Teaching Through a Trauma Lens: Improving Students’ Learning Potential by Strengthening Relationships

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Thank you,
Robin H. Gurwitch, PhD
Traumas that can touch our lives

- Accidents
- Child Abuse and Neglect
- Community violence
- Dog Bites
- Domestic Violence
- Hostage Situations
- Medical Illness
- Murder
- Natural Disasters
- Parent/Caregiver Death
- School Shootings
- Sexual Abuse and Rape
- Substance abuse
- Terrorism and other man-made disasters
- War
Types of Crises and Disasters that can Affect School Communities

- Environmental disasters (hurricanes, floods, tornadoes, fires, blizzards, and earthquakes)
- Community Violence
- Violent events at schools
- Death of student, teacher, school personnel
- Terrorism (e.g., Chemical, Biological, Radiological, Nuclear, and Explosive events)
What is Trauma??

*Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being.*

- SAMHSA definition 2014
Trauma can be...

- Single event

- Chronic (multiple traumatic events)

- Complex (trauma resulting from caregiver not protecting or caring for a child)

*Note: Yes, neglect can be traumatic for a very young child*
Trauma Theory

Trauma can throw off the healthy developmental trajectory by overwhelming a person’s ability to cope.
Trauma informed care means asking, 
“*What happened to you?*” instead of asking, 
“*What’s wrong with you?*”

-SAMHSA and the National Center on Family Homelessness
46 million of 76 million children are exposed to violence, crime and abuse each year.

Troubling Numbers

- Over 1400 children die from abuse or neglect each year.
- In recent years, approximately 900,000 children were victims of maltreatment (neglect being the primary form—over 60%).
- One in four children experience at least one potentially traumatic event before age 16.
- Four of 10 report witnessing violence.
- 10 million children living in home with at least one substance abusing parent.
- The majority of children experience the death of a family member or close friend before they graduate from high school.
More Troubling Numbers

- PTSD rates
  - Children in foster care: 60% of those sexually abused
  - Children in foster care: 42% of those physically abused
  - Children in foster care: 18% without abuse
  - Adults who had been in foster care: 21%
  - Adults in the general population: 4.5%

- Close to 80% of abused children face at least one mental health challenge by age 21
Impact of being in Child Welfare System for Children in Foster Care

- 25% will be incarcerated within first 2 years of aging out of the system
- More than 20% will become homeless
- Only 58% will have a High School Diploma
- Less than 3% will have a college education by age of 25
- Many will re-enter the system as parents
- For children under age of 5, increase likelihood of developmental delays 13-62% compared to 4-10%

1) Conradi, L. (2012) Chadwick Trauma Informed System Project p. 54
2) Leslie et. al. (2005). *Developmental and Behavioral Pediatrics* 26(3), 177-185
Early Ideas About Trauma and Children

- Children’s reactions were mild
- Children’s reactions were transient
- No interventions were needed
Adverse Child Events (ACEs)

**ABUSE**
- Physical
- Emotional
- Sexual

**NEGLECT**
- Physical
- Emotional

**HOUSEHOLD DYSFUNCTION**
- Mental Illness
- Incarcerated Relative
- Mother treated violently
- Substance Abuse
- Divorce
<table>
<thead>
<tr>
<th>Type of ACE</th>
<th>Prevalence</th>
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</thead>
<tbody>
<tr>
<td>Incarceration</td>
<td>6</td>
</tr>
<tr>
<td>Parental separation/divorce</td>
<td>13</td>
</tr>
<tr>
<td>Substance abuse</td>
<td>15</td>
</tr>
<tr>
<td>Mental illness</td>
<td>20</td>
</tr>
<tr>
<td>Maternal DV</td>
<td>26</td>
</tr>
<tr>
<td>Physical neglect</td>
<td>24</td>
</tr>
<tr>
<td>Emotional neglect</td>
<td>28</td>
</tr>
<tr>
<td>Sexual abuse</td>
<td>26</td>
</tr>
<tr>
<td>Physical abuse</td>
<td>26</td>
</tr>
<tr>
<td>Emotional abuse</td>
<td>26</td>
</tr>
</tbody>
</table>

Source: Felitti and Anda, 2003
The More ACEs...

