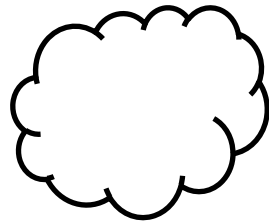


Supporting Trauma Informed Practices

Working with Adolescents and Youth



I CAN Do IT!
I CAN Do IT!

***A manual for
service
providers***

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Introduction

Trauma or ACEs (Adverse Childhood Events) Informed Practice or Care is the name given to an informed lens of support and understanding for children, youth and adults who have experienced adverse childhood and life events, where the possible effects of such events may be currently interfering with their ability to regulate emotion, to form and maintain healthy relationships and to learn new information and skills. There is a wealth of information now available for working with young children, but less cohesive resources for adolescents.

This manual includes tools and information for service providers and educators from the writers' professional experience and from various resources cited throughout the manual in order to support the goal of providing trauma-informed care for all youth and adolescents. Part 1 explores the foundational role of building safety through relationships and provides tips on creating safer environments. Part 2 describes common expressions of trauma in youth and adolescents and includes language and tools for responding to these expressions as service providers. Part 3 describes some of the challenges a high-school setting can contribute to trauma survivors and offers some insights into reducing the pain in this system. Part 4 identifies trauma-informed therapeutic strategies to use with or to simply inform your work with youth. Finally, *Language Barriers*, written by Colin Hague, provides readers with a powerful personal account of working with youth impacted by trauma, and the importance of language and relationship illustrated through his own lived experiences and examples

The most important point to make in all trauma-informed practice with youth is that no one approach or strategy works for all youth who have experienced adverse events. It will take time and trial and error to find out what works. Having the time to build relationship to better understand the youth in front of us is critical to developing the most effective approach.

Part 1: Relational and Calming Strategies

Building Safety in Relationships and Space

Am I Safe Here and Do You Like Me: Building Safety Through Relationship

The first step in connecting to any youth is establishing safety. Youth who have experienced complex trauma often lack safety in many areas of their life. This lack of safety can greatly impact brain development resulting in the youth's body being in a heightened stress response state. Some common manifestations of this state include behaviours which are anxious, aggressive, hyper-vigilant and on alert, as well dissociation, "zoning out" or extreme passivity. The concept of safety in relationships may feel new and unfamiliar for youth however it is vital for positive connection.

Types of safety:

Emotional Safety. Emotional safety is within ourselves. It is becoming aware and naming our own feelings and taking the risk to feel them. In relationships, emotional safety is expressed when two people feel they can be open and honest with their true feelings (National Centre for Domestic Violence, Trauma, and Mental Health, 2011).

Psychological Safety. Psychological safety is defined by being able to take interpersonal risks with others. It is feeling connected with family, peers, classmates, workmates, and other groups we interact with. It is a shared belief among a group that we are safe to express ourselves and thoughts without reprimand, punishment, or ridicule (Edmundson & Lei, 2014).

Cultural Safety. Cultural safety is acknowledging and understanding that colonial practices have subjected Indigenous peoples to oppression and traumas. It is a stance that aims to eradicate this power imbalance through systemic changes, as well as ensure that individual's understand their own biases, prejudices and unconscious beliefs that can alter behaviours towards Indigenous people (National Collaborating Centre for Aboriginal Health).

*When the other person is hurting, confused,
troubled, anxious, alienated, terrified; or when he or she
is doubtful of self-worth, uncertain as to identity,
then understanding is called for. The gentle and sensitive
companionship of an empathic stance...provides illumination
and healing.*

Carl Rogers

The Empathic Stance

Empathy is the practice of deeply understanding another person's experience. It is "putting yourself into their shoes". Many service providers have strong feelings of empathy for the youth they work with. Some of the skills we use to convey this empathy is active listening, using reflection, showing non-judgement, being non-critical, showing acceptance, and validating the teen's experience. Empathy is expressed through our words, actions, and body language (which teens are experts at interpreting 😊). Remember to use empathy around all of the teen's experience, not shying away from topics like violence or suicide. Another way of practicing empathy is being present and attuned to the youth. This is conveyed through listening to what the teen needs to talk about in that moment (breakups, loss of friendship, school stress, parents, etc). Empathy can be used at any time and in crisis.

Basics of reflective listening to show your empathy:

You're feeling _____ because _____.

You're feeling so heartbroken because Jessy has left...

Because you dropped out of school, you feel like a failure...

Advanced empathy can be used when the youth doesn't have the words, but when you can read their body language:

You're really pissed off and you want to punch him...

I can see you are so tired of life you just want to be done...

I can sense you are struggling right now and so confused with what to do....

Youth, just like adults, often need time to feel safe with new relationships. Consistent positive experiences over time can help signal safe people.



Who do you feel safe with in your life?

Building Safety: Through Structure

Environments with structure and consistency can provide safety and predictability for young people. Staff and adults who are able to be consistent in their demeanor and relationship to teens can signal stability in relationships. Because young people are able to quickly notice any changes in mood as well as structural changes within the work place, give the teen notice or explanations (as best fit) as to changes (Massachusetts Advocates for Children, 2013).

Tips for providing structure:

Maintain daily routines – Provide clocks and signals for transitions, morning check in, snack time, break time

Maintain routine in your practice – What is a consistent piece of practice you can offer with the teen?

Staffing consistency – notify young people when staff are away

Changes – Give notification or any routine changes or deviations from the norm. *Example: Remember that Wednesday is early dismissal. We will be leaving at 2:30 instead of 3:00*

Schedules and plans – visual scheduling and vocal pictures of activities and what to expect

Grounding

Grounding is offering the opportunity to connect to the present moment, offering a break from dissociation, daydreams, and hyper-arousal. Grounding connects the youth to staff members, to the classroom and to their own bodies. Grounding can be done with physical items, or thoughts, or through calming spaces and people (Navajits, 2002). We can create grounding spaces by structuring a room to have items available to ground with and by supporting youth's unique needs with this practice.

