



The Center for
**Mind-Body
Medicine**

Transforming Childhood Trauma Using Mind-Body Skills



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A photograph of three children sitting on a grassy hill, looking out over a landscape. The child on the left is a girl with long dark hair, wearing a pink shirt and dark overalls, with her hand near her face. The child in the middle is a girl with dark hair in a bun, wearing a pink shirt with a colorful pattern. The child on the right is a younger girl with dark hair in a ponytail, wearing a white tank top and a colorful patterned skirt, with her hands clasped. The background is a blurred landscape with a body of water and a cloudy sky.

About this
presenter and
presentation

What is trauma?

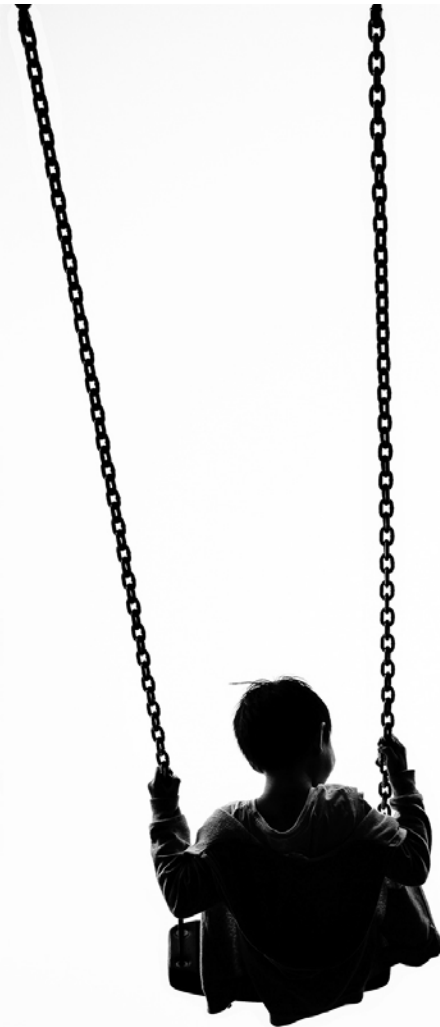
An experience that is perceived as physically or emotionally harmful or life threatening, overwhelms our ability to cope, and causes intense reactions such as fear, helplessness, and loss of control.

“Trauma is like **drama** without the “d.” Except drama is something you asked for and trauma is something you didn’t ask for...it’s something that just happened to you.”

--Baton Rouge Teen Trauma Survivor

“Whereas trauma during adulthood tends to be more circumscribed (although still significant) and is activated by exposure to cues associated with the traumatic event, early childhood trauma tends to have more global and pervasive consequences for the child, affecting the basic template for development.”

(Bruce Perry, 2004)



Childhood Trauma: Fundamental Principles

- Trauma is prevalent- not an oddity and often occurs in clusters in childhood. (Felitti et al, 1998)
- Children and Teens are particularly vulnerable to trauma
- Early Intervention after a trauma has occurred is key as well as promoting safety
- Every child's response to trauma is different, depending on different factors

Childhood Trauma: Fundamental Principles

- There is no “one size fits all” response to childhood trauma-requires a multi-faceted approach in different milieu
- Trauma has a profound impact on child development, including the very architecture of the brain, and disrupts emotional and physical health across the lifespan
- Not all children develop PTSD or need formal treatment to heal from trauma

Physical Reactions to Trauma

- Nausea/gastrointestinal distress
- Sweating or shivering
- Faintness
- Muscle tremors
- Elevated heartrate, blood pressure
- Extreme fatigue
- Greater startle response
- Somatization
- Appetite and digestive changes
- Lowered resistance to colds
- Sleep disturbance, nightmares
- Persistent fatigue
- Elevated cortisol levels
- Hyperarousal
- Long term health effects

Cognitive Reactions to Trauma

- Difficulty concentrating
- Distortion of time and place
- Memory problems
- Cognitive Errors: misinterpreting a current situation as dangerous because it resembles, even remotely, a previous trauma
- Idealization or Trauma “bonding;” “Stockholm Syndrome” Justifying the actions of the perpetrator especially if the perpetrator was a caregiver
- Intrusive Memories or Flashbacks
- Reactivation of Traumatic events (triggers)
- Self-blame
- Difficulty Making Decisions
- Magical Thinking
- Suicidal Thinking
- Feeling different from others; “damaged goods”
- Dissociation-long periods of silence, “glazed eyes”

