

W E C  A C H

Why Trauma-Informed Sport is Vital

A White Paper



Childhood trauma is a pervasive public health issue in the United States with significant lifelong impacts. Researchers have studied this issue using a group of traumatic events called “Adverse Childhood Experiences” or ACEs since the 1990s¹. Studies on ACEs show that almost half (46%) of young people in America have experienced at least one of these traumatic events*, while one in five young people have experienced at least two. Trauma affects people across racial, socioeconomic, and geographical lines; however the numbers are more severe among low income and minority populations. Sixty-two percent of children living in poverty and sixty-four percent of Black children have experienced one or

Sixty-two percent of children living in poverty have experienced one or more traumatic events.

more traumatic events as defined by the ACEs study². In addition to these startling numbers, it is becoming clear that these studies fail to account for all of the trauma experienced by minority youth in urban neighborhoods³. While the ACEs focus primarily on events that happen within the home such as neglect or abuse, they fail to account for community trauma such as violence and discrimination. This indicates

* The traumatic events are: physical abuse, verbal abuse, sexual abuse, physical neglect, emotional neglect, a parent who’s an alcoholic, a mother who’s a victim of domestic violence, a family member in jail, a family member diagnosed with a mental illness, and the disappearance of a parent through divorce, death or abandonment.



that more youth are living with trauma than we have the research to fully understand⁴; however researchers are beginning to document the impacts with shocking levels of posttraumatic stress disorder among residents of violent urban neighborhoods⁵. While the prevalence of trauma is becoming clear, so is the negative impact that it has on a person's life. Traumatic experiences are correlated with poor physical health⁶ as well as impaired cognitive functioning, ability to self-regulate⁷, and ability to process emotions⁸. Experiencing three or more traumatic experiences has been associated with deficits in language and math skills as well as social and attention problems⁹. Childhood trauma has been correlated with negative health and behavior in adulthood¹⁰ and even with shortened life expectancy¹.

Impacts of Trauma

These negative life impacts emerge because of what happens in the body when a person is exposed to stress. If the stress is relatively minor, the reaction starts with healthy behaviors like looking for social support. But as the stress continues or increases, people enter a state called dysregulation and coping begins to look like either dissociation or hyperarousal¹¹. High levels of stress seem to shut down the more complex areas of the brain that are responsible for reasoning and creative thinking and instead, people cope by relying on the more primitive areas of the brain that focus on survival. This becomes a pattern over time, and because the brain is plastic and use-dependent, the situations that cause such responses become more widespread. When a young person has a traumatic past, their brain has essentially been

“When a young person has a traumatic past, their brain has essentially been wired in a way that makes their stress response overactive.

wired in a way that makes their stress response overactive. Because they have experienced prolonged, severe, or unavoidable stress in the past, their body is quick to transition to either the fight or flight mode or a numb state. Something relatively minor might cause them to shut down or blow up, because those responses have been necessary for them many times in their past and quickly getting to that mode has been advantageous¹².

For young people who have experienced trauma, patterns of frequent dysregulation prove problematic for them in school, at home, and in extracurricular activities. Stress is a natural part of life, and a young person’s oversensitive stress response can cause them to behave in ways that adults interpret as illogical or even disrespectful. These behaviors will often earn them some kind of punishment or get them kicked out of a classroom or program entirely. This means that the young person who may need the support the most is the least likely to be able to participate. When we kick out the young people who do not have the skills necessary to navigate even minor stress in a healthy way, we lose an opportunity to help them develop those skills.

From Surviving to Thriving

While trauma is common and the degree to which it can impede a person’s ability to thrive is significant, resources are limited for people dealing with trauma. This is particularly true for low income neighborhoods that are most likely to suffer from community and personal trauma¹³.

Given what we know about trauma, it’s easy to feel hopeless. But there is good news: healing is possible. Creative and accessible solutions, such as trauma-informed sport, offer a lot of untapped potential for healing. In fact, sport is uniquely suited to be part of the solution because of the way that it inherently combines physical activity, relationships, structure, and competence building.

