Trauma and its Impact on Children

FCPS Ninth Annual Special Education Conference
March 1, 2014
Marcie Cohen, MSW, LCSW (VA), LCSW-C (MD)

Trauma and its Impact on Children

Participants will gain knowledge and awareness of:

I. Executive Functioning, Trauma and Post-Traumatic Stress Disorder

II. How psychological trauma affect students' bodies and brains and their ability to learn

III. Tips and resources available to assist/support students

A BRAIN TRAIN ABOUT EXECUTIVE FUNCTIONING...

Executive Functioning is a higher-order cognitive process encompassing actions used in:

❖ Initiation	❖ Planning
❖ Organization	❖ Problem solving
❖ Self-regulation	❖ Working memory
❖ Motivation	❖ Self-awareness, inhibition, and interference control

NOTE!!!! These skills are crucial in successfully managing school demands.

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Where does Executive Functioning predominantly takes place?

The Prefrontal Cortex is located in the front of the brain behind the forehead.

Executive functioning predominantly takes place in the **Prefrontal Cortex of the brain.**

The Prefrontal Cortex is ***the last area of the brain to develop*** and will continue to develop through the mid to late twenties.

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What does the Prefrontal Cortex do?

- ❑It's in charge of abstract thinking and thought analysis
- ❑Regulates thoughts and emotions impacting short-term and long-term decision making skills
- ❑**Helps to focus thoughts, which enables people to pay attention, learn, and focus on goals**

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What do teachers typically observe with students with "Executive Function Dysfunction?"

Students who tend to appear:

- ❑Highly distractible and inattentive
- ❑Disorganized
- ❑Unable to sit still or remain in their seats
- ❑Fidgety—May be tapping pens/pencils; shaking legs
- ❑Unable to get started on or complete assignments
- ❑Only physically in the classroom and instead appear internally occupied, "zoned out," or bored
- ❑Inability to plan to problem solve

SO HERE IS A RIDDLE .....

➢**What kind of students tend to exhibit these behaviors?**

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A RIDDLE.....

➢ **What kind of students tend to experience such difficulties?**

If you answered this riddle that students with symptoms of **ADHD** tend to exhibit these behaviors...that is correct!!

However, what you may be observing <u>COULD BE</u> something else.....

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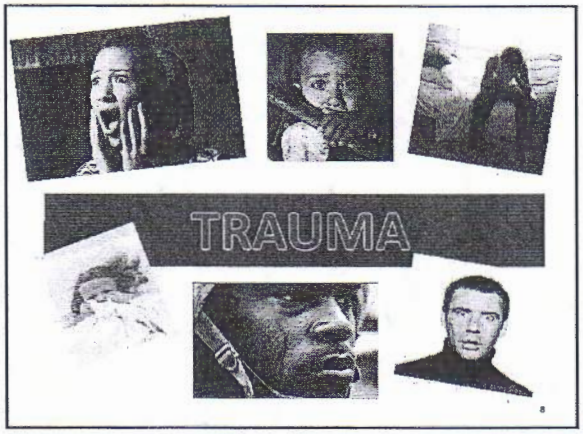

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Trauma Facts for Educators and Parents

<u>FACT:</u> *Trauma can impact school performance.*

- ❑ Lower GPA
- ❑ Decreased Reading Ability
- ❑ Higher Rate of Absences
- ❑ Increased Drop-Out Rates
- ❑ More Suspensions and Expulsions

Source: Child and Trauma Toolkit for Educators, October 2008; www.NCTSN.org

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Trauma Facts for Educators and Parents

FACT: *Trauma can impair learning.*

- ❑ Single exposure to traumatic events may interfere with concentration and memory.
- ❑ Chronic exposure to traumatic events, especially during a child's early years can affect:
  - ✓ Attention, memory, and cognition
  - ✓ Ability to organize and solve problems
  - ✓ Result in overwhelming feelings of frustration and anxiety

Source: Child and Trauma Toolkit for Educators, October 2008; www.NCTSN.org

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Just exactly how prevalent is psychological trauma?

