



Clinical Education Program

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Executive Summary

PrairieCare is a leader in providing specialized psychiatric services to the Twin Cities since 2005. PrairieCare operates outpatient clinic, intensive outpatient programs and partial hospitalization to all ages in Edina, Woodbury and Maple Grove. PrairieCare successfully secured legislative support to build the only freestanding psychiatric hospital for children in Minnesota. PrairieCare is now able to provide inpatient services to over 600 youth each year, who otherwise may have likely gone under-served.

The founder and President, Stephen Setterberg, MD is a child and adult psychiatrist who specializes in psychotherapy and epidemiological research. Dr. Setterberg completed medical school at the University of Minnesota and did his fellowship training at Albert Einstein College and Columbia University in New York. His support for expanding evidenced based practices and services in under-served areas has been the foundation for PrairieCare's growth. Since 2002 Dr. Setterberg has been supporting extensive research projects and outreach to community partners. His own research has shown that so many youth suffer in silence from psychiatric disorders as only 1 in 4 or 5 will receive treatment.¹

PrairieCare's Community Relations team is dedicated to providing education and resources to our communities. PrairieCare is now offering customized trainings by Lora Matz, MA, LICSW. Lora specializes in Mind-Body Medicine and working with cultural diversity and trauma techniques for all ages – but with a focus on children. She has extensive work experiences providing international support to those in need. PrairieCare is extending her expertise to local school and community programs to provide ongoing support and trainings as needed to staff and administrators.

The prevalence of mental illness is sure to affect every person in the world either directly, or indirectly. PrairieCare was founded on the expertise and compassion that it takes to accurately identify proven methods of intervention and treatment for affected persons. The services and programs offered at PrairieCare have been widely recognized as highly effective, comfortable, and affordable. Staff at PrairieCare is devoted to patient care and take their work very seriously. The inspiring mission of PrairieCare along with the excellent staff and care models have set the programs that will become PrairieCare apart from other treatment centers across the nation.

¹ Archbold, T., Jensen, P., Setterberg, S. (2008). Diagnostic Predictive Scales: Increasing the Effectiveness of School Counselors



PrairieCare's Background

PrairieCare, LLC is comprised of two separate and distinct legal entities. The first entity, PrairieCare, includes most of the staff, administrative support and assets that allow for operations. The second entity, PrairieCare Medical Group, consists of the licensed billable service providers such as physicians, psychologists and therapists. The two entities work in tandem to maximize productivity and to provide the most highly effective psychiatric and addictions treatment services available.

PrairieCare offers intensive psychiatric programs and services at three locations cover the entire Minneapolis-St. Paul metro area. Each site is located within the medical community and are only minutes from a major hospital. A major quality of the PrairieCare locations is the comfortable atmosphere and calming environment. The physical spaces are very warm and well kept. This helps patients feel at ease and can find support without the stigma of a large, sterile hospital surrounding. All locations are very spacious and include patient commons areas as well as private offices. PrairieCare has recognized the opportunities to expand current specialized services, create inpatient services, and lead the twin cities in psychiatric healthcare. PrairieCare gained an exemption to the moratorium on hospital beds set in 1984, which will allow them to establish 20 inpatient beds for youth in western Hennepin County, which is the new Maple Grove site. The organization has also passed another bill to add 30 more inpatient beds and plans to rebuild a larger facility to host all 50 beds.

PrairieCare is dedicated to advancing practices and setting high benchmarks for quality psychiatric and addictions care. Since the organization's Twin Cities beginnings in 2005, it has grown each quarter. The second PrairieCare site was established in 2006 and more than five other types of services have been added. PrairieCare's services complement existing services in the metro area and have been earned a reputation for providing stellar care to patients. The organization aspires to create more outpatient clinic services while expanding partial hospital programs and inpatient hospitalization.