Physical Grounding

Access to music and or headphones

Colouring books

Food and drink

Artwork and things to look at on the walls

Access to cell phone when appropriate – games can be grounding and can offer a downtime or stimulation

Running hands through water

Fidgety things to have around for physical grounding:

- Mazes
- Spirals

- Buttons
- Jars with stuff in them
- Puzzles
- Magnetics
- Teddy bears/stuffies
- Scented wax/candles
- Rocks
- Magnetics
- Small plastic animals/toys
- Grounding boxes (boxes filled with above items)

Mental Grounding

Mental grounding is a tool to bring the mind back to the present rather than going into an aroused state such as anger, fear, or dissociation. This type of grounding can be done privately. Often youth feel comforted by telling them that no one has to know if they are actively grounding or not. The more we practice grounding, the better it works and it is important to explain to youth the principles behind the practice of grounding.

A few examples of mental grounding:

- Name 5 things you see, 4 things you hear, 3 things you feel, 2 things you smell, 1 thing you taste
- Name 5 purple objects in the room, now red, now orange, etc. Name 5 triangles, rectangles, circles
- List your 10 favourite chocolate bars
- Repeat a mantra or special phrase, example: “This will pass.” “I am ok.”
- Orient yourself in the present, example: “Right now I am on the bus. The number 4 bus in Prince George. I am 20 years old and I am going to buy groceries.”

- Recount what you did today, example: “This morning I made porridge. I grabbed the bag from the cupboard. I poured the oats in a pot...”

(Najavits, 2002)

Grounding through Safe People and Places

Sometimes, we just need to be around the right people to feel better. You may notice a certain teen drops in to say hi, or just wants to sit. Allow them the space in your agency or classroom to just be.

Safe places can be:

- Certain homes
- Stores
- Nature
- Parks
- School
- Service spaces
- Drop-in centres
- Pool



Where is a safe space that you like to be?

De-Escalation

Even with our best efforts to provide safety for youth, it is common and normal for youth to still become triggered. As service providers, we only have so much control over the environment, as well as the natural biological responses of a triggered state. Many people may be unaware of their triggers, and part of helping youth identify and respond to triggering situations is understand your own as a helper. This section will provide tips on how to manage a triggered response.

Identifying and Responding to Trauma Triggers

Triggers are reminders of past traumatic events and can leave youth feeling unsafe.

Triggers may be external stimuli from any of the five senses:

- Physical contact
- Sounds, smells, or places
- Disagreements or conflicts
- Certain types of conversations
- Unpredictable situations or sudden changes

Triggers may also be internal and can include feeling hungry, tired, lonely, or anxious.

When triggered, youth may respond in a number of different ways:

- Outbursts, yelling, fighting
- Panic, get anxious, angry, frustrated, or cry
- Shut down, quiet, unresponsive
- Take off, run away, want to be alone
- Use substances to regulate – drink, smoke, use drugs, eat

Identifying Triggers

Ask the youth to reflect on the following:

- What is the youth's current mood, state of mind, and environment?
- What situations, people, or places remind the youth of past traumatic events?
- When, where, and how does the youth react to reminders of past events?

- What is the youth feeling in his or her body?

Responding to Triggers

When a youth has a triggered response:

Create safety

- Allow the youth to decide on a safe place and safe person
- Be mindful of physical space and giving youth choice

Maintain a calm presence – Co-regulation

- Respond with a soothing voice
- Be attuned to the youth's affect cues and body language
- As a support person, adjust your behaviour to help up-regulate or down-regulate the youth as needed
- If you are new to working with this youth and there is someone else available who has a good relationship with the youth, bring that person into the situation

Calming or soothing activities

- Talk it out with the youth when appropriate
- The youth may need some time alone
- Breathe deeply
- Be mindful of what is happening in the body
- Do something physical – go for a walk, run, stretch, etc.
- Write in a journal, draw, paint, or sing

(Adolescent Health Working Group, 2013;
The State of Washington, 2011)

Trauma-Informed Consequences

Maintaining a classroom or service centre understandably has to maintain safe boundaries, which includes having consequences for unsafe behaviours. Provide logical consequences that are reasonable to the behaviour and consistent with the youth's needs and level of functioning:

- It is important that youth are held accountable for their actions, but staff needs to discern a triggered response from one with intent (react with no cognitive processing versus respond with intent)
- Rules and consequences apply to everyone
- Consequences are given with empathy and a respectful tone
- Be mindful of the youth's triggers and past traumatic experiences, if known
- Attempt to maintain youth in learning environment, even with problematic behaviours
- Explore the function of the challenging behaviour and assist youth in developing other strategies to get their needs met
- Help youth identify the problem behaviour, define it in the context of trauma, and explore other ways to express intense emotions such as anger, fear, or sadness
- Help youth recognize the impact of their actions – some youth will repeatedly test limits until trust and connection is established
- Help youth build capacity to self-regulate
- Remember that behaviour change is slow and gradual

(Adolescent Health Working Group, 2013;
The State of Washington, 2011)

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Part 2: Trauma in Youth & Trauma-Informed Responses

Attachment

Early childhood traumas impacting attachment between child and caregivers can have profound and lasting effects on the ways children develop and subsequently in the ways youth connect with other people. All newborns and children have basic needs of emotional and physical safety, nourishment, and attunement with a care-giver in order to move through age appropriate stages of development. This secure attachment allows children to safely learn to explore their surroundings as well as the internal emotional and mental life within themselves (Milo, St-Laurent, & Thier, 2016). Without secure attachment opportunities, children may develop disorganized or chaotic attachments to care-givers and have difficulty maintaining healthy relationships later in life. Severe or early disruption to attachment is also considered traumatic and can lead to complex trauma behaviours (O’Neill, Guenette, & Kitchenham, 2009).

How disruptions in attachment can be expressed:

Controlling behaviours

Care-giving roles

Overly Compliant

Extreme independence/self-reliance

Use of coercion

Behavioural extremes switching between aggression to helplessness

(O'Neill, et al., 2009)

Responding to attachment needs

It is important to understand that difficult behaviours can be related to early traumas and attachment disruptions. A secure attachment with the youth as a service provider or educator is vital for any therapeutic work or new learning to occur.

“Children cannot focus on other therapeutic tasks if they are not anchored in stable, safe placements and adult relationships.”

