

Trauma Informed Interventions

Matching a Child's Reactions with Their Needs Without Using Words

For children, talk will be of little help when we try to match what the child needs with the reactions they are displaying. It is not what you say, but rather what you do that will have the most impact on reducing their worry, fears and helplessness following exposure to a crisis or trauma. Below are a few common reactions and how you can provide what the child needs most without using words.

Reaction: Constantly worried

Need: A child who is constantly worried needs physical and visual indications that they are safe.

- Parents or caregivers should remain in close proximity to the child (at least in sight) as much as possible.
- Parent or caregiver interaction with the child – play games, read a book, draw or color.
- Post important emergency phone numbers in a prominent place.
- Practice a plan for what you will do if there is a threat (house fire, someone knocks on the door who the child does not know, etc.)

Reaction: Helplessness

Need: A child who feels helpless needs to be nurtured and empowered.

- Treat at their emotional age or developmental level. A 6 year old may need to be responded to like a 3 year old following trauma or crisis.
- Don't get angry at regressive behaviors. If a task that a child has previously mastered becomes difficult, offer support. Ask the child how you can best help them (get dressed, tie their shoes, complete homework etc.)
- Simplify tasks by giving one direction at a time.
- Provide a lot of cuddling and supportive touch.

Reaction: Anxiety, Fear of being alone

Need: A child who feels anxious needs structure, predictability and routine.

- Post weekly or daily schedules in a visual (pictorial) format.
- Create morning and bedtime rituals to make the routine meaningful.
- Have consistent caregivers.
- Read books such as "The Kissing Hand" by Audrey Penn or "The Invisible String" by Patrice Karst.

Traumatized Children Require Different Parenting Techniques

by Debi Grebenik

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Derived from ancient Greek, the term "trauma" developed from words that meant "a wound" or "piercing." Today, we recognize trauma as a physical or psychological injury, or a combination of both. Foster and adopted children often endure physical and/or psychological abuse that can even start before birth. To care for traumatized children effectively, parents must understand how trauma affects a child's brain, and how to support their children while promoting healing.

Trauma and Brain Development

Psychic trauma occurs when a sudden, unexpected, and overwhelming emotional blow or series of blows assaults a person. Traumatic events are external and uncontrollable and can encompass everything from abuse or neglect, to witnessing tragedies or natural disasters, serious accidents, and loss. The degree of trauma imparted relates to how helpless a person feels during the event or events.

External trauma leaves imprints on the brain known as unconscious memories. These memories and the feelings they evoke can be activated by sensory experiences that may be related to the initial trauma, even when danger is long past.

In the womb, babies develop the ability to hear during the second trimester—between 14 and 24 weeks of gestation. Sounds of chaos or violence, especially when they involve the mother, affect babies' development. Babies in utero can also be affected by chemical changes that occur when their mother is deeply stressed, depressed, or unhappy.

The brain's most important development occurs before age three. If a baby's basic safety, security, and stability needs are not met in those early years, her brain development may be impaired. The lack of age-appropriate brain development can adversely affect synaptic connections and prevent a child from being able to logically and sequentially make sense of incoming information.

Children born into environments where adults do not meet their developmental needs are also at risk of tight brain developmental setbacks—particularly related to coping with stress. Trauma over-stimulates the amygdale, the brain's threat center, creating a hyper-vigilant state of being where traumatized children may be triggered by visual or auditory stressors or be overwhelmed by chaotic situations.

Hampered by an inability to regulate emotions, children may resort to socially unacceptable behaviors when faced with uncomfortable emotions. Behaviors may include aggression and hostility, or a retreat into numbness and depression. Children may even demonstrate dissociative tendencies ranging from daydreaming to amnesia.

Parent Preparation

To prepare for parenting traumatized children, parents must first acknowledge their own fears and past history. Without this insight, children's behavior may cause parents to respond out of fear—fear of not knowing how to respond, fear of losing control, fear of failing, those they love, and fear of their own unresolved issues. In this state, parents may be unavailable to make sense of children's trauma-related behavior.

