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As afterschool and youth development professionals, we understand that each youth is unique and brings a unique set of experiences into our programs.

These experiences are often positive, but youth also often have had one or more traumatic experiences in their short lifetime. According to The National Child Traumatic Stress Network, one in every four youth have experienced a traumatic event that can affect their behavior or learning (NCTSN, 2008). Without a doubt, we are servicing youth who are dealing with trauma and are witness to the impact of their trauma. As afterschool professionals we need to realize and recognize youth's trauma and find strategies to help them cope with their trauma while in our care.

The Afterschool Guide to Trauma-Sensitive Practices provides afterschool professionals with basic information about trauma, Adverse Childhood Experiences (ACEs) and Trauma-Informed Care versus Healing Centered Practices. The guide discusses youth coping mechanisms to traumatic events, the impact of these events on youth, as well as behaviors they may exhibit as a result of trauma. Responsive approaches that can be implemented in the program are included. Most importantly, this guide provides self-care tips for afterschool professionals to utilize to prevent secondary traumatic stress and maintain emotional health while helping youth deal with their trauma.
About Trauma and Adverse Childhood Experiences (ACEs)

In order to help youth cope with trauma we must first know what it is. The following information provides a brief overview of both trauma and Adverse Childhood Experiences (ACEs).

What is Trauma?

The Substance Abuse and Mental Health Services Administration (SAMHSA) defines trauma as “an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being.” (NCASE, January 2020) Specific types of trauma that may impact youth include:

Racial Trauma: Trauma resulting from exposure to events of racism, discrimination, or structural prejudice that can affect the mental health of youth. (NCTSN)

Intergenerational Trauma: Unresolved trauma of parents in which the emotional and behavioral impact is transferred to their children. Parents with unresolved trauma may have difficulty bonding with and building relationships with their children and hence their children may have the same difficulties building attachments. (Trauma Informed Care)

Historical Trauma: Historical trauma is a result of historical, systemic abuse and injustice placed on a community or group of people that has a psychological impact that is transferred across generations (Trauma Informed Care). Trauma endured during the Holocaust, enslavement of African Americans, and forced displacement of American Indians continue to impact the youth and adults in those communities. (SAMHSA)

Types of Traumatic Experiences (NCTSN, 2008)

Physical or sexual abuse • Abandonment • Neglect • Death or loss of a loved one • Life-threatening illness in a caregiver • Witnessing domestic violence • Automobile accidents or other serious accidents • Bullying • Life-threatening health situations and/or painful medical procedures • Witnessing or experiencing community violence • Witnessing police activity or having a close relative incarcerated • Life-threatening natural disasters • Acts or threats of terrorism • Living in chronically chaotic environments in which housing and financial resources are not consistently available
Things to Know About Trauma

Trauma can be a once-in-a-lifetime event or can be an on-going experience (NCTSN, 2008).

Many youth have experienced multiple trauma events and often experience chronic trauma, or trauma that recurs over an extended period of time (NCTSN, 2008).

The way in which each youth reacts to trauma is individual and varies among youth. Factors that influence youth’s reactions include the nature of the trauma, family, community, and cultural characteristics, age and developmental level, and accessibility to protective factors that provide support to youth. (Bartless & Steber, 2019).

Trauma has no boundaries. It can impact any youth regardless of location, socio-economic status or race (Watson).

Just as youth’s reactions to trauma are individualized, so too is their recovery. Some youth may need a great length of time and support to deal with the fear and anxiety resulting from their trauma, others may recover in a few weeks or months (NCTSN, 2008).

Youth may have a recurrence of symptoms, feelings, and behaviors associated with their trauma that is triggered by an anniversary, reminder, or media broadcasts of the event (NCTSN, 2008).

Research findings show youth “suffer the most severe, long-lasting and harmful effects when trauma exposure begins early in life, takes multiple forms, is severe and pervasive, and involves harm by a parent or other primary caregiver” (Bartless & Steber, 2019).

Trauma in childhood can have lasting effects throughout an individual’s lifespan, not only with brain development and learning, but also social-emotional development, the skills to develop relationships, physical health and even shortened life expectancy (Bartless & Steber, 2019).

Trauma can interfere with learning by affecting youth’s memory and concentration, ability to plan and problem solve, attention and ability to focus and process information, and evokes anxiety and frustration (NCTSN, 2008).

