

Creating a Trauma Sensitive School

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Presentation Objectives

- Understand the effects of trauma and its influences on how students perform in school.
- Developing a trauma sensitive school
- Creating a “healing classroom environment

Why Trauma and Schools

- Educational consequences of exposure to family violence, peer trauma, or personal trauma outside the home.
- Adverse Childhood Experiences study found that adults exposed to adverse experiences in childhood like domestic violence and either sexual or physical abuse engage in risky activities such as drinking, smoking, and substance abuse. These were seen as coping devices to reduce the emotional impact of adverse experiences.

Reference Material

- *“Helping Traumatized Children Learn: Supportive School Environments for Children Traumatized By Family Violence.”*
- Massachusetts Advocates for Children Learning Policy Initiative.
- Copies of the book can be purchased or downloaded at www.massadvocates.org

What is Trauma?

Trauma is

- Not an event, but a response
- To a stressful experience
- Where one's ability to cope is overwhelmed

Trauma overwhelms the ability to adapt and generates feelings of helplessness and terror.

Childhood Trauma is Clearly a Problem for America's Youth

- The National Survey of Adolescents, a
- general population survey of over 4,000
- adolescents ages 12 to 17
- 13 % of females and 3.4 % of males reported
- being sexually assaulted at some point in
- their lives
- 21.3 % of boys and 13.4 % of girls reported
- experiencing physical assault
- 43.6 % of boys and 35% of girls reported
- having witnessed violence
- (Kilpatrick et al., 2003b).

Trauma Response: Influencing Factors.

- Individual Characteristics
 - Age, developmental stage, history, intelligence, personality, resiliency factors.
- Environmental Characteristics
 - Reaction of caregivers, supports, community attitudes, cultural norms.
- Event Characteristics
 - Frequency, severity, duration, persistence of threat, proximity to threat.

Introductory Exercise

- Write down on a piece of paper a situation that you read about or have knowledge concerning a traumatic event. Describe the situation, the person involved and the outcome.

Types of Childhood Trauma

- Accidents (e.g., motor vehicle)
- . Child abuse
- . Physical
- . Sexual .
- . Emotional .
- War/Terrorism and Refugee
- Disasters
- Neglect .
- Medical (e.g., transplant)
- . Traumatic Grief
- . Multiple and disrupted placements
- . Victim/Witness of Violence
- . Domestic
- . Community
- . School

Two Kinds of Trauma

- . Type I: single event
 - -acute reactions
 - -20-30% result in PTSD
- . Type II: chronic, prolonged trauma
 - -more significant coping mechanisms
 - -escape behaviors

Jon Allen (Coping with Trauma)

- Three different kinds of trauma
 - Impersonal Trauma (Happens by accident or in the wrong place at the wrong time) Generally, impersonal trauma result of nature such as earthquakes, hurricanes and tornadoes.
 - Interpersonal Trauma (Trauma, such as resulting from an assault, is deliberately inflicted by other persons. Some events, like a car crash caused by a drunk driver, result in trauma that falls between impersonal and interpersonal.)
 - Attachment Trauma

Impersonal Trauma

- Natural Disasters
- Hurricanes
- Floods
- Tornadoes
- Earthquakes

Types of Interpersonal Trauma

- War
 - Much of our understanding of traumatic reactions has come from persons who have survived prolonged combat experience-but not unscathed. The diagnosis of PTSD was formalized in the aftermath of the Vietnam War. Generally, there are two types of exposure-passive victim of violence and a active participant.

Types of Interpersonal Trauma

- Terrorism
 - Sept. 11 or San Bernadino
 - Possibility of mass destruction traumatizes individuals and nations.
- Criminal Violence
 - Victim of criminal violence is not a rare event. Not only do many persons experience physical and aggravated assault but many also suffer the loss of family members and friends. Rape victims probably constitute the largest group of people with PTSD. One half of women reported to have PTSD reported that they had experienced it from rape.

