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A close-up photograph of a hand holding a camera lens. The lens is black and has a white circular area in the center. The word "TRAUMA" is written in black, serif, all-caps font within this white circle. The background is a blurred outdoor scene with green grass and a blue sky.

TRAUMA

The exposure to a stressful event that is emotionally painful or distressful, which often results in lasting mental and physical effects.



**Nationally,
1 in 4 children
have been
either exposed
to or are
actively
experiencing
some type of
trauma.**



Fascinating Trauma Fact

Trauma is **ubiquitous**. In the general population, **67% of us have experienced at least one Adverse Childhood Experience**. In people of color, that is more likely to be 83%.



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A PERSON WITH 4 OR MORE ADVERSE CHILDHOOD EXPERIENCES IS*

12.2 TIMES AS LIKELY TO ATTEMPT SUICIDE

10.3 TIMES AS LIKELY TO USE INJECTION DRUGS

7.4 TIMES AS LIKELY TO BE AN ALCOHOLIC

A PERSON WITH 4 OR MORE ADVERSE CHILDHOOD EXPERIENCES IS*

2.2 TIMES AS LIKELY TO HAVE ISCHEMIC HEART DISEASE

2.4 TIMES AS LIKELY TO HAVE A STROKE

1.9 TIMES AS LIKELY TO HAVE CANCER

1.6 TIMES AS LIKELY TO HAVE DIABETES



The most common causes of childhood trauma

- Accidents
- Bullying/cyberbullying
- Chaos or dysfunction in the house
- Death of a loved one
- Domestic violence
- Emotional abuse or neglect
- Incarcerated parent
- Parent with a mental illness
- Physical abuse or neglect
- Separation from a parent or caregiver
- Sexual abuse
- Stress caused by poverty
- Substance abuse
- Sudden and/or serious medical condition
- Violence (at home, school or in surrounding community)
- Natural disasters
- War/terrorism
- Racism
- Pandemic (COVID-19)



WHAT ABOUT RACIAL TRAUMA?

- refers to cumulative effects of stress, both physical and emotional, due to racism
- involves ongoing exposure, re-exposure, and injury on the collective and the individual levels
- includes discrete events that look like harm or injury, humiliating or shaming, and witnessing harm to others based on race.

KEY MESSAGES for Stress and Trauma

- Stress is any external stimulus that threatens the body
- Stress activates the body's "fight or flight" survival mechanism.
- Short term stress does not harm brain development, but the body must have relief from stress to re-establish balance.
- When children grow up experiencing toxic stress, the more primitive areas of the brain are highly developed, and the areas that handle rational thinking may not fully develop.
- Children who are exposed to toxic stress over a long period are more likely to demonstrate aggressive and violent behavior.
- Loving, consistent **relationships** with adults can mitigate damage caused by toxic stress.



DEGREES OF STRESS

POSITIVE STRESS

Examples:

First day of school

Moving to a new house

Making a speech in class

TOLERABLE STRESS

Examples:

Losing a family member

Natural disaster
Sustaining a bad injury

TOXIC STRESS

Examples:

Exposure to violence

Chronic neglect
Living with an addict

Can occur via direct experience, witnessing the event or even hearing about the event

