

## Creating a Trauma Informed Classroom



FOSTER & ADOPTIVE CARE COALITION  
FOR EVERY CHILD... A PLACE TO CALL HOME

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**At least 50%** of the general population have experienced at least **1 traumatic event**; more than **25%** have experienced **2 or more**.

## Facts & Figures\*

- Children & youth in out-of-home care experience **one or two** placement changes per year on average. (U.S. Department of Health and Human Services)
- **Over a third** of young adults who aged out of foster care reported having had five or more school changes. (Three-state Midwest Study)
- **Less than 60%** of youth in foster care finish high school before leaving care. (Multiple studies)
- Students in foster care score **16 to 20** percentile points below others in statewide standardized tests. (Washington State study)
- Only about **3%** of youth obtain a bachelor's degree within a few years of emancipation. (Northwest Alumni Study)

\*For a full fact sheet click on the link  
www.cacny.org

### Definition of Trauma-Informed Child & Family Service System

- All parties involved recognize & respond to the impact of traumatic stress on those who have contact with the system including: children, caregivers, service providers and educators.
- All systems involved infuse & sustain trauma awareness, knowledge & skills into their practice & policies.
- Collaborate with other agencies/systems to facilitate and support the recovery & resiliency of the child & family.

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### Why is this important?

*The research is clear that the experience of abuse or neglect leaves a particular traumatic fingerprint on the development of children that cannot be ignored if the child welfare system is to meaningfully improve the life trajectories of maltreated children, not merely keep them safe from harm.*

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### Addressing Trauma Requires an Integrated Approach

- Trauma has a biological & psychological effects that impact behavioral, social and emotional domains.
- The impact of trauma can hinder development & interfere with children's functioning in relationships, school & life.
- Complex challenges of children who have experienced trauma may not be addressed by the system & services as they are currently designed.

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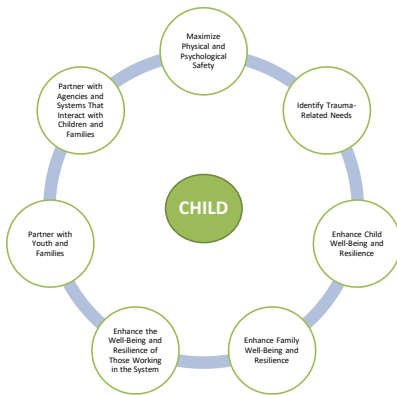
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## Situations That Can Be Traumatic

- Physical or sexual abuse
- Abandonment, betrayal of trust (such as abuse by a caregiver), or neglect
- The death or loss of a loved one
- Life-threatening illness in a caregiver
- Witnessing domestic violence
- Witnessing or experiencing community violence
- Automobile accidents or other serious accidents

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## Child Trauma is...

- Witnessing or experiencing an event that poses a real or perceived threat.
- The event overwhelms the child's ability to cope.

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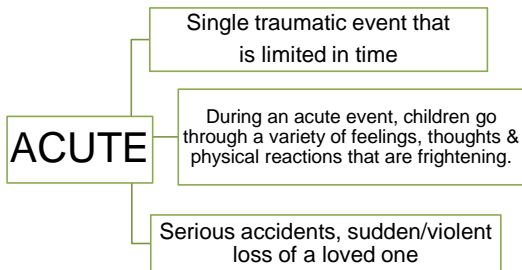
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## Types of Trauma




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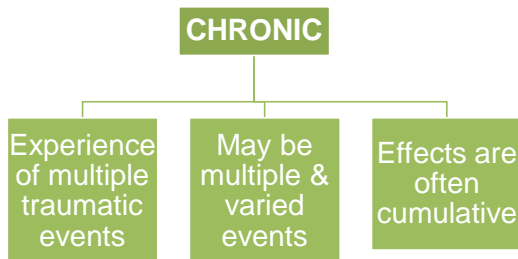
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## Types of Trauma




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## Types of Trauma

### COMPLEX

- Both exposure to chronic trauma – usually caused by adults entrusted with the child's care – and the impact of such exposure on the child.
- Children who have experienced complex trauma have endured multiple interpersonal traumatic events from a very young age.
- Complex trauma has ***profound effects on nearly every aspect of a child's development and functioning.***

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## Types of Trauma

### What about neglect?

- Failure to provide for a child's basic needs
- Perceived as trauma by an infant or young child who is completely dependent on adults for care
- Opens the door to other traumatic events
- May interfere with a child's ability to recover from trauma

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## Child Traumatic Stress

- CTS refers to the physical and emotional responses of a child to threatening situations.
- Traumatic events overwhelm a child's capacity to cope and elicit feelings of terror, powerlessness, and out-of-control physiological arousal.

