A Community School Approach to Building Trauma-Informed Schools and Communities

Claire Coyne
Center for Childhood Resilience
Ann & Robert H. Lurie Children’s Hospital of Chicago

Hellen Antonopoulos
Social Emotional Learning Specialist
Chicago Public Schools
Acknowledgements

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  o The Center for Childhood Resilience at Ann and Robert H. Lurie Children’s Hospital of Chicago
  o Bruce Perry, MD, The Child Trauma Academy
  o Gene Griffin, PhD, Northwestern University
  o Illinois Childhood Trauma Coalition
  o Readiness and Emergency Management for Schools TA Center (U.S. Department of Education)
Objectives

1. Understand how trauma impacts development, learning & behavior in order to develop a “trauma lens”

2. Learn to identify common symptoms of trauma

3. Learn strategies for becoming trauma-sensitive

4. Increase awareness of the need for self-care among adults working with children and youth impacted by stress and violence
Why Community Schools?

- A community school is the center of a community - a place where adults and youth alike engage in learning, wellness, and personal development. By leveraging partnerships and resources, it provides opportunities and supports to students, families, school staff and community residents.

- The roles and responsibilities of the Community School Coordinator provides them the ability to be agents of change in their community, school environment, and students’ and families lives.

- The goals of a community school partnership are congruent with the purposes of a trauma informed school and community (i.e. students attend school consistently; succeed academically; youth and adults enjoy good health and wellness; communities and schools are places that are experienced as safe and supportive environments).
TAKE A STAND
Activity
Video
CPS Video Presentation: Students and Trauma

• Reactions?

• Do these students look like youth that you know?

• What is your role as a caring adult?

• What barriers exist to reaching out to our kids?
Role of Caring Adults

➢ **Be Aware:** Look for changes in behavior and be informed about signs and symptoms of trauma exposure

➢ **Be Available:** Listen to youth and help them to problem-solve

➢ **Be Resourceful:** Connect students to mental health professionals in your community; Know your limits and your resources!

**Our Goal Today:**
Equip you with tools to function in these roles through our discussion today
The Impact of Trauma and Exposure to Violence
What is child trauma?

The 3 Es:

• An emotionally painful or distressful event

• The experience of the event induces an abnormally intense and prolonged stress response

• The event and experience of the event result in lasting physical & mental effects

Bruce D Perry © 2004---2015
Types of Trauma

- **Two Types of Traumatic Events**
  - Extreme Acute Event (car accident, assault)
  - Chronic Stressful Events (abuse, violence, poverty)

- **Childhood Traumatic Grief**
  - May occur following the death of someone important to the child
  - Interferes with child's ability to go through typical process of bereavement
What is the connection between trauma and social and emotional functioning?

- Exposure to trauma and chronic stress impacts development across multiple domains
  - Neurodevelopment
  - Interpersonal relationships
  - Sense of self
  - Physical health
  - Mental health
Trauma and Exposure to Violence Research Findings

- Decreased IQ and reading ability (Delaney-Black et al., 2003)
- Lower grade-point average (Hurt et al., 2001)
- More days of school absence (Hurt et al., 2001)
- Decreased rates of high school graduation (Grogger, 1997)
- Increased expulsions and suspensions (LAUSD Survey)
How can we explain the connection between exposure to trauma and risk?
The Adverse Childhood Experiences (ACEs) Study

**Standard ACE Indicators—Growing up (prior to age 18) in a household with...**

- Emotional Abuse
- Physical abuse
- Sexual abuse
- Physical neglect
- Emotional neglect
- Substance using household member
- Mentally ill household member
- Witnessed domestic violence
- Incarcerated family member

**Study Design:**

- 18,000 adults with private insurance through Kaiser Permanente in 1993-1998
- Completed physical exam & answered confidential surveys about their childhood experiences
The Adverse Childhood Experiences (ACEs) Study

Negative adulthood outcomes

• **Mental Health**
  – Major mental illness
  – Chronic Depression (including suicides)
  – Substance abuse and alcoholism

• **Physical Health**
  – Smoking
  – Obesity
  – Heart Disease
  – Cancer
  – High Risk Behaviors
  – AIDS and STDs
  – Early Death
What they found

1. ACEs are common
2. ACEs occur together
3. ACEs are powerfully predictive of adult outcomes
4. The effects of ACEs are strong across groups of people with different backgrounds
Source: Centers for Disease Control and Prevention, NPR  Credit: Robert Wood Johnson Foundation
ACE study continued: Influence on Health and Well-being over the Lifespan

