

Presentation & Management of Trauma in Schools

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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

Sexual acting out behavior

Inattentive, “spacing out”

Hyperactive

Reactive, quick to respond to the external environment, hypersensitive



Disrespectful, manipulative

Withdrawn, isolated, difficulty engaging with others (peers and adults), apathetic

Acting out, aggressive

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

Behavior you might notice	Trauma Informed View
Inattentive, “spacing out”	May be experiencing flashbacks to the trauma event
Acting out, aggressive	Maladaptive responses; Difficulty regulating emotions; Trauma response may be triggered
Withdrawn, isolated, difficulty engaging with others (peers and adults), apathetic	Negative view of the world (e.g., adults cannot be trusted); Avoidance of places or people
Reactive, quick to respond to the external environment, hypersensitive	Difficulty regulating emotions; hypervigilant
Sexual acting out behavior	May have witnessed or been a victim of sexual violence/abuse
Hyperactive	Seeking to get needs met; difficulty regulating emotions

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?

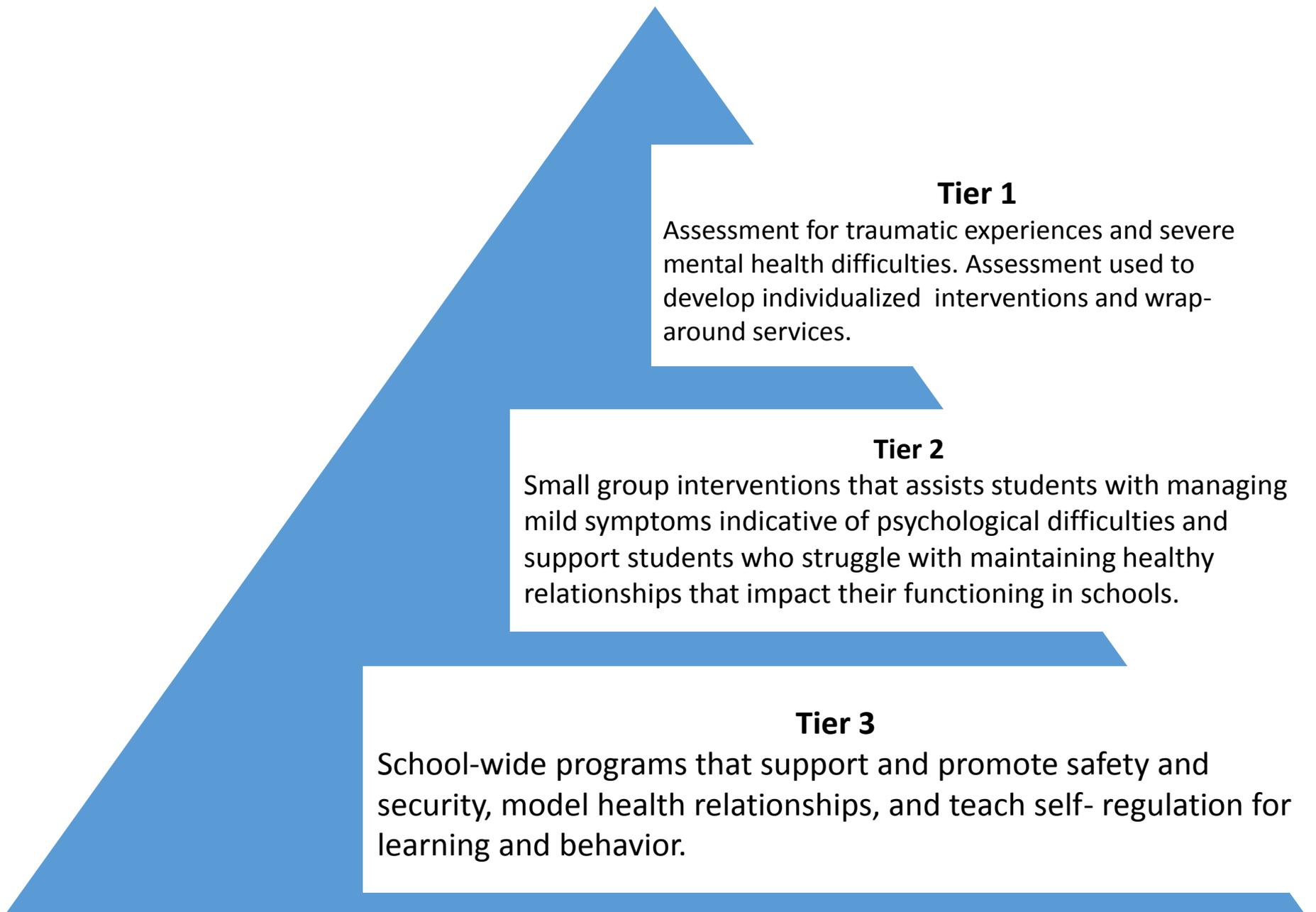
- Administration Commitment
 - Focus on school policy, climate, and safety
- Disciplinary Policy
 - Focus on restoration instead of punitive measures
- Staff Development
 - Opportunities for trauma informed trainings
- Behavioral Health Staff: Counselors, school psychologists, etc.
 - Screening and assessment
- 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 assist 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 programming