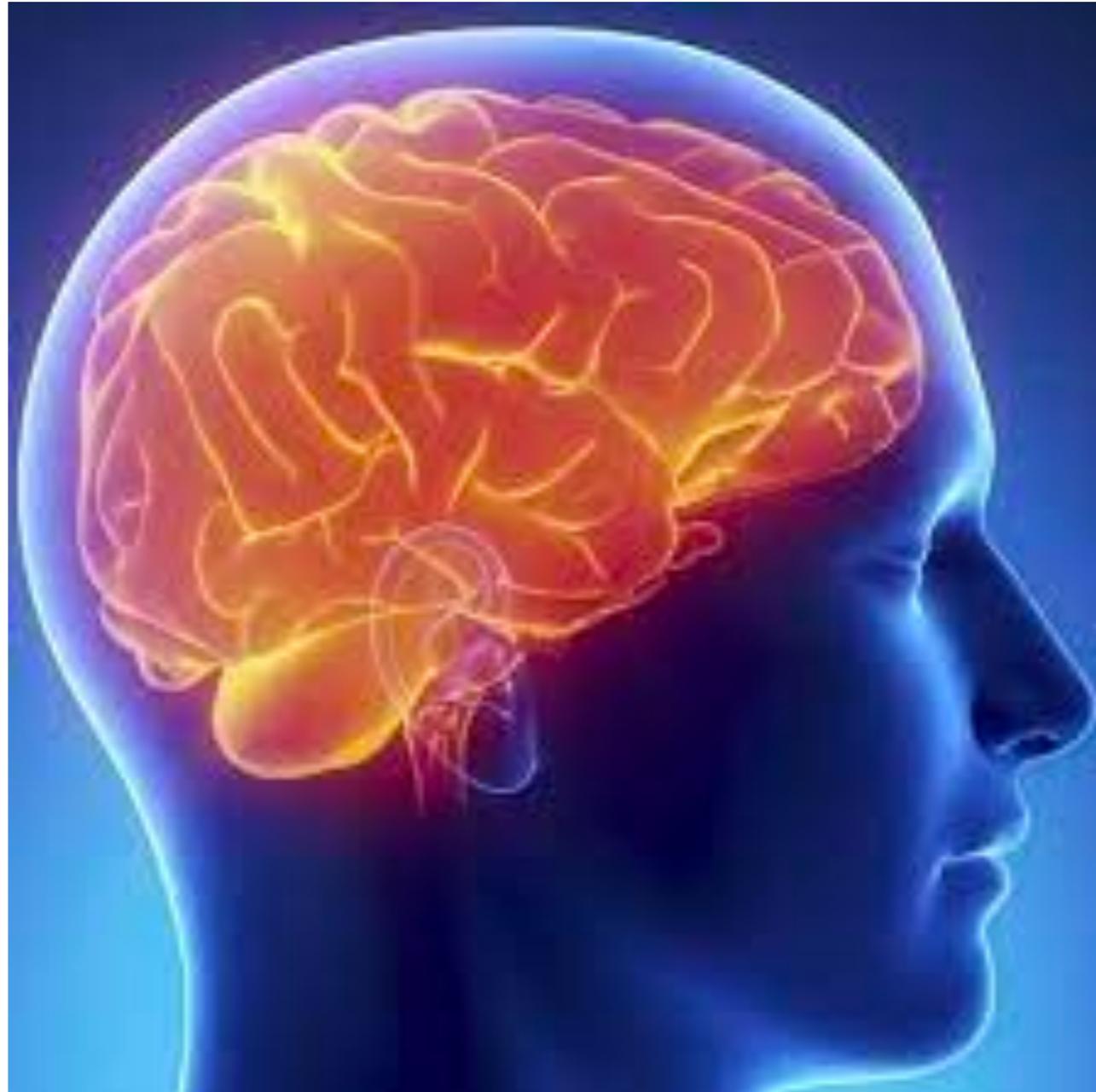


RESILIENCY



- **Resiliency** is the ability to adapt successfully during stressful experiences.
- The brain's structure is not rigid, it has the ability to **adapt** to changes in the environment, making it possible to mitigate damage from toxic stress.
- Resiliency is influenced by positive **relationships** creating new pathways in the brain.

Brains in pain cannot learn. . .



13 out of every 30 students in an average classroom will have toxic stress from 3 or more traumatic experiences.

STUDENTS AND TRAUMA

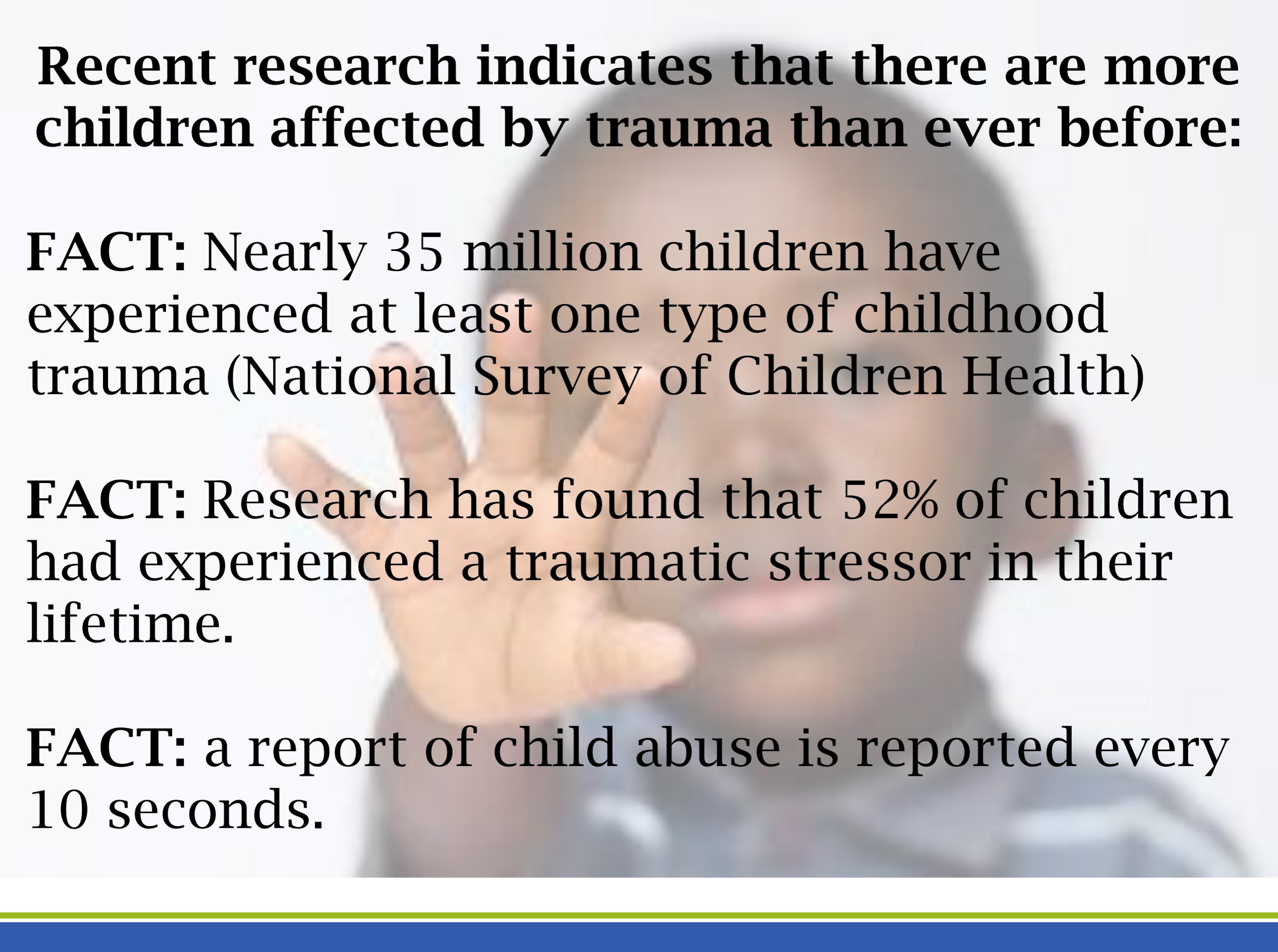
- **Students who are exposed to traumatic events, (ex., school shooting) are “at risk for increased levels of PTSD, depression, and other forms of mental distress”. (Hawdon & Ryan, 2012, p. 3)**
- **Students’ responses and coping strategies to such tragedies can vary greatly. (Palus et al., 2012)**



