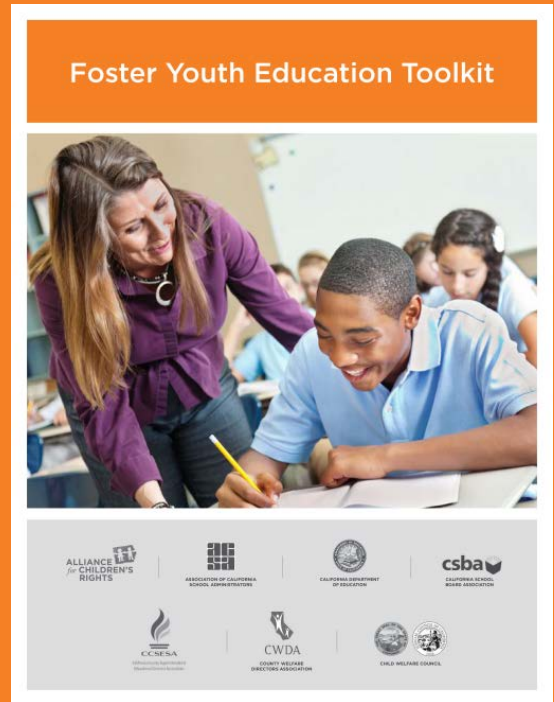


Toolkit for Foster Youth Education Success

Trauma Informed Education

March 17, 2016



Catherine DeRidder, MD

Child Abuse Pediatrician

VIP-CATC Hub Clinic

Assistant Professor, Keck

School of Medicine

LAC+USC Medical Center

Alaina Moonves-Leb

Attorney

Education Program

Alliance for Children's Rights

Danielle Tenner

Attorney

Education Program

Alliance for Children's Rights

Trauma Informed Education

Overview of Topics

1. Trauma & Children
2. Trauma & Education for Foster Youth
3. Foster Youth Education Toolkit
4. Tips for Schools
5. Resources and Q&A

TRAUMA & CHILDREN

Catherine A. DeRidder, MD

Child Abuse Pediatrician, Violence Intervention Program

Assistant Professor of Clinical Pediatrics, Keck School of Medicine
of USC

Los Angeles County-University of Southern California Medical
Center



Keck School of
Medicine of **USC**

ACEs = ADVERSE CHILDHOOD EXPERIENCES

The three types of ACEs include

ABUSE

NEGLECT

HOUSEHOLD DYSFUNCTION



Physical



Physical



Mental Illness



Incarcerated Relative



Emotional



Emotional



Mother treated violently



Substance Abuse



Sexual



Divorce

PHYSICAL & MENTAL HEALTH

- SEVERE OBESITY
- DIABETES
- DEPRESSION
- SUICIDE ATTEMPTS
- STDs
- HEART DISEASE
- CANCER
- STROKE
- COPD
- BROKEN BONES

