

# Don't Leave it to Chance: Tailoring Specific Trauma Interventions to Fit Your Classroom



## Advancing School Mental Health Conference

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Lisa Baron, EdD

Project Director, *Center for Trauma Care in Schools*

Alliance for Inclusion and Prevention, Inc.



# Training Goals

1. Identifying Students with Trauma:
  - Definition of Trauma
    - Types I & 2
    - The ACE Study
  - Factors and Behaviors Often Associated with Trauma
  - Impact of Trauma on Brain Development and Learning
  - Trauma-Reactive Environments: Why do Students Lose Control?
2. Story of a Student with a Trauma History
3. What can we do? We can change our responses:
  - Trauma Systems Therapy (TST): Using 3As and 4Rs to inform interventions
  - Creating a Trauma-Sensitive Environment for Students

# Definition of Trauma

- *“Traumatization occurs when both internal and external resources are inadequate to cope with external threat.”* (van der Kolk, 1989)
- The more chronic the exposure (including on-going stress resulting from a single extraordinary event) the more internal and external resources will be required for resilience

# Two Types of Trauma

## Type I Trauma: Single Exposure

- Car accident (sudden onset)
- Sudden Death in the family

## Type II Trauma: Chronic Exposure (Complex Trauma)

- Domestic/Community Violence
- On-going physical/sexual abuse
- Parental illness/substance abuse
- Multiple foster placements
- Homelessness

# Historical Trauma

The cumulative effects of trauma systemically inflicted on specific groups over generations

- American Indian and Alaska Native communities
- Communities of color
- Holocaust survivors
- Japanese-American survivors of internment camps
- LGBTQ communities

# Racial Trauma

Traumatic experiences resulting from

- Direct experiences of intimidation and harassment;
- Witnessing acts of violence toward a targeted racial group;
- Experiencing discrimination and institutional/systemic racism.

# Increased Risk for Childhood Trauma

- American Indian/Alaska Native (AI/AN) children and youth
- Children and youth with disabilities;
- Children and youth of-color, ages 12 to 19;
- African-American children and youth living in urban, low-income communities;
- Refugees;
- Children and youth who are homeless and living in poverty; and
- LGBTQ children and youth