WHAT DOES THAT LOOK LIKE?

- **Students may miss classes, have poor concentration, and have difficulties with memory, motivation, and studying (Sharkin, 2006).**
- **Sharkin (2006) identified the following signs of distress: change in behavior (e.g., academic performance, social interactions, and class participation), falling asleep in class, requesting special consideration, not completing assignments, and frequently needing clarification from the instructor.**
- **Traumatized and stressed children have little space for learning. Their constant state of tension and arousal can leave them unable to retain and recall new information. They exhibit challenging behavior and struggle forming positive peer relationships.**





Recent research indicates that there are more children affected by trauma than ever before:

FACT: Nearly 35 million children have experienced at least one type of childhood trauma (National Survey of Children Health)

FACT: Research has found that 52% of children had experienced a traumatic stressor in their lifetime.

FACT: a report of child abuse is reported every 10 seconds.

A mental health challenge is a medical condition that disrupts a person's thinking, feeling, mood, ability to relate to others and daily functioning. Can be caused by stressful life situations such as financial problems, a loved one's death or divorce or a chronic medical condition, such as diabetes.



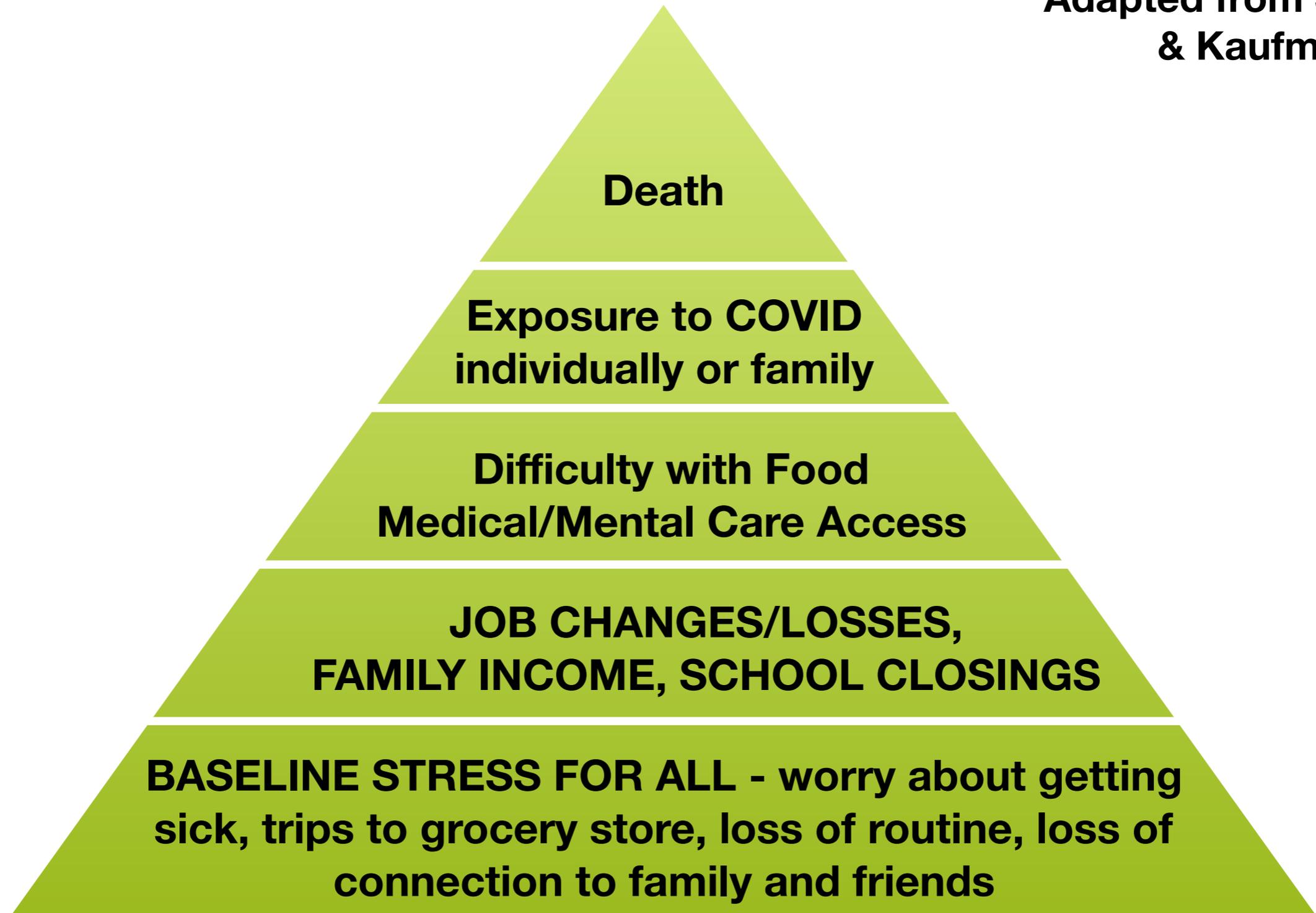
SO WHERE DOES COVID-19 FIT IN?