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## Impact on the Body

- In children, continuous activation of the **stress response system** from chronic trauma can change the structure of the developing brain.
- When the body responds to **acute stress** for a prolonged period, it causes damage to the immune, cardiovascular, and other organ systems.




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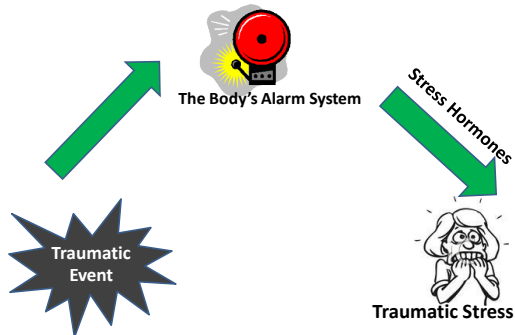
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## Traumatic Stress Response Cycle




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## Effects of Trauma Exposure

- **The impact of a potentially traumatic event depends on several factors, including:**
  - Child's age & developmental stage
  - Child's perception of the danger faced
  - Whether the child was a victim or witness
  - Child's relationship to the victim or perpetrator
  - Child's past experience with trauma
  - The adversities the child faces after the trauma
  - The presence/availability of adults who can offer help & protection

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## Effects of Trauma Exposure

### COGNITIVE EFFECTS

- Children fail to develop a framework for learning that helps organize their thoughts and plan for their future.
- **AS A RESULT:** They often lack a basic, conceptual understanding of the world making it difficult for them to benefit from academic instruction.
- This lack of framework explains many of their characteristics: Inability to understand rules, to explain emotional outbursts or acting out behavior.

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## Overwhelming Emotion & Behavior

**Trauma-exposed children may also exhibit:**

**Over-controlled behavior** in an unconscious attempt to counteract feelings of helplessness & impotence

**Under-controlled behavior** due to cognitive delays or deficits in planning, organizing, delaying gratification, and exerting control over behavior.

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## Overwhelming Emotion & Behavior

**Maladaptive coping strategies can lead to behaviors including:**

- Sleeping, eating, or elimination problems
- High activity levels, irritability, or acting out
- Emotional detachment, unresponsiveness, distance, or numbness
- Hyper-vigilance, or feeling that danger is present even when it is not
- Increased mental health issues (e.g. depression, anxiety)
- An unexpected and exaggerated response when told "no"

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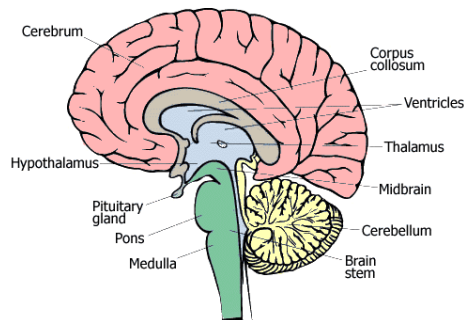
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## Impact of Trauma on the Brain & Body




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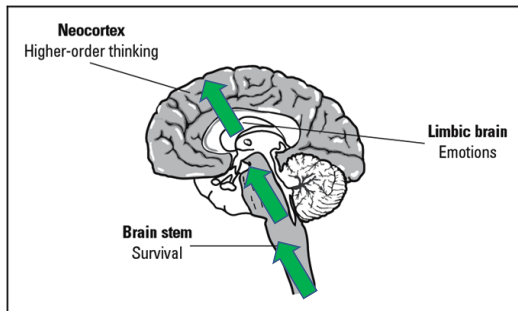
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## Impact of Trauma on the Brain & Body




