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Understanding the Effects of Childhood Trauma: Strategies for educators

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**Understanding the Effects of
Childhood Trauma:
Strategies for educators**

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By

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Abstract

Early childhood adversity has major effects on both long and short-term outcomes for children. This paper identifies the definition and causes of various types of trauma, as well as the implications it has on one's body, brain, and behavior. Through the research and training provided, educators and various school personnel will gain an understanding of trauma and its effects. Furthermore, they will be equipped with a toolbox of strategies and interventions that can be used for all children, but especially those with a history of trauma. A six-part professional development training with trainer's notes, accompanied by screening tools for trauma history, includes an assessment to be completed by the training audience upon completion of the trainings.

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ASCA Standards

This project addresses the following mindsets and behaviors for student success, as set forth by the American School Counseling Association (ASCA) within their ASCA Mindsets (M) & Behaviors (B) for Student Success: K-12 College- and Career-Readiness Standards for Every Student:

M 1. Belief in development of whole self, including a healthy balance of mental, social/emotional and physical well-being

B-SMS 2. Demonstrate self-discipline and self-control

B-SMS 7. Demonstrate effective coping skills when faced with a problem

B-SMS 10. Demonstrate ability to manage transitions and ability to adapt to changing situations and responsibilities

B-SS 3. Create relationships with adults that support success

Introduction

I have spent the majority of the last five years working within schools. Serving in various roles, including both as a general education and special education teacher, and as an intern in school counseling, there is one observation that has stood out as a frontrunner in today's biggest hurdles to learning: Early adversity creates a system of trauma in individuals that establish both immediate and long-lasting deficits to students' success in school. I have witnessed thousands of incidents where a child's brain is stuck in survival mode, causing them to act impulsively or immaturely to situations of which they perceive as unsafe or harmful. I have also witnessed how educators, school staff, and others within a community often misunderstand the function behind a child's behavior and are therefore quick to misdiagnose and turn to either modern medicine or punishment as a quick fix.

Nearing completion of a graduate program in the helping professions, I have been lucky enough to be immersed in literature and trainings surrounding trauma-informed care and teaching. The impact that trauma can have on an individual is perhaps one of the most complex ideas that I have encountered within the realms of counseling and education. Although research on trauma and its effects is a relatively recent initiative, there are already numerous studies to support the major claims of the destruction of childhood trauma.

Understanding Trauma and its Effects

The ACE Study

A joint study between Kaiser Permanente and the Centers for Disease Control and Prevention (CDC) laid the foundation for trauma research and interventions. The study, which occurred from 1995 to 1997 in San Diego, California, included data collected from over 17,000 adult participants. The results of the study linked adverse childhood experiences (ACEs) to various medical conditions, risky behaviors, and eventual early morbidity, proving that adversity experienced early in a child's life greatly impacts both their short- and long-term outcomes (Felitti et al., 1998). For the purpose of the study, as defined by Sciaraffa, P. Zeanah, and Zeanah, ACEs describe various types of traumatic childhood experiences, such as abuse or neglect, that occur within the first eighteen years of an individual's life (2018). These ACEs are further separated into seven categories spanning the areas of both abuse and household dysfunction (Felitti et al., 1998).

The findings of the ACE study served as an alarming wake-up call for caretakers, educators, and medical professionals alike. According to Sciaraffa et al., although one-third of participants reported no ACEs, over half of the screened individuals indicated at least one. Furthermore, roughly a quarter of the participant population had experienced three or more

ACEs (2018). Substance abuse accounted for the largest category of childhood exposure

(25.6%), while evidence of criminal behavior in the household was the least prevalent at 3.4%.

Additionally, the results were clear that the more ACEs an individual experienced, the higher

their risk of "smoking, severe obesity, physical inactivity, depressed mood, and suicide

attempts." This correlation was also evident for alcoholism, the use or injection of illicit drugs,

fifty or more sexual partners, and a history of sexually transmitted diseases, all characterized as

risky behaviors. Over 50% of respondents with four or more ACEs had reported two or more

weeks of a depressed mood in the last year alone, and 18.3% had attempted suicide & lived to

tell about it, whereas only 1.2% of the respondents that reported zero ACEs had made an attempt

to end their own life (Felitti et al., 1998).

ACEs cover a wide range of experiences. Despite seeming obvious, potentially traumatic

events such as psychological, physical, or sexual abuse and neglect are only the tip of the iceberg

when exploring the occurrences of childhood trauma. Violence within a child's community or

school, or domestic violence at home can be traumatizing enough, let alone the horror of acts of

terrorism and natural disasters. Sexual exploitation, including sex trafficking, and refugee or war

experiences can also greatly damage one's psyche, especially if experienced during childhood.

Furthermore, serious accidents and injuries, life-threatening illnesses, or sudden and/or violent

losses of loved ones have a profound impact on both the biology and psychology of children

(National Child Traumatic Stress Network [NCTSN] & Substance Abuse and Mental Health

Services Administration [SAMHSA], 2015).

How Trauma Affects Biology

Trauma caused by early childhood adversity can severely hinder brain development. As

Bremner states, "traumatic stress has a broad range of effects on brain function and structure"

(2006). Bremner also explains that one of the largest areas of the brain affected by traumatic stress is the stress response system. This system includes the amygdala, hippocampus, and prefrontal cortex (2006). When in the face of danger, it takes only seconds for norepinephrine (Charney, 2004) and adrenaline to flood the bloodstream, and for the body's stress-response system to release cortisol, which spikes blood sugar (energy), but suppresses non-essential functions, such as digestion. While the 'fight or flight' defense mechanism physically prepares the body to act, it simultaneously hinders cognitive function, seeming to replace thinking with action (Bond, 2017). Blodgett cautions that extended periods or frequent, high levels of cortisol in one's body can cause "functional immaturity of the threat arousal management system" (2012) and can also have long-term effects on areas of cognition such as learning, memory and attention (Thompson, Kiff, & McLaughlin, 2009). Furthermore, high levels of glucocorticoids, which are also released during times of stress, are associated with deficits in learning new skills and knowledge (Bremner, 2006).

Even though the majority of brain development occurs between conception and birth, the brain continues to develop in early childhood. Both gray and white matter continues to develop through the age of five, and further development of white matter occurs between the ages of seven and 17. When children experience frequent or prolonged periods of intense stress, the overload of cortisol causes the brain to lose its normal capacity to continue developing matter, and is permanently scarred by the trauma (Bond, 2017). In fact, neurologists have proven this through the comparison of brain scans of individuals with a traumatic history to the scans of individuals without (Bremner, 2006).

Trauma not only affects the body by affecting the brain. Multiple illnesses and diseases experienced later in life have been linked to adverse childhood experiences (Felitti et al., 1998).

These impairments can span the categories of both physical and mental health (Finkelhor,

Shattuck, Turner, & Hamby, 2015). As the ACE study highlighted a prominent comorbidity

between trauma and illness, it is critical to then infer that "these childhood exposures should be

recognized as the basic causes of morbidity and mortality in adult life" (Felitti et al., 1998).

According to the National Child Traumatic Stress Network (NCTSN, 2016), trauma can have an

impact on long-term health problems such as diabetes and heart disease, as well as liver disease

(Dong, Dube, Giles, Felitti, & Anda, 2003), substance abuse (Dube et al., 2003), depression

(Edwards, Holden, Felitti, & Anda, 2003), and suicide (Dube et al., 2001). It is important to also

note that ACEs not only affect the quality of health and life in a person's later years, but that

trauma can also be detrimental to a child's life as well (Sciaraffa et al., 2018).

How Trauma Affects Psychology and Behavior

One area in which children suffer the most from traumatic stress is how it alters their

psychology and behavior. On a theoretical level, childhood trauma, defined as abuse or neglect,

often causes a deficiency in basic human needs. This deficiency can have lasting effects on one's

thinking and behavior. As Abraham Maslow illustrates in his iconic Hierarchy of Needs,

physiological needs, such as food, water, shelter, sleep, and air are at the base of the hierarchy.

These are followed by the basic need for safety and security. Only once those two levels of needs

are met can one understand and begin to accept the need for love, belonging, and connection.

This layer of needs provides a foundation for self-esteem, which in turn provides an opportunity

for the highest level: The need for self-actualization (Seligman & Reichenberg, 2010). Although

not all adults successfully reach the point of self-actualization, the layers of needs are sequential;

one cannot successfully skip a layer. In other terms, as described by Ken Wilber's stages toward

increasing differentiation and transcendence, if children do not receive the opportunities, tools,

or support to successfully develop a solid sense of self, they will enter adulthood still stuck in the prepersonal or pre-egoic stage of personal growth (Seligman & Reichenberg, 2010).

Childhood trauma, often the reason behind the unfulfillment of basic needs, can mutate a child's perception of reality and may cause them to display behaviors that might be considered immature or unrealistic. While such behaviors can seem irrational to those of us without a trauma history, Whitfield mentions that "children from troubled or dysfunctional families grow up not knowing what is healthy or appropriate" (1987). These individuals start to believe that a dysfunctional family and their current way of life are how they are supposed to be, as they have nothing else to compare (Whitfield, 1987).

This lack of experience to the outside world can compromise one's ability for sound reasoning, as well as cause an interruption in the smooth integration of basic biological and emotional responses (Blodgett, 2012). In addition, "children who have been exposed to adverse experiences are likely to have difficulties with self-regulation, focusing, paying attention, and interpersonal reactions" (Sciaraffa et al., 2018). Due to this lack of self-regulation and the ability to self-soothe, it makes sense that high rates of exposure to ACEs would produce a higher chance of anxiety, anger, or depression in children. Therefore, there is a strong correlation between trauma and certain coping behaviors and devices, such as smoking, alcohol and drug use. For example, nicotine, a substance known to regulate affect and to decrease depressed mood, is commonly used as a habitual coping device for persons exposed to early adversity (Felitti et al., 1998). In fact, "trauma is a risk factor for nearly all behavioral health and substance use disorders (NCTSN, 2016)

Regardless of trauma, any human, at any age, relies on various coping skills and ego defenses to help him or her to survive. One's background and biological development can cause

differences in how one may cope with a situation compared to another individual. Some

survivors of trauma may turn to substance abuse as a coping skill to survive. Others may indulge

in dodging, hiding, negotiating, pretending, or denying the facts and reality of situations

(Whitfield, 1987). However, these are not the only coping skills exhibited by survivors of

trauma. In fact, survivors of trauma survive by *any* means and coping skills necessary. While

these coping strategies and devices are usually sufficient in dysfunctional environments, they

often fail as successful coping skills once one enters adulthood (Whitfield, 1987).

All individuals of a traumatic background are said to share similar thoughts and

behaviors. As Whitfield describes, some of these shared core issues can include: all or nothing

logic, the need for control (also known as attachment), over-responsibility for others, which leads

to a lack of self-care and meeting one's own basic needs, as well as a high acceptance of

inappropriate behavior, a fear of abandonment, and trouble confronting or resolving conflict

(1987). These core issues are the underlying causation for many of the coping behaviors that are

observed in survivors of trauma.

