Toolkit for Foster Youth Education Success

Trauma Informed Education

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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
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ACEs = Adverse Childhood Experiences

The three types of ACEs include:

**ABUSE**
- Physical
- Emotional
- Sexual

**NEGLECT**
- Physical
- Emotional
- Mother treated violently

**HOUSEHOLD DYSFUNCTION**
- Mental Illness
- Incarcerated Relative
- Substance Abuse
- 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

ACE SCORE
0

ACE SCORE
1

ACE SCORE
2

ACE SCORE
3

ACE SCORE
4
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.
Children with ACEs are more likely to have:

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

<table>
<thead>
<tr>
<th>Young Children (Ages 0-5)</th>
<th>School-Age Children (Ages 6-12)</th>
<th>Teens (Ages 13-18)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Irritability, “fussiness”</td>
<td>Difficulty paying attention</td>
<td>Talking about the trauma constantly, or denying that it happened</td>
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<tr>
<td>Startling easily or being difficult to calm</td>
<td>Being quiet or withdrawn</td>
<td>Refusal to follow rules, or talking back frequently</td>
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<tr>
<td>Frequent tantrums</td>
<td>Frequent tears or sadness</td>
<td>Being tired all the time, sleeping much more (or less) than peers, nightmares</td>
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<tr>
<td>Clinginess, reluctance to explore the world</td>
<td>Talking often about scary feelings and ideas</td>
<td>Risky behaviors</td>
</tr>
<tr>
<td>Activity levels that are much higher or lower than peers</td>
<td>Difficulty transitioning from one activity to the next</td>
<td>Fighting</td>
</tr>
<tr>
<td>Repeating traumatic events over and over in dramatic play or conversation</td>
<td>Fighting with peers or adults</td>
<td>Not wanting to spend time with friends</td>
</tr>
<tr>
<td>Delays in reaching physical, language, or other milestones</td>
<td>Changes in school performance</td>
<td>Using drugs or alcohol, running away from home, or getting into trouble with the law</td>
</tr>
</tbody>
</table>
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.

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.

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

FOSTER YOUTH EDUCATION TOOLKIT
http://kids-alliance.org/edtoolkit/
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

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

<table>
<thead>
<tr>
<th>Behaviors: What Did I Observe?</th>
<th>What I Brought: What assumptions, feelings did the behaviors bring up for me?</th>
<th>Response Solicited: What response is the student pushing me to make?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student refusing to do classwork and saying he does not care.</td>
<td>Frustration, feeling that all other students are completing work, maybe this student is lazy.</td>
<td>Ignore them or confront them which may lead to them getting asked to leave class.</td>
</tr>
</tbody>
</table>
Changing the Question:
From “What is wrong with you?” to “What is going on? How are you feeling?”

<table>
<thead>
<tr>
<th>Behavior</th>
<th>Feeling it is Masking</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oppositional Behavior</td>
<td>Fear of Rejection/Abandonment</td>
</tr>
<tr>
<td>Outbursts</td>
<td>Overwhelmed</td>
</tr>
<tr>
<td>Anger</td>
<td>Hurt</td>
</tr>
<tr>
<td>Depression</td>
<td>Lack of Self Worth</td>
</tr>
<tr>
<td>Withdrawal/Absences</td>
<td>Avoidance of Emotions</td>
</tr>
<tr>
<td>Argumentativeness</td>
<td>Testing Relationship</td>
</tr>
<tr>
<td>Escalation</td>
<td>Triggered Trauma Memories</td>
</tr>
<tr>
<td>Defiance of Authority</td>
<td>Need for Control</td>
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</tbody>
</table>
**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?**

- I am bad at school. I can never do the work, so why try. No one else really cares if I do it anyway.
  - Give the student room to take chances without fear of being wrong. Give them assurance that you sincerely care.
  - Find opportunities to celebrate even tiny successes, and take the time to speak to the youth individually about their challenges.
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


• Child Welfare Information Gateway: Parenting a child who has experienced trauma, [https://www.childwelfare.gov/pubPDFs/child-trauma.pdf](https://www.childwelfare.gov/pubPDFs/child-trauma.pdf)
Multimedia

- Removed www.removedfilm.com
  - Part 1: https://www.youtube.com/watch?v=lOeQUwdAjE0
  - Part 2: https://www.youtube.com/watch?v=l1fGmEa6WnY

- 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
Questions?
Contact us

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