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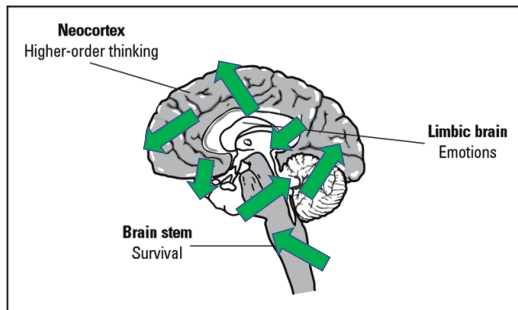
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## Impact of Trauma on the Brain & Body




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## Trauma & the Brain in Adolescents

- Trauma can interfere with development of the prefrontal cortex, the region responsible for:
  - Consideration of the consequences of behavior
  - Realistic appraisal of danger & safety
  - Ability to govern behavior and meet longer-term goals
- As a result, adolescents who have experienced trauma are at increased risk for:
  - Reckless & risk taking behavior
  - Underachievement & school failure
  - Poor choices
  - Aggressive or delinquent activity

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## Trauma & the Brain in Adolescents

- The brain continues to develop in adolescents & young adulthood, providing increased vulnerability but also a window of opportunity to make new connections based on experiences.
- Changes in dopamine levels during adolescence lead to risk-taking behavior.
  - *With adult support, adolescents can learn self-regulation, coping skills & mastery by taking risks*
- Study shows that the female brain reaches full maturity at age 21-22 while the male brain is not fully mature until almost 30.

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## Impact on Learning

### A Worldview Gone Awry

Individuals view the world through a lens – this lens is based assumptions about themselves and the world around them.

- **POSITIVE WORLD VIEW**
- **NEGATIVE WORLD VIEW**

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## Impact on Learning

### A Worldview Gone Awry

### Bus Skit

## The Influence of Developmental Stage

- Child traumatic stress reactions vary by developmental stage.
- Children who have been exposed to trauma expend a great deal of energy responding to, coping with, and coming to terms with the event.
- This may reduce children's capacity to explore their environment and to master age-appropriate developmental tasks.
- The longer traumatic stress goes untreated, the farther children tend to stray from appropriate developmental pathways.

### Young children who have experience trauma may:

- Express their distress through strong physiological and sensory reactions (e.g., changes in eating, sleeping, activity level, responding to touch and transitions)
- Become passive, quiet, and easily alarmed
- Become fearful, especially regarding separations and new situations
- Experience confusion about assessing threats and finding protection, especially in cases where a parent or caretaker is the aggressor
- Engage in regressive behaviors (e.g., baby talk, bed-wetting, crying)
- Experience strong startle reactions, night terrors, or aggressive outbursts
- Blame themselves due to poor understanding of cause and effect and/or magical thinking

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### Adolescents who have experience trauma may:

- In response to trauma, **adolescents** may feel:
  - That they are weak, strange, childish, or “going crazy”
  - Embarrassed by their bouts of fear or exaggerated physical responses
  - That they are unique and alone in their pain and suffering
  - Anxiety and depression
  - Intense anger
  - Low self-esteem and helplessness

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### Adolescents who have experience trauma may:

- These trauma reactions may in turn lead to:
  - Aggressive or disruptive behavior
  - Sleep disturbances masked by late-night studying, television watching, or partying
  - Drug and alcohol use as a coping mechanism to deal with stress
  - Self-harm (e.g., cutting)
  - Over- or under-estimation of danger
  - Expectations of maltreatment or abandonment
  - Difficulties with trust
  - Increased risk of revictimization, especially if the adolescent has lived with chronic or complex trauma

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### Adolescents, Trauma & Substance Abuse

- Adolescents who have experienced trauma may use alcohol or drugs in an attempt to avoid overwhelming emotional and physical responses. In these teens:
  - Reminders of past trauma may elicit cravings for drugs or alcohol.
  - Substance abuse further impairs their ability to cope with distressing and traumatic events.
  - Substance abuse increases the risk of engaging in risky activities that could lead to additional trauma.
- Child welfare workers must address the links between trauma and substance abuse and consider referrals for relevant treatment(s).

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### Maximize Physical & Psychological Safety

#### Being Safe vs. Feeling Safe

Seemingly innocuous factors such as sounds, smells, places, and other trauma reminders may elicit the same emotional states of fear, terror and helplessness produced by the actual trauma.