# The Relationship of Adverse Childhood Experiences to Adult Health Status

## The ACE Study

<http://www.cdc.gov/nccdphp/ace/>

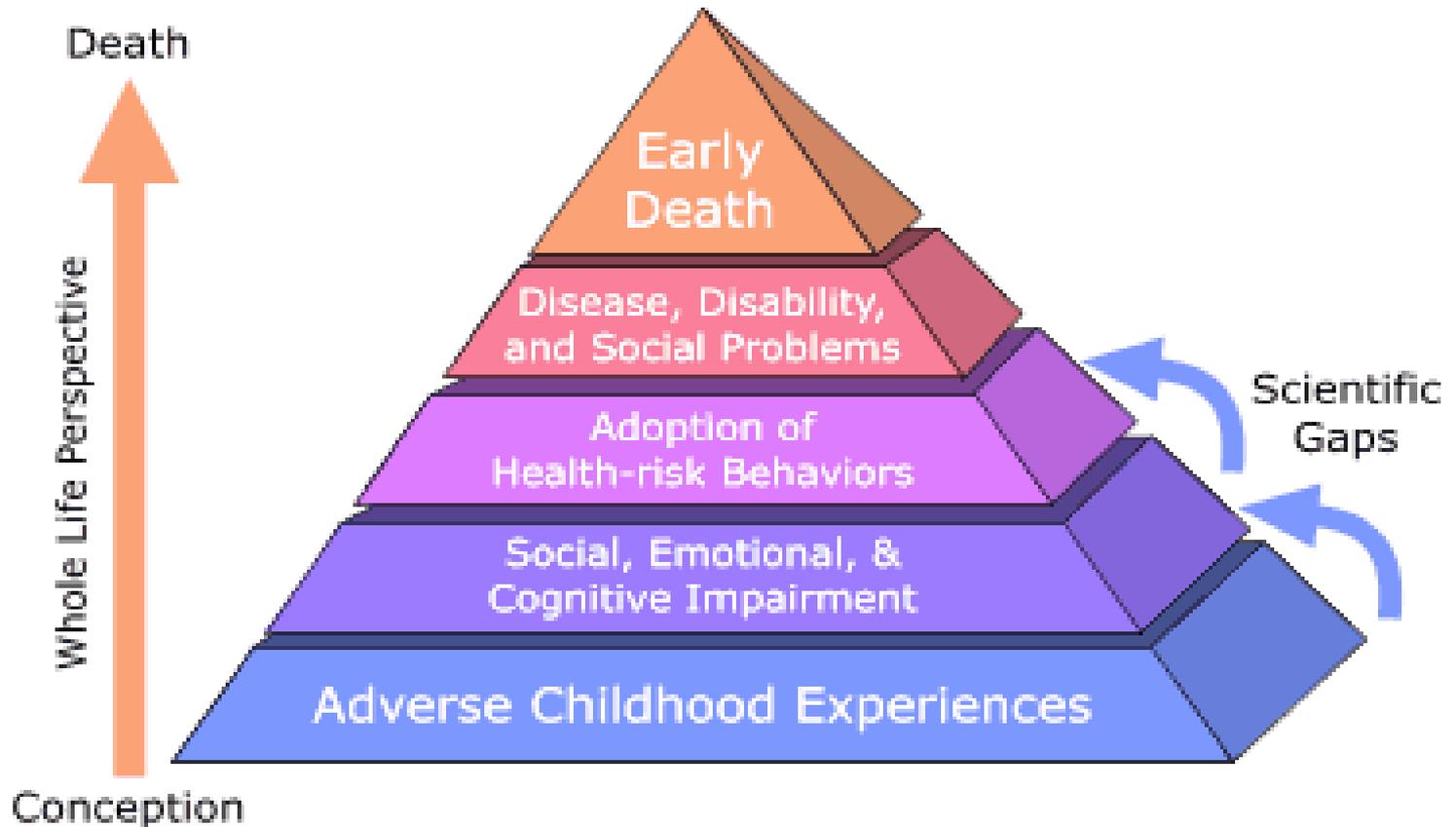
<http://www.cestudy.org>

A collaborative effort of Kaiser Permanente and The Centers for Disease Control

Vincent J. Felitti, M.D.

Robert F. Anda, M.D.

# The Relationship of Adverse Childhood Experiences to Adult Health Status



# Adverse Childhood Experiences Data

- 1 in 5 adults report 3 or more ACEs as children.
- The ACE Study found that as rates of ACEs go up, so does the risk of challenges such as high-risk behavior, illness, and even early death.
- An ACE score of 4 or more makes children 32 times as likely to have problems in school." (Dr. Nadine Burke Harris, Center for Youth Wellness, *Resilience Documentary*)
- An ACE score of 6 or more puts one at-risk for a 20-year lifespan reduction

# Factors that Influence Trauma Effects

- Low IQ = less cognitive capacity to integrate the experience
- Absence of supportive adults
- Inability to feel safe (home, school, community)
- Low SES
- Previous trauma
- Family history of psychological or substance abuse
- Gender (female)
- Age (the younger, the more vulnerable)

# Potential Signs of Trauma:

- Sexualized behaviors and/or drawings
- Extremely aggressive/explosive behaviors
- Poor hygiene/inappropriate clothing for the season
- Frequent headaches/stomachaches
- Changes in behavior/academic performance
- Low social competence, including poor empathy for others
- Inability to read others' emotions (mistake concern for anger)
- Acting out during transition times/unstructured places
- Come here/go away behaviors (needy, but lack trust)

