Trauma Sensitive Care in Early Childhood: How to Talk About it
TARSS Symposium
May 6, 2023
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Introductions

Training Objectives
• Build a foundation of the types of trauma and the effects on infant and early childhood development.
• Knowing how to apply a healing-informed lens to interpret and respond to various behaviors will be explored.
• By focusing on the relationship first and understanding behavior from the child’s perspective, participants will learn how to bring about not only behavioral changes, but also healing in early childhood environments.

Training on Trauma – A Parallel Process
• Today’s approach to training will be a model for how you might train others on this topic.
• In addition, this training is not a TOT, it isn’t ready for you to “take and use” but instead is an invitation to continue to learn more about this important topic

Facilitating Trainings on Trauma
• Address the Difficult Nature of the Material
  Talking about trauma and its effects that may be distressing to some people. When facilitating discussion or activities, be sure to acknowledge the potentially difficult nature of the material and encourage people to take breaks and ask for support as needed.
• Set Ground Rules
  Trauma is a sensitive and difficult topic that may remind participants of their own experiences and trigger various responses during the training session.
  For example, some participants who have experienced trauma may attempt to share personal information, while others may become quieter or more withdrawn.
  Setting some ground rules can help set the tone for a respectful, thoughtful, and safe discussion that maintains clear boundaries. You can have participants create ground rules or simply set them yourself.

Suggested Ground Rules Include
• Be aware of the potentially upsetting nature of the material and take care yourself.
• Be respectful of others and do not discuss personal comments outside of the training.
• Be aware of the degree of personal information that is appropriate to share.
• Step up, step back: If you haven’t spoken or contributed, do so if you feel comfortable. If you have been speaking and sharing a lot, let others take a turn.
• No side conversations or talking over others.
**Outline**

- Brief review of Trauma, ACEs,
- Types of trauma – include generational trauma, historical trauma
- Signs of trauma in little children
- How do we help them heal – Resilience
- Case Study in small groups - Cultivating mindfulness, reflective practice, perspective taking
- Self care – secondary trauma

**What is Trauma?**

- Events that are perceived as **threatening the life or physical integrity of the child or someone important to the child** (and what is perceived as a threat changes with the child's development)
- Causes an **overwhelming** sense or terror, helplessness, and horror
- Producing **intense physical effects** such as pounding heart, rapid breathing, trembling
- And completely overwhelming the child's available coping strategies
- Not all events create trauma or a mental disorder
- Defined by the person who experienced it

**Types of Traumatic Events**

- **Direct**
  - Physical abuse
  - Sexual abuse
  - Neglect
  - Emotional abuse
- **Witnessed**
  - Domestic violence
  - School or community violence
- **Separation from important people**
  - Traumatic grief
  - Incarceration of loved one
- **Historical trauma**
- **Acute trauma** (medical, dog bite, car accident)
- **Community**
  - Natural disaster
  - Terrorism, war
  - Poverty
  - Racial/Discrimination
- **Generational**
- **Complex/Toxic**

**Trauma can happen as:**

- A single event
- A reoccurring experience
- Complex trauma

**Complex Trauma**

- Caused by adults who should have been caring for and protecting the child, creating an “impossible dilemma” for the young child
- Complex trauma describes both children’s exposure to multiple traumatic events—often of an invasive, interpersonal nature—and the wide-ranging, long-term effects of this exposure.
  - These events are severe and pervasive, such as abuse or profound neglect.
  - Usually occur early in life and can disrupt many aspects of the child’s development and the formation of a sense of self.
  - Interfere with the child’s ability to form a secure attachment as many aspects of a child’s healthy physical and mental development rely on this primary source of safety and stability.

**Looking Through a Generational Lens**

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“What’s wrong with you?”  (Looking at the problematic behavior)
↓
“What happened to you?”  (Looking at the behavior within the context of the person's life experiences)
↓
“What happened in your family?”  (Looking at the behavior, not just within the context of the individual’s own experiences, but the family and family member’s experiences)
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i.e. What happened to mom/dad/grandma/grandpa/etc.?
How and to what extent trauma impacts us depends on many things:

- Age, frequency, severity, duration, extent of injury
- Personal characteristics and life experiences
- Cultural strengths and liabilities
- Current circumstances which contribute to risk and protective factors
- Experiences are unacknowledged and unaddressed
- Trauma-reminder rich environment

The Stress/Trauma Continuum:

- “Positive” stress actually promotes development.
- “Tolerable” stress is related to something that happens (not ongoing) and can be managed with social support.
- “Toxic” stress/trauma—excessive, prolonged activation of the brain’s stress response system that overwhells and interferes with development.
- High levels of stress de-activate the problem-solving part of the brain and activates the part of the brain which triggers automatic ‘survival’ behavior.

