



Right Time Training:
Trauma Informed Resource Parenting
Part One: Understanding and Recognizing the
Effects of Trauma
CORE TEEN CURRICULUM

In Acknowledgement

On behalf of the CORE Teen Partners, we would like to acknowledge and thank the many content experts, families, foster youth alumni and professionals who provided guidance on what content to include, the sites (Florida, Tennessee, Pennsylvania and the Eastern Band of Cherokee Tribe in North Carolina) who piloted this curriculum and provided candid feedback on how it could be edited, and the multitudes of families and foster youth alumni who participated in the piloting of the curriculum; providing critical feedback on how it could be improved.



This project was funded by the Children's Bureau, Administration on Children, Youth and Families, Administration for Children and Families, U.S. Department of Health and Human Services, under grant #90CO1132. The contents of this material are solely the responsibility of the authors and do not necessarily represent the official views of the Children's Bureau.

CORE TEEN CURRICULUM: RIGHT TIME TRAINING

The CORE Teen Curriculum is comprised of three components: 1) Self-Assessment; 2) Classroom Training, and 3) Right Time Training. It was developed through a 3 year Foster/Adoptive Parent Preparation, Training and Development Initiative cooperative agreement with the Children’s Bureau, Administration on Children, Youth and Families, Administration for Children and Families, U.S. Department of Health and Human Services, under grant #90CO1132. Project partners included Spaulding for Children; the ChildTrauma Academy; The Center for Adoption Support and Education; the North American Council on Adoptable Children; and the University of Washington.

The intent of the project was to develop a state-of-the-art training program to equip resource parents to meet the needs of older youth who have moderate to serious emotional and behavior health challenges who require intensive and coordinated services and may be at risk for more restrictive congregative care.



UNDERSTANDING AND RECOGNIZING THE EFFECTS OF TRAUMA OVERVIEW

“

The things that have happened to our children changed their development and the way that they think about the world.

”

~Allison Douglas

The purpose of this learning opportunity is to continue to enhance your understanding and recognition of the effects of trauma and trauma-informed parenting. This session explores how trauma affects the youth's physical, psychological and emotional well-being and introduces the critical framework of "Regulate, Relate, Reason" which will help you remember how to best respond to youth who have been affected by all types of trauma. Trauma informed resource parenting is defined as the framework that includes understanding, recognizing, and responding to the effects of all types of trauma on children and youth in care. The learning objectives are to:

- ▶ Understand the basics of brain development
- ▶ Understand what traumatic events are and how they affect youth physically, emotionally and psychologically
- ▶ Increase your ability to recognize the impact of trauma in youth
- ▶ Increase your understanding of the "Regulate, Relate, Reason" framework

When youth experience trauma, their bodies, brains and behaviors adjust in an effort to protect themselves. This adaptability is a mechanism to promote survival and comes from the remarkable neuroplasticity (the change in neural pathways and synapses that occurs due to factors like behavior, environment, or neural processes) of the brain. Later, when the youth is in a safe environment, these survival behaviors, such as anger, mistrust or defiance, can seem out of context and are often the source of great frustration for resource parents.

Trauma-Informed Resource Parenting is the framework that includes understanding, recognizing, and responding to the effects of all types of trauma on children and youth in care. It targets how trauma effects the youth's physical, psychological and emotional well-being and how resource parents can help the youth heal and regain a sense of control and empowerment.

Practicing trauma informed resource parenting is accepting that when a youth has been traumatized, their behaviors are rooted in past trauma, therefore *what we see* and *what a youth feels* are two different things. Understanding and accepting that these behaviors are the youth's way of managing their emotions are the first steps to reducing the behavior.

Trauma informed resource parenting requires a caregiver's resilience and patience. If caregivers are able maintain their composure when a youth is experiencing a traumatic reaction, they are providing youth a safe, stable and supportive environment to process trauma.

You might also consider reviewing the Right Time Discussion Guide and video segment for *Trauma Informed Resource Parenting 2: Understanding Behavior*, where you will explore more deeply how the interactions and interventions used with youth who have experienced trauma are different than those used with youth who have not experienced trauma.

“

The goal is to see the precious child that exists beneath the survival strategies, and to let them know we see them.

”

~ Dr. Karyn Purvis

PRE-VIDEO DISCUSSION

If someone were to ask you, “What is trauma?”, how would you answer? If you are like most people, you might think that trauma is related to something you would see in the news or on a headline; something that is violent. The types of trauma that tend to get recognized less, but experienced frequently by our youth include chronic exposure to things like separation and loss, poverty, homelessness, abuse, and neglect.

