

*tip*  
 trauma informed prevention  
*predict - anticipate - prevent*

A holistic, trauma informed approach to anticipate  
 prevent, manage and de-escalate crisis

Trauma Based Care That Builds Safe, Healthy, Peaceful, Stable and  
 Sustained Relationships

**Texas CASA State Conference**  
*October 15, 2011 San Marcos, Texas*

**Mike Foster, LCPAA**  
 A World For Children  
 Round Rock, Texas

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*tip*

- Trauma Informed Prevention, *tip* is a comprehensive training program based upon trauma informed best practice and emerging research to predict, anticipate, prevent and safely manage risk and crisis situations including escalated behavior.
- *tip* teaches pragmatic, long range proactive risk management and decision making protocols designed to promote anticipation, prevention and systemic strategies to manage risk and avoid crisis.
- *tip* emphasizes holistic, noncoercive, relationship enhancing discipline and parenting/teaching styles in the family, school, and community.
- *tip* allows caregivers to nurture and empower traumatized children/youth in stable, safe and peaceful living and learning environments. We will learn hands on *tip* strategies and interventions to anticipate, plan for, prevent, manage and de-escalate crisis.

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*It takes two to speak the truth.  
 One to speak and another to hear  
 Walt Whitman*

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### Facilitator's Goals:

1. Truth is mutual understanding and a common shared meaning
2. We voluntarily made a personal commitment to work with traumatized children
3. Traumatized children/youth need highly skilled caregivers
4. Trauma is the underlying factor in the challenges foster children/youth and families face
5. Introduction to the definitions of trauma
6. It is not what's wrong we me, it's what happened to me
7. Explain the healing role of parents and caregivers and the importance of building healthy and sustained relationships in noncoercive environments
8. *tip* is grounded in the concepts of *Investment Parenting* T.B.R.I.
9. Overview of brain chemistry and developmental neurobiology
10. Teach the fundamental importance of "How to Be"
11. Effectiveness and efficiency of 5 basic rules
12. Utilization of Crisis Prevention Calendar

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13. Reinforce the importance of "How to Be" to avoid E.B.I.
14. What is a FUDD and why it is important to understand its dynamics
15. Implement prevention goals
16. Apply the *tip* Predict – Anticipate – Prevent model to common crisis situations
17. Do the math on out of control people
18. Teach adult replacement skills to prevent crisis
19. Be like a duck
20. Practice *Preemptive Strike* and *Caregiver Rule*
21. Learn to take the de-escalator
22. Examine 2 levels of de-escalation techniques
23. Review precipitators and prevention variables from agency wide point of view
24. Expert recommendations for de-escalation and escalation
25. Pragmatically review, demonstrate and practice *tip* strategies, decision protocols and de-escalation steps

**Key Learning Objectives:**

- Describe the concepts of trauma informed parenting and its benefits
- Utilizing the principles of *tip* to proactively prevent and manage crisis.

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### Remember We Volunteered!

- **We made the personal choice** to work with children, youth and families who have experienced trauma, maltreatment, neglect, physical and sexual abuse, and who have experienced chaos and crisis.
  - Most people do their best to avoid problems. As caregivers we ask for them. **We want to be problem solvers. We volunteered!**
  - We work in a child welfare system that is often in *crisis*. We have to work hard to keep children/youth out of harms way.
  - It is important that everyone; parents, clinicians, the judiciary, day care, case management staff, administrators, educators, and caregivers at every level utilize trauma informed care.
  - The children, youth and families we serve have often led unpredictable and chaotic lives for years. They bring their chaos with them.
  - As we try to build healthy and sustained relationships with them they bring their trauma and unpredictability into our lives.
- The caregivers who live with, care for, treat, work with and educate these children/youth will be challenged to develop the knowledge, skills, consistency, stability and commitment to meet the needs of these children and youth.

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Traumatized Children/Youth Need Highly Skilled Caregivers

*Imagine you are standing at the altar with your soon to be betrothed and you lean over and quietly whisper into their ear:*

*“If this doesn’t work out I’ll ask for a 30 day notice”.*

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**Trauma Definitions**

A person’s response to trauma often includes intense fear helplessness, and horror.

Trauma disrupts the ability to stay present, understand what is happening, integrate feelings and make sense of the experience.

More than 20 years ago Bessel van der Kolk M.D. stated that trauma occurs when both internal and external resources are inadequate to cope with external threat.

Trauma can result in experiences that are private or public

Private experiences can include domestic violence, sexual assault, witnessing interpersonal violence and child abuse and neglect

Public experiences include natural disasters, terrorism and war

Trauma is now recognized as a significant factor in a wide range of health, behavioral health and social problems

*Prolonged or repeated trauma can be the most severe*

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**Trauma experiences resulting in serious and persistent mental and physical health problems**

- Are usually not a single event
- The experiences are cumulative
- Are interpersonal in nature; intentional, prolonged, repeated, and severe
- Occur in childhood and adolescence and may extend over an individual’s life span

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Trauma robs children and youth  
of who they were supposed to be

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*It is not what's wrong with me.....  
It's what happened to me*

*We should not ask or expect children and  
youth to work on treatment goals without  
giving them a sense of hope, purpose,  
belonging and worth*

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Types of Trauma Maltreated Children and Youth Experience

- Loss of Parents
- Loss of family, siblings, home, neighborhood, school, friends, pets and culture
- In utero exposure to stress, alcohol and drugs
- Birth and delivery complications
- Prolonged neonatal care, NICU
- Instability in daily life, homelessness, crime, truancy, inadequate nutrition, and lack of medical and dental care
- Poverty
- Alcoholism, Substance Abuse, Addiction
- Neglect
- Emotional Abuse
- Physical Abuse
- Sexual Abuse
- Sexual Exploitation
- Domestic abuse and family violence
- Victims of Crime and violence
- Witness to crime and violence
- Suicide, Homicide of Parent or Family Member
- Incarceration of Parent or Family Member
- System induced trauma

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### Chronic or Complex Trauma

Difficulty with self regulation  
Find it hard to feel safe  
Have problems forming and sustaining relationships  
Inability to trust  
Suspicious of help from others  
Emotionally instability  
Instantaneous "flight, fight or freeze" responses  
Find it hard to navigate and adjust to life's changes  
Can display extreme emotional and physical responses to stress  
Deeply held pessimism and negative beliefs about the future

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### Resilience and the Role of Parents and Caregivers

Children/youth need to feel safe, capable and lovable to "bounce back" from traumatic events.

