Trauma: A Barrier to Learning and Teaching

Trauma is not an event itself, but rather a response to one or more overwhelmingly stressful events where one's ability to cope is dramatically undermined. These experiences in childhood can lead to a cascade of social, emotional and academic difficulties. As students get older, exposure to traumatic experiences can also lead to the adoption of self-medicating behaviors such as substance abuse, smoking, and overeating. All of these responses to traumatic events can interfere with a child's ability to learn at school.

The Trauma and Learning Policy Initiative

School and community shootings, natural disasters, death of a family member or friend, physical, emotional, and sexual abuse, abandonment and neglect, exposure to family abuse or illness – all can be traumatic for students and staff. And for some, the psychological impact can become a barrier to learning and teaching. Data from a recent student health survey in a large urban school district found that 98 percent reported experiencing one or more stressful or traumatic life events in the past 12 months. At least half were viewed as suffering from moderate to severe symptoms of Post-Traumatic Stress Disorder (PTSD). This may reflect the growing numbers of youngsters growing up in poverty, those who are homeless, those living in violent communities, immigrant students coming from war-torn countries, and students who are chronically bullied.

No one doubts the importance of helping students with trauma histories. Schools have a clear stake in this since traumatized students often manifest learning and behavioral problems at school. The following highlights some current literature on addressing problems related to trauma in schools and then clarifies why the focus needs to go well beyond clinically-oriented mental health interventions.

Trauma Defined

According to the Substance Abuse and Mental Health Services Administration (SAMHSA), "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." Traumatic effects may be acute or chronic. They may be manifested in a variety of ways, such as anxiety, shock, denial, heightened arousal, difficulty concentrating, confusion, sadness, fear, guilt, shame, self-blame, hopelessness, withdrawal, feeling disconnected or numb, disturbed sleep, difficulty paying attention, anger, irritability, reactivity, repeated and intrusive thoughts, depression, mood swings, and a variety of behavioral, academic, and interpersonal problems. A cluster of such reactions often are diagnosed as Post-Traumatic Stress Disorder (PTSD).

At the same time, it is important to remember that not everyone who encounters a traumatic experience develops PTSD. Youngsters can be resilient. Many develop inner strengths and defenses that help them cope effectively with toxic events; others benefit from external protective buffers such as various forms of social support.

SAMHSA stresses that addressing trauma requires (a) understanding the impact of trauma and potential paths for recovery; (b) recognizing the symptoms in those affected (e.g., individuals, family members, staff), (c) responding by fully integrating knowledge about trauma into policies, procedures, and practices, and (d) developing ways that actively resist re-traumatization.
http://www.samhsa.gov/nctic/trauma-interventions

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What Trauma Professionals Propose for Schools

Trauma professionals want schools to (1) be trauma sensitive, (2) provide school-wide help after potentially traumatizing events, and (3) assure that suffering individual students and staff receive appropriate treatment. As we will clarify below, a focus on trauma is necessary, but needs to be embedded into a unified, comprehensive, and equitable system for addressing barriers to learning and teaching.

Trauma Sensitive Schools

The Trauma and Learning Policy Initiative, a collaboration of Massachusetts Advocates for Children and Harvard Law School, outlines six attributes of trauma sensitive schools:

- There is a shared understanding among all staff.
- The school supports all children to feel safe physically, socially, emotionally, and academically.
- The school addresses students needs in holistic ways, taking into account their relationships, self-regulation, academic competence, and physical and emotional well-being.
- The school explicitly connects students to the school community and provides multiple opportunities to practice newly developing skills.
- The school embraces teamwork and staff share responsibility for all students.
- Leadership and staff anticipate and adapt to the ever-changing needs of students.

For elaboration of each of the above, see
http://traumasensitiveschools.org/trauma-and-learning/the-solution-trauma-sensitive-schools/.

Providing School-wide Help to those Potentially Traumatized

Classroom discussions and school-based trauma and grief-focused groups commonly are used when many students and staff share an experience such as a shooting on campus, an earthquake, or other trauma producing events. In addition, attention recently has been directed at the traumatic impact of living and working in a chronically toxic environment.