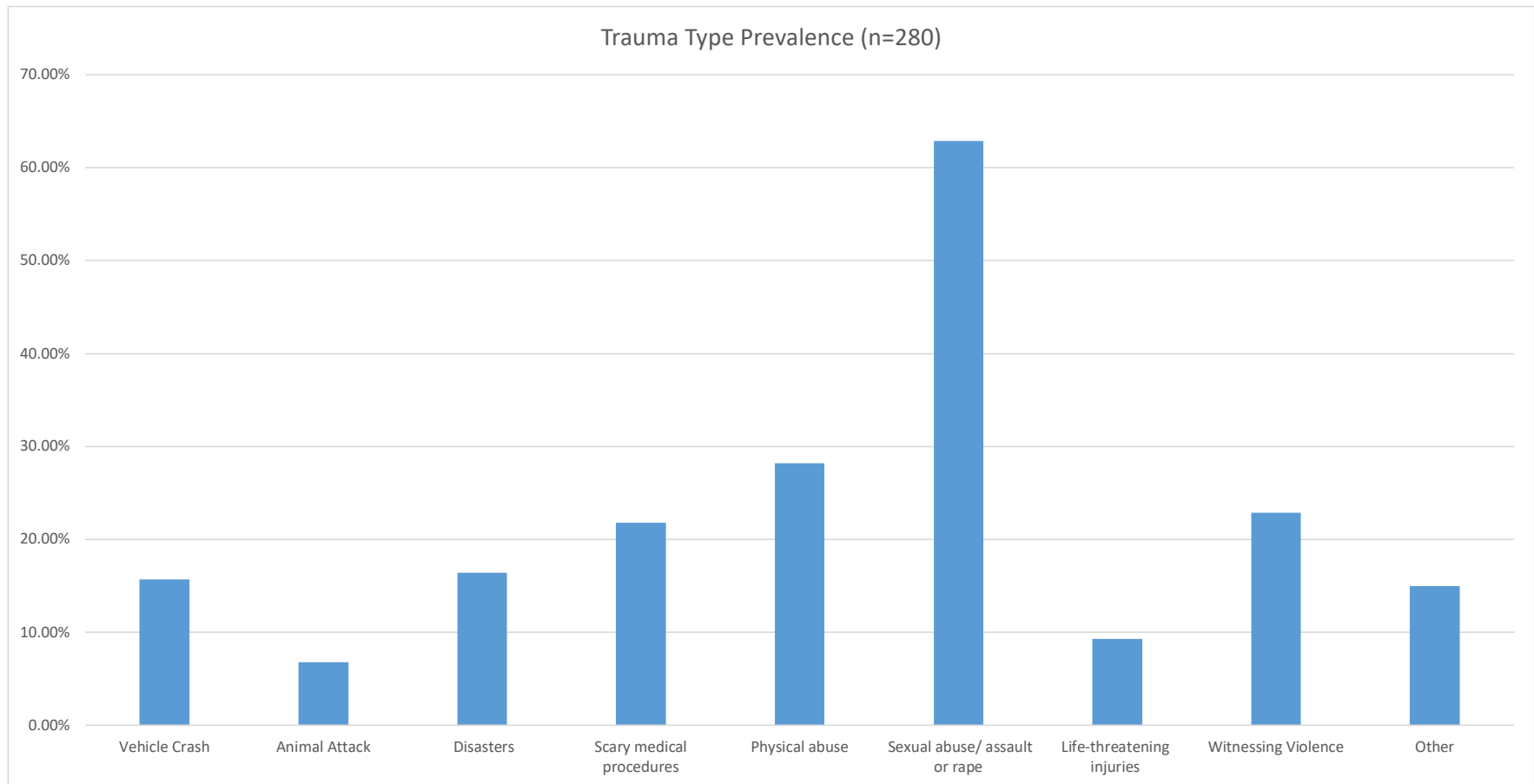
Behavioral Reactions to Trauma

- Restlessness
- Difficulty Expressing Oneself
- Argumentative
- Increased Use of Alcohol/Drugs
- Withdrawal/apathy
- Avoidant behaviors
- Avoidance of Event Reminders
- Social Relationship Disturbance
- Decreased Activity Level
- Engagement in High-Risk behaviors
- Increased use of Alcohol/Drugs
- Withdrawal

