

# Everyone Can Be Trauma-Informed

A Foundation for Practice



Joann Schladale, MS, LMFT

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**Trauma** is a deeply distressing or disturbing experience that has a lasting effect on personal functioning and well-being.

**Trauma-informed practice** is a way of addressing health and well-being that takes into consideration adverse life experiences and their potential influence on any aspects of life.

In this day and age more and more people are openly addressing trauma in their personal and professional lives and seeking resources to effectively address it. Most trauma-informed literature focuses on the medical and mental health fields, yet the need for trauma-informed practice greatly exceeds those settings. While the COVID-19 pandemic has placed a global focus on collective trauma, here in the United States multiple issues contribute to a much more complex picture. They include, and are not limited to income inequality, escalated racial violence, divisive political strife, economic instability that influences housing and food insecurity resulting in increased anxiety and a general sense of malaise. The U.S. often falls short of recognizing these cultural underpinnings of trauma that can inform the daily experience of Americans and disproportionately impact Black, Indigenous and People of Color (BIPOC), and those who identify as LGBTQ. The country's foundation of genocide and slavery reveal historical and cultural trauma going back 400 years that can no longer be ignored when people truly engage in trauma-informed work..

“We are on the verge of becoming a trauma-conscious society.”

Bessel van der Kolk



**The purpose of this document** is to clarify trauma-informed practice and to share effective strategies for using it in everyday life. As Wesley, The Dread Pirate Roberts said in the movie, *The Princess Bride*, “Life is pain, Highness, and anyone who thinks differently is trying to sell you something.” Trauma is typical in the United States, and it’s way past time to acknowledge its impact and explore effective solutions for managing and preventing it.

You may be reading this for your own benefit, or to better understand family and loved ones. You may also be concerned about your work setting, business, or com-

# Introduction

munity organization. Whatever your interest, the intent is to clarify understanding of trauma-informed practice and ways it can be applied in a wide variety of settings.

For many, pent-up emotions from trauma, such as terror and rage, drive people to talk about it. While this experience can be part of mental health therapy, public testimonials, demonstrations, and viral videos have helped people to find a greater sense of community in their suffering. Misery really does love company, and when that company is trauma-informed, change can occur.

Many women speak about the transformative effect of participating in the 2017 Women's March. The Black Lives Matter movement continues to grow throughout our country with yard signs unexpectedly dotting lawns in predominantly white communities and states. While the world remains an extremely hostile place for many, fewer people may be suffering in silence. The neuroscience of trauma reveals the importance of connection and the power of healing through safe and supportive relationships. Learning to act on behalf of one's self honors strength and resilience that trauma survivors, bystanders, and supportive others exhibit.

The United States' response to trauma is slowly, and with great opposition, shifting from denying, ignoring, shaming, blaming, condemning, and diminishing people's experiences. Such lack of consideration for those impacted by trauma is particularly apparent through racial, gender, and sexual identity bias, discrimination, and violence. Embracing and celebrating diversity and demands to voice traumatic experiences are increasing with greater public knowledge and compassion.

People and organizations may put off engaging in trauma-informed practice due to fear that it may lead



to re-traumatizing others or be too time consuming. Neither is necessarily the case. Trauma-informed practice involves thoughtful consideration of our own experiences and those of others. Sometimes it can be as easy as smiling and acknowledging someone, and other times it takes tremendous restraint to hold back potential insult and injury. For individuals, it can be as simple as learning how to take deep breaths effectively to reduce stress hormone activity. Or as difficult as practicing healthy habits when old ones haven't helped. Organizations may simply promote respectful interactions and hold everyone accountable for doing so. Or they might designate a formal initiative like those recommended in Section I, Implementation Domains.

Practice makes proficient. Committing to trauma-informed practice is a moment-to-moment experience that may ebb and flow as it hopefully becomes a life-long habit. Like any good habit, everyone makes unique choices about motivation and commitment that may shift and change as people grow and evolve.

Understanding trauma-informed practice can help with informed and effective decision-making. It has potential to stop harm, heal pain, and improve life.

# Introduction

These adverse experiences can be traumatic:

**Accidents:** Something unexpected that hurts people or threatens their safety

**Death:** When people or animals you care about die

**Discrimination:** Unfair behavior towards others

**Divorce:** The ending of a marriage

**Emotional Abuse:** Hurting people's feelings in ways that make them feel badly

**Family Problems:** Trouble happening in your family

**Loss:** When someone or something you care about is no longer with you, or a regular part of your life

**Moving:** When you have to change the place where you live and don't feel good about it

**Natural Disaster:** Harm caused by weather or earth related forces

**Neglect:** Failure to protect and take care of children or adults who depend on care

**Physical Abuse:** Using force to hurt others. This can be slapping, hitting, kicking, pushing, biting, pinching, or using objects to cause pain

**Poverty:** Not having enough of what you need to be safe and healthy

**School Problems:** Difficulties at school

**Sexual Abuse:** Any type of sexual activity that a person does not agree to. This includes touching, forced sexual intercourse, sexual contact between adults and children, sexual contact between siblings, and behaviors that do not necessarily include touching, such as watching others behave sexually, photographing sexual activity, or someone exposing their sexual body parts

**Sickness:** When any part of your body suffers from illness or disease

**Social Problems:** Painful or troublesome things that happen with others

**Verbal Abuse:** When hurtful things are said that cause others to feel badly

# Section I: Core Components of Trauma-Informed Practice

The Substance Abuse and Mental Health Services Administration (SAMHSA) *Concept of Trauma and Guidance for a Trauma-Informed Approach*<sup>1</sup> was considered revolutionary due to conventional wisdom in mental health and substance abuse services that didn't effectively consider the impact of trauma on human experience and behavior. SAMHSA identified key assumptions, key principles, and implementation domains that guide federal government trauma-informed practice. They are:

## Key Assumptions

### Widespread impact

Research has radically changed understanding of trauma's impact and potential paths for recovery. The tremendous influence of trauma on the brain, mind, and body is addressed throughout Section II, which also shows how everyone responds to trauma uniquely and no two people manage it in the exact same ways.

In 1998, Kaiser-Permanente published results from a survey in which over 17,000 predominantly white, middle-class adults were asked about adverse childhood experiences (ACEs) within a home setting. Approximately two-thirds of respondents identified at least one adverse experience, and about 20% reported three or more ACEs.<sup>2</sup> Since then, *The Philadelphia Expanded ACE Study* was conducted to explore the experience of urban community-based adversities that involved more socioeconomic and racial diversity. This study revealed that "seven in ten adults had experienced an ACE and two in five, or almost 40% had experienced four or more."<sup>3</sup> This survey included questions about discrimination, neighborhood experience, bullying, and foster care.

It is important to distinguish between adverse experiences and trauma, as adverse experiences are not necessarily traumatic for everyone. While "trauma is one possible outcome of exposure to adversity. Trauma occurs when a person perceives an event or set of circumstances as extremely frightening, harmful, or threatening – either emotionally, physically, or both."<sup>4</sup> Adverse experiences are bad things that happen in life, but may not be traumatic. And not all trauma is violent or scary when it occurs.

Since then, trauma focused research has resulted in a great deal of knowledge about how to most effectively address this challenging and complex topic. More recently, data from the U.S. Department of Justice, Bureau of Justice Statistics indicates an increase in violent crime. In 2018 the total number of victims over the age of 12 was 3.3 million, and 37% of violent victimization experienced was identified as rape, sexual assault, robbery, or aggravated assault.<sup>5</sup>

Additionally, natural disasters such as hurricanes and wildfires, illnesses, and loss are often traumatic experiences for individuals, families, communities, regions, nations, and globally, as climate change reveals.

### Key Assumptions of Trauma-Informed Practice<sup>1</sup>

- Realize the widespread impact of trauma and understand potential paths for recovery
- Recognize the signs and symptoms of trauma in clients, families, staff, and others involved with the system
- Respond by fully integrating knowledge about trauma into policies, procedures, and practices
- Seek to actively resist [prevent] re-traumatization



# Section I: Core Components of Trauma-Informed Practice

Before the ACE studies, American media and culture considered trauma an abnormal experience suffered by few. Messages about self-reliance, pulling one's self up by their bootstraps, behaving stoically, and sucking things up all worked to demean and diminish painful experiences and are examples of toxic positivity. Purposeful systemic violence, racism, sexism, and homophobia resulted in governmental and media silence and cover-ups about disgraceful practices throughout U.S. history.

## Signs and symptoms

Historically, medical and mental health fields focused on signs and symptoms of trauma in individual patients or clients and often failed to consider the individual in the context of their family and community. This approach seldom took into account the experiences of others involved in these or other systems such as criminal justice, child welfare, education, and immigration.

