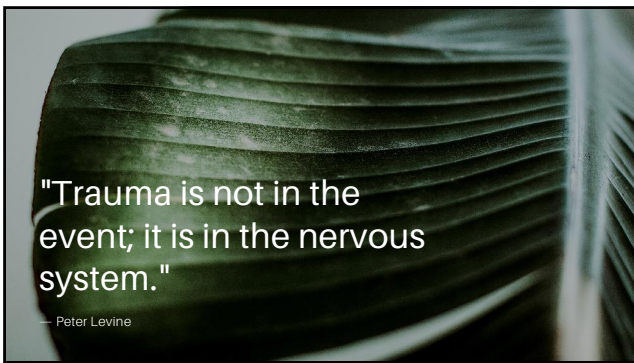
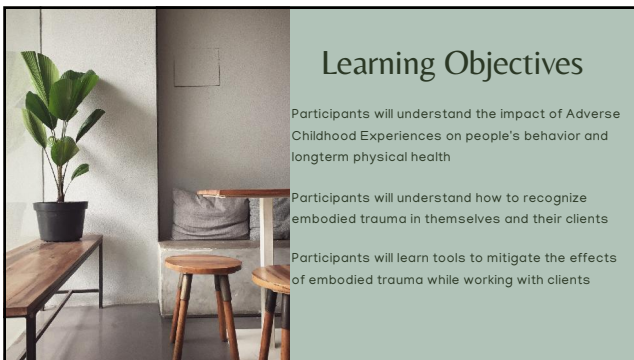




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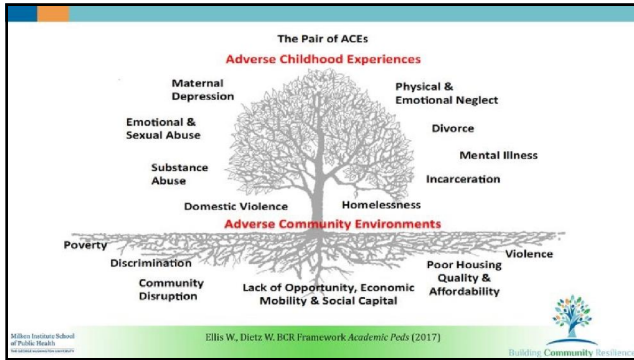
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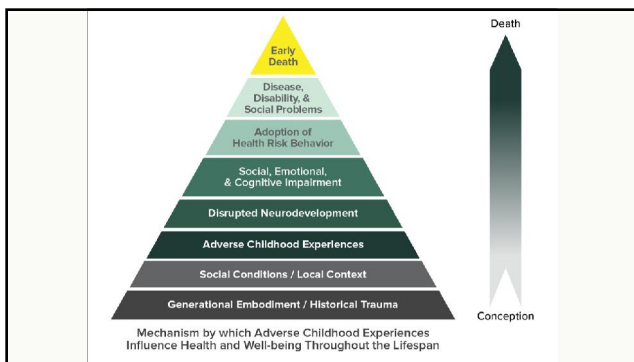
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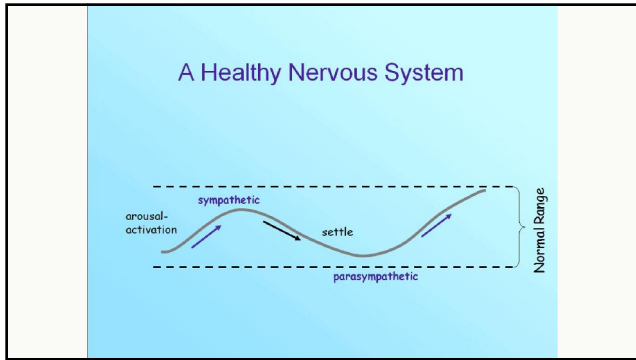


8

What do we mean by stress?