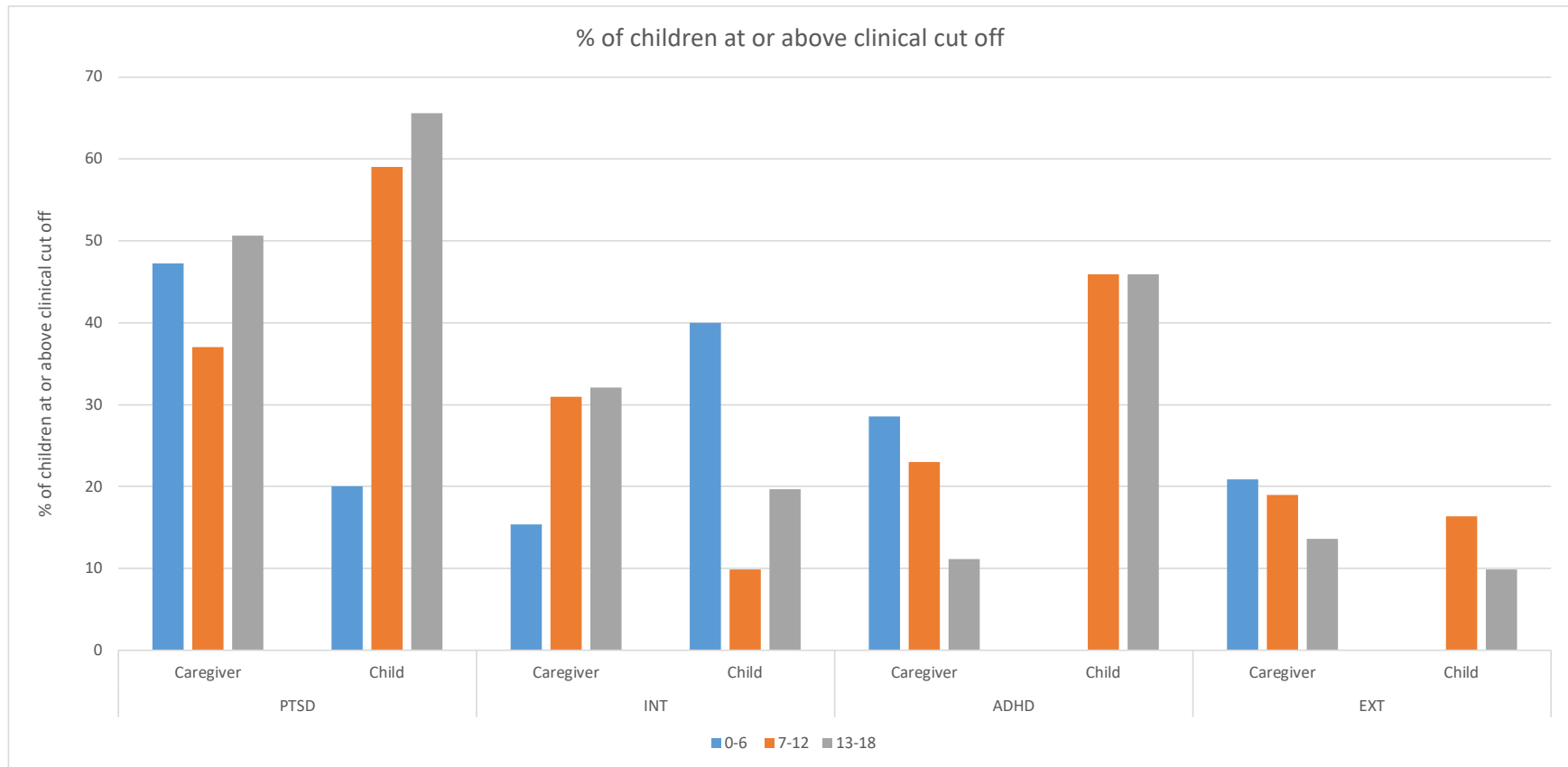
Spiritual/Existential Reactions

- Intense use of prayer
- Restoration of faith in the goodness of others
- Loss of self-efficacy
- Despair about humanity
- Immediate disruption of life assumptions (e.g. fairness, goodness and safety)
- Questioning (e.g. “Why me?”)
- Increased cynicism
- Loss of purpose
- Renewed faith
- Hopelessness
- Reestablishing priorities

