

Calming the Storm

A Trauma-Informed Approach to Preparing for a Storm and Its Aftermath

Train the Facilitator Training



Icebreaker!



Road map

- Group agreements
- Background information
- Trauma, grief, and adverse childhood experiences (ACE's)
- Trauma-informed approaches and trauma-sensitive environments
- Responding to trauma reminders or disclosures
- Secondary trauma
- Self-care
- Effective facilitation techniques
- Resources

Let's get acquainted . . .



Group Agreements

What do we all need to feel safe to share?

- Safe space where confidentiality is respected
- Participate at your comfort level
- Sensitive content, self-care is important and participation in activities and discussion is voluntary

“Where Did I Come From?”

Collaborating to Create a Toolkit to Support Children Before, During, and After a Storm



What is Trauma?

Individual **trauma** results from an **event, series of events**, or set of circumstances that is **experienced** by an individual as physically or emotionally harmful or threatening and that has lasting adverse **effects** on the individual's functioning and physical, social, emotional, or spiritual well-being.



What is Grief?

Grief is the **psychological** or **behavioral response** arising from **bereavement**—the experience of deprivation or loss by death.



Reflection

Think of a child, caregiver or peer who acted in a way you couldn't understand, explain or make sense of.

How did you feel?

What were your thoughts?

What did you do?

Based on the definition we discussed,
what events, circumstances or experiences might
be perceived as traumatic to most people?

