Trauma-Informed Care in the School Setting

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What is Trauma

According to the Center for the Developing Child, Trauma is defined as...

❖ Events that are **PERCEIVED** as threatening the life/physical integrity of the child or someone important to the child. (Perception changes with the child’s dev.)

❖ Events that cause an overwhelming sense of terror, helplessness and horror

❖ Events produce intense physical effects such as heart pounding, rapid breathing, trembling etc.

❖ Events that completely overwhelm the child’s available coping strategies.

❖ Stress becomes trauma when the intensity becomes unmanageable to the point of threatening physical or psychological integrity.
Trauma Includes...

- Direct Abuse
  - Physical
  - Sexual
- Neglect
- Extreme Incidence of Bullying
- Domestic Violence
- Witnessing Violence
- Community Violence
- Separation from important people
- Complex Trauma – caused by adults who should have been caring for and protecting the child, creating an impossible dilemma for young children.

Children from all races and socioeconomic backgrounds experience and are impacted by trauma. Research suggests that between half and two-thirds of all school-aged children experience trauma.

Children's Exposure to Violence, Crime and Abuse
Symptoms of Abuse

5-11 Years

❖ Becomes secretive and reluctant to share information.
❖ Reluctant to go home after school.
❖ Unable to bring friends home or reluctant for professionals to visit the family home.
❖ Poor school attendance and punctuality, or late being picked up.
❖ Parents show little interest in child’s performance and behavior at school.
❖ Parents are dismissive and non-responsive to professional concerns.
❖ Is reluctant to get changed for sports etc.
❖ Wets or soils the bed.

11-16 Years

❖ Drinks alcohol regularly from an early age.
❖ Is concerned for younger siblings without explaining why.
❖ Becomes secretive and reluctant to share information.
❖ Talks of running away.
❖ Shows challenging/disruptive behavior at school.
❖ Is reluctant to get changed for sports or PE etc.
Risk Factors of Trauma

According to The Trauma Survivors Network

- Disabilities in children that may increase caregiver burden
- Social isolation of families
- Parents’ lack of understanding of children’s needs and child development
- Parents’ history of domestic abuse
- Poverty and other socioeconomic disadvantage, such as unemployment
- Family disorganization, dissolution, and violence, including intimate partner violence
- Lack of family cohesion
- Substance abuse in family
- Young, single non-biological parents
- Poor parent-child relationships and negative interactions
- Parental thoughts and emotions supporting maltreatment behaviors
- Parental stress and distress, including depression or other mental health conditions
- Community violence
Physiology of Stress

Stress sets off a chain reaction:

❖ Brain releases cortisol, which changes the nervous system.
❖ Respiration and Heart Rate increase, Heightened sense of arousal, and Memory remembrance for the threat increases.
❖ Our bodies defer future needs such as digestion, sleep, immune system, tissue repair, physical growth and exploration/play.
❖ Looks like:
  ❖ Fight
  ❖ Flight
  ❖ Freeze
  ❖ Tend and Befriend
Healthy stress turns on when we need it and turns off when we don’t. Healthy stress is essential for survival.

Toxic Stress refers to strong, frequent or prolonged activation of the body’s stress management system.

Toxic Stress are stressful events that are chronic, uncontrollable, and/or experienced without the child having access to support from caring adults.

Chronic Stress affects memory, selective attention, self-control, and the ability to turn off the stress response.

Being chronically on high alert interferes with children’s ability to explore, learn from their environment, and socialize with others.

Prolonged activation of stress hormonal systems can alter functioning of neural systems, including the parts of the brain necessary for learning and memory.

Toxic Stress affects the development of circuits and the hormonal system in a way that leads to poorly controlled stress-response systems that will cause them to be overly reactive or slow to shut-down.

This means a student can come to school EVERYDAY in FEAR, even when no threat has occurred!
Trauma’s Impact on Brain Development

- **Hippocampus** – *reduced volume*, which is central to learning and memory. Toxic Stress reduces the hippocampus’s ability to bring cortisol levels back to normal after a stressful event.

- **Corpus Callosum** – *decreased volume*, which is responsible for communication between brain hemispheres and the process of arousal, emotion, higher cognitive abilities.

