LEADING TRAUMA INFORMED SCHOOLS

4/14 LEADING WITH COURAGE CONFERENCE

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Violence has been identified as “one of our most significant public health issues (RAND Research Highlights, 2011) and estimates are that between 20 and 50 percent of children in the U.S. are touched by violence, either as victims or as witnesses to violence.

Understanding the effects and causes emotional and behavior disorders related to trauma can help educators--the front line responders--tailor the most successful interventions to student needs.

26% witness trauma by age 4

1 in 6 2-5 year olds will get a psychiatric diagnosis
Abused children are more likely to:
- Be in special education
- Have below grade level achievement
- Have poor work habits
- Are 2.5 times more likely to fail a grade
- Score lower on standardized tests
- Have expressive or language difficulties

Study: 450 students in an alternative school:
- 90% had histories of trauma
- 41% from violence, 46% physical, emotional or sexual abuse, 39% neglect, 16% foster care

- Majority of kids in Juvie have 6+ ACEs, averaging 14.
- An ACE score of 6 is predicted to take 6 years off your life with no caring adult intervention.
Children exposed to violence have impaired capabilities to learn from social, emotional and cognitive experiences, as the primary areas of the brain that are processing information are different from those of a child existing in a safe environment.

Children exposed to violence are more likely to experience depression, anxiety, commit violence towards peers; attempt suicide, abuse drugs and alcohol, run away from home, engage in teenage prostitution, and commit sexual assault crimes.
The Adverse Childhood Experience (ACE) Checklist:

Did any of the following experiences occur during your first 18 years of life? Give yourself 1 point for each:

1. Emotional Abuse
2. Physical Abuse
3. Sexual Abuse
4. Emotional Neglect
5. Physical Neglect
6. Mother Treated Violently
7. Someone Abusing Substances in the Home
8. Someone in the Home with a Mental Illness
9. Absence of One or Both Parents
10. Incarcerated Household Member
WHAT AN ACE SCORE MEANS

- The ACE score is a strong predictor of later social functioning, well-being, health risks, disease, and death.

- An ACE Score of 4 or more results in having multiple risk factors for these diseases or the disease themselves.

- An ACE score of 6 or more results in a 20 year decrease in life expectancy.

- One third of adults have a score of 0.
Adverse Childhood Experiences Score

Number of categories (not events) is summed…

<table>
<thead>
<tr>
<th>ACE Score</th>
<th>Prevalence</th>
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<tbody>
<tr>
<td>0</td>
<td>33%</td>
</tr>
<tr>
<td>1</td>
<td>25%</td>
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<tr>
<td>2</td>
<td>15%</td>
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<td>3</td>
<td>10%</td>
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<tr>
<td>4</td>
<td>6%</td>
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<tr>
<td>5 or more</td>
<td>11%*</td>
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- Two out of three experienced at least one category of ACE.
- If any one ACE is present, there is an 87% chance at least one other category of ACE is present, and 50% chance of 3 or >.
- Women are 50% more likely than men to have a Score >5.
Mechanisms by Which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan
What ACEs Can Look Like in the Classroom

- Children with 3 or more ACEs are nearly 4 times (OR=3.66) more likely to have developmental delays (Marie-Mitchell et al, 2013)

- Children with 4 or more ACEs are 32 times more likely to have behavioral problems in school (Burke et al, 2011)
OLDER CHILDREN - High School Sophomores and Seniors

Washington School Classroom (30 Students)
Adverse Childhood Experiences (ACEs)

- 6 students with no ACE
- 5 students with 1 ACE
- 6 students with 2 ACEs
- 3 students with 3 ACEs
- 7 students with 4 or 5 ACEs
- 3 students with 6 or more ACEs

- 58% (17) students with no exposure to physical abuse or adult to adult violence
- 29% (9) of students exposed to physical abuse or adult to adult violence
- 13% (4) of students exposed to physical abuse and adult to adult violence

Population Average
Washington State University Study of Children with 3 or more ACEs

- 3 times likelier to experience academic failure
- 5x likely to have attendance problems
- 6x as likely to exhibit behavior problems
Toxic stress- is prolonged experiences without a caring adult in their lives they live.

The survival brain is always in activation mode: fight, flight, freeze;

The body continues to pump out high levels of stress hormones which Belem toxic to the body

Toxic stress can physically, emotionally, socially, academically, and cognitively hinder the developing child.

Most show developmental deficits often misinterpreted as bad or negative behavior.
Healthy brains are controlled top down: neocortex can keep limbic system (center for emotions) in check.

Under stress lower, survival brain becomes dominant: life happens in the next 15 seconds and there is no future or past: They are functioning from the past of their brain where there is no reason, no connection to consequences.

They physiologically cannot learn when they are functioning from a bottom up control system:

- their ability to access their logical thinking,
- sequential thinking,
- memory storage & retrieval,
- language processing and organizing,

....all functions of the neocortex, are compromised.
Trauma is the experience or perception that leaves one feeling hopeless, helpless, powerless.

It's not the event itself but the feeling that the event creates.

Where there is a caring, calm and confident adult, the event is far less traumatic.

Complex trauma is trauma on steroids: most who have experience one trauma have or are experiencing multiple other types.
The reality is that children do not grow out of trauma. They grow into it.

Typical trauma-impacted student has a very low sense of self—such children see themselves as bad.

They reject themselves as most adults have done in their lives.

They feel completely powerless and typically feel that nothing they do—good, bad or otherwise—can make a difference.

