

Trauma Informed Student Care

Virgin Islands Department of Education
Department of Curriculum and Instruction
Positive Behavioral Interventions and Supports





AGENDA

- Introduction
 - Psycho-education
 - Child Abuse
- Responding to Trauma
 - Schoolwide
 - Risk Reduction
- School/District Crisis Response Teams



Training Expectations

Be Safe

- Watch for power cords
- Keep belongings tidy to prevent trips
- Share ideas for support

Be Respectful

- Disconnect to connect
- Listen during presentation time
- Question to clarify

Be Engaged

- Participate fully with your team
- Use team time to complete tasks
- Listen to learn





TF-CBT

- Trauma Focused – Cognitive Behavioral Therapy
- Assess for PTSD or similar conditions
- Identify support members
- Must be out of traumatic situation
- Affective Expression: Testimonies
- Teach cognitive coping skills
- Teach about thinking –
 - (thoughts → feelings)
- Normalize
- Trauma Narrative → Cognitive Processing
- Caregiver sessions
- Sharing the narrative
- Risk reduction

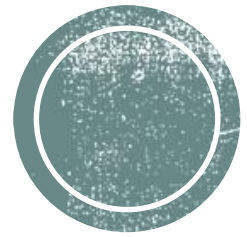
- Car Accident
- Death of a Family Member
- Failing a test
- Death of a Pet
- Personal Illness or Surgery
- Family Illness
- Witnessing Family Violence
- Being Physically Abused or Neglected
- Emotional Abuse
- Sexual Abuse
- Poverty
- Fire
- Moving
- Family Member in Military

- Divorce
- Drug Use in the Home
- Family Member in Jail
- Bullying
- Removal from Home
- Natural Disasters
- Mental Illness within the Family
- Fleeing home as a refugee or immigrant
- Witnessing Community Violence
- Being Held Back in School
- Loss of Family Income
- Robbery
- Terrorism
- * Once or persistent



The Problem		The Solution	How We Get There	
1 Many students have had traumatic experiences.	2 Trauma can impact learning, behavior and relationships at school.	3 Trauma-sensitive schools help children feel safe to learn.	4 Trauma sensitivity requires a whole school effort.	5 Helping traumatized children learn should be a major focus of education reform.





Psycho-education

Introduction

Why trauma informed care?

- Understanding the **link between academic performance and emotional stress**
- Poorly developed or performed intra- and/or inter-personal behavior **can interfere with the acquisition or performance of an academic skill**
- **One in four children/adolescents** experience at least one potentially **traumatic** event before the age of 16 (Costello et al., 2002)



I wish my teacher knew
Sometimes my reading log
is not signed because
my mom is not around a lot.

I wish my teacher
knew how much I miss
my dad because he got
deported to Mexico when
I was 3 years old and
I haven't seen
him in 6 years. I wish
my teacher knew.

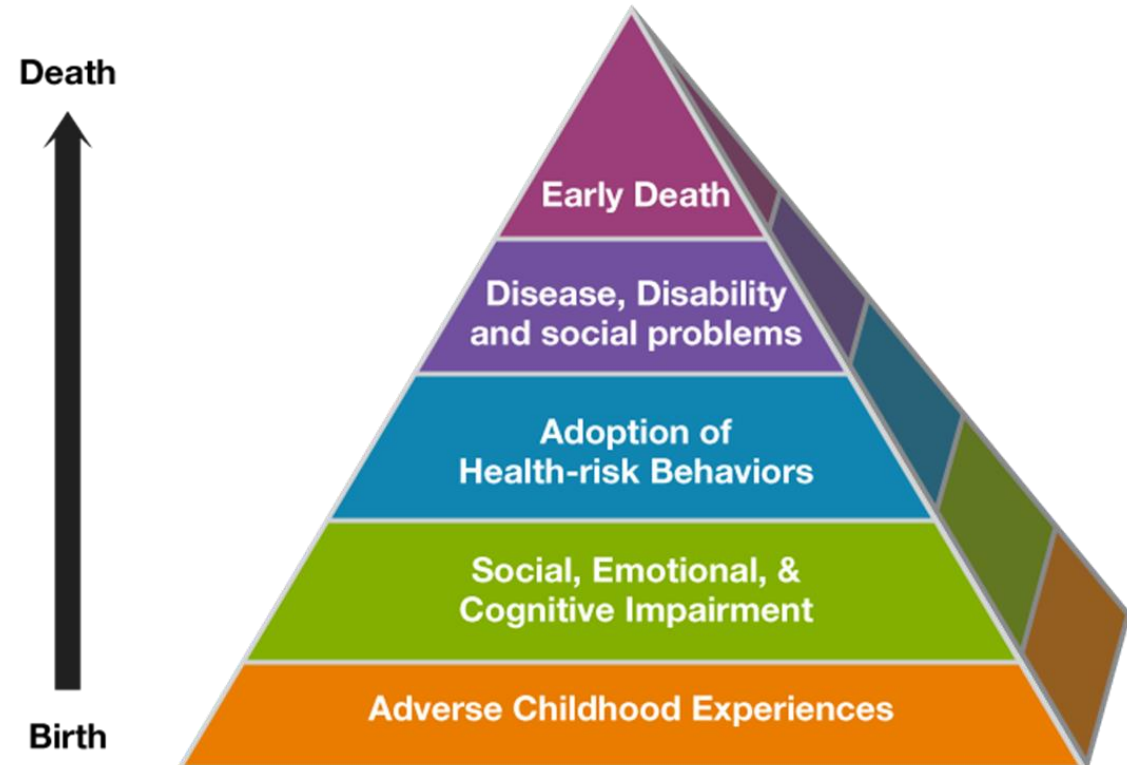
I wish my teacher
knew that even
though sometimes
I do not get good grades
that I try. Also that
I get stressed
but when I come
to your class I
feel better. 😊

