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Children of Trauma: What Educators Need to Know

BY KATHLEEN BENCKENDORF

Let me introduce you to some students.

Caroline is quiet and withdrawn. She does not make friends easily. She does not volunteer to participate in class, and she shows little motivation to achieve good grades despite obvious intelligence. Her emotions seem to have little variation, no real highs or lows, as if she is incapable of understanding or experiencing more than a few basic, superficial emotions. Nor does she seem to appreciate or understand emotions in others. She often seems frozen, and she does not like to try new things.

Ben is popular. Everyone is his friend; even teachers and administrators like him, although his grades are atrocious. He always promises to do better. On any given day, he may demonstrate understanding of a lesson, only to have that understanding completely evaporate by the next day. He frequently daydreams or stares out the classroom window when he should be working on an assignment or listening to the teacher. His teachers are convinced that if he would just focus on school and try harder, he would be successful in school.

Darryl had trouble staying in his seat in the earlier grades; now he is often fidgety. He is easily distracted, particularly by activity or conversation around him. His work is erratic and he frequently argues with teachers. Some days he seems interested and his work is satisfactory, but like Ben,

EDITOR'S NOTE: Many adopted children experience trauma in various forms prior to their adoptions, and adoptive parents, foster parents, and other caregivers might need additional support and guidance when advocating for their children's educational needs with teachers and school administrators. This article was written as a resource for parents to share with educators, to help them better understand, connect with, and assist children that have been victims of trauma.



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on other days he appears to be somewhere else. His teachers wish he would be more consistent; it's obvious from his good days that he can do the work.

Evan can be highly reactive and frequently gets into fights or arguments with other students. On many days, it takes very little to set him off – while on other days, he remains emotionally regulated and in control. Teachers are sure he is headed for serious trouble if he cannot learn to control himself.

Teachers will recognize some of these students from their own classrooms and admit to finding themselves frustrated by their inability to reach these students. Many such students will move on and display similar behaviors in other classrooms, or drop out of school in spite of Herculean efforts by dedicated teachers. It is possible to better understand the behaviors of these students and to help them acquire the emotional regulation and behavioral management skills they lack. Teachers may never know the backstories for students like Ben, Caroline, Darryl, and Evan, but they have a sense that something is driving those behaviors that seem so illogical, inconsistent and counterproductive.

A large body of recent research indicates that neglect, abuse, and other forms of early trauma can result in the maladaptive behaviors described above by adversely impacting neurological and other aspects of development. The following sections describe some of the connections between trauma and behavior, and provide practical classroom tools and strategies that will empower teachers in assisting their students to improve their own baseline relational and emotional functioning, more effectively assisting specific children in times of need.

Trauma and Adverse Childhood Experiences

Trauma is a subjective experience of extreme stress that overwhelms an individual's ability to cope (Giller, 1999), and is typically characterized by one or more of the following qualities:

- Unpredictable – from the victim's perspective
- Overwhelming – individual feels helpless, powerless, voiceless
- Threatening – event is perceived as a threat to life, limb, sanity, or integrity of the self
- Meaningless – individual is unable to assign meaning to, or understand the event

Statistics show that potentially traumatizing adverse childhood experiences occur in the lives of many children. In an extensive study on adverse childhood experiences (ACE, n.d.), adults reported the following experiences with respect to their own histories:

- 11% emotionally abused
- 30% physically abused
- 20% sexually abused
- 13% witnessed mothers being battered
- 24% exposed to family alcohol abuse
- 19% exposed to family mental illness
- 5% exposed to family drug abuse

In addition to the types of maltreatment listed above, the following are also examples of potentially traumatic childhood experiences:

- Abandonment / perception of abandonment
- Foster care or older-child adoption
- Separation(s) from the primary caregiver, which can be as “simple” as a parent who travels on business a great deal during the child’s early years
- Early medical trauma, illness, or injury
- Unavailability of the primary caregiver (physically or emotionally)

Trauma can also occur prenatally. Examples of potential prenatal trauma include the following:

- Maternal stress, illness
- Chemical affronts such as prescription drugs, illegal drugs, alcohol, environmental toxins
- Poor nutrition

Trauma is in the eyes of the beholder. Because one’s past experiences, outlook, cognitive abilities, and even culture factor into the experience, trauma is highly subjective (Giller, 1999). An event that is traumatic for a pre-verbal child (e.g., medical procedures or fasting for surgery) may not be traumatic for a school-aged child who can understand the event, assign meaning to it, and not perceive it as a rupture in a trust relationship. Rupture of trust or an attachment relationship is the reason why trauma experienced at the hands of a caregiver is more severe than trauma experienced at the hands of someone less directly connected (Giller, 1999). What we now know is that “trauma from exposure to family violence can diminish concentration, memory, and the organizational and language abilities that children need to function well in school” (Massachusetts Advocates, 2005).

