Please Be Aware

There are parts of this presentation that may trigger uncomfortable/difficult responses in some people. If you have a history of trauma exposure or are sensitive to trauma references/discussion, this may be more likely. Please know that it is OK to leave the room/take a break if necessary.

The presenters will be available after the presentation for discussion, if needed.
What Is Trauma?

“Traumatization occurs when both internal and external resources are inadequate to cope with the external threat.” (Van der Kolk, 1989)

Trauma overwhelms the ordinary systems that give people a sense of control, connection and meaning.

Often, people who have experienced trauma will use coping strategies that, while seeming to work at the time, may cause harm.
## The 3E Concept of Trauma

<table>
<thead>
<tr>
<th>Event(s)</th>
<th>Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Experience</td>
<td></td>
</tr>
<tr>
<td>Effects</td>
<td></td>
</tr>
</tbody>
</table>
DSM 5 - Trauma and Stressor-Related Disorders

PTSD/Acute Stress Disorder:
Exposure to actual or threatened death, serious injury, or sexual violence

Modes of Exposure:
- direct experience
- witnessing in person as it occurred to others
- learning that event happened to family member(s) or close friend(s)
- repeated or extreme exposure to aversive details (e.g., police officers repeatedly exposed to details of child abuse)
Toxic

Prolonged activation of stress response systems in the absence of protective relationships, which can produce physiological changes that lead to lifelong problems in learning, behavior, and health.

Tolerable

Serious, temporary stress responses, buffered by supportive relationships.

Positive

Brief increases in heart rate, mild elevations in stress hormone levels.

Three Types of Stress

Slide adapted from Shonkoff, J. (2008, June 26)
Complex Trauma

“…a psychiatric condition that officially does not exist, but which possibly constitutes the most common set of psychological problems to drive human beings into psychiatric care.” (Van der Kolk, 2009)

Usually **not** a single event (e.g. rape, natural disaster)

Interpersonal in nature: intentional, prolonged, repeated, severe

Often occur in childhood and adolescence and may extend over an individual’s life span

(Terri, 1991; Giller, 1999)
Brain Plasticity

• The brain is always changing.
• Plasticity is not uniform across all brain areas.
• It takes less time, intensity and repetition to organize the developing neural systems than to reorganize the developed neural systems.
• Early learning is important and persistent.
Some Effects Of Trauma

- Effects are neurological, biological, psychological and social in nature, including:

- Changes in brain neurobiology

- Social, emotional and cognitive challenges

- Adoption of high risk behaviors as coping mechanisms/tension reduction behaviors which negatively impact health (for example, eating disorders, smoking, substance abuse, self-harm, sexual promiscuity, violence)

- Severe and persistent behavioral and physical health issues, social problems and early death
How Youth Respond to Trauma

- Trauma can elicit such intense fear, anger, shame, and helplessness that the child feels overwhelmed.
- Overwhelming emotion may interfere with the development of age-appropriate self-regulation.
- Emotions experienced prior to language development may be very real for the child but difficult to express or communicate verbally.
- Trauma may be “stored” in the body in the form of physical tension or health complaints.
Individuals who have experienced traumatic events

MAY HAVE VISIBLE SIGNS, OR THEIR DISTRESS MAY NOT BE APPARENT AT ALL.
Three Core Concepts in Early Development

1. **Experiences Build Brain Architecture**
2. **Serve & Return Interaction Shapes Brain Circuitry**
3. **Toxic Stress Derails Healthy Development**

Video clips retrieved from Center on the Developing Child at Harvard University. (2014, January 1).
## What Might I See in the Classroom?