An example of a school based trauma- and grief focused group psychotherapy program is provided by Saltzman, Pynoos, Layne, Steinberg, and Aisenberg (2001). Students in a community with high gang activity and economic disadvantage were screened, interviewed, and then chosen to participate in the therapy if they met trauma criteria. The 20 session therapy focused on traumatic experiences, reminders of trauma and loss, the interplay of trauma and grief, posttrauma adversities, and developmental progression to "build a foundation of group cohesion and coping skills, process traumatic experiences, promote adaptive grieving, and promote normal developmental progression." The researchers report that the intervention reduced PTSD and grief symptoms and improved academic performance.

One Teacher's Perspective

A high school teacher who was recently interviewed had a good deal to say about trauma and how it is handled at her school. As an example, she indicated that three students were recently shot. In response, the district sent in a crisis team. However, she was not given any specific instructions of what to do, except for a sheet listing symptoms to watch for (e.g., anger, truancy, a short attention span). Specifically, she felt she should have been informed about how to address trauma concerns in her classroom.

Her general impression is that many students need mental health supports, but the district cannot meet the need. She also emphasized that teachers experience trauma as a result of personal events and working under chronically difficult conditions. Despite all this, the school on average has the equivalent of one full time student support professional. (She noted that the school was able to add a Restorative Justice Coordinator only by applying for an extramural grant.)

Her recommendations:

- train teachers to understand potentially trauma producing circumstances and how to respond to address problems
- improve the school environment (e.g., smaller classes, more staff)

Intensive Individual Help

A variety of therapies have been designed to address individuals manifesting significant indicators of traumatization. SAMHSA describes some well-known trauma-specific interventions that are "based on psychosocial educational empowerment principles that have been used extensively in public system settings." They stress that these interventions are listed for informational and educational purposes only (not for endorsement). See http://www.samhsa.gov/nctic/trauma-interventions.

A review of therapies that use Cognitive Behavioral Therapy (CBT) is provided by Black, Woodworth, and Tremblay (2012). They focus on: (1) Multimodal Trauma Treatment (MMTT), (2) Trauma-Focused Cognitive Behavior Therapy (TF-CBT), (3) Stanford's Cue-Centered Therapy (CCT), (4) Seeking Safety, and (5) Trauma Affect Regulation: A Guide for Education and Therapy (TARGET). The following descriptions draw on their review and on SAMHSA's website and the individual websites of the designated therapies.

(1) MMTT is described as taking CBT techniques and adjusting them for children so that development is not disrupted. It can be used with groups. The review reports that 57% of adolescents experienced reduced symptoms of PTSD immediately after treatment and 86% no longer had symptoms of PTSD at 6-month follow up. While school-based MMTT was the most effective of the four therapies, it has not been tested on students who experience more than one incident of trauma, such as those who live in a community with high rates of violent crime.

(2) TF-CBT also is described as focusing on the student's developmental level. It may include sessions with the parent alone or with the youngster. The review indicates that the focus is on helping a youngster learn the skills needed "to master the stress that is brought on by traumatic memories" and master reactions reminders of trauma and ultimately move beyond feelings of victimization. Findings reported include significant reductions in depression, behavior problems, and other trauma-related symptoms immediately after treatment.

(3) CCT is described on its website as "a brief psychotherapy (15-19 sessions) for youth ages 8 and older who are experiencing chronic, ongoing trauma. The treatment primarily focuses on individual therapy with the child, with 3-4 conjoint sessions with the caregiver. CCT is founded upon the principle that trauma exposure can cause cognitive, emotional, physiological, and behavioral symptoms, all of which interact with one another. Re-exposure to traumatic reminders (cues) can cause exacerbation of these symptoms. CCT is a hybrid intervention that combines empirically supported treatment components drawn from different therapeutic modalities. It integrates cognitive and behavioral interventions with other relaxation, supportive, insight-oriented, self-efficacy, psycho-education, and parental coaching methods."

(4) Seeking Safety is described on the SAMHSA website as "designed to be a therapy for trauma, post-traumatic stress disorder (PTSD), and substance abuse. ... The developer feels that this model works for individuals or with groups, with men, women or with mixed-gender groups, and can be used in a variety of settings.... The developer indicates that the key principles of Seeking Safety are safety as the overarching goal, integrated treatment, a focus on ideals to counteract the loss of ideals in both PTSD and substance abuse, knowledge of four content areas (cognitive, behavioral, interpersonal, and case management), and attention to clinical processes.

