

# Trauma In the Native Community

Darryl Tonemah PhD

- Who?
- What?
- Where?
- When?
- Why?
- How?

# My Week

Trauma is more than an event. It becomes a lifestyle of anger, reaction, hypervigilance and self medication.

It is overwhelm stored in our bodies



# Stuck!



It is much more a physiological event than a psychological event.

“Even when I’m not thinking about the problem,  
the boys in the basement are”

- Stephen King “Bag of bones”

Today, I have the opportunity to share a little of what I have experienced, what I researched, existing research, and what I have applied.

Once the brain recognizes new processes, it  
can rewire actual environmental and somatic  
experience

Levine- Somatic Messages

Van Der Kolk- The Bottom UP

Mate-When the Body Says no

Scaer-The Body Bears the Burden

Siegel- The Low Road

Many other researchers

We/Our patients are doing behaviors  
for a really good reason, sometimes  
we/they just don't now what that is!

# Those behaviors look like in healthy ways

- Prayer
- Spirituality
- Exercise
- Sharing with friends

# In unhealthy ways

- Self Sabatoge
- Lateral Violence
- Gossip
- Stirring the Pot
- Drinking
- Hitting
- Smoking
- Using



- The Maladaptive behaviors are generally to escape the sense of overwhelm, that at present we struggle to modulate

- Spend our lives trying to mediate overwhelm
- We often use external resources to address an internal event

The event is over, the trauma is in me.

- Trauma is the unfinished cycle of energy, it is stored in our nervous system. We've learned a lot from animal research on why Zebras don't get ulcers. (Sapolsky, 1994)
- Trauma is in the constriction (lack of options) and incompleteness of the cycle
- We think too much! Don't rationalize fear, shame, blame

Healing Occurs in Community, not in Isolation

# From Biology to Sociology



# Biology

- Methylation- Epigenetics- The study of molecular mechanisms by which environment controls gene activity.
- methyl group, a common structural component of organic molecules. The methyl group works like a placeholder in a cookbook, attaching to the DNA within each cell to select only those recipes — er, genes — necessary for that particular cell's proteins. Because methyl groups are attached to the genes, residing beside but separate from DNA code, the field was dubbed epigenetics, from the prefix *epi* (Greek for over, outer, above).

(Zyf & Meaney)

- Geneticists were especially surprised to find that epigenetic change could be passed down from parent to child, one generation after the next.
- According to the new insights of behavioral epigenetics, traumatic experiences in our past, or in our recent ancestors' past, leave molecular scars adhering to our DNA.



- Experiences of our forebears, are never gone, even if they have been forgotten. They become a part of us, a molecular residue holding fast to our genetic scaffolding. The DNA remains the same, but psychological and behavioral tendencies are inherited. You might have inherited not just your grandmother's knobby knees, but also her predisposition toward depression caused by the neglect she suffered as a newborn.

- You may also enjoy the boost received thanks to love and support. The mechanisms of behavioral epigenetics underlie not only deficits and weaknesses but strengths and resiliencies, too.

“Genes are the bricks and mortar, the  
environment is the contractor”

Bruce Lipton

“We need to become (re-become) spirit minded to reclaim our health and wellness”

“Thrival as a community-survival of the healthiest group, not individuals” –Lenton 1998

“We are living limited lives because we think we have to, the body responds”- Lipton

- “When studying cultured cells that are ailing, you first look at its environment, healthy environment assists the cell in thriving”-  
Konigsberg

Hold up your hand



If we could have thought our way out of it we  
would have by now.

# Trauma in 3D





# *Genocide* – a definition...

- “...any of the following acts committed with the intent to destroy, in whole or in part, a national, ethnical, racial, or religious group, and includes five types of criminal actions: killing members of the group; causing serious bodily or mental harm to members of the group; deliberately inflicting on the group conditions of life calculated to bring about its physical destruction in whole or in part; imposing measures intended to prevent births within the group; and forcibly transferring children of the group to another group.”

United Nations Convention on Genocide, 1948

# Legacy of Boarding Schools

“...many generations of Indigenous children were sent to residential schools. This experience resulted in collective trauma, consisting of ...the structural effects of disrupting families and communities; the loss of parenting skills as a result of institutionalisation; patterns of emotional response resulting from the absence of warmth and intimacy in childhood; the carryover of physical and sexual abuse; the loss of Indigenous knowledges, languages, and traditions; and the systemic devaluing of Indigenous identity.”

*Lancet* 2009;374:76-85 (p. 78)



# School's electric chair haunts natives

Oct 21/96

BY PETER MOON

The Globe and Mail  
Fort Albany First Nation, Ont.

**T**HE inoperable electric chair that was used for years to punish aboriginal children at St. Anne's Residential School has disappeared, but its memory endures.

Hundreds of children who survived the horrors of the school have bitter memories of the chair that was used first for entertainment but eventually as a means of forcing them to bend to the will of the Roman Catholic missionaries who ran the school.

"People were put in the electric

---

*First it was used for entertainment, then for punishment for aboriginal children.*

---

chair as a form of punishment," Mary Anne Nakagwa-Davis, 61, who attended St. Anne's between Grades 1 and 8, said in an interview. "They would put children in it if they were bad. The nuns used it as a weapon."

"It was built to me on more than one occasion. They would strap your arms to the metal arm rests, and it would jolt you and go through your system. I don't know

what I did that was bad enough to have that done to me."

Edmund Nakawendia, 49, a former chief of the Fort Albany First Nation, said he remembers he and his class being forced to take turns sitting in the chair and receiving painful jolts of electricity to entertain visiting dignitaries.

"I was six years old," he said. "There was no sense of volunteering or anything. We were just told

by the brother to do it and there was never any question of not doing it."