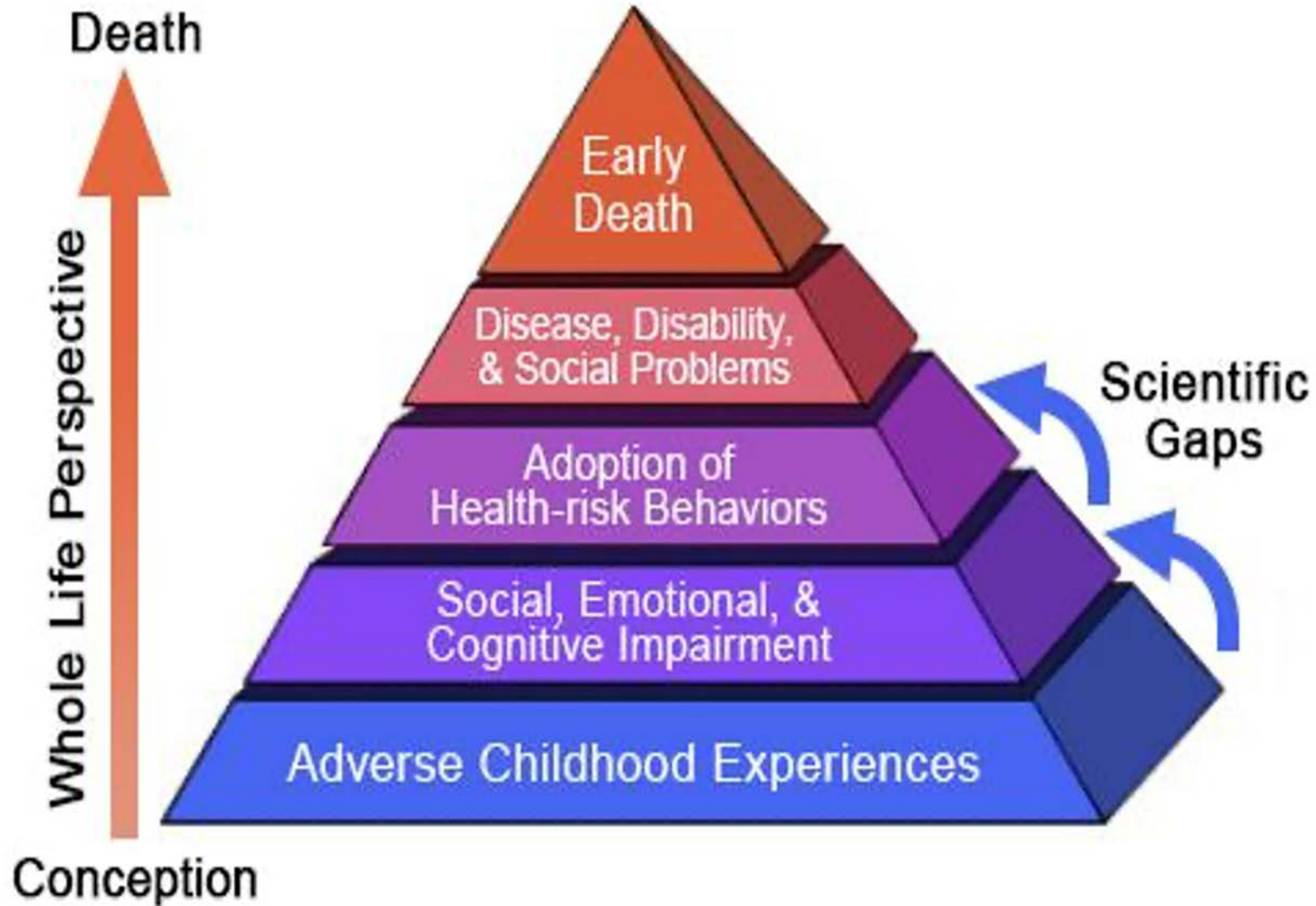
The ACE's Study

Adverse

Childhood

Experiences

ACE's Study



Behavior and health risks associated with ACEs

Behaviors

School Absenteeism —tardies & truancy
Dysregulated eating (under & overeating)
Smoking
Suicide attempts
Illicit drug use & substance abuse
Multiple sexual partners
Self-injurious behaviors (e.g., cutting)

Behavior and health risks associated with ACEs

Outcomes

- Autoimmune disorders
- Obesity & eating disorders
- Substance use disorders
- Chronic obstructive pulmonary disease (COPD)
- Depression
- Fetal death
- Health-related quality of life
- Ischemic heart disease (IHD)
- Liver disease
- Risk for intimate partner violence
- Sexually transmitted infections (STIs)
- Unintended pregnancies

Fight, Flight, and Freeze

These students may be in a persistent physiological state of alarm



Constant “Yellow Alert”

Fight, Flight, and Freeze

Over-reading possibility of threat from looks, actions, and touches leads to lower brain functioning & impulsive acts.

Fight - striking out physically or verbally

Flight - running away from the teacher; hiding in a corner

Freeze - going to sleep; look like in a “fog”

SURVIVAL BRAIN KICKS IN AND THE STUDENT'S REACTION IS
NOT CONSCIOUSLY CHOSEN

- Adapted from Chris Dunning

Trauma Can Negatively Impact Learning Functions

Organizing narrative material
Cause & effect
Taking another's perspective
Attentiveness
Regulating emotions
Executive functioning
Engaging in curriculum



Trauma's Impact on Classroom Behavior

Reactivity & impulsivity

Aggression

Defiance

Withdrawal

Perfectionism



Traumatized children are:

- More than twice as likely to fail a grade in school
- Score lower on standardized achievement tests
- More likely to have struggles in receptive & expressive language
- Suspended & expelled more often
- More frequently placed in special education

Bereavement is the strongest predictor of school problems above and beyond any other form of trauma


ACE's & School Performance

- **Realizes** widespread impact of trauma and understands paths to recovery
- **Recognizes** signs and symptoms of trauma
- **Responds** by fully integrating this knowledge into policies procedures and practices
- **Resists** retraumatizing

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Trauma-Informed Approach

- **Relationships** – helping child know he is cared for and can care for others. Providing a sense of security and strategies for problem solving
- **Routines** – predictable daily schedules and transitions, including free choice time
- **Empowerment** – materials (books, music, blocks, dramatic play, art, sand, water, etc.) that help children calm themselves, express feelings; and cope with frustration

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Trauma-Sensitive Learning Environments

Key Trauma-Informed Approach

Instead of
“What is wrong with you?”

ASK

“What happened (or is happening) to you?”