- Adverse Childhood Experiences
  - Chronic domestic violence
- Disrupted Neurodevelopment
- Social, Emotional and Cognitive Impairment
  - Easily startled, irritable, difficulty concentrating
- Adoption of Health Risk Behaviors
  - Meltdowns, poor peer relationships, school drop out
  - Smoking pot, poor eating habits
- Disease, Disability, Social Problems
  - Obesity, heart disease, problems with the law
- Early Death
Impact of Trauma on Brain Development
Complexity and Hierarchy of Brain Functioning

- **Cortex**
  - Abstract Thought
  - Concrete Thought
- **Limbic**
  - Affiliation
  - "Attachment"
  - Sexual Behavior
  - Emotional Reactivity
- **Midbrain**
  - "Arousal"
- **Brainstem**
  - Appetite/Satiety
  - Sleep
  - Blood Pressure
  - Heart Rate
  - Temperature

Bruce Perry, 2002
Brain Growth

Newborn  6 Year old  Newborn  6 Year old

Bruce Perry, MD, PhD
Trauma and Brain Development

3 Year Old Children

Normal

Extreme Neglect
Fight or Flight Response

Adaptive in an emergency:
- Stressful stimulus prompts release of hormones adrenaline and cortisol
- Think and act faster to protect ourselves and loved ones

Too much of a good thing:
- Negative impact if the body is exposed to these stress hormones for too long or too often
  - The part of the brain responsible for learning new things—can become impaired
  - Healthy body can restore itself quickly after a stressful incident, but not long-term stress (slows down other key functions including growth & immunity)

Reset the Trigger:
- With chronic & repeated stress, the stress response can kick in more easily for perceived threats that may not require the fight/or flight response
Trauma & The Brain
Key Concepts from Bruce Perry, MD

- **Resilience:** Not everyone exposed to adverse experiences is traumatized.

- **Plasticity:** The amazing ability of the brain to learn, grow, and change in response to environment (particularly in response to relationships).

- **Recovery:** Brains respond to repeated stimuli; use-dependent development.

- **Brain Activity:** The brain has to be active in order to learn.

- **Hope:** Even as adults, our brains are capable of learning and changing.

  *We have the capacity to promote healthy neurodevelopment!*

Bruce D Perry © 2004---2015
Adopting a Trauma Lens: What to look for?
# Common Reactions to Traumatic Exposure

## 4 Categories of Reactions

<table>
<thead>
<tr>
<th>Re-Experiencing</th>
<th>Avoidance</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Flashbacks</td>
<td>• Emotional numbing</td>
</tr>
<tr>
<td>• Intrusive thoughts</td>
<td>• Behavioral inhibition</td>
</tr>
<tr>
<td>• Nightmares</td>
<td>• Dissociation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Hyper-arousal</th>
<th>Negative Alterations in Cognition</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Hyper-vigilance</td>
<td>• Anger</td>
</tr>
<tr>
<td>• Irritable Outbursts</td>
<td>• Depression or sadness</td>
</tr>
<tr>
<td></td>
<td>• Withdrawal</td>
</tr>
</tbody>
</table>

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*American Psychiatric Association, 2013*
# Common Reactions to Traumatic Exposure

## Classroom Manifestations

### 4 Categories of Reactions

<table>
<thead>
<tr>
<th>Re-Experiencing</th>
<th>Avoidance</th>
</tr>
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<tbody>
<tr>
<td>Fatigue</td>
<td>Creating distractions</td>
</tr>
<tr>
<td>Sleepiness</td>
<td>Absenteeism</td>
</tr>
<tr>
<td>Trouble Concentrating</td>
<td>Resistance to talking about incident</td>
</tr>
<tr>
<td>Tearfulness</td>
<td>Resistance to going certain places</td>
</tr>
<tr>
<td>Decline in academics</td>
<td></td>
</tr>
</tbody>
</table>

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<tr>
<th>Hyper-arousal</th>
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</thead>
<tbody>
<tr>
<td>Easily startled</td>
<td>Social withdrawal</td>
</tr>
<tr>
<td>Strong reactions to small things</td>
<td>Moodiness and irritability</td>
</tr>
<tr>
<td>Somatic complaints (headaches, stomachaches)</td>
<td>Look emotionless or numb</td>
</tr>
<tr>
<td></td>
<td>Negative about self or future</td>
</tr>
</tbody>
</table>
Chronic Stress and Trauma

• Growing recognition that exposure to chronic stressors, particularly within context of caretaker relationships, may result in a different pattern of symptoms and reactions

• Primary symptom is disruption in capacity to form attachments and emotional regulation

• Early experiences with unsafe social relationships exert powerful negative effects on the ability to:
  – Form and maintain healthy relationships
  – Manage intense emotions
Chronic Stress and Trauma Symptoms in Youth

Symptoms

• Disturbance in sense of self
• Lack of empathy
• Difficulty forming attachments
• Emotional reactivity

Classroom Manifestations

• Poor self esteem
• Sexualized or provocative behavior
• Relationships can be conflictual:
  – Clingy, hot-n-cold
  – Misinterpret social interactions
  – Over-reacts to minor events
  – Power struggles
Do you know this child?

