• Hidden in Plain Sight: The Invisible Wounds of Child Trauma

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Trauma Services Adaptation Center
for Resilience Hope and Wellness in Schools and Communities

National Child Traumatic Stress Network

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Trauma Services Adaptation Center for Resiliency, Hope and Wellness in Schools

- LAUSD – School Mental Health
- RAND HEALTH – Los Angeles, DC, Pittsburgh
- UCLA NIMH Partnered Research Center for Quality Care
- UCLA TIES for Families
- UCLA Depts. of Psychiatry and Pediatrics/Geffen School of Medicine
- USC SCHOOL OF SOCIAL WORK
A Brief History of PTSD

- Civil War – Soldier’s Heart
- WWI – Shell Shock
- WWII – Wartime Neurosis
- Vietnam War – VA Study – PTSD
- Rights of Victims of Crime – Rape Centers
- Traumatized Students in Schools

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Events That Changed the Culture of Education

- Columbine 1999
- 1995 - Oklahoma City
- 2001 - 9/11 Terrorist Attacks NYC/DC
- 2005 – Hurricanes Katrina and Rita
- 2007 - Virginia Tech/University
- 2012 – Newtown CT
LAUSD Trauma Informed Beginnings – February 1984

- 49th Street School
- Sniper Shooting – 57 high power rounds
- Two killed – 9 y/o child and an adult
- 12 students and faculty wounded
- Led to the creation of the first school district crisis team
…One night a year ago, I saw men shooting at each other, people running to hide. I was scared and I thought I was going to die.

After this happened, I started to have nightmares. I felt scared all the time. I couldn’t concentrate in class like before. I had thoughts that something bad could happen to me. I started to get in a lot of fights at school and with my brothers…

– Martin, 6th grader
Why a program for traumatized students?

While walking we saw people crying because they had no food and water. We saw bodies in the street. They had an old man dead in a chair. I was so scared I thought I was going to die. We were walking on the bridge, and the army men started to shoot in the air, and I just started to cry I was so scared. It started to rain and everyone started to cry, saying, “I hope another hurricane don’t pass by.”

Keoka, 10th grade
Why a program for traumatized students?

I know when my mother starts to drink. I have to hide after school. I go outside. I try to stay at my friend’s house but then I have to go home. I sneak in or run to my room. Sometimes she fights with her boyfriend and she leaves me alone. Sometimes, she finds me and starts to yell and scream. She hits me with her hands and picks up stuff to throw at me. Even when she stops and says she’s sorry, I’m scared all night and can’t sleep. I get up and can’t think right. I’m no good at school.

Stefan, 7th grader
A Startling Number of Students Are Exposed to Violence

- **2%** Direct assault
- **6%** No violence

**National Survey of Adolescents 1995**
- **No violence** 27%
- **Direct assault & witness** 23%
- **Witness** 48%

**The LA Unified School District 6th-Grade Students, 2004**
- **Violence not involving a weapon** 54%
- **Gun or knife violence** 40%
RAND/USC/UCLA Research

- 88 to 92% Violence Exposure
- 27% PTSD
- 16% Childhood Depression
- 76% of Parents wanted family referrals
- Zip Codes – High Crime, Poverty, Gang Conflicts, Drug Sales/Use/Abuse
Compare violence exposure in the difference service planning areas (SPAs) of Los Angeles. CHAS is in SPA 6 and Hollywood high school is in SPA 4.

Homicide rate: SPA 6: 16.8/100,000 vx SPA 4: 5.7/100,000 average in LA County average: 5.8/100,000. CHAS location is 3 X higher

Firearm related deaths: SPA 6: 12.9 vs. SPA 4: 5.1 CHAS location is 2.5 X higher
What is Childhood Trauma

• Severe Emotional Response – Event(s)
• Frightening/Threatening/Overwhelming
• Unable to Cope
• One Discrete Event; Multiple Events; Cumulative Ongoing Events

National Child Traumatic Stress Network
• www.nctsn.org
**Acute trauma** - a single traumatic event or sudden loss, physical or sexual assault

**Chronic trauma** - Multiple and varied events - domestic violence, a serious car accident, a victim of community violence

**Complex trauma** - Multiple interpersonal traumatic events from a very young age.

All have profound effects on nearly every aspect of a child’s development and functioning.
Decreased IQ and reading ability (Delaney-Black et al., 2003)

Decreased rates of high school graduation (Grogger, 1997)

More days absent from school (Hurt et al., 2001)

Lower grade point average (Hurt et al., 2001)

More suspensions and expulsions (LAUSD survey, 2006)
Cognitive Behavioral Intervention for Trauma in Schools

- School-based intervention
- Delivered by licensed mental health professionals
- Proven effective in research trials
- Visit: Rand.org OR cbitsprogram.org
Support for Students Exposed to Trauma (SSET) – Modified for Use by Teachers

- Modified version of CBITS
- Delivered by: Teachers, Graduate Interns and School Counselors
- Proven effective in research trials
Core Concepts in Trauma Informed Schools

**Early Detection and Intervention**
Exposure to violence and trauma are detected early with early intervention.

**Informed Teachers and Parents**
Teachers and parents learn how they can support fearful and anxious students in the classroom and at home.

**Understanding Effects on Student Learning**
Students learn skills to cope more effectively with the distress that interferes with learning.
The White House Summit: Rethinking Discipline

The School Pipeline to Prison is REAL. Schools have helped to build and maintain it due to current disciplinary policies and practices.

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What is the School to Prison Pipeline?

