

TRAUMA, SELF-REGULATION, AND SCHOOL PROBLEMS: TEACHING DYSREGULATED AND TRAUMATIZED CHILDREN

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WHY TRAUMA-INFORMED

- ✘ Traumatic childhood events and toxic stress impact a lot more students than we realize.
- ✘ Trauma and toxic stress are significant non-academic barriers to learning.
- ✘ Many of the classroom behavior management strategies that we've learned don't work.

GROWING MENTAL HEALTH PROBLEMS AMONG SCHOOL-AGE CHILDREN WHY?

1981- 7% of U.S. children ages 4-17 identified with a diagnosable mental health problem.

2001- 19% of U.S. children ages 4-17 identified with a diagnosable mental health problem.

2013-33% of school-age children in a recent, local parent survey identified with a diagnosable mental health problem.

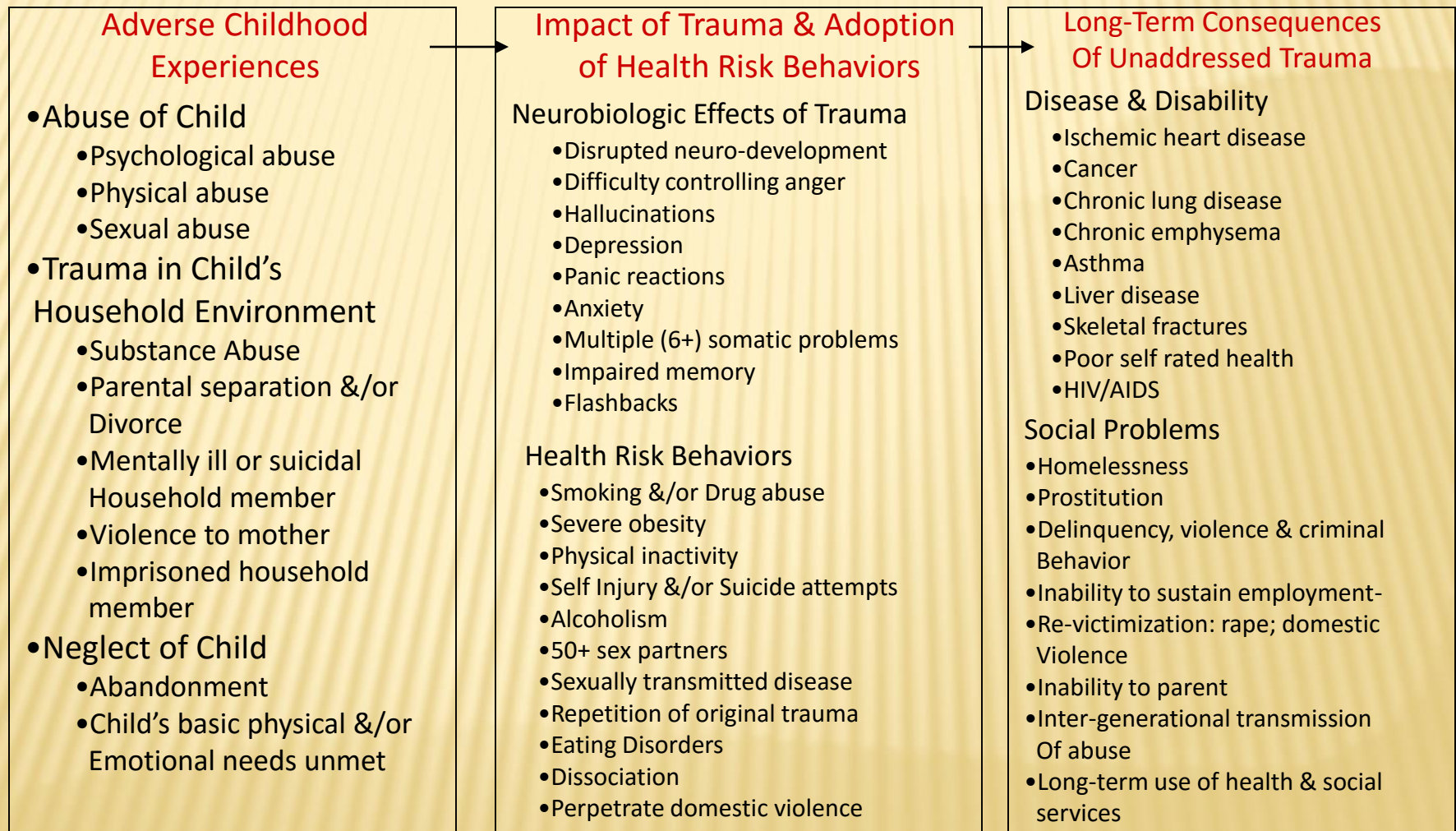
What changed?