I wish my teacher knew that my
dad is in a facility for drunk driving
in is in there until May so that's
why I so quit and play football to
get my aggression out

I wish Mrs. King knew that I worry
because my mom is getting sick alot
and was in the hospital last night.

Adverse Childhood Experiences

- ACEs
- Center for Disease Control & Kaiser Hospital
- 17,000 Patients participated between 1995 and 1997
- Measured 10 childhood traumas
 - Abuse, mother treated violently, substance abuse in household, mental illness, parental separation/divorce, criminal household member, neglect...



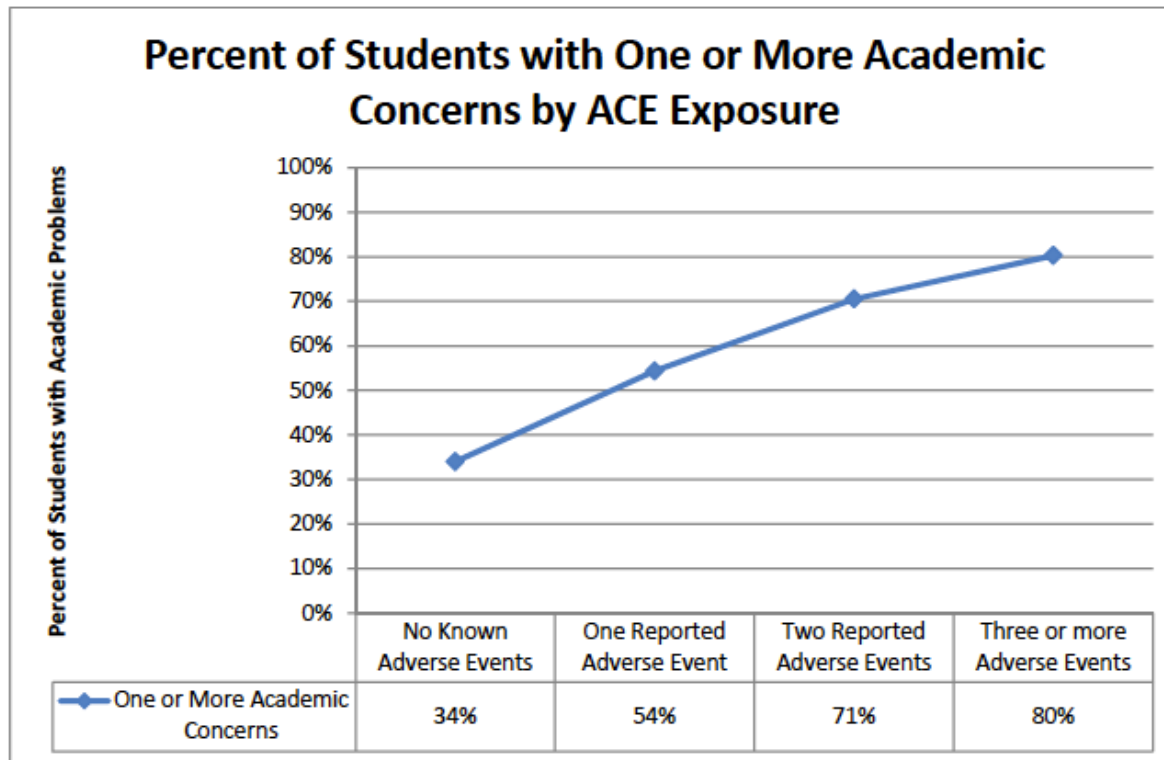
ACE Findings



- ACEs are **more common** than recognized or acknowledged
- Almost **two-thirds of study** participants reported at least **one ACE**, and more than **one in five** reported three or more ACEs.
- Study reveals a *graded dose-response* (the **more the intensity of the trauma, the more likely the outcome**) relationship between ACEs and negative health and well-being outcomes across the life course.



