

NCTSN Schools and Trauma Speaker Series
Sponsored by the NCTSN School Committee

**Trauma-Informed IEPs: Differential Diagnosis and
Trauma-Informed Assessment in Schools**

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Webinar Objectives

- Participants will:
 - Understand the concept and potential consequences of child traumatic stress on classroom academics and behavior.
 - Be able to identify the key components of a 504 plan versus an IEP and differentiate when each is applicable
 - Based on an understanding of essential elements of a trauma informed/sensitive classroom, the participant will develop relevant teaching and learning plans using selected activities from the School Intervention Project Manual.



Definition of Trauma



Trauma is defined as an experience that threatens life or physical integrity and that overwhelms an individual's capacity to cope

Child Welfare Committee, National Child Traumatic Stress Network. (2008). *Child welfare trauma training toolkit: Comprehensive guide (2nd ed.)*. Los Angeles, CA & Durham, NC: National Center for Child Traumatic Stress



Acute Traumatic Events

- These events are sudden, occur at a particular time and place and are usually time limited and create intense fear
 - School shootings
 - Gang related incidents
 - Terrorist attacks
 - Natural disasters
 - Serious accidents
 - Sudden or violent loss of a loved one
 - Physical or sexual assault (being shot or raped)



Chronic Traumatic Situations

These events may occur multiple times over time and may create intense fear.

- Physical Abuse
- Sexual abuse
- Emotional or physical neglect
- Domestic Violence
- Wars or political violence
- Chronic violence in the community
- Exposure to drugs

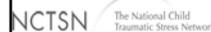


Trauma and Children

- **Children across the world experience many types of trauma**
 - Natural disasters
 - War
 - Community violence
 - Family violence
- **Child abuse and neglect (CAN) is a common form of traumatic experience for children in all cultures.**
- **CAN may be overlooked in the wake of serious events.**



Download at:
<http://ispcan.org/publications.htm>



What does trauma informed mean?

- Understanding how trauma impacts children, behaviorally, emotionally, developmentally, socially and physically and considering that impact as we consider how to best respond to the needs of children. When we have a concern about a child, to consider the possibility that the child has experienced a trauma which has resulted in traumatic stress that is playing a role in that concern. Thinking about trauma, doing a trauma screen and assessment to inform our interventions with a child.

What is Child Traumatic Stress?

- The physical and emotional responses a child has to a traumatic event or to witnessing a traumatic event occur to another person.
- Such events overwhelm the child's capacity to cope, and elicit feelings of terror, horror, out-of-control physiological arousal, and powerlessness.
- The child's reaction and the length of that reaction are related to the objective nature of the event and the child's subjective response to them

Factors influencing the impact of potentially traumatic events

- The child's age and developmental stage
- The child's perception of the danger faced
- Whether the child was the victim or a witness
- The child's relationship to the victim or perpetrator
- The child's past experience with trauma
- The adversities the child faces following the trauma
- The presence/availability of adults who can offer help and protection

Effects of Trauma Exposure on Children

- When trauma is associated with the failure of those who should be protecting and nurturing the child, it has profound and far-reaching effects on nearly every aspect of the child's life.
- Children who have experienced the types of trauma that precipitate entry into the child welfare system typically suffer impairments in many areas of development and functioning, including:

Effects of Trauma Exposure on Children

- Attachment. Traumatized children feel that the world is uncertain and unpredictable. They can become socially isolated and can have difficulty relating to and empathizing with others.
- Biology. Traumatized children may experience problems with movement and sensation, including hypersensitivity to physical contact and insensitivity to pain. They may exhibit unexplained physical symptoms and increased medical problems.
- Mood regulation. Children exposed to trauma can have difficulty regulating their emotions as well as difficulty knowing and describing their feelings and internal states.

Effects of Trauma Exposure on Children

- Dissociation. Some traumatized children experience a feeling of detachment or depersonalization, as if they are "observing" something happening to them that is unreal.
- Behavioral control. Traumatized children can show poor impulse control, self-destructive behavior, and aggression towards others.
- Cognition. Traumatized children can have problems focusing on and completing tasks, or planning for and anticipating future events. Some exhibit learning difficulties and problems with language development.
- Self-concept. Traumatized children frequently suffer from disturbed body image, low self-esteem, shame, and guilt.

The Influence of Developmental Stage

- Child traumatic stress reactions vary by developmental stage.
- Children who have been exposed to trauma expend a great deal of energy responding to, coping with, and coming to terms with the event.
- This may reduce children's capacity to explore the environment and to master age-appropriate developmental tasks.
- The longer traumatic stress goes untreated, the farther children tend to stray from appropriate developmental pathways.

