

# Trauma and It's Impact





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## Understanding Trauma and It's Impact

- Part 1: What is Trauma and Who is Affected?
- Part 2: How Does the Stress Response System Work?
- Part 3: What is the Impact of Exposure to Trauma?
- Part 4: What Does This Mean for Schools?



## Learning Objectives

- Understanding trauma in a broad and inclusive way
- Learn how the brain and body respond to stress and trauma.
- Recognize the effects of trauma on students, staff, and schools.
- Apply trauma knowledge to your daily work.



# Part 1: What is Trauma and Who is Affected?

Definition of trauma/ Types of trauma/ Prevalence of childhood trauma



# Definition of Trauma

The three “E’s” of trauma:

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**.



# Types of Trauma

- Natural disasters
- Human-caused disasters
- Community violence
- School violence
- Family trauma
- Refugee and Immigrant trauma
- Medical trauma
- Poverty



# Types of Trauma

## Complex:

1. Exposure to multiple traumatic events from an early age; and
2. The immediate and long-term effects of these experiences over development



# Types of Trauma

## Historical Trauma:

“The cumulative emotional and psychological wounding across generations, including the lifespan, which emanates from massive group trauma.”

-Maria Yellow Horse Brave Heart





# Types of Trauma

## Racial trauma:

Potentially traumatic experiences resulting from:

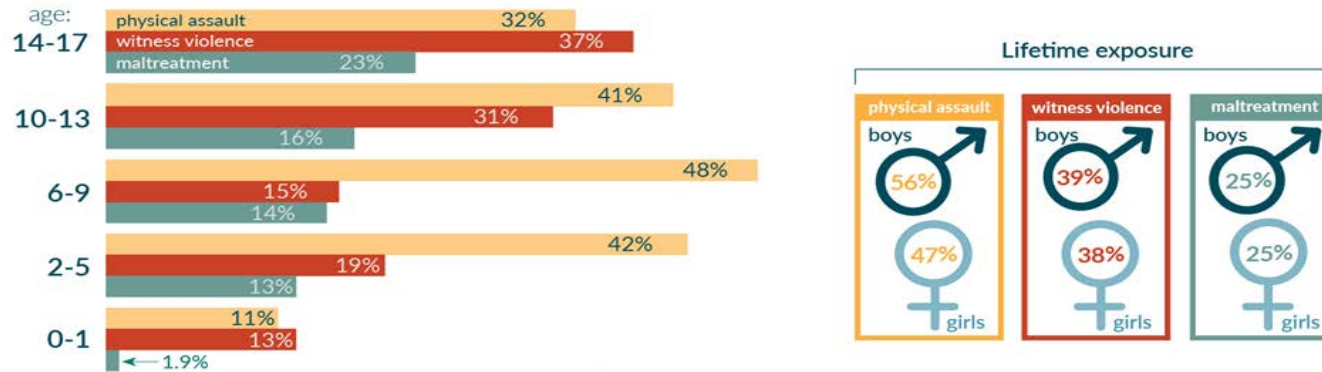
- Direct experiences of racial harassment;
- Witnessing racial violence toward others; and
- Experiencing discrimination and institutional racism.



# Prevalence of Childhood Trauma

**2 of 3 children & youth** were exposed to violence in the past year

Of these, **50%** report *more than 1 form of victimization* | **1 in 6** report *6 or more exposures to violence*  
**physical assault, witnessing violence, and maltreatment** are common



## Adverse Childhood Experiences (ACE) Study

**1 in 5 adults** report 3 or more adverse experiences as children



Adverse experiences include:

- Physical abuse, emotional abuse, and sexual abuse
- Emotional and physical neglect
- Household substance abuse
- Household mental illness
- A mother treated violently
- Parent separation or divorce
- Incarcerated household member

As rates of adverse childhood experiences go up, so does **high risk behavior, illness, and early death**

Sources: Finkelhor, Turner, Shattuck, & Hamby, 2015; Child Trends, 2016; Felitti, Anda, Nordenberg, Williamson, Spitz, Edwards . . . & Marks, 1998



# Prevalence of Childhood Trauma

Groups at increased risk of exposure to trauma include:

- Youth of color ages 12 to 19;
- African American youth living in urban, low-income communities;
- American Indian/ Alaska Native (AI/AN) children and youth;
- Children and youth who have disabilities;
- Refugees;
- Children and youth who are homeless and living in poverty; and
- LGBTQ children and youth



# Summary: Part 1

- Experiences become traumatic when they overwhelm our ability to cope.
- Traumatic experiences come in many forms, ranging from one-time events to experiences that are chronic or even generational.
- Exposure to trauma in childhood is common.
- Risk for exposure to more than one type is high.
- Contextual factors increase risk for trauma.



