

Understanding Trauma

and it's impact on learning and behavior

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Intended Outcomes

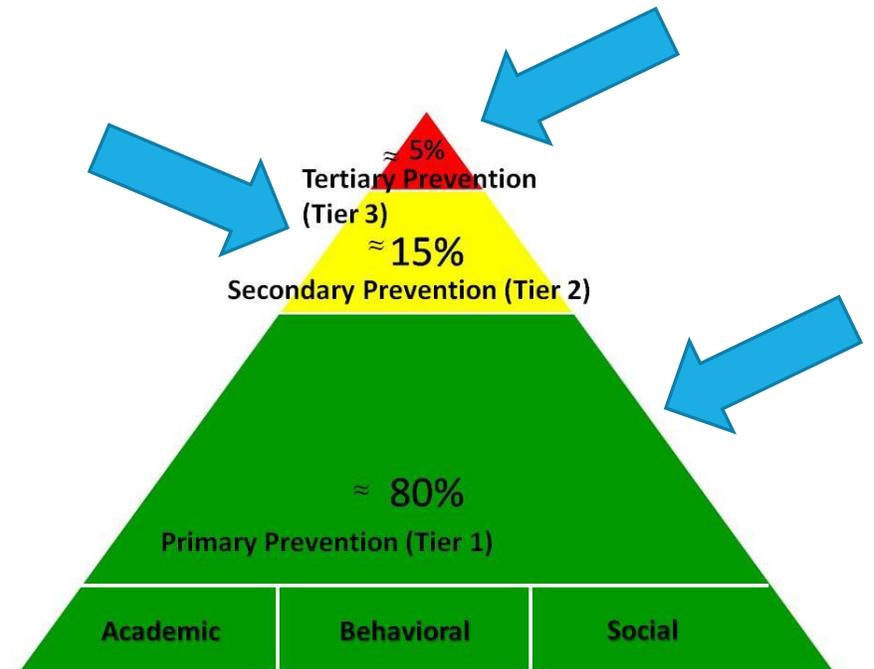
1. Participants will acquire a deeper understanding of the impact of trauma on brain development and school success.
2. Participants will enhance their attitudes, skills and knowledge to more effectively work with students through a trauma-informed lens.
3. Participants will make connections to a multi-tiered systematic framework.

Organization for Today

Summer Institute Google Site has materials for [Notes Page](#) today

[Today's Meet](#)- to network with each other during this institute

Twitter- [#allmeansall16](#)



Plan for Today:

1-2:15 Session One ~ Overview

- problem definition
- impact on brain development, nervous system development, and learning
- Keeping ourselves regulated
- Reframing our thinking.

2:30-3:10 Session Two

- Strategies for teachers/ schools
- close and evaluation

Video introduction

Through the eyes of a child: Children, Violence, and Trauma



What is trauma?

Trauma occurs when overwhelming, uncontrollable experiences psychologically impact a child, creating feelings of helplessness, vulnerability, loss of safety, and loss of control. This can be a single incident or an ongoing issue, such as neglect or abuse.

Trauma is subjective. Different people can be exposed to the same experiences and they may or may not be traumatized by it. Factors that influence this are: the person's age, other level of toxic stress in their life, the level of trust that was betrayed, the person's disposition/predisposition to be resilient, etc.

Trauma-Informed



A trauma-informed approach, “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*.”

Trauma-Informed

Children need to feel safe and connected to adults and peers everywhere in the school—in the classroom, the cafeteria, the hallway, special activities, the bus—not just in one program or with one teacher.



Universal precautions:

As part of trauma informed care, what is proposed is that each adult working with any child or adolescent *presume* that the child has been trauma exposed. With this presumption in place, the use of universal precautions in support of trauma informed care involves:

- providing unconditional respect to all children
- being careful not to challenge any child in ways that produce shame and humiliation.

Such an approach has no down side, since children who have been exposed to trauma require it, and other, more fortunate children deserve and can also benefit from this fundamentally humanistic commitment.

