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# SUPPORTING AND EDUCATING TRAUMATIZED STUDENTS

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CSSP Conference 2014

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# IS TRAUMA AN EPIDEMIC?

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- It's widespread - affecting more than 20% of the population
  - It's effects are far-reaching
  - It's influences are impacted by the environment
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# WHAT IS TRAUMA?

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- It is generally agreed that:
  - Traumatic experiences are overwhelming,
  - Lead to strong, negative emotions,
  - Involve some degree of experienced or witnessed threat to self
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# TRAUMATIC EXPERIENCES

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- May be an acute stressor (typically sudden & of relatively brief duration)
  - Chronic stressors occur over a period of time & involve layers of experience or repeated exposure
  - Adversities of a chronic nature can result in more complex presentations & more significant challenges
  - Trauma is not just overt events, but can include neglect or impacted caregiving
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# TRAUMA AFFECTS MANY COMPETENCIES

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- Concentration & attention
- Managing behavior
- Negotiating relationships
- Regulating emotions
- Executive functions &
- Goal oriented actions



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# PREVALENCE OF TRAUMA

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- In a national survey, more than half of youth under 17 (60%) reported exposure to violence over the past year.
  - Violence in the home is also a substantial proportion of youth trauma
  - Environmental stressors can be a chronic source of trauma (19% of children in U.S. live in poverty)
  - Schools are not necessarily a safe haven (75% of U.S. public schools reported a violent crime in 2008)
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# STUDENTS WHO MAY BE AFFECTED BY TRAUMA

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- Students who are homeless
  - Immigrant & refugee students
  - Students with a family member who is dying or a sudden death in the family
  - Students with incarcerated parents
  - Students from Military families
  - Students with parents involved with substance abuse
  - Students who have been physically, emotionally or sexually abused
  - Students responding to natural disasters or terrorism
  - Students exposed to community violence
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# COLORADO'S SYSTEM OF CARE

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- CO's Office of Behavioral Health & Department of Human Services have adopted a Trauma-Informed System of Care
  - Supported by a SAMHSA SOC Grant
  - 16 Communities of Excellence: Adams, Arapahoe, Boulder, Chaffee, Eagle, El Paso, Garfield, Gunnison, Jefferson, Lake, Larimer, Montezuma, Montrose, Pueblo, Weld, & San Luis Valley
  - Looking for ways to link with schools
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# ADVERSE CHILDHOOD EXPERIENCES STUDY

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- Highlights how trauma affects individuals over time
  - Those who had experienced ACEs had negative health outcomes: substance abuse, COPD, heart disease, liver disease, obesity, cancer, diabetes, depression & suicide
  - Related social problems include: high-risk sexual behavior, intimate partner violence, STDs, unintended pregnancies, & suicide attempts.
  - Strong relationship exists between number of ACEs and negative outcomes
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# ACES INCLUDE:

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- 1. Child physical abuse
  - 2. Child sexual abuse
  - 3. Child emotional abuse
  - 4. Neglect
  - 5. Untreated mental illness in home
  - 6. Untreated substance abuse in home
  - 7. Witnessing domestic violence against mother
  - 8. Loss of a parent to death or divorce, including abandonment
  - 9. Incarceration of a parent
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# ACES APPLY TO STUDENT OUTCOMES

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- Students exposed to three or more ACEs were:
  - Two and a half times more likely to fail a grade
  - Score lower on achievement tests
  - Have more receptive & expressive language difficulties
  - Higher rates of being suspended or expelled
  - And more frequently referred to special education services
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# TRAUMA'S PATHWAYS

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- Children who have experienced chronic adversity have brains that prioritize skills supporting survival
  - Survival skills may include heightened awareness of danger, rapid mobilization, and self protective behaviors
  - A heightened alarm system may cause the child to repeat these behaviors many times during the day
  - This may occur outside the child's conscious awareness
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# RESPONSE TO ADULT FACIAL EXPRESSION

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- A frustrated expression may be associated with imminent risk
  - Child learns that “freezing” or attempting to remain unseen will minimize the risk of being a direct target
  - When an adult in school is perceived as frustrated, the brain may initiate a surge in arousal, freezing & emotionally shutting down
  - Visually, the child appears inattentive, noncompliant & belligerent
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# CHALLENGES FOR SCHOOLS

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- Competing priorities
- Difficulty identifying which children are traumatized
- Lack of sufficient resources
- Lack of knowledge and/or training on TIC





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# TRAUMA-INFORMED VIEW

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■ Uninformed view	Trauma-informed view
■ Anger management prob.	Maladaptive response
■ May have ADHD	Lacking necessary skills
■ Disrespectful/manipulative	Can't regulate emotions
■ Uncontrollable/destructive	Negative view of world

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# TRAUMA'S IMPACT ON NEUROBIOLOGY