"Once the thing was cranked up, I could feel the current going through me, making through my arms. Your legs are jumping up, and everyone was laughing."

St. Anne's operated as a residential school from 1904 to 1963 in this isolated Cree community of 1,400 people on the west coast of James Bay, 1,000 kilometres north of Toronto.

The federal government forced Cree and Ojibwa children to leave their families and live at the school for 10 months of the year —

Please see JACOB:1 A1

# Native kids 'used for experiments'

**A church magazine says federal health tests were conducted in B.C. and Ontario residential schools in the 1940s and '50s.**

BY THE HON. JIM MCLELLAN

OTTAWA — The federal government conducted health experiments on First Nations children in residential schools in the late 1940s and early '50s, a church magazine has reported. One of the four residential schools was located in Port Alberni.

Native children were deliberately denied basic dental treatment in the United Church-run Port Alberni school and residential "interred" with the children's diets at other schools, the Angli-

can Journal reports.

The government did not inform many of the parents of the research the government was conducting on their children.

In a letter on Oct. 1, 1949, Dr. H.K. Moore, chief of the dental health division at the federal health department, requested staff had some dental treatment at the Port Alberni school, the Journal reports.

"No specialized, over-all type of dental service should be provided, such as the use of modern in-

stride, dental prophylaxis or even, intra-compounds," he wrote in his one-page letter. "The three study dental caries and gingivitis are both important factors in assessing nutritional status."

The Anglican priest told Harry Ogden the doctor who headed the five-year research program, now a 90-year-old nursing home worker.

"It was not a deliberate attempt to leave children to develop caries tooth decay except for a brief time replace or purport, and only then to study the effects of vitamin C or fluoride," said Dr. J.R. Pett, former chief of the nutritional division of the health department.

Pett is now 90 and said that "parental consent was not always

obtained for those children involved in the study."

The revelation shocked George Erasmus, head of the Aboriginal Healing Foundation, which shut down all residential school abuse. He told the parent of the experimental nine-year-old child.

The objective of the research at Indian residential school children was "to evolve methods for improving health, not only of the school children but of the whole population," Pett said in the story.

In dietary experiments, federal health officials supplied flour with added vitamins by 1945-46. Then the vitamin supplements were halted as the results could be studied.





# What is multigenerational/historic trauma?

- Cultural trauma:

- is an attack on the fabric of a society, affecting the essence of the community and its members

- Historical trauma:

- cumulative exposure of traumatic events that affect an individual and continues to affect subsequent generations. “The collective emotional and psychological injury both over the life span and across generations, resulting from a cataclysmic history of *genocide*.”

- Multigenerational trauma:

- occurs when trauma is not resolved, subsequently internalized, and passed from one generation to the next.

Maria Yellow Horse Brave Heart



- Children look vertically for guidance-Jack
- A Traumatized parents struggles with the ability to give from an empty bucket
- “Trauma Age”- Could be younger than their children

# Schacters Two Factor

# Universal Symptoms of Trauma

- 1. Hyperarousal
- 2. Constriction
- 3. Dissociation
- 4. Feelings of numbness or shutdown (or “freeze”) DEFINE ALL

# Tools!

- Address the Spiritual
- HRV- Breathing is the most portable way to address
- Sleep!
- Work the Somatic!
- Multi-Generational
- Multi-Systems
- Leadership
- Critical Mass-

# It's a new season in Indian Country

- We are having these conversations
- We are recognizing different tools

Lets take care of each other

# A Vicious Loop

- The Physical Sensations of Trauma continue to activate the fear response
- Which in turn activates the physical response to danger (Fight-Fight-Freeze)
- Which is the root of the physical sensations of trauma

# Vicious Loop cont.

- When you are in this cycle, the mind and body persist in behaving as if the trauma continues to occur or keeps happening again and again. A key in developing this cycle involves updating the mind to recognize that the trauma is over and that the event lies in the past. Rothschild 2010

The body is the language of  
sensation





Approach healing from the bottom up. Rather than top down

-Bessel Van Der Kolk

# Sensations Vocabulary Box

## Different then emotions list

- Cold/warm/hot/chilly
- Twitchy/butterflies
- Sharp/dull/itchy
- Shaky/trembly/tingly
- Hard/soft/stuck
- Jittery/weak
- Relaxed/calm/peaceful
- Empty/full

# Sensations vocab cont.

- Flowing/spreading
- Strong/tight/tense
- Dizzy/fuzzy/blurry
- Numb/prickly/jumpy
- Owie/tearful/goose-bumpy
- Light/heavy/open
- Tickly/cool/silky
- Still/clammy/loose

# Red and Green

- Alligator hunter

- The brain has a deep need to related to others
- The brain is interested foremost in survival.