- Increased risk for suicide attempts during adolescence
- Increased risk for early sexual intercourse (under age 15)
- Increased risk for substance abuse during adolescent and lifetime risk for substance abuse

- >4 ACEs seems to be the tipping point
Looking at ACEs another way...

- 242% more likely to smoke
- 222% more likely to become obese
- 357% more likely to experience depression
- 443% more likely to use illicit drugs
- 1133% more likely to use injected drugs
- 298% more likely to contract an STD
- 1525% more likely to attempt suicide
- 555% more likely to develop alcoholism
### Adverse Childhood Experiences (ACE) Score

Number of individual adverse childhood experiences were summed...

<table>
<thead>
<tr>
<th>ACE score</th>
<th>Prevalence</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>36.4%</td>
</tr>
<tr>
<td>1</td>
<td>26.2%</td>
</tr>
<tr>
<td>2</td>
<td>15.8%</td>
</tr>
<tr>
<td>3</td>
<td>9.5%</td>
</tr>
<tr>
<td>4</td>
<td>6.0%</td>
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<tr>
<td>5</td>
<td>3.5%</td>
</tr>
<tr>
<td>6</td>
<td>1.6%</td>
</tr>
<tr>
<td>7 or more</td>
<td>0.9%</td>
</tr>
</tbody>
</table>

Total: 64%
Adverse Childhood Experiences
- Abuse and Neglect (e.g., psychological, physical, sexual)
- Household Dysfunction (e.g., domestic violence, substance abuse, mental illness)

Impact on Child Development
- Neurobiologic Effects (e.g., brain abnormalities, stress hormone dysregulation)
- Psychosocial Effects (e.g., poor attachment, poor socialization, poor self-efficacy)
- Health Risk Behaviors (e.g., smoking, obesity, substance abuse, promiscuity)

Long-Term Consequences

Disease and Disability
- Major Depression, Suicide, PTSD
- Drug and Alcohol Abuse
- Heart Disease
- Cancer
- Chronic Lung Disease
- Sexually Transmitted Diseases
- Intergenerational transmission of abuse

Social Problems
- Homelessness
- Prostitution
- Criminal Behavior
- Unemployment
- Parenting problems
- High utilization of health and social services

Data:
- www.AceStudy.org
- www.nasmhpd.org
Figure 3

Children's Exposure to Violence in the Past Year: Percentage Victimized, by Child's Age, 2014

- Physical assault
  - 0-1: 11, 2-5: 42, 6-9: 48, 10-13: 41, 14-17: 32

- Sexual victimization
  - 0-1: 0.0, 2-5: 1.2, 6-9: 0.4, 10-13: 1.9, 14-17: 6

- Maltreatment
  - 0-1: 13, 2-5: 14, 6-9: 16, 10-13: 23, 14-17: 13

- Witness violence
  - 0-1: 13, 2-5: 19, 6-9: 15, 10-13: 31, 14-17: 37

*Excludes indirect exposure to violence

1 year of violence = 124 billion dollars in recovery costs

- The breakdown per child is: $210,012
- $32,648 in childhood health care costs
- $10,530 in adult medical costs
- $144,360 in productivity losses
- $7,728 in child welfare costs
- $6,747 in criminal justice costs
- $7,999 in special education costs

M. Wong, 2016
The Take-Away:

- **Adverse Childhood Experiences (ACEs) are common**

- **ACEs are associated with poor health and social functioning in adulthood**

- **Poor adult health and functioning may be the result of:**
  - Risky behaviors associated with ACEs
  - Changes in brain structure and function associated with certain ACEs
Oklahoma ACEs

- 45th in Economic Hardship
- 50th for Divorce
- 49th for parents abusing drugs/alcohol
- 50th for children witnessing domestic violence
- 48th for children having a parent who is incarcerated

- At the top of highest rankings for children with 4 or more ACEs (50th out of 50) (2016 America health rankings)