Trauma, the Brain, and Development

Among normally developing, nurtured, and nourished children, by the time they are three years old, their brains are 90% the size of an adult brain. Even at that early age, much of the brain mass is composed of experience-based neuronal connections (Perry, 2000). Most of the structural and functional organization of the brain is complete (Perry, 2000). Primitive reflexes (e.g., newborn startle reflex) have integrated and disappeared, making way for subsequent voluntary motor movements. Temperament and many personality traits are already established. Critical periods for the development of certain abilities, such as sight, have closed; and sensitive periods for the development of other abilities, such as language, have passed with the skill successfully attained or underway. Children who spend their early years in an environment with developmentally appropriate activities and interactions are able to take full advantage of these stages and achieve important developmental tasks – such as secure attachment, object permanence, a degree of emotional self-regulation, and a rudimentary understanding of cause and effect. They can develop a working model of the world as a safe and nurturing place. This perception gives them the confidence and ability to explore the world, try new things, and risk failure.

For some children like those introduced earlier, who have less advantageous early environments and experiences with trauma, this is not how their brains develop. Darryl and Evan both retained primitive reflexes; by the time they were school age, these unintegrated reflexes required significant compensatory effort to permit the boys to function with an appearance of normality. Ben, Caroline, Darryl, and Evan developed working models of the world as a dangerous and unpredictable place. Ben learned at a very young age that the way to keep himself safe was to please the big people around him. Caroline learned that being quiet and flying below the radar was her best route to safety. Darryl learned to always be alert so he could evade blows. Evan became a protector of his younger siblings at an early age. These children created a working model of the world and their places within it, a model they will carry forward with them as they mature. It will be the foundation for their future behaviors and relationships (Massachusetts Advocates, 2005).

When trauma occurs prenatally or in the first few years, various aspects of basic development have the potential to be adversely affected: neurological, physiological (including sensory, motor, vestibular), intellectual, emotional, and social (Perry and Szalavitz, 2006). Development is sequential and use-dependent (Perry, 2000); experience and environment change the organization, hard-wiring, and functionality of the brain and other components of the nervous system. Missed or compromised developmental steps may show up as physiological, emotional, or behavioral maladaptations.

These maladaptations may not become obvious until much later, when subsequent, dependent steps are also missed or compromised (De Bellis, 1999). Emotional self-regulation is one early developmental task that is often compromised by early trauma, and this deficit is often evidenced by a reduced stress window, or a high base stress level (Massachusetts Advocates, 2005). Children who lack emotional self-regulation may frequently appear to be hypoaroused or hyperaroused and are often reactive.

Brain development generally follows a pattern of basic to complex (Perry and Szalavitz, 2006), starting with the brainstem and automatic or survival functions: breathing, temperature regulation, reflexes, sleep, swallowing, heart rate, blood pressure. This is followed by development of the limbic system and emotional regulation, memory processing and spatial awareness. The last and longest phase of brain development is the development of the cortex, which we now know is not complete until the mid-twenties. The cortex governs higher thought functions like abstract thinking, logic, cause and effect understanding, and motivation, and provides parallel processing of emotional stimuli and cognitive processing. The cortex supplies the logic that tells us, for example, that giving a speech won't kill us, even though the pounding in our chest makes it feel as though it might. Such logical processing leads to inhibition of the physiological responses (Ziegler, n.d.), calming our heart and respiration rates, and mediates impulsive behaviors – e.g., preventing a person from saying the first thought or taking the first action that crosses his mind.

Stress and its more extreme cousin, trauma, can cause us to focus on surviving the immediate perceived threat to the exclusion of focusing our attention or energy on other matters. When we perceive extreme danger, we enter into freeze-fight-flight mode; our physiology overrides our thinking brain. We feel the way our ancestors felt when chased by a saber-toothed tiger – stronger, faster heartbeat; deeper, faster breathing; dilated pupils; increased blood pressure. We are primed to flee or fight. Young, small, or weak individuals with no hope of escape or defense may freeze, and this response may set a pattern for future stress response even when the individual is older, bigger, and stronger. Another individual may respond with aggression and likewise establish a habitual stress response. Under such conditions, the brainstem and limbic system rule a person's behavior, and the cortex provides little in the way of inhibitory control, instead focusing its efforts on activities such as planning a route of escape, or looking for a weakness in an opponent. With our cortex so focused, a person may appear to regress to lower levels of maturity.

Children in such a state are incapable of “acting their age” or “staying on task.” Nor are they focused on the classroom lesson or processing future events like homework due dates or graduation.

