

Stress Trauma PTSD



Stress: mental or emotional tension resulting from adverse or demanding circumstances

Trauma: An emotional response to a distressing experience that challenges your sense of safety

Post Traumatic Stress Disorder: Long term

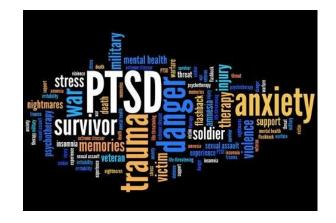
responses to trauma including distressing memories/thoughts; avoiding places or people that trigger symptoms/memories; feeling guilty or worried; and symptoms such as angry outbursts or trouble sleeping.

The Odds

- Stress: Everyone experiences it
- Trauma: by age four, 25% have had at least one traumatic experience (CDC)
 - When you experience trauma you need a safe space to talk about it, to express all thoughts and worries. All trauma doesn't become PTSD.
- Post Traumatic Stress Disorder: up to 15% of girls and 6% of boys who have experienced trauma may escalate to PTSD
 - In school: Distraction, difficulty concentrating; Irritability, depression, negative mood; aggression
- PTSD may show up days, weeks, months, or years after the trauma





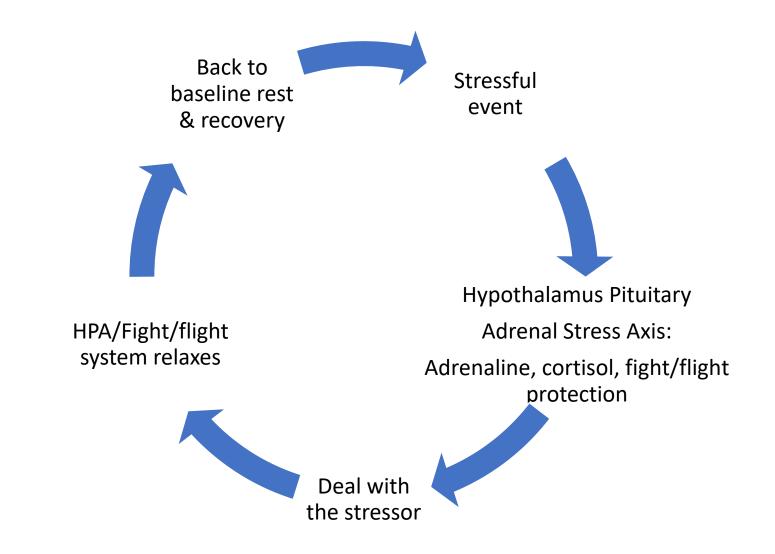


Learning to handle life: The Roots of Connection & Resilience



- As the newborn's basic needs are met by caregivers, the brain grows and develops emotional connection capacity.
- Infants learn to depend on caregivers for safety and comfort.
- Having basic needs met allows the infant to feel safe and confident that things will be OK.
- The infant "absorbs" problem solving skills, laying the foundation for resilience.
- If basic needs are not met and trauma happens, the brain strengthens its survival "wiring": fight/flight instincts increase.

Physical/neurological responses to stress

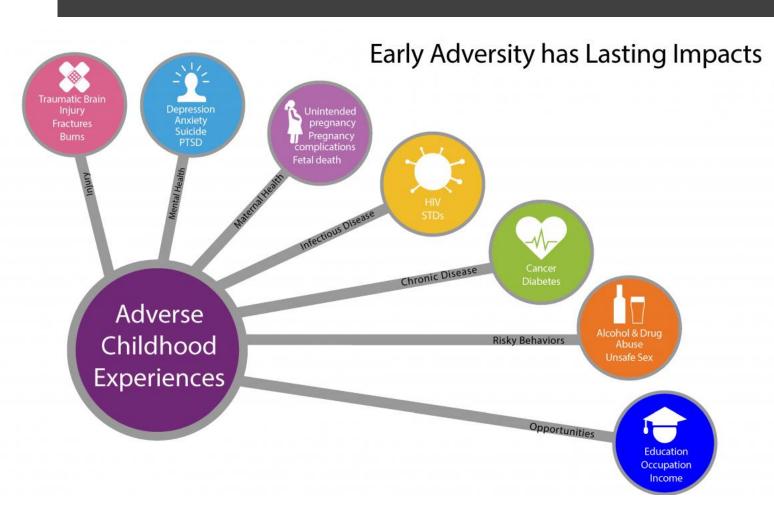


Beyond stress: Complex Trauma: Chronic & Unpredictable **Constant** Stressful arousal, no event rest & recovery Chronic & unpredictable **HPA** stressors Deal with the stressor

Being in a Constant State of Arousal with No Rest & Recovery

- Cortisol and Adrenaline are flowing, even with no current threat
- The protection systems of the brain are turned up
- The learning and memory centers of the brain are turned down
- Small things trigger intense responses, e.g., not understanding an assignment, or a classmate laughing.
- Paying attention is limited when you're full of worried thoughts
- You don't feel safe & don't know who to trust, you are "wired" to protect yourself, & are quick to "fight/flight"

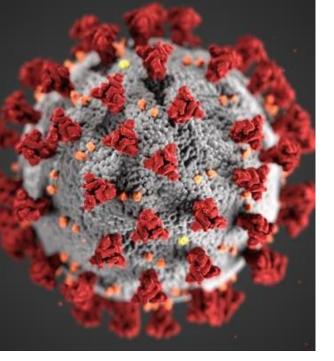
The Adverse Childhood Experiences studies A longitudinal look at the effects of trauma



THE "BIG 10"

Before age 18, have you experienced

- 1. emotional abuse
- 2. physical abuse
- 3. sexual abuse
- 4. emotional neglect
- 5. physical neglect
- 6. divorce
- 7. domestic violence
- 8. Substance abuse of a parent
- 9. Parent with mental illness
- 10. Incarcerated parent







Beyond the ACEs BIG 10

- Racism is trauma
 - Being devalued
 - Feeling at risk
 - Reduced opportunities
- COVID 19 created trauma
 - Delayed academic growth
 - Delayed executive functioning skills
 - On average a 2-year delay in social emotional development
- Societal violence, including school shootings, is trauma
- What other examples of trauma come to mind?