Prevalence of Childhood Trauma:

2 of 3 children & youth were exposed to violence in the past year:

Young Children Are More Vulnerable to Affects of Trauma:

- The younger the child the more vulnerable to traumatic stress because:
  - Are unable to predict or anticipate or prepare for impending danger
  - Cannot prevent its occurrence
  - Have fewer coping strategies than adults
  - They depend on adults for protection
  - Due to lack of understanding of cause and effect they believe their thoughts, wishes, and fears have the power to become real and make things happen
  - The caregiver’s reaction to trauma is extremely significant to the young child’s ability to accept and process the event

Trauma Shapes Beliefs and Expectations:

- Themselves:
  - I am not worthy of love and care
  - I am helpless
  - I must be on constant alert or in control to be safe
- Adults who care for them:
  - Adults cannot be trusted to protect me
  - Adults hurt me
- The world in general:
  - The world is a dangerous place
  - I cannot let down my guard

Template for Relationships is Altered:

When the caregiver:

- Who is supposed to keep their children safe, is actually the source of trauma;
- Expresses limited availability, reliability, or predictability; or
- Has a lack of control over their life, and their child’s life;

Then the child:

- May not learn how to regulate emotions;
- Puts their need to learn in the “back seat” in order to keep their need for protection and safety first;
- Begins to perceive the world as dangerous, leading to a sense of vulnerability and distrust of others
The Body is the House for the Trauma

- Traumatic memories are stored differently in the brain.
- Encoded vivid images and sensations
- Lack a verbal and narrative context
- Sensory stimuli is common cause of trigger (smell, sound, sight, etc)
- Memories are unprocessed and more primitive
- May look like temper tantrums but are often panic

Implicit Memories are different than Explicit Memories

- When you leave this training and tell someone step-by-step about your day that is a memory that is retrieved and communicated from your explicit memory storage.
- You can say it is stored in parts of your brain that store the memories like a story with a beginning, middle and end.
- Implicit memories are stored in non-verbal parts of our brains. They are stored in images and sensations but cannot be recalled and communicated with a story that is linear with a beginning, middle and end.

Trauma Reminders (sort of like asthma)

- Understand trauma reminders
- Change environments to reduce trauma reminders (less pollen)
- Help child, family, and system respond when child is triggered
- What might be a trigger for one person might not trigger someone else!

How does the body respond to a threat/trauma?

- Response happens on 3 levels
  - Physical: stress hormones are released
  - Behavioral: an action or response
  - Experiential: thoughts and feelings
- What can it look like?
  - Stress response system does what it was created to do
    - Hyperarousal
    - Hypoarousal

Biological Responses to Threat/Stressor

Hyperarousal - External
- Fight
- Flight
- Hypervigilance
- Reactive
- Alarm response
- Tachycardia- pounding heart

Hyperarousal - Internal
- Freezing
- Fainting
- “Daydreaming” or “checked out”
- Numbing
- Compliance
- Derealization (depersonalization)

Impact of Frequently Used Responses

- The response that is most adaptive for the individual becomes that individual’s automatic response to subsequent stress.
- Babies and very young children can’t fight or flight so they use what they have available to them – hypoarousal or shutdown, this can become “over-developed”
  - In preschool this child might look “distracted, hard to engage, doesn’t talk, shuts down, withdrawn, in their own world” – what diagnoses do we associate with these behaviors?
Common Responses to Trauma: Young Child
- Fear, anxiety, worry
- Changes in sleeping and eating
- Difficulty separating from caregivers
- Regressed behaviors (losing speech, wetting the bed)
- Reenacting aspects of the traumatic event in play
- Difficulties “settling” emotions or being soothed

Common Responses to Trauma: School Aged
- Fear, anxiety, worry
- Feelings of guilt, shame, and self-blame
- Headaches, stomachaches
- Nightmares, disrupted sleep
- Difficulty concentrating
- Angry outbursts, aggression, and withdrawal
- Over- or under-reactions to situations in the environment (e.g., sudden movements, loud noises, physical contact)

What is reflective functioning?
- The capacity to recognize mental states - feelings, thoughts, intentions—in self & others:
  - I find myself dreading this home visit-going to work today.
  - I wonder why this mom seems so angry?
- The capacity to link mental states to behavior, i.e. how a person thinks and feels shows up in their behavior:
  - I think I’m irritable because I’m so behind in my paperwork.
  - I wonder if that child is behaving that way because they had visitation with their mom this past weekend.