It's a Different Kind of Crisis

- Infectious disease outbreaks are unlike other traumatic or distressing events
- Chronic crisis with stressors that may happen gradually on multiple levels
- Some examples of potential stressors:
 - health of loved ones
 - health of self
 - separation from family/social isolation
 - food insecurity
 - job insecurity
 - discrimination based on ethnicity/culture
 - vicarious trauma through media exposure

FRAMEWORK FOR EXAMINING IMPACT OF COVID-RELATED STRESS

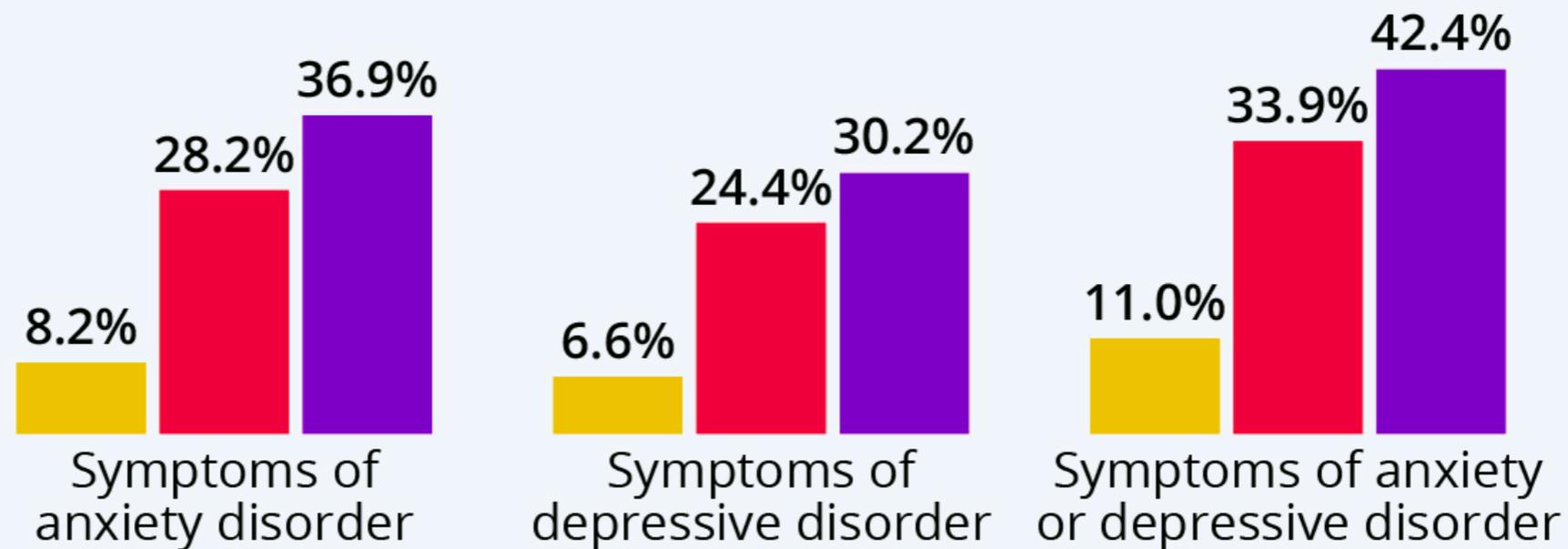
Adapted from Stoddard
& Kaufman, 2020)



Pandemic Causes Spike in Anxiety & Depression

% of U.S. adults showing symptoms of anxiety and/or depressive disorder*

■ January-June 2019 ■ May 14-19, 2020 ■ December 9-21, 2020



* Based on self-reported frequency of anxiety and depression symptoms. They are derived from responses to the first two questions of the eight-item Patient Health Questionnaire (PHQ-2) and the seven-item Generalized Anxiety Disorder (GAD-2) scale.

Sources: CDC, NCHS, U.S. Census Bureau

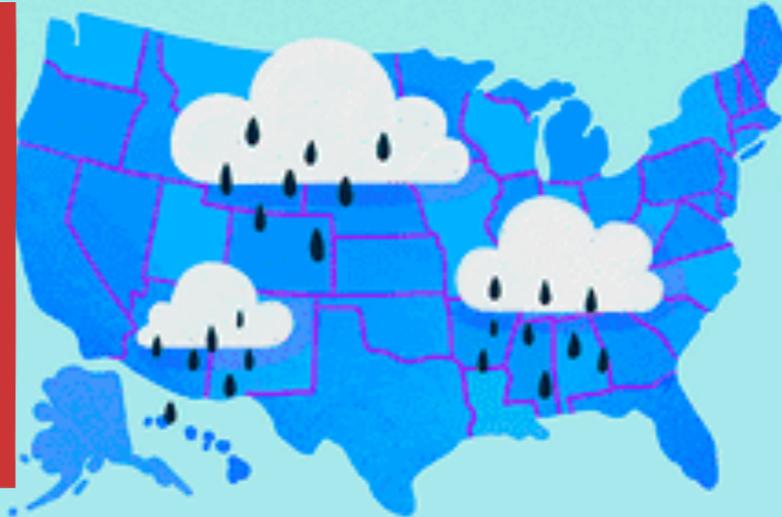


Depressions Statistics Everyone Should Know



300 million people worldwide experience depression (WHO, 2017)