Parents and caregivers should help the child and youth change their world view and see themselves with positive self regard and the world as manageable, understandable and meaningful.

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**Some of the factors that can increase resilience and healing include:**

- A strong, supportive relationship with a competent and caring adult
- Stability
- A connection with a positive role model or mentor
- Recognition and nurturance of their strengths and abilities
- Some sense of control over their own lives
- Membership in a community larger than themselves (School, extracurricular activities, sports, faith based groups, girl scouts, volunteering, etc.)
- A safe, structured predictable environment
- Nurturing, empowering proactive environments
- Children and youth need a voice. Listen to their story at their pace
- Team with other caregivers and professionals knowledgeable about trauma to help children regain trust, confidence and hope

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*Children can't  
can't have too many people to love them*

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**Healing from Trauma**

*Five Necessary Elements*

**1. Safety**

*Kids have to be safe and feel safe to escape from trauma. Healing cannot begin until they are safe.*

**2. Empowerment**

*Our job is to teach, motivate, nurture and encourage kids to develop the knowledge, skills and attitudes to empower themselves to make healthy choices and regain control over their own lives.*

**3. Creation or Restoration of Positive Self Regard**

*Caregivers should build on each child's strengths and talents to develop and rebuild a positive self image and sense of self. We need to help them to envision a successful future.*

**4. Reconnect to the world**

*All kids need to belong to a family, a school, a church, a peer group, the choir, a soccer team, the Girl Scouts, Future Farmers of America. We need to get them involved and keep them involved with healthy activities and healthy people.*

**5. Intimacy**

*Our primary responsibility is to build lasting, healthy, trustworthy relationships that can last a lifetime.*

*Adapted from Sue Coats, "Turning Points"*

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**Trauma is not a side effect It is the central concern**

Trauma associated with repeated childhood maltreatment, neglect, physical or sexual abuse can become the central defining characteristic of a child's identity, impacting nearly every aspect of his or her life.

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**Trauma in Our Society and Culture**

- 1 out of 2 marriage fails
- The 4 leading causes of death in children and youth – accidents, homicide, suicide, and HIV-Aids – All Preventable!
- Homicide is still among the leading causes of death for African-American males age 14 to 25
- 3 children die from abuse and neglect every day in our country
- 1 out of 4 girls sexually abused
- 1 out of 5 boys sexually abused

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**In Texas**

- It's estimated over 2.4 million children live in poverty, the poverty rate for children under five is 28%, 600,000 children
- We lead the nation in uninsured children/youth
- 900,000 children could be at risk for abuse and neglect on any given day
- Department of Family and Protective Services receives over 1000 Hot Line calls a day for abuse and neglect
- 187 confirmed cases of abuse and neglect every day in Texas
- Out of the 50 states we are number 3 in teen pregnancies
- Number one in teen moms with multiple children
- Leads the nation in births to mothers under 15
- We lead the U.S. in premature births and babies born under 5.4 pounds

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Texas *Continued*

- Over ½ of aging out young women have had a child within 12 months
- Abuse rates have tripled since the 1980's
- Texas has traditionally under-funded social services
- One of the smallest child welfare systems in the nation compared to other states– slipped to 47th in child welfare funding per capita
- For every \$100 dollars we spend on child welfare, only 36 cents goes to prevention (3rd worst in the U.S., 47 states do better)
- Caseloads remain too high
- Turnover rates among Department of Family and Protective Service are too high and retention rates are too low
- Repeated efforts to improve services have stalled

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Effects of Trauma Abuse, Neglect and Maltreatment on Children and Families

- The impact can be devastating
- The earlier the maltreatment, abuse and neglect occurred – the more difficult it can be to treat
- The more extreme the abuse – the greater the developmental, emotional, psychological and interpersonal trauma
- The longer the abuse and maltreatment continued – the more unrelenting the consequences
- Can severely impair a child's neurobiological and cognitive development and leave children unconnected to any caregivers. Early, severe, and chronic maltreatment can virtually prevent attachment and bonding without stable, specialized care
- Chronic maltreatment can leave children without the capacity to trust adults

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Trauma effects *Continued*

- Trauma can globally blunt development including physical, emotional, social, cognitive, educational, and behavioral development
- Deeply embed negative beliefs
- The legal and child welfare system's involvement can temporarily or permanently terminate parental rights. Children can lose parents, siblings, extended family, friends, schools, pets, culture and their neighborhoods. They lose everything.
- Children will often enter a world of confusing and frightening out-of-home placements
- Many will experience multiple placements, varied living settings, disruptions, broken relationships and system induced trauma
- Many young adults who grow up in the child welfare system believe they would have been better off staying in their abusive birth families

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The impact of trauma can be devastating

**The most devastating impact?**

They will grow up and parent their children the way they were parented

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**Generalized Trauma Impairments**

<b>Attachment</b>	<b>Biological</b>
Distrust and Suspicion	Sensorimotor developmental problems
Social Isolation	Hypersensitivity to physical contact
Interpersonal difficulties	Often problems with coordination and balance
Problems with boundaries	Analgesia (Insensitivity to pain)
Uncertainty about the reliability and predictability of the world	Somatization (Psychological distress expressed as physical symptoms)
Difficulty determining other peoples distress and emotional states	Increased medical conditions
Unable to enlist others to help	Developmental Delays

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<b>Behavioral</b>	<b>Cognition</b>
Lack of Impulse Control	Difficulties in attention
Disregulated	Poor problem solving skills
Self Destructive behavior	Lack of sustained curiosity
Aggression	Problems processing new information
Self soothing behaviors	Problems focusing, Completing tasks
Sleep Disorders/Eating Disorders	Problems with object constancy - (Maintaining lasting relationships)
Poor social skills	Learning difficulties
Substance Abuse	Difficulty understanding consequences of their own behavior
Excessive Compliance	Language development difficulties
Oppositional Behavior	Orientation to time and space problems
Difficulty understanding and complying with rules and instructions	Problems with visual and acoustic perception
Reenactment of traumatic past in day to day behavior and play (Sexualize play or aggressive behavior, etc.)	Disorganized
	Impaired visual-spatial comprehension

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Self Concept	Affect
Lack of consistent, predictable sense of self	Poor emotional self regulation
Shame and guilt	Difficulty defining and describing feeling
Low self esteem self	Withdrawn
Poor Self Regard	Difficulty communicating needs
	Does not know how to get needs met
	Angry, demanding, confrontational

*"If there is no external consistency . . . then there is no internal consistency." Bruce Perry, M.D., Ph.D.*

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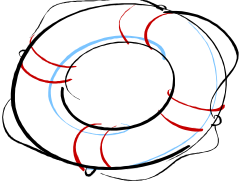
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### Universal Precautions



Assume that every child or youth in system has been exposed to maltreatment, sexual abuse, violence, loss, physical abuse and neglect or other traumatic experiences.