# Part 1

## Activity/Discussion



# Part 2

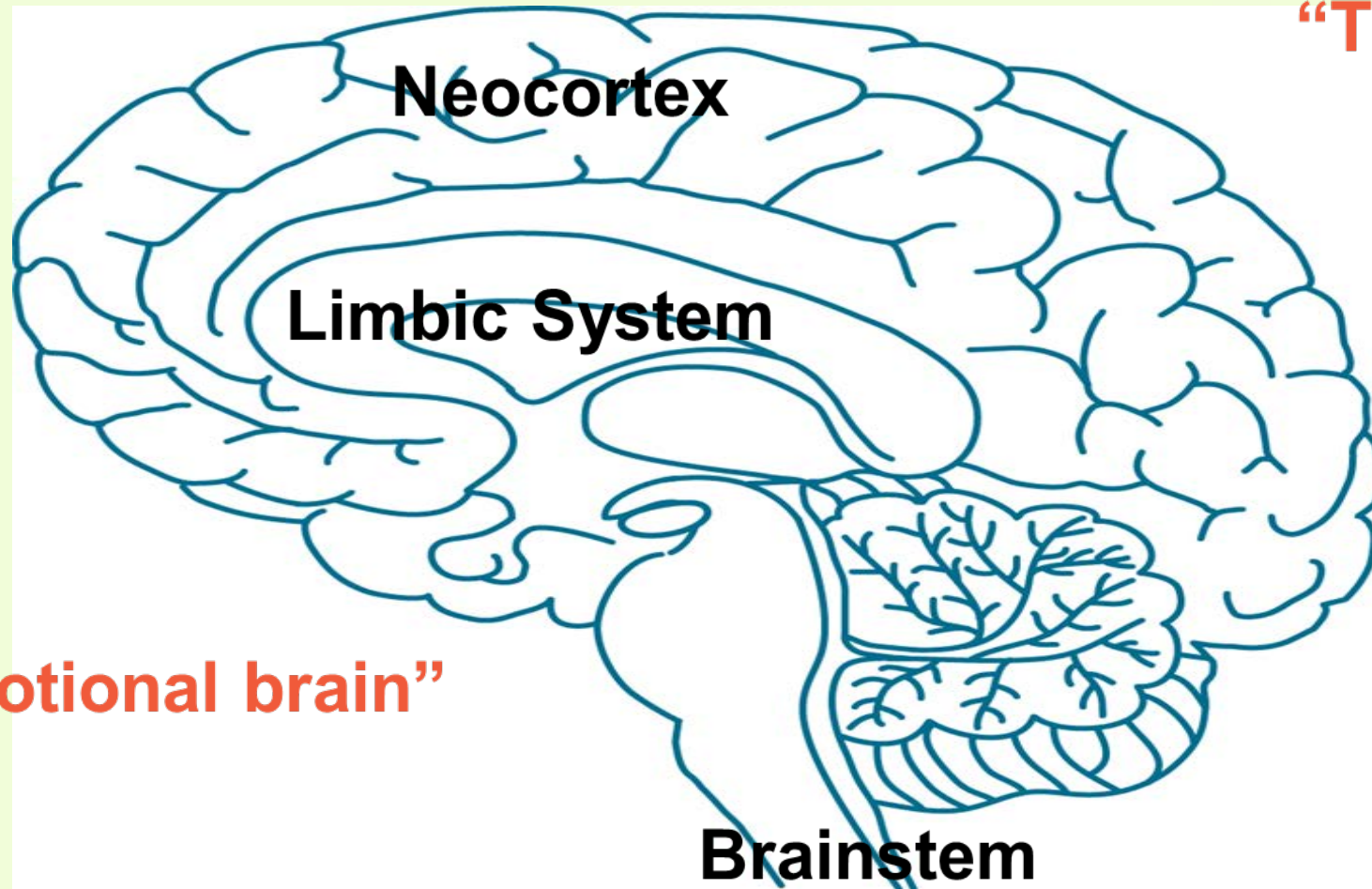
## How Do We Respond to Stress?