The best gift parents can give traumatized children is to remain present for them in their pain and accept the hurt without trying to fix them. To do that, parents must manage their own fears and emotional distress so they are ready to respond appropriately when children are triggered to re-live past trauma.

Parents should identify their own threat responses and how they feel when fears are triggered. That way, they can recognize when they need to be thoughtful about how they react to their child's behavior. Parents should also practice and employ techniques to keep themselves calm—deep breathing, focusing on one thing at a time, staying in the present, relaxation, and mediation.

Parenting Strategies for Traumatized Children

Though there are no magic parenting strategies to help all children, below are some basic tenets that support parents' efforts to provide appropriate care for traumatized children.

Match your response to your child's developmental age.

When children live through traumatic events, they may developmentally be far younger than their chronological age. A 15-year-old, for instance, may be only age 7 emotionally and age 10 socially. When stressed, the youth may behave like a much younger child and that is the level at which his parents must relate to him if they are to guide, teach, and support him.

Because traumatized children often miss developmental steps, parents must back track and guide them through earlier stages. On an emotional level, we cannot expect children to run before they crawl or walk. Lecturing an emotionally young 15-year-old is similar to explaining to a toddler the connection between his current behavior and consequences next week. If a child lacks the ability to understand, lecturing will frustrate both the child and parent. Instead, when asking directions into smaller steps with simple and clear expectations.

Listen to your child's behavior.

Many traumatized children lack the ability to verbalize pain, shame, fears, or other deep emotions. They are far more likely to communicate through behaviors. If we "listen" to the behavior, it may reveal the child's actual need. By responding only to the behavior, we are telling the child we do not want to hear what she is trying to say.

In one family I worked with, the daughter defecated into shoeboxes and stacked them in her closet. I told the parents her actions signaled that she felt safe enough to give them her literal and figurative poop. The behavior was how she could act out the intense pain that she could not express verbally. We advised the parents to tell their daughter that they could handle everything she had to give them.

If the parents were to punish their daughter for these behaviors, they would be short-circuiting her ability to express her deep distress. By accepting the behavior, they offer the girl a chance to process her pain and move toward healing.

Maintain a non-threatening demeanor.

Children with a history of domestic violence and physical abuse may be overwhelmed and over-stimulated by raised voices, invasions of their personal space, threatening looks, and aggressive body stances. Derisive or demeaning comments can also be triggers.

Be aware of how you sound when upset and try to soften your voice. Pay attention to any threat you may be communicating through your facial expressions, body posture, and movements toward the child. Breathe deeply and give yourself time to decide how to respond to an upsetting behavior before reacting.

If a parent's behavior triggers a child's trauma response, the child's ability to learn or engage is diminished significantly. During trauma responses, a child's brain switches to a basic survival mode, a mode in which the child cannot process cognitively and reverts to processing from an emotional or sensory perspective.

Connect more than you think correct.

Avoid a focus on punishment or consequences. Instead, cultivate an environment of safety, containment, and understanding. If you remain calm, listen to the child's verbal and non-verbal communication, and accept her emotions, the child may develop enough trust to share her fears. Our role is to be willing to take on and hold the pain and hurts of our child's trauma history. When we do this, we create opportunities for connections that lay the groundwork for connection.

Imagine your child suddenly experiences a meltdown after passing a department store perfume counter. Caught off guard, you start to panic and become acutely aware of all the shoppers staring at your child as he wretches and cries on the floor.

Your task now is to set aside your own emotional duress, slow your breathing, and be aware of your pulse. When our pulse rises above 100 beats per minute, we are more likely to speak carelessly. Next, provide your child a safety net of emotional containment. Sit next to him on the floor or hold his hand and quietly assure him that he is safe and that you will protect and never leave him. Do not try to rush him out of the store or make threats if he fails to settle down.

