

Presentation of Trauma In Schools

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Disclosure

- The presenters have no financial relationship to this program.

Objectives

At the end of this presentation, participants will be able to:

1. List 3 signs and 3 symptoms of traumatic stress and traumatic grief in school-age children and adolescents.
2. List 3 action steps to implement trauma-informed interventions in school settings.
3. List 3 evidence based practices for working with traumatized youth in schools.

Goals

- Define trauma and common reactions to trauma within a developmental framework
- Describe how trauma may present in a school setting
- Describe the educational impact of trauma
- Discuss three evidence-based interventions that can be implemented in a school setting
- Identify three action steps to creating trauma-sensitive schools and/or implementing specific interventions
- Provide resources for additional support

Definition of Trauma

Trauma results from an event, series of events, or set of circumstances that is experienced as physically or emotionally harmful or threatening, and that has lasting adverse effects on the individual's functioning and physical, social, emotional, and/or spiritual well-being.

(Substance Abuse and Mental Health Services Administration)

Traumatic Events

- Physical, emotional, and sexual abuse
- Neglect and/or abandonment
- Witnessing domestic violence
- The death or loss of a loved one
- Life-threatening illness in a caregiver
- Life-threatening health situations or painful medical procedures
- Car accidents and other serious accidents
- Bullying

Traumatic Events

- Witnessing or experiencing community violence
 - (e.g., shootings, stabbings, robbery, or fighting at home, in neighborhood or school)
- Witnessing police activity or having a close relative incarcerated
- Life-threatening natural disasters
- Acts or threats of terrorism (viewed in person or on television)
- Living in chronically chaotic environments in which housing and financial resources are limited

(NCTSN)

Exposure to Domestic Violence

“Exposure to domestic violence” refers to the various ways that children experience or are aware of violence between intimate partners in their home. This includes:

- Hearing threats of physical harm or death.
- Feeling tension building in the home prior to an assault.
- Being hit or threatened while in mother’s arms.
- Hearing or seeing an assault on their mother.
- Being denied care because their mother is injured or unavailable.
- Being forced to watch or participate in violence against a parent
- Seeing or experiencing the aftermath of a violent incident (injured mother, broken furniture, police intervention, arrest of father, removal by child protection).
- Having their relationships with their non-violent parent or other supportive adults undermined.
- Being taken hostage in order to force their mother’s return to the home.
- Being enlisted by the violent parent to align against the mother.
- Experiencing the loss of a parent due to murder/suicide.

Effects of Complex Trauma

Attachment and Relationships	<ul style="list-style-type: none">- Lack of healthy attachment to caregivers- More vulnerable to stress- Difficulty expressing emotions- Problems building future relationships
Physical Health: Body & Brain	<ul style="list-style-type: none">- Chronic or recurrent physical complaints such as headaches or stomachaches.- Engagement in risky behavior- Hypersensitive or under responsive
Emotional Responses	<ul style="list-style-type: none">- Difficulty identifying, expressing, managing emotions- Externalizing and internalizing stress reactions
Dissociation	<ul style="list-style-type: none">- Mentally separate from the experience, feeling detached- “Spacing out,” “day dreaming,” “not paying attention”
Behavior	<ul style="list-style-type: none">- Easily triggered, reactive- May act defensively or aggressively
Cognitions	<ul style="list-style-type: none">- Problems with abstract reasoning, problem solving- Language Problems- Attention Problems

What is Childhood Traumatic Grief (CTG)?

- The loss of a loved one under traumatic and/or unexpected circumstances
- Symptoms associated with Posttraumatic Stress Disorder that interfere with their ability to progress normally because they are “stuck” on the traumatic aspects of the death

Trauma and Brain Development

- Extended exposure to traumatic events and toxic stress can lead to functional changes in several regions of the brain:
 - Amygdala (emotional regulation)
 - Hippocampus (memory)
 - Prefrontal cortex (executive functions, higher order thinking)
- Trauma-Informed practices and interventions can provide repeated positive experiences enable children to develop new neural pathways in their brains, allowing opportunity to foster resilience in students.

