



FEDERATION FOR CHILDREN
WITH SPECIAL NEEDS

RTSC

Recruitment, Training and Support Center
for Special Education Surrogate Parents

Trauma Sensitivity During the IEP Process



Many parents, be they Special Education Surrogates, foster or pre-adoptive, adoptive, or victims of trauma themselves, struggle with ensuring that their students or children are being best served by the educational process. Many kids who have had adverse childhood experiences suffer with a neurology that makes it difficult to learn in a typical way. They may also be constantly struggling to do the right thing by regulating their emotional responses in socially appropriate ways. The Individuals with Disabilities Education Act ensures that all students who have emotional or social disabilities have the right to an individualized education plan (IEP) that helps them reach their academic potential so that they can live productive, independent adult lives.

The following articles, published in the Federation for Children with Special Needs' quarterly newsletter, *Newsline*, demonstrate ways in which the IEP process can be made sensitive to complex childhood trauma issues; that is, trauma-sensitive.¹

Sharing Information

It is important that professionals working with children and families get a thorough history of traumatic events that may have occurred to the child over the course of his or her life. A comprehensive history helps caregivers and others have an appreciation of the seriousness of the child's experience. It also provides clues to gaps in a child's development of skills and can help caretakers and others be more supportive of the child's recovery. Schools are not likely to gather information on a child's trauma history as part of their standardized protocol. They generally obtain information on trauma events only when offered, yet children can spend 6-8 hours of their day with school providers. That is almost 50% of their waking day.

¹Thanks to Susan Cole for her advice to write these articles so that all parents could be informed of the need for trauma-sensitivity during the IEP process. Ms. Cole is one of the authors of *Helping Traumatized Children Learn: Supportive Environments for Children Traumatized by Family Violence*. Boston: Massachusetts Advocates for Children, April 2005

Schools often do not have sufficient information about a child's trauma history to assist appropriately with recovery efforts. Without a more thorough social history of the child, including information about a child's trauma triggers, cues, and anniversary dates, school staff may not recognize the reasons behind challenging behavior. They may spend time addressing the behavioral consequences of trauma rather than their root causes. As a result, building social coping skills, essential to the continued neurodevelopment of traumatized children, is not addressed. Teachers and others in schools need to gain a better understanding of child trauma and work collaboratively with other organizations in order to facilitate better academic and non-academic services.²

Professionals working with students in the custody of the state need to tread carefully down this path: confidentiality is paramount, and social workers do not readily share this type of information. Sharing this type of information can make children feel vulnerable and stigmatized. Also, the "trauma story," if not recounted with skilled clinicians, can cause retraumatization for some children. So what can be done? Department of Children and Families (DCF) social workers should share enough information with the IEP Team to indicate that trauma may be a contributing cause of learning or behavioral difficulties while avoiding unnecessary details, and always discuss the issue with the student, if it is age appropriate to do so.³

Balancing accountability with compassion is an underlying theme for teaching children with trauma histories. When disciplinary approaches that are adequate responses for typical transgressions don't work time after time for certain students, schools should look at a trauma-sensitive evaluation tool to determine whether trauma may be a factor. According to the National Child Traumatic Stress Network, one of the most common measures is the Child Behavior Checklist for Children. No advanced training is necessary to administer this measure, making it practical in most trauma-related service settings, including schools.

Trauma-Sensitive Evaluations

When children are referred for initial evaluations for special education due to a myriad of symptoms or behaviors, it is important to consider whether complex childhood trauma is at the root of the problem. So many issues can be subsumed under this heading: aggression, defiance, withdrawal, hyperactivity, lack of motivation, impulsiveness, dramatic mood shifts, and even language delays. How does an IEP Team decide that trauma is playing a role, and avoid inadvertently misdiagnosing some of the symptoms? Trauma-sensitive evaluations should be used to address the interface between trauma and the student's cognitive and learning profile.

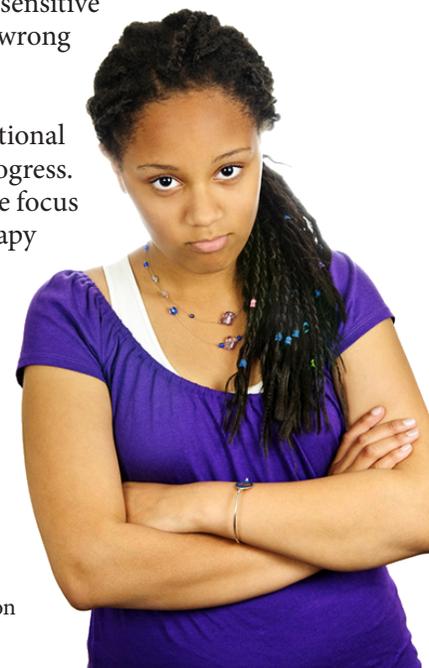
School evaluations should address the role trauma may play in learning, behavior, and social/emotional growth. If the role of trauma has already been identified (as is the case for many students in the custody of the Department of Children and Families), then the link is easily established and the evaluators should proceed with complex childhood symptomology clearly in mind. What about the "gray area" where the Team is not exactly sure about the trauma history? A "trauma" evaluation can be made. This kind of assessment is different than a "trauma-sensitive" evaluation in that it is clinically oriented and looks to pinpoint the source and type of the trauma (physical, sexual, emotional); a trauma-sensitive evaluation tries to determine whether or not there is a component of trauma to the difficulties the child is experiencing at school. In either case, the default approach should be to encourage success for the child and create a trauma-sensitive environment for him (calming, caring, nurturing, and safe), and avoid re-traumatization by the wrong disciplinary approach.