BRCAC Trauma Stats



BRCAC Trauma Stats

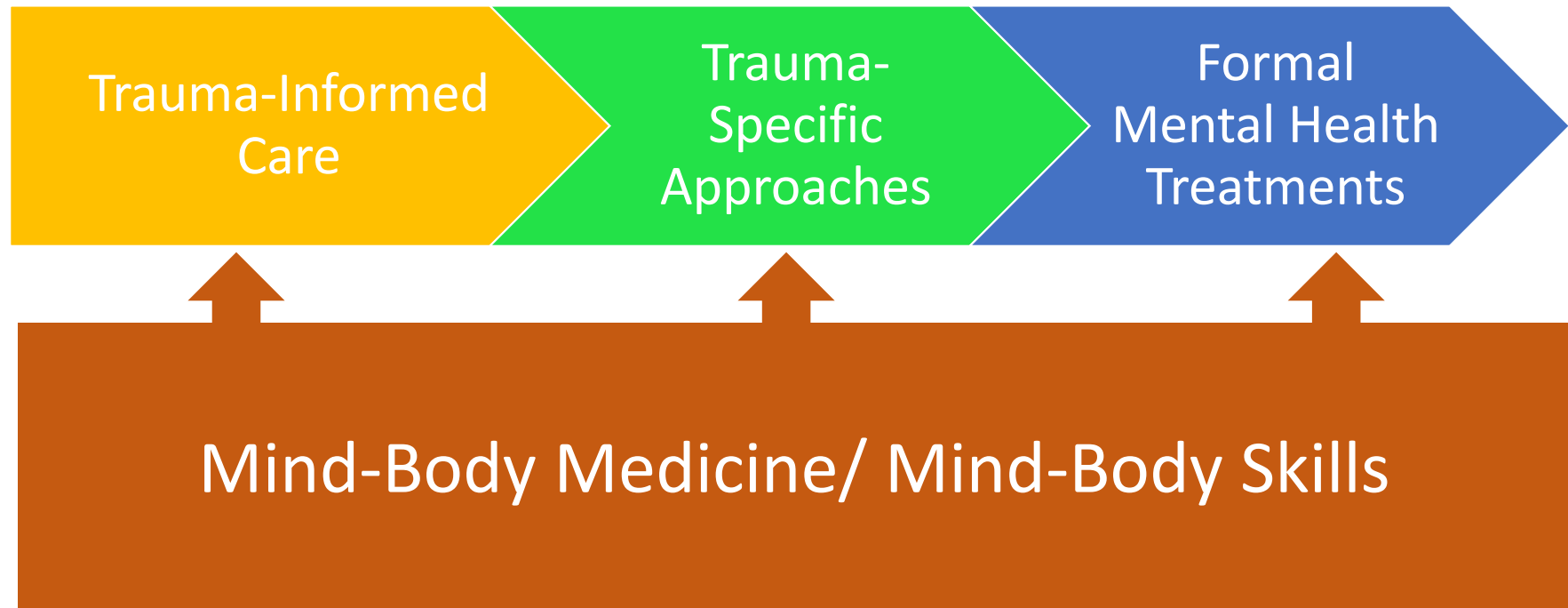


Trauma-Informed Care vs. Trauma-Specific Responses



Adapted from : SAMSHA TIP Sheet, 2014

Trauma-Informed Care vs. Trauma-Specific Responses

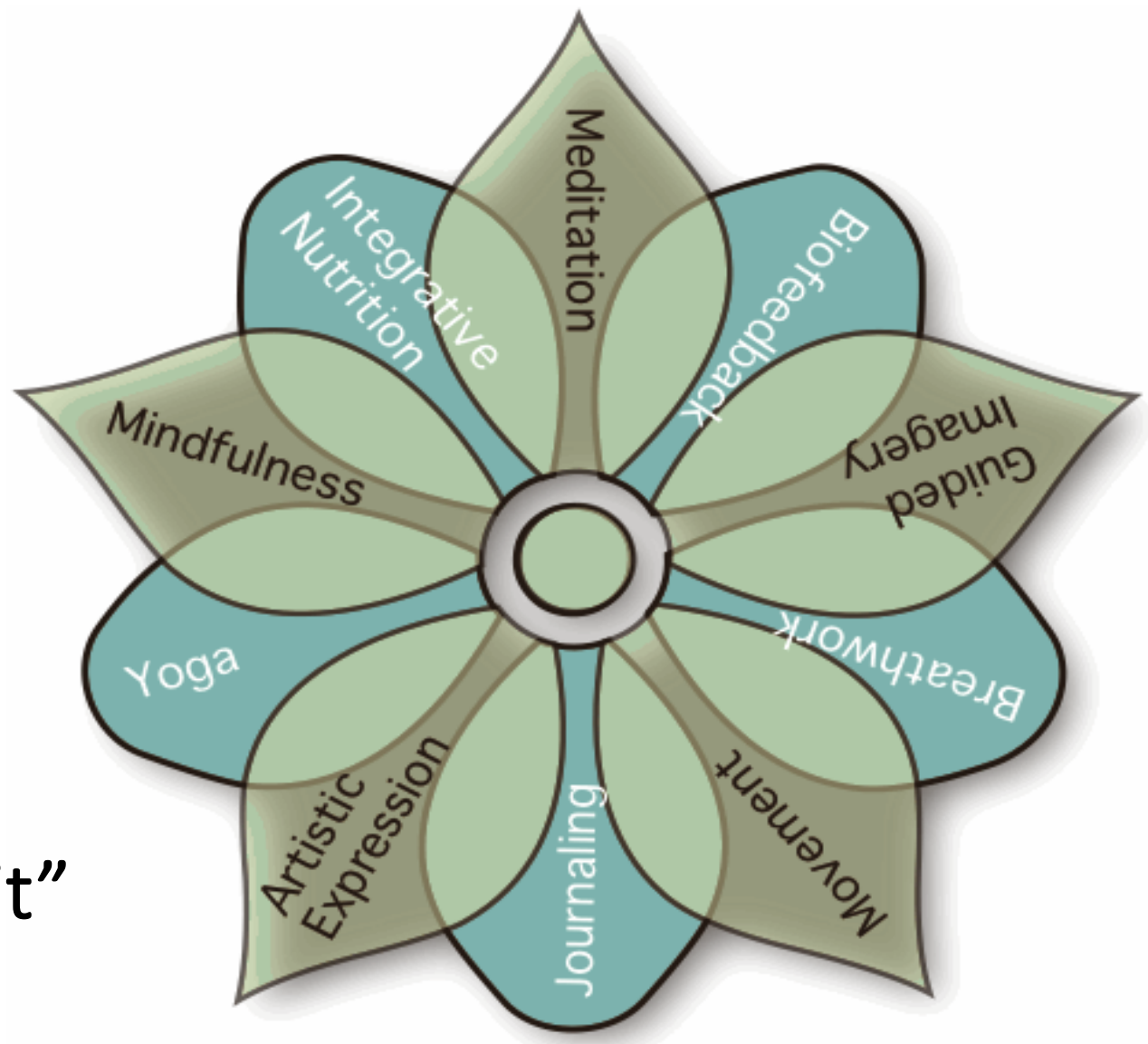


MBM: A Holistic and Universal Approach to Childhood Trauma

- Group (social support) approaches
- Skills-focused- promotes efficacy, regulation and new coping skills
- May be applied right away and universally
- Empowerment model: “Power with” versus “Power over”
- Readily integrated into more formal approaches



The MBM “Toolkit”





Basic Group Format

- Welcome and Snacks
- Opening Meditation
- Check-in to the Group
- Didactic presentation
- Skill Practice related to the Didactic
- Share the Experience
- Closing Meditation

MBM Youth Curriculum

- **Introduction to Group Process** - establishes Guidelines or Container
- **Biological Underpinnings of Mind-Body Medicine; Understanding the Stress/Trauma Response**
- **Using Guided Imagery/Imagination** to engage the relaxation response and to help with goal-setting/problem-solving
- **Introduction to Meditation** - increasing present-moment awareness to increase self-control, balance and concentration

The Gas

Sympathetic nervous system-



Activates Fight/Flight

Revs up metabolism to deal with challenges. Mobilizes the body's reserves so that you can protect and defend yourself.