There are common behaviors associated with trauma, but it is imperative to understand

that every child responds in a unique way to adversity, based on their own development,

experiences, and personality. Some typical trauma-related behavioral changes may include new,

more intense, or uncommon behaviors such as aggression, withdrawal, disruptiveness,

avoidance, opposition, or overreactions to certain stimuli. There are also changes within one's

emotions, which may cause irritability, tantrums, intense sadness or fear. One may also start to

talk repetitively about death or traumatic events, or even do the opposite and appear emotionally

"numb" or have under-exaggerated reactions to truly traumatizing events. Changes in social

interactions are often caused by trauma as well. One may withdraw from interacting with peers

or teachers, or may engage in repetitive, dramatic play, especially related to the cause of their

own trauma (Sciaraffa et al., 2018). Additionally, they may have trouble trusting others as they

have been taught that the ones you love are not always the ones you can trust and count on

throughout life (Blodgett, 2012). Certain physical symptoms are common in those affected by

trauma. These physical symptoms may include a change in appetite, engaging in the hoarding or

hiding of food, a change in sleep patterns, complaints of aches and pains, or the over- or under-

reaction to major or minor injuries, respectively (Sciaraffa et al., 2018).

      Although behaviors displayed by those with trauma can span a wide range, some

distinctions in behavior can be categorized by age. Examples, as presented by NCTSN &

SAMHSA (2015), include:

Preschool	● *Fear of separation from parent or caregiver* ● *Excessive crying or screaming* ● *Poor appetite and/or weight loss* ● *Nightmares* ● *Incontinence*
Elementary	● Anxiety or fear ● Guilt or shame ● Difficulty attending and/or concentrating ● Trouble sleeping at night and/or falling asleep at inappropriate times
Junior-High and High School	● Depression ● Loneliness ● Eating disorders ● Self-harm behaviors ● Alcohol and/or substance use or abuse ● Risky sexual activity

When calculating the impact that trauma has on the body, brain, and behavior of an individual, it

is easy to identify the massive toll that trauma takes on an individual. Unfortunately, however,

the trauma survivor is not the only one who pays a cost from the effects of childhood adversity.

The Cost of Trauma

   The monetary cost of trauma. Childhood trauma is a public health problem. According to an infographic published by the NCTSN & SAMHSA, "each year, the number of youth requiring hospital treatment for physical assault-related injuries would fill every seat in nine stadiums" (2015), and that only accounts for the physical abuse category of early adversity.

   The societal cost of trauma. It is no surprise that the "societal cost [of childhood trauma] overwhelms our systems serving children" (Blodgett, 2012). Children from dysfunctional, traumatic backgrounds often require more interventions and care than those from functional environments. A study conducted by Washington State University found that elementary students with four or more ACEs were three times more likely to experience academic failure and were five and six times more likely to display attendance and behavior problems (Blodgett, 2012). This translates into extra, individualized attention at school, as well as the possibility of the use of community resources, which require more manpower and funds. If a child does not receive the proper support and is held back in school or fails to graduate, society is also charged with the cost of continuing education, or by admitting an adult into the workforce who is lacking adequate preparation. Furthermore, childhood trauma has been linked to an increase in either the amount of time or the frequency that one is involved in the welfare and juvenile justice systems (NCTSN, 2016).

   Trauma's cost to educators. According to the NCTSN, "the primary mission of schools is to support students in educational achievement" (2017). In order to achieve this goal, children must feel safe, supported, and ready to learn, but such is not always the case with children recovering from trauma. Often, children exposed to trauma may not feel neither safe nor ready to learn (NCTSN, 2017). Referring again to Maslow's Hierarchy of Needs, it is not difficult to empathize with students struggling in school when "survival trumps learning" (Blodgett, 2012). This empathy however can be the root cause of another cost of trauma.

   A strong working relationship with survivors of trauma requires listening to and inevitably absorbing some of his or her pain. According to Newell and MacNeil, "the chronic day-to-day exposure to clients and the distress they experience may become emotionally taxing on . . . helping professionals" (2010). It is therefore imperative that helping professionals understand the risk factors and symptoms associated with professional burnout. Professional burnout is a broad term which covers secondary traumatic stress, vicarious trauma, and compassion fatigue, which are added costs to educators working with survivors of trauma.

Secondary traumatic stress. Secondary traumatic stress refers to the impact that the trauma of an individual has on their helping professionals. Secondary traumatic stress references the alteration of one's outward behavioral symptoms caused by the knowledge of, or desire to understand and resolve, a client's trauma. When one bears witness to the intense or horrific experiences of one's early adversity, he or she may also experience trauma on an individual level (Newell & MacNeil, 2010).

Vicarious trauma. Similar to secondary traumatic stress, vicarious trauma also refers to the trauma that a helping professional or caregiver may experience through their work with traumatized individuals. Repeated empathic engagement with survivors of trauma causes an internal cognitive change within the care provider as one inevitably absorbs some of the pain from which the client is suffering. A helping professional's thoughts and beliefs may shift over time, creating a change in his or her sense of self, worldview, and spiritual beliefs, as he or she begins to take on the individual's trauma as their own (Newell & MacNeil, 2010).

Compassion fatigue. A combination of both secondary traumatic stress and professional burnout, compassion fatigue is another similar, yet distinct variation of burnout. Compassion fatigue results from the culmination of the overall experience of providing support for and treating individuals suffering in some way (Newell & MacNeil, 2010).

Approaches to Trauma-Sensitive Teaching

The need for increased focus on primary, secondary, and tertiary prevention strategies for helping children recover from childhood trauma is evident through the high correlation between ACEs and their long-term associations with adult health and behaviors (Felitti et al., 1998). To successfully help a child recover from childhood trauma, and to flip the mindset from "survive" to "thrive," a three-part approach must be taken: (a) the child must have access to a supportive

caregiving system, (b) effective treatments must be accessible to the student, and (c) trauma-informed service systems must be put in place and followed (NCTSN, 2016).

Trauma-sensitive care, in any form, must be strengths-based and "grounded in an understanding of and responsiveness to the impact of trauma". Focusing on one's strengths and continuing to build resilience and self-efficacy in an individual "creates opportunities for survivors to rebuild a sense of control and empowerment" (Hopper et al., 2010). One of the major approaches to teaching this resiliency is through the instruction of socio-emotional learning (SEL).

SEL. We all know that school success requires more than academic knowledge. Students must also possess the skills to work with others, manage their own emotions, and to self-monitor and achieve goals. Therefore, SEL is critical for not only increasing school success, but also to help minimize inefficient behaviors and to help students better prepare for life after high school (Hanover Research, 2017b). As told by Hanover Research, there are five categories within a solid SEL framework:

Self-awareness. One must recognize and practice self-awareness. This may include identifying feelings, strengths and limitations, and how such may affect one's own behavior.

Self-management. Also known as self-regulation, one must self-motivate himself to set and achieve goals, as well as to stay organized both with material objects and abstract thought.

Social awareness. Understanding that each one of us is part of a whole is an important concept in SEL. Possessing the ability to have empathy for others, as well as appreciating diversity and respecting others, are all a part of social awareness. Once one recognizes this, they start to understand and follow behavioral norms, which help them successfully integrate into society.

Relationship skills. Communication, cooperation, and teamwork are all part of this critical set of skills. It allows individuals to confront, negotiate, and resolve conflict not only with others, but also with themselves.

Responsible decision-making. Demonstrating the "ability to make constructive choices about personal behavior and social interactions" is the fifth segment of SEL. Engaging in reflection upon how one's own actions cause consequences is an important task when it comes to recovering from trauma.

Conclusion

There is no arguing the profound impact that trauma has on today's students. The ACE study, often considered as the flagship of trauma research, uncovered the various implications the early childhood adversity has on both biology and psychology. With a rise in disruptive behaviors within schools today, it is imperative to view behaviors through a "trauma lens", investigating the "why" behind the behavior. Socio-emotional learning can benefit *all* students, but is especially beneficial for those who have a traumatic history, and therefore may lack basic regulation and coping skills. However, SEL is only a small piece of a trauma-sensitive school system; The larger factor is the group of caring adults and professionals that make up a school's culture.

The following training, intended for the elementary level but able to be implemented at any level, aims to educate, inspire, and empower educators to understand and have empathy for children affected by trauma. These educators interact with students of all backgrounds, diversity, and abilities on a daily basis. Therefore, this training shifts their focus from the act of students' behavior to identifying and healing the underlying factors caused by trauma; shifting from trauma-informed to trauma-sensitive teaching.

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Appendix A

The following pages represent at multitude of training sessions intended to be used as a professional development and training opportunity for faculty and staff of a school setting. Each slide is accompanied by notes for the trainer, if applicable, to guide the presenter in offering additional commentary and facts to the information presented on the slide.

Although this training was created with the intention of use for *all* school personnel, it is reasonable to assume that not all districts across the country will have the amount of time and administrator approval needed to implement all six sessions for every individual. Therefore, there is flexibility within the material and layout of content to allow for adaptation.

Ideally, at a minimum, the first two and last session of training would be presented to *all* school personnel, including kitchen staff, custodial staff, coaches, and recess supervisors, as well as teachers and paraprofessionals. These three sessions are the basics of understanding trauma and its effects, how it shapes the body, mind, and behavior, and how to take care of one's self in the face of trauma. Sessions three, four, and five are slightly more in-depth, focusing on specific strategies and interventions suitable for all children, but especially those with a trauma history.

For circumstances of limited time for face-to-face trainings, the slides could also be converted to a web presentation, with an audio narration to guide the training. Further adaptation, if necessary, is the decision and responsibility of the presenter in order to meet the needs of his or her audience.

What is Trauma?

Session 1

Overview

- Defining trauma
- Traumatic events & experiences
- Traumatic stress
- Forms of Trauma
- The ACE Study
  - Your ACE score
  - Your resiliency score

theguardian.pe.ca

How do YOU define trauma?

In 5 words or less,

write your group's definition of trauma

on a sticky note

Allow members to discuss with those around them. Then ask for volunteers to share their definitions.

How SAMHSA defines trauma

"Individual trauma results from an **event, series of events, or set of circumstances** experienced by an individual as **physically or emotionally harmful or life-threatening** with **lasting adverse effects on the individual's functioning** and mental, physical, social, emotional, or spiritual well-being."

(Trauma)

Traumatic Events

- Threaten life/safety of child or someone close to them

- Cause overwhelming fear

- Usually accompanied by the fight, flight, or freeze phenomena

(Trauma Sensitive Schools, 2016)

Traumatic experiences

- Abuse (psychological, physical or sexual)
- Neglect
- Violence within the community or school
- Witnessing domestic violence
- Terrorism
- Natural disasters

- Sexual exploitation (e.g. sex trafficking)
- Sudden/violent loss of loved one
- Refugee/war experiences
- Military family-related events (e.g. deployment, parental loss/injury)
- Serious accidents
- Life-threatening illnesses

(Felitti et al., 1998)

Encourage the audience to list additional types of traumatic experiences that they can think of

Traumatic Stress

- Physical and emotional responses of a child in the face of threatening situations from which the child lacks control
  - Stress management system is overloaded through frequent, strong, or prolonged activation
    - Impacts the developing brain
    - Causes detriment to the individual's ability to respond to and manage such stress
      - especially when a nurturing caregiver is absent and no other types of support are available
- Most children are highly resilient
  - ⅓ may still benefit from trauma-specific mental health interventions

(Shonkoff et al., 2012) (Spenrath, Clarke, & Kutcher, 2011) (Trauma Sensitive Schools, 2016)

Sources of Ongoing Traumatic Stress

- Poverty
- Discrimination
- Separation from parents/siblings
- Frequent moves
- Homelessness
- School problems
- Traumatic grief & loss
- Refugee or immigrant experiences
- Incarcerated parents

(Trauma Sensitive Schools, 2016)

Encourage the audience to list additional sources.

