

# Trauma Informed Care

An overview for BPS administrators

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# Objectives

- ▶ Our Kids
- ▶ Overview of Trauma
- ▶ Understanding ACES
- ▶ School Approaches
- ▶ Opportunities for your school

# Our Kids

▶ Video

# Community Risk Factors

- ▶ Community violence
- ▶ Concentrated neighborhood disadvantage (e.g., high poverty and residential instability, high unemployment rates, and high density of alcohol outlets)
- ▶ Poor social connections.

Centers for Disease Control

# Chronic Stress/ Family/Personal Risk Factors

- ▶ Chronic Stress should be included in the discussion of Trauma
  - ▶ Single parents
  - ▶ Food instability
  - ▶ Housing instability
  - ▶ Poverty
  - ▶ Medical
  - ▶ School

# What is Trauma?

Trauma arises from an inescapable stressful event that overwhelms an individual's coping mechanisms

(van der Kolk & Finkelhor, 1995).

## Childhood Trauma:



Experience or witnessing  
of an event that involves:

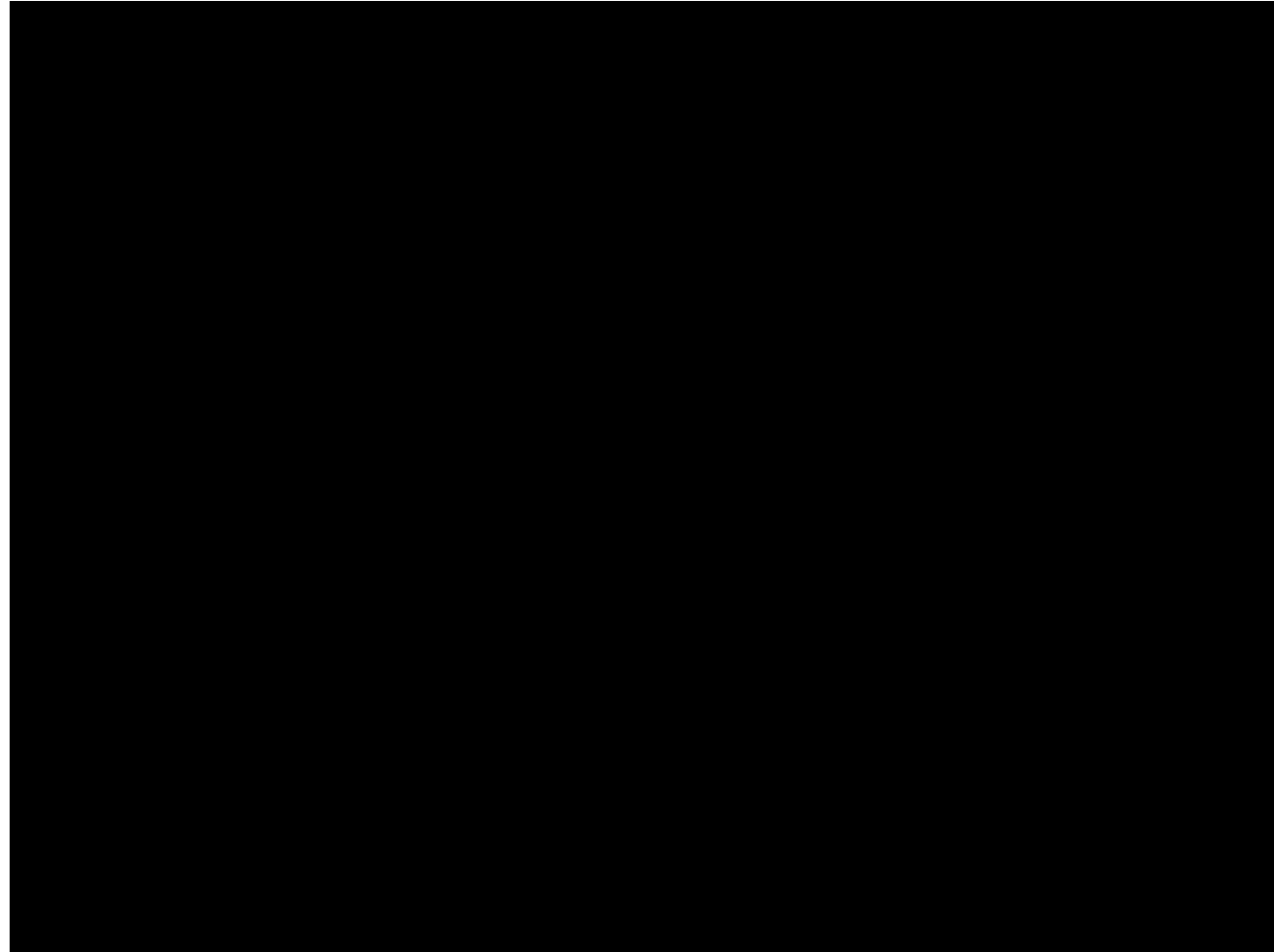
- \* Actual or threatened death or serious injury to self or others
- \* Threat to psychological or physical integrity of self or others

(Zero to Three, 2004)

# Types of Trauma

- ▶ Type I
  - ▶ Acute (Discreet/Isolated)
- ▶ Type II
  - ▶ Chronic
- ▶ Type III
  - ▶ when an individual experiences multiple, pervasive, violent events beginning at an early age and continuing over a long period of time.

