

3C: Trauma-Informed Schools

Part 1: An Overview of Trauma

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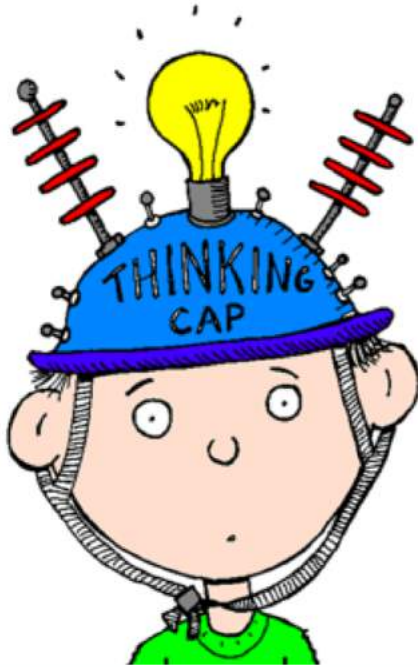
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Guiding Questions



What is an 'ah-ha' that you have from this information?

In what capacities does this material connect with our work?

Objectives



Define trauma and explain what it means to be trauma-informed in the school setting.

Learn about the brain processes that are impacted by trauma.

Who here has mental health?



Who here has mental health?

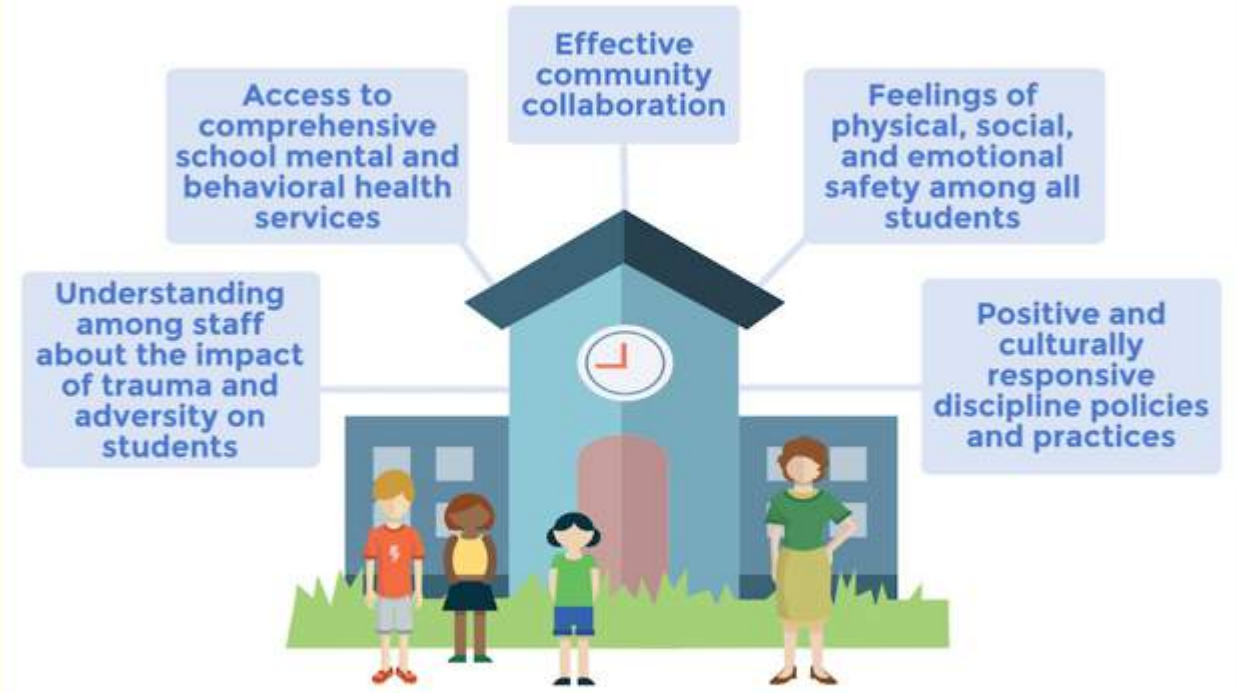
Mental health is defined as a **state of well-being** in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.

~World Health Organization

Trauma-Informed Care: Missouri Model



Characteristics of Trauma-Sensitive Schools



Promoting trauma-sensitive school approaches has the greatest potential to positively impact all students, regardless of trauma history.

Our Current Reality



1 in 5

School students suffer from a mental health disorder.



of children have had a potentially traumatic experience.

1.1 Million

High school students attempt suicide each year.



Students are more likely to seek mental health supports in school than other settings.

Unaddressed mental health needs increase risk for suspension, expulsion, dropout and entering the juvenile justice system.



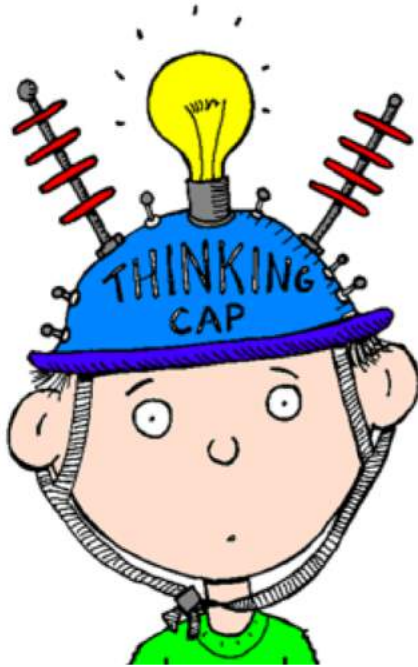
University of Missouri

Our Current Reality

| Professional | Recommended Ratio | 2016 National Average Ratio | 2016 Missouri Average Ratio |
|----------------------|--------------------------|------------------------------------|------------------------------------|
| School Counselors | 250:1 | 444:1 | 328:1 |
| School Social Worker | 250:1 | 2,106:1 | 2,250:1 |
| School Psychologists | 500:1 | 1,526:1 | 4,867:1 |
| School Nurses | 750:1 | 936:1 | 488:1 |

Actual Ratios -

Guiding Questions



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The Meaning of Trauma

Importance, Prevalence, and Definition



Understanding trauma...

