Trauma 101
Empowering Parents and Educators

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Who we are…

- Chrissy Cunningham, MSW
- Prevention Coordination Specialist, Fairfax County Neighborhood and Community Services
- Leads the Fairfax Trauma Informed Care Network (TICN)- https://www.fairfaxcounty.gov/neighborhood-community-services/prevention/trauma-informed-community-network

Who we are…

- We provide training and direct support to foster, adoptive and kinship families in northern Va who are raising children and youth with special educational needs, and professionals who work with our families
- Kelly- Mom; Executive Director of FFF; Adjunct Faculty, Special Education at GMU
  Kelly.Henderson@FormedFamiliesForward.org

FORMED FAMILIES FORWARD

www.FormedFamiliesForward.org
(703) 539-2904

Who we are…

- Shannon Hailer, EdS NCSP
- School Psychologist, Fairfax County Public Schools
- School Psychology Services Vision Statement: To positively impact the academic and social/emotional development of all students through the provision of mental health services that build resiliency, life competencies and good citizenship.

Who we are…

Felicea C. Meyer-DeLoatch, MSW, LCSW

- Licensed School Social Worker-Fairfax County Public Schools, Assigned to Key Center School
- Licensed Clinical Social Worker
- Licensed Special Educator-Endorsements in:
  - Learning Disabilities, Emotional Disabilities, Intellectual Disabilities

The mission of FCPS school social workers is to provide effective assessment, prevention, and intervention services for students and to foster positive relationships among families, schools, and communities to ensure the academic and social-emotional success of EVERY student.

Trauma Defined

- Trauma refers to experiences that cause intense physical and psychological stress reactions. It can refer to a single **event**, multiple events, or a set of circumstances that is **experienced** by an individual as physically and emotionally harmful or threatening and that has lasting adverse **effects** on the individual's physical, social, emotional, or spiritual well-being.

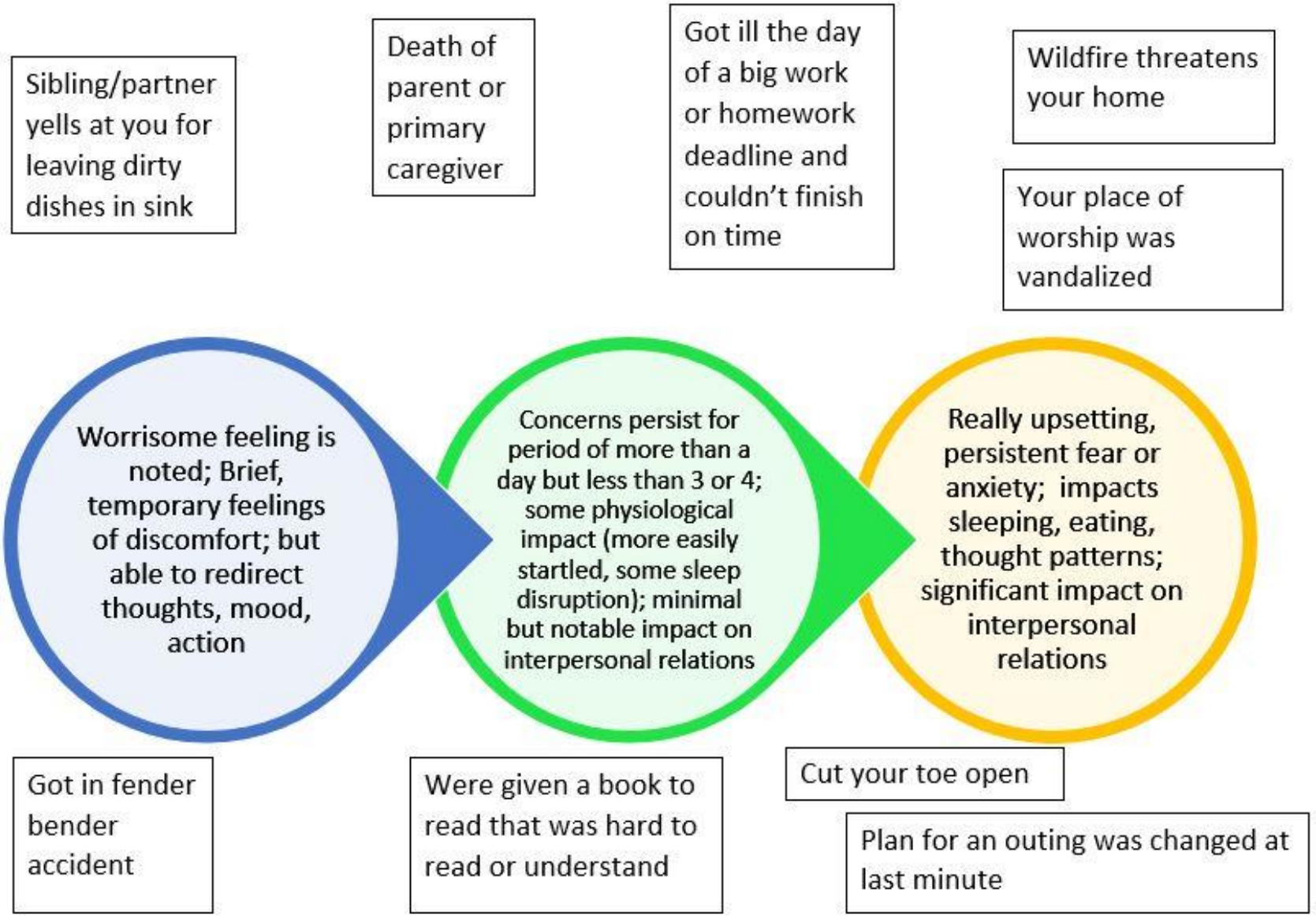
A Normal Reaction to a Horrific Situation

