



Trauma Responsive Care

Training Manual

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Introduction

Keisha is a 42-year-old woman with Down's Syndrome who lived with her parents all her life. When her ageing parents died within a year of each other, Keisha's cousin arranged to move her into a Medicaid Waiver site. From Keisha's perspective, her cousin brought her to a new place, and then a woman she had never met before took her to "her new room" and told her she would live in that house now, with three roommates. When she tried to find her cousin, he was gone. Now, several months into the placement, Keisha keeps to herself and is quiet. She sometimes hides food in her room to make sure she has something comforting when she wants it. When she does talk, all she does is ask staff about her parents, and when she will be going home.

You can imagine how staff documented this every day:

- Keisha exhibited more self-isolation behavior and continues to perseverate.
- Keisha's hoarding behavior continues.
- Keisha continues to be nonverbal except for her perseverating behavior period

15-year-old Bill was arrested again. He was in a car that was pulled over because the driver, another teenager, was driving drunk. When the police asked Bill to get out of the car, he refused and lashed out when they reached in to pull him out. His foster parent, his third in two years, refused to take him back when the police called to have them come pick him up.

An evaluation written while he was in detention would probably include:

- Oppositional Defiant Disorder
- Intermittent Explosive Disorder
- ADHD

Why are Keisha's questions "perseverating"? If she were a friend, we wouldn't say "Keisha is exhibiting self-isolating and perseverating behavior." We'd probably say, "Poor Keisha! She's so

sad since her parents died”. If we think about Bill for more than a few minutes, we might think, “No wonder, he has no stable place to live and he’s only 15! I think I would have a conduct problem, too.” Our point here is not the assessments people do on the individuals we work with are necessarily wrong; just that we, as a society, tend to label people without thinking enough about the circumstances that might contribute to what they are doing, and why they are doing it.

Our Mission

In this manual we focus on trauma as one of the circumstances that sometimes gets ignored when trying to understand someone. Science suggests that there is no reason to believe that a fearful brain or a broken heart is different in any important way whether you’re depressed or a delinquent or your IQ is 50 or 150. Therefore, we believe that it’s vital to understand trauma as a *human* experience, rather than telescoping it down to “trauma for developmental disabilities,” or “trauma for emotionally disturbed youth” or “trauma for this-or-that”.

Obviously, you have to make sure that you understand the specifics of a population too, and how you may need to tailor how you work with that person, but emphasizing the universality of the trauma experience helps us to not treat “different” as “other/less than”. We will discuss some strategies that can help people who may not be able to communicate or to process information easily. However, we believe that understanding the basics of how brains work and how trauma affects brains—all human brains—makes more sense than acting as if trauma is somehow fundamentally different for different people.

About Us

Lara Palay is a psychotherapist who has worked with trauma and grief, both of which are easy to spot in our stories. When she started consulting and training on trauma, she noticed that staff in a variety of fields tended to write off life events like trauma and loss and couldn’t figure out why the people they supported were shut down, agitated, disruptive, or just generally unhappy.



Kevin Aldridge has managed DD providers, written DD policy for the state, and consulted for Fortune 100 businesses. He focuses on finding methods of care that fit agency settings in ways that are truly sustainable.

Core Beliefs

- Every human being is at risk of stress of some kind, whether from life events or stress from a challenging job.
- Staff and helpers need to treat every individual in their care as if he or she is at risk for traumatic stress.
- Agencies need to support and nurture staff in the same way that staff support and nurture the people with whom they work.

The best way to provide support for people who have experienced trauma is by helping them to feel *safe, connected, and in control* before you do anything else. We call this **Trauma**

Responsive Care. In **Trauma Responsive Care:**

- People must feel *safe*
- People must *feel connected* to other human beings
- People must have some sense of *control* over themselves and their lives

We created a set of skills for staff to implement **Trauma Responsive Care:** The CALMER Skills. You can use The CALMER Skills to calm yourself or use them to help come others. Either way, the result is that you're in a better position to help the person you're with feel to safe, connected, and in control.

What We'll Cover

Trauma

The Brain

The CALMER Skills and how to model them



Section One: Trauma

When Lara's college professor was a young man serving in the Vietnam War, he was a medic. This meant regularly climbing into a helicopter, flying over thick jungle (hoping not to be shot down), landing on a battlefield (hoping not to step on a mine and blow up instantly), jumping out (again, hoping for no mines), and running out into the field—sometimes under gunfire—to grab wounded and dying soldiers. He hoped that pieces of the soldier's body would not come away in his hands when he pulled them off the field. After retrieving the wounded and dying soldiers (escaping being shot or blown up), he would climb back into the helicopter (hoping not to hit a branch in the thick vegetation, breaking a rotor, and killing everyone instantly). While flying back to camp he and the other medics desperately tried to save the wounded men. Many soldiers died on the flight anyway. Sometimes, he said, there were body parts rolling around in the cabin. Always there was blood washing across the floor.

Lara's professor did this job every day for a year. Then, he came home, got married, and started his career. One day, he and his wife decided to go see a movie called "The Deer Hunter." This was, he would explain to students later as he told the story, one of the first really graphic movies about the Vietnam War. As he told it, "One minute, I was a PhD and a professor, sitting next to his wife watching a movie. The next thing I knew I was crouched in the aisle screaming "INCOMING!!" while my wife and an usher tried to drag me out of the theater."

Trauma Triggered

We sometimes call Lara's professor's extreme reaction to the movie "getting triggered." The trauma the professor experienced as he faced tremendous and continual fear and horror as a young man caused his brain to sensitize to this fear. The sights and sounds of the war movie triggered him.