Attachment Trauma

- The term refers to trauma that occurs in attachment relationships –not just in childhood but also adulthood.
- Attachment trauma is important to study because this form of trauma can hamper the individuals capacity to form secure attachment relationships.

Types of Attachment Trauma

- Child Abuse
 - Three different forms of abuse
 - Physical
 - Sexual
 - Emotional
- Abuse -----Neglect
 - Physical
 - Sexual
 - Emotional
 - Antipathy (rejection)
 - Psychological abuse (cruelty)
 - Physical
 - Psychosocial
 - Emotional unavail.
 - Cognitive neglect
 - Interpersonal neglect

Developmental Trauma Disorder

- Complex Trauma: The experience of multiple, chronic and prolonged, developmentally adverse traumatic events, most often of an interpersonal nature (eg. Sexual or physical abuse, war, community violence).
- Trauma exposures often occur within the child's caregiving system and include physical, emotional and educational neglect and childhood maltreatment
- Chronic and complex trauma have been shown to interfere with neurobiological development and the capacity to integrate sensory, emotional and cognitive information.
- People with childhood histories of trauma, abuse, and neglect make up a significant portion of the criminal justice system in the U.S.

Your Case of Trauma

- What category does your case fall into of the three described?
- What symptoms were apparent from the survivors of the trauma?
- What was the long term outcome?

Developmental Trauma Video

- http://www.healingresources.info/emotional_trauma_online_video.htm#int
- Trauma and Disassociation in Children

Behavioral Impacts

- Discussion Questions for the movie
- Children's response to trauma
- Triggers
- Behavioral Impacts
- The Power of Parents
- The Dissociative Defense
- Beyond Normal Forgetting
- Parental Trauma History

Important Characteristics of Traumatic Events

Sexual Abuse

- . Frequency (single, series, chronic)
- . Chronicity (first, last incident)
- . Perpetrator (identity, relationship, age)
- . Where abuse occurred
- . Penetration (for sexual abuse)
- . Disclosure
- . Response to disclosure
- . Legal Status of case

Santa Barbara Graduate Institute

Further Trauma

- Further Trauma
 - . High media activity
 - . High level of upset by surrounding adults
 - . Loss of regular structure and routine
 - . Removal from familiar environment
 - . Loss of peer support
 - . Involvement with legal system
 - . Original traumatic experience continues

Trauma and Juvenile Delinquency

- Greenwald believes that life histories of most juvenile delinquents show some trauma exposure.
- Two perspectives in the field prevail, (1) Engendered sympathy and empathy for the youthful offender, (2) That hardship is no excuse for criminal behavior. Neither response is helpful.
- Few if any established approaches to management and treatment of juvenile delinquents has really taken into account the likely impact of trauma.

Trauma and Delinquency

- James Garbarino *“Lost Boys: Why Our Sons Turn Violent and How We Can Save Them (1999)”*. One of the central themes from his interviews with “lost boys” is the central role of trauma in their lives. There is great evidence that links the relevance between a youth’s prior experiences with violent trauma and his criminal behavior.
- The effects of violence on children is very much a matter of recognizing the developmental links between early experiences of violence as a victim and later experiences of violence as a perpetrator.
- Research has begun to illuminate the neurological processes that translate early trauma into later dangerous behavior through brain development and neurochemistry.
- Other researchers link the experience of violence as a young child to the development of a pattern of aggressive anti-social behavior as an elementary-school age child.

Trauma & Delinquency: Children and Females

- □ Children abused or neglected as a child showed an increased likelihood of arrest as a juvenile by 59%, as an adult by 28%, and for a violent crime by 30%
- □ Females abused or neglected in childhood were 73% more likely than control group females to be arrested for property, alcohol, drug, and such misdemeanor offenses as disorderly conduct, curfew violations, or loitering
- □ Between 1994 and 2003, the percentage of female admissions to county detention centers increased from 12% to 16%, and the percentage of females on probation placed residentially more than doubled from 4% to 9%

Potential Impact of Trauma

- Neurological (Limbic, Pre-Frontal Cortex)
 - Hyper arousal, difficulty attending (relevant from irrelevant), difficulty regulating emotions, impaired executive function.
- Language (Control Based)
 - Not a medium for social/affective exchange, difficulty expressing feelings, little experience with language as a problem solver, use of rage and anger emotions to maintain distance.
- Cognitive Structures
 - Difficulties with cause/effect relationships, difficulties taking another's perspective, difficulties organizing narrative material (sequential memory difficulties.)