In a typical classroom 22% of the students have enough ACEs to impact their behavior!

How many ACEs?

- 36% have 0 ACEs
- 26% have 1 ACE
- 16% have 2 ACEs
- 3 OR MORE ACEs impacts behavior:
- 9.5% have 3 ACEs
- 12.5% have 4 or more ACEs

Impact in the classroom

- Organizing materials
- Understanding cause & effect
- Paying attention
- Taking another's perspective
- Attachments: relationships, empathy, friendships
- Regulating emotions
- Executive functioning
- Managing self: reactive, impulsive, aggressive, defiant, withdrawn, perfectionistic

Supports & interventions for students who experience trauma, PTSD, & chronic unpredictable trauma

- You will not be aware of the traumas most have experienced; make the classroom inherently trauma informed.
- 64% of students will experience at least one trauma
- 22% will experience enough trauma to impact school & relationships
- Most will benefit by trauma sensitive practices.
- A few may need individual and small group supports

Recognizing & Normalizing

responding to someone who has experienced trauma

Show caring by noticing changes in behavior

- "You don't seem like yourself lately. Is there something going on?"
- Invite students to connect via text/email, by calling their parents, or by mailing a note to their homes with a self-addressed stamped envelope for them to write you back.
- Possible school changes in behavior: new fears, separation anxiety (particularly in young children), sadness, loss of interest, reduced concentration, decline in schoolwork, anger or irritability, somatic complaints

Validate & normalize

- CAUTION: DO NOT MINIMIZE
- More listening/less talking
- What happened?
- Were you scared/freaked out/upset?
- What did you see?
- Do you keep thinking about it during the day?
- Has it gotten in the way of your sleep?
- Do you have dreams about it at night?
- "Normalizing conversation" tends to heal

Counseling & Collaboration

- Team with counselors. Daily routines/coaching need to support counseling. A sad day in class can wipe away the benefits of counseling.
- Cognitive Behavioral Intervention for Trauma in Schools
 - School-based, group and individual intervention
 - 5th grade through 12th grade
 - https://traumaawareschools.org/index.php/learn-morecbits/
- Work on strengthening your connection to families; know resources to share with them.

Social Skills for Students who have Experienced Trauma

- Talking with others
- Accepting apologies
- Making positive self-statements
- Accepting help
- Advocating for oneself
- Dealing with fear
- Using relaxation strategies
- Being assertive





The Growing Conditions for Resilience

Positive trusting relationships



Practicing new coping skills Calm,
predictable &
positive
routines

Being positively connected & useful to your friends, class, & family



Why are positive trusting relationships important?

Share a couple of ideas on how you've done this, especially with a challenging student.





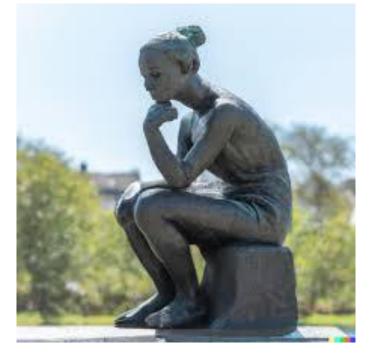
Why is a calm, predictable routine important for a student who has experienced

trauma?

Share examples of things you do to ensure a calm, predictable routine.



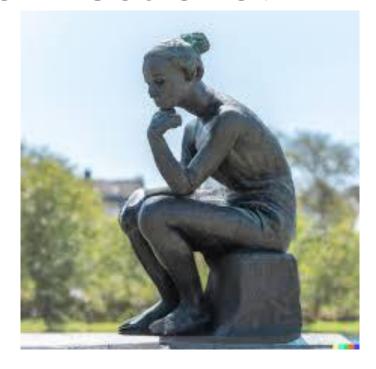
What are some examples of useful stress/trauma coping skills?





What are some ways you can strengthen student connections?

How can you help students be useful to others?



A Behavior/Discipline Reflection Are we dealing with a *Problem Student* or *Is Something Going On Here?*

- Stress, trauma, & anxiety may look like:
- Anger
- Depression
- Being defiant, uncooperative, or "checked out"
- Change your lens from **PROBLEM STUDENT to SOMETHING IS GOING ON HERE**
- "Though all the other students responded as requested, Robert refused to go to the board in the front of the classroom. I didn't confront the issue, but calmly talked to him later. "Some bad things are happening at home; I don't feel safe when my back is to everyone."



A room centered on a traumainformed alternative to discipline

The room includes elements that can assist students in deescalating, relieving stress and relaxing. Some of these may include, but are not limited to:

Soft lights
Stationery bike
Swing
Mini trampoline
Rocking chairs
Fidgets--various textures
Straws
Weighted blankets or stuffed animals
Soft material
"Theraputty"
Shawls
Coloring books and crayons