Physical Activity:

Physical activity is good for the brain¹⁴, the body¹⁵, and mental health¹⁶. In fact, for many young people who have experienced trauma, being active on a sports team may be the only time their bodies feel good.

Relationships:

One of the biggest factors in helping children heal from trauma is consistent and caring relationships. When coaches prioritize building supportive relationships with and among their players within the consistent structure of a team, young people feel safe. When they feel safe,



their oversensitive survival instinct calms down, and they can better engage in the parts of their brain needed for learning and growth.

Structure:

A key element of trauma-informed programming is to create consistency and predictability in the environment. Sport has built-in structure that provides a lot of opportunity to create consistency. For example, this can look like a warm-up routine to start every practice. It might mean the coach shares a practice plan with the team so they know what to expect and reminds them throughout the practice what's coming next. Or it could mean forming a circle to check-in before and after every practice to ensure every player has a chance to be seen and heard.

Competence Building:

Sport offers young people a myriad of chances to get better at something, often in tangible and noticeable ways. Over time these improvements help them see the power they have in controlling their experience, and this can help them start to go from “I can’t” to “I can.” Competence building can also lessen the extent to which they feel limited by what has happened to them.

While sports teams have historically not been intentional about accommodating youth affected by trauma, sport has tremendous potential as a tool for healing. Imagine for a moment what it would look like if sports were the place where adults reacted differently to young people impacted by trauma. What if coaches were intentional about walking beside these youth and accommodating their needs and embracing their challenges? What if teams leveraged the inherent elements of sport to help young people heal?



Recommendations

If you are working with young people, regardless of their race, location, or socioeconomic status, the research indicates that some of your participants are dealing with a traumatic past.

There are many ways in which trauma-informed practices can be implemented in different contexts. For anyone leading, designing, or contributing to the implementation of a sports-based program, We Coach offers the following recommendations.

1 New Starting Line: Same Finish Line
Assume you are working with people who have experienced trauma.

If you are working with young people, regardless of their race, location, or socioeconomic status, the research indicates that some of your participants are dealing with a traumatic past. Given what we know about how the impacts of trauma last into adulthood, organizations serving populations of any age can benefit from a trauma-informed perspective. The beauty of this approach is that you don't need to know any information about which participants have experienced trauma or what that trauma looked like in order to support healing. By

building a program that is sensitive to those who have experienced trauma, everyone benefits. The programming simply works for more people than it otherwise would. A trauma-informed approach does not mean that you hold people to a lower standard or expect less from them. You can and should continue to expect a lot from your participants, but the way that you help them to reach this success likely looks different. When you change the way that you interpret certain behaviors and situations, the way that you give young people the support and guidance they need to succeed also changes. In the same way that coaches employ different instruction techniques when teaching a sport skill, they can develop different ways to help young people build non-sport skills. By meeting these young people where they are at and making sure they see their success along the way, coaches can help them to reach their high expectations.

2 Join Team Brain

Help coaches understand the brain and the impact of trauma.

The relationships that coaches form with their players are vital to the success of a sports program, so coaches need to be equipped with skills beyond how to execute sports skills. They need to understand what it means to effectively work with young people, and this means that they need to know about trauma and how it changes a young person's brain and behaviors. With a basic understanding of the science behind trauma, coaches can gain a perspective that enables them to change their approach in key ways. Some examples of important perspective shifts include:

Curious, not furious: Instead of taking negative behavior personally, coaches should be curious about what a young person's behavior is telling them. When coaches learn that a young person's behavior is not a personal attack aimed at them, they can start to learn from it. They should look for patterns in what causes young people to become dysregulated and try to identify strategies that help young people to manage that stress.