A student doesn’t sit still, over-reacts to slights and gets in fights. This student:

A. Is a troublemaker
B. Has Attention Deficit Hyperactivity Disorder (ADHD)
C. Is reacting to persistent stress, exposure to violence, traumatic experience
Do you know this teenager?

A student sits quietly but doesn’t pay attention and doesn’t respond when addressed. This student is:

A. Lazy
B. Sleep Deprived
C. Reacting to persistent stress, exposure to violence, traumatic experience
Creating Trauma–Sensitive Environments

WHAT CAN WE DO TO HELP?
Think about an Invisible Backpack

• Trauma affects how children think, feel, and behave...
• The Invisible Backpack
  o Beliefs about self
  o Beliefs about adults who care for them
  o Beliefs about the world
• How can we repack this backpack?
• How can we make students feel:
  o Safe?
  o Capable?
  o Likeable/Lovable?

Video

https://vimeo.com/128731496
What is my Personal Experience of Stress and Trauma?

• Many people have experienced significant stressors

What are your personal risk and protective factors?
  • **Risks:** the impact tends to be cumulative
  • **Resilience:** comes from protective factors, counteracts risk factors

• How does this impact your work with youth?
• What can they learn from you?
Components of Trauma-Informed Care

- Creating a Safe Environment
- Building Relationships and Connectedness
- Supporting and Teaching Emotional Regulation

Source: Substance Abuse for Mental Health Services Administration, 2014
The 5 S’s: Universal Strategies

1. Create a Safe environment
2. Provide Supportive adult relationships
   • Be aware
   • Be available
3. Model/teach effective Self-regulation and coping strategies
4. Develop Strengths and Resilience
5. Encourage and Practice Self-Care for providers
Create a **Safe Environment**

- Be predictable in your interactions
- Arrange setting in a way that feels comfortable to youth
- Find time during the day for quiet
- Give choices and provide consistent rewards and consequences for behavior
- Be predictable: Maintain usual routines, and prepare youth for any changes in routine or schedule
- Maintain boundaries: avoid the false promise of rescuing youth
Create **Supportive Relationships:**

**Be Aware**

- Learn individual strengths and vulnerabilities
- Learn preferred style of communication
- Be sensitive to changes:
  - Rhythms of their movement
  - Tone of their voice
  - Patterns and intensity of their activity
Create **Supportive Relationships: Be Aware**

- See behavior through a “trauma lens”
- Even the most disruptive behavior can be driven by the fear and anxiety created by exposure to trauma
- Be aware of cues or reminders of stressful or traumatic events (e.g., touch, storms, anniversaries, certain places or people)
Create **Supportive Relationships:**

**Be Available**

- Be aware that as a caring adult, your words, actions, and expressions are magnified — both good and bad.

- Criticism can feel crushing; but approval can be motivating, energizing, and powerful.

- The most powerful of our non-verbal communication instruments is the face.

- A child’s face, and yours, is a barometer expressing interest, investment, curiosity, joy, fear, anger, confusion, or doubt.
Model Self-regulation and Effective Coping

• Some youth can be challenging to work with

• Try to keep your emotional reactions in check and stay calm

• When a child or teen is losing control, they rely on you as a caring adult to provide the emotional glue they can’t access

• Praise youth for using appropriate calming/coping strategies (even after a “meltdown” once they have regained control)
Build Strengths and Resilience

• Be an advocate for youth by helping them to access appropriate services and develop skills/talents and passions

• Each day and each interaction provides another opportunity to develop:
  – new brain pathways
  – positive relationships
  – competence
  – self-efficacy

Outcome...Unlimited potential!
Crisis Response

WHAT IS MY ROLE? HOW CAN I HELP?
Some Potential Community Crises

- Community member unexpected or sudden death (homicide, suicide, accident)
- Natural Disasters
- Severe Weather
- Fire
- Terrorism (Local or National: Consider Impact of 9/11)
- Mass Transit Accidents
- Mass Shootings
Community Response Goals

• Address short-term turmoil (including shock, confusion, and fear)

• Restore safety and security to the neighborhood and broader community

• Monitor impact upon children, youth and adults in the community

• Provide appropriate supports
Psychological First Aid (PFA) for 1st Responders

- A flexible, field tested intervention to assist survivors and reduce distress
- Training available on NCTSN website – 6 CEUs for mental health workers
- Objectives include:
  - Establish a human connection in a non-intrusive, compassionate manner
  - Enhance immediate and ongoing safety
  - Calm and orient emotionally overwhelmed or distraught survivors
  - Assess immediate needs and concerns
  - Offer practical assistance and information
  - Focus upon resilience and developing both short- and long-term coping strategies