Symptoms of Preschool Age Children

- Feelings of helplessness and generalized anxiety
- Difficulty expressing what is bothering them
- Loss of previously acquired skills (e.g., language, toileting)
- Increased attachment needs
- Need to “play out” traumatic event
- Sleep and eating problems

Symptoms of School-Age Children

- Persistent concerns over safety
- Constant retelling of traumatic event
- Feelings of guilt or shame
- Overwhelming fear or sadness
- Aggression, irritability
- Diminished attention, memory
- Psychosomatic (body) complaints
- Social avoidance
- Sleep problems

Symptoms of Adolescents

- Self-consciousness about emotional responses
- Concern over being labeled “abnormal”
- Withdrawal from family and friends
- Feelings of shame and guilt
- Fantasies of revenge and retribution
- Radical shift in perceptions of the world
- ‘Pretend it didn’t happen’
- Self-destructive behavior
- Diminished attention, memory

What are the Consequences of Trauma and CTG?

Traumatic stress and grief can affect:

- Children's abilities to concentrate, learn, and perform well in school and work
- Relationships with peers, adults, community
- Functioning of the entire family
- How individuals view the world and the future
- Expectations for safety and security

Why Should Schools Address Trauma?

- The impact of trauma on students is a growing concern amongst educators due to the impact on the student and educational environment .
- All educators come into contact with students who have experienced trauma. Some schools may have a significant proportion of the students experiencing chronic exposure to stressful events
- Schools are ideally positioned to intervene and support students and families
- In order to benefit from instruction, students need to be in a calm state.
- Due to the neurological impact of trauma, students who are dealing with trauma are in a constant state of crisis which impedes their ability to learn and socialize.
- They are more likely to have lower academic achievement, higher suspension rates, and higher rates of referral to special education.

Elements of Trauma-Informed Systems

- Screen routinely for trauma exposure and symptoms
- Implement culturally appropriate, evidence-based assessments and treatments
- Provide resources to children, families, and providers on trauma, its impact, and treatment options.
- Build on the strengths of children and families impacted by trauma.
- Address parent and caregiver trauma.
- Collaborate across child-serving systems to coordinate care.
- Support staff by minimizing and treating secondary traumatic stress, which can lead to burnout.

National Child Traumatic Stress Network

Trauma-Informed Schools

- Aim is to shape the culture of the school by addressing organizational culture, practices, and policies.
- Benefits all students as students are primed to learn when they feel safe, connected, and supported at school. This is best achieved through a whole-school approach.
- Utilize and organizational approach (e.g. Sanctuary Model, Community Connections model, Flexible Framework)
- Restorative Approaches as part of the discipline framework
- Early Intervention and Prevention procedures to identify and support students
- Can be implemented within the MTSS model
 - Tier 1: safe and supportive school; screenings for trauma
 - Tier 2: targeted interventions with small groups (CBITS)
 - Tier 3: Individual interventions (TF-CBT), coordination with community supports
- **REQUIRES A WHOLE SCHOOL APPROACH**

Massachusetts' "Flexible Framework"

- School culture and Infrastructure: Leadership and staff professional development
- Links to Mental Health Professionals
- Academic Instruction for Students who have Experienced Trauma (i.e. using student interest to engage them, multiple forms of communicating information, behavior support plans etc.).
- Nonacademic Strategies (relationships, build school community).
- School Policies, Procedures, and Protocols
- Collaboration with families

Trauma-specific Interventions

- All interventions need to be developmentally and culturally appropriate
- All interventions require administrative support and long-term commitment
- Three Evidence-Based Interventions
 - TF-CBT
 - CBITS
 - SSET
- Additional tools:
 - Mindfulness
 - Simple Classroom Interventions

TF-CBT

- Trauma Focused Cognitive Behavioral Therapy
 - An evidence-based treatment for children ages 4-18 experiencing trauma-related difficulties
 - Originally developed for treating sexually abused children
 - Addresses a wide range of traumas (“simple” and “complex”)
 - Goal is to empower children and families to recover
 - Time-limited (12-20 sessions), phase-oriented treatment
 - Over 80 percent of traumatized children will show significant improvement with 12-16 weeks of treatment.