Trauma and the Brain

- *“Stress (or trauma) sculpts the brain.
...Stress can set off a ripple of hormonal changes that permanently wire a child’s brain to cope with a malevolent world. Through this chain of events, violence and abuse pass from generation to generation...”*

Teicher 2002

Trauma Effects

- Trauma can violate basic trust thus disrupting attachment and interfere with the ability to develop empathy (No remorse for actions)
- Reduces inhibitions about crimes against others.
- Trauma can leave the victim in a perpetual state of alert (hypervigilance) creating a high sensitivity to threat and thus lead to a hostile reaction of normal events.
- Impaired social competence and increased aggressive behaviors.
- Trauma can engender anger and violent acting out
- Trauma can create intolerable emotion, sadness, anger, intense fear, etc.. that often leads to substance abuse. (Self medicating behaviors)

Brain Development and Trauma

- Brain abnormalities are associated with childhood abuse and neglect (Teicher, 2002; DeBellis, 2001)

Hypothalamus: controls appetite, hormones, and sexual behavior

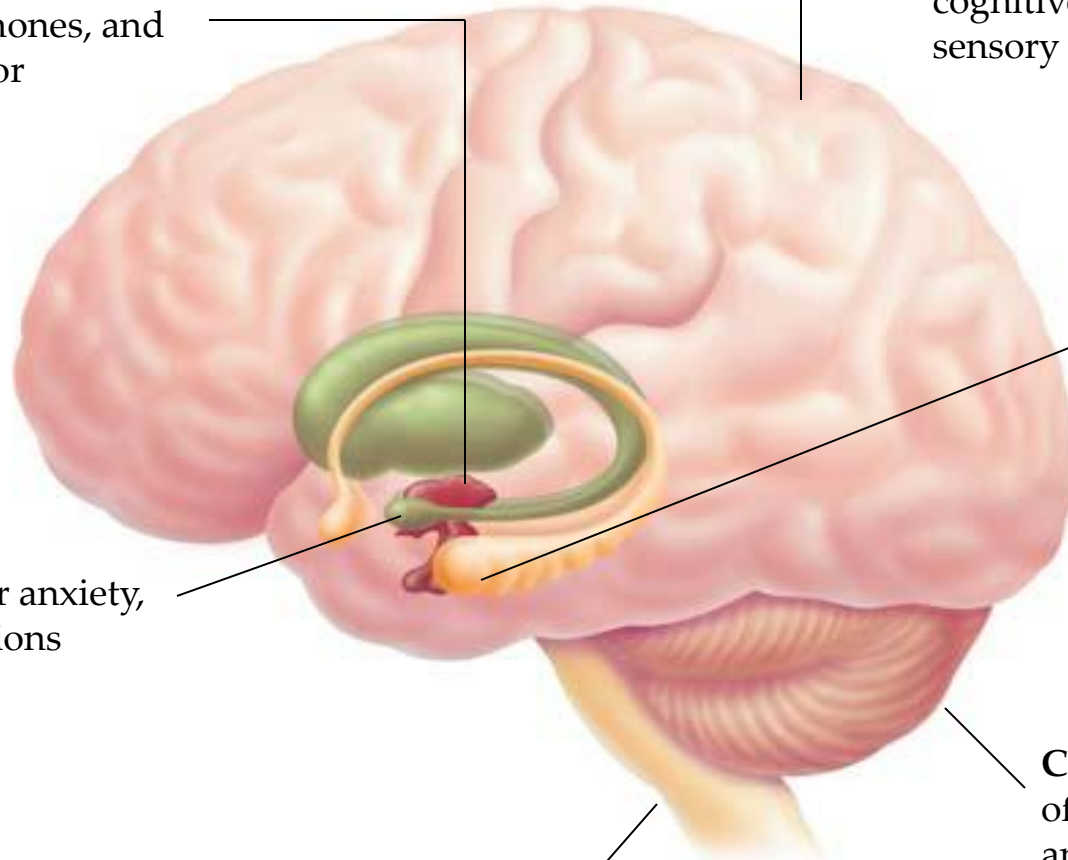
Neocortex: Site of higher cognitive functions and sensory integration

