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Trauma Informed Practices in Schools

9/14/16

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WELCOME BACK FROM YOUR SUMMER VACATION!

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Pertinent Legislation Addressing Trauma

Public Act No. 15-232

An Act Concerning Trauma-Informed Practice Training For Teachers, Administrators And Pupil Personnel

Public Act No. 15-27

An Act Concerning The Implementation Of A Comprehensive Children's Mental, Emotional And Behavioral Health Plan

Public Act No. 13-178

Children's Mental, Emotional, and Behavioral Health
Employing prevention-focused techniques, providers of mental, emotional or behavioral health services for children and families, shall develop a comprehensive implementation plan, across agency and policy areas, for meeting the mental, emotional and behavioral health needs of all children in the state, and preventing or reducing the long-term negative impact of mental, emotional and behavioral health issues on children.

Prevalence of Trauma Exposure Among Youth

In a nationally representative survey of 12- to 17-year-old youth, 8 percent reported a lifetime prevalence of sexual assault, 17 percent reported physical assault, and 39 percent reported witnessing violence. Kilpatrick DG, Saunders BE. (1997). Prevalence and Consequences of Child Victimization: Results from the National Survey of Adolescents. National Crime Victims Research and Treatment Center, Medical University of South Carolina

Among 536 elementary and middle school children surveyed in an inner city community, 30 percent had witnessed a stabbing and 26 percent had witnessed a shooting. Bell, C.C. & Jenkins E.J. (1993) Community violence and children on Chicago's Southside, *Psychiatry*, 56 (1): 46-54.

Among middle and junior high school students (n=2248) in an urban school system, 41 percent reported witnessing a stabbing or shooting in the past year. Schwab-Stone, M.E., Ayers, T.S., Kasprow, W. & Voyce, C. (1995) No safe haven: a study of violence exposure in an urban community, *Journal of the American Academy of Child and Adolescent Psychiatry*, 34: 1343-1352.

Potential Indicators of Trauma History

Behavioral indicators may include rapid changes in disposition, temper outbursts, regression, aggression, re-creation of abuse as either perpetrator or victim, hyper-vigilance, unable to trust and hyper-reactivity.

Cognitive indicators include difficulty focusing on and processing information, delayed development of typical skills and capacities, frequently distracted by internal processes or may give up easily on tasks.

Physical indicators may include changes in appetite or connections to food, psychosomatic illnesses such as phantom pain or nausea, and sleep disturbance with or without nightmares

Academic indicators might include the inability to retain key information, difficulty processing simple steps, performance anxiety and frustration and failing to complete assignments.

Types of Traumatic Stress

Community violence includes predatory violence (robbery, for example) and violence that comes from personal conflicts between people who are not family members. It may include brutal acts such as shootings, rapes, stabbings, and beatings. Children may experience trauma as victims, witnesses, or perpetrators

Complex trauma describes the problem of children's exposure to multiple or prolonged traumatic events and the impact of this exposure on their development. Typically, complex trauma exposure involves the simultaneous or sequential occurrence of child maltreatment—including psychological maltreatment, neglect, physical and sexual abuse, and domestic violence—that is chronic, begins in early childhood, and occurs within the primary caregiving system.

Domestic violence—sometimes called intimate partner violence, domestic abuse, or battering—includes actual or threatened physical or sexual violence or emotional abuse between adults in an intimate relationship. This clinical definition is broader than the legal definition, which may be restricted to acts of physical harm.

Types of Traumatic Stress

Early childhood trauma generally refers to the traumatic experiences that occur to children aged 0-6. These traumas can be the result of intentional violence—such as child physical or sexual abuse, or domestic violence—or the result of natural disaster, accidents, or war. Young children also may experience traumatic stress in response to painful medical procedures or the sudden loss of a parent/caregiver

Pediatric medical traumatic stress refers to reactions that children and their families may have to pain, injury, and serious illness; or to "invasive" medical procedures (such as surgery) or treatments (such as burn care) that are sometimes frightening. Reactions can affect the mind as well as the body.

Childhood traumatic grief may occur following a death of someone important to the child when the child perceives the experience as traumatic. The death may have been sudden and unexpected (e.g., through violence or an accident), or anticipated (e.g., illness or other natural causes). The distinguishing feature of childhood traumatic grief is that the trauma symptoms interfere with the child's ability to go through the typical process of bereavement.

