

 DEVELOPMENTAL ENHANCEMENT
BEHAVIORAL HEALTH


**CREATING & SUPPORTING
A TRAUMA INFORMED
EARLY EDUCATION
PROGRAM**

Presented by Dr. Stephanie Grant
for the Michigan Association of
Administrators of Special Education
April 10, 2018


 REACH
PARENT-CHILD PROGRAM




**WHY SHOULD
YOU CARE
ABOUT
TRAUMA?**

 Why Care About Trauma?


- Maybe you're asking this or maybe this is something you speak with teachers & administrators about
- Because
 - The rates of children who have experienced trauma are increasing
 - You want to be effective
 - You don't want to burn out

 The Trauma Informed School

- What is "Trauma Informed Care"?
 - Care that recognizes that trauma changes the brain and that these neurological changes affect every area of the student's life
 - Sensory issues, relationships, emotional regulation, executive functioning, memory, behaviors....and learning
 - Creating environments that support a sense of safety
 - Understanding what lies behind the negative behaviors

 The Trauma Informed School

- How is a Trauma Informed School different?
 - It recognizes that the techniques that are widely used in schools are not likely to be consistently effective when a child has a history of trauma
 - It understands that for a student to learn, the trauma must be kept in mind, always as a priority for that student
 - It gets that a student may need to learn many things before they can learn their academics (cont.)

 The Trauma Informed School

- How is a Trauma Informed School different?
 - It focuses on relationships and not just behaviors
 - It understands that managing behavior is not enough

The Multi-Tiered System of Support

ALL students benefit from school-wide Tier I instruction and supports such as teaching academic and behavioral expectations, career and technical competencies, and social-emotional skills to be prepared for career, college, and life.

SOME students can benefit from supplemental Tier II instruction and supports such as a reading or math intervention or behavioral check-in. These students are identified as needing more intensive or accelerated academic, career, behavioral, and/or mental health interventions in addition to Tier I services.

A SMALL NUMBER of students can benefit from intensive Tier III instruction and supports (such as those provided through community partnerships and specialized programs to provide more intensive or accelerated academic, career, behavioral, and/or mental health supports). These students may need case management or accelerated instruction in addition to Tier I services.

ACT (Analyze) | **PLAN** (Plan) | **DO** (Do) | **STUDY** (Study)

A quality improvement process (plan, do, study, act) ensures the systems and interventions are effectively meeting the needs of students.

The “Typical” Child

- Most of what we are taught about children is based on the “typical” child
 - This child is securely attached
 - This child has learned to trust and that the world is basically safe
 - This child has typical neurological function
- Most strategies are developed for this child
- This is not the child we are talking about today

WHAT IS TRAUMA & HOW DOES IT OCCUR?

What is Trauma?


- Trauma is anything that is deeply distressing to an individual
 - May be physical (an injury)
 - May be psychological

Neurodevelopmental Trauma

- Often early trauma and/or repeated traumatic events, frequently that occur within the context of a child-caregiver relationship, that change how brains function and are structured
 - Not a one time event
- Related to the ACE Research
 - Adverse Childhood Experiences


Trauma Doesn’t Always Create Traumatization

- Often, relationships help to buffer the effects of trauma
 - Children may not need counseling after a death or natural disaster
 - Can depend on the severity and duration of the stressor AND on whether the stressor also affected the caregivers
 - Can also depend on genetics





Trauma Doesn't Always Create Traumatization

- Stressors (traumas) that happen repeatedly will affect us more negatively
- The earlier in life these stressors occur, the greater the impact
 - Particularly true in infancy
- The greater our “buffer” the less likely we will experience traumatization
 - Can be due to genetics
 - Can be due to past experiences




TYPES OF TRAUMAS


ACEs

- Adverse Childhood Experience Examples
 - Emotional abuse
 - Physical abuse
 - Sexual abuse
 - Lack of love/support/affection
 - Neglect
 - Parental drug use
 - Loss of parent (abandonment, foster care, death, jail)
 - Domestic violence
 - Parental mental illness




Prior to Your 18th Birthday...

1. Did a parent or other adult in the household often or very often... Swear at you, insult you, put you down, or humiliate you? or Act in a way that made you afraid that you might be physically hurt?
2. Did a parent or other adult in the household often or very often... Push, grab, slap, or throw something at you? or Ever hit you so hard that you had marks or were injured?
3. Did an adult or person at least 5 years older than you ever... Touch or fondle you or have you touch their body in a sexual way? or Attempt or actually have oral, anal, or vaginal intercourse with you?
4. Did you often or very often feel that ... No one in your family loved you or thought you were important or special? or Your family didn't look out for each other, feel close to each other, or support each other?




Prior to Your 18th Birthday...

5. Did you often or very often feel that ... You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? or Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?
6. Were your parents ever separated or divorced?
7. Was your mother or stepmother: Often or very often pushed, grabbed, slapped, or had something thrown at her? or Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard? or Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?
8. Did you live with anyone who was a problem drinker or alcoholic, or who used street drugs?
9. Was a household member depressed or mentally ill, or did a household member attempt suicide?
10. Did a household member go to prison?




Overall Notes

- Especially if the trauma was a result of the caregiver's actions (or failure to act), the child is often put into a "impossible psychological dilemma" (Lieberman & Van Horn, 2011)
 - The person they want to turn to for protection is the same person causing them harm
 - The brain will send conflicting messages of running to and away from the threat




Overall Notes

- In general, traumas that happen to infants and young children in particular are processed by the child as if they are at fault
 - They somehow caused it or deserved it
 - A sense of worthlessness or overall "badness" often develops
 - They will often try to "prove" they are bad




Physical Abuse

- Effects of Physical Abuse
 - Will often use aggression to solve conflicts
 - Substance abuse
 - A sense of worthlessness
 - Risky behaviors
 - Manipulative strategies




Neglect

- While often downplayed, neglect can be more damaging than any type of abuse
 - Particularly true for infants
- Neglect is the most prevalent form of child maltreatment (almost 80%)
 - Untreated maternal depression is a major source of neglect
- The absence of serve and return
- Neglect is not occasional inattention, it is chronic understimulation
 - (e.g., Levitt, 2012)




Neglect

- Effects of Neglect
 - Language delays
 - Learning deficits
 - Lower IQs
 - Anxiety
 - Mental health diagnoses
 - Lack of ability to cope with stress