# What Happens in the Brain?

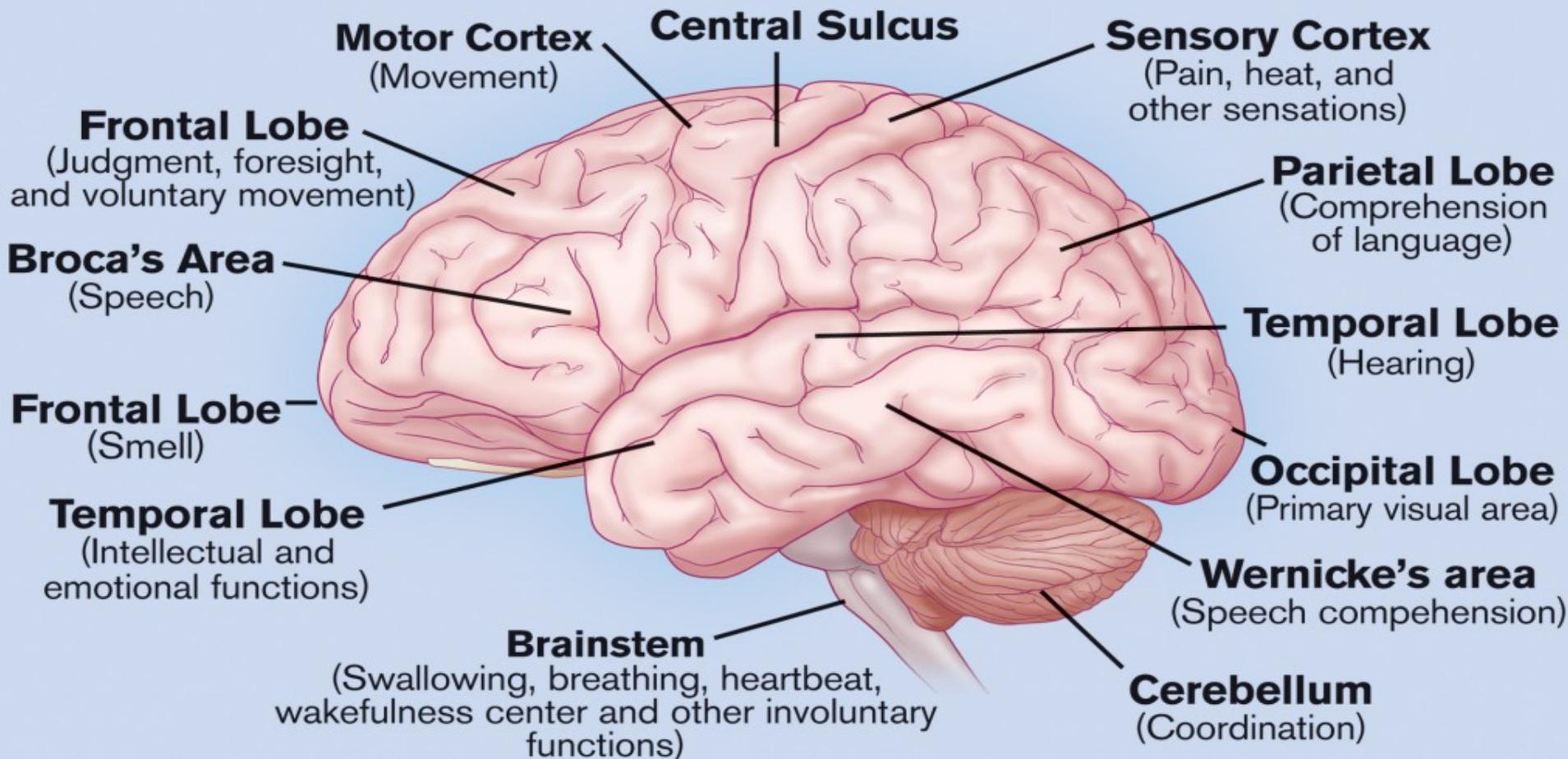


Image from *Human Body Anatomy*, [www.cea1.com](http://www.cea1.com)

**FRONT**

Anterior Cingulate  
(motivation)

**MOTOR**  
**SENSORY**

**BACK**

**FRONTAL LOBE**  
(planning)

**CORTEX**

**PARIETAL LOBE**  
(movement)

Dorsolateral Prefrontal  
(executive & logical)

Corpus Callosum

**OCCIPITAL LOBE**  
(vision)

Olfactory Bulb

**TEMPORAL LOBE**  
(language)

Lateral Orbitofrontal  
(appropriate social/  
emotional response)

