Trauma and Schools

Impact on Learning and Development

Trauma

- Private events – Sexual, physical abuse
  - Secrecy
  - Power Imbalance
  - Raging Hopelessness
  - Sense of Isolation
  - Sense of Irretrievable Loss
  - Emotional and physical reaction, fight or flight

- Public events – natural disasters, car accidents, war, crime victimization
  - Can be a shared experience
  - No judgment attached
  - Sense of Helplessness
  - Forces beyond control
  - Sense of Irretrievable Loss
  - Emotional and physical reaction

WHAT IS TRAUMA?

Event – high potential for death or harm

Experience – personal and individualized
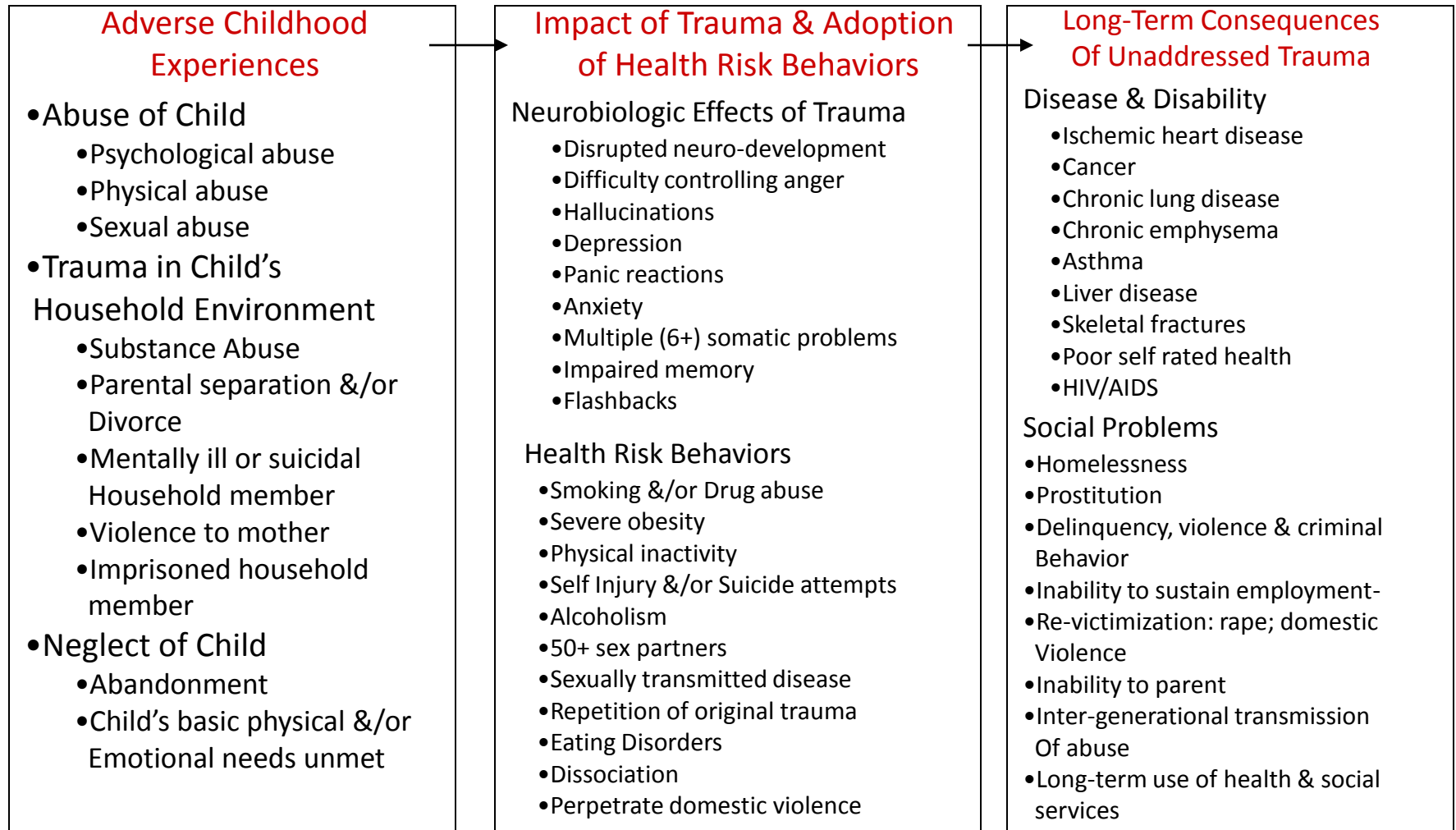
Effect – social and health outcomes

What about our school/district?