Spokane ACE Study 2010



- 2,100 children / 10 elementary schools
- 248 children (3 or more experiences)
 - 3 x rate of academic failure, 5 x rate of chronic truancy, **6 x rate of behavior problems** **4 x rate of poor health**



You may notice:

Physical and Mental Health Symptoms



Emotional Regulation Challenges

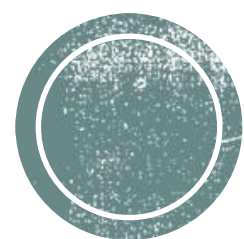


Learning Difficulties



Relationship Difficulties





Abuse



Signs and Symptoms

Abuse

Types of Abuse

- Physical Abuse
- Physical Neglect
- Sexual Abuse
- Psychological/Emotional Abuse

Delayed or inappropriate emotional development
Loss of self-confidence or self-esteem
Social withdrawal or a loss of interest or enthusiasm
Depression
Headaches or stomachaches with no medical cause
Avoidance of certain situations, such as refusing to go to school or ride the bus
Desperately seeks affection
A decrease in school performance or loss of interest in school
Loss of previously acquired developmental skills=

Dehydration
Poor or improper hygiene
Poor grooming
Malnourishment/weight loss
A smell of urine or feces on the person
Clutter, filth, or bad smell in the home
Improper sleeping, cooking, or bathing arrangements
Infestations (e.g., fleas, lice, roaches, rodents)
Lack of necessary adaptive aids such as glasses, hearing aids, or improper medication management
Needed medical and dental care
Lack of adequate or appropriate supervision

Pelvic pain; vaginal or urinary tract infections
Unwanted pregnancy; lack of prenatal care
Sexual problems
Anxiety
Depression
Promiscuity
Isolation

Cuts
Bruises
Burns
Restraint or grip markings
Black eyes
Unusual pattern of injury; repeated trips to the emergency room
Social isolation or withdrawal
Vague medical complaints such as chronic headaches, fatigue or stomach pain
Depression
Anxiety, including panic attacks and post-traumatic stress disorder
Fearfulness
Abuse of alcohol or other drugs





The Impact of Trauma



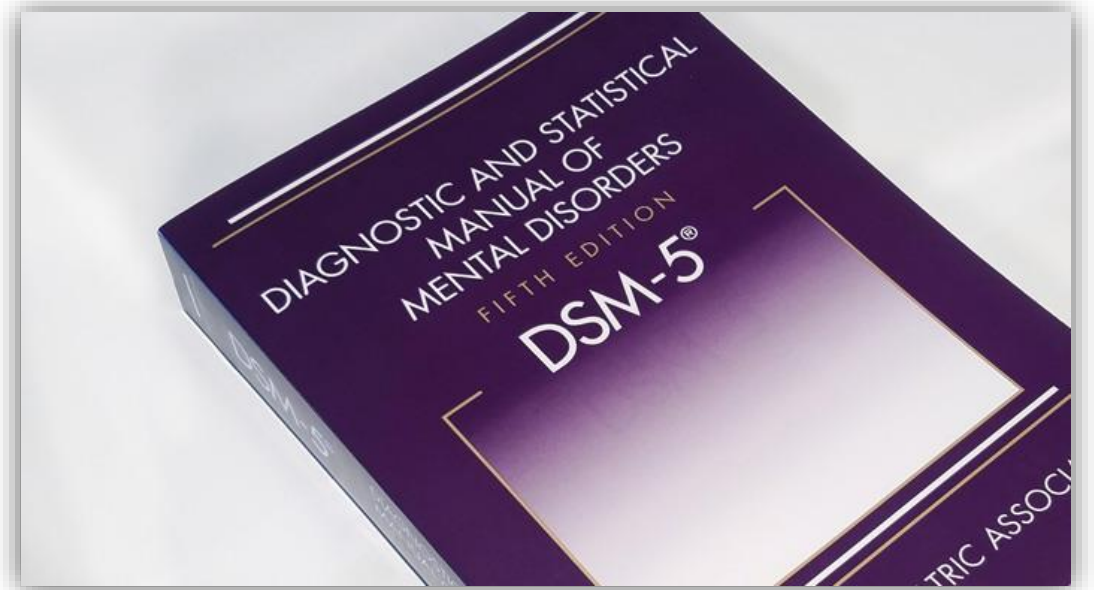
Trauma on Child Development

- Trauma causes brain to adapt in ways that contribute to survival (i.e. constant fight/flight/freeze).
- These adaptations can look like behavioral problems in “normal” contexts, such as school.
- When triggered, “feeling” brain dominates the “thinking” brain.
- The typical developmental process is interrupted, and students may exhibit internalizing or externalizing behaviors.



Trauma Related Disorders

- Posttraumatic Stress Disorder
- Acute Stress Disorder
- Reactive Attachment Disorder
- Disinhibited Social Engagement Disorder



PTSD

- What is Post Traumatic Stress Disorder?