Hypothalamus

**CEREBELLUM**  
(coordinate  
movement)

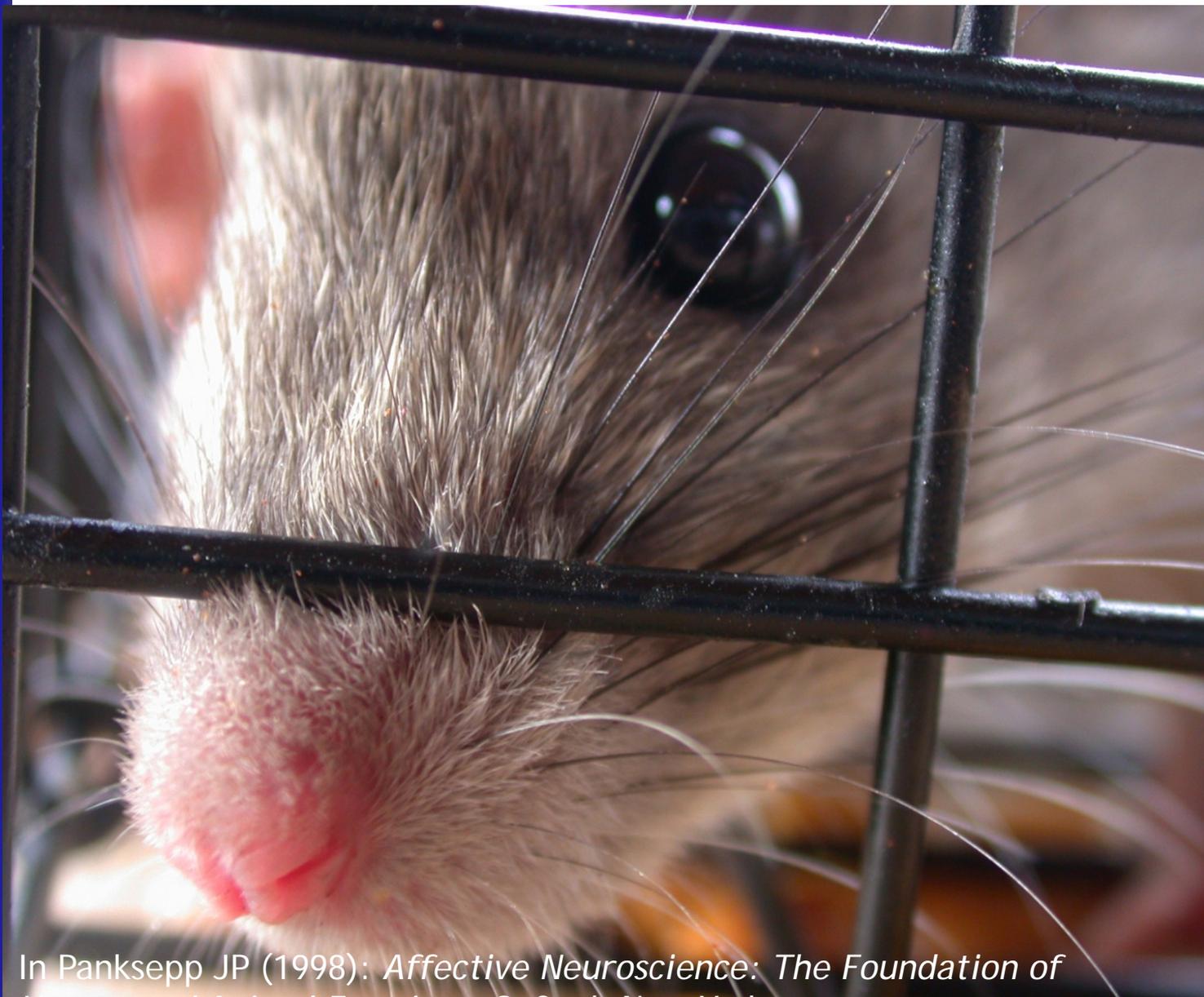
Amygdala  
(basic emotions)

Entorhinal Cortex  
(memory)

Hippocampus  
(memory)

**BRAIN STEM**  
(body basics)

**LIMBIC SYSTEM**



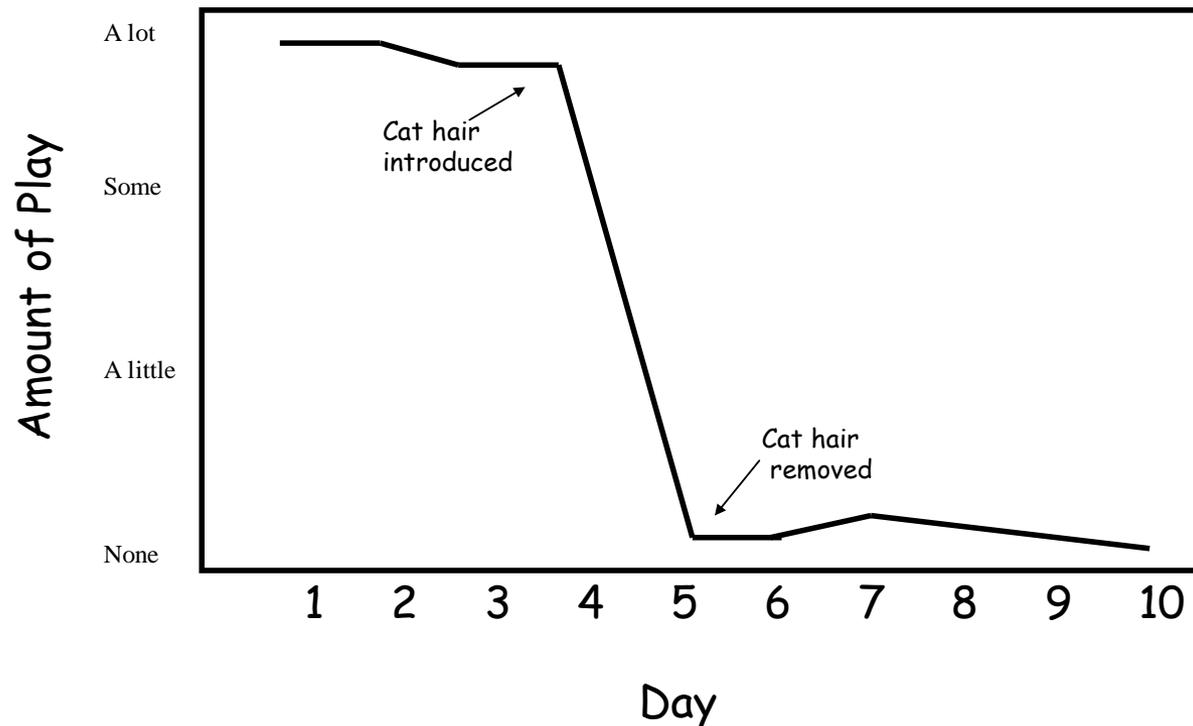
In Panksepp JP (1998): *Affective Neuroscience: The Foundation of*