Sexual Abuse

- Effects of Sexual Abuse
 - Lack of personal boundaries
 - Initiating and accepting inappropriate forms of physical contact
 - Provocative behaviors
 - Increased risk for sexual predators and human trafficking
 - Difficulty developing and maintaining healthy relationships



Emotional Abuse

- Very unreported & under recognized
- Effects of Emotional Abuse
 - Profound sense of shame
 - Feelings of humiliation
 - Low self worth




Prenatal Substance Exposure

- If the infant is exposed to drugs or alcohol prenatally, the brain will already be different when he is born
 - If he has to go through withdrawal, he may experience pain that cannot be comforted
 - This can disrupt attachment
- Most drugs will increase the risk of executive functioning difficulties




Exposure to Domestic Violence

- Estimates are that 30% of children have lived in a home where they were exposed to domestic violence
 - 2009 survey by the National Child Traumatic Stress Network (NCTSN)
- Effects of Exposure to Domestic Violence
 - Will often address conflict with aggression
 - View themselves as the source of the violence
 - For infants and toddlers, it is often more traumatizing than direct physical abuse




Exposure to Domestic Violence

- Exposure to domestic violence can be very harmful and confusing to an infant
 - The caregiver they want to reach out to for comfort is hurt herself and often unable to attend to the infant's needs
 - Often also includes neglect as a component




Postpartum Depression

- Postpartum depression is one of the two primary sources of trauma in "safe" families
- It will act as a source of neglect
- Treatment of PPD early is key to preventing later difficulties
- Will look similar to infants who have experienced other sources of neglect



Medical Procedures

- The other primary source of trauma in "safe" families
 - Can also happen in unsafe families
- Really is specific to infants and very young children
- Painful medical procedures are processed to the brain the same way physical abuse is
- Medical conditions that limit the infant's ability to bond will be processed the way neglect is
 - NICU stays, changes of caregiver, lack of stimulation and routine



Prenatal Stress

- Yes, it is possible to be traumatized prenatally
- When a mother experiences high stress during pregnancy, the placenta can be compromised
 - Excessive cortisol will pass through the placenta, which puts the baby at increased risk physically
 - This will often stress out the baby more, so the baby will start releasing his own cortisol
 - So baby is now getting cortisol from mom's blood stream, from what crosses the placenta, and from what he produces himself




COMMON MYTHS ABOUT INFANTS




Four Common Myths About Infants

1. They won't remember
2. All you have to do is love them
3. Infants are automatically resilient
4. That coddling/spoiling babies will make them clingy or needy




Infants Remember

- Infants are in the process of storing memories every second
 - Even true prenatally
- These memories aren't *verbal* (e.g., declarative, autobiographical) memories
 - These memories (learned experiences) are helping build our brains




Love May Not Be Enough

- Love may feel overwhelming, anxiety-provoking, stressful, unsafe, etc. to infants who have known pathogenic care or who have had attachment disruptions of other kinds



What is Resiliency?

- Our ability to cope with stress or adversity
 - Can we "bounce back"?
 - Can we move on from trauma?
 - (e.g., Masten et al., 2009)
- After...
 - Abuse or Neglect
 - Tornado destruction
 - Car accidents
 - Deaths



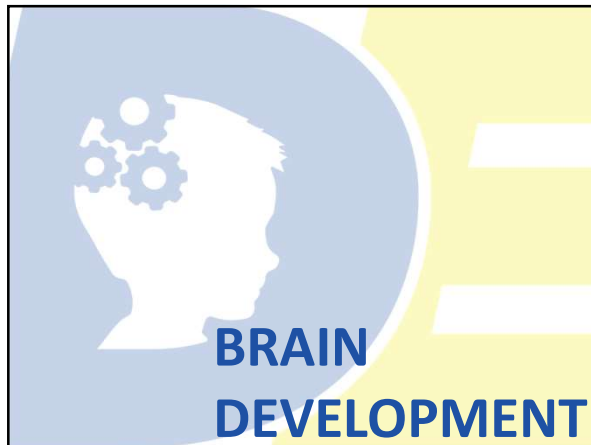

Resiliency is Not Guaranteed

- Resiliency is only developed within a relationship
- Genetics also plays a role




Babies Cannot Be Independent

- Babies can only be effectively dependent
- Babies cannot self-soothe/regulate
- The babies that are responded to the most become the most independent preschoolers/adults


Dually Driven

- From 0 to about 3 years of age, the infant is influenced by both normal biological developments and the environment
 - Such biological developments are largely canalized
 - The environment centers around the primary caregiver
 - (e.g., Frigerio et al., 2009)



Dually Driven

- Parenting behaviors do affect an infant's biological developments with long-lasting effects
 - (e.g., Dawson et al., 2000; Propper & Moore, 2006)



Examples of Findings

- Our abilities to self-regulate
- The ways we cope with stress
- Our basic views of our world
- Our patterns for relationships
- What we learn to pay attention to
- Our ability to empathize

(e.g., Gunnar, 1998; Gunnar et al., 1996; Hill-Soderlund et al., 2008; Tu et al., 2007)



Examples of Findings

- Early social experiences seem to help form “templates” for later developments
 - (e.g., Tucker et al., 2005)
- Positive maternal behaviors positively relate to toddlers’ and children’s helping behaviors and their attention to distress
 - (e.g., Davidov & Grusec, 2006; Trommsdorff, 1991; Valiente et al., 2004)



Examples of Findings

- Differences in early empathy responses in neonates between infants of depressed and non-depressed mothers
 - (Field et al., 2007)
- Less discrimination or perception of distress in neonates with depressed mothers
 - (Hernandez-Reif et al., 2006)



Neurodevelopment

- Brain skills are built over time from the bottom up (skill begets skill)
 - The brain has a blueprint, but uses experience to drive development over time in a way that is most adaptive
 - (e.g., Levitt, 2012)



Neurodevelopment

- Survival pieces are put in place first
 - Brainstem
 - Develops prenatally
 - Only part of the brain fully developed at birth
 - Hardest part of the brain to change
 - Limbic system (emotion centers)
 - Only partially functional at birth
 - Cortex (thinking centers)
 - Largely undeveloped at birth




Neurological Developments

- We're born with the number of neurons we'll have & we use experiences to eliminate synaptic connections through pruning
 - 1 million new synapses a second are formed during the first 3 years based on early experience
- The brain is about 90% developed by the age of 3 years
- (e.g., Levitt, 2012)




Neurological Developments

- To the brain, input is input
 - If the information coming to the brain is distorted, the development will be distorted
 - The brain will set up to expect those early experiences as being a part of the long term environment
 - (e.g., Levitt, 2012)




