

TRAUMA INFORMED CARE

Developing Student and Staff Resiliency Through Education and Mindfulness


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I Want You to Think About a Student

“This child is ours. He is smart and bright and kind and troubled and hurt and angry . . . He has struggled mightily to overcome trauma, despair, learning challenges, and a self-defeating mentality. It hurts to get close to children like him . . . It’s like hugging a porcupine . . . And hugging porcupines is occasionally the most important part of our job.”

- Rob Miller - *Hugging a Porcupine* (miller727@icloud.com)

WHO IS YOUR “PORCUPINE”?



Objectives

- Define trauma and Trauma Informed Care & identify the key research of TIC movement
- Understand systemic impact of trauma - brain-based research
- Begin to change the lens through which we view our students who have experienced trauma
- Show you what can happen when you put this into practice

Take Care of Yourself




Self-care is not selfish.
You cannot serve from an empty vessel.

Beacon Brown with 2 Ns
www.beaconbrown.com

What is Trauma?


Trauma is an Emotional or Psychological injury, usually resulting from an extremely stressful or life-threatening situation rendering the person temporarily helpless, and breaking past ordinary coping and defense mechanisms.



(Childhood Traumas: An Outline and Overview, pg. 11)

“Traumatization occurs when both internal and external resources are inadequate to cope with external threat.”

-Van der Kolk (1999)



What Is Trauma Informed Care?

- ~~Recognizes the widespread impact of trauma and understands potential paths for recovery~~
- Recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system
- Responds by fully integrating knowledge about trauma into policies, procedures, and practices
- Seeks to actively resist re-traumatization

Why is This Info Important?

We have to change the **culture** and **thinking** in our schools to understand and embrace the impact of trauma.

This starts with changing our behavior and our attitudes about it:

- Our Language
- Our Practice
- Our Support

“**Culture** eats strategy for breakfast!”

-Peter Drucker

Trauma’s Impact By the Numbers

- **60%** of adults report experiencing abuse or other difficult family circumstances during childhood.
- **26%** of children in the United States will witness or experience a traumatic event before they turn four.
- Young children exposed to five or more significant adverse experiences in the first three years of childhood face a **76%** likelihood of having one or more delays in their language, emotional or brain development.


-Recognize Trauma - <http://www.recognizetrauma.org/statistics.php>

Trauma's Impact By the Numbers


- Nearly 14% of children repeatedly experienced maltreatment by a caregiver, including nearly 4% who experienced physical abuse.
- More than 60% of youth age 17 and younger have been exposed to crime, violence and abuse either directly or indirectly.

-Recognize Trauma - <http://www.recognizetrauma.org/statistics.php>

Trauma's Impact By the Numbers



70% of adults in the U.S. have experienced some type of traumatic event at least once in their lives.



Up to 20% of these people go on to develop PTSD.

PTSD UNITED, INC - 2013
<http://www.ptsdunited.org/ptsd-statistics-2/>

Trauma's Impact By the Numbers

In a classroom of 25 students:

- 2 Experienced sexual victimization
- 3 Experienced childhood maltreatment
- 8 Have experienced direct victimization of some type

Overall:

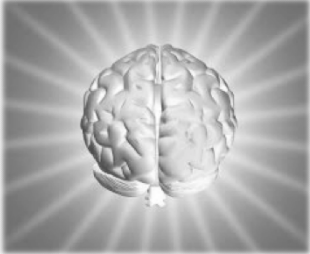
- 11% of adolescents have a depressive disorder by age 18
- 8% of teens 13-18 have an anxiety disorder
- Of these teens only 18% received mental health care

-Dr. Gil Noam - TSS School Summit 2016

The Good News . . .

The more healthy relationships a child has, the more likely he will be to recover from trauma and thrive. Relationships are the agents of change and the most powerful therapy is human love.

