


**“WE SEE, WE KNOW, WE ASK,  
WE CAN, WE WILL”**

TRAUMA PREVENTION & INTERVENTION

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# GOALS

- Be able to define trauma
  - Understand the prevalence of trauma in children
  - Understand how trauma impacts development
  - Be able to recognize the warning signs of traumatic stress
  - Know when and how to intervene
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# ANIMATING LEARNING BY INTEGRATING AND VALIDATING EXPERIENCE

## Core Aim of ALIVE:

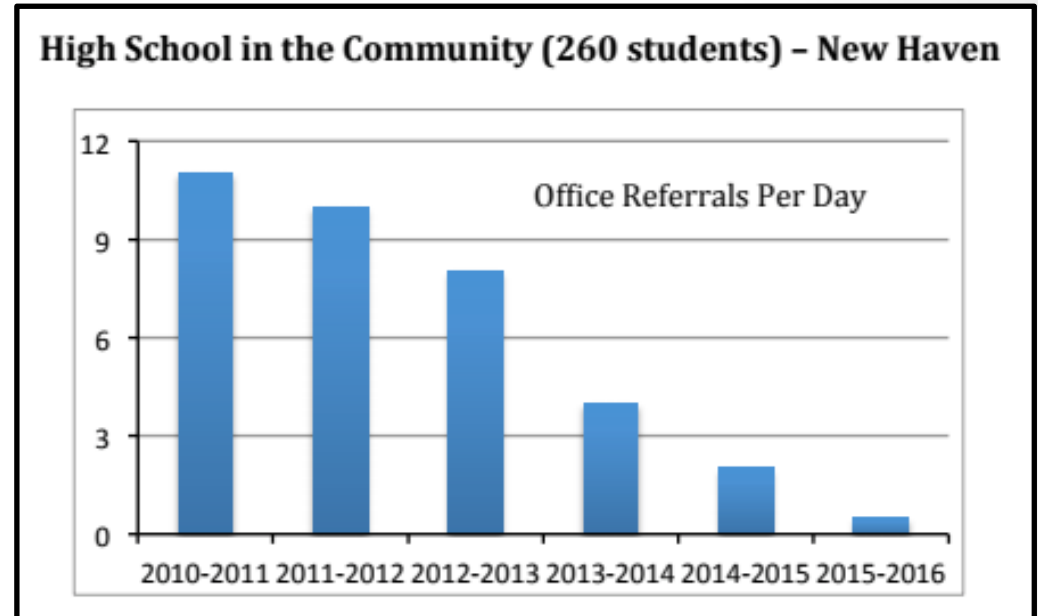
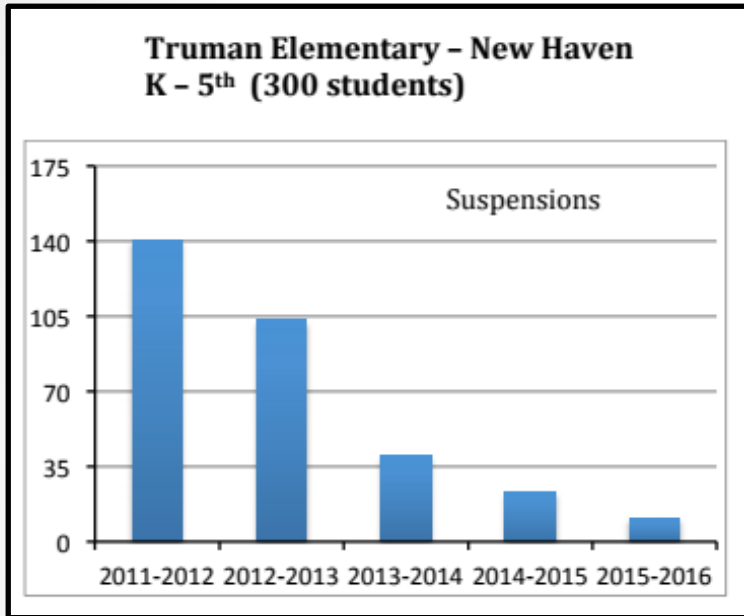
- to create and sustain a school environment of open conversation among students and staff about the difficult truths in students' lives

## Methodology

- Developmental approaches to preventing and addressing trauma, Grades K-12
- Communicating norms of child safety
  - Teaching young children language to communicate distress
  - Demonstrating ease in discussing upsetting topics
- Providing a variety of avenues for students express distress or worry before breaking down into symptoms
  - Public/private avenues; verbal, written, artistic modalities
- Engaging families prior to need for higher level services
  - Promoting understanding and relationship with the community



# DOES ADDRESSING TRAUMA HAVE AN IMPACT?



**WHAT IS TRAUMA?**

# DEFINING TRAUMA

- A deeply distressing or disturbing event
- Exposure to death, threatened death, actual or threatened serious injury or actual or threatened sexual violence of self or loved one
  - Direct or Indirect Exposure, Witnessing
- Simple vs. Complex



# CORE EXPERIENCES OF TRAUMA



- Forced Accommodation
- Fear, Horror, Shame
- Helplessness, Hopelessness
- Isolation, Lack of Rescue

