Trauma Informed Education: Evidence-Based Strategies for Children and Families

Clemson University
Today’s Agenda

- Overview of Child Trauma
- ACES and Early Childhood
- Child Reactions to Trauma
- Preschool Suspension
- Best Practices for Early Childhood
- Trauma and K-12 Schools
- Evidence-based Practices
  - Schoolwide
  - Personalized
What is Trauma?

DSM-5 Definition of Trauma-

Exposure to actual or threatened death, serious injury, or sexual violence in one (or more) of the following ways: directly experiencing the traumatic event(s); witnessing, in person, the traumatic event(s) as it occurred to others; learning that the traumatic event(s) occurred to a close family member or close friend (in case of actual or threatened death of a family member or friend, the event(s) must have been violent or accidental); or experiencing repeated or extreme exposure to aversive details of the traumatic event(s).
The 3 E’s of Individual Trauma

An event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being.

(Substance Abuse and Mental Health Services Administration [SAMHSA], 2014, p.7).
Child Trauma

Complex Trauma/developmental trauma—children’s exposure to multiple or prolonged traumatic events, often of an invasive, interpersonal nature, and the wide-ranging, long-term impact of this exposure

Child Traumatic Stress - A psychological reaction that a child experiences in response to a traumatic experience. The reaction lingers and affects daily life long after the traumatic event is over.

(National Child Traumatic Stress Network)
Basic Facts about Child Trauma

- Child trauma is more common than you think
- Child traumatic stress can be identified
- Child traumatic stress affects learning
- Caring adults can help: Listen, Connect, Protect
- Treatments work

(National Child Traumatic Stress Network/SAMHSA, 2007)
Trauma in the Early Childhood Years
Prevalence of Trauma

- 26% of children in the U.S. will witness or experience a traumatic event before the age of four (National Center for Mental Health Promotion and Youth Violence Prevention, 2012)
- The most widespread source of preschool trauma is maltreatment (U.S. Department of Health and Human Services, 2016).
- Data from the ACEs study suggests that one in three children may have an early trauma history (Felitti, et al., 1998)
Adverse Childhood Experiences

ACES
Adverse Childhood Experiences (ACEs)

Something happens between infancy and adulthood to create a lifetime of addictions, abuse, and mental health problems.

Adverse Childhood Experiences Study Available at www.cdc.gov/ace/index.htm
The Adverse Childhood Experiences Study

➢ Survey conducted between 1995 and 1997 by Kaiser Permanente and Center for Disease Control and Prevention (CDC)
➢ Long term follow-up of respondents continues today
➢ Respondents were over 17,000+ patient volunteers
➢ Survey asked about 10 types of trauma:

- Physical abuse
- Sexual abuse
- Emotional abuse
- Physical neglect
- Emotional neglect
- Mother treated violently
- Parental separation or divorce
- Incarcerated household
Adverse Childhood Experiences
Survey Results

- Two-thirds had at least one adverse childhood event.
- ACEs often occur together.
- A person’s cumulative ACEs score has a strong relationship to numerous health, social, and behavioral problems throughout the lifespan.
ACEs Study Findings

- Over 25% grew up in household with an alcoholic or drug user
- 25% had been physically abused as children
- 1 in 6 respondents had four or more ACEs
Trauma: Types and Effects on Young Children
Trauma and Preschoolers

Defined as an experience that threatens life or may cause physical injury and is so powerful and dangerous that it overwhelms the preschool child’s capacity to regulate emotions.

(Child Trauma Toolkit for Educators, 2008)
Preschoolers’ Reactions to Trauma

- Over- or under-reacting to sensory input (physical contact, bright light, sudden movement, loud sounds)
- Increased distress
- Anxiety, fear, and worry about safety of self and others
- Worry about recurrence of the traumatic event
- New fears
- Statements and questions about death and dying
Preschoolers’ Reactions to Trauma

- Separation anxiety toward teachers/caregivers
- Regression in previously mastered stages of development
- Lack of developmental progress
- Recreating the traumatic event (taking, playing, drawing)
- Difficulty sleeping
- Increased somatic complaints
- Changes in behavior (e.g., appetite, unexplained absences, angry outbursts, decreased attention, withdrawal)
Preschool Suspension
Preschool Suspension

(U.S. Department of Education Office for Civil Rights Data, 2014)

> 8,000 children were suspended from public preschool programs in 2011–2012

➢ Black children represented the majority of those suspensions
Preschool Suspension - Race Matters

Black children are 3.6 times more likely to be suspended from preschool than white children.