Trauma can affect a youth’s success in school, resulting in lower grades and reading ability and higher incidence of absence, school drop-out, suspension and expulsion (NCTSN, 2008).

Youth who have experienced trauma are resilient and can learn and be successful within positive environments (Watson). Collaborating with school and community resources as well as caregivers can provide a support network for youth to build resilience and learn to cope with their trauma.
What are Adverse Childhood Experiences (ACEs)?

The definition and characteristics of Adverse Childhood Experiences, or ACEs, are very similar to trauma. ACEs are events that happen in children age 0-18 that have the potential to be traumatic and cause stress. These experiences can have negative impact on youth’s health and well-being throughout their lifetime (NCASE, 2019)

Many of the events identified as traumatic experiences are also identified as ACEs. These include (NCASE, 2019):

- Physical, sexual, or emotional abuse
- Physical or emotional neglect
- Mental illness within the household
- Substance abuse within the household
- Intimate partner violence
- Parental separation or divorce
- Incarceration of a household member

ACEs are rooted by systemic issues within one’s community. These issues are known as Adverse Community Environments and include such things as unaffordable housing, racism, joblessness, poverty, and community violence. Adverse Community Environments are the foundation for ACEs and can heighten the prevalence and severity of ACEs or the occurrence of ACEs may arise when resources that can ease these experiences are not available. Feeding the roots of Adverse Community Environments are Adverse Collective Historical Events. While these events have not happened within youth’s lifetime, the impact is thought to be inherited throughout generations. Examples of these events include the Holocaust, slavery, genocide, mass incarceration, and forced displacement (Sonu, 2020).

Things to Know About ACEs

In 1998, CDC-Kaiser Permanent conducted an extensive study on ACEs. This groundbreaking study, provides much of the information we now know about how ACEs impact youth development, mental health, and long-term physical health. What is known about ACEs as a result of this study include:

ACEs are prevalent and many youth have likely experienced at least one ACE and possibly more.

As with trauma, ACEs have no boundaries and can impact youth regardless of location, race, or socio-economic status (Sonu, 2020).

ACEs are found to be both intergenerational and cyclical. This means that ACEs can bring about more ACEs (Sonu, 2020).

The number of ACEs youth experience is directly related to an increase in risk of developing chronic disease, mental illness, and early mortality (Sonu, 2020).

An increase in number of ACEs is directly related with health risk behaviors such as “early initiation of smoking and sexual activity, adolescent pregnancy, and risk for intimate partner violence” (NCASE, 2019).

Youth who experience four or more ACEs have a greater chance of having problems with school attendance and behavior and academic failure. Youth who experience three or more ACEs have more than one school problem (Sonu, 2020).
Fight-Flight-Freeze

Fight-Flight-Freeze is a coping mechanism youth and young children employ when presented with trauma.

The youth brain is in constant development and building the ability for abstract thought. Youth are also developing decision-making and coping skills. When a brain is not yet developed to understand and process a traumatic event, not only can youth make poor decisions and communicate ineffectively, but the brain will divert to survival mode to determine a coping mechanism. In survival mode, the coping response is either fight, flight, or freeze. The characteristics of each response are:

**Fight** Behaviors associated with a fight response include verbal or physical aggression, oppositional behavior, pushing back on limits, and hyperactivity.

**Flight** Behaviors associated with a flight response include escaping or running away, withdrawal, avoidance, and self-isolation.

**Freeze** Behaviors associated with a freeze response include appearing dazed or daydreaming, watchfulness, forgetfulness, eliciting a subdued demeanor, and emotionally shutting down.
Impact of Trauma on Youth

The impact of trauma on youth development can be wide and far-reaching. It can cause physical, mental, and emotional distress. It can have ramifications on cognitive development, social-emotional development, and behavior both in and out of school.

