

63RD CONFERENCE ON EXCEPTIONAL CHILDREN

Believing In Achieving

SHERATON FOUR SEASONS | KOURY CONVENTION CENTER | GREENSBORO, NC



Crisis and Trauma

Helping schools respond





Childhood Trauma: Implications for Intervention and Policy

- Nancy Driscoll
 - School Psychologist
 - Licensed Psychological Associate
 - Certified Childhood Trauma Specialist
 - With Michael Thompson, School Psychologist, Behavior Specialist
 - I just want to be free, to be the me I'm supposed to be...





Goals

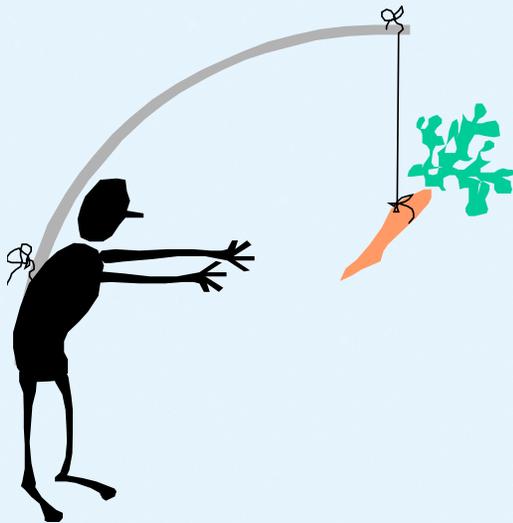
- Understand the brain's "wiring" in relation to behavior
- Consider the implications for behavior of prolonged exposure to stress/trauma
- Explore assessment/intervention considerations
- Reconsider policies and procedures related to behavior, trauma, and crisis





Behavior

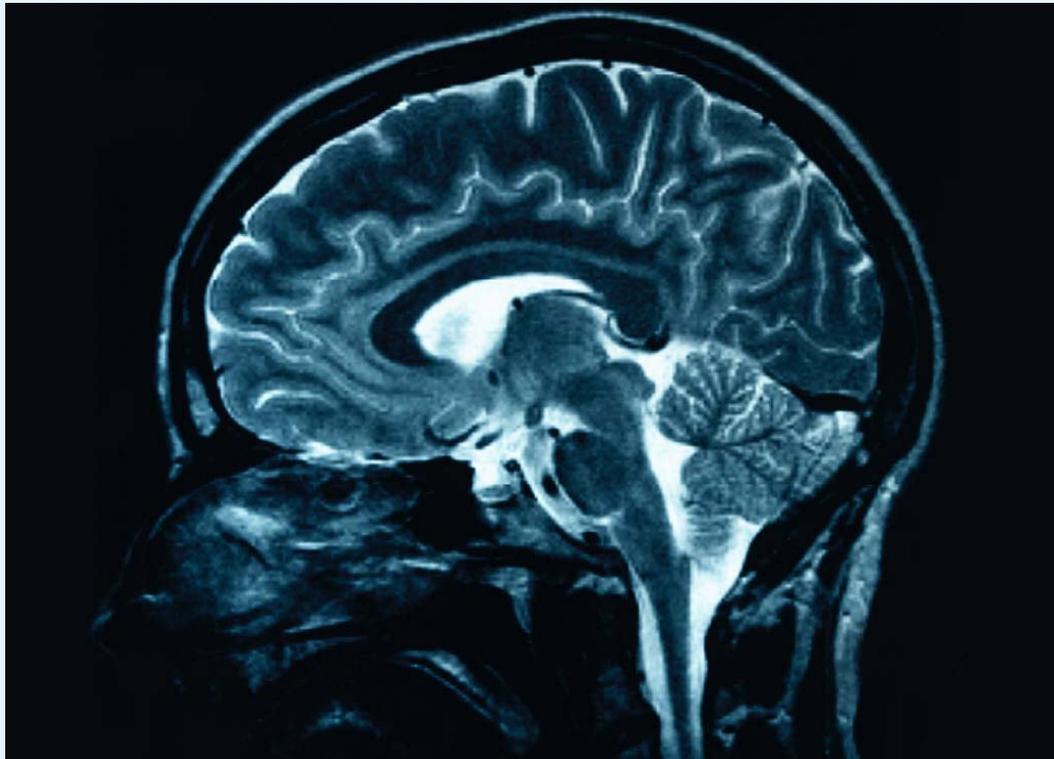
- Anything that an organism does involving action and response to stimulation
- The actions or reactions of a person or animal in response to external *or* internal stimuli



If you stay on green all week, you can have a sticker next February!



What controls behavior?





The brain remembers...

- “...the brain can process two million bits of information per second. It remembers everything you've ever seen, everything you've ever heard...”