Medina 2010

- Fold a paper in half

# Recognizing Symptoms

**Physical:** Loss of appetite, sleep disturbance

**Emotional:** Anger, shame, irritability

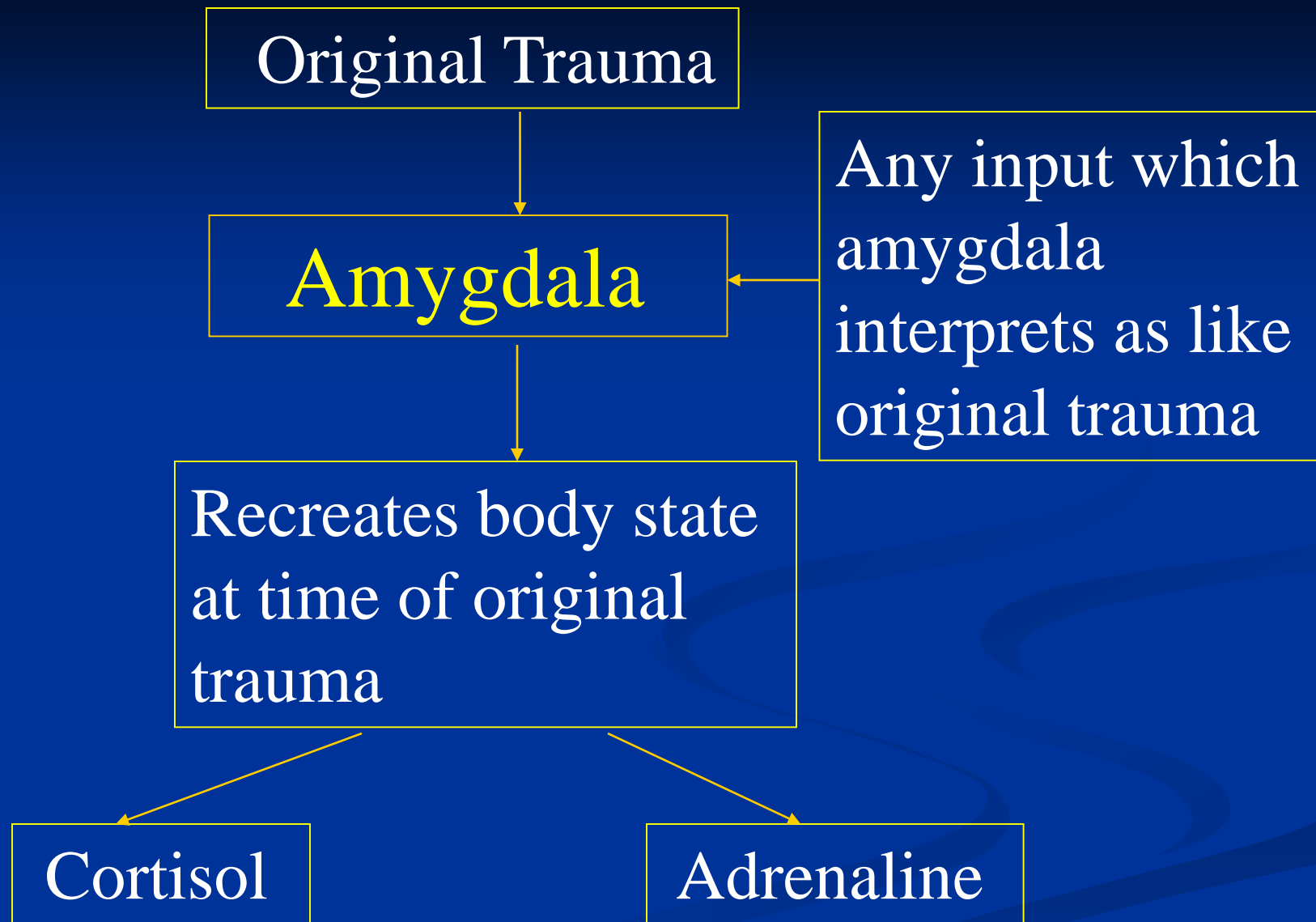
**Spiritual:** Feeling, alone, isolation, shame

**Cognitive:** Confusion shortened attention span

**Behavioral:** Repetitive play, aggression

- During “activation” the adrenaline levels sky rocket as it did during the original trauma, creating the same sensations, preventing the hippocampus from doing its job
- The body and mind have not registered that the traumatic event has come to an end and they survived it.





Original emotion re-experienced: fear, rage, sadness

Adapted from LeDoux, *The Emotional Brain*, 1996

# The Heavy Lifting



# Get Comfortable with your sensations

- They are the language of the brain that holds trauma
- The more you learn about your bodys sensations the more instinctual you become about them and more attuned to those around you

- Learning to “befriend” the feeling in small increments, we can make the connection to the past and discharged the paralyzing sensations we experience.
- The heightened arousal state should be time sensitive, not constant

# Red and Green

- Alligator Hunter
- Reaching in the bag
- Music
- Balloons
- Play catch
- Glia Cells
- Story
- Pretty much any activity can be an exercise in pendulation

# We are born with survival mechanisms

- The basis of trauma is physiological
- Often there is no time to THINK when facing a threat, our primary response is instinctive, in the midbrain, not the frontal cortex
- It is difficult to THINK our way to healing
- Cognitive behaviorism is more effective with stress and cognitive self calming methods

Understanding the physiological (and to a lesser degree) the psychological aspects of trauma, harmful events that often limit children's potential do fulfillment can be transformed into experiences that expand their ability to obtain a sense of mastery, resilience, power, and possibility

Whats in that bag?!



# Grounding and Centering

- Assisting the brain in what it's needed to do all along.
- Re-firing and Rewiring
- Helping the hippocampus
- Promoting Pendulation

# Practicing the felt sense

- Where
- Don't rationalize just experience
- Let it relax voluntarily
- Grounding and centering
- Story

# In my experience...

- The more tools the better
- Strong relationships are more powerful
- You may use CBT, EFT, and SE consecutively

# This is the beginning

- We need a continued effort in educating and assisting the community
- Lets take care of each other
- Be Well My Friends

Thank you for all that you do

Be Well-Lets take care of Each  
Other

DT

**Trauma is in the nervous system,  
not the event** -M. Kline  
Fight-Flight-Freeze

Because of their limited capacity to defend themselves children are particularly susceptible to Freezing and therefore are very vulnerable to being traumatized

# What happens during the freeze?

- Although the body looks still, all the mechanisms that make the body ready for fight or flight are still fully charged!
- This charge lies in wait, wanting to be completed
- Children generally don't run away, but toward a safe adult
- That is why it is important for the adult to be prepared



# How does the jolt of energy in trauma affect us in the long run?

- Depends on what happens during and after the overwhelming event
- The excess “Jolt” of energy, must be used up
- The younger the child the few resources he/she has to protect him/herself
- When a traumatic event occurs, the imprinting of neurological patterns is dramatically heightened. Remember why are brain is put in our noodle?