Hippocampus: crucial to memory and learning facts

Amygdala: responsible for anxiety, fear and emotions

Cerebellum: seat of motor control and coordination

Brain stem: responsible for sensory input and physiological responses



Recent Research

- Limbic irritability
 - 1) Increased activity in amygdala (kindling effect)
 - 2) Prevalence of symptoms suggestive of temporal lobe epilepsy: perceptual distortions, brief hallucinatory events, motor tics, and dissociative phenomena
 - 3) Increased incidence of EEG abnormalities associated with self-destructive or violent behaviors

What It Means

- Increased risk for receptive/expressive language problems
- Increased incidence of auditory processing disorder
- Difficulties with verbal memory

What It Means

- Children may function in a hyper-aroused or dissociative state on a regular basis
- Limbic arousal may diminish or create obstacles to learning and integration in cortex

The Long-Term Impact

- *“When neither resistance nor escape is possible, the human system of self-defense becomes overwhelmed and disorganized. Each component of the ordinary response to danger, having lost it’s utility, tends to persist in an altered and exaggerated state long after the actual danger is over.”*

» Herman, 1992

Resultant Impacts

- Relationships
 - Interferes with client's ability to trust adults.
 - Interferes with client's peer relationships
- Self-Regulation
 - Impairs ability to read social cues.
 - Interferes with self regulation of emotional/behavior.
 - Limits clients understanding of behavior and associated consequences.

What it means.

- Clients may function in a hyper-aroused or dissociative state on a regular basis.
- Limbic arousal may diminish or create obstacles to learning and integration in cortex.
- Strong need for safety and structure.
- Important for them to learn and practice self-regulation skills
- Attention and focus diminished by persistent screening for threat cues.

What It Means

- Increased risk for receptive/expressive language problems
- Increased incidence of auditory processing disorder
- Difficulties in verbal memory
- Deficient right-left hemisphere integration and underdevelopment of corpus collosum (*Boys who were abused or neglected had significantly smaller corpus collosums than the control group: neglect had far greater impact than other maltreatment.*)