If the Team is determining eligibility of a student with a history of trauma for an IEP, an Emotional Impairment is commonly agreed upon as the type of disability that is impairing academic progress. To establish the criteria for making this determination, several evaluations can be useful, but the focus should be on psychology, speech and language, functional behavior, and occupational therapy assessments. Below are ways to ensure that each of these can ensure appropriate evaluation:

1. Psychological Evaluation: It is helpful to refer a traumatized child (or one suspected as such) to a mental health professional (preferably, with a Ph.D.) who has knowledge about the impact of trauma on academic and non-academic progress. To protect the confidentiality

²Nicole Taylor and Christine B. Siegfried, *Helping Children in the Child Welfare System Heal from Trauma: A Systems Integration Approach*, National Child Traumatic Stress Network Systems Integration Working Group. Los Angeles and Durham, N.C., August 2005, 17-18.

³Susan Cole, "Helping Traumatized Children Learn: Supportive School Environments for Children Traumatized by Family Violence." Paper presented at the annual meeting for the Recruitment, Training and Support Center, Federation for Children with Special Needs, Westborough, Mass, September 19, 2012



of the student and his family, the details of the trauma are far less important to a school than an understanding of how the child is functioning and why this is so. Trauma triggers, specific ways to help the student modulate emotional and physical responses, ways to make the student feel safe and secure at school, and specific modifications and/or accommodations should be included in the evaluation report.

2. **Speech and Language Evaluations:** An appropriate evaluation should include the linguistic, pragmatic, and narrative aspects of language. Many children with complex childhood trauma are challenged by receptive and expressive language delays, age-appropriate perspective taking, and social cueing.
3. **Functional Behavioral Assessments (FBAs):** Specific behavioral challenges require specific behavior plans to ensure academic and non-academic success. An FBA consists of collecting information about the antecedents and consequences to the student of certain environmental (or internally driven) challenges, like trauma triggers, distorted image of authority figures, and an inability to follow routines and rules. Therefore, there must be a careful assessment of the school and classroom environments.
4. **Occupational Therapy Evaluations:** In addition to developmental delays in fine motor skills that may be evident with a traumatized child, accommodations and modifications that will produce a calm and nurturing learning environment can be recommended through these evaluations.

Children with histories of complex childhood trauma can display many “comorbid” issues and diagnoses. Many of these symptoms respond positively to “trauma-sensitive” recommendations made by evaluators to an IEP Team. By becoming aware that violence may be at the heart of many of the child’s learning and behavioral difficulties, school personnel may be able to mitigate much of the lasting impact of trauma. An understanding of its impact on learning and behavior will help educators and other school staff plan the most successful path to the future.

Trauma-Sensitive Team Meetings

Recent studies on resiliency in children, especially those that have faced overwhelming life experiences in early childhood, focus on Four Domains for Success: Relationships, Self-Regulation, Academic Success, and Physical Health and Safety. IEP Team Meetings can look towards providing supports for children in these four domains in order to ensure success in both academic and non-academic achievement.

Children with extended and involved family, invested neighbors, and caring teachers and community have far fewer problems following severe trauma. The ability to “use” this support system, however, depends on the child’s ability to connect with and relate to other people. This strength develops in the early years of life in the caregiver-child interaction. On the other hand, isolated children with few social and emotional connections are very vulnerable to distress and traumatic stress. These children regress, develop dysfunctional styles of coping, and have symptoms such as impulsivity, aggression, inattention, and depression.⁴ With this understanding, IEP Team Meeting members can provide ways to repair this relational dysfunction by providing opportunities to develop peer supports and meaningful teacher-student relationships through specific social/emotional goals.

Self-regulation describes the ability of a child to “put the brakes on” in times of emotional stress. Traumatized children are hyper-aroused; they view their world as dangerous and unpredictable and they are prepared to react in a moment’s notice, usually in inappropriate (and possibly unsafe) ways. Again, IEP Team Meeting members can go a long way towards ameliorating this hyper-arousal by asking for Functional Behavioral Assessments to ascertain the reason for the inappropriate reactions as well as ways to replace the behaviors with better coping skills and strategies.