The SAMHSA document was the first to acknowledge the impact of trauma on staff, which was one reason this document was considered revolutionary. Mental health and medical professionals often received messages, throughout their education, training, and work about professional behavior that caused them to cover up or ignore vulnerabilities they experienced from trauma in their own lives. Many received direct, or indirect messages that their personal experience had no place in their professional lives, yet people often enter these fields in response to their own traumatic experiences.



## Integrating knowledge into policies, procedures, and practices

This document is a response to this key assumption. While medical, mental health, child welfare, and court services may be engaged in trauma-informed practices to satisfy funding requirements, few other organizations have considered the benefits of embracing trauma-informed practice. Yet, everyone is impacted by trauma. Whether it is acknowledged or not, the health impact resulting from trauma greatly influences home life, learning and school behavior, job performance, work satisfaction, employee relations, healthcare, sick-time, motivation, and productivity. Trauma-informed policies, procedures, and practices effect both personal and professional domains.

## Prevent re-traumatization

While this final assumption encourages trauma-informed practitioners to “resist re-traumatization,” such wording implies motivation to cause harm, where there likely is none. Most people do not want to cause harm and, as mentioned previously, are concerned about possibly doing so as a result of not knowing effective trauma-informed practice. This assumption is better served by the word “prevent,” as everyone can prevent re-



# Section I: Core Components of Trauma-Informed Practice

traumatization by adhering to the previous three assumptions of trauma-informed practice. Re-traumatization is often prevented when everyone realizes that trauma is typical, takes time to learn about signs, symptoms, and effective paths for recovery, and commits to effective policies, procedures, and practices.

## Key Principles

These trauma-informed principles guide all practice and foster effective practice that is kind and bully-free, promoting healing and resilience. They all work interactively and build on each other to form a foundation for optimal development.

### Safety

While physical safety is the experience of being free from physical harm, emotional, or psychological safety is the personal perception of being free from harm that includes coercion, harassment, intimidation, bullying, humiliation, and discrimination. Emotional and physical safety are the foundation for trauma-informed practice.

#### Key Principles for Trauma-Informed Services<sup>1</sup>

- Safety
- Trustworthiness and transparency
- Peer support
- Collaboration and mutuality
- Empowerment, voice, and choice
- Cultural, historical, and gender issues

“More than anything else, being able to feel safe with other people defines mental health: safe connections are fundamental to meaningful and satisfying lives.”

Bessel van der Kolk

### Trustworthiness and transparency

Ethical and compassionate transparency is the most direct route to consideration and development of trustworthiness. Transparent communication, especially when it involves addressing uncertainty, confusion, and pain, is vital for creating safe and supportive relationships. Trust is unlikely to develop when communication is limited or unclear.

### Peer support

Inclusive and caring interaction helps everyone to feel valued. Connecting with others who share similar experiences or interests can have long-lasting positive effects on basic human needs for attachment, connection, and healing. Peer support also greatly influences prosocial behavior and the development of healthy habits.

### Collaboration and mutuality

Working together and sharing promote inclusivity, respect, reciprocity, and consideration for everyone’s unique strengths and contributions. Engaging others through genuinely warm, nonjudgmental, and empathic communication enhances potential for effective outcomes.<sup>6</sup>

# Section I: Core Components of Trauma-Informed Practice

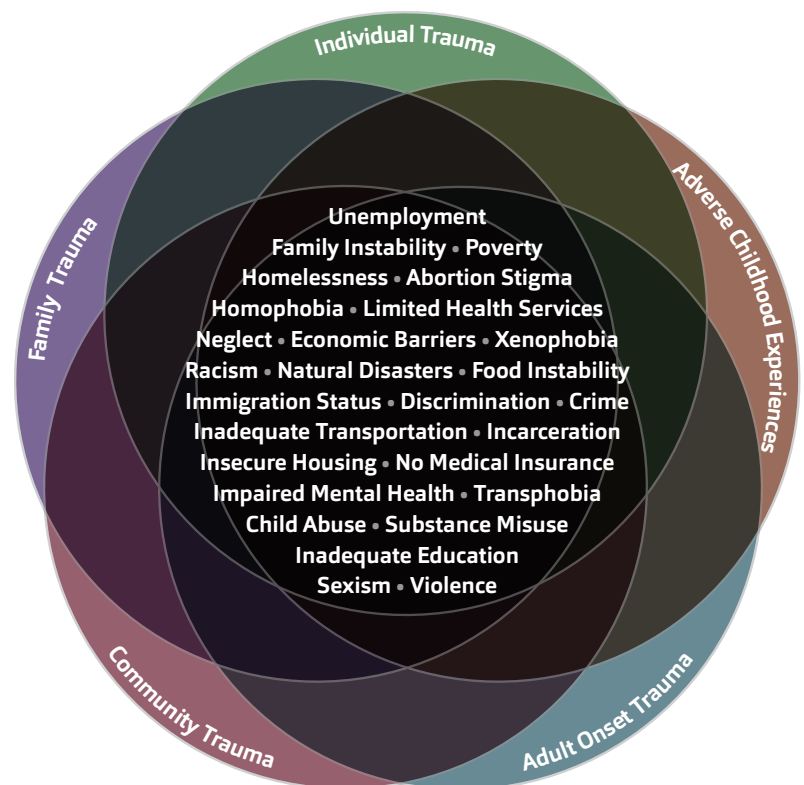
Telling others what to do seldom promotes a positive outcome. Supporting others in exploring what works best for them and sharing honest and respectful feedback is much more likely to result in cooperative relationships. This principle involves organizational values that promote respectfully speaking truth to power and challenging hierarchical barriers.

## Empowerment, voice, and choice

When all voices and individual choices are equally heard, honored, and respected, such autonomy allows everyone equal opportunity to thrive. Genocide, slavery, homophobia, and sexism have resulted in legacies that have prohibited opportunity, silenced voices, and prevented optimal choices for generations of BIPOC, LGBTQ individuals, and women. Trauma-informed practice promotes and celebrates autonomy.

## Cultural, historical, and gender issues

Consideration and acknowledgement of everyone's current and historical experiences creates a truly inclusive trauma-informed environment. Recognizing that this country was stolen from indigenous people, established on the economics of slavery, and that few were created equal and remain disenfranchised, is a critical principle of trauma-informed practice. These intersectional experiences of trauma demonstrate the overlapping challenges faced by individuals, families, and communities attempting to overcome adverse experiences and thrive.



Intersectional Experiences of Trauma

“Organizations are encouraged to examine how a trauma-informed approach will benefit all stakeholders; to conduct a trauma-informed organizational assessment and change process; and to involve clients and staff at all levels in the organizational development process.”

SAMHSA

## Implementation Domains

Not all implementation domains are relevant for everyone, yet it is helpful to have a clear picture of a comprehensive approach for trauma-informed practice throughout an organization. While most organizations do not provide screening, assessment, and trauma treatment services, everyone can benefit from knowing effective practices for supporting anyone having a difficult time, and how to provide service referrals when indicated.

### Governance and leadership

Every organization intent on promoting trauma-informed practice can enhance potential for success by identifying where responsibility for implementation and maintenance will be located. Human centered design, an ongoing process of explicitly involving anyone impacted by organizational activity in the initial and ongoing design, development, and maintenance, can maximize engagement throughout the process. This commitment to hearing everyone's voice promotes engagement in cross-sector collaboration.

### Policy

All organizations considering trauma-informed practice can benefit from taking inventory of current policies in order to assess a need for improvement and potential inclusion of new policies. While many policies are mandated by governmental entities, others such as bully-free workplace policies and referral protocols are usually voluntary. Examples of essential trauma-informed policies may be adapted from those found online, or shared by other entities. Organizational mission, vision, values, and service philosophies can also reflect the nature of this commitment.

### Implementation Domains<sup>1</sup>

- Governance and Leadership
- Policy
- Physical Environment
- Engagement and Involvement
- Cross-Sector Collaboration
- Screening, Assessment, Treatment Services
- Training and Workplace Development
- Progress Monitoring and Quality Assurance
- Financing
- Evaluation



### Physical environment

Creating a trauma-informed environment involves both physical and psychological safety. This can be extremely hard to do in a country as violent as the United States where homes, schools, and even entire neighborhoods and communities can be unsafe. When it is impossible to maintain a sense of physical safety adults can work diligently to help each other, all young people, and children to feel as safe as possible in relationships. Transparency and trustworthiness play a vital role in this effort.

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Trauma-informed practice involves creating and maintaining a calm, soothing, and peaceful environment. In addition to physical and emotional safety, any setting can be improved through soothing sensory experiences such as lighting, color choice, visual imagery and messaging, music, non-violent media imagery, comfortable furnishings, and healthy food and drinks.