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Hypoarousal and Hyperarousal in the Classroom

As much as we want classrooms to be fun, enlightening places, school can be stressful. Peer relationships, class assignments, grades, busy hallways during passing periods – these all have the potential to stress even neurotypical children. Children who have experienced trauma at an early age exhibit lower stress tolerance than their peers who have not experienced trauma (Ogden, 2006). Their reactions to stress may take the form of hyperarousal (fight or flight) or hypoarousal (freeze or dissociate) and may be anywhere along the continuum from minor to major. Children in either state, hyperaroused or hypoaroused, are in no condition to learn. McMahon states, “No matter how exciting and meaningful and supported the learning experience is designed to be, a child cannot reap the cognitive benefits of it unless she feels calm enough to be curious” (McMahon, 2011).

Hyperarousal in the classroom may be seen in behaviors such as the following:

- Hyperactivity or inability to remain seated
- Tension, irritability, and impatience
- Anger outbursts and aggression
- Reactivity
- Defiance
- Hypervigilance
- Impulsivity
- Exaggerated startle response
- Chatter

Children like Darryl and Evan who frequently manifest behaviors consistent with hyperarousal may be diagnosed with the hyperactive type of Attention Deficit Hyperactivity Disorder (Perry and Szalavitz, 2006). Unfortunately, when the root cause is early trauma, ongoing stress, or developmental deficits, treatments and accommodations for ADHD address only the symptoms, not the root cause.

Children such as Evan may be labeled “reactive.” Emotional self-regulation can be beyond their abilities when they are stressed. Simple disciplinary actions may rapidly escalate into aggression or violence by the student, and forceful interventions or restraint by those in authority. Teachers and staff may be left wondering, “What just happened?” as their own responses felt normal and appropriate to the situation.

Hyperarousal may also be seen in an individual’s physiological state, although students may or may not be conscious of the signs. The signs to watch for are

those that prepare the body for fight or flight, including increased heartbeat and rate of respiration, increased blood pressure, dilated pupils – in short, activation of the sympathetic nervous system (SNS).

Hypoarousal in the classroom may be seen in behaviors such as the following (ISSTD, n.d.):

- Daydreaming, “spacing out”
- Forgetting assignments
- Forgetting material previously mastered
- Not processing material just read
- Lethargy, sleeping in class
- Hyperfocused on an activity and unaware of surroundings or activities
- Blocks an event or activity but maintains some level of functioning for other activities
- Self-soothing behaviors
- Laziness
- Lack of motivation

In fact, hypoarousal can look a lot like the inattentive type of ADHD (Perry and Szalavitz, 2006). Hypoarousal corresponds to activation of the parasympathetic nervous system: slower heartbeat and respiration, decreased blood pressure, and constricted pupils. Students like Caroline and Ben whose learned response is hypoarousal may “fly below the radar,” as their behavior and academic performance may not adversely affect others in the classroom or escalate to disciplinary action. It’s hard to ignore the hyperaroused child who is screaming obscenities or running from the classroom; it’s much easier to overlook the daydreamer or the student who is nodding off to sleep.

It is important to understand that neither hyperarousal nor hypoarousal is the equivalent of inattention, voluntary, or within the individual’s control. They are physiological states and automatic responses to stress, although the behaviors that go with those states are learned. Oftentimes those behaviors were adaptive, and helped keep the child safe in other circumstances. They are now part of the child’s survival system in the same way that a military veteran may flinch when hearing a sound that resembles gunfire. As such, those behaviors are hard to overcome. The place to start is addressing the stressors that trigger the states and the behaviors – not focusing on the behaviors themselves.

Reactivity and Triggers

One of the most consistent aspects of behavior of a student with a trauma history is his inconsistency. It's likely that he understands classroom rules and expectations, and when he is having a low-stress day, he may be able to meet those expectations. However, on a high-stress day, he probably can't. Each instance of failure adds to his shame (Hughes, 2000). He, too, thinks he should be able to control himself – just as all the adults in his life tell him. And, as the years go by, his accumulation of “bad days” and failures add up to a bad reputation, and inadequate grounding in earlier academics. School gets more and more challenging the older he becomes.

But the problem is not the student's “choices.” His ability to evaluate conditions and outcomes and make choices is compromised by developmental deficits, a lack of self-regulation skills, and stress and anxiety. It's not just his academic performance that is inconsistent. His very ability to function in daily life is also compromised and inconsistent. Some days, his stress levels and anxiety are manageable and he functions well enough. Other days, just waking up strains his stress tolerance to its limit, and he is ready to boil over before his feet hit the floor. An assignment, or a change in schedule, or a chance remark by a classmate, may be the trigger that sends him spiraling out of control – or may cause him to dissociate from his environment and mentally and emotionally make his escape, even if his body is physically still present in the classroom. When a student is inconsistent and doesn't know himself what sets him off, how is a teacher to know whether he is functioning at capacity or slacking, or what action on the teacher's part will trigger worse behavior?