BEHAVIORS

- LACK OF PHYSICAL ACTIVITY
- SMOKING
- ALCOHOLISM
- DRUG USE
- MISSED WORK

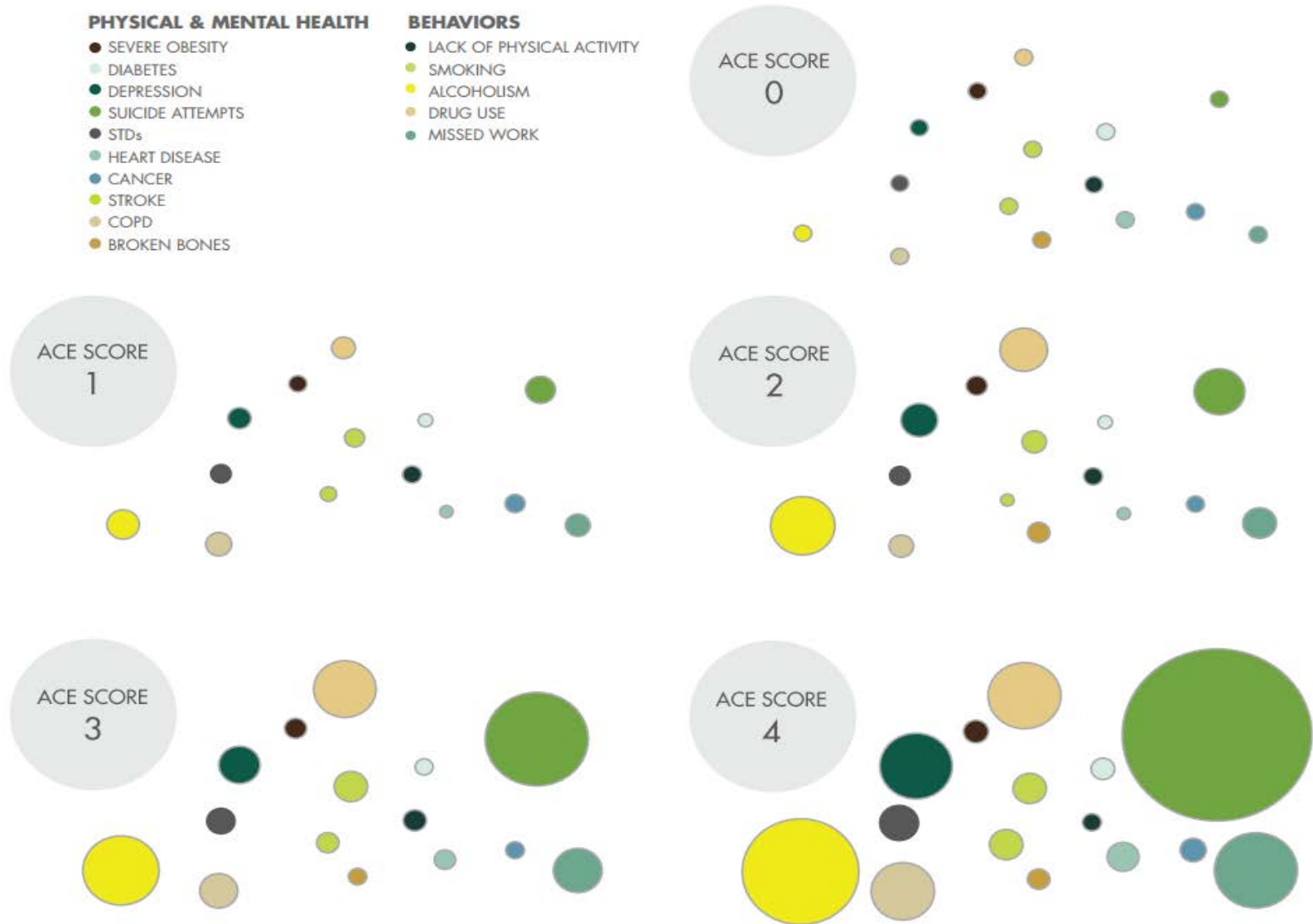
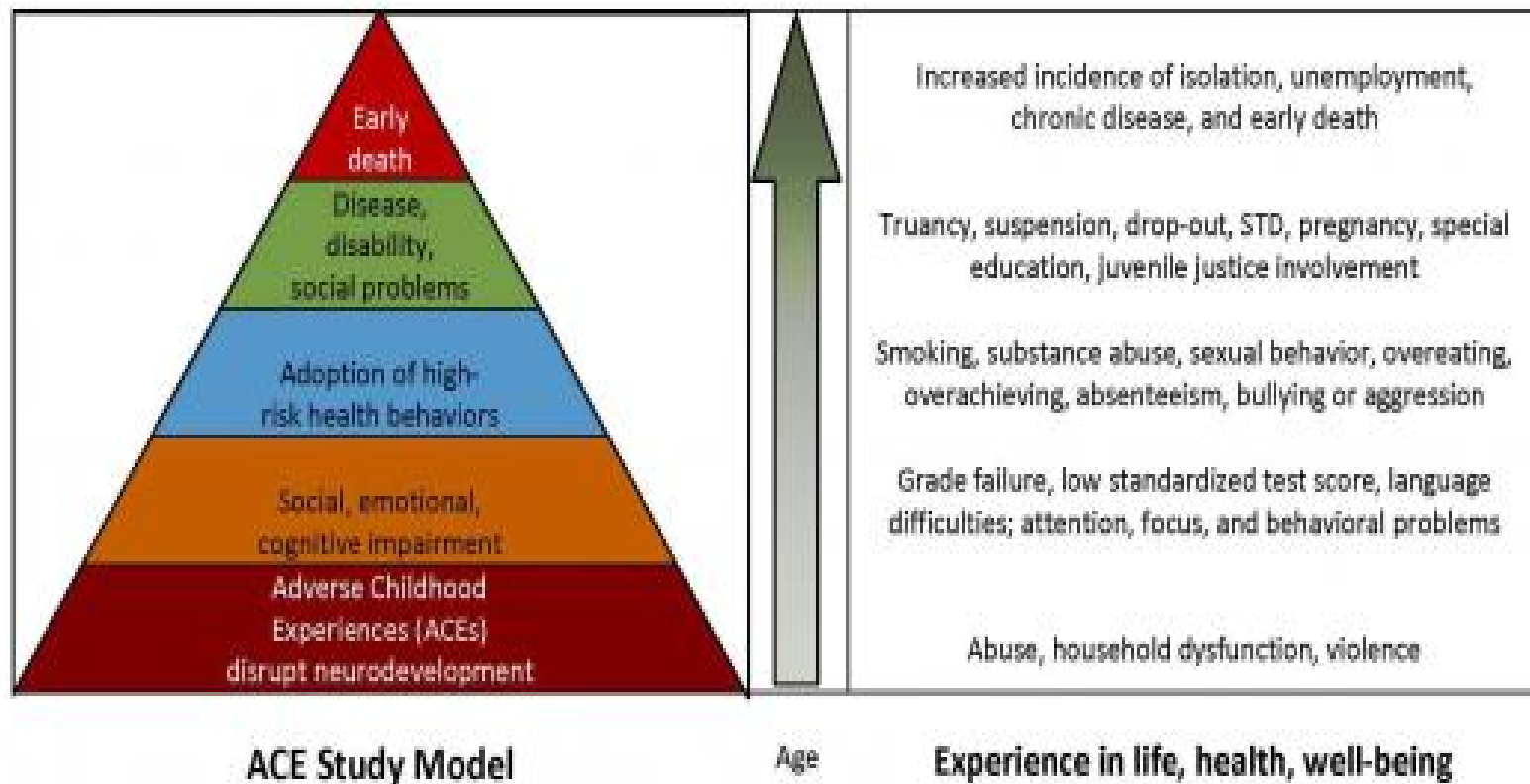