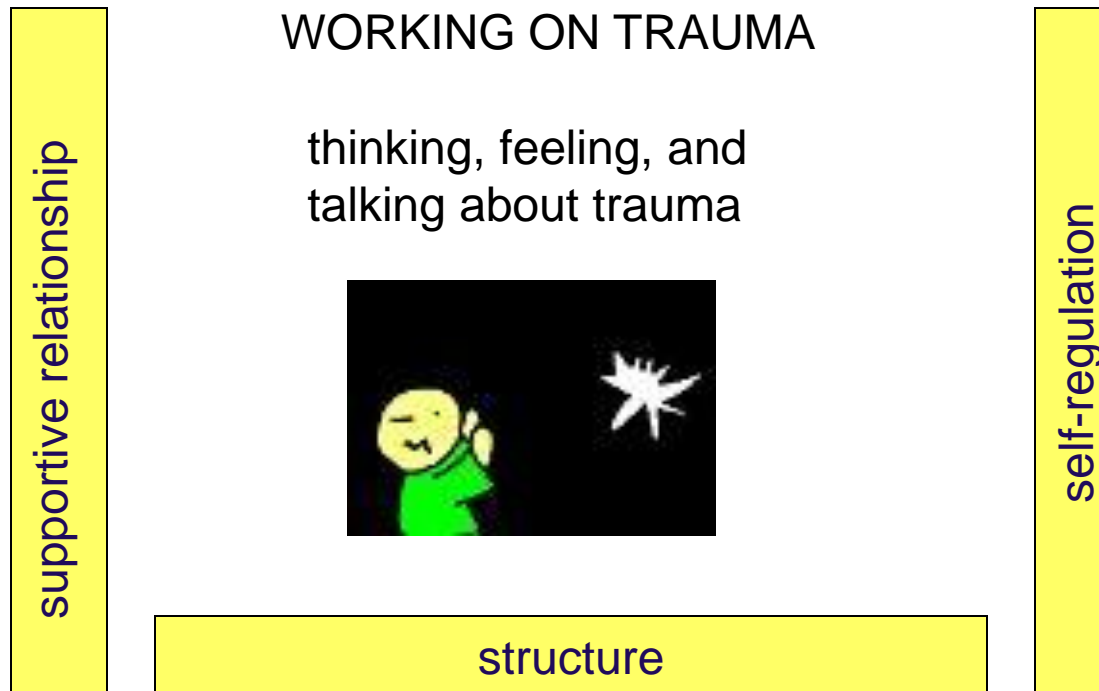
Trauma Treatment

- Psychodynamic therapies: Recalling the memories and their associated emotions
- Behavioral Treatment: Attempt to de-sensitize the client to the impact of the memories through “exposure” techniques.
- EMDR Therapy (Eye Movement Desensitization and Reprocessing) Processing the visual images, cognitive schemas, emotions, and body sensations connected to the event memories.
- Fisher (2007) contends that we need to treat the effects of those events as they have changed the neurobiological (limbic and cortex system) and psychological responses. By focusing on the body sensations, rather than on the narrative, the client’s autonomic system does not get reactivated.
- Recovery is possible as demonstrated by the following stories of trauma survivors.



Trauma Interventions

- Stabilization, deconditioning, and establishing supportive relationships can be re-framed as “containment”



Abused Boys and Adolescents

- Boys and girls are almost at equal risk of maltreatment (46.7% and 52.3% respectively)
- Preadolescent boys at age 10-12 are at greatest risk for sexual abuse.
- Difficult to detect due many factors:
 - Underreporting
 - Homophobia
 - Male socialization requires being strong, self-reliant, stoic, and able to take of himself.
 - Uncomfortable topic for both therapist and client

- Deficient right-left hemisphere integration indicated by marked shifts in hemispheric activity during memory recall and underdevelopment of corpus colosum
 - 1) Boys who were abused or neglected had significantly smaller corpus collosums than controls: neglect had a far greater impact than other maltreatment
 - 2) Girls: sexual abuse was the largest factor associated with reduction in size

What It Means

- Learning style can be quite “concrete”
- Information learned in one area may not generalize to other topics
- Trauma victims tend not learn well in highly emotional situations (What does this imply when placed in self-contained emotional/behavioral classrooms)

Adjustment Difficulties for abused boys.

- Sexually abused boys adjustment reactions are best described by Cabe (1998) in five clusters:
- Relational Cluster
- Territorial Cluster
- Habitual Cluster
- Reactional Cluster
- Physiological Cluster

Relational Cluster

- The perpetrator of sexual abuse is often someone known to the child, and with whom he has some kind of relationship.
- No small wonder that child has problems with relationships.
- Relational Symptoms: Disassociation and rage which manifest themselves in jealousy, feel unable to love or care for others, have very few friends, and “zone out” (numbness)
- Physical numbing may become apparent through self-mutilation or substance abuse.
- Survivors seems almost attracted to abuse and develop a victim stance. They can't trust anyone.

Territorial Cluster

- Territorial Cluster: The student becomes very territorial with the space around him reflecting difficulty in personal space and the need for security.
- The child may become very aggressive or conversely withdraw from contact.
- Hypervigilance and agoraphobia are common, as is the startle response related to trauma victims.