There are several categories of events that frequently act as triggers for children with histories of trauma. Understanding these triggers will make it easier to identify causes and predict behaviors, and will often lead to a more constructive response. These common trigger categories are discussed below. With the tools and strategies given later in this article, it will be easier to then help those students return to a more regulated state.

Transitions

Transitions are huge stressors for children with a history of trauma. Transitions signal uncertainty, change, potentially unsafe situations, and loss of relationships. In their experience, “minor” transitions have turned into major ones – such as being picked up at the end of a school day expecting to return home, but being moved to a new foster home. Children learn to generalize those experiences; any loss or transition could become permanent, and the child is not in control.

There are several categories of events that frequently act as triggers for children with histories of trauma. Understanding these triggers will make it easier to identify causes and predict behaviors, and will often lead to a more constructive response.

If a child has experienced abuse or neglect, he may experience any changes in his current relationships as threatening. An attuned caregiver helps an infant modulate his emotion and arousal, becoming excited with the baby and then calming the baby down, in a cycle that teaches him emotional regulation. An attuned caregiver also prepares an infant for transitions (e.g., providing appropriate clothing). However, when a caregiver herself transitions unexpectedly to harsher emotions or actions or responds inconsistently to an infant (e.g., screams at the baby for crying due to hunger or a wet diaper), the child learns that the world is not a safe place and transitions are scary. The child then learns to apply this response broadly to all transitions.

The following transitions may be difficult for students with a trauma history:

- Beginning or end of the day
- Period to period, or activity to activity
- Substitutes, new teachers, teachers/staff leaving
- End of semester or year
- New students in class, or students leaving or moving away
- Field trips
- Any focus on the future, graduation, or grown-up life

Relationships

Relationships are often tied up with transitions. The end of the activity, period, day, semester, or year means the end of a relationship, regardless of the logic that the child may be able to see his friends during the summer and that school will resume in a few months. These children may never have completely achieved the emotional aspects of object permanence. In their higher brains, they may know that relationships will continue through brief absences, but in their emotions and in their physical responses, they feel that any absence could be forever. Like Ben, they may feel loss and abandonment so badly that they project it onto others when their teenage friends are going through normal dating relationships and breakups, feeling the pain of a breakup more strongly than those in the relationship.

Intense emotions and any suggestion of physical intimidation

Emotional intensity in tone, words, or facial expressions can evoke memories of past abuse. It is very common for children with histories of trauma to equate even mild sternness of tone with yelling and to associate yelling with violence. Such intensity should be avoided; it is important for authority figures to project calm, open acceptance of the student and his feelings – even when his behavior is unacceptable. Likewise, authority figures must be careful to give no appearance of physical intimidation. For teachers who are taller than their students, getting down to the student's

level helps. Distance should be determined by the student's comfort level – even to the point of asking the student's permission to be at a given distance. It is absolutely imperative not to corner the child. The behaviors of any authority figure must not resemble or evoke in the student's mind or perception any traumatic experience: "Discipline must never resemble the behavior of those who perpetrated violence against students in the first place" (Wolpow, 2009).

In the case of the students introduced earlier, Ben's typical reaction to emotional intensity is to placate the other person; he will say anything, even lie, to defuse the situation, regardless of potential consequences later. Caroline withdraws or freezes. Darryl fidgets nervously and outwardly ignores the situation as much as he can. Evan reacts first with defiance but may escalate to aggression to defend himself or other perceived victims.

Trauma Anniversaries

Dates and holidays that signal fun to children without a history of trauma can be terrible reminders for our children who have experienced trauma. Christmas may have meant that abusive family members had more free time – coincident with the child being home more, and resulting in increased abuse. Weekends may have meant higher alcohol consumption – and more domestic violence. Spring break may have meant that a foster family asked for their foster child to be moved to another home or placed in respite care for the vacation.

Other trauma anniversaries can also be triggers. Removal from the home, or removal of a sibling, or death or departure of a parent may have been traumatic and may be remembered by the child. Any of these anniversaries may lead to a season of disturbance, as the child ramps up behavior as the date approaches, and then slowly recovers afterwards.

Students who are able to identify and talk about anniversaries of trauma may be able to help caregivers and teachers predict problematic time periods. However, traumatic memories are commonly stored as implicit rather than explicit memories, making them difficult for the child to retrieve and discuss or consciously anticipate. More likely, the best way to discern patterns will be to examine the student's behavioral patterns over several years. Such a review should consider not just official grades and attendance records, but behavioral notes and conversations between teachers, parents, and other professionals in the child's life.