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The 2 most important things you will ever do in your life are:

**1. WIFE, HUSBAND or PARTNER 2. PARENT**

*"We get more training to drive a car!!!"*

James Hinkle, M.D.

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### Investment Parenting

Parents make an upfront personal "investment" in training, commitment, continuing education, teamwork, skill set development and time and effort to meet needs of each child and youth

*Karyn Purvis and David Cross, T.B.R.I.*

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### Trauma Sensitive Care

#### Be Informed

Know the history of children and youth in care

- Details of the trauma and abuse and neglect
- Utilize trauma surveys and disruption inventories
- Determine behavioral and emotional needs
- Assess developmental needs
- Diligently search for triggers and trauma memories
- Search for outcomes of previous placements
- Utilize behavioral analysis
- Awareness of current family issues and permanency needs
- Give children/youth a strong voice, listen to them
- Help them tell their stories in healthy ways
- Develop a proactive Crisis Prevention Calendar

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### Open Your Head and Your Heart to Change

#### *Cultural Change and Non-Coercive Environments*

- Investment Parenting *TBRI*
- "Stop the Bleeding" Don't retraumatize children and youth
- Get started "On the Right Foot" ( No "It's my way or the highway" )
- Build a family atmosphere of Safety, Peace, Trust and Respect
- Establish "Felt Safety" *TBRI*
- Create holistic and consistent environments rich in sensory stimulation, nurturing, teaching, discrete learning, predictable schedules and healthy diets and recreation

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Cultural Change *Continued*

- Build Healthy, Sustained Relationships
- Avoid Authoritative and Rigid Forms of Discipline
- Use Relationship Enhancing Discipline and Teaching Methods
- Stick with Consistent Expectations and Structure
- Empower Children and Youth
- Always Validate Feelings, Listen Carefully, provide "Quiet Places"
- Teach and model pro-social replacement behaviors and skills
- Master "How to Be"
- Remember "The Caregiver Rule"

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*"Our job is to teach children  
that they are precious"*  
*Dr. Karyn Purvis*

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Trauma Sensitive Discipline

"Old School", rigid, punitive, and coercive forms of discipline are counterproductive.

Inappropriate discipline re-traumatizes children/youth, creates road blocks for trust and respect, inhibits relationship development, sabotages treatment, and becomes a catalyst for disruption and negative outcomes

Discipline means "to teach" in Latin

There is not a better definition for trauma informed parenting and prevention.

*It is critical to be Proactive, Encouraging and Consistent*

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*It is critical to be Proactive, Encouraging and Consistent*

**Proactive:**

*A trauma informed parent doesn't wait for a child to do something wrong and then correct it. They are always teaching. They look for appropriate behavior and strengthen it. They recognize triggers and trauma memories. Parents and support staff develop systematic interventions and strategies to model, teach, reinforce and practice appropriate social skills and behavior. Preventing crisis includes teaching discrete social skills, using your voice, anger management, problem solving and conflict resolution. They proactively develop healthy relationships.*

**Encouraging:**

*If treating these kids harshly could change their behavior, they would not be in care. They need healthy, energetic, nurturing and encouraging parents who are invested in meeting their needs. Encouragement helps build healthy relationships.*

**Consistency:**

*Consistency is absolutely critical. These children expect life to be chaotic, unpredictable and dysfunctional. They expect your family to operate like their birth family. Inconsistency will reinforce their dysfunction. It can re-traumatize children and will sabotage treatment. It will cause conflict. A consistently applied schedule, rules, routines, limits, consequences and practice and encouragement improves behavior and builds healthy relationships.*

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**Trauma Informed Communication**

Kids are either fighting or giving up

*Trauma is cumulative Children get weaker with each new trauma*

ENCOURAGE En-to give + Courage

DISCOURAGE Dis-take away + Courage

**GIVE CHILDREN THE COURAGE  
TO CHANGE**

"Listen, listen, and listen some more and when I feel heard, I will begin to heal." *Foster care alumni*

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*Children and youth remember a small part of what you say*

*They will remember more of what you do.*

*They never forget how you make them feel*

*Adapted from Maya Angelou*

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“Listen, listen, and listen some more  
and when I feel heard, I will begin to  
heal.” *foster care alumni*

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*Secure*



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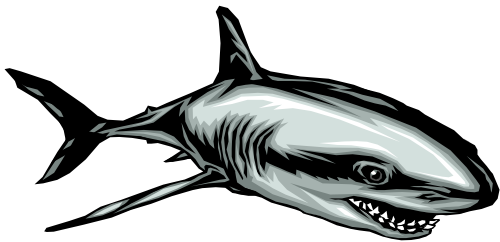
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*Trauma*



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Healthy Relationship Building Is Trauma Informed Care  
Non-Coercive Discipline Prevents Crisis

- *Investment parenting* TBRI
- *Sensory rich, nurturing rich, non-coercive family environments*
- *Family atmosphere of trust, safety and respect (Felt Safety)* TBRI
- *Relationship building discipline*
- *Proactively teach, nurture, encourage, and reward discrete learning and social skills development*
- *Give kids a voice, "Use your words", practice, practice, and more practice* TBRI
- *Empower children and give them input and responsibility for procedures, guidelines and consequences*
- *Validate feelings Don't delay*
- *Listen carefully, utilize active listening skills*
- *Behavioral "what's", not "why's" should be reinforced*