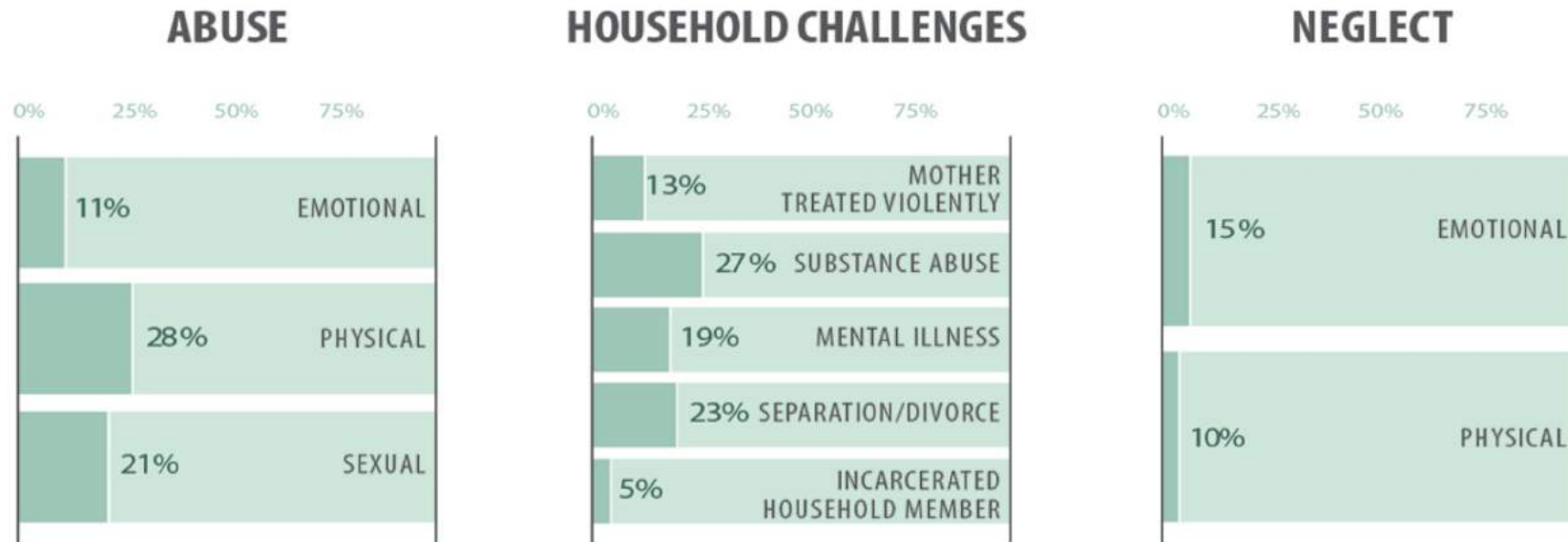
Adverse Childhood Experiences (ACE) Study

TYPES of ACES

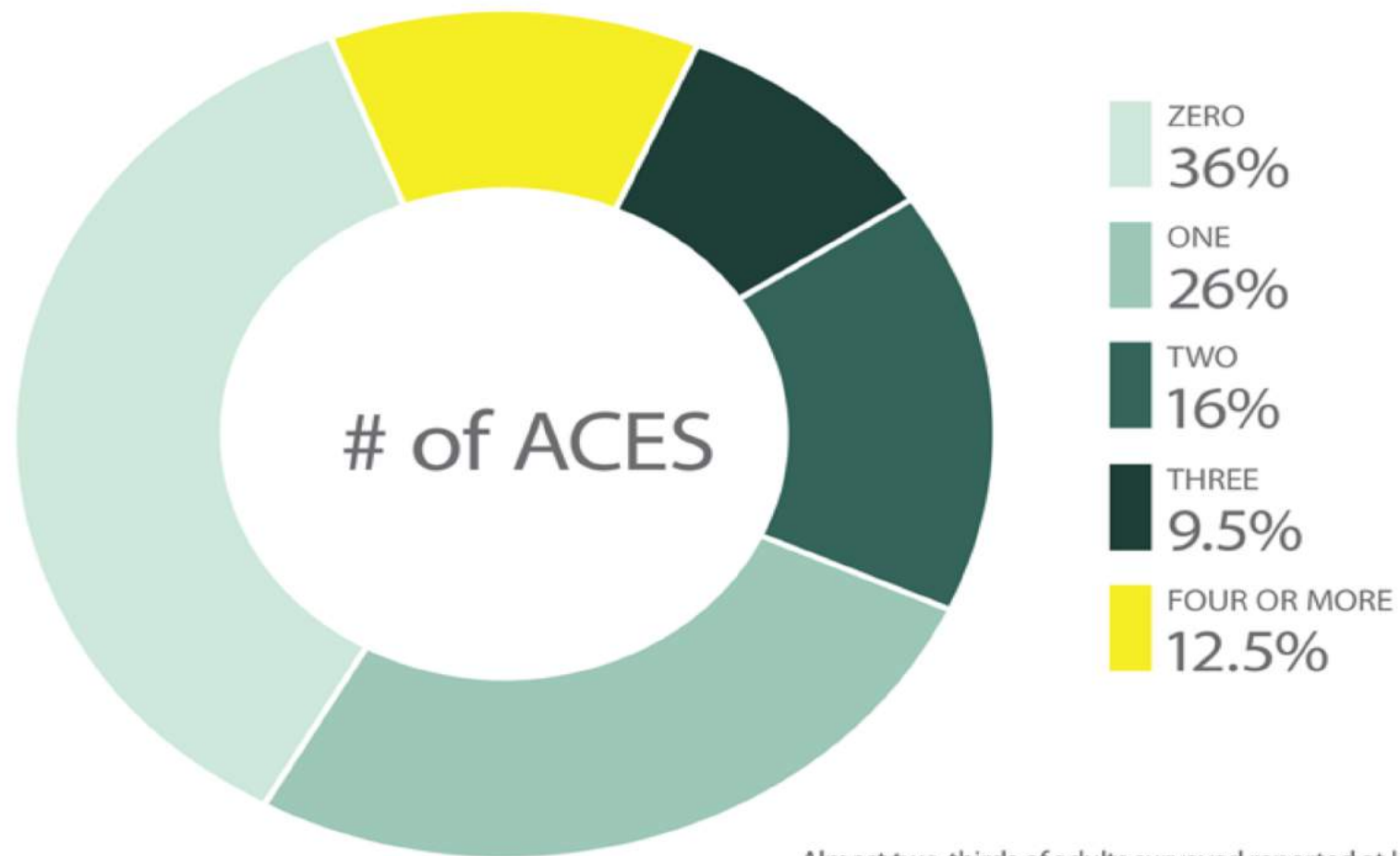
The ACE study looked at three categories of adverse experience: **childhood abuse**, which included emotional, physical, and sexual abuse; **neglect**, including both physical and emotional neglect; and **household challenges**, which included growing up in a household where there was substance abuse, mental illness, violent treatment of a mother or stepmother, parental separation/divorce or had a member of the household go to prison. Respondents were given an **ACE score** between 0 and 10 based on how many of these 10 types of adverse experience to which they reported being exposed.