SAMHSA 2014

Trauma Defined

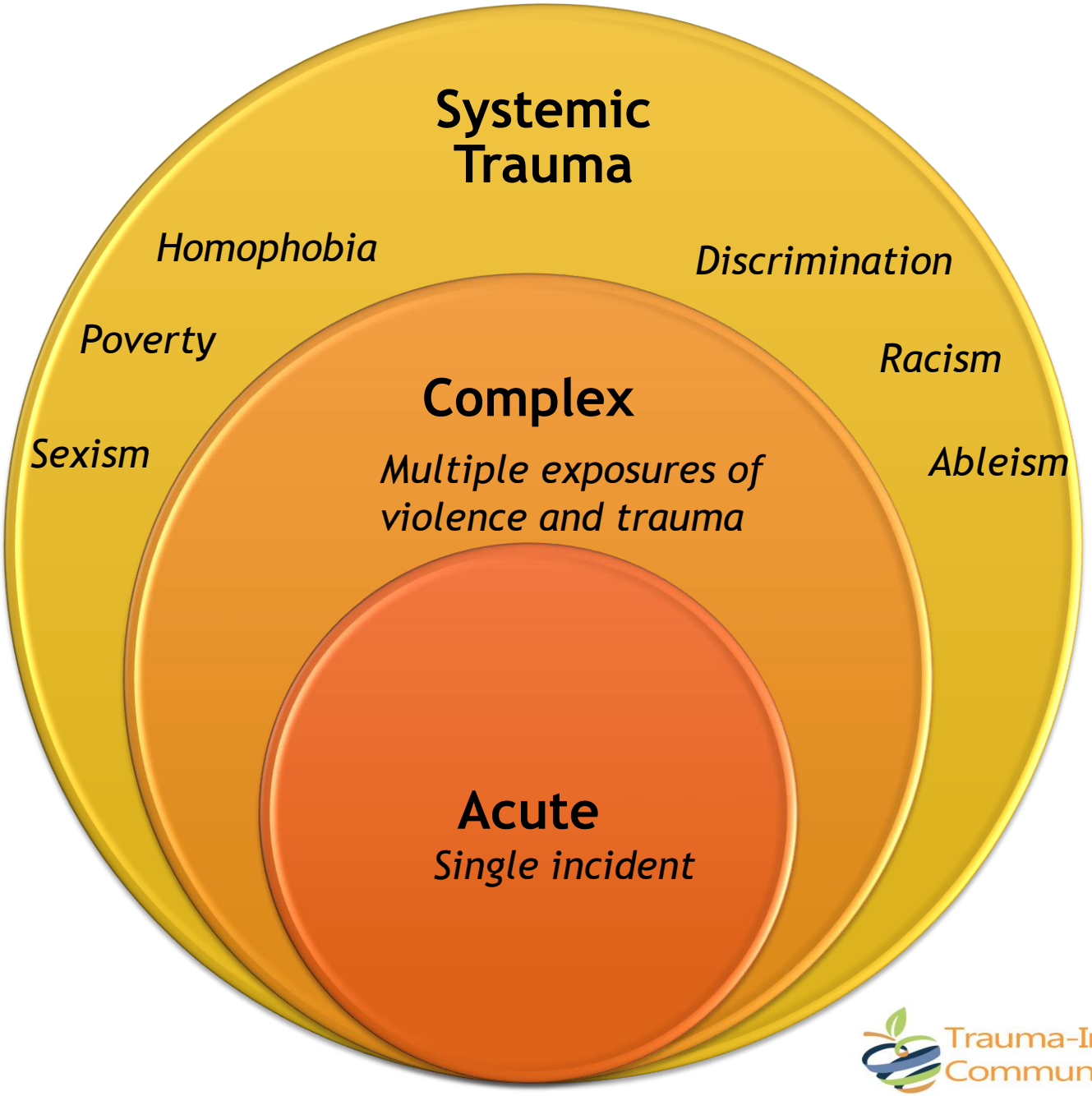
The **individual's experience** of these events or circumstances helps to determine whether it is a traumatic event.
http://www.samhsa.gov/traumajustice/traumadefinition/definition.aspx