Bruce D. Perry

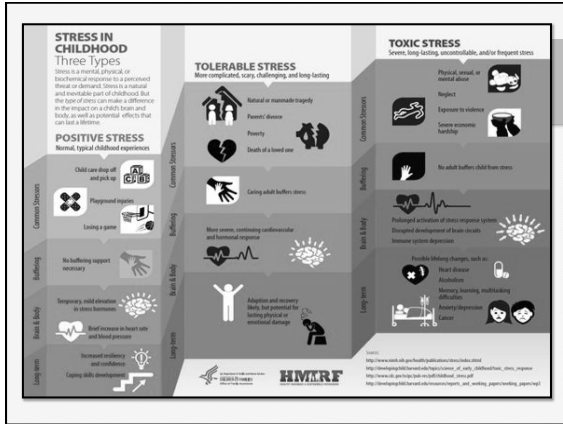


The Neurobiology of Trauma

Stress

a mental, physical, or biochemical response to a perceived threat or demand.

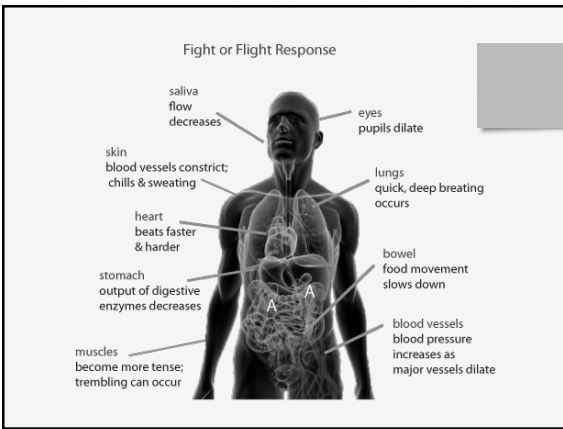
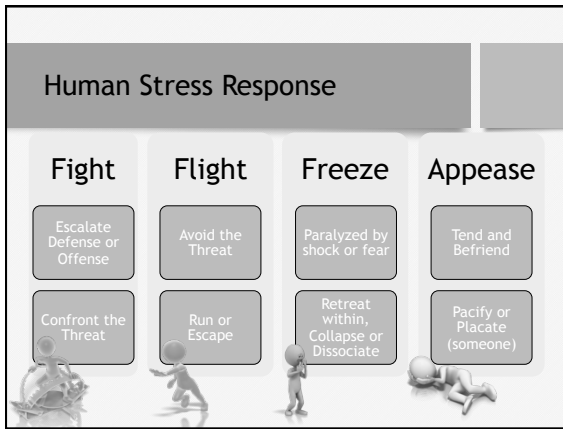
- natural and inevitable part of childhood
- the type, frequency, or duration of the stress is what makes the difference



Toxic Stress

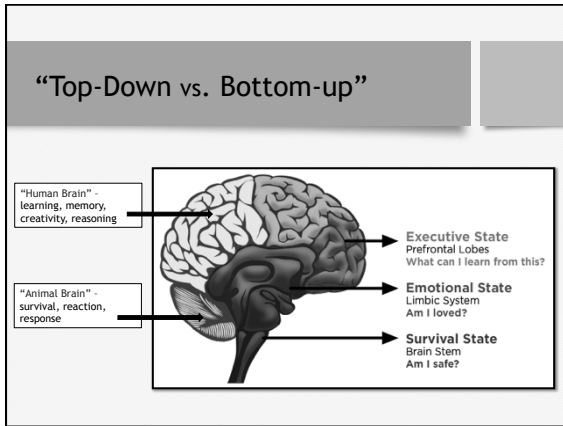
occurs when a person is exposed to frequent high levels of excessive stress that cause the body to exist in a heightened state of stress response

- can hinder a child's physical, emotional, social, academic, and cognitive development



“The fear response is deeply ingrained in the human brain. Under threat of any kind – hunger, thirst, pain, shame, confusion, or too much, too new or too fast – we respond in ways to keep us safe.

Our minds will focus only on the information that is, at that moment, important for survival. Fear kills curiosity and inhibits exploration.”