3.1 million people between ages 12 and 17 in the U.S. have experienced at least one major depressive episode in the past year



8.7% of women have depression
5.3% of men have depression

Median age of onset: 32.5 years old



Suicide is the second leading cause of death among people ages 10–34

Resources:

National Alliance on Mental Illness (NAMI)

Substance Abuse and Mental Health Services Administration (SAMHSA)
National Helpline: 1-800-662-4357



Nearly 50% of those diagnosed with depression also have an anxiety disorder



Depression is very treatable but 35% of adults receive none

OVER 60%

OF YOUTH WITH MAJOR DEPRESSION DO NOT RECEIVE ANY MENTAL HEALTH TREATMENT.

EVEN IN STATES WITH THE GREATEST ACCESS,

NEARLY

1 IN 3

ARE GOING WITHOUT TREATMENT.

10.6%

OR OVER 2.5 MILLION YOUTH IN THE U.S. HAVE SEVERE MAJOR DEPRESSION.

THIS RATE WAS HIGHEST AMONG YOUTH WHO IDENTIFY AS MORE THAN ONE RACE, AT

14.5%



15.08%

OF YOUTH EXPERIENCED A MAJOR DEPRESSIVE EPISODE IN THE PAST YEAR.

EVEN AMONG YOUTH WITH SEVERE DEPRESSION WHO RECEIVE SOME TREATMENT,

ONLY 27%

RECEIVE CONSISTENT CARE. IN STATES WITH THE LEAST ACCESS, ONLY

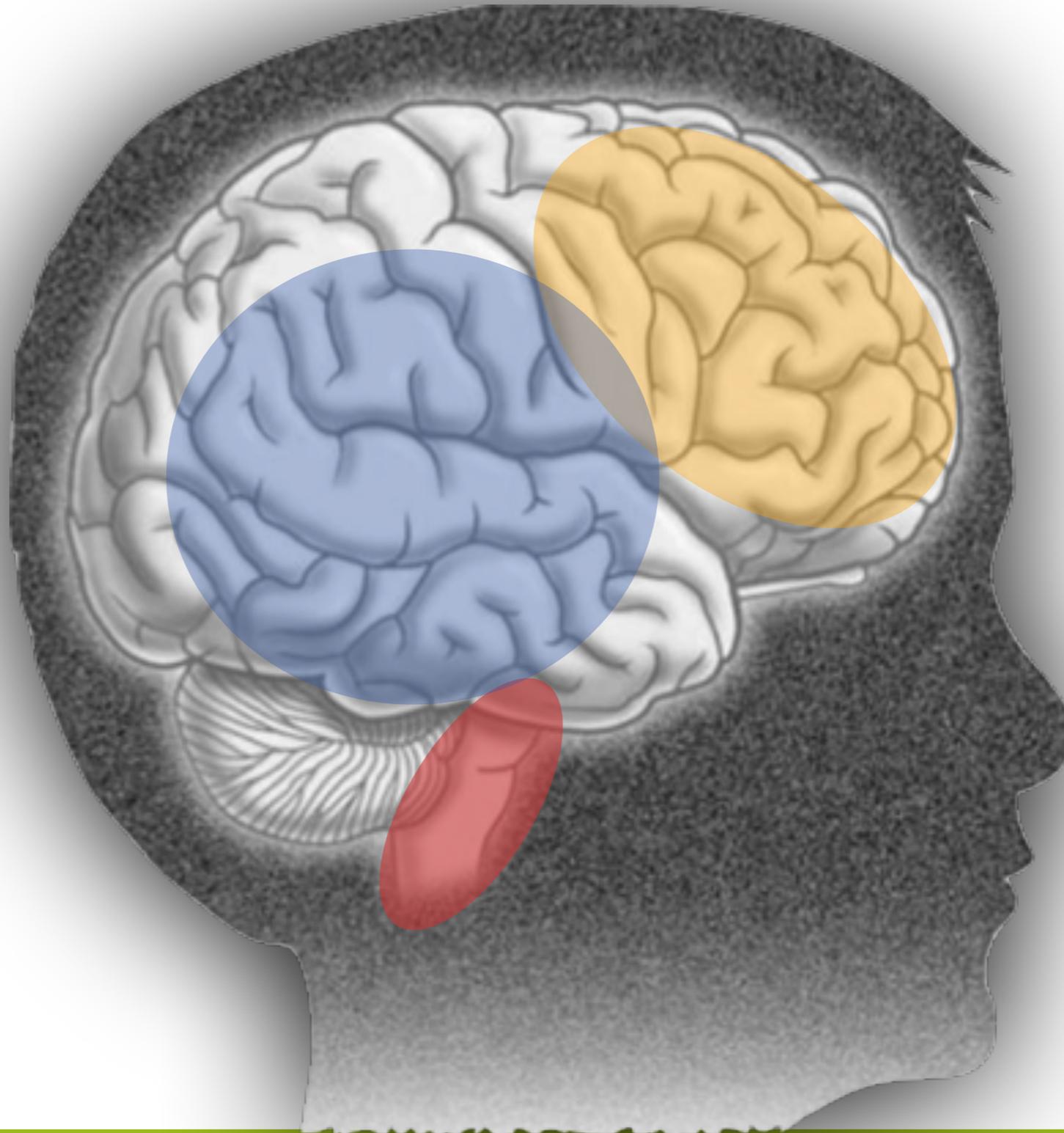
12%

RECEIVE CONSISTENT CARE.