Forms of Trauma

- Acute
  - One-time
    - E.g. car accident, dog bite, date rape, natural disaster
- Chronic
  - Pattern of exposure
    - E.g. repeated domestic violence and/or abuse
- Complex
  - Occurs before a child's school years
  - Caused by the adult(s) responsible for the care and upbringing of the child
  - The exposure to ACEs and the process of adjustment and the consequences after the fact of the initial trauma
  - **Has the largest impact on wellbeing**

(Blodgett, 2012) (Trauma Sensitive Schools, 2016)

The ACES Study

Watch TEDtalk video: How childhood trauma affects health across a lifetime | https://youtu.be/uXXTLf7oouU
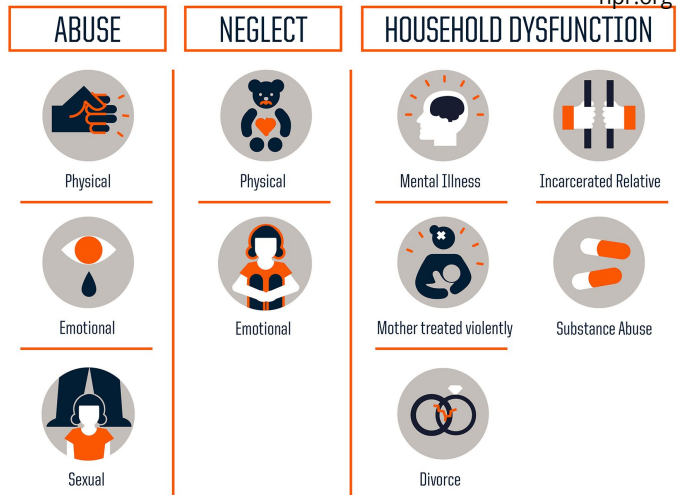
The ACES Study cont.

- Joint study between the CDC & Kaiser Permanente
- San Diego, CA
- 1995-1997
- 17,000+ adult participants
- Adversity early in a child's life greatly impacts short- and long-term outcomes for children

(Felitti et al., 1998)

The ACES Study cont.

- ACEs = Adverse Childhood Experiences
  - various types of traumatic childhood experiences (abuse, neglect, household dysfunction)
  - occurred between birth to 18 years
  - impact lifelong health and well-being

npr.org

ABUSE	NEGLECT	HOUSEHOLD DYSFUNCTION	
Physical	Physical	Mental Illness	Incarcerated Relative
Emotional	Emotional	Mother treated violently	Substance Abuse
Sexual		Divorce	

(Sciaraffa, Zeanah, & Zeanah, 2018)

ACE Study Questions

Maltreatment
1. Child physical abuse
2. Child sexual abuse
3. Child emotional abuse
4. Emotional neglect
5. Physical neglect

Environment
6. Mentally ill, depressed or suicidal person in the home
7. Drug-addicted or alcoholic family member
8. Witnessing domestic violence against the mother
9. Loss of a parent to death or abandonment, including abandonment by parental divorce
10. Incarceration of any family member for a crime

(Felitti et al., 1998)

Explain that these are the categories of questions on the ACE questionnaire used in the study.

What is YOUR ACE score?

Hand out questionnaire and allow time for completion. Encourage participants to be open and honest; results will not be shared or collected.

The ACES Study cont.

- Findings
  - 33% reported 0 ACEs
  - 50% reported 1+ ACE(s)
  - 25% reported 3+ ACEs
  - Largest category: substance abuse (25.6%)
  - Smallest category: criminal behavior in the household (3.4%)

What happens
in childhood

Doesn't always stay
in childhood

allisondavismaxon.com/

(Felitti et al., 1998) (Sciaraffa et al., 2018)

Your Resiliency Score

Hand out questionnaire and allow time for completion. Encourage participants to be open and honest; results will not be shared or collected
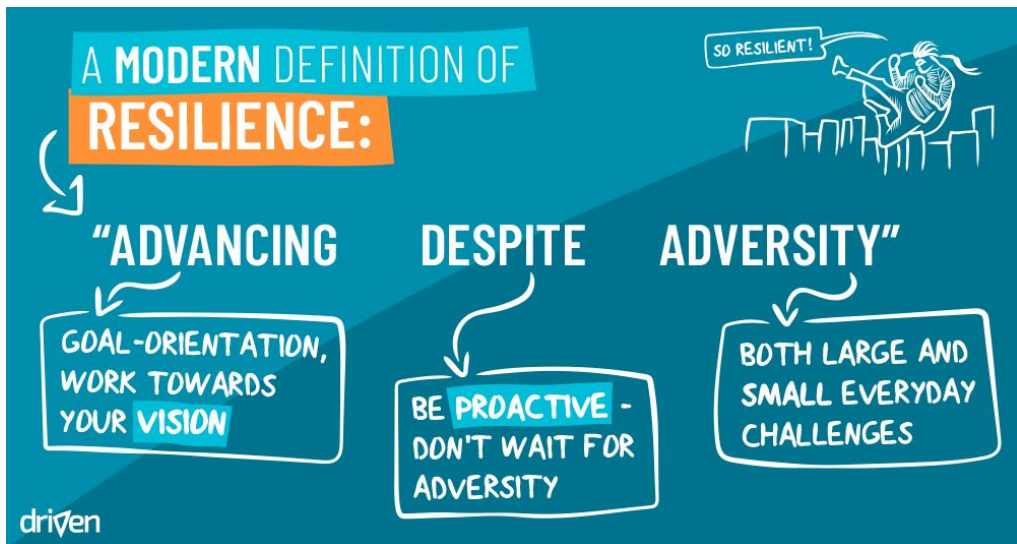
Until Next Time...

Be the sunshine and nourishment in a child's life; beauty grows in even the most desperate conditions.

Adverse Childhood Experience (ACE) Questionnaire
Finding your ACE Score ra hbr 10 24 06

While you were growing up, during your first 18 years of life:

1. Did a parent or other adult in the household **often** …
    Swear at you, insult you, put you down, or humiliate you?
        or
    Act in a way that made you afraid that you might be physically hurt?
        Yes No   If yes enter 1   _____

2. Did a parent or other adult in the household **often** …
    Push, grab, slap, or throw something at you?
        or
    Ever hit you so hard that you had marks or were injured?
        Yes No   If yes enter 1   _____

3. Did an adult or person at least 5 years older than you **ever**…
    Touch or fondle you or have you touch their body in a sexual way?
        or
    Try to or actually have oral, anal, or vaginal sex with you?
        Yes No   If yes enter 1   _____

4. Did you **often** feel that …
    No one in your family loved you or thought you were important or special?
        or
    Your family didn't look out for each other, feel close to each other, or support each other?
        Yes No   If yes enter 1   _____

5. Did you **often** feel that …
    You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you?
        or
    Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?
        Yes No   If yes enter 1   _____

6. Were your parents **ever** separated or divorced?
        Yes No   If yes enter 1   _____

7. Was your mother or stepmother:
    Often pushed, grabbed, slapped, or had something thrown at her?
        or
    Sometimes or often kicked, bitten, hit with a fist, or hit with something hard?
        or
    Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?
        Yes No   If yes enter 1   _____

8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?
        Yes No   If yes enter 1   _____

9. Was a household member depressed or mentally ill or did a household member attempt suicide?
        Yes No   If yes enter 1   _____

10. Did a household member go to prison?
        Yes No   If yes enter 1   _____

Now add up your "Yes" answers: _____ This is your ACE Score

RESILIENCE Questionnaire

Please circle the most accurate answer under each statement:

1. I believe that my mother loved me when I was little.

Definitely true   Probably true   Not sure   Probably Not True   Definitely Not True

2. I believe that my father loved me when I was little.

Definitely true   Probably true   Not sure   Probably Not True   Definitely Not True

3. When I was little, other people helped my mother and father take care of me and they seemed to love me.

Definitely true   Probably true   Not sure   Probably Not True   Definitely Not True

4.   I've heard that when I was an infant someone in my family enjoyed playing with me, and I enjoyed it, too.

Definitely true   Probably true   Not sure   Probably Not True   Definitely Not True

5. When I was a child, there were relatives in my family who made me feel better if I was sad or worried.

Definitely true   Probably true   Not sure   Probably Not True   Definitely Not True

6.   When I was a child, neighbors or my friends' parents seemed to like me.
Definitely true   Probably true   Not sure   Probably Not True   Definitely Not True

7. When I was a child, teachers, coaches, youth leaders or ministers were there to help me.

Definitely true   Probably true   Not sure   Probably Not True   Definitely Not True

8. Someone in my family cared about how I was doing in school.

Definitely true   Probably true   Not sure   Probably Not True   Definitely Not True

9. My family, neighbors and friends talked often about making our lives better.

Definitely true   Probably true   Not sure   Probably Not True   Definitely Not True

10. We had rules in our house and were expected to keep them.

Definitely true   Probably true   Not sure   Probably Not True   Definitely Not True

11. When I felt really bad, I could almost always find someone I trusted to talk to.

Definitely true   Probably true   Not sure   Probably Not True   Definitely Not True

12. As a youth, people noticed that I was capable and could get things done.

Definitely true   Probably true   Not sure   Probably Not True   Definitely Not True

13. I was independent and a go-getter.

Definitely true   Probably true   Not sure   Probably Not True   Definitely Not True

14. I believed that life is what you make it.

Definitely true   Probably true   Not sure   Probably Not True   Definitely Not True

How many of these 14 protective factors did I have as a child and youth? (How many of the 14 were circled "Definitely True" or "Probably True"?) _____

Of these circled, how many are still true for me? _____

Trauma's Impact:
The "Why"

Session 2

Review of Previous Session

- Defining trauma
- Traumatic events & experiences
- Traumatic stress
- Forms of Trauma
- The ACE Study
  - Your ACE score
  - Your resiliency score

theguardian.pe.ca
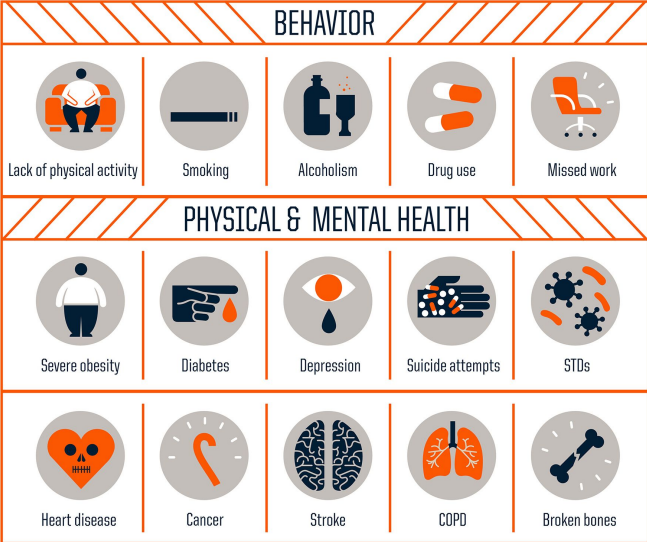
Overview

- Implications of trauma

- 911 call

- Trauma at school

What we sometimes see as

a failure to **BEHAVE** properly,

is actually a failure to

COMMUNICATE properly.

www.notjustcute.com

Implications of Trauma

BEHAVIOR

Lack of physical activity	Smoking	Alcoholism	Drug use	Missed work

PHYSICAL & MENTAL HEALTH

|				
Severe obesity	Diabetes	Depression	Suicide attempts	STDs
Heart disease	Cancer	Stroke	COPD	Broken bones

npr.org

Implications of Trauma: Biological

- Medical concerns
  - Diabetes
  - Heart Disease
  - Chronic Obstructive Pulmonary Disease (COPD)
  - Asthma
  - Cancer
  - Liver Disease
  - Obesity
- Impaired cognition
  - Learning, memory, attention
- Basic biological reactions
  - Stress response system flips straight to crisis-mode
- Psychosomatic symptoms
  - Toxic stress effects: Headache, stomachache