His brain reacted to seeing the images on screen and it set off the "alarm circuit" in his brain. When he was in Vietnam this alarm circuit provided the quick reflexes that kept him safe. In the

movie theater, when triggered, this “alarm circuit”, caused his body to be flooded with adrenaline and cortisol, prompting him to jump out of his seat and start screaming, literally before he could *think* about what he was doing. As the professor watched the movie, the instinct to run, attack, or hide (“fight, flight, or freeze”) was so fast and so powerful that it took hold nearly instantaneously. The fact that it happened in a movie theater full of people who *didn’t* respond that way means that something in particular had caused Lara’s professor to act that way and this is what we call **trauma**.

Not every person who experiences a stressful event is traumatized by it, and not every person who suffers from trauma went through the extremes of war. We know that trauma comes in many forms and how the brain will respond depends on the event and the person. We do know that a terrifying or harmful event caused by another human, say, rape, is often more damaging than impersonal events like a tornado. We also know that the younger a person is when they experience the event, the more effect it may have on the brain. That is why childhood abuse and neglect are so damaging. Trauma may affect-even damage- growing brains more than adult brains that experience similar events.

Trauma Defined

Trauma is any experience or series of experiences that make a person feel that he or she is in danger of dying, of being emotionally “wiped

*The remedy for trauma is helping the person feel **safe, connected, and in control.***

Together, these three elements are:

Trauma ■ Responsive ■ Care

out,” or destroyed. Traumatic stress is not remembering an event, or dwelling on it—it’s *reliving* it, without any conscious control over shutting down, exploding, or panicking (as Lara’s professor did). Reliving these events is so confusing, terrifying, and embarrassing that people may have a hard time explaining to others what is going on—they may not even know themselves. Traumatized people will find all sorts of ways not to feel much of anything in order to avoid being triggered. A traumatized person might drink or take drugs, lash out or be

aggressive on others (sometimes to keep others from hurting them first), overeat or starve themselves, hoard, have inappropriate and unprotected sex, cut themselves, gamble—anything to numb themselves. People suffering from PTSD (Post Traumatic Stress Disorder) often keep doing those things even when those strategies do damage.

Trauma Responsive Care (TRC)

The first step in working with traumatized people is to help them calm down if they have been triggered into exploding, *or* to “come back” if they’ve shut down. The best way to help calm and reorient someone who is panicking, lashing out, or shut down with a trauma reaction is to remember the elements of TRC: *help them feel safe, connected and in control with you in that moment*. The best way to help someone to recover from trauma is to *help that person to feel safe, connected, and in control all the time*, not only during a trigger event.

Safe, Connected, and In Control

Why couldn't Lara's professor stop himself from disturbing the audience and scaring his wife at the movie? Because the reaction to fear temporarily took over his brain and body. His brain believed he was in danger, just as in the war, and his body reacted. He didn't *feel* safe, connected, or in control.

Reaction and Response

Lara's professor had a *reaction* to the movie with no time for a *response*. There is an important difference between a *reaction* and a *response*.

A *reaction* happens much faster than thought. It's the brain telling the body to get away from danger. The brain's escape strategies—running, fighting, or freezing, for example—work well in the face of *real risk*, but not as well as in the face of *perceived risk*. The difference between the body's *reaction* and *response* is the difference between startling away from a snake on the ground, and then looking carefully and noticing that the “snake” is actually a stick. The quick

reaction keeps us safe, but it is not a sophisticated decision that considers everything. Our *reaction* is not in our conscious control. A *response* is what happens when we have an extra second or two to take in more information and can think through how we want to behave. A brain that feels threatened reacts. *It takes a calmly functioning brain to respond.*

Fear reactions can happen even when danger isn't there, but the person *thinks it is*. Lara's professor was physically safe in that movie theater, but that didn't matter, because his brain sent the message that he wasn't. This will be important to remember later when we talk about how a person might act in ways that don't make sense in the situation; for example, cowering in fear or lashing out at someone who isn't threatening. These behaviors can look as out-of-place and bizarre as Lara's professor must have looked to everyone else in that theater. If you know his story though, it makes more sense. Much of the time, however, we *don't* know the story of what originally traumatized a person. The brain wires in fear reactions, especially if the fear was intense or happened repeatedly. This wiring is why traumatic stress can affect a person, years or even decades after an event.

Reacting vs. Responding

When working with someone who is reacting out of fear, we can get frustrated, scared, or lose patience. Sometimes, when we talk with audiences, someone will say "But the people we work with aren't in danger! We keep them safe!" That's probably true. But we humans react to how safe we *feel*, not how safe we actually *are*. For example, think about flying. Most of us have heard that statistics show that we are much safer in a plane than we are in our cars driving to the airport. But chances are we feel more (sometimes much more) nervous about being on the plane. Why? Because when we are driving our car we feel like we're safer (mostly because we have control of the car), even though we *know* we are much safer on the plane. *Being* safe and *feeling* safe are two different things and we all need both.

Without help learning new ways of relating to yourself and others, trauma is not "forgotten" or healed, though you may manage it. Without experiencing yourself as safe and competent, you



repeat the same reaction, the same behaviors, and probably very similar responses over and over. Too often, we see the fear reaction and think it is a response; in other words, we think that person chose their behavior. Lara's professor did not choose to scream and jump into the movie theater aisle any more than you would. A triggered individual may very well not have chosen to lash out at a staff person—it was a reaction, not a response. Unfortunately, when we confuse a reaction with a response we might punish the individual for his or her “behavior” or “bad choices” when they didn't really choose to do it.