Lisa - 6 years old - 911 call





# What are the Long-Term Effects of Traumatic Stress?

- ▶ The automatic response to trauma or trauma cues, involves the production of toxic amounts of stress hormones (primarily cortisol) which affect:
  - ▶ brain function
  - ▶ all major body systems
  - ▶ social functioning

(Cairns, K. & Stanway, S., 2004.)

# Bimodal Response to Stress

## Hyperarousal

(Externalizing behaviors, more common in males)

Fight

Flight

Hypervigilance

Reactive

Alarm response

Tachycardia

## Dissociation

(Internalizing behaviors, more common in females)

Freezing

Fainting

Somatoform dissociation

Numbing

Compliance

Derealization (depersonalization)

The response that is most adaptive for the individual becomes that individual's automatic response to subsequent stress.

(Adapted from Perry, Child Trauma Academy, 2002)

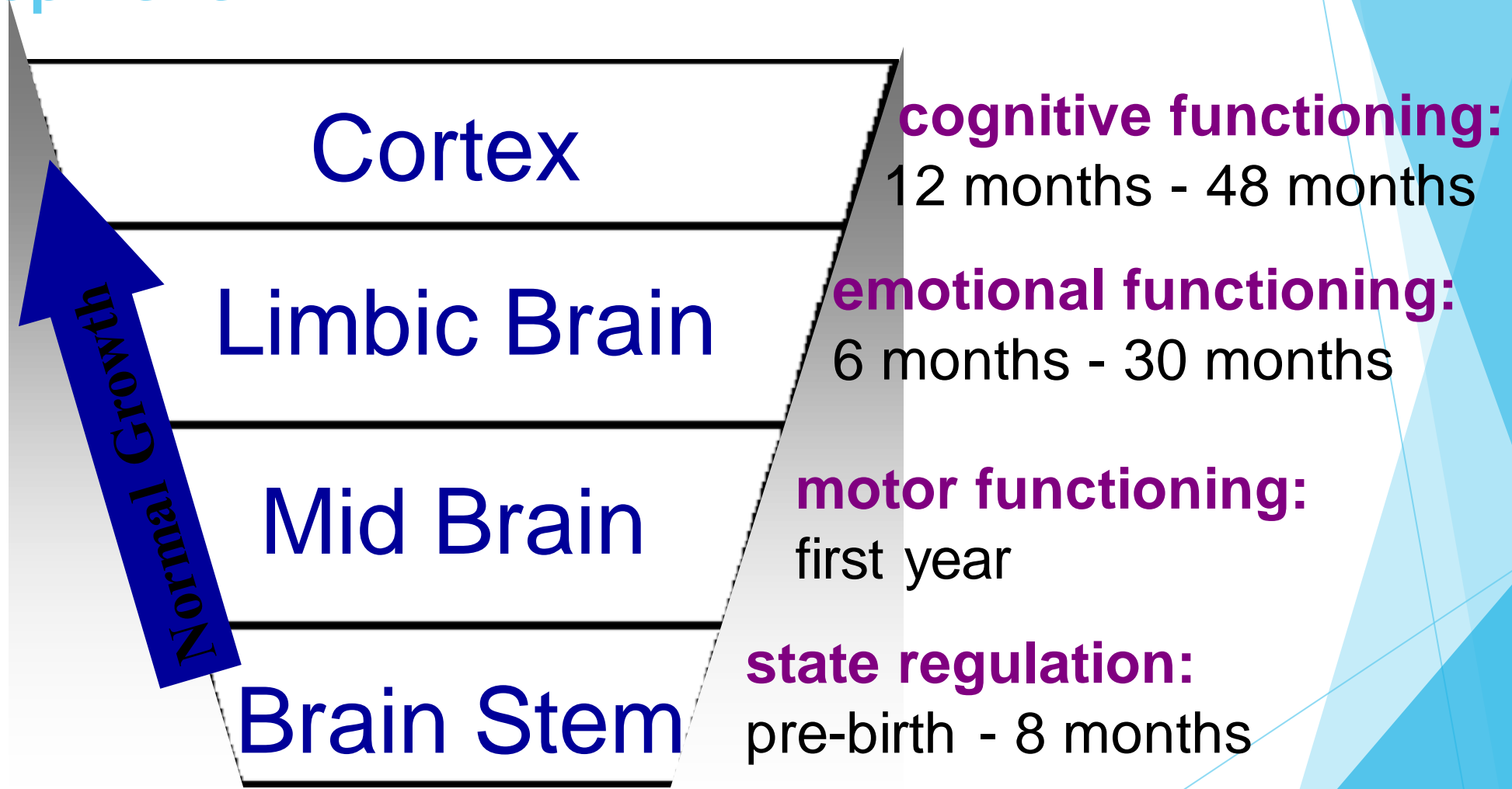
# Fight, flight, freeze

- ▶ Trauma sends children's bodies into survival mode – fight, flight or freeze

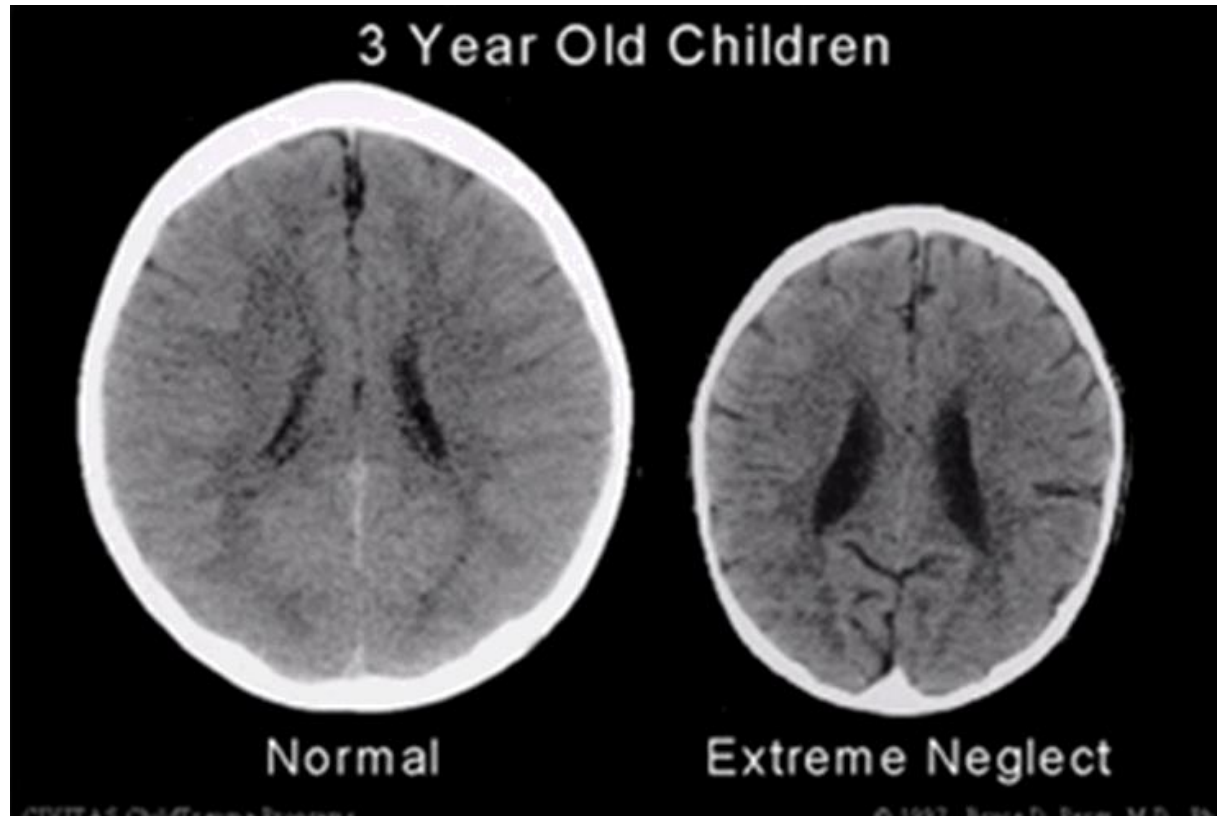
Jason has been abused at home and is now living in a foster home. At school he is acting out. His teacher is frustrated and yells at him. Because of his previous experience he is afraid he will be attacked. This may not be a conscious thought. This sends his body into survival mode.

In survival mode, Jason can either attack first to get the upper hand (fight), runaway to a safer place (flight) or stay as quiet and as still as possible so he isn't noticed (freeze)