(Blodgett, 2012) (National Child Traumatic Stress Network [NCTSN], 2016) (Thompsen et al., 2009) (Trauma Sensitive Schools, 2016)
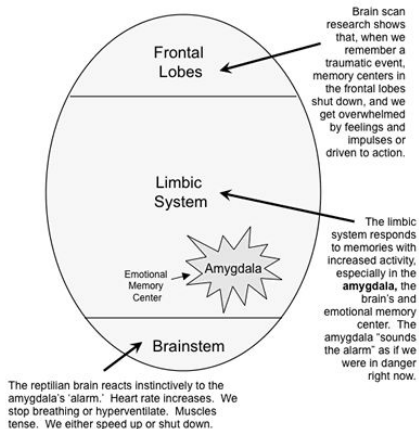
Implications of Trauma: Biological cont.
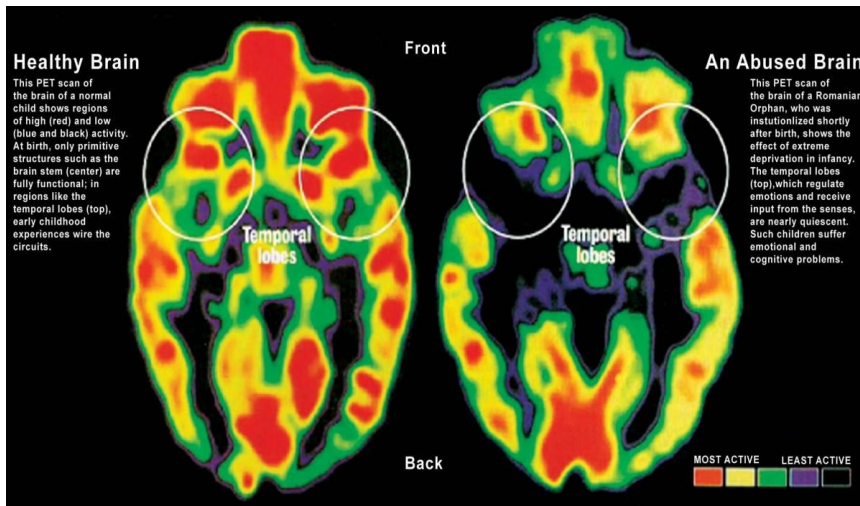
Explain the differences in brain scans of a healthy child compared to a severely neglected child (from a Romanian orphanage). These real scans show that trauma truly does have a biological impact on the brain.

Implications of Trauma: Biological cont.

We remember trauma less in words
and more with our feelings and our
bodies
[van der Kolk & Fisler, 1995]

Frontal
Lobes

Brain scan
research shows
that, when we
remember a
traumatic event,
memory centers in
the frontal lobes
shut down, and we
get overwhelmed
by feelings and
impulses or
driven to action.

Limbic
System

The limbic
system responds
to memories with
increased activity,
especially in the
amygdala, the
brain's and
emotional memory
center. The
amygdala "sounds
the alarm" as if we
were in danger
right now.

Emotional
Memory
Center

Amygdala

Brainstem

The reptilian brain reacts instinctively to the
amygdala's 'alarm.' Heart rate increases. We
stop breathing or hyperventilate. Muscles
tense. We either speed up or shut down.

Copyright 2009 Janina Fisher, Ph.D.

Implications of Trauma: Psychological

- Mental Health
  - Over 50% of respondents with four or more ACEs had reported two or more weeks of a depressed mood in the last year
  - Higher rates of suicide
    - 18.3% of individuals who reported 4+ ACEs had attempted & lived to tell about it
    - Only 1.2% of respondents with 0 ACEs had attempted
- Emotions
  - Children may be unable to explain or regulate emotions
- Behavior
  - For each additional ACE, the likelihood of behavior problems increases by 32%
  - Functional immaturity of the threat arousal management system

(Blodgett, 2012) (Felitti et al., 1998) (Kerker et al., 2015)

Implications of Trauma: Psychological cont.

- Self-Esteem
  - Lack of support, encouragement, and care raises children to believe that they are worthless and incapable of achieving success
- Consciousness
  - Brains often block out harmful memories in order to protect us
- Trust Issues
  - Hinder relationships with parents, friends, teachers, and authorities
- Damage to worldview
  - The ones you love are not always the ones you trust
  - If you grow up believing you are/are not one thing, you will continue to believe it

(Trauma Sensitive Schools, 2016)

Imagine This - 911 Call

Warn the audience that this may be triggering and very emotional.
Encourage members of the audience to step out of the room if necessary during the video.

Lisa's 911 phone call | https://youtu.be/u-7J5akhSA8

Break

afterschoolcentre.org

Allow trainees to take a break and collect their thoughts/emotions after the video

Lisa's Story

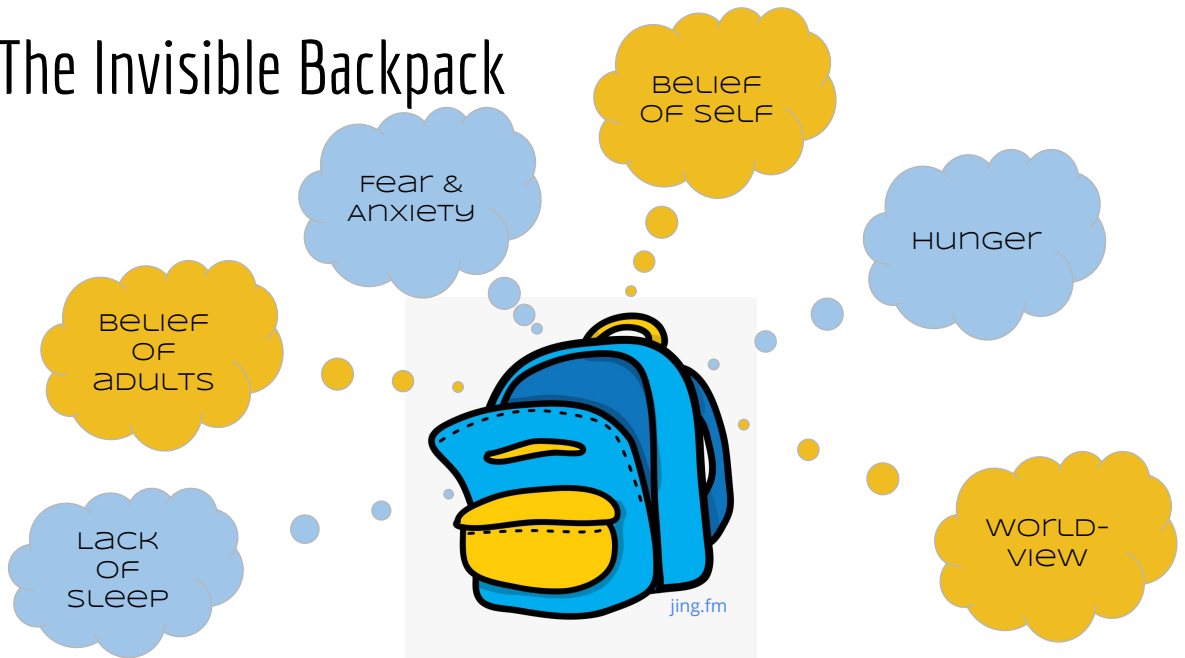- 23 documented cases of CPS going to the house
  - Lisa/siblings were **never** taken away from mom
- In an abusive relationship of her own
- Left husband when pregnant with 2nd child
- Now a domestic violence advocate

(Deanmine, 2014)

The Invisible Backpack

BELIEF OF SELF

FEAR & ANXIETY

HUNGER

BELIEF OF ADULTS

LACK OF SLEEP

WORLD-VIEW

jing.fm

Explain that each day, children come to school with an "invisible backpack" full of thoughts, feelings, and beliefs

Share some thoughts a child with trauma may have:
1. It's all my fault
2. I am ugly
3. Why should I even try?
4. Adults lie
5. The world is a scary place
6. I am stupid
7. I can't do anything right
8. No one loves me
9. You're going to hurt me
10. School sucks

Implications of Trauma: Academic

- Research indicates that children who experience trauma are more likely to have:
  - Lower GPA
  - Increased absences
  - Higher chance of drop-out
  - Increased suspensions/expulsions
  - Decreased IQ & reading ability
  - Significant deficits in attention, abstract reasoning and long-term memory for verbal information
  - Special Education services

(Trauma Sensitive Schools, 2016)

Traumatic Stress Behaviors at School

- Problems concentrating, learning, or grasping new learning
- Impulsivity
- Reenactment or repeated play
- Moody - sad, angry, aggressive
- Withdrawn, depressed, unusually quiet
- Immature behavior; behaving like a much younger child
- Refusal to engage in certain tasks/activities that may remind them of the traumatic experience

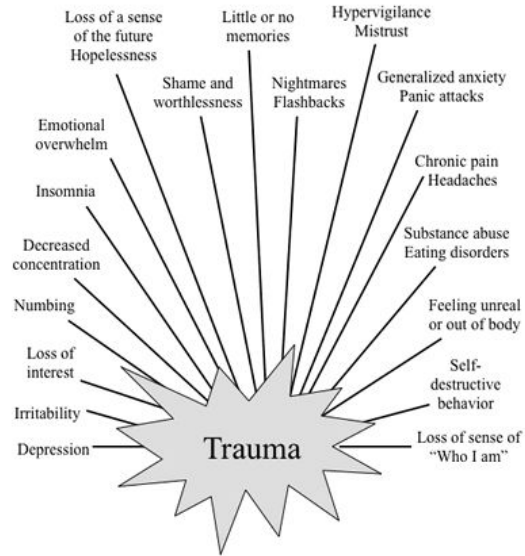*Behavior is language; it tells us something*

(Trauma Sensitive Schools, 2016)

Traumatic Stress Behaviors at School cont.

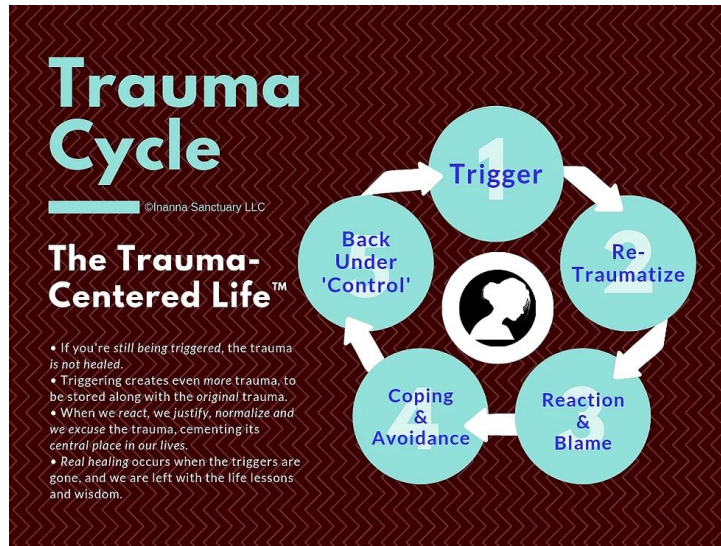| Preschool	Elementary	Middle & High School
Fear of separation from parent or caregiver	Anxiety	Depression and/or loneliness
Excessive crying and/or screaming	Fear	Eating disorders
Poor appetite	Guilt and/or shame	Self-harm
Weight loss	Difficulty concentrating	Alcohol/substance use or abuse
Nightmares and/or wetting the bed	Trouble sleeping	Risky sexual activity

(Sciaraffa, Zeanah, & Zeanah, 2018)

Trauma is...

