Understanding and Responding to the Child with Trauma History

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Think of one of the more behaviorally challenging children in your class

<table>
<thead>
<tr>
<th>Possible Trauma/ACE Symptoms, Characteristics or Behavior</th>
<th>Possible Trauma/ACE How can I respond?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hypervigilance</td>
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<tr>
<td>Extreme or Explosive Behaviors</td>
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<tr>
<td>Less curiosity/exploration</td>
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<tr>
<td>Withdrawn</td>
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<tr>
<td>Sensory Sensitivity</td>
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<tr>
<td>Memory Issues</td>
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<tr>
<td>Group/partner Aversion</td>
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<tr>
<td>Group/partner Seeking</td>
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<tr>
<td>Need to control</td>
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To Know
• “Kenntnis” – to know by experience
• “Wissenschaft” – to know about
My Story

• Birth mother
  – Age 19
  – Estranged from family
  – No longer in relationship with birth father
  – Pregnant with twins
  – Poor
  – In college
  – Culture frowned upon single women with children; male lineage important

• 1998 – Adopted twin boys from Korea
  – 11 months old
  – Born 6.5 weeks premature
  – 7 & 9 moves within first 10 weeks
  – Foster family
  – Escort to US

Adjustment

• Attachment
• Sleeping
• Feeding
• Playing
• Tantrums/Rages
• Threats to kill
• Destructive behaviors
• HELP!

Diagnoses & Medications – before age 10

<table>
<thead>
<tr>
<th>Diagnoses</th>
<th>Medications</th>
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<tbody>
<tr>
<td>ADHD/ADD</td>
<td>Wellbutrin</td>
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<tr>
<td>Generalized Anxiety</td>
<td>Celsa</td>
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<tr>
<td>Reactive Attachment Disorder</td>
<td>Ability</td>
</tr>
<tr>
<td>Oppositional Defiant</td>
<td>Lamictal</td>
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<tr>
<td>Nonverbal Learning Disorder</td>
<td>Tegretal</td>
</tr>
<tr>
<td>Obsessive Compulsive Disorder</td>
<td>Godon</td>
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<tr>
<td>Severe Mood and Behavioral Dysregulation</td>
<td>Prozacol</td>
</tr>
<tr>
<td>Personality Disorder</td>
<td>Chontapan</td>
</tr>
<tr>
<td>Bipolar Disorder</td>
<td>Tenex</td>
</tr>
<tr>
<td>Severe Mood and Behavioral Dysregulation</td>
<td>Zoloft</td>
</tr>
</tbody>
</table>
Developmental Trauma – finally a diagnosis that fits (boys almost 10):

- Multiple or chronic exposures to developmentally adverse interpersonal traumas (abuse/abandonment, betrayal, physical or sexual assaults, witnessing intimate violence, repeated moves)
- Intense and immediate affects (fearful, enraged or avoidant reactions) to minor stimuli
  - Heightened startle response, avoid being touched, sensitive to loud noises, cling, fear of dark, mood swings
- Anticipate and expect trauma to recur – responds with hyperactivity, aggression, need to control because everything is a threat
  - Misinterpret events as a return of trauma/helplessness
- Self hate/self blame
- Expectations of return of trauma permeates relationships
  - Loss of trust in caretakers (no one will take care of them or make them safe)
  - Expressive diagnoses: oppositional defiance; dissociative behavior; preoccupied with revenge and retribution

Bessel A. van der Kolk, MD

Harvard University Center on Developing Child: The Science of Neglect

https://developingchild.harvard.edu/resources/inbrief-the-science-of-neglect-video/

See the child for the child

- Don’t confuse diagnosis/behavior with who the child is
  - Behavior is a symptom, not the root cause
- What happened to this child?
  - NOT What is wrong with this child?
- Other contributing factors?
- Diagnosis that consider root causes give us clues about how to respond.
Trauma – aka ACES

- ACES = Adverse Childhood Experiences
- National Child Traumatic Stress Network lists 13 different kinds of trauma
  - Can you name any?
  - “A traumatic experience is any stressful event that is
    - uncontrollable
    - prolonged
    - overwhelming and
    - unpredictable.”

- Age of delivery
  - A child’s brain at 35 weeks gestation weighs 2/3 of what brain at full term weighs
  - A premature brain can’t handle lots of noise, movement, lights — leads to inability to control emotions
- Early experiences dictate the neural pathways that are developed
- Chronic stress alters blood flow (oxygen) to the brain

Four levels of memory

- Cognitive – mental (math facts, how to read)
- Emotional (joy, happiness, fear, anger)
- Motor (breathing)
  - Don’t need to think about
  - Largely unconscious
- State level
  - Deepest/most unconscious level of brain
  - Where trauma settles
Trauma negatively affects executive functioning

- Action
  - Ability to organize, prioritize
  - Start work, stop off task behavior
  - Set goals, steps to accomplish
  - Manage time