-Mary Melon, the Foundation for Oklahoma City Public Schools
Mental Health Problems Associated with Maltreatment

- Depression
- Sexualized Behaviors
- PTSD
- Phobias
- New-onset ADHD
- Sleep problems
- Enuresis

- Somatization
- Attachment problems
- Conduct problems
- Dissociation
- Eating problems
- Substance abuse
- Risk taking
Range of reactions to Trauma

- Wide range of reactions and concerns
  - Not just PTSD

- Bereavement

- Secondary losses and stressors
  - Relocations
  - Loss of peer network
  - Loss of network of supportive adults

- Loss of community
- Academic failure
- Integrating into new social network (bullying)
- Financial stresses
- Parental stress
Mental health disorders and disparity in mental health care use

- 20-27% of children with mental health problems
- 53% of the children go untreated
- Oklahoma in top 4 States of children in need of services and not getting treatment

- Whitney and Peterson, 2019 *JAMA Pediatrics*
Reasons why children may present with behavior problems in school setting

- Trauma in their lives
- Stress in their lives
- Violence in their lives
  - Witness to DV
  - Neighborhood violence
- Grief
- Attention Deficit Hyperactivity Disorder (ADHD)
- Developmental or Intellectual disabilities
- Mental health issues (e.g., oppositional defiant disorder, anxiety disorder, conduct disorder, PTSD)
- Bullying
- Poor role modeling in the home
- Prenatal substance exposure
- Prematurity
- Heredity
- Temperament
- Historical trauma
- Implicit bias
Impact of Trauma on Children

- Academics
- Feelings and reactions
- Communication
- Pre-existing challenges become worse
How Does Trauma Impact Learning?

- Decreased IQ and reading ability
- Lower grade-point average
- More days of school absence
- Decreased rates of high school graduation
- Higher rates of expulsions and suspensions

- *Taking time in schools to help children adjust to trauma and grief and aftermath is essential to promote academic achievement*
“Triggers” in the School Setting

- Reading a book that contains a similar trauma
- Hearing a piece of information on the news
- Certain smells and sounds that remind the student of the event
- Special occasions (birthdays, holidays)
- Lost opportunities (recitals, sporting activities, prom)
- Family hardships (loss of income, changing schools)
Possible Trauma Reactions Among Children

- Worries and Fears
- Changes in Behavior
- Physiological Responses
- Focus on Event
- Spiritual Changes
WORRIES AND FEARS

- Increased worries and fears about safety of self and others
- Increased worries and fears about security
- Worries and fears about re-occurrence of the event
- Worries about on-going situation
Guilt and Shame

- Common feelings
  - About actions taken
  - About actions not taken
  - About the person(s) who died/hurt
  - In response to own thoughts and feelings
CHANGES IN BEHAVIOR

- Changes in school performance
- Decreased concentration
- Decreased attention
- Changes in sleep
- Changes in appetite
- Changes in mood (swings)
- Changes in activities
- Increased irritability
- Increased anger outbursts or temper tantrums
- Increased withdrawal
- Increased hate talk/play
PHYSIOLOGICAL RESPONSES

- Increased sensitivity to sound
- Increased startle response
- Increased somatic complaints
  - Headaches
  - Stomachaches
  - Fatigue
  - Vague aches and pains
FOCUS ON EVENT

- Repeated questions about event
- Repeated discussion or story-telling about the event
- Increased interest in media coverage (TV, print, internet)
- Trauma Reminders
- Loss Reminders
Changes in Spirituality

- Changes in relationship with and/or beliefs about a higher power
- Increased or decreased involvement in spiritual activities
- Questioning of beliefs
- Struggle with sense of fairness
- Struggle with understanding
When to Refer for Outside Services

- Some children will need additional services from a mental health provider.

- Keep your eyes and ears open for:
  - Sudden school failure
  - Aggressive or delinquent behaviors
  - Truancy
  - Apathy
  - Depression (sadness, withdrawal, crying)
  - Self-destructive behaviors
  - Social withdrawal and isolation
  - Suicidal ideation

- Anytime you are worried about how your child is doing at home, at school, or in any setting
Now that we all feel a bit overwhelmed and “oh my goodness”—The Good News!