Need for Self-Awareness & Reflection
- We can become overwhelmed and susceptible to many of the same stressors as our children and their families.
- This is relationship-based work so our emotions and intellect are engaged
- Our own histories, experiences and assumptions are with us every minute!
- We have our own “hot buttons” or “triggers”
- Being aware of our thoughts and feelings can help us to RESPOND instead of REACT

Shift in Thinking...
Behavioral Approach
- The child is oppositional, defiant, and manipulative.
- The behaviors are the child’s way of controlling everyone around them.

Trauma Sensitive Approach
- The child is in a highly anxious, stressed state of fear.
- The behaviors are the child’s attempt to reduce the fear and stress in order to feel calmer.
What do they look like?

**Behavioral Approach**
- This might look like:
  - Sticker charts, rewards, threats/punishment
  - Relies on external motivators

**Trauma Sensitive Approach**
- Gets to the underlying cause of why a child is triggered or challenging.
- Look at the child behind the behavior and recognize that challenging behaviors communicate a need to the adult.

NOTE: IS IT COMMON FOR ADULTS TO DEFAULT TO BEHAVIORAL APPROACHES (STICKERS AND REWARDS) WHEN UNDER STRESS

Interpreting Behaviors
- Anger often masks fear (angry face interpretation)
- Where the adult is angry or fearful it increases the child's fear/anger
- The child is not trying to control the adults, they are trying to gain internal control - externally through negative behaviors
- "Everything an abused child does after the abuse is designed to give them a sense of safety." Gil, E.

Why Traditional Discipline Doesn't Work with Traumatized Children
- Trauma changes the brain
  - They are thinking, behaving, reacting, and surviving out of loss, most of which has occurred in their mind
- Their behavior is a voice
  - The child may be in a fight... but not against you, but against an intense situation that they could not process.
- Fight, flight, or freeze
  - They will use their defense mechanism when they were in the midst of their highly traumatic past

Re-thinking Discipline Practices
- Safety and regulation along with connection/relationship as the guiding factors
- CONNECTION BEFORE CORRECTION

Multiple Moments: Embedded in Memory
- Multiple moments embedded while the brain is developing
- Do they remember?
- It's not just what they remember, it's what they learn about . . .
- Danger
  - Other people
  - Themselves
- What do we think Gabriel has learned?

Healing Informed Practices
And with all this talk about trauma, it’s important to remember resilience!

- Resilience is...
- Positive adaptation in the context of risk or adversity Masten (2014)
- The process of adapting well in the face of adversity, trauma, tragedy, threats or significant sources of stress. Center on the Developing Child (2015)
- NOT a trait we are born with, it is a combination of our biology and our environment/experiences.

Resilience is transmitted in the same ways as trauma

- Many people who experience trauma are able to continue moving forward without the event causing significant disruption to their lives
- Post-traumatic Growth
  - “The experience of positive change that occurs as a result of the struggle with highly challenging life crises”
  - Reconstructs the narrative of the traumatic event to one of triumph
  - Finds meaning in the event and results in personal growth

Benevolent Childhood Experiences (BCEs)

Gabriel
- Loving caregivers – services for dad
- Strong extended family
- Religious values
- Supportive preschool
- Sports – body-based activities
- Trauma-informed services in the community
- Support in the kindergarten transition

Ordinary Magic: The Short List

- When children had these positive factors in their lives, they tended to bounce back from whatever adversity they had faced
- The short list is a list of basic adaptive systems that play a very important role for resilience.
- These are fundamental protections that we have to overcome adversity, both within us and outside of ourselves (Masten, 2014)
The Short List: (Masten)

- Effective parents and caregivers
- Connection to other competent and caring adults
- Problem-solving skills
- Regulation skills
- Positive belief about self
- Beliefs that life has meaning
- Spirituality, faith, or religious affiliations
- Socioeconomic advantages
- Prosocial, competent peers and friends
- Effective teachers and schools
- Safe and effective communities