- The person has experienced, witnessed, or been confronted with an event or events that **involve actual or threatened death or serious injury,** or a threat to the physical integrity of oneself or others. **The person's response involved intense fear, helplessness, or horror**.


Sibling/partner yells at you for leaving dirty dishes in sink
Death of parent or primary caregiver
Got ill the day of a big work or homework deadline and couldn't finish on time
Wildfire threatens your home
Your place of worship was vandalized
Worrisome feeling is noted; Brief, temporary feelings of discomfort; but able to redirect thoughts, mood, action
Concerns persist for period of more than a day but less than 3 or 4; some physiological impact (more easily startled, some sleep disruption); minimal but notable impact on interpersonal relations
Really upsetting, persistent fear or anxiety; impacts sleeping, eating, thought patterns; significant impact on interpersonal relations
Got in fender bender accident
Were given a book to read that was hard to read or understand
Cut your toe open
Plan for an outing was changed at last minute

Forms of Trauma

- Violence
- Witness/exposure to violence
- Abuse
- Neglect
- War zone & Refugee experiences
- Traumatic Grief
- Terrorism
- Immigration Experiences
- Medical Trauma
- Natural Disasters
- Disruption of caregiver



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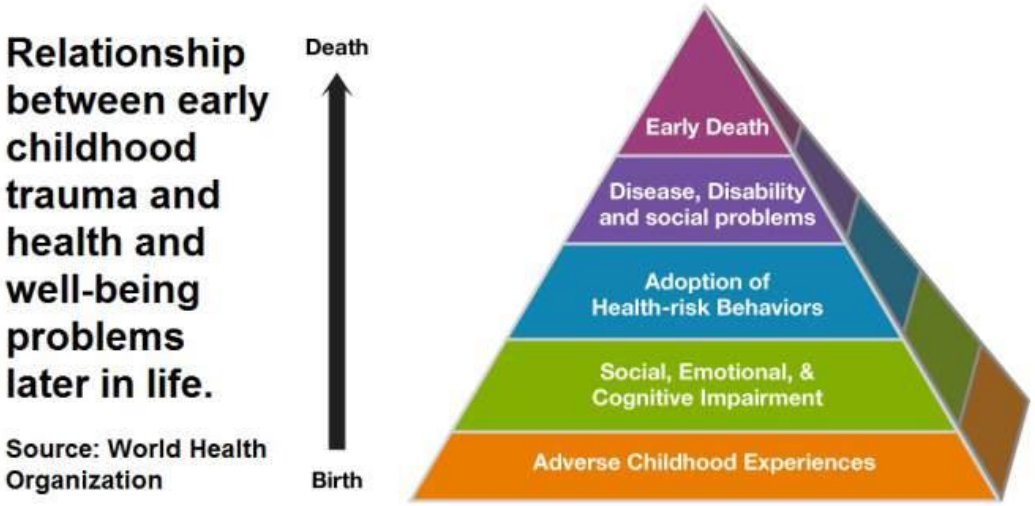