- Do we have students who ….
  - witness domestic violence?
  - are physically, emotionally or sexually abused?
  - are neglected?
  - are homeless?
  - have family members who are fighting overseas in Iraq or Afghanistan?
  - have experienced a natural disaster (e.g., tornado, house fire)?

Adverse Childhood Experience (ACE) Study

Without intervention, adverse childhood events (ACEs) may result in long-germ disease, disability, chronic social problems and early death. Importantly, intergenerational transmission that perpetuates ACEs will continue without implementation of interventions to interrupt the cycle.

Adverse Childhood Experiences

- Abuse of Child
  - Psychological abuse
  - Physical abuse
  - Sexual abuse
- Trauma in Child's Household Environment
  - Substance Abuse
  - Parental separation &/or Divorce
  - Mentally ill or suicidal Household member
  - Violence to mother
  - Imprisoned household member
- Neglect of Child
  - Abandonment
  - Child's basic physical &/or Emotional needs unmet

Impact of Trauma & Adoption of Health Risk Behaviors

Neurobiologic Effects of Trauma
- Disrupted neuro-development
- Difficulty controlling anger
- Hallucinations
- Depression
- Panic reactions
- Anxiety
- Multiple (6+) somatic problems
- Impaired memory
- Flashbacks

Health Risk Behaviors
- Smoking &/or Drug abuse
- Severe obesity
- Physical inactivity
- Self Injury &/or Suicide attempts
- Alcoholism
- 50+ sex partners
- Sexually transmitted disease
- Repetition of original trauma
- Eating Disorders
- Dissociation
- Perpetrate domestic violence

Long-Term Consequences Of Unaddressed Trauma

Disease & Disability
- Ischemic heart disease
- Cancer
- Chronic lung disease
- Chronic emphysema
- Asthma
- Liver disease
- Skeletal fractures
- Poor self rated health
- HIV/AIDS

Social Problems
- Homelessness
- Prostitution
- Delinquency, violence & criminal Behavior
- Inability to sustain employment-
- Re-victimization: rape; domestic Violence
- Inability to parent
- Inter-generational transmission Of abuse
- Long-term use of health & social services

Adapted from presentation Jennings (2006). The Story of a Child's Path to Mental Illness.

Adverse Childhood Experiences (ACE) Study

Summary of Findings

•Adverse Childhood Experiences (ACEs) are very common

•ACEs are strong predictors of health risks & disease from adolescence to adulthood

•This combination of findings makes ACEs one of the leading, if not the leading determinant of the health & social well-being of our nation

CDC

Symptoms and Impact

- Emotional Dysregulation

- Safety/security

- Hypervigilance

- Aggressive responses

- Eating problems/disorders

- Self-harm

- Fight, Flight or Freeze

- Attachments

Symptoms and Impact

- Sexuality

- Learning Difficulties

- Sleep Impairments

- Self-soothing

- Processing Difficulties

- Extreme beliefs

- Expressive Language

- View of Authority or power

- Cognitive Impairment

- Poor decision-making

ACE & School Performance

- Children who have been traumatized:
  - 2.5x more likely to fail a grade in school
  - Score lower on standardized achievement tests
  - Have more struggles in receptive & expressive language
  - Are suspended & expelled more often
  - More frequently placed in special education
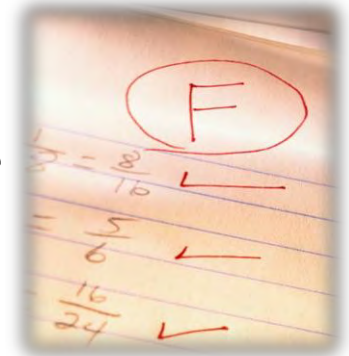
Impact on Learning

- Organizing narrative material
- Cause & effect
- Taking another's perspective
- Attentiveness
- Regulating emotions
- Executive functioning
- Engaging in curriculum