Power: Trauma is Powerful Learning

- It’s not just what you remember, it’s what you learned
- What do experiences of danger teach them about . . .
  - Safety
  - Am I safe?
  - How do I survive?
- Feelings
  - What happens when others get angry?
  - What happens when I have strong, negative feelings

Power: Trauma is Powerful Learning (continued)

- What do experiences teach them about . . .
  - Themselves
    - Am I loveable?
    - Am I capable?
  - Different types of people (grown-ups, kids, men, women, people of different races)
    - Can I trust them?
    - Will they harm me?
    - Will they leave me?

Trauma is Powerful Learning

If we want them to learn something else . . .

- They need to experience something else
- Over and over, so they can count on it
- Each time children interact with us, what are they learning?
- It takes at least 400 times of the new interaction and experience before we learn to trust a new way.

- “To create an effective memory, experience has to be patterned and repetitive.” (Bruce Perry: The Boy Who Was Raised as a Dog)

Brains Grow Best

- When capable of being curious
- In the context of supportive relationships
- During low levels of stress and emotional arousal
- Where there is a balanced focus on thinking and feeling
- Through the creative use of stories

Healing Informed Strategies
Relationships

Relationship-Based Techniques

- Our relationships with children are the most powerful “strategy” we have.
- Children need us to be their regulating/organizing partners.
- Be curious and wonder—What does that behavior feel like on the inside? What are they trying to communicate? What’s their need?
- Remember they don’t want to feel out of control— they are asking for our help!

Fallon, 2019

Relational Engagement

- Children need to be enjoyed and valued—not managed!
- Joy is the key to attachment
- Ask yourself:
  - “What can I do at this very moment to be in relationship with the child?”
- Activities to help build relationship:
  - Maintain unconditional positive regard
  - Check assumptions, observe and question
  - Be a relationship coach

Positive Affect Enhancement

- Young children need to know:
  - I am worthy of nurturing and care
  - I am capable of getting my needs met
  - Adults can be trusted to take care of kids
  - The world can be a safe and interesting place
  - All my feelings are ok, it’s how I express them that matters
  - Self-worth, esteem and positive self-appraisal
  - Celebrate accomplishments
  - Notice positive choices


Protective factors that promote resilience for children, parents and us!

- Close relationship with competent caregivers or other caring adults
- Parent/caregiver resilience
- Caregiver knowledge and application of positive parenting skills

Organizing Language

- This is hard, but I will help you.
- In our classroom, we don’t _____ (use scary words, hit, etc.). We can say ____, use words).
- In two more minutes, it will be time to stop ___ so we can go ____.
- I am going to change your diaper, wipe your nose.
- I’m going to stop you because ____________.
- I’m on your side. We can do this together.
- I hear you are having a hard time trying to do this…let’s take a break and try it again. (Offer changes to “re-do”)
- I hear you, you’re telling me that wasn’t OK (use their words to feel heard and understood)
- I can stay right here and be still (provide reassurance)
Develop Relationships with Parents

• Anything we do to positively influence the parent–child relationship is in the child's long term best interest.
• We have the power to influence how a parent views herself as a parent and how the parent views her child.
• Engage parents as partners in the child's learning knowing that how the parent responds to us tells us a lot about what the parent needs in relationship.

Do unto others as you would have others do unto others (Jesus Paul)

Engaging Parents

• May need to pursue them
• Parent model of working with others could be challenged by past experiences
• Must be patient with them
• Resistance can be their fear more than refusal
• Assess parental awareness and determine their willingness to participate
• Take time to listen to their story
• Engage them as partners in the plan

Our Mindset Plays a Role

• Scarcity: "there isn't enough mindset"
  • Orients the mind automatically and powerfully toward unfulfilled needs
  • Feels like the situation is permanent instead of just a period of time
  • Forces us into thinking about trade offs or sacrifices instead of "pouring into"

Overcoming Scarcity Mindset

• Identify the tools/resources you DO have
• Become an observer – what are the patterns? How can I prevent those from continuing?
• Think of it as "divide and conquer" or "zone defense" instead of "not enough of me to go around"
• Acknowledge the "baby steps" of progress

Creating Trauma-Sensitive Environments

• Safety is a PREREQUISITE
• Emotional or "Felt" Safety: Children experience consistency, safety, and respect.
• "Felt" safety isn't the same as physical safety, and will vary from child to child based on their past experiences
• Children need to feel safe in their environments
  • It is learned through relationships
  • Learned through relationship
  • If the attachment system isn't activated the child can't feel safe
• Parents need to feel safe too
Promote “Felt Safety” by:

- Helping manage emotional “hot spots”
- Letting children know what will happen next
- Giving children control over some aspects of their lives (eg: food and mealtime, sleep and bedtime, physical boundaries)
- Helping children maintain connections with adults and other children
- Giving a safety message “you are safe, I am here with you and there is nothing dangerous right now.”