— [Ben Carson](#)

- *The good, the bad, and the really awful...
.....the brain remembers*





Living “Limbic”

- What drives behavior?
- The Limbic System





The Limbic System

- The Limbic System is the area of the brain that regulates emotion and memory.
- It directly connects the lower and higher brain functions.
- It influences emotions, the visceral responses to those emotions, motivation, mood, and sensations of pain and pleasure.
- The limbic system is composed of brain structures located on top of the brainstem and buried under the cortex including:



The thalamus

- Thalamus means “inner room” in Greek, as it sits deep in the brain at the top of the brainstem.
- The thalamus is called the gateway to the cerebral cortex, as nearly all sensory inputs pass through it to the higher levels of the brain.

I know it hurts son...





The hypothalamus

- The hypothalamus sits under the thalamus at the top of the brainstem.
- Although the hypothalamus is small, it controls many critical bodily functions:
 - autonomic nervous system
 - center for emotional response and behavior
 - body temperature
 - food intake
 - water balance and thirst
 - sleep-wake cycles
 - endocrine system





The Cingulate Gyrus

- The Cingulate (to surround) Gyrus (fold), is part of the cerebrum gray matter surrounding and directly connected to the parts of the inner Limbic System.
- The Cingulate Gyrus serves as a conduit of messages to and from the inner Limbic System.





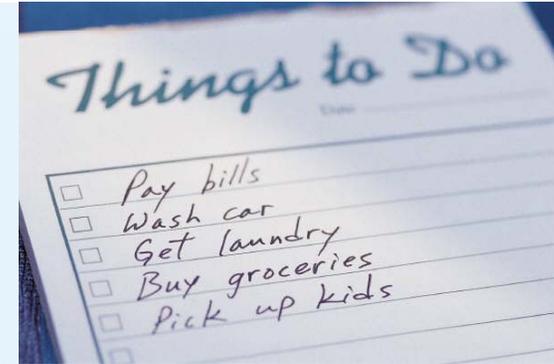
The Amygdala



- The Amygdala is important for making associations across stimulus modalities (a certain fragrance often elicits an associated visual image).
- It appears to be responsible for the influence of emotional states on sensory inputs. This produces a spectrum of sensory perceptions from apparently identical stimuli (ex. the sound of one's own motorcycle is never perceived as noise).
- Thought to be responsible for face recognition.



The Hippocampus

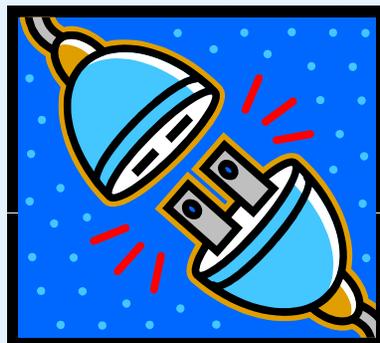


- The Hippocampus is very important in the transition of information from short- to long-term memory
- Since the Hippocampus is also part of the Temporal Lobe, damage to that portion of the brain can result in a loss of memory.



The Basal Ganglia

- The Basal Ganglia play an important role in planning and coordinating motor movements and posture.
- Complex neural connections link the Basal Ganglia with the Cerebral Cortex.

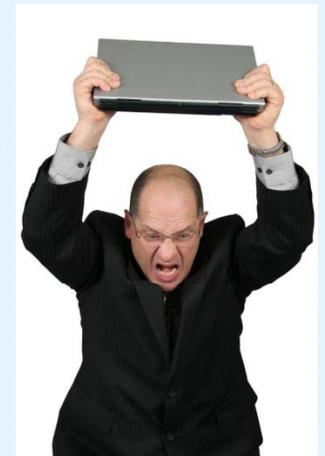




Why is this important?

- The brain's limbic system is involved in setting a person's emotional tone
- When the limbic system is less active there is generally a positive, more hopeful state of mind
- When it is overactive, negativity can take over
- This is important to remember when dealing with any person that is *agitated* ...

I just love technology...

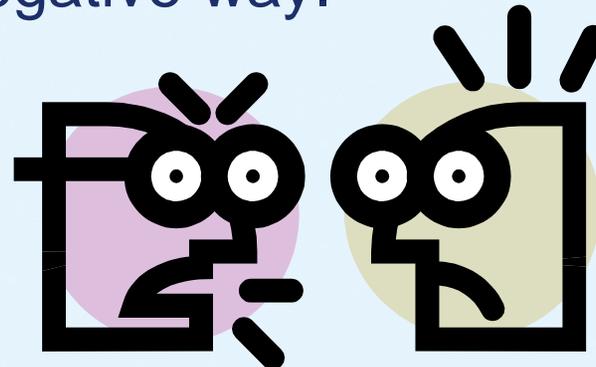




The limbic system is a filter

- The limbic system filters the events of the day.
- It **colors** events depending on the emotional state of mind. **Sad** or **angry**? (with an overactive deep limbic system) = interpreting neutral events through a negative lens.
- For example, if you have a neutral or even positive conversation with someone whose deep limbic structure is overactive, or "negatively set", he or she is likely to interpret the conversation in a negative way.