Loss of a sense of the future / Hopelessness — Little or no memories — Hypervigilance / Mistrust — Shame and worthlessness — Nightmares / Flashbacks — Generalized anxiety / Panic attacks — Emotional overwhelm — Chronic pain / Headaches — Insomnia — Substance abuse / Eating disorders — Decreased concentration — Feeling unreal or out of body — Numbing — Self-destructive behavior — Loss of interest — Irritability — Depression — Loss of sense of "Who I am" — **Trauma**

"*Trauma survivors have symptoms instead of memories*" [Harvey, 1990]

Adapted from Bremner & Marmer, 1998   Copyright 2007 Janina Fisher, Ph.D.

The Trauma Cycle

Choose Your Battles

Maslow's hierarchy of needs

Self-actualization
desire to become the most that one can be

Esteem
respect, self-esteem, status, recognition, strength, freedom

Love and belonging
friendship, intimacy, family, sense of connection

Safety needs
personal security, employment, resources, health, property

Physiological needs
air, water, food, shelter, sleep, clothing, reproduction

thoughtco.com

Cause I Ain't Got a Pencil
by Joshua T. Dickerson

I woke myself up
Because we ain't got an alarm clock
Dug in the dirty clothes basket,
Cause ain't nobody washed my uniform
Brushed my hair and teeth in the dark,
Cause the lights ain't on
Even got my baby sister ready,
Cause my mama wasn't home.
Got us both to school on time,
To eat us a good breakfast.
Then when I got to class the teacher fussed
Cause I ain't got a pencil.

Trauma-Sensitive Strategies

Session 3

Review of Previous Sessions

- Trauma exposure is common
  - ACEs affect short- and long-term outcomes for children
- Behaviors are often the child's best attempt at coping and/or communicating
  - Look for the "why" behind the behavior

health.harvard.edu

Overview

- Building relationships

- Crisis management

- Tips to be trauma-sensitive

brainline.org

Brainstorm

- Chat with your table to brainstorm strategies for dealing with difficult behaviors at school

Getty Images

Allow time for discussion then ask for volunteers to share answers

Relationships and Empathy

- At a bare minimum, focus on building relationships
  - Highlight the positives
  - Ask about interests or hobbies outside of school
  - Allow for an environment that promotes independence and control
  - Focus on behavior as a fact, not a judgment
    - "I saw you hit Johnny. What happened?"
  - Enforce fair consequences with compassion
    - Children need clear boundaries and to learn that their actions have consequences
- Empathy is the key to trauma-sensitive actions
  - Step into their shoes
  - Understand their feelings and perspectives
    - Use the understanding to **guide actions**

(Trauma Sensitive Schools, 2016)

Crisis Management

- Quickly recognize when a child is in distress and act in a timely and sensitive matter
  - E.g. holding, rocking, quick hugs or motivational chats
- Model self-regulation
  - Don't let their emergency turn into your emergency
- Take their emotions seriously
  - Don't offer judgment or minimize their feelings
  - Applaud their efforts to self-soothe and cope
  - Avoid taking offense to what they are feeling
- Provide choices for which either answer is acceptable
  - "Would you like to do your worksheet in **pencil or pen**?"
  - "Do you want to **read** first **or write** first?"
  - "You can **sit or stand** at your desk. You choose."

(Sciaraffa, Zeanah, & Zeanah, 2018) (Trauma Sensitive Schools, 2016)

Crisis Management: What **To** Say

"I understand that you are feeling _____ because of what you've been through."

"Sometimes we worry for no reason and that's okay."

"Everyone gets anxious sometimes."

"We can teach you ways to feel better."

"What will help you feel safe right now?"

(Clipartmag.com) (Trauma Sensitive Schools, 2016)

Crisis Management: What **Not** to Say

"Get over it"

"There's nothing to be afraid of"

"You're safe"

"Calm down!"

"Stop worrying!"

(Clipartmag.com) (Trauma Sensitive Schools, 2016)

Think Back…

How can we "repack" this backpack with love, positive experiences and beliefs?

How can we promote resilience in this child by making them feel:
- Safe?
- Capable?
- Likable?

BELIEF OF SELF

FEAR & ANXIETY

HUNGER

BELIEF OF ADULTS

LACK OF SLEEP

WORLD-VIEW

jing. fm

Repacking the Invisible Backpack

The classroom can be a place of refuge for children when their life outside of school is chaos

- It's easier to repack the backpack when you know what they need
  - How do you know what they need? - Build relationships!
- The 5 Love Languages
  - Words of Affirmation
  - Acts of Service
  - Receiving Gifts
  - Quality Time
  - Physical Touch
- 4:1 Ratio
  - For every **one** negative comment or redirection, children need to hear **four** positives

(Mortensen and Barnett 2016)

How You can be Trauma-Sensitive

- Help children predict the future
  - Routine - daily schedule
  - Planned transitions
- Identify behavior patterns and consider potential triggers or reminders
- Never stop learning
  - Seek information on types of traumas and stressors that affect the students you teach
- Apply the trauma lens to each and every student
  - You don't need to know if a child has a history of trauma
  - Treating a child as if they have trauma (even if they don't) will never harm them
- "Kids do well if they can" - Dr. Ross Greene, *Lives in the Balance*
  - They need strategies to regulate emotions and control behaviors

(Sciaraffa et al. 2017) (Trauma Sensitive Schools, 2016)

Take it From a Fellow Educator…

Every kid needs a champion | Rita Pierson | https://youtu.be/SFnMTHhKdkw

Trauma-Sensitive Strategies

Trauma-sensitive educational practices:

- Mirror well-established "best practices"
- Are not new "programs" or "curriculums"
- Do not require more time, but rather a redirection of time
    - Spend more time in instruction rather than discipline
- Apply the **trauma lens** to everyday practice
- Weaves the trauma perspective into what educators *already* do

(Trauma Sensitive Schools, 2016)

Remember

- What's good for students with trauma is good for <u>all</u> students.
- It's not their fault they've experienced trauma and adversity
  - It's not because of them
  - Their trauma does not define them
- All students, even those with trauma:
  - Are loveable
  - Are worthy of care
  - Are stars
  - Deserve a champion
  - May one day turn out to be an educator *just like you!*

(Trauma Sensitive Schools, 2016)

Trauma-Sensitive Strategies cont.

Session 4

Review of Previous Sessions

- Trauma exposure is common
- Behaviors are often the child's best attempt at coping and/or communicating
- Relationships are key
- Use a "trauma lens" on behaviors

theconversation.com

Overview

- Safety

- More on the 'why'

- Teaching coping skills

- Teaching resilience

mindful.org

It's Never Too Late

- Children and adults with trauma experiences can learn new ways of thinking, relating, and responding to situations perceived as crises

- Unlearning habits and rebuilding appropriate responses takes *time*
    - Difficult to "heal" children of trauma in schools as it takes time

- Rational thought & self-awareness can help individuals to override programmed brain responses

(Trauma Sensitive Schools, 2016)

Safety

- Physical safety is NOT the same as psychological safety
- Your student's definition of "safety" may not be the same as yours
- To help your students feel safe, you will need to look at the world through their trauma lens
- Honor their past experience(s)
  - Their reactions are suitable to the *perceived* threat; it's real for them

(Trauma Sensitive Schools, 2016)

Classic PTSD Reactions

Hyperarousal	Reexperiencing	Avoidance
● Nervousness ● Easily startled ● Inability to sit still	● Intrusive images, sensations, or dreams ● Intrusive memories of the event(s)	● Feeling numb, shut down or disconnected from normal life ● Pulling away from activities and relationships ● Avoiding situations that prompt memories of the trauma

● Although true PTSD diagnoses do not always fit children, the rate of pediatric PTSD diagnoses has more than doubled from 2013 (4.0 diagnoses/10,000 patients) to 2017 (8.3/10,000)

(Pereto, 2019) (Trauma Sensitive Schools, 2016)

Cycle of Shame and Compulsive Behavior
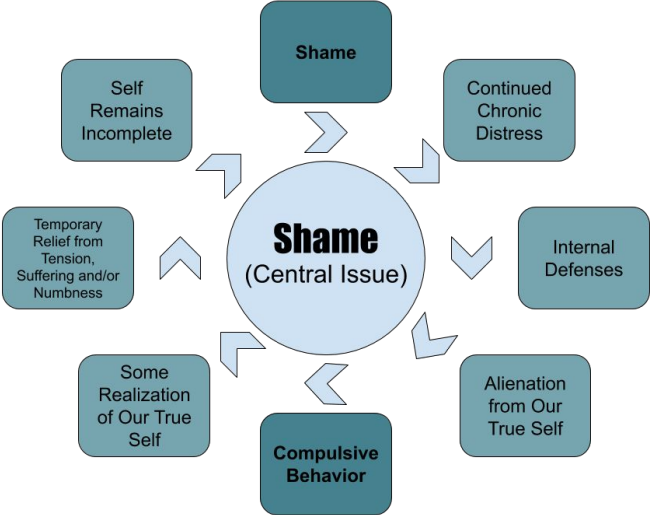
(adapted from Whitfield, 1987)

Teaching Coping Skills

1. Model appropriate emotion regulation
   a. Name your feeling(s)
   b. Describe how you know you are feeling that way
   c. Explain the techniques you use to stay calm
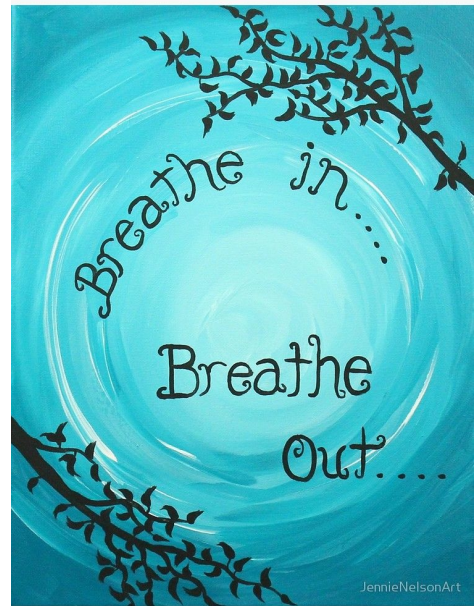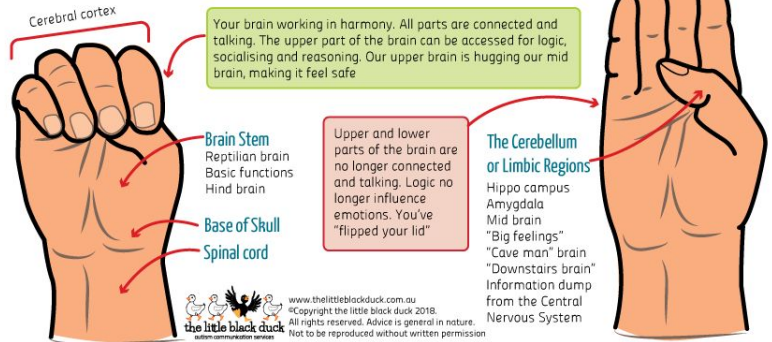
(Trauma Sensitive Schools, 2016)

Teaching Coping Skills

2. Teach how bodies respond to stress

The Hand Model of the Brain
What happens when we "flip our lid"

When our brain is working efficiently both the upper and mid brain are communicating effectively. Information comes in and is processed logically. Sometimes too much information is coming in for the Upper brain to process and it disconnects. We "flip our lid" and can no longer access the functions provided by the upper brain

Cerebral cortex

Your brain working in harmony. All parts are connected and talking. The upper part of the brain can be accessed for logic, socialising and reasoning. Our upper brain is hugging our mid brain, making it feel safe