Connection, not attention: Adults can often see that a young person is behaving a certain way because they are craving attention. Many coaches instinctively respond by ignoring the young person's outcry in order to not reinforce negative behavior. But with a trauma lens we begin to understand that when young people seek attention, what they are really looking for is connection, and

the need for connection is more important than the negative behavior they engaged in to receive attention. Coaches should prioritize connecting with that young person first, and then work with them to find another behavior to use when they need attention.

Skill, not will: When coaches understand that behavior is linked to biology and not only to the willful actions of a young person, they can more clearly see that what's really going on is that the young person needs to develop skills. Coaches, great at building sport skills, can use those same strategies to help young people develop the skills they need to manage stress and behave in ways appropriate to the environment. This type of skill-building will help young people believe in themselves and increase their confidence when learning new things.

In, not out: When a young person is dysregulated and behaving negatively, coaches often respond by taking them away from the activity and asking them to calm down by sitting quietly. But what we know from brain science is that this is actually the opposite of what they need. Patterned, rhythmic, repetitive experiences are soothing and can help quiet a young person's stress response in a way that sitting can't. When a young person is overly stressed, coaches can put that person into a regulating activity like going for a walk, jumping rope, or dribbling a basketball. By putting their dysregulated players into a regulating activity instead of out of the activity entirely, these players are set up for more success and learn valuable coping skills.

Over time, young people who get dysregulated often end up kicked out of the program due to their inability to follow the rules. Instead of pushing these young people out of the experience they really need, coaches can create space for them and help them to build regulation skills. These young people need to be in the sport, in those regulating activities, and not pushed out.

3 **Make Regulation Routine**

Give coaches regulation strategies for their players and themselves.

Once coaches leverage a trauma perspective to support young people, they can identify elements of their specific sport that can be used to try to prevent dysregulation and promote healing. In many sports, the fundamental skills of the sport such as ball handling, footwork, stroke mechanics, or running form can serve to both improve a player's game and also help a dysregulated young person manage their reactions to stress. A coach who puts a dysregulated player to work on a core sport skill that is also repetitive and rhythmic will find that player ready to re-enter practice more quickly and engaged in a positive way.

Another great time to intentionally use regulation strategies is during the warm up and cool down. The same activities that are important for preventing or rehabilitating physical injuries can be useful in preventing or rehabilitating psychological injuries. Build in adequate time for players to ride a bike, jump rope, stretch,

or do other patterned, repetitive, and rhythmic motions at the start and end of practice. Allowing them to increase awareness of their bodies and get in the habit of mentally transitioning in and out of their sport experience can bring a young person's baseline stress level down over time.

It's impossible to help a young person regulate when a coach is, themselves, dysregulated. This is why it's essential that programs educate coaches about the brain so that they can understand and begin to manage their own reactions to stress. Coaches can make use of the same elements of sport such as connection, rhythm, physical activity, and skill-building to help themselves get and stay regulated.

4 **High Five with Abandon**

Prioritize the little things that matter for healing.

The timing, frequency, and content of therapy that best supports healing from trauma may not be what you think. Research on "therapeutic dosing" suggests that intense moments of connection can change the brain, and these changes can be maintained when those moments of connection are regularly repeated¹⁷. Every coach has the opportunity to contribute to the healing of a young person through moments of simple, human connection, such as a nod of acknowledgment, a celebratory high five, or a moment of eye contact.

This means that coaches must commit to prioritizing these moments. They must turn their

attention away from the scoreboard and towards clapping for the young person who made a mistake but was valiant in the effort. They must focus less on what the umpire calls and more on the young person standing there waiting for their attention. They must worry less about starting line-ups and more about how to start every interaction with a moment of genuine connection.

5 **Have a Game Plan**

Think about your sport and program strategically.

Coaches must be supported by a program designed in a way that is aligned with trauma-informed approaches to be effective at coaching. Organizations should examine their entire program design, not just the actions of coaches, through a trauma lens. Some aspects of the program and sport will be inherently in line with trauma-informed approaches and can be further leveraged. Other aspects of program design might be working against the needs of youth impacted by trauma and need to be redesigned for better impact.