Habitual Cluster

- Need for regularity, security and repetition.
- Repetition helps organize chaotic thoughts.
- Predictability, sameness, and consistency work wonders in many institutions. Staff often get bored or want a change and often you will see great resistance to any change in the routine.
- Compulsivity and hyperreligious traits have often been seen in this cluster.

Reactional Cluster

- The prior 3 clusters were external expressions while reactional is internal.
- Sleep disturbance in the form of nightmares of falling, being chased, shooting at others who will not die, tigers, fire and demons are common.
- Suicidal and homicidal thoughts are pervasive for many of these boys and a sense of hopelessness permeates their lives.
- They feel helpless, broken and stigmatized.

Physiological Cluster

- Physical symptoms of young male survivors of sexual assault.
- Enuresis
- Encopresis
- Sexual dysfunction
- Eating disorders

The Impact of Trauma on Learning

- Violence at home and the community can create negative expectations and assumptions.
 - Children may have a diminished sense of self-esteem and feel incapable of having a positive impact on the outside world.
 - Hopelessness, self-blame, and lack of control are typical feelings that can result from trauma.

Major Difficulties in School

- Learning Problems
- Behavioral Problems
- Social difficulties

The Impact of Trauma on Learning

- Feelings of overwhelming despair and a loss of the ability to imagine the future or hope that circumstances will change.
- Children in this condition can be ill prepared for the academic and social challenges of the classroom.
- Children traumatized by family violence rarely understand that they see the world in a different way than their non-traumatized peers and teacher do.
- This constant state of arousal often sabotages their ability to hear and understand a teacher's positive messages, to perform well academically, and behave appropriately.

What It Means

- Need for multi-modal, “whole brain” teaching
 - Visual
 - Auditory
 - Kinetic
 - Experiential Learning
- Language assessment needed early in school process

Fear as a way of life: The Developing Brain

- Great risk for children who live in violent homes and operate in a “hyper-vigilant mode”
- Living in this constant fear causes the area controlling fear to be overdeveloped
- The young brain is malleable
- Trauma undermines the brain’s development, good experiences enhance it
- Plasticity and scaffolding of skills are strong reasons for early interventions to have a positive impact

Framework and Action Plan for Schools

- School wide Infrastructure and Culture can assist children reach their potential by:
 1. partnering with families and strengthen relationships with adults in and out of school
 2. developing children's skills to modulate and self-regulate emotionally and behaviorally
 3. helping children develop their academic potential

Staff Training

- Partnering with Parents and Other Caregivers
 1. Understand the cycle of family violence and its effects
 2. Legal context - mandated reporting
 3. Creating communication strategies with parents and caregivers – what to do when child overacts or loses control.
- Supporting Staff
 1. Identifying needs
 2. Roles of teacher and mental health professionals

Staff Training

- Teaching Students
 1. Help children regulate emotions in order to master social, academic skills
 2. High academic standards
 3. Feeling safe
 4. Manage behavior and set limits
 5. Reduce bullying and harassment
 6. Cultivate a sense of control

Staff Training

7. Build on strengths
8. Connection between behavior and emotions
9. Avoid labels

Safety, Connection, and Assurance

- Students who have no history of making connections with trustworthy adults will challenge their teachers! (To trust others requires 3 things)
 1. Consistency and integrity on the part of the teacher.
 2. Attunement* by the student: (*A term used to describe the capacity to accurately read teacher cues accurately)
 3. Opportunities to respond appropriately

Goals for Teachers and Students

- Students will be provided with opportunities to feel safe and assured. (Have students name conditions in their classroom to assure their well being)
- Students will be able to identify triggers that set off “fight-flight-fright” behaviors that distract them from learning.
- With the help of their teachers, students will either remove trigger stimuli or respond to those stimuli differently.
- Students will improve their abilities to attune themselves to the cues of others. They will accurately read the cues of others and respond to those cues in ways that enhance connections.

Six Principles for Compassionate Educators

- **1. Consistency and Predictability**
- Compassionate teachers realize that students struggling with trauma experience persistent levels of fear. Therefore, organization and routine need to be predictable. When routines change, students need to be announced well in advance.