Promote Physical Safety by Reducing Triggers

- Ensure physical safety
- Help the child feel safe during transitions
- Provide support and comfort—an island of safety—for the child
- Listen to the child’s worries and reassure the child with realistic information
- When possible, work to reduce the child’s exposure to trauma triggers that are distressing to the child. Help the child and caregivers understand the links between trauma reminders and the overwhelming emotions the child may experience.
- Re-establish the child’s sense that adults will be protective
- Give repeated concrete clarifications about how the child will be kept safe

Environmental Strategies to Establish Safety

- Define what safety is. Teach it
- Use the phrases: “This is a safe place” “I am here to keep you safe”
- Offer hiding places (tents, invisibility cloak)
- Clear and consistent rules (predictability feels safe)
- Accommodate to meet individual strengths and needs
- Predictable structure, relationships, and environment
- Reduce bullying and harassment
- Use seclusion and restraint only as a last resort
  - Touching a child who has been abused can be a trigger or re-traumatization

Transitions are Triggers

- Minimize number transitions
- Teach the expected routine during every transition
- Consider each transition as a story with a beginning, middle and an end like a story book
- Reduce unexpected changes and transitions
- Give verbal and visual and/or auditory cues for upcoming transition and give children ample time to prepare
- Provide individualized supports to those children who struggle with transitions
- Visual cues and schedules help the trauma-impacted brain with more supports to learn the transition.

If you are Feeling Furious - Get Curious

- What is the meaning of this behavior?
- What does that behavior feel like on the inside?
- What is this child trying to tell me?
- What happened to you? Versus What’s wrong with you?
- We don’t need to know what the trauma is—we just need to recognize the symptoms.
When Words Don’t Work: Be Present

• Children who are really upset (having a tantrum, frightened) can’t process words in the moment.
• They need our organizing presence.
• Body language becomes especially important--Stay close, sing softly, hold, rock…
• Words can come later.
• Debrief together when calm.

Tools for Quieting Intense Arousal

• Very aroused and aggressive children assume adults are adversaries, even when we are not.
• The adult’s task is to decelerate arousal and aggression, and to regain connection so that regulatory help is possible.
• Be quiet. It may be the best joining gesture to counter children’s internal arousal noise.
• Breathe slowly and intentionally. Children automatically copy this rhythm.
• Use eye contact—or not. Some children need to feel seen. Others will scream “don’t look at me”—so don’t. Joint eye contact can signal a return to connection.
• Verbally match. It signals our presence and attentiveness. The point of words is to quiet arousal fury and panic, rather than to explain a situation.

Teach and Model Ways to Handle Emotions

• Stay in the present experience.
• Remain physically nearby as the storm passes through. When children become certain the adult will remain available, their panic lessens, as does their fury. Arousal becomes like riding a wave instead of drowning.
• Find distractions that can be shared. Distractions are not avoiding conflict but interrupting painful arousal energy.
• Recognize when the child comes back to a less aroused state. This recovery deserves to be admired as an accomplishment. Positive emotional support at this moment helps children tolerate their fear and shame.

Teach Self-Regulation Skills

• Recognize when a child may be experiencing intense emotions and guide them to effective coping
  • Identify how the child is feeling
  • Say you are there to help and that it will be ok
  • Stay near the child and offer "your calm" to them
  • When they are calm, reflect together on what happened and what can be done next time

What Can Caregivers Do to Help?

• Provide stability and consistency
  • Clear rules, limit-setting
  • Predictable routines
  • Be in control but don’t be controlling
• Accept the child’s emotions and emotional responses
  • Emotional outbursts aren’t intentional
  • Everyone is entitled to their emotions
• Identify triggers and use them to teach problem solving
What Can Caregivers Do to Help?