What you may not understand at the time is that your child experienced a trauma response, triggered by a scent at

the perfume counter—a scent somehow associated with someone in the past who caused the child emotional or physical pain. If we only react to the behavior we see as unacceptable, we miss the very real issue of his fear and our child's need for us to tell him calmly that we will be there for him no matter what he thinks, feels, or does.

Encourage physical activity, hydration, regular snacks, and sleep.

When stressed, our dopamine (a neurotransmitter that helps control the brain's reward and pleasure centers) levels fall, and cortisol (the so-called stress hormone) levels rise. To bring levels back to normal, children should eat, move, and drink water at least every couple hours. Exercise increases serotonin and dopamine, and reverses the damaging effects of depression. Consistently enjoyable and meaningful activity (especially outside in daylight) can improve children's emotional health substantially.

Physical outdoor activities include swinging, spinning, playing on a jungle gym, doing somersaults, and riding horses. Inside, try jumping, rhythmic movement, working with therapy bands, chewing gum, rolling on the carpet, and cooking, or playing with Play-Doh, shaving cream, or dry rice. Activities tied to writing, art, music, silence, and touch can also be powerful interventions.

Physical activity also helps children to sleep better. If your child cannot sleep, offer a protein snack before bed to control blood sugar levels overnight. Children and adults need adequate sleep to be ready for the challenges of a new day.

Promote a nurturing environment.

A nurturing environment is one where children can feel comfortable and safe. Comfort comes from a predictable schedule, places where the child can escape over-stimulation, foods the child enjoys, positive interactions with family members, opportunities to write or use other creative outlets to express feelings, and knowledge that the family will support the child no matter what.

Nurturing is possible through other senses too. To make the child's tactile world comfortable, choose soft and non-abrasive clothing. Consider welcoming a furry mammal to the family. The action of stroking pets lowers blood pressure. On the olfactory front, soaps and other products with citrus scents decrease anxiety while lavender-scented products encourage calmness.

It is not easy, however, as you parent your traumatized child, try not to worry about the future. As children heal, they will be better able to think logically and learn. Trust in the process that works best for your child, persevere, and have fun! ♦

Building Healthy Relationships

We need to build strong, safe, supportive relationships with the children in our care - to connect emotionally with them. This will not happen easily or overnight. It also won't happen accidentally. We will need to work on creating real connections. While it will not be easy with all children, there *are* things we can do to help make it happen. One is to make a *Daily Connection* with each child in our care.

There is very good evidence for the value of doing this. A number of solid studies, for example, show that a daily positive connection can reduce problem behavior significantly. A high praise/low criticism rate combined with quality one-to-one parent-child time can have a powerful effect on a child's feelings, attitudes and behavior. So we ask our caregivers to work to maintain a High Praise Rate and to make a Daily Positive Connection with the children in their care.

The research suggests specific ways to make a positive daily connection. Most important is *listening*. A positive daily connection really is a daily *listening* time – using the skill of *True Listening*.

Here are some ground rules to follow in creating a daily positive connection with your child.

- *Do it every day* unless the child simply refuses to interact. Do not make your daily connection contingent on the child's behavior. The child should not have to earn connection time.
- *For at least 10-15 minutes*
- *One to one* and interactive (watching TV together does not count)
- Practice *True Listening*.
- *Initiate* it yourself if/as necessary.
- Make the time *enjoyable for the youth/child*.
- Maintain a *high praise rate*. Do not criticize, nag, lecture or remind while trying to make a positive connection.

We consider a daily positive connection to be so important that we ask caregivers to record their *connection* every day. An example of the *Daily Connection Chart* we use is included in this section of your Participant Manual.

