

Trauma Informed Care

What you need to know in your schools

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Trauma

- ▶ According to the CDC, child maltreatment is "any act or series of acts of commission or omission by a parent or other caregiver (e.g., clergy, coach, teacher, etc.) that results in harm, potential for harm, or threat of harm to a child (1)." There are four major types of child maltreatment or abuse: physical abuse, child neglect, sexual abuse, and emotional abuse
- ▶ Types of Trauma
 - ▶ Medical, War, Violence, Cultural, Physical, Emotional, Sexual Abuse, Accidents, Natural Disasters, Grief/Loss, School, Poverty

The Facts

- ▶ According to the [Utah Child Fatality Review Committee](#), in 2012, 12 children died from child abuse or neglect-related causes.
- ▶ Homicide was the fifth leading cause of death for children ages 1 to 14 in 2010.
- ▶ Utah was the first state to enact legislation classifying domestic violence in the presence of a child or children as a crime of child abuse.
- ▶ From 2003-2008, 147 Utah children were directly exposed to an intimate partner-related homicide and 78% of these children were under six years of age.
- ▶ According to [Kids Count](#), in 2011, Utah ranked 10th in the number of children confirmed by Child Protective Services as being victims of child maltreatment.
- ▶ In 2012, sexual abuse was the most common type of substantiated child maltreatment in Utah.
- ▶ 1 in 6 struggle with hunger in Utah.
- ▶ Utah Poverty Rate is 11.3%; Child Poverty rate is 13%

Trauma Symptoms

▶ Re-experiencing of the traumatic event

- ▶ Memories and thoughts of the abuse which cause distress.
- ▶ Nightmares.
- ▶ Flashbacks (feeling as if the abuse is occurring again when the child is in a safe place).
- ▶ Distress when things remind him/her of the abuse (e.g., seeing pictures of the abuser, sounds or smells that remind them of the abuse).
- ▶ Acting out the behaviors which occurred during the abuse.

▶ Avoidance of things associated with traumatic events

- ▶ Tries to avoid thoughts or conversations about the abuse. As a result, some children may try to avoid coming to therapy, school, or community events
- ▶ Avoids places, activities or people that remind them of the abuse.
- ▶ Difficulty showing feelings.
- ▶ No longer interested in activities they use to enjoy.

▶ Increased arousal

- ▶ Sleeping difficulties.
- ▶ Anger outbursts.
- ▶ Difficulty concentrating.
- ▶ Easily startled.



Trauma among the ages

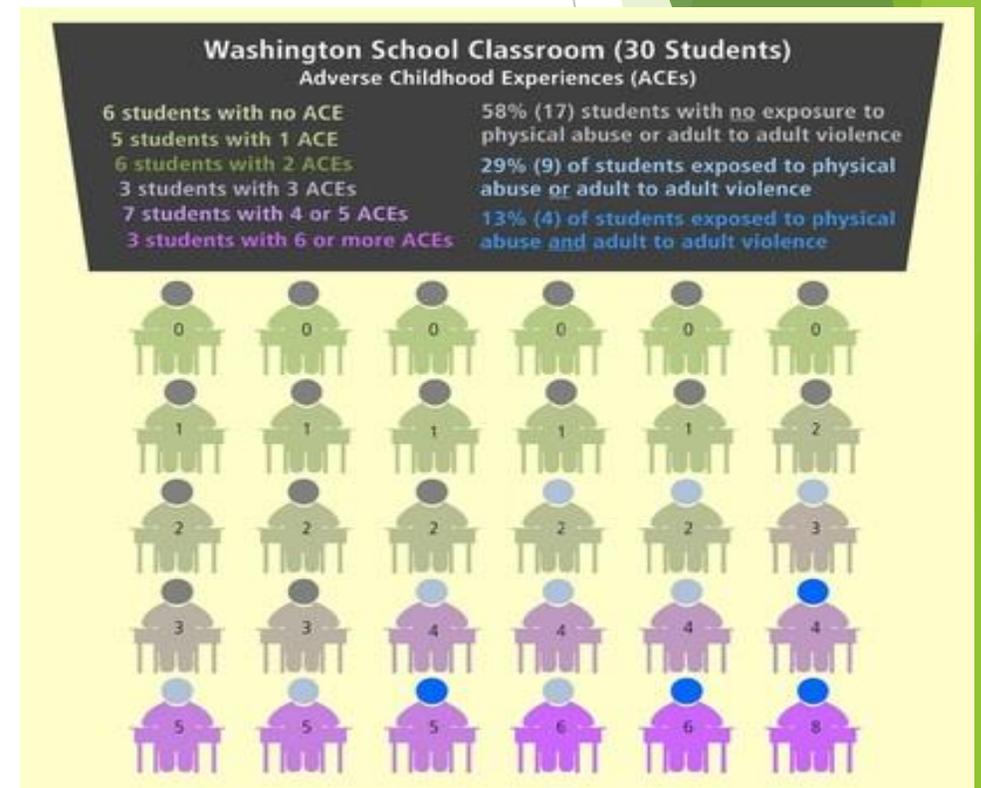
Preschool and young school-age children This feeling of helplessness and anxiety is often expressed as a loss of previously acquired developmental skills. Children who experience traumatic events might not be able to fall asleep on their own or might not be able to separate from parents at school. Children who might have ventured out to play in the yard prior to a traumatic event now might not be willing to play in the absence of a family member. Often, children lose some speech and toileting skills, or their sleep is disturbed by nightmares, night terrors, or fear of going to sleep. In many cases, children may engage in traumatic play—a repetitive and less imaginative form of play that may represent children’s continued focus on the traumatic event or an attempt to change a negative outcome of a traumatic event.