Traumatic Stress or a Behavioral Problem

- **Child Traumatic Stress may have a negative impact on the child's school behavior and academic performance.**
 - **Inability to pay attention, sleepy, angry, mood swings, avoidance of activities associated with triggers, withdrawn, acting out behaviors.**
 - **A common diagnosis for these behavioral problems experienced by traumatized children.**
 - Little d's such as ADHD, ADD, and ODD.

Effects of Trauma

- **Treatment for "little d diagnosis" usually focus on stopping the behaviors vs. treating the etiology**
- **Treatment of choice is usually medication**
- **Child carries an incomplete behavioral diagnosis**
- **May be defined as a "bad/problem child"**
- **PTSD needs to be ruled in or out**

Effects of Trauma on Brain Development

- The brain's development can be altered by the experience of abuse, resulting in negative impacts on the child's physical, cognitive, emotional and social growth.
- Chronic stress overdevelops regions of the brain involved in anxiety and fear and under develops other regions of the brain involved in complex thinking.
- Children who experience the stress of physical or sexual abuse or neglect will focus their brains' resources on survival and responding to threats in their environment

Impact on other environments

- Brain development in children who have been maltreated is often a very adaptive response to their negative environment and is maladaptive in other environments
- When a child lives in a world that ignores him, if not provided with appropriate stimulation for growth, his brain will focus on survival from day to day and may not fully develop healthy cognitive and social skills
- The child may have great difficulty functioning in an environment of kindness, nurturing and stimulation.

What you might observe in students in the educational setting?

- Anxiety, fear, and worry about safety of self and others
- Worry about recurrence or consequences of violence
- Discomfort with feelings (such as troubling thoughts of revenge)
- Increased somatic complaints (e.g. headaches, stomachaches, chest pains)

What you might observe in students:

(continued)

- Changes in behavior, such as
 - Decreased attention and/or concentration
 - Increase in activity level
 - Change in academic performance; reduced GPA
 - Irritability with friends, teachers, events
 - Angry outbursts and/or aggression (poor control of emotions)
 - Withdrawal from others or activities
 - Absenteeism
 - Impulsive behavior



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What you might observe in students:

(continued)

- Repeatedly talking about the traumatic event with a focus on specific details of what happened (ruminating)
- Over- or under-reacting to sounds, physical contact, doors slamming, sirens, lightening, sudden movements (startle response)
- Difficulty with authority figures
- Resistance to transition or change

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What you might observe in students:

(continued)

- Re-experiencing the trauma (e.g., nightmares or disturbing memories during the day)
- Hyperarousal (e.g., sleep disturbance, tendency to be easily startled)
- Avoidance behaviors (e.g., resisting going to places that remind them of the event)
- Emotional numbing (e.g., seeming to have no feeling about the event)

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What Can School Personnel do?

- Have some understanding of how trauma impacts the brain and what that means about the thinking, feeling and behavior of the traumatized child.
- Recognize the signs and symptoms of child traumatic stress and how they vary in different age groups.
- Recognize that children's "bad" behavior may be survival behaviors that are an adaptation to trauma.
- Understand the cumulative effect of trauma.

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What Can School Personnel Do?

- Gather and document psychosocial information regarding all traumas in the child's life to make better-informed decisions.
- Consider the impact of traumatic stress on parents and caregivers who have traumatic experiences of their own.
- Make a special effort to integrate cultural practices and culturally responsive mental health services.

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How might the school help?

- When a child is known to have experienced a trauma, consider the impact of traumatic stress on the child's behavior and academic performance.
- Understand that problematic behavior in the classroom may be a response to traumatic stress versus a bad child.
- Consider ruling out traumatic stress when considering other behavioral diagnosis.
- Use trauma screen/assessment in the development of school interventions plans such as an IEP or 504 plan to ensure that interventions are trauma informed.

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Does Your Student Need a 504 Plan or an Individualized Education Plan (IEP)?

504 Plan vs. Individualized Education Plan (IEP)

- A 504 plan, which falls under the civil-rights law, is an attempt to remove barriers and allow students with medical or physical disabilities to participate in the educational process
- An Individualized Educational Plan (IEP), which falls under the Individuals with Disabilities Act (IDEA), actually provides intensive and individualized educational services to students identified with a medical or physical disability

504 Plan

- 504 plans are developed for students with a medical diagnosis who need "reasonable" accommodations in their environment so their physical disability or medical condition will not interfere with their education
- 504 plans typically do not address educational instruction but rather they address physical changes in the environment (i.e., removing physical barriers, extra time on tests, breaking larger tasks into smaller ones, additional time to complete/turn in assignments, visits to the school nurse for insulin shots, etc.)

- The implementation of a 504 plan often is considered prior to a referral for special education services
- 504 plans are separate and distinct from special education services and an Individualized Education Plan (IEP)

Individualized Education Plan (IEP)

- IEPs are for students who have been identified as meeting criteria for an educational disability such as: autism, developmental delay, emotional disability, hearing impairment, learning disability, mental disability, orthopedic impairment, other health impairment, speech/language delay, traumatic brain injury, or visual impairment

In addition...

