Trauma Informed Care

The Impact of Trauma
Goals of Today’s Presentation
What will I accomplish today?

Today, I will:

• Gain an expanded understanding of child traumatic stress
• Learn to recognize it in the children and youth I work with
• Apply what I have learned, to what I see in the classroom
• Practice strategies to use in the classroom to mitigate traumatic stress
• Expand my knowledge of warning signs of secondary traumatic stress in professionals and learn strategies to address
• Contribute to the development of a trauma informed system of care
Main Sources:

• Trauma Systems Therapy -
  • Glenn Saxe, MD
  and Heidi Ellis, PhD
• National Child Traumatic Stress Network
  • www.nctsn.org
Behavioral Intervention and Education
A Simple Truth

• Between 50-70% of the children in America’s classrooms have experienced some type of traumatic event.
Educational, Emotional, and Social Capacities Are Closely Linked Within the Architecture of the Brain

Trauma affects attention, memory, and cognition
- Reduces ability to focus, organize, and process
- Interferes with problem solving and planning
- Results in overwhelming feelings of frustration and anxiety

Lower GPA
- Higher rate of school absences
- Increased drop-out
- More suspensions and expulsions
- Decreased reading ability

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WHAT IS TRAUMA?
What is trauma? A life threatening or extremely frightening experience for the child or someone they care about, that overwhelms the child’s ability to cope.
When you think about examples of trauma, what comes to mind?
Other Sources of Trauma

Witnessing domestic violence

Removal from home

Multiple foster placements

Extreme neglect

Extreme poverty

Community violence

Aggressive bullying

Loss of loved ones

Natural disasters

War/Terrorism

Living with a debilitating medical or psychiatric condition

Having a caregiver with a debilitating medical or psychiatric condition
3 Categories of Trauma

- Acute—single event, time-limited, beginning and an end
- Chronic—repeated, often patterned. Ongoing
- Complex—chronic trauma that occurs to a child under the age of five and at the hands of the very people who are supposed to care for them.
“Child I Care About” Worksheet
Questions 1 and 2
Directions

1.) Please take 5 minutes to complete questions one and two on the “Child I Care About” worksheet.

2.) At the sound of the chime, come together in your work group.

3.) Use the next 10 minutes to discuss the following from one or two examples from your group:
   - Using de-identified information, discuss the child’s situation and whether you believe the trauma was acute (single episode) or chronic (repeated and often patterned).
   - Were there situations in the classroom or within the context of the school day that were more difficult for you or the child because of the child’s trauma?
Now that we know what trauma is...how do we understand its impact?
Trauma’s impact on the brain is seen when a trigger leads to an emotional and behavioral response.
Low Road and High Road

**Low Road**
- Handles immediate threat
- Lightening fast
- Just reacting
- Focuses on information from senses
- Loses details

**High Road**
- Plans, problem solves
- Takes longer
- Allows child to be “mindful”
- Uses information from words, concepts, thoughts
- Analyzes details
If Thinking Shuts Down, What Takes Over?

Understanding the problem, gathering information, developing a plan, acting

Strictly reacting or survival response
The low road is about…

Survival-in-the-moment…
A Walk in the Woods
What do you do?
• Fight
• Flight
• Freeze

Survival Responses That Become Patterns
• Traumatic stress is the patterned physical and emotional responses of a child to traumatic events.

NCTSN, 2008

One Definition of Traumatic Stress
Three Children You May Know…

An activity
Directions

1.) Please gather in your work groups.
2.) Locate your assigned vignette and read it quietly to yourselves.
3.) When your group has finished reading discuss the four questions.
4.) Identify someone on your team to report out.
5.) Activity will have 10-15 minutes to complete.
John

- Always looking for trouble
- Problems with rules and limits
- Lots of calls from school to foster home
- Four foster placements over the past two years
- Current Foster Parents are supportive but are losing patience and hope
- DX: ODD with a R/O of Conduct DO
Sophia

- Fears women, including teachers
- Won’t go to school near home
- Hides
- Leaves without permission
- DX: Anxiety DO and School Refusal
Hector

- In class, he’s the “Quiet Kid” – no behavioral problems, but is often “spacey” and says little
- Gets bullied in school
- Failing in school
- DX: Adjustment DO and Depression NOS
Trauma’s impact on the brain is seen when a trigger leads to an emotional and behavioral response.
• All three show changes in emotional states (affect)
• All three show changes in behaviors (action)
• All three show changes in focus of attention on self and others (awareness)

• Changes in affect, action, and awareness that occur at the same time = survival in the moment response

Traumatized children respond with changes in the 3 A’s
How Do These Shifts in Affect (Emotion), Action, and Awareness Play Out In Children?
Pre-school children