Positive Stress	<ul style="list-style-type: none"> • Normal and helpful • First day of school/doing a presentation
Tolerable Stress	<ul style="list-style-type: none"> • Stress response to an incident that is severe or long-lasting • Supportive buffers in place
Toxic Stress	<ul style="list-style-type: none"> • Prolonged activation of stress response • Lack of buffers in place

9



10

Trauma

Definitions

- Dictionary definition
- Diagnostic and Statistical Manual 5 definition
- Broader definitions
 - Trauma is in the nervous system
 - Loss of connection
 - Loss of wholeness
- "Anything that overwhelms our capacity to cope or respond and leaves us feeling helpless, hopeless and/or out of control"
- Too much, too fast, too soon

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Trauma Responses Are Survival Responses

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No diagnosis for
toxic stress /
complex trauma

13

Types of Trauma

- Shock/acute trauma: an event that happened too fast and too soon, and overwhelms our capacity to cope and respond
- Developmental trauma: due to an ongoing misattunement between a child and the primary caretaker
- Complex trauma: multiple traumatic experiences without the time to heal between them (same type or different types)
- Systemic/Institutionalized trauma: racism, sexism, ableism, ageism, homophobia, transphobia, oppression, microaggressions* etc.

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Somatic Memories

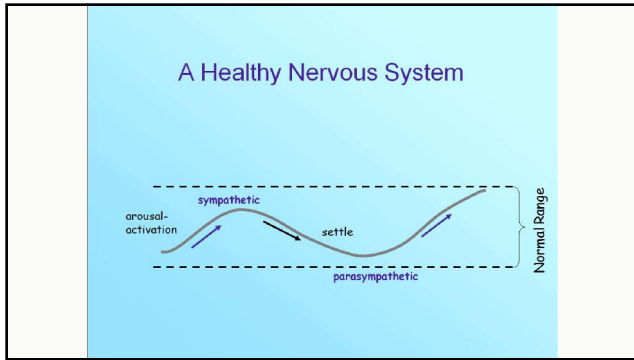
- Somatic memories can be more reliable than explicit memories in trauma responses
- These can tell you a lot about a client
- Notice what is “normal” in situations . . . And what is not “normal” in your clients
- Somatic memories impact professionals as well

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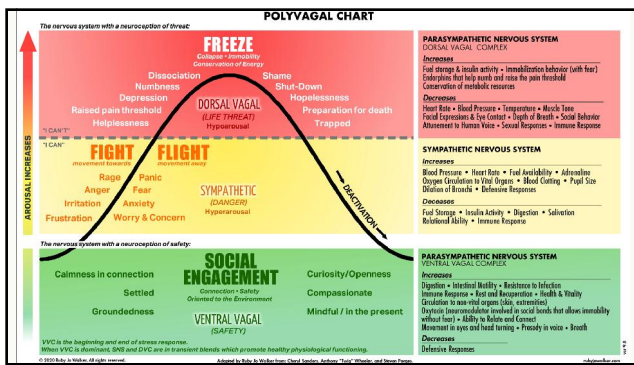
GROUNDING



18



19



20



21


Physical Ramifications	Emotional Ramifications
<ul style="list-style-type: none"> • Tension • Pain • Hypersensitivity / hyperarousal • Greater susceptibility to illness • Feeling fatigued or drained • Chronic illness 	<ul style="list-style-type: none"> • Intense, unpredictable emotions • Dramatic mood swings • Uncontrollable feelings of rage • Profound feelings of hopelessness and helplessness • Inability to access feelings of safety, predictability, and joy • Closed heart / Forgetting why we entered the profession • Apathy / Disgust / Burnout

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Mental Ramifications	Behavioral Ramifications
<ul style="list-style-type: none"> • Confusion and disorientation • Inability to learn and concentrate • Obsessive negative thoughts • Loss of ability to reason and be reasonable • Losing interest in activities • Self-blame • Becoming cynical and disenfranchised • Loss of belief in the future / creativity • "Waiting for the other shoe to drop" 	<ul style="list-style-type: none"> • Turning away from resources • Acting out, impulsive, or risky behaviors • Addiction/substance abuse • Social isolation • Depression • Hypervigilance • Perfectionist or OCD-like behaviors to regain sense of control • Suicide / Suicidal ideation