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*Relationship building* Continued

- *Behavioral consequences should be known ahead of time and expectations of behavior should be clear*
- *Practice family culture of "Do Overs" and "Compromise"* TBRI
- *Consequences should be enforced calmly, unemotionally and matter of factually. Do not force children to escalate*
- *Total Voice control* TBRI
- *Children should be allowed to save face Do not back them into a corner and force them to act out Respect personal boundaries.*
- *Avoid power struggles and control issues*
- *Be Creative and maintain a "sense of humor"*
- *Playful Engagement* TBRI
- *Be "How to Be"*
- *Partner with other trauma informed caregivers in school and the community*

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Family Based Care

In order to heal a damaged or altered brain, interventions must target those portions of the brain that have been altered. Because brain functioning is altered by repeated experiences that strengthen and sensitize neuronal pathways, interventions cannot be limited to weekly therapy appointments. Interventions must address the totality of the child's life, providing frequent, consistent replacement experiences so that the child's brain can begin to incorporate a new environment— one that is safe, predictable and nurturing.

*Bruce Perry Ph.D., M.D.*

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### Helping Children/Youth Define Themselves

One of our most important tasks will be to positively connect with children and help them define who they are and who they will become.

Trauma and especially complex trauma blunts their sense of self, where they belong in the world, how they relate to the world and what is their place in the world.

**Without our care and focused help they may stay disconnected for the rest of their lives.**

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*We can help children/youth develop a positive self regard by empowering them to answer these questions*

1. Who am I?
2. What is likeable and loveable about me?
3. What am I capable of?
4. How can I make sense out of what's happened to me?
5. Who will I be in the future?

*Respect and support healthy, stable, enduring relationships in the life of your child that will last a lifetime*

Help children develop a strength based understanding of his/her story

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### The Neurochemistry of Fear

When a child experiences complex trauma the neurochemistry is fundamentally and chronically altered

Trauma causes the over or under production of brain chemicals and neurotransmitters that ensure healthy brain development and allow us to learn to relate to our external world in healthy, mutually beneficial relationships.

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**Trauma reorganizes the brain to fear**

The biological cost of chronic fear is the actual physiological and neuro-chemical reaction to fear.  
The developmental impairment is caused by fear and by not feeling and knowing you are safe.  
Fear drives a toxic imbalance of brain chemicals that results in a bio-neuro insult to brain growth and nervous system development.  
This biological insult can have broad and pervasive consequences.

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**The reorganization of the brain to fear and stress leads to chronic and persistent developmental, behavioral and emotional deficits. The consequences are the artifacts of fear**

Sensory processing deficits can occur.  
Cognitive impairment and learning delays can result from chronic stress and fear. Changes in brain chemistry cause chronic activation of the fear alarm system and fight, flight or freeze responses keep children constantly on guard and dissociative and disconnected.  
The over or under production of brain chemicals like Cortisol and Serotonin are associated with many common mental, behavioral and emotional disorders seen in children and adolescents.

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**Appropriate levels of neurotransmitters are important to healthy brain development**

Too much is not good and too little is also problematic. Balance is important.  
**Normal levels help cognitive functioning, clear reasoning and creative thinking**  
Trauma, fear and stress triggers elevated Cortisol which is associated with depression, anxiety, hypervigilance, aggression, emotional deficits and other behavior problems.  
Serotonin is important as an inhibitory or calming neurotransmitter. Too much or too little Serotonin can bring about many symptoms associated with mental illness.  
Dopamine is another important neurotransmitter. At healthy levels it is associated with fluid body movement, clear thinking, healthy digestion and pleasure and enjoyment.  
An imbalance brings symptoms associated with autism, ADD/ADHD; sleep disturbances, lack of motivation, aggressiveness, and memory loss.

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**Healthy brain chemistry and development is the foundation for mental health and emotional self regulation**

Without healthy development children are not able to self regulate and can become volatile and unpredictable. Brain chemistry imbalance disrupts digestion and the absorption of nutrients. These mechanisms can eventually leave children with severe impairments and the inability to trust or attach.

**Impairment can be mild and transitory or extreme and lifelong**

The lack of appropriate care-giving can alter brain chemistry and stunt brain growth and development leading to sensory processing deficits and cognitive impairments.

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**It can result in pervasive developmental delays across the full spectrum of development including physical, emotional, social and educational development**

Without early intervention and effective treatment long term consequences can result in the inability to attach or trust, the inability to self-regulate or appropriately identify and manage their own feelings and emotions.

**Chronic and toxic imbalances in brain chemistry can result in children and young people becoming neurobiologically "hard-wired" from trauma**

Complex trauma can lead to fear responses, hyper-vigilance, PTSD symptoms, ADD like behaviors, and a whole set of symptoms and behaviors that lead to a mental health diagnosis.

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**Early on they can "act in" and experience fearfulness, anxiety, depression disassociation and withdrawal**

**Later they can "act out" and be aggressive, anti-social and delinquent**

They may become dysfunctional adults who may never reach their full potential as human beings and live disconnected and unproductive lives.

**The bad news is also good news**

The plasticity of the brain is an asset in healing the neurochemistry of fear.

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**Trauma Informed care with knowledgeable, focused interventions and committed continuity can bring hope and healing**

Brain functioning is altered by repeated experiences  
Interventions cannot be limited to weekly appointments and interventions.  
Treatment must holistically address the child's life, providing frequent, consistent and healthy experiences so that encourage development.  
The environment should be safe, predictable, consistent and nurturing

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**Parents work to restore and maintain healthy brain chemistry with predictable routines, proper nutrition and exercise**

Proactive interventions prevent problems resulting from hunger, fatigue, frustration, sensory overload and unexpected changes and transitions.  
Informed families develop proactive planning and organization to meet the needs of their children.  
The fundamentals are evidenced based and have been proven to be effective interventions in remediating the damage and pain resulting from abuse, maltreatment and neglect.  
Trauma Informed care gives the parents the knowledge, tools and mind set to succeed.