Trauma Example

- If the infant is exposed to high stress (cortisol), drugs, or alcohol prenatally, the brain will already be different when he is born
 - If he has to go through withdrawal, he may experience pain that cannot be comforted
 - This can disrupt attachment



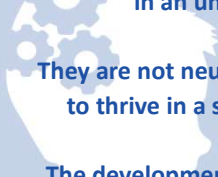
Trauma Example

- If the infant has to go through medical procedures that:
 - Are painful
 - Keep her away from touch and comfort
 - Do not allow her to bond to one individual
 - This can disrupt attachment



Things Aren't Always as they Appear

- Note that the actual physiological stress response of the infant may not “match” her visible stress response (Gunnar & Donzella, 2002; Gunnar & Quevedo, 2007; Middlemiss, Granger, Goldberg, & Nathans, 2012)
 - Infants can look calm but be very stressed out or be wailing and not show physiological stress




These children have brains best prepared to try and survive against the odds in an unsafe world.

They are not neurologically prepared to thrive in a safe environment.

The developments that would have helped them survive if they had stayed in their original environment are now maladaptive.





ATTACHMENT




Attachment

- Reciprocal and enduring bond between child and caregiver
 - (Ainsworth et al., 1978; Bowlby, 1988)
- Types
 - Secure
 - Insecure
 - Ambivalent-Resistant
 - Avoidant
 - Disorganized




 **Secure Attachment**


- Seeks proximity from the caregiver when distressed as well as for enjoyment
- Social references
- Uses the caregiver as a secure base
- Regulates self from caregiver


 **Attachment in a Strange Situation**

- Secure (Confident Attachment)
 - Plays freely when mother is near
 - Upset when mother leaves
 - Happy when mother returns
 - Sees mother as a secure base


 **Attachment in a Strange Situation**


- Insecure Resistant (Ambivalent)
 - Hovers around mother
 - Anxious when mother leaves
 - Extremely upset during her absence
 - Angry when mother returns
 - May see hitting, yelling, etc.




 **Attachment in a Strange Situation**


- Insecure Avoidant
 - Rarely cries when separated from the mother and avoids contact with her upon her return
 - May see poor eye contact or depressed affect




 **Attachment in a Strange Situation**

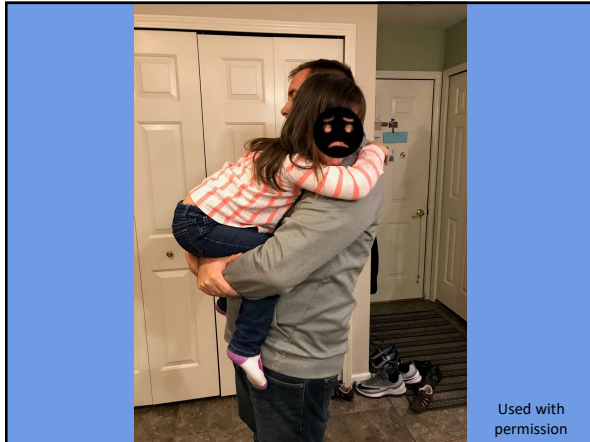
- Disorganized
 - Inconsistent & erratic patterns
 - Seems overwhelmed by stress
 - Most concerning pattern
 - Stems from repeated traumatizing experiences
 - This is often what is seen in foster children



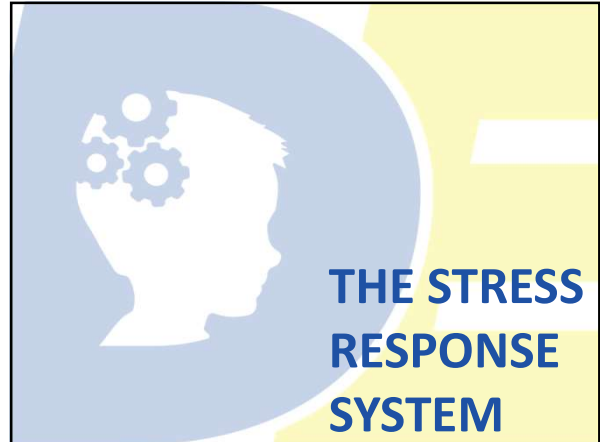
 **Attachment in a Strange Situation**

- Disorganized Continued
 - “I hate you, Don’t leave me”
 - Wanting comfort but being frightened by it
 - Very tiring for caregivers because of the inconsistency





Used with permission



DE Toxic Stress

- Toxic Stress
 - Different from positive stress or tolerable stress
 - It is a prolonged activation of stress response systems in the absence of protective relationships
 - “A confident, well-regulated adult can take a child out of a fire and have less trauma than an anxious dysregulated adult conveying fear to a child who falls off his bike” (Perry, 2012)
 - Changes the development of the brain
 - Cortisol
 - (e.g., Breidenstine et al., 2011; Shonkoff, & Levitt, 2010)

DE A Brain Programed by Stress

- The stress response system is stuck in the “on” position
 - They struggle to remain calm
 - Once escalated, the struggle to calm again
- They’re like a car with hot acceleration and bad brakes


DE Three Fs

- Fight
 - Verbally or physically aggressive
 - Yelling/screaming/cussing
 - Argumentative
 - Threatens
- Flight
 - Hides
 - Avoids eye contact
 - Runs away
 - Falls asleep
 - Dissociates
- Freeze
 - Regular dissociation
 - Primary defense for infants and toddlers

DE 5 Arousal States


- 1.Calm
- 2.Alert
- 3.Alarm
- 4.Fear
- 5.Terror

(Perry & Szalavitz, 2017)




Calm

- Many children can spend a lot of their time in a state of calm
- When you're calm, you can learn, play, explore, create, and relate
 - You have access to all areas of the brain
 - Thinking, reflective, and creative centers
- Kids who have a Trauma Brain have difficulty finding and remaining in this state




Alert

- This is still a healthy stage to spend time in
- Will happen when we encounter something new or mildly stressful
 - This is a good stage for learning
 - We still can access more cognitive parts of the brain
- If the situation is too stressful or difficult we'll continue to escalate
 - Can happen even because the course material is too difficult
 - Need to maintain ability (not age) matched expectations