8.1%

OF CHILDREN HAD PRIVATE INSURANCE THAT DID NOT COVER MENTAL HEALTH SERVICES, TOTALING 950,000 YOUTH.

How does trauma and stress affect the brain?



How does trauma and stress affect the brain?

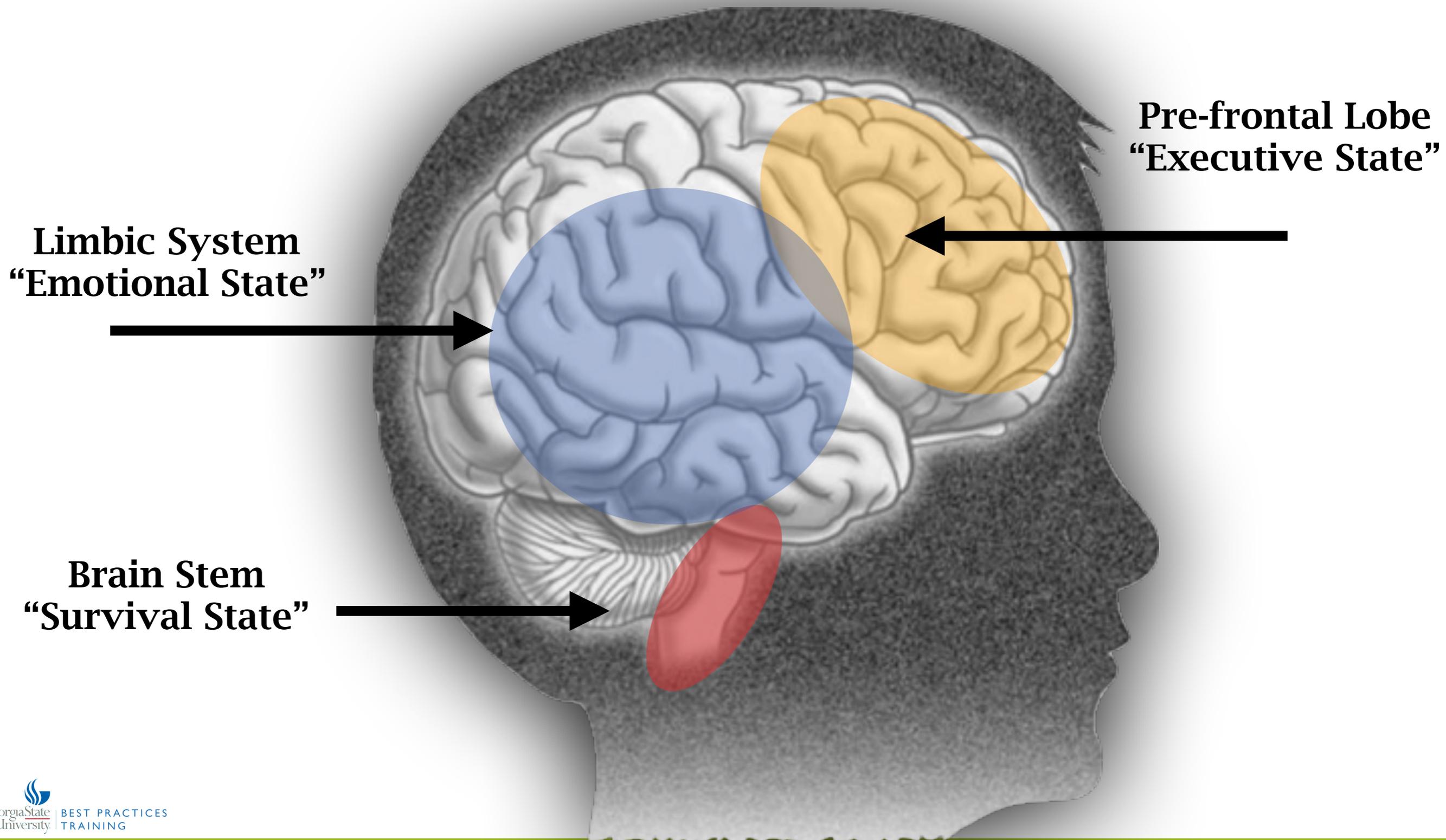
Three Core Concepts in Early Development

3 Toxic Stress Derails Healthy Development

NATIONAL SCIENTIFIC COUNCIL ON THE DEVELOPING CHILD

Center on the Developing Child  HARVARD UNIVERSITY

How does trauma and stress affect the brain?