Between 1995-1997:

- 17,000 people
- 56% female; 45% male
- 75% white
- 93% HS diploma or higher
- 39% college graduate
- Cross-section of middle-class American adults



HOW COMMON ARE ACES?



Almost two-thirds of adults surveyed reported at least one Adverse Childhood Experience – and the majority of respondents who reported at least one ACE reported more than one.



ACES can have lasting effects on....



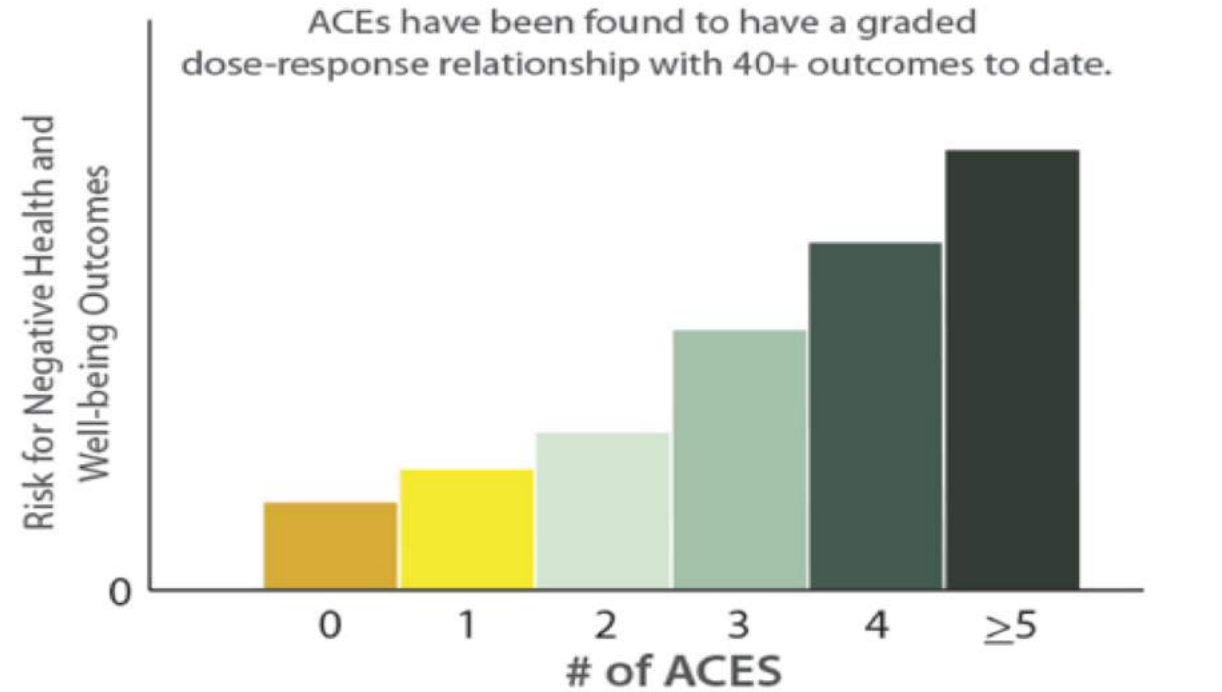
Health (obesity, diabetes, depression, suicide attempts, STDs, heart disease, cancer, stroke, COPD, broken bones)



Behaviors (smoking, alcoholism, drug use)