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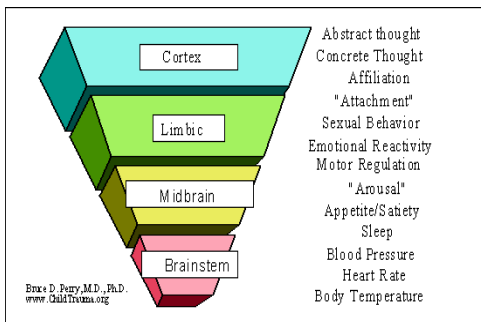
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**Brain Development**



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**Primary Prevention**  
**Anticipation, planning, organization and implementation**

- Caregivers make a front end investment and commitment to developing their own knowledge base and skill set to competently parent traumatized special needs children/youth.
- Children/youth must be safe and feel safe to heal and build healthy lasting relationships.
- Organizations build a team of trauma informed caregivers and professionals to support children and families with services and resources.
- Facilitate appropriate placements. High needs children/youth should be placed with highly skilled caregivers.
- Develop trauma informed treatment planning, case management and multi-discipline/multi-system treatment approaches. Utilize trauma surveys.

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Primary Prevention *continued*

- Do your best to know and understand children/youth. Assessment and history should be as comprehensive as possible.
- Implement competency based training and developmental activities in CQI context.
- Match families and their strengths to specific challenges of children/youth.
- Implement antecedent, behavior, consequence models and utilize trauma informed behavioral analysis to be proactive in understanding and changing behavior.
- Nurturing, teaching, discrete learning and skill development are far more effective than reactive discipline
- Families should embrace the trauma informed values of respect, nurturing, empowerment, healing compassion and giving children/youth their own voice.

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Primary Prevention *continued*

- Meet children/youths developmental needs with a holistic approach including sensory and nurture rich environments, consistent routines and predictable transitions, adequate sleep, proper nutrition, physical exercise and developmentally appropriate care.
- Meticulously search for antecedents, triggers, trauma memories and warning signs and signals.
- Utilize trauma surveys and a self determined crisis plans.
- Utilize models of discipline and structure that build and enhance healthy relationships.
- Create safe, risk free family environments where children and youth can learn to grow, collaborate, make healthy choices and develop sustained relationships.
- Make use of a trauma informed crisis prevention calendar.
- Develop an array of planned and organized prevention tools that include safety steps, sensory modulation, self regulation, pre-teaching, respectful interaction, playful engagement, compromise, do-overs, feelings validation, collaboration and relationship enhancing discipline.
- Minimize and eliminate the use of authoritarian, controlling, rigid and coercive interventions and discipline. Avoid retraumatizing children and youth.
- Adjust and modify the family environment to prevent triggers and proactively meet the sensory processing and developmental challenges of children and youth
- Extend healthy, trauma informed environments to school and community.

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**Secondary Prevention  
De-escalation**

- Recognize triggers, trauma memories, and power struggles to avoid interactions that escalate into behavioral crisis.
- Be on the look out for FUDD situations
- Learn and practice safe, comprehensive and systematic de-escalation models that stress non-coercive early intervention that reinforces least restrictive methods that avoid physical intervention and restraint.
- Be healthy. Avoid secondary trauma. Know "How to Be"
- Utilize self directed plans, quiet places, calming tools and techniques
- **\*Never ever, ever personalize behavior NEVER!**
- Don't let the child's trauma become your trauma
- Protect relationships
- Immediately heal any damaged relationships
- Develop self determined de-escalation plans and routinely pre-teach and practice plans within the family setting

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**Tertiary Prevention**

**Learn from experiences and use debriefing to guide prevention**

- Appropriate debriefing is essential to future prevention.
- Quickly develop and implement interventions to repair and minimize relationship damage from a major behavioral episode or EBI.
- Debriefing gives children/youth a voice, listen carefully
- Make debriefing part of behavioral analysis Encourage the child and youth to identify triggers and trauma memories to avoid stress and crisis
- Identify, implement and practice strategies that will prevent future behavioral and emotional crisis
- Positive debriefing will empower children/youth and caregivers to mutually agree on future plans to prevent crisis and avoid EBI
- Identify helpful crisis prevention calendar information
- Utilize debriefing to develop and implement self directed crisis prevention
- Practice self directed plans
- Debriefing should enhance relationships and strengthen felt safety

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**Crisis Situations Common to Home Based Care**

**Texas vernacular (slang) for**

**Anti-Social Behaviors that can quickly escalate**

- ✓ fight'n      lie'n      talk'n back
- ✓ cuss'n      spit'n      bite'n
- ✓ steal'n      refuse'n to cooperate
- ✓ fuss'n      be'n ornery and difficult
- ✓ hurt'n themselves and others
- ✓ Pee'n their pants, wet'n the bed
- ✓ Soil'n themselves

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**Crisis Situations** *Continued*

- ✓ Power Struggles
- ✓ Physical Aggression
- ✓ Self Destructive Behavior, Self Harm
- ✓ Suicidal Behavior
- ✓ Runaway
- ✓ Psychiatric Emergencies
- ✓ Sexual Acting Out/Abuse
- ✓ Property Destruction
- ✓ Substance Abuse
- ✓ Drug Overdoses
- ✓ Visitation complications
- ✓ be risky)

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**Crisis Situations** *continued*

- ✓ Medical Emergencies/Illness
- ✓ Accidents/Injuries
- ✓ Allegations and Investigations/False Allegations
- ✓ School Suspension
- ✓ Placement Disruptions
- ✓ Inappropriate Discipline/Abuse
- ✓ Risk to Your Family (bio-children, relatives)
- ✓ Risk to Community (school, church, neighborhood, etc.)
- ✓ Your Own Personal Mental Health
- ✓ (Anger, Frustration, Over Reacting, Fatigue, Burn Out, Depression, Secondary Trauma)
- ✓ Respite – Break in routines/schedules (Can be risky)

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“What we see as negative, inappropriate and even abusive, traumatized children perceive as only familiar” *M. Foster*

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Effects of Trauma, Maltreatment, Multiple Placements and Disrupted Relationship

**SIT (System Induced Trauma)**

*Children and Youth in these circumstances may develop risky chronic behaviors that can lead to crisis*

- emotionally disturbed/emotionally disturbing
- troubled/troubling
- lose ability to trust and connect with others
- unpredictable, explosive
- angry, demanding, confrontational
- oppositional
- may be aggressive (verbally, physically threatening)
- difficult to manage/and or redirect
- difficult to supervise

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**SIT (System Induced Trauma) *continued***

- exhibit poor judgment, risk taking
- exhibit poor or few problem-solving skills
- exhibit poor social skills
- be secretive, sneaky, and manipulative
- trouble communicating and expressing feelings, wants and needs
- history or use of drugs and alcohol
- delinquent, illegal, and anti-social behaviors
- victims of sexual abuse/further victimization
- sexualized and/or seductive/sexual acting out
- exhibit poor boundaries
- become opportunist/perpetrators
- "system smart"
- false allegations
- complications of psychotropic medications

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Traumatized kids can be . . .