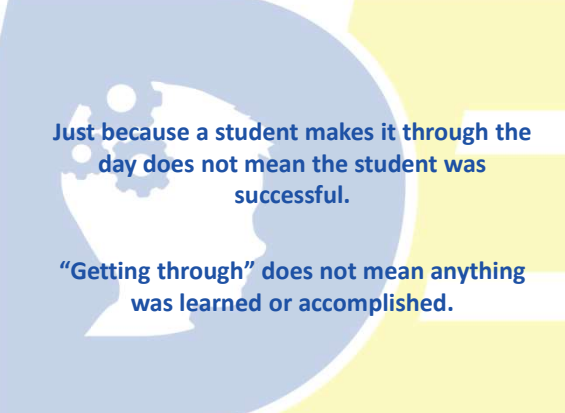
Alert Continued

- Escalation will also often happen if the newness or stressor doesn't let up
 - Why you'll see greater escalation throughout the day
- Can also happen as a result of the emotions of others
 - Peer or teachers that increase in stress throughout the day
 - Manage your own emotions




Alarm

- Not a good state to be in for learning to occur
 - Operating now out of the limbic system
 - Less likely to think or empathize
- The child will often be anxious, distracted, or preoccupied
 - When they're spending their resources on managing stress, they can't use them to learn



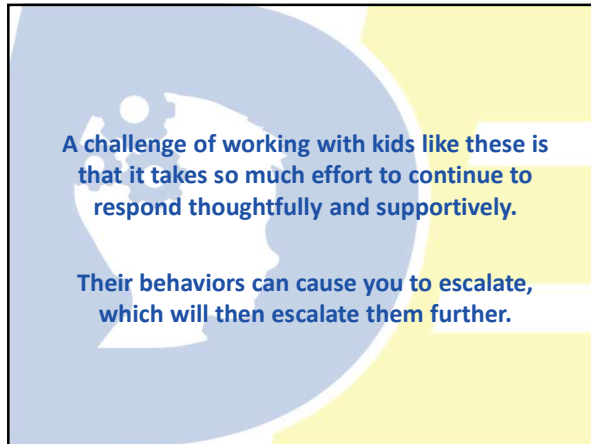
Just because a student makes it through the day does not mean the student was successful.

"Getting through" does not mean anything was learned or accomplished.




Alarm Continued

- In this stage the child is much more likely to act out of emotion to any perceived threat, change, or unexpected event
- This is where most children with Trauma Brain spend the majority of their time
 - This is why they feel so easily triggered
 - They're already escalated




A challenge of working with kids like these is that it takes so much effort to continue to respond thoughtfully and supportively.

Their behaviors can cause you to escalate, which will then escalate them further.




Fear

- In this state there is very little capability for thinking or reasoning
 - Language centers are also largely shut down
 - Talking to and reasoning with will be ineffective
- To deescalate, know that it is more about who you are than it is about what you do
 - Be calm, deliberate, slow, gentle




Terror

- There is no thinking here, only survival reflex
 - Language, reasoning, thinking are all shut down
 - They are in pure survival mode
- In this state children can become very violent and aggressive



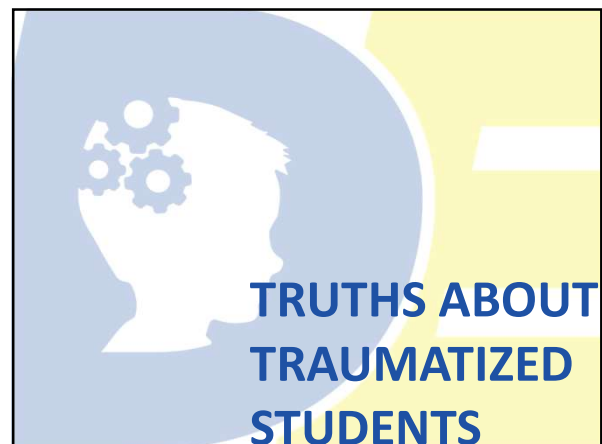
What to Do with a Terrified Child?

- The school should have a plan for how to keep children safe in these situations
 - Expect this to happen
- Never restrain unless properly trained
- Better to remove the other students in the room than to remove the terrified student
- Never leave a child in this state alone
- Stay close where he can see and hear you
- Offer something to eat or drink




What to Do with a Terrified Child?

- Let all students know what the plan is should such a situation arise
 - “We all have bad days...sometimes our feelings get extra big”
 - Talk them through what will happen for the one student and what will happen for everyone else



TRUTHS ABOUT TRAUMATIZED STUDENTS



It's Fear - Not Defiance

- These children live in a state of stress
 - They are driven by fear, not defiance
- They are not bad kids
 - They are good kids who have had bad things happen to them
- Learn to read their behavior
 - It will always tell you something



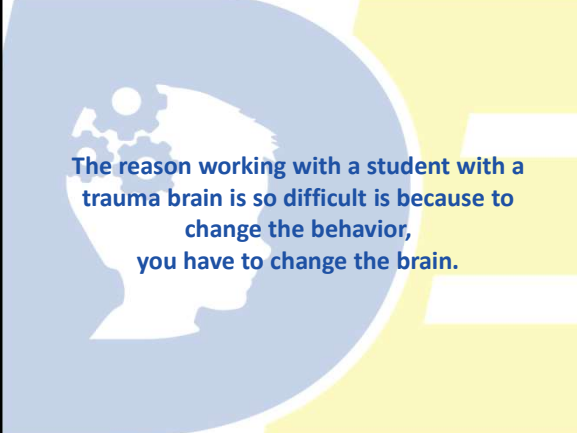
What's Really There?

What You See	What is Really There
• Defiance	• Mistrust
• Need to control	• Need to rely on themselves
• Manipulation	• A way to get needs met
• Anxiety	• Fear and terror
• Impulsivity	• Poor executive functioning
• Inattentiveness	• Focus on threatening details
• Hyperarousal	• Need to be aware of danger
• Hyperactivity	• Always ready to face threats
• Aggression	• Ready to survive

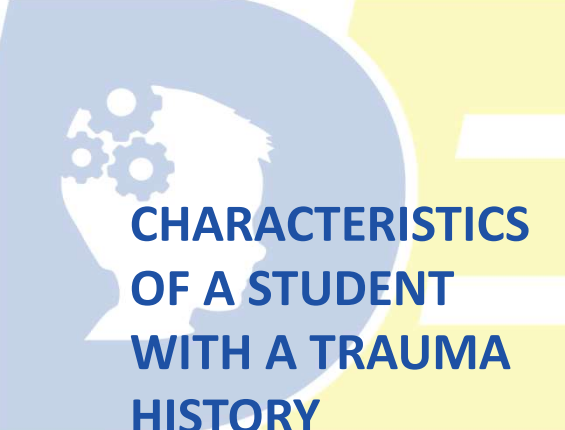


What's Really There?