(Zilberstein, 2014)

Building a safe and stable relationship with an adult may be unfamiliar and feel unsafe for the youth. Often a long duration of consistent and sustained positive contact is needed to build a trusting relationship between the teen and a new adult in his or her life (Briere & Lanktree, 2012).

Focus on building safety, stability, and positive experiences with the youth to form a healing relationship.

Tips for building safe connections:

- Client-centered, empathic stance
- Consistent, stable contact
- Youth friendly spaces and activities
- Giving permission for youth to be themselves
- Genuine interest in the teen's life
- Use of humour, play, creativity

- Being honest
- Maintaining safe and therapeutic boundaries
- Not shying away from the relationship, example:
 “What works well between us? What do you need from me?”

References and Resources:

Briere, J., & Lanktree, C. (2012). *Treating complex trauma in adolescents and young adults*. Thousand Oaks, CA: Sage.

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Self-Harm

Self-harm is purposefully inflicting physical pain. Often when teens or young people self-harm, they are not trying to kill themselves but are using it to experience a release from numbness or overwhelming psychological pain.

Common ways that teens and young adults may self-harm:

Cutting – arms, legs, feet, thighs, stomach, other hidden areas

Burning – using lighters or cigarettes to burn skin

Scratching – scratching self until bleeding

Taking too much medicine – Mini overdose

Why do teens and young people do this?

Self-harm is a coping mechanism. An estimated 14-39% of teens in Canada use self-harm (Canadian Mental Health Association, 2013). Self-harm often offers an escape from overwhelming feelings such as sadness, loneliness, shame, pain, and anger. Self-harm can also express feelings that young people cannot express with words, or give the teen a sense of control of their body and world. Teens may also use self-harm to combat feelings of numbness as feeling physical pain is welcomed relief to feeling nothing at all.

Trauma and Self-Harm

Experiencing childhood trauma can increase the risk for a young person using self-harm (Gladstone et al., 2004; Noll et al., 2003). Self-harm is understood to be related to dissociation. When young people become heavily reliant on dissociation, self-harm can be a

way to cope with the dissociative behaviours and the discomfort and confusion related to numbness (Noll et al., 2003). Self-harm can also offer a young person control in a world that is chaotic and out of control.

Responding to Self-Harm

Check in with yourself – How does self-harm make you feel? People can feel a range of emotions towards self-harm including confusion, anger, sadness, guilt, shame, disgust, and worry to name a few. Understanding your thoughts and feelings about self-harm can help you become a more grounded supporter. Finding space to explore and talk about these difficult feelings may also help inform you of the same types of feelings the young people in your life and work are holding.

Use non-judgmental words and body language – Avoid scolding the young person or showing an exaggerated response to the young person's wounds. This can potentially trigger shameful feelings. Avoid critical comments and judgements.

Be Supportive – Do not use ultimatums or threats to curb the teen's use of self-harm. Rather, be understanding, curious, and gentle with the process. Let the teen know you are there to support them.

Don't demand the teen to stop – Self-harm is a coping mechanism. Do not expect or demand the teen stop immediately. Instead, begin to support the teen in expressing their feelings and situations that lead to self-harm.

References and Resources:

<http://www.cheo.on.ca/en/self-harm>

<http://www.helpguide.org/articles/anxiety/cutting-and-self-harm.htm>

http://www.cmha.ca/mental_health/youth-and-self-injury/#.V3a_dfrLct

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- Gladstone, G. L., Parker, G. B., Mitchell, P. B., Malhi, G. S., Wilhelm, K., & Austin, M. P. (2004). Implications of childhood trauma for depressed women: an analysis of pathways from childhood sexual abuse to deliberate self-harm and revictimization. *The American Journal of Psychiatry, 161*, 8, 1417-25.

Self-Esteem

Self-Esteem and Trauma

Youth experiencing repetitive traumas such as harm, rejection, and abuse can develop negative feelings about themselves and believe they are unlovable, deficient, and/or broken. While positive early life experiences and interactions with care givers can shape children to have competent and worthy beliefs about themselves, youth who have been maltreated are more likely to feel unworthy, incompetent and blame themselves for the abuses in life. This self-blame and shame can make seeking support difficult for youth (Cook et al., 2005).

Self-Esteem Defined

Self-esteem is having self-respect and self-acceptance. This leads to positive behaviors that enhance and maintain these feelings of self-worth. Self-esteem can be viewed as a human need. All humans have a universal desire to protect feelings of self-worth and when this is interrupted we become distressed. Maintaining self-esteem can lead to self-protective practices like positive coping, engaging in activities one excels at, listening to intuition, etc (Rosenberg, 1995).

Self-Esteem and Culture

Feeling connected to and a part of one's culture and community can contribute to higher self-esteem among youth (Smokowski, Evans, Cotter, & Webber, 2013). However, cultural messages and historical traumas can also negatively shape self-worth for certain communities. One study demonstrated that Aboriginal children in Canada can learn as early in grade one that their identity is less valuable than dominant groups (Corenblum & Armstrong, 2012). This highlights the need for culturally appropriate interventions

and trauma-informed practice. Working on self-esteem in a culturally safe way with youth can provide space for this work, pointing to findings that high self-esteem among the First Nation Lumbee Tribe youth in the USA was found to be protective against later mental health diagnoses as well as be a strong connector to ethnic identity (Smokowski, et al., 2013).

Responding to Self-Esteem

Avoid trying to fix or talk the youth out of thinking or feeling the way they do. For example, saying “But you are lovable!” to a youth may be triggering. This may be very uncomfortable for the youth to accept or believe. Instead to try and understand the youths feeling’s about themselves and be curious about their strengths. All youth have strengths that have kept them living.

Strengths-Based Questions:

“You really know how to be a good friend. ...I just wonder, what do you think this says about who you are?”

“How were you able to do that? To stand up to him like that?”

“What do you think made you become that person who your friends go to for help?”

“I notice how you always want what is fair, even if it gets you in trouble sometimes. Where do you think that comes from?”