- IEPs are for students who have progress monitoring data that indicate that intensive interventions have been provided and implemented with fidelity
- The students continue to demonstrate significant delays in learning that significantly impact their educational progress in the general education setting

- The IEP is designed to provide significant and intensive remediation and assistance through research-based instruction
- The IEP is unique and individualized to meet the educational needs of the student
- The goal of the IEP is close the achievement gap between the student's current level of performance and the performance of his/her peers

Trauma-Informed IEPs

- Children who have faced a traumatic event and have been diagnosed with Post-Traumatic Stress Disorder may meet criteria for special education services under the categories of Other Health Impaired or an Emotional Disability IF the diagnosis significantly and severely limits or interferes with their educational functioning in the general education setting.

Other Health Impaired

- In comparison with peers, the condition adversely affects the student's ability to complete educational tasks within routine timelines as documented by the following:
 - Excessive absenteeism linked to the health condition (i.e., hospitalizations, medical treatments, surgeries, or illnesses)
 - Specialized health care procedures that are necessary during the school day that substantially affect instructional time

- Medications that adversely affect learning and functioning in terms of comprehension, memory, attention or fatigue
- Limited physical strength resulting in decreased capacity to perform school activities
- Limited endurance resulting in decreased stamina and decreased ability to maintain performance

- Heightened or diminished alertness resulting in impaired abilities such as prioritizing environmental stimuli, maintaining focus or sustaining effort or accuracy
- Impaired ability to manage and organize materials and complete classroom assignments within routine timelines
- Impaired ability to follow directions or initiate and complete a task

Emotional Disability

- An inability to learn that cannot be explained by intellectual, sensory or health factors
- An inability to build or maintain satisfactory interpersonal relationships with peers and teachers
- Inappropriate types of behavior or feeling under normal circumstances
- A general mood of unhappiness or depression
- A tendency to develop physical symptoms, pains or fears associated with personal or school problems.

Development of Goals and Objectives for the IEP

▪ Social-Emotional:

- Developing social interactions with peers and adults
- Listening to and following classroom directions and routines
- Participating in classroom discussions
- Appropriate expression of thoughts and feelings

- Developing tolerance for situations and others
- Encouraging flexibility with changes in routine
- Developing a sense of self and a positive self-image
- Using self-control in a variety of situations (i.e., managing anger and frustration)

▪ Academics:

- Increasing attention, concentration, and focus
- Staying on task and completing assigned tasks
- Planning and organizational skill development
- Focusing on developing comprehension strategies

- Seeking help when needed
- Focusing on the here and now
- Creating a safe space within the classroom setting for think-time
- Creating a structured, predictable classroom environment

Accommodations for an IEP or 504 Plan

▪ Physical needs:

- Have snacks and drinks available
- Focus on building strength, endurance, and stamina
- Provide predictability
- Provide a safe and structured environment

▪ Academic needs:

- Breaking larger assignments into smaller tasks
- Small group testing environment
- Oral administration of assessments
- Additional time to turn in/complete assignments

Creating A Trauma Informed Classroom

SCHOOL INTERVENTION PROJECT CURRICULUM

Essential Elements and Classroom Activities

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Session Objective

Based on an understanding of essential elements of a trauma informed/sensitive classroom, the participant will create relevant teaching and learning plans using selected activities from the School Intervention Project Manual.

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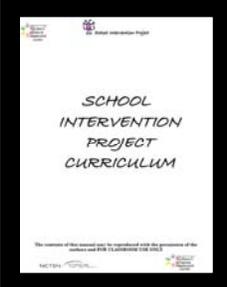
Background

- Chronic trauma exposure results in learning and behavioral difficulties
- Intervention includes individuals as well as creation of a "classroom culture"
- Teachers and other staff can design classrooms that are trauma informed/sensitive.

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Background

- 2003 Grant Funded Project Initiated in Kalamazoo MI
- Create, implement and evaluate trauma informed classrooms



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Essential Elements

- Establishing and maintaining safety
- Relational engagement
- Acquiring affective regulation skills
- Participation in and enhancement of their own learning
- Helping to make meaning of students' experiences

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Establishing and Maintaining Safety

Foundation for other core elements



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Relational Engagement



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Acquiring Affective Regulation Skills

Triggers



Strategies

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Participation in One's Own Learning



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Making Meaning of One's Experience

"My Grandma died..."

"I have to leave my home and go to another family"

"The police took my Mom to jail"

"What did I do?"