Impact on Classroom Behavior

- Reactivity & impulsivity
- Aggression
- Defiance
- Withdrawal
- Perfectionism

Identifying Children
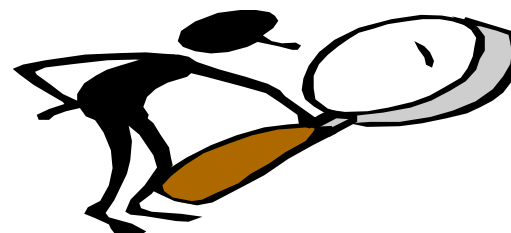
Be aware of both the children who act out AND the quiet children who don't appear to have behavioral problems. These students often "fly beneath the radar" and do not get help. They may have symptoms of avoidance and depression that are just as serious as those of the acting out student. Try your best to take the child's traumatic experiences into consideration when dealing with acting out behaviors

Developmental Response To Trauma

The meaning of a traumatic event in the life of a child is based on the child's stage of cognitive and emotional development.

Young Children

- Cause and effect -young children believe that their thoughts, wishes, and fears have the power to become real and can make things happen.
- Young children are less able to anticipate danger or to know how to keep safe, and are particularly vulnerable to the effects of exposure to trauma.
- Traumatic events have a profound sensory impact on young children.

Young Children

- Young children cannot express in words whether they feel afraid, overwhelmed, or helpless.

- Young children who experience trauma are at particular risk because their rapidly developing brains are very vulnerable.

Young Children

- Separation anxiety or clinginess towards teachers or primary caregivers

- Regression in previously mastered stages of development

- Lack of developmental progress

- Re-creating the traumatic event

- Increased distress, whiny, irritable, moody

Elementary School Age

- Ability to process information in a systematic/logical manner develops BUT
- Characterized by concrete operational thinking
- Interpretations are still very literal and concrete
- Tendency to over generalize and see things in good/bad terms

Elementary Age Children

- Changes in behavior:
  - Increase in activity level
  - Decreased attention and/or concentration
  - Withdrawal from others or activities
  - Angry outbursts and/or aggression
  - Absenteeism

- Distrust of others, affecting how children interact with both adults and peers

- A change in ability to interpret and respond appropriately to social cues

Elementary Age Children

- Difficulty with authority, redirection, or criticism

- Hyperarousal (e.g., sleep disturbance, tendency to be easily startled)

- Changes in school performance

- Emotional numbing (e.g., seeming to have no feeling about the event

Adolescence

- 2nd most significant period related to brain development
- Highly emotional brain
- Focus on identity and role development
- Need to fit in, more emphasis on peer acceptance
- Focus on interpersonal, intimate relationships
- Not always tolerant of those who are different
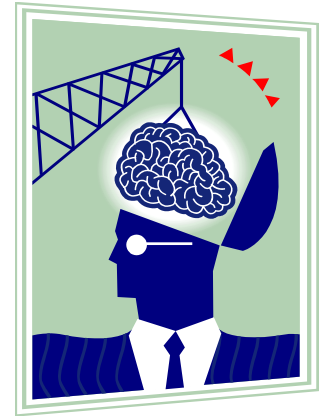
Adolescence

- Worry about recurrence or consequences of violence
- Negative impact on issues of trust and perceptions of others
- Issues with Authority
- Repetitive thoughts and comments about death or dying (including suicidal thoughts, writing, art, or notebook covers about violent or morbid topics, internet searches)

Trauma and Diagnoses

Trauma History does not always equate to Posttraumatic Stress Disorder

- Depression
- Anxiety
- Conduct Disorder
- Oppositional Defiant
- Substance Abuse
- Borderline Personality Disorder

Interventions for Students

- Teaching techniques for dealing with overwhelming emotional reactions

- Helping the child verbalize feelings rather than engage in inappropriate behavior

- Involving primary caregivers in the healing process

- Connecting caregivers to resources to address their needs–young children's level of distress often mirrors their caregiver's level of distress

Interventions for Students

- Helping children and caregivers reestablish a safe environment and a sense of safety

- Helping parents and children return to normal routines

- An opportunity to talk about and make sense of the traumatic experience in a safe, accepting environment

- Explaining the trauma and answering questions in an honest but simple and age-appropriate manner

Child Trauma Toolkit for Educators, NCTSN

Support from School

Change the question or perspective from

"What's wrong with you?"
to
"What happened to you?"