- Early trauma results in differences in:
 - Responses to stress
 - Regulation abilities
 - Focus abilities
 - Perspectives of threat
 - Beliefs about the world
 - Feelings about themselves
 - Impulse control
 - Metabolism



The reason working with a student with a trauma brain is so difficult is because to change the behavior, you have to change the brain.



CHARACTERISTICS OF A STUDENT WITH A TRAUMA HISTORY



Infants & Trauma

- If you see trauma behaviors in any child or teen, it's likely the trauma began prenatally or in infancy
 - Infants can become terrified somewhere around 5 or 6 months gestation
- Sometimes when we see behavioral issues pop up in infants and toddlers, it's often because we've triggered a preverbal memory
 - Also true for children & teens



Early Childhood Professionals

- Early childhood professionals play a key role in identifying maltreatment & helping the child heal
 - These are often the first people to regularly see the child out of the home
- Early childhood environments should not be viewed as “baby-sitters” or as “less than” in the education hierarchy
 - “There is nothing easy about caring for a group of infants when it is done well” (Sorrels, 2015, p. 18)



Characteristics of Traumatized Infants

- Difficult to soothe
- Resistant to touch
- Sleep dysregulation
- Feeding issues
- Dull, listless appearance
- Lack of eye contact
- Rocking
- Head banging
- Temper tantrums
- Lack of play
- Sudden lack of motor control



Characteristics of Traumatized Toddlers

- Language delays
- Withdrawal
- Difficulty with separation
- Excessively negative & oppositional
- Random & erratic play
- Refuse to be comforted when hurt
- Alternately fearful & aggressive



Traumatization in Childhood

- Precocious self-care
- Gorges or hordes food
- Developmental delays
- Memory problems
- Difficulty with transitions
- Indiscriminate attachment
- Inability to play
- Unusually controlling
- Hypervigilance
- Random acts of aggression
- Visceral reactions to frustration
- Misinterprets facial expressions & body language



Developmental Delays

- Significant adversity impairs development in the first 3 years of life
 - 6 or more adverse childhood experiences gives a 90-100% probability of developmental delays
- Effects on mental health, physical health, cognitive performance, etc.
 - (e.g., Perry & Pollard, 1998; Sroufe, 2012; Szalvitz & Perry, 2010)
- Appropriate to assume the child or teen is functioning at about half of their chronological age
 - You need to treat and teach to that age to be consistently effective



Early Language Delays

- Infants have a sensitive period for language development
- We learn to communicate out of a desire to connect with the people in our world
 - Infants who have experienced pathogenic care or high levels of stress often have little to no opportunity for this
 - No singing, nursery rhymes, reading, baby-talk



Memory Difficulties

- Toxic stress damages parts of the brain associated with memory
 - Hippocampus in particular
 - Short-term memory is particularly impaired
 - May result in children not remembering directions, assignments, explanations, etc.
 - Teachers will often see this noncompliance since the child will often appear to be functioning fine in other areas
- Watch for aimless wandering



Difficulties with Time

- To understand time, you have to have had a predictable and somewhat stable environment
- Students in survival mode only focus on “now”
- They will likely require more visual and external aids



Toileting Difficulties

- Don't expect toileting behaviors to be mastered before entering preschool
 - Developmentally typical children aren't often ready to begin potty training until 3 years of age
- Toileting difficulties will be more pronounced due to:
 - Developmental delays
 - Sensory issues
 - Regulation
 - Stress response



Early Play Differences

- The amount of activity and bouncing from one activity to another is more than what would be seen in a typical toddler
 - Often lacks purpose or intent
 - Can appear random
- As they age, it can become noticeable they don't know how to play
 - Language delays may make pretend play difficult




A Child's Need to Control

- When you come from chaos, you try to control what you can
 - Yes, even dumb things
- Not just a child being helpful
 - We need children to be able to relax and be kids
- May be rigid & inflexible with routines



Poor Self-Regulation

- Self-regulation addresses how well someone can face a stressor and recover
 - Not the same thing as obedience
- Can look like:
 - Disproportionate emotional reactions & emotional extremes
 - Attention difficulties
 - Tantrums/outbursts that feel random
 - Low frustration tolerance
 - Low ability to self-sooth




Poor Self-Regulation

- Self-regulation only develops in the context of a relationship
 - You may need to become the “external brain”
- Critical period for this is between 18 and 36 months of age
- Students with trauma histories tend to have smaller “stress windows”
 - You can’t increase the amount of stress he can tolerate if you continue to break the glass
 - Many students’ windows decrease due to school




The Stress Window


Low Frustration Tolerance

- The reactions will look immature
 - Like a toddler if a child or a child if a teen
- The emotions are often expressed through their bodies
- When a threat is perceived, the amygdala can trigger a defensive reaction and stress response in less than 50 milliseconds
 - Sometimes called the “self-defense system”




Meltdowns

- Tantrums are goal driven, meltdowns aren’t
 - When in doubt, assume it’s a meltdown
- Trauma meltdowns will often resemble that of a typically developing 2 year old, despite the age of the student



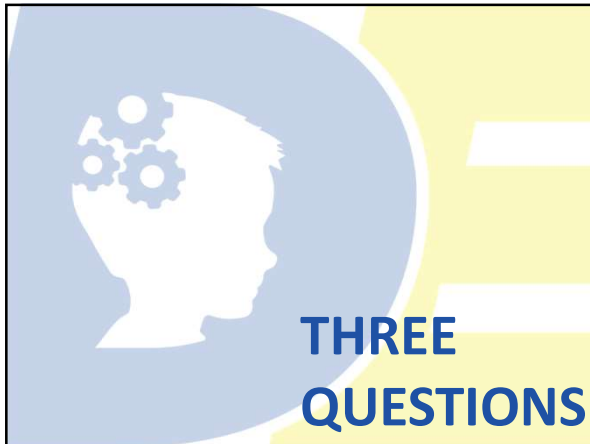
Aggression


- Often a stress response (fight)
 - Triggered by something that makes them feel unsafe
 - Vulnerability
- Often feels random, but it’s not
- Aggression and anxiety are often one and the same
 - “Aggression is the language of fear” (Sorrels, 2015, p. 62)