## Engagement and involvement

It is never necessary to know whether or not someone has experienced trauma, and if so, the details of any traumatic experience. While some people share openly and sometimes publicly, others are not interested in sharing at all. These decisions are unique to each individual and must be respected in order to be trauma-informed.

People usually engage easily in trauma-informed practice because it has universal appeal. In most settings people have no idea who may or may not have experienced trauma, so including everyone through respectful, kind, and calm interaction goes a long way in making everyone feel included.

When people are not interested in trauma-informed practice, accepting such decisions graciously and respectfully can influence potential openness for doing so in the future. They may not feel safe in the current setting and respectful acceptance may open a door for future engagement.

## Cross-sector collaboration

Few organizations exist to explicitly address trauma even though they have members, customers, clients, participants, audiences, observers, students, and neighbors who have weathered adverse experiences. Awareness of trauma-informed practices can go a long way in helping everyone to have satisfactory experiences wherever they are and whatever they are doing. Many trauma-informed professionals serve their entire careers without the public knowing the vital prevention work they provide. Sharing such important information and resources can only enhance safety and security for everyone.

## Screening, assessment, treatment services

These services are specific to medical and mental health services which may include western medical approaches as well as traditional healing practices. For anyone not involved in these settings it is important to have user-friendly referral protocols for easy access to

“An organization’s human resource system incorporates trauma-informed principles in hiring, supervision, staff evaluation; procedures are in place to support staff with trauma histories and/or those experiencing significant secondary traumatic stress or vicarious trauma resulting from exposure to and working with individuals with complex trauma.”

SAMHSA

# Section I: Core Components of Trauma-Informed Practice

effective trauma-informed services.

## Training and workplace development

Integrating trauma-informed services throughout any organization requires thoughtful implementation, of which training is only a part of the ongoing effort. Workplace development involves everything mentioned so far and organization of individual and departmental duties, responsibilities, and accountability.

## Progress monitoring and quality assurance

Organizations collect data about trauma-informed practice to assess employee or participant satisfaction and organizational benefits. Both potentially impact the bottom-line and are important in monitoring ongoing organizational sustainability.

## Financing

Costs involved in developing and maintaining trauma-informed practice are unique to each setting. Individuals wanting to change habits and practice a trauma-informed lifestyle may not need to spend any money, while large corporations may invest significantly in developing, training, and maintaining a trauma-informed workforce. Spending may be as uncomplicated as re-allocating funds from health-harming activities, such as unhealthy food and drinks, to health-promoting ones, like calm and soothing break areas. Organizations may simply want to improve their environment so that it is calming and soothing for people coming and going, while others want to integrate all of SAMHSA's key principles and implementation domains.



## Evaluation

For individuals, evaluating trauma-informed practice can be as simple as tracking health promoting activities like exercise, eating, sleeping, leisure activities, and making decisions about engaging in healthy relationships.

For organizations, some of this information was covered in *Progress Monitoring and Quality Assurance*. Formal evaluation involves designing studies for measuring specific outcomes. Organizations can often use previously developed tools or design their own with the

help of researchers. Grants may be available for exploring such options, particularly for non-profit entities, and a great place to get started is [grants.gov](https://www.grants.gov).

Finally, the *SAMHSA Concept of Trauma and Guidance for a Trauma-Informed Approach* document provides sample questions about each key principle and implementation domain to consider when implementing a

# Section I: Core Components of Trauma-Informed Practice

trauma-informed approach and consideration of next steps. The most recent link to this document is <http://store.samhsa.gov/shin/content/SMA14-4884/SMA14-4884.pdf>.

## Resilience and Protective Factors

Resilience is the ability to bounce back after adversity and is considered a critical element for trauma recovery.<sup>7,8,9,10</sup> While Sections III and IV have specific health promoting activities, the following tips can help all trauma-informed practice. These practices promote great habits that help build competence and confidence.

Additionally, the *Search Institute* ([searchinstitute.org](http://searchinstitute.org)) has been studying optimal development in the United States, and 30 additional countries since 1958. They have surveyed over 6 million young people in their efforts to determine what factors influence health and well-being. Their *40 Developmental Assets* are a template for trauma-informed practice and their website has important resources, including a checklist to enhance relationships.

These core components of trauma-informed practice can help organize an integrated approach for individuals and organizations intent on improving lives through a commitment to awareness and action in creating and maintaining a healthier, kinder, and just society.

### Expert Tips for Resilience<sup>9</sup>

- Develop a core set of beliefs that nothing can shake
- Try to find meaning in whatever trauma has happened
- Try to maintain a positive outlook
- Take cues from someone who is especially resilient
- Don't run from things that scare you, face them
- Be quick to reach out for support when things go badly
- Learn new things as often as you can
- Find an exercise routine you'll stick to
- Don't beat yourself up or dwell on the past
- Recognize what makes you uniquely strong and own it

“The Developmental Assets framework...integrates insights from fields of prevention, resilience, and youth development to identify critical relationships, opportunities, and personal strengths young people need to thrive.”

Search Institute



## Section II: The Neuroscience of Trauma

Neuroscience is the study of the human nervous system and the brain that deals with the anatomy, physiology, and biochemistry of nerves and nervous tissues, and their relationship to behavior, perception, memory, and learning. Most non-scientists have little interest in the first part of this definition, but the second part relates to everyone. How the human body's nervous system influences *behavior, perception, memory and learning* is another key to understanding trauma and the impact it has on individuals, families, and communities at large. It is vital to understanding trauma-informed practice and can actually be understood in relatively easy ways as Sesame Street is doing for preschoolers, and this document hopefully does for everyone else.

This section highlights important factors in the body's experience of trauma and illustrates how it impacts behavior, perception, memory, and learning. The wonderful take away from this section is that when trauma survivors, bystanders, and supportive others struggle in these critical life domains, neuroscience can help the body to change unhelpful responses into healthy coping strategies. For anyone wanting to best support trauma survivors this information provides ways for doing so.

### Multiple domains of impairment

The bad news... A tremendous amount of medical and mental health research since the original ACE study focuses on the impact of trauma on the brain, mind, and body.<sup>11,12,13,14</sup> Trauma does not simply impact mental health, it greatly influences the entire body and is divided here into two sections, mental health and physiology. While both domains are intricately interwoven, they are only separated for ease of organization. It is important to note that while many people experience increased impairment with increased numbers of ACEs, resilience and protective factors can diminish such impact. When individuals experience three or more ACEs, the human body experiences impairment in the following systems:<sup>1,4</sup>

#### Trauma can influence...

- *Deficits in executive functioning*
- *Dysregulated arousal*
- *Maladaptive procedural learning*
- *Impaired sensory processing*
- *Impulsivity*
- *Harm to self and others*
- *Problematic behavior*

**Mental health:** cognition, attachment, anxiety, self-regulation, self-concept, social helplessness, aggression

**Physiology:** cardiovascular, metabolic, and immunological disorders, substance abuse, eating disorders, and sexual disorders

These findings identify how trauma can influence significant challenges in development and behavior. Basic understanding of these factors can enhance trauma-informed practice. Each of the following domains are addressed from an optimal development framework followed by explanation of how trauma influences the following vulnerabilities. Vulnerabilities are defined and color-coded (in *purple and italicized*) for ease of identification. Section III, on *Effective Strategies*, will provide solutions for managing each of these vulnerabilities.

### Executive Functioning

Due to their interactive nature, different sources categorize executive functioning skills in a variety of related ways. For the purposes of this document they are identified as:

#### Executive functioning

- Working memory
- Analysis and synthesis
- Organizational skills
- Internal speech
- Emotional and behavioral regulation



“Executive functions are a set of processes that all have to do with managing oneself and one’s resources in order to achieve a goal. It is an umbrella term for the neurologically-based skills involving mental control and self-regulation.”<sup>16</sup>

Cooper-Kahn & Dietzel

**Working memory** absorbs information during any experience and takes time to process it afterwards in order to move the information from working to long-term memory. This is important because education doesn’t equal change, practice does. When anyone tries to retain new information, such as when learning a foreign language, without review and opportunities to practice, the new material does not find its way to long-term memory. This is also why reviewing material before going to sleep helps with memory retention.

#### All memory retention practice involves:

- Recognizing important information to remember
- Reviewing it for a few days after learning it
- Practicing skills related to it

Using these tips in trauma-informed practice can also help with managing challenging experiences. An easy trauma-informed skill to practice is deep breathing as it slows down stress hormone activity.

**Analysis and synthesis** involve identifying various factors in an experience to better understand them and integrate them into a cohesive whole. When it comes to trauma, analyzing and synthesizing information can help survivors, bystanders, and supportive others make sense of what happened and to use that understanding to promote safety and prevent future harm. This is being done all over the world to manage the COVID-19 outbreak.

