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ACCEPT EDUCATION COLLABORATIVE

Sponsors

Supporting Trauma-Sensitive Classrooms


Thursday, March 11, 2010

1:00 pm – 3:00 pm

**Presented by: Laurie Burnett
Framingham Public Schools**

Certificate of Attendance for 2 Hours

Hampton Inn
319 Speen Street
Natick, MA 01760



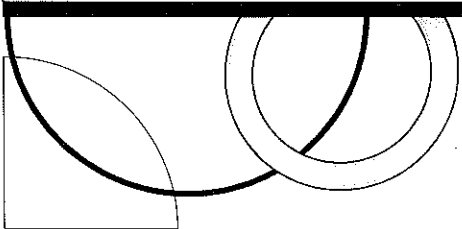
Impact of Trauma on Learning: Creating Supportive School Environments for Engagement and Achievement in Learning

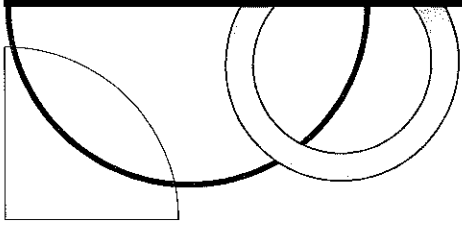
**Laurie Burnett, M.Ed.
Framingham Public Schools
For ACCEPT Collaborative
March 11, 2010**



Agenda

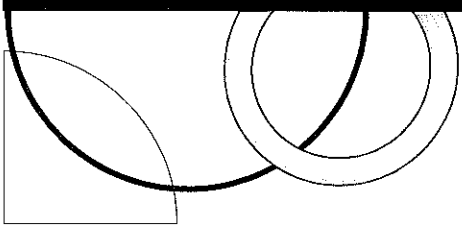
- **Introductions & Expectations**
- **Overview of Trauma and Adverse Childhood Experiences**
- **Impacts and Interventions**
- **Framework and Tools for Creating and Supporting Trauma/ A.C.E. Sensitive School and Classroom Environments**





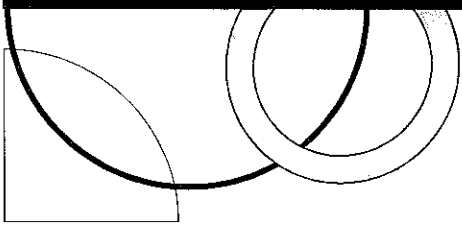
“Every day, children enter their classrooms bringing backpacks, pencils, paper—and their unique views of the world. Every child has his or her own expectations and insights, formed from experiences at home, in the community, and at school.”

Helping Traumatized Children Learn



Definition of Traumatic Event

“Experiencing or witnessing of an event that involves actual or threatened death or serious injury, or other threat to one’s physical integrity or that of another person” DSM IV



What is Trauma?

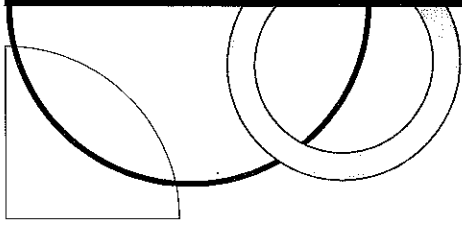
- ◆ Experience that jeopardizes or threatens to jeopardize physical or mental integrity.
- ◆ Overwhelms capacity to cope: helplessness.
- ◆ Chronic trauma can create complex trauma reaction: Trauma Adaptation to the world.
- ◆ Wide range of experiences can be traumatic, including neglect.

(Slide Courtesy of Jessica Greenwald O'Brien, Ph.D.)



Adverse Childhood Experience (A.C.E.) Study

- Growing up in a seriously dysfunctional household as evidenced by:
 - Witnessing domestic violence
 - Alcohol or other substance abuse in the home
 - Mentally ill or suicidal household members
 - Parental marital discord (as evidenced by separation or divorce)
 - Crime in the home (as evidenced by having a household member imprisoned)
- Childhood abuse
 - Emotional
 - Physical
 - Sexual
- Neglect
 - Emotional
 - Physical



Study Description & Summary

Over 17,000 participants:

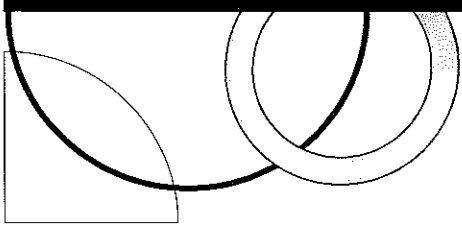
- HMO California- all economic levels- roughly representative of general US population distribution.
- 25% had one or more ACE experiences
- 37% had 2 or more ACE experiences
- 25% experienced sexual abuse
- Two thirds of the population had a least one ACE experience.