“Top-Down vs. Bottom-up”

“Top-Down” = healthy brain development
The neocortex has control over the survival impulses of the lower parts of the brain . . . The neocortex keeps the brain in check and can control the limbic system which is the center for emotions

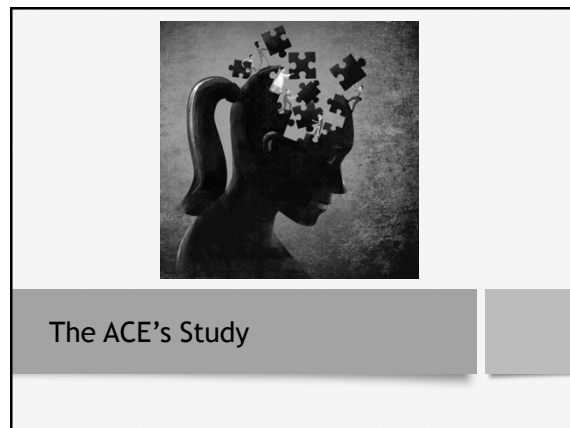
“Bottom-Up” = unhealthy brain development
The mid-brain is in charge . . . These students are dysregulated and function from the part of the brain where there is no reason, no connection to consequences, and no care for anyone but themselves

The Trauma-Informed School (2016)

“The human brain is in learning mode or survival mode but never at the same time.”

-Dr. Craig Boykin

Do we know which mode our students are in each day at school?



The ACE’s Study

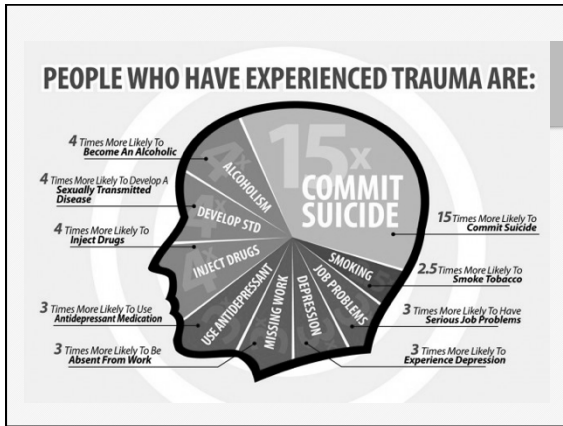
The Relationship of Adverse Childhood Experiences to Adult Health Status (ACE’s)

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

- Vincent J. Felitti, M.D.
- Robert F. Anda, M.D.

www.acestudy.org

- ### What Are The ACE’s
- THE 10 ADVERSE CHILD EXPERIENCES
- | | |
|----------------------------|--------------------------------------|
| 1. Physical abuse | 2. Emotional abuse |
| 3. Sexual abuse | 4. Physical neglect |
| 5. Emotional neglect | 6. Alcohol or drug abuse by a parent |
| 7. Mentally ill parent | 8. Divorce |
| 9. Incarceration of parent | 10. Childhood Domestic Violence |
- <https://cdv.org/what-is-cdv/adverse-childhood-experiences/>



ACE's Impact By the Numbers

With an ACE score of 4 or more:

- 32X more likely to develop learning/behavior problems
- 4X more likely to develop chronic obstructive pulmonary disease (COPD)
- 5X more likely to develop depression
- 7X more likely to consider themselves alcoholic
- 10X more likely to use illicit drugs
- 12X more likely to attempt suicide

ACEs and Child Trauma Leave Lasting Scars (2016)
<http://www.rawhide.org>

ACE's Impact By the Numbers

With an ACE score of 6 or more:

- Died 20 years earlier than those without ACE's

ACE's cost the Economy \$124 Billion over the lifetime of those affected by ACE's

- \$83.5 Billion in Productivity Loss
- \$25 Billion on Healthcare

ACEs and Child Trauma Leave Lasting Scars (2016)
<http://www.rawhide.org>

ACE's and School Performance

Youth with at least an ACE Score of 2:

- Are 95 more times likely to be designated to special education (Delaney-Black, et al. 2002).
- Are 2 ½ times more likely to fail a grade
- Score 1 ½ times lower on standardized tests
- Have more receptive and expressive language difficulties
- Are 50% more likely to be suspended / expelled

What Does Trauma Do To Us?

