

CUILFORD County Schools

News from Psychological Services



<u>What is Trauma?</u>

The response to a distressing or disturbing event that overwhelms an individual's ability to cope, causes feelings of helplessness, and diminishes an individual's sense of self and their ability to feel the full range of emotions and experiences.

An individual's experience of an event or multiple events determines whether it is traumatic for them - it is based on *their* perception, *their* life script, and *their* understanding of the situation.

Two people can experience the exact same event but have very different responses to it.

Types of Trauma

Acute Trauma

Acute trauma results from a single incident. Examples include death of a loved one, rape, single violent episode, car accident, etc.

Chronic Trauma

Chronic trauma is repeated and prolonged such as domestic violence or abuse. Examples include chronic abuse, witness to chronic domestic violence, long-term neglect, exposure to chronic community violence, etc.

Complex Trauma

Complex trauma is exposure to varied and multiple traumatic events, often of an invasive, interpersonal nature.

Types of Childhood Trauma

- Abuse (sexual, physical, or emotional) or neglect
- Military-family related stressors (e.g. deployment or injury)
- Family, community, or school violence
- Life-threatening accidents and injuries
- Frightening or painful medical procedures
- Serious and untreated parental mental illness
- Loss or separation from a parent or loved one
- Natural or manmade disasters
- War or terrorist attacks
- Forced displacement or refugee
- status
- Discrimination
- Extreme Poverty



DID YOU KNOW?

A child's distress may not be obvious or visible. By talking with them you may discover that they are experiencing traumatic stress. They may be re-experiencing the trauma through images, thoughts and feelings. They may try to avoid people and places that remind them of what they experienced. They may seem numb because they are trying to avoid their own feelings.



How Prevalent Is Trauma?

- More than 60% of children currently residing in the U.S. are exposed to violence, crime, and abuse each year (<u>National Survey of Children Exposed to</u> <u>Violence, Nov. 2012</u>)
- More than two thirds of children in the U.S. reported at least 1 traumatic event by age 16 (<u>https://www.samhsa.gov/child-</u> <u>trauma/understanding-child-trauma</u>)
- In the U.S., about 1 in 7 children experienced abuse and neglect within the past year (<u>https://www.cdc.gov/violenceprevention/childabuse</u> andneglect/fastfact.html)



HOW DOES TRAUMA EFFECT LEARNING?

- Traumatic stress can interfere with a child's ability to concentrate and learn. Exposure in infancy and early childhood can seriously delay development of a child's brain and body.
- It can change a child's view the world and their own futures, and it can change their behavior, interests and relationships with family, friends and teachers.
- It can lead to school refusal, absenteeism, educational failure, acting out, school expulsion and suspension.

Stay connected with us!



The ACEs (Adverse Childhood Experiences) Study

- The ACEs Study (published in 1998) found links between childhood trauma and long-term health, behavior, and social consequences.
- ACEs include abuse, neglect, and household challenges (domestic violence, substance abuse, mental illness, separation/divorce, and incarceration).
- The more ACEs you have experienced, the higher your score is likely to be and the higher your risk is for later health and psychological problems.
 Death
- What are all the ACES and what is your score? <u>Click Here to Learn More</u>

"Children exposed to violence in their family show the same pattern of activity in their brains as soldiers exposed to combat." -ThePsychMind.com

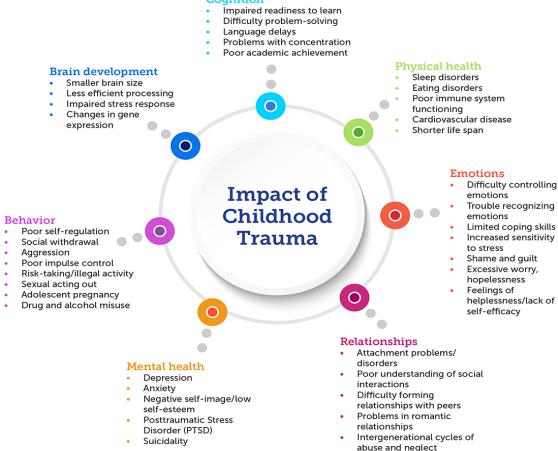
"Exposure to violence in the first years of childhood deprives children of as much as 10% of their potential IQ."-SAMSHA



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Trauma in the School Setting

When children are in a "triggered" state, the "learning brain" (higher functions of the frontal lobe) goes offline.

The school setting can feel like a battleground in which a child's assumption of the world as a dangerous place sabotages their ability to remain calm and regulate their behavior.

- In response, a child may respond externally (acting out) or internally (withdraws, become numb, frozen, or depressed).
- These negative behavioral responses can lead to lost learning time and strained relationships with teachers and peers.