# Developing Trauma Symptoms

- Related to the level of shutdown as well as the undischarged survival energy that was originally mobilized for flight or flee
- When the brain sets a sensory motor impulse into action but the limbs cannot move (or if the movement itself could be dangerous e.g. Molestation, surgery) symptoms are likely to develop
- Although the event may have lessened in conscious memory, the body doesn't forget

# THEREFORE

- There is a physiological imperative to complete the incomplete sensory-motor impulses that were activated BEFORE the body is able to return to a state of relaxed alertness

# FEAR

- Fear has a very specific neural circuitry etched in the brain, relating to specific PHYSICAL SENSATIONS from various parts of your body. When something we see, hear, smell, taste or feel signals the original threat, the experience of fear helps the body organize the fight or flight response. The body is totally re-engaged as if the event is still occurring.

# Fear cont.

- In the traumatized person the cortex is unable to defuse the fear response. As the cortex is bypassed WE CANNOT REASON AWAY THE FEAR and are left to either act it out on others with extreme emotion, suffer silently from overwhelm or blank out from the distressing fear response signals (Sympathetic nervous system kicks in). Emotion hijacks thinking.

- Children are totally dependent on their adult relationships to read and meet their needs for safety, support, nurturing, self-regulation and reassurance. When adults haven't developed their own personal resources and do not have a support system to reach out to, they may act out themselves. Chemical abuse, manipulation, anger, shutting down.

# Good News

- The body wants to get rid of the trauma
- We just have to be good stewards of the process



# Hyperarousal

- Revved up internal state. The stimulation is coming from within the child, from the nervous system that they cannot turn down. When there is perceived stress, the sympathetic nervous system acts to engage the child. The child who cannot pendulate gets stuck in this mode. Hyperactivity, can't sleep, cannot deeply relax, hypervigilance, difficulty falling and staying asleep, exaggerated startle response. Often resembles ADHD



# Constriction

- Once the bodys CNS has been hyperaroused, adrenaline is released into the blood stream to preapre the large motor muscles for moveent. Certain muscles, by their nature, must tense or constrict in order to perform. But with trauma, the whole body braces. This includes tightening of the mucles, joints, and internal organizes, as well as the sensory and respiratory systems. The primary symptom is shutdown.

# Constriction cont.

- Child more withdrawn, shy, more dependent than before, lethargy, fatigue, stiff awkward appearance, rigid gait, poor coordination. Ability to see hear, smell feel, taste decreases-food may be less interesting to them.
- Relaxing would mean letting down the guard of protection
- Digestion problems, tummy aches, diarrhea and constipation.
- Shallow breathing, hyperventilation can limit oxygen flow to the brain and body, causing fatigue and lethargic behavior, often mistaken for laziness

Sandra Page 53

# Freeze/Dissociation

- A child experience freeze will often be spared the initial impact of the incident thorough the mechanism of physiological shock and dissociation. This numbing (mediated by internal secretions of endorphins) serves to stamp down the physical and emotional pain of the event
- Unable to cry
- Dazed

# Freeze cont.

- Sometimes we say “They are tough”
- Shock
- Too numb to feel pain or emotions due to endorphins and epinephrine boost
- Can last decades

# Balloons



# Practicing the felt sense Page 94

- Stressor
- Where
- Don't rationalize just experience
- Let it relax voluntarily
- Grounding and centering

- The exercise is intended to acquaint you with a variety of sensations that occur in different situations such as frustration, expectancy, relief, conflict, and surprise. If you noticed different feeling states and were able to move smoothly from the pleasant to the unpleasant and back again, you now have an idea of what I feel like to pendulate.
- Surprise (novelty) activates the CNS. Horrifying surprise creates distressing sensations and can become stuck, resulting in a decreased sense of self and helplessness
- When in touch with these sensations you can begin to move fluidly out of one state to another.
- Remember anything that feels bad is not the final step, the body wants to complete the cycle. Learning to move through the cycle is the key to addressing trauma.



# Quick Note

- Ideally you were able to feel the fluidity within yourself. If you did, you are well on your way to learning the skills to help a child fluidly guide through sensations. If, in any way, you felt stuck or frozen in an unpleasant sensation, emotion, or image take time now to look around, get up, move, and take notice of an object, movement, thought, person or natural feature that makes you feel comfortable. Then, return to the place in your body where you were stuck and see how it is different

# Children present different than adults, due to **START HERE**

10/27

- Brain development
- Level of reasoning
- Perceptual development
- Incomplete personality formation
- Dependency
- Children have limited capacity to respond or cope

# Adults when functioning well

- Have a grown up brain
- Freedom to access resources that reduce anxiety
- May have labels for feelings experienced
- When adults don't/can't access these resources they may act out (Drinking, drugs, violence, eating, anger etc.)
- Some children act out, or act IN
- Children have a very limited behavioral menu to deal with trauma

# Common Expressions

- Scared Stiff
- Weak in the knees
- Speechless
- Collapsed in sorrow
- Pale as a sheet
- White as a ghost
- All reflection of physiological responses that take place in the brain and body

Jared Page 41

# Horse lips

- Loosens facial muscles
- Relaxes the brain stem (lower brain)

# Symptoms in preschool age

- Develop new fears
- avoidance behaviors
- Irritability
- Withdrawal/Shutdown
- Impulsive behaviors
- Developmental milestones may be delayed
- Different play-repetitive or aggressive
- Disrupted sleep patterns