PrairieCare has established the only freestanding partial hospitalization programs in the Twin Cities. Patient volumes have increased by an average of 250% each year since 2006. The intensive psychiatric and addictions services provided through PrairieCare were created on a foundation of compassion, positive values and integrity. The leaders at PrairieCare demonstrate idealized influence, promote intellectual stimulation, and show genuine care and concern for all community stakeholders. PrairieCare has demonstrated total quality management by providing careful attention to the use of innovation (such as telemedicine), incorporating research proven methods of treatment, and by monitoring patient satisfaction and outcomes. The philosophy of total quality management is to continually improve the quality of care provided.



Mission, Vision, and Values

The Leadership Team at PrairieCare, led by founder and President Stephen Setterberg, MD, has helped define the spirit and integrity of PrairieCare with the following Mission, Vision and Values:

MISSION

To provide each individual patient the psychiatric care they truly need.

VISION

Transforming psychiatric healthcare with a radically patient centered paradigm.

VALUES

- *Respect for the intrinsic dignity of patients and their families is the foundation of effective treatment relationships.*
- *Ethical Care requires both scientific understanding and a compassionate spirit.*
- *Attentive Collaboration with patients, families and colleagues promotes optimal treatment outcomes.*
- *Living these values with patients means living them with each other.*

The foundation for providing compassionate care has been refined over the course of 15 years of organizational development and nourishment by the founding members of PrairieCare. PrairieCare was founded by compassion, integrity, and respect, and acts to serve the community. PrairieCare is devoted to caring for the whole person, which includes addressing: biological, social, psychological and spiritual components of an individual's life. The organization is developing a model for addressing spiritual needs of patients by reviewing a spiritual assessment and providing pastoral counseling, as needed. PrairieCare will be growing this component to treatment.

The Mission, Vision, and Values of PrairieCare have set them apart from other psychiatric healthcare providers in the Twin Cities. The highly specialized services provided, combined with the practice and application of the specialties has set PrairieCare apart from other institutions. Other providers may struggle with bureaucratic forces and conflicting strategies such as research, education, and clinical studies that interfere with clinical practices. The pure and practical application of PrairieCare's mission, vision, and values allow them reach their end-state goals and should therefore, remain the same going into the next stage of strategic development.



Demand for Services and Support for Collaboration

The Metropolitan Council estimated in 2006 that the Twin Cities seven-county area was home to nearly 2.82 million Minnesotans.² Nearly 24.3% or 684,000 residents of the Twin Cities seven-county area are under the age of 18. The first nationally representative survey in the U.S. was the National Comorbidity Survey (NCS), which fielded from 1990 to 1992 and estimated that 1 out of every 5 Americans will suffer from mental illness in a given year. The data collected during the NCS is congruent with data collected during similar epidemiological research.³ According to this data, more than 136,000 residents of Twin Cities seven-county area are under the age of 18 will suffer from a mental illness each year; of these approximately 27,000 would meet severity criteria for partial hospital or intensive outpatient. Overall, more than 564,000 total residents of Twin Cities seven-county area will suffer from a mental illness.

According to the National Alliance on Mental Illness (NAMI), the state of Minnesota received a grade of “C” for mental health services provided in the community largely due to the issue that residents are underserved.⁴ PrairieCare is working hard to meet this need as identified by such local and national groups like NAMI. The community stakeholders have acknowledged the high quality services provided by PrairieCare and look to the organization as a leader in providing and developing, research driven methods and best practices in mental health treatment.

The prevalence of undiagnosed or untreated mental illness in the United States is startling. The World Health Organization approximated that 450 million people worldwide suffer from a psychiatric disorder.⁵ A separate Harvard study found that nearly 25% of the world’s population will develop a mental or behavioral disorder sometime in their life.⁶ Shockingly, studies have shown that only 25%- 35% of children and adolescents suffering from a psychiatric disorder will receive treatment.⁷ Researchers at the National Institute of Mental Health have found that half of all lifetime cases of mental illness are onset before the age of 14. Past epidemiological

² Metropolitan Council (2006). Retrieved on December 8, 2008 from: <http://gis.metc.state.mn.us/profile/index.asp>

³ Kessler, R. C. (1992). National Comorbidity Survey: Baseline (NCS-1). Conducted by University of Michigan, Survey Research Center. ICPSR06693-v4. Ann Arbor, MI: Inter-university Consortium for Political and Social Research.