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# Where is the cat hair?

Amount of Play over 10 days



In Panksepp JP (1998): *Affective Neuroscience: The Foundation of Human and Animal Emotions*, Oxford, New York

# Where is the cat?

How much do you know about the location of the cat hair and the cat in the lives of your students?

How important is this knowledge for understanding the student's main emotional & behavioral problems?

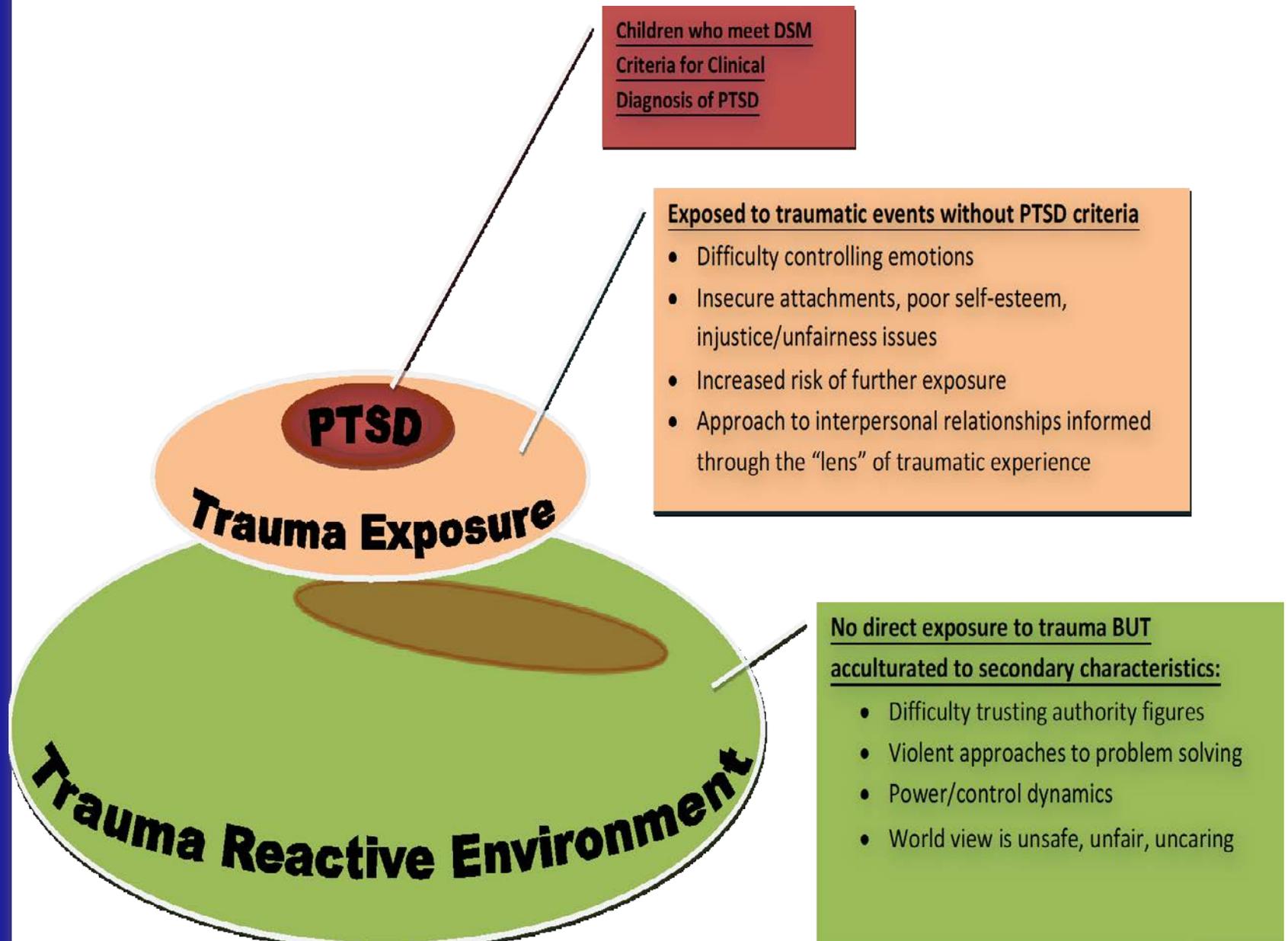
What tools do you use for locating the cat hair and doing something about it?