# TYPES OF TRAUMATIC STRESS

## ABUSE



Physical



Emotional



Sexual

## NEGLECT



Physical



Emotional

## HOUSEHOLD DYSFUNCTION



Mental Illness



Incarcerated Relative



Mother treated violently



Substance Abuse



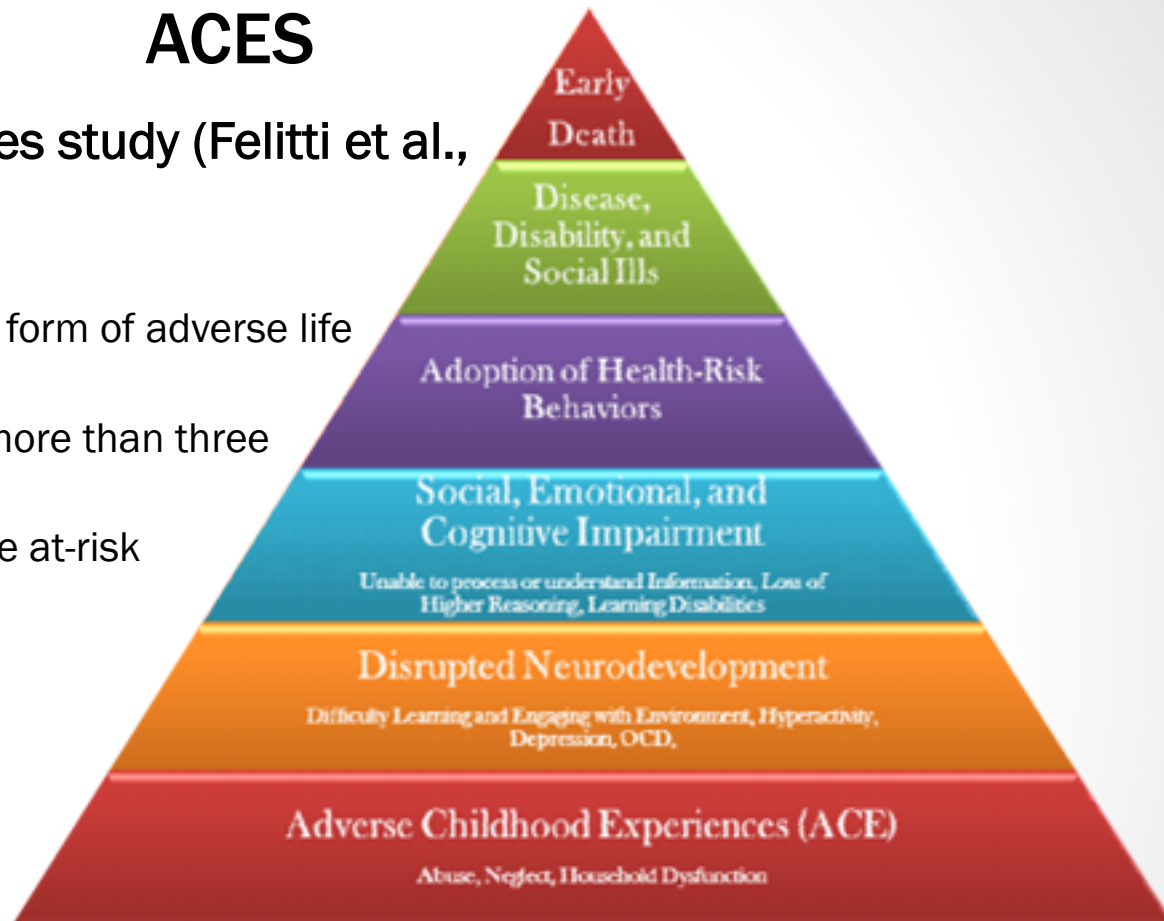
Divorce



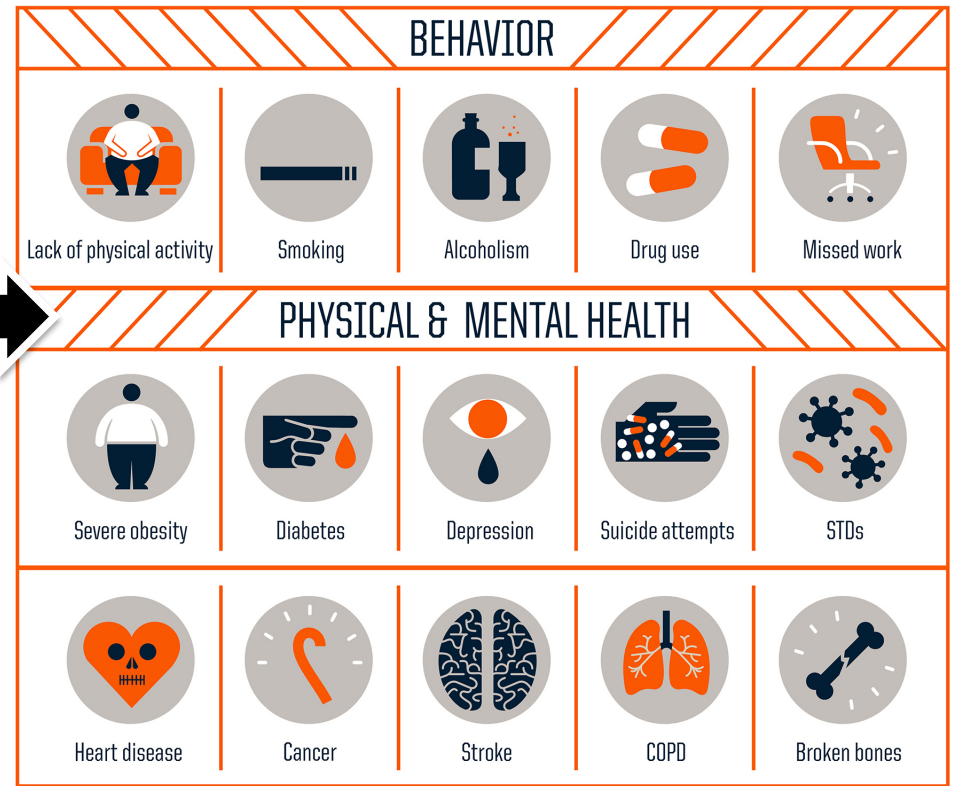
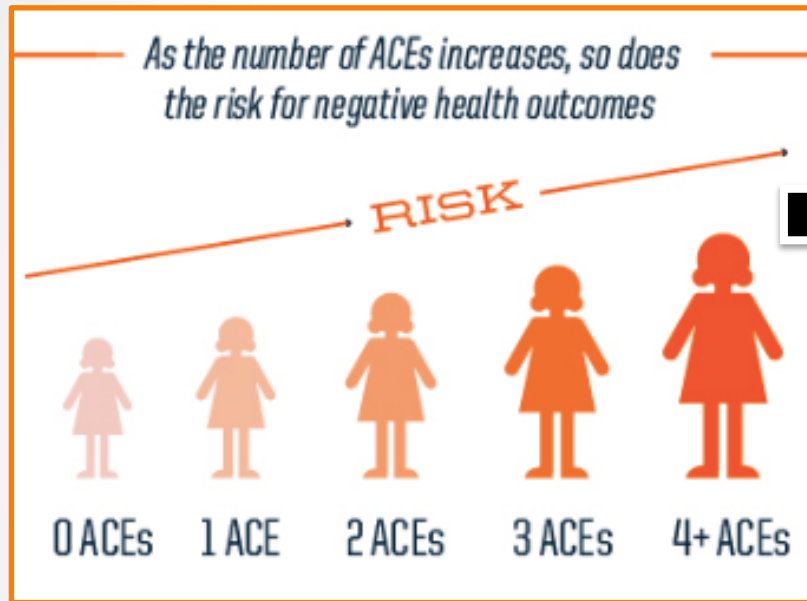
# ACES

