

# Trauma

## What It Is, How to Provide School-Based Support



# The Types of Trauma\*

- **Acute Trauma:** usually a single time-limited event
  - **Chronic Trauma:** multiple events or exposures over time
  - **Complex Trauma:** experiences of multiple events and the impact of exposure to these events (often seen in care-giving systems)
  - **Toxic Stress:** Negative experiences that trigger strong, frequent or prolonged activity of the body's stress responses
  - **Secondary (Vicarious) Trauma:** exposure to the trauma of others by family members, providers, partners or friends in close contact with the individual.
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- \*Based on **Trauma and Resilience: An Adolescent Provider Toolkit** ([www.ahwg.net](http://www.ahwg.net))

# Trauma

- “Trauma is a person’s emotional response to a distressing experience. Few people can go through life without encountering some kind of trauma. Unlike ordinary hardships, traumatic events tend to be sudden and unpredictable, involve a serious threat to life-like bodily injury or death-and feel beyond a person’s control. Most important, events are traumatic to the degree that they undermine a person’s sense of safety...and create a sense that catastrophe could strike at any time. Parental loss in childhood, auto accidents, physical violence, sexual assault, military combat, or the unexpected loss of a loved one are commonly traumatic events.”\*

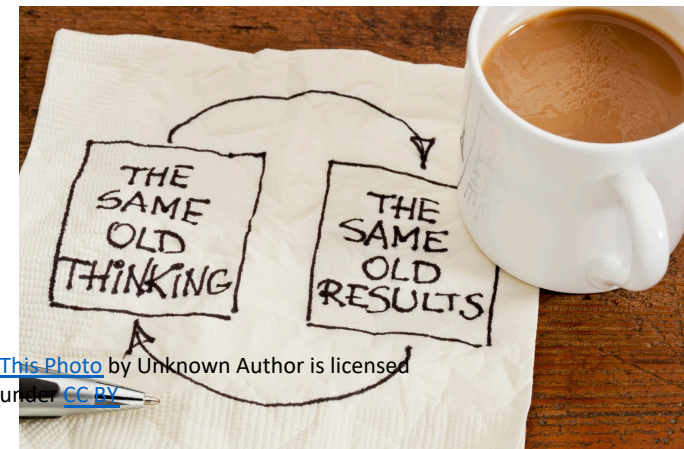
\*Psychology Today

# The Kaiser Permanente Study

The study was done in 1998 by KP and the Center for Disease Control. It featured results from 17,000 mostly white, college-educated, employed adults. They were screened for 10 prominent types of childhood trauma experiences as part of their routine healthcare.

## Results?

- **70%** experienced at least one type of trauma
- Scores of **four events** or more resulted in **four times** the risk of emphysema or chronic bronchitis; **four times** the occurrence of depression; **twelve times** the risk of suicide.
- Scores were directly related to early initiation of smoking and sexual activity, adolescent pregnancy and risks of partner domestic violence!