“Our brain must engage, organize, and integrate information in order to shift what we learn from working to long-term memory.”

Debra Christopher

## Section II: The Neuroscience of Trauma

**Organizational skills** are the ability to create a place for everything and to put everything in its place. This is no easy task, especially when adverse experiences prevent a brain from being able to make sense of chaos often involved in complex trauma, which refers to “experiences of multiple traumatic events... that are chronic..., often occur within a caregiving system..., and often lead to subsequent trauma exposure.”<sup>17</sup> Organizational skills address internal experiences such as analysis, synthesis, and developing clarity. They also involve identifying and organizing things in designated places. These things can be as diverse as figuring out math equations, making a bed, and having a way to pay for something when shopping.



**Internal speech** is the voice inside a person’s head which is made up of a variety of thoughts. It may be used for self-reflection, reinforcement and memorization, self-regulation, problem solving, critical thinking and reasoning, and future thinking.<sup>18,19</sup> Internal speech may be a part of the previously described working to long-term memory process.

**Emotional and behavioral regulation** is the central unifying concept for trauma-informed practice and will be addressed in much more detail throughout Section III. Emotional and behavioral regulation are also referred to as affect regulation and self-regulation. These latter terms will be used for consistency, and the term self-regulation is used as an overarching framework for life-long self-management of emotions and behavior.

**Affect regulation** is the ability to manage emotions without causing harm to self or others.<sup>20</sup> It is the immediate ability to manage thoughts, feelings, and physiological reactions that influence behavior and outcomes.

**Self-regulation** is the capacity to formulate a plan of one’s own and implement behavior to carry it out.<sup>21</sup> While affect regulation occurs in the moment, self-regulation is a thoughtful values-based process for life-long personal management.

Executive functioning is a matrix for optimal human development. It is the neuroscientific understanding of behavior, perception, memory, and learning. When trauma impacts cognitive, emotional, or physical development the following problems can occur.

### ***Deficits in Executive Functioning***

Deficits in Executive Functioning can wreak havoc on cognitive, emotional, and physical development, even when trauma happens in adulthood. Vulnerabilities in working memory, analysis and synthesis, organizational skills, internal speech, emotional and behavioral regulation can impede functioning in a host of ways.

When someone is plagued by bad memories, nightmares, night terrors, or flashbacks, the body struggles to

## Section II: The Neuroscience of Trauma

manage the intensity of pain. Challenges can include an overwhelming desire to rebel against the pain (fight), run away from it (flight), or shut down (freeze). A person's mental health is challenged in ways listed on page 15, while physiology is strained in ways that can reduce life-expectancy when not addressed through trauma-informed practice. Fight, flight, or freeze reactions limit development of executive functioning skills and can have life-long negative consequences without safe and supportive others, and/or intervention.

### Self-Regulation

**Self-regulation**, as mentioned previously, is the central unifying element of trauma-informed practice. When humans learn to calmly, competently, and confidently manage upsetting emotions without causing harm to themselves or others, relational trauma is greatly reduced. Here is the neuroscience behind it.

“Between stimulus and response there is a space. In that space is our power to choose our response. In our response lies our growth and our freedom.”

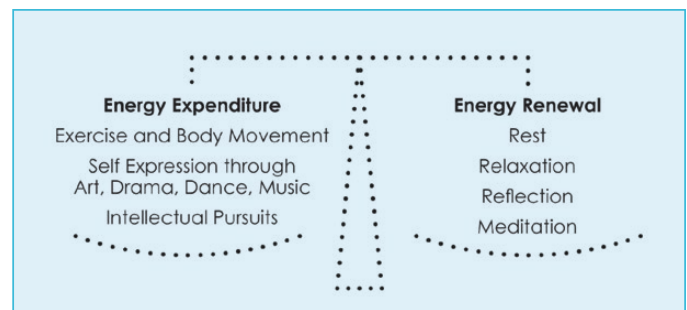
B.F. Skinner

**Stimulus** is any external thing or event that evokes a specific reaction. Human beings experience stimuli all the time. It can be as simple as brushing away a fly, or as complex as managing an emergency situation.

**Arousal** is to evoke or awaken a feeling, emotion or response. In the United States many people think the word arousal only refers to sexual arousal, yet there is much more to it. Arousal is the reaction and response to any stimulus.

Humans experience a wide range of arousal and generally experience life in some balance between energy expenditure and energy renewal as seen in the illustration at right.

Humans respond to a variety of arousal that might include feeling joyous, humorous, motivated for exercise or body movement, or uncomfortably hot, cold, tired, or hungry. Arousal is a fluid experience as people go through their day and ranges from minimal to extreme. Extreme arousal can cause someone to laugh so hard their sides hurt, dance until they're exhausted, or engage in extreme activities such as a long run or extra hard workout. They may also have strong reactions to things like pain and conflict that result in tears and arguments. These are all typical responses to arousal as stress hormones ebb and flow throughout the body in response to both internal and external stimuli.



### Disturbance of arousal

Disturbance of arousal occurs when a stimulus causes an alarming stress hormone alert throughout the body. Getting upset and feeling out of control while trying to manage a situation when it is difficult to think straight and focus is very challenging.

## Section II: The Neuroscience of Trauma

Neuroscience indicates four general response categories, of which three are potentially dysregulated arousal: the fight, flight, and freeze responses. In moderation they are not dysregulation. Only when they place a person at risk of harm to self or others do they qualify as dysregulation. The fourth response category is self-regulation.

### *Dysregulated arousal*

**Dysregulated arousal** or **dysregulation** is managing emotions in any way that causes harm to self or others. It is the opposite of affect-regulation and is usually referred to as dysregulation.

Dysregulated arousal also causes a chain reaction in bystanders and supportive others, particularly loved ones. Trauma survivors sometimes report that others' responses to a situation made matters worse, rather than better, which is why people can be concerned about causing re-traumatization when they are not aware of best practices for witnessing trauma or responding to disclosures. It is important to be aware that natural disasters, mass shootings, campus sexual assaults, witnessing intimate partner violence, or child abuse are often collective traumatic experiences. In such situations people look to others and make decisions about self-regulation that can result in positive co-regulation, or potentially problematic co-dysregulation.

Trauma greatly influences an individual's ability to manage arousal. Intense arousal causes a flood of stress hormones that takes longer to slow down and can be hard to manage without purposeful practice. When any type of arousal brings up past harm this is called a "trauma cue," which is simply the body's way of connecting the current situation to bad things that happened in life.



Many people refer to these experiences as "triggers." The term trauma cue is now used in an effort to get away from any association with guns or violence, which many people in this country have experienced first-hand, and the word trigger can also be a trauma cue for them.

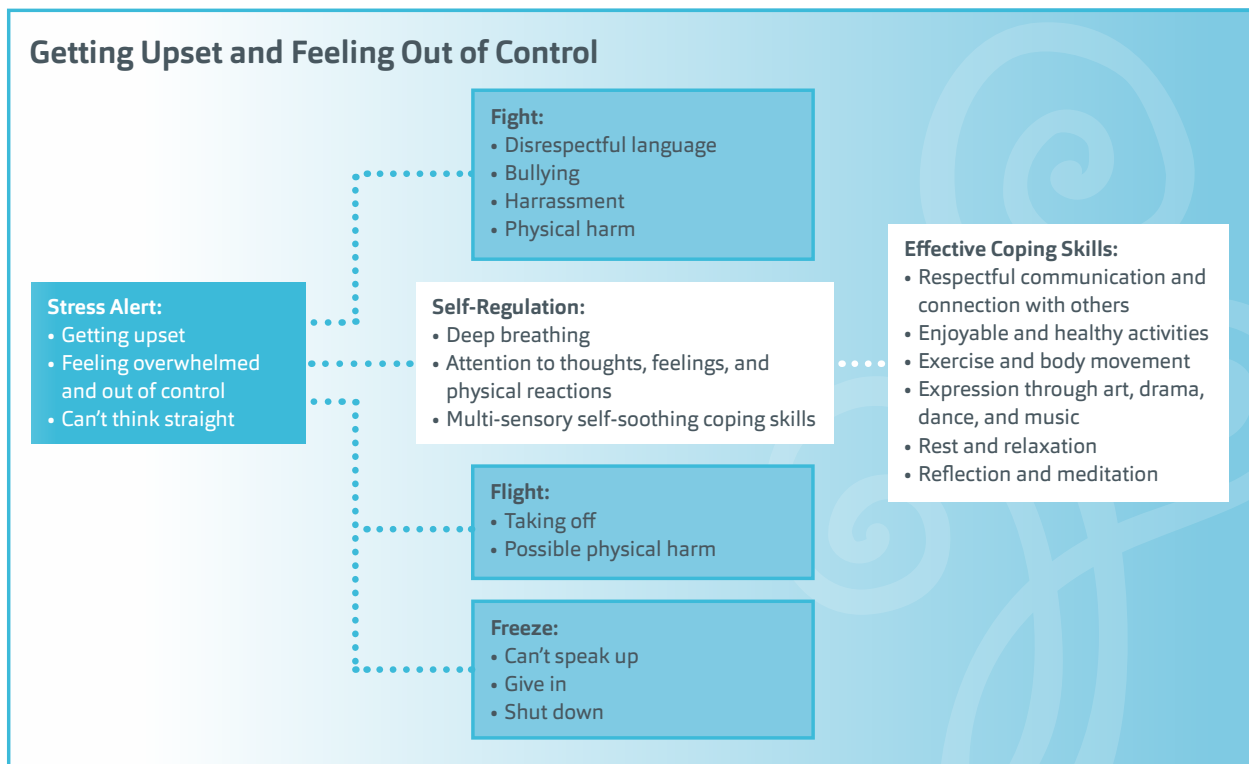
Reactions to trauma cues range from minimal to extreme. When people are trauma-informed they prepare for trauma cues, learn to predict when they are likely to occur, and practice healthy coping strategies when they do. With focused practice everyone can learn to minimize the negative effects of trauma cues and potentially reduce both the intensity and time it takes for stress hormone levels to return to normal.