Brain Development

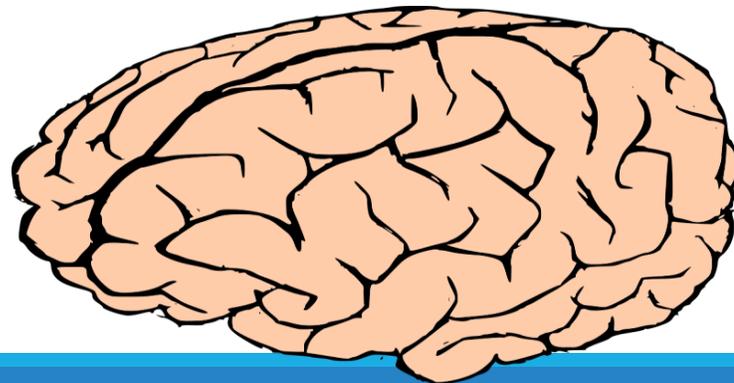
Brain at Birth

25% the size of the adult brain in weight & volume (less than 1 lb)

Nearly the same number of neurons as adult brain (100 billion)

50 trillion synapses (connections between neurons)

Brain stem & lower brain well developed (reflexes), higher regions more primitive



Brain Development

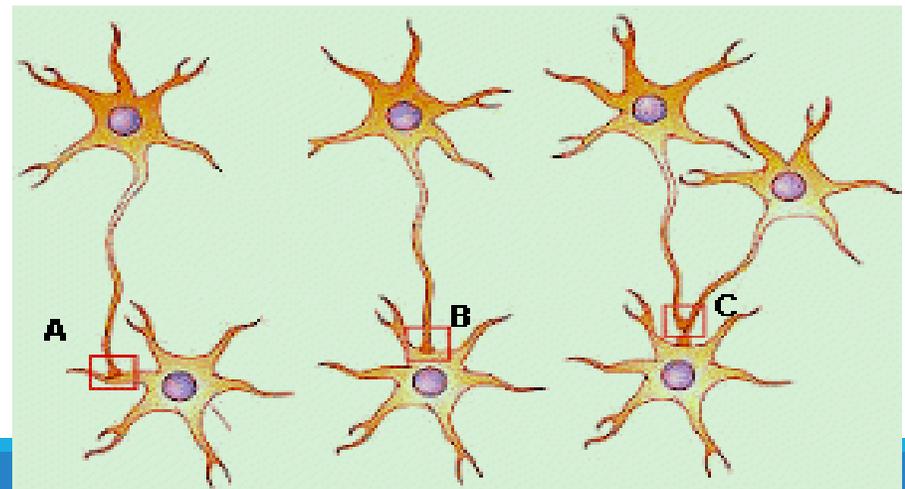
Growing Older

Number of neurons are in place

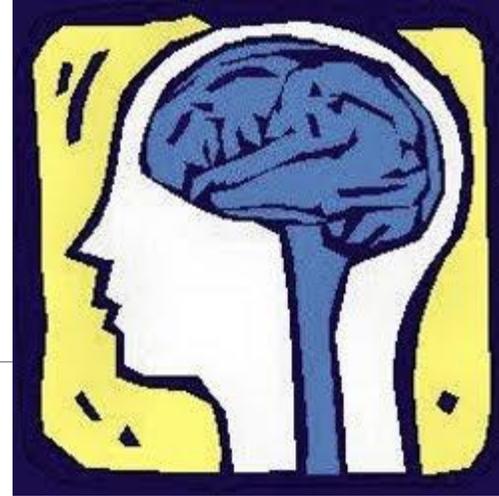
Number of synaptic connections increases childhood to adolescence

Unused connections are pruned

Used synapses are strengthened



Brain Development



More stimulation, the better for neural development

When the stimulation comes from chronic trauma, it strengthens the brain's connections to the trauma emotional response

Early childhood trauma associated with reduced size of the brain cortex

- cortex regulates memory, attention, perceptual awareness, thinking,

- language & consciousness

- impacts ability to regulate emotions

Nurture



Disruption in neural development can include:

Failure to expose youth to appropriate experiences at the critical times (neglect)

Overwhelming the brain's alarm system (abuse)

Relationship with caregivers plays a critical role in regulating stress hormone production (study showed link between quality of childcare linked to stress hormone levels)

Body Chemistry

Recognition of threat & danger stimulates various stress-response pathways. Adrenaline & several endocrine hormones are released into the bloodstream.

Glucocorticoids along with adrenaline enhance the formation of flashbulb memories of events associated with strong emotions, both positive & negative.

Acute stress response takes a toll on your body over time if these biological responses do not return to normal baseline levels fairly rapidly.