## Adverse childhood experiences study (Felitti et al., 1998)

- 63% of children have faced some form of adverse life experience.
- Over 20% of children have faced more than three categories of trauma
- The higher the ACE score, the more at-risk for shortened life expectancy



# IMPACTS OF TRAUMATIC STRESS



# POST TRAUMATIC STRESS DISORDER (PTSD)

Diagnostic and Statistical Manual of Mental Disorders (DSM-V)

- A) Stressor
- B) Intrusion Symptoms
- C) Avoidance
- D) Negative Alterations in Cognitions and Mood
- E) Alterations in Arousal and Reactivity



**DOES TRAUMA REALLY AFFECT  
THAT MANY OF OUR KIDS?**

# NATIONAL PREVALENCE OF TRAUMATIC STRESS IN CHILDHOOD

Exposure over course of one year:

Exposure Type	Ages 6-9	Age 14-17
Physical Assault	49%	40%
Sexual Victimization	2%	16%
Neglect	12%	20%
Violence	12%	43%

Finkelhor et al (2013)



*Most trauma is never reported.*

# 2015-16 ALIVE DATA: ACES IN CT ADOLESCENTS

Type of Trauma	Percentage of Students
Physical Abuse	15%
Neglect	12%
Emotional Abuse	28%
Sexual Abuse or Assault	4%
Made to Work	14%
Witness to Abuse or Violence	34%
Severe Arguments at Home	50%
Physical Fights in Home	22%

## New Haven, CT

- Metropolitan Business Academy
- High School in the Community
- Wilbur Cross (International Academy)
- N = 711

# 2015-16 ALIVE DATA: REPORT OF SYMPTOMS IN CT ADOLESCENTS

Symptoms	Percentage of Students
Depression	31%
Anxiety	29%
Fear	17%
Anger	39%
Problems Concentrating	55%
Worries about Others	60%
Feel like Giving Up	24%
Feel you won't succeed	31%
Using alcohol to deal with pain	8%
Using drugs to deal with pain	9%

# RELATIONSHIP BETWEEN STRESS AND BEHAVIOR PROBLEMS IN KINDERGARTEN STUDENTS

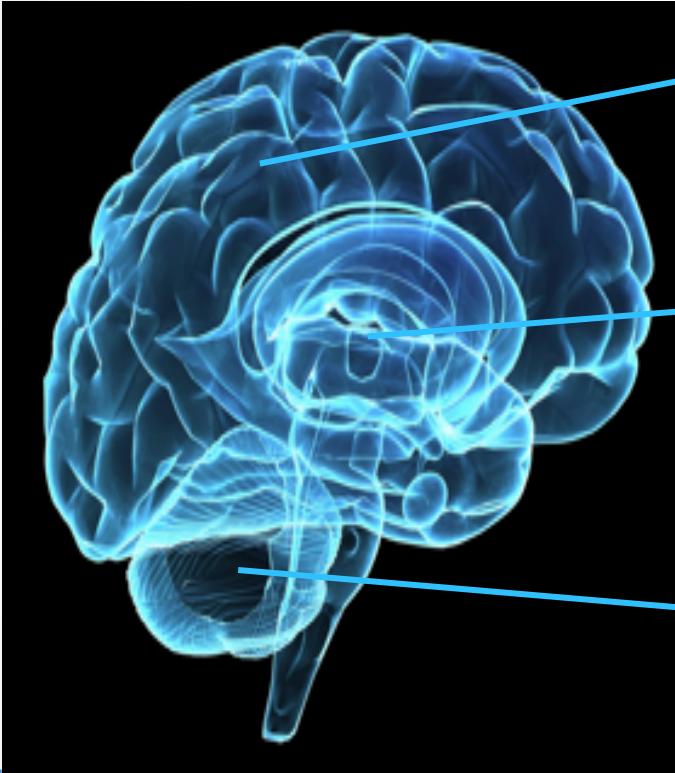
<u>Self Report</u>	High Stress	47%	39%
	Low Stress	9%	5%
		No Behavior Problems	Behavior Problems