People are reminded of past experiences through current sensory processes. It can be wonderful when an image, sound, smell, taste, or touch brings up fond memories and a person enjoys physiological experiences similar to the original activity.

When that sensory experience brings up painful memories, especially trauma, the same process occurs, but

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reactions can conjure up fear, and any number of potentially terrifying memories. These experiences may shift and change as people develop and grow. Here is a flowchart for disturbance of arousal and self-regulation.



## Procedural Learning

Procedural learning is the acquisition of motor skills, habits, and certain cognitive skills that develop slowly through repetition and once learned, occur without conscious thought. Tying shoes and bike riding are two examples. Through repetition, trauma-informed practice can become an unconscious habit that promotes self-care for individuals, and enhances support for survivors, bystanders, families, and community members. Examples of these include deep breathing, exercise, or body movement.

### *Maladaptive procedural learning*

Maladaptive procedural learning occurs when trauma reduces an individual's ability to practice pro-social and healthy activities that would otherwise become good habits. While physical injuries can be an obvious barrier, impaired thinking and feeling can also diminish learning. Physical, verbal, and psychological abuse, and neglect can greatly challenge a person's ability to use internal speech for motivation to use healthy coping skills. Their inner voice may be repeating vile language used in previous abuse, instead of offering encouragement and inspiration to overcome challenges.



### Sensory Processing

Sensory processing “refers to the way the nervous system receives messages from the senses and turns them into responses.”<sup>22</sup> Humans continuously process sensory stimuli and respond in ways that promote self-regulation which in turn influences long-term health and well-being. Everyone has unique sensory preferences that may be as common as having strong reactions to certain lighting, colors, skin-touching fabric, or food textures.



Trauma-informed practice involves a broad range of neuroscience-based multi-sensory activities involving art, drama, dance, music, and exercise to promote self-awareness, competence, and confidence.<sup>8,9,10,11,12,14,23,27,28</sup> These activities help survivors, bystanders, and supportive others to safely explore the impact of trauma and make good decisions, particularly when experiencing trauma cues.

#### *Impaired sensory processing*

Impaired sensory processing may or may not be trauma-based. Anyone with attention deficit and hyperactivity disorder (ADHD), autism, and fragile X syndrome may process sensory stimuli differently than those without these diagnoses.<sup>23</sup> Depending on severity, symptoms can lead to sensory processing disorder (SPD).

Trauma influences sensory challenges that, left unaddressed, can impact functioning in a variety of ways and potentially lead to mental health diagnoses. When current sensory experiences cue trauma memories or flashbacks, stress hormone levels rapidly increase and challenge the ability to process sensory information effectively. This can be difficult to manage effectively without knowledge and supportive practice.

### Self-Control

Self-control is the ability to exercise restraint when managing emotional and physical impulses. Many a truth is said in jest throughout the short Sesame Street video, *Me Want It (But Me Wait)*, which is being used in research studies to help teach self-control to children and young people (<https://www.youtube.com/watch?v=9PnbKL3wuH4>). Self-control in general, and delayed gratification specifically, are critical for self-regulation.

#### *Impulsivity*

Impulsivity is the inability to practice self-control and delay gratification. It is the direct opposite of regulation and control, and a noticeable trauma symptom. As mentioned earlier, it can be extremely hard to regulate thoughts, feelings, and physical reactions when stress

“Self-control requires us to be calm, competent and confident.”  
Lawrence Steinberg

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hormones are pumping through the body. Reactions are occurring with lightning speed as thoughts are racing, emotions are running high, and the body is alerted to fight, flight, or freeze.

In these situations, learning to slow down reactions and organize thinking is the foundation for healthy coping. With practice, most anyone can learn how to do these things, and possibly have some fun along the way as effective strategies can be both engaging and humorous.

### Self-Care

Self-Care is “the ability of individuals, families, and communities to promote health, prevent disease, maintain health, and to cope with illness and disability with or without the support of a healthcare provider.”<sup>24</sup> Generally, it involves any deliberate physical, emotional, and mental health promoting activities individuals and groups take to promote well-being and prevent harm. Self-care is a critical part of resilience.



### Harm to self and others

Harm to self and others is any behavior that diminishes, demeans, discriminates against, threatens, or physically harms anyone, and is a significant risk for trauma survivors, bystanders, and supportive others.

The world is filled with cultural messages promoting harm to self and others. Global media inundates platforms with harm-inducing enticements such as unhealthy eating, violent and abusive images, sensationalized crime and disrespectful behavior, and unrealistic expectations for unlikely or unattainable education, status, and wealth. Marketing efforts promote potentially unnecessary drug use, some of which resulted in a U.S. opioid epidemic, while laws provide easy access to guns used in exorbitant numbers of homicides and suicides.

Taking a stand against harm to self and others can require enormous effort to treat one’s self and others consistently respectfully, and kindly. It takes persistence and fortitude to consciously practice self-care that includes healthy eating, exercise, enjoyable social interaction, and purposeful work. Mindful habit-forming practice can help make these efforts easier.



### Health and Well-Being

Health refers to a person’s physical, mental, and social condition, and well-being is an experience of being comfortable, healthy, or happy. Social, physical, spiritual, and mental health all work together to promote happiness and well-being.

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### *Problematic behavior*

Problematic Behavior is any activity that diminishes health and well-being. There are any number of ways trauma histories can influence problematic behavior and may reflect the experience of running away from things that scare us rather than facing them, as identified in the *Expert Tips for Resilience*<sup>9</sup> on page 14.

Such behavior can be as seemingly benign as leading a very sedate lifestyle with little activity and body movement, to more pronounced things like unhealthy eating, alcohol, and drug use that diminishes motivation or increases anger and hostility. In extremes, this can look like putting oneself in harm's way, participating in unsafe relationships, not getting adequate treatment for medical or mental health concerns, substance abuse, violence, and criminal behavior.

“Adversity does not predestine children to poor outcomes, and most children are able to recover when they have the right supports – particularly the consistent presence of a warm, sensitive caregiver.”

Bartlett & Sacks

Every one of these neuroscience-based impairments resulting from adversity or trauma can be managed effectively in ways that promote health and well-being, and prevent harm to anyone. Trauma-informed practice can be done in a wide variety of ways that inspire motivation to consider a whole host of benefits for anyone involved.

#### **Neuroscience indicates that humans thrive in settings that...**<sup>12,14</sup>

- Are calm and soothing
- Promote optimal development
- Provide a variety of stimulating, engaging, and increasingly challenging experiences with enough repetition to solidify desired outcomes
- Reward prosocial behavior
- Respond to people's needs with flexibility
- Allow for mistakes and poor judgment to be self-corrected with support and encouragement

## Section III: Effective Strategies

Effective strategies for trauma-informed practice involve integrating the six key principles addressed in Section I in practical, engaging, and consistent ways in order to diminish the negative impact of traumatic experiences outlined in Section II.

When individuals and organizations experience relatively safe and secure environments in which everyone communicates transparently, supportively, and collaboratively to empower and elevate every voice and choice while honoring individually unique cultural, historical, and gender experiences, health and well-being are enhanced for everyone. While this is no easy task, research indicates that it is attainable and maintainable through dedicated commitment and motivation.