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NOTICE YOUR BREATH



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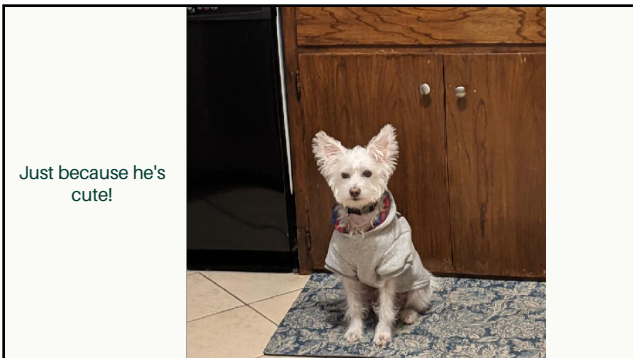
Trauma Responses Are Survival Responses

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What you might see or hear - fight

- Language / emotions –
 - Expressions of causing harm or
 - Expression of battle and anger
- Posture – Someone looks like they are fighting (leaning forward)
- Breath is short and rapid
- Very tense
- Eyes are very focused
- Look like they are ready to explode

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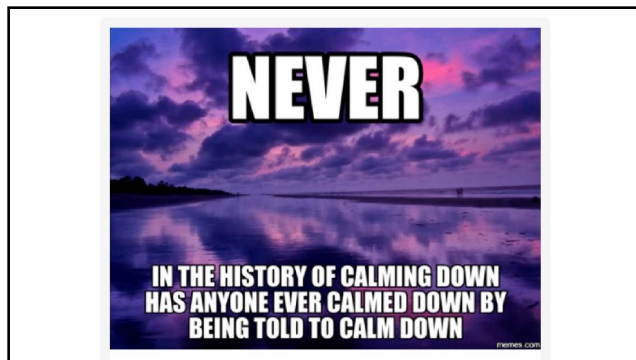


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What you might see or hear - flight

- Language:
 - Language that talks about wanting to run and/or hide
 - May try to leave the conversation we are having with them
- Posture:
 - Looking for an escape route
 - Tapping feet/shaking legs*
- Appears antsy/ready to flee
- Eyes tend to dart around and are less laser-focused than fight
- Lots of tension in the legs

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What you might see or hear - freeze

- Language:
 - Cannot feel/numb
 - Asking you to repeat yourself / cannot remember what you say to them
 - Reports feeling ok or fine
- Minimal affect / lack of motivation
- Posture:
 - Collapsed
 - Looks tense
- Breathing is usually shallow
- Desire to do everything on their own

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What if you see them

- Most common in complex trauma
 - Criminal and family/juvenile cases
 - You may not know what your clients experience - having nothing to do with the case
- Brakes and accelerator at the same time
- This just tells us how overwhelmed the system is
- Not an easy place for us to interact with clients

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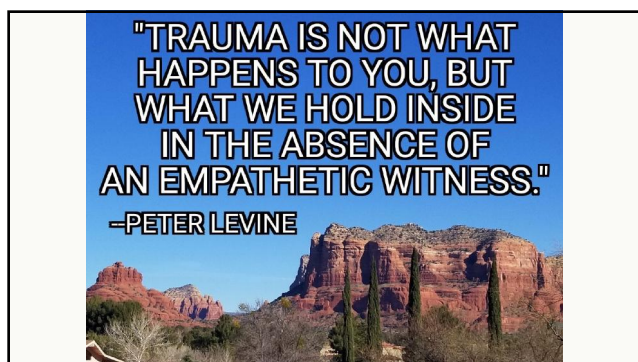


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TRAUMA/ TRIGGER + NO RESOURCE
 =
TRAUMA SYMPTOMS

TRAUMA/ TRIGGER + RESOURCE =
HEALING

34



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What Do We Do About it?

- Many of our clients dissociate – notice where it happens.
- Often what people do not say is more important than what they do say.
- Facial Affect Mirroring – ask your child clients to show you how they feel rather than tell you how they feel.
- Let the body tell its story.
- The nervous system can only take so much – our conversations with clients can overwhelm them.
- Give them time – titration!

