Think Trauma: Why trauma is relevant to alternative schools programs

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Self-Care Alert!
Does this behavior look familiar?

☐ Are these characters in this story like the youth you work with?
Reaction to Freedom Writers

• What was your reaction as you watched the clip?
• What events did you see that you consider traumatic?
• What types of traumatic events have your youth experienced?
What is a potentially traumatic event?

The experience of exposure to actual or threatened death, serious injury or sexual violation AND The individual
Traumatic Stress Reactions make a difference

• Intrusion

• Avoidance

• Negative alt. in cog/mood

• Hyperarousal/Reactivity
How Youth Respond to Trauma:

Images, sensations, or memories of the traumatic event recur uncontrollably.

This includes:
- nightmares
- disturbing thoughts
- flashbacks
- physiological reactions
- intense/prolonged psychological distress
Kari, a young man who was shot by a robber who stole his gold chain, spoke about his assailant:

“I can’t get this dude out my head. I see him every day, every day. Every night I see this dude. And he’s locked up!!”
How Youth Respond to Trauma:

Avoidance of *internal reminders*
- Thoughts, feelings, or physical sensations

Avoidance of *external reminders*
- People, places, objects
- Activities, situations, conversations
How Youth Respond to Trauma:

- Irritable or aggressive behavior
- Self-destructive or reckless behavior
- Jumpiness or quick to startle
- Problems with concentration
- Sleep disturbance
- Hyperarousal/Hypervigilance
How Youth Respond to Trauma:

- Inability to remember parts of traumatic event
- Persistent negative emotions
- Persistent difficulty experiencing positive emotions
- Decreased interest or participation in activities
- Feeling detached from others
- Persistent exaggerated negative expectations
- Persistent distorted blame of self or others
"So a lot of things that made me scared or made me nervous, they don’t scare me no more. They don’t affect me. Like, if a whole bunch of dudes kept on lookin’ at me, I used to feel nervous. And, if someone kept on like giving me mean looks? I used to get nervous. It don’t happen no more. It’s like some of the feelin’ is just gone. If they look at me mean now, I look at them right back like, ‘What?’."
Trauma helps shape adolescents' beliefs and expectations:
- About themselves
- About the adults who care for them
- About the world in general

\"it's all my fault\"
\"I am bad\"
\"grownups lie\"
\"I'm stupid\"
\"you're going to hurt me\"
\"no one loves me\"
\"get them before they get you\"
\"you're paid to care\"
\"I'm no sucker\"
Trauma Reminders

Things, events, situations, places, sensations, and even people that a youth consciously or unconsciously connects with a traumatic event.
Loss Reminders

- Empty situations
- Shared activities
- Rituals
- Favorite activities
Factors Which Determine the Impact of Trauma or Loss

- **Age at which Trauma exposure occurs**
- **Trauma History**
- **Trauma at the hand of caretakers**
- **Secondary adversities and pre-existing adversities**
Fight, Flee, or Freeze (to protect)

- Hypothalamus
  - Release of adrenaline and cortisol
  - Heart rate and blood pressure increase
  - Breathing rate increases

- Hippocampus

(Instructions)

- To protect
A coping strategy is a behavior individuals use consciously or unconsciously to tolerate adversity, disadvantage, or disability without correcting or eliminating the underlying condition.
So when youth you work with are in trauma mode what do they do to:

- increase sense of physical and emotional safety
- decrease anxiety and fear
- protect themselves from the impact of future traumas or losses
Adverse Childhood Experiences and Maladaptive Coping Strategies

Dr. Felitti—Kaiser Permanente

Dr. Anda—Center for Disease Control and Prevention
Potentially Harmful Responses to Adversity

ACE Score

- Smoking
- Severe obesity
- Suicide attempts
- Alcoholism
- Drug abuse
- 50+ sex partners
- Repetition of original trauma
- Self injury
- Eating disorders

Risk for these
Community Violence

- Witnessing a shooting/bombing or riot
- Being shot at
- Being jumped or beaten
- Being stabbed
- Having lost someone close to you to murder

“ACES” Not Covered
At 5 years: Recurrence rate for penetrating trauma: 44%

Mortality rate: 20%
Behaviors as Coping Mechanisms

Adverse childhood experiences

- Youth shot, stabbed, or assaulted
- Treated in ER Dept.
- Admitted to inpatient surgical service
- Discharged to the street
- Acute stress & PTSD
- Get weapon/self medicate
- Retaliation or reinjury

Jail
Death

Healing the Hurt: Trauma-Informed Approaches to the Health of Boys and Young Men of Color (2010) (www.nonviolenceandsocialjustice.org)
15.5 million children live in households where domestic violence has occurred within the past year