# Traumatic Stress and Critical Windows of Brain Development



# Trauma

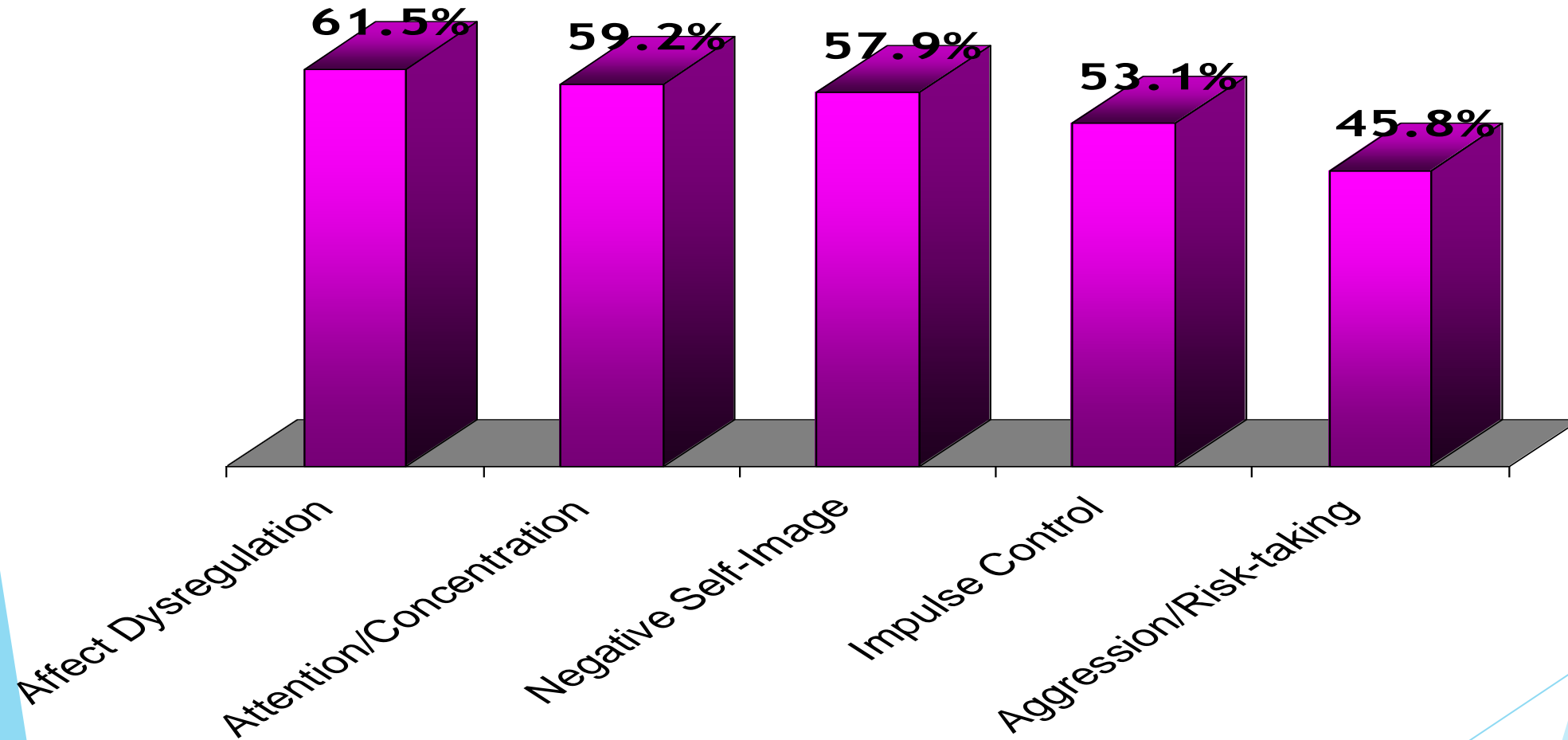


# Possible Long Term Effects on Brain Functioning

- These brain functions may be diminished or lost:
  - language, especially spoken language
  - expressing words for feelings
  - sense of meaning and connection
  - empathy
  - impulse control
  - mood regulation
  - short term memory
  - capacity for joy

(Cairns, K. & Stanway, S., 2004.)

# Most Frequent Difficulties Following Chronic Trauma



# Manifestations of Trauma that Affect School Performance

- **Externalizing Behaviors:** Coping by acting out on external world (physical/verbal aggression).
  - More visible
  - More likely to receive intervention in school
- **Internalizing Behaviors:** Coping by withdrawing into the self (anxiety, depression, dissociation).
  - Less visible
  - Less likely to receive intervention in school
- **Somatic Disorders:**
  - Frequent visits to school nurse
  - Frequent school absences

(Shumow & Perry, 2006)



# Effects of Trauma on IQ and Achievement

Research shows substantial decrements in both IQ and reading due to trauma.

- ▶ 7.5 point decrements in IQ
- ▶ 9.8 point decrements in reading achievement

(Delaney-Black, et.al., 2002)

# Regents Report November 2006

- ▶ A student population in crisis can undermine teacher efficacy to a point where teachers have lost control of the instructional mission