• The majority of children after traumatic events are resilient.

• The majority of children after traumatic events do not develop significant mental health problems

• *BUT, just because most children do well does not mean that we do not support them, create a positive school environment, and provide services to increase their positive coping for the future.*
CARE in the Classroom
Child Adult Relationship Enhancement (CARE™) Adaptations

CARE Development Team:
- Erica Pearl Messer, PsyD
- Robin H. Gurwitch, PhD
- Barbara W. Boat, PhD
- Erna Olafson, PhD, PsyD
- Susan Dougherty, PhD
- Christina Warner-Metzger, PhD
- Frank Putnam, MD
- Lisa Connelly, MA
- Lacey Thieken, BA
- Debbie Sharp

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- Robin H. Gurwitch, PhD
- Christina Warner-Metzger, PhD
- Erica Pearl Messer, PsyD
- John Paul Abner, PhD
- Joshua Masse, PhD

CARE Adaptations:
- CARE Connections: Improving relationships for children with ASD
- CARE for Families who Serve: Improving relationships for military families
- FosterCARE: Improving relationships for children in foster/kinship care
- PriCARE: CARE in primary care settings (Collaborative with CHOP)

Coming Soon: IntegratedCARE: Collaboration between CARE Collaborative Team and Heart of Texas Community Health, Inc.
CARE is…

- Trauma informed
- Need derived
- Generalizable
- Non-clinical population
- Children and teens
- Based on evidence-based parenting programs
CARE Principles

- Helping the Non-Compliant Child (Forehand)
- Incredible Years (Webster-Stratton)
- Parent-Child Interaction Therapy (Eyberg)
- Parent Management Training—Oregon model (Patterson)

- CARE is **not** a therapy
SETTINGS AND GROUPS RECEIVING CARE TRAINING

- Parents/Foster/Adoptive parents
- Medical facilities
- Medical, Mental Health, and Allied Health professionals
- Law enforcement agencies
- Child Life Specialists
- Child Welfare agencies
- Child victim advocates
- Drug and Family Court personnel
- Day care settings
- Domestic Violence services
- School settings
- Military family support personnel
- Treatment centers/Residential living facilities
- Primary Care settings
- Disaster Crisis Counselors
- Clergy
- Coming soon: Autism services
- Scout Leaders/Coaches
- Home Visitors
CARE includes

1. Relationship enhancement

2. Skills for improving listening and following directions (compliance with adult instructions)
BENEFITS OF CARE IN THE CLASSROOM

- Identify skills to improve a teacher-student relationship to increase learning potential.
- Identify effective methods for giving directions to students to increase the likelihood they will listen.
- Utilize strategies for decreasing students’ negative behavior.
Who can benefit from CARE in the Classroom

- Teachers
- School psychologists, social workers, guidance counselors
- School administrators
- Child care providers (Head Start/Early Start teachers, child development center teachers and staff)
- School Nurses
- School Resource Officers
- Receptionists and other support staff who come in contact with students as part of their duties
- Cafeteria workers
- Bus Drivers
Youth experience their world as an environment of relationships, and these relationships affect virtually all aspects of their development.
Considerations for CARE in the Classroom

- CDC has recently recommended behavioral interventions *before* medication

- Department of Education
  - Ed School Climate Surveys for Safe Support in Schools (EDSCLS) Model
    - 3 Domains (Engagement, Safety, and Environment)
    - Under Engagement is Relationships

- A child is more resilient when they have a positive relationship with one caring adult—It may be a school psychologist, social worker, guidance counselor, teacher or other school personnel
Good News

- Close and supportive teacher-child relationships are essential factors for children’s academic and social-emotional success.

- Children’s positive engagement with their teachers predicts increases of appropriate, positive emotion regulation strategies.

- Warm, sensitive teacher-child interactions are linked with gains in academic and social-emotional skills.