The Brakes

Para-sympathetic nervous system-

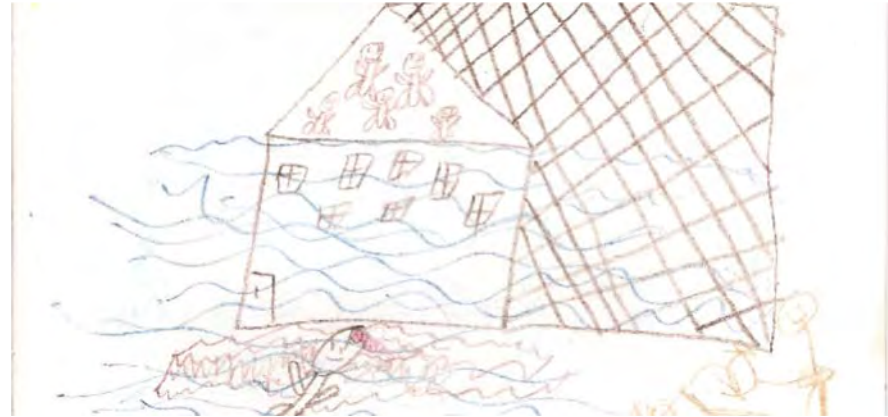


Promotes rest and restoration, relaxation, conservation of bodily energy by causing your vital organs to “rest” when they are not on duty.

Balance is like being on “cruise control.”

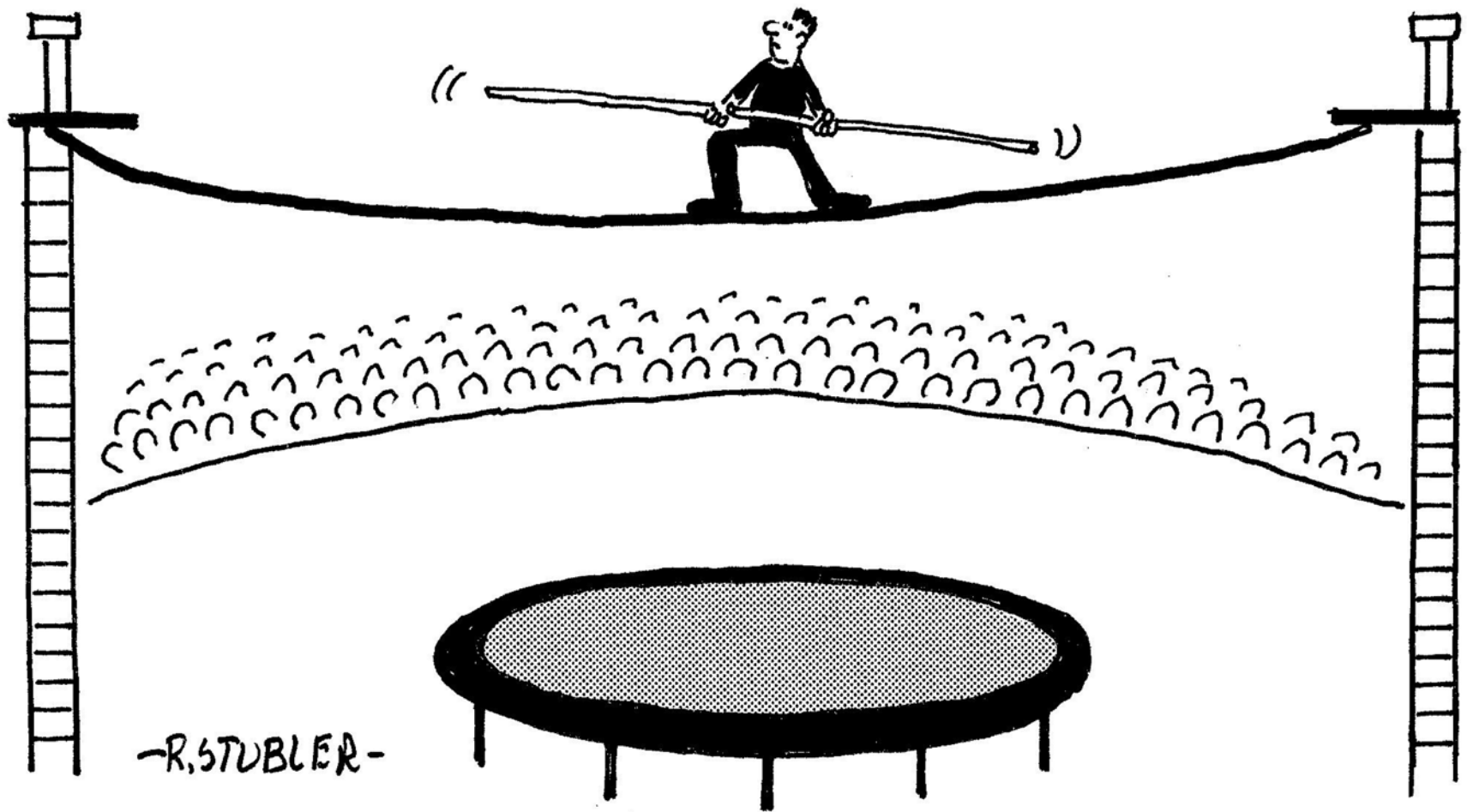
MBS Curriculum (cont'd)