- **Cerebellum** – *decreased volume*, which helps coordinate motor activity and executive functioning.

- **Pre-Frontal Cortex** – again *decreased volume*, which is critical to behavior, cognition, and emotion regulation.

- **Amygdala** – *over activity* that impedes ability to determine a real from perceived threat.

- **Cortisol Levels** – *lower than normal cortisol levels* and flatter release throughout the day.

- **Other** – *less electrical activity, decreased brain metabolism, poor connections between areas of the brain* that are essential to integrating complex information, and abnormal patterns of adrenaline.

*Trauma LITERALLY shrinks the size of the brain, by reducing the amount of neural pathways!*
Healthy Brain

This PET scan of the brain of a normal child shows regions of high (red) and low (blue and black) activity. At birth, only primitive structures such as the brain stem (center) are fully functional; in regions like the temporal lobes (top), early childhood experiences wire the circuits.

An Abused Brain

This PET scan of the brain of a Romanian Orphan, who was institutionalized shortly after birth, shows the effect of extreme deprivation in infancy. The temporal lobes (top), which regulate emotions and receive input from the senses, are nearly quiescent. Such children suffer emotional and cognitive problems.
The Science of Neglect

In Brief - The Science of Neglect from Harvard's Center for The Developing Child
Trauma’s Impact on Achievement

Traumatized children Struggle in the Following Areas:

❖ Focus or maintain attention
❖ Develop language properly
❖ Communicate wants and needs effectively
❖ Organize and remember new information
❖ Attend to classroom activities
❖ Transition from one task to another
❖ Follow step-by-step instructions
❖ Comply with adult directives
❖ Grasping of cause and effect relationships
❖ Engage in creative play
❖ Problem-solving
Trauma’s Impact on Attendance

Factors leading to Chronic Absenteeism/Truancy:

❖ Hunger – in areas where schools do not offer free lunch/breakfast programs.
  ❖ Food Insecurity – Creates concerns such as, “What will I eat?” “Everyone will notice that I never have a lunch.” “People get annoyed when I ask them to share or to borrow money everyday.” May result in hoarding food or stealing food.

❖ Unstable Housing – frequent transiency, running from abusive partner, addictions leading to getting kicked out of housing, etc.

❖ Unreliable Transportation – no car, no money for busing, inclement weather

❖ Bullying – 20% of high school students reported being bullied last year.

❖ Fear of Violence

❖ Injury related to abuse or bruising

❖ Mental Health Related Issues such as, Depression or Social Anxiety

Chronically Absent Students are less likely to finish High School and 7x more likely to drop-out.
Trauma’s Impact on Social Relationships, Emotion Regulation and Behavior

- **Persistent Fear Response** – creates permanent memories that shape the perception of the environment, causing the child to lose the ability to differentiate between danger and safety.

- **Hyperarousal** – highly sensitive to non-verbal cues and more likely to misinterpret them.

- **Increased Internalizing Symptoms** – depression and/or anxiety from altering the brain’s ability to use serotonin.

- **Diminished Executive Functioning** – delayed working memory, poor impulse control and lack of cognitive and mental flexibility.

- **Delayed Development Milestones** – neglect to meet a child’s cognitive, emotional, or social needs creates weak neuron pathways that can eventually wither and die.

- **Weakened Response to Positive Feedback** – not as motivated by rewards or positive stimuli related to distrust for adults and the environment.

- **Complicated Social Interactions** – difficulty navigating social situations and adapt to changing social contexts due to poor executive functioning, persistent fear response and hyperarousal.
Trauma shapes a child’s belief and expectations about:

❖ **Themselves** (I am not worthy of love and care. I am helpless or I must be on constant alert and/or be in complete control to be safe.)
❖ The **Adults** who care for them (Adults can not be trusted to protect me. Adults will hurt me.)
❖ The **World** in general (The World is a dangerous place. I cannot let down my guard.)
ABOUT YOUR FAMILY

What are some things you like about your family? What do you and your family like to do together? Please draw or write some of these things:
HOW DO WE EXPERIENCE FEELINGS IN OUR BODIES?