Black children account for roughly 19% of all preschoolers, but nearly ½ of preschoolers who get suspended.
Preschool Suspension - Gender Matters

(Department of Education, Office of Civil Rights, 2016)

Most public preschool children suspended are boys:

• boys represent 54% of total preschool enrollment
• boys represent 78% of preschool children receiving one or more out-of-school suspensions
Policy Statement on Expulsion and Suspension Policies in Early Childhood Settings

The purpose of this policy statement is to support families, early childhood programs, and States by providing recommendations from the U.S. Departments of Health and Human Services (HHS) and Education (ED) for preventing and severely limiting expulsion and suspension practices in early childhood settings.
Policy Resources

Stepping Stones to Caring for Our Children: National Health and Safety Performance Standards - assist programs in establishing disciplinary and expulsion/suspension policies

Birth to Five Watch Me Thrive - enhance developmental and behavioral screening practices in early learning settings

National Center on Early Childhood Mental Health Consultation, Center for the Social Emotional Foundation for Early Learning (CSEFEL), and the Technical Assistance Center on Social Emotional Intervention (TACSEI) - bolster staff training on social-emotional and behavioral support for very young children
Recommendations / Best Practices: Preschool

★ Create and maintain consistent daily routines for classrooms.
  ○ Use daily calendars, visual schedules, and photos of the class routine.

★ Tell children when something out of the ordinary will occur.
  ○ Provide warning in advance to prepare young children for changes.

★ Offer children developmentally appropriate choices.
  ○ Empower children by allowing them to make choices about food, seating, etc.

★ Anticipate difficult periods and transitions during school days.
  ○ Offer extra support for children during these times.

(Statman-Weil, 2015)
Recommendations / Best Practices: Preschool

★ Use techniques to support children’s self-regulation.
  ○ Teach children breathing techniques and mindfulness activities.
★ Understand how children make sense of their experiences.
  ○ Reenacting them through play or through interactions with adults.
★ Be nurturing and affectionate.
  ○ But, be sensitive to children’s individual triggers.
★ Create and use positive interventions to help support all children.
  ○ Connect feelings to actions.

(Statman-Weil, 2015)
Recommendations / Best Practices: Families

- Invite families into the classroom to volunteer.
- Engage and include families in the program or school in caring and nonjudgmental ways.
- Hold regularly scheduled meetings.
- Correspond often through email and telephone.
Additional Recommendation

- If a child in your classroom is working with an outside specialist (such as a trauma specialist or a child therapist), ask for the family’s permission to invite the specialist to the classroom so that you can collaborate to better support the child.

(Statman-Weil, 2015)
Trauma and K-12 Schools
Impacts of Trauma, Trauma Informed Schools, and Interventions
## 3 Types of Posttraumatic Stress

### Lingering Thoughts
- Upsetting images or thoughts
- Nightmares
- Strong physical and emotional reactions to stress reminders

### Avoidance
- Avoid situations, people, or places that are reminders
- May "forget" some parts, while continuing to react to reminders

### On Alert
- Body stays "on alert"
- Trouble sleeping
- Irritable/easily angered
- Easily startled/jumpy
- Trouble concentrating
- Recurring physical symptoms

(National Center for Child Traumatic Stress, 2005)
The Impact of Trauma on Children’s Learning

Single exposure may cause:

- jumpiness
- intrusive thoughts
- interrupted sleep and nightmares
- anger and moodiness
- social withdrawal

—any of which can interfere with concentration and memory.

Chronic exposure may cause:

- adversely affect attention, memory, and cognition
- reduce a child’s ability to focus
- organize, and process information
- interfere with effective problem solving and/or planning
- result in overwhelming feelings of frustration and anxiety
Physical and Emotional Impacts of Trauma

- Headaches and/or stomach aches
- Poor control of emotions
- Unpredictable and/or impulsive behavior
- Over or under-reacting to senses (sounds, lights, touch)
- Intense reactions to reminders of their traumatic event
Trauma Informed
Schools and
Interventions
K-12
Students feel safe, welcomed, and supported

Educational mission includes emphasis on addressing trauma’s impact on learning

Ongoing, inquiry-based process allows for the necessary teamwork, coordination, creativity, and sharing of responsibility for all students.