Assignments

Assignments can cause stress for any student. However, for the student with a trauma history, there are additional factors at work. A student may truly be unable to complete an assignment today that she could have accomplished yesterday due to a higher stress level today than yesterday. As

stated previously, inconsistency is a hallmark of the student with a trauma history. The student affected by trauma may be afraid of her own failure. Failure may confirm her own shame, born out of the belief that she must have deserved the bad things that happened to her (Gray, 2002). She may be equally afraid of her own success, either because it will raise expectations in others, or because success produces a strong sense of cognitive dissonance with her own deep sense of shame. There is no pain like the pain of shame, and those who experience it and do not have a secure base or the emotional regulation skills to deal with it are likely to act out (Hughes, 2006).

The content of assignments can also be stressful. Content triggers may be as simple as a reading assignment that includes the name of a former abuser. Content that is more obviously traumatic, such as literature selections on abuse, neglect, domestic violence, or war, may trigger a student. Even when such assignments do not produce a traumatic response, peripheral assignments may have that effect. In my own son's case, he found reading a dark selection in sophomore English manageable, but a personal narrative writing assignment associated with the selection caused him to mentally check out of school for over a week. This particular assignment required him to describe something from his early childhood. My son is adopted; many of the people and places he knew as a small child in another state are not accessible to him now, and many of his memories are not happy ones. Another assignment asked him to describe a pivotal event in his life when he knew he was no longer a child; again, this prompt is a potential minefield for any child with a history of abuse or neglect.

Any assignments that touch on the themes of death, separation, abandonment, loss, rifts in relationships, abuse, foster care, or adoption may trigger a student with a trauma history. However, assignments intended to focus on happy memories can also be triggering; such memories may be hard to find, and the student may perseverate on associated dark memories. Assignments that focus on a student's differences (e.g., the international heritage of an internationally adopted student) may be unwelcome for a particular student. Likewise, family tree and baby picture assignments can create stress and evoke shame for some.

Part of the challenge here is that simply offering an alternative assignment often does not remove the sting. First, the student has to consciously recognize that the assignment is problematic. Second, she has to confess that she does not want to do it. Third, she may be the only student to do so, which will again make her stand out as different; she already feels different because of her trauma history. Finally, if she is anything like my son, she may be "gone" before an alternative assignment is even offered. The initial choice may trigger a flashback or cause her to dissociate, leaving her higher brain functions unavailable to choose the more innocuous assignment.

Safety, Predictability, Empathy, and Stress Management

So what can schools, teachers, administrators, and counselors do? Schools can incorporate techniques into daily routines that help *all* students manage their own stress, without singling out individual children.

It is important to make school predictable and to make the school and classroom environment feel safe for the student (Wolpov, 2009). Allowing the student to meet the teachers, see the classroom, and select a seat prior to the start of school can contribute to his perception of safety and can lessen the impact of the transition back to school. For a student with a trauma history, preferential seating may need to be at the back of the classroom, where the student's hypervigilance is less likely to be engaged by whatever may be going on behind him. Some students may benefit from a "standing" desk at which they are not required to "sit still." In large schools where students change classrooms as part of the daily schedule, avoiding the chaotic hallways between classes with an early passing period may be helpful, as the amount of activity can be overwhelming.

Clear rules and expectations and reliable routines can help to minimize the impact of transitions, but of course changes will still occur. If possible, give advance notice, especially to the students who are most likely to be disturbed. Let students know if the day's schedule will be disrupted for an assembly or an outside visitor or if there are plans for a substitute, and allow the student to plan on spending that class period in a designated safe zone if he wishes.

Lesson content may include triggering material. When the teacher is aware of such potential, it can be helpful to simply place a small Post-it note on the desk of a student who is likely to be triggered, giving the student ample time to prepare or remove himself.

Individuals with a trauma history often feel a deep sense of shame, even though they were in no way responsible for the things that happened to them (Gray, 2002). Poor performance or failure simply confirms their lack of self-worth. Success and praise, particularly praise for who they are, can produce such a sense of cognitive dissonance that they will then do something to reset their balance. They will sabotage their own achievements, miss their Fun Friday or field trip, fail the next assignment, or get suspended. In terms of academic performance, it is better to notice specific effort or accomplishments than to praise the individual or his character. For example, it is better to say "I see you got an 87 on your English test" and let the student make the judgment of whether that is good or bad than to say, "Great job – 87!"