⁴ National Alliance on Mental Illness website (2009). Grading the states 2009. Retrieved on June 1, 2009 from: <http://www.nami.org/gtstemplate09.cfm?Template=/contentmanagement/contentdisplay.cfm&ContentID=75302>

⁵ World Health Organization. The world health report 2001: mental health: new understanding, new hope. Geneva, Switzerland: World Health Organization; 2001.

⁶ Murray, C. L, Lopez, A. D. (1996). The global burden of disease and injury series. Vol 1: a comprehensive assessment of mortality and disability from diseases injuries and risk factors in 1990 and projected to 2020. Cambridge, MA: Harvard University Press.

⁷ Burns, B., Costello, E., Angold, A., et al. (1995). Children’s mental health service use across service sectors. *Health Aff.* 14(3): 147-159



research suggests that early identification of the onset of mental illness is crucial in preventing unnecessary worsening symptoms that could ultimately result in suicide.⁸

⁸ National Institute for Mental Health. (2005). Mental Illness Exacts Heavy Toll, Beginning in Youth. Retrieved April 8, 2008, from <http://www.nimh.nih.gov>



Lora Matz, MA, LICSW



Lora began working with PrairieCare in 2008 to help develop the Adult Intensive Outpatient Program. She helped build the program over the course of two years the point of having 3 established tracks for patients that is full each day. Much of the success of the program is credited to Lora's expertise and outstanding clinical abilities. She has then help onboard new staff by providing orientation and clinical coaching.

Lora is an internationally known health and wellness expert in the practices of Integrative Medicine. She has a rich background as a psychotherapist, lecturer, writer and consultant who has worked for many years in the areas of mind-body medicine and transpersonal development. Lora is a senior faculty member with the Center for Mind-Body Medicine (CMBM) out of Washington, DC and teaches and facilitates training groups in the Professional Training Programs in Mind-Body Medicine, The Global Healing Trauma Initiative, Healing the Wounds of War International Program, and CancerGuides. She is also an adjunct faculty member with the University of Minnesota's Center for Spirituality and Healing; Health Coaching Program, and Saybrook University.

Lora has extensive experience working with trauma with children of all ages as well as adults in a variety of settings, including post 9/11, post Hurricane Katrina, the Middle East and Haiti. She led a team of professionals who responded to the trauma experienced by the children who were on the bus when the I-35W Bridge collapsed in Minneapolis.

Lora incorporates imagery, breath work, meditation, and transpersonal development into her work as well as the CMBM model of working with groups. She created a curriculum for teaching inner city pre-school teachers and their small students stress reduction techniques and the principals of emotional intelligence.

The Community Relations team has been working in tandem with Lora to establish a 'menu' of topics and specialized lectures that she can share with community partners. Lora has a gift of being able to speak about a variety of topics both casually and formally so that attendees are able to easily understand and process her insights. She is able to customize all of her presentations to meet the needs of her audience and can easily adapt them when the target changes.



Mind-Body Medicine

Mind-body medicine is one of the corner stones of an integrative practice and essential for health and well-being. A Mind-Body Skills model which integrates scientifically proven mind-body approaches (stress management techniques; breathing, guided imagery, biofeedback, simple movement techniques, relaxing exercises for self-regulation, increasing healthy self-expression and increasing self-awareness.

Research shows that stress contributes to many of the problems that children are having emotionally, socially, and physically. Individuals who are chronically stressed have difficulty retaining information, are ill more often and have difficulty concentrating, retaining information and functioning at their highest potential. Stress affects us physically emotionally, behaviorally and socially.