# Traumatic Stress

- *“Traumatic stress occurs when a child is unable to regulate emotional states and, in certain moments, experiences her/his current environment as extremely threatening, even when it is relatively safe.” (Saxe, Ellis, Brown, 2016)*

# Why do Traumatized Students Lose Control?

- The school may be perceived as an environment where authority figures (teachers) are not to be trusted and the environment is assumed to be **unsafe**
- The student's behavior seems unpredictable and extreme, but is an attempt to achieve **control** in the perceived **unsafe** environment
- Students exhibit a range of responses to regain **control**, based on the trauma they experienced and the ways they've learned to respond to "triggers" (trauma reminders)



# The Story Behind the Behavior

**THE KIDS WHO NEED  
THE MOST LOVE  
WILL ASK FOR IT IN  
THE MOST UNLOVING  
OF WAYS.**

Remember: everyone in the classroom has a story that leads to misbehavior or defiance. 9 times out of 10, the story behind the misbehavior won't make you angry. It will break your heart.

– Annette Breaux

# What Do We Know About Maria?

- Both of Maria's parents have been incarcerated
- Maria's mom and mom's boyfriend often get into big fights which resulted in temporary removal from the home this school year
- Maria is afraid her mother hates her
- Maria thinks her friends are the only ones who love her, and they love it when she acts out in class
- Maria can "black out" when "cat hair" (no control) appears
- Maria feels conflict between wanting to be successful and acting out for the approval of friends
- Maria is only 12

# What Can We Do?

1. **Change our thinking from:**  
    “What’s *wrong* with you (Maria)?”  
    to  
    “What’s *happened* to you (Maria)?”
2. **Look for patterns:** What’s driving this behavior, and what is its function?
3. **Change our responses,** letting patterns guide us

# Trauma Systems Therapy (TST)

## The 3As of Emotion States

Awareness (Consciousness)

Affect (Emotion)

Action (Behavior)

# Trauma Systems Therapy (TST)

## The 4 Rs of Emotion State Changes

**R**egulating (stable)

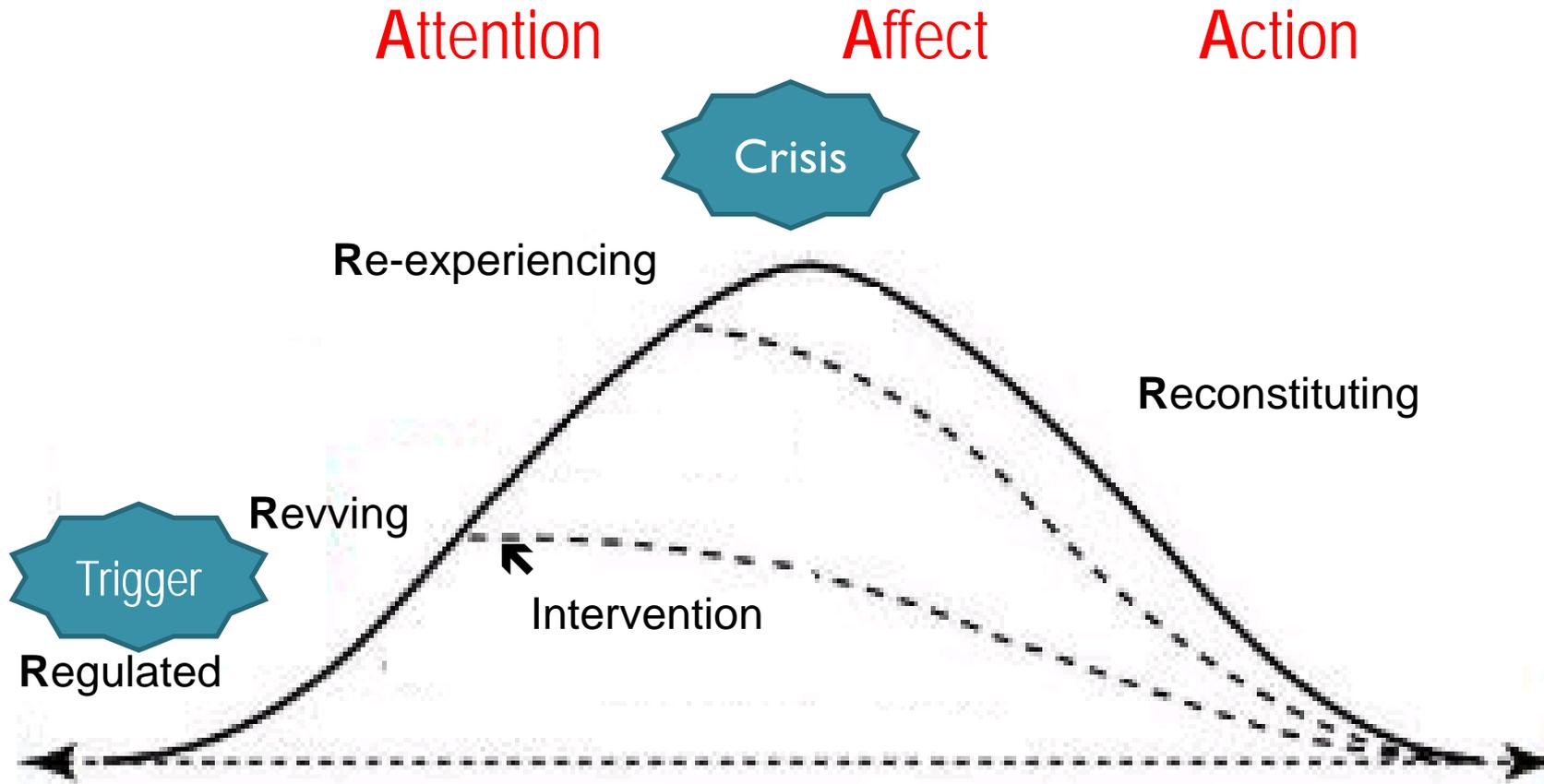
**R**evving (triggered by "cat hair")

