







Trauma and Childhood Adversity

Trauma literally means "wound, injury, or shock." Trauma is one possible outcome of exposure to adversity. Trauma occurs when a person perceives an event or set of circumstances as extremely frightening, harmful, or threatening—either emotionally, physically, or both.

Childhood adversity is a broad term that refers to a wide range of circumstances or events that pose a serious threat to a child's physical or psychological well-being.

Research shows that such experiences **can have serious consequences**, especially when they occur early in life, are chronic and/or severe, or accumulate over time.

As Peter Levine (2008) points out, "Certainly, all traumatic events are stressful, but not all stressful events are traumatic."

Adverse Childhood Experiences (ACEs)

Adverse childhood experiences (ACEs)—a term coined by researchers Vincent Felitti, Robert Anda, and their colleagues in their seminal study conducted from 1995 to 1997—are a subset of childhood adversities.

The researchers asked adults about childhood adversities in seven categories: physical, sexual, and emotional abuse; having a mother who was treated violently; living with someone who was mentally ill; living with someone who abused alcohol or drugs; and incarceration of a member of the household.

Researchers found that the more ACEs adults reported from their childhoods (especially 4+ ACEs), the worse their physical and mental health outcomes (e.g., heart disease, substance misuse, depression).

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The term ACEs has since been adopted to describe varying lists of adversities.

The current ACEs study funded by the Centers for Disease Control and Prevention, for example, includes parental divorce or separation and emotional and physical neglect.

Other studies have added experiences of social disadvantage (e.g., economic hardship, homelessness, community violence, discrimination, historical trauma).

No ACEs lists or screening tools identify all childhood adversities, but those that do not include adversity related to social disadvantage are likely to overlook children in specific racial or ethnic groups, who are disproportionately affected.



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The Effects of TRAUMA on the Brain INTEGRANVE CAPACITY COGNITIVE CASONTY DANGER EMOTION



Anxiety, Panic, Hyperactivity Symptoms of Un-Discharged Exaggerated Startle **Traumatic Stress** Inability to relax, Restlessness Hyper-vigilance, Digestive problems Emotional flooding Chronic pain, Sleeplessness Stuck on "On" Hostility/rage Normal Range **Depression**, Flat affect Lethargy, Deadness Stuck on "Off" Exhaustion, Chronic Fatigue Disorientation Disconnection, Dissociation Complex syndromes, Pain Low Blood Pressure Poor digestion



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Neuroception is the brain's and body's (through the neural circuits) ongoing subconscious surveillance of safety and threat in the environment (*Dr. Stephen Porges*, 2004). 'Faulty' neuroception is when a person's body and brain detect threat when the person is actually safe, or alternatively, detects safety when actually at risk. A child with a vulnerable nervous system or a trauma history can mistakenly detect threat in the environment even when that child is safe, triggering defensive reactions, hence faulty neuroception.

• Neuroception cannot be altered by "right" thinking. Safety signals bypass our consciousness and target primitive areas of our brain.



TRAUMA: Potential Trigg	;ers
 FIVE SENSES Sound: cries, moan, alarm, police siren, specific words or expression, song Taste: food, body fluid Smell: perfume, alcohol, food, smell related to a place Sight: place, person linked to or related to a trauma, image, objects, facial expression, body posture, gaze Touch: Physical contact, being touched in some way. 	 EMOTIONAL Unpleasant emotions (shame, helplessness, rejection, abandonment, anger, fear) Intense pleasant emotions (excitement, joy, surprise) Feeling of vulnerability Feeling of injustice Feeling of loneliness Stress of novelty and unpredictability
 INTEROCEPTION Feeling of deprivation or unmet basic needs (hunger, thirst, lack of sleep) Physiological sensations related to survival response (increased heartbeat, change in breathing rate) Physical pain or pleasure 	RELATIONAL DYNAMIC Intimacy Exercise of authority Violation of physical or relational boundaries Feeling threatened or attacked Positive attention Feeling ignored Getting teased Being blamed or pressured