**The Stress Response System/ The Stress Response and Trauma/ Common Responses to Trauma for Youth/ Triggers**



# The Stress Response System

“Thinking brain”

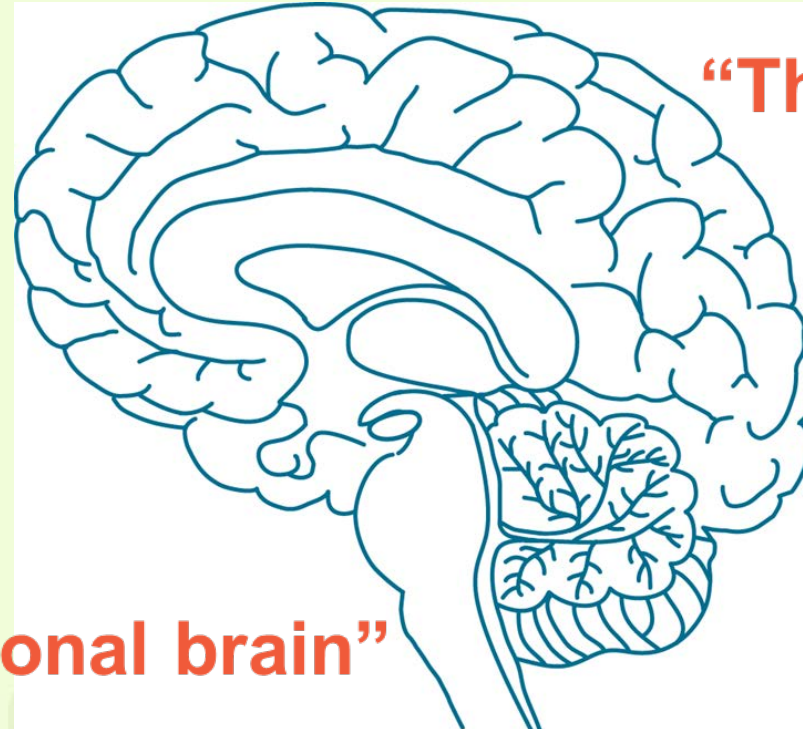


“Emotional brain”



# The Stress Response System

1. The amygdala senses threat and sets off the alarm.
2. Thinking brain assesses the situation.
3. Thinking brain goes off-line. Emotional brain activates fight or flight response.
4. Thinking brain helps shut off the alarm and helps us to calm down.





# Common Responses to Trauma

## Young Children

- Fear, anxiety, worry
- Changes in sleeping and eating
- Difficulty separating from caregivers
- Regressed behaviors (losing speech, wetting the bed)
- Reenacting aspects of the traumatic event in play



# Common Responses to Trauma

## School-age Children

- Fear, anxiety, worry
- Feelings of guilt, shame, and self-blame
- Headaches, stomachaches
- Nightmares, disrupted sleep
- Difficulty concentrating
- Angry outburst, aggression, and withdrawal
- Over- or – under- reactions to situation in the environment (e.g. sudden movements, loud noises, physical contact)



# Common Responses to Trauma

## Adolescents

- Fear, anxiety, worry
- Concerns about how others will view them after the event
- Shame, guilt, responsibility, embarrassment
- Withdrawal from family, peers, activities
- Avoid reminders of the event
- More intense mood swings
- Decline in school performance
- Increase in risk-taking behaviors (e.g., alcohol/drug use, sexual behaviors, fights, self-harm)



# Culture and Trauma

## Cultural factors influence:

- Risk and type of trauma exposure
- How a person describes their experience
- How distress is expressed
- Which topics are acceptable to discuss
- How a person makes meaning of experiences and heals from trauma



# Triggers

- Reminders of past traumatic experiences that automatically cause the body to react as if the traumatic event is happening again in that moment.
- Responses can appear confusing and out of place and be misunderstood by others.