Support from School

- Give children choices. Often traumatic events involve loss of control and/or chaos, so you can help children feel safe by providing them with some choices or control when appropriate.

- Increase the level of support and encouragement given to the traumatized child. Designate an adult who can provide additional support if needed.

Support from School

- Set clear, firm limits for inappropriate behavior and develop logical—rather than punitive—consequences.

- Be sensitive to the cues in the environment that may cause a reaction in the traumatized child. Children may increase problem behaviors near an anniversary of a traumatic event

Support from School

- While a traumatized child might not meet eligibility criteria for special education, consider making accommodations and modifications to academic work for a short time, even including these in a 504 plan. You might:
  - Shorten assignments
  - Allow additional time to complete assignments
  - Give permission to leave class to go to a designated adult (such as a counselor or school nurse) if feelings become overwhelming
  - Provide additional support for organizing and remembering assignments

Trauma Informed Schools

How to Prevent Re-traumatizing Students and
Offer Support for All Students

Trauma Informed Schools

Trauma-sensitive schools acknowledge the prevalence of traumatic occurrence in students' lives & create a flexible framework that provides universal supports, are sensitive to unique needs of students, & are mindful of avoiding re-traumatization.

Trauma Sensitive Schools

- Provide an environment that may include:
  - Staff awareness of trauma
  - Training on teaching students affected by trauma,
  - Development or revision of school policies to be more trauma sensitive
  - Linking with mental health professionals,
  - Academic instruction for traumatized children,
  - Non-academic strategies for traumatized children.

A Culture Shift: The Core Principles of a Being A Trauma-Informed Agency

- <u>Safety</u>: Ensuring physical and emotional safety

- <u>Trustworthiness</u>: Maximizing trustworthiness, making tasks clear, and maintaining appropriate boundaries

- <u>Choice</u>: Prioritizing consumer choice and control

- <u>Collaboration</u>: Maximizing collaboration and sharing of power with consumers

- <u>Empowerment</u>: Prioritizing consumer empowerment and skill-building

Areas to Look at

- Physical Plant
  - Locked doors or closed doors
  - Isolating area
  - Signs
  - Bathrooms
  - Reception Area

Policies

- Screening
- Escorting
- Agency Assessment
- Event/Incident Response and DeBriefing
- Staff v. Youth safety
- Everyone needs to be safe

Toxic vs. Healthy Work Cultures

Adapted from Kahn & Langlieb, 2003 and Russo, 2007

- People do not help each other.
- Human needs are ignored.
- People feel alienated and dehumanized.
- Alternative approaches are met with derision.
- Cliques are common.
- There is systemic rigidity; boss is always right.

- Workers know what is expected of them.
- They have the resources to do the work.
- They have daily opportunities to do what they do best.
- Praise is offered regularly.
- Personal and professional development is encouraged.

Resources

- Child Trauma Academy http://childtrauma.org

- National Child Traumatic Stress Network, http://www.nctsnet.org

- National Center for Trauma Informed Care, http://mentalhealth.samhsa.gov/nctic/

- Bessel van der Kolk, http://www.traumacenter.org

- Helping Traumatized Children Learn, Massachusetts Advocates for Children 2005 http://www.massadvocates.org/documents/HTCL_9-09.pdf

- Understanding Traumatic Stress in Children Bassuk M.D., Ellen L.: Konnath LICSW, Kristina, Volk MA., Katherine T.

- The Heart of Learning and Teaching Compassion, Resiliency & Academic Success Wolpow, Ray; Johnson, Mona M.; Hertel, Ron; Kincaid, Susan O. 2009 http://www.k12.wa.us/CompassionateSchools/pubdocs/TheHeartofLearningandTeaching.pdf

Resources

- State of Wisconsin Toolkit
  http://www.dpi.wi.gov/sspw/mhtrauma.html

- The Anna Institute   www.annainstitute.org

- American Academy of Child & Adolescent Psychiatry www.aacap.org/clinical/ptsdsum.htm

- National Institute of Mental Health www.nimh.nih.gov/healthinformation/ptsdmenu.cfm