All I said was "sit down"...!





Emotional Reactions Drive Behavior

- When this part of the brain functions properly, a positive interpretation of events is more likely to occur.
- Emotional recognition/memory of events is critical to survival – every experience can't be a new experience.
- The importance we give to certain events from our lives drives us to action (such as welcoming a hug) ...
- or causes avoidance behavior (withdrawing from someone who has hurt us in the past – or even someone who looks like him).



The brain stores the good, the bad, and the really awful

- The limbic system with the deep temporal lobes stores highly charged emotional memories, both positive and negative.
- The total experience (positive or negative) of our emotional *memories* is responsible, in part, for the emotional *tone* of our mind, and its resulting impact on our *behavior*.
- The more stable, positive experiences we have, the more positive we are likely to feel and behave.
- The more trauma in our lives, the more emotionally set we become to think and behave in a negative way.



No time to think; just fight, flee, or freeze

- The limbic system, especially the hypothalamus at the base of the brain, is responsible for translating our emotional state into physical feelings of relaxation or tension.
- The **front half** of the hypothalamus sends calming signals to the body through the parasympathetic nervous system.



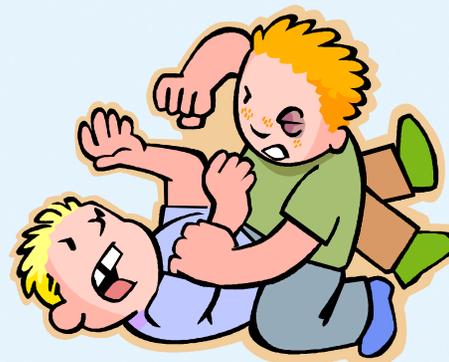
Limbic system (cont'd)

- The **back half** of the hypothalamus sends stimulating or fear signals to the body through the sympathetic nervous system. The back half of the hypothalamus, when stimulated, is responsible for the **fight or flight** response, a primitive state that gets us ready to fight or flee when we are threatened or scared. This "hard-wired response" happens immediately upon activation, such as perceiving or experiencing an emotional or physical threat.
- When trauma is ongoing, the fear is constant and the limbic system is always "on".



“What were you thinking?!” “I wasn’t”

- This "limbic" translation of emotion is powerful and immediate. It happens with overt physical threats but even with more covert emotional threats – even perceived threats.
- This part of the brain is intimately connected with the prefrontal cortex and seems to act as a switching station between running on emotion (the limbic system) or using more rational thought and problem solving skills with our cortex.
- When the limbic system is **turned on**, emotions tend to take over. When it is **cooled down**, more activation is possible in the thinking brain – the cortex. Traumatized children never **cool down**.





You can see a broken arm, but not a broken heart

My arm is broken and I can't write. My heart is broken and I can't think.

Our brains have unlimited potential and ability to build memory and recognition.



The brain will recognize familiar fear producing patterns (looks like, sounds like, smells like, feels like, tastes like...) and respond immediately based on previous experiences “without thinking”

And if what is most familiar is loss, anger, and fear?





Many children live in crisis...

- Imagine that everyday of your life is the worst day of your life - until the next day of your life. A child living in that type of environment will “live limbic”, meaning they constantly perceive threats and exhibit behaviors to try to protect themselves from perceived harm.





Behaviors are automatic based on previous trauma or generally negative past experiences with terror and powerlessness—

- **Fight – to gain power**
 - Verbally aggressive, argumentative, defiant
 - Physical aggression
- **Flee – to escape the powerful**
 - Poor attendance
 - “Runners”
- **Freeze – to be overlooked by the powerful**
 - Shut down
 - Sleep
 - Withdraw



Children of Trauma...

- It's the hurt you don't see
 - Many of our students have a trauma history
- Can be physical or emotional – or both
- Defined as intense fear and powerlessness to escape
- Experienced and remembered through all senses
- Easily re-triggered in the limbic system
- Body stays in an aroused limbic state - ready to react





Trauma happens...

- Physical abuse
- Emotional abuse
- Economic uncertainty
- Bullying
- Acts of violence in the community, including schools
- Tragic accidents
- Sickness, death, divorce, incarceration, deployments





...to everyone

- The victim
 - Not everyone reacts the same
 - Experience is highly charged
 - Feelings not stored as – and can't be expressed in - words
- Family members
 - Generational trauma
 - Not just immediate family
 - In utero
- Friends (could it happen to me?)
- Survivors (guilt, could I have done something?)