Dropping Out of School for Adolescents

- Trauma responses don’t just go away on their own
- If you have a trauma history and are left alone for years in a school environment, expected to do better on your own, you won’t be progressing academically
 - You’ll fall further and further behind
 - It creates a downward spiral
 - Dropping out seems like the obvious choice




 **Three Questions**


- There are three questions you can ask yourself before and after you see unwanted behaviors
- Use these questions to help you prevent future negative behaviors
- Use these questions to help establish you and your classroom as safe, secure, and predictable
- Prioritize these questions for yourself before questions or expectations you have for the student

 **Three Questions**

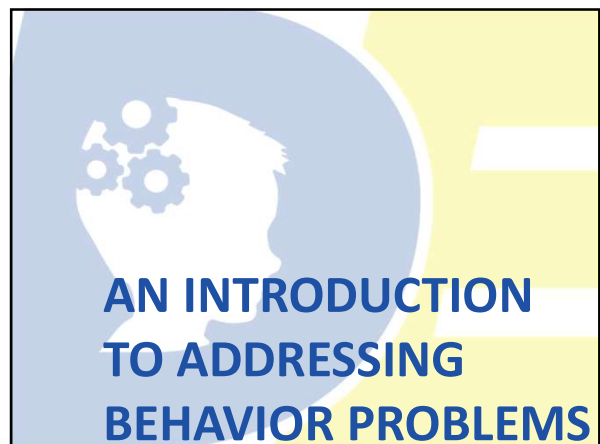
1. Am I doing something that's contributing to the behavior?
 - Do I have appropriate expectations?
 - Remember that children with untreated trauma histories typically function around half of their chronological age
 - Do I have a relationship with the child?
 - What's my own response to what's going on?

 **Three Questions**

2. Is the environment contributing to the behavior?
 - Is it overstimulating?
 - Is it disorganized?
 - Is it predictable?
 - Is it rushed?
 - Is it crowded?
 - Are there too many changes?

 **Three Questions**

3. What's behind the behavior?
 - Don't wait until parent-teacher conferences to learn about a child and her history
 - The more you know, the better you'll be able to respond and understand
 - Consider a parent-questionnaire





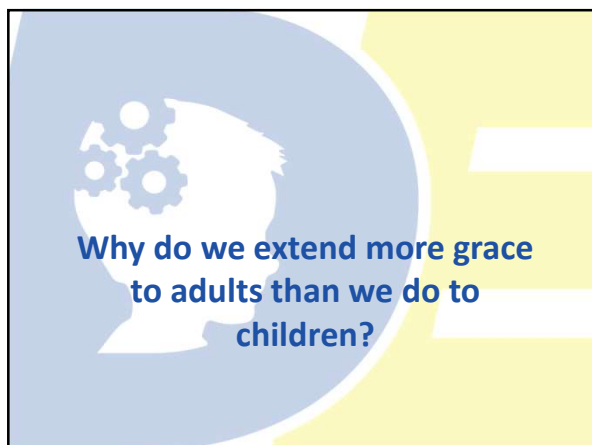
It's the Wrong Question

- Acknowledge that these are not behavioral problems
 - These are neurological difficulties
- If you see the student as having (being?) behavioral problems, you'll respond differently to him than if you see him as struggling to feel safe and calm
- These behaviors are signs they need help
 - Not attempts to make you crazy or cause trouble



It's Often Not a Choice

- Most children aren't "choosing" to "be bad"
 - They do something because it meets a need
 - Curiosity, sensory, hunger, attention
 - They do something because they're feeling unsafe and stressed out
 - This part of the brain can't reason or think, it's only reactive



What Likely WON'T Work

- Logic
- Punishment
- Reinforcement
- Time outs
- Grounding
- Taking away privileges or objects
- Yelling
- Shame




What Likely WON'T Work

- Even if these techniques work at times, the effects will likely be more short term and inconsistent
- The problem?
 - These are the majority of our tools
- The caveat:
 - That doesn't always mean you don't use these techniques, especially when a student is in a calmer arousal state




Why Don't They Work?

- Why don't these things work?
 - These techniques operate on assumptions of trust, safety, and a "thinking" brain
 - The students are operating on assumptions of danger, threat, and a "surviving" brain
 - These techniques assume the student is functioning at his chronological age
 - These students tend to function well below that emotionally – often as infants or toddlers




Why Don't They Work?

- The limbic system is often in charge
 - It is reactive
 - It can react in only 50 milliseconds
 - That's not enough time to "think" or "reason"



Stages of Stress

1. Calm
2. Alert
3. Alarm
4. Fear
5. Terror

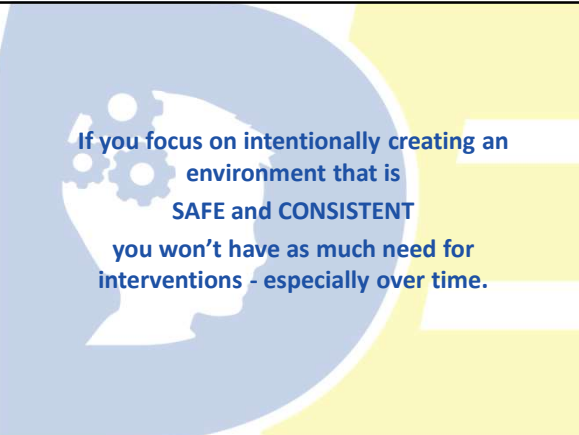


Goals Then Become


1. If the limbic system reacts, to work to calm it as quickly as possible
 - Often have to start with this as the goal
2. If the limbic system is in charge, to keep it from perceiving threat
3. To keep stress levels low enough that the thinking brain remains in charge
 - Primary goal but often the end outcome



**SAFE &
CONSISTENT**




If you focus on intentionally creating an environment that is SAFE and CONSISTENT you won't have as much need for interventions - especially over time.




So What WILL Work?