Teaching Your Child How to “Spaghetti Body”

(read aloud with your child)

1. Sometimes, your body gets too tight. This happens when you are mad or nervous. *Spaghetti Body* is something you do to get your body loose. That makes you feel better. Since you are the boss of your body, you can make the tight go away.
2. Have you seen wet spaghetti noodles? They are wiggly, not tight. You can make your body like spaghetti noodles.
3. Okay, this is the cool part. To get your Spaghetti Body, first you have to make your body very tight all over! Let’s practice. Scrunch your hands very tight. You can even grunt if that helps. And now, spaghetti your hands very loose. Great job.
4. Stand up now. When I say a body part, you scrunch it very tight. Count to 3. Then make it Spaghetti loose. So you will scrunch, hold for 3, then relax it like a noodle. What will you do? (Have child repeat directions).
5. Scrunch your feet. 1,2,3. Now Spaghettil Scrunch your legs. 1,2,3. Now Spaghettil Scrunch your bottom! Laughing is okay, but keep scrunching. 1,2,3. Now Spaghetti. You want to do your bottom again, right? Okay, go ahead. (Repeat for stomach, shoulders, arms, hands, neck, face, eyes).
6. Great job! You did Spaghetti Body! You should feel pretty loose and wiggly all over. Doing *Spaghetti Body* helps your body feel less sad or nervous. This means you will feel better.
7. The last thing to know is: You HAVE to practice *Spaghetti Body* or it won’t work. Just like you practice (baseball, piano, reading, tying your shoes), you have to practice *Spaghetti Body* to get good at it. You should practice it when you feel good and happy. That way, you will be an expert spaghetti kid when you get mad or nervous.
8. Remember, you are the boss of your body. You can feel better by doing *Spaghetti Body*.

Teaching Your Child “Turtle”

(read aloud with your child)

1. I am going to show you the *Turtle*. Not an actual, live turtle! I will show you how to do a thing called *Turtle*. It is what to do when you have extra energy, like running all over the place, or feeling very mad. Too much energy or too much mad sometimes gets you into trouble. The reason to do *Turtle* is because it helps you feel better, and stay out of trouble. Because you are the boss of your body, you can relax and feel better.
2. First, stand with your feet a little bit apart, and shoulders normal tall.
3. Next, bring your bottom all the way down to your heels. But don't sit down! If you topple, just try again.
4. Now, bring one arm across your legs and the other arm across your knees.
5. If you want, you can put your chin or your nose on your knees. Everything should feel scrunched up. But it should not hurt. Be gentle.
6. Now, staying there, give yourself the biggest hug ever. THAT is the *Turtle*. Stay there, and count to 5 while you do the *Turtle*.
7. Great job! You can do the *Turtle* as long as you need to or want to. You may stop when your body feels calm and safe.
8. The last thing to know is: You HAVE to practice *Turtle* or it won't work. Just like you practice (baseball, piano, reading, tying your shoes), you have to practice *Turtle* to get good at it. You should practice it when you feel good and happy. That way, you will be an expert *Turtle* when you get too much energy or too much anger.
9. Remember, you are the boss of your body. You can feel better by doing *Turtle*.

Teaching Your Child How to “Deep Breathe”

(read aloud with your child)

1. *Deep Breathing* helps you feel better when you are angry or nervous. Because you are the boss of your body, you can relax and feel better.
2. Check if you are breathing now. Good! You are an expert at breathing! Wow, *Deep Breathing* will be pretty easy for you to learn.
3. Make the air come in through your nose and out of your mouth. Practice that. (if your nose is plugged up, just use your mouth).
4. Now, make sure you are sitting up straight. Make sure your feet are down. This makes the air better for you.
5. *Deep Breathing* is a long, slow tunnel of air coming into your nose. Can you practice that?
6. *Deep Breathing* is a long, slow tunnel of air comes out of your mouth. Practice that.
7. Remember to breathe in and out, slow and long. Sometimes, moving your hands with the air can help.
8. The job is to do 5 deep breaths. Let's do them together.
9. Great job! *Deep Breathing* is like a super-secret skill that you can use right in front of people and they might NEVER EVEN NOTICE! When you feel angry or nervous, you should do *Deep Breathing*.
10. The last thing to know is: You HAVE to practice *Deep Breathing* or it won't work. Just like you practice (baseball, piano, reading, tying your shoes), you have to practice *Deep Breathing* to get good at it. You should practice it when you feel good and happy. That way, you will be an expert deep breather when you get angry or nervous.
11. Remember, you are the boss of your body. You can feel better by *Deep Breathing*.