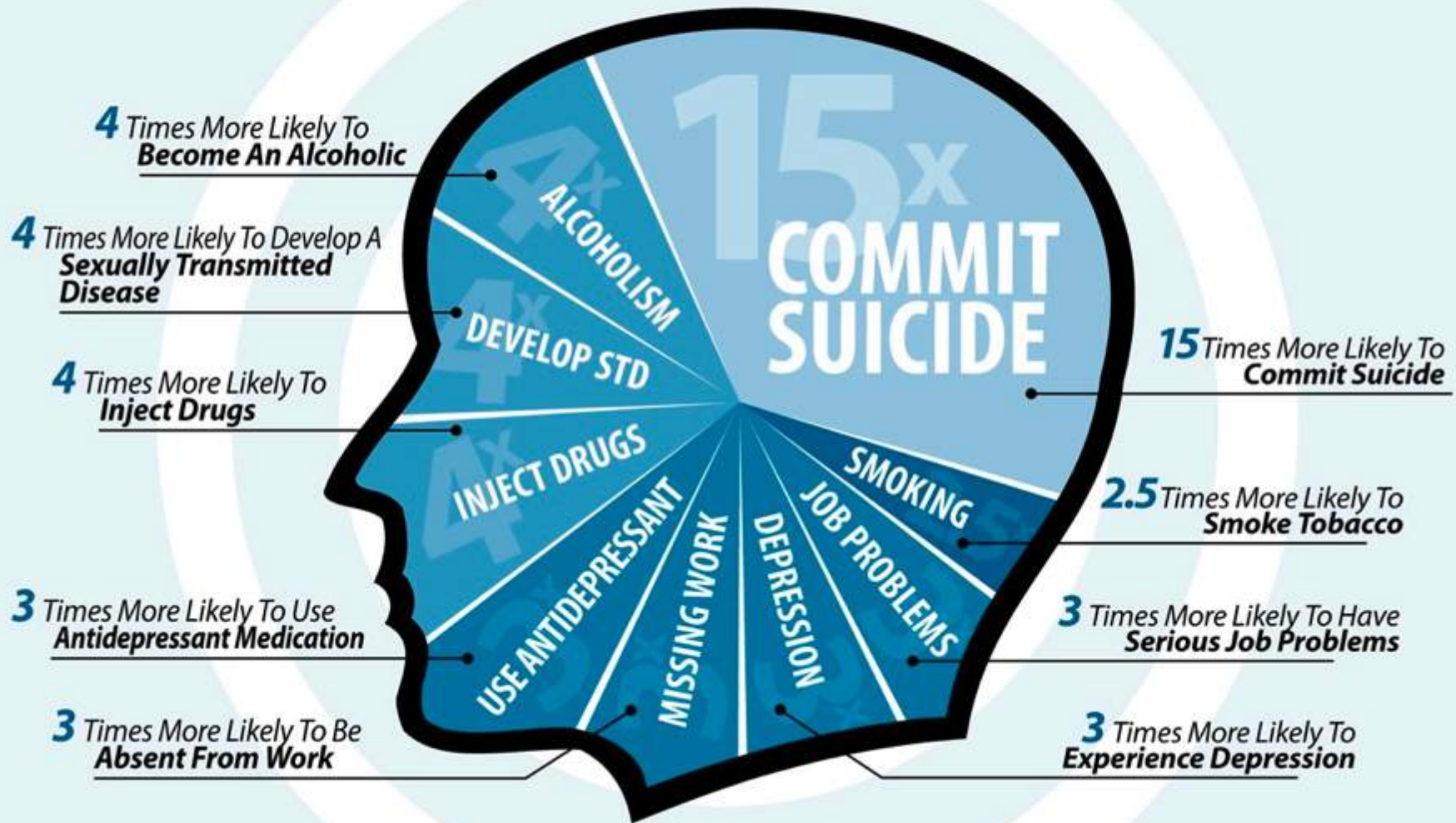
Life Potential (graduation rates, academic achievement, lost time from work)



*This pattern holds for the 40+ outcomes, but the exact risk values vary depending on the outcome.



PEOPLE WHO HAVE EXPERIENCED TRAUMA ARE:



LIFE EXPECTANCY

People with six or more ACEs died nearly **20 years earlier on average** than those without ACEs.