- Policies and practices that push children out of classrooms and schools
- Policies and practices that are primarily punitive and law enforcement focused
- Funding practices that eliminate social work and other services that are preventive in nature and developmental in scope (American Academy of Pediatrics, 2003)
School Contributions to the Prison Pipeline

Catherine Lhamon, Assistant Secretary for Civil Rights, US Dept. of Education

Filing CR Complaints of discrimination against school districts with harsh, punitive and reactive suspension/expulsion policies, targeting students of color. “We have the trust of the national community bringing to us their deepest hurts and asking for resolution…”

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Harsh Facts

• Black students are suspended and expelled at a rate four times greater than white students, a trend that begins in preschool.
• Black students represent
  – 16% of student enrollment,
  – 31% of students subjected to a school-related arrest.
How Does Teaching Fail Traumatized Students?

Dr. Phillip Goff, UCLA: Educators fail to utilize brain science approaches to learning which may contribute to the achievement gap and discriminatory approaches to discipline in schools
Child Trauma Changes Brain Chemistry and Function

- Extreme Stress has a measurable effect
- The amygdala functions dominate
- The frontal cortex does not activate

- Flight or fight/Life or death situations are not fertile ground for learning or positive relationships
The Change in Brain Development

- Problems in Executive Functioning
- Little Emotional and Behavioral Self Regulation
- Inhibiting Language Development
- Low Academic Achievement
- Impaired Peer and Adult Relationships

(Perry 2000)
What About THE ACHIEVEMENT GAP?

After generations of education ‘reform’, the negative effects of childhood trauma must be considered as a major factor in creating the racial and ethnic disparities in academic achievement, disciplinary policies, health and behavioral health service delivery in schools.

(Wong, 2016)

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Observable Behaviors

Psychological Stress

Individual Personality

Youth Culture

Community Environment

Family Influences
Lawsuit v. Compton Unified

- Class Action Suit
- Plaintiffs are students in High School
- Filed in Federal Court in May 2015
- Civil Rights Action
- Complaint: No 504 Accommodations for Students with Complex Trauma
Effects of Trauma Exposure on Children

- **Attachment.** Social isolation/difficulty relating to and empathizing with others.

- **Biology.** Problems with movement and sensation, hypersensitivity to physical contact, insensitivity to pain, unexplained physical symptoms and increased medical problems.

- **Mood regulation** - Difficulty regulating emotions/ Difficulty knowing and describing their feelings and internal states.
Effects of Trauma Exposure on Children

• **Dissociation** - Detachment or depersonalization, as if they are “observing”/reality is unreal.

• **Behavioral control**, poor impulse control, self-destructive behavior, aggression

• **Cognition** - Problems focusing on and completing tasks, or planning for and anticipating future events/ Learning problems with language development.

• **Self-concept** - Disturbed self image, low self-esteem, shame, and guilt.

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Proposed Remedies

- Comprehensive and ongoing training, coaching, and consultation for all adult staff—including teachers, administrators, counselors, etc.,

- Implementation of restorative practices and district policies to prevent, address, and heal after conflict.

Employment of appropriately trained counselors
Risk Factors For Childhood Trauma

Plaintiff Peter P.

- Poverty – Especially Urban Poverty
- Family Member Incarceration
- Domestic Violence
- Abuse and Neglect
- Family Chaos and Conflict
- Homelessness/Housing Insecurity

(Kiser, 2007)
ENGAGE IN SELF CARE

The more you care about what you do, the more likely it becomes that you will experience vicarious trauma.
Traumatic stress affects both victims and caregivers.
“There is a cost to caring. We professionals who are paid to listen to the stories of fear, pain, and suffering of others may feel, ourselves, similar fear, pain and suffering because we care.”

“Compassion fatigue is the emotional residue of exposure to working with the suffering, particularly those suffering from the consequences of traumatic events.”

Charles R. Figley, Ph.D.
A Place to Begin –
Identifying At Risk Students
Chronically Absent Students
Expelled and Suspended Students
Students in Foster Care/Juvenile Justice
Special Education
Hostile, Angry, Acting Out Students
Depressed Withdrawn Students
Bullied Students

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Organization or system that is trauma-informed:

- SAMHSA Definition
  - 1. Realizes the widespread impact of trauma and creates potential paths for recovery;
  - 2. Recognizes the signs and symptoms of trauma in clients, families, staff, and others in the system
  - 3. Integrates knowledge about trauma into policies, procedures, and practices
  - 4. Seeks to actively resist re-traumatization.
Trauma Treatment Relationships
Bruce Perry’s 4 Steps

- **Regulate yourself**
  - Two Disregulated People Cannot Talk Meaningfully
  - Traumatized People have Heightened Sense of Disregulation in Others
Trauma Treatment Relationships
Bruce Perry’s 4 Steps

• Help Regulate the Other Person
  – Stress Reduction Techniques
  – Distraction
  – Be More Interesting than the Stress
Bruce Perry’s 4 Steps
The Boy Who Was Raised as a Dog

• Attune Yourself to the Other Person
  – When Seen, Heard and Understood, People Shift from Stress to Rest
Bruce Perry’s 4 steps

• Use Reason When the Other Person is Available
  – Good Eye Contact
  – Calm Breathing
  – Expression of Curiosity
  – Interacting in Two Way Conversation – Indicates the Frontal Lobe is Working Again
PROTECTIVE FACTORS IN A SCHOOL?

- Board of Education
- Administrators
- Teachers, Health and Human Services Personnel
- Support Staff – Secretaries, Custodians, Bus Drivers, Cafeteria Staff
- Students, Parents, Siblings, Care Givers, Guardians
- Neighborhood and Community Resources
- School Police and School Resource Officers

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Resilience Hope and Wellness

Risk Factors

Are Not Predictive Factors

Because of Protective Factors