The Adverse Childhood Experiences (ACE) Study

- 10 Experiences before age 18: five are personal — physical abuse, verbal abuse, sexual abuse, physical neglect, and emotional neglect. Five are related to other family members: a parent who's an alcoholic, a mother who's a victim of domestic violence, a family member in jail, a family member diagnosed with a mental illness, and the disappearance of a parent through divorce, death or abandonment
- ACES Too High- https://acestoohigh.com/



ACEs = Adverse Childhood Experiences

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Trauma Symptoms

Reaction to trauma (or a trauma trigger) can be Short Term or Long Term, and can include:

- **Emotional**: Identification, Expression, Regulation [overwhelmed]
- **Physical**: Physiological response [Survival Mode—Freeze, Fight, or Flight (can't sit still)]; Somatic complaints [stomach aches]
- **Relational or Social:** Attachment, ability to connect, trust, friendships
- **Spiritual**: Hopeless
- **Behavioral**: Hyper, aggressive, impulsive (risk taking, "defiant," or acting out behavior), withdrawn ("compliant")
- **Cognitive**: Brain development, memory loss, confusion, inability to concentrate
- **Self-Concept:** Sense of self, self-worth, self-esteem, self in the world

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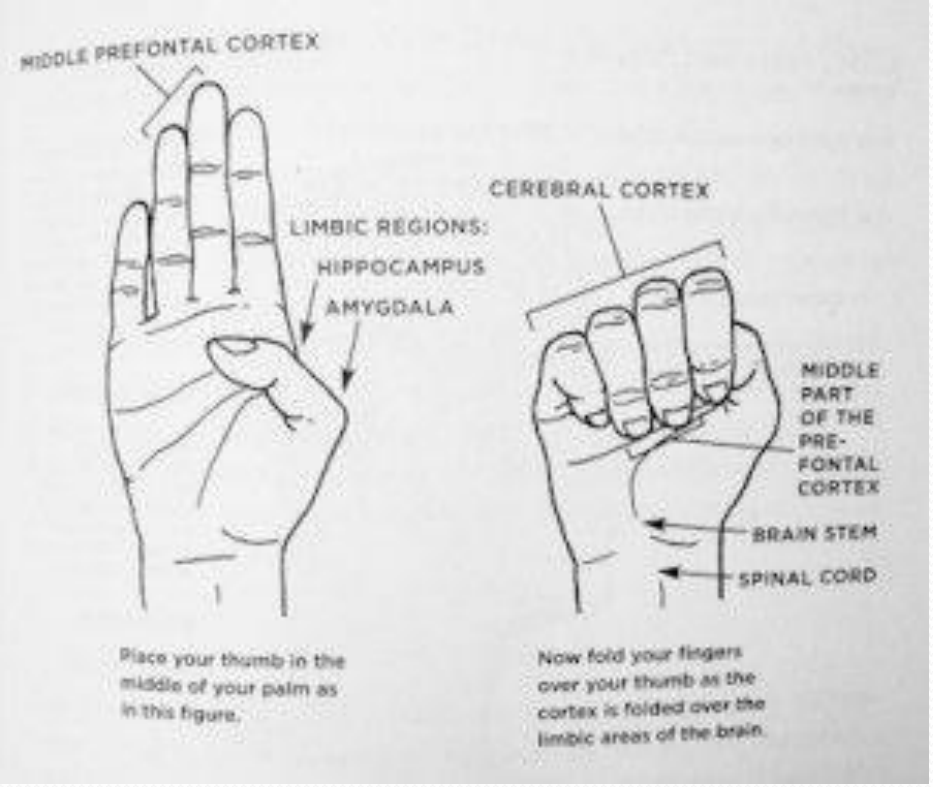
Brain Response!