School age children A traumatic experience may compromise the developmental tasks of school-age children as well. Children of this age may display sleep disturbances, which might include difficulty falling asleep, fear of sleeping alone, or frequent nightmares. Teachers often comment that these children are having greater difficulties concentrating and learning at school. Children of this age, following a traumatic event, may complain of headaches and stomach aches without obvious cause, and some children engage in unusually reckless or aggressive behavior.

Adolescents exposed to a traumatic event feel self-conscious about their emotional responses to the event. Feelings of fear, vulnerability, and concern over being labeled “abnormal” or different from their peers may cause adolescents to withdraw from family and friends. Adolescents often experience feelings of shame and guilt about the traumatic event and may express fantasies about revenge and retribution. A traumatic event for adolescents may foster a radical shift in the way these children think about the world. Some adolescents engage in self-destructive or accident-prone behaviors

Adverse Childhood Effects Study

- ▶ Between 1995-1997, 1700 survey's were completed in San Diego by mostly white middle class persons.
- ▶ 2/3 of study participants reported at least 1 ACE, more than 1 in 5 reported 3 or more ACEs
- ▶ In 2010 in Utah, ACES questions were added to Utah Behavioral Risk Factor Surveillance System (BRFSS)
 - ▶ 41.1% of adults reported 0 ACEs,
 - ▶ 48.8% reported 1-4 ACEs; 10.1% reported 5 or more
- ▶ Most prevalent was emotional abuse 37.9%



Trauma Lens

- ▶ Trauma effects the developing brain in profound ways.
- ▶ We will fail if we do not recognize the differences in a traumatized brain
- ▶ Trauma informed care: People with a traumatic history need assistance from the environment to retain emotional regulation
 - ▶ Support and teach regulation and show co regulation vs expect it



adapted from a slide from Brian Miller PhD

The Trauma Lens

- ▶ The correlations between childhood trauma and behavioral health or physical health occurrences are of a magnitude unheard of in public health.
- ▶ Those who experience early trauma are:
 - ▶ 32 times more likely to have behavioral disorders
 - ▶ 2 times as likely to smoke
 - ▶ 7 times as likely to have alcoholism
 - ▶ Life expectancy reduced by 20 years
 - ▶ Use more prescriptions
 - ▶ Are more violent
 - ▶ Have more broken homes
 - ▶ Have more troubles maintaining employment as adults
 - ▶ Depression

This is what you want trauma to look like





In the schools

What are your office referrals typically for?

- ▶ Bullying
- ▶ Aggression/Fights
- ▶ Truancy/Tardies
- ▶ Noncompliance
- ▶ Substances
- ▶ Disrespect
- ▶ Low commitment

What could be the cause for your office referrals?

- ▶ Anxiety
- ▶ Attachment concerns
- ▶ Trauma
- ▶ Social Skills deficits
- ▶ Depression
- ▶ Poverty
- ▶ ADHD

Trauma in the Classroom

▶ Academic Performance

- ▶ Language and communication skills
- ▶ Social and emotional communication
- ▶ Problem solving and analysis
- ▶ Organizing narrative material
- ▶ Cause and effect relationships
- ▶ Taking another's perspective
- ▶ Attentiveness to classroom tasks
- ▶ Regulating emotions
- ▶ Executive functions
- ▶ Engaging in curriculum

Trauma in the Classroom

- ▶ Classroom behaviors
 - ▶ Reactivity and impulsivity
 - ▶ Aggression
 - ▶ Defiance
 - ▶ Withdrawal
 - ▶ Perfectionism
- ▶ School Relationships
 - ▶ With school personnel
 - ▶ With peers

Is success possible?

- ▶ Research indicates that a school can moderate the effects of trauma.
- ▶ Psychologists Masten and Coatsworth explored why many children can grow even with extreme trauma in their lives and found 3 key areas
 - ▶ A strong parent- child relationship; or surrogate caregiver
 - ▶ Good cognitive skills which predict academic and rule abiding behaviors
 - ▶ Ability to self regulate attentions, emotions, and behaviors