Domains of Impairment in Children Exposed to Complex Trauma		
I. Attachment	IV. Dissociation	VI. Cognition
Problems with boundaries Distrust and suspiciousness Social isolation Interpersonal difficulties Difficulty attining to other people's emotional states Difficulty with perspective taking II.Biology Sensorimotor developmental problems	Distinct alterations in states of consciousness Amnesia Depersonalization and derealization Two or more distinct states of consciousness Impaired memory for state-based events V. Behavioral control	VI. Segnition Difficulties in attention regulation and executive functioning Lack of sustained curiosity Problems with processing novel information Problems with processing novel information Problems with object constancy Difficulty planning and anticipating Problems understanding responsibility Learning difficulties Problems with language development Problems with inguage development Problems with orientation in time and space VII.Self-concept Lack of a continuous, predictable sense of self Poor sense of separateness Disturbances of hodu image
Analgesia Problems with coordination, balance, body tone Somatization Increased medical problems across a wide span (eg. pelvic pain, asthma, skin problems, autoimmune disorders, pseudoseizures)	Poor modulation of impulses Self-destructive behavior Aggression toward others Pathological self-soothing behaviors Sleep disturbances Eating disorders Substance abuse Excessive compliance Oppositional behavior	
III. Affect regulation Difficulty with emotional self-regulation Difficulty labeling and expressing feelings Problems knowing and describing internal states	Difficulty understanding and complying with rules Reenactment of trauma in behavior or play (eg, sexual, aggressive)	Disturbances of body image Low self-esteem Shame and guilt
Difficulty communicating wishes and needs		Complex Trauma in Children and Adolescents



New Learning increases the feelings of VULNERABILITY

- These students instinctively **avoid** doing anything that would lead them into **vulnerable territory** trying new things, asking questions, presenting original ideas, exploring the unknown.
- These students are reluctant to look at their own mistakes or to attend to their failures as that would make them feel vulnerable.
- They find it difficult to **admit to inadequacy or ignorance**, or to confess confusion, as that would open them to feelings of shame.
- They rarely ask for **assistance** from the teacher as that would create **feelings of dependency** and **vulnerability**.
- Since they cannot feel sad about what is not working, their brain is then less able to do "work arounds" – they get stuck in their learning disabilities.

Impact of defendedness on relationships





Our brain protects us by:

- ✓ NUMBING OUT feeling that are too much
- ✓ TUNING OUT from seeing things that would be too hard to see
- BACKING OUT of relationships where you might get hurt













- 1. Finding information efficiently and quickly (underdeveloped Cerebellum)
- 2. Seeing the "whole" picture (under-developed Corpus Callosum)
- 3. Tempering their <u>instinctual reactions</u> with conflicting thoughts and feelings. (under-developed **Prefrontal Cortex**)

As a result they often KNOW better but cannot DO better as Emotion overwhelms REASON. Behaviour will improve when maturation occurs, but this takes time.







WHAT DOESN' T WORK REASONING, TALKING especially about CONSEQUENCES Talking keeps them in high arousal – flight or fight mode – intensifies the dysregulation. When the child is in "survival" mode they cannot hear our words, just our tone. They can't process language (the words we are using) just keep hearing the TONE They can't remember the future (what will happen if they don't stop) – only feel the intensity of the

present moment.

Waiting to hear: "And I've had it with you."

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When we expect a dysregulated student to	ask for help
	take a break
	go to the calming corner
	use their coping strategies
When we're at the point of	trying to de-escalate a situation
	requesting additional support from a colleague
	needing to resort to restraints and isolation
	referring to the reflection room, to the Principal's office (discipline, detention, suspension, etc.)



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"The best approaches are **systemic**, not piecemeal. There must be buy-in from the top and the bottom. Emotional and behavioural support cannot be addressed only in a ten-minute morning meeting or every Thursday, fourth period. It has to be an everyday thing—it has to become part of the school's DNA. There needs to be a common vision and language among all stakeholders. It has to be integrated into leadership, instruction, faculty meetings, family engagement, hiring procedures, and policies".

Marc Brackett (2020) Permission to Feel

"The best efforts towards emotional and behavioural support are **proactive**, not reactive. Being proactive means, we don't wait for problems to arise and then deal with them—we adopt measures to prevent them. In some schools this means a shift in mindset, from focusing primarily on having students follow the rules to supporting students preventatively by creating emotionally safe spaces".