Mind-body approaches are based on what we now understand about the nervous system. When faced with a major stressor, ongoing stress or trauma, mind and body mobilize for defense. People who are confronted with a traumatic event or a life-threatening situation experience what is commonly known as the “fight or flight” response. This biological response to immediate danger causes the release of high levels of stress hormones and an increase in hyperactivity of the sympathetic branch of the autonomic nervous system. These hormones speed up the heart rate and breathing, flood the bloodstream with glucose for energy, slow digestion, redirect blood flow to the muscles and tense them in preparation to either fight or run. We also now know from research following the invention of the PET Scan, that worry or just thinking about a stressor can turn on the sympathetic branch of the nervous system “fight or flight” response. Research on test anxiety has shown that both adults and children who worry about outcome of a test, suffer more from test anxiety, have poorer recall and ability to focus their attention and overall poorer scores on tests.

Mind-body techniques focus on the interactions between mind and body, and the powerful ways in which emotional, mental, social and belief systems can directly affect both mental health and health of the body. Mind-body techniques use the conscious mind, through relaxation and self-expression to directly affect the workings of the brain and the rest of the body. The techniques exert their effect on the hypothalamus, the switching station in the brain, which exercises control over the autonomic nervous system (which controls heart rate, blood pressure, etc.), the endocrine (glandular) system and the immune system.

The scientific literature on these approaches is now rich and robust. Studies the late repeatedly show the power of these techniques to balance the hyperactivity of the sympathetic branch of the autonomic nervous system (the “fight or flight” response), which has been turned on when there is ongoing stress or a traumatic event.



These techniques create beneficial changes in many of the body's physiologic responses (including blood pressure, stress hormone levels, pain response and immune functioning). Their use has produced significant clinical differences in many of the symptoms of stress, such as anxiety, insomnia, depression and hyperactivity, difficulty learning or retaining material and psychosocial problems, etc. There are many brief techniques that can be easily utilized by teachers, social workers and other professionals as a way to engage in self-care and reduce the cost of working in ongoing stressful environments and conditions. In addition to helping stressed adults, the techniques are also easily learned by children of all ages and easily utilized in a classroom or group environment. These techniques over time create stress hardiness, increased stress regulation, better emotional regulation and overall health, balance and well being. They are effective for both children and adults who have experienced trauma, as well as those from diverse cultures, and socioeconomic groups. When used in a school setting they can help create an optimal environment where both staff and children benefit.



Specialty Topics and Presentations

Workplace Enhancement and Increased Workplace Wellness

In today's workplace, wellness is a serious issue. With terms like "stress-related-illness" and "burnout" becoming household words, organizations look increasingly for ways to keep their workforce happy, healthy and productive.

However, work ethic's like "No pain, no gain," "Work isn't supposed to be fun," and "It's only worthwhile if you have to work hard for it," can be counterproductive to these goals and to mental health. As a culture, we are starting to realize that this mentality is not only impacting employees but is impacting the bottom line. To help you create a workplace culture of optimal health and one good for your mental health programs are available for your staff,

Programs in your institution including but not limited to the following workshops and trainings to enhance the workplace environment are:

- Decreasing stress and increasing performance in the workplace
- Motivation and Empowerment
- Authentic Honest Effective Communication
- Critical Incident Stress Debriefings
- Burnout and Compassion Fatigue

Understanding and using Mind - Body Techniques with Children: Specific Skill Development and Practice

These programs are designed to teach the principals of mind-body medicine, understand the basic research and learn empowering, easy to learn and teach practical skills. These skills are useful in keeping you healthy in a stressful work environment or any area of stress in your life.

You will also learn when these techniques can be appropriately and easily used with stressed individuals, both children and adults, including those experiencing Post-Traumatic Stress Disorder, both acute and chronic.

These techniques enhance the capability of professionals by offering them an assortment of tools that can easily be adapted and integrated into almost any setting. They work well with both children and adults and with culturally diverse populations. The techniques encourage self-care and allow participants to learn a sense of control over their own lives and emotions. The anxiety, depression and hopelessness that



debilitate children and adults are directly addressed proven techniques that mobilize peoples' capacity to help themselves – including breathing exercises, active and passive forms of culturally adaptive meditation techniques, physical movement, imagery, the use of movement, music and nutritional concepts.

Understanding and Working with Traumatized Individuals

Recent neuroscience research has helped us begin to better understand how children learn to regulate their nervous system during the course of development. We also better understand what is needed when this area of growth is disrupted by neglect or trauma. With this information we are seeing the rise of new therapies and treatment approaches for traumatized children and adults.

