Trauma and Children in Special Education

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Trau·ma
noun \traʊ-\ma, 'traʊ-\ \:

a very difficult or unpleasant experience that causes someone to have mental or emotional problems usually for a long time

http://www.merriam-webster.com/dictionary/trauma

Adverse Childhood Experiences (ACEs) Study
Prevalence

Household dysfunction
- Substance abuse 27%
- Parental separation/divorce 23%
- Mental illness 19%
- Battered mother 13%
- Incarcerated household member 5%

Abuse
- Psychological 11%
- Physical 28%
- Sexual 21%

Neglect
- Emotional 15%
- Physical 10%

Trauma and the brain
- The more prolonged the abuse or neglect, the more likely it is that permanent brain damage will occur.
- Not only are people with developmental disabilities more likely to be exposed to trauma, but exposure to trauma makes developmental delays more likely.
ACE & School Performance

- Traumatized children:
  - are 2.5x more likely to fail a grade in school
  - score lower on standardized achievement tests
  - are more likely to have struggles in receptive & expressive language
  - are suspended & expelled more often
  - are more frequently placed in special education

Impact on Classroom Behavior

- Reactivity & Impulsivity
- Aggression
- Defiance
- Withdrawal
- Perfectionism

Children with Intellectual and Developmental Disabilities

- 2x-10x more likely to experience trauma.
- Externalizing behavior appears to be related to an increased risk of physical abuse
- Internalizing behavior or communication and learning problems are associated with increased risk of sexual abuse
- Seclusion and restraint are experienced by children as another traumatic experience
- Psychological distress secondary to medical procedures is another category of potentially traumatizing experience
Implications for Special Education

- Assessment
- Interventions

Diagnostic Complexity

- Awareness of the trauma
- Type of trauma
- Timing of the traumatic experience

- IDD-specific issues may alter presentation of traumatic stress symptoms.
- IDD and traumatic experiences can present with very similar characteristics of disrupted development.
- Trauma does not stop development completely, but it can act as a risk factor and slow down a developmental trajectory that has already been slowed down by the IDD.
Children with IDD may start off below average or "off" charts that track developmental milestones.

Symptoms may change as developmental functions emerge.

Different caregivers may not agree.

Trauma Screening and Assessment

Screening tools may help identify a child's trauma history and traumatic stress responses.

Screening for abuse and traumatic stress often includes an interview with the primary caregiver, child and family.

Standardized trauma screening tools may need to be adapted for children with IDD.

Screening Tools

The UCLA PTSD Reaction Index for DSM-V is a self-report questionnaire to screen for exposure to traumatic events and assess PTSD symptoms in school-age children and adolescents.

The Trauma Symptom Checklist for Children (TSCC) evaluates posttraumatic symptomatology in children and adolescents (ages 8 to 16, with normative adjustments for 17 year-olds). The scale measures not only posttraumatic stress, but also other symptom clusters found in some traumatized children.

Searchable database

http://www.nctsn.org/resources/online-research/measures-review
Early Childhood

A young child with IDD who has a traumatic experience may:

- Have difficulty calming after a perceived threat
- Know without knowing
- Communicate fears by withdrawal or being unresponsive
- Lose both recent and older gains
- Have a negative affect
- Have increased peer difficulties
- Develop new fears

School-aged Child

A school-age child with IDD who has a traumatic experience:

- Reduced receptive and expressive language skills
- Heightened learning challenges
- May become withdrawn and quiet at some times and have tantrum-like behavior at other times
- Loss of developmental gains
- May have even more exaggerated difficulties with precision learning
- May have difficulty with peer relationships and vulnerability to persistent teasing, bullying, isolation from peers

Adolescent

An adolescent with IDD who has had a traumatic experience:

- May feel that learning and planning for the future is more difficult
- May feel increased/longer dependence on parents/caregivers
- May become demoralized and feel defeated, particularly about the future
- May feel even more "different" from others & worry about feeling less accepted by peers
Safety Comes First

- Protective shield is damaged
- Perceived safety
- Disabilities affect their ability to self-soothe or participate actively in healing interventions
- Positive behavior management can be effective in changing challenging behaviors

Traumatic experiences are inherently complex

- Physical, cognitive or communicative limitations impact the range of protective actions that were possible during the traumatic experience.
- Children with intellectual disabilities are vulnerable because they may not appraise danger, or be able to respond to it, in the same way that a child without IDD may appraise danger.
- Children with IDD may be limited in their ability to seek support when they need to, make their needs known, and/or have others take protective action on their behalf.

Merging Special Education and Trauma-Informed Responses

- Being attuned to child’s emotional state
- Creating space and opportunity for safe expression of emotions
- Understanding that challenging behavior is a reflection of life experience often characterized by trauma
- Interacting through meaningful and reciprocal relationships.
Trauma-Informed EBT

- Trauma-Focused Cognitive Behavioral Treatment (TF-CBT)
- Child-Parent Psychotherapy (CPP)
- Real Life Heroes
- Child and Family Traumatic Stress Intervention (CFTSI)
- Cognitive Behavioral Intervention for Trauma in Schools (CBITS)
- Sanctuary Model
- Seeking Safety for Adolescents

http://www.nctsn.org/resources/topics/treatments-that-work/promisingpractices

Trauma-informed IEPs

- Consider the impacts of trauma
- Incorporate social-emotional, behavioral, and academic goals

Straight Out of Compton
The Four R’s of a Trauma-Sensitive School

▷ Realize the prevalence
▷ Recognize the impact
▷ Responsive practices
▷ Resiliency building