Jessica Dym Bartless and Kate Steber in their Child Trends article summarized the following effects of trauma on youth into several domains:

**Brain Development:** smaller brain size, less efficient processing, impaired stress response, changes in gene expression

**Cognition:** impaired readiness to learn, difficulty problem-solving, language delays, problems with concentration, poor academic achievement

**Physical Health:** sleep disorders, eating disorders, poor immune system functioning, cardiovascular disease, shorter life span

**Emotions:** difficulty controlling emotions, trouble recognizing emotions, limited coping skills, increased sensitivity to stress, shame and guilt, excessive worry, hopelessness, feelings of helplessness/lack of self-efficacy

**Behavior:** poor self-regulation, social withdrawal, aggression, poor impulse control, risk-taking/illegal activity, sexual acting out, adolescent pregnancy, drug and alcohol misuse

**Mental Health:** depression, anxiety, negative self-image/low self-esteem, post-traumatic stress disorder (PTSD), suicidality

**Relationships:** attachment problems/disorders, poor understanding of social interactions, difficulty forming relationships with peers, problems in romantic relationships, intergenerational cycles of abuse and neglect
Behaviors of Youth Impacted by Trauma

Youth may not have the words for or the ability to verbalize their trauma and the stress associated with their trauma. Instead, their behavior can become the avenue for expressing their stress.

The National Child Traumatic Stress Network identified many behaviors youth may exhibit as a result of their trauma. You may observe these behaviors in the youth experiencing trauma in your afterschool programs (NCTSN, 2008):

- **Anxiety fear, and worry** about safety of self and others
- **Worry about recurrence** or consequences of violence
- **Increased distress** (unusually whiny, irritable, moody)
- **Changes in behavior**: increase in activity level, decreased attention and/or concentration, change in academic performance, irritability with friends, teachers, events, withdrawal from others or activities, angry outbursts and/or aggression, absenteeism
- **Distrust of others**, affecting how youth interact with adults and peers
- **Change in ability** to interpret and respond appropriately to social cues
- **Discomfort with feelings** (such as troubling thoughts of revenge)

**Increase somatic complaints** (headaches, stomachaches, overreaction to minor bumps and bruises)

**Changes** in school performance

**Recreating** the event

**Repeated discussion of event** and focus on specific details of what happened

**Over or under-reacting** to bells, physical contact, doors slamming, sirens, lighting, sudden movements

**Statements and questions** about death and dying

**Difficulty with authority**, redirection or criticism

**Re-experiencing the trauma** (nightmares or disturbing memories during the day)

**Hyperarousal** (sleep disturbance, tendency to be easily startled)

**Avoidance behaviors** (resisting going to places that remind them of the event)

**Emotional numbing** (seeming to have no feeling about the event)

**Additional behaviors exhibited by high school youth** (NCTSN, 2008):

- Increase in impulsivity and risk-taking behaviors
- Increase risk for substance abuse
- Negative impact on issues of trust and perceptions of others
- Repetitive thoughts and comments about death and dying (including suicidal thoughts, writing, art, or notebook covers about violent or morbid topics, internet searches)
- Heightened difficulty with authority, redirection, or criticism
The methodology for helping youth cope and heal from trauma are relatively young practices. Trauma-informed care is the most widely used approach in addressing trauma and is often adopted by schools. Recently, Dr. Shawn Ginwright introduced healing centered engagement as an alternative approach. A brief overview of each approach is provided.
Trauma-Informed Care

Trauma-informed care is a universal approach that provides a framework for recovery from trauma. The Substance Abuse and Mental Health Services Administration (SAMHSA) identified four key assumptions within a trauma-informed approach that include, realization of trauma and its impact, recognition of the signs of trauma, responding with trauma-informed practices, and resistance to re-traumatize both youth and care providers.

Instead of a set of practices or procedures, the trauma-informed approach is structured around six principles. The principles are the foundation of the recovery process (SAMHSA, 2014).

Safety: Safety is both physical and psychological. A safe space is created and interactions with others evoke a sense of safety.

Trustworthiness and Transparency: Program decisions and operations are transparent and conducted in a manner to create a sense of trust.

Peer Support: Peers are identified as those who share trauma as well as family members or caregivers. Peer support allows for the building of trust, collaboration, and safety and hope to facilitate the healing process.

Collaboration and Mutuality: Collaboration establishes a balance of power for all those involved in the recovery process and that each has a role in the process.

Empowerment, Voice, and Choice: Capitalizing on the strengths of not only those who experienced trauma, but also those supporting recovery, to empower them and encourage their voices.

Cultural, Historical, and Gender Issues: Acknowledges historical trauma, is responsive to racial, cultural and gender needs, moves beyond biases and stereotypes and understands the value of cultural connection in recovery.