Teacher Report



**HOW DOES TRAUMA AFFECT  
DEVELOPMENT?**

# TYPICAL BRAIN DEVELOPMENT



## Cerebral Cortex: (Outer)

- Thinking, planning, decision making

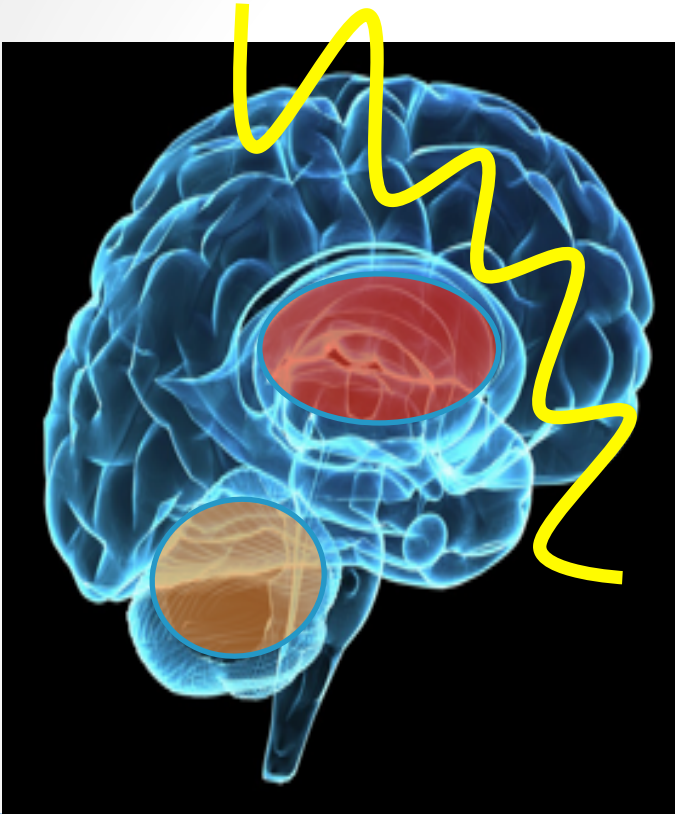
## Limbic System: (Middle)

- Emotions – fear & pleasure center
- Memory

## Cerebellum: (Rear)

- Breathing, heart beat, motor skills

# TRAUMATIC BRAIN RESPONSE



## Cerebral Cortex: (Outer)

- Cut off from reasoning

## Limbic System: (Middle)

- Memories activated
- Negative emotions activated

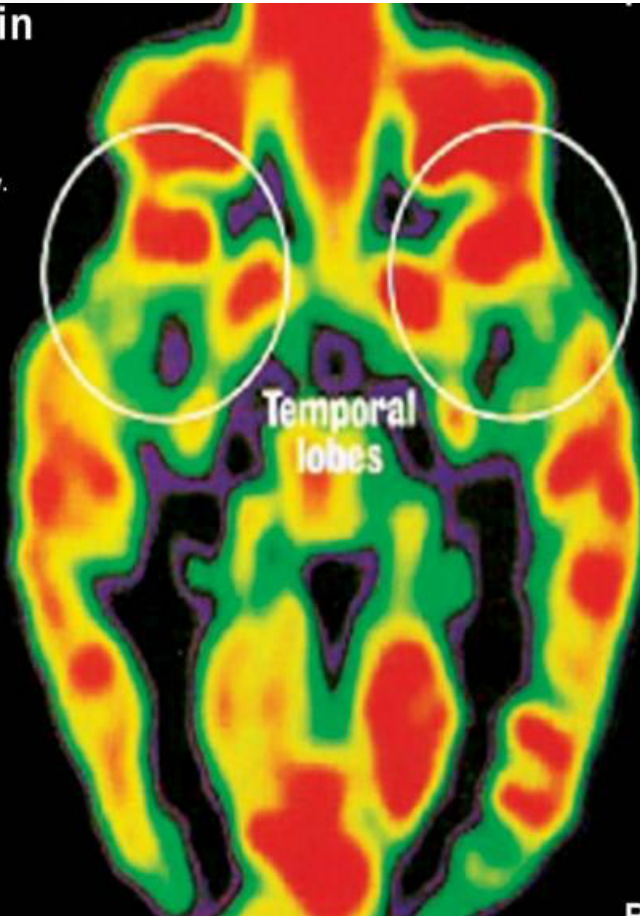
## Cerebellum: (Rear)