WHAT IS TRAUMA?

Trauma occurs when overwhelming, uncontrollable experiences psychologically impact a child, creating feelings of helplessness, vulnerability, loss of safety, and loss of control . This can be a single incident or an ongoing issue, such as neglect or abuse.

ADVERSE CHILDHOOD EXPERIENCE (ACE) STUDY

Without intervention, adverse childhood events (ACEs) may result in long-term disease, disability, chronic social problems and early death. Importantly, intergenerational transmission that perpetuates ACEs will continue without implementation of interventions to interrupt the cycle.



Adapted from presentation Jennings (2006). The Story of a Child's Path to Mental Illness.

THE MANY FACES OF HUMAN ADVERSITY



Natural disasters
Abandonment
Divorce/Separation
Domestic Violence
Physical Abuse
Emotional Abuse
Sexual Abuse
Neglect
Mentally Ill Parent
Domestic Violence
Death of a Parent
Emotional Neglect
Physical Neglect
Neighborhood Violence
Military Service
Institutionalization
Witnessing assault/murder
Murder of a close relative
Chronic Illness
Serious accident/disability
Terminal illness of a parent
Repeated hospitalizations

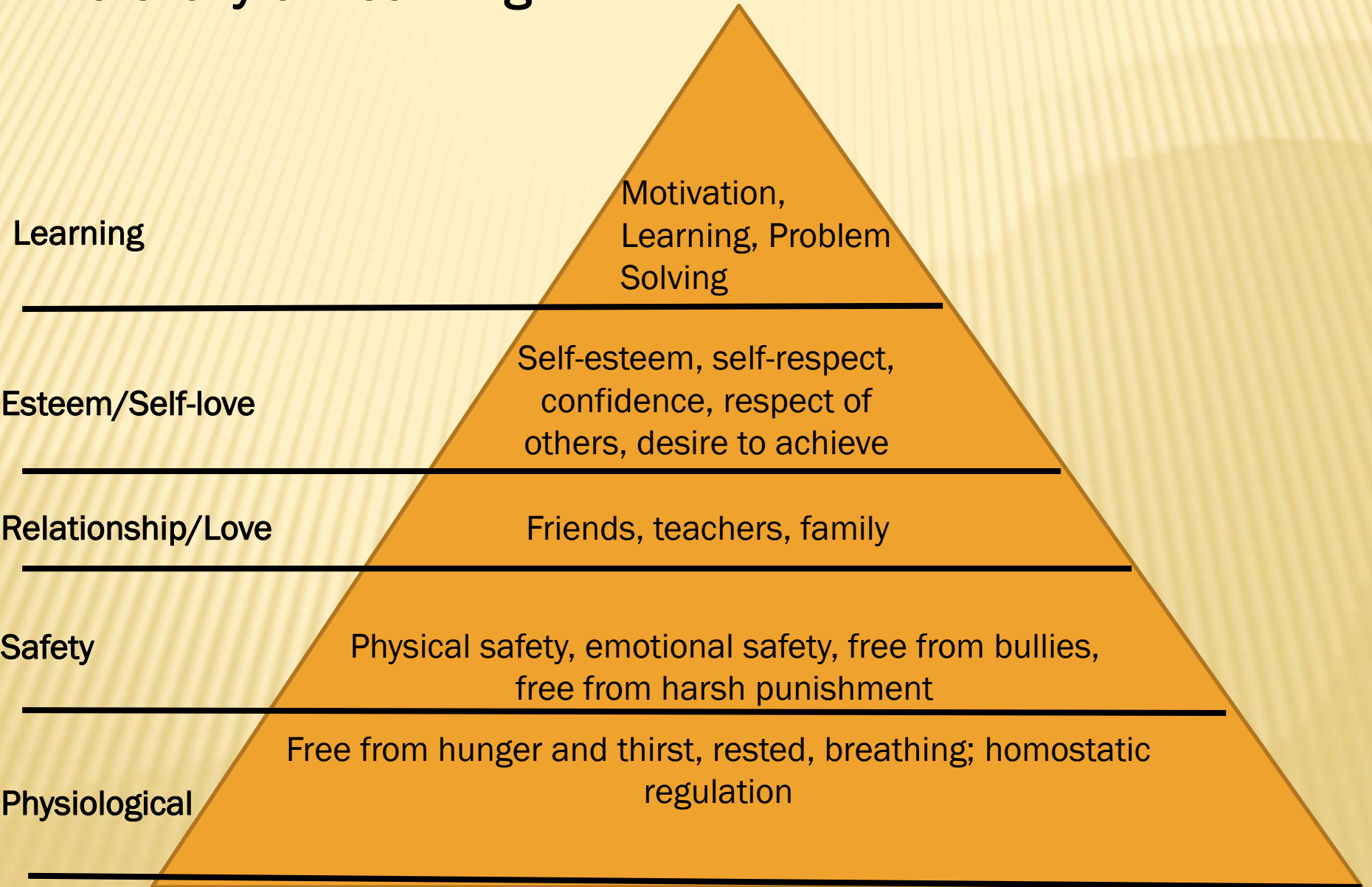
House Fire
Car accident
Bullying
Homelessness
Poverty
Adoption
Foster Care