Teaching Your Child How to “Stress Press”

(read aloud with your child)

1. *Stress Press* helps you feel better when you are mad. And that’s good, because when you’re mad, sometimes you make bad choices and get into trouble. So *Stress Press* can help you NOT get into trouble. Do you know what stress is? Stress is when something happened, and you didn’t like it, and your body got mad. Like, maybe your face got hot and your muscles got tight, and your eyebrows got mean. Stress is not good. But you can make it go away, because you are the boss of your body.
2. Okay, hold out your hands and show me your palms. Did you know your palms have heels, just like your feet? They are here (bottom part of hand, just above wrist). Circle your palm heels with your fingers. Good. Now, make your hands like a knife, with straight, tight fingers. And press your palm heels together. Put your elbows out—straight as a line! Don’t let your hands touch your chest.
3. Press your palm heels together as hard as you can. Your arms should go a little shaky if you press for long enough. That is the *Stress Press*. Let’s do it together, and I want you to count out loud to 10 while we do it.
4. Great job! You did the *Stress Press*! It helps you calm down when you’re mad. It doesn’t fix the problem that made you mad, BUT it helps you make better choices about the problem. Do you understand?
5. The last thing to know is: You HAVE to practice *Stress Press* or it won’t work. Just like you practice (baseball, piano, reading, tying your shoes), you have to practice *Stress Press* to get good at it. You should practice it when you feel good and happy. That way, you will be an expert stresser-presser when you get mad. Remember, you are the boss of your body. You can feel better by doing *Stress Press*.

Sensory Processing Disorder (SPD) in Brief

Most children learn easily to hug, jump, run, and play. They can rev up and calm down, make smooth transitions between activities, recover from momentary stress, try new games, and use their senses to explore their world. They develop these skills naturally.

Doing what comes naturally isn't easy, however, for children with Sensory Processing Disorder (SPD). These children misinterpret sensory stimulation. Ordinary stimulation is too much for over-sensitive children, and is not enough for under-sensitive children.

Sensory Processing Disorder happens in the central nervous system, the most important part of which is the brain. For reasons unknown, the brain is inefficient at analyzing and organizing- or integrating- sensory signals. Inefficient neurological processing means that children can't use sensory information to develop important everyday skills.

Tactile Dysfunction causes children to misinterpret sensations, received through their skin, about touch pressure. Therefore, they respond in unusual ways to touch stimulation.

If oversensitive, they avoid finger-painting, certain clothing textures, and large group interactions. If under-sensitive, they adore messy play, handle toys roughly, and crash into objects and people, as they seek tactile information.

Children with ineffective tactile processing don't develop good discrimination about how things feel. Poor discrimination leads to inaccurate information that interferes with body awareness, fine-motor skills, social and emotional development, and even visual perception.

Vestibular Dysfunction causes children to misinterpret sensations of balance, movement through space, and gravitational pull, which are received through the inner ear. When their head position changes, they respond atypically.

If over-sensitive to vestibular sensation, they avoid moving or being moved. Insecure when off balance, they shun playground activities, swings, and slides. With their feet planted on the ground, they must be in control.

If under-sensitive, children crave movement. Needing more, more, more they seek intense, rapid activities. They rock, whirl, and hang upside down. They may be inattentive, unpredictable, clumsy and daring.

Vestibular dysfunction impedes children's overall development. It may affect muscle tone, balance and coordination, gross motor skills, auditory processing, visual-spatial perception, and emotional security.

Proprioceptive dysfunction causes children to misinterpret sensations, received through their muscles and joints, about body position and movement of individual body parts. It prevents children from knowing where they are in space and what their bodies are doing. It affects their posture, motor control, sense of personal boundaries, and sense of self.