- **Introduction to Meditation-** Increasing present-moment awareness to increase self-control, balance and concentration.
- **Creative Expression-** Using art, journaling and creativity to express, mobilize and transform thoughts and emotions.
- **Movement and Music-** Using movement and music to enhance energy, diffuse energy, shift mood states, to break up fixed patterns of thoughts/feelings and ready the body (and mind) for relaxation and concentration.



MBS Curriculum (cont'd)

- **Safety Nets and Support/Genograms/Ecomaps** reinforcing our sources of safety, strength and support in handling difficulties and celebrating successes
- **Mindfulness and Nourishment-** applying mindfulness meditation to eating habits; learning which foods serve our minds and bodies and which ones do not.
- **Peace, Intuition and Spirituality-** exploring the wisdom within the self that comes when the mind is quiet and the body is relaxed; affirming spirituality and spiritual practices- making meaning.
- **Closing Ritual/Next Steps**



SAFETY NETS AND SUPPORTS

A photograph of a wooden table with a light brown wood grain. On the table, there are several items: a red toy car in the top left, a brown and white cow figurine, a small orange tiger figurine, a white dinosaur figurine, a green dragon figurine, and a brown eagle figurine. There are also some drawings on white paper, including a blue circular diagram with text and a green drawing of a dragon. The text "SAFETY NETS AND SUPPORTS" is overlaid in white capital letters on the wooden surface.

SAFETY NETS AND SUPPORTS

Why are mind-body
medicine interventions
helpful for traumatized
children?



- Improves self-regulation, self-awareness, and attention
- Increase optimism and resilience
- Supports healing the body after trauma as well as the mind
- Nonverbal expression allows processing the “unspeakable.”