Unit Lesson Plans

- Creating Safety and Community
- Coping Strategies
- Self-Awareness

Unit Lesson Plans

- Problem Solving and Goal Setting
- Teamwork
- Celebrating Differences

Creating Safety and Community

- Support the need to feel safe
- Being part of the classroom and school community



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School Intervention Project

CREATING SAFETY AND COMMUNITY

Children exposed to trauma are often hyper-vigilant or extremely sensitive to their environment and the events and people in their lives. They have difficulty evaluating the actual safety issues inherent in situations. Students carry with them worries about the danger and trauma of living in an unsafe study and community and that many of the daily school activities are challenging. A safe classroom community can provide the foundation needed for relationship building, social and emotional growth, as well as academic learning.

Classroom safety includes any and all potential threats to the student's:

- physical well-being
- emotional well-being
- environmental well-being

The physical and emotional well-being of students is most often met through (1) the relationships created among the students and with the teacher and (2) how the classroom is structured to meet the expectations of the teacher and students. The activities within this unit (as well as throughout the curriculum) are selected in that they offer the opportunity to the classroom community to better know each other while having fun together. Each planning guide's goal, as this unit in particular, is to increase the feeling of safety within each student by helping the members of the community:

- discover similarities with one another
- reduce the anxiety and fear that differences produce
- build stronger bonds through play
- recognize similarities as well as the strengths of each individual
- increase trust

The structure of a classroom is most often built around the expectations and goals of the teacher. Rules and consequences within the classroom must likely support the teacher's philosophy. When the physical and emotional safety of students is both the expectation and the main goal, power struggles are often replaced by the teacher's attempts to help the students. Rules, expectations, clearly stated goals, and positive rules. The structure occurs regularly until the students have these skills and begin to use them with minimal involvement of the teacher. The process is time-consuming and can be demanding at the start and not necessarily a smooth transition to achieving the long-term goals of expectations of both the teacher and the students. Each unit of this curriculum clearly supports the learning of communication and social skills by the students and indirectly affects the teacher as well.

The environment of the classroom is addressed by looking at the various features of the classroom from a student's point of view, including the following:

- the physical space allotted to each student (some students need personal space around them that they can control)

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School Intervention Project

The Name Game*

Summary of activity: The members of the class share their names and something they enjoy doing with their classmates.

Objectives

- Making friends
- Community building

Approximate length of the activity: 15-30 minutes Materials: none

Instructional procedures:

- **Prior to activity:**
 - Write down the directions/format for sharing on board (for visual learners)
 - Have the students brainstorm and write on newsprint a list of interests.
- The teacher begins by telling his/her name and one thing he/she enjoys doing.
- The next person then says his/her name and one thing he/she enjoys doing and repeats what the teacher shared. The next student, after sharing, repeats the names and interests of those who have gone before him/her. This pattern continues until everyone has had an opportunity to share, respecting the students' right to pass.
- The group can use the format, if desired: "My name is _____ and I like to _____." This is _____ and he/she likes to _____."
- After everyone has shared, invite the students to answer these questions:
 - What did you find difficult about this activity?
 - How did you remember the facts about the students before you?

***Key Points:**

- Some students may experience frustration with remembering their classmates' information. The activity can be done slowly and problems anticipated as these students are remembered.
- Students can write down their names and interest or if another student cannot remember a name/interest, the information can be held up for the class to see.
- Young students can be given their names to color, sharing them with each other one at a time. Pictures of different names can be scattered on buses and shown to the students who then vote on which is their favorite thing to do by placing a white in that bus.

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Reflection on activity
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Level of student participation: high medium low

Problems encountered:

Changes to activity needed:

Remarks:

Lessons learned:

Additional activities/ideas generated:

Other helpful information:

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Coping Strategies

- Trauma history leads to anxiety and tension
- Misinterpret situations
- Inadequate coping strategies

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Self Awareness

- Children with trauma histories often don't have the opportunity to acquire
- Classroom can provide a safe time and space for opportunities
- Can lead to learning more about themselves and realizing shared experiences

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Celebrating Differences

- Fear and lack of trust separates students
- Knowledge of similarities and differences dispels fear
- Tolerance for diversity may bring peace to the classroom



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Summary

- Teachers can impact on the well being of children with a history of trauma
- Creating a trauma informed/sensitive classroom uses generic activities that benefit all children but especially children with a history of chronic trauma
- The School Intervention Project supplements, not replaces, the need for continued individual psychotherapy.

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Summary

- The School Intervention Project was designed for elementary and middle school children with potential for adaptation for older children
- There is a version for pre-school children
- The program addresses the core elements for creating a trauma sensitive classroom

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FOR ACCESS TO SIP

- Contact Dr. Ben Atchison by email:
- ben.atchison@wmich.edu for a electronic (PDF) copy of the 379 page manual at no cost.
- Only request is to provide feedback based on trial use in classrooms and additional ideas for continuing development of the program.