# Triggers

## Youth

- Loud noises
- Physical touch
- Threatening gestures
- Authority figures and limit-setting
- Chaos or uncertainty
- Particular spaces (e.g., bathrooms or areas that are less monitored)
- Changes in routine
- Witnessing violence between others, such as peers fighting
- Emergency vehicles and police or fire personnel
- Certain smells
- Particular times of year



# Triggers

Common responses to trauma triggers include:

- Fight responses: yelling, swearing, posturing, aggressive behavior;
- Flight responses: running away, refusing to talk, avoidance, substance use; and
- Freeze responses: spacing out; appearing numb, disconnected, confused, or unresponsive.



# Triggers

## Parents

- The school environment
- Shame and embarrassment
- Confusion in meetings
- Fear of other system involvement
- Situations that trigger feelings of helplessness and loss of control





# Summary: Part 2

- The brain has a built-in alarm system designed to detect threats and keep us safe.
- When faced with a threat, the emotional brain takes over.
- A stress becomes traumatic when it overwhelms our stress response system.
- A range of acute post-trauma responses are common.
- Triggers are trauma reminders that set off the alarm.
- Responses to triggers may seem out of place and can be misunderstood by others.



# Part 2

## Activity/Discussion



# Part 3 What is the Impact of Exposure to Trauma?

Risk and Protective Factors/ Post- Trauma Pathways/ Effects of Complex Trauma



# Risk and Protective Factors

- Individual Factors
- Environmental Factors



# Two Types of Factors

## Individual Factors

- History of previous exposure to trauma
- Age of exposure
- Gender
- Cognitive ability
- Self-efficacy
- Biological factors (e.g., flexibility in thinking, emotional regulation)



## Environmental Factors

- Nature of the traumatic event
- Proximity to the traumatic event
- Culture and ethnicity
- Level of social support
- Quality of parent-child relationships, parent mental health, and parental history of trauma
- Health of the broader community



# Post- Trauma Pathways

- Resilience
- Recovery
- Post-traumatic growth



- Severe persisting distress
- Decline
- Stable maladaptive functioning



# Post- Trauma Pathways

Resilience, Recovery, Growth

Resilience: A positive, adaptive response to significant adversity.

- Adaptable, caring, and supportive relationship with an adult
- A sense of mastery over life circumstances
- Strong executive function and self-regulation skills
- Safe and supportive environments (schools and communities)
- Affirming faith or cultural traditions



# Post-Trauma Pathways

Resilience, Recovery, Growth

## Resilience

- Children may demonstrate resilience in one type of situation but not another.
- Coping skills that support resilience can be developed at any age.
- Children do not develop the capacity to positively adapt to adversity in isolation.
- Regardless of resources, children who face extreme adversity are likely to be significantly impacted.
- Schools play an important role in fostering student resilience.





# Post-Trauma Pathways

Resilience, Recovery, Growth

Recovery

- Longer period of disruption
- Return to earlier level of functioning



- Resilience, Recovery, Growth
- Post-traumatic growth: Positive change or transformation as a result of a traumatic experience



- Distress, Decline, Stable Maladaptive Functioning
- Severe Distress
- Severe, persisting distress after a traumatic event.
- Body's attempts to adjust are not effective.
- Requires more intensive, individualized supports.



- Distress, Decline, Stable Maladaptive Functioning
- Decline
- Child may initially appear to be managing the strain of a traumatic experience.
- Over time they are unable to maintain a healthy level of functioning.
- Difficulties can begin months or years after the event.



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- Post-Traumatic Stress Disorder
- Symptoms include:
  - Re-experiencing (nightmares, flashbacks, reactions to trauma reminders)
  - Avoidance of trauma reminders
  - Changes to the stress response system (on alert danger, reactive)
  - Negative changes in beliefs about self and others and mood
  - Consider cultural factors related to PTSD symptoms.



# Effects of Complex Trauma

- Exposure to trauma that starts early in life can alter how the brain develops.
- Need to review key concepts related to brain development.



# Brain Development

Develops from the bottom up.

Early childhood is period of greatest growth.

At 80% of adult size by age 3.

Streamlines connections over time.

Thinking brain and emotional brain become better coordinated.