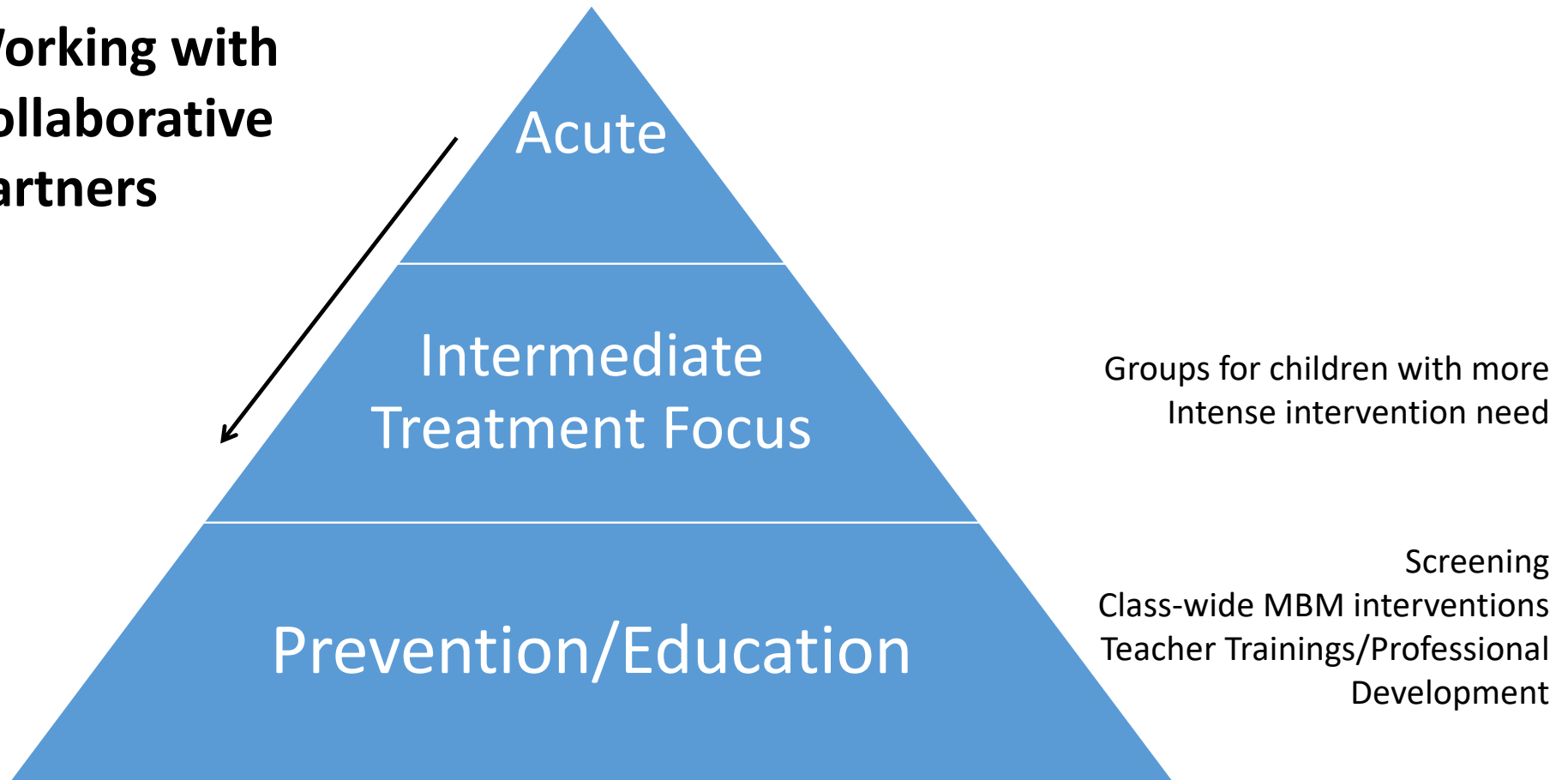
- A kinder culture beyond the group develops when incorporated in school and community settings
- Reduces shame and stigma, minimizes labelling, and promotes or restores self-efficacy
- Includes caregivers and strengthens competency/knowledge of trauma in caregivers. Teaches teachers and caregivers to reinforce the teachings of the groups



Settings – MBS w/ Youth, implemented/applied

- Schools and After-School Programs (As Wellness Program or Response to Crises)
- Neighborhoods and Community Centers
- FEMA villages and Refugee Communities following Disasters/War
- Hospitals
- Homeless Teen Shelters
- Juvenile Detention and Children's Advocacy Centers
- Church Youth Programs
- Peer Support and Mentorship
- Summer Camps.....

**Working with
Collaborative
partners**



An example of integrating MBM into a school-based model

References

- Felitti, V., Anda, R., Nordenberg, D., Williamson, M., Spitz, A., Edwards, W., Koss, M., Marks, J. (1998): Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study. American Journal of Preventive Medicine 14 (4), 245-258.
- Perry, B. (2004): Understanding traumatized and maltreated children: The core concepts- Living and working with traumatized children. The ChildTrauma Academy, www.ChildTrauma.org.
- [Substance Abuse and Mental Health Services Administration \(US\)](http://www.samhsa.gov). Trauma-Informed Care in Behavioral Health Services in Treatment Improvement Protocol (TIP) Series, No. 57. Rockville, MD. <https://www.ncbi.nlm.nih.gov/books/NBK207184/>
- Van der Kolk (2014). The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma. New York. Penguin Books.
- cmbm.org/research

A photograph of a classroom scene. In the foreground, the backs of three students are visible as they sit at their desks. The student on the left is a boy with short brown hair wearing a light blue shirt. The student in the middle is a girl with long blonde hair wearing a green shirt. The student on the right is a girl with dark hair in pigtails wearing a dark blue shirt. All three students have their right arms raised high, pointing towards a green chalkboard in the background. The chalkboard has some faint, illegible writing on it. The room has light-colored walls and a wooden desk in the foreground.

Questions?



The Center for
**Mind-Body
Medicine**

**Professional Training Program
In Mind-Body Medicine**

October 11-15, 2018

Ellicott City, Maryland
(between Baltimore & DC)

cmbm.org/mbm





Thank You!