The neuroscience of trauma provides vital knowledge for the development of effective strategies that can greatly enhance health and well-being. This section provides a range from very easy to personally challenging ways to stop harm, heal pain, and change lives impacted by trauma.

Effective trauma-informed practice never depends on knowing anything about anyone's trauma. There is no need to know if others have experienced trauma, or to inquire about any details if there is known trauma. Successful practice depends on conscious and purposeful consideration and implementation of respectful communication that helps everyone to feel respected, encouraged, and supported. There isn't even a need to call it trauma-informed if people are not interested in doing so. It is simply good practice.

While it is important to understand the impact of trauma and ways it can impair functioning, there is no reason to focus on painful experiences in order to develop healthy coping strategies.

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Like the *Intersectional Nature of Trauma* illustration on page 10, *Intersectional Experiences of Health and Well-Being* involve an array of research findings impossible to cover in a document this size. Including these illustrations provides a concise view of how complex these things are. In this case, the terms in the center of the illustration are elements of optimal health and well-being. The words around the outer circle are a variety of options everyone has for exploring personal interests and goals.

If strategies focus only on preventing or eliminating harmful behavior or bad habits, change is not likely to be sustainable.<sup>11,25</sup> When health promotion focuses on engaging people in routinely prosocial behavior, preferably with others, it can result in life-long motivation and rewards.<sup>11,12,25</sup> Identifying values, assessing strengths and needs, and considering personal or organizational motivation provide a clear way to get started.



Intersectional Experiences of Health and Well-Being

### Clarifying Values and Assessing Strengths and Needs

It is always good to begin with identifying what's most important, as understanding what people value provides a key to their motivation.<sup>21</sup> In this case the goal is to assess motivation for trauma-informed practice.

The creators of *Motivational Interviewing* (MI)<sup>21</sup> provide a free and easy way to get started with the *Motivational Interviewing Values Card Sort*.<sup>26</sup> This deck of 105 cards provides an engaging and interesting way to explore a person's level of interest in 100 values. Five cards with interest levels ranging from Most Important to Me, to Not Important to Me, are used to categorize individual values. After adding each value to the designated category, participants narrow down the stack of their most important values to their top 10, then rank order them accordingly. These are written down and referred to when considering personal strengths, needs, and motivation for practice.

Groups of people can also do any variation of the *Card Sort* to help organize their thinking about how best to proceed collectively. The values can then be integrated into any documents, training, and HR policies and procedures relating to organizational trauma-informed practice.

In addition to the *MI Values Card Sort*, the following checklist may be helpful in assessing personal strengths



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and needs. After identifying values and taking inventory of self-care practices individuals may want to create a short list for next steps beginning with the easiest things they consider doing.

### Self-care checklist

- I maintain my core values in everything I do
- I collaborate and communicate well with others
- I surround myself with people who want me to succeed, and I support other's success
- I'm comfortable talking about my interests, strengths, and talents
- I am a good role model
- I have regular contact with people who listen and give me good advice
- I look forward to my future
- I organize my life to include a balance of work and play
- I focus adequate time on things I'm passionate about
- I exercise regularly
- I eat healthy foods
- I have fun
- I maintain mental health and well-being
- I take good care of myself spiritually
- I know well-being depends on staying motivated over time, and I maintain short, medium, and long-term plans to stay healthy

I am doing the following things to enjoy life on a regular basis:

I might want to improve trauma-informed practice in the following areas:

For individuals or groups, beginning with a sure success bolsters motivation as any accomplishment becomes a springboard for further success. It is also helpful to identify and communicate with supportive others who may help along the way. Once this is done it's time to begin practice.

### More on Self-Regulation

Proficiency in self-regulation comes from experiencing safe and supportive relationships with role models who influence development of executive functioning. Even experts are challenged during highly stressful moments



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and ongoing situations like a pandemic. Optimally children begin learning self-regulation at an early age and continue that development throughout adolescence and early adulthood. Yet, anyone who experienced unstable and unsafe childhoods, or trauma at any stage of life, can learn to consistently practice self-regulation.

**Multi-sensory activity** is the foundation for practicing self-regulation. Effective strategies for trauma-informed practice use any sensory experience to optimally manage stress hormone activity. Ultimately, such activity promotes development of calm, soothing and peaceful coping strategies to counterbalance any experiences of psychological upheaval (a clinical term for getting upset and feeling out of control) and trauma cues.



A wide range of health-promoting activities such as spending time in nature, reading, writing, exercise, body movement, and expression through art, drama, dance, or music best meet individual needs.<sup>9,11,24,26,27</sup> While organizations can use multi-sensory activities to promote health and well-being through the implementation domains in Section 1. These include peaceful environments and interaction that enhances both productivity and regenerating breaks. Engaging and involving everyone in multi-sensory training activities relating to organizational values and goals promote learning and memory retention.

A basic introduction to self-regulation involves defining it and explaining the five core components, which are thoughts, feelings, physical reactions, behavior, and outcomes. The first three are internal processes people learn to pay attention to as they go through any activity that involves stimulus and arousal (page 18 offers a refresher on this). These internal experiences then influence decision-making that in turn determines behavior and outcomes. The *Resources* section has a template for self-regulation cards that have the core components printed on one side and *Expert Tips for Resilience* printed on the other side. They can be laminated and shared to promote learning, memory retention, and practice.

### Practice Self-Regulation™

Thoughts

Feelings • • ► Behavior • • ► Outcomes

Bodily  
Reactions

practiceselfregulation.com

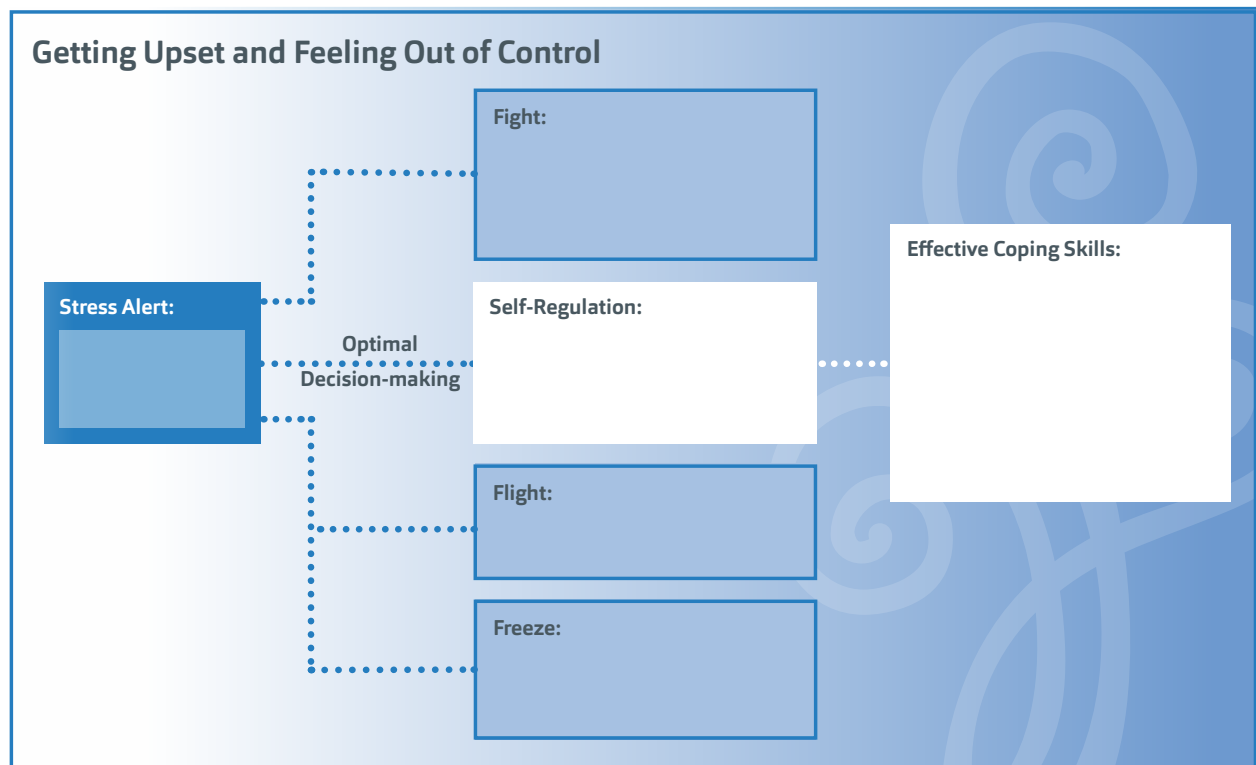
### Expert Tips for Resilience

(Charney & Southwick, 2012)

- Develop a core set of beliefs that nothing can shake
- Try to find meaning in whatever trauma has happened
- Try to maintain a positive outlook
- Take cues from someone who is especially resilient
- Don't run from things that scare you: face them
- Be quick to reach out for support when things go haywire and life is hard
- Learn new things as often as you can
- Find an exercise regimen you'll stick to
- Don't beat yourself up or dwell on the past
- Recognize what makes you uniquely strong-and own it

## Optimal Decision-Making

The *Getting Upset and Feeling Out of Control* chart below is here again to help explore strategies for self-regulation. It provides a framework for improving decision-making under pressure. After reviewing each box, answering the following questions can help organize thinking and promote focused practice to turn coping strategies into effective habit. Question 6 can help organizations identify additional trauma-informed practices to best support everyone involved.