Nearly half of U.S. children have experienced trauma, according to a study by scientists at the Johns Hopkins Bloomberg School of Public Health. Researchers examined data from more than 95,000 children from birth to age 17 and found that 48 percent had encountered at least one of nine types of adverse experiences, including extreme economic hardship, physical or emotional abuse or neglect, incarceration of a parent, household substance abuse problems, living with a mentally ill family member, or exposure to violence. Twenty-two percent had two or more childhood traumatic experiences. These children were more than twice as likely to have chronic health conditions and were more than two-and-a-half times more likely to have repeated a grade in school. The researchers also found that children who learned resiliency skills — such as the capacity to stay calm and in control when faced with a challenge — had mitigated negative effects, including being much more likely to be engaged in school (*APA Monitor*, February 2015).

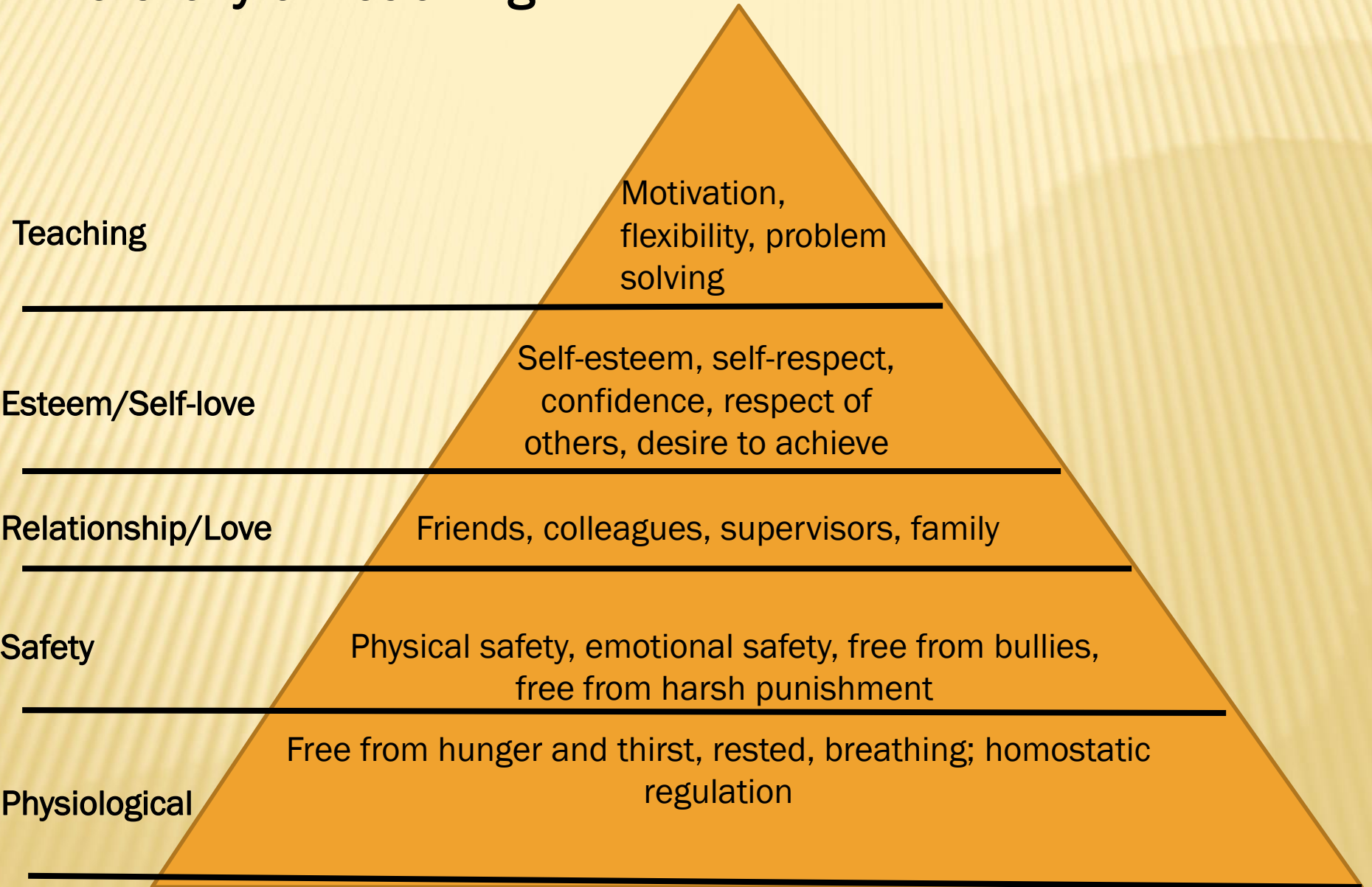
TRAUMA EFFECTS ALL ASPECTS OF LIFE

- Trauma changes the actual **structure** of the brain (especially in very young children).
- It also changes the way the brain **works**.
- Results in problems with individual's social lives, ability to think clearly, and with emotional control.
- Following trauma people often adopt health risk behaviors to cope, like eating disorders, smoking, substance abuse, self-harm, sexual promiscuity, and violence.
- People with trauma also die at a younger age.