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Avoid Retraumatizing

- Self Regulation!
- Emphasize trust and safety (takes time)
- Non-judgmental – watch for biases
- Normalize the experience
- Inconsistencies happen – focusing on them will not lend to improved outcomes
- Be honest!
- Speak in a confidential (but safe) location
- Avoid challenging questions
- Slow down and Listen!
- Notice stress responses
- Incorporate what you know about the client

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Pendulation

Pendulation = Information & Safe Space

- Pace as client engages with the emotional content of the negative event/memory
 - Titrate engagement
 - Important when:
 - Client's story gets them stuck on ON - Talk about something else
 - Client's story gets them stuck on OFF - Body-based language/techniques / Sensory objects
- Why does this matter?
- You can be one of the only places those involved in court can experience this exhalation
 - This requires interrupting sometimes . . . and that is okay.

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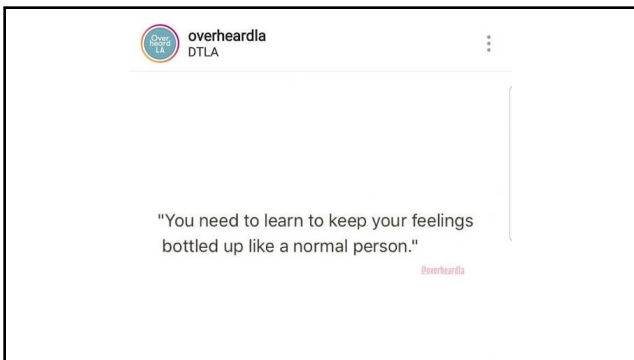
Professional Trauma - Vicarious and Primary

- Personal
 - Conflict between professionals / lack of civility
 - Inappropriate emails
 - Inappropriate statements about age, gender, race, abilities, etc.
 - Blaming a professional for how a case (or situation) turned out
- Vicarious
 - Looks like personal trauma
 - Cannot respond in the way you want / hold it all inside
- Both types can occur within the court context and outside the court context

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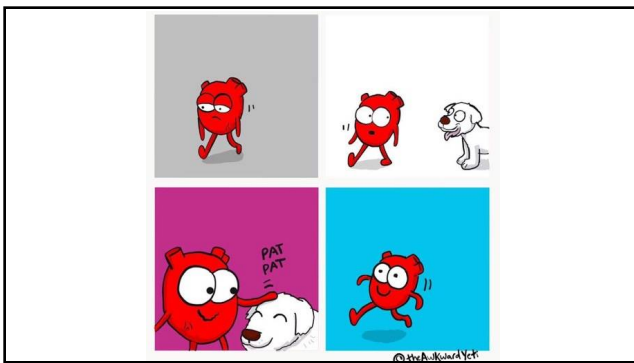
Self Care

- Community Supports – TALK to someone even if not about what happened
- The MOST important way humans heal is together, especially through laughter
- Meditation/Yoga/Breathing Be in nature (hike, beach, mountains, hug a tree)
- Exercise - get the stuck trauma energy moving
- Take a day off (assuming you get permission)
- Do one of your hobbies
- Spiritual pursuits – remember to connect to your beliefs and try to see the good in the world
- Stop watching the news / things that might trigger you

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- Any touch work – massage / facial / spa day
- Take a real lunch break and eat at a restaurant or go shopping/for a walk during lunch
- Volunteer – feel good about doing something in the world
- Watch a funny movie / Listen to your favorite music
- Creative expression in whatever way you love
- Play with your pets
- Get extra sleep
- Professional help – preferably someone trained in trauma healing
- Anything that makes you happy (that is not substance abuse) can be healing, and it's better if it includes other people

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How to Self-Regulate in the Moment

- Grounding
- Supporting
- Centering
- Noticing your breath
- Orienting (all five senses)
- Meditate (eyes open/closed)
- Sensory / fidget tools
- Soothing movements (grab elbows)
- Somatic hug
- Self contact
- Gentle movement

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- The Boy Who Was Raised as a Dog and Other Stories from a Child Psychiatrist’s Notebook – What Traumatized Children Can Teach Us About Loss, Love, and Healing by Dr. Bruce Perry and Maia Szalavitz

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- Trauma and Memory: Brain and Body in a Search for the Living Past: A Practical Guide for Understanding and Working with Traumatic Memory by Dr. Peter Levine

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Thank you

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