This presentation focuses on an overview of some of the latest neuroscience research looks at some of the most promising therapies. It encompasses innovative psychosocial/educational techniques that integrate mindfulness, cognitive restructuring and scientifically proven mind-body skills that teach stress hardiness and empowerment. These skills have proven effective in enabling children and adults to recover from trauma. The presentations are down to earth, practical and filled with skills that can be used with individuals, groups, in school based or therapeutic environments.

Other Presentations (see Appendices for more information):

Guided Imagery

Breathing Exercises

Autogenics

Mindful Parenting

Power of Music

Relaxation

Trauma Techniques

Understanding Stress Regulation and Fluctuations



Developing a Program

The following items should be considered when developing a program:

1. Program Focus
 - a. Topics of presentations
 - b. Frequency and duration
2. Target Audience
 - a. Types of staff
 - b. Parents
3. Outcomes

The key critical success factors include: flexibility of both the service site and PrairieCare, a mutual investment and prioritization of the program, ongoing communication and adaptation to the needs of staff.



Appendices

Appendix A – Mindful Parenting

Appendix B – Autogenics

Appendix C – Stress Regulation and Fluctuations

Appendix D – Trauma Techniques

Appendix E – Ten Ways we Misunderstand Children



Appendix A – Mindful Parenting

Intentions for Mindful Parenting:

- Everyday try to imagine the world from your child's point of view. Try to let go of your preconceived notions.
- Practice seeing your child through these new pair of glasses. See them as perfect and whole just the way they are.
- Imagine having you as a parent today. How do you appear and sound from your child's point of view. How do you want to relate to your child at this moment and how can you modify your old behavior.
- Hold an image of your child in your heart, drink in their being and know they are well.
- When things are challenging; stop and breath, bring your focus inward, then to your child, by doing this you might be able to change your reaction and know really know what you should do next.
- Practice altruism, put the needs of your children first whenever possible. This does not mean be a doormat; you might be surprised that you both really want the same things.
- Be mindful of your expectations of your children and check your motives.
- Listen carefully and validate what you hear. Share with your children what you believe to be correct, share your experience, strength and hope. Let this come out of awareness, generosity and discernment, rather than out of fear or the desire to control.
- Mindful parenting is not neglectful, weak, or overindulgent. It is also not rigid or controlling.
- Continue to work on yourself as a person. The best gift we can give our children is a happy healthy fully functional parent.

Twelve Exercises for Mindful Parenting:

1. Imagine how you appear and sound from your child's point of view; imagine having you as a parent today, in this moment. How might this modify how you carry yourself in your body and in space, how you speak, what you say? How do you want to relate to your child in this moment?
2. Practice seeing your children as perfect just the way they are. Work at accepting them as they are when it is hardest for you to do so.
3. Be mindful of your expectations of your children, and consider whether they are truly in your children's best interests. Also, be aware of how you communicate those expectations and how they affect your children.
4. Practice altruism, putting the needs of your children above your own whenever possible. Then see if there isn't some common ground where your needs can also be met. You may be surprised at how much overlap is possible, especially if you are patient and strive for balance.



5. When you feel lost, or at a loss, remember to stand still. Meditate on the whole by bringing your full attention to the situation, to your child, to yourself, to the family. In doing so, you may go beyond thinking and perceive intuitively, with the whole of your being, what really needs to be done.
6. Try embodying silent presence. Listen carefully.
7. Learn to live with tension without losing your own balance. Practice moving into any moment, however difficult, without trying to change anything and without having to have a particular outcome occur. See what is “workable” if you are willing to trust your intuition and best instincts.
8. Apologize to your child when you have betrayed a trust in even a little way. Apologies are healing, and they demonstrate that you see a situation more clearly, or more from your child's point of view. But “I'm sorry” loses its meaning if we are always saying it, or if we make regret a habit.
9. Every child is special, and every child has special needs. Each sees in an entirely unique way. Hold an image of each child in your heart. Drink in their being, wishing them well.
10. There are very important times when we need to practice being clear and strong and unequivocal with our children. Let this come as much as possible out of awareness and generosity and discernment, rather than out of fear, self-righteousness, or the desire to control. Mindful parenting does not mean being overindulgent, neglectful, or weak; nor does it mean being rigid and controlling.
11. The greatest gift you can give your child is yourself. This means that part of your work as a parent is to keep growing in self-knowledge and in awareness. We have to be grounded in the present moment to share what is deepest and best in ourselves.