Other Types of Traumatic Stress

Secondary traumatic stress is the emotional duress that results when an individual hears about the firsthand trauma experiences of another. Its symptoms mimic those of post-traumatic stress disorder (PTSD). Accordingly, individuals affected by secondary stress may find themselves recalling their own personal trauma history, the descriptions provided by victims and may experience an increase in arousal and avoidance reactions related to the indirect trauma exposure.

Refugee trauma include exposure to war, political violence, or torture. Refugee trauma can be the result of living in a region affected by bombing, shooting, or looting, as well as forced displacement to a new home due to political reasons.

Additional forms of trauma exposure may include *natural disasters, neglect and physical abuse, school violence, sexual abuse and terrorism, among others*.

Incidence of Mental Health Needs Among Youths

- One in every four to five youth in the general population meet criteria for a lifetime mental disorder that is associated with severe role impairment and/or distress
  Merikangas, He, Burstein, et al., 2010
- 11.2 percent with mood disorders,
- 8.3 percent with anxiety disorders, and
- 9.6 percent behavior disorders
  Merikangas, He, Burstein, et al., 2010
- Substance abuse or dependence was the most commonly diagnosed group for young people, followed by anxiety disorders, depressive disorders, and attention deficit hyperactivity disorder
  O'Connell, Boat, & Warner, 2009
- The onset for 50% of adult mental health disorders occurs by age 14, and for 75% of adults by age 24
  Kessler, et al. 2007

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Other Risks for Connecticut Youths

- 9.2% of Connecticut students have been physically forced to have sexual intercourse when they did not want to
- Nearly 10% of the students who dated in the last 12 months were physically hurt on purpose by the person they were dating

2013 Connecticut School Health Survey

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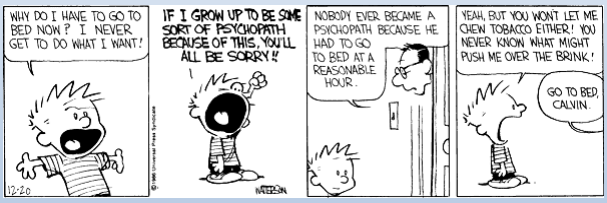
Acute Stress

Acute Trauma is typically the result of a single event and causes the individual to experience emotional and psychological distress.

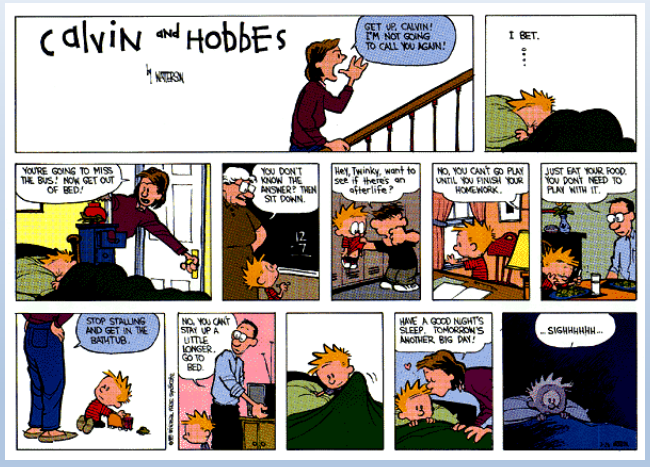
Chronic Trauma is more likely the result of a multiple events that combine to overwhelm the individual's coping mechanisms. Chronic trauma is likely to have longer lasting impact and is more likely to impact multiple area of functioning, including academics or work, family and social relations, and personal achievement.

Post-traumatic Stress Disorder is the presentation of a spectrum of symptoms that have clear connections to a previous traumatic event and persistently interferes with the individual's functioning and capacity to enjoy life.

Acute Stress



Chronic Stress



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Post-traumatic Stress Disorder?

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Other Risks for Connecticut Youths

- 27% of students report feeling sad or hopeless every day for more than two weeks so that it stopped them from their usual activities
- 14% of students report seriously considering suicide

2013 Connecticut School Health Survey

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Other Risks for Connecticut Youths

- 36% of students report having at least one drink of alcohol in the last 30 days
- 20% of students report having had 5 or more drinks within a couple of hours at some point during the last 30 days
- 25% of students have used marijuana in the last 30 days
- 27% of students have been offered drugs on school grounds in the last year