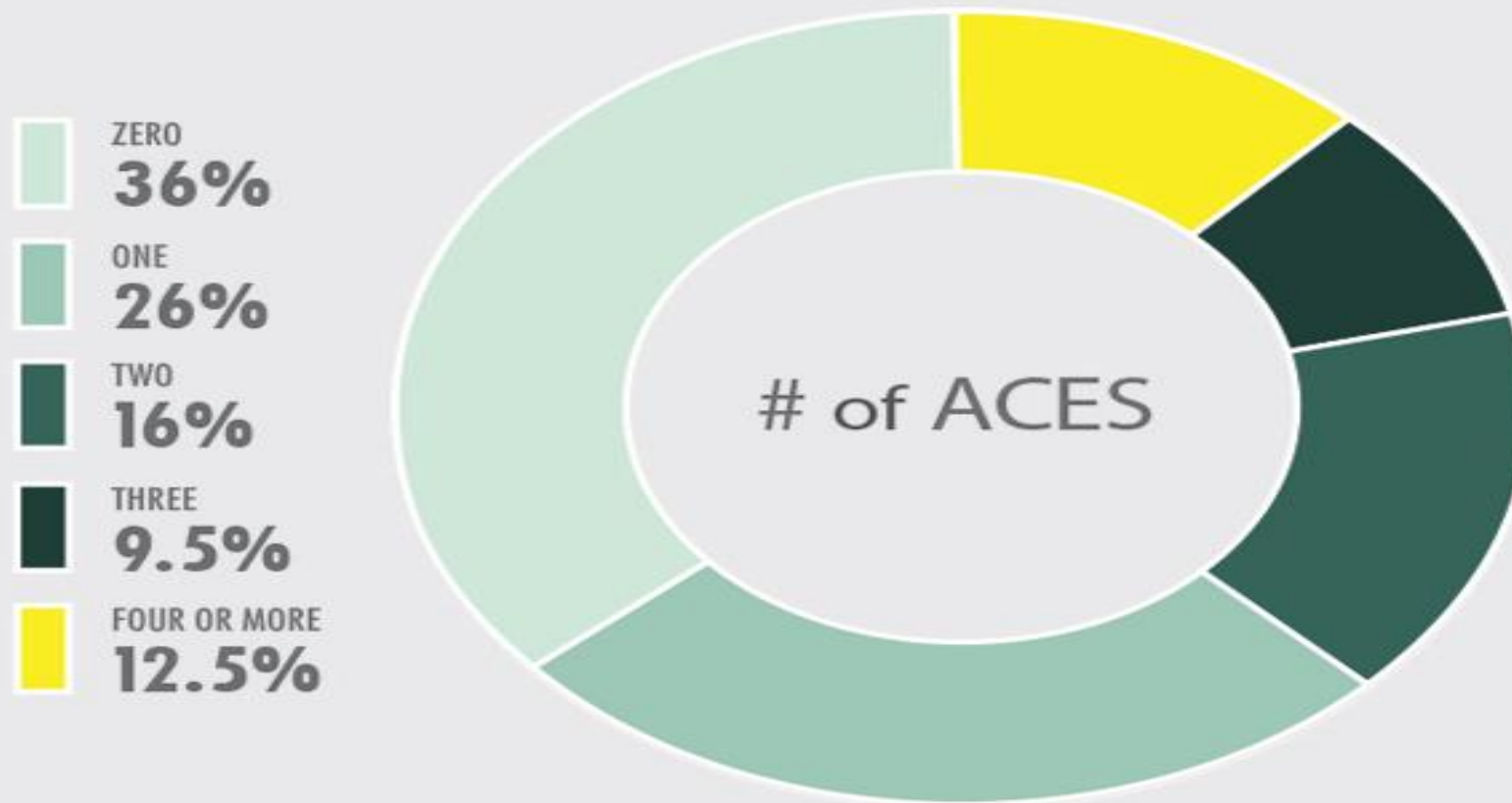


# Adverse Childhood Effects Survey

- ▶ First take the ACES survey and get your ACE score
- ▶ Next, take the resilience survey