No one sport is better or worse for a young person who has experienced overwhelming stress. What matters is the way in which coaches introduce elements of the sport to young people and how programs and leagues allow for modifications to be made to support a young person's tolerance of stress. For example, in baseball the pressure of being at bat, where all eyes are on you, is something that might be overwhelming for a young person. However, a coach who understands their players' reactions to stress can spend extra time

helping them come up with a "resetting" routine in the on-deck circle. They can help them see the autonomy they have in being able to step into and out of the batter's box based on their own assessment of their ability to manage their stress. They can help them use the 1st and 3rd base coaches (uniquely positioned close to the action) for reassurance and connection. Programs and leagues might support these strategies by ensuring that the umpires also understand them and allow a young person the time and autonomy they need to be successful.

Trauma-informed approaches can benefit the whole organization, not just the participants. In many organizations, staff are dealing with their own issues such as secondary trauma or their own traumatic past, particularly when staff are coming from the same communities that the organization's participants come from. For this reason, trauma-informed practices such as priority on relationships and consistency can be incorporated into the ways that staff members are managed and how the organization is structured as a whole.

In the Field

Several organizations have emerged as leaders in learning from trauma research and implementing their programs in a trauma-informed way. The three organizations below are among these leaders and serve as examples of different ways that trauma-informed programming can be implemented in different contexts working with different populations.

GrizzFit



GrizzFit is a sports-based youth development program run under the Memphis Grizzlies Foundation. This program operates within schools and utilizes sports coaches that have been trained extensively in youth development and trauma. Joel Katz, Senior Manager of the Memphis Grizzlies Youth Sports Partnership, states, “It starts with training and an investment in certifying our coaching corps to be trauma informed.” GrizzFit requires every coach to participate in at least 30 hours of training each year. This training focuses on how to approach everything about the role of a sports coach from a perspective of intentionally building culture and ensuring that youth build positive relationships with coaches and peers. Joel emphasizes that a coach’s willingness to buy-in and commit to this training is something the program looks for from the start of their recruitment process.

In addition to placing a high priority on training coaches, GrizzFit builds in other trauma-informed practices into their program. No whistles are used

at GrizzFit because they can contribute to a loud and chaotic environment which can trigger a young person’s stress response. Instead, GrizzFit coaches use repetitive, rhythmic attention getters which create predictability and help young people regulate. They also intentionally address young people by their names, helping these young people to feel seen and contributing to positive relationship building. Additionally, GrizzFit limits the number of youth working with one coach to just seven. This ensures that coaches have the capacity to truly engage with their youth, adequately address any issues, and form deeper relationships over time. This intentional design works to create a space for more young people to thrive and builds insulation into the program. Young people can show up and be successful even on bad days, and coaches are equipped with the skills, mindset, and resources to boost them up.

Merging Vets and Players (MVP)



Merging Vets and Players (MVP) is a nonprofit organization bringing together military veterans and former professional athletes to build community and a new mission. The program offers a weekly workout with elite trainers in combination with peer to peer support sessions. The MVP program has spent the last year formalizing some key trauma-informed approaches including consistency, fostering a sense of belonging, and competence building.

Jacob Toups, MVP's Executive Director, says, "We wanted to be a constant in their life every single week, so that's been really important for us as we think about trauma-informed approaches—making sure we're consistent." This looks like participants seeing and working with the same trainers and program staff week to week and incorporating weekly traditions like a welcome for everyone who walks into the gym and a predictable structure to the program. The highly-skilled trainers leading the workouts use specific personalized training approaches, including a focus on individual progress, modifying activities as needed, positive reinforcement, and narration of activities to create consistent and predictable workouts. Participants also create their own personal set of goals they are working on outside of the gym, and an MVP staff member checks in with them regularly about those goals.