**DISCONNECTED**  
*Unattached*

**DISINTERESTED**  
*Unmotivated*

**DISAGREEABLE**  
*Oppositional*

**DISHEARTNED**  
*Hopeless*

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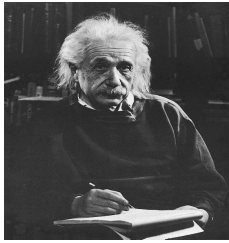
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While not very well known for his work with traumatized children....



He did say:  
"You cannot solve a problem with the same kind of thinking that created it." *Albert Einstein*

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### How to Do It and How to Be How to Do It

- Developing knowledge and technical skills is very important
- It is not enough
- We need to know *How to Do It*, but just as important, if not more so, is to learn *How to Be*
- Every parent, clinician, teacher, and other caregivers should develop skills, interventions, techniques and strategies to anticipate, prevent and manage and de-escalate crisis
- It is important to know what to do
- How to do it
- When to do it, when not to
- What works, what doesn't
- What's safe; what isn't safe
- Crisis prevention, management and de-escalation is a science and an art. It takes time and practice, practice, practice.

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### How to Be

- Learning the BE in "How to Be" is a crucial skill
- Failing to manage yourself, you're "BE-ing" will always escalate a crisis.
- Successfully dealing with crisis means dealing with our own feelings and emotions in healthy and helpful ways that help anticipate, prevent, de-escalate and manage crisis
- Don't reconnect to your own trauma
- Stay Healthy
- Do Not personalize Behavior

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**Crisis Prevention**  
*Appropriate Admissions are Essential*

**Planning** should include a comprehensive assessment and history on each child and youth. We should get all the information we need to implement trauma informed care. We have to ask, do the child's strengths and needs match our family's strengths and abilities?

**Can we meet this child's needs?**  
**Do we know what to do?** Do we have the skills and knowledge? (Investment Parenting) *TBRI*  
**(Do we know how to be?** Do we have the emotional stability and strength? (Our Attachment Style)

**Anticipation** should be used to predict potential problems and identify appropriate solutions and interventions prior to placement

**How does this child fit into our family structure?**  
Does he/she put anyone at risk?

**Can we protect them?**  
Individual treatment/behavior management planning should include:

**Identifying triggers and what are the specific strategies and interventions we need to develop to meet each child/youth's individual needs.**  
 a. Do we know what to do and how to do it?  
 b. How we will model, nurture and teach positive replacement behaviors.  
 c. What other supports will we need?

Will we need new or continued training, specific consultation, therapy, wrap around services, case management, medication, assessment, educational services, respite.

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"I keep waiting for someone to tell me to  
fight fire with fire, so I can reply, that's  
funny. I always use water."  
  
*Author Unknown*

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The only  
**5 Rules**  
You'll ever need  
**Be Safe**  
**Be Kind**  
**Be Honest**  
**Be Respectful**  
**Be Responsible**

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Build Healthy Relationships to Prevent and De-escalate Crisis

1. Create an atmosphere of trust, safety and respect
2. Maintain Felt safety *TBR!*
3. Be aware of past trauma history
4. Practice behavioral analysis before applying consequences
5. Teach, encourage and promote appropriate behavior, replacement skills, and deal with triggers and memories proactively
6. 5 BASIC RULES 1. Be Safe 2. Be kind 3. Be Honest 4. Be Responsible 5. Be Respectful
7. Empower children and give them input and responsibility for procedures, guidelines and consequences.
8. Validate feelings. Don't delay.
9. Behavioral "what's", not "why's" should be reinforced.
10. Behavioral consequences should be known ahead of time and expectations of behavior should be clear Use Do Overs and Compromise *TBR!*
11. Consequences should be enforced calmly, unemotionally and as a matter of fact. Do not force children to escalate.

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12. Children should be allowed to save face. Do not back them into a corner and force them to act out. Respect personal boundaries.
13. Use structured and planned interventions progressively.
14. Admit mistakes and correct mistakes as soon as possible.
15. Avoid power struggles and control issues. (Remember anti-social practice) Don't provoke unnecessary conflicts.
16. Be Creative and maintain a "sense of humor" Playful Engagement *TBR!*
17. When possible, children who are acting out should not be with peers. (It is easier to stop acting out off stage)
18. Determine immediate, measurable objectives. What is it you want done? Be concise and simple. Think safety.
19. Speak in a controlled, caring, authoritative voice. Convey confidence Total Voice Control *TBR!* Use non-threatening body language.
20. Use as little action as necessary to accomplish objectives. Attempt to verbally redirect rather than physically forcing the issue.
21. Do not provoke, do not threaten, plead or argue. Follow through with your directions.
22. State rationales why behavior is important.

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Crisis Prevention Calendar

To anticipate and prevent crisis, it is important to know everything you can about the children and their lives. Once you have established a rapport with a child, begin questioning or exploring their past. Find out who and what events are most significant in their lives. Anniversaries, holidays, and scheduled events often trigger conflict and crisis. It is essential to prepare children ahead of time and acknowledge their fear, anger, sense of loss, and anxiety that produce these triggers. Our job is to change negative or unrealistic expectations into healthy ones. We need to help children identify potential conflicts and/or disappointments, and teach them healthy ways to deal with their feelings and behaviors. Anticipation, planning, and practicing appropriate alternatives will prevent crisis.

