Using Trauma Informed Strategies to De-Escalate Classroom Conflict

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Acknowledgements

This presentation draws heavily from:

- *Trauma & Resilience: An Adolescent Provider Toolkit*; 2013 The Adolescent Health Working Group (www.ahwg.net)

- *Creating Trauma-Sensitive School Environments to Promote School Success for Children and Youth Who Have Experienced Complex Trauma*, 2013; Joyce Dorado, Ph.D, Project Director, UCSF HEARTS (Healthy Environments and Response to Trauma in Schools)

- *Phases of Acting-Out Behavior and De-Escalation Strategies*; 2012, Su Y. Park, Psy.D (Before she passed away from breast cancer in 2011, Su was the Mental Health Coordinator at the Youth Uprisings/Castlemont HS Health Center. Shortly before she died Su was awarded the 2012 California Peace Prize for her violence prevention work in Oakland. Su was a force of nature and a great inspiration for this work.)

Goals

We will:

- gain a basic understanding of trauma and its impact on brain development and behavior
- examine "triggers" and "de-escalation" strategies for intervening in the traumatic response and supporting trauma impacted youth
- explore strategies for supporting and connecting with challenging students who may have a history of trauma
- note that this entire conversation is embedded in larger conversations around generational and historic trauma that reflect systemic oppression over centuries

Spectrum of Trauma:

- **Acute Trauma**: A single time limited event
- **Chronic Trauma**: Multiple traumatic exposures and/or events over extended periods of time
- **Complex Trauma**: Experiences of multiple traumatic events and the impact of exposure to these events (often occurring within the care giving system)
- **Toxic Stress**: Adverse experiences that lead to strong, frequent, or prolonged activation of the body's stress response system
- **Secondary/Vicarious Trauma**: Exposure to the trauma of others by providers, family members, partners or friends in close contact with the traumatized individual

Trauma and Resilience: An Adolescent Provider Toolkit;
Adolescent Health Working Group 2013

ADVERSE CHILDHOOD EXPERIENCES (ACEs) STUDY
Kaiser Permanente and CDC, 1998

THE STUDY:
- 17,000 mostly white, college-educated, employed adults were screened for 10 prominent childhood traumatic experiences as part of their routine healthcare at Kaiser. Each type of trauma was awarded one point.

THE RESULTS:
- 70% of participants experienced at least one type of trauma.

- ACE scores of 4 or more resulted in four times the risk of emphysema or chronic bronchitis; over four times the likelihood of depression; and 12 times the risk of suicide.

- ACE scores were directly related with early initiation of smoking and sexual activity, adolescent pregnancy, and risk for intimate partner violence.

Trauma and Resilience: An Adolescent Provider Toolkit; Adolescent Health Working Group 2013

Trauma and the Developing Brain

- Trauma is a "neuro-developmental insult" and impacts the development of the brain.

- When triggered into a trauma response over and over there are major multi-systemic impacts on the developing brain

- Brain architecture is "experience dependent" (*neuroplasticity*)

Nadine Burke Harris MD; Executive Director, Center for Youth Wellness from presentation at Adolescent Health Working Group, SF May 2013

Survival Brain vs Learning Brain

We all have normal alarm systems in our brain/body that let us know when we are under threat and mobilize us to fight, flee (flight) or freeze in the face of a threat.

When youth experience continuous threats/trauma, the brain/body is put into a chronic state of fear, activating the "survival brain" (mid/lower areas of the brain).

This can create an overactive alarm system in the developing brain. *A youth's brain/body that develops within the context of trauma can be more easily triggered into survival brain by "trauma reminders" or "triggers" even when there is no actual threat.*

Trauma and Resilience: An Adolescent Provider Toolkit; Adolescent Health Working Group 2013

Trauma Impacted Youth

Can have difficulty with:

- Managing "big" emotions

- Chronic irritability/anxiety that interferes with problem solving

- Empathy

- Expressing concerns/needs in words

- Taking into account the wider context of a situation

- Appreciating how one's behavior impacts other people

- Working in groups/connecting with others

The Sanctuary Model: Designing and Implementing Trauma-Informed School Based Programs, The Sanctuary Institute

Key Insight:

Because of constant exposure to violence and trauma, children and youth can become locked into a permanent state of Fight/Flight.