Traumatic stress is a physical and emotional response to an event that threatens life or safety; it can be experienced or witnessed. Only one occurrence of the event may lead to traumatic stress, while repeated events can develop into complex trauma, thus reinforcing the primary event. In the video, you will hear parents talk about how trauma changes the way that your child feels in the world. You will also hear experts and parents talk about trauma as events that we have no control over, or being in situations where we feel helpless. Think for a moment about times that

you may have felt threatened or helpless and answer the following questions:

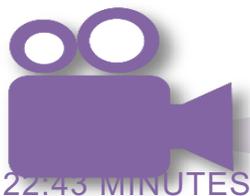
- ▶ Have you ever had an experience that was so terrifying you felt as though your life was in danger?
- ▶ As you reflect on these experiences, what comes to mind?
- ▶ What do you remember about how you felt during and immediately after these events?
- ▶ How are you feeling right now as you recall these experiences?

A traumatic reaction is a re-experience of the event where the same thoughts and emotions are experienced as they were during the original traumatic event. This causes feelings of pain, anxiety, and a sense of being out of control (all forms of dysregulation). Signs of dysregulation might include pacing, rocking, leg bouncing, change in volume and cadence of speech, changes in breathing patterns, acting overly silly or “out of control”, difficulty waiting or taking turns, struggling with being in close proximity to others, moving too quickly or with too much force, grabbing or touching objects impulsively. In the video parents and experts provide many more examples of what these behaviors look like

- ▶ Have you ever experienced a traumatic reaction?
- ▶ What prompted this reaction? Was the reason for your reaction always visible to others?

As you view the video, pay particular attention to the parents and experts as they share insights about how the brain is developed and how trauma impacts the way that youth respond. This discussion guide will provide additional information to help you to increase your ability to recognize the impact of trauma in youth.

Think of other questions you may have and write them on a piece of paper. Reflect on them while reviewing the video.



VIEW the Understanding and Recognizing the Effects of Trauma Right Time Episode

POST VIDEO DISCUSSION

Talk with your viewing partner or support system about your reactions to the video. Was there anything that you heard that surprised you? What questions remain for you?

Dr. Perry suggested that one useful way to think about trauma is by using the “Three E Formulation”. The “Three E’s” are:

- ▶ Event— witnessing domestic violence, being physically assaulted
- ▶ Experience— the way that the person feels when they are in the midst of that event
- ▶ Effects— the long-term effects in the way the person thinks, feels, and behaves

Think about the history of the youth in your care as you answer the following questions:

- ▶ What are some of the possible traumatic **events** that he/she has experienced?
- ▶ How do you think he/she **experienced** these events? What feelings? Thoughts?
- ▶ What do you think some of the long-term **effects** of this have been? Do you see any evidence of these effects in his/her current behavior?

This graphic shows how the communication process flows from a parent and youth. Typically, the parent’s goal is to teach something to the youth, in other words, attempting to transfer some sort of reasoning and logic to the youth. In order for that to happen, the information will travel from the top part of the parent’s brain, through the bottom part of the parent’s brain, and then into the bottom part of the youth’s brain, before making its way to the top part of the youth’s brain.



Dr. Perry warned about the “landmines” that can disrupt this process. For example, if someone is dysregulated, information from our interactions will get distorted and short-circuited by the lower areas of the brain, often leading to misunderstandings. It is important to be prepared for these “landmines”. In the video, you heard one parent talk about how even a small trigger can escalate quickly into a youth thinking “I’m stupid, I’m bad, nobody loves me, I shouldn’t be part of this family, I wish I were dead”. In another module you learned about the importance of understanding your own triggers.

Remember that because the brain processes situations from the bottom to the top (primitive to complex), parental responses like: asking multiple and difficult questions, demanding they think about their behavior, mandating that they stop, yelling, giving escalating punishments, asking them to think about how others are viewing them or trying to shame them into compliance, usually only maintains or can actually escalate the problem.