Responding to Trauma Reminder Behavior

If you see children acting like this . . .	Try doing this . . .
<p>Being fearful, clingy, or unusually scared of being alone or separated from parents</p>	<p>Offer frequent reassurances: "Ms. Joanna and I will be here with you all day," "I'll be waiting at the sink while you use the toilet."</p> <p>Remind children to look at photos of their family members if they are missing them.</p> <p>Point to the posted picture schedule frequently to confirm what will be happening next and where the teachers will be.</p>
<p>Expressing fears that a disaster isn't over or will happen again</p>	<p>Regularly provide calm, honest explanations:</p> <ul style="list-style-type: none"> • "People are working hard to get everything back to normal." • "If you get scared, come hold my hand and we'll talk about it." • "This rain is just regular rain. It won't turn into a hurricane." • "The smoke in the sky is from a factory chimney. There are no fires."
<p>Regressing to behaviors they've outgrown, such as thumb-sucking, wetting their pants, or using baby talk</p>	<p>Remain calm and matter-of-fact. Change the child's soiled clothes, if needed, while having a regular conversation. Don't make a big deal out of these behaviors, and never criticize or shame the child. As the child recovers, the behaviors will disappear.</p>
<p>Sleeping fitfully, not being able to fall asleep, having nightmares, or screaming in their sleep</p>	<p>Sit next to the child before he naps, as he falls asleep. Say something like, "The teachers are here and will watch over you as you sleep."</p> <p>Play calming music and encourage the child to bring a favorite stuffed animal to sleep with.</p>
<p>Recreating a disaster in their play</p>	<p>Pose challenges that let the child have control over the disaster: "What could you do to make your Lego house safe from the tornado?" "Where could the people go so that the fire won't hurt them?"</p>
<p>Acting out, aggressively hitting or kicking others</p>	<p>Let the child know that it's okay to be angry, but it's not okay to hurt anyone.</p> <p>Redirect the child to a safe place: "Everyone gets angry at times. If you feel like hitting, you can go to the quiet corner and squeeze pillows. You cannot hit your friends, though."</p>
<p>Being withdrawn, not talking</p>	<p>Provide extra attention. Let the child know that you are there if she wants to talk, but don't force her to do so.</p>



When to refer?

Normal Behaviors After a Trauma

- *asking many questions about the event*
- *avoiding things that remind them of storms*
- *bed-wetting*
- *clinging behavior*
- *desire to talk about event*
- *crying*
- *daydreaming*
- *demanding behavior*
- *disobedience*
- *distractibility or hyperactivity*
- *distrust of adults' ability to protect them*
- *extreme attachment to a place where they feel safe*
- *fear of changes in weather*
- *guardedness about changes in environment*

When to Seek Help for a Child?

- *excessive aggression, fighting*
- *anti-social behavior (e.g., harming animals)*
- *preoccupation with concern for safety of loved ones; excessive clinginess*
- *increased generalized fears that affect functioning (e.g., fear of animals, monsters, darkness)*
- *not interested/not participating in play*
- *not showing emotion*
- *behavioral regressions lasting more than a couple of months (e.g., bedwetting, changes in eating, sleeping)*
- *startling easily*
- *tantrums*
- *unexplained aches and pains, upset stomach*
- *withdrawal from others*

Responding to trauma reminders or disclosures during the training

- Listen nonjudgmentally
- Be aware of your facial expressions and verbal reactions
- Thank the person for sharing
- Let them know you would be happy to talk to them after training
- Acknowledge that many have experienced and feel as they do (i.e., they are not alone)
- Take a break and lead a breathing exercise for everyone
- Know where to refer for professional assistance
- Remember: we are often drawn to helping professions because of what we experienced or what we needed but didn't receive
- Need for 2 facilitators – that's why we are doing this training!



Secondary trauma

- Responding to trauma and loss reminders in ourselves can be more severe when you have gone through a similar experience

Possible signs and symptoms of secondary trauma:

- depression, irritability, anxiety, hyperexcitability, excessive rage, etc.
- physical exhaustion, loss of energy, gastrointestinal distress, appetite disturbances, hypochondria, sleep disorders, muscle tremors
- hyperactivity, excessive fatigue, inability to express self (orally or in writing)
- slowness of thought, inability to make decisions, loss of objectivity in evaluating and functioning, external confusion, etc.

Self care

- Breathing
- Walking around the block
- Stretching
- Calling a friend
- Taking a coffee break for 5 minutes
- Little things you do throughout day to bring you peace or joy (walk by window intentionally; look at photos of family members)

What is one self care strategy you do?



“We can’t teach what
we don’t know.
We can’t lead where
we won’t go.”