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**Crisis Prevention Calendar**

- **Birth dates** - of bio-parents, siblings, relatives and significant others including foster parents, foster sibs, staff, friends, mentors, teachers, former caregivers, case workers, etc.
- **Anniversary dates of significant events** - Removal from home or family, divorce, etc.; Placement dates; Deaths of relatives, pets, significant others; Traumatic incidents; personally important dates (court dates, staffings, therapy sessions, ARD's, etc)
- **Holidays** - The big ones are Thanksgiving, Christmas, and Mother's Day; any holiday that deals with family, togetherness, tradition, and culture or is perceived as a loss is important.
- **School/Alternative Care** - Beginning - Being "new" or "different". Clothes, supplies, etc.; Enrolling, filling out forms, acknowledging alternative care; P.E. (locker rooms and showers are scary places for youth with histories of sexual abuse); Transportation (structure and supervision); Inappropriate educational placement; Picture day; Test dates, dates of major assignments, science projects, etc.; Assignments dealing with family or personal history; Homework; conferences; D'Hall; alternative settings; suspensions; Recognition, awards; and special achievement days; Parent's Day, PTA or PTO meetings; open house; Competition dates and tryouts; Social events (prom, homecoming, big games, dances); Report card day
- **Leaving** - Fear, anxiety, and unknown that causes youth to "re-enlist".
- **Other** - Specific dates important to the youth; Full moon; Running out of meds; Summer Solstice; Vernal Equinox; Eclipses; Major weather systems




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*What is a Crisis?*

- A turning point for better or worse
- An unstable or crucial time or state of affairs in which a decisive change is impending
- A situation that has reached a critical phase
- An emotionally significant event or radical change of circumstances
- An unsafe situation
- A situation with an uncertain outcome
- Exposure to hazards or danger

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**Our Working Definition of Crisis**

- A sense of losing control
- Concern that we cannot appropriately manage the situation
- Fear the situation could become potentially harmful emotionally and/or physically to children and caregivers
- Crisis comes in all shapes, sizes, and situations –
- What might be a crisis for an inexperienced treatment parent is not for an experienced one.
- Physical aggression from a small child is not the same as from a large youth.

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Pat's definition of crisis:



An Elmer **FUDD**  
**Fear Uncertainty Doubt Danger**

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**A FUDD starts as a physiological reaction**

Pulse, blood pressure, and respiration go up. Various neurochemicals kick in. It's our body's neurobiological way of letting us know to get ready for a crisis.

**The child/youth is experiencing the same reaction.**

Back in the days when we were cave people and encountered a saber-tooth tiger we had a split second to flee, fight or freeze or be eaten. Our body didn't wait for our brain to gear up out of self preservation. For those of us who haven't evolved that's a problem in civilized society.

*It is especially true for parents and caregivers living with traumatized, provocative, behaviorally challenged, and emotionally disturbing children and youth.*

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**We all react a bit differently:**

Sometimes it is a quick, rapid breathing or tightness in the jaw, neck or shoulders. It can be an increase in our pulse rate or our stomach starts to roll or grumble. Maybe our temples begin to throb. We get a general feeling of tension, anxiety, or anger, frustration, and impulsivity. Fear, uncertainty, and doubt creep in. We sense danger.

Our own neurochemistry, feelings, trauma history and physiological reactions cloud our perceptions and overwhelm our ability to think rationally.

Decision making is difficult when stressed.

Impulsiveness, anxiety, frustration and fear limit our choices.

We can react without thought or planning. We can throw away timely, effective and therapeutic responses and retraumatize children and youth with our actions.

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Hurt People Hurt People

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What is Prevention?

- To keep from happening
- To anticipate and forestall
- To be in readiness
- Satisfy in advance
- Taking advance measures
- To stop or interrupt
- To act ahead of time
- Anticipating and planning ahead
- Teaching new skills and attitudes

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Let's put the 2 together Crisis + Prevention

The goals of *tip* are:

- Use trauma informed care as a preventative model
- Predict and anticipate the potential for crisis
- Plan ahead and prevent crisis
- Develop a personal competency based skill set of decision making rationales, appropriate interventions, de-escalation techniques, and "How to Be" mastery that will prevent crisis.

Safety is always the primary goal of crisis prevention

Keeping children, youth and families safe is the top priority

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What's worse than 1 person out of control?  
Simple math suggests,  
**2 People**  
Crisis always happens on two levels  
**The actual incident**  
and  
**What is going on inside you!**  
"How to Be" instructs us to BE in charge of our own:  
FEELINGS, PERCEPTIONS, RESPONSES,  
CHOICES and TIME MANAGEMENT

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Essential Replacement Skills, Attitudes, and Beliefs to Prevent and De-Escalate Crisis include:

Replace . . .	With . . .
ANGER	CALM
FRUSTRATION	RESOLVE
IMPLUSE	PLANNING
FEAR	COURAGE

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**Be like a duck**  
Serene on the surface, but paddling like hell underneath

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It's up to you. . . .  
Do you want to take the escalator or the de-escalator?

Calm: Cognition and reasoning intact  
Anger: Reasoning diminished  
Rage: Reasoning absent

Always start de-escalation by saying something reasonable

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**Preemptive Strike** *T.B.R.I.*  
**Be Proactive and Preventative**

Use trauma informed interventions and strategies and relationship enhancing alternatives to avoid power struggles and prevent crisis that lead to an EBI

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Most developing crisis situations have recognizable and defined decisions making steps that offer opportunities for intervention

*Unfortunately some children can go from calm to anger to rage in 3.5 seconds!*

Crisis prevention for those children has to be planned well in advance

All the interventions and strategies you use will either escalate (increase), neutralize (stay the same), or de-escalate (decrease) a developing crisis

**Utilize interventions and strategies that are reasonable and measurable**

The most important issue and the primary goal of crisis prevention and de-escalation is always SAFETY

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Crisis Prevention from Agency Point of View	
Precipitators & Escalators	Prevention & De-escalators
Confusion about expectations	Clearly defined expectations
Policy and procedure failures	Clearly stated policies
Inadequate policies or not following policies	Consistently followed policies and procedures
Inconsistency	Consistency
Impulsiveness or laissez-faire attitudes	Planning and thoughtful responses
Inappropriate placements	Collaboration for appropriate placements
Poor communication	Trauma informed, aware of triggers, Positive communication
Knowledge and experience deficits	Knowledgeable, trained, and experience caregivers
Training deficits	Well developed, trauma based training programs
Incompetent Caregivers	Investment Parenting <i>T.B.R.I.</i>
Reactive, critical, punitive interventions	Nurturing, prosocial, trauma informed proactive interventions
Personal issues, emotional stress, burnout	Self-awareness, stress reduction positive mental health
Unhealthy relationships	Secure attachment
No quality assurance or outcomes	Q.A. and Individual Family Outcomes
Dishonesty	Honesty, trust, integrity