- Ready for flight, fight, freeze

# TRAUMA AND BRAIN DEVELOPMENT

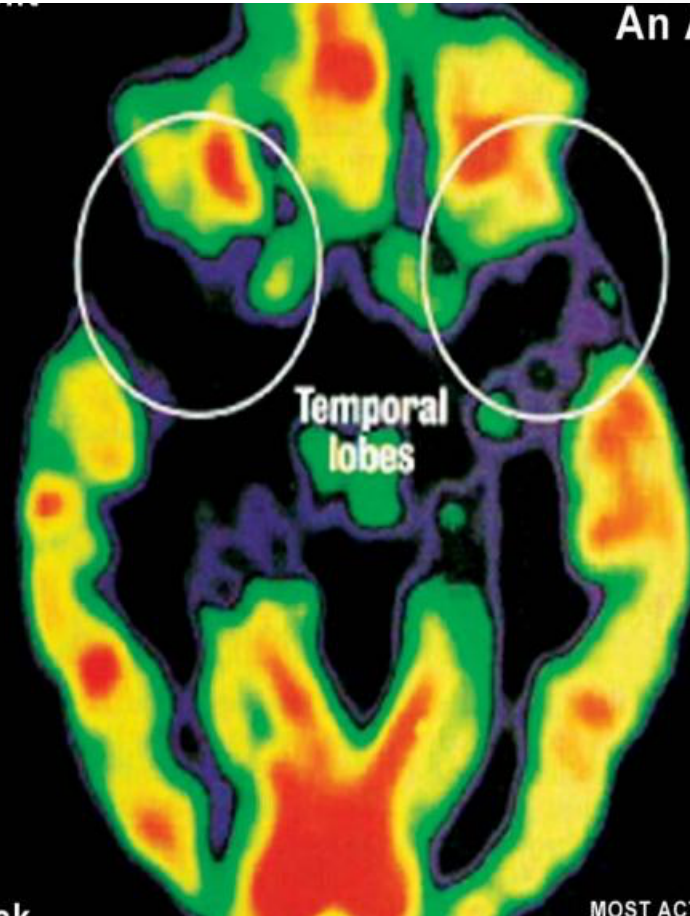
## Healthy Brain

This PET scan of the brain of a normal child shows regions of high (red) and low (blue and black) activity. At birth, only primitive structures such as the brain stem (center) are fully functional; in regions like the temporal lobes (top), early childhood experiences wire the circuits.



## An Abused Brain

This PET scan of the brain of a Romanian Orphan, who was institutionalized shortly after birth, shows the effect of extreme deprivation in infancy. The temporal lobes (top), which regulate emotions and receive input from the senses, are nearly quiescent. Such children suffer emotional and cognitive problems.



Back

MOST ACTIVE

LEAST ACTIVE

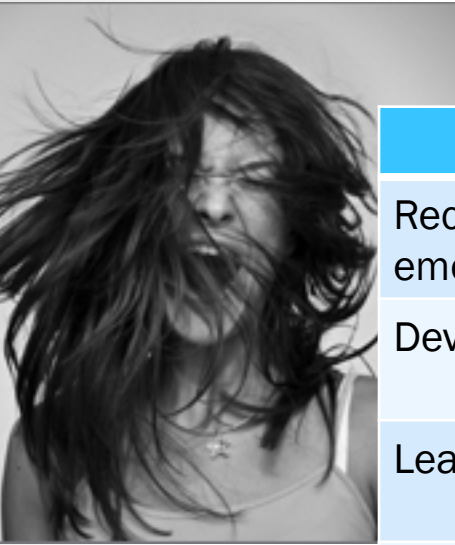
- Disruption in development in the prefrontal cortex and executive functioning (thinking, planning, decision making)
- Stuck in a hyperaroused state:
  - Autonomic reactivity
  - Emotional reactivity

# TRAUMA AND BEHAVIOR



- Issues with Authority
- Academic Disengagement
- Increased Risk Taking
- Peer Relationship Issues
- Somatic/ Body Responses
- Inattention
- Irritability

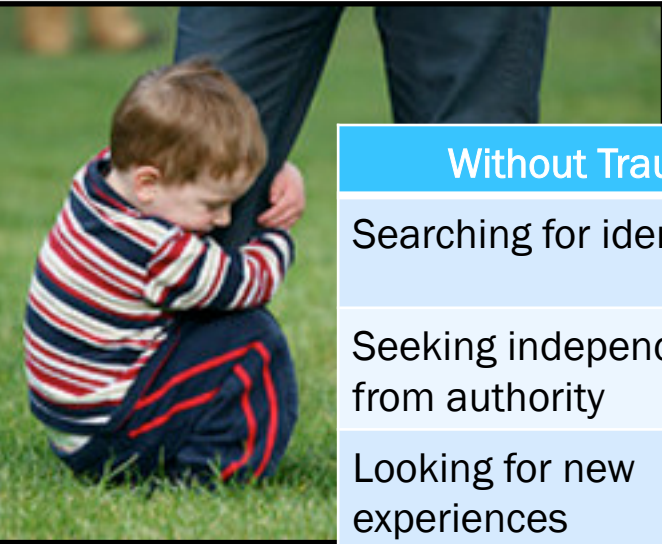
# TRAUMA AND EMOTIONAL DEVELOPMENT



Without Trauma	With Trauma
Recognizing and managing emotions	Can't control feelings: Sadness, anger, anxiety, fear; Emotional numbing
Developing empathy	Perspective taking is impaired; Misunderstanding facial expressions
Learning how to resolve conflict	Black and white thinking; Feeling the world is "unfair"
Developing self-esteem	Identifying with the trauma: helpless, victim, no-good, worthless; Negative self-image



# TRAUMA AND SOCIAL DEVELOPMENT



Without Trauma	With Trauma
Searching for identity	Identity distortion
Seeking independence from authority	Overly dependent or withdrawn
Looking for new experiences	Heightened risk taking
Need for belonging in groups	Rigid thinking; Pushing away or intensified need for belonging