- Neediness/clinginess or distancing
- Regression, lack of developmental progress
- Whiney, irritable
- New fears
- Repeated themes in play
- Over or under reaction
- Difficulty at naptime
• Anxiety and worry about self or others
• Distrust of, or pulling back from others
• Difficulty with reading social cues
• Increased somatic concerns
• Difficulty with redirection, limits or criticism
• Avoidance and numbing or hyperarousal

Elementary students
Secondary students

- Decreased attention or concentration
- Irritability with teachers/peers
- Withdrawal from activity
- Drop in performance
- Hyper-arousal/Numbing
- Angry outbursts
- Absenteeism
- Increased risk taking/impulsivity
- Substance abuse
Survival in the Moment States

- Are patterned changes in thoughts, feelings, actions and neurochemical and neurophysiological states that promote physical, emotional, and mental survival in response to a traumatic event.
Survival in the moment states impact mental, emotional, and physical well-being: 1.) Attention to and awareness of self and the environment 1.) Feelings of fear, rage, panic, or terror: feelings that generate action, 3.) Physical responses: increase in heart rate, respiration, muscle tension
Survival Circuits

- The typical way people react to threat is by going into survival mode, also known as the “fight, flight, or freeze” instinct.

- Survival Mode is extremely useful in emergencies because it is fast at turning itself on and takes over all other functions in order to orient and help protect us from the perceived threat.

- In non-emergency situations survival mode can be maladaptive. When it is switched on in non-emergency situations — which can happen when one is working in a crisis-driven environment — it has a hard time switching itself off and can take a toll on a person’s body and mind.

- One can manage survival mode by learning when it’s appropriate to let it turn on and by learning how to turn it off when it’s not needed.

While 50-70% of the children in your classroom will have experienced trauma, roughly 25% of the children in your classroom will be experiencing traumatic stress as a result of the trauma they faced.
Am I safe?

When faced with trauma reminders, children can’t accurately tell if they are really at risk, they merely react using previously well-worn, pathways. Responding as if they were in danger, even when they may not be.
When a child **feels** unsafe, they will respond with survival in the moment states.
“Child I Care For Worksheet”
Question 3
Survival in the moment responses can occur when the child is in actual danger and when the child is merely reminded of danger. While the dangerous events may have passed, the memories and the child’s survival behaviors often remain.
Simply removing a child from a dangerous environment will not by itself undo the serious consequences or reverse the negative impacts of early fear learning. There is no doubt that children in harm’s way should be removed from a dangerous situation. However, simply moving a child out of immediate danger does not in itself reverse or eliminate the way that he or she has learned to be fearful. The child’s memory retains those learned links, and such thoughts and memories are sufficient to elicit ongoing fear and make a child anxious.

Bryan Samuels
Former ACYF Commissioner
Because of trauma, children may have a broken ‘off switch’. The brain is not able to say that the danger is over.
Living on the Balls of Your Feet
Does everyone who experiences trauma exhibit traumatic stress?
The impact of a potentially traumatic event is determined by both:

- The objective nature of the event
- The child’s subjective response to it
How do patterned responses of fight, flight, freeze impact a person’s future?
Adverse Childhood Experiences Study

- Examination of consequences of untreated trauma throughout the lifespan
- 17,000 person sample size
- 10 Questions
- Over 50% of people in the general population experience trauma
- 90% of parents in the child welfare system have experienced trauma

Adverse Childhood Experiences Study
Childhood Experiences and Adult Alcoholism

% Alcoholic

ACE Score
Childhood Experiences Underlie Suicide

% Attempting Suicide

ACE Score

SAMHSA
www.samhsa.gov + 1-877-SAMHSA-Talk
• Juvenile justice and ongoing legal involvement
• High school dropout rates
• Teen pregnancy
• Occurrence of domestic violence both as victim and perpetrator
• Problems in employment
• Heart disease, liver failure, kidney failure, diabetes, cancer, mental health problems, suicide
• Early death by 20 years

Same trends in...
• Pediatrician Dr. Nadine Burke Harris found that a child with four or more “adverse childhood experiences” was 32 times more likely to be labeled with a learning or behavior problem than a child with no adverse childhood experiences.
Adverse Childhood Experiences (ACE) Study
• 1.) Trauma activates the child’s emergency response system of fight, flight, freeze.
• 3.) When exposed to ongoing or intense levels of threat, a child’s response of flight, flight, freeze can become a patterned response.
• 4.) With over use, survival responses can be activated by just being reminded of a child’s past trauma
• 5.) These patterns can have life-long impact.
Discussion of Strengths
• Greater inner strength
• Closer to friends and family (loyalty)
• Higher levels of self-sufficiency
• Stronger levels of intuition
• Re-orienting their lives toward more fulfilling goals
• Suffering often acted as catalyst, pushing them to change for better
  • Calhoun & Tedeschi (1990)

…but growth begins with healing.