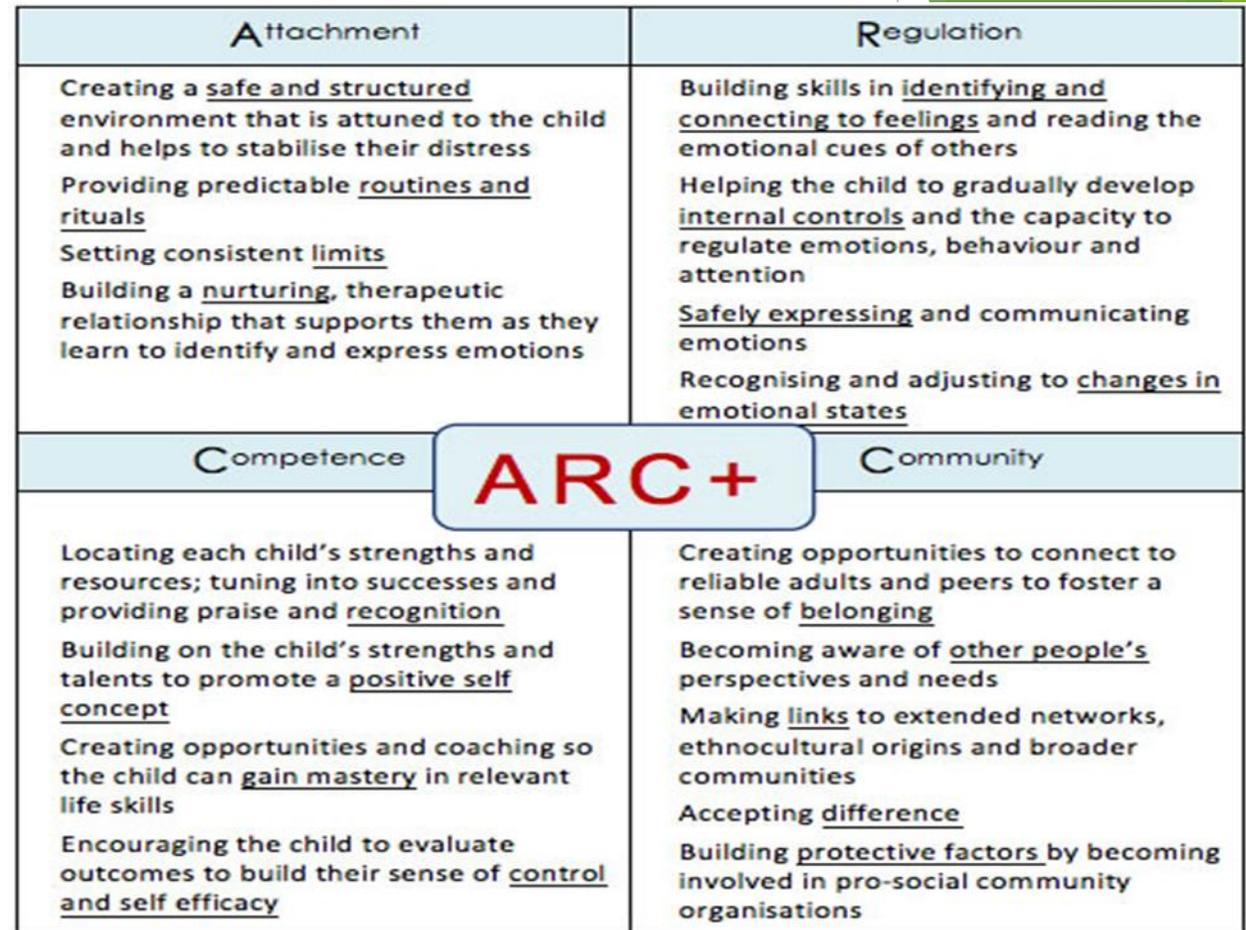
Is success possible?

National Child Traumatic Stress Network (NCSTN) developed the ARC model to support working with child with trauma

Attachment

Regulation

Competencies



Putting a Trauma Informed School Model into Action

- ▶ School wide culture
 - ▶ Identifying and addressing barriers
- ▶ Staff training
 - ▶ Parents and caregivers
 - ▶ **Communication Strategies**
 - ▶ Teachers/Staff
 - ▶ What supports do they need?
 - ▶ Creating a safe environment
 - ▶ Academic standards
 - ▶ Connection between behavior and emotions

Putting a Trauma Informed School Model into Action

- ▶ Academic Instruction
 - ▶ Building on competencies
 - ▶ Predictability
 - ▶ Consistency with classmates
 - ▶ Language based approaches
- ▶ Non Academic Strategies
 - ▶ Becoming a trusted adult
 - ▶ Extracurricular Activities
 - ▶ Development of emotional regulation

Putting a Trauma Informed School Model into Action

- ▶ School Policies, Procedures and Protocols
 - ▶ Balancing accountability with action
- ▶ Linking with Mental Health Professionals
 - ▶ What can mental health professional in the school do?

Resources and References

- ▶ Cole, S. F., M.Ed. (2009). *Helping Traumatized Children Learn Supportive school environments for children traumatized by family violence*. Boston, MA: Massachusetts Advocates for Children
- ▶ <http://www.uah.org/public-policy-and-hunger/publications/>
- ▶ <http://www.cdc.gov/violenceprevention/childmaltreatment/definitions.html>
- ▶ <http://www.cdc.gov/violenceprevention/acestudy/about.html>