- Trauma shapes a person's basic beliefs about identity, world view, and spirituality.
- Trauma creates symptoms that are ADAPTATIONS: what we see as the problem is the person's solution
- Developmental trauma sets the stage for unfocused responses to subsequent stress.

Bessel A. van der Kolk, MD
http://www.traumacenter.org/products/pdf_files/Preprint_Dev_Trauma_Disorder.pdf

Trauma's Impact on Learning


Negative Impacts Include:

- Organizing Narrative Material
- Cause & Effect
- Taking Another's Perspective
- Showing Empathy
- Attentiveness
- Regulating Emotions
- Executive Functioning
- Engaging in Curriculum

Trauma's Impact on Behavior


Negative Impacts Include:

- Reactivity & Impulsivity
- Aggression
- Defiance
- Withdrawal
- Perfectionism




So What Have We Learned?

“This is a brain issue . . . not a behavior issue.”



-The Trauma-Informed School (2016)

“ . . . Kids with behavioral challenges lack important thinking skills, an idea supported by research in the neurosciences over the past thirty years . . . when you treat challenging kids as if they have a developmental delay and apply the same compassion and approach you would use with any other learning disability, they do better.”



-Dr. Ross W. Greene from *Lost at School* (2014)

“I suppose its tempting, if the only tool we have is a hammer, to treat everything as if it were a nail.”

-Abraham Maslow

What Do We Do?

We have to change the **culture** and **thinking** in our schools to understand and embrace the impact of trauma.

This starts with changing our behavior and our attitudes about it.

- Our Language
- Our Practice
- Our Support

So What Do We Do?

- We change the question from:
 - “What’s Wrong With You?” to “What’s Happened To You?”
- We create a trauma-sensitive culture
 - Recognize symptoms as survival skills
- We give them a different experience
 - Create a compassionate, caring, nonjudgmental environment


“Creating a trauma-informed school isn’t about teachers becoming therapists. It’s about creating an environment that focuses on relationship, trust, and emotional safety.”

-Heather T. Forbes - *The Trauma-Informed School* (2016)

“Remember: Everyone in the classroom has a story that leads to misbehavior and defiance. Nine times out of ten THE STORY behind the misbehavior won’t make you angry . . . it will break your heart.”

-Annette Breaux

“When working with trauma-impacted students, we must reach their hearts before we can reach their heads.”




-Dr. Ken Ginsburg

So What Did WE Chose to Do?

When we know better we are obligated to DO better!

- We Got Educated
- We Created a Road Map
- We Got Started!