Healing Centered Engagement

The healing centered engagement approach views the person experiencing the trauma not as a victim, but as the driver to their own well-being. Instead of focusing on “what happened to you”, the healing centered approach focuses on “what is right with you” as the basis to healing (Ginwright, 2018). Ginwright identifies the following four elements of healing centered engagement.

“Healing centered engagement is explicitly political, rather than clinical”
Environmental factors and systemic issues are connected to trauma and focusing on advocating for these issues can create a sense of purpose, power, and control in healing.

“Healing centered engagement is culturally grounded and views healing as the restoration of identity”
A sense of identity and belonging can be built through culture. The shared experiences and identities existing in culture can offer collective healing.

“Healing centered engagement is asset driven and focuses well-being we want, rather than symptoms we want to suppress”
A person is recognized as more than their trauma. A person’s positive traits and what they want to achieve is the focus of healing.

“Healing centered engagement supports adult providers with their own healing”
Healing is viewed as an on-going process from youth into adulthood and focus should also be placed on the well-being of those who help youth heal.
Responsive Approaches in the Afterschool Environment

Building an understanding of what trauma is, how youth respond to it, how they are impacted by it, and how they might behave as a result of their trauma is essential to helping them cope while in the afterschool environment.

You don't need to be a clinical professional in order to support youth experiencing trauma. Being a caring individual who is in tune and responsive to what youth need is a step in the right direction. The following information provides a variety of approaches to establish your mindset and for being responsive to youth experiencing trauma. It may not be outwardly clear the youth in the program who are experiencing trauma; therefore, using these approaches for youth across the program can benefit all regardless of their experiences with trauma.

Realize and Recognize

Realizing that trauma exists within youth and that they can be widely impacted emotionally, developmentally, behaviorally, and physically helps prepare your mindset for supporting youth. Know that youth carry their trauma with them wherever they go, including your program. The behavior they might express is not directed toward you, but a response to their trauma that is normal, self-protective and adaptive (Bartless & Steber, 2019). Use this mindset to focus on why the behavior exists and to respond to the cause versus the behavior itself (Shevrin Venet, 2018). It is not about what is wrong with youth, but what is going on in their lives. Realize youth may not be able to identify their own trauma or understand what they are experiencing. Therefore, understand that to be trauma sensitive there should not be any assumptions or judgments made about who is impacted, how they are impacted, and the reason for the trauma, nor should labels be used (Watson).

Recognize the signs that indicate youth might be impacted by trauma and that each youth is uniquely impacted. Acknowledge that trauma influences youth’s response to rules and guidelines, their relationships with others, and their ability to engage in activities (Bartless & Steber, 2019). Recognize the emotional impact of trauma and focus on youth's emotional responses instead of the facts of their trauma (Shevrin Venet, 2018). Take notice of the factors and elements of the program that can trigger youth’s emotional responses to their trauma in order to respond proactively and alleviate these triggers (Watson). Recognize the role you play in supporting youth and don't assume roles of others in their lives (Shevrin Venet, 2018). Understand that you are another support resource for youth and your role is not to fix the trauma or psychoanalyze youth (Watson). Recognize your own needs...
for processing youth’s trauma and supporting them. Take time to absorb information, understand it, and then process your emotions to respond in a way that is sensitive to each youth’s situation and works for you (Shevrin Venet, 2018).

**Relationships**

Building relationships is a key factor in supporting youth who have experienced trauma or ACEs. An impactful relationship can create a sense of stability and consistency that is necessary for youth to cope with their trauma. It allows them to establish feelings of safety and the opportunity to diminish feelings of anxiety and fear.

Trust is a key component of any relationship with youth who have experienced trauma. Not only does established trust allow youth to feel more secure, but also more comfortable and responsive. The following practices can help strengthen trust with youth in your program (Benson, 2015):

- Acknowledge each youth individually through greetings, engaging in meaningful conversation, and reflecting back to youth what you notice in them.
- Slow things down and allow time for youth to think to limit resistance and shut downs that can occur when things move too quickly.
- Establish only those rules that are most important and administer them consistently.
- Show respect to youth in the same way you want to be respected.