Felitti, V. J. (2003). The Relationship of Adverse Childhood Experiences to Adult Health Status.

Felitti, V., Anda, R., Nordenberg, D., Williamson, D., Spitz, A., Edwards, V., Koss, M., Marks, J. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The adverse childhood experiences (ACE) study. American Journal of Preventive Medicine,

ACEstudy.org

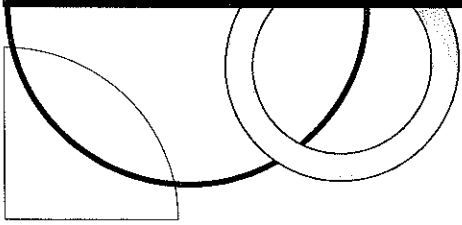
Anda, R. The Health and Social Impact of Growing Up With Adverse Childhood Experiences The Human and Economic Costs of the Status Quo



Results:

- Impacts of trauma/ ACE are cumulative
- ACE increases the risk of a wide range of health problems:
 - heart disease, chronic lung disease, liver disease, physical injury, HIV-AIDS
- ACE increases the risk of:
 - teen pregnancy, smoking, alcohol abuse, illicit drug abuse, sexual behavior, re-victimization, stability of relationships, performance in the workforce

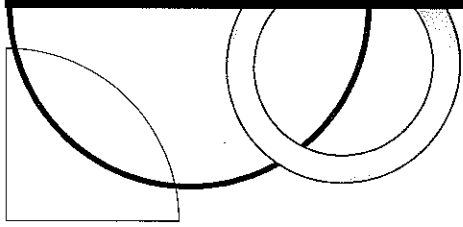
The Health and Social Impact of Growing Up With Adverse Childhood Experiences, Anda, R. (Chief author of the study) 2003.



Impacts of Trauma/ A.C.E.:

- **Fight, Flight, or Freeze**
 - Greater use of “low road” of the brain: experience in the moment. Do not look at context.
 - Memory is saved and accessed differently.
 - Sense of future risk and reward impacted.
 - Interpretation of events is based on experiences.
- **Long term impact.**

(Saxe, Ellis, Kaplow “Collaborative Treatment of Traumatized Children and Teens” 2007)