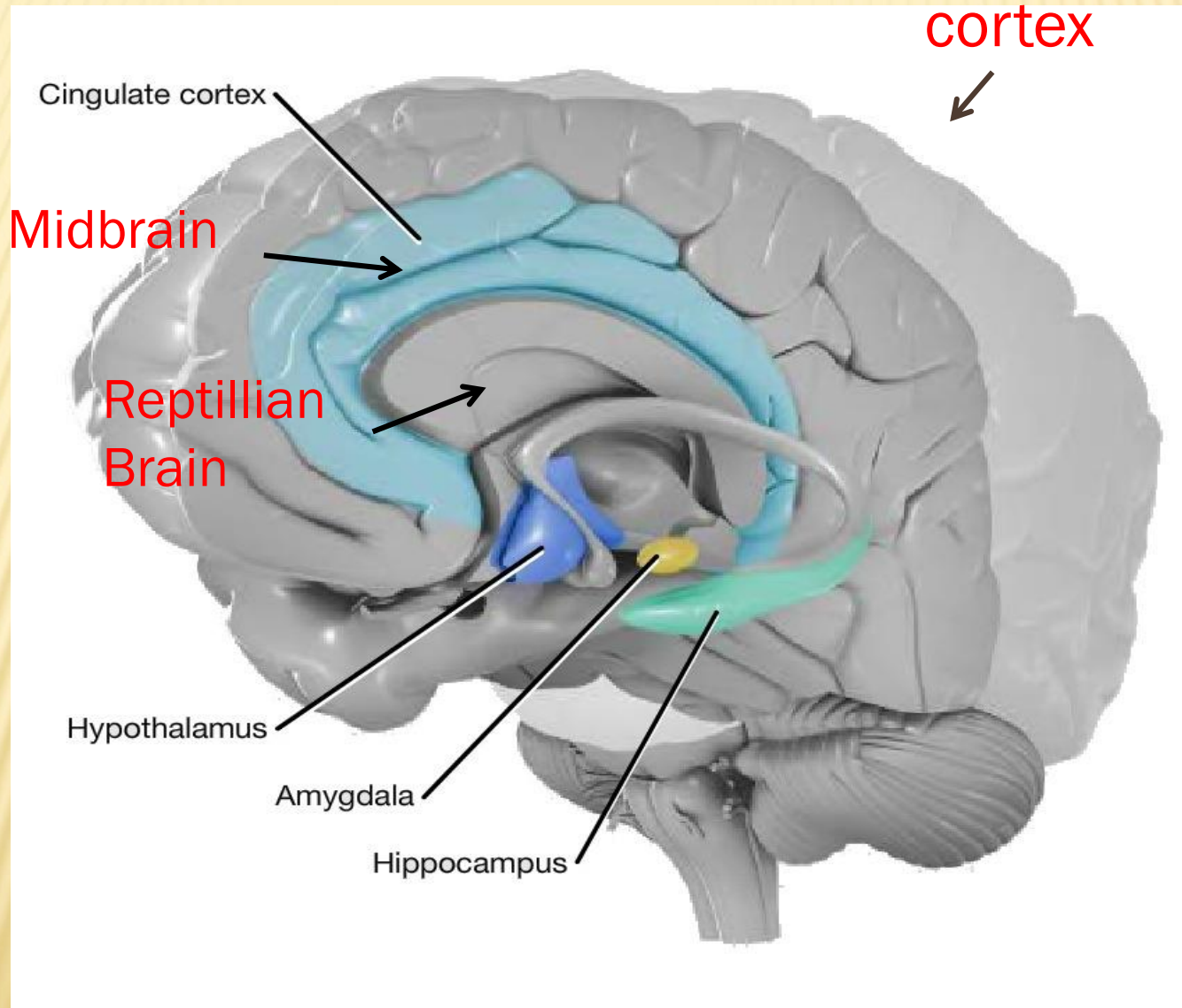
Hierarchy of Learning



Hierarchy of Teaching



Three Areas of the Brain that Control our Behaviors



WATCH FOR TRIGGERS!

- Loss, change, transitions (to school, from school, during the day, start of school, end of school)
- Not understanding the instruction (feeling incompetent/inadequate)
- Tests
- Written assignments
- Assignments about self and/or family
- Being called on in class
- Classroom presentations
- Classroom discussions
- Angry/frustrated voice tone
- Perceived criticism/rejection
- Name calling/insults

WATCH FOR TRIGGERS!

- Unexpected touch
- Perceived loss of control
- Loss of attention (peers and/or adults)
- Feeling trapped and/or unsafe
- Expressive arts
- Restroom use
- Changing clothes
- Substitute teacher
- Change in normal routine
- Drills, assemblies, field trips, alarms

Regulation:

The ability to experience and maintain stress within one's window of tolerance. Generally referred to as being calm, focused, or relaxed.

Dysregulation:

The experience of stress outside of one's window of tolerance. Generally referred to as being stressed out or in a state of distress. It is believed that affective dysregulation is a fundamental mechanism involved in all psychiatric disorders (Taylor et al, 1997).

Flight, Fight, Freeze, or Appease

When children become overly distressed, they react from a place of **fight, flight, or freeze**. The fight response puts a child into a “hyper-arousal” state and the flight response puts the child in a “hypo-arousal” state.

“Hyper-arousal”- an increase in psychological and physiological tension, manifested by a reduction in pain tolerance, increased anxiety, exaggeration of startle responses, insomnia, panic, rage, and an accentuation of personality traits.

“Hypo-arousal”- the decrease in psychological and physiological tension marked by such effects as emotional indifference, flattened affect, irritability, low grade nervousness, disengagement, depression, and hopelessness.

Responsive
Engaged
Focused
Calm
Organized

Regulated

Dysregulated

Hyperarousal

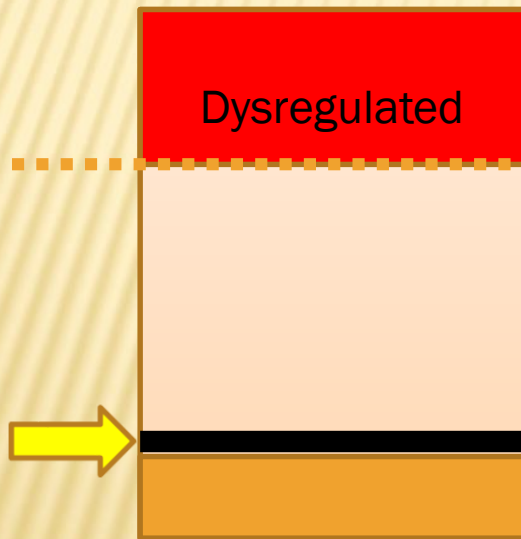
Unable to sit still
Can't adhere to rules
Aggressive
Difficulties following directions
Impulsive
Argumentative
Risk taking
Anxious

