

The Johns Hopkins Office of the Provost and the Urban Health Institute present
The Fourth Annual Symposium on the Social Determinants of Health

HEALING TOGETHER: COMMUNITY-LEVEL TRAUMA ITS CAUSES, CONSEQUENCES AND SOLUTIONS



IN BRIEF 3: TRAUMA-INFORMED SCHOOLS

Children do not always have the ability to articulate details about a traumatic event that has happened to them, or to describe how they are feeling about it. Some children may not even be able to recognize the connection between the traumatic event and their lived experience.¹ But just as adults experience trauma in many settings, children can experience trauma in their communities, in their homes and in their schools. Traumatic experiences can occur in isolation or repeatedly over time. Trauma is defined by St. Andrews as any “event or circumstance that may include the actual or extreme threat of physical or psychological harm or the severe withholding of resources for healthy development,” and is more common in our communities than one would like to believe. In fact, about one in four children in the United States will experience a significant traumatic event before the age of sixteen.²

According to the National Child Traumatic Stress Network³ types of traumatic experiences include:

- Community violence
- Domestic violence
- Early childhood trauma
- Medical trauma
- Natural disasters
- Neglect
- Physical and sexual abuse

- Refugee trauma
- School violence
- Terrorism
- Traumatic grief
- War-zone trauma

Children’s reaction to a traumatic event and their subjective experience will be affected by their developmental stage, their temperament, their cultural background and their self-regulatory skills.⁴ Experiencing a traumatic event does not mean that a child automatically will experience interference with their daily functioning. As Szalavitz and Perry explain, “... paradoxically, being treated cruelly allows some children to become more kind and empathetic, not less... post-traumatic dysfunction or disability is not the only possible result of trauma – there’s also post-traumatic growth. But it occurs only under certain conditions.”⁵ The notion of growth “occurring only under certain conditions” is less clear. Without adequate support to deal with trauma, many children will have adverse responses.

The children who are unable to cope are often those who are exposed to more than one traumatic experience. Children can develop a traumatic stress response, which involves a variety of emotional, physical, social and cognitive deficits.² This reaction will be different for every child and can manifest itself in many ways.

The behaviors exhibited by the child are variable, and thus it is important to recognize that a traumatic stress response for one child might look completely different for another. For example, some children will remain quiet and suffer in silence, and others

ABOUT THIS SERIES

The Fourth Annual Social Determinants of Health Symposium, “Healing Together: Community-Level Trauma – Its Causes, Consequences and Solutions,” will be held on **April 20, 2015**. This symposium will bring together professionals, community leaders and experts to discuss efforts to support Baltimore in becoming a “trauma-informed” city. In preparation for this conference the Johns Hopkins Urban Health Institute has developed a series of briefs on trauma-informed care.

Briefs to be published prior to the symposium include:

Brief 1: Introduction to “Trauma-Informed” Care: Important Concepts and Key Resources

Brief 2: Creating a Trauma-Informed Criminal Justice System: Success Stories, Challenges and Potential Solutions

Brief 3: Trauma-Informed Schools

Brief 4: Trauma-Informed Health Services

To register for the symposium – please visit www.urbanhealth.jhu.edu/SDH2015

BRIEF 3:

- Trauma in the lives of children and children's reactions to trauma
- How trauma can interfere with school functioning
- Foundations of child health
- Building a better foundation for wellness through trauma-informed schools
- Key components of a trauma-informed school
- Resources to build trauma-informed schools

will act out and be disruptive.⁴ Given these complex pathways and manifestations, it is not surprising perhaps to learn that trauma exposure can lead to deficits in school-based functioning.