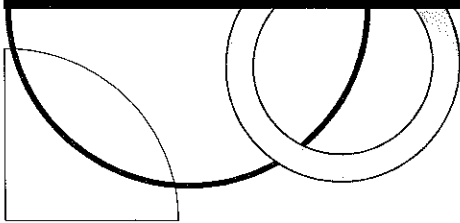
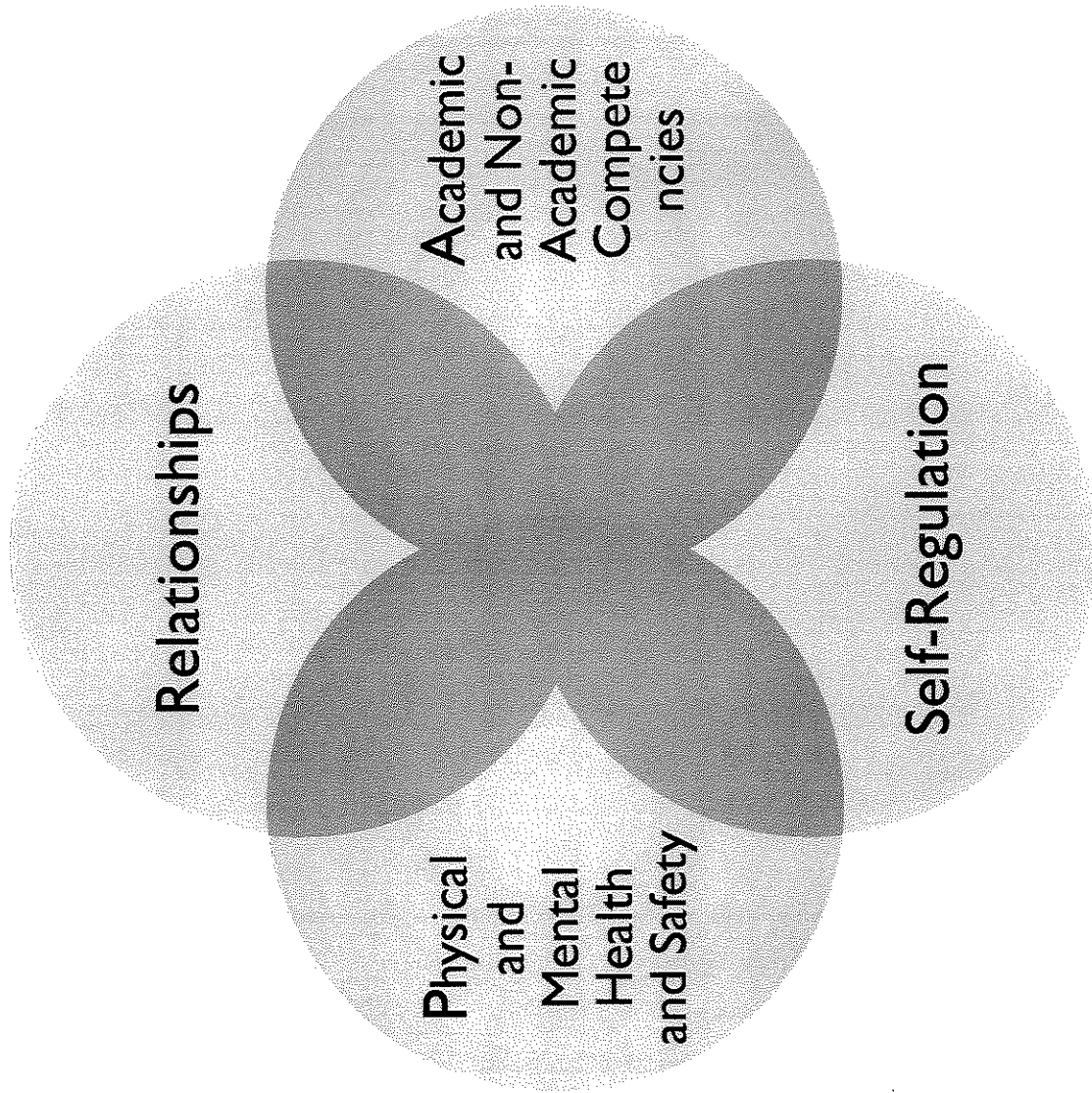


Impacts & Interventions Risk and Resiliency

“The Trauma Lens”

(Theoretical underpinnings from: Masten & Coatsworth Child Psychologists; National Traumatic Stress Network ; *“Helping Traumatized Children Learn”* Mass. Advocates for Children & Jessica Greenwald O’Brien, Ph.D.)

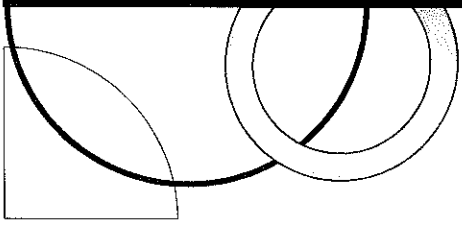
R.A.S.P.





Relationships

- Trust: difficulty trusting peers and adults
- Misinterpretation of social cues
- Cannot see how the benefit will outweigh the risk
- Do not have the skills
- Resiliency research shows that students with strong positive relationships have a greater likelihood of success in school.



Academic and Non-Academic

Competencies

- Interferes with memory processes.
- Physical changes in the pre-frontal cortex of traumatized children has been measured: this is the area of the brain where executive function skills such as planning, goal setting, and other more abstract reasoning is based.
- Auditory processing can be impacted.
- Ability to use and receive language can be impacted.
- Area of the brain where integration of right brain and left brain processes occur is smaller.
- A sense of competency impacts sense of self-worth, motivation, belief in ability to effect change.



Self-Regulation

- **Fight, Flight or Freeze:** the part of the brain utilized to understand and process the context and identify choices is not accessed in this process.
- **Lack of skills**
- **Inability to access skills when needed.**
- **Easily triggered**
- **Hypervigilance**



Physical Health

- Frequent visits to the nurse
- Regression in physical development
- Poor hygiene
- Poor health
- Compromised body image
- Attendance sporadic

So what do we see and what do we interpret?

