Presentation & Management of Trauma in Schools

Eli Lotz, MA
Vanja Pejic, BA
University of New Mexico
Goals

• Define trauma and common reactions to trauma across development

• Describe how trauma may present in school settings

• Describe individual and system supports and interventions

• Provide an understanding of screening measures for trauma

• Provide regional and national list of resources
Inattentive, “spacing out”

Hyperactive

Disrespectful, manipulative

Acting out, aggressive

Withdrawn, isolated, difficulty engaging with others (peers and adults), apathetic

Sexual acting out behavior

Reactive, quick to respond to the external environment, hypersensitive
What is trauma?

• An emotional or physical reaction to a deeply disturbing event that is witnessed or experienced

• Single traumatic event vs. Complex trauma

• Many types of trauma in childhood:
  - Physical abuse
  - Sexual abuse
  - Neglect
  - Domestic violence
  - Natural disasters
  - Terrorism
  - Medical trauma
  - Auto accidents
  - Community violence
  - War
  - Traumatic grief
  - Secondary traumatic stress
Prevalence of Trauma

• Kids ages 9 to 16 (Costello et al., 2002)
  • 25% experienced at least one potentially traumatic event in lifetime
  • 6% experienced traumatic event in past 3 months

• Nationally representative sample of 12 to 17 year-olds (Kilpatrick, Saunders, & Resick, 1998)
  • 8% reported experiencing sexual assault/abuse
  • 17% experienced physical abuse
  • 39% witnessed violence in their homes, schools, or neighborhoods

• Prevalence of childhood grief
  • 75% of children will experience the death of a family member or friend before age 10
Recovery & Resilience

• Trauma does not always lead to Posttraumatic Stress Disorder (PTSD)
  • Literature review (Gabbay et al., 2004)
    • 20 to 63% of child maltreatment survivors
    • 12 to 53% of medically ill
    • 5 to 95% of disaster survivors

• Sample of older adolescents (Giaconia et al., 1995)
  • 14.5% with serious trauma history developed PTSD
Common Trauma Symptoms

• Avoidance
  • Situations, people, objects that remind youth of traumatic event
  • Dissociation: Derealization, depersonalization, amnesia, “in a fog”

• Reexperiencing
  • “Flashbacks”, nightmares, “daymares”, feeling like it’s happening again

• Hypervigilance
  • Being on edge, on the lookout, anticipating danger

• Interpersonal
  • Lack of trust, withdrawal

• Emotional
  • Dysregulation, depression, anger, “acting out”
Affected Domains

- Physical
  - Nausea, stomach aches, headaches, sleep problems, appetite, heart rate

- Psychological/Emotional
  - Fear, anger, sadness, anxiety, depression, hopelessness, worthlessness

- Cognitive
  - Intrusive images, difficulty concentrating, thinking world is unsafe

- Behavioral
  - Aggression, irritability, startled easily, angry outbursts, withdrawal, difficulty trusting others, conflict in relationships

- Spiritual
  - Loss of faith, spiritual doubts, questioning old beliefs, feelings of betrayal by higher power
<table>
<thead>
<tr>
<th>Behavior you might notice</th>
<th>Trauma Informed View</th>
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</thead>
<tbody>
<tr>
<td>Inattentive, “spacing out”</td>
<td>May be experiencing flashbacks to the trauma event</td>
</tr>
<tr>
<td>Acting out, aggressive</td>
<td>Maladaptive responses; Difficulty regulating emotions; Trauma response may be triggered</td>
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<tr>
<td>Withdrawn, isolated, difficulty engaging with others (peers and adults), apathetic</td>
<td>Negative view of the world (e.g., adults cannot be trusted); Avoidance of places or people</td>
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<tr>
<td>Reactive, quick to respond to the external environment, hypersensitive</td>
<td>Difficulty regulating emotions; hypervigilant</td>
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<tr>
<td>Sexual acting out behavior</td>
<td>May have witnessed or been a victim of sexual violence/abuse</td>
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<tr>
<td>Hyperactive</td>
<td>Seeking to get needs met; difficulty regulating emotions</td>
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Adapted from *Creating Trauma Sensitive Schools*
Common Diagnoses: Acute Stress Disorder

• Exposure to stressor

• Intense emotional reaction
  • 3+ dissociative symptoms during or after event
  • Reexperiencing, Avoidance, and Hyperarousal

• Significant distress/impairment

• Persistence 2 days to 4 weeks after event
Common Diagnoses: Posttraumatic Stress Disorder (PTSD)

• Exposure to stressor

• Intense reaction
  • Reexperiencing
  • Avoidance of thoughts, feelings, reminders
  • Negative alterations in mood and cognitions
  • Alterations in arousal and reactivity

• Significant distress/impairment

• Persistence greater than one month

• Specifiers
  • Dissociative symptoms
  • Delayed expression – Fully criteria not met until 6 months after traumatic event
What Impacts Responses to Trauma

• Trauma is experienced differently depending on:
  • Age and developmental level
  • Family and community response
  • Cultural background/beliefs

• Individual reactions to trauma vary
  • Some will show symptoms immediately, others will take longer to react
  • Some will show distress for a short time, others in bursts that come and go

• Acute stress in the aftermath of traumatic events predicts onset of PTSD
Trauma Across Development: *Preschool*

- Feelings of helplessness and generalized anxiety
- Difficulty expressing what is bothering them
- Regression: Loss of previously acquired skills
  - Language, toileting
- Increased attachment needs
  - Reassurance, affection, protection
- “Playing out” traumatic event
  - Repetitive play, sexual acting out, aggression
- Sleep and eating problems
  - Fears of the dark/ night
  - Decreased appetite, food hoarding
Trauma Across Development: *School-Age*