This starts with reframing all of the feelings, reactions, and communication that we lump together under “having behavior” or “acting out”. If we view “behavior” as communication, we can shift our focus onto what people are feeling. Most of us, when we're having a bad day, feeling unsuccessful, misunderstood, overly stressed or freaked-out, just want people to understand us. We want someone to help us feel better, not yell at us, tell us what we've done wrong or made to feel that we've messed up. Yet the people we work with are often made to feel this way. If an individual is having a reaction, the people around him or her may get stressed, frightened, or angry themselves. The result is two emotional people escalating each other, rather than an improved situation.

Two Types of Trauma

When evaluating trauma, we use nicknames to remember the two different kinds of trauma someone might experience: “**Big T**” and “**little t.**”

“Big T” Traumas

Big T Traumas are the kinds of things that anyone would think might cause lingering emotional problems.

- Sexual Assault/Rape
- Physical Assault
- War
- Natural or Manmade Disasters



- Catastrophic Illness
- Loss of a Loved One
- Humiliation
- Bullying
- Captivity/Deprivation and Powerlessness to Act on One’s Own Behalf

Many mental health professionals, including researchers at the National Institutes of Health ([NIH](#)), believe that trauma is misdiagnosed as something else, or hides within other chronic mental and emotional health issues, like borderline personality, depression, anxiety, and substance abuse. According the Center for Disease Control and Prevention (CDC) and the Adverse Childhood Experiences Survey ([ACES](#)), 63.9% of the general population experienced at least one adverse experience in childhood, not to mention in adulthood. For people who come to a human services agency for help, that number is certainly higher.

Tamsin Cottis, a British psychotherapist who treats traumatized people with intellectual and developmental disabilities, said, “It is worth noting...that many patients referred...seem to have become disabled more by their traumatic life experiences than by any congenital impairment.”

Researchers in the field of intellectual and developmental disabilities think that as many as 90% of people with IDD could have experienced trauma. A [National Public Radio](#) Report based on U.S.

Department of Justice statistics estimated that a person with an intellectual disability is seven times more likely to be the victim of a sexual assault than people without an intellectual disability. All this means that trauma is highly prevalent in all areas of human services.

“little t” Traumas

Everyday stresses, or “**little t**” **trauma**, is caused by minor events that probably don’t have an effect on the brain if they happen only occasionally. When little-t traumas happen frequently, however, the brain may experience that overload of stress the same way that it would during a single terrifying event. Some causes of “little t” traumatic stress can be:



- Living in an environment that is stressful and/or dangerous
- Frequent changes in living situation (where you live or who you live with)
- Chronic shortages of food, shelter, etc.
- Witnessing interpersonal physical or emotional violence
- Social pain and/or isolation
- Feeling different or not being accepted
- Not being able to do what others do
- Moving to a new home or significant change at home (new people in and out)
- Knowing that one has a disability and is “different” than others
- Not being listened to or being misunderstood
- Failing at a task and being reminded of it
- Getting confused and overwhelmed

Post-Traumatic Stress Disorder (PTSD)

Post-Traumatic Stress Disorder can occur in someone who has experienced Big-T Trauma, or continual little-t trauma: Symptoms of PTSD include:

- **Hyper-vigilance and arousal (always on “red alert”)**
 - Startling easily/frequently
 - Irritability
 - Difficulty concentrating
 - Difficulty relaxing
 - Difficulty falling or staying asleep
 - Needing to be near or in sight of exits; agitation when blocked
- **Avoidance (avoiding things that can be triggering)**
 - Avoids activities, places, people, things to keep from being reminded/“triggered” (avoidance can ripple out, becoming more removed from triggers of incident)
 - Can’t remember important parts of the trauma
 - Much less interest in significant activities
 - Feeling detached from others

- Narrow range of emotions, numbness
- Lack of a sense of future
- Intrusion (having upsetting memories, thoughts, and dreams)
 - Flashbacks
 - Nightmares
 - Disturbing images/thoughts/fantasies
 - Physical response (sweating, shaking, freezing, lashing out) to internal or external triggers that resemble the event (this is very common!)
- Negative alterations in cognitions and mood
 - Inability to remember the event (not due to injury, medication, etc.)
 - Persistent negative beliefs about oneself or the world
 - Persistent self-blame, guilt, shame not realistically corresponding to the event
 - Inability to experience positive emotions

Post-Traumatic Stress Disorder and Disabilities

Obviously, these symptoms may look different when considering differences such as age or culture. The largest difference, however, may happen with people who have developmental disabilities or traumatic brain injuries.

We are still learning about trauma and people with these disabilities. We hope that research will tell us more. In the meantime, remember that people with developmental disabilities may not be able to verbally express the things that are bothering them. We have to look for many signs that a person may be upset, including non-verbal signals of distress and anxiety. Many people (with or without DD) translate emotional distress into physical symptoms. An individual complaining of a headache or stomachache with no obvious medical cause may be experiencing these things because of emotional stress. We should monitor individuals who are non-verbal even more closely for things like new problems or old problems getting worse. They might show new or worse:



- Rocking
- Pacing
- Stiffness
- Self-soothing or self-injurious behavior
- Loss of skills (including speech)

Non-verbal distress can be a sign of many problems besides trauma, and so if you notice new or increased signs like these, ask for a nurse or doctor to examine the individual. Tracking and collecting good historical information is a challenge for professionals taking care of individuals with developmental disabilities. Many possible causes of trauma may be missed or simply not documented. Just because traumatic events have not been reported doesn't mean they haven't happened.

Trauma Responsive Care: A Universal Precaution

How do you know who to help with traumatic stress if you don't know if a person is suffering from trauma? We think that the answer is to *help everyone*. In other words, treat *everyone* as if

We must remember that when it comes to trauma, our brains and bodies react, no matter who we are.

they have traumatic stress. Help **everyone** feel **safe, connected, in control all the time**. We believe TRC should be a universal precaution. Universal precautions are the things you do to prevent the spread of disease without knowing whether or not someone is sick. For example, you've been trained to put on a pair of latex gloves when you bandage an individual who's bleeding. Why? Because that person may have a communicable disease like hepatitis or HIV. There's no time to have them tested to make sure they don't, so you treat them as if they were sick. What if you're wrong and they're perfectly healthy? No harm done. You didn't hurt them, and you spent a few seconds and a penny or two on gloves or bleach. But what if you guess they're fine and you're wrong? Possible catastrophe. So, it makes sense to take the precaution. Even if the precaution is unnecessary in that case, next time it might be lifesaving.

We believe the same thing is true about trauma. We might find out about a person's trauma in



their history, but on the other hand, we may not. We already know that the majority of people have either Big T or little t trauma—many have both. Treating everyone *as if* they have trauma makes sense the same way it makes sense to put gloves on while bandaging everyone.

It won't hurt, and who doesn't want to feel safe, connected, and in control? We all do, of course. That's why, in later sections of this manual, we'll explain how to apply **Trauma Responsive Care** to an entire agency—staff, managers, and administrators, all the way up to the Executive Director.

We must remember that when it comes to trauma, our brains and bodies react, no matter who we are.

Section Two: The Brain

This section covers how our brain interprets the signals from our body about our environment, and then controls our response to that environment. These responses range from automatic reflexes like breathing to carefully considered behavior in complex situations like reading and following a recipe. Barring illness or injury, what changes our brains is *experience*. Experience is how we learn and remember new information and practice skills until we master them. But experience can be bad when it comes to things like trauma or abuse. These kinds of experiences negatively change the brain's structure and function. Early neglect starves the brain of experience, depriving it of proper development. Not every experience has equal impact on the brain: for example, the things we experience as newborns through the first two years of our lives (and, to a lesser extent, through the rest of childhood) impact our brains more deeply than the same kinds of events might in adulthood.

Brain Structure

In the 1970s neurologist, Norman MacLean offered a simple description of how the brain evolved in humans. According to MacLean, our modern brain is made up of three separate and distinct 'brains'. As each new 'brain' evolved, it simply formed around the old 'brain'. These three brains are the ***brainstem***, sometimes referred to the reptilian brain, the ***limbic system***, sometimes referred to as the mammalian brain, and the ***cortex***, sometimes called the neo-mammalian brain.

The Brainstem

The first brain, the ***brainstem***, is the oldest or most primitive. The brainstem controls our autonomic functions—things you don't have conscious control over and don't have to think about to keep things running smoothly in your body, like respiration, body temperature, digestion, elimination, and sexual arousal.

The Limbic System

The second brain in our evolution is **the limbic system**, sometimes called the mammalian brain. This region provides a more detailed way of learning and remembering so it can sort things into finer categories: go here and not there, for food; bright colors equal poison, etc. In more advanced mammals, the limbic system adds another major feature—emotional experiences like trust, pleasure and bonding.

In the middle of the limbic system is the amygdala. It sorts and ranks the importance of all sensory information that comes into the body: known/unknown, pleasant/unpleasant.

The most important decision the amygdala makes is whether or not something is dangerous. If you've experienced something negative in the past, the amygdala will instantly react. For example, if you've been burned before, you'll reflexively yank your hand away from a glowing-red burner on a stove. Thank your amygdala for that!

If something is unfamiliar, the amygdala has less information. The amygdala is likely to default to judge unfamiliar situations as dangerous. When the amygdala reacts to something as a danger, it sends a signal to the hypothalamus, another part of the limbic system, to release hormones called norepinephrine and cortisol. These hormones signal the adrenal glands, on top of the kidneys, to release adrenaline throughout the body. This chemical cascade sets into motion the famous "flight-or-fight" response.

Hand Brain

To describe the regions of the brain, here is a simple model from psychotherapist and author, Bonnie Bradenoch: Fold your thumb across the palm of your hand and then close your fingers over it. You can roughly see that your wrist and the heel of your hand are the brainstem (although your wrist is disproportionately thick). Your thumb, in the center of your hand, is the limbic system in the center of your brain, and the back of your hand and wrapped fingers are the cerebral cortex, a thin layer starting in the back and covering the sides and front of your brain.

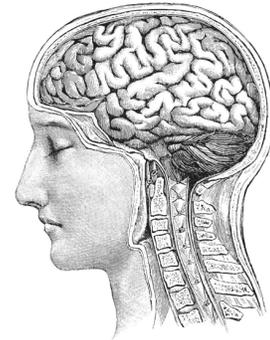
The Limbic System (*cont.*)

When the body's sensations are familiar and at least neutral, then the amygdala is calm. When the amygdala is calm, it works with the hippocampus and other parts of the brain to sort and code our ongoing sensations and experiences into the story of our daily lives. At the end of the day, you can tell someone about your day with all the major events in the correct order, with a reasonable amount of accurate detail, and describe the emotions that you experienced with each circumstance. As we shall see, when stress disrupts this process, the amygdala springs into action and shuts everything else down. Our brain is now out of sync. As helpful as the amygdala is at sorting through and identifying danger, it doesn't place things into *context*. The brain's ability to place events into context depends on the limbic system talking to the cortex. A loud fire alarm will make the average person jump and feel slightly stressed as the amygdala says, "loud, unpleasant!" and judges the sound as dangerous. It takes the cortex to remind you of the context—that it's just a fire drill, and that you can and should calm down.

For someone who was once trapped in a burning house, the sound of a fire alarm may create a fear reaction that is much more intense. In this case, the amygdala insistently screams "FIRE! FIRE! FIRE! FIRE!" and all communication with the cortex—the thinking brain—stops. It might take that person much longer and with more input (someone reminding them of the drill) to remember the context (the email earlier in the day warning of the drill), override the panic message, and then calm down their fight-or-flight reaction. The amygdala records and sorts sensations—safe/unsafe, pleasant/unpleasant—from before we are born through the first few years of childhood. We sometimes refer to the sense-driven memories as "emotional" memories. Once the amygdala sorts and designates, it can trigger powerful emotions throughout our lives. The smell of your grandmother's house, the taste of the cotton candy that gave you food poisoning, the sound of a tornado siren, or the sound of gunfire provide *triggers*. These triggers may cause us to react decades after experiencing them only once, even if we were too young to have a conscious memory of the event or haven't thought about the event in a long time.

The Cortex

The cortex developed last, evolutionarily speaking, and distinguishes humans from other primates. We sometimes call it the “neo-mammalian” brain. This brain once again is more diversified than the older limbic system and brainstem, so it adds to and elaborates the functions of the brain stem and limbic systems. For our purposes, we’ll be focusing mostly on the prefrontal and frontal cortex, which is the area above your eyebrows up across your forehead. In the example of your closed hand from the inset above, your fingers up past your second knuckle.



Experience-Dependent and Rational

The prefrontal cortex is experience-dependent, which means that it changes with your experience. Every time you learn something, your pre-frontal cortex changes in a minute way. That change probably won’t be permanent unless the experience is exceptionally powerful or repeated many times, but even so, if we had the needed technology we could see impossibly small changes all the time. Similarly, your hippocampus (the part of your limbic system that helps the amygdala and cortex communicate) changes slightly with increased memory retention. On the other hand, most of the rest of the limbic system doesn’t change that much over our lifetime. The brainstem changes very little after we are born. This, as we’ve said, is a good thing.

The experience-dependent nature of the cortex is at the heart of what we talk about when we talk about changing thoughts and behavior as a way of creating real change in clients’ lives. As mentioned in the section about the limbic system, the pre-frontal cortex helps to put sensory input into a larger context. The prefrontal cortex, however, is much slower than the amygdala.

The cortex also organizes information, plans, problem-solves, projects into the future, and generalizes information. To sum it up: This area of the brain does all our “rational” thinking.

Cortex Development

Along with being the last part of our brains to develop evolutionarily, the cortex is the last part of the brain to develop as we grow. The cortex does not fully finish developing until around the age 25 or so. This explains why adolescents and young adults have trouble with some of the more sophisticated kinds of reasoning (delayed gratification, judging consequences). In childhood, emotions outweigh our thinking and we have poor control over our impulses. This is not news. Based on our understanding of the brain, we now know why. Memories from childhood are sensory-based, are usually connected to strong negative emotion, and usually are out of our conscious awareness. This is why in adulthood we react instantaneously to a perceived threat before we can think it through. The threat may be one that anyone would perceive as dangerous (a coiled snake, a loud noise) or it may be something specially coded in our emotional brain (a specific smell associated with a negative experience). The amygdala in the limbic system takes the “low road” of perceiving and evaluating sensory input. It’s faster, but cruder. The cortex takes “high road,” a slower, more sophisticated path that considers context. Both have advantages and disadvantages, and when they are working in sync, the amygdala evaluates quickly (but crudely) and the cortex gives a slower, more “attuned” interpretation of the situation. In other words, the amygdala makes you jump back from the snake; the cortex takes a second look and realizes that it’s a stick and sends messages that calm you down.

Neural integration

Neural integration occurs when the parts of the brain move at the correct speeds, and link to each other. For example, if the emotional part of the brain (the limbic system) moves too fast and the analyzing, self-control parts of the brain (the cortex) move too slowly, you may have hit someone long before you even fully realized how angry you were. Neural integration helps us to respond accurately and proportionately to the environment. It helps us to not over-respond or under-respond. Neural integration provides the time and self-awareness to:

- **Notice when we are feeling something**
- **Understand what that feeling is**
- **Feel capable of at least modifying that feeling**
- **Have enough emotional flexibility to choose the response to our feeling**

Self-Regulation

Neural integration allows us understand others and respond to them intentionally. However, after we choose the “correct” response to a situation, we then have to follow through on that choice. This may mean inhibiting other impulses. For example, after having decided that we need to keep our job for the time being, we have to tell ourselves to listen to our angry boss who is yelling at us, instead of stomping off angrily and quitting. In order to carry out the choice we have made, we have to regulate the competing urge to act on our angry feelings.

Every closed system has a thermostat of sorts. Your thermostat in your home helps regulate the temperature in your home. You set the thermostat at your house, and when the temperature gets too hot or too cold, the thermostat sends a message to your heating and cooling system to heat or cool the air to keep the temperature at the level you set. Neural integration allows you (the house) to know what you’re feeling (a temperature that is either comfortable, too hot, or too cold). Staying in or getting back into range, in this case mood and emotions rather than temperature, depends on self-regulation (the thermostat sending information to the heating and cooling system to provide hot or cold air).

How are you at raising or lowering your mood as needed? Can you soothe yourself when you’re worried, or calm yourself down when you’re agitated or angry? Without strategies that help along the process of neural integration, many of the people we work with have trouble self-regulating, and they stay too elevated or too depressed to notice, understand, and adjust their feelings. In the next section, we’ll look at a set of skills that can help us self-regulate. As we use them, we can also coach the people we work with to use them as well.

Section Three: The CALMER Skills

So far, we've learned that no matter what your organization's mission is, we all serve people in need. Being in need means that they probably are under a great deal of stress. They are also more likely than the average person to have experienced some kind of trauma. In this section, we will move from being trauma-informed to trauma-responsive through the CALMER Skills. These will help you do better at helping them.

Trauma-Informed or Trauma-Responsive?

The Substance Abuse and Mental Health Services Administration (SAMHSA) recommends using trauma-informed approaches. **Trauma-Informed** approaches:

- **Realize the widespread impact of trauma**
- **Recognize the signs and symptoms of trauma**
- **Recognize trauma in the people we serve, families, staff, and others involved with the system**

We think that being trauma-informed is a great start. However, it's the first piece of a bigger puzzle: Helping traumatized people more effectively. You need to be informed about trauma, and then you need to know how to respond to it. The limitation of many trauma-informed approaches is that they don't take the next step of providing specific steps and skills to follow to help people cope with trauma. Our model, **Trauma Responsive Care**, emphasizes understanding how the brain works so that we can help people settle their emotions first, and then help to solve problems.

Trauma Responsive Care helps people feel **safe, connected, and in control**:

- Feeling **safe** is more than just being safe. Human services usually do a pretty good job of taking physical care of individuals, but as we saw in the previous sections, being safe doesn't matter if your brain is telling you that you're in danger. Also, *everyone* needs to feel safe. This means supporting things like a pleasant, soothing environment;



reassuring conversations; and warm, caring relationships.

- People must feel **connected**. It is the rare human being who really doesn't want any interaction at all. When we're babies, our brains develop only when another person is there to interact with us.

- People need to feel they have **control**. Feeling even somewhat in control

*"People usually want to teach other people from the top down, but the brain actually works from the bottom up."
~Bruce Perry, M.D.*

goes a long way toward making us feel safe. We should promote independence and feelings of self-control wherever possible (not control over anybody else). Helping people to understand and express their feelings, feel heard and valued, and then to make choices helps to create a sense of self-control.

It takes a calm brain to help an agitated brain. One of the most important tools to help everyone to feel *safe, connected, and in control* starts with The CALMER Skills.

Learning the CALMER Skills

In everyday situations and interactions, to help people safe, connected, and in control, we should be CALM. When things start to get tense or a crisis erupts, we should be CALMER. Below, we describe the CALMER Skills by listing the skills, the definitions of those skills, and daily life boosters to practice at home to help you learn to apply the skills.

The CALMER Skills

With each skill you will learn strategies to help you put these skills into action.

| Skill | Definition | Daily Life Boosters |
|----------------------|---|--|
| Relax | Loose, relaxed muscles, slow breathing. | Practice at home, especially before bedtime. |
| Check In | Wondering what is happening inside yourself or another person's reaction to something (especially if it is confusing or frightening to you). | Ask yourself, "What's going on inside me right now?" |
| Accept | Not judging yours or other's feelings, thoughts, or viewpoints. | What's the best way for you to remember to be non-judgmental? _____ _____. |
| Lovingly-kind | Talking and thinking kindly about yourself. | How do you treat yourself kindly? _____ _____. |
| Mindful | The awareness that comes from paying attention in the present moment to your inner experiences without judging or obsessing or pushing them away. | Try a mindfulness practice such as meditation, yoga, or quiet prayer. |
| Express | Letting your feelings out. | Find a trusted person and tell them how you're feeling, without laughing it off or expecting a solution. |
| Respond | Doing something to change the situation for yourself or another person. | Keep a journal for a week and describe situations you've been in and the things you did to make them better. |



Starting with Ourselves

We first teach you how to do these skills yourself. The CALMER Skills focus first on staff. We'll teach you how to do these skills with others too, but the whole point of CALMER is that one person in the interaction needs to be grounded, aware, kind, and responsive, and the only person you control to do that is you. Being CALMER lets the other person slow down, feel safe, feel connected and eventually, feel in control. When this is repeated many, many times, their brains will have a chance learn to react to people and situations differently. We call that healing from trauma.

Another reason for staff learning and using CALMER is that it will help you to manage stress during your shifts. If you are less stressed, chances are you will enjoy work more and have better interactions. When you have better interactions, you feel less like a “cop” or a “babysitter” (as one direct service professional described it) and feel rewarded in your work. We all feel better when we like what we're doing every day.

Using CALMER will work if you do it only at work. But we hope you'll practice it outside of work too. For one thing, the more you practice, the faster your brain will calm down and focus on the things you want to do with others. It may well help in personal situations too and lower your overall stress. We've given you pointers on how to practice in “Daily life boosters” above. We will also teach managers and administrators how to support you in building the CALMER Skills into your workday.

The CALMER Skills: Strategies in Practice

There are seven CALMER skills. The first is Relax and the next six make up the acronym CALMER: Check in, Accept, Lovingly-kind, Mindful, Express, and Respond. We describe below each skill and actions to help you understand, achieve and improve them.



RELAXATION RESPONSE: Breathe

Think of a phrase that is meaningful to you, a prayer, a line from a poem, or a verse from scripture. Take a breath and say the phrase to yourself as you exhale. Do this for several breaths when you are stressed.

Birthday Cake

If counting while breathing is tough to focus on, try this: Pretend you are blowing out candles on a birthday cake. First, a small cake (short exhale). Then a bigger cake (longer, slower exhales). Then a big cake (your longest and slowest exhale).

CHECK IN: What's up with me?

Body Scan. Look especially at your “tells.”

- Think about a particular part of your body—your legs, head and shoulders, or stomach. Notice how each part feels in turn. Is the area tense? Does the area hurt? In time, you will learn where you tend to hold tension and tune into your own “tells” for feelings. Ask yourself, “How do I feel?” and “What’s under that feeling?”
- This is asking yourself ‘how’ then ‘why’. How do I feel and why do I feel that way? Many times, strong emotions like anger really mask underlying feelings like fear or shame. Be honest with yourself and dig deeper.

Poker Face

Everyone has a “tell” in poker—a sign that tells if they have a good hand or are bluffing with a bad hand. What are your “tells” when you’re angry or frightened? It might be a heated face, sweaty hands, or a tight stomach.

ACCEPT: What's up with me is OK.

Say to yourself, “All feelings are OK. All feelings will pass.” Repeat if needed.

- This is an important step. All too often, we are either struck with guilt over the feelings we have, or we dig in and deny our feelings. The result is that our feelings control us instead of our feelings informing us.

Give yourself a “permission slip” to feel but not act on it.

- This may become easier over time, but at first, it is helpful to actually say this aloud. Saying it and hearing it helps.

Free Space!

How do you give yourself a permission slip to have the feelings you’re having?

LOVINGLY-KIND: I have strengths and I'm doing my best.

Remind yourself of things you like about yourself and what you're doing well right now.

- The fact is that we all have strengths, but emotions, when we let them control us, often cloud this fact and we have to concentrate to recognize them.

Remind yourself of three strengths you have and focus on character—things that can help in this situation, such as humility, gratitude, leadership, kindness, creativity

- Think more about your character strengths and how they can help you in a particular situation. Sometimes we can't see through the cloud of our emotions and so we need to take conscious steps to make our character strengths real again.

Cradle the baby

Imagine that your upset feelings or thoughts are a crying baby. You'd calm a baby gently. You wouldn't ignore the baby or yell at it. You wouldn't cry with the baby, either. Just because the baby is upset doesn't mean you are. Just because you're having a thought or a feeling doesn't mean you have to ignore it, get angry with yourself for having it, or be consumed by it. You can gently look at the thought or feeling until it calms down, without believing it or acting on it.

MINDFUL: What's happening and what's not happening?

Ask yourself, "What do I notice right now? What thoughts or urges are with me right now?" Observe them non-judgmentally.

- Being aware of feelings as they emerge is the first and most powerful step to realizing that our feelings are not good or bad, they just are.

It helps to stop and identify three things that are happening right now. You may notice the sound of traffic or the rain on the roof. You will also notice that the bad things we fear are usually not happening—we are just afraid that they *could* happen.

Cloud watching

Go look at the clouds if weather permits, or simply imagine them. Focus on a single cloud and notice its shape. Keep watching. The cloud changes. Feelings and thoughts are like clouds. Even the most upset feelings will change and disappear if you watch it for a while.

As you do this ask, "What do I notice now?" Again, observe non-judgmentally.

- Observing what is happening in a peaceful, non-judgmental way helps you see how you

can positively influence what is happening right now.

- Check to see if you are calm. If you are, then get CALMER! By adding the “er” to the word calm, you move to an active role. You have to be calm before you can actively become calmer.

Express: Let your feelings out

Share your feelings, but only if you’re calm. If not, repeat the CALM steps again.

- Sharing your feelings can be uncomfortable and risky but it is the next necessary step to becoming calm and then helping those around you become calm.
- When sharing your feelings, use “I” statements: “I feel..”
- Using the personal pronoun “I” personalizes your feelings and allows others to see you and not your position or their own fears of what could happen.

ICE it down!
I-C-E reminds you how to have a tough conversation calmly.
I feel (sad, angry, disrespected, etc., when you (specific behavior) to
Change in this specific way, and, in
Exchange, I will try to (action to make things better or easier for that person to do what you are asking).

RESPOND: Safe, connected, and in control

Go to someone who makes you feel safe, connected, and in control.

- Going to or thinking about someone who makes you feel safe and connecting with them is reinforcement.

Check and ask yourself, “Does anyone else need to feel safe, connected and in control?”

- Now you can look around and help others calm down, or at least begin to feel safe, connected and in control. If we are calmer, we can help others to be calm too.

People, places, and things
List the people, places, and things that make you feel relaxed, safe, comfortable, and loved. Keep the list with you, or a photo or some other reminder.

- Text someone on a break
- Go outside or have a picture of a favorite place.
- Eat, drink, smell or touch something that reminds you of being loved (Nana’s peppermint tea, etc.).

Ways to practice

Like anything, making ourselves CALMER gets easier with practice. Just like practicing a sport or a musical instrument helps you improve, practicing these skills will help you calm yourself more quickly and easily.

You can do mindfulness at home by practicing the Relaxation Response. Sit in a comfortable position with your back straight and start breathing normally, saying your phrase to yourself on your outbreath. Notice if you become distracted, don't judge yourself, and go back to your breathing and your phrase. If thoughts or feelings come up, notice them, don't judge, and then go back to your breathing and your phrase. Use a timer and decide ahead of time exactly how long you will sit and stick to it. Start with at least 5 minutes and add a minute or two as you feel more comfortable. Research shows positive effects with as little as a few minutes a day.

Don't forget to move

This work can be very stressful. We are teaching you The CALMER Skills specifically to combat this. Another daily life practice that will help you to manage stress at work and home is *moving*. For example, after a stressful shift you can take a short walk, preferably in some area with grass and trees around. Some people go to the gym, do yoga, or swim. Whatever gets your major muscle groups moving helps your brain and body to release stress and sync up together.

Section Four: Modeling The CALMER Skills With Others

Strategies for Modeling

In this section, we are shifting the skills to focus the people you support. Start with CALMER for yourself, and then do CALMER with them. We've included some reminders and extra skills in the green boxes in this section.

Relaxation Response: Breathe

- Coach the Relaxation Response
- Count out breaths or coach Birthday Cake breathing
- Notice things together, use their name and touch them, if appropriate.