ECONOMIC TOLL

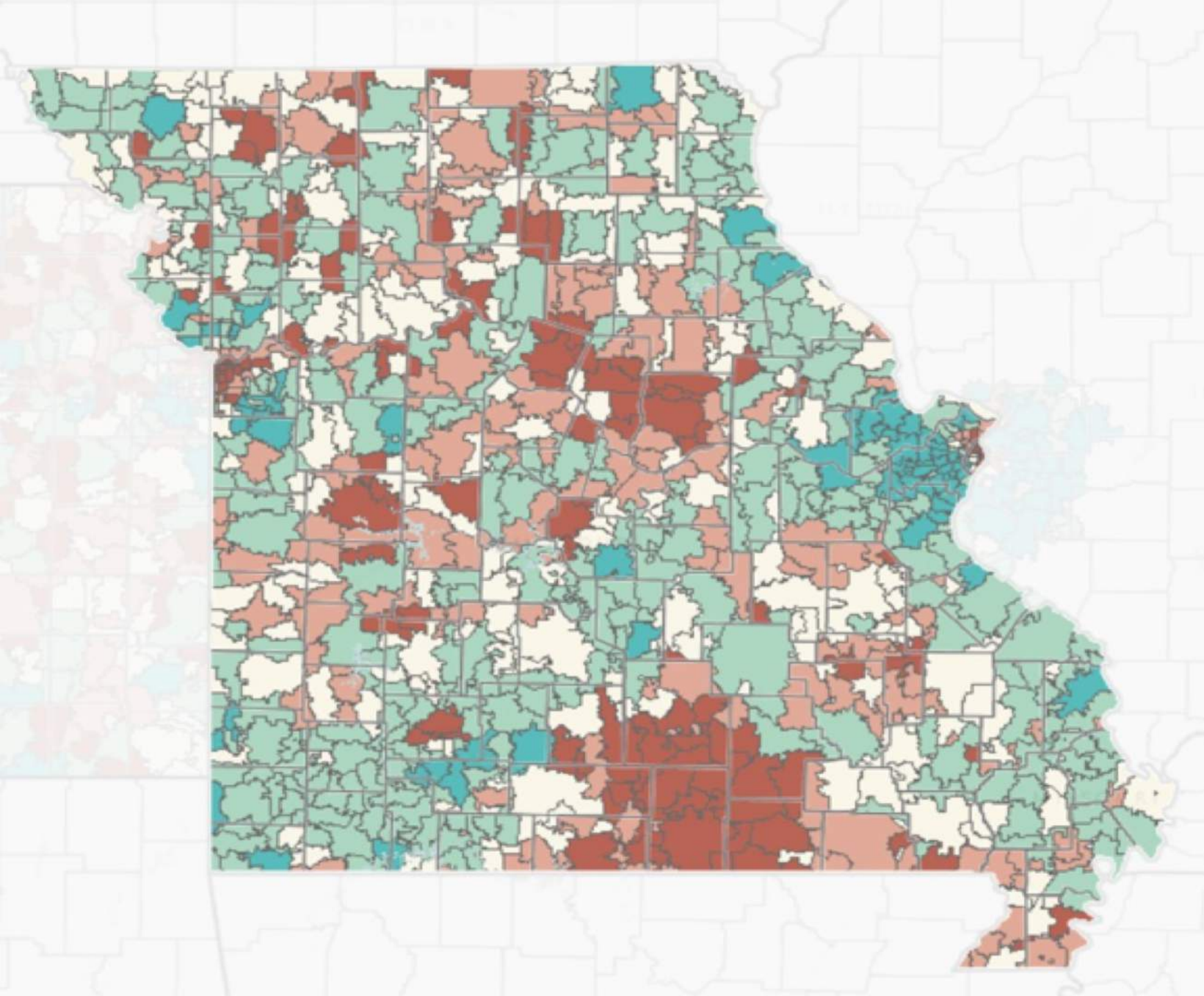
The Centers for Disease Control and Prevention (CDC) estimates the lifetime costs associated with child maltreatment at **\$124 billion**.



What is trauma?

According to SAMHSA (2014):

*Individual trauma results from 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.*



**Adverse Childhood Experiences (ACE),
Overall Risk, Weighted Score by ZCTA,
MHA 2016**

- High Risk
- Med-High Risk
- Moderate Risk
- Med-Low Risk
- Low Risk



Objectives

Define trauma and explain what it means to be trauma-informed in the school setting.

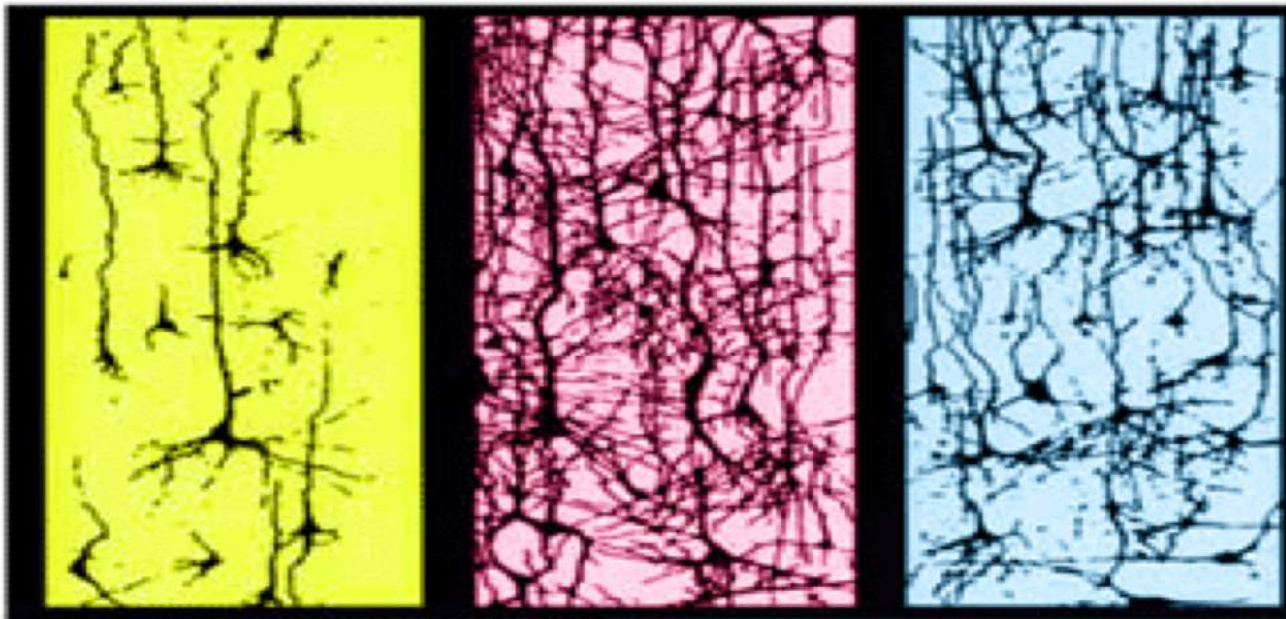


Learn about the brain processes that are impacted by trauma.