<table>
<thead>
<tr>
<th>Traumatic Stress Symptom</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Intrusion</td>
<td>• Distractibility, incongruous responses, repetitive traumatic play, continually talking about or acting out the trauma</td>
</tr>
<tr>
<td>• Avoidance</td>
<td>• Withdrawal OR externalizing behavior, repetitive misbehavior with predictable outcome, tantrums in certain circumstances, class clown, “don’t care”, self-injurious behavior</td>
</tr>
<tr>
<td>• Hyperarousal/ Reactivity</td>
<td>• Easily startled, overreaction to stimuli, overactive, anxiously aware, aggressive posture</td>
</tr>
<tr>
<td>• Dissociation</td>
<td>• Daydreaming, disconnected, does not seem to feel pain</td>
</tr>
<tr>
<td>• Negative Alteration of Cognition &amp; Mood</td>
<td>• Rigid expression of emotion, fearful, clingy, unable to retain information, not reaching developmental milestones, attention challenges, poor receptive and/or expressive communication</td>
</tr>
</tbody>
</table>
Trauma Impacts Learning

“Severe and chronic trauma (such as living with an alcoholic parent, or watching in terror as your mom gets beat up) causes toxic stress in kids. Toxic stress damages kids’ brains. When trauma launches kids into flight, fight or fright mode, they cannot learn. It is physiologically impossible.”

Dr. John Medina, Developmental Molecular Biologist
Trauma Changes Your World View
The ACE Study

• Kaiser Permanente and Centers for Disease Control and Prevention partnered to study effects of Adverse Childhood Experiences during the lifespan of over 17,000 participants.

• Participants were HMO members completing a comprehensive physical exam. They were generally middle class adults, with an average age of 57 years. Of the participants, 75% had some college, and 44% had graduated from college.

• Participants were 75% European-American, 11% Hispanic/Latino, 7% Asian/Pacific Islander, 5% African-American. Females and males were similarly represented (54% and 46% respectively).
When Doctors Asked About These Adverse Childhood Events (ACE)

<table>
<thead>
<tr>
<th>Abuse</th>
<th>Neglect</th>
<th>Household Dysfunction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical</td>
<td>Emotional</td>
<td>Divorce</td>
</tr>
<tr>
<td>Emotional</td>
<td>Physical</td>
<td>Substance Abuse</td>
</tr>
<tr>
<td>Sexual</td>
<td></td>
<td>Mother Treated Violently</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Incarcerated Household Member</td>
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<tr>
<td></td>
<td></td>
<td>Mental Illness</td>
</tr>
</tbody>
</table>

Patients Reported:

<table>
<thead>
<tr>
<th>ACE Score</th>
<th>Women</th>
<th>Men</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>34.5%</td>
<td>38%</td>
<td>36.1%</td>
</tr>
<tr>
<td>1</td>
<td>24.5%</td>
<td>27.9%</td>
<td>26.0%</td>
</tr>
<tr>
<td>2</td>
<td>15.5%</td>
<td>16.4%</td>
<td>15.9%</td>
</tr>
<tr>
<td>3</td>
<td>10.3%</td>
<td>8.6%</td>
<td>9.5%</td>
</tr>
<tr>
<td>4 or more</td>
<td>15.2%</td>
<td>9.2%</td>
<td>12.5%</td>
</tr>
</tbody>
</table>
Mechanism by Which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan
ACE Score vs. Adult Alcoholism

% Alcoholic

ACE Score

0 1 2 3 4 or more
Imagine A Place…

● where people ask “What happened to you?” instead of “What’s wrong with you?”

● that understands that trauma can be re-triggered.

● committed to supporting the healing process while ensuring no more harm is done.
What Is Trauma-Informed Care?

