon</i>	DIENCEPHALON <i>Brainstem</i>
Cognition	Abstract Reflective	Concrete Routine	Emotional Reactive	Reactive Reflexive
Mental State	CALM	ALERT	ALARM	FEAR

Manageable dosing of stress



Structure, predictability, set schedules, clear and concise rules, and assistance and forewarning when there are changes or transitions as possible to reduce anxiety.

We must understand what sets a person off (trigger) and what helps them to calm down in order to deescalate situations.

Focus on de-escalation, not threats and confrontation.

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Where is the therapist?

You don't have to be a therapist for your interaction to be therapeutic.



Staff, teachers, etc can help process problematic behaviors with a youth and support their ability to improve their self regulation skills.

Help them implement techniques such as deep breathing, relaxation, time-outs, imaging, problem solving, or refocusing which they are likely learning in therapy.

Youth will watch how adults who work with them behave towards others, authority figures, and handle anger or frustration

Be consistent in your interactions

The most important time to interact with youth is when they are quiet and doing well.

That is when they are most apt to learn and change.

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Brief 3 minute interaction can provide sufficient dosing of a therapeutic experience



Embedded in these 3 minutes will be many 5 second moments of true connection.

The super- power of humankind is our capacity to connect.

Positive, repetitive and consistent interactions build new associations and lessen over reactivity of the stress response system.

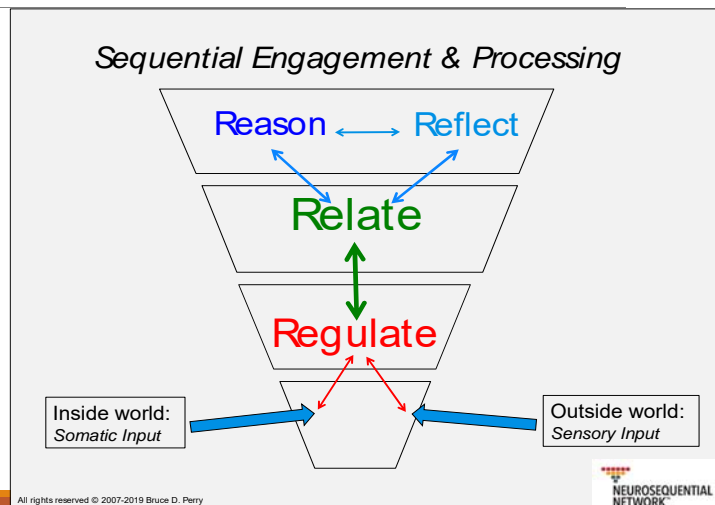
Activating the brain with positive and manageable doses of stress with sufficient repetition creates best chance to change the brain

Calmer mental states create more pathways to the highest brain areas, healthier templates to guide our responses, and increases our ability for reasoning and high level cognitive functioning.

Be consistent in your interactions

The most important time to interact with youth is when they are calm and doing well.


That is when they are most apt to learn and change.



Trauma informed Classroom

Adaptive Response	REFLECT	FLOCK	FREEZE	FLIGHT	FIGHT
<p>Predictable De-escalating Behavior <i>(behaviors of the teacher when the child or classroom is in various states of arousal)</i></p>	<ul style="list-style-type: none"> • Calm sounds • Personal space • Predictable touch • Predictable routine 	<ul style="list-style-type: none"> • Quiet voices • Eye contact • Confidence • Rhythmic movement • Clear directions • Somatosensory activities 	<ul style="list-style-type: none"> • Comforting and predictable voice; invited therapeutic touch • Singing, humming, music • Reflective listening • Reassurance 	<ul style="list-style-type: none"> • Calm, quiet, presence • Disengage • Turn off lights, white noise • Reduce sensory input 	<ul style="list-style-type: none"> • Calm affect • Disengage but don't disappear • Adult support • Individual attention
<p>Predictable Escalating Behavior <i>(behaviors of the teacher when the child or classroom is in various states of arousal)</i></p>	<ul style="list-style-type: none"> • Loud Noises • Close uninvited proximity • Unpredictable touch • Changes in daily routine or schedule 	<ul style="list-style-type: none"> • Frustration or anxiety • Communication from a distance (like yelling) • Complex directions • Ultimatums 	<ul style="list-style-type: none"> • Raised voices • Raising hands/point finger, sudden movement • Threatening tone • Chaos in classroom, disorganization of materials 	<ul style="list-style-type: none"> • Frustration of teacher • Yelling, chaos • Collective dysregulation of peers 	<ul style="list-style-type: none"> • Physical restraint, grabbing, shaking • Screaming • Intimidating stance
"Mediating" Brain Region	NEOCORTEX Cortex	CORTEX Limbic	LIMBIC Midbrain	MIDBRAIN Brainstem	BRAINSTEM Autonomic
Cognition	ABSTRACT	CONCRETE	EMOTIONAL	REACTIVE	REFLEXIVE
CLASSROOM "STATE"	CALM	ALERT	ALARM	FEAR	TERROR
CLASSROOM CHARACTERISTICS	Reflection and consolidation of new information is actively taking place; or while testing, efficient retrieval of content is possible.	Active teaching can take place; students are internalizing new content and, 'mind wandering' to efficiently store new content.	Learning new content is difficult; students are either disengaging or acting out. Increases in individual self-regulatory behavior seen.	Learning is impossible. Engaging students difficult. Many demonstrate 'freeze' responses that appear oppositional/defiant. Increased acting out.	Aggression, reckless behavior, openly defying rules and authority. Full "fight/flight" or "shut down."

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Key Elements of Positive Development and Creating Relational Space for Healing

THE SIX R'S

- Relevant (developmentally matched)
- Rhythmic (resonant with neural patterns)
- Repetitive (patterned)
- Relational (safe)
- Rewarding (pleasurable)
- Respectful (child, family, culture)

THE EIGHT P'S

- Present
- Parallel
- Patient and
- Persistent in providing
- Patterned,
- Predictable,
- Positive doses of
- Protected (safe) experiences