Brain Stem
Reptilian brain
Basic functions
Hind brain

Upper and lower parts of the brain are no longer connected and talking. Logic no longer influence emotions. You've "flipped your lid"

Base of Skull

Spinal cord

The Cerebrum or Neo Cortex
Cerebral cortex
Prefronatal cortex
Upper brain
"Logic centre"
"Thinking brain"
"Upstairs brain"

The Cerebellum or Limbic Regions
Hippo campus
Amygdala
Mid brain
"Big feelings"
"Cave man" brain
"Downstairs brain"
Information dump from the Central Nervous System

www.thelittleblackduck.com.au
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Not to be reproduced without written permission
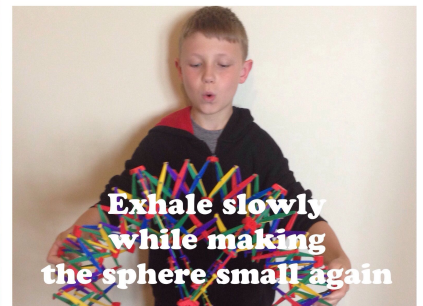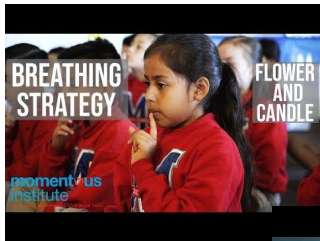the little black duck autism communication services

E.g. when kids are running around the school, their brain is open; lid is flipped. You must help them to close their brain (regain control) before you can get them to work
Dr Daniel Siegel presenting a Hand Model of the Brain |
https://youtu.be/gm9CIJ74Oxw

Teaching Coping Skills

3. Teach and practice belly breathing

Breathing Strategy - Flower and Candle | https://youtu.be/Wc9pBYl1-Mk

Deep Breathing as a Coping Skill | Athletes Connected | https://youtu.be/rMj9ZNdRQEc
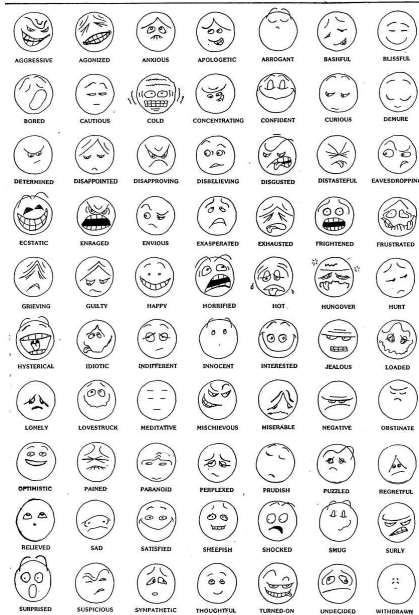
Teaching Coping Skills

4. Identify and label feelings beneath behavior

    "I yelled because I was angry"

    "What were you feeling when you kicked Joe?"

    "What makes you feel _____?"

Are You AWARE of How You Are Feeling Now?

AGGRESSIVE | AGONIZED | ANXIOUS | APOLOGETIC | ARROGANT | BASHFUL | BLISSFUL
BORED | CAUTIOUS | COLD | CONCENTRATING | CONFIDENT | CURIOUS | DEMURE
DETERMINED | DISAPPOINTED | DISAPPROVING | DISBELIEVING | DISGUSTED | DISTASTEFUL | EAVESDROPPING
ECSTATIC | ENRAGED | ENVIOUS | EXASPERATED | EXHAUSTED | FRIGHTENED | FRUSTRATED
GRIEVING | GUILTY | HAPPY | HORRIFIED | HOT | HUNGOVER | HURT
HYSTERICAL | IDIOTIC | INDIFFERENT | INNOCENT | INTERESTED | JEALOUS | LOADED
LONELY | LOVESTRUCK | MEDITATIVE | MISCHIEVOUS | MISERABLE | NEGATIVE | OBSTINATE
OPTIMISTIC | PAINED | PARANOID | PERPLEXED | PRUDISH | PUZZLED | REGRETFUL
RELIEVED | SAD | SATISFIED | SHEEPISH | SHOCKED | SMUG | SURLY
SURPRISED | SUSPICIOUS | SYMPATHETIC | THOUGHTFUL | TURNED-ON | UNDECIDED | WITHDRAWN

i.pinimg.com

Teaching Coping Skills

5. Reassure children that *any* emotion is okay, but it is not okay to be out of control

Teaching Coping Skills

6. Teach how thoughts, feelings, and behavior are connected

The Cognitive Triangle

"I CAN'T DO THIS!"

THOUGHTS

FEELINGS — "I FEEL INADEQUATE AND EMBARRASSED"

BEHAVIOR

Body Responses — Increased Heart Rate, Changes in Breathing, Body Temps, Racing Thoughts, Belly Pain, Digestion

"ACTING OUT AS A FUNCTION TO AVOID WORK"

http://lauriepinhorn.com/
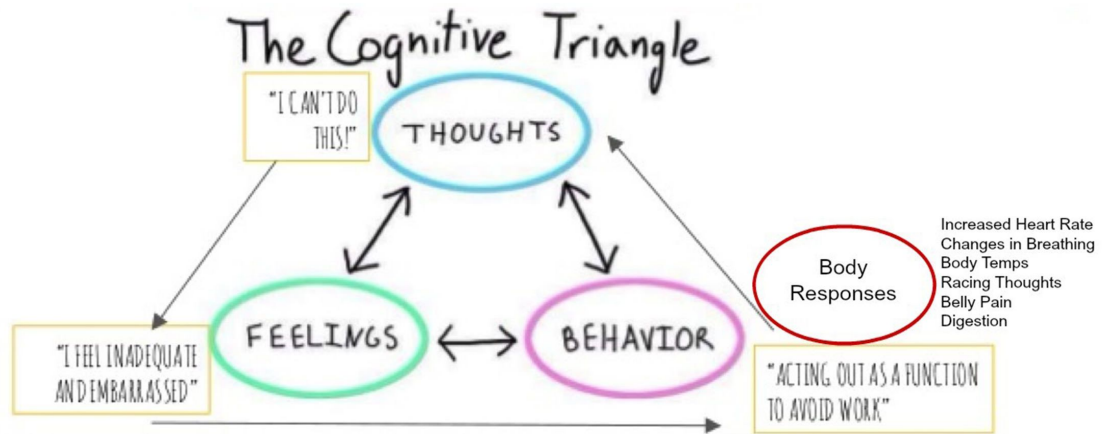
E.g. Bad grades:
- Thought: "I'm stupid" / "This teacher sucks!"
- Feeling: Ashamed/Angry
- Action: Make into a joke/safe face (coping strategy)

*Teachers may have to assist in writing down thoughts/feelings and how to shift to positive

Teaching Coping Skills

7. Be aware of basic needs

- "What did you have for breakfast t
  morning?"
- "You look upset. Is everything ok?
- "Do you want some alone time or
  you need help finding a group or
  partner?"
- "I'll let you sleep for 15 minutes, bu
  then do your best to come back to
  and learn"

HALT

Hungry   Angry   Lonely Tired

https://i1.wp.com/

Teaching Resilience

Ability to adapt and thrive in the face of adversity, or to "bounce back" from traumatic situations without major, lasting effects

- 3 Core Protective Systems
  - Person's individual capacities
  - Attachment to a nurturing caregiver and a sense of belonging
  - A protective community
- Provides opportunities to reduce ACEs in future generations
  - Stops the cycle of violence, alcohol/substance abuse, risky behaviors

Educators can help to instill and maximize personal attributes of resilience, such as <u>self-efficacy</u> and <u>self-regulation</u>

(Sciaraffa, Zeanah, & Zeanah, 2018)

Resilience: Person's Individual Capacities

Core Protective System #1: Person's Individual Capacities

- Self-regulation
  - Controlling thoughts and feelings to manage behavior, curb impulses and problem-solve (Murray et al. 2016)
  - one's ability to self-soothe or calm themselves independently
- Expression of emotions
  - Even when it's challenging for children to control their feelings, allowing for their expression without fear of punishment can help them to feel a sense of security (Sciaraffa et al. 2017)
  - Adults can help children build this area of protection by teaching about, labeling and acknowledging feelings, and by helping them to appropriately express their own feelings (Sciaraffa et al. 2017).
- Self-assertion
  - Fine line between self-assertion and opposition

(Murray et al. 2016) (Sciaraffa et al. 2017)

Resilience: Attachment and Belonging

Core Protective System #2: Attachment to a Nurturing Caregiver and Sense of Belonging

- Provide/maintain a safe and secure relationship
  - provides additional support during times of adversity, abuse, and stress

- Precise attention by a caring adult
  - help them identify, express, and cope with conflicting emotions

- "Children would rather look bad than look dumb"

(Sciaraffa et al. 2017) (Trauma Sensitive Schools, 2016)

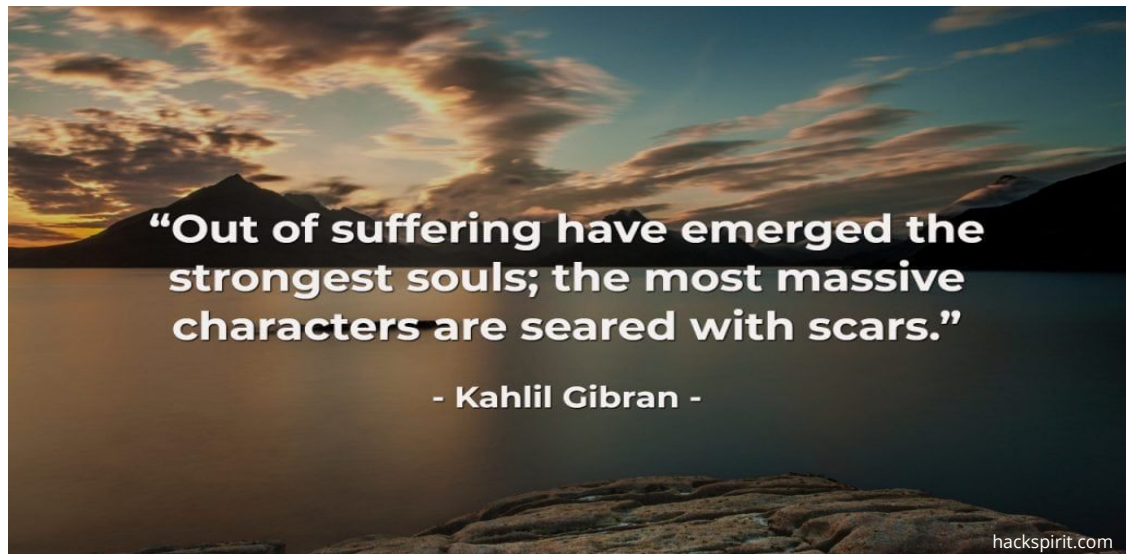# Resilience: Protective Community

Core Protective System #3: Protective Community

- School is a community for a child
  - Administrators
  - Principal
  - Teachers
  - Paraprofessionals
  - Food Service Workers in the schools
  - Custodians
  - Extra-curricular supervisors
  - Athletic coaches

(Sciaraffa et al. 2017)

Remember...

"Out of suffering have emerged the strongest souls; the most massive characters are seared with scars."

- Kahlil Gibran -

hackspirit.com

Trauma-Sensitive Strategies cont.