Six Principles for Compassionate Educators

- 2. Unconditional Positive Regard
 - Look for responses in students that indicate that they are emotionally or physically threatened.
 - Avoid arguments or power struggles with students in front of their peers. (Pollack refers to this as avoiding “loss of face”)
 - Avoid a tone of voice that is perceived as challenging a student’s safety.

Six Principles for Compassionate Educators

3. Be a relationship coach.

Be sensitive to other changes in the classroom environment such as cliques or arguments among students. We all need to be aware and prevent bullying, teasing and harassment. Encourage and promote healthy and positive relationships by tuning into those acts that we need to reinforce.

Six Principles for Compassionate Educators

- 4. Reduce big gestures and loud noises, realizing these might be perceived as threatening to students who have experienced trauma.
- Look for situations that the students may perceive as embarrassing, humiliating or shameful. Address those issues like proper hygiene before the student gets teased.

Six Principles for Compassionate Educators

5. Compassionate educators take time for self-care.

They realize that the amount of tolerance and understanding they can show struggling students is proportionate to the amount of effort they take to meet their basic needs.

Six Principles for Compassionate Educators

- 6. Don't personalize the reactions of students.
- Many educators take an affront when spoken to in ways that they were taught was disrespectful. Remember not everyone grew up with a value system. By personalizing the interaction, you have become part of the problem.

Linking with Mental Health Professionals

- Clinical Supports for School Staff
 1. Confidential discussions
 2. Opportunity to reflect own work and how it affects one's life
 3. React positively to children
 4. Behavior management techniques
 5. Role-play communications with parents
- Accessing Mental Health Resources for Families and Students
 1. Make referrals
 2. Build relationships with parents/caregivers
 3. Build relationships with mental health provider

Academic Instruction for Traumatized Children

- Overarching Teaching Approaches
 1. Islands of Competence
 2. Predictability
 3. Consistency with classmates
 4. Positive behavioral supports

Language-Based Teaching Approaches

- Using multiple ways to present information
- Processing specific information
- Identifying and processing feelings

Ensuring Appropriate Evaluation

- Psychological evaluations
- Speech and language evaluations
- Functional behavioral assessments
- Occupational therapy evaluations

Nonacademic Strategies

- Building nonacademic relationships with children
- Extracurricular Activities

Learning Problems

- Educate yourself about neuro-development
- Get a good assessment
- Don't talk these kids to death
- All students learn and retain better when teaching is done in multi-modal manner

School Policies, Procedures, and Protocols

- Discipline Policies
- Communication Procedures and Protocols
- Safety Planning
- Collaboration with the community
- Connect with legislators, funders, and public policy makers

Trauma Sensitive Schools Reflection Tool as reported by middle school adjustment counselor

- Staff were asked to fill out a survey to rate:
 - if their school was a trauma sensitive environment
 - the importance of the trauma sensitive issues

Rate your school on the following components of a trauma-sensitive school

Degree Component is present	1 Not at all	2 Partially in place	3 Mostly in place	4 Fully in place
Importance of the component	1 Not Relevant	2 Low Importance	3 Moderate Importance	4 Essential

- Adequate trauma-relevant information about students is conveyed to classroom teachers
- A trauma perspective is woven into the agenda and perspective of the school's infrastructure
- Teachers and staff have opportunities for assistance from mental health providers in responding to students and their families

- There is a value for putting building resources toward trauma-related needs of children
- The school is welcoming to new families and attentive to transitions of new students in the middle of the academic year
- Infrastructure of the school and school day adequately allows for policies, procedures and practices

- Opportunities exist for learning how to interact effectively with others
- Expectations for achievement are maintained for children exposed to trauma
- There is adequate communication between mental health providers (in and outside of school) and teachers and staff such that classroom strategies and mental health goals are adequately integrated

- Families are considered integral to working with students. Building relationships with families is valued and expected
- There are adequate resources and supports available to build and maintain supportive relationships with parents
- Parents are treated with empathy and appreciation for the difficulties they may be experiencing