- Traumatic Event
- Symptoms
 - Avoidance
 - Re-experiencing
 - Nightmares
 - Flashbacks
 - Triggers
 - Hyperarousal
 - Flight or Fight
 - Anxious
- Interference with daily functioning



Common Themes

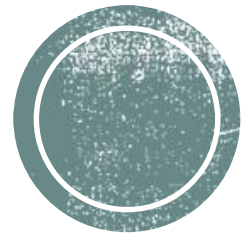
- Loss of trust in self & others
- Self-blame
- Shame & Guilt
- Anger
- Relationship difficulties
- Behavior problems
- School failure
- Difficulty managing affect
- Hopelessness
- Depression



Common Caregiver Themes

- Inappropriate self-blame and guilt
- Inappropriate child blame
- Over-protectiveness
- Over-permissiveness
- Post Traumatic Stress Disorder/symptoms (vicarious)
- Anger, aggression
- Hopelessness, worry, depression





Responding to Trauma

before and after it occurs.

ACE Study Recommendation

- “prevention of the effects of adverse childhood experiences will first require:
 - increased recognition of their occurrence
 - and second, an effective understanding of the behavioral coping devices that commonly are adopted to reduce the emotional impact of these experiences.”
- Kaiser ACE Study (1997)



Awareness



Mindful Language

Step
2

COMMON/TRADITIONAL VIEW	TRAUMA-INFORMED VIEW
Students choose behavior and need consequences	Students want to do well but lack the skills or have learned bad behavior patterns
Characterizes student behavior negatively (i.e. manipulative)	Characterizes student behavior constructively (i.e. needs calming strategies)
Uses labels to describe students ("EBD")	Reframes behavior to identify strengths
Authoritarian	Collaborative
Minimizes coping strategies	Behavior is communication and serves a function
Academics focused	Whole-student focused
Student should already know the expectations	Teaches and re-teaches expectations using differentiation
Creates systems that make students work for support	All students receive support regardless of their needs
Staff-centered environment	Student-centered environment
Uses jargon with parents and non-educators	Uses language so that all can understand



Creating the Environment

Step
3

- Create a **predictable, consistent** classroom environment.
- Provide explicit **preparation** for **transitions** and changes in the school, classroom.
- Create a **safe** school and classroom environment, where bullying, fights, crises, etc. are **responded to quickly, consistently, and respectfully**.
 - Safety implies both physical safety and **psychological** safety.
 - A **sense of safety is critical** for functioning as well as physical and emotional growth.
- Provide opportunities for teachers and other adults to build **meaningful relationships** with students in and out of the classroom.
- Provide opportunities for students to build meaningful relationships with one another.

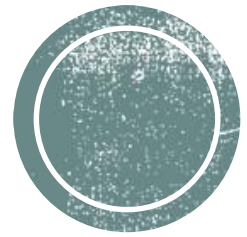
Partner discussion: How are we achieving or working towards these practices at our site?



Screening Tools

- Generic screening tools can help identify students who need support
- Some tools are only appropriate for licensed/trained individuals
- Be wary of digging too deep
- Have resources to refer students to if you suspect or identify trauma



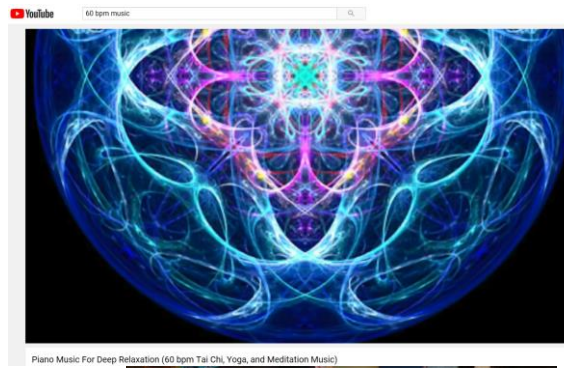


Cognitive Coping

Building it into your school.

Lets try it.

- Deep/Belly Breathing
- Progressive Muscle Relaxation
- Pressure
- Guided Imagery
- Scents
- Imagery
- Quite Space/Chill Zone/Think Space
- Music
- Journaling
- Thought Stopping
- Grounding

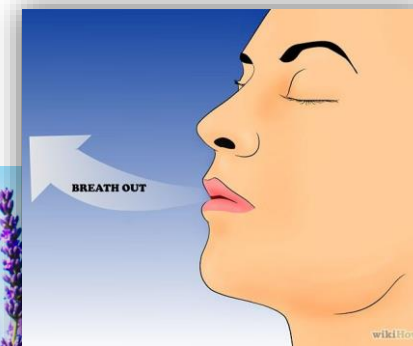


Breathe
out for 6
seconds

Breathe
in for 4
seconds

Breathe
out for 6
seconds

Breathe
in for 4
seconds



Communication Skills

- Reflective Listening
- I Statements
- Common Ground
- Validating



Teaching Relaxation

- It is necessary to teach relaxation
- Train teachers to use these skills
- Expect students to need time to calm down
- Practice in group settings
- Normalize Cognitive Coping activities from a young age





Working with Families

Changing Misconceptions

Teaching Families

- **Distorted connections** between thoughts, feelings, and behaviors can **disrupt encoding and processing** of memory.
 - Very important to **clarify** family and child thoughts and feelings about trauma
- Separation from an attachment figure, particularly under traumatic and uncertain circumstances, is highly stressful for children.
- Familiar and positive figures—teachers, neighbors, siblings, relatives—play an important role in supporting children who have been exposed to trauma.
- Minimizing disruptions in relationships and placements and establishing permanency are critical for helping children form and maintain positive attachments.

