Understanding and Responding to Adverse Childhood Experiences in the School Setting

Loara High School
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Focus

- The types of childhood trauma and what makes an experience traumatic.
- Brain development and the relationship between early adverse experiences and subsequent youth health and behaviors.
- What is the Adverse Childhood Experiences (ACE) Study?
- The role of the school in working with trauma exposed students
- Self care for school staff
If stress burned calories, I'd be a supermodel.
What is Trauma?

- The word “trauma” is used to describe experiences or situations that are emotionally painful and distressing, and that overwhelm people’s ability to cope, leaving them powerless. (Center for Nonviolence & Social Justice, 2016)
Trauma

- Prevalent in the lives of children.
- Affects learning and school performance, and causes physical and emotional distress.
- Children/teens experience the same emotions as adults, but may not have the words to express them.
- Schools have an important role to play in meeting the social/emotional needs of students
  - Trauma sensitive schools help children feel safe to learn.
What Makes an Experience Traumatic?

- Overwhelming, very painful, very scary
- Fight or Flight incapacitated
- Threat to physical or psychological safety
- Loss of control
- Unable to regulate emotions

Trauma is the response to the event, not the event itself.
Three Levels of Stress Response

Positive
Brief increases in heart rate, mild elevations in stress hormone levels.

Tolerable
Serious, temporary stress responses, buffered by supportive relationships.

Toxic
Prolonged activation of stress response systems in the absence of protective relationships.
Acute Trauma

- Single incident (crime victim, serious accident, natural disaster)

- Treatment includes immediate support, removal from the scene of the trauma, use of medication for immediate relief of grief, anxiety, and insomnia, and brief supportive psychotherapy provided in the context of crisis intervention.
Complex Trauma

- Protracted exposure to prolonged social and/or interpersonal trauma in the context of dependence, captivity or entrapment. (ex. chronic maltreatment, neglect or abuse in a care-giving relationship, hostages, prisoners of war, concentration camp survivors, and survivors of some religious cults).

- Often results in borderline or antisocial personality disorder or dissociative disorders.
  - Behavioral difficulties (such as impulsivity, aggression, sexual acting out, eating disorders, alcohol or drug abuse, and self-destructive actions)
  - Extreme emotional difficulties (intense rage, depression, or panic) and mental difficulties (fragmented thoughts, dissociation, and amnesia).
  - The treatment of such patients often takes much longer, may progress at a much slower rate, and requires a sensitive and highly structured treatment program delivered by a team of trauma specialists.
Complex trauma

- Is chronic
- Often begins in early childhood
- Occurs within the primary caregiving system and/or social environment
Prevalence of Youth Trauma

- 68% of children and adolescents experienced at least one potentially traumatic event by age 16.
- In one study, 78% of children reportedly had multiple adversities, with an average initial exposure at age 5 years.
- Students living in poverty, homelessness, and with other social vulnerabilities are significantly more apt to experience stress and trauma.

(Copeland, Keeler Angold & Costello, 2007; Cook, Blaustein, Spinazzolla, & Vander Kolk, 2003)
Persistent Stress Changes Brain Architecture

Normal

Prefrontal Cortex and Hippocampus

Chronic stress

Typical - neuron with many connections

Neuron damaged by toxic stress – fewer connections

Bock et al Cer Cort 15:802 (2005)
Poverty Decreases Brain Gray Matter

The proportion of children under 12 years old who live in poverty in Orange County (33% for 0-5 years and 32% for 6-12 years) is greater than in the surrounding counties of Los Angeles, