COMMUNITY
RESILIENCE INITIATIVE

COURSE ONE

TRAUMA-INFORMED CERTIFICATION

Trauma-Informed Certification

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COMMUNITY
RESILIENCE INITIATIVE

Welcome!

What is "trauma-informed " and why do we need it?

It can change your understanding of yourself, your loved ones, and those you work with daily.

It can be transformational.

TRAUMA = "a deeply distressing or disturbing experience" which sets our threat response system into high alert to protect us from potential danger.

"TRAUMA-INFORMED" is understanding the impact of stress on our individual and community health so that we can interrupt the cycle of punishment, shame, blame and humiliation, shifting instead to positive intent, insight, empathy, compassion and love.

For CRI (Community Resilience Initiative), it began when I heard Dr. Rob Anda, co-principal of the Adverse Childhood Experiences (ACE) Study say, "Go home and make something happen." He went on to say that every individual deserves to understand the impact of ACEs on their health, their family's health, and the health of their community. This was my "a-ha" moment, my own call to action. I soon formed the Community Resilience Initiative with the goal to bring this information to every individual and service provider. I believe that when we know our biology and how we are wired, when we understand the patterns that predict our story, we can begin to make real and lasting change within the community.

Our foundational community-based approach caught the attention of documentary film director, Jamie Redford. His visit to Walla Walla and meetings with many involved in CRI's transformative message led to the documentary "*Paper Tigers*," capturing the experience of one alternative high school's efforts to build resilience, help, hope and healing for students once considered hopeless. The film and its sequel *Resilience* raised awareness for trauma-informed practices world-wide, equating their necessity within a community to that of basic first aid skills. These practices are established and built upon through our 3 level training courses.

Welcome to CRI Course 1! We will introduce you to the foundational knowledge that leads to insight, strategies and structure that can build the trauma-informed community. We call these methods the KISS Framework. They serve as the backbone to all CRI trainings and lay the foundations of implementing community capacity building to achieve the goal of well-being community wide.

We look forward to helping you build strength and resilience within your community.

Theresa Barta

CRI Founder and Board President

Goals and Learning Objectives

Goals

1. To inspire curiosity in the development and regulation of the brain and the body in order to develop effective strategies for addressing the impact of trauma.
2. To understand the neurological underpinnings of resilience and its ability to eliminate, reduce, and buffer the effects of trauma.
3. To recognize the necessity and value of community capacity building in order to mitigate the detrimental effects of untreated trauma.

Learning Objectives

1. Label and adopt the KISS framework as a strategy for building capacity within your family, organization, or community.
2. Examine and discuss a summary of the research literature in the fields of **N**euroscience, **E**pigenetics, **A**CE Studies, and **R**esilience (NEAR).
3. Identify and utilize the science of brain networks as a strategy for addressing behavior.

KISS Framework: Key Points

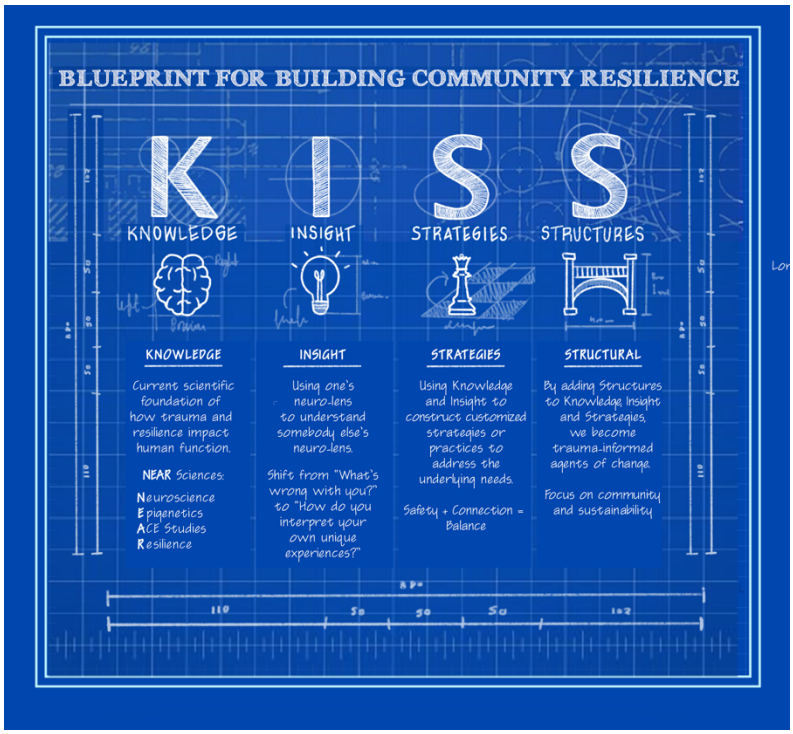
Knowledge: Current scientific foundation of how trauma and resilience impact human function.
NEAR Sciences: **N**euroscience – **E**pigenetics - **A**CE Studies - **R**esilience

Insight: Using one's neuro-lens to understand somebody else's neuro-lens. Shift from "What's wrong with you?" to "How do you interpret your own unique experiences?"

Strategies: Using Knowledge and Insight to construct customized strategies or practices to address the underlying needs. Safety + Connection = Balance

Structure: By adding Structures to Knowledge, Insight and Strategies, we become trauma-informed agents of change. Focus on community and sustainability.

KISS for Community Capacity Building



Your Notes on KISS:

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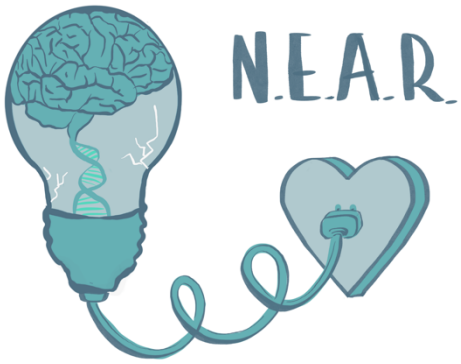
Beyond the NEAR Sciences: Key Points

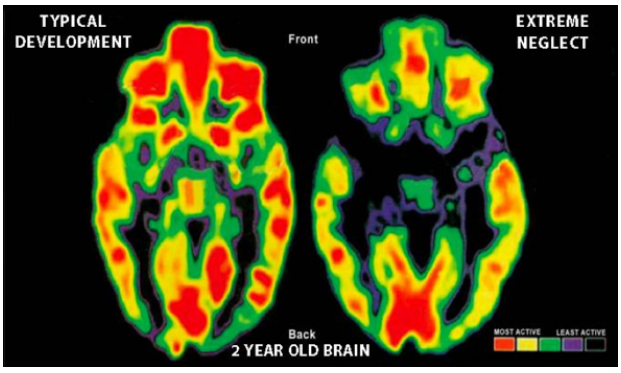
NEAR: Neuroscience

Science validates the impact of our experiences, thus the well-being of our unique selves and ultimately our community.

1. Neuroscience is the cluster of sciences which deal with the structure or function of the nervous system and brain.
2. The brain attempts to integrate information from the body to determine how to react, respond, and/or feel. The brain does not work in isolation, it incorporates social, cultural and experiential input. Social engagement is critical for one's development.



3. MacLean's 1952 original hypothesis of the Triune Brain is helpful in describing the general development of the brain. It is based on the earlier concept of the cognitive brain "managing" the emotional and primitive brain regions.
4. We now know that our brains receive data from our sensory systems, and then categorizes these data into predictions that construct our emotions.
5. Our drive for safety, our emotional activities, and our cognitive thinking are the product of neural activity in more than one brain region. This new understanding of how the brain works is different from MacLean's model.
6. The brain develops most rapidly in the first years of life, thus the emphasis on early childhood support as shown in the PET scan from Dr. Harry Chugani, Detroit Children's Hospital.
7. Brain development continues through the late 20s. Trauma in adulthood can also affect behavior and outcomes.



8. We now know that building adult skills and capabilities around regulation and emotional competency affects how children develop their own regulation and social/emotional skills: through the "mirror neurons" and "serve and return."

NEAR: Epigenetics

1. Epigenetics is the emerging science that suggests that environmental influences affect how genes are expressed or silenced.
2. Understanding how experience and interpretation of experience impacts internal development can help make the necessary changes to reverse negative patterns. DNA is not destiny.
3. Your genes turn on and off in different contexts, including the genes that shape your brain's wiring. This phenomenon is called neuroplasticity.

NEAR: ACE Studies

It has been 20 years since the seminal ACE Study. We now know that other negative experiences, such as racism or poverty, can create similar changes in brain architecture due to a toxic stress response system. We talk about them as the other ACEs.

1. In the ACE Study, Drs. Felitti and Anda connected adult health to childhood experiences based on ten childhood experiences of 17,300 adults.
    a. There are three main original categories of ACEs: abuse (sexual, physical, and emotional); neglect (physical, emotional) and household dysfunction.

2. Adverse community environments, such as lack of opportunity, limited economic mobility, community violence and the associated effects of poverty and joblessness, contribute to – and compound – the adversities experienced within households by children and families.
3. Adverse cultural exposure is trauma that occurs when members of a collective feel they have been subjected to a horrendous treatment and discrimination based on their group membership, such as racism, sexism, xenophobia, etc. Such experiences leave indelible scars upon their group consciousness, marking their memories forever and changing their future identity in fundamental and irrevocable ways.
4. Adverse circuitry expression refers to risk factors and trauma from mistreatment based on variations in how the brain handles certain functions, such as sociability, learning, attention, mood or other mental tasks for which rigid societal norms exist.
5. Regardless of your ACEs, it is not just your ACE Score that determines your future. It is your Resilience Score which can buffer some of the negative outcomes.

NEAR: Resilience

1. Resilience is the capacity to develop skills and capabilities to adapt to adversity. It is a developmental process over the lifespan that must be modeled, taught, and promoted.
2. Resilience through the neuroscience lens is the process of rewiring your threat predictions to safety predictions. Resilience is bringing our bodies into balance from too much stress.
3. Factors that assist in this rewiring are called protective factors.
    a. Protective Factors are conditions or attributes in individuals, families, communities or the larger society that help people deal more effectively with stressful events and mitigate or eliminate risk in families and communities.
4. Positive, pro-social relationships are the number one protective factor.
5. Positive Childhood Experiences (PCEs) are among the protective factors that can help to mitigate trauma.
6. Community resilience is the set of protective factors that occur in the context of community, such as, neighborhood exchanges of helpful information, goods, and services.