Long-term Effects on the Body, Mind

Prolonged stimulation of the acute stress response system negatively affects physical, mental health, wellbeing, resulting in:

- Reduced immune function
- Cardiovascular disease
- Depression
- Anxiety
- Oppositional Defiant Disorder
- ADHD
- Substance abuse
- Damped responsiveness to new stressors



Adverse Childhood Experience (ACE) Study

Correlated an increase of trauma exposure to an increase in the risk for

- 7 of the top leading causes of death
- Mental illness
- Drug abuse
- Behaviors

2/3 had at least one ACE

1/8 had at least 4 ACEs

6+ ACEs lead to shorter life span by 20 yrs

Children with higher ACE scores are more likely to ...

Be designated to special education

Fail a grade

Score lower on a standardized test

Have language difficulties

Be suspended or expelled

Have poorer health

Trauma in childhood can severely impact all aspects of child development...Trauma impacts children's ability to:



to process information

distinguish between threatening and non-threatening situations

build trusting relationships

regulate their emotions

development of language and communication skills

ability to understand cause and effect relationships

Fight, Flight, Appease

Fight / Flight– “Hyper-arousal --

decrease in pain tolerance, increased anxiety, exaggeration of startle response, insomnia, panic, rage

Appease- “Hypo-arousal”- the decrease in psychological and physiological tension marked by such effects as emotional indifference, flattened affect, irritability, low grade nervousness, disengagement, depression, and hopelessness

Hyper Arousal

Fight or flight
Aggression
Verbal outbursts
Pacing, rocking, fidgeting
hyper-vigilance
Lack of focus
Nail biting
Sexually reactive
Over-reactive
temper tantrums
Threatening behaviors
Sense of urgency
Impatient
Poor boundaries
Hyperactivity
Defiance
Explosive
Nervous
A state of chronic mobilization

Hypo Arousal

Depressed
Suicidal
Self injurious
Disassociation
Eating disorders
Sleep disturbances
Refusals
Concentration problems
Easily startled
Helplessness
Hopelessness
Defiance
Social anxiety
Immobilization
Collapse
Fantasy
Attention problems
Pervasive shame

Adult Behavior and Re-triggering

- A certain smell, sound, or sight that reminds you of the event you experienced
- Loud noises – yelling, breaking glass, heavy object falling to the floor, etc.
- The anniversary date of the event
- Seeing or reading a news report about a similar event
- Seeing a person related to the event or someone who looks like that person
- Bad dreams

Hot spots” - meal time, bathroom, transitions, rest time

• Take care of yourself – put on your own oxygen mask first

Before a time in – for the adult:

Pause and Breathe

Think “be cool”

Place yourself at eye level with the student

Read the need – when you start to notice that a child might be having a difficult time, ask “what else might this be about?” instead of “what is wrong with this child?”

Reflect on the need –

“I see that you’re having trouble with _____ or “You seem to be getting really frustrated.” Offer the child a couple of choices.

Additional tips

Be honest about your own limitations – ask for help and support

Be aware of your reactions. Are you personalizing the behavior?

Note!! Adults with an unresolved history of trauma may not manage their own emotion effectively when under stress.

Learn some strategies to avoid power struggles.

Take care of yourself!



Think regulation, not control!



The question should always be, “What does this child need to be calmer and more emotionally regulated right now?” not “What do I need to do to make this child behave?”



Activity – Can we reframe our thinking?

What we see and think: He has no friends/He has poor social skills/ He doesn't trust anyone

What might be going on: Trauma causes disrupted attachments/ If loving and trusting leads to pain, I better not do it!!

Group activity – with your table team, review the info on the “what might be going on?” handout. As a team, reflect on these questions and be prepared to report out to the group:

1. How did our thinking change when we thought about the behavior as an adaptive response rather than acting out?
2. How can we each use this information as behaviors occur in our classrooms?



Strategies to support

STUDENTS WHO HAVE EXPERIENCED
TRAUMA

Neuroplasticity: Great news! You can teach an old brain new tricks..... But How?

Building positive relationships!

Creating safe, predictable environments

Brain – based learning strategies, brain breaks

Movement and exercise – yoga, music

Mindfulness strategies – breathing, visualization, meditation, memory boosters, imagination (restructuring)

Teaching new skills – emotional regulation strategies, cognitive behavioral strategies, tools to manage anxiety and anger, etc.