1. How are your stress hormones impacting your thoughts, feelings and physiological reactions?
2. How do you experience each of the fight, flight, freeze, or a combination of those reactions?
3. What helps you to self-regulate during such psychological upheaval or trauma cues?
4. Which effective behaviors are you able to practice calmly, competently, and confidently?
5. Which coping skills might you need to practice more?
6. What support would help you with trauma-informed practice?
7. How might such practice improve your life in any way?

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**Purposeful Deep Breathing** is possibly the easiest way to practice self-regulation. Deep measured breathing with equal focus on inhaling and exhaling can effectively slow down stress hormone activity and provide an opportunity to organize thinking during psychological upheaval. Inhaling a deep breath increases heart rate and gives a burst of adrenaline. Exhaling slows heart rate and calms the nervous system.<sup>14</sup> Deeply inhaling slowly for a count of 4, holding the breath for 1 count, and exhaling for a count of 4, provides a balance that promotes management of physical or emotional distress. An effective deep breath extends the diaphragm and pushes the belly out. This is humorously illustrated in the Sesame Street video, *Common and Colby Cail-lat Belly Breathe with Elmo* ([https://www.youtube.com/watch?v=\\_mZbzDOpylA](https://www.youtube.com/watch?v=_mZbzDOpylA)). A variety of apps for adults include *Calm* and *Headspace*.



For trauma survivors with histories of restricted breathing such as asthma attacks, near drowning, choking, or strangulation, deep breathing may be a trauma cue. In such cases, they can choose not to practice deep breathing or to ease into practice on their own, with supportive others, or someone who specializes in this work.

When witnessing someone getting upset and appearing out of control, gently saying their first name helps to de-escalate the situation. Additionally, soothing music and calming scenes from nature can help, and there are a variety of apps available to help with self-regulation, such as the previously mentioned *Calm*, *Headspace*, *Stress & Anxiety Companion*, *Aura*, *Happify*, *ThinkUp*, and *Seven*, just to name a few.

Visual-media activities, such as drawing or painting a personal shield for self-protection in which personal values are integrated into artwork that shows ways to practice self-care when feeling unsafe can be helpful. Such activities can help survivors, bystanders, and supportive others symbolically process personal strengths and resources for effective management.

Optimal decision-making for trauma-informed practice can be enhanced through a variety of stimulating and increasingly challenging activities that promote the development of healthy habits which become the foundation for life-long self-care. In an organization this might involve training and practice on effective conflict management using increasingly challenging real-life scenarios that participants may actually face. Practicing effective communication in stressful situations can lead to proficiency that becomes second nature. Such habits then become unconscious practice as mentioned in Section II Procedural Learning.

### Motivation

While everything in this document is intricately interwoven, motivation plays a pivotal role in influencing op-

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timal decision-making that leads to consistent trauma-informed practice. Motivational Interviewing, (MI) a world renowned evidence-based practice used in many fields, was first introduced in 1983. Its core is simply a “collaborative conversation style for strengthening a person’s own motivation and commitment to change.”<sup>21</sup> (P.12)

Depending on the depth in which organizations want to promote trauma-informed practice, MI training can help ease transitions for implementation and promote ongoing practice. In some organizations, the book is required reading for designated employees.

### MI involves remembering that:

- Collaboration and partnership lead to radical acceptance of choice and autonomy (vii)
- People talk themselves into change based on their own values and interests (P.4)
- It is common for progress and motivation to fluctuate (P.31)
- Ambivalence is not a bad thing
- Telling people what to do is not effective
- Asking open-ended questions, affirming others, reflecting on what they say, and summarizing a conversation enhance engagement and effective practice
- The worst things to say include: "you need to," "you must," "you can't," "you have to," and "you have no choice" (P.155)
- Discord can be embraced and honored (P.210)
- Everyone can lend hope when others “are short of their own” (P.213)
- Affirmation of strengths can bolster self-esteem and confidence (P. 217)



“Essentials of health rest not in medical textbooks, but in our everyday connections to each other.”  
Kelli Harding

The fluid nature of motivation is complex and can be very challenging to consistently harness for trauma-informed practice. Charles Duhigg’s seminal work, *The Power of Habit*<sup>24</sup>, provides a compelling foundation for consideration and development of healthy habits. Duhigg’s research addresses the question of understanding “how a decision becomes an automatic be-

havior”<sup>24</sup> (P. xv), which was addressed in Section II Procedural Learning (P. 17). He goes on to state that “cravings are what drive habits. And figuring out how to spark a craving makes creating a new habit easier.”<sup>24</sup> (P.59) Most humans crave companionship.

For someone who has experienced abusive relationships, sparking a craving for respectful interaction may

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help them explore healthy relationships. They can use their 10 most important values to reflect on desirable relationships, use those values to identify the type of people they want to be around, and explore opportunities to spend time with those people.

In the cue, routine, and reward model Duhigg proposes, the cue is respectful interaction, routine is seeking out and spending time with respectful people, and the reward is healthy relationships. This framework can guide relationship development in both personal and professional spheres. Respectful relationships are trauma-informed relationships.

If that same person previously used bar-hopping involving high levels of alcohol consumption to develop relationships, they can maintain the same cue of craving respectful interaction, while substituting the routine with non-drinking activities to potentially achieve a more satisfying reward. If the alcohol use was motivated by loneliness and a hope of temporary escape from painful memories, endorphin promoting activities such as exercise and body movement may offer greater rewards by joining a running or exercise group that further multiplies healthy rewards.

A vital component of successful habit change involves belief. “Even if you give people better habits, it doesn’t repair why they started drinking in the first place. Eventually they’ll have a bad day, and no new routine is going to make everything seem okay. What can make a difference is believing that they can cope with that stress without alcohol.”<sup>29</sup> (P.85) Human connection also helps, so it becomes both a routine (getting together with others in a non-drinking environment) and the reward (respectful relationships).

### A few suggestions...

- Ask, don’t tell. Remember to ask questions, don’t tell others what to do
- Use open-ended questions such as, “How can I help?” “What’s up with that?” “What are your thoughts about that?” “Go on”
- Embrace discord. Take a deep breath, remind yourself that it’s most likely not about you, and encourage others to talk
- Project a calm, competent, and confident demeanor. It can help others feel safe and secure, and lower stress hormones
- Be creative. Consider how to use humor, compassion, and goofiness to make a point

## Kindness and Compassion

The COVID-19 pandemic, an adverse experience which has been traumatic for many, certainly tested people’s experience of health and well-being. Responding to such upheaval with consideration and compassion for self and others provides yet another underpinning of trauma-informed practice. For many people this is the easiest part of trauma-informed practice while others consider kindness and compassion hard habits to maintain amid fear and divisiveness.

“Kindness knows no shame.”  
Stevie Wonder

Change occurs in the context of relationships. People thrive when they have opportunities to explore personal interests and talk with others about them, to instill hope and optimism, and to be inspired by those quali-



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ties in others. In their book (*The Heart and Soul of Change*<sup>6</sup>) the authors found that being warm, nonjudgmental, empathic, and genuine is the most direct route to successful outcomes in psychotherapy. While the focus here is not on mental health therapy, those same factors influence trauma-informed practice. A large statewide organization's commitment to this practice included a "culture of kindness" initiative along with bully-free workplace policies and procedures.

Many people in the United States expertly practice compassion and kindness, while others accept and promote cultural messages that compassion and kindness are signs of weakness. They adhere to toughness norms that diminish respectful connection and care for others. Explicit and implicit bias also play a part in lack of consideration and outright discrimination against others. This is a critical way in which survivors, bystanders, and supportive others are re-traumatized. Kindness and compassion are central to the SAMHSA principle for preventing re-traumatization.

“To properly address the hidden factor of adversity or trauma, we need to look at how we can foster compassion for others and ourselves.”

Kelli Harding

“Let us not underestimate how hard it is to be compassionate. Compassion is hard because it requires the inner disposition to go with others to a place where they are weak, vulnerable, lonely, and broken. This is not our spontaneous response to suffering. What we desire most is to do away with suffering by fleeing from it or finding a quick cure for it.”