- ❖ One out of every 4 children attending school has been exposed to a traumatic event which can affect learning and/or behavior!
- ❖ Per www.apa.org: In community samples, more than two thirds of American children report experiencing a traumatic event by age 16;
- ❖ Millions of students enter school daily already traumatized, then are exposed through school-related incidents violence, bullying, suicide, and sudden accidental deaths.
- ❖ Of those who are exposed to trauma, an estimated 36% develop Post-Traumatic Stress Disorder (PTSD)

Source: Child and Trauma Toolkit for Educators, October 2008; www.NCTSN.org

Trauma...(not so easily defined...)

According to Peter Levine, Ph.D., author of ***Waking the Tiger***, and founder of ***"Somatic Experiencing,"*** trauma is usually defined as experiencing/witnessing an event(s) that is:

- ❑ ***Threatening;***
- ❑ ***Dangerous;***
- ❑ ***Out of one's control;***
- ❑ ***Life-threatening;***
- ❑ ***Results in a feelings of "HELPLESSNESS!"***

WHY IS TRAUMA NOT SO EASILY DEFINED?

- What is traumatic for you MAY NOT BE traumatic for someone else! Different reactions may include:

- ❑ Initially Distressed-- back to pre-trauma *(homeostasis)* state soon after event;
- ❑ Views event as stressful –not necessarily traumatic— returns to *(homeostasis)* between few weeks to few months;
- ❑ Considers event extremely traumatic experience which results in new thoughts/behaviors post-trauma which can linger on without treatment; (Homeostasis may never return)

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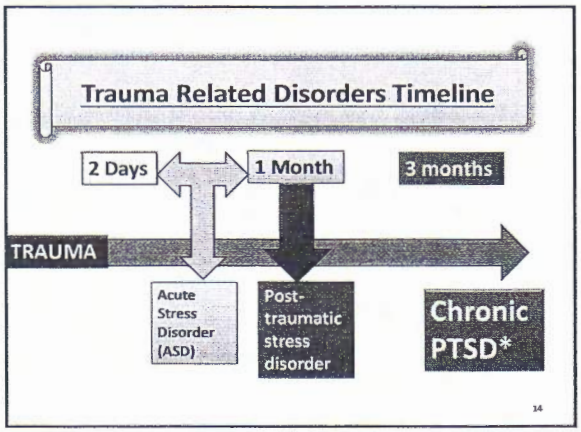

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"Alex I will take the category *'Why do some people become traumatized while others do not?'* for $1,000,000!!"



While research has been conducted upon the human brain, doctors and researchers have not really been able to pinpoint EXACTLY why some become traumatized/develop PTSD, while others do not.

Although there are signs to indicate familial attachment patterns, personality, temperament, and even genetics play key roles, the human brain continues to be a "Mystery Machine!!"

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Events that may cause trauma: (not an all-inclusive list)

Obvious Causes	Less Obvious Causes
❑ War	❑ Minor car accidents
❑ Severe childhood emotional physical or sexual abuse	❑ Invasive medical and dental procedures—especially performed on children who are restrained or anesthetized
❑ Neglect, betrayal, or abandonment during childhood	❑ Falls and other so called minor injuries, especially when children or elderly people are involved
❑ Experiencing or witnessing violence	❑ Natural disasters
❑ Sexual assault	❑ Illness—esp. with experiences of a high fever or accidental poisoning
❑ Catastrophic injuries or illnesses ❑ Bullying ❑ Animal attacks	❑ Being left alone—esp. children and young babies ❑ Prolonged immobilization, esp. in kids (casted/or splinting for scoliosis or club-feet)
	❑ Sudden loud noises

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Types of Traumatic Reactions and Symptoms:

- ❑Being on guard at all times
- ❑Intrusive memory or flashbacks
- ❑Extreme sensitivity to light and sound
- ❑Hyperactivity
- ❑Exaggerated startle or emotional responses

Types of Traumatic Reactions and Symptoms:

- ❑Nightmares or night terrors
- ❑Shame, lack of self-worth
- ❑Difficulties sleeping
- ❑Reduced ability to deal with stress
- ❑Dissociative symptoms* (in cases of severe and ongoing abuse)