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Grief and Loss

Connection to trauma

Though grief and loss is most often associated with death, humans will also grieve implications and meanings (Reeves, 2001). Some youth may experience loss in many areas of life that are not verbalized such as loss of safety as a child, loss of innocence, loss of what family could have been or should have been, or loss of perceived justice in the world.

Children who have experienced complex trauma, including attachment disruptions are more likely to have complicated reactions to grief and loss later in life, including higher levels of distress and longer grieving periods (Vanderwerker, Jacobs, Parkes, & Prigerson, 2006). Youth may become triggered following loss as feelings attached to earlier trauma may be re-lived as the youth moves through grief.

Grief and loss defined

Loss - Any experience of something being taken away. This can be in the form of another person, or pet, or attachment such as friend group, relationship, dream, etc.

Grief- A person's emotional reaction to loss

Some reactions to grief

Everyone grieves differently. It is important to respect this unique experience. Two general patterns of grief have been observed and are called instrumental and expressive (Martin & Doka, 2000).

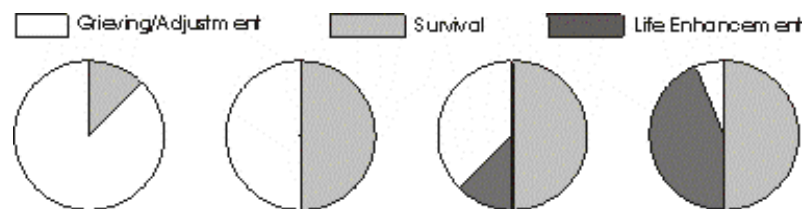
Instrumental grieving includes experiencing grief as a deeply inward experience with thinking about the loss rather than focusing on emotions. Instrumental grievers feel better by

physically processing the grief, like fixing things, cleaning, gardening, sports, rather than talking about it.

Expressive grief is characterized by strong waves of emotion, talking about the loss, and expressing inner emotions through body language and affect. These people feel better by talking through the grief and need space to do this.

Grief Energy Model

In the time following a loss, much energy is spent grieving and surviving (Reeves, 2016).



Responding to Grief and Loss

If the youth has experienced loss or is re-living the loss through an anniversary:

Listen – Give the youth space to talk about what has happened. Do not worry so much about what to say. Allow your physical presence and desire to hear the youth provide a safe space. Listen empathically, gently reflecting what is being shared with you.

Compassion – Provide a non-critical space where the youth can express themselves. Try to avoid judging their reactions to grief or trying to make the person feel something different. You do not need to say you know how they feel, instead think of yourself as walking alongside the person.

Patience – Allow the youth to determine the pace of the conversation, as well as their grieving process. It may take a long time.

Reliability – Ongoing support for youth while you are in their life is an invaluable gift. You may be a listener for the youth months or even years after the death or loss.

Anniversaries of loss

Anniversaries of loss can be extremely difficult times for youth. You may notice that leading up to the anniversary, youth can be easily triggered and engage in more protective behaviors. Be mindful of anniversaries, understanding what the youth needs in order to be safe during this difficult time. You may work together with the youth to safety plan for when an anniversary is coming, identifying what needs to be in place.

Include safety planning for yourself as a service provider while you support others in their grief.

(Wolflet, 2016)

Re-membering Conversations

Historically, dominant Western culture has encouraged individuals to end their relationship with the deceased and to eliminate reminders, attachments, and sometimes discussions around the person. Narrative therapy invites us to consider the spiritual, relational presence that the deceased still has with those living. This technique may support other cultural practices of grieving and can be a positive place of meaning making for youth, especially if the person who has passed had been a safe and supportive presence (Hedtke & Winslade, 2005).

Re-membering conversations invite deceased members back into the present realm of the youth's life. This does not need to be done explicitly, rather gentle questions can offer enough curiosity to remind the youth of the positive relationship they can still have with this person.

Examples of Re-membering questions:

What was _____ like?

What would _____ want for you now?

How do you know _____ is taking care of you?

References and Resources:

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Substance Use

Trauma and Substance Use

Youth who have experienced trauma are at an increased risk for substance use as a way to cope with the effects of trauma. Substance use is also considered a risk factor for trauma exposure. Family adversity and traumas are associated with earlier use of substances for coping. The younger the youth is in trying substances, the greater increased risk for substance problems later in life (Knopf, 2016).

Why do youth use substances?

Substances can be used to self-medicate traumatic stress and symptoms such as intrusive thoughts, emotions and repetitive cognitions (Garland, Pettus-Davis, & Howard, 2012).

Substance use can be fun. Many youth experiment and using is part of their friend group or culture. This is a way to connect to others.

The youth may have been introduced to substances from their family early in life– the use of substance may be normalized and part of the environment the youth grew up in.

It is important to understand substance use as a coping mechanism for dealing with immense pain and emotional dysregulation, and to also understand it as something stable and predictable in an unpredictable world.

Risks related to drug use in youth

Chronic substance use may interfere with the body's stress response, developing a dependence on substances as a way to alleviate negative thoughts and emotions. This in turn can increase risk for addictions and mood dysregulation (Garland, et al., 2012).

Being under the influence heightens risk of suicide. Youth who use drugs are 11 times more likely to overdose or commit suicide compared to youth who do not use drugs (Canadian Centre for Addiction, 2016).

Responding to Substance Use

Do not pressure yourself into making the youth quit. Work alongside the teen so you both become aware of the cycle and patterns of substance use, and what it serves in the teen's life. This requires real empathy and patience.

Suggestions from the Ontario Youth Strategy Project (2008)

Be client-centred and client directed – important because of lack of power and control many youth have as they depend largely on adults

Provide empathy and non-judgement towards the teen and his or her substance use.

Involve youth's family, family which is defined by youth and family members who youth want involved

Consider the context of the youth's life – living situation, family member, friends, intergenerational trauma

Depending on your role, a good place to begin is to just understand the teen's life and his or her use of substances. You may be the safe person they can talk to about their drug use without judgement, criticism, or pressure to quit.

Quitting the substance immediately may not be helpful as the youth then loses a coping mechanism. However, talking about substance use can alleviate shame and secrecy, and help the youth feel connected.

Questions to explore the use:

What does _____ do for you?

In what ways does it help you?

What parts about _____ do you like?