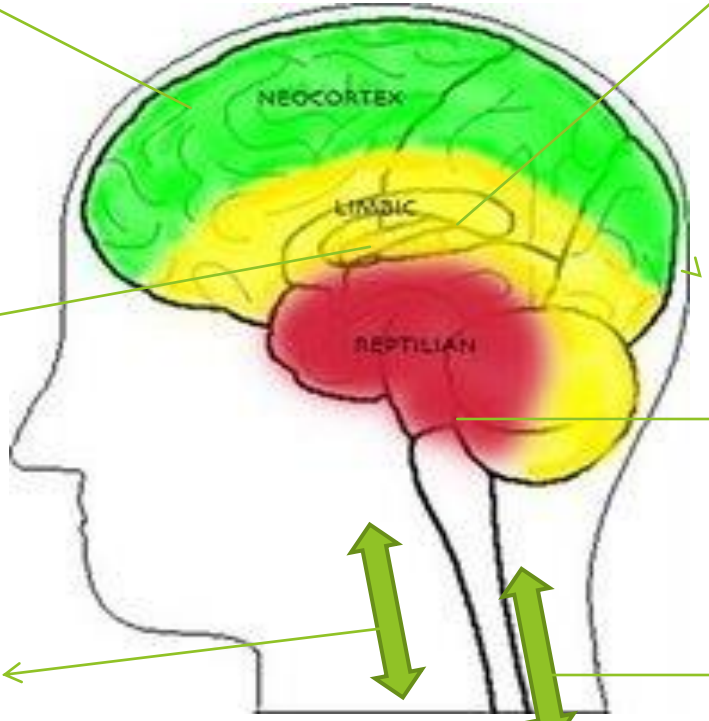
- https://www.youtube.com/watch?v=gm9CIJ74Oxw



Triune Brain:
Extreme Emotional Distress

Neocortex:
Regulates Amygdala,
Processes Memory
[narrative, logical].
Shuts down in states
of alarm

Hippocampus:
Explicit Memory.
Stops functioning
due to high levels
of stress hormones.



Amygdala:
Implicit
Memory.
Most efficient
in states of
alarm.

Survival Reflexes:
Executes Fight,
Flight, Freeze
Responses.
[Response defies
explanation or
attenuation
through words.]

Ventral Vagal:
(Parasympathetic)
Numb
"Play dead".

Dorsal Vagal:
(Sympathetic)
Flight or fight.

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The Connection to Trauma for Formed Families:

Traumatic effects **CLUSTER** and **PERSIST**

- Early childhood adversity (neglect/abuse) prior to adoption substantially increased the level of psychiatric problems, especially when maltreatment was severe. The impact of early vulnerabilities is stable and **persists** even if maltreated children are taken out of their problematic environments and are raised in enriched circumstances (van der Vegt et al, 2008).

- In sample of 2250 foster care youth referred for clinical intervention, 70.4% reported at least two of the traumas that constitute **complex trauma**; 11.7% of the sample reported all 5 types (Greeson et al., 2011).

- 35% of children in foster or kinship care had indications of discrete **mental disorders or comorbidity,** and another 20% displayed complex attachment- and trauma-related symptomatology (Tarren-Sweeney, 2013).