- Children make more equitable school readiness gains in classrooms where teachers are highly responsive to them.
What to AVOID

- **Quash** the “Need to Lead”
- **Quit** unnecessary **Questions**
- **Quiet** the criticisms (no, don’t, not, stop and quit)

**REMEMBER:** These “AVOID’s” are not for always, but just some ideas to consider as you work to enhance engagement with students
3 “P”s to follow the child’s lead

- Praise (Specific)
- Paraphrase
- Point-Out
GIVING GOOD INSTRUCTIONS/DIRECTIONS: 4 EXAMPLES

- Clear and Direct (TELL)
- Concise (one at a time)
- Specific
- Positively stated
What is Compassion Fatigue or Secondary Traumatic Stress (STS)

“The experience of short-term exhaustion and traumatic stress reactions associated with exposure to the suffering of one’s clients.”

(Boscarino, Figley, and Adams, 2004)

Also known as Vicarious Trauma
Anyone who works with students who have high-needs/have experienced trauma or extreme stress is like a bucket that can get filled with traumatic stress.

26% of people working with this population show signs of STS (and 50% of child welfare workers).

How do we keep the bucket from overflowing?
Difference Between Burnout and Compassion Fatigue

- Compassion Fatigue comes from the teacher’s relationship with a student who has experienced trauma.

- Compassion Fatigue has symptoms similar to PTSD.

- Burnout comes from the helper’s relationship to the institution.
  - Symptoms are emotional exhaustion, lethargy, lack of interest in the job, and a reduced feeling of personal accomplishment.
The following nine slides are borrowed from “Compassion Fatigue: Understanding and Interventions for Educators” by the Department of Education, 2012, Course on Compassion Fatigue.
Personal Impact of Compassion Fatigue

- Physical
- Emotional
- Behavioral
- Cognitive
- Interpersonal
- Spiritual
Awareness—What Schools Need to Do

- Start with awareness of Compassion Fatigue, both in administration, classroom teachers, and other school personnel. Why must leadership be involved?

- Compassion Fatigue and self-care should be introduced to staff during their initial orientation.

- Provide continuing education/reminders about Compassion Fatigue.

- The school should find ways to promote wellness and balance and provide support to all personnel to prevent Compassion Fatigue.

- Encourage every staff person to have a Self-Care Plan.
Balance

- Balance the very difficult work with humor and fun
  - Ideas to accomplish this??

- Maintain balance between work and home
  - Ideas to accomplish this??

- Continuing education is encouraged so that school personnel continue to be challenged and learn new skills to effectively meet work demands.
Connection

- Provide support opportunities at least once a month to discuss how self-care is going.

- Create specific protocols to deal with the aftermath of traumatic situations (e.g., offering one-on-one support or group support). Keep lines of communication open.

- Provide opportunities to address school personnel’s needs in the aftermath of any traumatic event in the school or larger community.
Mindfulness and Health

- Boosts immune functioning
- Reduces chronic pain
- Reduces stress
- Lowers blood pressure
- Reduces the risk of heart disease
People who Practice Mindfulness are:

- Happier
- More exuberant
- More empathetic
- More secure
- Have higher self-esteem
- Reduces reactivity that underlie
  - Depression
  - Binge eating
  - Attention problems
- More accepting of own weaknesses and receptive of feedback
- Fight less with romantic partner
- Less defensive
Challenges to Self-Care

- Believing that Compassion Fatigue is real and can impact YOU
- Making time when all around you seem to need your help
- Feelings of guilt and shame for taking time for yourself
- Believing those around you are doing fine, so you should be doing fine too
- Lack of modeling or support from administration for self-care activities
Considerations

- Empathy, support, and caring are very important to you, yet can present a challenge in keeping boundaries.

- It is sometimes difficult to keep perspective on student’s choices. We can “walk alongside” those we support, but we can’t “fix them.” This is “our” struggle.

- The students you are serving are VERY important to you. “Emptying your bucket” will prevent Compassion Fatigue, so that you have something to give back to them.
To the World, you may be just One Person, but to One Person you just may be the World