Henri Nouwen

Individuals, and organizations intent on integrating trauma-informed practice into daily experience may want to use Kelli Harding's book (*The Rabbit Effect: Live Longer, Happier, and Healthier with the Groundbreaking Science of Kindness*<sup>12</sup>) in which she includes chapters on work, education, neighborhoods, fairness, and collective health. It addresses health vulnerabilities in the United States, and provides practical information and activities for health promotion that work well with Motivational Interviewing and practicing good habits.

Touch plays a remarkable role in health and development and the COVID-19 pandemic is challenging this critical lifeline. Not only does holding hands lower blood pressure, heart-rate, and cortisol,<sup>30</sup> but “when a person holds the hand of a loved one in distress, the breath and heartbeat of the loved ones sync up.”<sup>12</sup> (P.26) Harding also reports that receiving daily hugs reduces the likelihood of getting sick by a third.<sup>31</sup>

Human connection throughout adverse times greatly impacts individuals, couples, families, communities, and society as a whole. Prolonged absence of human touch can prove to be fatal. It is imperative that trauma-informed practice during such times explore options for substitute connection as supportive others maintain telephone and video-chat options and social distancing through windows and in yards. Plastic gloves may offer acceptable human touch in some situations. Outside of such extreme situations, everyone can integrate benevolent touch into daily experience.



### Healthy touch...

- Involves permission: The person being touched gives permission before it occurs, and any confusion or misunderstanding can be clarified
- Is well-meaning and charitable: The action reflects thoughtful consideration
- Is developmentally congruent: It is appropriate for participant's ages, intelligence, and mental capacity
- Is related to what is going on at the time: It makes sense in the context in which it occurs
- Is clearly communicated: Everyone is able and willing to talk about it
- Models prosocial boundaries: It promotes emotional and physical safety
- Provides comfort and promotes health and well-being: It feels good!

## Conclusion

Individuals and organizations can benefit from a wide range of information and resources often freely available to enhance understanding and effective trauma-informed practice. Lack of funding should never stop trauma-informed practice. Everyone can begin by engaging and collaborating in kind and compassionate conversations about trauma-informed practice and consider easy steps to take in that direction. Small, incremental changes can go a long way in promoting cultural change that includes and honors everyone's participation.

For organizations, effective practice involves a combination of funding, assessment, implementation, policy development, supervision, and continuous quality improvement as indicated in SAMHSA's *Concept of Trauma and Guidance for a Trauma-Informed Approach*. Neuroscience provides the scientific foundation for developing and studying effective strategies that use personal values, strengths, and resilience to promote life-long health and well-being.

In summary, when we communicate kindly and compassionately while teaching and modeling self-regulation and optimal decision-making we are more motivated to develop habits that promote life-long health and well-being.

### Five things to know about trauma

1. Trauma negatively influences the brain, mind, and body in many ways
2. Humans are very resilient and often bounce back from adversity without a need for intensive intervention
3. Most everyone can make personal decisions about self-regulation, which is fundamental to health and well-being.
4. Educating trauma survivors, bystanders, and supportive others with user-friendly empirical evidence about stopping harm, healing pain, and changing lives can influence optimal decision making
5. Like many things in life, practice makes proficient. Anyone who has experienced or witnessed trauma can learn to use a broad range of multi-sensory coping strategies to manage difficult situations and minimize any damaging effects.

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## Section V: Resources

These materials are available electronically in the [Resources section of practicesfregulation.com](#)

- Expert Tips for Resilience Cards
- Motivational Interviewing Values Card Sort
- Intersectionality charts
- Getting Upset and Feeling Out of Control flow charts

Sesame Street videos are available on Youtube.

- Me Want It (But Me Wait) - <https://www.youtube.com/watch?v=9PnbKL3wuH4>
- Common and Colby Caillat Belly Breathe with Elmo - [https://www.youtube.com/watch?v=\\_mZbzDOpylA](https://www.youtube.com/watch?v=_mZbzDOpylA)

## Mission and Vision

Our mission is to promote the practice of user-friendly neuroscience-based skills for managing pain without causing harm to self or others.

Our vision for Practice Self-Regulation™ is a world in which everyone impacted by trauma practices these skills throughout their lives in order to optimally maintain good health and well-being.

## Values

- Every human being has equal value and worth.
- Everyone is resilient and has strengths and resources essential for health and well-being.
- Self-regulation is fundamental to health and well-being and people are competent to make personal decisions.
- Everyone deserves to be safe. Assessing safety is ongoing as factors can quickly change and reveal potential danger.
- All interaction is guided by current empirical evidence for trauma-informed health and resilience. This field of study is relatively new and constantly advancing. Interventions are updated as new findings are validated.
- Effective services are holistic in nature and address needs that may not seem related to trauma. Addressing all life domains influences optimal life-long development.
- Cultural knowledge and humility are vital for providing individualized services based on uniqueness, strengths, needs, and perspectives.
- Facilitators are specially trained and receive continuing education to provide effective trauma-informed services.

## Philosophy

**Do no harm.** All services are provided in a manner that does not cause harm or injustice.

**Respect.** All interaction is based on thoughtful consideration for basic human rights, dignity, and inclusivity.

**Diversity.** Respect for individual uniqueness is paramount. Support is given without regard for gender, race, ethnicity, sexual orientation, religion, nationality, culture, or financial status.

**Resilience.** Resilience is the ability to bounce back after adversity. It enables people to practice evidence-based skills that promote health and well-being.

**Hope.** All services are intended to instill hope and belief that people can progress towards their goals.

**Relationships.** Healing occurs within the context of relationships. Everyone benefits from services providers who are warm, genuine, and offer nonjudgmental support and empathy.

**Healing.** This is the ability to embrace and celebrate life after trauma through attention to physical, social, psychological, cultural, and spiritual needs.

**Competency Development.** Calm and confident competency is the foundation for self-control. Participants identify goals and collaborate in designing and practicing unique ways to achieve them.

**Autonomy.** Supporting participants' rights to make decisions, promotes a sense of mastery that builds confi-

## Section VI: Practice Self-Regulation Mission, Values, Philosophy

dence and self-esteem.

**Efficiency.** All services are designed and delivered in the most cost-efficient and least restrictive manner. Efficiency is measured through ongoing feedback.

**Ecology.** Each participant is part of a larger community with established institutions and agencies designated to support and assist them. All services are provided in conjunction with these systems.

**Individualized Services.** Interventions are based on unique individual strengths and needs of everyone involved.

**Successful Outcomes.** All services are research-based, document desired outcomes, and are delivered in collaboration with everyone involved.

**Quest for Excellence.** Practice Self-Regulation™ is periodically updated for continuous quality improvement by evaluating effectiveness and efficiency among all stakeholders. Excellence is demonstrated by staff maintaining fidelity to the model and is determined by harm prevention. Adherence requires commitment to providing necessary resources, staff development, and training to maintain excellence in service delivery.

“Nobody will protect you from your suffering. You can't cry it away or eat it away or starve it away or walk it away or punch it away or even therapy it away. It's just there, and you have to survive it. You have to endure it. You have to live through it and love it and move on and be better for it and run as far as you can...across the bridge that was built by your own desire to heal.”

—Cheryl Strayed



**Joann Schladale** is a licensed marriage and family therapist specializing in trauma, violence prevention, positive youth development, sexual health, problem sexual behavior, teen pregnancy prevention, and Motivational Interviewing.

She is the developer of the federally recognized innovative and promising intervention, Practice Self-Regulation™ being studied through multi-year federal grants around the country. She has written workbooks for youth including: Practice Self-Regulation (2018), and The T.O.P.\* Workbook for Sexual Health (2016, 2nd Edition), and co-authored Stop It! A Practical Guide for Youth Violence Prevention (2012). In addition to numerous academic book chapters she authored A Trauma-Informed Approach for Adolescent Sexual Health (2013).

Joann, and 10 national trainers provide extensive consultation, program development, and training promoting health and well-being. They work closely with public and private organizations throughout the United States on trauma-informed services, and teach a variety of trauma-informed courses to promote health and well-being, and prevent violence, sexual abuse, and teen pregnancy. Joann has made hundreds of presentations throughout North America, Europe, and Africa.

She is the 2018 recipient of the Gail Burns-Smith award for significant contributions to preventing sexual violence through partnerships between victim/survivor advocates and professionals working with those who have caused sexual violence. It is jointly given by the National Sexual Violence Resource Center (NSVRC) and the Association for the Treatment of Sexual Abusers (ATSA).

Joann self-regulates at her home in Maine where she loves ocean kayaking, bicycling, and hiking with her spouse of 40+ years.



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