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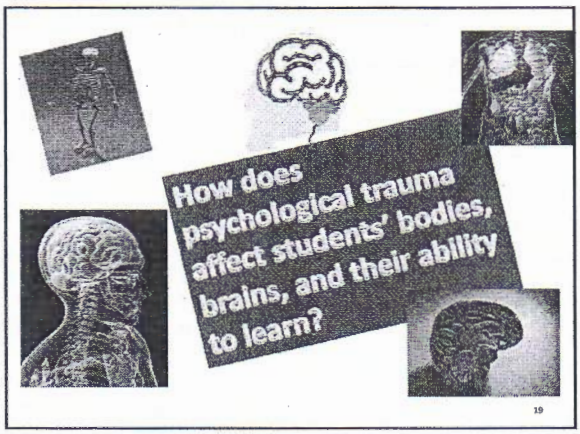
How does psychological trauma affect students' bodies, brains, and their ability to learn?
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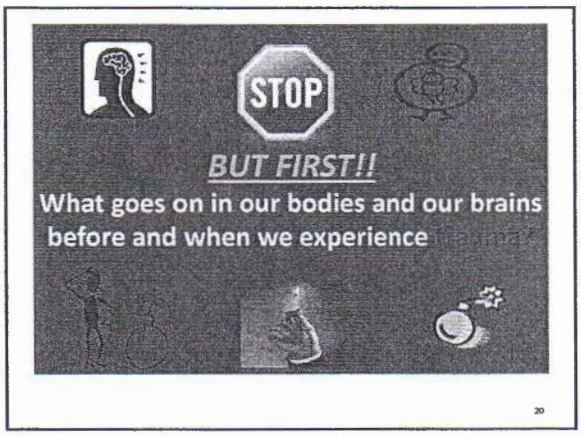
STOP
BUT FIRST!!
What goes on in our bodies and our brains before and when we experience
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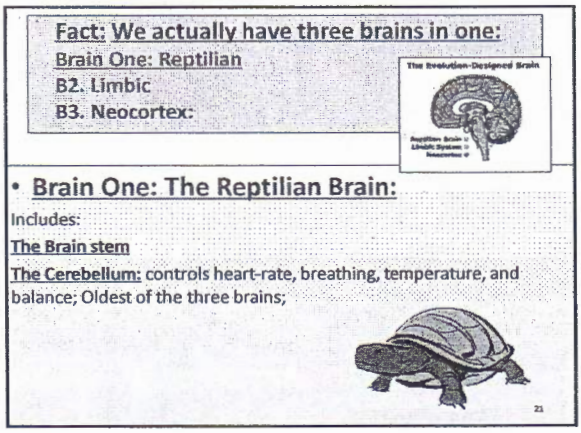
Fact: We actually have three brains in one:
Brain One: Reptilian
B2. Limbic
B3. Neocortex:
The Evolution-Designed Brain
• Brain One: The Reptilian Brain:
Includes:
The Brain stem
The Cerebellum: controls heart-rate, breathing, temperature, and balance; Oldest of the three brains;
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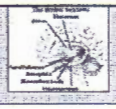
Fact: We actually have three brains in one:
B.1 Reptilian
Brain Two: Limbic
B3. Neocortex



Brain Two: Limbic System or "Old Mammalian Brain"

Responsible for what we humans refer to as emotions; Main Structures we will focus on are:

a. Hippocampus: Handle memory creation and storage.

b. Amygdala: This mediates emotional content. Continuously asks questions: ***("Are we happy? Do I like this? Should I start up the stress responses and trigger those hormones?)***

c. Hypothalamus: ***Activates the "fight, flight, or freeze" reaction!***

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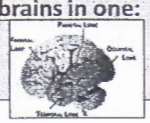
Fact: We actually have three brains in one:
B.1 Reptilian
B.2.Limbic System
Brain Three: Neocortex



Brain Three: Neocortex:

The evolutionary modern part of the brain **ONLY** found in the brains of mammals; comprised of two large cerebral hemispheres that help develop language, abstract thought, imagination and consciousness;

IMPORTANT NOTE: These three parts are interconnected in numerous ways and influence one another!!!

