SUPPORTING AND EDUCATING TRAUMATIZED STUDENTS

CSSP Conference 2014

Barb Bieber
IS TRAUMA AN EPIDEMIC?

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

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

- 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
TRAUMA AFFECTS MANY COMPETENCIES

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

- 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).
STUDENTS WHO MAY BE AFFECTED BY TRAUMA

- 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
COLORADO’S SYSTEM OF CARE

- CO’s Office of Behavioral Health & Department of Human Services have adopted a Trauma-Informed System of Care
- Supported by a SAMHSA SOC Grant
- Looking for ways to link with schools
ADVERSE CHILDHOOD EXPERIENCES STUDY

- 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
ACES INCLUDE:

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
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
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.
RESPONSE TO ADULT FACIAL EXPRESSION

- 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 is school is perceived as frustrated, the brain may initiate a surge in arousal, freezing & emotionally shutting down

- Visually, the child appears inattentive, noncompliant & belligerent
CHALLENGES FOR SCHOOLS

- Competing priorities
- Difficulty identifying which children are traumatized
- Lack of sufficient resources
- Lack of knowledge and/or training on TIC
<table>
<thead>
<tr>
<th>Uninformed view</th>
<th>Trauma-informed view</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anger management prob.</td>
<td>Maladapative response</td>
</tr>
<tr>
<td>May have ADHD</td>
<td>Lacking necessary skills</td>
</tr>
<tr>
<td>Disrespectful/manipulative</td>
<td>Can’t regulate emotions</td>
</tr>
<tr>
<td>Uncontrollable/destructive</td>
<td>Negative view of world</td>
</tr>
</tbody>
</table>
TRAUMA’S IMPACT ON NEUROBIOLOGY

- 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 student's neurobiology.
- When in survival mode, higher order brain functions are suspended.
- Responses are generated in the limbic system of the brain.
- Survival supersedes learning.
RECOMMENDATIONS FOR EDUCATORS

- 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
TRAUMA’S IMPACT ON ACADEMIC SKILLS

- 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
RECOMMENDATIONS FOR EDUCATORS

- 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
TRAUMA’S IMPACT ON BEHAVIOR

- 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
RECOMMENDATIONS FOR EDUCATORS

- 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
TRAUMA’S IMPACT ON SOCIAL-EMOTIONAL FUNCTIONING

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
RECOMMENDATIONS FOR EDUCATORS

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

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
MTSS/PBIS PROVIDES FRAMEWORK

- 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
MTSS/PBIS PROVIDES FRAMEWORK

- **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
PSYCHOLOGICAL INTERVENTIONS

- 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
INTERVENTIONS FOR SECONDARY STUDENTS

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

- 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
“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
RESOURCES

- Child Trauma Toolkit for Educators  http://www.nctsn.net/nctsn.assets/pdfs/Child_Trauma_Toolkit.final.pdf


- Wisconsin Toolkit on Trauma-sensitive schools  http://sspw.dpi.wi.gov/sspwmhtrauma

- Trauma-informed Care  http://www.samhsa.gov/nctic/

- Adverse Childhood Experiences  http://www.cdc.gov/ace/index.htm
CONTACTS:

- Barb Bieber  
  barbbieber326@gmail.com

- Julia Wigert (current School Psychology Consultant, CDE)
  
  wigert_j@cde.state.co.us