**R**eexperiencing (out of control)

**R**econstituting (regrouping)

# How Do We Know it's Trauma?

## The 3As and 4Rs



# The 3As across the 4Rs

Maria's 3As (Awareness/Affect/Action) shift across the 4Rs ("bell curve") like this:

- a) **Regulated**: Engaged, calm, on-task
- b) **Reving**: Distracted, angry, starts to yell
- c) **Reexperiencing**: Blacking out, swearing, screaming, running out of the room
- d) **Reconstituting**: Regrouping, doesn't remember actions, feels shame

## Bottom Line

- Whenever we find “cat hair,” the traumatized student will react until
  1. The environment (home and school) is perceived as safe
  2. The student learns skills:
    - Identify the “cat hair”
    - Manage responses (control emotions, correct distorted thinking)

# De-Escalation Strategies: Revving

- If the student is “revving,” try to re-direct calmly and clearly. Try to validate the child’s feelings. The fewer words the better—bring the energy down.
- Calmly reframe negative statements:  
    (“I’m stupid!” → “Math isn’t your favorite.”)
- Reward positive statements/approach behaviors
- Provide choices or replacement behaviors to reestablish youth’s sense of control
- Remind them of a past experience where they were successful

# De-Escalation Strategies

## Revving

### “Mindful Moments”/“Calm Corners”\*

- Student requests a “Mindful Moment” to implement self-regulation skills to get grounded and feel ready to learn (e.g., deep breathing, pacing, coloring, journaling)
- 5-minutes only
- Train staff (can be interns, volunteers) in purpose of the space and choices offered
- Do *not* use the space to talk about an incident
- Student should be self-focused, notice how they're feeling, and guided around what strategies they can use to shift to feeling more grounded and calm

\* Mindful Moments created by AIP's Susan Lovett, LICSW, MSW, MEd, RYT



# De-Escalation Strategies

## Re-experiencing

- Have a plan of containment for the student to minimize risk of harm to self and others
- Do not try to rationalize with the youth “in the moment”—it will only exacerbate the behavior—wait until the student is able to pay attention and is calm

# Reconvening to Discuss an Incident: Reconstituting Phase Only

- Isolate the situation (don't bring up past bad behavior)
- Actively listen while you allow the student to tell you what happened and why
- As much as you are able, speak calmly, assertively, respectfully
- Make statements that convey understanding before making requests
- What can we learn from this together?

# Group Work

- Identify a student you know or suspect has been traumatized. The child should be one who demonstrates *"Survival-in-the-Moment"* states.
- Complete the grid
- Do a "Moment-by-Moment" analysis to find the "cat hair."
- Identify patterns: Where and when do you predict the "cat hair" will show up?
- Based on the patterns, what "signal" triggers the reactivity?
- Using the signal(s), what interventions will you use?