Brain architecture

Experience Shapes Brain Architecture by Over-Production Followed by Pruning

Center on the Developing Child  HARVARD UNIVERSITY



birth

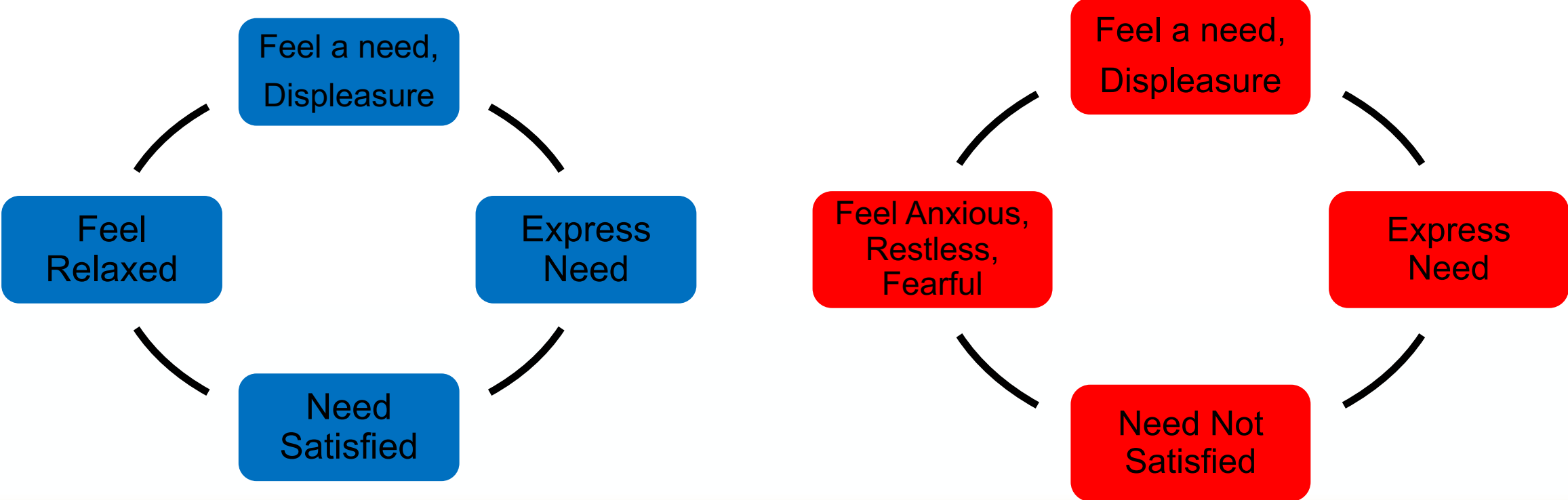
6 years

14 years

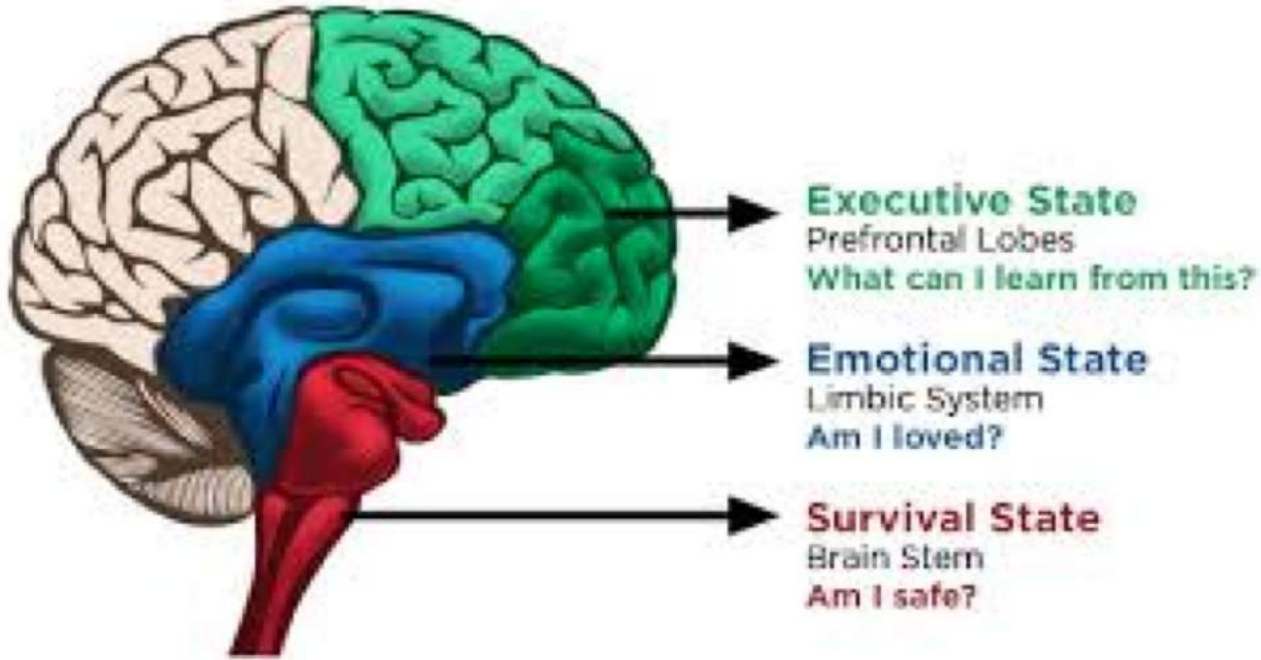
Source: Shonkoff, J. P. (2008) **

- Fixed amount of neurons
- Period of rapid proliferation
- Pruning
- Experiences shape