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The Autonomic System: Regulates functions of internal organs THAT FUNCTION INVOLUNTARILY AND REFLEXIVELY (i.e. heart, stomach, intestines)

Sympathetic Nervous System ("HEY!!!!!! I'M IN DANGER HERE!! DO SOMETHING NOW!!!!!!!)	Parasympathetic Nervous System ("I'm off duty now and I'm hungry!!")
This responds to the "FIGHT, FLIGHT, FREEZE" condition	Takes care of the body when it's off-duty and not fighting for survival
Dilating pupils and blood vessels	Constricts pupils
Increasing heart rate	Slows down heart rate
Puts digestion on hold	Stimulates digestion

Arousal Zones: Where Learning CAN and Take Place

Hyper Arousal	NO Learning Takes Place	Sympathetic NS in Play: Fight, Flight, or Freeze
Optimal Arousal Zone	*HUMANS (...including students)* ONLY LEARN WHEN THEY ARE IN THIS STATE	Ventral Vagal: "Social Engagement" Takes Place
Hypo Arousal	NO Learning Takes Place	Dorsal Vagal: Immobilization Takes Place

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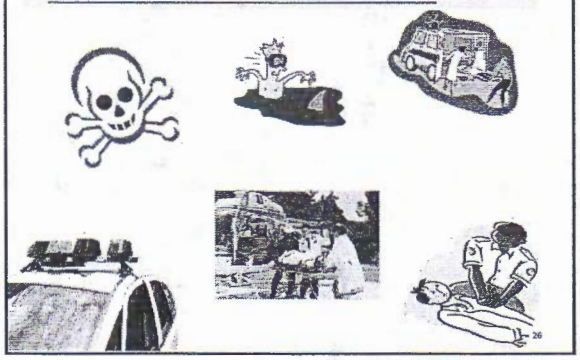
...And then there was a TRAUMA...



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The DRAMA of Trauma to the Brain

- Messages from the Brain Stem (B.1: Reptilian Brain) send messages throughout brain.
- The Amygdala (WITHIN B.2: LIMBIC SYSTEM)—with it's continual questioning, SENSES DANGER!!!!!

- The brain (via the AUTONOMIC NERVOUS SYSTEM) asks itself,
  "DO I RUN AWAY? FIGHT? SHUT DOWN?"
  "WHATEVER I DO, DO IT RIGHT NOW!"
- TRAUMA breaks down normal processing!!

THEREFORE: (B.2 LIMBIC SYSTEM) TAKES OVER FOR SURVIVAL WHILE (B.3 NEOCORTEX) GOES OFFLINE

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NOTE:

WHEN LIMBIC SYSTEM IS IN CHARGE: THERE IS:

- **LITTLE RATIONAL CONTROL**
- **MEMORY IS SCATTERED: TRAUMA EXPERIENCE(S) ARE NOT STORED IN THE VERBAL MEMORY PART OF THE BRAIN WHOLLY BUT INSTEAD AS FRAGMENTED MEMORY BITS.**

SIMULTANEOUSLY,

The Neo-cortex --MORE SPECIFICALLY-- the Prefrontal Cortex is

DISABLED or put far in the background UNTIL the brain has time to recover from the danger signal.

How can/does A TRAUMA or TRAUMATIC EXPERIENCE do to the human brain??

- **If trauma is *prolonged, extreme, or repetitive*, it can physically injure the brain!!!!**

- **The Amygdala (IN B.2 LIMBIC SYSTEM) can become STUCK in the alert state. THE BODY CONTINUES SENSING DANGER (when there is none) AND SENDS OUT STRESS RESPONSE SIGNALS.**
- **The person who experienced the trauma, keeps living IN THE MOMENT!!! Long after the original trauma ends, the person still suffers from symptoms. They are unable to separate "now and safe" from "NOW AND DANGER!!"**

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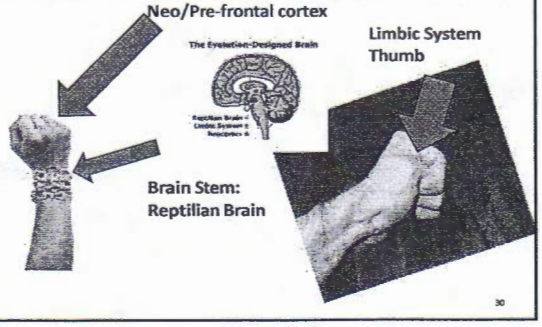
So make a fist...