REMEMBER - All behavior has meaning! Think and ask: "What happened to this student?" vs. 'What is wrong with this student?"

- Example: A student pushes teachers away
- Trauma-sensitive explanation: The student may be longing for help but is afraid of betrayal due to chronic abuse at home

REMEMBER - All behaviors are symptoms the child has developed in order to adapt to situations.

- Try to figure out what the need is behind the behavior.
- Try to teach the student a new behavior that still meets their need, but in a more appropriate way. For example, if they are always out of their seat to seek attention, try teaching them to work for 5 minutes before being rewarded with an individual teacher check-in.
- Reinforce and praise the use of this new, more appropriate replacement behavior.

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HOW CAN WE HELP AT SCHOOL?

Research shows that just one caring, safe relationship with an adult early in life gives children a better shot at developing more positive life outcomes.

"I am enough of a realist to understand that I can't reach every child, but I am more of an optimist to get up every morning and try!"

-Preston Morgan

- Build a strong, trusting relationship with them (ex. Use the 2x10 strategy spend 2 minutes for 10 days talking to the student about a topic of interest to them). This <u>will</u> take time, so don't give up!!!
- Build a support system for them at school using other adults and peers across the school to help give them a sense of connection
- · Directly teach coping skills and social skills
- · Celebrate with them all successes—academic and non-academic—no matter how small
- Focus on and build on strengths. This will give them confidence and help compensate for weaknesses.
- · Make an effort to engage parents and caregivers, maintain frequent home-school communication
- · Maintain predictable routines as much as possible
- Set clear, firm limits for inappropriate behavior and develop logical—rather than punitive— consequences.
- As much as possible, teach by modeling, praising, practicing, repetition, & frequent feedback
- · Give choices to give them a feeling of control
- Provide a safe place for the student to calm down in the classroom when needed
- Give simple and realistic answers to the child's questions about traumatic events. Clarify distortions and misconceptions. If it isn't an appropriate time, be sure to give the child a time and place to talk and ask questions. Refer to others in the building (e.g., psychologist, counselor, social worker) as needed.
- Be sensitive to the cues in the environment that may cause a negative reaction. Provide additional supports during these times. For example, if the child doesn't like being alone, provide a partner to accompany him or her to the restroom.
- Warn children if you will be doing something out of the ordinary, such as making a sudden loud noise.
- Consider making accommodations and modifications to work as necessary, such as shortened assignments, extended time to complete assignments, and providing organizational tools.
- As needed, help students calm using rhythmic, repetitive movement, rubbing something (stone, Velcro), comforting song or pictures, or visual imagery.



HELPING CHILDREN WITH TRAUMATIC SEPARATION OR TRAUMATIC GRIEF RELATED TO COVID-19

The COVID-19 pandemic has resulted in thousands of children being separated from loved ones who require isolation and/or hospitalization due to a loved one testing positive for COVID-19 or because of potential exposure for essential workers. For some children, the separation may result in distress or in a traumatic reaction. If a loved one dies from the virus, a child may experience traumatic grief due the sudden nature of the death and being unable to say goodbye or observe cultural or religious mourning rituals. This list of tips is for caregivers or other adults who are supporting children with traumatic separation or traumatic grief related to COVID-19. Especially in stressful times, in addition to the suggestions here, all children benefit from caregivers listening to and validating their different feelings.

I want you to know that:	You can help when you:
 I may have a lot of feelings but am not able to identify them or why I have them. 	 Acknowledge that it's ok to feel sad, angry, hurt, lonely, etc. Understand when I get upset out of the blue about things that do not seem to be related. Help me label my feelings with words and talk about what is happening.
 I am afraid when my loved one who is sick must be isolated from me at home or away from home. 	 Explain that isolating my loved ones protects me from getting sick and helps the sick person to recover. Tell me the isolated person cares about me very much and does not want me to get sick. Remind me how you or other helpers take care of our sick loved one and me. Help me find ways to stay in contact with my sick loved one (call, text, make a card, etc.).
 I am afraid that my loved one who is a health worker or emergency responder, will get sick or die. 	 Explain that health professionals and emergency responders get special training on how to stay safe at work to care for people. Tell me ways I can stay in touch with my loved one if I can't see them all the time or if they have to stay close to work for a period of time. Explain the important work they are doing to care for people.
 I'm sad that I can't see my sick loved one in the hospital and I worry that they are alone. 	 Assure me that my loved one wants me to stay safe, so they do not want me near sick people in the hospital. Explain how people in the hospital make sure my loved one is not alone. Help me communicate with my loved one, through calls, cards, pictures, songs, prayers, texts, and virtual communication when possible.
 I am scared that my sick loved one is in the hospital and might die. 	 Give me accurate information about how my loved one is doing in words I can understand for my age. Help me understand that most people get better and come home. Tell the truth if my loved one won't recover and help find a way to say goodbye.
 I am scared, sad, and mad that I can't say goodbye in person if my loved one is going to die in the hospital, and we can't go. 	 Explain that health care workers are with my loved one, so they are not alone. Find out if you can send a message for me or if I can say goodbye remotely.