Appendix B - Autogenics

The "Fight or Flight" Reaction or the "Sympathetic Stress" Reaction-Autogenics Exercise

Also known as alarm reaction or stress reaction, the fight or flight/sympathetic stress reaction occurs in the body when it's faced by a sudden, unexpected threat or source of stress or when a person is under constant stress. This alarm state is also turned on and amped up when we worry chronically about what might happen. This also turns on the alarm state signaling to our body that it should be on high alert. The name of this reaction comes from the fact that an animal experiencing this reaction almost immediately decides to fight or to run. In this reaction there is a sudden release of the stress-hormones epinephrine and nor-epinephrine (adrenaline and nor-adrenaline), which increase the blood flow to the muscles, increase arterial blood pressure, improve muscle strength and mental ability, as well as increase blood glucose concentration. Through these actions the body prepares for a confrontation or a fast escape. The same reaction occurs in the body under any stressful situations. The body responds to stress by sending signals through the sympathetic nerves telling the adrenal glands to begin pumping the two stress hormones, epinephrine and nor-epinephrine. Eventually, over 1, 200 hormones and neurotransmitters are released, including cortisol.

A little stress can give the body extra energy to enhance performance and escape danger. Prolonged and cumulative stress on the other hand, has an extremely weakening effect on the whole body. It disrupts the ability to fight infections, disease and recovery from injury and illness. It may also have a damaging effect to key areas of the body such as the brain, the heart, digestive system and the joints. Only 15 minutes of Autogenic Training a day reverse the damaging effects of stress!

The Brainwave States

In order to fully understand how the brain contributes to a person's state of mind and level of consciousness, it is significantly important to be aware of the various brainwave states through which our brain consistently cycles.

Our brain does not operate in only one brainwave state at a time, but instead pulses in several brainwave states simultaneously throughout the day and night, with one of the states being dominant at any given time. The dominant state indicates our "state of mind" or level of consciousness. Because different areas of the brain may have different activities at any given time, we may have activity in one brainwave state in one area of the brain while at the same time a different brainwave state may be more active in another area of the brain. Each of these brainwave states occurs in a specific frequency range.

- **The Beta state** is our "awakened" state of mind and ranges from 40Hz to 13Hz.
- **The Alpha state** is where we dream and access our subconscious mind and ranges from 12Hz to 8Hz.
- **The Theta state** represents a state of deep relaxation and ranges from 8Hz to 4Hz.



- **The Delta state** represents a state of deepest dreamless sleep and ranges from 4Hz to 1Hz.

It is a normal function that we are unable to access the subconscious mind at will while the brain functions on a highly alert Beta level. Access to the subconscious mind is only granted while the brain functions in a relaxed Alpha, Theta or Delta state. We might all be most aware of our subconscious mind through our dreams, which occur in the Alpha state.

Through the regular use of Autogenic Training you learn to guide the brain deliberately into different brainwave states and access the subconscious mind at will while wide awake, in order to work on personal matters. This enables the individual to find his/her hidden beliefs and to replace them with more accurate and positive suggestions, allowing him/her to strengthen the self-esteem, enhance the mind's performance and open up an infinite potential for major life-changes.

Autogenic Training

Once the technique has been mastered in practice sessions, it can be applied at will in any situation of stress or difficulty. With a little patience and 10 to 15 minutes of daily practice, everyone can learn the ancient art of self-relaxation and the ability to control the mind at any given time and moment.