2013 Connecticut School Health Survey

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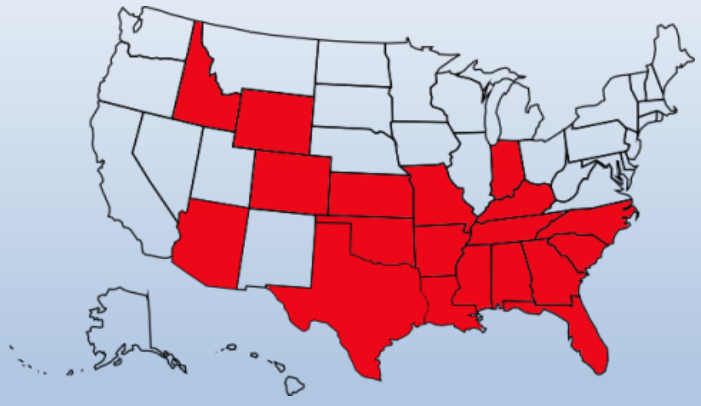
Sometimes our models of discipline leave something to be desired



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Connecticut Public Act 13-178: An Act Concerning the Mental, Emotional And Behavioral Health of Youths states that:

"Emergency mobile psychiatric service providers shall collaborate with community-based mental health care agencies, school-based health centers and the contracting authority for each local or regional board of education throughout the state, utilizing a variety of methods, including, but not limited to, memoranda of understanding, policy and protocols regarding referrals and outreach and liaison between the respective entities.

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Establishing Linkages with Community Agencies

- Mental Health Community Collaboratives
  - http://www.ct.gov/dcf/cwp/view.asp?a=2558&q=314352
- Child Guidance Clinics
  - http://www.211ct.org/ICarol/211Search.aspx?searchTerm=Child+Guidance&town=-1 or call #211
- Children's Mental Health Services FAQ by the CT Office of Legislative Research, January 31, 2013
  - http://www.cga.ct.gov/2013/rpt/2013-R-0081.htm
- Connecticut State Board of Education Position Statement on Student Support Services
  - http://www.sde.ct.gov/sde/LIB/sde/pdf/board/stusuptserv.pdf

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School-based Mental Health Supports

- Crisis intervention is NOT the preferred model for mental health supports
- Staff providing such services may include the school social worker, counselor or psychologist
- Mental health staff should be able to ensure privacy and confidentiality and necessary elements to perform their duties, e.g., private office and telephone, computer, lockable filing cabinets
- Each student requiring supports should have a clear intervention plan and regularly scheduled meeting for a limited time frame
- Extensive or pervasive needs requiring intervention for the entire school year should be referred to community resources
- Classroom observations – and consultation to teaching staff – are principle ingredients for best practices

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Effective Mental Health Services

Designed to meet the needs of all students
- Comprehensive
- Coordinated
- Culturally Competent

Establish Collaborative Relationships
- Multidisciplinary Team
- Community Providers
- Parents/ Caregivers

Receive Administrative Support
- Promote Comprehensive Intervention
- Facilitate Coordinated Efforts
- Provide Training to increase School's Capacity for Effective Service Delivery

Clinical Interventions for Trauma Exposed Children and Youth

Trauma-focused Cognitive Behavioral Therapy (TF-CBT) delivers conjoint treatment services engaging family members, and incorporating trauma-sensitive interventions directed toward resolving distressing thoughts, feelings and behaviors. This service has been proven effective with children as young as 3 and into young adulthood.

Cognitive Behavioral Interventions for Trauma in Schools (CBITS) is a skills-based group intervention specifically targeting symptoms associated with Post Traumatic Stress Disorder, including depression and anxiety

Eye Movement Desensitization and Reprocessing borrows principles associated with prolonged exposure therapy (pet being the gold standard for treating PTSD. While extremely controversial to this day, EMDR has received several notable commendations, including from the American Psychiatric Society and from the Department of Veteran Affairs, jointly with the department of Defense.

Resources

National Child Traumatic Stress Network http://www.nctsn.org/

Trauma Sensitive Schools http://traumasensitiveschools.org/

Treatment and Services Adaptation Center https://traumaawareschools.org/

Essential Trauma Informed Practices in Schools http://www.azed.gov/prevention-programs/files/2013/12/trauma-informed-schools-barb-iversen.pdf (article)

The Epidemiology of Trauma and Trauma Related Disorders in Children and Youth http://www.ptsd.va.gov/professional/newsletters/research-quarterly/v19n1.pdf

Calmer Classrooms: A Guide to Working with Traumatised Children (Australian) http://www.traumainformedcareproject.org/resources/calmer_classrooms.pdf

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Questions

If a cow laughs really hard, does milk come out its nose?

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Thank you for your time and attention

For additional information:

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