(5) TARGET is described by SAMHSA as designed for use by organizations and professionals with a broad range of experience with and understanding of trauma.... The developer indicates that TARGET is an educational and therapeutic approach for the prevention and treatment of complex Post Traumatic Stress Disorder. The developer suggests that this model provides practical skills that can be used by trauma survivors and family members to de-escalate and regulate extreme emotions, manage intrusive trauma memories experienced in daily life, and restore capacities for information processing and memory." It is also noted that the developer states that the therapy can be used "in all levels of care for adults and children."

With increasing attention to intergenerational problems, interventions are being developed that specifically focus on such concerns. One example is the Intergenerational Trauma Treatment Model (ITTM) described online at http://www.theittm.com/. (Also discussed at length in an article that is online at http://www.theittm.com/files/KLscott273-v1i3.pdf .)

Embedding Trauma into a System of Student and Learning Supports

Schools are not in the mental health business, but they can play a significant role in addressing trauma and the many other interrelated concerns that interfere with learning and teaching. To do this effectively, schools need to embed such concerns into a unified, comprehensive, and equitable system of student and learning supports. This includes enhancing supports in regular classrooms to enable learning, supporting transitions, increasing home and school connections, responding to and, where feasible, preventing school and personal crisis and traumatic events, increasing community involvement, and facilitating student and family access to effective services and special assistant as needed. When such a system is implemented effectively, interventions are planned and developed in collaboration with families and community stakeholders to help ameliorate crises and traumatic events. This include creating a caring and safe learning environment, providing immediate assistance in emergencies, and ensuring follow-up care as necessary (e.g., referral to treatment).

For all this to happen requires fundamental systemic changes. And fundamental, large scale systemic changes require expanding school improvement policy and practices from a two to a three component framework and strategically developing a sophisticated operational infrastructure for school, home, and community collaboration. These essential changes will enable schools to transform their student and learning supports into a unified, comprehensive, and equitable system that fully embeds plans

for addressing the needs, rights, and well being of all students. Special attention is needed to minimize all forms of harassment, discrimination, and exclusion at school. School policy must explicitly protect and support all students; curricula must represent and positively portray all subgroups in society; social and emotional learning must emphasize a sense of community and respect for all. (See http://smhp.psych.ucla.edu/pdfdocs/book/book.pdf and http://smhp.psych.ucla.edu/newinitiative.html.)

Home and Community Working to Limit Youngster's Exposure to Trauma

Research suggests that students who live in neighborhoods plagued by violence do better at school when their out-of-school time is occupied by organized sports and other extra-curricular and supportive activities. The need is to create a variety of attractive and affordable programs at schools, libraries, and park and recreation facilities and publicize and promote them. In addition, schools and libraries need to offer after school homework support and tutoring. And schools need to work with the community to develop mentoring, service learning, job shadowing, and internship opportunities. (For more on this, do a computer search on after school programs, service learning, mentoring, job shadowing, student internships.)

Concluding Comments

Schools clearly need to focus on how to help students, families, and staff with respect to trauma. At the same time, the emphasis should not be on responding to trauma as another ad hoc mental health agenda item. Instead, we suggest broadly conceiving the work as that of addressing barriers to learning and teaching and re-engaging disconnected students (including a full range of psychosocial and mental health concerns). Concerns for trauma fit well into such a unifying concept. From this perspective, we emphasize that trauma and all other student learning, behavioral, and emotional problems can and should be embedded into a unified, comprehensive, and equitable system of intervention within schools and school districts.

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Also see the UCLA Center's Online Clearinghouse Quick Finds on

>Crisis Prevention and Response: http://smhp.psych.ucla.edu/qf/p2107_01.htm

>Post-Traumatic Stress: http://smhp.psych.ucla.edu/qf/ptsd.htm

>Grief and Bereavement: http://smhp.psych.ucla.edu/qf/p3003_01.htm

Each Quick Find provides links to resource materials from our center and links to other centers that offer a variety of resources and references.

Also, for immediate aids in an emergency, click on the icon labeled *Responding to a Crisis* on our center's homepage – http://smhp.psych.ucla.edu/