Remember the feelings and colors you listed on Page 6? We're going to use those colors now to show where in your body you experience each feeling. You don't have to do all the feelings you listed; you and your therapist can choose which feelings you want to include. For each feeling you choose, close your eyes and imagine having that feeling right now. Where do you experience that feeling in your body? **Please color in the places on your body where you experience each feeling and tell your therapist what it feels like.**

Our bodies tell us how we are feeling!
Maslow’s Hierarchy of Needs

- **Physiological**: breathing, food, water, sex, sleep, homeostasis, excretion
- **Safety**: security of body, of employment, of resources, of morality, of the family, of health, of property
- **Love/Belonging**: friendship, family, sexual intimacy
- **Esteem**: self-esteem, confidence, achievement, respect of others, respect by others
- **Self-actualization**: morality, creativity, spontaneity, problem solving, lack of prejudice, acceptance of facts

OK ... so what do we do now?

Don’t Panic!
Creating Trauma-Informed Schools

What Does a Trauma-Informed School Look Like?

Trauma-informed approaches within any system aim to adhere to the “4 Rs”:

- **Realizing** the widespread impact of trauma and pathways to recovery
- **Recognizing** trauma signs and symptoms
- **Responding** by integrating knowledge about trauma into all facets of the system
- **Resisting** re-traumatization of trauma-impacted individuals by decreasing the occurrence of unnecessary triggers (i.e., trauma and loss reminders) and by implementing trauma-informed policies, procedures, and practices.\(^9\)
Integrated Systems Framework

MTSS

- Intensive Individual
- Small Targeted Group
- Core Classroom Instruction

Targeted Interventions
- Select, at risk students
- Universal (all students)
Safe Environments and Universally Healthy Students / Creating and Supporting a Trauma-Informed School Community

Schools transform on a number of levels to create and support safe environments that promote healthy and successful students and staff. This foundational work is Tier I of the MTSS pyramid and necessary to support strategies across the entire pyramid.

Early Intervention/Identifying Students and Staff At-Risk

Schools identify and respond to students and staff who are at-risk or have been exposed to trauma and/or loss in ways that meet their unique exposures, experiences, developmental, and personal needs.

Intensive Support

Schools provide support to those students whose behaviors and experiences necessitate intensive interventions and aim to meet their unique exposures, experiences, developmental, and personal needs.
Tier 1 School-Wide

- Developing Community Partnerships
- Universal Screening Tools
- Compassion Fatigue Training and Support
- Crisis Response Procedures and Training
- Risk Assessment Procedures and Training
- School-Climate Transformation Initiatives
- Social Emotional Learning Curriculum
- Anonymous Reporting of Bullying, Suicide Threats, School Violence
- Go Guardian Technology
- Psycho-Education
  - Assemblies
    - NAMI End the Silence
    - Know the Signs
  - NAMI’s Peer to Peer Program
  - NAMI’s Family to Family Program
  - NAMI’s Teachers as Allies Program
  - NAMI on Campus Group
  - Youth Mental Health First Aid
  - Staff and Teacher Training on Trauma
**Tier 1 Classroom**

- Children require calm, patient, safe and nurturing care in order to recover.
- Consistency – Children must believe the following: “I know what I can expect from you.” You say what you mean and do what you say. “I know everything you do is because you care, not because you hate me, are mad at me, or want to hurt me.”
  - Broken Record – “I care for you, you’re safe, I believe in you, I am here to help.” This message is communicated through posture, tone, actions and lastly words.
- Transitional Warnings - especially important for unexpected changes in routine
- Schedule of daily routine visible, reviewed and checked for comprehension and is consistent
- Rules and Expectations are clearly defined, written out, placed in plain view and reviewed for comprehension
- Consequences are clearly defined and given as the student earns
- Directives and Prompts are given in calm, neutral tones, non-threatening body posture, respect their space
- Validating Environment – we don’t justify, excuse or permit the behavior, we validate their EXPERIENCE. “I know this must feel very scary for you, what can I do to help you feel safe?”