TF-CBT Applications

- Children and adolescents 4-18 years and their *non-offending* caregivers
- Children with known trauma history - single or multiple, any type
- Children with **prominent trauma symptoms** (PTSD, depression, anxiety, with or without behavior problems, and traumatic grief)
- Children with severe behavior problems may need additional or alternative interventions
- Has been adapted for diverse populations
- Caregiver involvement is optimal but not required
- Treatment settings: clinic, school, residential, home, inpatient

TF-CBT Phase-Oriented Treatment

Entire Process is Gradual Exposure



1/3

1/3

1/3



Sessions 1 - 4

Sessions 5 - 8

Sessions 9 - 12

- ✓ **Psychoeducation**
/Parenting Skills
- ✓ **Relaxation**
- ✓ **Affective**
Expression and
Regulation
- ✓ **Cognitive Coping**

- ✓ **Trauma Narrative**
Development and
Processing
- ✓ **In vivo Gradual**
Exposure

- ✓ **Conjoint Parent**
Child Sessions
- ✓ **Enhancing Safety**
and Future
Development

PARENT-CHILD WORK THROUGHOUT

*Note: Time estimates based on 90min sessions → or 18 1-hr sessions

Implementing TF-CBT

- Provider with a master's degree or higher and professional licensure in state (school psychologist or school social worker).
- Requires training and time to meet with students and families individually
- To implement with fidelity, practitioners' should:
 - Read treatment books and related materials (<https://tfcbt.org/>)
 - Complete a online training (free)
 - Attend a skills based training (1-2 days)
 - Obtain consultation from trainers for six months
 - Complete 3 TF-CBT cases
 - Progress monitor
 - Pass the TF-CBT Certification Program

CBITS

- Cognitive Behavioral Intervention for Trauma in Schools
- Skills-based, group intervention; some individual sessions
- Grades 6th -9th ; has been used as young as 3rd grade
- Targets symptoms of PTSD, depression, anxiety
- Skills learned:
 - Relaxation techniques
 - Challenging upsetting thoughts
 - Social problem solving
 - Processing traumatic memories and grief
- Includes teacher and parent education sessions
- Has been used with diverse populations (ethnicities, SES etc.)
- Only available in English (manual); parent materials available in Spanish as well

CBITS structure

- 10 weekly group sessions; 1- 3 individual sessions
- 6-8 participants per group
- Real-life application of skills between sessions
- Six techniques taught:
 - Psychoeducation about trauma
 - Relaxation Training
 - Cognitive therapy
 - Real life exposure
 - Stress or trauma exposure
 - Social problem-solving

CBITS Example

- Session 1: Introduction of group members, confidentiality, and group procedures; explanation of treatment using stories; discussion of reasons for participation
- Session 2: Education about common reactions to stress or trauma; relaxation training to combat anxiety.
- Individual session: Between session 2 and 6
- Session 3: Thoughts and feelings link; “fear thermometer”;
- Session 4: Combatting negative thoughts
- Session 5: Avoidance and coping (intro to real life exposure); fear hierarchy; alternative coping strategies
- Session 6 and 7: Exposure to stress or trauma memory through imagination/drawing/writing
- Session 8: Introduction to social problem solving
- Session 9: Practice with social problem solving.
- Session 10: Relapse prevention and graduation ceremony (Jaycox, 2003)



CBITS: Key Elements for Implementation

- Can be utilized by mental health team member who has sufficient training in CBT techniques.
- Full support of school principal and administration.
- Teachers whose students will be impacted by the program are asked to participate in the teacher education program.
- Referral paths for students who require more intensive services in addition to CBITS.