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Comparing yesterday's achievements, or last week's, to today's is likely to be ineffective. Assume that the student is doing his best – today, yesterday, last week – and that there is some reason, even if he can't or won't articulate it, that today's best does not measure up to yesterday's work. Predictions based on a student's current performance should also be avoided. Predicting future success is very stressful for the child who does not believe he deserves success, or believes he cannot attain it. Children with a traumatic history may have a foreshortened sense of the future, and may not even be able to conceive of a future wherein they are living adult lives. Telling a child, "You're great at math – maybe you should be an engineer," while well-intentioned, may backfire.

Not all students will have a goal of making straight As, and that's okay. Challenging students may be pursuing non-academic goals they don't want to share with school personnel; those could include therapy goals, contributing to the family's finances, or holding it together enough to attend school daily. The fact that a teacher sees "A potential" in a student doesn't mean that her circumstances will support such a goal at this time.

Consequences, whether rewards, privileges, or punitive consequences, are ineffective when the behavior is outside the student's ability to control – and worse than ineffective when the student sabotages himself to drop a level or lose a privilege.

Many children with a trauma history find it difficult to connect with their physical feelings and/or accurately evaluate their own emotional state; training them to do so is an important step toward self-regulation. Daily practice in evaluating emotions, moods, and physical states (e.g., relative heart and respiration rate, depth of breathing, chest tightness/pressure, body position/posture, specific muscle tension/position) helps children to connect emotions with corresponding physical signs. Charting can be done using graphic materials on which the student indicates his current stress or anxiety level where the teacher can see it (e.g., picture of a thermometer, strip of rainbow colors with purple indicating calm up to an "about to blow" red). Not only does this exercise give the child practice in knowing himself, it gives the teacher an opportunity to connect with a student who is struggling, help him identify the source and nature of the stressor, and assist him in returning to a calmer and more regulated state.

Crisis Prevention

No program and no amount of calming practice will completely ensure a consistently calm emotional tone in the classroom. When a student becomes triggered, if she is aware of this state and able to use the strategies she has been taught and the resources available to her, that is excellent.

At times, however, a student may exhibit signs of distress without being conscious of her own state or able to stop the runaway emotional freight train on her own. When a teacher notices such signs, it can be helpful to gently make the student aware by noting the behavior or the physiological state and attempting to name the student's potential feelings. If the student can confirm what it is that she is feeling, the teacher should validate the student's feelings; e.g., "Yes, I can see that what happened made you feel very disrespected." It should be noted that validating the student's feelings does not mean approval of behaviors; it simply means acceptance that the student is feeling what she is feeling. Validation of feelings helps the student feel "felt" (Goulston, 2010). Defending one's self or anyone else involved in the situation does not help the student feel "felt," and should be avoided until the student has had time to process and recover from the event. Words, tone, posture, position, or any appearance of insincerity can all be triggers that launch teacher and student into crisis management instead of crisis prevention.

When a person names the emotion he is experiencing, his amygdala starts to calm and his cortex resumes functioning (Goulston, 2010). At this point, he may or may not be able to determine what will help him get back on track. To this end, a variety of strategies should be accessible, including self-calming techniques and "escape clauses" that permit the student to leave the immediate location and remove himself to a designated safe zone. Often, when children are given more control over their situation or environment, their stress decreases and they are more able to exercise control over themselves and their behaviors.

Self-calming techniques can include the following:

- Talking with a friend or trusted adult
- Listening to music or nature sounds
- Silence
- Relaxation techniques, such as deep breathing exercises
- Body scan: calm breathing while slowly scanning the body to determine which areas are tense
- Getting a drink of water and sipping slowly
- Calling home
- Experiencing nature
- Safe physical exertion (e.g., taking a walk, punching a punching bag, running)

Many of the above activities may be practiced in the active classroom if they are not too disruptive for either the class or the individual student, or they may be combined with one of the following "escape clauses." Execution of an escape clause should not be obstructed or questioned. If

necessary, students can be provided with a “red card” or similar device to employ to signal their need to leave the area for a designated safe area within or outside the classroom.

Remember that there are two goals: to prevent acting out and to teach needed skills. Verbally disrespectful behavior from a student is often an attempt to manage his emotions, and is preferable to aggression and violence. It’s much easier and safer to prevent a meltdown than to have to manage a meltdown in progress.

When a student has a problem, whether academic or behavioral, let the lesson be the lesson. If she already understands what she did and the consequences of her actions, and she can articulate all of that when she is calm, it is better to let her reflect on her own. Lecturing or giving a long list of explanations tends to direct the individual’s focus onto the lecturer. Often this means that inner reflection and acknowledgment of culpability then dissipates in a cloud of resentment and anger toward the lecturer.

When a student has a problem, don’t ask why. He probably doesn’t know why – all children can be impulsive and act and speak without thinking, because their cortex development is still incomplete. Students with a trauma history are more likely to be hyperaroused or hypoaroused, and in that state, they have even less cortical control over their actions.