7. I am angry and sad that I did not get to say goodbye to my loved one and cannot have a funeral or gathering with my family and friends.	 Assure me my loved one knew how special they were to me. Talk about ways we can share our feelings and memories virtually with family and friends until we can meet in person. Explore how we can have a funeral or memorial with people I live with now or later when it is safer. Help me find an object or picture that connects me to my loved one and reminds me of positive times. Guide in engaging in spiritual practices we use.
 Watching or hearing the news makes me afraid that someone else will get sick and die. 	 Limit my media viewing and talk to me about what I am watching or seeing on the internet. Go to trusted sources for information, give the facts, and correct misinformation and rumors. Practice activities like hand washing with me and talk to me about how this helps us to stay healthy. Point out what else we are doing as a family to stay safe. Limit your own media viewing to a time and place where I cannot see it.
 It is hard to stay at home where things remind me of my loved one who is still sick or who died. 	 Understand that things at home remind me of the person who is sick and make me worry. Recognize that it is upsetting to see things that remind me of a person who is not coming back. Find ways for me to do things that help me feel better, like doing activities, exercising, video chatting with friends, playing games, doing yoga, making art, or reading.
10. I am afraid I will get sick too.	 Tell me how you will care for me if I get sick Remind me that most sick people recover, especially children.
11. I have upsetting thoughts or remember scary scenes from when my loved one was taken to the hospital, or I remember other upsetting events or losses I experienced in the past.	 Be available for me share my thoughts and memories with you. Let me know these thoughts and memories are normal after experiencing an upsetting event. Provide me comfort and remind me that I am currently safe. Help me do relaxing or distracting activities when I have upsetting thoughts or memories.
12. Social distancing makes it hard to get a break from upsetting thoughts or worries, and to do the things that normally help me cope with stress.	 Set up consistent routines for my usual bedtime, meals, school, and chores. Help me connect with friends, family, support figures by phone or video chat. Help me find new ways to stay involved in hobbies and physical activities I used to do.

If any of these problems get in the way of your child engaging in daily activities, going to remote or in-person school when able, connecting with friends, or doing other activities to feel better, seek out a mental health professional with expertise in treating traumatized children. A good place to start is reaching out to the school psychologist at your child's school. You can also access additional resources for Childhood Traumatic Grief and Traumatic Separation at https://www.nctsn.org/what-is-child-trauma/trauma-types/traumatic-grief





A TRAUMA-INFORMED APPROACH TO TEACHING THROUGH CORONAVIRUS

Establish a routine and maintain clear communication

- Predictable routines create a sense of psychological safety
- Determine the best ways of connecting
- Take time to explain changes in routines
- o Provide an agenda to follow
- Make sure information provided virtually can be easily understood and followed

Allow relationships and well-being to take priority over assignments and behavioral compliance

- o Understand that students may not be able to complete assignments due their current circumstances
- o Remember that students may be dealing with varying home life situations
- o Check in with students to assess their well-being and need for assistance

Support a sense of safety

- Help students plan some virtual playdates to distract them from their worries
- Recommend or include in lesson plans fun activities students can do at home
- o Encourage family members and caregivers to avoid watching the news in front of students

Encourage connectedness

- Make time to ask students about something that they are doing right now
- o Greet students by name and a virtual routine (similar to a handshake or high-five) to invite connectedness
- o Consider putting students in groups to work on projects
- Plan activities that involve web conferencing
- o Talk directly about the importance of connecting with others
- o Incorporate time for play into lesson plans

Foster hope

- Ask students to connect with respected adult to ask how they stay hopeful during troubling times
- Teach about historical times of crisis, including how they ended and communities rebounded
- o Encourage students to get fresh air and move when possible
- Share stories of hope that have come out of this crisis
- Positively affirm students
- Encourage students to discuss things that bring them hope

Promote self-awareness and mindfulness

- Have students view a feelings chart and discuss how they are feeling
- Recommend quick self-soothing or mindfulness exercises
- Allow students to express how they are feeling through drawing

Reach out and provide extra support

- Check in with caregivers and offer supports typically used in the classroom
- o Check in with individual students virtually

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