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Putting it all together...
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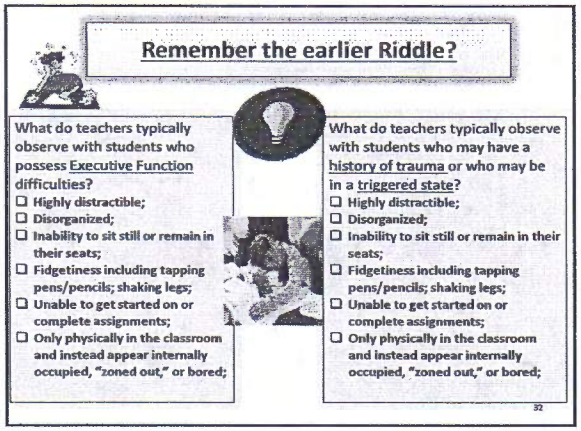
Remember the earlier Riddle?
What do teachers typically observe with students who possess Executive Function difficulties?
Highly distractible;
Disorganized;
Inability to sit still or remain in their seats;
Fidgetiness including tapping pens/pencils; shaking legs;
Unable to get started on or complete assignments;
Only physically in the classroom and instead appear internally occupied, "zoned out," or bored;
What do teachers typically observe with students who may have a history of trauma or who may be in a triggered state?
Highly distractible;
Disorganized;
Inability to sit still or remain in their seats;
Fidgetiness including tapping pens/pencils; shaking legs;
Unable to get started on or complete assignments;
Only physically in the classroom and instead appear internally occupied, "zoned out," or bored;
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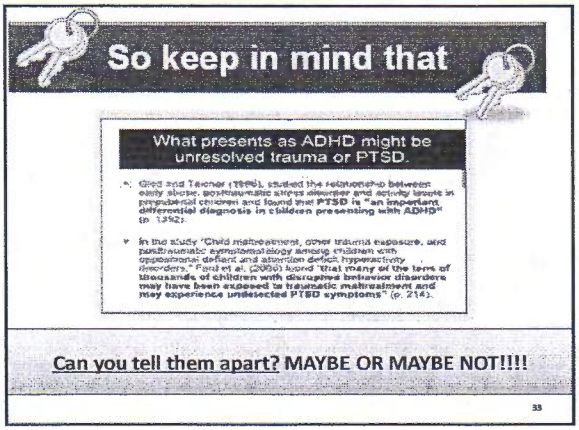
So keep in mind that
What presents as ADHD might be unresolved trauma or PTSD.
Can you tell them apart? MAYBE OR MAYBE NOT!!!!
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Arousal Zones: Where Learning CAN and Take Place

Hyper Arousal	*NO Learning Takes Place*	Sympathetic NS in Play: Fight, Flight, or Freeze
Optimal Arousal Zone	*HUMANS (i.e. Students)* ONLY LEARN WHEN THEY ARE IN THIS STATE	Ventral Vagal: "Social Engagement" Takes Place
Hypo Arousal	*NO Learning Takes Place*	Dorsal Vagal: Immobilization Takes Place

TIP: *Students who have histories of trauma and are triggered* tend to spend more time in the *Hyper* and/or *Hypo Arousal Zones*. The key and challenge is finding ways to get them into the *Optimal Arousal Zone!*

How can a student become triggered at school?

Traumatized students respond quickly to teachers or others beginning to lose control as indicated by a change in the other person's:

- Breathing patterns
- Facial expressions
- Tone of voice changes

SO CAN YOU RELATE?!!?

Frequently, misunderstandings occur. Students misperceive that others are losing control or reacting negatively towards them when they may not be!!

(...AND trying to convince the student otherwise agitates BOTH the student and us!!!)