Crisis De-escalation

Even the most well-prepared and perceptive teacher may find herself in the midst of an escalating situation. In instances where a student’s emotional self-regulation fails and his words or actions require intervention, there are steps and actions that can make the likelihood of a win/win outcome much higher. Psychiatrist and former hostage negotiation trainer Dr. Mark Goulston offers some words to remember when dealing with crisis situations: “If you’re trying to reach people in a state of distress, adding to their stress can be disastrous... It’s when stress crosses over into distress that we lose sight of our important long-term goals and instead look for what will relieve us now. At that point, we’re too busy looking for an emergency exit from our pain to be either rational or reachable” (2010).

When a student is upset, it’s important to avoid adding to his stress. Restricting a student’s movements, issuing commands, appealing to logic or reason, and talking about consequences are all likely to increase his stress level. Instead, the following actions are more likely to help the student regulate his own emotions and return to a higher level of brain functioning, resulting in a better outcome for all.

Remember that there are two goals: to prevent acting out and to teach needed skills.

1. The most important thing for any adult or authority figure involved in the crisis is to ensure her own state is calm, and that her actions, posture, position, and tone communicate that calmness. She must be in control of her own emotions and thoughts if she hopes to engender feelings of safety and calm in the student in crisis (Goulston, 2010).
2. Focus on connection, not control. Attempting to control the situation is likely to increase the student's stress and defiance and cause the situation to escalate further.
3. It is critical to communicate with the upset individual at the level at which his brain is currently functioning. Empathy beats logic every time; logic doesn't register with an individual whose brain is functioning in survival mode. The student's chronological age is irrelevant in such a situation. Communication, both verbal and non-verbal, must assure the student that he is safe both physically and emotionally. When the student feels "felt," when he believes the other individual sees, knows, and understands him, he will feel safer and more able to regulate his own emotions.
4. Such empathy often begets conversation and confidences from the individual. This is not the time for restricting inappropriate language or requiring formal titles, nor is it the time for recriminations, defensiveness, or talk of consequences. Let the student talk. Talking is preferable to acting out. Give him time to fully vent his feelings of injustice, stress, or whatever he needs to talk about, and listen while he talks. Seek the kernels that indicate his needs and the root cause of his current outburst.
5. Finally, when the situation has calmed, the student should be allowed to collaborate with those in authority to determine the appropriate course of action, including disciplinary consequences. If the student can articulate what went wrong and identify their own part in it, there is no need for a lecture. It's much more effective when the answer comes from within. Recriminations and lectures aren't likely to improve future behavior. On the other hand, providing training and practice in the skills needed may help.

Creating an Alliance with Parents

Some students are living with the family that caused or permitted the trauma, yet the student may still love that family and have difficulty separating himself and his future from the family. He may defend the family to outsiders. Other children are living with foster or adoptive families, and hopefully their trauma experiences are in the past. However, these children may not be attached to their current families and may blame those families for their separation from their families of origin. It can be very difficult for an outsider to ascertain objective truth.

Ideally, parents and teachers can form an alliance, but parents who have been parenting a traumatized child for a period of time may appear hostile to outsiders (Cave, 2009). Parenting these children is extremely challenging, and appropriate supports may be few and far between. Friends and other family may not understand the realities faced by such families, and the parents may become more and more isolated as a result. Parents may suffer primary trauma from the children themselves, and secondary trauma – sometimes called caregiver fatigue – from the unrelenting demands and the exposure to the child's own trauma.

Regardless of the student's home situation, make the attempt to communicate with the parents and keep them informed. Traumatized children have learned to be skilled at getting what they believe they need to survive. Often, this comes across as manipulation. It can also present as triangulation, in which the student casts one adult as rescuer and another as persecutor, ensuring that the adults and authority figures in his life are not able to stay on the same page (Cave, 2009). Maintaining regular and open contact with the parents helps minimize opportunities for either of these situations – which in turn helps schools give students the support and help they need.

Conclusion

Many children have experienced traumatic events which can adversely impact development, creating a significant student population with learning disabilities and emotional regulation challenges. Consequences and behavioral approaches often do not work because these students lack the basic skills necessary to succeed. Schools that adopt empathy-focused, trauma-informed policies reap greater student engagement, achieve higher student achievement, and see fewer suspensions (Stevens, 2012a and Stevens, 2012b). Creating trauma-sensitive schools and educators is critical, and the methods and strategies described here hopefully represent a step in the right direction.