# Preschool continue

- Somatic complaints
- Regression to an earlier stage, starts to cling again



# Infant Shutdown

- May begin in distress- wailing, gasping, flailing
- Most generally shutdown from trauma due to overwhelm, they withdraw-dissociate
- Sometimes this shutdown can be mistaken for “good natured” or a “Good Baby”
- When a baby “glazes over” due to internal input overload, they need an adult to recognize that he/she needs comfort or relief

# Infant. Cont.

- They need a calming tone and reassurance
- As the infants CNS is still immature it cannot self regulate, the child depends on adults for everything from temperature regulation to emotional regulation. Food Regularity, warmth, touch. Etc.
- Your actions send a message to the babies developing brain- who is safe, are you protecting me, is my auntie over pinching my cheeks?!
- Newborn to toddler is crucial-Needs being met

- Children whose needs and boundaries are honored will develop a “sixth sense” when things/people don’t seem right

# When these behaviors appear

- Don't shame the child- “Quit being a baby”, “Toughen up”
- Compassion and patience

# Traumatic RE-experiencing

- Children often experience trauma as if it is still happening and show you through their actions, often, play.
- Repetitive play that has an aspect of the trauma. It will lack imagination and variety. It may come from desperation and doesn't offer the child any satisfaction or relief. E.g. Smashing cars together repeatedly after an accident, or pushing a doll's face down under the water after a near drowning.

# Cont.

- Children who have been beaten or seen siblings beaten may play out those roles with dolls or action figures. Play may alternate between perpetrator and victim roles.
- Nightmares
- Obsession with part of the event. E.g. watching videos of forest fires after a house burns
- May barrage you with questions to help self regulate-where we going, when will we be there, who will be there, what are we doing tomorrow

- Heightened fear of ghosts, monsters etc
- Generalized fear
- More feelings inside than they can manage- so externalize that energy through tantrums, outbursts, yelling
- Differentiate between trauma and “terrible twos”. When was the onset of traumatic event or series of traumatic events



# Recognizing Symptoms in school age children

- Same big 4 as the previous group
- Since imagination is more developed often have “worse case scenario” sequences in mind
- More resources-physical, emotional, spiritual, but also more demands on them to pay attention and concentrate. Symptoms may present more often in school because of the additional “pressure”
- More verbal so may tell the story repeatedly



# Tongue Talk

- Relaxes the tongue
- Activates the Dura Mater-carries blood from the brain toward the heart. It also helps activate the occiput-rear lobe
- Frees flow of cerebrospinal fluid- feeling of well being

# School aged cont.

- May not have vocabulary for how they feel, may say “mixed up”, “I don’t know”, or just shrug
- May recount their own actions or inability to act
- May feel responsible, self blame
- May be frightened by own feelings of grief, which may be occurring for the first time
- Can be VERY confusing for a developing brain. Need adult help to sort out and label emotional and physical experiences

# Symptoms at school cont.

- Symptoms can be exacerbated around other children or a chaotic environment
- Inability to concentrate
- Difficulty processing novel information efficiently, to the point where learning disabilities develop
- Hyperarousal can become hypervigilance- Eyes darting, fidgeting, notice of noises on the other side of the room SQUIRRIL

# Schools cont.

- Restless leg
- Compulsive talker
- Looking to fight
- Biting
- Dissociation may be perceived as day dreaming or inattentiveness
- Its not unusual for sexually abused kids to be loners on the playground
- Boys tend to externalize, girls- internalize

Suzie Shock 58

# First aid Activities

Practical tools to minimize traumatic even symptoms. We can grow to understand the language of trauma at the part of the brain that understands trauma, and help with the processing of energy overload in the CNS

# Play is valuable

- Kids use play to remain balanced or seek relief
- We will grow to understand the difference between healing play and play that is a reenactment of trauma.
- They/we want to heal, to find that balance. We just need to be a guide to help them in the process.

# Play is valuable cont.

- We can learn to be good band aid. Protect the wound so the body can heal



# What is needed from us, Step 1

- Be Calm! The children are reading your face and taking cues from you about how they should react. When there is an injury or accident it is natural for us to feel amped up and on momma/daddy bear mode. Take 5 seconds to check yourself. It will pay off. We don't want to heighten the feelings the kids are already experiencing. Ground and Center yourself first. Like the airline oxygen speech.

# What goes up must come down start here 6/11

- We develop into calm adults by our body practicing restoring equilibrium over a lifetime. Once your body understand the pendulation process you develop a hearty nervous system. You are non-verbal connecting to the childs nervous system through your calmness.
- That is why it is SO IMPORTANT for us to take care of our own “stuff” before diving into the hard work of not just dealing with trauma, but healing it
- The simple step of letting the child know this uncomfortable sensation is temporary (pendulation) is very empowering

# How to assess if a child is in a state of overwhelm

- Notice changes in skin color, muscle tone (clenching), and temperature
- Facial expression, especially the eyes and mouth. Are the eyes and mouth wide open in an expression of startle? Do the eyes appear glazed or vacant? Pupils dilated?
- Breathing-Rapid? Shallow? Heart pounding?
- Dazed? Confused?
- Incoherent speech?
- Very emotional?
- Overly tranquil?
- A yes answer means the child may be experiencing anything from chronic stress to acute shock

# Balloons in the air



# Attending to Overwhelm

1. Empathize what the child is going through by letting him/her know the feelings are ok.
2. Know how to help, the child needs to know an adult is in charge.
3. They need to feel that your protection of him/her is your top priority
4. Let the child know that you are confident that the worse is over (if it is) and things will get better
5. You will stay with him/her until things are better (undivided attention)

## cont.

- Once the child understands the above the body can relax and give up control for the natural sensations (trembling, tears, etc.) to occur.
- Don't say relax, or stop crying or calm down. Demonstrate attentiveness
- When we are vulnerable we benefit most from a calm, centered, grounded person. Sense of safety has to match the "Shock energy" being released
- Time and a quiet place