So what is actually going on in these situations??!!!

- Such real and/or misperceived cues trigger perceptions of pending threat for traumatized students activating their primitive, instinctive, and survival responses.
- The more threatened they become, the more "PRIMITIVE" or "REGRESSED" thinking and behaving occurs!

NOTE: THESE SURVIVAL REACTIONS ARE *NOT RATIONAL OR BY CHOICE.* THEY ARE *SENSORY REACTIONS* GENERATED BY THE NONTHINKING LIMBIC SYSTEM!!!!

- ALSO NOTE: ONE STUDENT'S ALARM REACTION CAN ALSO SPREAD TO OTHER STUDENTS, CREATING A CLASSROOM IN WHICH LITTLE LEARNING IS TAKING PLACE!!!

When a traumatized student is in the state of alarm, they will be:

- ❖ less capable of concentrating
- ❖ more anxious
- ❖ Hyper-focused on non-verbal cues (i.e. tone of voice, body posture, and facial expressions)

...THEREFORE, executive functioning duties to help them learn are ***SIGNIFICANTLY REDUCED*** or ***OFF LINE*** altogether!!!

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Trauma Facts for Educators and Parents: YOU CAN HELP A CHILD WHO HAS BEEN TRAUMATIZED!!

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First: What do you observe or see??

- •Is there a deer in headlights look?
- •Are they breathing more rapidly?
- •Are they clenching their fists or shaking their legs?
- •Are they fidgeting/moving because their body is getting ready to run or react?
- •Has their face turned red?
- •Do they look like they are going to cry?
- •Are they not acting out at all?

Some IMMEDIATE strategies when we suspect a student is demonstrating symptoms of TRAUMA in classes or at school?

- ❑ If you see that a student is going into survival mode, respond in a compassionate and caring way.
- ❑ Rather than ask, "What is wrong with this student?"
- ❑ Reframe and ask, "What is actually happening here?"



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When we realize our students are triggered...

- Try some helpful responses such as **"I can see you are having trouble with this problem..."** or **"It seems like you are getting irritated..."**

- Next, offer some **choices** of what they **can do** to give the child more of a **sense of control**. Try to make at least one of the choices preferable.

(For example, **"Would you want to put your head down for a few minutes or go get a drink of water before you try this problem again?"**)

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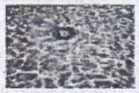
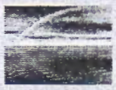
Some immediate strategies when we suspect a student is demonstrating symptoms of trauma in classes or at school?

2. Create calm and predictable transitions.


- Transitions to different classes or activities can EASILY TRIGGER students into survival mode!
- That feeling of, *"UH OH! What's going to happen next?,"* can remind students of UNPREDICTABLE SITUATIONS OR PEOPLE in their lives!

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How can we create calm transitions for students?

- *When getting ready to transition, create a ritual (i.e. Ring a meditation bell, music, other sounds) indicating class or activity transitions;*

- **BE SURE TO BUILD A ROUTINE AROUND TRANSITIONS SO STUDENTS KNOW:**

✓**What the transition will look like**
✓**What the students are expected to be doing**
✓**What's next?**

Some IMMEDIATE strategies when we suspect a student is demonstrating symptoms of trauma in classes or at school?

3. **Praise publicly and criticize privately!**

For students who have experienced trauma, getting into trouble at home or in their communities ***may have*** resulted in getting physically or emotionally abused. For others it may mean, "I made a mistake. I am entirely unlovable."

How can we praise publicly and criticize privately?

- **Capture the moments a student is doing really well at something and point it out to them! Build up their self-worth.** *"Thank you for helping out your classmate!"* or *"I see you put lots of effort into working on this assignment!"*

- **When you need to redirect, do this as CALMLY and AS PRIVATELY AS POSSIBLE!!!**

Some immediate strategies when we suspect a student is demonstrating symptoms of trauma in classes or at school?

4. Take care of your own needs!! Be aware of your own triggers and what certain feelings students tend to evoke in us!!

REMEMBER the metaphor of "Putting on your own oxygen mask BEFORE putting it on the child."

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How do we take care of our own needs?