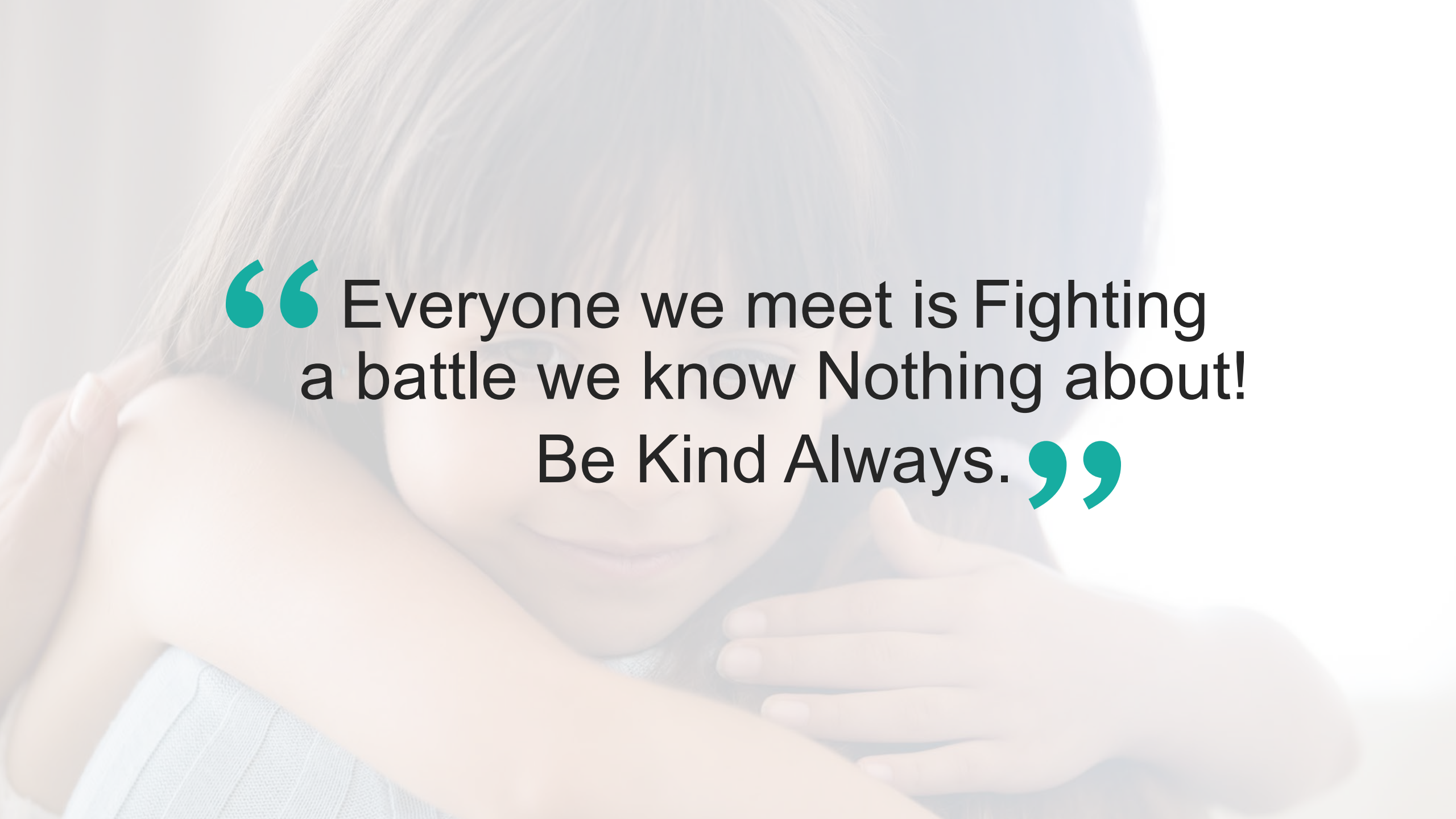
“You cannot give
away that which
you do not have.”

Self care

Be an effective facilitator

- Do not personalize
- Different in virtual vs. in-person – what are best practices for each?
- Virtual – small group size so can be interactive
- Know your audience
- Prepare; feel comfortable with material and yourself
- Be enthusiastic, passionate
- Have fun
- Talk with, not at! (Chat box); ask open-ended questions (give examples)
- Success is not dependent on the material but how you deliver it
- Don't read to people!
- Be yourself – put your own spin/personality in it





“ Everyone we meet is Fighting
a battle we know Nothing about!
Be Kind Always. ”



Q

&

A

Resources

- *What Happened to MY World?: Helping Children Cope with Natural Disaster and Catastrophe.* Greenman, J.
- Being a Helper: Supporting Children to Feel Safe and Secure after Disasters.
<https://www.naeyc.org/resources/pubs/tyc/feb2018/being-helper-supporting-children-feel-safe-and-secure-after-disasters>
- *Helping Children Rebound: Strategies for Preschool Teachers.* Heroman, C. & Bilmes, J.; Teaching Strategies LLC, 2005.
- *Look for the Helpers, Listen for the Stories: Supporting Prekindergarten and Kindergarten Students Post-Harvey.* Capo, K., Davis, D., Khadam-Hir, J., Paz, D. & Vierra, V., 2017.

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