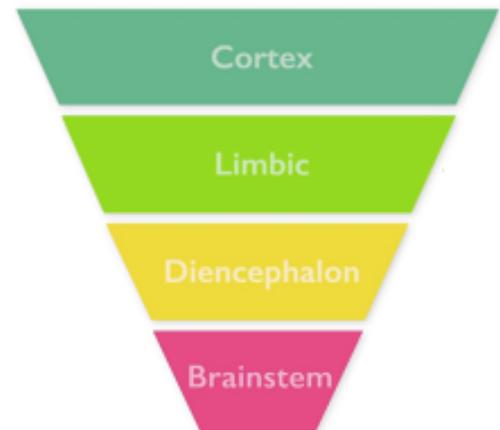
In order to get to the cortex – the thinking part of the brain – we first need to get through the lower, more “primitive” parts of the brain. This is where “Regulate, Relate, Reason” comes in. The order of these tasks is critical. To adequately connect to another person and ultimately to reason with them, they have to be at some minimal level of regulation. The first task (REGULATE) is to help youth feel physically and emotionally safe and steady. Remember that you will also need to be regulated. Once everyone is regulated, the youth is more likely to be feeling connected and calm (RELATE). As you and the youth are able to relate, you will both be ready for higher level thinking and processing (REASON) such as reflecting, problem-solving, perspective taking, planning for the future, and considering multiple solutions). Respecting this sequence of engagement can minimize interpersonal confrontations, escalations and “acting out”.

UNDERSTANDING OUR CHILDREN’S BRAINS

In the video segment, you heard some basic descriptions about how the brain develops and about how trauma impacts development. The brain is the organ that mediates all of our thinking, feeling and behaving. Understanding a few basics about the brain can help provide the basis for understanding your child – and yourself – better.

You learned that the brain is organized in a hierarchical fashion from the lowest and simplest parts all the way up to the highest and most complex parts of the brain. The top part of the brain is the cortex, which is responsible for planning, speech and language, and knowing right from wrong. The middle parts of the brain (limbic and diencephalon) help to support regulatory functions. Finally, the bottom of the brain is the part of the brain involved in regulating heart rate, blood pressure, respiration, and other very simple functions.

Experiences or interactions are “processed” by our brains in a sequential way, from the bottom-up. These experiences or interactions are FIRST interpreted by the “non-thinking”, lower parts of the brain. This means that often, youth who have experienced trauma are acting on information BEFORE the information has a chance to reach higher areas of the brain where more sophisticated thinking (for example, the ability to consider the implications of your behavior) can take place.



“

Reactive behaviors are automatic, and happen well before the information related to the present experience or interaction ever reaches the cortex.

”

- ▶ Can you think of a time that you responded to a situation using the “non-thinking” parts of your brain? What was that like? What do you remember about realizing that you had an automatic behavioral response to something in your environment?
- ▶ Reflect for a moment about the times that you are able to think most clearly. What conditions allow you to concentrate and think most clearly? When faced with an emotionally challenging situation, how easy or difficult is it for you to focus?

MEMORIES AND ASSOCIATIONS

Each of us creates a unique set of primary “memories” (associations) based on the nature and timing of our early life experiences. An early life with consistent and nurturing caregiving will create different “associations” than an early life that has chaos, inconsistency, and threats. If the past was characterized by unpredictability, threat, and chaos, and the present situation has any reminder of that past (a trigger), the brain is going to direct us to act in the present as if we are being hurt in the past. When this happens for our youth, their response (behaviors) end up being completely inappropriate for the current situation.

Understanding that behaviors come from our memories and associations helps us understand that many of the behaviors we see in youth who have experienced trauma are not intentional and planned. Dr. Perry reminds us that because the brain processes experiences from the bottom-up, the first part of the brain that gets “dibs” on processing information is the lowest and dumbest part of our brains—what we sometimes refer to as the lizard brain.

Think about this example:

If you grow up in our household where there is lots of love and attention and have parents who are present and use eye contact when they communicate, then eye contact for you means that you are in the presence of somebody who is interested in you and cares about you. If you grow up with depressed, disengaged, or overwhelmed parents, and the only time you have eye contact is when your parent is angry at you, then you will start to associate eye contact with something threatening.

“

When you are living a chaotic or extremely stressful situation for a very long period of time, you are just responding from one moment to the next because your safety depends on it.

”

~Lena Wilson

“

Lizards are not very future-oriented. They don't think about the consequences of their behavior. They literally think about the moment. The more threatened you are, the more you're using these more primitive parts of your brain for problem solving and behaving.

”

~Dr. Bruce Perry

Consider:

Dr. Perry described in the video that intrauterine insult, disruptions in bonding and attachment in the first years of life, or traumatic experiences will alter the pathways in the youth's brain and cause problems in every part of the brain that they connect with. Are you aware of any of the potential developmental disruptions which may have influenced the development and functioning in the brain of the youth you are caring for? What are some effects (behavioral, emotional, social) that may be related to these disruptions?