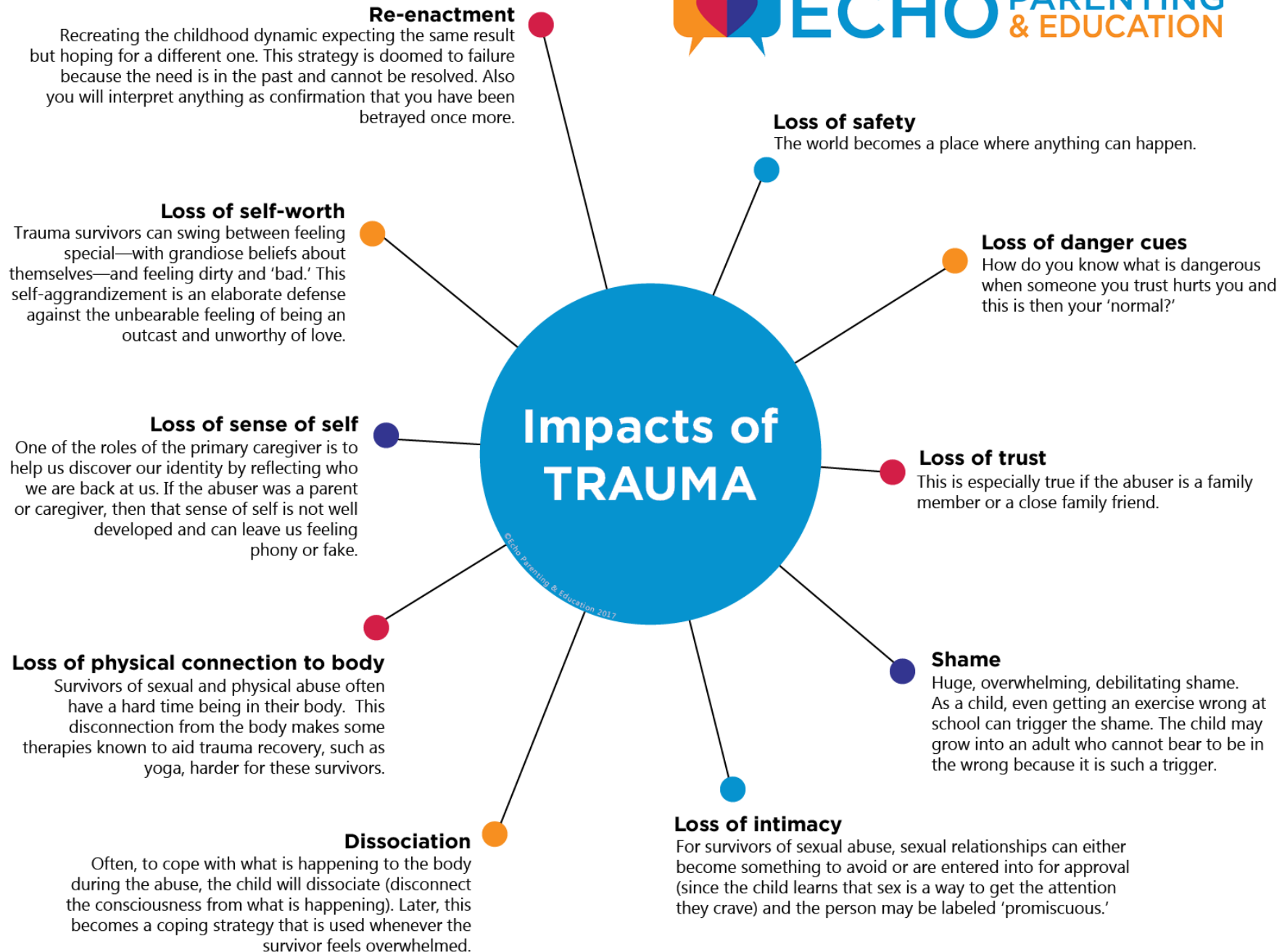
family



Educate About...

