LET'S TALK ABOUT CREATING A TRUMA-INFORMED ENVIRONMENT

Institutions and programs ***need*** to shift their focus and consider the bigger picture that will prioritize the mental health of its students, families, and educators.

TRAUMA IN THE U.S.

Statistics have found that nearly half of children in the United States, approximately 35 million, have experienced one or more instances of trauma.

35 Milllion

RECOGNIZING TRAUMA

A trauma survivor's ability to control behavioral and cognitive responses to stress is impaired. Their brains can be in a constant state of fight or flight mode; there are many misplaced emotions as they cannot effectively regulate their feelings.

REQUIRED TRAINING

All personnel within schools **have** to receive training to know how to delicately promote healing in a child who has suffered trauma by developing nurturing and secure relationships.

TEACHER WELLNESS

Teachers need access to programs that show them how to implement responsive and nurturing trauma-informed care successfully while maintaining their own mental wellness

CHILDHOOD TRAUMA

What Is It?

DID YOU KNOW?

Advocating for A Trauma Informed Environment

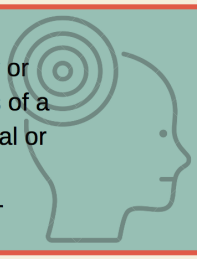
AdvocatingforTIE.com

More than 25% of American youth experience a serious traumatic event by their 16th birthday, and many children suffer multiple and repeated traumas. Children are more vulnerable to trauma because of their size, age, and dependence.

THE DEFINITION:

When a child feels intensely threatened by an event he or she is involved in or witnesses, we call that event a trauma. There is a range of traumatic events or trauma types to which children and adolescents can be exposed.

TRAUMATIC EVENTS:

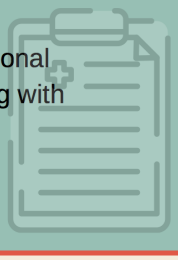


Bullying, physical and sexual abuse, family or community violence, sudden or violent loss of a loved one, substance use disorder (personal or familial), refugee and war experiences (including torture), serious accidents or life-threatening illness.

SYMPTOMS:

Fear, anger, withdrawal, trouble concentrating, digestive problems, nightmares, behavior disorders and “acting-out”, academic failure, higher rates of absenteeism, expulsion and suspension, amongst many others.

TREATMENTS:



Treatment from a mental health professional who has training and experience working with traumatized children can reduce child traumatic stress and minimize physical, emotional, and social problems.

REFLECT:

The Cognitive Behavioral Intervention for Trauma in Schools (CBITS) is one of the only evidenced-based interventions created for use in schools by school helping professionals... Why is that?

Ellie Purschke

Advocating for a Trauma-Informed Environment

CALL TO ACTION:

Creating a Trauma-Informed Environment

Trauma that begins early in life is **relentless** and **persistent** and has been linked to the **most** severe symptoms of post-traumatic stress and poor child outcomes. Trauma-informed care provides children **guidance** from **informed** adults who can *recognize* and *respond* to the signs and impacts of trauma on young children and instill trauma *awareness, knowledge*, and *skills* into program habits, practices, and policies. We need to **work together** to create a **trauma-informed environment** within schools. Creating a trauma-informed childcare program is a challenging but **indispensable** act. It is a **group effort** that will require enduring **dedication**, starting with you. People of our world need to **team-up** to **fight** for a **universal**, **school-wide** strategy that creates a trauma-informed social climate. We do **NOT** want to single out students who experience adversities or trauma, but rather we want to **alter** an entire school's already existing culture, strategies, and approaches to create a **safe** and **sympathetic** learning climate for **all** students by providing staff with **critical** knowledge to **deepen** comprehension of dealing with trauma and adversities in students.

What Can You Do?

1. **Information** *is* **Power!**
    a. **Reflect** on what you don't know and what you would like to know.
2. **Take initiative** and **read** about the adversities many children face.
    a. Valuable research is being published, and we need to **learn** about it to better care for the children who suffer from trauma.
3. **Invite** others to get **involved** and be **informed**!

Our children deserve to be protected, safe and supported

Check out our website to find more resource and see how you can inform others.

Website: AdvocatingTIE.com

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November 13, 2020

Statistics have found that nearly half of children in the United States, approximately 35 million, have experienced one or more instances of trauma (Neitzel, 2020). Trauma can take on many forms: neglect, abuse, witnessing violence, and separation or loss of a parent, to name a few. Research has found that trauma that takes place early in life has a permanent and damaging effect on a child's learning, behavior, development, as well as long-lasting health-related consequences (Dye, 2018). When reflecting on the prevalence and harm trauma proposes to a child's welfare, it is shocking to find that very few education programs can provide essential trauma-informed care and guidance, as trauma on young children is often unheeded. This could be due to the misunderstanding that young children cannot recognize or remember such occurrences or events. No child is immune to the effects that trauma brings. In fact, a child is most susceptible and vulnerable to trauma's effects during the first several years of their life. Long-lasting effects of trauma have been seen in infants as young as three months old (Bartlett & Bringewatt, 2017). Trauma that begins early in life is relentless and persistent and has been linked to the most severe symptoms of post-traumatic stress and poor child outcomes (Bartlett & Bringewatt, 2017). Trauma-informed care provides children with adults who can recognize and respond to the signs and impact of trauma on young children and instill trauma awareness, knowledge, and skills into program habits, practices, and policies. Trauma makes an impact on children, families, educators, society in general terms. Untreated, research has found that the presence of trauma will negatively influence early brain development of learning and social-emotional skills, the ability to generate secure attachments to others, as well as physical wellness (Bartlett & Bringewatt, 2017). Providing access to trauma-informed care for young children suffering from childhood traumatic stress will give the opportunity for recovery and lead towards the common goal of positive developmental and learning effects.