- Focus, sustain and shift focus

- Effort
  - Regulate alertness
  - Sustain effort
  - Judge quality and pace of work

- Emotion
  - Manage frustration and modulate emotions
  - Inability to relax, self regulate
  - High degree of irritability

- Memory
  - Utilize working memory
  - Remember information for immediate use
  - Accessing recall

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  - Utilize working memory
  - Remember information for immediate use
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Dysregulation (or defiance)

- Hypo arousal
  - Characteristics
    - Depression
    - Withdrawal
    - Defiance
    - Resistance
  - More common in girls

- Hyper arousal
  - Characteristics
    - Anger
    - Violence
    - Hyperactive behavior
    - Hypervigilance
  - More common in boys

Bruce Perry, MD

Window of Stress Tolerance
Trauma negatively affects social skills

- Social emotional learning
  - Self management
  - Relationship skills
  - Delay gratification
  - Impulse control
- Social judgement skills
  - Avoid engagement activities
  - May trigger traumatic experience
- These skills are key to school success
  - Confidence
  - Curiosity
  - Intentionality
  - Self-control
  - Capacity to communicate and cooperate

Stress Model (Post 2009)

- All behavior stems from stress
- Only two primary emotions
  - Love
  - Fear
- Children with severe behaviors DO NOT CHOOSE to behave that way
  - Comes from State memory – an unconscious place

Stress Emotion Behavior

<table>
<thead>
<tr>
<th>Love</th>
<th>Fear</th>
<th>Stress</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>✓</td>
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<td></td>
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<tr>
<td></td>
<td></td>
<td>✓</td>
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Triggering sensory experience

Love or Fear Based Behaviors?

- Useless
- Love
- Fear
- Confident
- Anxious
- Sadness
- Confused
- Peaceful
- Scared
- Jealous
- Angry
- Joyful
- Worried
- Nervous
- Relaxed
- Empathy
- Happy
- Grateful
- Trusted
- Calm
- Shy
Research tells us…..

• Negative behavior occurs from an unconscious fear-based state
• We first respond from our unconscious at the body level before it is processed in our mind
• This fear reaction then influences our ability to be responsive (Fear sees problems & Love sees solutions)
• Children who are misbehaving are seeking external regulation
• Behavior modification does not address a child's underlying stress
• Traditional parenting and discipline techniques do not help a child learn to regulate through the parent-child relationship
• Stress causes confused & distorted thinking
• When parents are stressed they are constricted & unable to open up to their child's emotional state

What is needed to change the brain

• Positive Relationships
• Positive Environment
• Positive repetition of both

What can I do?

<table>
<thead>
<tr>
<th>Strategies</th>
<th>Implications for My Classroom</th>
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<tbody>
<tr>
<td>Relationship, keeping them safe</td>
<td></td>
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<tr>
<td>Contain the aggression</td>
<td></td>
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<tr>
<td>Grow executive functions</td>
<td></td>
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<tr>
<td>Neutral activities that teach what calm and/or physical mastery feels like</td>
<td></td>
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<tr>
<td>Food issues</td>
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What can I do?

- Become trauma informed
  - www.Traumasensitiveschools.org
- Relationship is key
  - Safety
  - Acceptance
- Recognize own trauma triggers
- Respond, do not react
  - SLOW and LOW
  - STOP, DROP and ROLL
- Contain the aggression
- Food issues
- Decrease stress, fear

- No-surprises
  - Anything novel or ambiguous (including rule changes)
- Transitions
  - Transitions in the classroom
  - Unstructured times
  - Recess
  - Cafeteria
  - Locker bays
  - Passing times

What are some strategies you can do at school to lessen the fear these children feel in unstructured times?

Given what you now know, why are transition and unstructured times so difficult for children with trauma?

- Travel going out
- Sleep
- Safety plans for other children
- Talk to children
- Tell others
- Language
- Recognize your limits
  - Be gentle on yourself
  - Video games
  - Chores

- Instill a sense of hope
- Include activities that grow executive functioning and memory skills
- Make appropriate accommodations
- Neutral “fun” tasks and physical games
  - children can learn what relaxed and physical mastery feels like
- Hold high expectations of ALL students
- Educate others
More strategies

- Teach soft skills
  - Humility, empathy, optimism, forgiveness, compassion, patience, cooperation, gratitude, sympathy
- Help process BIG feelings
  - Name it and tame it –
    - How much mad do you think is appropriate for what happened?
- Teach/practice calming behaviors
  - Breathing (STOP, DROP, & ROLL)
  - Mindfulness/meditation
  - www.mindfultschoools.org
  - Yoga

Head Start, Trauma Smart

https://www.youtube.com/watch?v=bFJHbCMV7kc

Joy, feeling one’s own value, being appreciated and loved by others, feeling useful and capable of production are all factors of enormous value for the human soul. – Maria Montessori

These feelings are foreign to many children of trauma.

They are trying so hard, and deserve our help. – Gearity 2009