- An approach using a purposeful provision of a safe environment
- Services are sensitive to trauma (Universal Precautions)
- All components of a given system have been reconsidered with an understanding of the impact of trauma/violence
- Services delivered in a way that will avoid inadvertent re-traumatization and will facilitate healing, recovery, empowerment, and participation in treatment
Trauma Informed Approach: Key Norms

- **Realize**
  
- **Recognize**
  
- **Respond**
  
- **Resist Re-traumatization**

A program, organization, or system that is trauma-informed **realizes** the widespread impact of trauma and understands potential paths for recovery; **recognizes** the signs and symptoms of trauma in those involved with the system; **responds** by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively **resist re-traumatization**.
10 Steps to Create a Trauma-Informed School

by Caelan Soma and Derek Allen

1. Provide school-wide training on childhood trauma and its effects on learning and behavior.
2. View trauma as an experience rather than a condition or an incident.
3. Believe the link between private logic and behavior.
4. Prioritize social and emotional skills.
5. Establish safety.
6. Foster connections.
7. Promote play and breaks from instructional time.
8. Collaborate with families and communities.
9. Support staff.
10. Collect and share outcome data.
Strategies to Support Students with Traumatic Stress

- Use a trauma lens
- Understand the child--build relationships
- Connect, then redirect
- Use corrective relationships
- Create psychological safety
- Use safety messages
- Be a trigger detective
- Teach self-regulation strategies
More Strategies

- Manage your own reactions and responses
- Build Competence
- Use PBIS- Have clear routines and procedures and teach expectations
- Be consistent
- Engage students in learning
- Repack the Invisible Suitcase
- Student voice and choice
- Time in, not time out
And More Strategies

- Use prevention, interventions and consequences, not punishment
- Create a safety plan
- Use Mindfulness
- Preventive De-escalation and In-the-Moment De-escalation
- De-escalate and Re-engage
- Listen and understand
- Depersonalization—It’s not about you
- Incorporate Social and Emotional Learning
- Teach students to understand their body and brain and how to self-regulate

HTTPS://VIMEO.COM/109042767
What Supports Resilience?

- Family Support
- Peer Support
- Competence
- Self-efficacy
- Self-esteem
- School Connectedness
- Spiritual Belief

Teach Students to be Resilient

A Challenge for Helpers

Compassion Fatigue
Vicarious Trauma
Secondary Trauma
Self-Care

Secondary Traumatic Stress is Real

- Take care of yourself first
- Know the signs
- Seek help as needed
- Have a plan

Resource: The A-to-Z Self-Care Handbook for Social Workers and Other Helping Professionals by Erlene Grise-Owens (Author, Editor), Justin "Jay" Miller (Editor), Mindy Eaves (Editor)
Anyone who works directly with individuals who have been traumatized is vulnerable to the effects of trauma.
Be Aware of the Signs

- **Emotional**: anger, sadness, prolonged grief, anxiety, depression
- **Physical**: headaches, stomachaches, lethargy, constipation
- **Personal**: self-isolation, cynicism, mood swings, irritability with spouse/family
- **Workplace**: avoiding clients/students, missed appointments, tardiness, lack of motivation, moodiness/irritability with clients, intense thoughts/dreams over time about a client’s/student’s trauma
Be Aware of the Signs

- Increased irritability or impatience with clients/students
- Decreased concentration
- Feeling numb/detached – denial of traumatic events
- Intense feelings/thoughts/dreams over time about a client’s/student’s trauma
Other Tips

- Don’t go it alone
- Recognize compassion fatigue as an occupational hazard
- Seek help with your own traumas
- If you see signs in yourself, talk to a professional
- Attend to self-care
Know the Warning Signs for Suicide

Some warning signs may help you determine if a loved one is at risk for suicide, especially if the behavior is new, has increased, or seems related to a painful event, loss, or change. If you or someone you know exhibits any of these, seek help by calling the Lifeline.