Trauma occurs when a person or child experiences a particular event that causes harm or poses a threat to their emotional or physical health that develops responses that persist and affect their daily lives after the event has ended (NCTSN, n.d.). Traumatic stress is entirely different from regular life stressors because it causes feelings of intense fear, terror, and helplessness beyond the normal range for typical experiences (Bartlett & Bringewatt, 2017). Instances of traumatic events can include physical, emotional, or sexual abuse and or neglect; serious and untreated parent mental illness or substance abuse; witness to domestic or community violence; or lengthy separation from or loss of a loved one (Bartlett & Bringewatt, 2017). Note, it is normal for all children to face distress or discomfort directly after a traumatic event. Most children can return to their typical functioning over time with assistance from parents and caregivers. In terms of a child's response to trauma, it is unique to each child and situation.

The severity of a child's response to trauma will be exclusive to each child, as several factors determine the response. A response to trauma is dependent on the following: nature of the trauma, the characteristics of the child and family, and the general balance of risk and protective factors in the child's life (Bartlett & Bringewatt, 2017). Therefore, the signs of traumatic stress will vary for each child. Age plays a role in this as well; young children will react differently than older children and vice versa (SAMHSA, 2020). Generally, children younger than five years old exhibit greater reactivity to trauma than older children (Neitzel, 2020). Signs of trauma can be undeniable, such as having violent outbursts. Alternatively, the signs can be very elusive and disguised, such as withdrawal or sadness (Cummings & Swindell, 2018). Signs of trauma in preschool-age children are unique, as they do not have fully developed emotional regulation skills. They do not have the skills yet to verbalize their thoughts and feelings, and as a result, they demonstrate a number of behaviors and actions that adults may not be able to identify as

signs of trauma (Bartlett & Bringewatt, 2017). These could look like excessive crying and or screaming often, having nightmares, fearing separation from parents, or even acting out the traumatic event during play (SAMHSA, 2020). In elementary age children, signs of traumatic stress can be becoming anxious or fearful, feeling guilt or shame, having a hard time concentrating, and having difficulty sleeping (SAMHSA, 2020). Middle and High school-age children will have similar tell-tale signs of traumatic stress. These include feeling depressed or alone, developing eating disorders and self-harming behaviors, beginning to abuse alcohol or drugs, or becoming sexually active (SAMHSA, 2020).

The impact of trauma on children during the early years of their life is ubiquitous and pervasive. Toxic levels of stress hormones can disturb normal physical and mental development and even change the brain's architecture (Murphey & Sacks, 2019). Trauma in childhood has been linked to the most concerning symptoms of post-traumatic stress and negative child outcomes (Bartlett & Bringewatt, 2017). Trauma in childhood causes lasting neurological changes that influence human progression and has substantial outcomes on physiological as well as psychological development and function (Dye, 2018). Trauma exposure negatively influences related brain circuits and hormonal systems of stress (Murphey & Sacks, 2019). These influences can affect memory and weaken necessary information processing. In short, a trauma survivor's ability to control behavioral and cognitive responses to stress is impaired. Their brains can be in a constant state of fight or flight mode; there are many misplaced emotions as they cannot effectively regulate their feelings. In terms of the physiological effects, traumatic life experiences during childhood increase the risk of chronic diseases. Victims of childhood trauma are more likely to have hypertension as well as issues with sleep (Dye, 2018). Research shows that trauma survivors are more likely to be obese, as they have maladapted to engage in self-soothing

techniques such as overeating as an attempt to alleviate emotional anxiety. This soothing technique could be easily carried into adulthood. This conveys a relationship of childhood trauma victims to having a higher risk of developing MetS, or metabolic syndrome (Dye, 2018). MetS is a collection of risk factors for cardiovascular disease, including the aforementioned obesity and hypertension, amongst others. Comorbidity, the presence of at least two psychological disorders or illnesses in the same person, is very common amongst those who have suffered childhood trauma (Dye, 2018). These include substance abuse, depressive mood, anxiety, eating disorders, post-traumatic stress disorder, and self-injurious behaviors (Dye, 2018). Childhood is a time of great progression as the body and mind are quickly expanding and developing. Trauma at this time has more detrimental effects than the trauma that occurs later in life because of the rapid development taking place within young children. Being exposed to traumatic events during childhood can induce regression in emotional, cognitive, and behavioral development (Dye, 2018). Therefore, helping children with trauma should be done delicately and by individuals who possess critical knowledge that will protect the child and themselves.