What parts about _____ do you not like?

Questions to consider around safety:

"I realize that you are taking your meds right now. What do you know about medication and drinking?"

"It's my understanding that sometimes being drunk can bring on thoughts of suicide in some people. What do you think about this?"

"I'm just wondering what you know about needles"

Helping youth understand triggers, coping and their patterns:

"Remember the last time you really needed to drink. I'm wondering, what was that day like for you? "

On a scale of 1-10 how strong is your urge to use usually?

What number does your urge turn into using?

Is there a time that the urge isn't in your brain?

So I hear, when you are swimming with your friends, you don't even think about it. What do you think about that?

Provide education around using to explore shame/guilt around the use

"Sometimes, when people feel so bad inside, it feels good to drink. What do you think about that?"

"Often, I've heard that after a really fun night, people can feel just horrible the next day. Sometimes guilty or bad for what they did. I am wondering, does that ever happen to you?"

References and Resources:

https://canadiancentreforaddictions.org/teen-drug-abuse-facts/?utm_expnid=84829520-1.iBFmuf76QV627Rh_Ylt7FQ.0&utm_referrer=https%3A%2F%2Fwww.google.ca%2F

Garland, E. L., Pettus-Davis, C., & Howard, M. O. (2012). Self-medication among traumatized youth: Structural equation modeling of pathways between trauma history, substance misuse, and psychological distress. *Journal of Behavioral Medicine*, 36, 2, 175-185.

Knopf, A. (2016). Childhood trauma heightens risk for teen drug misuse. *The Brown University Child and Adolescent Behavior Letter*, 32, 9, 1-6.

Sexualized Behaviours

Exposure to childhood traumas, including sexual abuse, can impact youth sexual development. Youth may be impacted in a range of ways. It is important to understand this range of sexualized responses as related to trauma so that shame around the expressions of this trauma is minimized.

Some ways the youth can be impacted are:

Hyper-sexuality

Abstinence/ avoidance of sex

Early pregnancy

Pain during sexual activity

Dissociation during sexual activity

Anxiety, flashbacks and memories during sexual activity

Sexualized problem behaviours (hurting others)

Re-enactment of abuse

(Amsworth & Holaday, 1993; Knoll, Trickett & Putname, 2003)

Youth who have sexually abused or assaulted others

In your work with youth, you most likely will come in contact with a young person who has sexually abused or assaulted other youth or children. The majority youth who assault and or abuse other youth or children tend to be male; however young females can

and do abuse and assault others as well. Sexual behaviours which include harm, coercion, manipulation, and a large age difference between the two parties are not within normal sexual development (Boyd, Bromfeild, Australian Institute of Family Studies., & Australian Centre for the Study of Sexual Assault 2006). Any act of sexually abuse of assault is a serious offence and the harms to the victim must not be minimized, that is the safety of the victim is the priority. The young person who has committed the act is in need of professional help. It is important to remember that youth who have offended are not destined to become adult sex offenders (Boyd et al, 2006) . These youth need to be referred to the Ministry of Children and Family Development and the RCMP in order to begin appropriate treatment.

Youth who have been sexually assaulted or abused

The majority of sexual assault and sexual abuse is perpetrated by someone known and close to the youth such as a family member, friend, trusted adult, or partner. However, many youth may not have the language to describe their experience and may not consider what has happened to them as sexual assault or abuse. Common myths, such as sexual assault and abuse only counts if there was violence or physical force, that abuse or assault was the fault of the victim, or sexual assault doesn't count if the two youth are dating, that the victim consented while under the influence of drugs or alcohol, can add to ambiguity and confusion around whether or not the youth believes they have been violated (Quadara, A., Australian Centre for the Study of Sexual Assault., & Australian Institute of Family Studies, 2008)

Disclosure

When a youth tells someone about their experience or sexual assault or abuse, this is considered a disclosure. It is important to remember that a disclosure is a method of reaching out and seeking support, and is not the same as an allegation or police report (Quadara et al, 2008). Though these actions may be the

result of disclosure, often youth disclose in order to gain clarity of their situation, want the abuse to stop, reduce isolation, seek help and safety, and better understand the confusion and pain they are experiencing (Quadara et al, 2008).

Responding to a sexual abuse or assault disclosure:

If you sense a youth wants to tell you something and may be disclosing sexual assault or abuse, whether it happened in the past or is ongoing, it is important to signal to the youth you are ready to listen. Here are some tips (Quadara et al, 2008):

Remain calm

Provide a private and comfortable space

Let the youth take their time

Reassure the youth telling is the right thing to do

Listen deeply

Do not approach perpetrator

Refer the youth to appropriate services

Ask if they would like to speak to the counselor

Respond with support:

"I believe you. I am here for you"

"It is really hard to do what you just did."

Attend to safety

"Is it safe where you are?"

Give information and be clear about your duty to report

"Let's make sure that you know what I have to report. I must report if I think you are in danger and we need others to help keep you safe. Does that make sense?"

You do not have to be alone in the following steps that result after a disclosure. Remember to seek a supervisor in your workplace to de-brief what is happening and gain support in moving forward.

References and Resources:

- Armsworth, M. W., & Holaday, M. (1993). The Effects of Psychological Trauma on Children and Adolescents. *Journal of Counseling and Development, 71, 4, 49-56.*
- Boyd, C., Bromfield, L., Australian Institute of Family Studies., & Australian Centre for the Study of Sexual Assault. (2006). *Young people who sexually abuse: Key issues.* Melbourne: Australian Institute of Family Studies
- Noll, J. G., Trickett, P. K., & Putnam, F. W. (2003). A Prospective Investigation of the Impact of Childhood Sexual Abuse on the Development of Sexuality. *Journal of Consulting and Clinical Psychology, 71, 3, 575.*
- Quadara, A., Australian Centre for the Study of Sexual Assault., & Australian Institute of Family Studies. (2008). *Responding to young people disclosing sexual assault: A resource for schools.* Melbourne: Australian Centre for the Study of Sexual assault.

Eating Disorders

Binge eating and/or purging may help reduce the anxiety or hyperarousal associated with past trauma. These behaviours may also help facilitate the numbing or avoidance of traumatic experiences (Brewerton, 2007).