Dysregulated

Hypoarousal

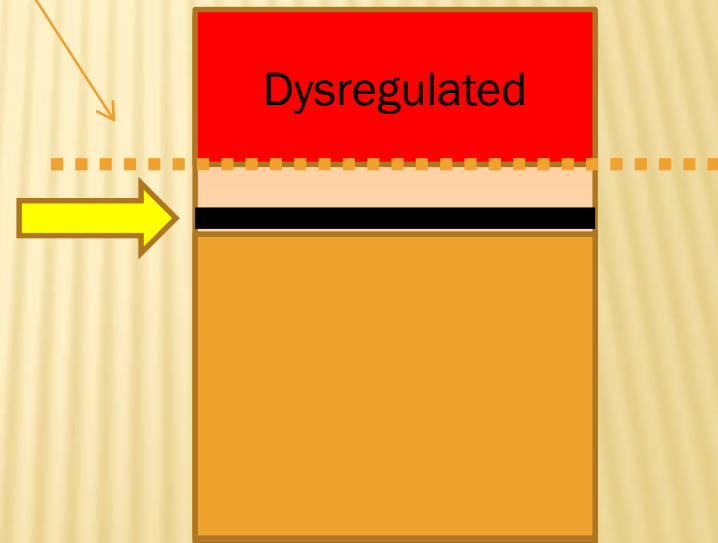
Withdrawn from peers
Tardy
Absent
Avoids tasks
Shuts down-
disassociates
Numbs out-"I don't care"
Forgetful
Depressed

Andy's
Window of Stress
Tolerance



Breaking
Point

Billy's
Window of Stress
Tolerance



Top-Down vs. Bottom-Up Control

Traditional methods
(points, stickers,
consequences) work
here...



Left Hemisphere
Language



Right Hemisphere
Imagery

But the problem is
here...