- *This makes these children and youth react to normal experiences as if they were life and death threats.*

- *This is not a rational/cognitive process. It is wired into their physiological response.*

Trauma Triggers:

Activate the "survival brain," causing youth to react as though a "there and then" experience (previous traumatic event) is happening "here and now" (in current reality).

Common Triggers include:

- Unpredictability (e.g. a fire drill)

- Sensory overload

- Feeling vulnerable or frustrated

- Confrontation

Trauma and Resilience: An Adolescent Provider Toolkit; Adolescent Health Working Group 2013

Key Insight:

- When youth are in a "triggered" state, *the "learning brain" (higher functions of the frontal lobe) goes offline.*

- Verbal warnings or rational arguments that make demands on these higher functions may escalate the situation as youth are physiologically unable to access these functions when they are in a triggered state.

Ryan's Story

Ryan is an 8th grade boy. This morning, when he arrived at school, his teacher asked him for his homework and Ryan did not have it. She expressed frustration and took away his recess as a consequence. A short time later, his desk-mate accidentally bumped Ryan. Ryan punched him in the stomach. His teacher, upset by this outburst, began to yell at Ryan to stop. Ryan began to scream, kick chairs and hide under his desk. After 10 minutes of trying to get Ryan out from under the desk, he was brought to the principal's office and given a five day suspension for fighting and disruptive behavior.

Joyce Dorado, Ph.D (2013) Child and Adolescent Services, UCSF/SFGH

Ryan's Story Through a Trauma Lens

Ryan is an 8th grade boy from a highly under-resourced neighborhood. He has been witnessing severe domestic violence between his parents since he was a baby. One night, in front of Ryan, his father beat up and injured his mother so badly that a neighbor called the police; his father was handcuffed and taken away by the police, and his mother was taken in an ambulance to the hospital.

Ryan slept little that night, terrified and anxious what would happen to his mother and father. In the morning, Ryan's neighbor took him to school. This morning, when he arrived at school, his teacher (who did not know about Ryan's traumatic experience) asked him for his homework. When he did not have it, she expressed frustration and took away his recess as a consequence. Ryan was upset and triggered by being in trouble with his teacher.

Joyce Dorado, Ph.D (2013) Child and Adolescent Services, UCSF/SFGH

Ryan's Story Through a Trauma Lens cont.

A short time later, his desk-mate accidentally bumped Ryan. Already triggered to some degree into a heightened state of vigilance (i.e. "survival" brain), this physical contact fully triggered Ryan into a fight/flight reaction. Ryan punched his desk-mate in the stomach. His teacher, upset by this outburst, began to yell at Ryan to stop, which further escalated Ryan. He began to scream, kick chairs and hide under his desk.

After 10 minutes of trying to get Ryan out from under the desk (during which time his teacher felt helpless and defeated, and the other children looked on in fear and frustration) Ryan was brought to the principal's office and given a five day suspension for fighting and disruptive behavior, inadvertently exposing Ryan not only to a major loss of instructional time, but also to a period of time during which he would have no refuge from the trauma and suffering in his home life.

Joyce Dorado, Ph.D (2013) Child and Adolescent Services, UCSF/SFGH

Reflection on Role-Play

ESCALATING CHAIN OF BEHAVIOR:

- Questions/argues
- Non-compliance
- Verbal abuse
- Defiance/confrontation
- Aggression

Su Y. Park, Psy.D. 2011

Successive Interactions:

Each student behavior was preceded by a teacher behavior

- Pattern of "my turn-your turn"
- What if teacher didn't take a turn?
- What if teacher took a different turn?