Supporting Youth

Communicate your concerns in a calm and caring way. Share specific times you felt concerned about the youth's eating or exercise behaviours. If the youth is not willing to acknowledge there is a problem, restate your concerns in a gentle manner and offer to be a supportive listener or helper.

Encourage the youth to explore these concerns with a professional who is knowledgeable about eating issues. You may assist the youth in making an appointment or offer to accompany the youth to his or her first appointment.

Avoid placing blame, shame, or guilt about the youth's attitudes or behaviours. Replace unhelpful comments such as "You just need to eat" with "I" statements.

Do not give simple solutions such as "If you would just eat, everything would be alright" (National Eating Disorders Association, 2005).

Responding to eating disorders:

Some questions to explore with youth:

What is your relationship like with your body?

What is your relationship like with food?

What is your relationship like with exercise?

References and Resources:

Brewerton, T. D. (2007). Eating disorders, trauma, and comorbidity: Focus on PTSD. *Eating Disorders, 15, 4*, 285-304.

National Eating Disorders Association. (2005). *How to support a loved one with an eating disorder*. Retrieved from:

<https://www.nationaleatingdisorders.org/learn/help/caregivers/support>

Part 3: Trauma Informed in the High-School

Youth are expected to spend most of their day inside of a school system. Though this may be a place of learning, connection, and growth for students, youth who have or are experiencing trauma may struggle with the demands of being engaged with others and with an educational system all day. Maintaining survival can be a full time job for youth with trauma and they may be exhausted and burn-out by time they are at school. Though school can also provide powerful spaces of safety and connection for these same youth, it is important to recognize not one-size fits all for students, and to understand how the structures and demands of school can trigger extreme and unsafe situations for many youth coping with trauma.

In terms of specific school-wide strategies that some schools are trying, one approach is starting youth from adverse events who have a history of struggling with academics with a timetable of electives to build competency and success before adding academic courses.

Challenges within the structure of the school system

- Changing schedules through-out the week
- Early mornings (Recent research is suggesting a later start for high schools would benefit adolescents)
- Different teachers throughout the day

- Evaluative and performance based measures of success
- Pressure to initiate and maintain peer relationships



What other challenges do you notice?

Strategies within this structure

- **Maintaining as much consistency as possible**
 - Beginning of class check-ins, classroom routine, daily activity
- Allowing mini breaks, finding an approach to support this need as ACEs youth often need to move
 - Bathroom, snack, music
- **Strengths based approach**
 - Rewarding positive outcomes and efforts, whatever that may look like
 - Acknowledging when the student does something outside of their comfort zone
 - Understanding acting out as protective behaviours and coping strategies
- **Focus on relationship**
 - Positive relationships are key to provide safety & any learning
 - Maintain empathy and understanding with youth
 - Be interested and curious with the youth's world

(Child Safety Commissioner, 2007)

CAPPD - An approach to working with trauma in schools

This acronym was developed by the Health Federation of Philadelphia to provide a trauma informed- framework for all staff working within the school system

Calm

The goal is to create a relaxed, focused state for yourself and your students. Learning to regulate emotions and return to a relaxed state after being alarmed or triggered helps youth function in the neocortex, which is responsible for complex thinking and learning. This promotes positive relationships and experiences.

Attuned

Be aware of youth's non-verbal cues including body language, tone of voice, and emotional state. These cues indicate how much and what types of activities and learning the youth can presently manage. You must connect with a youth on an emotional, sensory level before moving to a cognitive level.

Present

Be in the moment and focus your attention on the adolescent. All youth can tell when you are not truly engaged or paying attention to them.

Predictable

Provide youth with routine, structure, and repeated positive experiences. This will help youth to feel safe and allow them to be free to grow and explore.

Don't let youth's emotions escalate your own.

Remain in control of your own emotions and the expression of them. The best way for youth to learn to regulate their emotions is by watching us regulate ours.

(Health Federation of Philadelphia, 2010)



Which of the above skills do you already do well?

Which of the above skills would you like to work on?

What do you notice when you are able to use these skills?

References and Resources:

Child Safety Commissioner. (2007). *Calmer classrooms: A guide to working with traumatised children*. Melbourne, Vic. Retrieved from:
http://www.ccyp.vic.gov.au/childsafetycommissioner/downloads/calmer_classrooms.pdf

Health Federation of Philadelphia. (2010). *Multiplying connections: Positive Development for all children*. Philadelphia. Retrieved from:
[http://multiplyingconnections.org/sites/default/files/field_attachments/CAPPD%20%20A%20Practical%20Guide%20to%20Interventions%20for%20Children%20Affected%20by%20Trauma%20\(rev%202-12\)_0.pdf](http://multiplyingconnections.org/sites/default/files/field_attachments/CAPPD%20%20A%20Practical%20Guide%20to%20Interventions%20for%20Children%20Affected%20by%20Trauma%20(rev%202-12)_0.pdf)

Part 4: Trauma-Informed Interventions

Building Safety

Safe Place

Aim

To help youth feel a sense of safety and manage overwhelming stress

Method

Ask the youth to draw, paint, or visualize an inner safe place. The safe place can be imaginary or real.

What does the youth see, hear, smell, taste, and feel? Include as many details as possible.

Protective Container

Aim

To help youth learn to contain overwhelming thoughts, feelings, or images

Method

Ask the youth to identify an overwhelming feeling, intrusive thought, or unhealthy behaviour that he or she would like to temporarily contain.

Ask the youth to spend some time thinking about the necessary features of a container to safely hold this thought, feeling, or behaviour. Consider the container's form, location, and function. The container should have some way to be securely closed and reopened.

Have the youth draw or describe his or her container. Add as much detail as possible.

What is the location? What are the physical characteristics of the container? What steps must be taken to place the overwhelming material into the container? How is the container securely closed? What is needed to reopen the container?

(Cohen, Barnes, & Rankin, 1995)

Feeling Good**Aim**

To help the youth build safety, resources, and sensation awareness

Method

Ask the youth to draw, write, paint, or talk about a time when he or she felt calm, happy, satisfied or excited before the traumatic experience occurred.