# Trauma-Sensitive School

"A trauma-sensitive school is one in which all students feel safe, welcomed, and supported and where addressing trauma's impact on learning on a school-wide basis is at the center of its educational mission. An on-going, inquiry-based process allows for the necessary teamwork, coordination, creativity, and sharing of responsibility for all students."

*Helping Traumatized Children Learn, Vol. 2: Creating and Advocating for Trauma-Sensitive Schools (p.11). Trauma and Learning Policy Initiative, Mass. Advocates for Children (2013).*

# A Trauma Sensitive School Environment Can Help Students **Control** Emotional States

- With the ability to predict situations that might cause “revving,” teachers and staff work to create a **safe** environment (“clean the cat hair”) to minimize the chance students will lose **control**.
- Where can you predict the “cat hair” will show up and how can we change the environment and/or respond differently to help students maintain or regain **control**?

# Creating Trauma-Sensitive Classrooms

## Physical Safety:

- Color: Warm vs. Over-Stimulating
- Organized
- Culturally Sensitive
- Seating Arrangements
- Establish Routines/Prepare for Variations in Advance
- Clear Expectations: Visual and/or Auditory Cues
- Prepare for Transitions
- Safe Space/"Mindful Moments": Plan for Access
- Walk-Through with Other Teachers

# Creating Trauma-Sensitive Classrooms

## Our Own Behaviors: Model Good Coping Skills

- Awareness of Who/What “Pushes our Buttons”
- Voice Tone/Volume
- Slow Down
- Take a Deep Breath
- Highlight the Positive: “Great Job Sitting Quietly!”
- Reframe negative statements calmly: “That was a lot of reading today.”
- Maintain High Expectations

# Creating Trauma-Sensitive Classrooms

## Emotional Safety: Learning Involves Risk!

- Learning “Warm-Up” Routine
- Reinforce “Approach” Behaviors
- Address struggles with Attunement (Revving):
  - “I see this is hard for you.” “It feels unfair to stop now.”
- Teach Replacement Behaviors for Inappropriate Behaviors
- Remind Students of Previous Successes
- Prepare for Variations in Routine (Visitors, Testing)
- Build Relationship: Make student a “helper,” do errands together, have lunch to build trust

# References

- National Child Traumatic Stress Network, "Addressing Race and Trauma in the Classroom: A Resource for Educators," 2017. URL: <https://www.nctsn.org/resources/addressing-race-and-trauma-classroom-resource-educators>
- Health of Boston 2016-2017: Boston Public Health Commission, Research and Evaluation Office, Boston, MA, 2016-2017
- Redford, J., Bradwell, J., Stevenson, G., and Pritzker, K. "Resilience: The Biology of Stress and the Science of Hope." KPJR Films, Tugg, Inc. 2015.

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- Saxe, G.N., Ellis, B.H., and Brown, A.D., "Trauma Systems Therapy for Children and Teens, Second Edition." Guilford Press, 2015. CWC is featured in the section entitled, "TST in Schools."
- van der Kolk, B.A., "The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma." New York, NY: Viking Penguin, 2014.
- *Helping Traumatized Children Learn* (Vol. 2). Creating and advocating for trauma-sensitive schools. Trauma and Learning Policy Initiative, Massachusetts Advocates for Children, 2013. [www.traumasensitiveschools.org](http://www.traumasensitiveschools.org)

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- *Helping Traumatized Children Learn* (Vol. 1). Report by the Massachusetts Advocates for Children's Trauma and Learning Policy Initiative, 2005.

# About AIP/Center for Trauma Care in Schools

- **NCTSN Site: Center for Trauma Care in Schools**  
<http://www.nctsn.org/about-us/network-members>
- **Robert Wood Johnson Foundation: Connecting With Care:**  
<http://www.rwjf.org/en/library/research/2012/11/connecting-with-care-in-low-income-boston-neighborhoods.html>
- **U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality (AHRQ): Profile of Connecting With Care:**  
<https://innovations.ahrq.gov/profiles/community-wide-collaboration-provides-school-based-mental>
- **Financing Mental Health in Schools:** Kilkenney, R., Katz, N. and Baron, L. "Leveraging Mental Health Dollars into Your District." *School Business Affairs*, 75(7): 11-15, 2009.
- **AIP Website:** [www.aipinc.org](http://www.aipinc.org)

# Contact Information

Lisa Baron, EdD., Director, Connecting With Care  
Project Director, Center for Trauma Care in Schools  
Alliance for Inclusion and Prevention

Lilla G. Frederick Pilot Middle School

(office) 617-849-7419

(mobile) 617-816-9908 [lbaron@aipinc.org](mailto:lbaron@aipinc.org)

SAMHSA/NCTSI Center for Trauma Care in Schools

31 Heath St.

Jamaica Plain, MA 02130