Whatever the particular pattern, Sensory Processing Disorder causes children to be out of sync. It hampers large and small motor coordination, affecting running, block building, and drawing. It hinders motor planning, which is executing complex activities like riding a bike or navigating an obstacle course. It may impede speech-language development and academic success too. It dampens self-esteem, deters friendships and discourages children from doing what they want and need to do.

In the past, identifying dysfunction in young children has challenged educators for several reasons. It is not widely understood. It is often mistaken for ADD, psychological problems, or obscurity. It has not been readily "testable" in preschoolers- until now.

Fortunately, once dysfunction is identified, it is treatable through Occupational Therapy.

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Calming and Behavior-Regulating Activities

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General Guidelines: Always allow the child to determine the intensity of sensory input and the length of time they can tolerate. Never force a child to participate in a sensory activity, especially if fearful.

Proprioception Input – Activities that promote active use of the muscles and joints to work against resistance, e.g. when pushing or pulling. This input tends to be calming and help organize thought processes. Also helps improve strength, coordination, and body awareness.

- | | |
|---|--|
| <input type="checkbox"/> Jump on a trampoline, mattress, pillows | <input type="checkbox"/> Push against a wall or adults hands |
| <input type="checkbox"/> Stretch thick elastic or Theraband | <input type="checkbox"/> Lift or pull heavy items |
| <input type="checkbox"/> Fill up toy trucks with blocks and push | <input type="checkbox"/> Ride toys that have pedals |
| <input type="checkbox"/> Crash into pillows or bean bag chairs | <input type="checkbox"/> Climb a play structure |
| <input type="checkbox"/> Push cart or laundry basket filled with heavy objects or another child | <input type="checkbox"/> Pull wagon filled with toys or another child |
| <input type="checkbox"/> Play running and jumping games | <input type="checkbox"/> Play in sandbox with damp, heavy sand |
| <input type="checkbox"/> Play parachute games | <input type="checkbox"/> Climb under/over cushions; obstacle courses |
| <input type="checkbox"/> Make a cardboard house with small doors the child squeezes through | <input type="checkbox"/> Construct a play area with large boxes, cushions, pillows, and blankets |
| <input type="checkbox"/> Bounce on a bouncy ball with handle | <input type="checkbox"/> Catch, roll or throw a heavy ball |
| <input type="checkbox"/> Drive a heavy box around cones | <input type="checkbox"/> Color large pictures on sidewalk with chalk |
| <input type="checkbox"/> Use spray bottles to clean or for crafts | <input type="checkbox"/> Do art activities at an easel or paper on wall |
| <input type="checkbox"/> Climb cushions; pillows, mats, bean bag chairs, rock wall, large inflated cushions | <input type="checkbox"/> Fill pillow case with stuffed animals and pull, push and carry them |
| <input type="checkbox"/> Walk uphill, upstairs or up ramps | <input type="checkbox"/> Pull other children around on blanket |
| <input type="checkbox"/> Swing from trapeze bar or monkey bars | <input type="checkbox"/> Open and hold doors for others |
| <input type="checkbox"/> Squeeze fidget toys | <input type="checkbox"/> Crab and bear walk; army crawl |
| <input type="checkbox"/> Carry books to another part of room | <input type="checkbox"/> Fill watering can to water plants, grass, flowers |
| <input type="checkbox"/> Chores such as wipe counters and tables, sweep floors, push chairs under tables | <input type="checkbox"/> Do activities such as simple gymnastics, karate, and dancing |

Vestibular Input – Activities that provide movement of the head. Vestibular movement tends to be calming if slow and rhythmic, but alerting if fast and arrhythmic (however some children may respond in the opposite way). These activities may also help muscle tone, postural stability and balance.