Ask the youth to locate the place(s) in the body where he or she is able to feel the goodness. What does it feel like?

(Levine & Kline, 2007)

Expressing Emotion

Landscapes of Emotion

Aim

To help youth reconnect with emotions and understand that feelings come and go

Materials

Paper or canvas, paint, oil pastels, markers, variety of art supplies

Method

Draw or paint an outdoor landscape that represents your current emotional state. Some questions to consider are: What is the climate and/or weather conditions? What do they hear, see, smell, or feel?

Imagine changing the landscape – what would be different?

(Cohen, Barnes, & Rankin, 1995)

Peace Is Already Within You

Aim

To explore anxiety and relaxation

Materials

Paper, pencil crayons, markers

Method

Ask the youth to draw a series of floating clouds, then shade them in using a pale or light coloured pencil crayon. The clouds represent the youth's natural state of peace or calmness. Take a few minutes to sit quietly, breathe slowly, look at those peaceful clouds, and feel that deep relaxation within.

Next, using a darker color or marker, cover up the clouds by writing the names of people, situations, or things that make up the anxiety or worry in their lives. Ask them to write as many stressful things that they can think of. Discuss each stressor or worry.

Ask them to rate their level of anxiety. Where do they feel it in their bodies? End the activity with deep breathing, focusing on the peace within the youth.

(Schab, 2008)

How would You Treat a Friend

Aim

To encourage self-compassion

Method

Reflect on a time when a friend was really struggling and/or feeling bad about him or herself. How would you respond to your friend? What would you say or do?

Now think of a time when you were really struggling or feeling bad about yourself. What do you typically do? What do you say to yourself? What is the tone you in which you talk to yourself?

Did you notice a difference?

If yes, why? What factors or fears emerge that lead you to treat yourself and others differently?

How might things change if you responded to yourself the same way you respond to a friend? What might be holding you back from responding to yourself more kindly?

(Neff, 2016)

Changing Your Critical Self-Talk

Aim

To promote self-compassion and positive self-talk

Method

The first step is to notice and reflect when you are being self-critical. What do you say to yourself? What words do you use? Do key phrases come up over and over?

Make a list of the key words or phrases you tend to say to yourself.

Make an active effort to soften the self-critical voice, with compassion and not self-judgement. *“I know you’re worried. Could you allow my inner compassionate self say a few words now?”*

Reframe the observations made by your inner critic in a friendly, positive way through supportive self-talk and gentle physical gestures.

Create a list of responses (reframes) to the self-critical words or phrases you tend to say to yourself.

(Neff, 2016)

My Relationship Role Models

Aim

To help youth explore healthy and unhealthy relationships

Method

Identify a relationship between two people you were around a lot when growing up. Complete the following:

- When I think of their relationship, the first words I think of are...
- This relationship gave me the impression that men/women are...
- The best thing I saw about this relationship was...
- The worst thing I saw about this relationship was...
- Being around this relationship made me feel...
- These are some ways this relationship has affected me...

- These are some ways this relationships has affected my relationships...

You can complete this activity using any influential relationships the youth identifies.

(Moles, 2001)

Choosing My Relationship Values

Aim

To help youth examine their values in relationships

Method

Discuss the following:

- These are the values from my relationship role models which I believe are healthy for me and I choose to keep as my own values...
- These are the values from my relationship role models which I believe are unhealthy for me and I choose to reject...
- These are the relationship values that I have developed on my own and choose to add to my list of relationship values...
- These are the relationship values that I have seen or experienced and choose to reject...

(Moles, 2001)

Road Map

Aim

To assist youth in the task of telling his or her life story

Materials

Paper, pencil, markers

Method

Ask the youth to draw a road on a large piece of paper and to put his or her current age at one end and birth date at the other end. The space on the right side of the road is for places lived or visited, schools attended, or other important places. The space on the left side of the road is for the good and bad things that have happened along the way. Discuss the good and bad things that have happened. The youth can draw or write the events on the paper.

Debrief at the end of the activity. Acknowledge that the trauma is just one part of life and that good things have happened too. Despite the trauma, the youth continues to move forward and accomplish new things. The youth is a survivor.

(Steele & Malchiodi, 2008, pp. 278-79)

External / Internal Resources

Aim

To identify external and internal resources

Materials

Paper, pen or pencil

Method

Fold a piece of paper in half vertically. On one side of the fold, make a list of your external resources; on the other side of the fold, list your internal resources.

As you glance at your list, notice which resources stand out as the strongest supports for you in times of stress. Take some time to focus on each, one at a time, waiting to feel what sensations and emotions emerge, and where in your body you feel them. Notice if they register as muscular strength, warmth around the heart, power in the belly, “grounding” in the lower body or pelvis, etc. List them or journal about them to emblazon them in your sensory memory.

Notice if there are categories of missing or weak resources, such as few satisfying relationships or lack of a spiritual center. Make a list of ways to begin to enrich your life by adding resources to close the gap. For example, if you feel inadequate physically and have little companionship, you might join a dance class. If these activities prove to be a source of more connection to yourself and others, add them to your list.

Put an * next to the resources that bring the most comfort during stress. Help youth to deepen their awareness of the sensations that accompany resources. Be careful not to impose your ideas, but instead be open and receptive to their ideas and needs.

(Levine & Kline, 2007, p. 136)

Expressing Relief

Aim

To help youth identify and express their feelings of relief from pain, tension, or anxiety.

Materials

Large piece of paper or poster board, scissors, glue stick
Magazines, collage pictures

Method

Fold the paper in half. On one side have the youth illustrate his or her pain, tension, or anxiety. On the other side illustrate the feeling of relief from the pain, tension, or anxiety.

This activity may lead to discussion and new insight about what might help to achieve relief.

(Darley & Heath, 2008)

Boundaries

Understanding Boundaries

Aim

To help youth identify different boundaries with different relationships

Method

Have the youth write his or her name in the middle of a blank piece of paper. Write the names of people who are closest to the youth in the circle closest to his or her name. The next circle will include people who he or she has good relationships with but are not as close as the people in the inner circle. The outer circle will include names of people who the youth has relationships with that are not very close or personal.