National Child Traumatic Stress Network (NCTSN: www.nctsn.org)
Psychological First Aid Online

• PFA Online
  http://learn.nctsn.org/course/category.php?id=11
  – 6 hour interactive course
  – 6 CE credits available

• Psychological First Aid for Schools (PFA-S)

• PFA Mobile
  http://nctsn.org/content/pfa-mobilewebsite
  – Review the 8 core PFA actions
  – Match PFA interventions to specific stress reactions of survivors
  – Hear mentor tips for applying PFA in the field
  – Self-assess to determine their readiness to conduct PFA
  – Assess and track survivors’ needs—simplifying data collection and making referrals
Mental Health First Aid Training

• Youth Mental Health First Aid is designed to train adults who interact with youth (ages 12-18) in ways to help youth who are challenged by mental health and/or substance abuse problems.

• In this course, participants:
  – Review typical adolescent development,
  – Be introduced to common mental health challenges for youth,
  – Anxiety,
  – Depression,
  – Disruptive behavior disorders (including AD/HD),
  – Eating disorders,
  – Substance use, and
  – Psychosis

• Learn a five-step action plan for helping students in both crisis and non-crisis situations.
Impact on Caring Adults
Working with High-Risk Youth: Secondary Traumatic Stress

• **Compassion Satisfaction: (Stamm, 2005):** Pleasure one derives from being able to do his or her work effectively; Pleasure and satisfaction derived from working in helping, care-giving systems

• **“Cost of Caring”** (Bruce Perry): the emotional and physical cost it takes to care about others

• **Compassion Fatigue**” (Charles Figley): The experience of being physically, mentally, or emotionally worn out, or feeling as if you are carrying students’ traumas “too much alone.”
Who is Vulnerable to Compassion Fatigue?

- Those who are empathetic.
- Those who have experienced some painful or traumatic event(s) in their own lives which are unresolved, and in turn, activated by similar reports of pain or trauma in others.
- Those who work directly with children and adults and listen to their painful or traumatic experiences.
- Those who help others and often neglect or are unaware of their own feelings and needs.
Indicators of Stress in Adults

• **Physical**
  – headaches, stomach aches, lethargy, sleep disturbance

• **Cognitive**
  – trouble concentrating, preoccupied by student trauma

• **Emotional**
  – feeling numb or detached, increase in anger, sadness, prolonged grief, anxiety, depression

• **Personal**
  – isolation, cynicism, mood swings, irritability with spouse and family

• **Workplace**
  – avoidance of certain students, tardiness, missed appointments, lack of motivation
Self-Care Strategies

• **Physical**
  - Sleep Well, Eat Well, Dancing, Exercise, Yoga

• **Emotional**
  - See Friends, Cry, Laugh, Praise Yourself, Humor

• **Personal/Spiritual**
  - Self-Respect, Pleasure Reading, Say ‘No’, Smile, Solitude, Prayer, Meditation

• **Workplace**
  - Take Breaks, Set Limits, Peer Support, Get Supervision, Use Vacations
Practice Self-Care for Adults

• Guard against work becoming the only activity that defines who you are
• Make time for hobbies and other relationships
• Spend time with kids who are not experiencing traumatic stress
• Find joy in every day
• Laugh often

In the end, taking better care of ourselves will not only help us, it will help our students to learn
Stress Busters Activity
Available Resources

WANT TO LEARN MORE?
Online Resources

Illinois Childhood Trauma Coalition:
- www.illinoischildhoodtrauma.org
- www.lookthroughtheireyes.org

National Resources:
- www.acestudy.org - ACES Study
- www.nctsn.org - National Child Traumatic Stress Network
- www.childtrauma.org - Dr. Perry and Child Trauma Academy
- www.childtraumaacademy.com - Free online training programs
- www.acestoohigh.org – Aces Too High
Chicago Resources

Chicago Department of Public Health:
• Healthy Chicago 2.0 Policy Agenda
  – Sheri Cohen (Sheri.Cohen@cityofchicago.org) or 312-747-9562

• Follow the Chicago Department of Public Health on Twitter @chipublichealth

Mayor’s Commission for a Safer Chicago
• Katie Hill (Kathleen.Hill@cityofchicago.org) or 312-744-0886
Closing Activity/Action Challenge:

• Share 1 activity you will complete to learn more about impact of trauma or specific actions for your community or professional setting

• Share 1 strategy you can bring back to your community or professional setting and do tomorrow to help youth in our city

• Share 1 Self-Care Strategy you plan to follow in the upcoming school year

Contact information:
Hellen Antonopoulos hnantonopoul@cps.edu
Claire Coyne ccoyne@luriechildrens.org