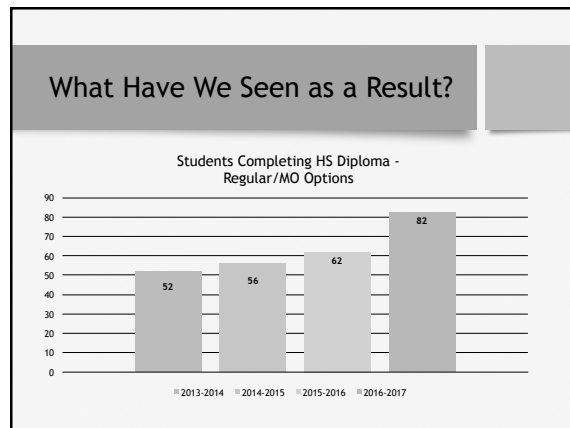
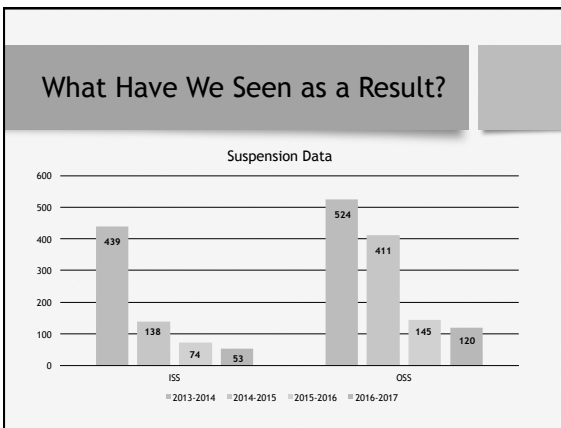
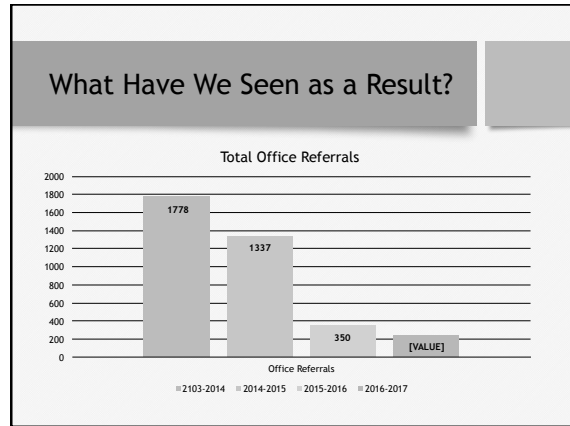
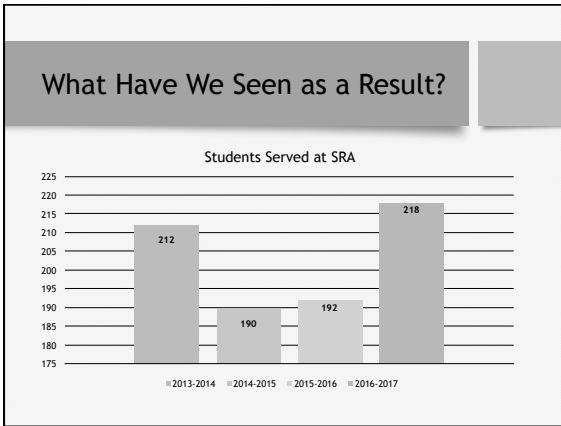


What WE Chose to Do?

1. Trained the staff and changed the *culture* at SRA
2. Began the process of infusing and connecting what we learned into existing practices
 - Relationships, Relationships, Relationships
 - Student Interviews: Laying the Groundwork
 - Daily Triage: “Rolling Out the Welcome Matt”
 - Sensory Boxes and Safe Spaces
 - Changed our language (C.H.O.I.C.E.S., VISE, DBT, Attunement)
 - Changed our responses (Classroom Management, Discipline, Processing)
 - Changed the way we take care of ourselves and each other

What WE Chose to Do?

3. Share the message with anyone who will listen!
 - Shared what we were doing with students and parents in the interview and at conferences
 - Presented information about TIC around the district and in the community



The Positive Impact

As a result of the changes we committed to in the way we look at and react to kids we are seeing the numbers heading in the right directions . . .

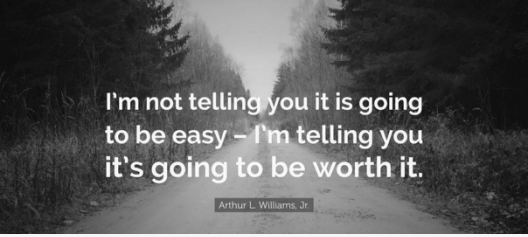
- 87% reduction in overall discipline referrals from 13-14
- 88% reduction in ISS days from 13-14
- 77% reduction in OSS days from 13-14
- 94% reduction in LTS referrals from 13-14
- 2% increase in ADA from 13-14
- 35% increase in the number of students completing a high school diploma

Where Are We Headed?

- Continue Learning and Gathering Resources
 - Growing our capacity to meet the needs of our students
- Expand on our practices
- Continue Sharing
 - District Outreach/Training
 - Family Outreach
 - Community Outreach

These Things We Know or Have Learned . . .

- Relationships, Relationships, Relationships
- Every Kid Has a Story
- Get Ready to Hug Some Porcupines
- It's a Brain Issue . . . Not a Behavior Issue
- We Need to Teach Kids a Different Way (CHOICES)
- Every Child Deserves a Champion
- The Data Doesn't Lie!



I'm not telling you it is going to be easy – I'm telling you it's going to be worth it.

Arthur L. Williams, Jr.