- The effects of domestic violence
- Self-care
- Who to call for help/community resources
- Creating time for conversation
- Family meal time
- Asking questions (the right ones)





Factors

- Protective

- Individual
 - Family
- Community

- Risk



Protective Factors		Risk Factors	
Individual Factors			
<ul style="list-style-type: none">• A feeling of control over one’s life• A sense of cohesion with others• Close relationships with competent adults• Connections to prosocial organizations• Tolerance for delayed gratification• A sense of humor		<ul style="list-style-type: none">• Little sense of control over one’s life• Poor self-control• Negative emotionality• A need for immediate gratification	
Family Factors			
<ul style="list-style-type: none">• Good parenting skills• Trusting relationships• Well-defined family roles and responsibilities• Opportunities to learn to deal with criticism, rejection and silence		<ul style="list-style-type: none">• Parental and sibling drug use• Poor child rearing and socialization practices• Ineffective parental supervision• Family conflict and marital discord• Domestic violence, abuse and neglect	
Community Factors			
<ul style="list-style-type: none">• Participation in school, work and community with a sense of belonging and contributing• A social network of peers• An opportunity to learn to handle challenges		<ul style="list-style-type: none">• Limited resources• Low socioeconomic status• Communities that lack the ability or resources to reach out to those in need of assistance	



What to assess at home:

- Physical fitness
- Nutrition and hydration
- Sleep and rest
- Assertiveness skills
- Centering and solitude
- Creative activities
- Fun and enjoyment
- Support provided
- Support received
- Set and monitored goals (chart)





Risk Reduction



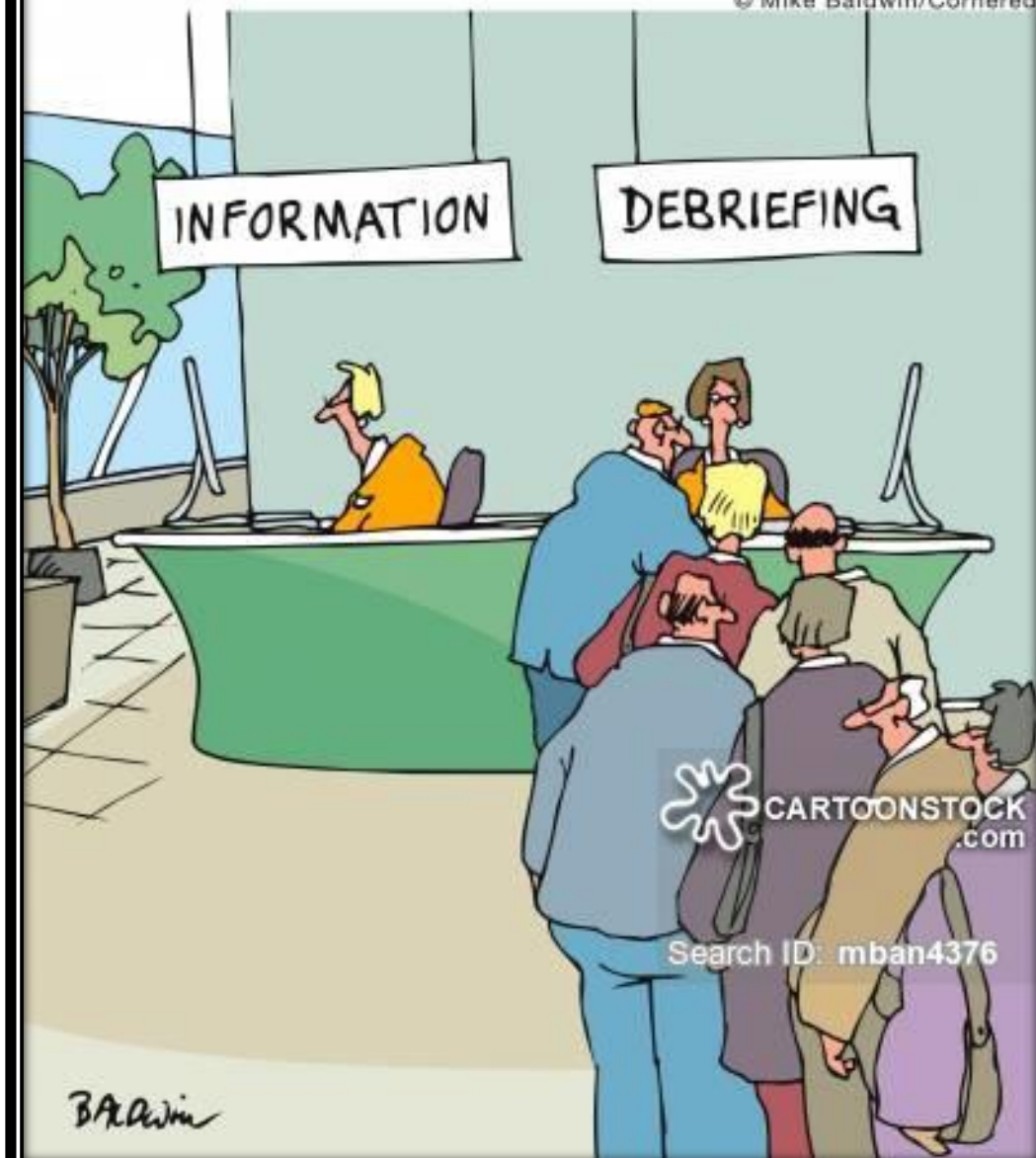


“We’re gonna let you go, but first we need to conduct a debriefing.”