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Crisis De-escalation from the Experts (9th Grade Special Education Students)	
<i>De-escalators</i>	<i>Escalators</i>
• Calm, pleasant voice/tone	Shouting, hollering, bellowing
• Offering to provide help	Bossy and demanding
• Appropriate humor	Sarcasm, put downs
• Positive feedback	Only negative feedback
• Fair, reasonable	Unreasonable consequences
• An explanation of how or what to do	Accusing or blaming
• Concern and engaged	Disconnected, ignoring behavior
• Politeness	Insulting, belittling remarks
• Smiling, friendly	Frowning, unpleasant attitude
• Getting right to the point	Not able to speak
• Enthusiastic	Unconcerned
• Respectful	Disrespectful
• Understanding, empathy	No concern for feelings
• Encouragement	Complains, discouraging
• Nurturing	Rigid, authoritarian, aggressive

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**The Caregiver Rule:**  
 “Parents, teachers, and other caregivers must be stronger and healthier than the children in their care.”  
*Kenneth Hardy, Ph.D., Syracuse University*

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Vacuum Up Messy Emotions and Behavior  
Before It's Too Late  
**Stay Calm and Connected**

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**Be Self Aware**

Don't step in it! Don't step in it!



Avoid power struggles

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Safety is always the most important  
issue



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Remember how to BE the BE part of How to BE

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- De-escalation Steps**
1. Utilize *tip* strategies and interventions
  2. Plan ahead and think ahead to avoid risk to children and adults
  3. Think Safety, Safety, Safety
  4. Avoid a FUDD
  5. It is time to BE in "How to Be"
  6. Decisions to use emergency behavioral interventions must be made in the context of the Emergency Situation licensing definitions
  7. Actions based on Anger, Frustration, Impulse and Fear will always escalate crisis behavior
  8. Do not act hastily
  9. Don't be provocative
  10. It is not time to be "John Wayne", "Rooster Cogburn", "Dirty Harry", "Storm", "Bruce Lee", "Shaft" or "El Mariachi"

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- De-escalation Steps continued*
11. Do not under any circumstances personalize behavior (It becomes your trauma, not theirs)
  12. Invoke the Caregiver Rule (You have to be healthier, stronger)
  13. If possible, time for a "Tap Out"
  14. Utilize crisis prevention strategies and interventions to defuse and de-escalate unsafe behavior
  15. Make thoughtful, reasonable, proactive decisions
  16. Use time wisely, don't throw it away, it is a valuable ally
  17. Initiate self directed calming strategies, including quiet spaces, which you have proactively practiced to empower self regulation
  18. Incorporate nonthreatening body language and posture
  19. Maintain appropriate personal space
  20. Remember to use total voice control

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*More De-escalation Steps continued*

- 21. Use a controlled, authoritative voice that conveys confidence
- 22. (Even if..... especially if you're scared)
- 23. Be like a Duck (Serene on the surface, paddling like hell underneath)
- 24. Be aware of the total environment
- 25. Quickly formulate how to use the environmental space to maintain safety
- 26. (Don't get trapped in a corner or force kids in a corner without planning what's going to happen next. Give everyone an open escape route)
- 27. Do not turn your back on escalated children/youth
- 28. Consider the surroundings, furniture and accessories and be careful of items that could cause harm or injury
- 29. Look for things you could use to protect yourself (Big stuffed pillows, magazines, books, stand behind a chair, etc.)

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*Still more De-escalation Steps*

- 30. Take notice of personal items that could cause injury
- 31. (Don't start removing jewelry, watches and accessories in front of escalated kids; you might as well wave a red flag; you're communicating "Let's get ready to rumble!!!")
- 32. Don't make demands
- 33. Screaming "I've had it with you", "Well...You've thrown away all your privileges mister", "You can't call me a bitch" and "Go to your room for the rest of the night" are not very effective de-escalators
- 34. Begin with "requests" that are reasonable, can be realistically accomplished and are immediately measurable
- 35. Pull out "Do Overs" and "Compromises" and self directed plans that have been practiced ahead of crisis. Develop and utilize calming areas.
- 36. "Would you please lower your voice", "I would appreciate it if you would try and take a deep breath", "I would feel safer if you would hold the bat down by your side", "Would you mind taking a step back" are simple, doable behaviors and can quickly be assessed and measured

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*Even more De-escalation Steps continued*

- 37. If they comply then you are de-escalating
- 38. If not your in neutral
- 39. If they get louder, more rigid, more menacing or move forward they are obviously still in escalation mode
- 40. It's time to say and try something else.
- 41. Begin thinking of new ideas or quickly come up with plan B and start thinking about C
- 42. Start to remember the escape and blocking moves
- 43. Stay calm and make rational, safe decisions

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*Even disciplined and well practiced holds have the potential to turn into a free for all if the caregiver is not prepared to manage the physical strength and the emotional anger and rage of children and youth in emergency situations.*

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**Every Child Needs**

- **Love** - to feel loved and wanted. Children need people near them that care what happens to them. They need to know they're precious.
- **Security** - to know that their home is a safe place they can feel sure about. Protective parents will always be on hand, especially during crisis when they are needed most.
- **Acceptance** - to believe they are accepted for themselves. Children need to belong. They need a place to fit in.
- **Limits** - to know that there are consistent limits. They will be expected to live by these limits. They will not be allowed to harm themselves or others.
- **Guidance** - friendly help and encouragement to learn how to behave toward people and things. They need adults to show them by example.
- **Independence** - to know that they will be encouraged to grow and try new things. They should develop confidence in their abilities to do things for themselves.
- **Protection** -they must know that they will be safe from harm. When they must face unknown and frightening situations, someone they trust will be there to help them be safe.
- **Faith** - a set of moral and spiritual standards to live by. Children need to believe in the human and spiritual values of kindness, courage, honesty, generosity, peace, respect, responsibility, and justice.

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