- The first efforts will be directed at the most basic needs
 - Safety
 - Basic needs like food and shelter
 - Touch
 - Physical sensations
- They will also meet the student at her emotional age *at that moment*




Creating Safety

- Safety is more the concrete absence of danger or stress
- We need to establish safety before a student with a trauma history is likely to feel secure with us




Creating Safety

- How do you establish safety?
 - By meeting basic needs: food, water, shelter
 - By keeping harm from coming to the student
 - This means there are some boundaries, that if crossed, should require an immediate and previously known consequence




Creating Safety

- Keeping boundaries for safety is extremely important
 - Doing so may not be helpful to getting the acting student to calm down *in that moment*, but it WILL be helpful to creating safety for everyone else and to yourself
 - It is also helpful to the acting student to know later that you were willing to keep a firm boundary
 - Allowing students to become unsafe and failing to issue a consequence when they cross that boundary will not allow a student to feel they can trust you




The Idea of Classroom Rules

- Consider making clear the classroom or school non-negotiable rules
 - There should only be a few of these
- Maybe behaviors such as:
 - Verbal or physical aggression intended to harm
 - Racial, ethnic, or sexual slurs or derogatory comments regarding race, gender, religion, sexuality, etc.
 - Cussing at adults




Safety Caveats

- Things that might be allowed one on one may not be allowed in a group setting
 - A student may be able to throw things around that could hurt someone when alone but not in a classroom
- There's a difference between cussing at a teacher in front of other students and just cussing in conversation or even at peers




Creating Consistency

- Consistency is about routines and predictable expectations
- Students with trauma histories will often need more practice and exposure to these routines and more clearly broken down and laid out expectations for them to see them as predictable
 - Break it down, lay it out, practice it




Focus on the Relationship

- In students with trauma histories, a sense of safety will often depend on:
 - How you establish the environment
 - How you establish yourself
 - The student’s ability to trust this




Focus on the Relationship

- A secure connection with a student is most likely to be developed if you have large amounts of love and positive interactions coupled with firm boundaries
 - This communicates both a desire to be in relationship and care about a student as well as the recognition for how to keep students safe and the strength to follow through to do it



Peers in Relation

- The relationships that get developed aren’t exclusive to adult and child
 - Work to develop peer to peer relationships
 - Help students understand they can help each other out
 - Encourage this if safety isn’t a concern
 - There is very little that signals support that an entire group of people stopping what they were doing to come to your aid



Healing is about recovering what was lost or broken.

Target your interventions to that.

Sometimes you just need to do the same thing over and over for a period of time.



WHAT DOES BEHAVIOR MANAGEMENT LOOK LIKE



It’s More Who You Are, Not What You Do

- Playfulness
- Loving with Limits
- Acceptance
- Curiosity
- Empathy

Dan Hughes’ PACE Model (see references)



So Where Do You Start?

- You start by how you set up your classroom and expectations
- You start by creating an environment that will support a traumatized student in being successful
- You start by changing how you view problem behaviors when they do occur
 - But the goal is prevention



So Where Do You Start?

- Take care of basic needs
- Communicate love and acceptance
- Be the external brain
- Co-regulate with your student
- Cue in on sensory needs
- Watch your own posture and demeanor
- Side-step
- Be okay with sidelining the unwanted behavior until lower arousal is achieved



Then When Appropriate

- Use more traditional methods of reinforcement and consequence to communicate what are wanted and unwanted behaviors



Reinforcement

- Reinforcement is anything you add *or take away* with the goal that it increases the likelihood of a behavior reoccurring
- While it is true that students with trauma histories may sabotage reinforcement attempts, that doesn't mean you stop pointing out and celebrating positives (for most students)
- Consider reinforcing more individually for effort
- A reinforcement done within relationship will be more likely to be effective long term



Consequences ≠ Punishment

- A consequence tends to be something that happens as the direct result of an action
 - Getting a paycheck for going to work
 - Having to leave the room when I'm not safe
 - Getting hurt when I ride my bike too fast
- A punishment tends to be something that we do to cause suffering (emotionally or physically) and that isn't a direct result of an action
 - Spanking
 - Grounding, taking away privileges unrelated to the action
 - Yelling




Consequences are Still Appropriate

- Students with trauma histories still need consequences that are given within a caring relationship
 - They need them to feel that things are safe and predictable
- A trauma informed classroom is not passive and it does not allow the safety rules to flex because someone's having a difficult time




Consequences are Still Appropriate

- The relationship stays priority and the consequence is given matter of factly, even with empathy
 - In the moment of escalation
 - “Man! I totally get why you were so mad and threw that! We’ll talk about the throwing later because that can’t happen, but it must feel awful to feel that way!”
 - Once calmer
 - “Hey, dude? Now that we’ve talked a bit, I need you to put what you threw that in the trash.”



A Note on Consequences

- If it’s not a safety concern, use your judgment about whether moderate to severe consequences are even needed
 - If you think it can be redirected (maybe through play), ignored, or practiced, do so
 - This will help the relationship AND give more practice on the right behavior
 - THIS IS STILL A CONSEQUENCE
 - Play and consequences can work together

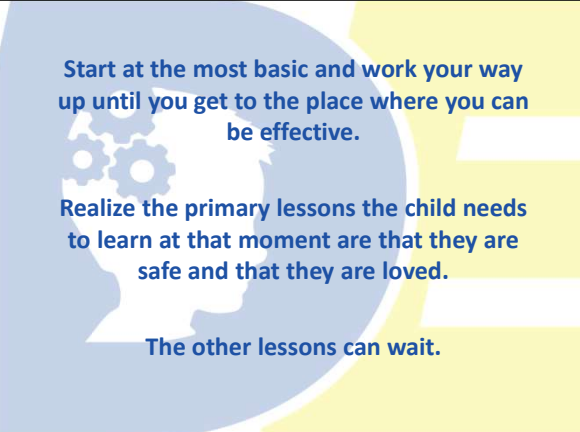


Why Focus on Play?

- It helps to create a different way of approaching the world
- It helps keep you and the other person from staying too stressed out
- It uses the behavior often meant to push you away to bring the other person in closer
 - (Baylin & Hughes, 2016)




HOW TO REGULATE



Start at the most basic and work your way up until you get to the place where you can be effective.


Realize the primary lessons the child needs to learn at that moment are that they are safe and that they are loved.

The other lessons can wait.




Where to Start

- Take care of basic needs
 - Are they hungry? Are they thirsty? Are they tired?
 - Take care of those things next
 - Remember that they likely metabolize differently
 - Food every 2 hours or so
 - Allow for healthy food
 - Don’t expect them to be able to shut down their stress system and access their thinking brains when they’re hungry, thirsty, or tired
 - It’s okay to wait to address what’s going on




Where to Start

- Externally regulate the student
 - You are how they will remain calm
 - You are how they will calm down once escalated
- Be the external brain
- Model appropriate behaviors
- Don't be resistant to soothing and stepping in



Where to Start

- Take care of physical/sensory needs
 - What are their behaviors telling you?
 - That they need BIG input?
 - That they need a more destimulating environment?
 - Are they seeking or avoiding stimulation?
 - Give them more appropriate ways to meet these needs
 - Jump, dance, arm wrestle, hug tightly, wrap in a blanket, chew gum, push down on their shoulders, massage




Where to Start

- If the child is cycling in a high arousal state of fear, anxiety, or rage, don't focus on "pushing through" to get to an end
 - Learning is not likely to occur here
 - It will be exhausting
- **Side step** instead
 - Distract, use humor, do something silly or unexpected, etc.