# How Common are ACES?

## ACE Study

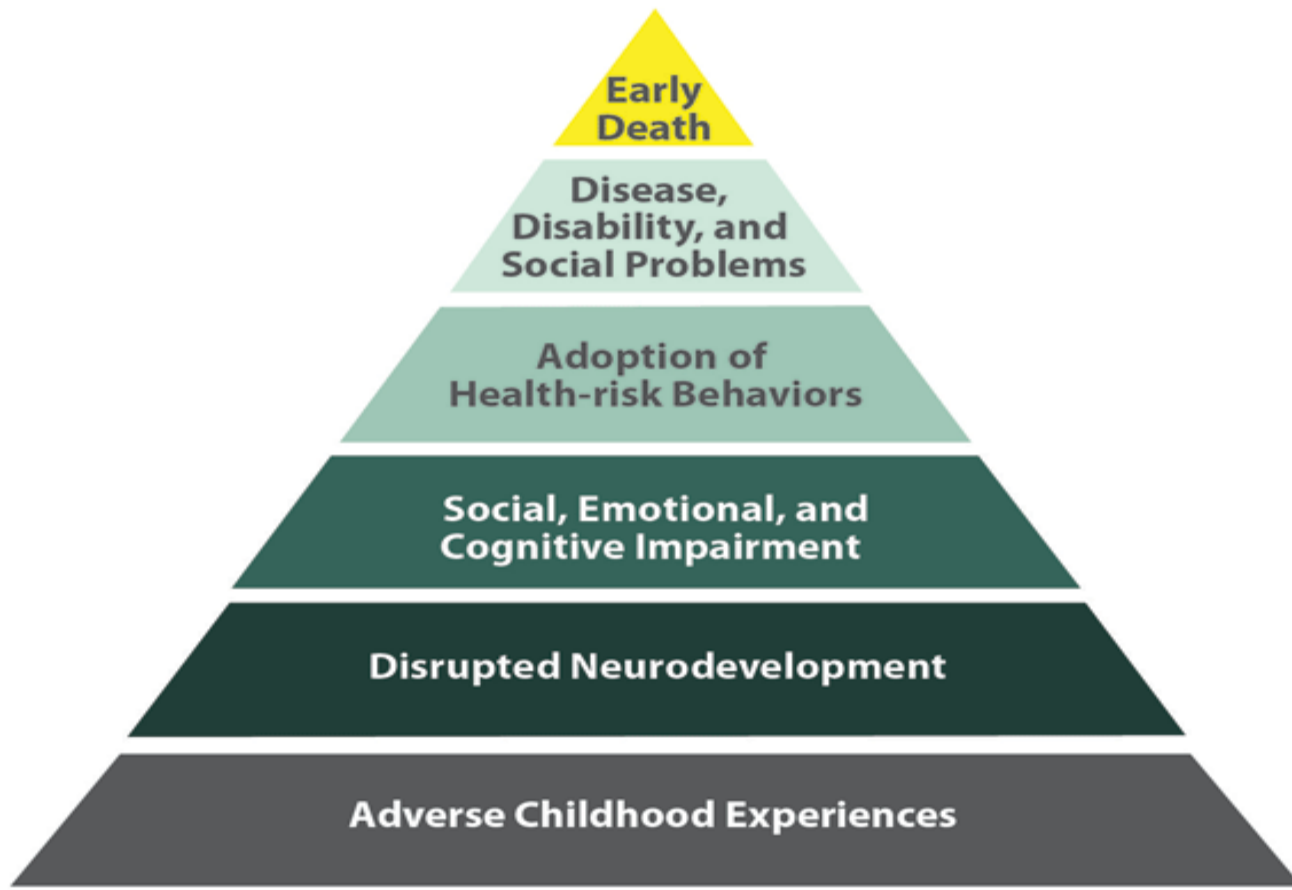


# What does my score mean?

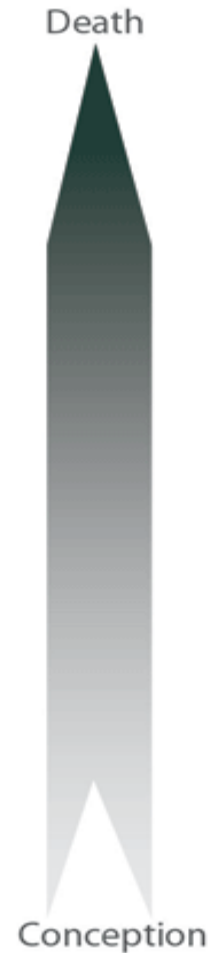
The more ACEs you have, the greater the risk for:

- ▶ chronic disease
- ▶ mental illness
- ▶ violence and being a victim of violence.
- ▶ More drug prescriptions
- ▶ Autoimmune diseases

People with an ACE score of 6 or higher are at risk of their lifespan being shortened by 20 years.



Mechanism by Which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan



# ACES can have lasting effects on....



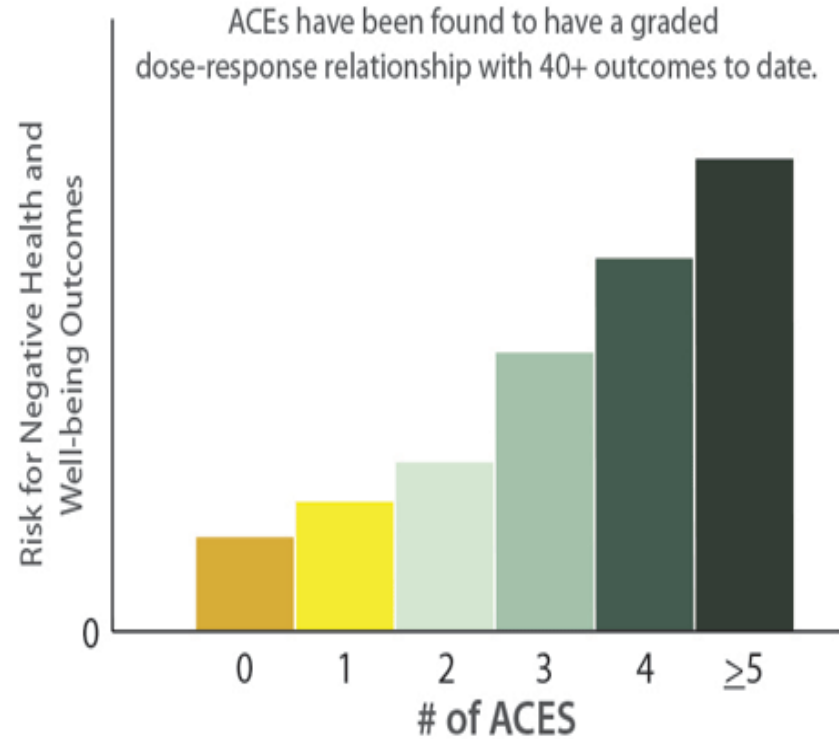
Health (obesity, diabetes, depression, suicide attempts, STDs, heart disease, cancer, stroke, COPD, broken bones)



Behaviors (smoking, alcoholism, drug use)



Life Potential (graduation rates, academic achievement, lost time from work)