Interference with School-Based Functioning

Most of us can relate to the fact that stress, preoccupation and worry can interfere with our ability to attend to a task at hand. Trauma and childhood traumatic stress can do just that; it can interfere with a child's ability to stay on task and engaged with school material. According to the Child Trauma Toolkit for Educators, chronic exposure to trauma can adversely affect memory, attention and cognition, as well as interfere with problem solving and planning. In a recent publication of *the Journal of Health and Social Behavior*, McCoy and colleagues investigated the effect of community violence on 359 urban children and their cognitive performance on a neuropsychological task.⁶ The researchers found that children who lived within a half mile of an occurrence of violent crime in their neighborhood had impaired cognitive functioning if assessed within a week of the event.

Research suggests that chronic trauma symptoms also can lead to absenteeism, disciplinary problems, dropout and conflict with school personnel, as well as increased suspensions and expulsions.^{4,1} All of these consequences of trauma result in loss of opportunities for youth, and thus it is important to start directing our attention to how schools can address trauma, as they are in a unique position to make meaningful changes for these children.

Foundations of Child Health: Importance of School and Family

Mistry et al. argue that there are four core foundations of children's health: responsive care-giving, safe and secure environments, adequate and appropriate nutrition, and health promoting behaviors.⁷ These foundations are relevant for understanding what children need to overcome trauma, and why trauma-informed school systems are important.

The fact that children spend most of their time in schools makes them a valuable and unique resource for children to obtain these foundations. Trauma-informed schools, coupled

with a strong partnership between educators and families, have the power to target three of the four foundational influences that Mistry et al. outlined.⁷ With the correct resources, trauma-informed schools can provide children with safe and secure environments, responsive care-giving and the tools to develop health-promoting behaviors. These foundations are critical for taking care of children, their families, and the teachers and staff who work in the education system.

Taking Care of Our Kids, Building Resilience

In trauma-informed schools children learn how to thrive in a world that, quite frankly, isn't always rooting for them. Trauma-informed schools incorporate health-promoting behaviors by teaching children how to cope with traumatic life experiences, and building upon a child's capacity for resilience. With these skills they can overcome and adapt to the hardships they experience and witness in their daily lives. Once taught these skills, children also are able to return to a functioning level of health, which allows them to be more successful in school.

"Teachers do heroic work, and many of them are incredibly smart and motivated to make a difference in the world. But when we don't attend to their stress and vicarious trauma, they can become worn-out and less effective, and in turn our students suffer."

Dorado and Zakrzewski, PhD, 2013.⁹

“Opportunities to nurture a strong sense of connectedness with others within and outside of the family represent important building blocks from the health development of all of our young people.”

Resnick, 2012.¹⁰

In order to fully support the strengths of the child and to facilitate healing, a trauma-informed school will focus on SAMHSA's four *R*'s; **1) realize** the impact of trauma on the child and understand the key paths for recovery; **2) recognize** the signs and symptoms of trauma in all children and members of staff at the school, **3) respond** by integrating new knowledge about trauma into the policies, procedures and practices; and **4) resist** re-traumatization of the youth.⁸

Trauma-informed schools, and the programs that are implemented in them to help children overcome traumatic life experiences, should have a strength-centered approach. The hope is to reframe thinking from “what is wrong with this child,” to “what has happened to this child” and ideally, “what steps can we take to support him/her”. Some school systems have implemented models that include mindfulness techniques, Trust-Based Relational Intervention (TBRI) and the Sanctuary Model. (Please see the list of resources at the end of this brief for suggested readings on these techniques.)

Taking Care of Our Teachers

In order for teachers to be able to provide a positive learning environment for their students and for them to be able to adequately encourage emotional regulation and stress-reduction techniques for their students, they themselves must be healthy. A trauma-informed school encourages teachers and school personnel to seek self-care to avoid vicarious traumatization or “compassion fatigue,” so that they can help their students in the best way possible.