Our role play shows an interaction of TWO escalating chains of behavior

Su Y. Park, Psy.D. 2011

Su Park's "Phases of Acting-Out Behavior:"

Phase 1: Calm

Phase 2: Classroom Triggers

Phase 3: Agitation

Phase 4: Acceleration

Phase 5: Peak

Phase 1: Classroom Calm

Trauma impacted students are:

- On task

- Following rules and expectations

- Responsive to positive affirmation

- Initiate positive behavior

- Socially appropriate

Su Y. Park, Psy.D. 2011

Phase 2: Classroom Triggers

When the following are not adequately resolved or addressed in the classroom, they can trigger a trauma response in trauma impacted youth:

- Conflict

- Provocations

- Pressure

- Frustration (Ineffective problem solving, academic errors)

- Su Y. Park, Psy.D. 2011

Phase 3: Rising Agitation

Trauma impacted students are:

- Unfocused or Non-Directed

- In and out of group

- Non-conversational language

- Off-task/on-task

- Out of seat

- Talking with others

Su Y. Park, Psy.D. 2011

Preventive Interventions:

- Remove student from or modify the problem context
- Redirection (increase opportunities for success)
- Anticipate problem behavior and intervene beforehand

Meta instruction:
- Know your students
- Pay attention to the classroom environment and how it might be impacting students vulnerable to being triggered
- <u>Anticipating is better than reacting</u>!

Phase 4: Acceleration

Trauma impacted students exhibit:

- Focused behavior, e.g. provocative, high intensity, threatening

- Compliance—but with accompanying inappropriate behaviors

- Avoidance and escape

- Verbal abuse

Su Y. Park, Psy.D. 2011

Phase 4: Acceleration:

Preventive Interventions:

- Teacher empathy/proximity

- Relaxation techniques

- Pre-arranged signal

- Emphasize student choices and responsibilities in clear and simple language

- Avoid escalation responses (getting in student's face, discrediting student, engaging in power struggles, raising your voice)

Su Y. Park, Psy.D. 2011

De-escalation Strategies:

Youth in a triggered state need help to calm down from the "there and then" triggers to become more present in the "here and now" reality (in which there may be no actual threat).

Strategies include:

- Noticing signs of distress
- Connecting with the young person
- Re-directing behavior through providing reasonable choices/options for alternative activities
- After youth is calm, discussion about what happened can take place and, if necessary, consequences can be determined.

Trauma and Resilience: An Adolescent Provider Toolkit; Adolescent Health Working Group 2013

A Trauma System consists of:

- a traumatized young person who has difficulty regulating emotional states (and behavior)

And

- a social environment and/or system of care that is not able to help the child to regulate these emotional states (and behaviors) (e.g. caregivers, school)

Joyce Dorado, Ph.D (2013) Child and Adolescent Services, UCSF/SFGH (Saxe, 2006)

A Trauma Informed Approach At School:

- Uses the recognition that certain behaviors are related to traumatic experience to drive a new set of practices at school with young people who exhibit these behaviors.

- Shifts from a model that asks, "What is wrong with you?" to one that asks, "What happened to you?"

- A new question emerges: "How can we shift the school environment and classroom practices to respond more effectively to your needs?"

Trauma Informed Consequences...

- Make an effort not to exclude student from school.

- Shape behavior by helping youth recognize the impact of their actions on themselves and their community (e.g. RJ).

- Build youth's capacity to manage strong emotions.

- **Invest great energy, creativity and resources up-front in order to support young people's long-term success.**

- **Take the long view and understand that behavior change is slow and incremental.**

School-wide efforts aligned with trauma informed care:

- Positive Behavioral Interventions and Supports (PBIS)
- Restorative Justice
- Mindfulness Practices
- School health or wellness centers

Any organized, structured, ongoing and intentional effort that partners with teachers to:

- Take the extra time to respond to student needs instead of punishing behaviors that are simply symptoms of these needs

Prologue to 'Invisible Man'

"I am an invisible man. I am invisible, understand, simply because people refuse to see me…It is as though I have been surrounded by mirrors of hard, distorting glass. When they approach me they see only my surroundings, themselves, or figments of their imagination—indeed everything and anything except me."

"You often doubt if you really exist…You ache with the need to convince yourself that you do exist in the real world, that you're a part of all the sound and anguish, and you strike out with your fists, you curse and you swear to make them recognize you. Alas, it's seldom successful…"

"To whom can I be responsible, and why should I be, when you refuse to see me?"

Ralph Ellison (1941) from Aran Watson, "Healing the Hurt" Trauma Series, RYSE 2014