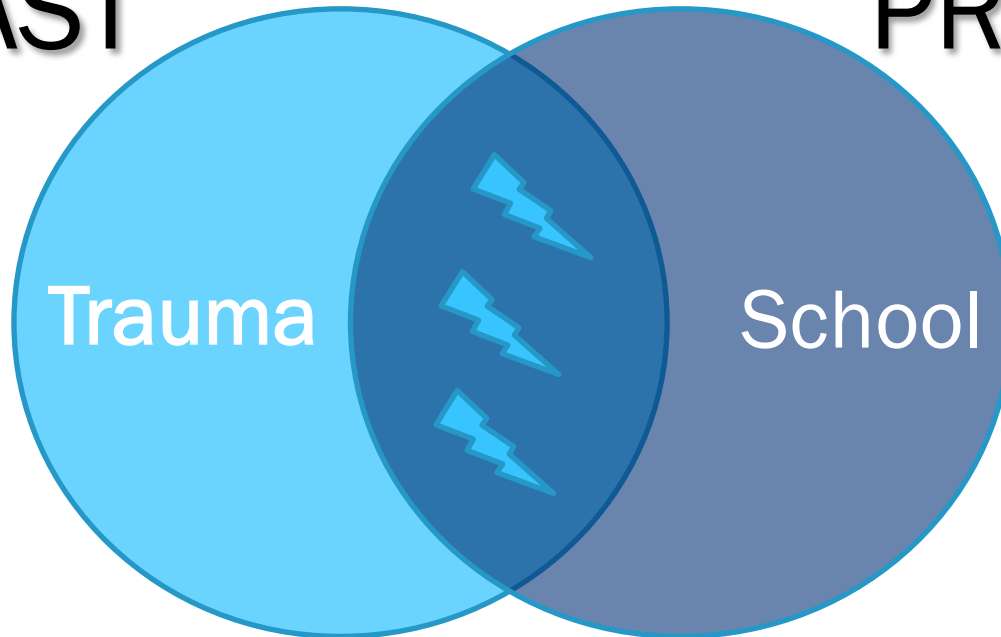
**HOW DOES TRAUMA PLAY OUT IN  
RELATIONSHIP?**



# WHEN DO YOU ENTER TRAUMALAND?

PAST

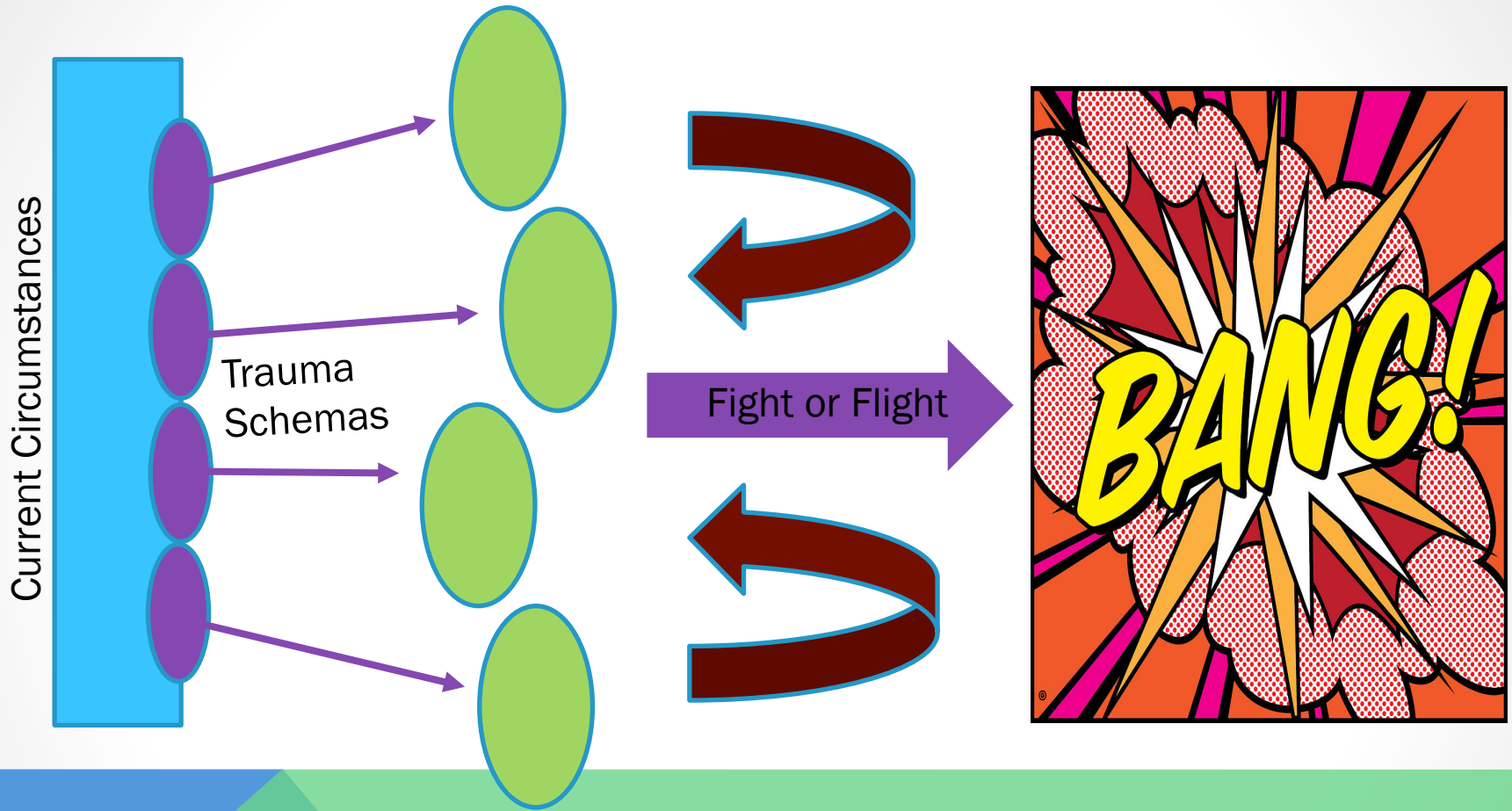
PRESENT



**“TRIGGERED”**

- The child cannot tell the difference between past and present
- The child sees the current situation as potentially harmful
  - The child enters fight or flight (or freeze) mode
  - Normal disciplinary actions are not successful