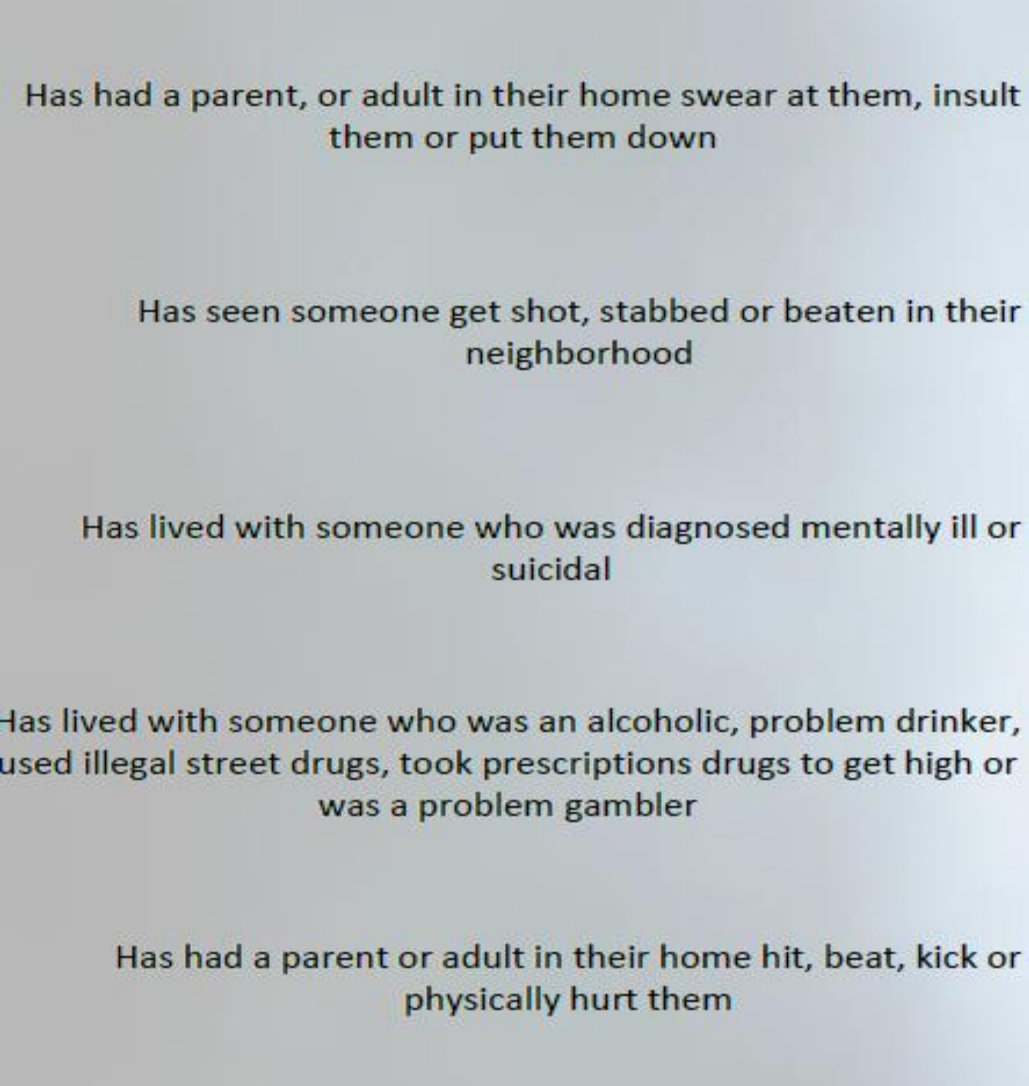
\*This pattern holds for the 40+ outcomes, but the exact risk values vary depending on the outcome.

# Compared with people with no ACEs, those with four or more ACEs were:

- ▶ Twice as likely to smoke
- ▶ Seven times as likely to be alcoholics
- ▶ Six times as likely to have had sex before age 15
- ▶ Twice as likely to have cancer or heart disease
- ▶ Twelve times more likely to have attempted suicide
- ▶ Men with six or more ACEs were 46 times more likely to have injected drugs than men with no history of adverse childhood experiences



# 2015 YRBS BPS HS – ACES (Trauma)



# What we should be asking...

- ▶ Not...

What is wrong with you?

- ▶ But instead...

What happened to you?

# School Approaches

What can we do?

# How we Perceive Traumatized Children

- ▶ Many problems of traumatized children can be understood as efforts to minimize objective threat and to regulate their emotional distress
- ▶ Unless teachers understand the nature of such re-enactments, they are likely to label the child as “oppositional,” “rebellious,” “unmotivated,” or “antisocial”

**(van der Kolk, B., 2005)**

# School Approaches for Trauma

## Connecting

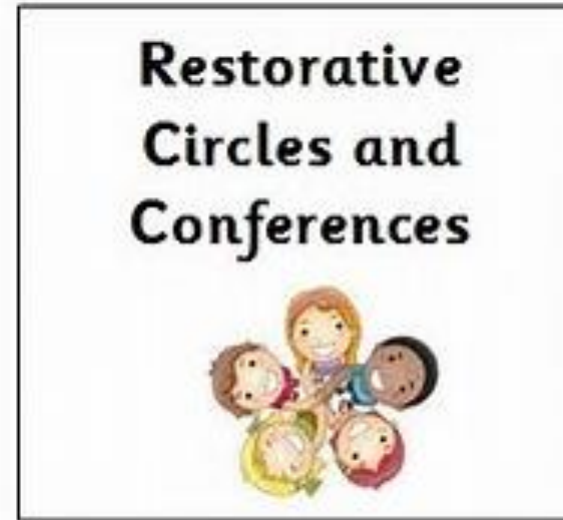
- 1 Safety
- 2 Engaging
- 3 Trusting

## Processing

- 4 Managing the self
- 5 Managing feelings
- 6 Taking responsibility

## Adapting

- 7 Developing social awareness
- 8 Developing reflectivity
- 9 Developing reciprocity