• Talking about wanting to die or to kill themselves
• Looking for a way to kill themselves, like searching online or buying a gun
• Talking about feeling hopeless or having no reason to live
• Talking about feeling trapped or in unbearable pain
• Talking about being a burden to others
• Increasing the use of alcohol or drugs
• Acting anxious or agitated; behaving recklessly
• Sleeping too little or too much
• Withdrawing or isolating themselves
• Showing rage or talking about seeking revenge
• Extreme mood swings
Self-Care is the Key

Self-Care Activity: What makes you feel recharged or energized?
Reflection

• Areas for Focus

1. Relating to students

2. Perception of Behavior

3. Classroom Practices

Questions for Thought

• What strategies do I already use to help students who have experienced trauma and how can I improve?
• What specific strategies can I start using in my classroom or school-wide?
• How do I relate to students with different cultural and/or life experiences?
• How can I (we) shift the mindset from focusing on behaviors to understanding trauma and responding differently?
• How can we keep students engaged?
• How do I maintain high expectations for all students?
Take Home Message

- **Trauma** is a pervasive issue. Many individuals who receive behavioral health services have been exposed to traumatic events.
- **Trauma-informed care** understands the pervasiveness of trauma and commits to identifying and addressing trauma issues early.
- **Trauma-informed agencies** provide services that do not re-traumatize folks and commit to infusing TIC into policies and practices, with the ultimate goal to create trauma-free environments.
- Responding to individuals in a trauma-informed manner is crucial to overall health and must be a priority.

[https://www.youtube.com/watch?reload=9&v=dcvQb9e-VLI](https://www.youtube.com/watch?reload=9&v=dcvQb9e-VLI)
Resources

• Centers for Disease Control and Prevention http://www.cdc.gov
• Center for the Study of Social Policy http://www.cssp.org
• Center on the Developing Child at Harvard University http://developingchild.harvard.edu
• Child Welfare Information Gateway https://www.childwelfare.gov
• National Alliance of Children's Trust and Prevention http://ctfalliance.org
• Diagnostic and Statistical Manual of Mental Disorders, 5th Edition
• Substance Abuse and Mental Health Services Administration www.samhsa.gov
Resources (cont.)

• The National Child Traumatic Stress Network: Child Trauma Toolkit for Educators at http://www.NCTSN.org

• Trauma and Learning Policy Initiative: Helping Traumatized Children Learn at https://traumasensitiveschools.org/

• ACEs Too High News: Information on Lincoln High’s new approach to school discipline and other resources at http://acestoohigh.com

• ACEs Connection Network: Current news and research on using trauma-informed, resilience-building practices: www.acesconnection.com
Resources (cont.)

• “How Childhood Trauma Affects Health Across a Lifetime,” a TEDTalk by Dr. Nadine Burke Harris: https://youtu.be/95ovlJ3dsNk
• “Safe And Sound: Raising Emotionally Healthy Children in a Stressful World,” an informational program on child development which includes information on trauma’s impact on development, at http://www.ket.org/health/safe-and-sound.htm
• Frontline, “Prison State,” a documentary which, in part, shows connections between trauma and incarceration, at http://www.pbs.org/wgbh/pages/frontline/locked-up-in-america/
Final Thought

*Defiant, combative, hostile, and uncooperative* are labels used by many people to describe trauma-exposed kids. What if we saw them instead as *frightened, struggling to cope, confused, abandoned, and dealing with the effects of extreme stress*? Imagine the change in our response to their behavior!
Next Steps

**Before School:**

- Organize your classroom to include a Calming Space or Take a Break Area
- Review IEP or other student data to know more about your students and possible triggers
- Plan for any possible triggers, such as lighting, noises, room set-up, etc
- Plan lessons for on grade level core content connected to standards-Strong Tier 1
- Plan engaging, high level activities
- Create a classroom management plan and teach expectations
- Maintain a culturally rich library and include culturally responsive teaching strategies

**Ongoing**

- Build Relationships- Relate and identify with all students
- Maintain high expectations and a Strong Tier 1
- Use assessments to plan for instruction and to plan for interventions and enrichment (MTSS)
- Teach and reteach expectations as needed
- Use empathy and compassion; restorative not punitive disciplinary practices
- Maintain a psychologically safe environment
- De-escalate rather than escalate
- Be aware of your responses and change as needed
- Teach coping skills and replacement behaviors and model for students
- Continually reflect and revise practices