School can frequently be the only safe haven for children who suffer adversities. They may eat their only meal of the day there or finally feel safe enough to sleep. Schools can be a stiff defense against the struggle's children face in their private lives, away from school. If done right, it can be a foundation for children with adversities to recover and learn coping strategies. Creating trauma-informed care programs in schools will need to extend further than administering methods and approaches within the classroom of the child. Institutions and programs need to shift to look at a bigger picture that will encapsulate the mental health of its students, families, and educators/practitioners as the priority. There is a desperate need in schools for an increase in support staff, such as school social workers, nurses, psychologists, bus drivers,

cafeteria staff, etc. equipped with the knowledge necessary to serve all students' needs. All staff members that come into contact with trauma-exposed children need to be sufficiently prepared (Neitzel, 2020).

There is an understanding that professional development has a number of promising informational intervention opportunities that will provide educators with access to critical information. Providing educators with trauma-informed knowledge, skills, and practices will allow them to provide the children in question with responsive and appropriate trauma-informed care. The required training will allow staff to foster a more profound comprehension of trauma to help shift how they perceive and respond to the children and families that they help. The staff can then meet the families and children where they stand and not where they think they should be (Neitzel, 2020). This personnel training would deliver informational practices that can work to identify and address and prevent challenging behaviors of a child within the classroom. Prevention is the most effective form of intervention when dealing with challenging behavior (Kaiser & Rasminsky, 2018). Teachers and other personnel should receive context on how to promote healing through nurturing, secure relationships. Note that all training is to deepen comprehension of caring for children suffering from adversities or trauma, not providing foundational information on the topic.

Teachers do much more than present content and information to students. As a teacher, the main goal is to ensure that every student in the classroom's needs will be met. When the social climate in a classroom meets a child’s physical, cognitive, emotional, and social needs, children feel competent and capable of success. There is a long list of expectations for a teacher. To name a few, they are expected to respond to students' emotional needs, resolve personal conflicts and settle fights, identify children who are suffering from abuse, neglect, or other

physical and emotional problems, meet with distraught parents, etc. To the best of their ability, they try to support students in both their personal and academic development. The demands placed on teachers are massive in extent and severity. There is an abundance of training programs that will prepare teachers and arm them with a vast scope of curriculum-based resources and instructional approaches (Bartlett & Bringewatt, 2017). There is a critical need for training programs for school staff to support children who have adversities, as well as training for teachers to cope with having students who have suffered trauma. Teachers have reported feeling "helpless" and "guilty" when they are exposed to a child's trauma (Dubois, 2016). Not only do children need access to quality trauma-informed care, but teachers need access to programs that teach them how to implement responsive and nurturing trauma-informed care successfully and how to do so while maintaining their own mental wellness.

Educators who are new to the profession are twice as likely to leave the field than colleagues with years of experience. "Burnout" or what can be known as compassion fatigue is a topic that is not often covered in teacher training programs. This occurs when a teacher reflects and realizes what they can and cannot control (Dubois, 2016). Burnout and compassion fatigue consist of increased feelings of some of the following: feelings of anxiety, depression, isolation, hopelessness, apathy, anger, inadequacy, etc. They may develop resentment of general negative attitudes towards their students, disruption in their world view and personal sense of accomplishment, insomnia, and failure to engage in practical decision-making and application of healthy boundaries (Dubois, 2016). Children suffering from trauma and traumatic stress require the presence and continuity of a nurturing caregiver. Research shows that children who do well despite hardship have at least one steady and nurturing adult caregiver in their lives (Bartlett & Bringewatt, 2017). Often, this is the child's teacher. It is not easy for trauma survivors to build

and maintain healthy relationships, especially if the trauma is related to a caregiver (Dye, 2018). A good teacher recognizes the importance of a teacher-child relationship and can often build trust with them, establishing a nurturing relationship. That close, nurturing relationship between a teacher and student will promote a bond that allows healthy attachment and resiliency skills within the child to develop (Neitzel, 2020). When teachers are given the tools to facilitate children's coping with trauma in children but no coping for themselves, it can lead to burn out or compassion fatigue. The guidance that provides informational resilience skills for staff will allow them to consciously care for the children accurately and attentively.

Creating a trauma-informed childcare program is not a simple, quick-fix task. It is a challenging but indispensable act, and prolonging the transition is fruitless. It is a group effort that will require enduring dedication, starting with the program itself, that extends to all staff, students, and families. The goal? A universal, schoolwide strategy that creates a trauma-informed social climate. This approach is not to single out students who experience adversities or trauma but rather to alter an entire school's existing culture and strategies and approaches to create a safe and sympathetic learning climate for all students. Providing staff with critical knowledge to deepen comprehension of dealing with trauma and adversities in students will benefit the physical and emotional well-being of children along with themselves.

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