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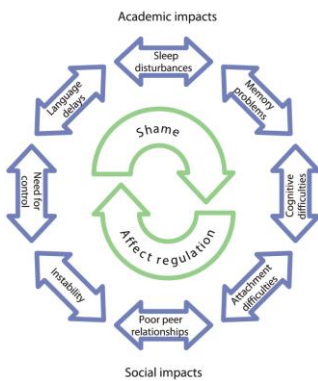


Figure 5 Academic and social impacts of trauma

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## Academic Performance

### Language & Communication Skills

Traumatic experiences can disrupt the ability of children to learn and process verbal information and use language as a vehicle for communication. These language problems can undermine literacy skills, social-emotional development, and behavioral self-regulation.

- **Learning & retrieving new verbal information**
- **Social & emotional communication**
- **Problem solving and analysis**

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## Language & Communication Skills

### Learning & retrieving new verbal information

- *Described by a traumatized teenager*

### Social & emotional communication

### Problem solving and analysis

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## Academic Performance

- Organizing Narrative Material
- Cause & Effect Relationship
- Taking Another's Perspective
- Attentiveness to Classroom Tasks
- Regulating Emotions
- Executive Functions
- Engaging in the Curriculum

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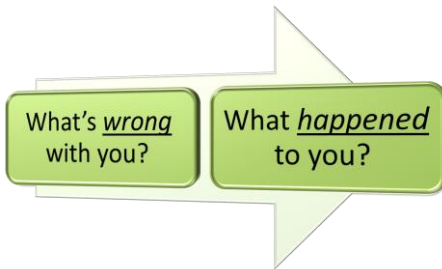
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## CHANGING THE QUESTION




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## How Schools Can Help

### SAFETY

*Nothing works if an individual does not feel safe – no one can heal if they do not feel safe.*

#### PROMOTING SAFETY:

##### Predictability (Schedule & Routine)

Providing opportunities to succeed must be reinforced by a classroom environment that supports the student's success.

- Timing of lessons & activities
- Transitions without trauma
- Written plans

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## How Schools Can Help

### MINIMIZING CHANGE

- Partnering with families
- Parent/child communication
- Help them maintain a sense of connection & continuity with the past – **Feelings of being disconnected or unable to build meaningful connections are the primary effects of trauma.**

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## What Can You Do?

- **Stabilization** = need some sense of power, power comes from making choices.
- Educate yourself about the youth you are working with
- Help to communicate physical and psychological safety
- Model & assist youth in developing new coping strategies

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## ENCOURAGE

- Provide the child with new, positive messages that tell the child:
  - **YOU** are worthwhile and wanted
  - **YOU** are safe
  - **YOU** are capable – help teens gain confidence
    - Being good at something will decrease feelings of incompetence and low self-concept.




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## CORRECT & BUILD

- Eye contact & body language
- **Validate** the child's emotions
- Be **empathetic**
- Let the child know his or her feelings are **normal**
- **Praise** – 6 to 1
- Real **choices**, not fake ones
- Real input into daily life
- Being **listened to**




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### How Schools Can Help

#### Opportunities for Safe & Predictable Interactions

- Help them reconnect with adults as sources of support
- Rehearsal Strategies
- Giving them a “heads up” on what to expect
- Patterned, repetitive sensory input (music, drumming, dance, deep breathing)
- RELAXATION = INCREASED LEARNING
- Opportunities for self-reflection throughout the day
- Opportunities for physical movement

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### How Schools Can Help

#### Teachers Response = POWERFUL EFFECT

- Help child discover new talents/ambitions
- Interpret child's behavior empathetically – this requires teachers to “rethink” common assumptions about the motivations underlying the child's behavior

*Most behavior management systems are based on the assumption that children are able to adapt & tolerate frustration well enough to change their behavior in compliance with classroom expectations.*

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### How Schools Can Help

- Play the perspective taking game
- Provide children with “if...then” scripts – it encourages them to anticipate possible outcomes
- Task cards for each activity
- “3-D's” DEFINE, DECIDE, DETERMINE, SOLVE
- Visualization
- Use story boards to sequence writing

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## Presenter

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thank  
you!

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