## cont

- We can tell the cycle is complete when the child reengages with the present time, becomes curious with what is going on around them. It occurs naturally when overwhelm is addressed
- Helping the natural discharge of overwhelm is the most efficient trauma prevention. It dissolves the root cause of later symptoms by deactivating the fight or flee response before it has the chance to become traumatic memory and develop symptoms of trauma



# Trauma Prevention First Aid

## Step 1-Check your own responses

- Assess your own level of concern
- Breathe deeply and feel sensations in your own body. If you're still upset, repeat.
- Ground yourself
- Remind yourself that you know what to do, and any excess energy will help you deal with challenge
- You're composure will greatly reduce the likelihood of frightening or traumatizing the child, who are very sensitive to the emotional state of adults



# Step 2

## 2. Assess the situation

- Does the child show sign of shock (as discussed earlier)
- Do not let her/him return immediately to play.
- Say “lets relax a while until you feel better”, a calm confident adult voice is important

# Step 3

3. As the shock wears off guide your child's attention to his/her sensations

- Ask child how he/she feels in their body
- Repeat their answer as a question “You feel ok in your body?” and wait for a nod or response
- If he/she mention a distinct sensation ask about location, size, shape color, heaviness/lightness.
- Encourage the child to stay in the moment, ask “How does sensation (rock, tightness, etc.) feel now?”
- If child is too young or too startled have them point to location of sensation

# Step 4.

4. Slow down and follow your child's pace by careful observation of change. Difficult for adults, but very important for the child.

- Allowing a minute or two between questions allows deeply restorative physiological cycles to engage
- Too many questions asked too quickly disrupt the natural course.
- Your calm presence and patience are enough to facilitate the moment and release of excess energy.
- Can't be rushed

## Step. 4 cont.

- Be alert for cues that let you know that the cycle has finished.
- Look for a deep relaxed spontaneous breath, crying or trembling stops, a smile, a yawn, making or breaking eye contact
- Wait to see if another cycle initiates, keep child engaged with body sensations
- If the child fatigues, stop. There will be other opportunities to complete the process

# Step 5

## 5. Validate the child's physical response

- Studies show that children who are able to cry and tremble after an accident have fewer problems recovering from it over the long term (less long term trauma complications).
- Convey to the child that crying and trembling are normal
- Resist the impulse to stop your child's tears or trembling (difficult for us).
- Remind him/her that the event is over
- Your child's reactions need to continue until they stop on their own, this part of the natural cycle may take several minutes.
- "Let's just let the scary stuff shake right out of you"

# Step 6.

## 6. Trust in your child's innate ability to heal

- As you become increasingly more comfortable with your sensations, it will become easier to let the child lead the process,
- Your primary job is to not interrupt the process, but to offer a safe place for it to occur
- Know that we were made for this process
- Notice when your child begins to reorient to the environment, this is a sign of completion
- Avoid unintentional disruption of the process:
  - Don't shift the child's position
  - Don't distract his/her attention
  - Don't hold too tightly or position yourself too close or far away

# Step 7.

7. Encourage your child to rest even if he/she doesn't want to.

- Rest promotes fuller recovery by allowing the body to gently vibrate, give off heat, go through skin color changes, etc. as the nervous system returns to relaxation and equilibrium
- Deep excess energy discharge occurs during sleep
- Do not bring up discussion about event by asking questions
- Later the child may want to tell a story about it or draw a picture
- Other cycles may be occurring, but too subtle to notice



# Step 8. Final Step

## 8. FINAL STEP-Attend to your child emotional responses

- When rested and calm set aside time to talk about it
- Process feelings of what was experienced
- Ask the child to tell you what happened
- Children often feel hurt, anger, fear, shame
- Those feeling are natural
- Help normalize the feeling- limit isolation
- Draw, play, work with clay



- Although few words are used to in the process of deactivating the trauma charge the ones you choose are important. Equally important is your pace, your tone, and your own sensation responses.

Lets rock

# Start here 5/12/2014

- Have you practiced the “felt sense”?
- How has it gone? Any reactions?
- What is sticking out in your mind?
- My Speech
- My friends child struggles with new stuff

Lets play catch

# Tracking Somatic Sensations with Partner

## Activity

- It is important to use language that activates the midbrain not the neo-cortex, as that is where the trauma is being stored.

# Prep for activity

- In order to practice accessing the midbrain strive to
  - 1. Wait for sensation to develop-like a polaroid
  - 2. Refrain from judging what you notice as right/wrong/good/bad
  - 3. Stay present with sensation until it changes
  - 4. Develop a focused awareness and tolerance for experiencing difficult sensations (assists with pendulation)
  - 5. When practicing with partner when he/she describes sensation reinforce that he/she is on track- “ Ok-what else are you experiencing
  - 6. Allow time

# Cont.

- If sensations are too unpleasant or difficult establish a safety zone that may include looking at or connecting with something that brings comfort

# Language of Sensation ideas

- **Open Ended-** “Where do you notice it in your body?” “Where in your body do you feel it?” “What are you experiencing now”. Don’t lead the listener
- **Invitational-** “What else are you noticing in about your eyes” “Would you be willing to stay with that feeling and see what happens next?”
- **Explore sensation with details-** What are the qualities of sensation. Size? Shape? Color? Where does it begin? Where does it end?
- **Broaden awareness of sensation-** “When you feel \_\_\_\_ what happens in the rest of your body?”
- **Move through time-** What happens next? How does it change? Where does it move, or how would you move it?