**Limbic System
"Emotional State"**

**Pre-frontal Lobe
"Executive State"**

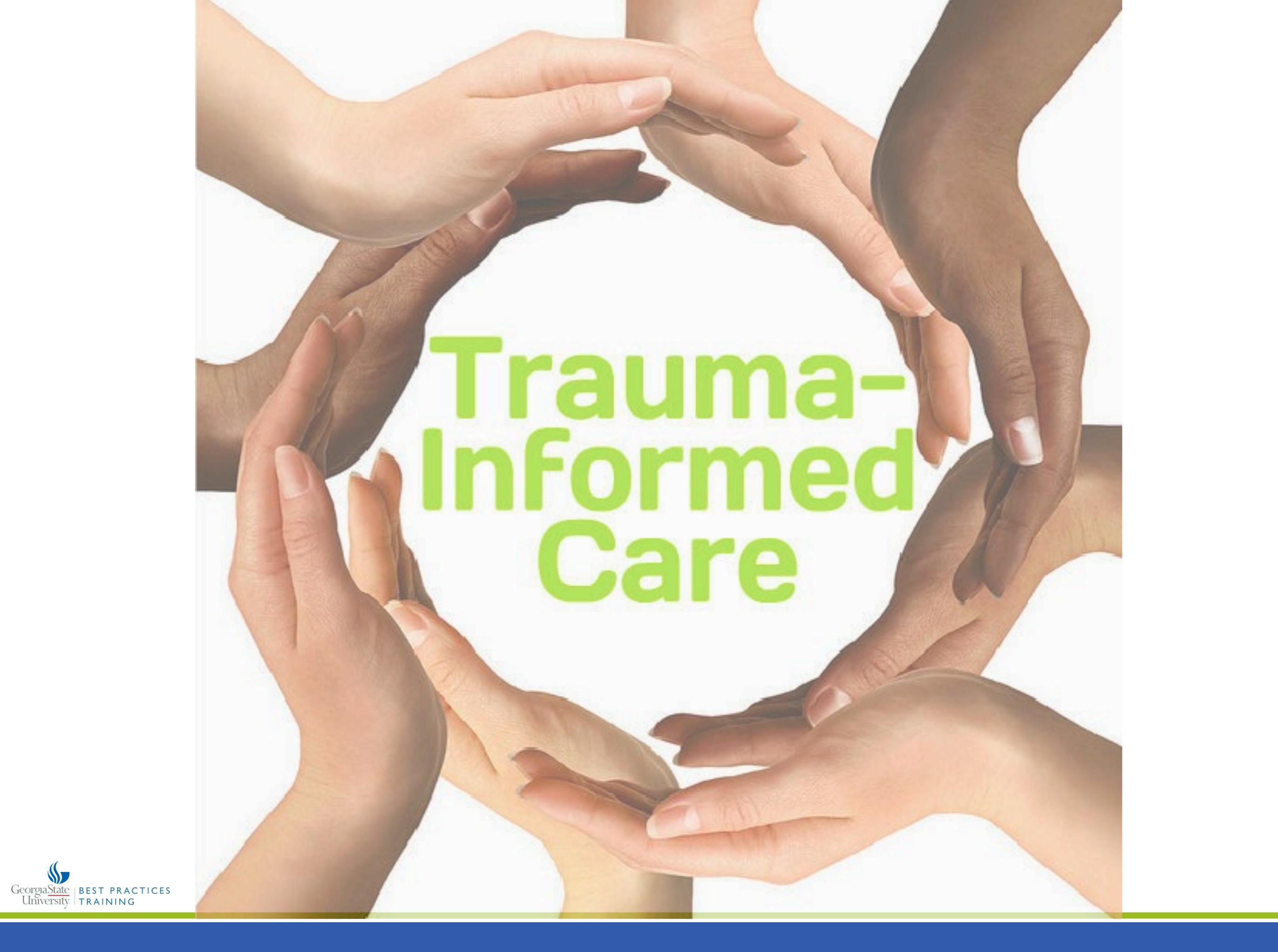
**Brain Stem
"Survival State"**

Fascinating Trauma Fact

Once we've experienced trauma, our nervous system gets easily **'stuck on high'** (hypervigilant, panicky, manic, angry, nervy) or **'stuck on low'** (depressed, numb, lethargic) or oscillates between the two.



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Trauma-Informed Care

Trauma-informed care is a strengths-based framework that is grounded in an understanding of responsiveness to the impact of trauma, that emphasizes physical, psychological, and emotional safety for both providers and survivors, and that creates opportunities for survivors to rebuild a sense of control and empowerment.”

(Hopper, Bassuk, and Olivet, 2010)

THE FOUR R'S OF TRAUMA INFORMED CARE

REALIZE

REALIZE the widespread impact of trauma and understand potential paths for recovery

RECOGNIZE

RECOGNIZE the signs and symptoms of trauma in students, families, staff and others

RESPOND

RESPOND by fully integrating knowledge about trauma into policies, procedures and practices

RESIST

RESIST re-traumatization of children, as well as adults who care for them

RELATIONSHIPS

- Persons experiencing violence and trauma need consistent, reliable **relationships** to help reduce the toxic stress they are experiencing
- A strong, **supportive** adult can make a difference to a child who has been exposed to trauma.
- The loving support of a **responsive** adult can mitigate the damage caused by toxic stress.



SAFE ENVIRONMENT



- Persons experiencing violence and trauma need a consistently **safe environment** where they can relax without fear or harm.
- If a home environment is not safe, students may feel safe in another familiar setting, such as **school**.
- Consistent **routines** and loving, **responsive** adults can help establish the feeling of safety.



“WHAT DO I DO?”

TRAUMA INFORMED SUPPORT

1 CREATE SAFETY

If a person is overwhelmed, create a space for them to go decompress or calm down.

2 REGULATE THE NERVOUS SYSTEM

Stress brings a predictable pattern of physiological responses and anyone who has suffered toxic stress or trauma is going to be quickly stressed into hyper arousal (explosive, jittery, irritable) or hypo arousal (depressed, withdrawn, zombie-like). Each person has to figure out what works for them.

3 BUILD A CONNECTED RELATIONSHIP

This is the number one way to regulate the nervous system. When we are around people we care about, our bodies produce oxytocin, which is the hormone responsible for calming our nervous system after stress. If we stay connected then eventually the calm discussion of each person’s feelings and needs can take place.