Your Notes on the NEAR Sciences:

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REVIEW

Neuroscience is the basics of brain form and function. With this knowledge, we are better able to address body design and response.

Epigenetics is an emerging science that explains how our genes are always adapting based on our environment and our experience. Understanding that we can change our response to our experiences and environment is liberating.

ACE Studies reflect the various adversities that increase the negative effects of trauma and toxic stress, not only during the critical early years of brain development, but throughout life.

Resilience is what we want to create and what helps us feel safe and connected, both individually and at the community level. Resilience is adapting to life challenges with better skills, strategies, tools, and competencies.

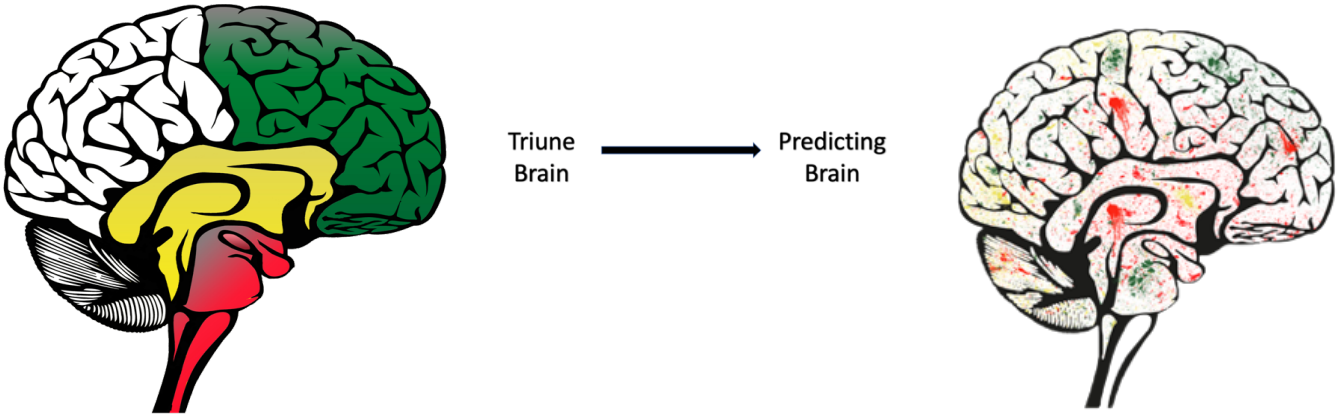
Your Notes on the NEAR Sciences:

Beneath Behavior: Key Points

History

Beneath Behavior is a simplified way of referring to brain connections that forecast energy needs (our body's "budget") and its allocation of energy resources. Our brains operate within networks that attempt to assess our internal state relative to our environment based on sensory and motor neuron input. There are multiple networks sharing 100 billion neurons.

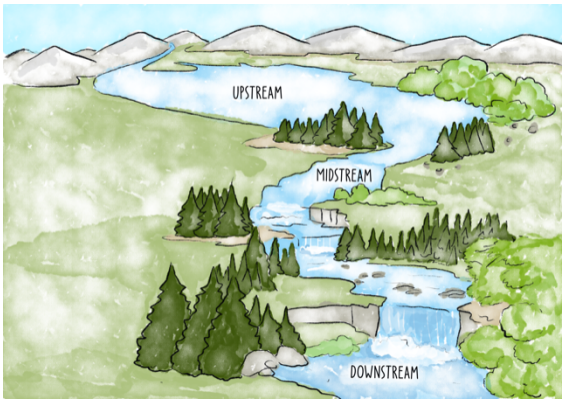
The triune brain model attempted to show this complexity by defining three brain regions based on early evolutionary science. However, more recent science tells us that our brains are not wired this simplistically. The whole brain is wired for safety and connection. We use concepts to make generalizations, and we categorize to make meaning. This becomes our "constructed experience." Our new predicting brain graphic still uses the three-color system (red, yellow, and green) for illustration purposes, but with the understanding that there is no one "blob" in the brain responsible for learning, safety or connection. Rather, our brains are extensively networked and highly individualized.



Why are Brain Networks Important to Behavior?

1. Behavior is the external response to a population of neurons that operate as a unit, called networks.
2. The purpose of learning about these networks is threefold: (1) To understand and identify the need of each brain network and how that need is expressed as behavior. (2) To evaluate our own need first, and to then address the need of the other. (3) To choose appropriate strategy and skill sets to address the need, from positive intent, not judgment.

3. Each of the constructed brain networks carry with it a specific set of predictions to meet its intended need. Repeated predictions are categorized as skills. These skills require a complex combination of sensory and motor neurons that result in observable behaviors.
4. When we understand the need, we can help re-wire the predictions to meet the needs. This is a process behaviorists call "learned behavior."
5. Once the need of the brain network is addressed, the behavior utilized to communicate that need is no longer necessary.



6. In terms of a cause and effect linking, behavior is a "downstream" effect of the need communicated from the "upstream" brain networks.

Survival Networks

1. These networks are made of highly connected sensory neurons which are engaged when the brain predicts the sense of threat to our body's core systems.
2. There is no one direct route in engaging the response. Instead, the response is tied to each individual's concept and experience rather than one emotion.
3. There is no universal response to the concept of fear of loss of safety, but the classical behaviors taught are: fight, flight, or freeze, etc. These are safety-seeking behaviors.
4. Primary goal when activated: It is a state in which a need for **safety** is paramount.

Connection Networks

1. These networks are made of highly connected sensory neurons which are engaged when the brain predicts the sense of threat to our body's social engagement systems.
2. Because of the complex integration of the body's social engagement systems with core systems, compromises in either system can lead to threat predictions in these networks.
3. Likewise, balanced, healthy, and activated social engagement systems lead to predictions of safety.
4. Available skills are varied, as in all networks, such as social thinking.
5. The behaviors resulting in those skills are also varied, such as seeking attention.
6. Primary goal when activated: It is a state in which **connection** is paramount.

Learning Networks

1. These networks function by summarizing the firing of the safety and connection networks that are laden with sensory neurons. This process is referred to as cascading. These learning networks organize and make meaning of those smaller, more connected networks based on previous experience.
    a. For example, what happens in your brain when you hear loud screeches accompanied by a bright light emanating at rhythmic intervals? The resulting firing from the brain's survival networks can seem chaotic and may be predicted as a threat. However, when the large learning networks summarize and organize this event based on previous experiences with the concepts of "plastic" and "handheld vehicles", they will begin executing under the concept of "toy police car." If the learning networks do not have concepts for toy or police car, the brain may remain stuck in the threat prediction of those initial networks.

2. The prefrontal lobes of the learning networks have been called the CEO of the brain due to the organizing function they serve. In this integrated state, we can direct our thoughts and feelings rather than be controlled by them.
3. Available skills are varied, such as assertive communication and problem-solving.
4. Behaviors you may see when activated: Regulated self-presentation, including verbal communication, body language, and tone of voice.
5. Primary goal when activated: To learn and to regulate multiple body systems, such as respiration and digestion.

How does this information apply to me?

1. We respond in different ways to the same challenge or situation based on the predictions our brain makes.
2. Our offensive and defensive behavior is a direct result of our inability to control our need for safety and connection.

Your Notes on the Beneath Behavior:

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Key Points on ROLES

The traditional way of responding to a triggered individual is to notice defensive or offensive behavior, and then to respond to the behavior. The more effective way of responding to a triggered individual is to know your ROLES.

We define the word "triggered" as the brain's attempt to make meaning out of past experiences by issuing a threat prediction. This unpleasant sensation results in dysregulation which then leads to defensive or offensive behavior. There is no one direct route. Instead, there are multiple pathways and highly interconnected sets of neurons at work. This is not reflex or stimulus response. It is statistical patterning based on each person's unique history, culture and experience.

Recognize ◆ **O**bserve ◆ **L**abel ◆ **E**lect ◆ **S**olve

ROLES: Recognize

1. Recognize our own constructed emotions, triggers, and patterns of behaviors.
   a. Our family of origin creates strong imprinting in our early development and respective culture, based on core values, belief systems, and epigenetics.
   b. Self-awareness is the first step in recognizing the patterns and behaviors that developed during our earliest years, especially prior to our acquisition of language.
   c. Recognize the effects of our own threat predictions first, before responding to "others."
   d. When we regulate ourselves first, our mirror neurons help others to mirror our calm.

2. Develop self-awareness and understanding that our default patterns are often based on punishment, shame, and blame.
   a. The NEAR paradigm shift helps us see that fear creates the patterns of self-protection which may look like negative behaviors.
   b. When we predict threats, we tend to move to control the environment. The loss of love, trust or safety creates the defensive behaviors of self-protection.
   c. Moving from self-judgment to self-respect and calm is the focus here.
3. Learn to move from "agitated" (a threat response) to "calm"(a safety response) by developing conscious awareness of our current state of mind (affect) in order to intentionally correct our concept or prediction for what is creating the trigger.
   d. Deep breathing is the #1 neurological response to a threat response. We also call this adding in the "pause" before we take any action, because it allows us to regain our own regulated state (calm) and our own prediction of safety.

e. The more we develop that awareness, the easier it will become for us to manage our own threat responses, and the less time we will spend out of balance due to prediction error.
f. Be a HERO.
g. It is not only okay to take care of yourself first, it is mandatory.

Hold Your Tongue
Examine Your Own Predictions
Rid Yourself of Threat Predictions
Offer Yourself an Affirmation

4. Learn basic regulation skills and what works for you. These will vary.
   a. Develop an action plan for preventive maintenance (daily care).
   b. Develop an action plan for "threat prediction" mode, when out of balance.
   c. The maintenance plan will help reduce the "threat prediction" mode where we stabilize more quickly and stay in or enter distress mode less often.
   d. Ask for help if you are struggling. Co-care is critical (colleague or community).
   e. When we "own" our threat predictions, we have made the shift. We no longer attempt to blame "others" for our dysregulated state (affective realism). Remember, no one "makes" you anything.

5. Learn to read your own behavior first. When do you feel different? What happens when you begin to feel that anxiety? What is going on in your environment?
   a. Follow the three Rs: **R**ecognize the emotions/triggers, **R**educe the stressors, **R**estore the energy balance.
   b. Remember to remove the personal mirror. This is not about you, but you hold the key to help shift the other person's response to you, when you maintain your regulation and energy state.

Your Notes on ROLES:

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ROLES: Observe

Observe and become aware of an individual's threat predictions and how they affect his/her behavior.

1. When the threat prediction is initiated, it triggers patterns and behaviors. Many of these patterns and behaviors are observable.
2. Initiators of the threat prediction come in infinite varieties, but most can be assigned to five domains: biological, emotional, cognitive, social, and prosocial.
3. Being able to identify the patterns and behaviors that are generated by the threat prediction is a critical step in effectively responding to the individual.
    a. Identify when an individual is momentarily responding from a threat prediction that the current situation has created. This is referred to as a "Triggered State."
    b. Identify the impact of the Triggered State on an individual's behavior and what he or she is trying to communicate through that behavior.
        - ✓ Observe an individual's non-verbal communication (e.g. gestures).
        - ✓ Observe an individual's para-verbal communication (e.g. tone of voice).

"Triggered Trait" - a disorder of prediction

If a person lives in a constant prediction of threat, it can turn to a trait as life unfolds.

4. Observe when your response is triggering an individual into a more dysregulated state.
    a. Understand how our past and present impact our ability to observe rather than judge.
    b. Appreciate the fact that an individual has triggers that have virtually nothing to do with you or the current situation. Quit Taking It Personal (QTIP).
    c. Be aware of your non-verbal and para-verbal communication.

Your Notes on ROLES:

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ROLES: Label

1. Label and Identify the behavior being expressed by the individual.
   a. When we can be a threat detective and learn to connect the behavior to the need, we can better respond to the behavior.
   b. If we react to the behavior, we miss addressing the unmet need being expressed (the attempt at connection). Thus, we create further disconnect or re-traumatization.

2. Label (name) the actual behavior you are observing.
   a. Verbally describe the actual facial and body language you are seeing.
   b. Seek permission to ask hard, authentic questions.
   c. In doing this, the individual feels valued and witnessed, not criticized.
   d. The individual also begins to connect the internal need driving their behavior.
   e. We also can connect the behavior to the need as a learning opportunity, and not react in judgment or criticism.
3. Labeling creates the opportunity for an individual to develop language in which to express his/her emotions in a more positive, socially acceptable way. For adults, it creates the opportunity to appreciate being human and developing the skills of regulation (and forgiveness).
4. Label creates the platform for Elect (positive intent), to then move to Solve.

Your Notes on ROLES:

ROLES: Elect

Positive intent is essential for the most difficult and challenging individuals because they have defined themselves as "bad", “difficult” or "unworthy.” They incorporated this belief into their self-concept and live out this self-fulfilling prophecy. When you elect positive intent, it upshifts the brain from predicting threat to predicting safety and frames situations in a way that all parties in a conflict can solve problems together.

1. Recognize and become aware of the individual’s threat predictions and how they affect your mindset.
    a. Knowing and understanding how your judgment shapes your response is crucial.
    b. Is it Drama or is it Trauma!
2. Shifting from a traditional, judgmental reaction to a mindful, conscious and compassionate response.
    a. Understanding that the validation of another does not mean you validate the behavior, but that you can appreciate and identify with the need and constructed (underlying) emotion.
    b. Let go of some of the damaging traditional teachings we grew up with and were shaped by, while respecting the values we were taught.

3. Transition from Elect to Solve by applying the understanding of fixed versus growth mindset.
    a. A “fixed mindset” accepts that our character, creativity, and intellect are set, and that we cannot adapt or learn.
    b. A “growth mindset” centers on challenges and sees setbacks not as evidence of failure or a lack of ability, but as an opportunity for growth and strengthening our existing abilities.
    c. Understanding the fixed vs. growth mindset and the internal “CD-ROM” tapes helps us identify the “why” behind much of the behavior.
    d. This understanding avoids wrong labels too and explains so much of the response we are seeing.

Electing positive intent starts in the heart and can open our minds.

Your Notes on ROLES:

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ROLES: Solve

Solve and respond to triggered individuals by finding win-win solutions to help you and the individual move forward productively.

The Solve Overview

- ✓ You can't solve if the individual you are working with is not predicting safety and connection.
- ✓ Helping an individual regulate is solving, and a win-win solution.
- ✓ We need to upload our own calm before we can download to others.
- ✓ The SOLVE mode is relevant for a crisis mode response and as preventive system maintenance.

Steps in a Successful Solution

1. Determine the appropriate brain network need of the triggered individual.
   a. Is the individual in need of **safety**? The practice of identifying the internal brain network helps to select the appropriate communication and action plan.
   b. Is the individual in need of **connection**?
   c. Is the individual ready and able to **learn**?
2. Select the appropriate verbal, para-verbal, and non-verbal communication modes to address the brain network need.
   a. Eliminate inappropriate communication modes.
   b. Enhance appropriate communication modes.
3. Teach the deficient skill (for example conflict resolution) in a manner that continues to support the individual's need for safety and connection.
   a. Once the individual is ready and able to learn, assess what skill or solution is needed.
   b. Be aware if the individual's brain network need has changed.
   c. Stay flexible enough to change when and if the need changes.

Shift from traditional mindsets to teach first, and to support the development of the skills not present.

Your Notes on ROLES:

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42 Resilience Building Blocks

A resilient individual is one who is emotionally healthy and equipped to successfully confront challenges and develop skills to cope with personal setbacks. We were born with resilience. It can be nurtured and recaptured. These building blocks explain how to build resilience into the lives of children and adults.

Learning to Ask for Help

Modeling Appropriate Behavior

Allowing the Experience of Success or Failure

Mastering a Skill

Verbally Saying I Love You

Practicing Self-Discipline

Developing the Ability to Calm Oneself

Setting Clear Expectations and Boundaries

Developing Self-Esteem

Expressing Feelings

Showing Empathy

Letting Others Know I am Available to Help

Acknowledging When I am Wrong

Developing Communication Skills

Developing Critical Thinking Skills

Developing Positive Relationships

Developing Friendships

Making Thoughtful Choices

Appreciation of Cultural and Ethnic Heritage

Learning to Solve Problems and Make Decisions

Thinking Ahead About Consequence Before Acting

Learning to Accept Help

Learning to Show Appreciation

Following Through on Tasks

Developing Hope

Developing Trust

Learning to Self-Advocate

Creating a Sense of Control

Respecting the Ability to Make Decisions

Accepting Ownership for My Behavior

Giving Back to the Community

Creating a Sense of Belonging

Developing a Growth Perspective

Sharing Something Important

Working as a Team

Connecting with Others' Feelings

Learning Responsibility

Helping a Friend

Modeling Problem-Solving Skills

Experiencing Success

Sensing Triggers that Create Negative Behaviors

Feeling Empowered to Ask Questions and Share My Ideas

These 42 Resilience Building Blocks are available in a 52-card deck with an instructional handbook for purchase exclusively through www.CRIresilient.org

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Detecting Understanding

The Beyond NEAR Science and Brain Networks

Indicate whether the statements below are TRUE or FALSE.

1. Stress (cortisol & adrenaline) can affect how our brains development. T___ or F___
2. The brain adapts to experience; what it experiences – daily - is what it learns to predict, thus we can see the patterns and behaviors that result when a brain is shaped by stress. T___ or F___
3. This "movement" is largely about understanding that those with a trauma history may not feel safe and thus react from fear and lack of trust. T___ or F___
4. The body's response to predicting threat is survival-based and is wired. T___ or F___
5. Children choose to act out just to be manipulative. T___ or F___
6. ACEs are common, prevalent and cross all sectors, genders, and race. T___ or F___
7. ACEs are predictive of later health impacts. T___ or F___
8. There is nothing you can do if you have a history of ACEs. T___ or F___
9. The ACE Score can be used as an individual diagnostic tool. T___ or F___
10. ACEs are RISK FACTORS and risk factors are based on many elements that can change over time and with support. T___ or F___
11. The brain networks (safety, connection, and learning) help explain why brain science is important in understanding behavior. T___ or F___
12. Asking the question, "What need is being expressed right now (what brain network is the paramount)?" is more helpful than asking "What is wrong with you?". T___ or F___
13. What is predictable, is preventable, once it is understood. T___ or F___
14. The way we live can affect how our genes get turned on or not, and these markers can be passed on to our children and/or can be changed. T___ or F___
15. Our brains take until our late 20s to fully mature. Thus, the impact of trauma on brain development goes beyond childhood. T___ or F___
16. Self-healing and hope are the bottom line. This science takes us there. We can heal. T___ or F___
17. This is about having a paradigm shift from our "default" way of thinking. T___ or F___
18. Building adult caregiver capabilities is more effective than focusing on the child's behavior. T___ or F___

Identifying Emotional Triggers

Anger/Frustration Triggers

_____ People who hurt others intentionally (bullies).
_____ People who don't try or always have an excuse (lazy).
_____ People who don't listen or care (apathetic).
_____ People who are disrespectful (bad attitude).
_____ People who make excuses or blame others (irresponsible)
_____ People who are arrogant, prejudiced or exclude others (rude).
_____ People who lack manners and common courtesy (spoiled).
_____ People who mock or criticize (negative).

Sadness/Disappointment Triggers

_____ When people do not live up to my expectations.
_____ Believing that people are not as loving or caring as they should be.
_____ Seeing people who are hungry or down on their luck.
_____ Seeing someone trying hard, but constantly failing.
_____ Hearing or reading stories about tragedies or people living difficult lives.
_____ People who just give up.
_____ Being rejected.

Scared/Anxious Triggers

_____ A person is not learning or performing what they should in the designated time frame.
_____ Your supervisor comes to evaluate you or calls you into his/her office.
_____ A person who is aggressive, withdrawn or has other major issues.
_____ Work is due and you are not ready.
_____ Co-workers that do not get along with each other (or do not get along with you).
_____ Unexpected financial expenses or unexpected events/company.

Additional triggers for you: _____

_____

_____

Your top 3 triggers:

1 _____
2 _____
3 _____

Trigger thoughts ("stories") that blind us to the real issue

Assumed Intent

_____ You are just doing this to annoy me.
_____ You are deliberately defying me.
_____ You are trying to drive me crazy.
_____ You are trying to see how far you can push me today.
_____ You are tuning me out intentionally.
_____ You are doing this deliberately to get back at me, hurt me, embarrass me, etc.

Magnification

_____ I can't stand this one minute longer.
_____ This behavior is intolerable.
_____ You have gone too far this time.
_____ You never listen, pay attention, stay on task, etc.
_____ How dare she speak to me like that, look at me like that, etc.
_____ You turn everything into a power struggle, lousy time, nightmare, chaos, etc.

Labeling

_____ You are getting out of control.
_____ This is just plain manipulation.
_____ You're lazy, malicious, stubborn, disrespectful, ungrateful, willful, selfish, etc.
_____ You don't care about anyone but yourself.
_____ You're deliberately being mean, cruel, hurtful, a jerk, a smart-mouth, etc.

Internal Triggers

Values, beliefs, and assumptions.

External Triggers

Nutrition and energy	Unpredictability	Motor control
Attachment	Approval and validation	Language
Punishment and trauma	Belonging	Environmental demands
Aggression and intrusion	Failure	Sensor

Glossary of Terms

ACE Studies: Risk factors identified in research as factors contributing to trauma and toxic stress. They include:

a. Adverse Childhood Experiences - The landmark study that correlated early negative childhood experiences with later adult health outcomes.

b. Adverse Community Environments – Risk factors in the community domain, such as poverty.

c. Adverse Cultural Exposures – Risk factors from mistreatment based on culture, such as racism.

d. Adverse Circuitry Expressions – Risk factors from mistreatment based on brain diversity, such as Autism.

autonomic nervous system (ANS): Our involuntary (unconscious) and social engagement circuit, comprised of the sympathetic and parasympathetic routes. Sympathetic is the “gas”, while the parasympathetic is the “brake”. The ANS has 3 neural pathways: ventral vagal, sympathetic, and dorsal vagal. The parasympathetic includes the dorsal and ventral vagus nerve which branches to either internal organs (dorsal) or heart/lungs/facial (ventral). Dorsal vagal is activated in extreme danger (immobilization, collapse, numbness). The sympathetic portion of the autonomic system is about mobilizing to threat.

Beneath Behavior is the process of looking to the neurodevelopment at the root of behavior.

body budget: A metaphor for how your brain allocates energy resources within your body. The scientific term is allostasis.

brain states: Generalized model of how the vertebrate brain evolved based on an “essentialism” view that the rational brain “manages” the more primitive emotional brain. Advances in psychology and neuroscience now tell us this model is outdated and does not accurately represent the brain’s development of concepts, generalizations and predictions of pleasurable or unpleasurable states that shape our patterns of response utilizing the 100 billion neurons and their extensive networks. Variation is the theme.

brain networks: networks of neurons consisting of several discrete brain regions that are said to be "functionally connected" due to tightly coupled activity.

categorization: The process by which the brain uses a concept to make sensory input meaningful.

community capacity building: The "process of developing and strengthening the skills, instincts, abilities, processes and resources that organizations and communities need to survive, adapt, and thrive in the fast-changing world." (Wikipedia contributors. (2019, December 7). Capacity building. In *Wikipedia, The Free Encyclopedia*. Retrieved January 15, 2020 from https://en.wikipedia.org/wiki/Capacity_building).

constructed emotion: How we each shape our understanding of emotion based on experience, culture and mental concepts. When the concepts involved are emotion concepts, your brain constructs instances of emotion.

contextual community resilience: Using social domains and culture to build opportunities for mutual help, collective efficacy, shared norms and values, in order to promote, model and teach resilience and protective factors to youth and children.

cortisol: Hormone released by the adrenal glands when the body needs a burst of energy as when stressed. It floods the bloodstream with glucose to provide energy to cells.

CRI: Community **R**esilience **I**nitiative, a non-profit entity dedicated to community capacity building and mobilization. CRI's goal is to build communities by expanding minds on the NEAR sciences and the power of resilience to buffer the negative health outcomes predicted by the ACE Study. CRI offers trainings, conferences, consulting, curriculum and product development in order to help move emerging best practices into community systems.

epigenetics: Emerging research that explains how our genes are always adapting based on our environment and our experience.

KISS: CRI's framework for community capacity building for resilience. The acronym represents **K**nowledge, **I**nsight, **S**trategies, and **S**tructure.

mirror neurons: Neurons that "mirror" the behavior of the other, as though the observer were itself acting. "Serve and return" is another way to describe this interaction between adult care giver and child.

NEAR: Cluster of sciences (**N**euroscience, **E**pigenetics, **A**CE Studies, **R**esilience) on which CRI bases a portion of its curriculum.

nervous system: Divided into central (brain, spinal cord and nerves) and peripheral (somatic and autonomic). The somatic is voluntary, conscious, and with muscle control (sensory and motor nerves). The autonomic is involuntary, unconscious, and with gland/organ control.

neuroplasticity: Also known as brain plasticity, or neural plasticity, is the ability of the brain to change continuously throughout the lifespan.

neuroscience: The study of structure and function of the nervous system and brain.

polyvagal theory: A theory posited by Stephen Porges that articulates three different branches of the autonomic nervous system that mediates social engagement, trust, and intimacy.

prediction: Neural "conversations" within the brain trying to anticipate every fragment of sight, sound, smell, taste and touch that is experienced. Predictions are the brain's best guesses of what is going on in the world around you, and how to deal with it to keep you alive and well.

prediction error: The brain is structured as billions of predictions creating intrinsic brain activity. A brain works like a scientist. It's always making a slew of predictions, just as a scientist makes competing hypotheses. Sometimes, based on past experience, the prediction may be incorrect, and a prediction adjustment is then made.

QTIP - **Q**uite **T**aking **I**t **P**ersonally. This is not about you. It is about the individual being triggered and reacting according to their default patterns.

resilience: The ability to adapt positively to an adverse event and emerge strengthened, with more life skills and strategies, more confident, and more hopeful.

serve and return: See "mirror neurons."

social reality: Agreement by a group of people that something is real, which they share by way of language.

statistical learning: Inborn ability of the brain to learn patterns by observation, computing probabilities of what is similar and what is not.

threat response: Our body's response to the perception of danger and the release of certain hormones to prepare our response to the threat.

trauma: Deeply distressing or disturbing experience which sets our threat response system into high alert to protect us from potential danger.

trauma-informed: Understanding the impact of stress on our individual and community health so that we can interrupt the cycle of punishment, shame, blame and humiliation, shifting instead to positive intent, insight, empathy, compassion and love.

triggers: How we respond to our personalized histories based on concepts and culture and how we shape our predictions of actively constructing our experiences.

triune brain model: Theory constructed in 1952 by Dr. Paul MacLean that described the evolution of the vertebrate forebrain and behavior. Recent advances in neuroscience and psychology help us understand that brain regions are not compartmentalized, and that construction of concepts relative to prediction, culture, environment and interpretation affects our social reality.

vagus nerve: The X cranial nerve comprised of ventral (social engagement) and dorsal (extreme danger). The dorsal vagal is activated in extreme danger (immobilization, collapse, numbness). The vagus helps regulate most of the bodily functions for health and emotional well-being.

ventral vagal: The social engagement (cranial nerves V, VII, IX, XI) that represents safety and calm (rest). The ventral inhibits the two lower levels of sympathetic and dorsal. The ventral and dorsal vagus as well as the sympathetic work together for homeostasis to meet environmental situations and to balance the body.

Trainer's Top Resources

Books

Self Reg by Stuart Shanker

Your Survival Instinct is Killing You by Marc Schoen

A Force for Good by Daniel Goldman (with Dalai Lama)

Help for Billy by Heather Forbes

Childhood Disrupted and *Last Best Cure* by Donna Jackson Nakazawa

Managing Emotional Mayhem by Becky Bailey

The Whole Brain Child by Daniel Siegel with Tina Payne Bryson

The Body Keeps the Score by Bessel van der Kolk

Trauma Stewardship by Laura van Dernoot Lipsky

Born for Love by Bruce Perry

Community: the Structure of Belonging by Peter Block

Bowling Alone (and his others) by Robert Putnam

Transformational Resilience by Bob Doppelt

Inner Matrix by Joey Klein – Neuroscience-based meditation program that can be done in book groups

Transforming Anxiety by Heartmath Institute

The Resilience Factor by Karen Reivich and Andrew Shatte

Building Resilience in Children and Teens by Ken Ginsburg

Creating Sanctuary: *Toward the Evolution of Sane Societies* by Sandra Bloom

How Emotions Are Made by Dr. Lisa Feldman Barrett

Beyond Behaviors by Mona Delahooke, PhD

Accessing the Healing Power of the Vagus Nerve by Stanley Rosenberg

Websites

https://www.criresilient.org CRI – Our research on our community's work (see Resources for specific reports).

http://www.acesconnection.com and https://acestoohigh.com: A Community of Practice Social Network.

http://marc.healthfederation.org/ Walla Walla and other communities on their way to resilience.

https://www.nctsn.org National Child Traumatic Stress Network: solid resources.

https://developingchild.harvard.edu Harvard University site: videos, briefs and working papers; solid resources.

https://heartmindonline.org/resources/two-surprising-myths-about-resilience Dalai Lama Center for Peace and Education.

http://www.albertafamilywellness.org/ Resources and Brain Story course.

https://www.ted.com/talks/nadine_burke_harris_how_childhood_trauma_affects_health_across_a_lifetime Great introduction video to ACEs and Call to Action.

https://www.cssp.org/young-children-their-families/strengtheningfamilies Strengthening Families Framework (Center for the Study of Social Policy). Focus on Protective Factors.

https://sesamestreetincommunities.org Sesame Street Community Toolkits; new kit on Trauma and Resilience.

https://consciousdiscipline.com Good materials on school culture transformation; limited free materials; log-in required.

View all of the

Resilience Based Trainings to Address Trauma

available from CRI at:

www.criresilient.org/trainings

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#thenewfirstaidkit

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