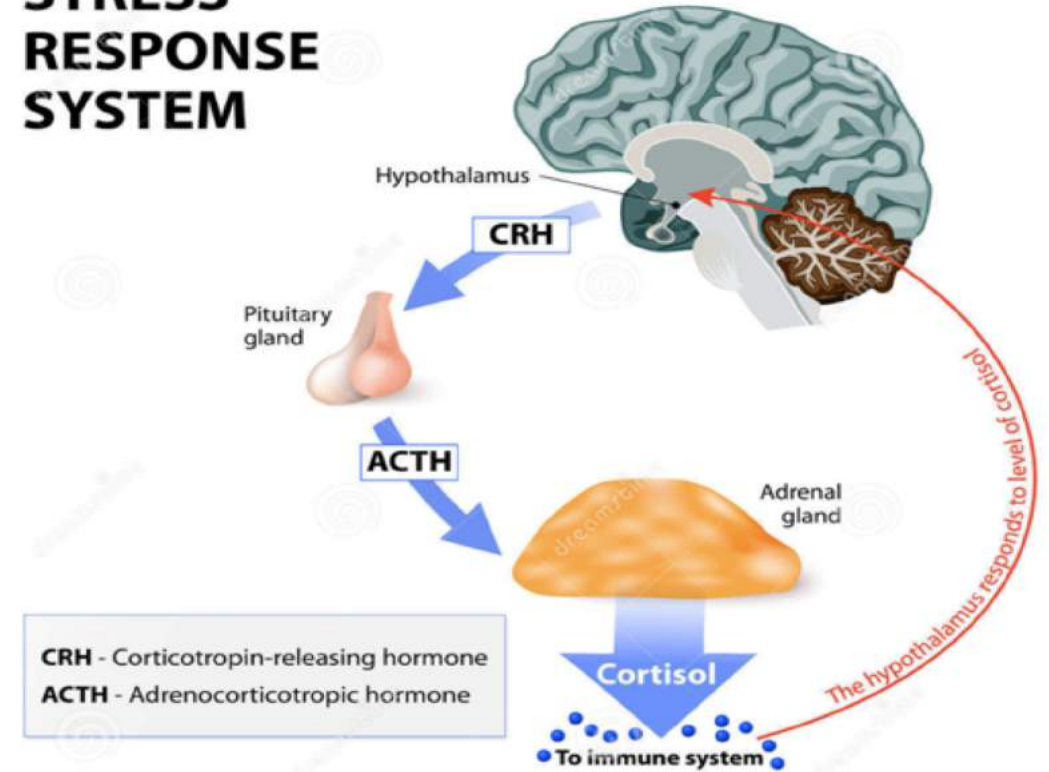
Developing neural connections



Brain anatomy



STRESS RESPONSE SYSTEM



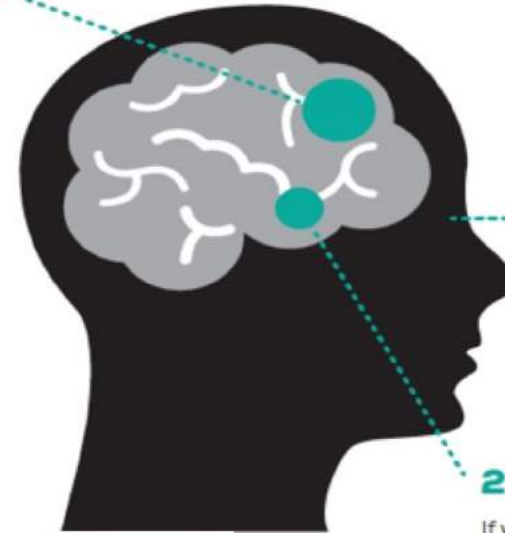
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THE AMYGDALA HIJACK

3. PREFRONTAL CORTEX

Under stress, this brain region shuts down. This brain region has been implicated in **planning complex cognitive behavior, personality expression, decision making, and moderating social behavior**. The basic activity of this brain region is considered to be orchestration of thoughts and actions.



1. PERCEIVED THREAT



2. AMYGDALA

If we perceive a threat, our amygdala triggers a fight, flight or freeze response before we have a chance to process whether the threat is real.

The amygdala can house memories and response repertoires that we enact without quite realising why we do so. Physiologically, this occurs because neural responses bypass our neocortex.



Allostatic load

Acute Stress Response

- **increase blood glucose**
- **increased blood pressure**
- **modulation of immune response**
- **reduced motivation for rewarding stimuli**
- **vigilance and arousal**
- **consolidation of aversive memories**

Effect of Persistent Stress

- **excessive insulin secretion, type II diabetes**
- **hypertension, coronary heart disease**
- **vulnerability to inflammatory diseases**
- **loss of interest, depression**
- **hyperarousal and anxiety disorders**
- **preponderance of aversive memories (PTSD)**



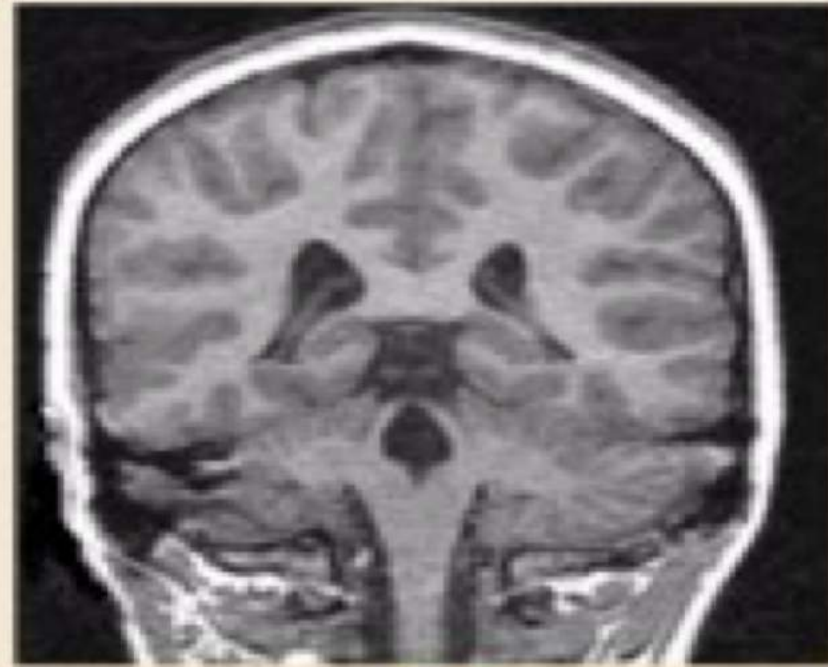
The impact of trauma...