Trauma & Disruptive Behavior

Chronic Fear &
Powerlessness

Need for Power &
Control

Dehumanization

Decreased Empathy

Shame & Depression

Explosive Anger

Devaluation

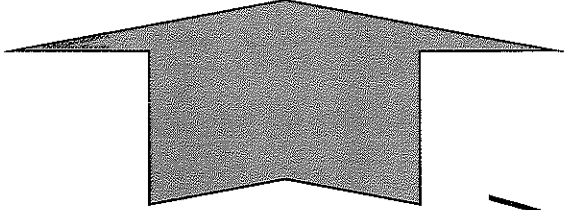
“Bad” Self-Image

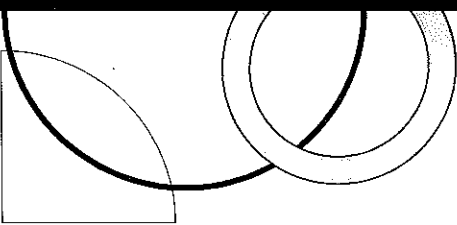
Insecure Attachment/

Sensation/Danger

Emotional Dysregulation

Seeking





So what can schools, caretakers, clinicians etc. do?

- Utilize the RASP framework as a lens by which to develop interventions and interpret needs.
- Identify student strengths.
- Utilize Framework/ Tools:
 - IPLLANT
 - SSPIFF
- Self-Reflection and support

From Impacts to Interventions:

I. P.L.L.A.N.T.

Infrastructure/
Leadership

Teacher
Training and
Support

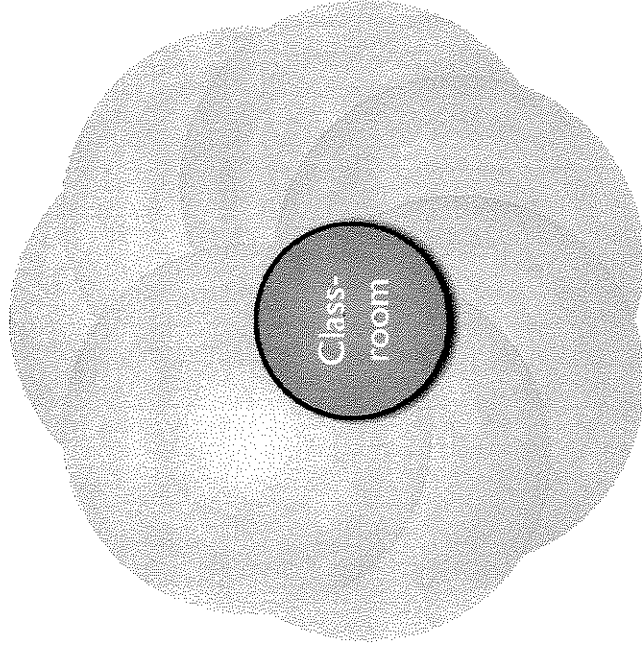
Policies,
Procedures
and Protocols

Non-
Academic
Strategies

Linking to
community
resources

Academic
Strategies

Linking with
Families





Chapter 32 | Section 19 Children's Behavioral Health and Schools Task Force

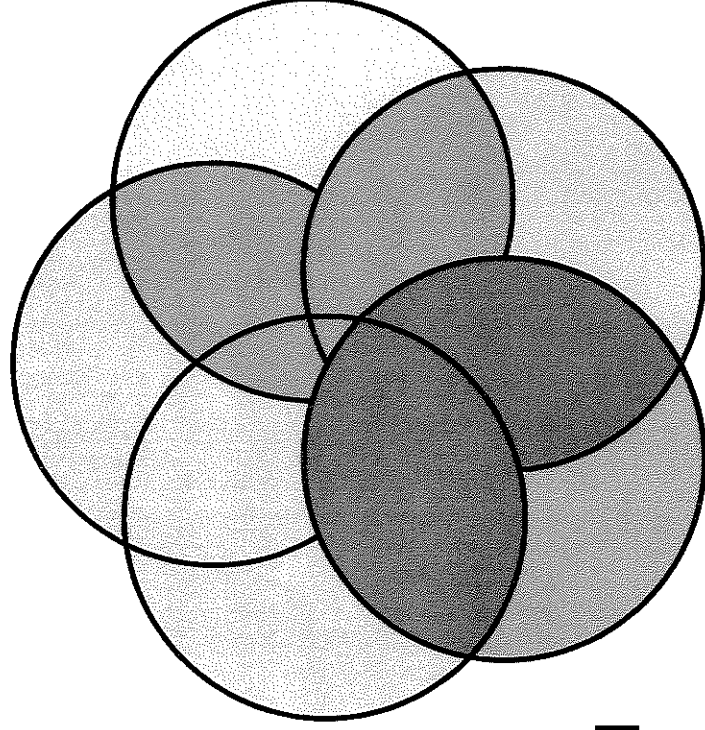
- State law passed that will require schools to develop district wide standards, supports, & protocols that create trauma sensitive environments and support the development and implementation of trauma informed interventions.
- Utilizes I.P.L.A.N.T. framework.