- | | |
|--|---|
| <input type="checkbox"/> Swinging; sliding, scooter board, tire swing | <input type="checkbox"/> Rocking back and forth in a rocker |
| <input type="checkbox"/> Sit and lean head back all the way | <input type="checkbox"/> Ride tricycles and riding toys |
| <input type="checkbox"/> The Egg – lie on back, hold knees to chest and roll back and forth | <input type="checkbox"/> Twirling, running, log-rolling and jumping |
| <input type="checkbox"/> Large ball activities: | <input type="checkbox"/> Blanket swing – have two adults hold two corners of a blanket and rhythmically swing child back and forth while lying in the blanket |
| <input checked="" type="checkbox"/> Lying on belly - roll child forward and back, e.g. to knock over tower, do a puzzle; throw bean bags into a basket | |
| <input checked="" type="checkbox"/> Lying on back – roll child back to pick up items from floor and drop in basket | |

Olfactory Input – Provide scents to alert or calm. Use all natural extracts or essence.

- | | |
|---|--|
| <input type="checkbox"/> Alerting: pine, citrus, peppermint | <input type="checkbox"/> Calming: vanilla, banana, coconut |
|---|--|

Deep Pressure Tactile Input – Activities that involve firm pressure over the skin. Deep pressure helps to calm, organize behaviors, and promote body awareness.

- Firm, long bear hugs, preferably initiated by child
- Pickle sandwich—Child lays on his belly. Ask him what he wants on his sandwich as you firmly roll a ball over his legs, arms, and back to “add” each ingredient.
- Give firm but gentle squeezes down arms
- Have child rub lotion on arms and legs
- Hide under a bean bag chair or crawl around with a bean bag chair on her back like a turtle.
- Rub arms and legs briskly with a towel, e.g. after water play

Oral Input – provides proprioception input through the jaw muscles; helps develop oral motor skills

- Eat chewy or crunchy foods, e.g. dried fruit, gummy bears, Starburst, licorice; beef jerky; bagels; string cheese; gum; raisins; soft pretzels; crunchy pretzels; popcorn; granola bars.
- Resistive sucking: drink through a curly straw or sports bottle with a long straw; suck lollipops or popsicles; drink milkshakes or applesauce through a straw; eat peanut butter off a spoon.
- Blowing activities: wind instruments, bubbles, whistles, ‘snake’ party favors, blow thinned paint across paper with a straw, Blopens, blow bubbles in water/soap mixture with a straw
- Provide use of a Chewy Tube or oxygen tubing tied into a “necklace”

Fine Motor Activities

- Play Doh, especially using tools and extruder to increase resistance and require muscle use
- Paint with squeeze bottles or squirt bottles
- String beads onto pipe cleaners
- Have child remove 1/4” beads placed half-in or completely hidden in clay
- Draw with broken crayons instead of markers
- Use hand fidgets during circle or story time: beanie animals; small squishy balls; balloons stuffed with flour or sand; Koosh balls; Silly-putty
- Chalk pictures by dipping chalk in water and coloring on black construction paper
- Stamping – large stamps especially
- Cut or tear heavy paper
- Spread modeling clay in tray, ~ ¼ to ½ inch depth. Draw designs, pictures, letters with large diameter pencil.
- Color on sandpaper

Environment and Routines

- Use a voice that is calm and quiet; strike a triangle or turn off lights for attention
- Keep room decorations simple; use similar background colors on bulletin boards
- Use soothing music or no music if there is noise from others talking
- Provide a cozy corner with fidget toys, pillows, bean bags, quilt, dimmed light
- Review a visual picture schedule each day
- Reduce clutter in room, store toys neatly in bins; hang curtains over toy shelves
- Provide seating that fits the children so feet touch ground, box, or stool to provide support
- Use low lighting, natural lighting, or floor lamps to counteract flicker of overhead lights
- Sit on cushions or hold sand pillows on lap

Trauma Informed Interventions

1 hour

Top 5 take aways from articles and handouts on Interventions

1. _____

2. _____

3. _____

4. _____

5. _____