Relationships do not exist and cannot be cultivated without communication. Show respect when communicating by being present and actively engaged. This fosters trust in the relationship and also shows that you care and are interested. When in dialogue with youth who have experienced trauma be direct and willing to answer questions (Boys & Girls Club). Actively listen and reiterate what you have heard. Validate youth’s feelings and respond with empathy and without judgement (Lahey, 2014). Ask youth what they need and how you can support them when things become difficult and to help them feel successful (Shevrin Venet, 2018). Keep the conversation going with youth by continuing to ask how they are coping and how you can help.

**Routines and Safe Environment**

Just as relationships can instill a feeling of consistency and security, so too can routines and a safe environment. Routine establishes predictability which in turn can create a sense of ease and lessen stress. A safe environment provides a place where youth can calm their fears and anxiety that results from trauma. Building a sense of safety and predictability through routine establishes another layer of trust with youth.

When things feel out of control to youth, the routines you establish in your program can be a calming factor and create a sense of manageability. Set a clear and consistent schedule. Include time in your schedule for youth to relax and unwind from the pressures of school and emotional stresses of home (Lahey, 2014). Encourage youth to utilize practices that calm their body and mind to help manage their emotions (NCTSN). Establish and implement explicit expectations and consequences for behavior (Lahey, 2014). Acknowledge when youth do the right thing and create opportunities in which they can feel successful to help them feel valued (Lahey, 2014).
Make the physical space of your environment soft and comfortable (Smith, 2019). Provide sensory materials as a mechanism for youth to manage anxiety and stress. Create zones that are quiet, distraction-free areas (Watson). Regulate environmental triggers that could create stress and remind youth of their trauma. Use the following techniques to alleviate some common triggers (Changing Minds):

- Utilize lamps and minimize florescent light to reduce harsh lighting
- Utilize door stops to avoid slamming doors
- Utilize rugs and noise-absorbing materials to reduce and muffle loud noises
- Prepare youth for bells, loudspeakers, and other harsh sounds to avoid them being startled
- Ask permission or give warning before providing physical touch

A safe environment is not only about the physical space, but about emotional and cultural safety as well as a place where youth feel safe within themselves. Make youth aware of your safety procedures in the event of emergencies and revisit these procedures (Boys & Girls Club). Create a climate in which youth feel comfortable taking risks, sharing their perspectives, and respecting others’ ideas. During discussions, have guidelines for youth to manage their emotions and check to be sure they continue to feel safe throughout the discussions (NCTSN). Finally, cultivate a culture of inclusivity and diversity for youth and staff so that all can feel safe and comfortable in the program (NCTSN).

Empowerment

Empowerment can be a strong opponent of the feelings generated by trauma. Empowerment can build a sense of purpose and control. Provide youth opportunities to express their voice and choice in the daily activities and operations of your program. Look for youth’s strengths and encourage them to apply those strengths in ways that make them feel successful (Smith, 2019). Create an atmosphere of empowerment and leadership by encouraging youth to think extensively about ways in which they can be empowered and support student-led activities that promote leadership through action. Invite students to research historical social and racial activism (NCTSN). Support students to take on their own social activism project and make positive change. Consider the following ideas of student-led action (Boys & Girls Club):

- Initiate a social media campaign
- Start an awareness building campaign on a topic of interest
- Organize and host a peaceful protest
- Start a policy reform campaign
- Organize and host a speaker series
- Start a letter-writing campaign to politicians
- Organize and host a debate about current events
- Attend city or school council meetings
- Write an opinion piece for a local newspaper or magazine
- Create educational pamphlets and flyers
- Host a fundraising event and donate proceeds to an activism cause

A safe environment is not only about the physical space, but about emotional and cultural safety as well as a place where youth feel safe within themselves.
Resiliency

Resiliency is the ability to adapt and recover from adversity such as trauma or ACEs. Through resilience, youth can change the toxic stress brought on by trauma to tolerable stress (Sonu, 2020). The foundation of resilience is self-regulation skills and stable, nurturing social connections (Sonu, 2020). The afterschool program environment offers opportunity to build those social connections and foster resilience, in addition to the other support resources available to youth. To nurture resiliency in youth incorporate ways to build youth’s positive self-image, problem solving and communication skills, ability to manage emotions and impulses, and their capacity and understanding of reasonable expectations (NCASE, 2019).