Image: http://vetoviolence.cdc.gov/apps/phl/images/ACE_Accessible.pdf

ACE results

- Dose response relationship between the number of ACEs and risk of chronic diseases
 - Ischemic heart disease
 - Cancer
 - Chronic lung disease
 - Skeletal fractures
 - Liver disease
- If have 4+ ACEs:
 - 4-12x risk of alcoholism, drug abuse, depression, suicide attempt
 - 2-4x risk of smoking, poor self-rated health, >50 sexual partners, STD's



The Adverse Childhood Experiences study suggests that adverse events in childhood can demonstrate negative influences on key factors of health and well-being over an individual's lifespan.

Image: www.behavioral.net

Children with ACEs are more likely to have:

- Learning and behavior issues
 - ADHD
 - Oppositional behaviors
- Early initiation of sexual activity
- Adolescent pregnancy

Table 2. Signs of Trauma in Children of Different Ages¹

Young Children (Ages 0–5)	School-Age Children (Ages 6–12)	Teens (Ages 13–18)
<ul style="list-style-type: none"> • Irritability, “fussiness” • Startling easily or being difficult to calm • Frequent tantrums • Clinginess, reluctance to explore the world • Activity levels that are much higher or lower than peers • Repeating traumatic events over and over in dramatic play or conversation • Delays in reaching physical, language, or other milestones 	<ul style="list-style-type: none"> • Difficulty paying attention • Being quiet or withdrawn • Frequent tears or sadness • Talking often about scary feelings and ideas • Difficulty transitioning from one activity to the next • Fighting with peers or adults • Changes in school performance • Wanting to be left alone • Eating much more or less than peers • Getting into trouble at home or school • Frequent headaches or stomachaches with no apparent cause • Behaviors common to younger children (thumb sucking, bed wetting, fear of the dark) 	<ul style="list-style-type: none"> • Talking about the trauma constantly, or denying that it happened • Refusal to follow rules, or talking back frequently • Being tired all the time, sleeping much more (or less) than peers, nightmares • Risky behaviors • Fighting • Not wanting to spend time with friends • Using drugs or alcohol, running away from home, or getting into trouble with the law

Adapted from Safe Start Center. Tips for Staff and Advocates Working with Children: Polyvictimization, Washington, DC: Office of Juvenile Justice and Delinquency Prevention, available at http://ojjdp.gov/programs/safestart/TipSheetFor_Polyvictimization.pdf

Advice to educators

- Understand effects of trauma on the developing brain
- Ensure that child is receiving trauma-focused mental health services
- Many enter schools with various diagnosis (ADHD, ODD); may need to clarify if correct
- Child likely has poor past relationship with school and authority figures
- Work to lessen things that distract or make child anxious
- Give child a sense of control
- Be consistent, predictable, caring, and patient
- Reach out to pediatrician, attorney, and/or CSW if in need of further supportive services

TRAUMA & EDUCATION FOR FOSTER YOUTH

Foster Youth & Trauma

- Foster youth, by definition, have all experienced at least one traumatic experience in being removed from their parents.
- Most foster youth also have experienced additional traumatic experiences including abuse & neglect, exposure to domestic violence, or death of a loved one.
- Foster youth have rates of Post Traumatic Stress Disorder that are more than twice that of U.S. War veterans.