1 in 4 students have experienced a traumatic event (NCTSN Child Trauma Toolkit for Educators | October 2008)

1 in 10 students have been sexually assaulted

75% of students in URBAN school districts have experienced at least one traumatic event
Trauma creates feelings of

- Helplessness
- Vulnerability
- Loss of safety
- Loss of control
- Intense fear
- Intense shame
- Anger
Core TIS Elements

Safety

Cultural Competency and Language Access

Family and Youth Empowerment, Choice & Collaboration

Commitment to Trauma Informed Philosophy

Trauma Competence

Trustworthiness

Thrive: Guide to trauma-informed organizational development, 2010
What a Trauma-Sensitive School Does Not Look Like?

1. Not recognizing a traumatized student.
2. Judging the severity of the student’s trauma.
3. Addressing the behaviors only.
4. Trying to teach when the student’s dysregulated.
5. Educators get triggered themselves.
6. Excluding the parent.
7. Feeling “sorry” for the student.
8. Punishment vs. discipline.
What Does a Trauma-Sensitive School Look Like?

1. Safety First

Structured

Nurturing
Support self-regulation to support growth

• NO Regulation = No Learning

• Co-Regulation – communicates safety, helps the brain and nervous system calm so that learning can occur.
SEL is a Trauma Informed Practice

[Diagram showing SEL (Social & Emotional Learning) with five components: Self-Management, Self-Awareness, Responsible Decision-Making, Relationship Skills, and Social Awareness]
Resiliency is the ability to recover from trauma.

Building Resilience Skills

- Family Support
- Peer Support
- Competence
- Self-Efficacy
- Self-Esteem
- School Connectedness
- Spiritual Belief
Creating a Trauma-Informed Safety Plan

Safety plans should include:

1. Brief trauma history
2. Trauma reminders
3. Early warning signs of losing control
4. Calming behaviors
Calming Behaviors: Use the Senses

- sound
- touch
- smell
- taste
- sight
Calming Behaviors: Use Proprioception

• Pressure to the body’s muscles or joints or activities that require us to use our muscles

• Therapeutic use of weight such as a heavy quilt or weighted blanket

• Pressure and weight can be grounding, calming, and organizing
Calming Behaviors: Use Vestibular Input

The sensation of movement in space
Important Note

Not all calming behaviors are applicable to every youth.

• Proprioception can be a trauma reminder for a youth who has been physically abused.

• Vestibular input may be disturbing for a youth who has been in a serious car accident.

• Asking youth to visualize a calming scene could lead to dissociation in some individuals.
Resources:
National Child Traumatic Stress Network: www.nctsn.org
Substance Abuse and Mental Health Services Administration: www.samhsa.gov

Child Trauma Toolkit for Educators (2008)
http://www.nctsn.net/sites/default/files/assets/pdfs/Child_Trauma_Toolkit_Final.pdf
The Child Trauma Toolkit for Educators provides school administrators, teachers, staff, and concerned parents with basic information about working with traumatized children in the school system.

http://www.nctsn.net/sites/default/files/assets/pdfs/schools_package.pdf
This guide to childhood traumatic grief for school personnel includes the "In-Depth General Information Guide to Childhood Traumatic Grief" and "Brief Information on Childhood Traumatic Grief."
Schools and Trauma Speaker Series

Sticks and Stones Will Break My Bones, (and) Words CAN Hurt Me: A Trauma-Informed Understanding of Bullying
Judy Chaisson, PhD — Los Angeles Unified School District
Office of Human Relations, Diversity & Equity
Amy Foster Wolferman, MEd
National Native Children’s Trauma Center
Sharon A. Heno MEd, LPC, NCC — Mercy Family Center
arcy Otten, MEd — National Native Children’s Trauma Center

Wednesday, September 22, 2010
12pm PST/3pm EST

Sudden Death On a School Campus: Impact and Response
Joshua Kaufman, LCSW
Los Angeles Unified School District School Improvement Department

Wednesday, August 25, 2010
12pm PST/3pm EST

Communities of Care
Audra Langley, PhD — UCLA

Wednesday, January 26, 2011
12pm PST/3pm EST

Trauma-Informed IEPs: Differential Diagnosis and Trauma-informed Assessment in Schools
M. Elizabeth Ralston, PhD
The Dee Norton Lowcountry Children’s Center
Lisa Nicole Herring, EdD
Student Support Services, Charleston County School District
Ben Atchison, PhD, OTR/L, FAOTA
Western Michigan University
Audra Langley, PhD — UCLA

Wednesday, February 23, 2011
12pm PST/3pm EST

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