Modeling

Afterschool program staff serve as a model to youth in the program. Modeling will cultivate relationships with youth and instill comfort and trust in staff. Some ways you can be a model for youth experiencing trauma are (NCTSN) (Changing Minds):

• Be honest, authentic, and respectful
• Admit when you don’t have the answers
• Acknowledge your mistakes and use them as opportunities to learn
• Apologize for mistakes
• Be willing to ask for help
• Remain calm in uncomfortable situations
• Share how you cultivate your resiliency
• Provide examples of how you practice self-care
• Practice difficult conversations you may need to have
• Suggest how to handle emotions in constructive, productive and meaningful ways
• Honor and respect various emotions and perspectives

Community and Collaboration

As you work with youth who are experiencing ACEs or trauma, look toward creating a team with school partners, families, and community resources. This team can provide a deeper support network for youth. They can provide physical and psychological support and also insight to help in the healing process. When those involved in youth’s lives collaborate, there can be common strategies implemented that create a sense of consistency and security. Keep sight of youth as a member of the team network. Including youth in this collaboration enhances their sense of belonging, empowerment, and social emotional skills (Smith, 2019).

Based on the understanding of ACEs, it is realized that they are often rooted in community and historical events. It is important to keep these systemic issues in the forefront and honor the impact they have on youth and their trauma. Be aware of the culture you work in and invite youth to share cultural stories and experiences. Support youth in making connections between historical trauma, systemic racism, and community trauma. Understand that studying historical events related to racism can be a trigger for some youth, be empathetic when they express distrust and distress, and validate their feelings. Don’t hesitate to bring local and national issues into conversation to focus on the impact of these systemic issues (NCTSN).
Afterschool Professional Self-Care

Helping youth cope with trauma can be physically, emotionally, and mentally draining. These overwhelming feelings are known as compassion fatigue or secondary traumatic stress.
This stress can be compounded by your own trauma you have experienced, which increases the risk for compassion fatigue. Compassion fatigue can impact the ability to be sensitive and responsive to youth you work with (NCASE, 2020). Addressing compassion fatigue and taking care of oneself is essential when working with youth who have experienced trauma. In order to be responsive in helping others, you need to attend to your own self-care.

The first step in targeting compassion fatigue is recognition and realization. Realize that compassion fatigue is normal and common when working with youth who have experienced trauma. It is a direct result of caring for the well-being of youth and does not indicate weakness or incompetence (NCTSN, 2008). There may be warning signs that indicate you are experiencing compassion fatigue. Be mindful of and recognize the following warning signs of compassion fatigue (NCTSN, 2008):

- Increased irritability or impatience
- Difficulty planning program activities
- Decreased concentration
- Denying youth are impacted by trauma or feeling numb or detached
- Intense feelings and intrusive thoughts about a youth’s trauma that does not lessen with time
- Dreaming about youth’s trauma experiences

Compassion fatigue can impact the ability to be sensitive and responsive to youth you work with (NCASE, 2020).

Understanding compassion fatigue and what it looks like will allow you to take steps to alleviating its impact. There are many self-care actions you can take while in the midst of feeling compassion fatigue or as preventative measures. Some of the actions include the following:

**Be reflective:** Look inward and reflect on your own identity and worldview in order to understand your beliefs and biases (NCTSN).

**Seek support from colleagues:** Be careful of isolating yourself and seek out trusted colleagues to help you process and grow. Utilize colleagues to process your feelings to ensure you are emotionally ready to engage in conversation with youth (NCTSN).

**Seek professional help:** Seek help for any unresolved trauma or if you are experiencing signs of compassion fatigue (NCTSN, 2008).

**Take care of your physical self:** Be sure to incorporate healthy practices like eating well, exercising, getting adequate sleep and maintaining routines.

**Take care of your emotional self:** Find activities that ground and balance your emotions. Ideas include journaling, meditation and relaxation, reading for inspiration, finding time to self-reflect, spending time with your support network, spending time with youth who are not stressed by trauma, taking breaks throughout the work day, laughing and participating in fun activities (Boys & Girls Club) (NCTSN, 2008).

**Reassess:** Continue to check your state of well being to assess for signs of compassion fatigue and to ensure you are incorporating practices that administer to you own self care.
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