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Rozan

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Baldwin

Immediate Debriefing

- Debriefing those affected by a traumatic event 24 to 48 hours after occurrence
- Said to reduce the likelihood or severity of developing PTSD related symptoms
- **Avoid** traumatizing an otherwise not traumatized person

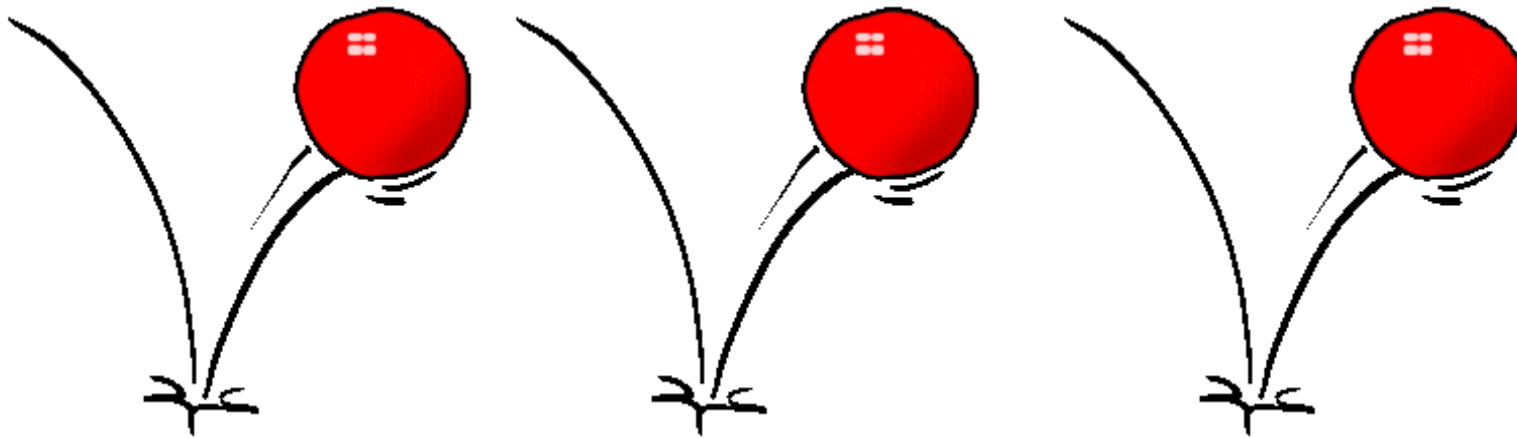


Kerriane M. Campfield & Adelma M. Hills, 2005



What is Resiliency?

- The ability to overcome challenges and bounce back
- The capability to persevere
- The skill of being able to have minimal impact from the damages of adversity
- Being able to prevent or minimize the impact of difficulties in life



Building Resiliency

- Reducing the risk of further trauma
- Resilience should be promoted in children before a traumatic or challenging situation occurs so that they have necessary skills in place to handle things
- Resiliency can be innate, but it can also be taught or promoted
- Some skills may seem obvious or easy, but not be a given for every child
- According to The International Resilience Project, resilience comes from features in a child labeled as “I Have,” “I Am,” and “I Can.”



I Have

- The resilient child has:
 - People in their life whom they trust – they love the child unconditionally
 - People who set limits and boundaries so they will know how to avoid danger
 - People who will assist them if they are in trouble, sick, or in need of help/guidance
 - People who want them to learn to be independent and self-sufficient as able
 - People who will guide them and lead by a positive example



I Am

- The resilient child:
 - Is one who likes to do good and nice things for others to show that they care
 - Takes responsibility for their actions
 - Is sure that everything will be okay
 - Has respect for both themselves and others



I Can

- The resilient child:
 - Talks to others when they feel scared or bothered by something
 - Problem solves on their own
 - Finds help when needed
 - Determines when it is a good time to stop and talk with someone or to take action
 - Has self control when they feel like doing something that isn't right or that could be harmful



Sources of Resiliency

- A child may not have all three sources – I have, I am, and I can, but they need more than one – resiliency comes from a combination of these traits.
- A child with good self-esteem (I am) who is unable to solve problems (I can) and has no one to turn to (I have) will not likely be resilient.
- A loved child (I have) who lacks self confidence (I am) or the ability to trust others (I can) will likely lack resiliency.