# MODEL OF DISRUPTIVE BEHAVIORS



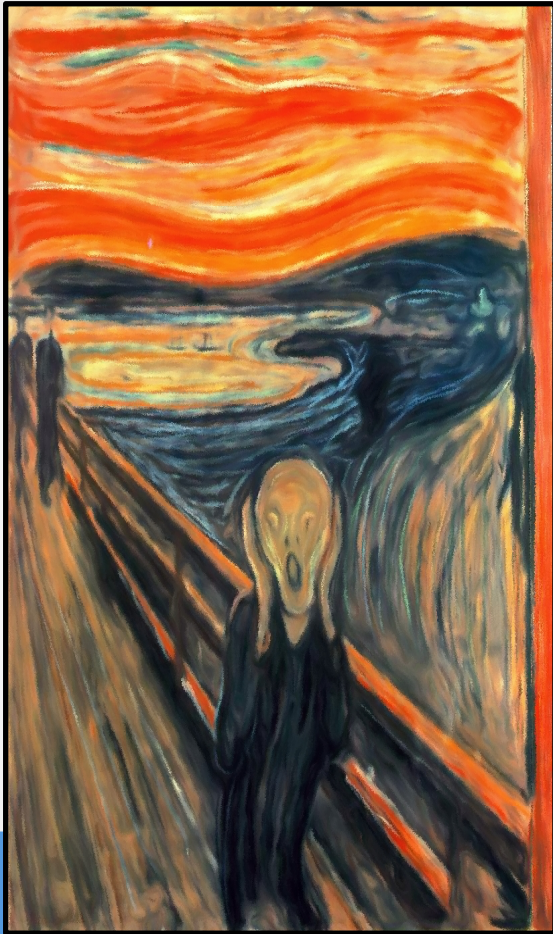
Traumatic  
Memories

Disruptive  
Behaviors

Control/Disciplinary  
Actions

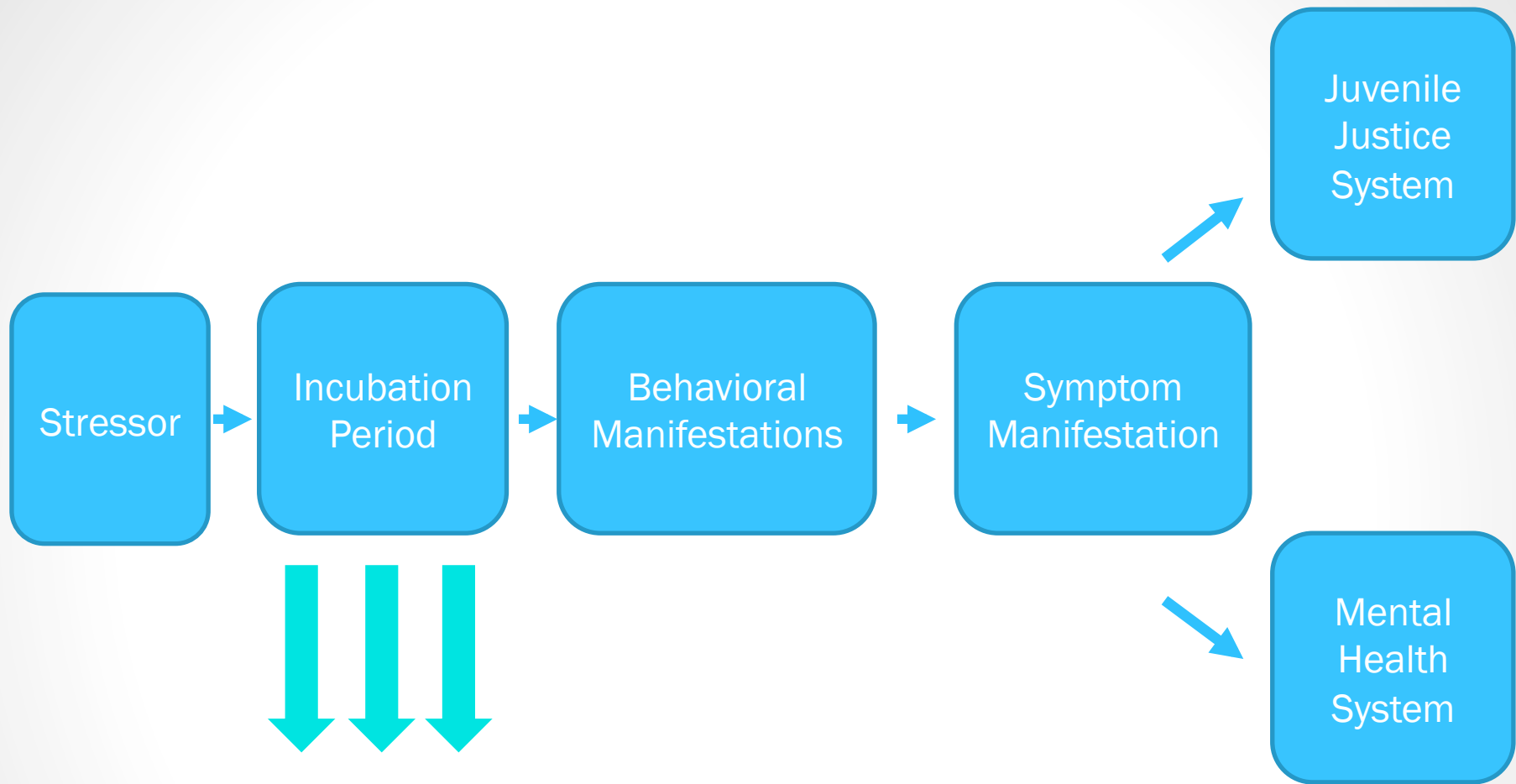
Escalation and Removal

# YOU HAVE BECOME THE PERPETRATOR



- Lack of differentiation makes you seem like the bad guy
- You become frustrated and want to make them stop what they are doing
- Everyone involved becomes scared, angry, overwhelmed, hopeless, etc.