Session 5

Review of Previous Sessions

- Trauma exposure is common
- Behaviors = communication
- Relationships are key
- Look for the 'why'
- Safety
- Coping skills
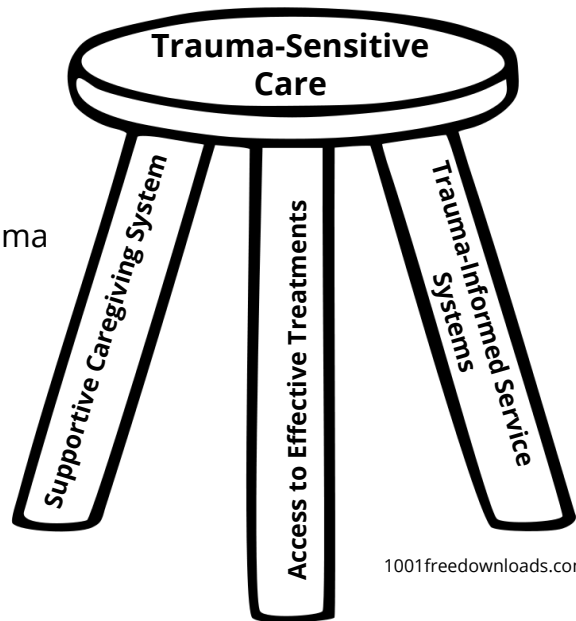- Resilience

industryweek.com

Overview

- Trauma-sensitive
  - Care
  - Systems
  - Schools
- Social-Emotional Learning
- Screening

https://blog.edmentum.com/

Trauma-Sensitive Care

- Strengths-based
- Responsive to the impact of trauma
- Allows survivors to rebuild
  - Sense of control
  - Empowerment
- 3-Legged Stool Model
  - All 3 legs work together
  - One cannot be absent

Trauma-Sensitive Care

Supportive Caregiving System

Access to Effective Treatments

Trauma-Informed Service Systems

1001freedownloads.com

(Hopper et al., 2010) (National Child Traumatic Stress Network [NCTSN], 2016)

Trauma-Informed Systems

"A **trauma-informed system** is one in which all parties involved <u>recognize and respond to the impact of traumatic stress</u> on those who have contact with the system including children, caregivers, and service providers. <u>Programs and agencies</u> within such a system **infuse** and sustain trauma awareness, knowledge, and skills into their organizational **cultures, practices,** and **policies**. They act in <u>collaboration</u> with all those who are involved with the child using the best available **science**, to facilitate and support the **recovery** and **resiliency** of the **child** and **family**."

(NCTSN, 2016)

Trauma-Sensitive School Systems

- Essential Elements
  - Identifying and assessing traumatic stress.
  - Addressing and treating traumatic stress.
  - Teaching trauma education and awareness.
  - Having partnerships with students and families.
  - Creating a trauma-informed learning environment (social/emotional skills and wellness).
  - Being culturally responsive.
  - Integrating emergency management & crisis response.
  - Understanding and addressing staff self-care and secondary traumatic stress.
  - Evaluating and revising school discipline policies and practices.
  - Collaborating across systems and establishing community partnerships.

(NCTSN, 2016)

Social-Emotional Learning (SEL)

- 5 categories:
  - Self-Awareness
    - Identify feelings, strengths, limitations, and how such affect behavior
  - Self-Management (Self-Regulation)
    - Self-motivation, goal-setting and organizational skills
  - Social Awareness
    - Empathy, understand behavioral norms, respecting others, and appreciating diversity
  - Relationship Skills
    - Communication and cooperation, teamwork, and negotiating conflict
  - Responsible Decision-Making
    - Make constructive choices about personal behavior and social interactions and reflect on how actions cause consequences

(Hanover Research, 2017b)

SEL Curriculum

- Equally as valuable as academics
- Teach skills to regulate emotions in response to stress, fear, and other PTSD symptoms

(Trauma Sensitive Schools, 2016)

Measuring SEL

- Is it:
  - Meaningful?
    - Does it predict academic, career, and life outcomes?
  - Measurable?
    - Is it feasible? Does it use validated instruments?
  - Malleable?
    - Is it able to be taught in a school environment where skill levels change?

(Hanover Research, 2017a)

vcsedu.org

Screening

- Remember, treating everyone as though they have trauma will never hurt someone who doesn't
- To calculate a student's level of trauma, there are various screening tools available
  - Life Events Checklist
  - NSLIJHS Trauma History Checklist and Interview
  - PTSD Symptom Scale
- Keep in mind, professional screening is for professionals, trained in assessment and treatment practices

Life Events Checklist

LIFE EVENTS CHECKLIST (LEC)

Listed below are a number of difficult or stressful things that sometimes happen to people. For each event check one or more of the boxes to the right to indicate that: (a) it *happened to you* personally, (b) you *witnessed it* happen to someone else, (c) you *learned about it* happening to someone close to you, (d) you're *not sure* if it fits, or (e) it *doesn't apply* to you.

Be sure to consider your *entire life* (growing up as well as adulthood) as you go through the list of events.

Event	Happened to me	Witnessed it	Learned about it	Not Sure	Doesn't apply
1. Natural disaster (for example, flood, hurricane, tornado, earthquake)					
2. Fire or explosion					
3. Transportation accident (for example, car accident, boat accident, train wreck, plane crash)					
4. Serious accident at work, home, or during recreational activity					
5. Exposure to toxic substance (for example, dangerous chemicals, radiation)					
6. Physical assault (for example, being attacked, hit, slapped, kicked, beaten up)					
7. Assault with a weapon (for example, being shot, stabbed, threatened with a knife, gun, bomb)					
8. Sexual assault (rape, attempted rape, made to perform any type of sexual act through force or threat of harm)					
9. Other unwanted or uncomfortable sexual experience					
10. Combat or exposure to a war-zone (in the military or as a civilian)					
11. Captivity (for example, being kidnapped, abducted, held hostage, prisoner of war)					
12. Life-threatening illness or injury					
13. Severe human suffering					
14. Sudden, violent death (for example, homicide, suicide)					
15. Sudden, unexpected death of someone close to you					
16. Serious injury, harm, or death you caused to someone else					
17. Any other very stressful event or experience					

Blake, Weathers, Nagy, Kaloupek, Charney, & Keane, 1995   1

Distribute handout

NSLIJHS Trauma History Checklist and Interview

NSLIJHS TRAUMA HISTORY CHECKLIST AND INTERVIEW

Date: _____   Interviewer: _____   Eval #: _____

"Sometimes things happen to people that are extremely upsetting, things like being in a life-threatening situation. I'd like to ask if any of these kinds of things have happened to you at any time during your life. You don't need to give me a lot of details."

Place "Y" or "N" before each item. Write notes to the right and list the most significant trauma at the bottom of this sheet. Provide details only for A1. traumas as defined by the DSM-IV criterion for PTSD. Include information regarding age of onset and duration of trauma. It is not necessary to include detail about items endorsed if they were not traumatic. Include information that others may consider to be traumatic, even if the adolescent does not view it as such.

INCLUDE DETAILS HERE:
(include age of onset & duration)

Please DESCRIBE any significant DETAILS for each A1 Trauma:
1. ___ Have you ever been in a major natural disaster, like a hurricane, earthquake, or flood?
2. ___ Have you ever been directly affected by a terrorist attack like 9/11?
3. ___ Have you or anyone in your family been involved in or affected by a war?
4. ___ Have you ever been in a fire?
5. ___ Have you ever been in a serious car accident?
6. ___ Has there ever been a time when you were seriously hurt or injured?
7. ___ Have you ever been in the hospital or undergone treatment for any serious or life-threatening illness or injuries?
8. ___ Have your parents or sibling(s) ever been in the hospital or undergone treatment for any serious or life-threatening problems?
9a. ___ Has anyone ever hit you or beaten you up (physically assaulted you?)
9b. ___ Has anyone ever threatened to physically assault you?
10a.___ Have you ever been hit or intentionally hurt by a family member?
10b.___ If yes, did you have bruises, marks or injuries?
11a.___ Was there a time when adults who were supposed to be taking care of you didn't?
11b.___ Have you lived with someone other than your parents while you were growing up?
11c.___ Has there ever been a time when you did not have enough food to eat?
12. ___ Have you ever been homeless?
13a.___ Have you ever *seen or heard* someone in your family/house being beaten up or
13b.___ Have you ever *seen* someone in your family/house get threatened with bodily harm?
14a.___ Have you ever *seen or heard* someone being beaten, or seen someone who was badly hurt?
14b.___ Have you ever seen someone who was dead or dying, or *watched or heard* them being killed?
       Was this person a stranger, acquaintance, close friend, or family member? _____ (specify)
15. ___ Has anyone ever told you details of how someone you were close to was injured or killed?
16. ___ Have you ever been threatened with a weapon?
17. ___ Has anyone ever stalked you?
18. ___ Did anyone ever try to kidnap you?
19a.___ Has anyone ever made you do sexual things you didn't want to do, like touch you, make you touch them, or try to have any kind of sex with you?
19b.___ Has anyone ever *tried* to make you do sexual things you didn't want to do?
19c.___ Has anyone ever forced you to have intercourse?
19d.___ Has anyone ever *tried* to force you to have intercourse?
20. ___ Is there anything else really scary or very upsetting that has happened to you that I haven't asked you about? Sometimes people have something in mind but they're not comfortable talking about the details. Is that true for you?

Most Significant Traumatic Event(s)

Of the things we've talked about, which is the worst? Which still really bothers you?

Brief Description (include corresponding item number from the list above):   Date (Month/Yr)   Age   Duration
_____   _____   _____   _____
_____   _____   _____   _____

IF NO SUCH EVENTS, CHECK HERE ___

Distribute handout

PTSD Symptom Scale (PSS)

PTSD Symptom Scale (PSS)

Name _____Date_____ (Side One)

Below is a list of traumatic events or situations. Please mark YES if you have experienced or witnessed the following events or mark NO if you have not had that experience.

1. Serious accident, fire or explosion ☐ Yes ☐ No
2. Natural disaster (tornado, flood, hurricane, major earthquake) ☐ Yes ☐ No
3. Non-sexual assault by someone you know (physically attacked/injured) ☐ Yes ☐ No
4. Non-sexual assault by a stranger ☐ Yes ☐ No
5. Sexual assault by a family member or someone you know ☐ Yes ☐ No
6. Sexual assault by a stranger ☐ Yes ☐ No
7. Military combat or a war zone ☐ Yes ☐ No
8. Sexual contact before you were age 18 with someone who was 5 or more years older than you ☐ Yes ☐ No
9. Imprisonment ☐ Yes ☐ No
10. Torture ☐ Yes ☐ No
11. Life-threatening illness ☐ Yes ☐ No
12. Other traumatic event ☐ Yes ☐ No
13. If "other traumatic event" is checked YES above; please write what the event was _____
14. Of the question to which you answered YES, which was the worst _____
   (Please list the question #)
15. Which of the above incidences is the reason for which you are currently seeking treatment? _____
   (Please list the question #)

If you answered **NO** to all of the above questions, **STOP**
If you answered **YES** to any of the above questions, please complete the rest of the form

Please check YES or NO regarding the event listed in question 15.

Were you physically injured? ☐ Yes ☐ No
Was someone else physically injured? ☐ Yes ☐ No
Did you think your life was in danger? ☐ Yes ☐ No
Did you think someone else's life was in danger? ☐ Yes ☐ No
Did you feel helpless? ☐ Yes ☐ No
Did you feel terrified? ☐ Yes ☐ No
Please complete both sides of this document if you answered YES to any of the first series of questions (1-14).