Trauma & Education

- Over **70%** of foster youth aged 7 and above present with **trauma and/or mental health symptoms**.
- **20-25%** of adolescent foster youth present with significant **externalizing behaviors**.
- **10-15%** of adolescent foster youth present with significant **internalizing behaviors**.

Jim Casey Youth Opportunities Initiative: Issue Brief #5, *Trauma-Informed Practice with Young People in Foster Care*, available at: <http://www.aecf.org/resources/trauma-informed-practice-with-young-people-in-foster-care/>

Trauma & Education

- Children who were exposed to four or more adverse experiences were **32 times** more likely to have **learning and behavioral problems** than non-traumatized children.
- Maltreated children are more likely than their peers to be **retained** a grade, have **irregular attendance**, and be placed in **special education** classes.
- Children with higher exposure to violence have **lower grade point averages** and more absences than children with less exposure to violence.

Maura McInerney, Esq and Amy McKlindon, M.S.W., *Unlocking the Door to Learning: Trauma-Informed Classrooms & Transformational Schools*, Education Law Center, available at <http://www.elc-pa.org/wp-content/uploads/2015/06/Trauma-Informed-in-Schools-Classrooms-FINAL-December2014-2.pdf>

Foster Youth Education Outcomes

- 80% repeat a grade by the 3rd grade
- Only 21% of foster youth are proficient in English Language Arts by 11th grade and only 6% in Math
- Less than 60% of foster youth graduate high school
- Less than 3% obtain a higher education degree
- Within 2 years of aging out of foster care, more than 50% are **homeless, incarcerated or on welfare**

See Barrat, V. X., & Berliner, B. (2013). The Invisible Achievement Gap, Part 1: Education Outcomes of Students in Foster Care in California's Public Schools. San Francisco: WestEd., *available at* https://www.wested.org/wp-content/files_mf/1400283692Invisible_Achievement_Gap_Full_Report.pdf

FOSTER YOUTH EDUCATION TOOLKIT

<http://kids-alliance.org/edtoolkit/>



TIPS FOR SCHOOLS

What Can Foster Youth Assume?

- Safety?
- That a consistent adult will love and care for them?
- Ability to control outcomes in their life?
- Motivations of adults?
- Their own essential goodness?
- Ownership of their bodies?
- Control over their own thoughts and actions?

Elements of Successful Trauma-Informed Schools



- Leadership Investment
- Professional Development
- Access to resources and services
- Trauma-Informed teaching and nonacademic strategies
- Trauma-sensitive policies, including disciplinary practices
- Collaboration with stakeholders

Cole, S.F., O'Brien, J.G., Gadd, M.G., Ristuccia, J., Wallace, D.L., & Gregory, M. (2013). *Helping Traumatized Children Learn: Supportive School Environments for Children Traumatized by Family Violence*. Boston, MA: Massachusetts Advocates for Children,

What Does A Trauma Sensitive School Look Like?



- All staff:
 - understand what trauma is
 - understand how trauma manifests itself
 - adjust their teaching and discipline styles to meet the needs of traumatized students
 - know where to turn and what resources are available for students they suspect have experienced trauma

Your Challenging Student

Imagine a student who is giving you a really tough time. Think about the questions below.

Behaviors: What Did I Observe?	What I Brought: What assumptions, feelings did the behaviors bring up for me?	Response Solicited: What response is the student pushing me to make?
Student refusing to do classwork and saying he does not care.	Frustration, feeling that all other students are completing work, maybe this student is lazy.	Ignore them or confront them which may lead to them getting asked to leave class.

Changing the Question:

From “What is wrong with you?” to “What is going on? How are you feeling?”