- Not hard, just different
- It requires us to change from realm of thought and emotion to that of sensation
- A significant amount of academic and social success is gathered around ability to self soothe
- Do not attach meaning or definition-uses different part of the brain
- As nature move in cycles, so do we. We have to accept the pacing-often we try to rush to the conclusion

# Practice pendulation



# Sensations and Emotions are not the Same

- Emotions generally begin as sensations

■ 113

- When sensations are not tracked and modulated they can begin overwhelm, and release feels large and scary.
- Often children who have parents with modulation difficulties also have difficulties.
- Neuroscience research shows the child's brain develops socially.

# In the class

1. An atmosphere that create a fundamental sense of safety
2. A climate where all students have a sense of belonging
3. Circumstances that provide frequent and expanding experiences of competency

-Beyond Time out

John Stewart PhD

# Safety

- Reasonable limits
- Comfortable routine
- Utilize classroom space for sense of boundaries
- Many children from chaotic environments have an overly active reptilian brain and are preloaded for hyperarousal

# Belonging

When belonging needs aren't being met youngsters actively seek their own protection and membership by forming close attachments to their peer groups

- Cliques
- Bullying
- Unhealthy Alliances
- The Lazy Boys

# Competence

- Present “Optimal Frustration”- Heinz Kohut
- Banduras research
- Competency in trauma- is being able to deal with sensations in a healthy way



# Class room activities

- Draw a picture of a time when you felt good-happy-content
- Study the artwork-close eyes and locate in your body where you are able to feel the goodness (where, what, color, shape, size of the sensation)
- Share artwork with a friend and ask each other questions

# Kate-Play

Sammy 121

# Working with the child through play

- If the child is experiencing symptoms from a previous event, we can still help them complete the cycle of energy
- The Story of Sammy 125

- Through guided play, children can safely discharge the intense energy mobilized in a failed attempt to defend themselves against a frightening or painful experience. They can do it in the context of a safe supportive environment that you provide.

- Children recreate traumatic events through their play. They may not be aware of the significance behind their behaviors, they are deeply driven by the feelings associated with the original trauma. Although they may not talk about the trauma, traumatic play is one way a child may tell their story of the event.

- Unresolved repetitious traumatic play can reinforce the traumatic impact in the same way that re-enactment and cathartic reliving of traumatic events can reinforce trauma in adults.
- The reworking or renegotiation (like Sammy) is a process that is fundamentally different from traumatic play or re-enactment
- Left to their own devices most children will avoid the sensations their play evokes. Sammy is an example of stepwise renegotiation

# 5 principles to guide childrens play toward resolution

1. Let the child control the pace
2. Distinguish between fear/terror/excitement
3. Take one small step at a time
4. Become a safe container
5. Stop if you genuinely feel the child is not benefitting from the game



# Let the child control the pace

- Healing occurs in a moment by moment slowing down of time
- If you put yourself in the child's shoes through close observation, you learn what resonates
- *What Sammy told us*

When pooh fell off the chair and he ran out, he was clearly stating he wasn't ready to engage in the game

# Pace cont.

- *What happened to help Sammy feel safe*

After being rescued every reassured sammy that they would be there to help protect pooh. By offering reassurance Sammy moved closer to playing the game

- *What sammy told us*

When sammy ran to the bedroom instead of outside he was saying he was less threatened

- Slow down the process at any sign of constriction-will dissipate if you wait-reassuring

# Distinguish Between Fear/Terror/Excitement

- Experiencing fear or terror for more than a brief moment during traumatic play will not help the child move through the trauma most children will take action to avoid it. Let them.
- Discern if it is avoidance or escape
- *What Sammy Told Us*
  - When sammy ran down to the creek he was demonstrating avoidance behavior. In order to resolve his traumatic reaction, he had to feel in control of his actions rather than driven to act by his emotions

# Distinguish cont.

- Avoidance –vs- Escape
- Avoidance occurs when fear threatens to overwhelm the child, it is usually accompanied by some form of emotional distress (crying, fearful eyes, screaming).
- Escape on the other hand is exhilarating. Children become excited about their small triumphs and often show pleasure by smiling, clapping hands, or laughter. Overall very different experience than avoidance behaviors

# Distinguish cont.

- Trauma is transformed by changing intolerable feeling and sensations into palatable ones. This can only happen at a level of sensory activation that is similar to the activation that led to the traumatic reaction, then creating the opportunity to complete the cycle rather than overwhelm.

# Distinguish cont.

- If the child appears excited it is ok to offer encouragement and continue as what occurred with Sammy-clapped and danced
- If the child appears frightened give reassurance- its ok to feel these things-but don't encourage any further movement at this time. Be present with your full support : wait whl the fear subsides. If the child shows signs of fatigue take a break



# Take one Small Step at a time

- A reptilian pace!
- The difference between renegotiation and traumatic play is that in renegotiation there are small encremental differences in the child's responses and behaviors
- *What Sammy Told Us*

When sammy stayed in the house he was responding with a different behavior, indicating that progress was made

# One Small Step cont.

## ■ *Monitoring childrens progress*

No matter how many repetitions it takes, if your child is responding differently-such as with a slight increase in excitement, with more speech, or with more spontaneous movements-they are moving through the trauma. If the child's responses appear to be moving in the direction of constriction or repetition instead of expansion and variety, you may be attempting to renegotiate the event with scenarios involving too much arousal.



# One small step Cont.

- *How to help your child take one small step at a time*
  - Ground yourself and pay attention to your own sensations so your breathing calmly and the child senses your calm
  - Break play into smaller increments, its component parts.
  - Don't be concerned about how many times you have to go through it
  - You don't have to do it all in one day

# Become a safe container

- Our body wants to heal! As the adult you have to believe in this. It comes from you and is projected to the child. It gives the child confidence.
- If the child resists, be patient. The instinctive part of the child wants to heal. That part just has to feel safe and confident
- If you feel excessively worried about whether the child's traumatic reaction can be transformed. You may be sending that message to the child.
- People who haven't dealt with their own unresolved traumas have more difficulties with these fears. Don't let the child suffer as a result of your own unresolved experiences!