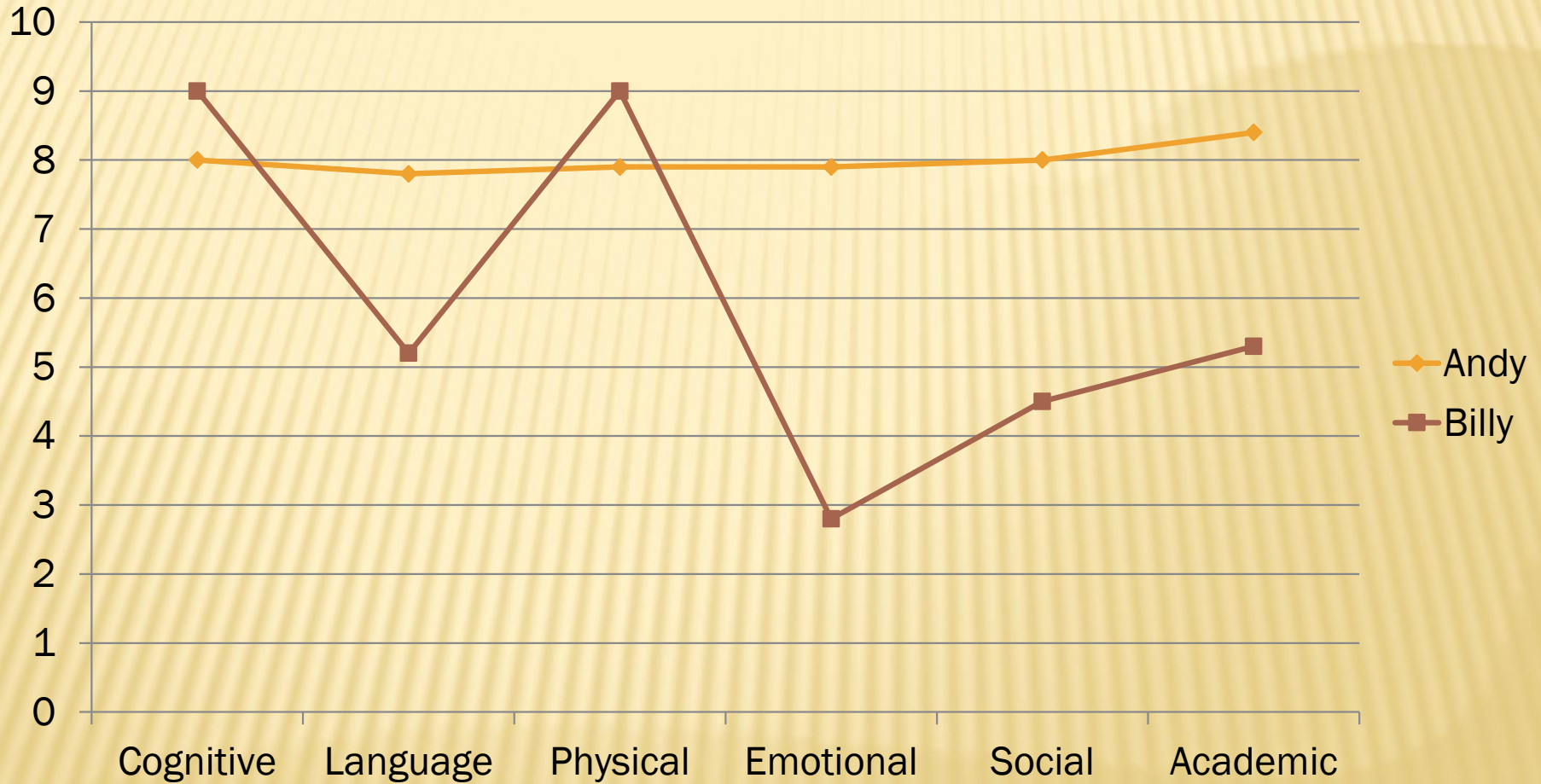
Limbic System
Motivation and
Emotion



Brain Stem
Arousal and Pain



DEVELOPMENTAL LEVELS



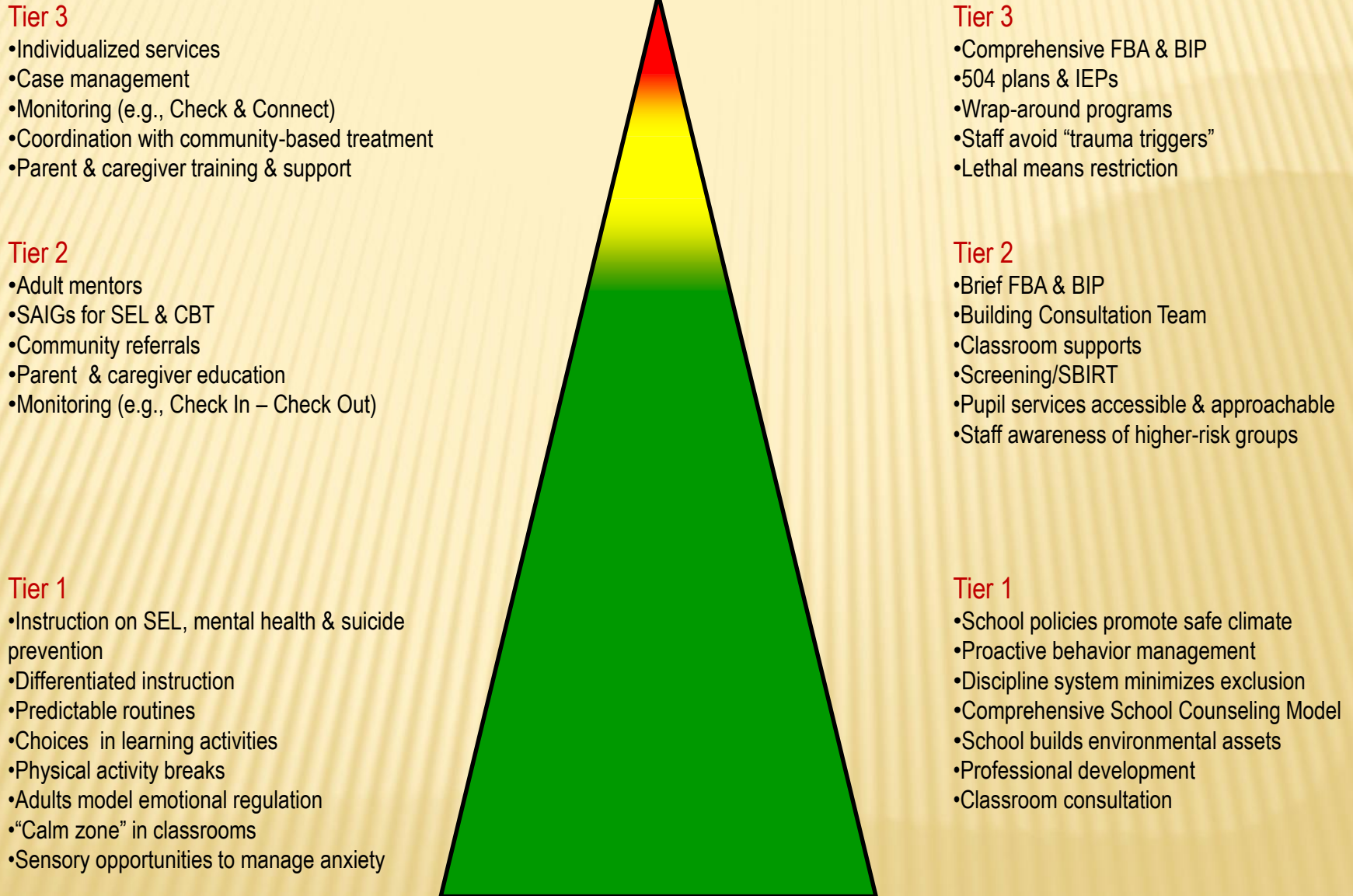
ELEMENTS OF A TRAUMA-INFORMED CLASSROOM

- ✘ Building safety through connected relationships
- ✘ Building safety through structure and predictable routines
- ✘ Building safety through choice and empowerment
- ✘ Building safety by avoiding traumatic reenactments
- ✘ Building safety by understanding the need behind behaviors, awareness of one's own emotions and nonverbal behaviors, and acknowledging the importance of self-care and collaboration.

ELEMENTS OF A TRAUMA-INFORMED CLASSROOM

- ✘ Teaching emotional self-regulation skills through mindfulness activities.
- ✘ Teaching executive skills and empathy through proactive, collaborative problem-solving
- ✘ Teaching students how to repair relationships through restorative practices
- ✘ Teaching resiliency through practices that increase students' sense of inner strength and connection to others

USING THE PBIS FRAMEWORK TO SUPPORT STUDENTS' MENTAL HEALTH



RESOURCES

- ✘ Helping Traumatized Children Learn, Massachusetts Advocates for Children, 2005
<http://www.traumasensitiveschools.org>