- 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 withdrawal, avoidance
- Sleep problems
Trauma Across Development: Adolescence

- Self-consciousness about emotional responses
- Concern about stigma
  - Abnormal, damaged
- Withdrawal from family and friends
- Feelings of guilt and shame
- Fantasies of revenge and retribution
- Altered perceptions of the world
  - Unsafe, bleak
- Altered identity development
- ‘Pretend it didn’t happen’
- Self-destructive behavior
- Diminished attention, memory
Why Schools Matter

• Trauma affects school performance
  • Lower scores on standardized achievement tests
  • Decrease in IQ, reading, achievement, and language
  • Higher rates of retention

• Trauma affects learning
  • Impact on executive functioning (planning, organization, execution)

• Trauma affects behavior
  • Increase in reactivity, impulsivity, aggression, withdrawal, and defiance
  • Higher rates of suspension and expulsion

• A place of safety and security, community gathering place

(Daniel & Zarling, 2012)
Trauma Informed: What Does it Mean?

• Administration Commitment
  • Focus on school policy, climate, and safety

• Disciplinary Policy
  • Focus on restoration instead of punitive measures

• Staff Development
  • Opportunities for trauma informed trainings

• Behavioral Health Staff: Counselors, school psychologists, etc.
  • Screening and assessment

• Students & Families
  • Trauma psychoeducation
What YOU Can Do?

• Reassure youth that you and other people will do everything you can to keep them safe...and follow through!

• Asking simple screening questions about traumatic events communicates that you would like to help
  • Remember that you do not have to have the answers or solutions!

• Be a good listener
  • Undivided attention, eye contact, reflection, seek to understand

• Give simple and realistic answers to their questions; saying “I don’t know” is okay too!

• Encourage them to discuss the traumatic event or their behavior with a professional or someone they trust...when they are ready!
Screening for Trauma

• Who should screen for trauma?
  • Doctors and other health or mental health providers
  • Teachers and school personnel
  • Other youth service agencies

• How can doctors' offices, schools, and other community agencies who serve children & families screen for trauma in sensitive, brief and effective ways?
  • Educate yourself about the signs & symptoms!
  • Informal observations & formal screening questions
Tier 1
Assessment for traumatic experiences and severe mental health difficulties. Assessment used to develop individualized interventions and wrap-around services.

Tier 2
Small group interventions that assists students with managing mild symptoms indicative of psychological difficulties and support students who struggle with maintaining healthy relationships that impact their functioning in schools.

Tier 3
School-wide programs that support and promote safety and security, model health relationships, and teach self-regulation for learning and behavior.
Tier 1

• Who: All students

• Screening
  • Student Health Questionnaire

• Supports & Services
  • Building predictable routines
  • Adults model self-regulation
  • Allowing for physical activity breaks
  • Restorative instead of punitive disciplinary policies
  • Promotion of warm and safe climate
    • School environment (e.g., art, calming zones)
    • Student and family programing
Tier 1: Student Health Questionnaire

- Are you having any of the following problems at home? *Includes:* violence, fighting
- Are you having any of the following problems at school? *Includes:* bullying (in person or through social media)
- Is there someone at home, school, or anywhere else who has made you feel afraid, threatened you or hurt you?
- Have you ever carried a weapon to protect yourself?
- Have you ever been physically, sexually or emotionally abused?
- In the past 12 months, did your boyfriend/girlfriend ever hit, slap, or hurt you on purpose?
- Have you ever been in foster care, a group home, or homeless?
- Do you often worry about or feel like something bad might happen?
Tier 2

• Who: Students with symptoms

• Screening (Administered by a trained professional)
  • Brief Functional Behavioral Assessment and Behavior Intervention Plan
  • Behavior Assessment System for Children
  • The Child Behavior Checklist

• Supports & Services
  • Differential instruction
  • Adult mentors
  • Small group supports
  • Community referrals
  • Parent and caregiver education
  • Monitoring
Tier 3

• Who: Students impacted by trauma

• Screening (Administered by a trained professional)
  • Trauma Symptom Checklist for Children/ Young Children
  • Child PTSD Symptom Scale
  • UCLA Child/Adolescent PTSD Reaction Index

• Supports & Services
  • Individualized services
  • Comprehensive FBA and BIP
  • 504 plans & IEP’s
  • Case management
  • Monitoring
  • Coordination with community-based treatment for trauma-informed care
  • Wrap-around programs
  • Parent & caregiver training & support
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Resources

• Calmer Classroom

• Child Trauma Toolkit for Educators
  http://www.nctsn.org/nctsn_assets/pdfs/Child_Trauma_Toolkit_Final.pdf

• Creating Sanctuary in School

• Helping Traumatized Children Learn
  http://traumasensitiveschools.org/

• The Heart of Learning & Teaching Compassion, Resiliency, and Academic Success
  http://k12.wa.us/CompassionateSchools/HeartofLearning.aspx

• National Child Traumatic Stress Network
  http://www.nctsn.org/
Resources - Regional

- University of New Mexico ACTION Clinic: Addressing Childhood Trauma through Intervention, Outreach, and Networking
  http://psychiatry.unm.edu/centers/crcbh/action/

- New Mexico Child Abuse Prevention Partnership (NM-CAPP) http://nmcapp.unm.edu

- Kempe Center for the Prevention and Treatment of Child Abuse and Neglect at The University of Colorado

- Indian Country Child Trauma Center (ICCTC) at the Oklahoma University Health Science Center (OUHSC), www.icctc.org
  - Trauma fact sheet for parents: http://www.icctc.org/what%20is%20trauma-final.pdf