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



Please print CHILD BEHAVIOR CHECKLIST FOR AGES 6-18

For office use only
ID # _____

CHILD'S FULL NAME First: _____ Middle: _____ Last: _____			PARENTS' USUAL TYPE OF WORK, even if not working now. (Please be specific — for example, auto mechanic, high school teacher, Accountant, laborer, telephone operator, shoe salesman, entry clerk, etc.) FATHER'S TYPE OF WORK: _____ MOTHER'S TYPE OF WORK: _____
CHILD'S GENDER <input type="checkbox"/> Boy <input type="checkbox"/> Girl	CHILD'S AGE _____	CHILD'S ETHNIC GROUP OR RACE _____	
TODAY'S DATE Mo. _____ Day _____ Yr. _____		CHILD'S BIRTHDATE Mo. _____ Day _____ Yr. _____	THIS FORM FILLED OUT BY: (print your full name) _____ Your gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Your relation to the child: <input type="checkbox"/> Biological Parent <input type="checkbox"/> Step Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Adoptive Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other (specify) _____
GRADE IN SCHOOL _____	Please fill out this form to reflect your view of the child's behavior even if other people might not agree. Feel free to print additional comments beside each item and in the space provided on page 2. Be sure to answer all items.		
NOT ATTENDING SCHOOL <input type="checkbox"/>			

I. Please list the sports your child most likes to take part in. For example, swimming, baseball, skating, skate boarding, bicycling, fishing, etc. <input type="checkbox"/> None a. _____ b. _____ c. _____	Compared to others of the same age, about how much time does he/she spend in each?				Compared to others of the same age, how well does he/she do each one?			
	Less Than Average	Average	More Than Average	Don't Know	Below Average	Average	Above Average	Don't Know
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
II. Please list your child's favorite hobbies, activities, and games, other than sports. For example, stamps, dolls, books, piano, crafts, cars, computers, singing, etc. (Do not include listening to radio or TV.) <input type="checkbox"/> None a. _____ b. _____ c. _____	Compared to others of the same age, about how much time does he/she spend in each?				Compared to others of the same age, how well does he/she do each one?			
	Less Than Average	Average	More Than Average	Don't Know	Below Average	Average	Above Average	Don't Know
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
III. Please list any organizations, clubs, teams, or groups your child belongs to. <input type="checkbox"/> None a. _____ b. _____ c. _____	Compared to others of the same age, how active is he/she in each?							
	Less Active	Average	More Active	Don't Know				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
IV. Please list any jobs or chores your child has. For example, paper route, babysitting, making bed, working in store, etc. (Include both paid and unpaid jobs and chores.) <input type="checkbox"/> None a. _____ b. _____ c. _____	Compared to others of the same age, how well does he/she carry them out?							
	Below Average	Average	Above Average	Don't Know				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

Be sure you answered all items. Then see other side.

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

HOW MUCH OF THE TIME DURING THE PAST MONTH...		None	Little	Some	Much	Most
1 _{E3}	I am on the lookout for danger or things that I am afraid of (like looking over my shoulder even when nothing is there).	0	1	2	3	4
2 _{D2}	I have thoughts like "I am bad."	0	1	2	3	4
3 _{C2}	I try to stay away from people, places, or things that remind me about what happened.	0	1	2	3	4
4 _{E1}	I get upset easily or get into arguments or physical fights.	0	1	2	3	4
5 _{B3}	I feel like I am back at the time when the bad thing happened, like it's happening all over again.	0	1	2	3	4
6 _{D4}	I feel like what happened was sickening or gross.	0	1	2	3	4
7 _{D5}	I don't feel like doing things with my family or friends or other things that I liked to do.	0	1	2	3	4
8 _{E5}	I have trouble concentrating or paying attention.	0	1	2	3	4
9 _{D2}	I have thoughts like, "The world is really dangerous."	0	1	2	3	4
10 _{B2}	I have bad dreams about what happened, or other bad dreams.	0	1	2	3	4
11 _{B4}	When something reminds me of what happened I get very upset, afraid, or sad.	0	1	2	3	4
12 _{D7}	I have trouble feeling happiness or love.	0	1	2	3	4
13 _{C1}	I try not to think about or have feelings about what happened.	0	1	2	3	4
14 _{B5}	When something reminds me of what happened, I have strong feelings in my body like my heart beats fast, my head aches or my stomach aches.	0	1	2	3	4
15 _{D3}	I am mad with someone for making the bad thing happen, not doing more to stop it, or to help after.	0	1	2	3	4
16 _{D2}	I have thoughts like "I will never be able to trust other people."	0	1	2	3	4
17 _{D6}	I feel alone even when I am around other people.	0	1	2	3	4
18 _{B1}	I have upsetting thoughts, pictures or sounds of what happened come into my mind when I don't want them to.	0	1	2	3	4
19 _{D3}	I feel that part of what happened was my fault.	0	1	2	3	4
20 _{F2}	I hurt myself on purpose.	0	1	2	3	4
21 _{E6}	I have trouble going to sleep, wake up often, or have trouble getting back to sleep.	0	1	2	3	4
22 _{D4}	I feel ashamed or embarrassed over what happened.	0	1	2	3	4

Resources

- Calmer Classroom

http://www.ccyp.vic.gov.au/childsafetycommissioner/downloads/calmer_classrooms.pdf

- Child Trauma Toolkit for Educators

http://www.nctsn.org/nctsn_assets/pdfs/Child_Trauma_Toolkit_Final.pdf

- Creating Sanctuary in School

<http://sanctuaryweb.com/Portals/0/Bloom%20Pubs/1995%20Bloom%20Sanctuary%20in%20the%20Classroom.pdf>

- 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>