Rational Detachment: The ability to:

- ❑ **REMAIN calm and in control to maintain professionalism even during conflict or crisis.**
- ❑ **NOT TAKE THINGS PERSONALLY, post button-pushing comments attacing appearance, race, gender, competence, etc.**
- ❑ ***WHEN WE CANNOT RATIONALLY DETACH*, we will respond to challenging, resistive, or aggressive behavior with our own defensiveness!!**

- ❑ ***THEREFORE, OUR OWN* PREFRONTAL CORTEXES *GO OFFLINE* RESULTING IN *OUR OWN LIMBIC SYSTEMS* TAKING OVER!!**

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Tips on How to Rationally Detach

- **Develop a plan for handling crisis moments.** Use *"Strategic Visualization:"* Consider the things that really set you off and attempt to practice a calm and professional response to those personal triggers ahead of time!"

- **Use a team approach whenever possible.** If limits need to be set with someone who is hostile or triggered, try to have another staff member around for support.

- **Use positive self-talk.** Remind yourself that you are NOT THE TRUE TARGET of someone else's verbal outburst! **ONLY THE CONVENIENT ONE!!!!!**

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Tips on How to Rationally Detach

- **RECOGNIZE YOUR OWN LIMITS!!**

We are human and have good and bad days! Sometimes it's more difficult to **SET LIMITS, REMAIN CALM, OR LET ISSUES GO!! SO the BEST DECISION** IS TO:

- **STEP ASIDE AND ALLOW SOMEONE ELSE TO TAKE OVER**
  (This allows our Pre-frontal Cortex get back on line!!)

NOTE: THIS IS NOT A CHARACTER FLAW, OR SIGN OF WEAKNESS BUT INSTEAD A SIGN OF STRENGTH!!

- **DEBRIEF** with other team school team members;
- **EXPRESS** your thoughts, emotions about situation;
- **EXPLORE** how you would improve your response next time;

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Other things ***NOT TO DO*** when a student is triggered

- Prompt/encourage the student to share their trauma. (It will ***TRIGGER*** them and possibly you!!!)
- ***DO NOT*** engage in Secondary Wounding which could further victimize the person. ***AVOID:***
  - ***"You are exaggerating/overreacting!"***
  - ***"There are people who have it harder than you!"***
  - ***You shouldn't/don't need to be upset!"***
  - ***Well maybe if you hadn't…"***
- Try to talk sense, lecture, engage in power struggle, or yell! **WHEN *LIMBIC SYSTEM* IS IN CONTROL, THEY ARE *TRIGGERED!***
- Try to talk to, lecture, teach a student new concepts or skills when they are triggered. **WHEN LIMBIC SYSTEM IS IN CONTROL, *THEY WILL NOT REMEMBER!!!***

Other things when a student is triggered

- ☐ Support the core value of "RESPECT" in school and classroom!!
- ☐ Offer the student a chance to CALM DOWN!!
  - Having them sit (lowers blood pressure);
  - Get drink of water;
  - Put head down;
  - Find their Clinical Staff (Counselor, Psychologist, Social Worker) or another trusted teacher!
- ☐ Keep ALL directions SIMPLE!!
  - "Have a seat!"
  - "Put your head down!"
- ☐ Give students time to allow their Pre-Frontal Cortex to get ***BACK ON LINE*** *so* rational thinking to take place!

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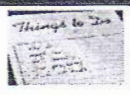
FOR PARENTS WHO SUSPECT OR KNOW YOUR CHILD HAS EXPERIENCED A TRAUMA	FOR TEACHERS AND OTHER SCHOOL STAFF
Learn as much as you can about child traumatic stress.	Follow school's reporting procedures if you suspect abuse; REMEMBER: WE ARE MANDATED REPORTERS!!!
Let your child know that you appreciate the seriousness of what they went through.	DO NOT PROMISE TO KEEP A SECRET IF DISCLOSURE WAS ABOUT SOMETHING DANGEROUS/HARMFUL TO THEM/OTHERS;
Reassure them it was not their fault. Be responsive to your child's grief—different than trauma.	Voice concerns/collaborate with student services team members: Counselors, Psychologists, Social Workers;
Contact your child's School Counselor, Psychologist, Social Worker for resources;	Work with child's caregivers to share & address school problems;
Seek Professional Help for your child and/or yourself;	Share Trauma Facts for Educators with other teachers & school personnel;

Source: For Parents and Caregivers; www. nctsn.org; AMD Child Trauma Toolkit for Educators: October 2008;

Questions???