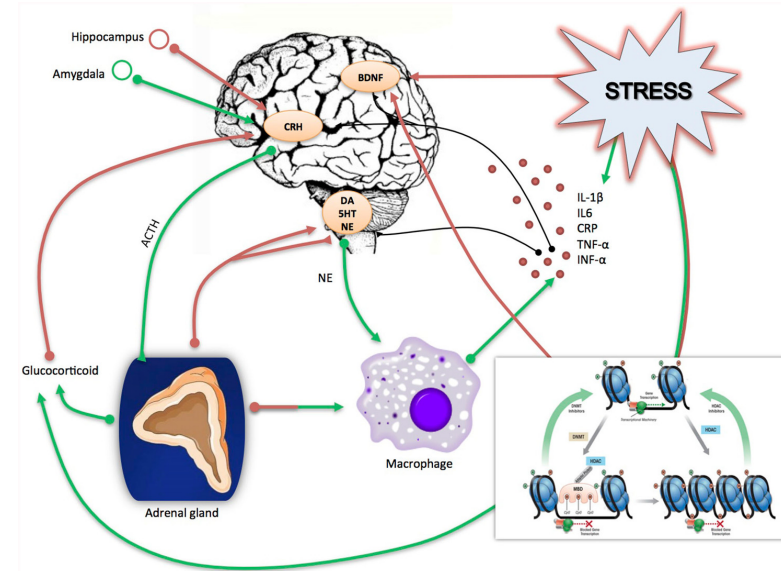


# Adverse Childhood Experiences (ACE)

- These experiences cover a broad range of situations that can occur during childhood and have adverse impact on the development of a child. Coping skills develop slowly and so children are less able to withstand the effects of such stressors.
- The emotional injury can come from something as common as divorce. It can also come from the loss of a parent (including incarceration), emotional and/or physical abuse, sexual abuse, and neglect.