- ✘ Wisconsin Department of Public Health
http://sspw.dpi.wi.gov/sspw_mhtrauma
- ✘ The Heart of Learning: Compassion, Resiliency, and Academic Success, Washington State
<http://k12.wa.us/CompassionateSchools/HeartofLearning.aspx>
- ✘ Attachment and Trauma Network
<http://www.attachmenttraumanetwork.com/index.html>

RESOURCES

- ✘ National Child Traumatic Stress Network
<http://www.nctsn.org/>
- ✘ Adverse Childhood Experiences study
<http://www.cdc.gov/violenceprevention/acestudy/index.html>
- ✘ Dr. Bruce Perry. Child Trauma Academy
<http://childtrauma.org/>
- ✘ Dr. Dave Ziegler. Jasper Mountain
http://www.jaspermountain.org/publications_resources.html
- ✘ Dr. Bessell van der Kolk. Trauma Center
<http://www.traumacenter.org/>

RESOURCES

- ✘ Dr. Sandra Bloom. The Sanctuary Model
<http://www.sanctuaryweb.com/>
- ✘ Dr. Ross Greene. Collaborative and Proactive Solutions <http://www.livesinthebalance.org/>
- ✘ Dr. Becky Bailey. Conscious Discipline
http://consciousdiscipline.com/about/dr_becky_bailey.asp
- ✘ Mrs. Heather Forbes. Beyond Consequences
<http://beyondconsequences.com/>

REFERENCES

- Bailey, B.A. (2000). *Conscious discipline*. Florida: Loving Guidance.