From Impacts to Intervention - S.S.P.I.F.

Classroom Strategies

*Think about
RASP in these
areas of the
Classroom*

Strategies and
Skills Teaching

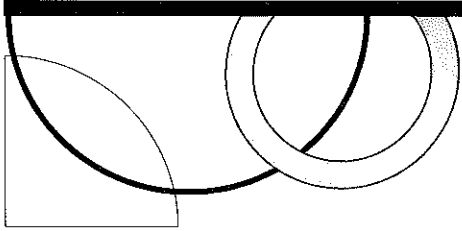


Communication
with Families

Systems and
Routines

Interpersonal
Interactions
Style

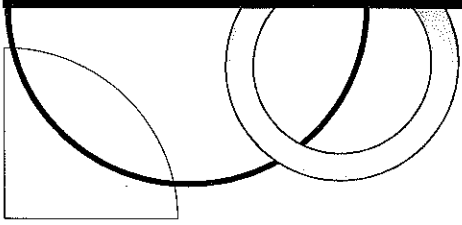
Physical
Environment





Systems & Routines

- Routines exist for transitions between:
 - In classroom activities; out of classroom activities; morning and afternoon transitions
- Systems exist for when routines cannot be followed.
- Routines and systems allow for flexibility, provide enough time for completion, and provide opportunities for communication and feedback.



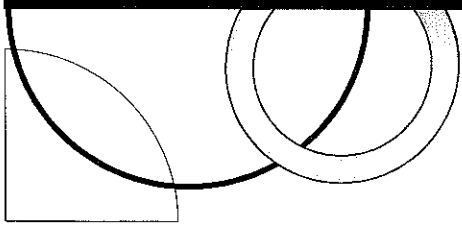
Skills and Strategies Teaching

- Self-regulation
 - How do you help students to: Identify feelings, choose appropriate responses, attend & concentrate, have physical self-control, be able to self-calm
- Executive function skills:
 - In what ways do you teach students the following skills: planning, organizing, prioritizing, transitioning, self-reflecting, self-monitoring, delaying impulses
- Social/Social use of language skills:
 - How do you teach: turn taking, conversational skills, recognizing emotional signals, play skills, getting needs met
- Language processing skills:
 - In what ways do you teach: categorizing & expressing emotions, identification and articulation one's needs, solving problems (Ross Greene, The Explosive Child)



Physical Environment

- Senses: Stimulation levels/Sights and sounds
Less busy; less loud; soothing sounds and colors; quiet space; comfortable space; self-calming tools; sights, sounds, and objects familiar and culturally reflective
- Organization: *Classroom layout, seating, access to materials, breaks, time management*
- Teaching Tools Displayed: Emotional regulation tools



Interpersonal Interaction and Style of the Teacher

- Attention to your own reactions
- Control and explanation of own reactions
- Empathy
- Attention to cues to the meaning of the child's behavior
- Emphasis on understanding and connecting
- What modeling do you provide? How are you modeling your expectations of students?
- How do you provide opportunities for peers to build trusting relationships with each other?



Family Communication

- Cultural awareness and sensitivity
- Attention to how we convey:
 - Welcoming
 - Classroom expectations
 - Expectations of family. Expectations are articulated and are realistic given the economic, social and linguistic capacity of the family.
- Positive feedback is provided regularly
- Negative feedback is provided in context and concrete strategies to address the problem are discussed.
- Maintaining connections and building relationships throughout the year is key.



Teachers' Strategies Guide for Working with Children Exposed to Trauma

- Written by teachers for teachers
- Peer Mentor Consult Model
- Format:
 - Tabs mirror the RASP categories.
 - Easy to read explanations
 - Bulleted do's and don'ts
 - Vignettes
 - Resources



Activity:

- Divide into groups:
 - Identify a student that is struggling due to known or unknown ACE/ Trauma Experiences.
 - Utilize the “Thinking Tool” to guide yourself through the process.
 - Reflect back to the group on how the process worked & how you might be able to utilize the tool/ knowledge in your building.