Brain development is influenced by:

Genetics;

Environment; and

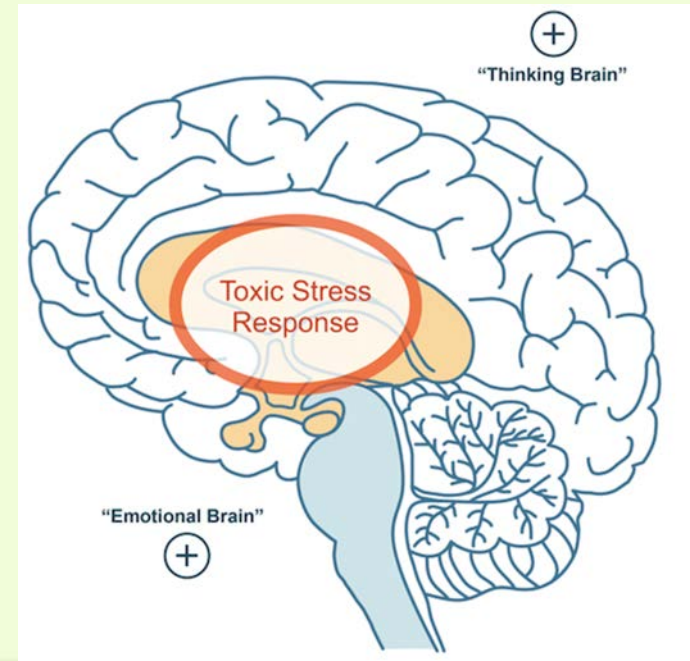
Experiences



Under constant threat:

Emotional brain is over-reactive, constantly in survival mode.

Thinking brain is underdeveloped.



# Effects of Complex Trauma

- Relationships
- Emotional regulation
- Behavior
- Cognition
- Dissociation
- Self-concept and future orientation



## Summary: Part 3

- Key environmental and individual factors impact a child's response to trauma and risk for negative effects.
- There are a number of possible trajectories for youth following a traumatic event.
- Most youth who experience a traumatic event do not develop significant mental health issues; however, some continue to struggle.
- Chronic interpersonal trauma that begins early changes the way the brain develops and can impact all areas of functioning into adulthood.
- Adults play a critical role in preventing and reducing the negative effects of stress on children.



Part 3:

# Activity/Discussion



# Part 4: What Does This Mean for Schools?

Impact of Trauma on Students, Parents, Staff and Schools/ Trauma-Sensitive Schools: A Universal Response



# Impacts of Trauma on Students

- Physical symptoms such as headaches, stomachaches, poor appetite, and decline in self-care
- Intense feelings of fear, anxiety, and concern for their safety
- Difficulty identifying how they are feeling and controlling their emotional reactions
- Angry or aggressive outbursts
- A desire to withdraw from peers and adults
- A tendency to engage in risk-taking behaviors
- Trouble trusting adults and peers, reading social cues, and building relationships



# Impact of Trauma on Students

- Difficulty paying attention and learning
- More time out of the classroom
- Increased isolation
- School absences
- More suspensions or expulsions
- Higher referral rates to special education
- Poor test scores and an increased risk of failing grades





# Impact of Trauma on Parents

- Difficulty managing emotions and controlling behaviors when interacting with school staff
- Difficulty forming relationships
- Increased risk for substance abuse, depression, and PTSD that negatively impact parenting
- Trouble managing stress related to their child's difficult behaviors
- Feelings of embarrassment, shame, fear, or guilt about their child's behaviors or needs
- Difficulty helping their children cope



# Impact of Trauma on Staff

- Increased anxiety
- Reduced energy and focus
- Trouble regulating emotions
- Difficulty managing responses to students and parents
- Diminished capacity to maintain positive teacher-student and teacher-parent relationships
- Poor attendance or work performance



- Secondary traumatic stress: The presence of PTSD symptoms caused by indirect exposure to other people's traumatic experiences.
- Vicarious trauma: The cumulative effect of working with traumatized students and their families that leads to negative changes in how staff view themselves, others, and the world.



# Impact of Trauma on Schools

- Students more likely to escalate
- Adults more reactive, controlling, and punitive
- Negative impact on school safety and culture
- Increased risk for harm
- Decrease in academic achievement



# Trauma-Sensitive Schools: A Universal Response

- In a trauma-sensitive school, all school staff recognize and understand student responses to trauma, and practices that support healing and resilience are embedded school wide.
- May require changes to mission, vision, practices, policies, and culture.
- Ensures support for all students and enhances identification of students with more intensive needs.
- Encourages partnerships with community organizations to ensure needed resources.



Part 4:

## Activity/Discussion