Birthday Cake

Pretend you are blowing out candles on a birthday cake. First, a small cake (short exhale). Then a bigger cake (longer, slower exhales). Then a reeeally big cake (longest exhale).

Check in: What's up with me?

- Ask them about each body region and what they notice. Direct them to point to each region when they talk about it.
- Ask them, "How do you feel?" and "What else do you notice?"

Mirror, mirror

Find a mirror or use the mirror function on your phone's camera. Point out the feeling signs on the person's face and talk about them neutrally (not implying the feeling is bad or that they should change it, just noticing and describing). Good: "Wow, I can tell you're sad because I see tears in your eyes and that your mouth is turned down. I can tell you are really sad right now!" Not Good: "Oh look at that sad face. Let's wipe those tears and put on a smile!"

Accept: What's up with me is OK.

- Tell them, "All feelings are OK. All feelings will pass."
Repeat if needed.
- Help them write a permission slip for themselves to "feel my feeling."

Free Space!
How do you give yourself a permission slip to have the feelings you're having?

Lovingly-kind: I have strengths and I'm doing my best.

- Name three things the person is doing well right now.
- Name three good things about the person's character that they can bring to help in this situation. You can help them with this if needed.

Best Self

Think about or mentally check off a list of your best characteristics, such as brave, adventurous, forgiving, or honorable. Congratulate yourself for having those traits. Ask yourself if you can use them to make this situation better in any way.

Mindful: What's happening and what's not happening?

- Ask them, "What is happening right now?" Write out a list if this is helpful.
- Then ask them, "What is *not* happening right now?"
 - If you need to ask, "What bad things are you afraid of and are they happening right now?" Tell them that it OK to be afraid of it and remind them again that it's not happening (Make sure it isn't).
- Check to see if you're calm. If you are, then get CALMER! By adding the 'er' to the word calm you move to an active role. You have to be calm before you can actively become calmer.

Egg timer

Use an egg timer, preferably an old-fashion ticking one that you or the person you are working with can set. Set it for a minute or so. Say, "Let's see if anything bad happens before this timer goes off." When nothing happens, point that out. "Let's set it again! Huh! Nothing bad is happening at all. I guess things are OK."

Express: Let your feelings out.

- Help them share their feelings with the other person (if appropriate) in the situation, ONLY if you and they are calm. If not, repeat CALM again.
- Talk about, and write it down if possible, “What should we do with or about this?” Let them direct it but help them as needed.

ICE it down!
I-C-E reminds you how to have a tough conversation calmly.
I feel (sad, angry, disrespected, etc., when you (specific behavior) to
Change *in this specific way, and, in*
Exchange, *I will try to (action to make things better or easier for that person to do what you are asking).*

Respond: safe, connected, and in control

- Ask them to talk to or about the people that make them feel loved.
- Ask them to talk about, or, if possible, go to a place that makes them feel safe.
- Ask them to talk about, or, if possible, do some things that make them feel a bit more in control.

Let's connect
Find a person to talk with or just sit with who makes you feel safe, loved, and warm.

Calm brains can think and feel at the same time. When you are CALMER and you've helped the person you're with to become CALMER, you can help them to learn about feelings.

Learning About Feelings

Sometimes we accidentally discourage people from feeling their feelings with our own wish to keep everything smooth. People quickly get the message that some feelings are OK and others aren't. Remember, the people we work with may need permission to express, or even feel, their emotions. This is where your modeling of CALMER comes in handy. To teach them to notice and handle their feelings, they have to know what their feelings are. There are five basic feelings:

Happy

Sad/Hurt

Angry

Scared

Shamed/Embarrassed

Do they have any words for feelings? Start with those words and add to them.

Most words in English for emotions are a variation of one of these basics, or a combination of two or more. Coaching an individual to think about anger as “grumpy” (a little), “mad” (medium), or “really, really mad” (a lot) gives them a way to talk about feelings more accurately. The better we can explain how we feel, the more relief we feel, especially when someone shows that they understand us. It also teaches the person that feelings have degrees, giving them a choice at each point. That can make the feeling less overwhelming. Try spreading your hands a little or far apart to show degrees of feelings.

If the individual is non-verbal, talk “for” them. “Mirror, mirror” is a good technique here. “Teresa, I see that your face is red, and there are tears in your eyes. That makes me think you’re really, really sad.” You can also show them themselves in an actual mirror and point out what they look like when they’re sad or mad. Looking at pictures of people or actors on TV or in a film is a good way to teach about feelings. “Wow, I can tell The Hulk is mad because his face is so scrunched up.” These conversations are good to have all the time, not just when the

individual is upset. You can bring up feelings from a safe distance too: “Remember yesterday when you got really mad at Jamal? I could tell you were mad because your face looked like this, and your voice got loud, and you told me later that your head felt all hot”. We recommend looking at real people on TV or in books or on posters because cartoons can be hard to interpret. For people who struggle to identify facial expressions, the more real the better!

Acting (It) Out

Once the individual has some understanding of emotions, you can work to help that person learn to see emotions as “signals” rather than problems. You can reassure them it’s possible to communicate big and sometimes painful feelings without hurting themselves or others. When people say a person is “acting out,” we ask them to see how it changes to say “acting IT out”. People who don’t have words for feelings express emotions physically—they *show* you something is wrong, instead of saying it. When you understand how to interpret disruptive or confusing behavior and support the feelings that come with the behavior, you can help individuals experience their feelings without them acting IT out.

Once you’ve taught these tools, you need to show them that you believe they can handle their feelings. You can also use your own feelings as a model. “Boy, that makes me feel sad. I think I’ll do _____ to feel better”.

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Note: This manual contains links to specific supporting information updated in June 2020. We can't say these links will be working over time as the websites might change, If it's not working, you can always do a search to find the information.