Strengthening Families: Partnership and Capacity Building

It is important to involve families in their child's education and to develop trusting, supportive relationships between parents and the school. Schools need to raise awareness and provide education on the effects of childhood trauma for parents and caregivers. Trauma education will empower parents and family members

to look out for symptoms of trauma-related distress in their children, while helping them view the school as a resource for additional information and support. Building upon the strengths of families is very important to facilitate change for the children. So given this, what should actually be done within the schools to facilitate change?

Where to Begin: Creating Trauma-Informed Schools

- **Focus on safety.** One of the key components of a “trauma-informed” approach is offering a safe environment. Appropriate measures must be taken to ensure that all children and staff feel safe and protected at school.
- **Build capacity building through education about trauma.** Raise awareness and provide education on the effects of childhood trauma for both all staff and families.
- **Provide trauma-awareness training.** It is important to provide teachers with training on how to appropriately support children

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Brief 3: Trauma-Informed Schools

who are experiencing trauma. (See Books to Read under Resources for Educators). In addition, all teachers need to be trained to recognize behaviors and anxieties related to traumatic childhood experiences and understand that they mirror behaviors exhibited in response to other childhood mental health conditions, such as ADHD or developmental delays. It is important to avoid mislabeling.⁴

- **Create a trauma-informed disciplinary policy.** Harsh disciplinary action against children should be avoided if at all possible. Learning to understand each child's unique experience is important, as is providing discipline that is developmentally appropriate.

- **Coordinate appropriate services.** A child who struggles emotionally or behaviorally for an extended period of time often requires support and services beyond what the school is able to provide. Let a mental health professional assess the child.

- **Include families.** Involve families in their child's school experience and education and provide them with support. Realize that for many parents their own school experiences were traumatic, so it may prove challenging for them to feel welcomed and supported by school. It is important to empower families to look for symptoms of trauma-related distress in their children. Encourage parents to seek help at the school if they do not understand their child's behavior or want additional information.

- **Support teacher self-care.** Encourage teachers and school personnel to seek self-care to avoid vicarious traumatization or "compassion fatigue." For a self-assessment on professional burn-out and compassion fatigue visit http://proqol.org/ProQol_Test.html. This tool was designed by Dr. Beth Hudnall Stamm and is available free of charge to people who are working in helping roles, including police officers, humanitarian aide workers and teachers. This website not only has tools for assessment, but also has presentation slides that can be modified and used to help educate people about the positive and negative effects of working with people who have experienced trauma.

RESOURCES TO BUILD TRAUMA-INFORMED SCHOOLS

ONLINE RESOURCES:

- **Learning about the Child – A Child Trauma Toolkit for Educators**

This resource gives examples of different behaviors a child who has experienced trauma might exhibit, by age category. It can be accessed at http://rems.ed.gov/docs/NCTSN_ChildTraumaToolkitForEducators.pdf

- **Learning about Trauma and Resilience – A Handbook for Adolescents**

This resource can be accessed at <http://www.ahwg.net/uploads/3/2/5/9/3259766/traumaresbooklet-web.pdf>

BOOKS:

- *Reaching and Teaching Stressed and Anxious Learners in Grades 4-8: Strategies for Relieving Distress and Trauma in Schools and Classrooms* by Barbara Oehlberg
- *Reaching and Teaching Children Who Hurt: Strategies for Your Classroom* by Susan Craig

PROGRAMS that have been used to help children deal with stress in school, and overcome traumatic stress responses:

- **Mindfulness** – <http://www.childmind.org/en/mindfulness/home/>
- **The Sanctuary Model** – <http://sanctuaryweb.com/sanctuary-model.php>
- **Trust-Based Relational Intervention** – <http://www.child.tcu.edu/training.asp>

SEMINAR:

- The Maryland-based Institute of Brain Potential is conducting six-hour-long seminar sessions on "*Calming the Overactive Brain.*" Dates for these seminars to reduce work place stress are April 27th, 28th, 29th, 30th and May 1st. Registration information and other details can be found here: <http://www.ibpceu.com/content/pdf/CALVAMD2S15.pdf>



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