Where to Start

- Communicate love and acceptance
 - Use fewer words but try humming or singing if you need to calm a child down
 - Never shame
 - Try not to isolate
 - Keep a child by you (Time In) rather than having them leave you
 - Use touch
 - Pats, back scratches, tousle hair, hugs




Where to Start

- Watch your posture and demeanor
 - Get lower than the student's eyes
 - Keep your eyebrows low
 - Keep a smile on your face when appropriate
 - Keep your voice calm



Pause Before Trying "Behavior Modification"

- If you want changes in behavior, you have to understand the student
 - Change will only happen within a relationship
 - The behavioral issues aren't "Behavior Issues", they're manifestations of trauma
- Instead of sticker charts or options that rely on the child to depend on his own abilities, try do-overs
 - Remember that the limbic system doesn't respond to consequences
 - "Neurons that fire together wire together"
 - Hebb's Axiom




If You Use a Behavioral Strategy

- Identify the behavior that's causing the problem
- Step back and ask what the behavior is telling you
 - What purpose is it serving?
 - Why is it there?
- Formulate a script or plan for THAT, rather than for the behavior itself




THE SCHOOL ENVIRONMENT



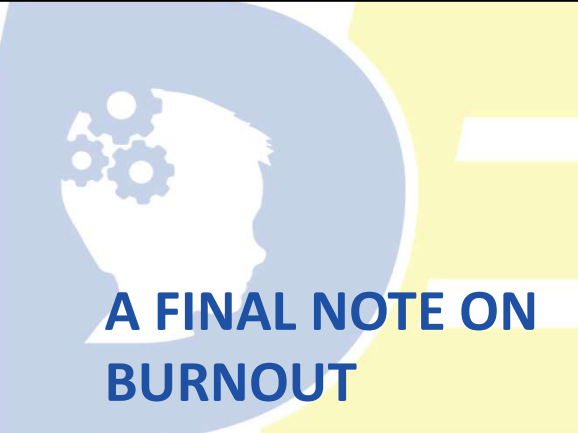
The Overall Environment

- The environment a student is in can play a key role in whether he is able to stay calm or will become escalated
- Examining the environment for possible triggers should be a first step in effecting change
- The class should meet the needs of the students
 - Shift from the student meeting the needs of the class




The Classroom

- Neutral wall color
- Subtle/no patterned floor covering
- Natural materials
- No more than 2/3 filled walls
- Be mindful of traffic patterns and furniture
- Have a designated quiet space
- Organization
- Consistent visual cues




A FINAL NOTE ON BURNOUT




Burnout/Secondary Trauma

- Both burnout and secondary trauma are real
 - The risks are lower if staff feels they are making a difference
 - Equip them
 - The risks are lower if staff feel they are recognized and supported
 - Write hand written notes of encouragement
 - Purchase small items for them to help them



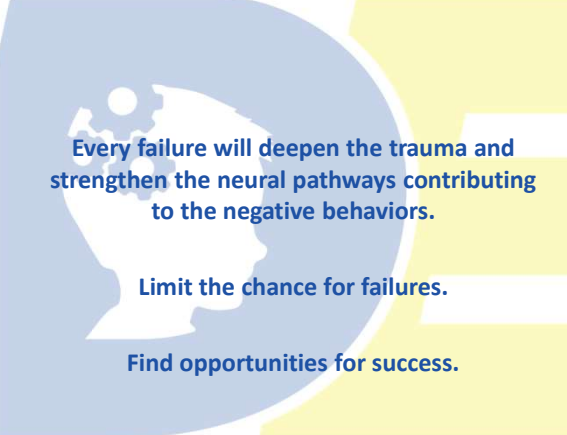
Burnout/Secondary Trauma

- Remind your staff that they cannot control the chaos BUT they can help to hold it and buffer it for their students
- It is then YOUR job as administrators to hold the chaos for your staff
 - Tap out
 - Check ins
 - Help them process those experiences



You Can Make a Difference

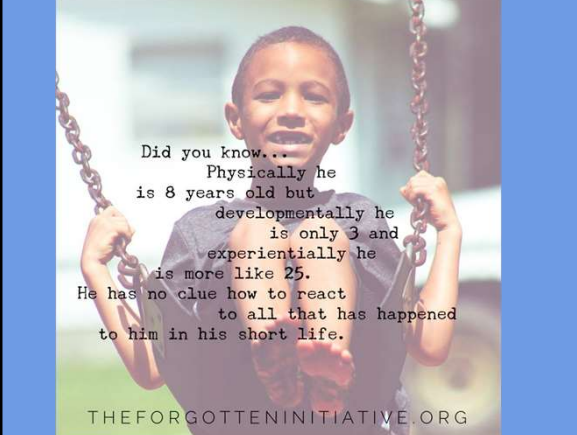
- A lot of the healing a student experiences will happen in nonclinical settings
 - This makes every adult in a school that interacts with the child a key player in the child’s healing process
 - These day to day, regular interactions are what bring about healing



Every failure will deepen the trauma and strengthen the neural pathways contributing to the negative behaviors.

Limit the chance for failures.

Find opportunities for success.



Did you know...
 Physically he is 8 years old but developmentally he is only 3 and experientially he is more like 25.
 He has no clue how to react to all that has happened to him in his short life.

THEFORGOTTENINITIATIVE.ORG




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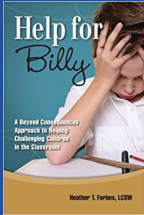
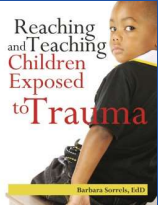


DEVELOPMENTAL ENHANCEMENT
 BEHAVIORAL HEALTH



For Further Information

- *Reaching and Teaching Children Exposed to Trauma* by Barbara Sorrels
- *Help for Billy* by Heather Forbes




Infant Neurology Videos

developingchild.harvard.edu/resources/multimedia





Center on the Developing Child
HARVARD UNIVERSITY




The Child Trauma Toolkit for Educators

<http://nctsn.org/products/child-trauma-toolkit-educators-2008>


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