Trauma Impact on School

- Impact on Education:
  - Exposure to traumatic experiences is correlated with
    - Decreased IQ and reading ability (Delaney-Black et al. 2003)
      - Distractibility (jittery, fidgety, difficulty focusing for expected periods of time
    - Decreased graduation rates (Grogger, 1997)
    - Increased rates of suspension and expulsion (LAUSD Survey)
  - Exposure to violence is correlated with:
    - Lower GPA's
    - More negative remarks in cumulative folders
    - More absences from school than other students (NCTSN)
  - Children with two or more "adverse childhood experiences":
    - 2.67 times more likely to repeat a grade (Bethell et al., 2014)
  - Adults with four or more "adverse childhood experiences":
    - 4.4 fold increase in impaired memory of childhood (Anda et al., 2006)

The Influence of Developmental Stage: Young Children

- **Young children** who have experienced trauma may:
  - Express their distress through strong physiological and sensory reactions (e.g., changes in eating, sleeping, activity level, responding to touch and transitions)
  - Become passive, quiet, and easily alarmed
  - Become fearful, especially regarding separations and new situations
  - Experience confusion about assessing threats & finding protection, especially in cases where a parent or caretaker is the aggressor
  - Engage in regressive behaviors (e.g., baby talk, bed-wetting, crying)
  - Experience strong startle reactions, night terrors, or aggressive outbursts
  - Blame themselves due to poor understanding of cause and effect and/or magical thinking

Source: NCTSN – www.nctsn.org

The Influence of Developmental Stage: School-Age Children

- **School-age children** with a history of trauma may:
  - Experience unwanted and intrusive thoughts and images
  - Become preoccupied with frightening moments from the traumatic experience
  - Replay the traumatic event in their minds in order to figure out what could have been prevented or how it could have been different
  - Develop intense, specific new fears linking back to the original danger

Source:
NCTSN – www.nctsn.org

The Influence of Developmental Stage: School-Age Children
(continued)

- **School-age children** may also:
  - Alternate between shy/withdrawn behavior and unusually aggressive behavior
  - Become so fearful of recurrence that they avoid previously enjoyable activities
  - Have thoughts of revenge
  - Experience sleep disturbances that may interfere with daytime concentration and attention

Source: NCTSN – www.nctsn.org

The Influence of Developmental Stage: Adolescents

- In response to trauma, **adolescents** may feel:
  - That they are weak, strange, childish, or "going crazy"
  - Embarrassed by their bouts of fear or exaggerated physical responses
  - That they are unique and alone in their pain and suffering
  - Anxiety and depression
  - Intense anger
  - Low self-esteem and helplessness

Source: NCTSN – www.nctsn.org

The Influence of Developmental Stage: Adolescents

(continued)

- These trauma reactions may in turn lead to:
  - Aggressive or disruptive behavior
  - Sleep disturbances masked by late-night studying, television watching, or partying
  - Drug and alcohol use as a coping mechanism to deal with stress
  - Self-harm (e.g., cutting)
  - Over- or under-estimation of danger
  - Expectations of maltreatment or abandonment
  - Difficulties with trust
  - Increased risk of revictimization, especially if the adolescent has lived with chronic or complex trauma

Impact of Trauma on Child - Adult Relationships

- Behaviors related to trauma symptoms are often interpreted as deliberate misbehavior by adults, and can lead to increased conflict in the home.

- Relationships and connectedness can be greatly affected by the lack of trust and confidence trauma can cause, inhibiting an adult's ability to work effectively with their student.

- Lack of understanding can be compounded when adults have their own unaddressed trauma history, depending on what beliefs they have about their traumatic experiences.