Foa, Riggs, Dancu, Rothbaum (1993)   HCSATS 2/11

PTSD Symptom Scale (PSS)

(Side 2)

Below is a list of problems that people sometimes have after experiencing a traumatic event. Please rate on a scale from 0-3 how much or how often these following things have occurred to you in the last two weeks:

0   Not at all
1   Once per week or less/ a little bit/ one in a while
2   2 to 4 times per week/ somewhat/ half the time
3   3 to 5 or more times per week/ very much/ almost always

1.	Having upsetting thought or images about the traumatic event that come into your head when you did not want them to	0	1	2	3
2.	Having bad dreams or nightmares about the traumatic event	0	1	2	3
3.	Reliving the traumatic event (acting as if it were happening again)	0	1	2	3
4.	Feeling emotionally upset when you are reminded of the traumatic event	0	1	2	3
5.	Experiencing physical reactions when reminded of the traumatic event (sweating, increased heart rate)	0	1	2	3
6.	Trying not to think or talk about the traumatic event	0	1	2	3
7.	Trying to avoid activities or people that remind you of the traumatic event	0	1	2	3
8.	Not being able to remember an important part of the traumatic event	0	1	2	3
9.	Having much less interest or participating much less often in important activities	0	1	2	3
10.	Feeling distant or cut off from the people around you	0	1	2	3
11.	Feeling emotionally numb (unable to cry or have loving feelings)	0	1	2	3
12.	Feeling as if your future hopes or plans will not come true	0	1	2	3
13.	Having trouble falling or staying asleep	0	1	2	3
14.	Feeling irritable or having fits of anger	0	1	2	3
15.	Having trouble concentrating	0	1	2	3
16.	Being overly alert	0	1	2	3
17.	Being jumpy or easily startled	0	1	2	3

Please mark YES or NO if the problems above interfered with the following:

1. Work ☐ Yes ☐ No
2. Household duties ☐ Yes ☐ No
3. Friendships ☐ Yes ☐ No
4. Fun/leisure activities ☐ Yes ☐ No
5. Schoolwork ☐ Yes ☐ No
6. Family relationships ☐ Yes ☐ No
7. Sex life ☐ Yes ☐ No
8. General life satisfaction ☐ Yes ☐ No
9. Overall functioning ☐ Yes ☐ No

Foa, Riggs, Dancu, Rothbaum (1993)   HCSATS 2/11

Distribute handout

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Listed below are a number of difficult or stressful things that sometimes happen to people. For each event check one or more of the boxes to the right to indicate that: (a) it _happened to you_ personally, (b) you _witnessed it_ happen to someone else, (c) you _learned about it_ happening to someone close to you, (d) you're _not sure_ if it fits, or (e) it _doesn't apply_ to you.

Be sure to consider your _entire life_ (growing up as well as adulthood) as you go through the list of events.

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6. Sexual assault by a stranger   ☐ Yes ☐ No

7. Military combat or a war zone   ☐ Yes ☐ No

8. Sexual contact before you were age 18 with someone who was 5 or more years older than you   ☐ Yes ☐ No

9. Imprisonment   ☐ Yes ☐ No

10. Torture   ☐ Yes ☐ No

11. Life-threatening illness   ☐ Yes ☐ No

12. Other traumatic event   ☐ Yes ☐ No

13. If "other traumatic event" is checked YES above; please write what the event was   _____

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Were you physically injured?   ☐ Yes ☐ No

Was someone else physically injured?   ☐ Yes ☐ No

Did you think your life was in danger?   ☐ Yes ☐ No

Did you think someone else's life was in danger?   ☐ Yes ☐ No

Did you feel helpless?   ☐ Yes ☐ No

Did you feel terrified?   ☐ Yes ☐ No

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4. Feeling emotionally upset when you are reminded of the traumatic event	0	1	2	3
5. Experiencing physical reactions when reminded of the traumatic event (sweating, increased heart rate)	0	1	2	3
6. Trying not to think or talk about the traumatic event	0	1	2	3
7. Trying to avoid activities or people that remind you of the traumatic event	0	1	2	3
8. Not being able to remember an important part of the traumatic event	0	1	2	3
9. Having much less interest or participating much less often in important activities	0	1	2	3
10. Feeling distant or cut off from the people around you	0	1	2	3
11. Feeling emotionally numb (unable to cry or have loving feelings)	0	1	2	3
12. Feeling as if your future hopes or plans will not come true	0	1	2	3
13. Having trouble falling or staying asleep	0	1	2	3
14. Feeling irritable or having fits of anger	0	1	2	3
15. Having trouble concentrating	0	1	2	3
16. Being overly alert	0	1	2	3
17. Being jumpy or easily startled	0	1	2	3

Please mark YES or NO if the problems above interfered with the following:

1. Work   ☐ Yes ☐ No   6. Family relationships   ☐ Yes ☐ No

2. Household duties   ☐ Yes ☐ No   7. Sex life   ☐ Yes ☐ No

3. Friendships   ☐ Yes ☐ No   8. General life satisfaction   ☐ Yes ☐ No

4. Fun/leisure activities   ☐ Yes ☐ No   9. Overall functioning   ☐ Yes ☐ No

5. Schoolwork   ☐ Yes ☐ No

Adults Matter Too

Session 6

Vicarious Trauma (VT)

- Also known as Secondary Traumatic Stress (STS)
- Stress from helping a person who has been traumatized
- Those who are more empathic tend to experience vicarious trauma more often and quicker than those who are less empathetic

(Trauma Sensitive Schools, 2016)

Vicarious Trauma cont.

- Exposure happens through:
    - What a student says
    - A student's play, drawings, and/or written stories
    - Student reactions to trauma triggers
    - Media coverage, case reports or other documents about the trauma

Don't let their emergency become your emergency

(Trauma Sensitive Schools, 2016)

Vicarious Trauma cont.

- Symptoms consume thoughts and actions
  - Intrusive images
  - nervousness/jumpiness
  - Difficulty concentrating
  - Nightmares and/or insomnia
  - Emotional numbness
  - Change in worldview
  - Feelings of hopelessness
  - Feelings of helplessness
  - Anger
  - Feeling disconnected from loved ones

(Trauma Sensitive Schools, 2016)

Vicarious Trauma cont.

- Vicarious trauma may cause you to:
  - Lose perspective
    - Identify too closely with the student
      - "If I could just take them home with me…"
  - Respond inappropriately or disproportionately with students and/or family and friends
  - Withdraw from your student
    - "If I ignore it, it will go away"
      - Newsflash: It won't go away and your student needs you
  - Do anything to avoid further exposure
    - It may be a simple solution to send a child out of the room, but think of why you are responding in such a way

(Trauma Sensitive Schools, 2016)

Vicarious Trauma cont.

- Strategies for coping with STS or VT
  - Focus on the here and now, what's happening at school
  - Distinguish adult interpretation from student's experiences
    - Adults often embellish what students report as facts
  - Focus on resiliency and creating positive experiences
  - Ask for support and help
    - Employee Assistance Programs (EAP) can provide a variety of services
    - It's never too late to heal
  - Find your support system
    - Who can you vent/complain to that will keep it between you?
    - Set a time limit on venting/complaining
    - Not always a great idea to take it home; find support outside
  - Know your own limits and set boundaries

(Trauma Sensitive Schools, 2016)

Self-Care

THE 8 AREAS OF SELF-CARE

Self-care - "activities and practices we engage in on a regular basis to reduce stress and enhance our well-being" ~ unknown

At Habits for Wellbeing, we focus on the following 8 areas of self-care...

1 PHYSICAL SELF-CARE
Physical self-care involves movement of the body, health, nutrition, sleep, rest, physical touch, and sexual needs.

2 PSYCHOLOGICAL SELF-CARE
Psychological self-care involves learning new things, applying consequential thinking, engaging intrinsic motivation, practising mindfulness and creativity.

3 EMOTIONAL SELF-CARE
Emotional self-care involves enhancing emotional literacy, navigating emotions, increasing empathy, managing stress effectively and developing compassion for self and others.

4 SOCIAL SELF-CARE
Social self-care involves having a supportive group and network of relationships around you whom you trust and turn to when required. Having caring and supportive people around you builds a sense of belonging and connectedness.

5 FINANCIAL SELF-CARE
Financial self-care involves being responsible with your finances (i.e. living expenses, income, insurances, savings etc.) and having a conscious relationship with money.

6 SPIRITUAL SELF-CARE
Spiritual self-care involves the beliefs and values that are important to you and guide your life. This includes pursuing your noble goals and the practices that support you developing spiritual awareness.

7 ENVIRONMENTAL SELF-CARE
Environmental self-care involves having an organised, well maintained and clutter-free work, business and home environment, having clean clothes and a clean and well maintained mode of transport. Also minimising waste and monitoring technology time.

8 PROFESSIONAL SELF-CARE
Professional self-care involves sharing your strengths and gifts, having clear professional boundaries, whilst living your purpose.

Encourage participants to list ways in which they take care of themselves
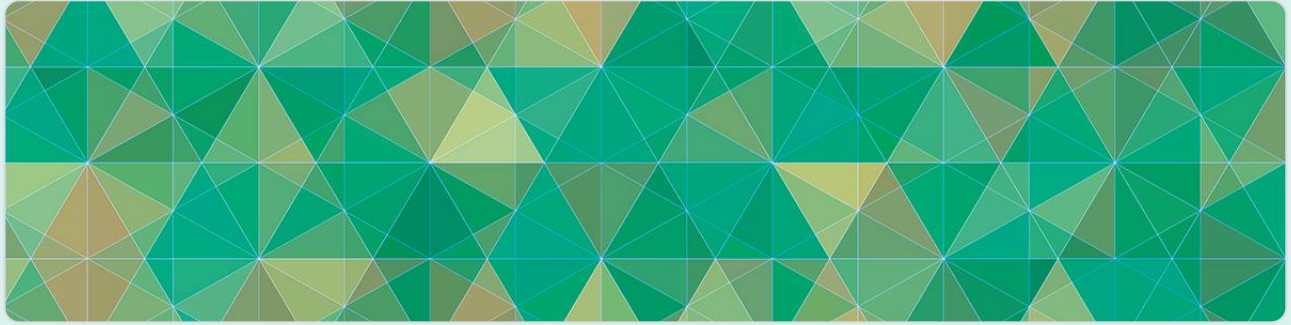
Assessment

EVERYWHERE YOU GO IS A CHANCE
TO CHANGE THE WORLD!
ONE SMILE, ONE HUG,
ONE ACT OF KINDNESS
CAN MAKE THE WORLD
OF A DIFFERENCE TO SOMEONE!
Karen Salmansohn

notsalmon.com

Check your email for a link
to a quick survey

-Thank you!

Event feedback

Thank you for attending the Trauma-Sensitive Schools Training. We hope you had as much fun attending as we did organizing it!

We want to hear your feedback so we can keep improving our content and trainings. Please complete this quick survey and let us know your thoughts (your answers will be anonymous).

How satisfied were you with the training? *

	1	2	3	4	5	
Not very	○	○	○	○	○	Very much

How relevant and helpful do you think it was for your job? *

	1	2	3	4	5	
Not very	○	○	○	○	○	Very much

What were your key take aways from this event?

Your answer

Which sessions did you find most relevant? *

	Not relevant	Relevant	Very relevant	Did not attend
#1: What is Trauma?	○	○	○	○
#2: Trauma's Impact: The 'Why'	○	○	○	○
#3: Strategies - Part One	○	○	○	○
#4: Strategies - Part Two	○	○	○	○
#5: Strategies - Part Three	○	○	○	○
#6: Adults Matter Too	○	○	○	○

Any additional comments regarding the sessions or overall content?

Your answer

Any overall feedback?

Your answer

Name (optional)

Your answer

Submit