

Trauma and School Violence

Courtney Klein, PsyD- Executive Director of the
Ardent Grove Foundation

Kendra Doukas, M.S., LMFT- Supervisor at the
Ardent Grove Foundation

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Mission of The Ardent Grove Foundation

We are a new non-profit with two main branches:

1. We run a therapy clinic focused on providing high-quality, trauma-informed therapeutic care and education to the community at a very low cost. Through donations and grants, we hope to develop a therapy clinic that is accessible to all members of the community. We focus primarily from trauma and attachment perspectives, which lends itself well to young family support. We believe that addressing difficulties through a trauma lens will vastly improve a person's functioning.
2. We also offer training and presentations in the community in order to help communities heal in the aftermath of trauma as well as offering preventative curriculum regarding empathy building and trauma reduction.

Self Care During the Presentation

Feel free to get up, move, leave at anytime if needed

Hard but important topic to explore

Trauma in Layers

Denver Area community as an example:

- Parents of students now are generation of Columbine survivors and first generation to really know the reality of school violence
- 20-year anniversary of Columbine school shooting – trauma anniversary paired with current violent threats and events
- Any direct ties to recent school shootings
- Any past traumatic events related to school violence or not

Trauma Resulting from School Violence

Post-Traumatic Stress Disorder (PTSD): set of symptoms that can arise when you *or someone you love* experiences a traumatic event directly

Complex Post-Traumatic Stress Disorder (C-PTSD): a set of symptoms arising from experiencing trauma that affect feelings of identity and safety in the world

Vicarious Trauma: when someone indirectly experiences traumatic events by hearing stories, seeing news coverage, etc.

All types of trauma experiences are cumulative.

Trauma/School Violence Cycle

Many incidents of school violence implicate unaddressed bullying.

Bullying behaviors are often driven by unaddressed trauma, often experienced outside of school.

Those who experience bullying aren't screened and treated for trauma.

Addressing trauma is a tangible way we can get to a contributing factor of school violence.

How to Talk about School Violence

- Let the child lead with their questions and make the conversation age-appropriate.
- Strike a balance - we don't want to live in fear, but also don't want to put our heads in the sand
 - Ignoring or minimizing concerns can increase anxiety
- Support children and adults alike after a violent event in the community
 - By supporting adults we are in the best position as a community to be present and responsive to the kids
- Highlight kids and parents can trust their teachers and administration; emphasize the community
- Review awareness and safety measures

Importance of Self Care

- Self-care and working through own trauma response is crucial
 - Get your own help if needed
 - Health trickles down- Being healthy at the top trickles down into all areas of the community, so this is especially important for leaders in the school community

See the handout for some self care ideas and strategies

Trauma Recognition

Many events we wouldn't think of are serious enough to cause PTSD because the way the person understands it and is supported can make the difference between PTSD or no PTSD.

Trauma can be physical or psychological

- interpersonal trauma/bullying/cyberbullying
- any threat to our wellbeing and our psychological cohesion can constitute psychological trauma

Anyone can develop PTSD. It is how human brains respond to significant threat.

Vicarious Trauma

- AKA Secondary Trauma:
- VT is PTSD-like symptoms or PTSD when someone repeatedly exposed to the traumatic events of others,
 - has been documented in teachers and many helping professions and is likely to increase given the increase in school-based violence
- Acknowledging/addressing VT helps you to be your best which then helps those you serve
- Cultivate “debrief culture” where you work - especially when you hear or witness something difficult
- ProQoL (proqol.org) - Professional Quality of Life measure is free and open source, can use this as a way to self-monitor burnout, compassion satisfaction, and secondary traumatic stress
- Take care of yourself - see the self-care chart

Symptoms of PTSD and C-PTSD

- Hypervigilance - staying on guard so that you can respond to a threat
- Hyperarousal - the physiological state of being in fight or flight
- Anxiety
- Avoidant behaviors/withdrawal
- Alteration in world view
 - Inability to feel safe in the world or that justice exists
- Intense feelings of shame or guilt
- Dissociation: periods of losing attention and concentration
 - Coping technique that creates mental distance when physical escape isn't possible, can lead to difficulty with a cohesive reality

Symptoms of PTSD and C-PTSD (Cont.)

- Physical symptoms, especially targeting head and tummy
- Isolating/cutting off from friends and family
- Relationship difficulties
- Questioning identity
- Flashbacks – Re-living or experiencing a traumatic memory
- Trauma mastery - Subconscious attempt to have traumatic experiences in a new way

How do these symptoms look?