• Encourage children to talk about feelings
  • Don’t give directives (don’t tell them how to feel about something)
  • Talk about your own feelings
  • Model for children how to express and cope with big feelings
  • Remember you are a model
    • How do you handle your own emotions?
    • Children learn from what they see adults doing around them

• Help children be aware of the stages in the build up of tension
  • Encourage kids to “take a calm down break”
  • Teach self-regulation to ALL children, not just those with problem behaviors
  • Offer visual reminders about self-regulation
  • Praise their efforts to regulate their emotions
    • Aggressive and impulsive children receive more negative feedback and less praise, even when they are behaving appropriately

Self Care

What Self care is:

• Actively looking after your own mental health and wellbeing so that you can more effectively support the people you work with
• It is about designing a life you don’t have to “escape” from
• The concept of self-care is similar to the safety procedures on an aircraft:
  • In the unlikely event of an emergency, fit your own oxygen mask first, before attending to children or dependents.

“The expectation that we can be immersed in suffering and loss daily and not be touched by it is as unrealistic as expecting to be able to walk through the water without getting wet.”
~ Remen
Reflection Moment

- Think about a time when you were stressed and you found a way to manage your reaction and feelings.
- Turn to your neighbor and discuss:
  - What is a sign that you are feeling stressed?
  - “One of the best things I can do for myself when I am feeling stressed is...”

Be prepared to share with the large group

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Signs that Your Self Care Might Need Some Help...

<table>
<thead>
<tr>
<th>What are your signs?</th>
<th>Boundaries</th>
<th>Exhaustion</th>
<th>Calling in sick or wanting to more often</th>
</tr>
</thead>
<tbody>
<tr>
<td>Loss of Hope</td>
<td>Depression</td>
<td>Thoughts of leaving profession</td>
<td></td>
</tr>
<tr>
<td>Stress Eating</td>
<td>Sleep Issues</td>
<td>Unprofessional Behavior</td>
<td></td>
</tr>
<tr>
<td>Spinning Mind</td>
<td>Can't Focus</td>
<td>Can't Separate Work from Home</td>
<td></td>
</tr>
</tbody>
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How can this work impact us?:

The need for self-care

- This is challenging work and we can become susceptible to:
  - Protective urges
  - Loss of reflective capacity
  - Difficulty embracing complexity
  - Being “triggered” by reminders of our own history
  - Defensive reactions
  - Overwhelmed and discouraged

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Terms

- Compassion Satisfaction
  - Emotional and physical exhaustion resulting in feeling less empathy and compassion for others
- Burnout
  - Emotional and mental exhaustion that creates physiological consequences and “loss of hope”
- Secondary Trauma
  - Traumatized not by directly experiencing a traumatic event, but by hearing about a traumatic event experienced by someone else

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Why Self Care can be Neglected

- Working with families exposes professionals to an array of emotions, stresses, trauma at times, and a theory of change that requires use of self.
- Balancing a job that is high in emotional labor with demands of family.
- “Stressed and overwhelmed comes with territory.”
- Many helping professionals are trained to be self reliant.
- Prolonged ignoring of self care needs often leads to a variety of personal and professional concerns.

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When Self-Care Turns to Self-Sabotage

- If we begin to use our coping as crutches:
  - I’m tired so I will just stay in bed all day... most days...
  - Eating ice cream helps me feel better...
  - Caffeine helps me wake up and get going
  - Energy drinks or soda get me through the afternoon
  - If I skip the gym I can get in another episode on Netflix!
  - Drive through meals save me time at home cooking
  - A glass of wine will help me unwind...every night
  - I should be exercising so I will skip getting together with the ladies so I can go to my cycling class

- What others can you think of?

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For More Information

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- Thank you for all you do to help children! It has been a joy learning with you.
- Feel free to contact me for more information, or if you are interested in bringing this training, or another training to your area or agency.

Video Links

- Epigenetics: https://youtu.be/AvB0q3mg4sQ
- Body Memories: https://youtu.be/k2hoHA0KWY0
- What is Resilience: https://youtu.be/1r8hj72hG0
- How is Resilience Built: https://youtu.be/xSf7pRpOqU8
- When Children Act Out: https://youtu.be/rUCg2-ETkJN
- Being With: https://youtu.be/QT6fkhKriB8
- Once I Was Very Very Scared: https://youtu.be/kXOqvgvh_Lc