You Don't Have to be a Therapist to be Therapeutic



Be consistent during interactions

Model appropriate coping, anger management & problem solving

Foster a helping relationship

Each interaction presents an opportunity to build skills

Provide as much choice as possible

Ask permission before you touch the person

Use grounding techniques if person seems to be disconnected or in distress

Safety

From a trauma perspective, people act out when they feel threatened. Therefore, helping a person feel safe should reduce the acting out & make the environment safer.

Ask the child what makes him feel safe

Structure & predictability can help the person feel safe

Set limits appropriately

No violence

No yelling

No retaliation- separate out your anger



Supportive

Be patient & understanding

Offer practical support

Don't pressure some one into talking but be available when they want to talk.

Help them to socialize & relax

Don't take the trauma symptoms personally

Recognize the strength it takes for them to function



Teaching children to self-regulate

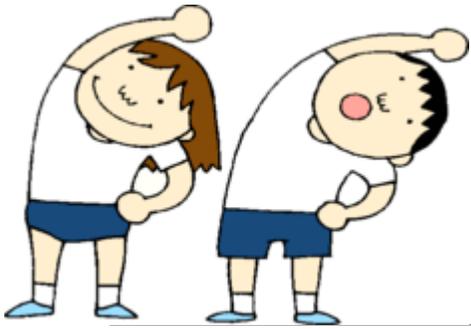
New perspective: challenging behaviors are an attempt to self-regulate.

- Rather than trying to make the child behave, help the child self-soothe. Offer sensory supports, a break, a walk, etc.
- Ask, are you okay? What do you need?
- **Instruction** in self – regulation, understanding triggers, etc.

What's the behavior telling you?

- Rather than trying to control the child's behavior, **listen** to what the behavior is telling you. Focus on the **need**, not the behavior.
- (If a child is running out of the room, could this be his "flight" response? If so, how could we respond?)





Brain – based strategies



Sensory – based activities restore balance between the thinking and emotional parts of the brain. Integration of these activities helps regulate the limbic (emotional) region of the brain to cope with anxiety and trauma triggers.

Mindfulness strategies such as meditation, stretching, movement, calming activities such as relaxation, breathing, coloring, etc.

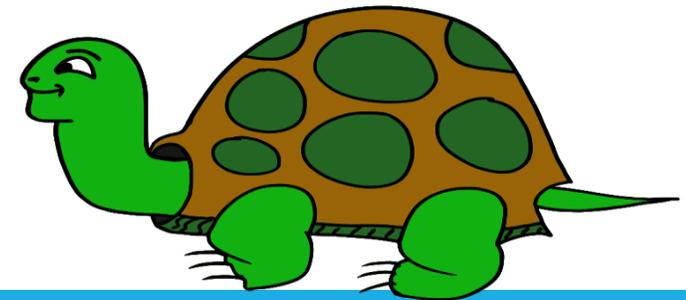
Coping Strategies

Use *Self-Talk* when Anxious: Say in Your Mind...

- “Oh well, maybe next time”
- “Just go with the flow”
- “I’ll flip the pancake”
- “It’s not the end of the world”

Use *The Turtle Trick*: When I need some time, I can go into my turtle shell where I feel safe and...

- Take deep breathes
- Think happy thoughts
- Think of a plan
- Come out of my shell & take action



More Strategies

Plan for a 'safe place' & 'safe person'

Guided imagery, Great escape

Worry box, worry stone

Relaxation strategies: calm breathing, progressive muscle relaxation



Time In Vs. Time Out

Time in is a **relational** strategy based on the belief that kids act out because they **need attention** to fulfill a biological imperative.

Time in is time to **regain connection, balance, and centeredness** and mutual well-being. The goal of time in is to help the student to develop internal or self – regulation. The result is trust.

Time out is a behavioral strategy based on the belief that kids act out **for** attention. It is punitive. There is an element of shame. It replicates past rejection. It withholds attention (and love, as perceived by the child.) It shows that the adult's love of the child is conditional. A time out may reinforce a child's internal working model of themselves as unlovable.

Resources

Treating Traumatic Stress in Children and Adolescents,
Blaustein, Kinniburgh.

Creating a Trauma Responsive Missouri, manual compiled &
edited by Carter, Boustead, Grailer.

The Body Keeps the Score: Brain, Mind, and Body in the
Healing of Trauma, van der Kolk.

National Child Traumatic Stress Network www.nctsn.org

Alive and Well STL www.aliveandwellstl.com