ABOUT THE AUTHOR

Parenting two biological children did not prepare Kathleen Benckendorf and her husband for the challenges involved in domestically adopting a sibling group of four. What surprised them both, however, was that the community of professionals they frequently consulted didn't have all the answers, either. This led Kathleen to a relentless search for answers, and inspired in her a passion to share what she learned. Kathleen's relevant trauma and parenting education includes training by The Beyond Consequences Institute, The Post Institute, Center for Victory, Sidran Institute's Risking Connection®, The HANDLE® Institute, and university classes in trauma and development. Kathleen is also an Integrated Healing practitioner and is available for parent coaching and speaking engagements.



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REFERENCES

- Adverse Childhood Experiences (ACE) study. Retrieved from www.acestudy.org
- Blythe, S. (2004). *The well balanced child: Movement and early learning*. (2nd ed.) Gloucestershire, UK: Hawthorn Press.
- Brain Gym. (n.d.). A Chronology of annotated research study summaries in the field of educational kinesiology. Retrieved from www.braingym.org/brochures/BG_Research.pdf.
- Brown, K. (2009). Balancing to Resolve Symmetrical Tonic Neck Reflex and its Effects on Posture, Learning, Behavior and Performance. Retrieved from www.centeredge.com/ArticPDF/STNR.pdf.
- Cave, D., Pickle, P., Linenberger, S., and Griffith-Jones, K. (2009). Family diversity in education: Foster care, kinship care, adoption and schools. Retrieved from www.adoptex.org/site/DocServer/Schools_Booklet_December_2009.pdf?docID=4101
- De Bellis, M., Keshavan, M., Clark, D., Casey, B., Giedd, J., Boring, A., Frustaci, K., and Ryan, N. (1999). Developmental traumatology part II: Brain development. *Biological Psychiatry*. 45:10 (1271-1284)
- Giller, E. (1999). *What is psychological trauma?* Sidran Institute. Retrieved from <http://www.sidran.org/sub.cfm?contentID=88§ionid=4>
- Goulston, M. (2010) *Just listen: Discover the secret to getting through to absolutely anyone*. New York, NY: AMACOM.
- Gray, D. (2002) *Attaching in adoption*. Indianapolis, IN: Perspectives Press.
- Hubbard, A. (2007). The major life activity of belonging. University of Cincinnati College of Law, Law and Legal Theory Research Paper Series, No. 07-18. Retrieved from <http://ssrn.com/abstract=1011444> .
- Hughes, D. *Building the bonds of attachment: Awakening love in deeply troubled children*. 2000. New York, NY: Guilford Press.
- International Society for the Study of Trauma and Dissociation Child and Adolescent Task Force. (nd). Childhood Trauma and Dissociation – Questions Frequently asked by Teachers. Retrieved from www.isst-d.org/education/faq-teachers.htm
- Massachusetts Advocates for Children. (2005). *Helping Traumatized Children Learn: Supportive school environments for children traumatized by family violence*. Retrieved from <http://opi.mt.gov/pdf/indianed/TeachTraumatizedKids.pdf>
- McMahon, A. (2011). *Are you calm enough to be curious?* Retrieved from <http://annpmcmahon.wordpress.com/2011/01/29/are-you-calm-enough-to-be-curious/>
- Ogden, Pat, et al. *Trauma and the Body: A sensorimotor approach to psychotherapy*. New York: Norton, 2006.
- Perry, B. and Szalavitz, M. (2006). *The boy who was raised as a dog: And other stories from a child psychiatrist's notebook – what traumatized children can teach us about loss, love, and healing*. New York, NY: Basic Books.
- Perry, B. (2000). Traumatized children: How childhood trauma influences brain development. In: *The Journal of the California Alliance for the Mentally Ill* 11:1, 48-51.
- Smith, S. (2010). Keeping the promise: The critical need for post-adoption services to enable children and families to succeed. Retrieved from www.adoptioninstitute.org/research/2010_10_promises.php.
- Stevens, J. E. (2012a). Lincoln High School in Walla Walla, Washington tries new approach to school discipline - suspensions drop 85%. Retrieved from <http://acestoohigh.com/2012/04/23/lincoln-high-school-in-walla-walla-wa-tries-new-approach-to-school-discipline-expulsions-drop-85/>.
- Stevens, J. E. (2012b). Massachusetts, Washington State lead U. S. trauma sensitive school movement. Retrieved from <http://acestoohigh.com/2012/05/31/massachusetts-washington-state-lead-u-s-trauma-sensitive-school-movement/>.
- Wolpov, R., Johnson, M., and Hertel, R. (2009). *The heart of learning and teaching: Compassion, resiliency, and academic success*. WA: Washington State Office of Superintendent of Public Instruction (OSPI) Compassionate Schools.
- Ziegler, D. (n.d.). Optimum learning environments for traumatized children: How abused children learn best in school. Retrieved from www.jaspermountain.org/optimum_learning_environment.pdf