Autogenic Phrases:

Begin by focusing on your breathing- breathing in relaxation and out letting go, allowing your belly to be soft and relaxed. When the belly is soft –this activates the ‘vagus nerve’ (one of the most powerful nerves in the body known as the super highway of information) this nerve sends a message to the switching station in the brain telling everything to slow down and to soften, activating the parasympathetic –relaxation response throughout the body.

My arms are heavy, warm and relaxed (pause) I am at peace (repeat 3-5 times)

My shoulders are soft and relaxed (pause) I am at peace (repeat 3-5 times)

My legs are quiet and still (pause) I am at peace (repeat 3-5 times)

My abdomen is soft and relaxed (pause) I am at peace (repeat 3-5 times)

My breathing is deep and relaxing (pause) I am at peace (repeat 3-5 times)

Appendix C – Stress Regulation and Fluctuations

When my Nervous System is balanced and my activation is low I feel:

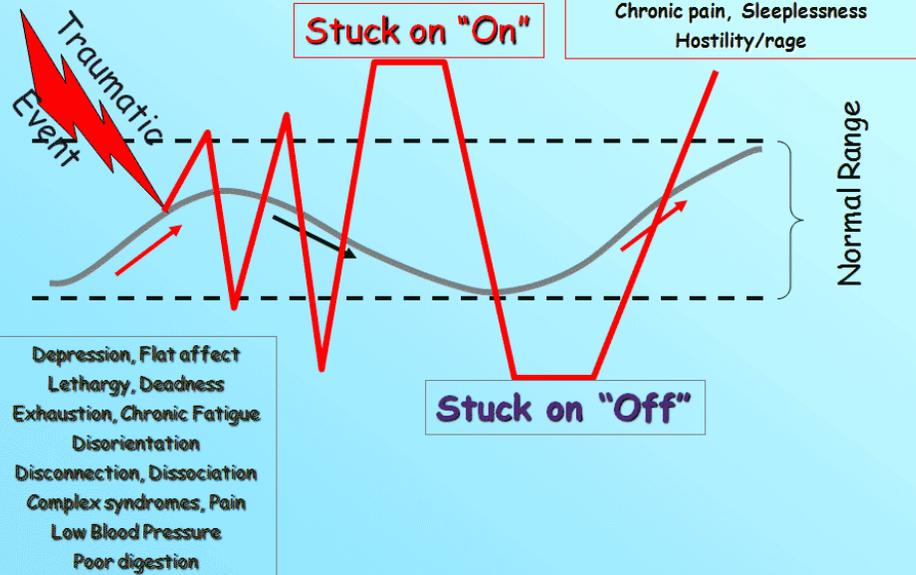
- | | |
|--------------------------------|-----------------------------------|
| Open, curious | Relaxed yet alert |
| Embodied | Appropriately reactive |
| Available for connection | Able to be present |
| Fluid, resilient | Emotionally stable |
| Competent - a sense of mastery | Healthy - symptoms are manageable |

I have choices and options

I recognize when I am moving out of my functional range and have tools to return to stability and stabilization

I know when to reach out for support when I can't do it on my own

Symptoms of Un-Discharged Traumatic Stress





Appendix D – Trauma Techniques

Trauma Techniques

Resources: Empowering others around traumatic/somatic memories-flashbacks-intrusive thoughts:

It is helpful to view trauma as a pressure cooker, defenses are being used as resources until better ones can be developed. Learning to find the brakes is empowering.

1. Helping them to find the BRAKES is critical-reducing hyper-arousal as well as quieting the internal dialogue.
 - a. **Oases**-redirection to a distracting activity such as drawings, coloring, needle work, work on a hobby, gardening, computer or board games, etc.
 - b. **Anchors**-is a concrete, observable resource-an anchor gives the individual a feeling of well being in the present. This may be thinking about or talking about a favorite person, activity. When hyper-arousal is too high, you redirect and abruptly change the subject-which essentially changes the channel in the brain-moving sensation and thinking onto a different neural pathway.
 - c. **Safe Place**-this is a specialized anchor that can come about with the use of breathing, progressive relaxation or the use of safe place guided imagery.
 - d. **Movement and Body Awareness**-Shaking and dancing, yoga, focused attention on specific parts of the body. Rubbing the hands together, using cool water on the hands, wrists or forehead or for instance directing the individual such as ; “ I want you to feel your feet. Tell me what your socks or bare feet feel like right now, hot, cold? Are your socks smooth, textured, etc.”