Building Resiliency

- People who have experienced trauma need the following in order to recover:
  - Sense of safety (physical and emotional)
  - Information
  - Healthy coping skills
  - Hope and optimism
  - Sense of connection, supportive relationships
- People need to feel ***safe, capable, and lovable.***

Building Resiliency, continued

- Trauma-informed strategies benefit all students, though they are especially necessary to support students who have experienced trauma.
- It is important to "know our role."
  - How can I support this child as a parent or classroom teacher? What strategies are appropriate for *me* to use?
  - Who can I reach out to for consultation and collaboration when a child needs more support?
- So, HOW???

Building Safety in Attachment

- The attachment system (between child and primary caregivers) provides a model for all other relationships.
- The attachment system is the earliest training ground for coping with and expressing emotions.
- The attachment system provides a safe environment for healthy development and affords the opportunities to meet key developmental tasks.
- Building safety requires several key factors:

Key factors for caregivers

- Caregiver affect management- Caregivers need to understand, manage and cope with their own emotional responses.
- Attunement- Capacity of children and caregivers to accurately read each other's cues and respond.
- Consistent caregiver response- Provide safe and predictable responses, sensitive to past experiences.
- Building routines and rituals- Develop predictability and rhythm through responsive schedules of feeding, interaction and sleep.

Preventing Challenging Behavior at Home and School

- Focus on building **positive and caring relationships.**
- Remember that all youth have **strengths and assets** that can be built upon through relationships with caring adults like YOU.
- Create predictable **structure,** and stick to it. Routines are VERY helpful.
- Make transitions to new activities or spaces calm and **predictable.**
- **Offer choices** whenever you can. Avoiding power struggles is KEY!

Preventing Challenging Behavior, continued

- Offer child a **safe place** to calm down if they need it.
- Offer water and suggest some basic **relaxation** techniques (e.g. deep breathing) to help the student regain composure and return to the moment.
- **Validate the child's thoughts/feelings**. Offer choices for appropriate ways to remove themselves from the situation or manage unacceptable behavior. Calmly request that they choose from one of several clear, easy options.
- Remember that the behavior in question is not driven by logic. The student is in **flight, fight or freeze mode** and survival responses are taking over. Try some de-escalation techniques to help them manage their aggression and calm down.

Preventing Challenging Behavior, continued

- Avoid passing judgment, offering advice, or becoming overly reassuring.
- Focus on **PROBLEM SOLVING** over punishment. Help children and youth come up with ways to control their own behavior. Directly teach problem-solving steps, as well as calming/emotional regulation.
- Be aware of your own physical presence, tone of voice, volume, body language, etc. Generally avoid physical touch, and work hard to maintain an **even tone of voice and neutral body language.**
- Use Positive Behavior Intervention and Supports (PBIS) as default. Praise publicly, redirect privately! www.pbis.org

How Families Can Help Schools Be More Trauma-Informed

- Help Staff Be Informed
  - Share important events such as anniversaries (e.g. of a death, separation from parent). Offer suggestions to proactively consider how events may influence a child's feelings or behaviors and develop thoughtful plans that are flexible and attentive to their needs.
  - Alert staff of triggers when making assignments with themes such as "family" or "memories."
- Support the School's System of Supports (MTSS/VTSS/Responsive Instruction)
- Help Staff Build Opportunities for Success into various settings, academic and social.

Helping Schools, continued

- Share your child's academic and social strengths and weaknesses. Encourage staff to praise their strengths in the moment; collaborate on strategies to address weaknesses. Cue staff into effective strategies for supporting child with challenges.
- Connect with school-based mental health staff (psychologist, social worker, or counselor) about child's needs and facilitate their help/consultation with classroom-appropriate techniques that can be taught to manage overwhelming emotions (e.g., deep breathing).
- Introduce your child to school-based clinicians, and help him or her find one connected adult at school.

What could ‘trauma informed’ look like in your school?