SSET

- Support for Students Exposed to Trauma
- Newer intervention; promising practice
- Similar to CBITS:
 - Students in grades 5-9 who have elevated symptoms of PTSD, depression, and anxiety
 - 10 weekly group session during a class period
 - No individual or parent sessions
- Can be implemented by teachers or counselors after a two-day training session. On-line training also available.
- Core elements are the same as CBITS, but delivered in a lesson plan format.

Mindfulness Practices

- A broad term; describes a wide-variety of practices that focus on present moment awareness.
- Strongly linked to executive functioning (emotional regulation, metacognition, cognitive flexibility, monitoring, and attention) which are impacted by traumatic experiences.
- Research with adolescents demonstrated significant impacts on depression, stress, and overall well-being.
- Research with younger children result in improvement in attention, emotional regulation, internalizing behaviors, and externalizing behaviors.
- Use of mindfulness practices can be another alternative intervention if addressing trauma directly is not a viable option.

Mindful Schools

- Separate curriculum for K-5 and 6-12th grades
- 16-18 lessons
- Group-based intervention
- Appropriate for all students
- 15-20 minute modules
- Lessons generally are structured with an introduction to the topic, brief discussion, mindfulness activity (formal mindfulness practice), and brief journal (adolescents) or workbook (school-age) entry.
- Mindful Schools RCT study in 3 elementary schools in Oakland, CA resulted in significant changes in attention, participation, and showing care for others.

Resources Needed for Implementation

- Group leaders can be any teacher or mental health team member.
- Must complete 6-week training program (Mindful Educator Essentials) (in-person or on-line)- cost \$550 for an individual; group rates available as well. Included in the training:
 - Training Kit
 - Information on the research on mindfulness
 - Support with group facilitation
 - Examples of presentations to educational stakeholders
 - On-going support from Mindful School trainers
- Can earn CEUs for completing
- Becoming “certified” is a year-long course (not required to implement curriculum)

Simple Classroom Interventions

- Understand the student: having compassion and empathy for the student's experiences
- Manage your own reactions: staying calm will help your students stay calm
- Help children comply with requests: Prompts such as, "I see you need help with..." help to avoid power struggles.
- Structure & consistency: helps with regulation
- Setting Limits: Consequences not punishment.
- Time in, not time out: keeping students engaged in relationships is important. These students already feel rejected, worthless etc.
- Structured choices: Helps to avoid power battles. Choices are given within a structure, structure without a threat.
- Acknowledge good decisions and choices: build on student strengths

Action Steps

- Build stakeholder engagement
 - Provide training to administration and other stakeholders on the educational impact of trauma.
 - Use PBIS/MTSS framework already in place
- Complete a needs assessment- procedures for:
 - identifying trauma,
 - Referrals
 - family contact
 - Confidentiality
 - integrating trauma knowledge into school culture
 - Creating a shared vision for the school
 - monitoring tool for effectiveness
- Assess school culture and climate as well as policy and procedures
- Review literature and explore model implementation.
 - What have other school systems done?

School-based Resources

- Organizations
 - The CLEAR Trauma Center in Washington state (<http://ext100.wsu.edu/clear/>)
 - HEARTS (Healthy Environment and Response to Trauma in Schools) in San Francisco (http://coe.ucsf.edu/coe/spotlight/ucsf_hearts_story.html)
 - Trauma-Sensitive Schools in Wisconsin (<https://traumasensitiveschools.org/>)
 - Trauma Aware Schools (<https://traumaawareschools.org/>)
- Interventions:
 - TF-CBT (<https://tfcbt.musc.edu/>)
 - CBITS (<https://cbitsprogram.org/>)
 - SSET (<https://ssetprogram.org/sset/overview>)
- Mindfulness Curriculum
 - Mindful Schools (<http://www.mindfulschools.org/>)
 - Learning to Breathe (<http://learning2breathe.org/>)
 - A Still Quiet Place (<http://www.stillquietplace.com/>)
 - MindUP (<http://teacher.scholastic.com/products/mindup/>)