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- Trauma can produce lasting alternations in the structure and function of the brain
  - Trauma overstimulates the brain & causes the body to produce hormones, including adrenaline & cortisone) which impact a students neurobiology.
  - When in survival mode, higher order brain functions are suspended
  - Responses are generated in the limbic system of the brain
  - Survival supersedes learning
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# RECOMMENDATIONS FOR EDUCATORS

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- Soothe the survival mode by instilling a sense of safety, compassion, & hope
  - Diminished need to activate survival strategies provides access to improved cognitive functioning
  - Encourage physical activity, including calming mind & body exercises
  - Support home routines to ensure adequate sleep
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# TRAUMA'S IMPACT ON ACADEMIC SKILLS

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- Students often have difficulty processing verbal, nonverbal or written instruction
  - Diminished concentration & memory
  - Impaired thinking, including confusion, rigidity, self doubt, perfectionism
  - Trauma also interferes with executive functioning & tend to react, rather than plan in a thoughtful way
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# RECOMMENDATIONS FOR EDUCATORS

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- Maintain high expectations for all students
- Create calm zones or peaceful areas in classrooms
- Plan for transitions during the day
- Provide opportunities for success
- Monitor & reward progress



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# TRAUMA'S IMPACT ON BEHAVIOR

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- Changes in brain chemistry can create abnormal behaviors
  - Trauma activates the limbic system which plays a role in control of emotional behavior
  - Overstimulation activates fear centers that may lead to anxiety, hyper-arousal & hyper-vigilance.
  - Result is an inability to calm down or overreactions, impulsivity & poor judgment
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# RECOMMENDATIONS FOR EDUCATORS

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- Recognize that behaviors may be a response to trauma in their lives
  - Respond to trauma-influenced behavior with patience, care, compassion & consistency
  - Acknowledge & respect boundaries
  - Provide opportunities to practice self-regulation
  - Use judgment in reporting behavior problems
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# TRAUMA'S IMPACT ON SOCIAL-EMOTIONAL FUNCTIONING

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- Trauma often affects the student's ability to:
  - Manage & regulate emotions,
  - Their overall social competence,
  - The quality of peer relationships & interactions, and
  - Their self esteem
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# RECOMMENDATIONS FOR EDUCATORS

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- Help students differentiate skills learned at home from skills needed in school
  - Help students develop an emotional vocabulary
  - Utilize Social-Emotional Learning Programs (CASEL)
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# 6 PRINCIPLES TO SUPPORT SEL

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- 1. Always empower; never disempower
  - 2. Provide unconditional, positive regard
  - 3. Maintain high expectations
  - 4. Check assumptions, observe & question
  - 5. Be a relationship coach
  - 6. Provide opportunities for meaningful participation
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# MTSS/PBIS PROVIDES FRAMEWORK

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- Whole school approach is needed along with practices that promote a safe climate
  - Connecting TIC to existing school initiatives focused on behavior & mental health increases the likelihood of buy-in & success
  - PBIS provides a discipline system that minimizes exclusion
  - Behavior management is proactive
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# MTSS/PBIS PROVIDES FRAMEWORK

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- Tier 1: SEL instruction, predictable routines, choices, physical activity breaks, calm zones, adults model emotional regulation
  - Tier 2 (students with symptoms) differentiated instruction, adult mentors, small groups for SEL, parent & caregiver education, monitoring (e.g., Check-in-Check Out.)
  - Tier 3 (students impacted by trauma) case management, monitoring, coordination with community-based Tx, Wrap-around programs, parent & caregiver training & support
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# PSYCHOLOGICAL INTERVENTIONS

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- Return to normal routines whenever possible
  - Provide opportunities to feel empowered
  - Allow nonverbal expression
  - Use visual supports for schedules, rules & communication
  - Provide reassurances
  - Be flexible & understanding
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# INTERVENTIONS FOR SECONDARY STUDENTS

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- Utilize peer groups of students with similar backgrounds or experiences
- Provide a venue for discussion
- Acknowledge the distress
- Use a strength based approach





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# SECONDARY TRAUMA & SELF CARE

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- Educators often become first responders when dealing with children & trauma
  - As mental health workers we need to make time for self-care as we care for others.
  - Without self-care, our energy decreases
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- “I’ve learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel.”

- Maya Angelou





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# RESOURCES

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- Child Trauma Toolkit for Educators [http://www.nctsnet.org/nctsn.assets/pdfs/Child\\_Trauma\\_Toolkit.final.pdf](http://www.nctsnet.org/nctsn.assets/pdfs/Child_Trauma_Toolkit.final.pdf)
  - Helping Traumatized Children Learn <http://www.massadvocates.org/download-book.php>
  - Wisconsin Toolkit on Trauma-sensitive schools [http://sspw.dpi.wi.gov/sspw\\_mhtrauma](http://sspw.dpi.wi.gov/sspw_mhtrauma)
  - Trauma-informed Care <http://www.samhsa.gov/nctic/>
  - Adverse Childhood Experiences <http://www.cdc.gov/ace/index.htm>
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