What will I start doing?	What will I avoid doing?
Looking at situations through a “trauma lens” when addressing acting out behavior or rule violations *Trauma Lens = Changing the question from “what's wrong with you?” to “what happened to you?”*	Enforcing rules and levying consequences without consideration of the potential impact of trauma on behavior
Providing increased opportunities for youth to build on their strengths and giving them positive recognition when they succeed	Not being thoughtful in the assignment of tasks to youth (the goal should be to present opportunities for mastery and success as opposed to setting youth up for failure that they may not be equipped to cope with)
Considering possible triggers like lights, sounds, crowds, small spaces, etc. when planning activities	Using a raised tone, flickering lights, or other potentially triggering methods to gain the attention of the group
Sticking to the expected schedule and avoiding surprises whenever possible	Letting staffing shortages or other unexpected events result in the loss of anticipated structure

What does it mean to be trauma-informed?

A program, organization, or system that is trauma-informed:

- *Realizes* the widespread impact of trauma and understands potential paths for recovery;
- *Recognizes* the signs and symptoms of trauma in clients, families, staff, and others involved with the system;
- *Responds* by fully integrating knowledge about trauma into policies, procedures, and practices; and
- Seeks to actively resist *re-traumatization*

A trauma-informed approach can be implemented in any type of service setting or organization.

SAMHSA, 2014

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School practices that matter

Multi-tiered supports that adhere to many of the goals and principles of trauma- informed organizations:

- Supports for student safety and consistency
- Positive interactions
- Culturally responsive practices

Source: Cavanaugh, B. (2016). Trauma-informed classrooms and schools. *Beyond Behavior, 25(2*), 41-46.

School Practices, continued

- Peer supports – ex. Peer tutoring
- Targeted supports- Tier 2 services & Screening
- Strategies that support the individualized needs of students – FBAs, consider triggers, wraparound services. IEPs

Also maintain a strengths-based approach!

And consider implications of vicarious trauma!

Source: Cavanaugh, B. (2016). Trauma-informed classrooms and schools. *Beyond Behavior, 25(2*), 41-46.

School Strategies

- Informal behavior management system
- “Break” strategies
  - Flash passes
  - Break space
- Attendance
  - Supportive interventions for students who miss school due to emotional concerns
- School-based clinicians- Supports may include consultation with families, staff, private providers re: appropriate interventions and resources; Counseling to address issues that interfere with academic achievement
- 504 plan/ Special Education
  - Individualized Education Programs (IEP)
    - May include behavioral or social-emotional goals
    - Evaluation/Re-evaluation

Practicing Self-Care

- Get adequate sleep
- Prioritize hydration and good nutrition
- Exercise
- Identify your own triggers, as well as strategies to manage them
- Find opportunities to connect with others. Build a support network inside and outside of work
- Engage in activities you enjoy

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How can you protect yourself?

- Regular use of deliberate coping strategies
  - Self-care
- Attract and maintain social support (personal and professional)
- Personality traits that include emotional competencies
  - Optimism, Faith, Flexibility, Sense of Meaning, Self-Efficacy, Impulse Control, Empathy, Close Relationships, Spirituality, Effective Problem Solving (Protective Factors that contribute to Resiliency)

Collins-Camargo, 2012

Resources - Internet

Childhood Trauma :

- http://www.samhsa.gov/trauma/index.aspx#TipsChildren
- http://www.nctsn.org/resources
- http://www.nctsn.org/sites/default/files/assets/pdfs/childrenanddv_factsheetseries_complete.pdf
- https://www.fairfaxcounty.gov/neighborhood-community-services/prevention/trauma-informed-community-network

Educator and Family Resources

- Blaustein, M.E. & Kinniburgh, K.M. (2010). *Treating Traumatic Stress in Children and Adolescents.*
- Craig, S.E. (2008). *Reaching & Teaching Children Who Hurt.*
- Craig, S.E. (2015). *Trauma-Sensitive Schools: Learning Communities Transforming Children's Lives, K-5.*
- *Child Trauma Toolkit for Educators (2008),* NCTSN. http://www.nctsn.org/resources/audiences/school-personnel/trauma-toolkit
- Books/resources by Heather T. Forbes, http://www.beyondconsequences.com/

Questions & Answers

Discussion