Underneath all that trauma is a little boy or girl that simply wants to be loved, seen and feel special.
Impact of Trauma: Learning & Development

Trauma can impair the acquisition of developmental competencies in:

- cognitive functioning
- emotional regulation
- Interpersonal relationships

Brain is activated (alarm state); children feel vulnerable and unsafe. Cannot shift to calm state necessary for learning.
Trauma & Learning

Constant state of survival-absorption of new academic material much more challenging-they are stressed out, overwhelmed, unable to focus and emotionally on edge.

Their brains are wired for fear and their perception of how they fit in the world is fear based.

Children develop coping strategies that are not understood by the adults in their lives, or by themselves, which often contribute to secondary problems, like disciplinary actions.
TRAUMATIZED CHILDREN

- Are easily over stimulated: Unable to achieve a state of readiness to be open to new information
- Have difficulty internalizing a sense that they can influence what happens
- Can be distracted and lack focus because of anxiety and fears for their own (and others’) safety chronically occupying their thoughts
- Poor in impulse control, have trouble integrating emotional signals and have chronic uncertainty about the reliability of others
- Have no internal maps (i.e. executive function skills) and act instead of plan
Schools *can* moderate the effects of trauma

Three key factors:

1.) a strong relationship with a care giving figure

2.) good cognitive skills

3.) the ability to self regulate
COGNITIVE BEHAVIORAL INTERVENTION FOR TRAUMA IN SCHOOLS (JAYCOX, 2004)

Includes 10, one hour cognitive behavioral therapy group sessions

Recommended for students ages 11-15

Skill Areas of the Intervention:

- Psycho education and Relaxation
- Realistic and Helpful Thinking
- Social Problem Solving

Parent Education
Teacher Education

SET:
https://ssetprogram.org/
CBITS LESSON PLANS

- Lesson One: Introduction
- Lesson Two: Common Reactions to Trauma and Strategies for Relaxation
- Lesson Three: Thoughts and Feelings
- Lesson Four: Helpful Thinking
- Lesson Five: Facing Your Fears
- Lesson Six: Trauma Narrative, Part One
- Lesson Seven: Trauma Narrative, Part Two
- Lesson Eight: Problem Solving
- Lesson Nine: Practice with Social Problems and the Hot Seat
- Lesson Ten: Planning for the Future and Graduation
Maslow's Hierarchy of School Needs

Self-Actualization
Student Is Available to Learn

Esteem
Positive Classroom Culture Present (positive feedback, time for reflection, encouragement to take risks)

Belonging
Forming Relationships (advisory, adult role models, friendship groups, peer relationships)

Safety
Emotional and Physical Safety (clear school/class routines, access to counselors/nurse, ok to take risks)

Physiological
Basic Needs Are Met (eats breakfast, has clean clothing, safe place to go home, able to sleep)
MOTIVATIONAL QUOTE OF THE DAY
“It’s critically important that we know that students are not able to access the content teachers are focused on if they are in an emotional state,”
Kim Ellerbee
RESOURCES
If nothing else today, I want to be able to say . . .
“I became better today because I __________________ a skill.”
“I see the light!” I see how all of this is beginning to come _________________.
“Wow! I found one thing I can take back to my practice and start ________________!”

RESOURCES
- Starting the day in the classroom with a “Community Meeting.”
- Mindfulness Toolkit - http://mindfulnesstoolkit.com/schools/tips-for-teachers/
- Teacher Training Programs Urged to Focus on Social Emotional Skills: https://edsource.org/2017/teacher-training-programs-urged-to-increase-focus-on-socialemotionalskills/577328
- New campaign promotes power of teachers to reduce stress of traumatized students: http://bit.ly/2fdN09l
SIX KEY PRINCIPLES OF A TRAUMA-INFORMED APPROACH
- Safety
- Trustworthiness
- Choice
- Collaboration
- Empowerment
- Cultural Sensitivity

GESTURES THAT CAN HEAL
- Celebrate - Use “put-ups,” not “put downs
- Listen - Show an interest in their passions
- Comfort - Stay calm and patient
- Collaborate - Ask their opinions
- Inspire - Expose them to new ideas

*https://changingmindsnow.org/healing*
Interaction is a cycle

- Student Feelings
- Student Behavior
- Adult Feelings
- Adult Reactions
Building Successes

• The POWER of a regular and well trained staff
• Ample time provided for supervision. Modelling, guidance and growth
• Must have time, flexibility, and funding for growth from the district level; and,
• Program should built with people not computers.
How Do I Think?

1. Stay emotionally regulated during any reaction
2. Build relationships with your tough kids-even those on the spectrum
3. Accepts help from others
4. How can I make these students feel safe? instead of how can I get this student to comply
5. Avoid shaming or re-traumatizing students
What do I Say?

- I can see that you are really upset. What do you need from me to get back to calm?
- I am really trying to work with you, but seem to upset I am not helping. What do you need from me right now?
- You’re to important to me to not help you learn right from wrong.
- This is to big for you to handle by yourself. Let me try and help.
- We need to work together, Billy. So, what do you need so that you will be okay and I will be able to teach?
What Do We Do?

• Nurturing environments: filled with invested adults, rich with positive and emotional and physical stimulation. Adults who listen and ask the right questions.

• Predictable environment:
  • Consistent emotional responses from caregivers and teachers
  • Routines
  • Clear expectations
  • No angry, reactive, or punitive punishment
  • Safe-Safe-Safe

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RECOMMENDATIONS FOR ADMINISTRATORS

• Be patient. Plan for 3-5 years transition.
• Be available. Be there for consultation, modelling, guidance, and more.
• Be prepared to have courageous conversations.

The right people must be on the bus for successful implementation.

• Be transparent and vulnerable.
• Be emotionally regulated