Are there people who have given the youth good reason not to trust them? Write the names of these people outside of the circles. These may be unsafe or unhealthy people that the youth needs to have very firm boundaries with them.

Explore the different types of boundaries the youth has with the people listed in the circles.

(Moles, 2001)

Boundaries

Aim

To help youth identify boundaries in relationships

Method

Divide the page into two columns. Label the first column "Behaviours I'm Comfortable With" and the second column "Behaviours I'm Uncomfortable With".

Ask the youth to think about his or her boundaries around physical touch, language, morals and values, and sexual

behaviours. Create a list of examples of those boundaries on the page.

Explore which boundaries have been respected and/or violated. Discuss the youth's level of rigidity or flexibility with each of the boundaries listed.

(Moles, 2001)

Family History

Aim

To help youth explore boundary violation behaviour patterns

Method

List all members of your family of origin, starting with the oldest (parents) down to the youngest. Include yourself.

List your mother's and father's parents, if known.

List any aunts, uncles, cousins, grandparents or family friends who lived with your family of origin during your childhood.

List any known boundary violation behaviour patterns that any family members may have exhibited (inappropriate comments or touch, etc.) no matter how minor or who it was.

List any comments you may have heard or behaviours you observed over the years regarding any of the above family members that would suggest they had boundary violation behaviour patterns.

List any known offenders in the family, whether criminally charged or not.

Draw the history of your family (ie. Stick figures, symbols, or just names). Identify the safe and unsafe people using a symbol for safe people and a different symbol to represent unsafe people.

Mark the members with boundary violations with a red colour. Mark yourself with a different colour. Draw a circle around those

who could have protected you, but didn't. Draw yourself in the middle and the others in varying degrees of closeness to you.

(McKinnon, 2012)

References and Resources:

- Cohen, B. M., Barnes, M. M., & Rankin, A. B. (1995). *Managing traumatic stress through art*. Baltimore, MD: The Sidran Press.
- Darley, S., & Heath, W. (2008). *The expressive arts activity book*. London, UK: Jessica Kingsley Publishers.
- Levine, P. A., & Kline, M. (2007). *Trauma through a child's eye*. Berkeley, CA: North Atlantic Books.
- McKinnon, M. (2012). *Repair for teens: A program for recovery from incest & child sexual abuse*. Ann Arbor, MI: Loving Healing Press
- Moles, K. (2001). *The relationship workbook: Activities for developing healthy relationships and preventing domestic violence*. USA: Wellness Productions & Publishing.
- Neff, K. (2016). *Self-compassion*. Retrieved from <http://self-compassion.org/category/exercises>
- Schab, L. M. (2008). *The anxiety workbook for teens*. Oakland, CA: Instant Help Books.
- Steele, W., & Malchiodi, C. A. (2008). Interventions for parents of traumatized children. In C. A. Malchiodi (Ed.), *Creative interventions with traumatized children* (pp. 264-284). New York, NY: The Guilford Press.

Educating About Trauma

If you have a strong, safe, and therapeutic relationship with a youth, providing that teen with language and information around trauma can be a very powerful and validating experience. This practice of educating youth can help build safety and hope as they can relate their own lived experiences to knowledge about trauma.

When giving information about trauma, provide it gently and with flexibility. It is up to the youth to decide what fits and what doesn't, being careful not to name or label a teen's experience for them. If a theory or activity does not fit with the youth, move on.

Before going into information giving, ask the youth if they have ever heard of trauma before. You do not need to investigate if the youth has had a traumatic experience or not, rather introduce the topic as something that everything can benefit from knowing about.

Some language for talking about trauma:

"I don't know if you have heard of the word trauma before..."

"What do you know about it?"

"We understand trauma as any experience that is very powerful and overwhelming such as ..."

"Sometimes something like a car crash might not be traumatic for someone, but losing their pet is..."

"I am not going to ask you to tell me about anything you have been through...but I can give you some information about what I know about trauma"

If in counselling session or one-on-one:

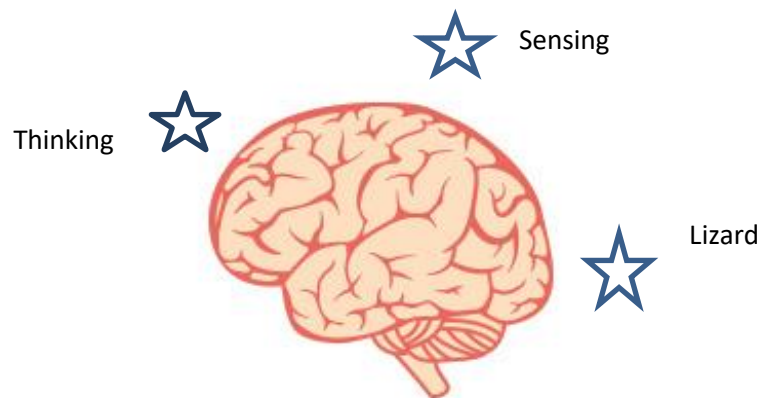
Ask permission before giving information on the activities outlined below:

"I have some information about trauma and the brain. Would you like to look at that?"

“Sometimes trauma and shame have a connection. Do you want to learn about shame?”

Understanding trauma activities:

3 Parts of the Brain & Grounding: With any diagram of a brain show the teen the areas of the lizard/reptilian brain (brain base), sensing (mid brain), and thinking (front brain). Explain the 3 brains and how the lizard brain is responsible for fight, flight, or freeze. When the brain is in danger, or perceives danger, the thinking and sensing brains can shut down and the lizard brain takes control to keep us safe.



Question example:

“Does this fit with you? What part? What does your lizard brain do?”

If you have time and if the person is not overwhelmed, move onto grounding.

“In order to help give our lizard brain a hand and get in touch with our thinking brain, we use our sensing brain to ground.”

Go over the grounding sheet, validating and confirming the techniques teens already use.

Maslow’s Hierarchy of Needs

Discuss how it is tough to focus on things like learning, friends, and higher functions without safety. Focus on creating more safety in the youth's life.

Maslows Hierarchy of Needs



Artist Unknown