**You are doing the best you can AND you can do better!**
Tier 2

❖ Tier 2 Meetings
  ❖ Gen Ed Support Plan
❖ Check In Check Out (CICO)
❖ Risk Assessments
❖ Teen Intervene
❖ Restorative Circles/Impromptu Conversations using RP Cards
❖ Mindfulness in the Classroom
❖ SART Meeting/Home Visit
❖ Case Management
❖ Foster/Homeless Support
❖ WRAP/TBS
❖ Meetings with School Counselor
❖ On Campus Groups: PATTS, Boys Town, CBITS, SAYM, Seeking Safety etc.
❖ On Campus Mentor Programs/Buddy Systems: PLUS Forum, Watch Dogs, Welcome Committee, Link Crew, etc.
❖ Tutoring
❖ Parenting Classes - Parent Center
Tier 3

❖ Tier 3 Meeting
  ○ Gen Ed Support Plans
  ○ Gen Ed Behavior Assessments
  ○ Ongoing Team Based, Data Driven Decision Making
❖ Referral to Community Provider for Mental Health Treatment
❖ In-Home Hospital/504 Plans with modified days or schedules
❖ 5150 hold in extreme cases
❖ Assessment for Emotional Disturbance (or possibly OHI)
❖ IEP and related Services
  ○ Educationally Related Mental Health Services Assessment (ERMHS)

Community Resources

Suicide Prevention Resources
Reporting Suspected Abuse

- We are all Mandated Reporters – by law we must report suspected abuse
  - Physical
  - Sexual
  - Neglect
  - Emotional
- You do not need to investigate, reports are made for SUSPICIONS. Allow CPS to determine if the report is unfounded.
- Reports must be made immediately
- Complete Suspected Child Abuse Report
- For Riverside county Call 1-800-442-4918 San Bernardino County 1-800-827-8724 and provide information in your report to the intake specialist
- Within 36 hours you must fax a copy of the report to DPSS
  - Riverside County fax 951-413-5122
- Keep a copy of the report for your records
- You are not required to inform anyone however, it is recommended that you notify your Admin and School Counselor when a report is made.
Reduction Stigma, Developing Empathy

According to the National Alliance on Mental Illness (NAMI) stigma is an attempt to label a particular group of people as less worthy of respect than others.

❖ Choose to believe the best in people, even the PARENTS!
❖ Choose to not reduce children to a series of behaviors.
❖ Take the perspective, “They are doing the best they know how to do, with the skills they currently have.”
❖ Don’t forget our motto: “You are doing the best you can AND you can do better.”
❖ Parents are the expert on their own kid!
❖ Be Strength Based!
   ❖ Look for the positives that we want to develop. What is present that we can work with? Reframe your perspective.
     ❖ Stubborn = Decisive and Confident
     ❖ Defiant = Revolutionary, Not afraid to challenge authority or “the rules” – Rosa Parks was considered defiant at one point.
❖ Demonizing the behavior leads to further distrust for the system. Parents and children NEED to feel safe to disclose what is happening without fear of ridicule or judgement.
❖ The key to stopping the cycle of dysfunction is…
   ❖ To Talk about it
   ❖ To Trust Others for Help
   ❖ To Create the Safety to Feel rather than to hide or deny the pain.

Anyone can find the dirt in someone. Be the one that finds the gold. Proverbs 11:27
Safe Families for Children

DO YOU NEED A SAFE PLACE FOR YOUR CHILDREN TO STAY?
Are you experiencing a crisis?
Are you feeling stressed out and overwhelmed?
Do you need some time to get back on your feet?
Could you use a family and friend support network?

If you said ‘yes’ to any of these questions...
Safe Families for Children can help!

What is Safe Families for Children?

Our compassionate volunteers provide a Safe Home for your Children to stay in, while you work on becoming more stable.

How do you benefit from Safe Families for Children?

- You keep FULL custody of your children
- You can visit with your children
- You can get your children back when you’re ready
- You gain a friend and support network
- Your children will be with a SAFE FAMILY who has been screened, gone through a background check and are fingerprinted

Safe Families for Children is here to help!
Call our hotline: 800-550-2445 ext. 1234 or 714-543-5437 ext. 1234
Questions?
Contact

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