Post-traumatic growth
Just asking what’s happened to the child is not enough; children do not live in isolation. It is equally important to know what is happening in the child’s environment in our home, in the child’s school, during time with their families, in their neighborhoods, and in their faith based and cultural communities.
Emotions and behaviors extend out

Social and environmental impacts extend in

Small changes can have a big impact
The Trauma System

A traumatized child who experiences *survival-in-the-moment* states in specific definable moments

A social environment and/or system of care that is not able to help the child to regulate these *survival-in-the-moment* states
An interesting experiment with playful rats
Amount of Play over 10 days

Amount of Play:
- Alot
- Some
- A little
- None

Day:
1 2 3 4 5 6 7 8 9 10

Cat hair introduced
Cat hair removed

Where is the cat and where is the cat hair?
Cat Hair or trauma reminders can be...

- **Sensory**: Smells, sights, sounds, physical contact, tastes.

- **Time driven**: Anniversary dates, holidays, seasons, times of the day.

- **Conditions**: Loss of control (things being taken away, being told “no”, being re-directed), transitions (changing from one activity to another,) or going from something familiar to something unknown.
## Phases of State Change (4 R’s)

<table>
<thead>
<tr>
<th>Regulating</th>
<th>Revving</th>
<th>Re-experiencing</th>
<th>Reconstituting</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>(Rest)</strong></td>
<td><strong>(Vigilance)</strong></td>
<td><strong>(Freeze)</strong></td>
<td><strong>(Calming Down)</strong></td>
</tr>
<tr>
<td><strong>Heart Rate:</strong> 70-90</td>
<td><strong>Limbic</strong></td>
<td><strong>101-110</strong></td>
<td><strong>Returning Gradually to Baseline</strong></td>
</tr>
<tr>
<td><strong>Regulating Region:</strong> Cortex</td>
<td><strong>Concrete</strong></td>
<td><strong>101-135</strong></td>
<td><strong>Activity Gradually Resumes to Cortex</strong></td>
</tr>
<tr>
<td><strong>Cognitive Style:</strong> Abstract</td>
<td><strong>Alert</strong></td>
<td><strong>136-160</strong></td>
<td><strong>Returns Gradually to Abstract</strong></td>
</tr>
<tr>
<td><strong>Internal State:</strong> Calm</td>
<td><strong>Days, Hours</strong></td>
<td><strong>Midbrain</strong></td>
<td><strong>Returns Gradually to Calm</strong></td>
</tr>
<tr>
<td><strong>Sense of Time:</strong> Extended Future</td>
<td><strong>Description:</strong> Child is in a calm, continuous emotional state and well engaged with his or her environment</td>
<td><strong>Emotional</strong></td>
<td><strong>Can See Into the Future Again</strong></td>
</tr>
<tr>
<td><strong>Clinical Priority:</strong> How to minimize triggers to prevent escalation.</td>
<td><strong>Clinical Priority:</strong> How to help child to regulate emotion once triggered.</td>
<td><strong>Reactive</strong></td>
<td><strong>Description:</strong> Child’s state of emotion has diminished. Child is using existing coping skills to manage emotion and to reengage with the environment.</td>
</tr>
<tr>
<td><strong>Clinical Priority:</strong> How to minimize containment interventions from being retraumatizing.</td>
<td><strong>Reflexive</strong></td>
<td><strong>Fear</strong></td>
<td><strong>Clinical Priority:</strong> How to help the child continue to manage emotion and to reengage with the environment.</td>
</tr>
</tbody>
</table>
• Affect or emotion
• Awareness— the child’s sense of himself/herself and what’s going on in the environment around them
• Action

Shifts in the 3 A’s across the 4 R’s.
Children and youth who experience trauma reminders can often struggle with...

- verbal or physical aggression
- calming strong feelings (rage, terror, anxiety)
- difficulty concentrating and learning
- challenges in relationships i.e. trusting or respecting
- emotionally shutting down, isolating, or avoiding
- making inappropriate choices
- self-harming behaviors
  - (substance abuse, running, cutting)

Think Fight, Flight, Freeze vs. Willful, Defiant, Troublemaker
“Child I Care For” Worksheet
Question 4
As a critical member of the child serving team that can include a child welfare worker, birth parents, Guardian Ad Litem, therapist or Court Appointed Special Advocate you have a special role to play in helping the team understand the connection between the child’s past trauma, their cat hair, and how you see the child’s or youth’s survival in the moment response.
Respectful, Responsible and Safe

PBIS TOOLS