TRAUMA INFORMED PARENTING CHECKLIST

The items on this list reflect the qualities of parenting using a Trauma Informed approach. Review the list and indicate which items describe your current parenting approach. Talk about the items that are not checked off with your viewing partner or support system. You may also want to re-visit your self-assessment, reflecting especially on those characteristics that support a Trauma Informed Parenting approach.



- I understand the pervasive impact of trauma on the youth's brain, social and emotional development.
- I have prepared myself by gaining knowledge and skills to better understand and respond to the issues connected to trauma.
- I appreciate that a youth's behaviors are connected to their trauma history and what has happened to them, not what is wrong with them.
- I understand the importance of helping a youth feel safe and the environments and structures that help achieve a perception of safety.
- I recognize the different ways the impact of trauma is displayed (the underlying causes of behaviors, feelings, school performance, difficulties with relationships, delay in developmental and social skills).
- I recognize that the interactions and interventions used with youth who have experienced trauma are different than those used with youth who have not experienced trauma.
- I recognize the value of continuity in relationships and supports for both the youth and family.
- I can identify how to sustain healthy and supportive relationships with youth.
- I recognize that culture is closely linked with traumatic experiences and how youth respond and recover.
- I can regulate my feelings and behaviors to ensure that they do not re-traumatize the youth.
- I respond to situations by following the three-step process of regulate, relate and then reason.
- I am committed to self-care and on-going learning about trauma.
- I am attuned to the youth and use a variety of trauma guided techniques to successfully respond to my youth's behaviors.
- I anticipate and understand the situations that will require youth specific interventions.
- I can recognize the situations that will require additional help.
- I have developed a "therapeutic web" of supports for the youth and for myself.

RESOURCES

These resources provide additional information you may want to consider.

-  **Seven Slide Series Video: The Human Brain**
In this 15-minute video, produced by The ChildTrauma Academy & Bruce D. Perry, M.D., Ph.D., Dr. Perry provides an introduction to core concepts regarding brain structure and function that provide the basis for developmentally sensitive and trauma-informed caregiving, education and therapy.
<https://www.youtube.com/watch?v=uOsgDkeH52o>

-  **Seven Slide Series Video: Threat Response Patterns**
In this 12-minute video, produced by The ChildTrauma Academy & Bruce D. Perry, M.D., Ph.D., the variety of adaptive responses that can be used under threat are introduced, with a focus on the hyperarousal and dissociative continuum.
<https://www.youtube.com/watch?v=sr-OXkk3i8E>

-  **Seven Slide Series Video: State-dependent Functioning**
In this 11-minute video, produced by The ChildTrauma Academy & Bruce D. Perry, M.D., Ph.D., Dr. Perry highlights the importance of understanding how stress and distress influence the way we think, feel and act.
<https://www.youtube.com/watch?v=1uCn7VX6BPQ&t=63s>

CREATING AN ACTION PLAN

Now, it is time to develop a plan to address those areas you would like to change. Consider the points / questions below, as well as your self-assessment and classroom material, when identifying three things you would like to do to improve your skills related to trauma informed parenting.

- ❖ Identify / define the specific issue or concern related to trauma informed parenting you would like to change.
 - ▶ If you completed the CORE Teen Self-Assessments, consider your results related to the characteristics that are essential to support trauma informed parenting (communication, acceptance, attentiveness, attunement, compassion, hopefulness, and patience/perseverance).
 - ▶ You may also want to review the material that was presented in classroom Sessions 1 & 2.
- ❖ Consider what “events” occurred in your life. How did these experiences impact your parenting?
 - ▶ What are your triggers that result from the events in your life?
 - ▶ How does this relate to your level of comfort, confidence and ability to parent the youth?
- ❖ Reflect on your thoughts about adapting your parenting approach.
 - ▶ What strengths will you leverage, and what additional help will you need?
 - ▶ What will you, as the caregiver have to change?
 - ▶ What barriers may impact your ability to sustain parenting approaches that are trauma informed?
- ❖ What behaviors or responses from the youth do you anticipate?
 - ▶ What “events” occurred in the life of your youth?
 - ▶ What are the youth’s triggers?

What three things am I going to do to improve my parenting strategies?

Action Step-what am I going to do differently?	When I will try it	What resources will help me	How will I know if it worked	Who will give me feedback
1.				
2.				
3.				