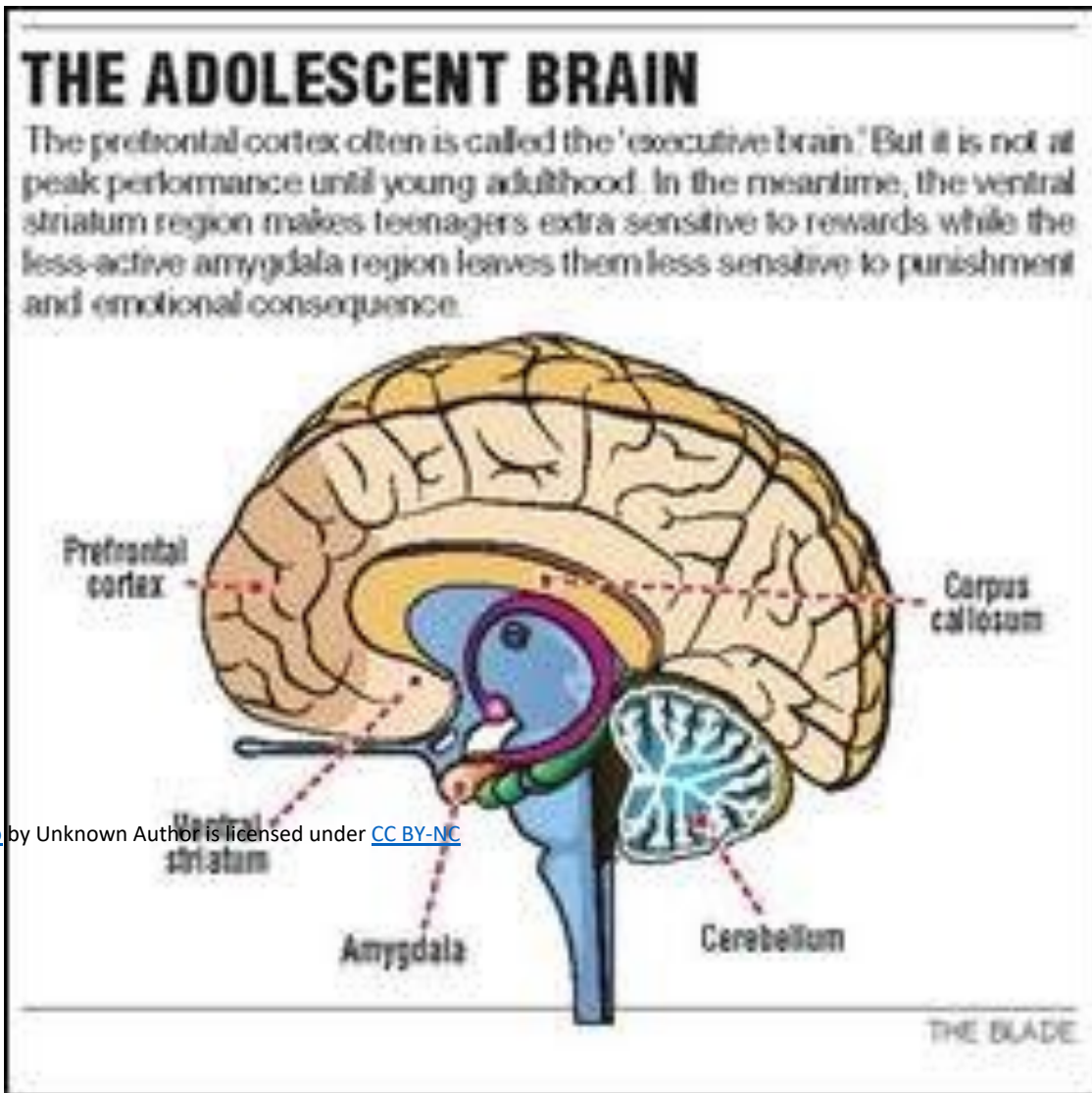


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# Trauma and the Brain





# The Developing Brain

- Trauma is referred to as a “neuro-developmental insult” and has an impact on how the brain develops.
- When triggered into a trauma response over and over, there are “multi-systemic” impacts on the brain, especially the immature brain.
- Brain “architecture” depends on our experiences!
- It is the “amygdala”, a structure in the brain, that responds to threats and to trauma. The nervous system is triggered, releasing adrenaline and noradrenaline and stress hormones that prepare the body for reactions. This is the “fight or flight” reflex that we hear about often.



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# The Brain (continued)

- Constant trauma reactions puts stress on the brain and the entire body. This is a kind of alarm system but trauma can put the body and brain into a state of ever-present reactions and over-reactions. This is the “survival brain” context in which every situation that seems threatening, produces reactions, emotions and activity that might initially seem out of proportion.
- Short-term fear, anxiety, anger and aggression are all signs of trauma and once the actual event subsides, so, too, will these symptoms. But repeated trauma, or major trauma, can have lingering effects. This transfers into long-term trauma and those symptoms include extreme anxiety, anger, sadness, depression, disassociation, survivor’s guilt, inability to feel pleasure or joy (anhedonia). At this stage the amygdala is over-active, and reactions to minor provocations can occur. People in this state are often in “defense mode”, and experience issues with sleep disorders, lack of self-confidence and other difficulties.





# Trauma and the Brain (continued)



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# Staying Positive

- Managing “big” emotions
  - Chronic irritability/anxiety
  - Empathy
  - Expressing needs orally
  - Taking context into account
  - Appreciating how behavior impacts others
  - Working with others/groups
- There is ample research to indicate that reactions to trauma can include self-awareness and positive outcomes based on better understanding of the self. Referring to oneself as a “survivor” is perhaps due to the need to avoid being seen or seeing oneself as a “victim”. Many people experience “post-traumatic” growth alongside the accompanying trauma. That helps build better relationships, better self-knowledge and faster acclimatization to new situations.

These can all be difficult for those suffering from any kind of trauma

# The School Context

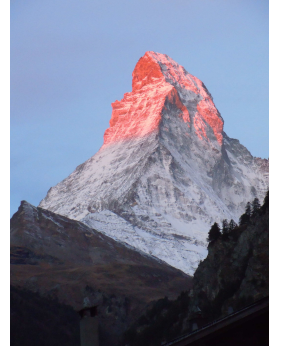
- Trauma “triggers”?  
Unpredictability, sensory overload, feelings of vulnerability, or frustration
  - Confrontations
  - Pressure, including academic
  - Isolation
  - Arguments
- Escalating Chain of Behaviors:
    1. Questions/arguments
    2. Non-compliance, Defiance
    3. Verbal abuse
    4. Confrontation
    5. Aggression



# Patterns?



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- There is usually a pattern that is acted out during difficult situations that might involve trauma: it is a “my turn, your turn” escalation, each participant (teacher and student) acting out roles that seem pre-ordained. This creates a “dynamic” that needs to be broken: think of the “definition of insanity”?
- Phases of acting out: calm followed by classroom triggers, leading to agitation, then acceleration, followed by a “peak” of unwanted behaviors.
- In a “triggered state” youngsters are physiologically less capable of acting on rational instructions.