Ten Ways We Misunderstand Children<http://www.naturalchild.com/gallery/>

1. ***We expect children to be able to do things before they are ready.***
We ask an infant to keep quiet. We ask a 2-year-old to sit still. We ask a 4-year-old to clean his room. In all of these situations, we are being unrealistic. We are setting ourselves up for disappointment and setting up the child for repeated failures to please us. Yet many parents ask their young children to do things that even an older child would find difficult. In short, we ask children to stop acting their age.
2. ***We become angry when a child fails to meet our needs.***
A child can only do what he can do. If a child cannot do something we ask, it is unfair and unrealistic to expect or demand more, and anger only makes things worse. A 2-year-old can only act like a 2-year-old, a 5-year-old cannot act like a 10-year-old, and a 10-year-old cannot act like an adult. To expect more is unrealistic and unhelpful. There are limits to what a child can manage, and if we don't accept those limits, it can only result in frustration on both sides.
3. ***We mistrust the child's motives.***
If a child cannot meet our needs, we assume that he is being defiant, instead of looking closely at the situation from the child's point of view, so we can determine the truth of the matter. In reality, a "defiant" child may be ill, tired, hungry, in pain, responding to an emotional or physical hurt, or struggling with a hidden cause such as food allergy. Yet we seem to overlook these possibilities in favor of thinking the worst about the child's "personality".
4. ***We don't allow children to be children.***
We somehow forget what it was like to be a child ourselves, and expect the child to act like an adult instead of acting his age. A healthy child will be rambunctious, noisy, emotionally expressive, and will have a short attention span. All of these "problems" are not problems at all, but are in fact normal qualities of a normal child. Rather, it is our society and our society's expectations of perfect behavior that are abnormal.
5. ***We get it backwards.***
We expect, and demand, that the child meet our needs - for quiet, for uninterrupted sleep, for obedience to our wishes, and so on. Instead of accepting our parental role to meet the child's needs, we expect the child to care for ours. We can become so focused on our own unmet needs and frustrations that we forget this is a child, who has needs of his own.

6. *We blame and criticize when a child makes a mistake.*

Yet children have had very little experience in life, and they will inevitably make mistakes. Mistakes are a natural part of learning at any age. Instead of understanding and helping the child, we blame him, as though he should be able to learn everything perfectly the first time. To err is human; to err in childhood is human and unavoidable. Yet we react to each mistake, infraction of a rule, or misbehavior with surprise and disappointment. It makes no sense to understand that a child will make mistakes, and then to react as though we think the child should behave perfectly at all times.

7. *We forget how deeply blame and criticism can hurt a child.*

Many parents are coming to understand that physically hurting a child is wrong and harmful, yet many of us forget how painful angry words, insults, and blame can be to a child who can only believe that he is at fault.

8. *We forget how healing loving actions can be.*

We fall into vicious cycles of blame and misbehavior, instead of stopping to give the child love, reassurance, self-esteem, and security with hugs and kind words.

9. *We forget that our behavior provides the most potent lessons to the child.*

It is truly "not what we say but what we do" that the child takes to heart. A parent who hits a child for hitting, telling him that hitting is wrong, is in fact teaching that hitting is right, at least for those in power. It is the parent who responds to problems with peaceful solutions who is teaching his child how to be a peaceful adult. So-called problems present our best opportunity for teaching values, because children learn best when they are learning about real things in real life.

10. *We see only the outward behavior, not the love and good intentions inside the child.*

When a child's behavior disappoints us, we should, more than anything else we do, "assume the best". We should assume that the child means well and is only behaving as well as possible considering all the circumstances (both obvious and hidden from us), together with his level of experience in life. If we always assume the best about our child, the child will be free to *do* his best. If we give only love, love is all we will receive.