# Know when to stop

- If after several sessions the child still continue to move toward constriction, do not force the issue. Consult a professional. Healing trauma in children (and adults) is heavy lifting. This is especially true if there were multiple events, the stressor was prolonged, or the child was unsupported. Trauma becomes increasingly complicated if he/she was betrayed by a trusted adult

# Start here 5/19

- Did you practice?
- Gracie

# Play Dough

- Make something that represents your being scared
- Make something that represents you feeling strong or safe
- Make sure the child understand they are transforming the moment
- Pendulation

# Exercise

- Partner up
- Read Sammys story again and pay particular attention to the places that indicate his decision to continue the game. There are three explicit examples in addition to the one cited above

# Start here 6/16

- Taste and Touch

# A child resources- external and internal

- Children are born with natural internal resources, but need an adult to mirror and nurture them, so they are readily accessible.
- Resources are uniquely personal
- If an adult believes that it does or should create comfort, but it does not, it is not a resource for the child



# External Resources

- Loving caregivers who help developmental needs
- Other nurturing family members
- Other resources that stimulate and/or comfort
- A caring community

# Internal resources

- Natural Gifts and Talents
- Energetic or Kinesthetic qualities-making friends, high physical intelligence
- Personality characteristic- Wit, Wisdom, Charisma, thoughtful, integrity
- Spiritual

# Resources Activity

- Fold a piece of paper I half. On one side list your external resources, on the other your internal resources. If you are not sure which side it belongs on, put it on both
- Look at your list and notice which ones jump out as the strongest supports in your times of stress. Focus on each and notice sensations and emotions emerge, and where they are located. List your sensations

# Resources activity cont.

- Are there categories of missing or weak resources such as few satisfying relationships, or lack of spirituality.
- List ways to enhance these areas
- Make a list of your childrens external and internal resources
- Repeat steps
- Be sure not to impose ideas on the child, let the lead

# Autism or PTSD

- Speech and language delays
- Marked delays in social skills
- Stereotypical play behavior

- Some actually have autism, but knowing history and discerning is very important
- Consider trauma

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■ 356

# Infant/Childhood PTSD can look like autism

- Severe and ongoing dysregulation may be at the heart of dissociation-withdrawal-blank expression (Seigel)
- Early conservation devise I nthe face of overwhelming terror when fight/flight is not an option
- Involuntary coping mechanism
- “Frozen” in defensive shell

- “It is no surprise, given the large number of newborns routinely separated from their mothers at birth in U.S. hospitals, that so many of our little ones are entering the school system with untreated trauma that lies at the heart of their language and social delays” -Levine
- Combine that with traumatized parenting when they return home and the child stays “frozen”



# Reading

- Jordan- 329

# What we learn from Jordan

1. Trauma resides in the nervous system and becomes frozen in a implicit memory. Implicit memory uses past experiences to remember things without thinking about them. Implicit memory is enabled by previous experiences, no matter how long ago those experiences. Jordan spoke as if stuck in a time warp. All the disturbing events Jordan listed had occurred four years earlier. He spoke of the events as if they were very recent. He was living in the past.

# Jordan Cont.

2. Trauma is a violation of the protective boundaries that prevent overwhelm. The breaking of boundaries distorts a basic sense of self. A child who witnesses violence often emerges helplessly with the violator, blurring the sense of who is who. Jordan could not differentiate his mothers behavior from his own. He lived in a fantasy that he was a “bad boy”.

# Jordan Cont.

3. A Student like Jordan with unresolved trauma lives in a world where elements of conscious experience are split off from each other of “dissociated” from current reality. No wonder he wasn’t succeeding in school. Students like Jordan may appear like they are paying attention but their heads are in the clouds. A simple story is just a string of words without meaning.

- Students like Jordan are often mistakenly dx'd with ADD.
- If the hidden fears are discovered, the student might be dx'd with a mood or thought disorder.
- Neither solution addresses the underlying trauma

# Working with Jordan

1. A full assessment that uncovers trauma and how it impedes learning can lead to solutions that the typical academic skills based protocol cannot
2. Because he has been living in the past for 4 years and many of his fantasies involve family dynamics, Jordan has a lot of catching up to do. Collaboration, follow up, with a trauma specialist will assist Jordan

# The classroom teacher can help student like Jordan too!

1. Grounding and Centering
2. Guided practice to purposely activate students then deactivate the CNS during calming phase
3. Finding Resources
4. Discovering Boundaries
5. Honoring personal space
6. Bring back protective and defensive responses that may have been lost
7. Deactivate high arousal



# The Eyes have it. Trauma and Reading

- Jordan had difficulty comprehending, many students suffering from trauma cannot focus their eyes well enough to pronounce words.
- Disruption in visual processing are characteristics of students who have been traumatized
- When the chaos is random and chronic eyes will tend to wander to the sides to broaden the peripheral vision as a function of hypervigilance.



# Eyes cont.

- Children who saw the danger coming directly at them may experience a momentary visual freeze at certain triggering angles as their eyes glide across a page of print.
- For some students the left to right movement across the page becomes stressful, leading to fatigue after reading
- Often traumatized students are labeled learning disabled or dyslexic due to inability to track smoothly with both eyes

# Eyes Cont.

- Hannaford 337
- Too much TV can also restrict field of vision to due limited range of motion
- Trauma- Under stress the eyes will react to moving peripherally and the dominant eye muscles will not receive full motor function from the dominant side of the brain, this makes foveal (visual detail, like reading) focus and tracking across a page of reading difficult.

Lazy 8's for the eyes 338



EFT

# Start here next week

- Anger in the class room

# Alex 338

- Guidelies for de-escalation 340