- Craig, S.E. (2016) *Trauma-sensitive schools*. New York: Teachers College Press.
- Craig, S.E. (2008)). *Reaching and teaching children who hurt: Strategies for your classroom*. Maryland:Brookes
- Forbes, H.T. (2012). *Help for Billy: A beyond consequences approach to helping challenging children in the classroom*. Colorado: Beyond Consequences Institute.
- Greene, R.W. (2009). *Lost at school: Why our kids with behavioral challenges are falling through the cracks and how we can help them* (Revised 2nd edition). New York: Scribner.
- Greene, R. W. (2010). *The explosive child: A new approach for understanding and parenting easily frustrated, "chronically inflexible" children*. (Revised 4th edition). New York: HarperCollins.
- Greene, R. W. (2010). *Collaborative Problem Solving*. In R. Murrihy, A. Kidman, & T. Ollendick (Eds.), *A clinician's handbook of assessing and treating conduct problems in youth*. New York: Springer Publishing, 193-220.
- Siegel, D. & Bryson, T.P. (2014). *No-drama discipline*. New York: Bantam.
- Siegel, D. & Bryson, T.P. (2012). *The whole brain child*. New York: Bantam.
- Sauers, K. & Hall, P. (2016). *Fostering resilient learners: Strategies for creating a trauma-sensitive classroom*. Virginia: ASCD.