(Cole, Eisner, Gregory, & Ristuccia, 2013)
Attributes of a Trauma Sensitive School

1. Shared understanding
2. Safe environment
3. Address student needs holistically
4. Connect students to the school community
5. Embrace teamwork
6. Anticipate needs and adapt

(Massachusetts Advocates for Children, 2013)
1. Shared Understanding

- ALL staff
- Frequency of trauma
- Behavior, academic, and social impact of trauma
- Maintaining high expectations
- NO specialized curriculum – rather integrate trauma sensitive approaches
2. Safe Environment

• Physical
• Social
• Emotional
• Academic

“provide a sense of safety through predictable patterns and respectful relationships, with adults in charge who convey confidence—through tone of voice, demeanor, a calm presence during transitions, and in other subtle and overt ways—that they will maintain each student’s feeling of safety in the school.” (MAC, 2013, p. 21)
3. Address Student Needs Holistically

Focus on skill building for:

(1) Success (academic and nonacademic)
(2) Strong interpersonal relationships (adults and peers)
(3) Self regulation (emotions, behaviors)
(4) Physical and emotional health

*Appreciate the interrelationships among those 4 areas.
*Recognize that observable behaviors might not reveal real needs.
4. Connect Students to the School Community

- Meets need for security and connection
- Requires a culture of acceptance
- Help all students feel valued
- Make efforts to engage parents/families
5. Embrace Teamwork

• Shared approach – what can “we” do as a school to support all students
• Helps reinforce consistency throughout the day
• Educators benefit knowing their colleagues have their back
• Partnering with parents
6. Anticipate Needs and Adjust

• Be aware of changes and act proactively (e.g., changes in staff that could result in a sense of instability for a child, local tragedy affecting multiple people in the school)

• Expect the unexpected, and be flexible
Trauma Informed Schools ... 

Reduce:
- Student behavioral out-bursts and office referrals
- Absences, detentions, suspensions, and drop-outs
- Student bullying and harassment
- In need for special education services

Improve:
- Academic achievement and test scores
- School climate
- Teacher satisfaction and safety
- Retention of new teachers
Schoolwide Implementation Evidence
Baker Elementary, Brockton, MA

• educated their staff about trauma
• teachers created safe, supportive school environments where relationships and community building were prioritized
• teachers helped students learn how to calm themselves down and generated options in their classrooms that students could choose when they were feeling overwhelmed
• at the end of two years, disciplinary referrals were down by 75%
(Bornstein, 2013)
Bemiss Elementary, Spokane, WA

• educated teachers about adverse childhood experiences and how they affect student learning

• helped teachers reframe how they view students, address problem behaviors, and create a school environment where students feel safe

• seven years later showed a 20% decrease in disciplinary referrals and a 30% decrease in suspensions each year for the past two years

(Stevens, 2013)
El Dorado Elementary, San Francisco, CA

- Teachers were educated on how trauma affects kids and were provided opportunities to focus on their own wellness.
- Students were taught how to cope with stress and calm themselves, and they also were provided counseling as needed.
- Each classroom created a safe space where students could go to calm down or take a break.
- Results showed a 74% decrease in disciplinary referrals and an 89% decrease in suspensions.

(Stevens, 2014)
Personalized Interventions
Bounce Back

• a cognitive-behavioral, skills-based, group intervention
• elementary school children (ages 5-11)
• 10 group sessions + 2-3 individual sessions administered by a mental health professional
• parent education sessions
• designed for diverse populations (SES, ethnicity)
• Outcomes = decreased PTSD, anxiety, and depression symptoms
Cognitive Behavioral Intervention for Trauma in Schools (CBITS)

- designed for diverse populations (ethnicity, immigrant, SES, language)
- 10 group sessions + 1-3 individual sessions, to be implemented by mental health professionals with trauma experience
- parent education and teacher education
- results showed significant decreases in PTSD and depression
Support for Students Exposed to Trauma: School Support for Childhood Trauma

• an adaptation of the CBITS— to be implemented by school staff without mental health training, but with support from a mental health provider

• cognitive behavioral skills-based support group (10 lessons) targeting students ages 10-16 who have experienced trauma

• results are mixed but show promise of the intervention in relation to decreasing PTSD and depression symptoms
Thank you!

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