# Areas of Intervention

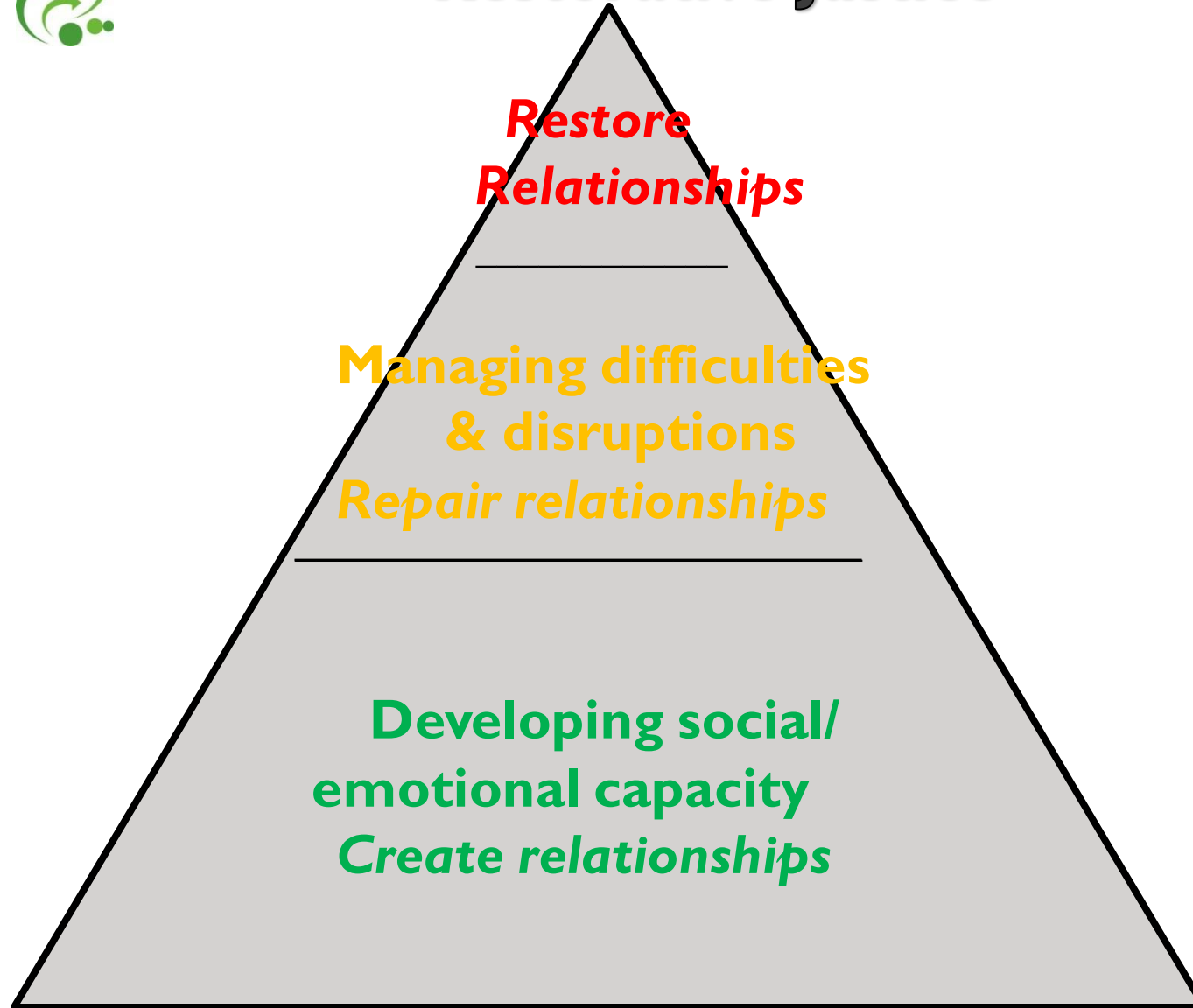
- ▶ Lack Social Skills
  - ▶ SEL school-wide (Skillstreaming or other)
- ▶ Reactions to Stress
- ▶ Stress wheel
- ▶ Promote Empathy/Develop relationships and connections
- ▶ Negative social maps - oblivious to positive social cues, hypersensitive to negative social cues, narrow range of behavioral responses when emotionally aroused, believing aggression is a successful social strategy (8x more likely to develop a chronic pattern of aggression/acting out)
- ▶ Teach, Model, Practice and Reinforce Pro-social Skills

# Areas of Intervention

- ▶ Psychoeducation
  - ▶ Ex: Teach the difference between emotions and thoughts
- ▶ Teach Relaxation Skills
  - ▶ Ex. belly breathing or progressive muscular relaxation.
- ▶ Therapy specific skills
  - ▶ Teach your clients the techniques from your preferred theoretical orientation
  - ▶ Ex. (CBT - thought stopping)
- ▶ Processing Trauma Material
  - ▶ Through creative activity, use the prior three components to process traumatic memory
  - ▶ Ex: drawing a trauma picture, role play, play therapy etc.



# Restorative Justice



- **Tier 3:**  
**Conferencing Circles**
- **Tier 2:**  
**Referral Based Problem Solving Conversation**  
**Classroom Problem Solving Circle**  
**Restorative Conversations**
- **Tier 1:**  
**Affective Statements**  
**Community Building Circles**  
**Curriculum/ Academic Circles**

## Whole School Approach

--Brenda Morrison, 2007 (adapted for BPS)



# Opportunities for your school

- ▶ Trauma Informed Care 1 day PD (with Restorative Practices)

At your school

or

District-Wide offered:

Nov 17<sup>th</sup>

Jan 19<sup>th</sup>

March 13<sup>th</sup>

- ▶ Restorative Practice PD (10 hours)