Teaching Resilience: Age 0-3

- Provide unconditional love and support
- Enforce age appropriate rules and limits
- Model good behavior that is optimistic and confident
- Give praise for accomplishments
- Offer encouragement when the child attempts things on their own
- Help the child to identify and label their feelings
- Give them safe areas to explore their freedom
- Offer an explanation with rules and discipline
- Give comfort and encouragement when you see that the child is stressed
- Provide stability and a routine, but also expose the child to new and different things



Teaching Resilience: Age 4-7

- Provide unconditional love and support
- Verbally express love and praise
- Use a hug or calm voice to soothe a child
- Teach a child how to calm down
- Have set rules and consequences
- Encourage independence and autonomy
- Give encouragement in stressful situations
- Continue to teach about feelings in themselves and in others
- Gradually teach the child to adverse situations
- Encourage empathy and kindness
- Teach communication skills
- Model and teach how to problem solve
- Teach about taking responsibility for their actions and what this means



Teaching Resilience: Age 8-11

- Provide unconditional love and support
- Verbally express love and praise
- Set limits and offer verbal reminders
- Model good behavior
- Offer explanations about rules and expectations as needed
- Praise accomplishments and good behavior
- Allow them to **solve their own problems**
- Encourage and model good communication
- **Balance autonomy** with help as needed
- Follow a **consequence/punishment with love and empathy**
- Communicate about **new expectations** as the child grows up
- Encourage the child to accept responsibility without making them feel **shameful**
- Model **flexibility**



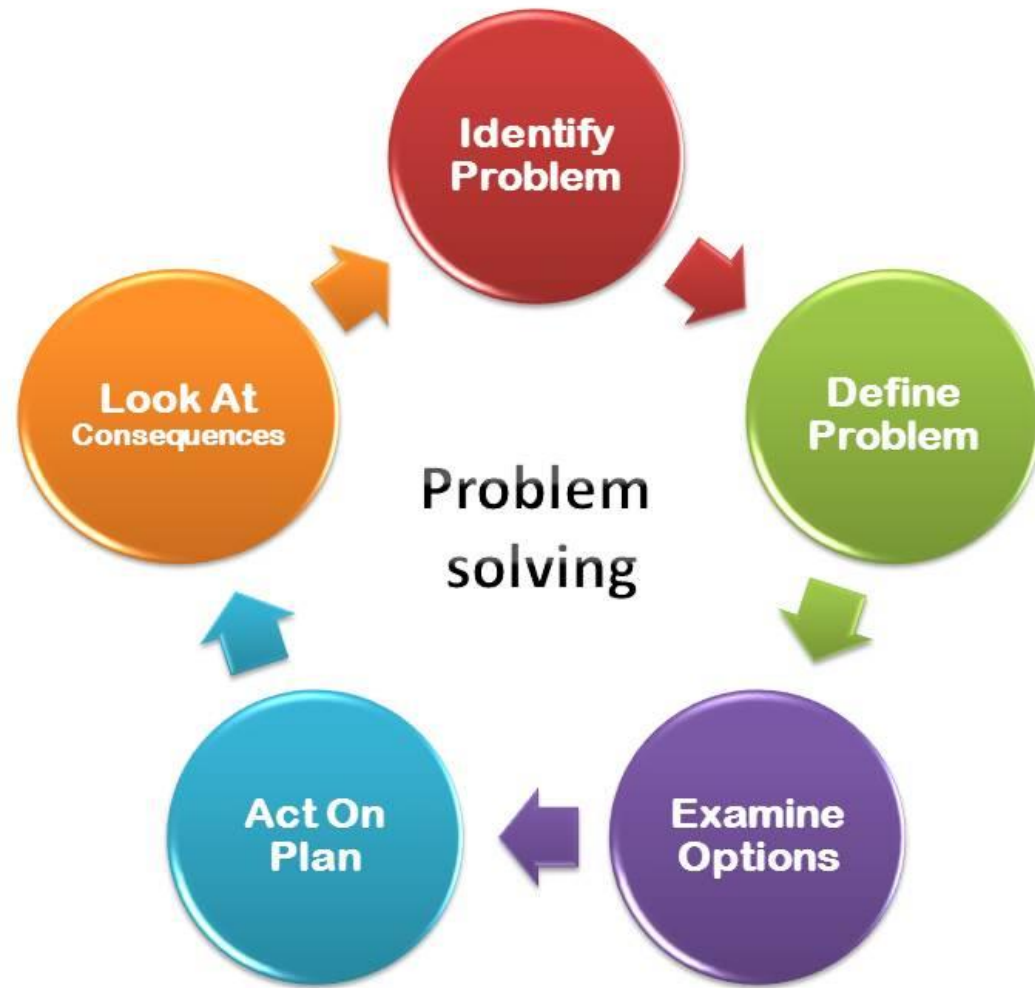
Teaching Strategies

- Be resilient and be a **role model**, don't pretend that you don't have problems; model how to **deal with adversity** and changes.
- Don't try to protect children from problems, changes, or difficulties; instead, *teach them how to cope*
- Teach how to **problem solve**
- Help to **identify emotions**
- Model **communication** skills and teach how to do this



Name: _____

I Have a Summary in



The Take Away

- Know what ACE's are
- Understand how trauma can manifest/how it can look different in different people
- Know and teach stress management/cognitive coping in your schools
- Talk and listen to students, and staff, with mindfulness
- Be ready to deal with a traumatic situation
- Know who is in your community to help
- Reach out and educate families
- Don't open the door to something you're not prepared to deal with



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