Behavior	Feeling it is Masking
Oppositional Behavior	Fear of Rejection/Abandonment
Outbursts	Overwhelmed
Anger	Hurt
Depression	Lack of Self Worth
Withdrawal/Absences	Avoidance of Emotions
Argumentativeness	Testing Relationship
Escalation	Triggered Trauma Memories
Defiance of Authority	Need for Control

Back to Your Challenging Student

Imagine that same student who gives you a really tough time. Now, let's try to make a plan.

Student Beliefs: Use First Person to describe the student's core beliefs about themselves and the world.	What I Can Do to Improve that Perspective: What approach can I use to guide the youth to more positive beliefs?	Plan: What specific interventions can I use on campus to implement my approach?
<p>I am bad at school. I can never do the work, so why try. No one else really cares if I do it anyway.</p>	<p>Give the student room to take chances without fear of being wrong. Give them assurance that you sincerely care.</p>	<p>Find opportunities to celebrate even tiny successes, and take the time to speak to the youth individually about their challenges.</p>

Create A Sense of Safety

- Provide a safe environment: predictable structure with consistent routines
 - Consider a school-wide positive behavior intervention program
 - Create clear expectations during unstructured times (e.g., passing periods, lunch)
 - Provide transition opportunities (e.g., 5 minutes to read a book or a warm up question)
 - Provide clear pathways to emotional support for students who elect to utilize it

Create A Sense of Safety

- Build self esteem
 - Provide opportunities for students to be successful
 - Invite a student to participate in a classroom activity in a subject they excel at
 - Give a student the question they will be asked in front of the class the night before so they can prepare
 - For a student interested in football, relate their geometry lesson to it
 - Celebrate even the smallest successes
 - Thank a student for showing up on time
 - Write them a post it note praising them for turning in their homework

Provide a Sense of Control

- Give students choices and not ultimatums
- Engage them in a semi-private conversation, instead of in front of classmates
- Limit the number of adults involved; too many educators participating can cause confusion or mixed-messages
- Provide adequate personal space; if the student tells you to back off, give them more space
- Do not block escape routes; when individuals are agitated, they are more likely to experience fight or flight response
- Keep verbal interactions calm and use simple, direct language

Foster Connections

- Create opportunities to develop meaningful relationships between peers including through classroom group work activities or encouraging club/sport participation
- If a student is struggling, empathize with their situation
- Allow student to share their experiences on their own timeline
- Offer support (academic or emotional)
- If a student needs to be removed from a situation, don't isolate them. Make sure an adult is always nearby to provide support when the student is ready to talk or to help them regulate themselves
- Check out www.interventioncentral.org for more

Self Regulation Techniques

- Teach/Model/Practice
- Breathing
- Taking Breaks
- Writing down feelings

RESOURCES

<http://kids-alliance.org/edtoolkit/>



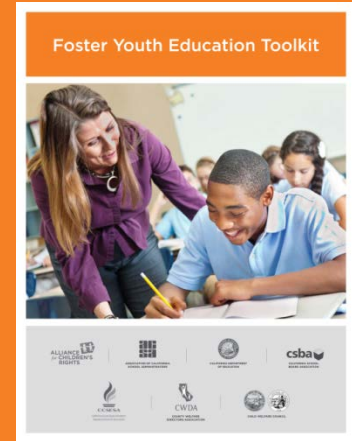
Other Resources

- AAP Parenting After Trauma: Understanding Your Child's Needs, A Guide to Foster and Adoptive Parents, <https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/healthy-foster-care-america/documents/familyhandout.pdf>
- Child Welfare Information Gateway: Parenting a child who has experienced trauma, <https://www.childwelfare.gov/pubPDFs/child-trauma.pdf>

Multimedia

- Removed www.removedfilm.com
 - Part 1: <https://www.youtube.com/watch?v=IOeQUwdAjE0>
 - Part 2: <https://www.youtube.com/watch?v=I1fGmEa6WnY>
- Trauma and learning Lawsuit
<http://www.traumaandlearning.org/#!video/c21io>
- Center on the Developing Child – Harvard University
<http://developingchild.harvard.edu/resourcecategory/multimedia>
- Nadine Burke Harris: How Childhood Trauma Affects Health Across a Lifetime
https://www.ted.com/talks/nadine_burke_harris_how_childhood_trauma_affects_health_across_a_lifetime?language=en

Questions? Contact us



Catherine DeRidder, MD
Child Abuse Pediatrician
VIP-CATC Hub Clinic
Assistant Professor, Keck
School of Medicine
LAC+USC Medical Center
deridder@usc.edu

Alaina Moonves-Leb, J.D.,
Masters in Teaching
Education Program Attorney
a.moonves@kids-alliance.org