MVP uses boxing and mixed martial arts in their workouts. In addition to having a rhythmic quality that can help with positive regulation, most participants don't have past experience in these sports. This allows everyone to be a beginner together and to see quick progress. This type of skill building can be a powerful tool as participants navigate all kinds of challenges. As Jacob states, "We know that when our members are learning something new in our program, whether it's a physical skill or personal life skill, that will propel them outside of program."

MVP focuses on community building and creating a sense of belonging. MVP's staff are trained to understand the impact of trauma and place a high priority on providing support to members who might be struggling. This sense of belonging is also built when members earn MVP gear after attending a certain number of sessions and are given their gear in a group setting where they are recognized as part of the team. This sense of community is further enforced by opportunities to contribute in meaningful ways to the program. By focusing on peer to peer support, rather than bringing in outside experts, members become participants in each other's healing.

Doc Wayne



Doc Wayne is a Boston-based nonprofit organization merging sports with formal mental health therapy for students in public schools and community centers who have been diagnosed with a mental health disorder. Sport language is incorporated into the therapy sessions to make it more accessible and less intimidating, which allows them to reach students who may otherwise refuse therapy. Doc Wayne clinical staff serve as coaches and operate under the assumption that all of the students they work with have experienced or been exposed to some amount of trauma and that any challenging behavior the students may show is communicating something about how they have learned to navigate the world. Rebekah Roulier, the Chief Operating Officer, describes this perspective and its impact: “Most of our kids are very skilled at trying to survive the world that they have encountered and have come up with lots of different strategies and lots of different ways to be successful in the world. And so our trauma sensitive approach allows us to best support them and utilize their strengths. Building off these existing strengths, we teach them coping skills and additional social competencies to move

them from survival to thriving and support them in becoming more resilient learners and leaders on and off the fields and courts.”

Doc Wayne also designs their program around consistency and routine. For example, the same coach works with the students throughout the school year even though the sport changes every season. This is because Doc Wayne sees the consistency and trust that can be built over time as a bigger priority than the coach being the most knowledgeable person possible about the specific sport they are playing.

Lastly, Doc Wayne examines the sport experience itself to see where students might be triggered, and adjustments are made to meet the needs of the students. In flag football, for example, the kickoff can be skipped for a group of students who might experience fear when others are running at them. As the students progress in the program and learn more coping skills, the kickoff can be added back in to allow students an opportunity to demonstrate healthy regulation under stress.



Moving Forward

There is a lot of work to do to counteract the impacts of trauma, but we have a powerful tool available to do this work. The sport experience can be designed to be not only beneficial, but healing, for young people who need an opportunity to build skills and support systems. The work that is already being done is inspiring, and more can be done to make a trauma-informed approach more widely understood, prioritized, and utilized. We hope that this paper contributes to that goal and gets those working directly with young people thinking about additional strategies that might work in their context.

To continue the conversation, check out weallcoach.com

W E C  A C H

ChildTrauma 
a · c · a · d · e · m · y

We Coach is working with the Child Trauma Academy to build out a Neurosequential Model for Sport, combining brain science around stress and trauma with best practices in coaching and sports programming for youth.

