

Lakeside Global Institute

Specific Suggestions for Doing Our PART

PART developed by Diane Wagenhals, Lakeside Global Institute and Suzanne O'Connor, United Way of Greater Philadelphia and Southern New Jersey

Prevent

- Intentionally create and maintain physically, emotionally and relationally safe environments, especially for children. Have each person create and use a personal Safety Plan. Incorporate principles and practices from Dr. Sandra Bloom's Model.
- Prevent situations or interactions where children feel overwhelmed, terrified and powerless.
- Teach and encourage children to be kind and caring. Do not tolerate bullying by other children or adults.
- Differentiate between healthy and toxic stress. Intentionally allow and even create healthy stress experiences while avoiding those that produce toxic stress.
- Become an advocate for effective parenting education training and other ways to nurture, inform and inspire parents/caregivers to provide safe, predictable environments for children.
- Be attuned and attentive to children's needs, be seen as a safe harbor for children, especially when they are distressed.
- Find creative ways to empower children and adults.
- If and when something potentially traumatizing occurs, incorporate an effective Trauma Response Procedure to prevent PTS or PTSD.

Avoid (Exacerbating or Triggering Trauma-Related Reactions)

When interacting with a child or adult who has trauma-related issues and needs:

- Learn the possible triggers for each child or adult with unresolved trauma when possible (loud noises, certain smells, feeling trapped, etc.) and intentionally avoid those triggers.
- Give children or adults warnings when something may be about to happen that could potentially trigger them so they can be prepared.
- Raising your voice, yelling or any form of aggression (grabbing, pushing, backing a child into a corner).
- Threatening or punishing. (*"Do that one more time and you'll be sorry!"*)
- Shaming messages. (*"There is no good reason for this behavior!" "You are bad!" "You should be ashamed of yourself!"*)
- Fear-inducing messages. (*"You better be careful because something bad is going to happen and you will be sorry!"*)

Respond (in Trauma-Sensitive Ways)

Credit to Peter Levine (*Trauma Through a Child's Eyes*) for many of these principles

- Project gentle and compassionate attunement; be physically present while respecting person's personal space.
- Acknowledge possible thoughts, feelings and sensations. (*"You are feeling scared and confused."*)
- Encourage release of bodily energies: shaking, trembling, crying, the need to pace.
- Encourage sipping cold water.
- Listen to, but do NOT encourage or force, re-telling of experience; take cues from person as to how much they want to share.
- Gently affirm and normalize reactions, especially somatic ones.

Respond (in Trauma-Sensitive Ways) continued

Credit to Peter Levine (*Trauma Through a Child's Eyes*) for many of these principles

- Insist that person refrain from resuming normal activities.
- Watch and listen for cues that there has been adequate release of traumatic energy: spontaneous deep breath, slumping.
- Check pulse for return to normal levels.
- Predict possible recycling of sensations.
- Check your own responses and ask for help with your own sensory processing.

Therapeutic (Strategies and Interventions)

Incorporate principles from Levine's Somatic Experiencing and Bruce Perry's Neurosequential Models that focus on prescriptive strategies for promoting self-regulation, recovery and healing.

Some examples of general regulation-promoting activities include:

- Bilateral stimulation (i.e. tapping)
- Vestibular stimulation (i.e. bouncing, jumping, rocking, swinging)
- Aroma therapy
- Trauma-sensitive music
- Weighted vests or blankets
- Proprioceptive activities (lifting, pushing, moving heavy items)
- Martial arts
- Chewing sticks, sucking on pencil tops or lollipops
- Drumming
- Animal-assisted activities
- Somatosensory activities (EMDR, yoga, mindfulness)
- Breathing exercises
- Progressive muscle relaxing

Other therapeutic interventions include:

- Drinking cold water
- Tracking changes in heart rate
- Teaching children, adolescents, parents and school staff basics of brain development, brain states and the impact of trauma on the brain
- Generating neurosequential maps (Bruce Perry's model)
- Utilizing trauma-informed therapies

A critical perspective about the nature of trauma is found in *Treating Traumatic Stress in Children and Adolescents: How to Foster Resilience through Attachment, Self-Regulation, and Competency* by Blaustein and Kinniburgh: “*The experience of trauma is complex. Trauma varies in type, source, chronicity, and impact; it is experienced at different developmental stages, within different contexts-family, community, and culture-and in the presence or absence of different internal and external resources and challenges. It is not surprising, then, that disparity exists in our understanding of trauma, in its manifestations, and in its proper treatment.*”

By appreciating how complex trauma can be, both in its nature and in approaches that help mitigate symptoms and promote healing, we promote humility and confidence in our approaches to training.