Hypervigilance - being on edge, inattentiveness, startling easily

Hyperarousal - irritability, trouble sitting still, overreactions/fits

Anxiety - worrying, needing certain behaviors/items in order to be okay

Avoidant behaviors/withdrawal - lack of interest, lack of social engagement, desire or need to leave the room, being scared or avoidant of things that don't readily make sense

Alteration in world view - hopelessness, victim identity, statements like "I'm bad." or "Bad stuff always happens to me."

Headaches and stomach aches

How do these symptoms look?

Dissociation - forgetting/denying; accidental lying; losing time; often confused for inattentiveness, trouble listening, or willful disobedience

Flashbacks - a person is responding to the memory rather than what is actually going on; may look like an overreaction (trauma-informed response is really important here)

Trauma mastery - subconscious attempt to have traumatic experiences in a new way (ex. a kid who is picking fights may be trying to have the experience of being beaten up again so it can have a different outcome)

Many symptoms impact sleep - you may see kids being sleepy, dozing off and startling awake

Kids frequently have a dependence on sugar and caffeine to manage cortisol and inattention

Giftedness and Trauma

Gifted individuals may respond differently to trauma

- May get more fixated on details of events
 - Consistency in the discussion about the trauma is important
 - Focus on how it affects the child
- Often have higher anxiety
 - Higher level of understand on an intellectual level paired with more difficulty coping on an emotional level
- Some researchers (Neihart, 2002) believe that gifted children are likely to fare better in the aftermath of trauma since qualities related to resilience are similar to those of many gifted children (i.e. problem solving, critical thinking, seeing the bigger picture)
- Will likely see a greater spectrum of responses- Lead with what you are seeing from the child

Vignettes

Vignette #1:

Tommy has been described as “rotten”, “to be avoided”, a “problem case”, and “the worst”. He regularly got in fights that were usually instigated by him. He has had sexually inappropriate language with peers and once with a teacher. He also targeted a particularly vulnerable kid and eventually it was discovered that he name calls and shamed that student on a daily basis. When he was asked to explain his behavior he couldn't maintain eye contact and would not respond. You recently heard Tommy was expelled and only a few weeks after received a juvenile offense.

Vignette #2:

Jamie is known often referred to as challenging. He frequently gets up to leave the room without permission and has been known to frustrate teachers and staff by zoning out completely when he's in trouble for leaving the classroom. The last time he was in trouble he switched from being zoned out to being actively aggressive and said, “Everyone hates me so why should I try to be good.”

Vignettes (Cont.)

Vignette #3

Robin is an interesting kid. She is very into ghosts, so much that you think she really believes in them. You've noticed she startled in class when another student loudly dropped a book, and she was inattentive for the rest of the day. She has trouble with other kids because they think she's weird and she sometimes seems to "ask for it", telling the kids her weirdest ghost stories. She never asks for help when she's upset and will become more upset if she isn't left alone for a while.

Vignette #4

Kacy is a really good student. She has lots of friends and is involved in lots of activities. You've noticed that although she does great with female teachers, but with male teachers and staff she's described as inattentive, shy, distant, and sometimes disrespectful. You have a hard time reconciling your experience with her with male teachers' experiences. Recently you found out she is now failing one of her classes with a male teacher.

How to be Trauma Informed

- Don't ask for executive functioning while a child is triggered - decision-making, formulating a response or apology
- A child must be grounded first before the frontal lobe will “come back online” or they will be unable to hear any logic, command, etc.
 - Ex: Name 5 coping skill; tell me five things you see right now, hear, etc.
- Give them a safe space to calm down
- Use calm grounding language (orient to time/place/person/situation)
- Speak at eye level - be careful of accidental physical intimidation like standing over kids, or walking over quickly because you're trying to help may accidentally be layering triggers
- Discuss what helps them at neutral times (versus after an incident) and make a plan collaboratively with them

When to Seek Additional Help

- Consider “clinical level”, when symptoms are so significant that they impact school, home, work, or social life on a regular and/or ongoing basis
 - Symptoms of self-harm, depression, anxiety/OCD, dysregulation problems
- Trauma Treatment
 - Requires safety with the clinician (think about possible triggers)
 - Eye Movement Desensitization and Reprocessing (EMDR) helps support processing and can “turn off” reactivity

Empathy Training

- Important because it encourages change at a cultural level, helps us avoid re-traumatizing each other, and keeps us from minimizing how hard trauma makes school and play for kids that have been affected
- See resources list handout for lots of ideas on ways to implement empathy training in your own communities