Marc Brackett (2020) Permission to Feel

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It's about **reflective practice**

- Taking a step back from situations having a bird's eye view.
- Reflecting on own beliefs, assumptions, biases, and actions as a source of personal development and professional improvement.
- Bringing people together to support and encourage each other, which helps decrease stress, isolation, and burnout.
- Ideally, reflective practice becomes ingrained in the culture as a way of doing things, not just a set of exercises.

Students typically don't respond well in crisis intervention and it is quite difficult to make headway in those circumstances, because they are: Indisposed and not receptive when under stress Not accessible when disengaged/disconnected from the adult(s) intervening. A student's success depends on:

- Sense of safety, building attachment (requires conducive conditions)
- ✓ Structure, routine and predictability
- ✓ Introduction to tools/supports, exploration and practice
- ✓ Growth happens in moments of rest

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Having mirrors in addition to the lenses















Safety is the starting point

- Reaching emotional well-being doesn't stem from the neo-cortex (thinking brain) nor from the pre-frontal cortex (executive functioning)
- It is rooted in the **primitive brain** (instincts) and in the **limbic system** (emotions)
- Therefore, optimal functioning is achieved through setting up conditions, which allows for the keys to unfold naturally

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Safety Is in the Eye of the Beholder What's important is the child's own perception of safety—not what adults think ought to constitute relational or environmental safety. In short, safety is in the "eye" (brain and body) of the beholder: the child. It is "defined by how the child feels, and not simply by the removal of threat" (i.e., feeling brain-safe). A powerful modulator of a child's stress response is the safety of a relationship. That doesn't mean that the mere presence of a qualified adult is sufficient.

Safety Is the Beyond **Starting Point** • Neuroception of safety: neuroception refers to the neural Using Brain Science and Compassion to circuits that allow our bodies to derstand and Solve Children's Behavioral Challen register whether an environment is safe or dangerous. Unlike perception, which delivers cognitive insights in the form of thoughts and sensory data, neuroception occurs outside of conscious thought. When a child experiences the neuroception of safety, defensive strategies are "turned off." In other words, the child doesn't need to fight, run away or freeze up in order to feel safe on a subconscious level.









Evidence* related to suppressing emotion shows consequences on physical health, mental health and general well-being, including an increase in:

- attention, concentration, and memory problems
- high daily emotional stress and emotional dysregulation
- negative social functioning
- number of physical aggressions and bullying incidents
- mental health conditions, including anxiety and depression
- long term health problems on the body (insomnia, poor digestion, etc.)

Patel & Patel (2019) Consequences of Repression of Emotion Gross & Cassidy (2019) Expressive Suppression of Negative Emotions in Children and Adolescents



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To come alongside a person's feelings is to...

- a) accept their existence regardless of how irrational and unreasonable they may seem;
- b) normalize the feelings rather than treat their existence as a problem;
- c) Make room for the feelings rather than try to get rid of them.









Emotion has vital WORK to do, however it can be difficult for some to express it.

Being in the 'play' mode allows to safeguard the outcomes of emotional expression.

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PLAY and EMOTIONAL WELL-BEING

When children are "stirred up" emotionally, their PLAY can reflect themes they are struggling with.

PLAY is how they naturally make sense of all the emotions they are experiencing.





Unstructured dramatic play gives children the freedom to choose their own roles and play scenarios.



- Emotional expression can be without words through indirect and nonthreatening experiences that are engaging (through emotional playgrounds that are one-step-removed from the situation).
- Coming alongside the student's emotion and acting as a co-regulator if needed.
- Proving time and space for expression in the preventative mode.













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Cultivating a sense of strength and COURAGE

- A sense of strength, courage and confidence can be cultivated through indirect and non-threatening experiences that are engaging (through emotional playgrounds that are one-stepremoved from the situation).
- Proving time and space for experimenting (in the preventative mode):
 - $\circ\,$ trying new things
 - o making a mistake
 - facing a difficult challenge



ALL

Tier 1 universal practices – during class time

https://www.cebmmember.ca/tier-1-universal-practices

Whole-group support measures in the prevention mode:

- Fostering a sense of safety and predictability (clear and explicit structures/routines, diverse and inclusive practices, being intentional in the physical set-up of the classroom, other spaces in the building, hallways, school yard, etc.)
- Cultivating a sense of connection, inclusion, and **belonging** (authentic adult greeting, class meetings, group projects, activities for inclusion and team building, interest/social clubs, sports teams, family and community involvement).
- Allotting time for **breaks** and emotional **respite** (re-set corner, quiet individual activities).
- Providing opportunities for emotional **release** in engaging ways (brain break activities).