# Responding to Trauma



- The “normal” brain always has an alarm system that warns of dangers. Trauma induces what is referred to as a “chronic state of fear”, which activates the so-called “survival brain”. This state is the one in which triggers act rapidly and with some degree of predictability. Some immediate signs can be:
  - Lack of focus/distraction
  - Being “in and out” of the group
    - Abusive language
  - Off task/on task in rapid succession
    - Often out of seat
  - Constant talk with others

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However, it is clear that we can easily “diagnose” trauma when what we are seeing is more common and “normal” misbehavior that has its roots elsewhere. Just as we tend to over-prescribe for ADD or ADHD, we can label for trauma where the causes lie elsewhere. This makes our work more difficult!

# Intervention/Prevention?

- ☐ Assess the context
- ☐ Know your students
- ☐ Pay close attention to other factors, such as classroom environment and general behaviors, including the role of other students
- ☐ Anticipate-it is better than reaction!
- ☐ Empathy and proximity help
- ☐ Calming measures, relaxation techniques all help
- ☐ Use direct, clear and non-aggressive language
- ☐ Avoid escalation responses-"getting in your face", power struggle, back and forth argument, loud voice, anger, any signs of hostility. This requires calm on the part of adults.

# Responses (continued)

- Triggers produce hyperactivity-time and space can be helpful in providing calming.
- Connecting with a youngster can be difficult in this early triggered stage.
- Re-direction can be helpful
- Sometimes removing a student is the only immediate remedy. Avoid isolating the student!
- Might need to wait until the student is calm enough to have a rational conversation about what took place.
- Keep in mind that we need to assess the environs in which triggers take place. Is there a pattern?
- Do you need to look at school-wide policies and contexts?
- Shift from the “what’s wrong with you?” to “what happened to you?”
- Address more than just the actual event or behavior.
- Build capacity of students to work on their behaviors by providing strategies.
- Invest school resources!
- Punishments Are not appropriate. Restorative Practices are designed for just these kinds of issues! But there will need to be a team approach and a set of routine practices that everyone understands. Removal of a child from a context is only the first step in a series of efforts to address trauma.



# Help?

- Educate yourself about Trauma
- Develop capacity to accurately define student needs
- Look for the causes and the roots of behaviors
- Use appropriate thinking and language: focus on re-direction, building on strengths rather than “victims”
- Provide consistency, predictability and choice
- Choose the least restrictive measures possible: avoid physical restraints and be aware of psychological issues
- Prioritize debriefing about any situation that occurs. Focus on school and staff policies that foster positive interventions and “remediations”. Assess context and “triggers”. Diagnose the whole-school climate and culture in terms of treating “trauma-related behaviors”
- Conduct research: provide training for all adults



# Another Perspective.....

- The proliferation of research and advice about Trauma has also produced a series of articles and other research that suggests the definition of trauma has widened so much that it has become almost useless. In other words, if everything is “trauma” then nothing really is. We do need to be cautious about accepting every issue or behavior as resulting from trauma. Some definitions actually mean that 100% of us have been traumatized in some degree, somehow, somewhere. We are, most of us, not clinical therapists or medical experts and we rely on those people to guide us on the issues of trauma: the definitions, the warning signs, the ways to assess and treat. We avoid, or try to, being amateur medical detectives who see trauma everywhere simply because we live in stressful times. But aren’t all times stressful? The definitions and treatment of PTSD, for example, only date to 1980. (Surely that kind of trauma was present in world wars : “shell shock”). War and civil disturbances have been present since the dawn of humankind and certainly those have caused human suffering (“Trauma”).