Is all trauma...traumatic?

- Many life events evoke grief yet aren't "traumatic"
- Trauma survivors feel grief as well as terror and powerlessness
- One child's grief can be another child's trauma
- We cannot presume to know the child's view, we must be ready to give it a voice
- In a crisis event, most will process and recover, some will feel greater grief and need support, a few will be traumatized and in need of intervention



And who may need the most help?

- Children whose trauma history we know – and those we don't
- Students with limited/different cognitive skills
- Survivors
- Others whose behavior/emotional state doesn't seem to stabilize



Is it grief or trauma?

- Grief is intense sadness
- Trauma is terror amid complete powerlessness
- Grief dreams may be of a loved one, trauma dreams are of the self
- The grieving child can talk about their loss
- The traumatized child can only see, hear, smell, and feel it



Implications for education

- ***Students***
 - Severe and persistent behavior problems may indicate PTSD/Developmental Trauma Disorder
 - How to identify, intervene, support, prevent?
 - Evaluation, e.g. trauma histories, multi-sensory assessments
 - Service delivery e.g. Rtl, EC, counseling, accommodations, agency collaboration



An assessment approach

- Indicators
 - Working memory, executive function
 - Frequent and inappropriate fight/flight/freeze response
 - Thorough records review
- Components
 - Cognitive
 - Trauma history questionnaire
 - Conner's CTBS
 - Structured sensory assessment vs clinical interview



I have no words...

- This is literally true for trauma survivors
- The limbic system disengages the cognitive processes and thus language
- Memories can be scattered, inaccurate, full of gaps and inconsistencies
- Limits the utility of the clinical interview
- Assessment must help the child share at the sensory level what happened
- Draw me a picture of what happened so I can see
- The “trauma narrative” can then be built



How does this fit my assessment protocol?

- Behavior is serious and difficult to manage
- Trauma is confirmed or suspected
- Evaluate working memory, executive function
- Complete trauma history questionnaire or e.g. Conner's
- Refer for sensory-based assessment
- Consider an appropriate plan or IEP



...and in school districts

- School Climate – Creating a Secure Atmosphere
 - The research is clear – climate matters
- Policy Review
 - Bullying
 - Zero Tolerance – Is it working?
 - 30 days of ISS begs the question...
 - Restorative Justice – Could it work to reduce the school to prison pipeline?
- Proactive Planning for Crises
 - MPHAT – Multi:
 - Phase
 - Hazard
 - Agency
 - Tiers





The Multi-PHAT Approach – Crisis Events/Students in Crisis

From a range of national educational associations

- **Phased Response**
 - Preparedness – response – recovery - mitigation/prevention
- **Type of Hazard**
 - Physical, psychological, pre-existing trauma
- **Agency Collaboration**
 - Mental health, law enforcement, first responders, social service, schools (including SROs)
- **Tiered Approach after Crisis**
 - Universal, targeted, intensive



Goals of Support at School

- **Universal**
 - Normalize common experiences of grief
 - Help students express and cope with feelings
- **Targeted**
 - Help more impacted students access resources
 - Clarify concepts for younger students
- **Intensive**
 - Intervene directly with traumatized students



The Crisis Plan - **Universal**

- Notify and activate school crisis team
- Verify the information
- Determine what information to disclose
- Notify staff and share plan
- Notify students directly, in small groups, e.g. homeroom; explain resources
- Notify parents; explain resources
- Notify feeder schools as needed



The Crisis Plan - Targeted

- Identify friends, family, survivors; other students who do not stabilize
- Activate plan for those at risk
- Check in, offer resources
- Encourage teacher referrals
- Reach out to family with resource lists
- Monitor over short-term



The Crisis Plan - **Intensive**

- Identify “safe place” study place
- Work closely with family
- Daily check-in
- Follow up on any school absence
- Meet as a team to evaluate and support
- Evaluate/refer as needed



Recommendations to use today

- Build consistent school/class routines
- Use neutral tones when interacting
- Keep “showing up” to support them
- Keep advocating by building effective plans
- Provide training to help staff understand
- Support Support Support



..and things to work toward

- Cross training on brain-based behavior concepts
- Looking at data for decision making
- Reviewing/updating policies and procedures
- Considering evaluating school climate
- Increasing inter-agency collaboration
- Relating Common Core goals with behavioral goals for increased student engagement
- Reconsidering what we truly believe about student behavior
- Create and consider “what would we do if...” scenarios
- Identifying and creating support plans for trauma survivors or those at-risk in crisis



Next Steps

- Share!
- Create a “like-minded” study group
- Think of students you know who are, or may be, impacted by trauma. Take a first step to be of help.
- Reconsider interventions/class rules that invoke power struggles or decrease time in school.



Thanks for coming, and caring