Academic success can be an island of competency – one place where children can feel good about themselves. There is no better way to build self-esteem than to hear the words “Great job” from a teacher every day. Wouldn’t that be a great IEP Goal – Janie will receive positive praise at least twice a day from each of her teachers?

Finally, a safe and supportive school environment ensures the physical and mental well-being of a child. There is much discussion in the media about changing school ecology or culture to be more nurturing and engaging for all children at all stages of education. This is especially true of children who

⁴“Adverse Childhood Experience (ACE) Study,” last modified January 18, 2013, <http://cdc.gov/ace>



have had difficult early childhood experiences. Positive Behavioral Interventions and Supports should always be included in the accommodations necessary for any student with a history of trauma.

So, what about changing the “culture” of the IEP Team Meeting? Putting a trauma lens on discussions about children, especially children with social/emotional disabilities and challenging behaviors, can quickly change the temperament of a Team Meeting. Engendering a feeling of empathy for the child and his family, many of whom are feeling overwhelmed with community interventions and provider services can go a long way towards understanding their needs. A trauma-sensitive approach can put a different spin on why behaviors are occurring or why academic success (or effective progress) seems so hard to achieve.⁵ Imagine a Team brainstorming ways to make a student competent in the above-mentioned four domains (Relationships, Self-Regulation, Academic Success and Physical Health and Safety) and the sky’s the limit! Not just in the classroom, but throughout the school, even before and after school. Because trauma for these kids is pervasive; the symptoms don’t go away after the school bell rings. They need Team support all day, every day.

Trauma-Sensitive IEPs

Recent research points to one of the most effective ways to overcome adverse childhood experiences and promote more positive outcomes – relationships. These can be with typical peers, mentors, or kind and caring adults. They can provide that safe and supportive environment for learning that is so necessary for children with trauma.

Relationships for traumatized children can be a tricky business – many have a deficit of skills in the area of relationship building with peers and those in authority. They may see friendships or nurturance as a trap, something that won’t last, and best to be avoided lest they be emotionally dangerous. In order to overcome these fears and anxieties, the child must learn new ways to approach relationships. On page 3 of the Massachusetts IEP form, there is PLEP B. “Present Levels of Educational Performance: Other Educational Needs” allows an IEP Team to take a look at the impact of a disability on academic performance from the non-academic standpoint. This includes extra-curricular activities, communication, behavior, and nonacademic activities. These are all areas where children interact with other children (recess, lunchroom, hallways, after school activities) as well as adults. They are also the areas that are most confusing and least successful for traumatized children. But they could also be used as platforms to learn new skills and new ways of looking at the world as less than terrifying. Social/Emotional goal writing should be an opportunity for an IEP Team to get creative. How about making sure Janie has a safe person to ask for help? Is it the school nurse, a favorite teacher or administrator, a trusted friend, or maybe an older sibling? Can she have access to this person in times of uncertainty? Can this person give her guidance and assurance that things are safe here, and that recess and lunchtime can be fun?

The lack of self-regulation is most typically the response of a traumatized child to a confusing or potentially unsafe situation as seen through their trauma lens. It follows that if a child is feeling safe, she will be able to muster the neurological control to stay regulated and do the right thing. If an adult senses that a child is becoming dysregulated, then the adult has the responsibility to make sure that the child can find safe haven; create a place where she truly wants to be (not a “time out” or seclusion room). Most times this is a place that is sensorially soothing with some minimum activity, like taking a walk outside with a trusted mentor. The PLEP B goal of the child learning to identify their physiological response to stress and anxiety AND the response to calming activities such as a walk, would allow the student to focus neurologically on academics rather than taking up brain time on stress and anxiety.

Being physically healthy is the result of being mentally, emotionally, and socially healthy (see the ACE Study).⁶ Being emotionally healthy leads to academic success. For those kids with the invisible disability of having suffered complex childhood trauma, the IEP process can give them a chance to learn the skills necessary to achieve a life of productivity and independent living.

⁵Bruce D. Perry, “Resilience: Where Does It Come From?” Scholastic: Teachers, April 2006, www.scholastic.com

⁶See <http://cdc.gov/ace>

The Recruitment, Training and Support Center (RTSC) is a project of the Federation for Children with Special Needs under a contract from the Massachusetts Department of Elementary and Secondary Education. The author is Jane Crecco, MA, MSEd, Training and Support Specialist at the RTSC. Ms. Crecco can be reached at 617-236-7210 or jcrecco@fcsn.org. This document originally appeared as a series of articles in the Federation’s quarterly *Newsline*.