**WHAT CAN WE DO?**



Expression and Validation of Experiences

## NOW THE GOOD NEWS!

- Children are resilient
- Young brains are malleable
- Effective treatments exist
- Post traumatic growth can occur



**It Only Takes One  
Person to Help Build  
Resilience.**

# CONFRONTING AVOIDANCE

- **Systems are not set up to openly address trauma**
  - “This isn’t inpatient psych / This isn’t therapy”
  - “You’re making excuses for bad behavior”
- **Trauma talk often makes people uncomfortable**
  - “This is too much / too intense for children”
  - “I went through hard things too and I didn’t need so much help”
- **People worry that talking about trauma will be disruptive**
  - “They can’t handle it / It will be re-traumatizing”



# AVOIDANCE AND ISOLATION

Not talking about stressful experiences makes the impact worse:

- Kids displace their stress and worries onto others in the school, family, and community
- Build up of internal pressure
- Coping strategies break down over time





# KNOWING WHEN AND HOW TO INTERVENE

When normal disciplinary actions aren't working, a shift in perspective is necessary:

**“What’s wrong with you?”**




**“What happened to you?”**

# THE IMPORTANCE OF VALIDATION

Trauma Happens in Isolation

Healing Happens in Relationship

## The ALIVE Mantra:

- We *SEE* you are dealing with stress.
  - We *KNOW* that this is interfering with your ability to succeed.
  - We *ASK* what is happening/has happened.
  - We *CAN* help you feel better and succeed in school.
  - We *WILL* keep checking in with you.
- 

# MINIMUM FACTS (DCF GUIDELINES)

**Who?**

**What?**



**Where?**

**When?**



**Why?**



# WHAT HAPPENS WHEN WE ASK?

## Letter to Miss Kendra

Dear Miss. Kendra,

There are some things going on in my life. My family is separate because my dad lives in 1 place and my mom lives in a shelter and it distracts me from doing my work in school because I stay thinking about it in school and keeps me from focusing and I wonder what im gonna do when I get home because scense im in a shelter with my mom and my little brother, I get so bored because my <sup>other</sup> little brother lives my dad in the other place.

From, \_\_\_\_\_

# WHAT HAPPENS WHEN WE ASK?

## Letter to Miss Kendra

Dear Miss Kendra, Today we talked about laws and people in prison. I know 2 people and one really broke my heart. One time <sup>the</sup> police officers came. we shouting out of control and broke our door. And all of a sudden I see them talking my father and talking about him rudely and saying "oh he is so black" I thought they were racist and mean. I imagine a three year old girl that is close to her father. see that and hear all they were saying about him. I was sad and didn't eat sleep or talk for the rest of the week.

# CASE STUDY: OSCAR

Oscar is a high-achieving senior, captain of the football team.

One day during school, he had an argument with his girlfriend which resulted in him punching a hole in a wall of the school hallway.

When meeting with clinician, he was visibly shaken and enraged. He perseverated on how his girlfriend ignores him and spends more time with her friends than with him.

- What are typical responses to this kind of behavior?
- What is your hypothesis?

# CASE STUDY: OSCAR

Oscar has a history of neglect from his mother, and would sometimes go without food for several days when he was little.

Oscar also reported sexual abuse by a family member when he was in elementary school which was not believed (ignored) by the adults in his family and by school personnel.

# TRY IT OUT!

- Find a partner (A/B)
- A: Think of a child, real or imagined, who is activated
  - Find that child in your body
  - Tell B what's bothering you / your "chief complaint"
- B: Use "We see/we know/we ask/we can/we will" to make an intervention with this student.
  - (As, be gentle – you're next!)
- Switch!

We see...	"I see that you are really upset right now"
We know...	"And it is probably for a really good reason."
We ask...	"I wonder if this is reminding of you something else you have experienced?"
We can...	"I can help you find someone to talk to about this"
We will...	"I will check in with you again to see how you are doing."



# TAKEAWAYS



- Ongoing screening for adverse childhood experiences is essential and provides opportunities for preventive measures
- Opportunities to express worry and stress can build resilience
- Healing from trauma happens in relationship —

***Be the one!***



# OUTSIDE REFERRALS

## In School

- Social Workers
- School Psychologist

## Out of School

- Outpatient treatment: therapy, IOP
- EMPS – Dial 211
- Local youth mentoring programs



Cultivate  
Resilience

# ADDITIONAL RESOURCES

EMPS (Emergency Mobile Psychiatric Service): Dial 211

National Childhood Stress Network: [www.nctsn.org](http://www.nctsn.org)

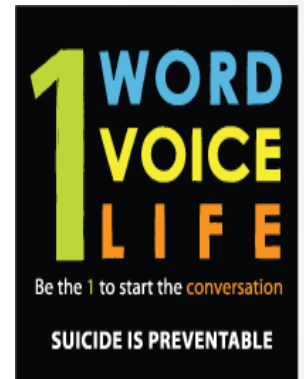
Adverse Childhood Experiences Study: [www.acestudy.org](http://www.acestudy.org)

Aces Connection: [www.acesconnection.com](http://www.acesconnection.com)

National Suicide Prevention Lifeline: 1-800-273-8255

ALIVE: [www.traumainformedschools.com](http://www.traumainformedschools.com)

Post Traumatic Stress Center: [www.ptsdcenter.com](http://www.ptsdcenter.com)



# REFERENCES

Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., ... Marks, J. S. (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*, 14(4), 245-258.

Finkelhor D, Turner HA, Shattuck A, Hamby SL. Violence, Crime, and Abuse Exposure in a National Sample of Children and Youth: An Update. *JAMA Pediatr*. 2013;167(7):614-621. doi:10.1001/jamapediatrics.2013.42

## Contact

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