4 SUPPORT DEVELOPMENT OF COHERENT NARRATIVE

Create predictability through structure, routines and the presence of reliable adults helps reduce the chaos a person may feel and allows them to start creating the kind of logical sequential connections that not only help them understand their own narrative, but are also the fundamental requirement of many types of learning.

“WHAT DO I DO?”

TRAUMA INFORMED SUPPORT

5

PRACTICE ‘POWER-WITH’ STRATEGIES

One of the hallmarks of trauma is loss of power and control. When someone is wielding power over you with no regard to your thoughts or feelings, the toxic shame of the original trauma may come flooding back. As adults, we should use our “power-with” relationships with others so they learn how to treat others with dignity and respect.

BUILD SOCIAL EMOTIONAL AND RESILIENCY SKILLS

Trauma robs us of time spent developing social emotional skills. The brain is too occupied with survival to devote much of its energy to learning how to build relationships and its a good chance we didn't have those skills modeled for us. Learning to care about one another is the most important job we have growing up.

6

7

FOSTER POST TRAUMATIC GROWTH

We know that there are qualities and skills that allow people to overcome the most devastating trauma and not just survive but find new purpose and meaning in their lives. Problem solving, planning, maintaining focus despite discomfort, self-control and seeking support are all known to lead to post-traumatic growth and are skills we can foster.

LET'S DISCUSS

T R A U M A

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[https://
www.hope4thewounded.org/](https://www.hope4thewounded.org/)

Center of Excellence for
Children's Behavioral Health
[https://gacoeonline.gsu.edu/
resources/](https://gacoeonline.gsu.edu/resources/)

Trauma Informed Positive
Behavior Support
<https://www.tipbs.com>

National Alliance for Mental
Health
[https://namiwrv.org/
resources/about-mental-
health-challenges/](https://namiwrv.org/resources/about-mental-health-challenges/)

natural resources

Free resources for learning about and
using trauma-informed practices
January 2022

From Knowledge about Trauma to Classroom Application

<https://scholarscompass.vcu.edu/cgi/viewcontent.cgi?article=7871&context=etd>

This research revealed that while preservice teachers generally have a positive attitude toward trauma-informed practices, they lack the knowledge and skill for applying those practices. The author suggests that future teachers would benefit from more explicit connections between practicum experiences and trauma-informed practices.

Beyond the ACE Score: Perspectives from the NCTSN on Child Trauma and Adversity Screening and Impact <https://www.nctsn.org/sites/default/files/resources/special-resource/beyond-the-ace-score-perspectives-from-the-nctsn-on-child-trauma-and-adversity-screening-and-impact.pdf>

This 2021 resource provides an overview of the concepts of Adverse Childhood Experiences (ACEs) and childhood trauma, highlights the gaps that remain in our understanding of the impact of childhood trauma and adversity on mental and physical health, and describes how these terms (childhood trauma vs. adversity) differ. This resource also offers providers, family advocates, and policymakers recommendations for ways in which ACEs and other childhood trauma-related concepts and resources can be combined to advance care for children and families who have experienced trauma.

The National Child Traumatic Stress Network (NCTSN) <http://www.nctsn.org/>

This website offers resources about identifying different types of child trauma, signs of exposure, and the effects of trauma on children. Resources are available for specific audiences including professionals, family and caregivers, school personnel, and policymakers. The site includes resources for addressing traumatic grief (i.e., the sudden death or loss of a loved one). NCTSN recently produced a resource guide for school administrators and staff ([A Trauma-Informed Resource for Strengthening Family-School Partnerships](#)). Some resources are available in Spanish.

Culture and Trauma <https://www.nctsn.org/trauma-informed-care/culture-and-trauma>

Cultural awareness, responsiveness, and understanding need to be infused throughout every level of an organization to be most effective in addressing the needs of children who have experienced trauma. This section of the NCTSN website offers resources related to disparities in mental health care, racial justice and trauma, cultural and linguistic competency and trauma, and more. Some resources are available in Spanish.

FREE WEBINAR: What You Don't Know About ACES (Adverse Childhood Experiences): Part 2

Adverse Childhood Experiences or ACEs is one of the most widely used terms when discussing the traumatic events that occur in childhood (0-17 years) such as experiencing violence, abuse, or neglect. On **February 17, 2022 at 1:00 – 2:00 PM EST**, SCRIPT-NC will host a free webinar for faculty, professional development providers, and other early childhood leaders. This webinar will share examples of how to integrate early childhood trauma-responsive practices in teaching and professional development. Register for the webinar at <https://unc.zoom.us/meeting/register/tJ0rcO-tqDMuGN2q17fUThwo0daObljb75ol>

NOTE: [What You Don't Know About ACES: Part 1](#) unpacked what's important to know about ACEs in an October 2021 webinar. The presenters strongly encourage you to watch the [archived recording of Part 1](#) before participating in Part 2.

Natural Resources is a free, one-way listserv that is distributed monthly. Each issue features readily available and free resources on a specific topic related to children from birth through Grade 3 and their families. Resources in English and Spanish are highlighted. Natural Resources is compiled and distributed by Camille Catlett. Past issues are archived at <https://scriptnc.fpg.unc.edu/natural-resources-monthly-newsletter> To subscribe or unsubscribe, suggest resources, or get more information, please contact Camille Catlett at camille.catlett@unc.edu