Impact of Trauma on the Brain

Healthy Brain



Brain of Abused Child



DE BELLE ET AL., 1992

56

Challenging Behavior Manifestations



Research supports the classification of emotional and behavioral challenges into either externalizing or internalizing dimensions.
(Walker & Gresham, 2014)

Externalizing Behavior

- Emotions are undercontrolled
- Student can't deal with emotions, so directs them outward
- Verbal & Physical Aggression
- Noncompliance
- Delinquent Acts



Externalizing

Noticed more easily

Causes disruption

Worse outcomes long-term

Lane, Kalberg, Lambert, Crnabori, & Bruhn, 2010

Internalizing Behavior

- Emotions are overcontrolled
- Student directs problems inward
- Depression
- Anxiety
- Somatic complaints
- Fears/phobia
- Trauma symptoms



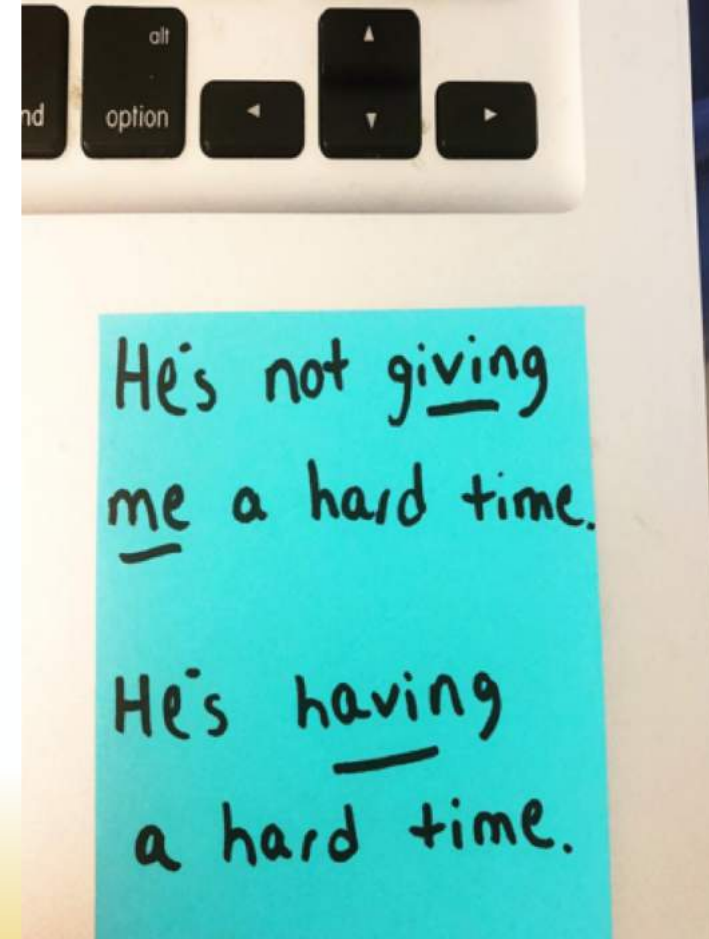
Internalizing

- More difficult to notice, less visible
- Better long-term outcomes than externalizing
- Staff generally not trained for effective identification and intervention

| | Received MH Services | Received SpEd Services |
|---------------|----------------------|------------------------|
| Externalizing | 85% | 75% |
| Internalizing | 65% | 40% |

Bradshaw, Buckley, & Jalongo (2008)

Challenging Behavior Manifestations



Potential Impact & Consequences

- Academic, achievement & school problems
 - Poor or inconsistent attendance, sporadic work completion, failure to seek assistance, dropping grades, school refusal
- Diminished self-esteem
- Poor social relationships – “Invisible Kids”
- Later and/or chronic mental health problems
- Substance abuse
- Suicidal thoughts, attempts, completion
- Unexpected violent behavior

(Bender, Shubert, &McLaughlin, 2001, p.106)

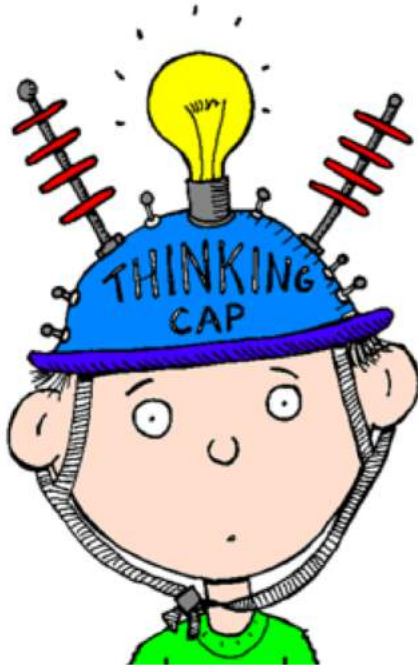


Importance of Schools

- Students can learn skills to cope with environmental stressors and biological predispositions.
- Because teachers are already trained in effective instructional practices and have long-term access to children, schools are in a position to create environments that promote student resiliency.

(Sprick & Garrison, 2008, p. 755)

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