THANK YOU VERY MUCH FOR YOUR TIME AND ATTENTION!!!

Trauma and its Impact on Students: Supplemental Materials



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Supplemental Resources

a. Implicit & Explicit Memory

b. DSM-IV-TR Criteria of PTSD (Note—DSM V becomes active in October 2014)

c. Bibliography and Resources

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How does Implicit and Explicit Memory Relate to Trauma?

Memory has two functions:
a. Explicit
b. Implicit

a. Explicit Memory: aka "Declarative memory." (the capacity for explicit memory reaches full maturity by age 3) Conscious memory that allows us to make sense of what happened. We have access to language, we have words to describe what we are thinking and feeling. Allows us to process information, to reason, and make sense of our experiences.

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How does Implicit and Explicit Memory Relate to Trauma?

Implicit Memory: (Available from birth or earlier), is unconscious, and encoded in emotional, sensory, and visceral recall. There is no language. There are simply no words to describe or communicate what is being experienced. Our senses however contain the memory of what we see, hear, sensations of smell, touch, and taste.

TRAUMATIC EXPERIENCES ARE NOT ABLE TO BE STORED EXPLICITLY BUT INSTEAD ARE STORED SOMATICALLY, AS A BODY MEMORY!

WHAT WE DO NOT REMEMBER WITH OUR MINDS, WE REMEMBER WITH OUR BODIES, WITH OUR HEARTS, AND OUR 'GUTS.'

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A QUICK Overview of the DSM-IV-TR Definition of PTSD until October 2014* (Criteria A and B)

A person:

- ✓ A1. Must have ***experienced/witnessed*** something involving actual death, serious injury, or a threat to the physical integrity to self or others; *(In DSM 5, A.1 wording will change slightly to include "directly");*
- ✓ A2. Their response involved intense fear, helplessness, or horror; (In children may be expressed by ***agitated/disorganized*** behavior)
  NOTE: *In the DSM 5, A.2 has been removed. Research indicated A.2 DID NOT improve diagnostic accuracy to predict the onset of PTSD.*
- ✓ B. The traumatic event is ***persistently re-experienced*** via recurrent & distressing images, flashbacks, hallucinations, dreams, and/or physiological reactivity to internal/external cues resembling an aspect of trauma; causing ***great psychological distress;***

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A QUICK Overview of the DSM-IV-TR Definition of PTSD until October 2014 Criteria (Criteria C):

✓ C. Persistent ***avoidance*** and/or ***numbness*** of the trauma is evident by at least three:

❑ Efforts to avoid thoughts, feelings, conversations	❑ Efforts to avoid activities, places, or people that arouse memories
❑ Difficulties recalling important parts of the event	❑ Markedly diminished interest or participation in significant activities
❑ Feeling of detachment/estrangement from others	❑ Restricted range of affect (e.g. unable to have loving feelings)
❑ Sense of a foreshortened future (e.g. No expectations of career, marriage, children, or normal life span)	

NOTE: *DSM 5 will split "C" into two criteria and will require that at least one avoidance symptom*

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A QUICK Overview of the DSM-IV-TR Definition of PTSD until October 2014 Criteria (Criteria D through F):

D. Persistent symptoms of ***increased arousal*** **(NOT PRESENT BEFORE TRAUMA) by** ***two or more:***

- ❑ *Difficulty falling or staying asleep*
- ❑ *Irritability or outbursts of anger*
- ❑ *Difficulties concentrating*
- ❑ *Hypervigilance*
- ❑ *Exaggerated startle response*

E. Duration of the disturbance (symptoms B, C, D) is ***more than one month***

F. The disturbance causes clinically significant impairment in social, occupational, other areas of functioning

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