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ALL

Tier 1 universal practices – during class time

https://www.cebmmember.ca/tier-1-universal-practices

Whole-group support measures in the prevention mode:

- Introducing and modeling emotional **expression** through emotional playgrounds (Inside-Out Handbook).
- Helping students build their **language of emotion** and match the words to their inner experience (stories).
- Creating opportunities to build a sense of **strength** (trying something new, attempts at facing a challenge (safe practice), allowing ourselves to make mistakes this can be done in the play mode).
- Supporting <u>implicitly</u> (planting the seed) executive functioning development through everyday practices (activities that promote student interaction and cooperative learning, activities that encourage self-awareness and social-awareness, project-based activities, etc.)









Where?-Dividing the yard into clear

during transitions – outdoor recess

sections (play/activity areas)

TIER 1 – UNIVERSAL Practices

- With whom? Grouping of students
- What?-Types of games/activities (must consider the seasons with and without snow)
- When?-Schedule

(schoolyard)

- How? Type of student participation, animation, supervision
- With what?-Materials needed

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 Creating materials (visuals, checklists, get-ready-do-done, firstthen, etc.) to support students with their executive functioning challenges.

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Supported Recess/Lunch



- Identified students are part of this intervention practice
- An adult meets them at a predetermined location (or collects them along the way)
- An area of the playground is *'reserved'* for the Supported Recess group
- Rules are explained, adult coaches, supervises the games and sportsmanship is encouraged

https://www.cebmmember.ca/practices-during-transitions

Extended Recess

- Identified students meet the support staff 10-15 minutes prior to recess
- They are given additional recess time as it is deemed that they benefit with more time to expend their pent-up energy and release frustrations
- Prior to going outside, the student is coached with specific cues to help them do their best when playing and interacting with others when they come outside to play.

https://www.cebmmember.ca/practices-during-transitions

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Tier 3 individualized practices

during class time or transitions https://www.cebmmember.ca/tier-3-individualized-practices

One-to-one support measures (in addition to Tiers 1 and 2):

- Additional personalized opportunities to build a sense of **strength** on a one-to-one basis (through a project of interest).
- Additional personalized opportunities to plant the seed towards emotional growth and resiliency in one-to-one basis (emotions corner in NSC with tools and materials).
- Personalized plan to compensate for and to scaffold the student's immaturity and defendedness, which impacts executive functioning abilities (clear and explicit student action plan, accompaniment during transitions and unstructured times).
- Setup a **Student Action Plan** with required measures the student needs to be successful (may include an adapted schedule).



Tier 3 individualized practices during class time or transitions

https://www.cebmmember.ca/tier-3-individualized-practices

One-to-one support measures (in addition to Tiers 1 and 2):

- Additional measures put into place to help foster the sense safety and belonging (visual schedule, systematic check-ins, access to NSC, sheltered recess/lunch, involvement in special project, allotted responsibility to help student feel accomplished and successful).
- Adapted personalized schedule for amygdala reset emotion coregulation (cocoon area in NSC, Emotions Room, sensory tools/materials in Individual Bin).
- Additional personalized emotional release activities on a one-to-one basis (movement corner in NSC, Emotions Room).
- Additional personalized emotional expression activities on a one-to-one basis (creative art activities with or without words).

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How support staff can get involved at Tier 3:

- Implementing the student daily check-ins.
- Being involved in creating the adapted schedule and supporting the student in an alternate location (e.g. NSC) during those blocs of time.
- Introducing and modeling (while in the NSC) the use of tools/materials, which have been assigned to the student.
- Creating materials (visuals, checklists, get-ready-do-done, firstthen, etc.) to support students with their executive functioning challenges.
- Supporting and collaborating with the teacher during debriefs (involved in the repair/recovery process)



https://www.cebm.ca/nurturing-support-centre

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Coaching and intervention take place in order to help help them return to the larger group