More information can be found at: <https://www.neurosequential.com/nm-sport>

References

- 1 Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., . . . Marks, J. S. (1998). Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults. *American Journal of Preventive Medicine*, 14(4), 245-258. doi:10.1016/s0749-3797(98)00017-8
- 2 Robert Wood Johnson Foundation. Traumatic Experiences Widespread Among U.S. Youth, New Data Show. (2018, May 31). Retrieved from <https://www.rwjf.org/en/library/articles-and-news/2017/10/traumatic-experiences-widespread-among-u-s--youth--new-data-show.html>
- 3 Wade, R., Jr., Shea, J. A., Rubin, D., & Wood, J. (2014). Adverse Childhood Experiences of Low-Income Urban Youth. *Pediatrics*, 134(1). doi:10.1542/peds.2013-2475d
- 4 Cronholm, P. F., Forke, C. M., Wade, R., Bair-Merritt, M. H., Davis, M., Harkins-Schwarz, M., . . . Fein, J. A. (2015). Adverse Childhood Experiences. *American Journal of Preventive Medicine*, 49(3), 354-361. doi:10.1016/j.amepre.2015.02.001
- 5 Goldmann, E., Aiello, A., Uddin, M., Delva, J., Koenen, K., Gant, L. M., & Galea, S. (2011). Pervasive exposure to violence and posttraumatic stress disorder in a predominantly African American Urban Community: The Detroit neighborhood health study. *Journal of Traumatic Stress*, 24(6), 747-751. doi:10.1002/jts.20705
- 6 Centers for Disease Control and Prevention. About Adverse Childhood Experiences. (2016, April 01). Retrieved from https://www.cdc.gov/violenceprevention/acestudy/about_ace.html
- 7 Sharkey, P. T., Tirado-Strayer, N., Papachristos, A. V., & Raver, C. C. (2012). The Effect of Local Violence on Children's Attention and Impulse Control. *American Journal of Public Health*, 102(12), 2287-2293. doi:10.2105/ajph.2012.300789
- 8 Marusak, H. A., Martin, K. R., Etkin, A., & Thomason, M. E. (2014). Childhood Trauma Exposure Disrupts the Automatic Regulation of Emotional Processing. *Neuropsychopharmacology*, 40(5), 1250-1258. doi:10.1038/npp.2014.311
- 9 Jimenez, M. E., Wade, R., Lin, Y., Morrow, L. M., & Reichman, N. E. (2016). Adverse Experiences in Early Childhood and Kindergarten Outcomes. *Pediatrics*, 137(2). doi:10.1542/peds.2015-1839
- 10 Copeland, W. E., Shanahan, L., Hinesley, J., Chan, R. F., Aberg, K. A., Fairbank, J. A., . . . Costello, E. J. (2018). Association of Childhood Trauma Exposure With Adult Psychiatric Disorders and Functional Outcomes. *JAMA Network Open*, 1(7). doi:10.1001/jamanetworkopen.2018.4493
- 11 Perry, B.D., (The ChildTrauma Academy). (2013) 3: Threat Response Patterns [Video webcast]. In Seven Slide Series. Retrieved from <https://www.youtube.com/watch?v=sr-OXkk3i8E&feature=youtu.be>
- 12 Perry, B.D., (The ChildTrauma Academy). (2013) 3: Threat Response Patterns [Video webcast]. In Seven Slide Series. Retrieved from <https://www.youtube.com/watch?v=sr-OXkk3i8E&feature=youtu.be>
- 13 Hodgkinson, S., Godoy, L., Beers, L. S., & Lewin, A. (2016). Improving Mental Health Access for Low-Income Children and Families in the Primary Care Setting. *Pediatrics*, 139(1). doi:10.1542/peds.2015-1175
- 14 Khan, N. A., & Hillman, C. H. (2014). The Relation of Childhood Physical Activity and Aerobic Fitness to Brain Function and Cognition: A Review. *Pediatric Exercise Science*, 26(2), 138-146. doi:10.1123/pes.2013-0125
- 15 Physical Activity. (2018, November 12). Retrieved from <https://www.cdc.gov/physicalactivity/basics/index.htm>
- 16 Ahn, S., & Fedewa, A. L. (2011). A Meta-analysis of the Relationship Between Children's Physical Activity and Mental Health. *Journal of Pediatric Psychology*, 36(4), 385-397. doi:10.1093/jpepsy/jsq107
- 17 Perry, B. D., & Szalavitz, M. (2006). The boy who was raised as a dog and other stories from a child psychiatrist's notebook: What traumatized children can teach us about loss, love, and healing. New York, NY, US: Basic Books.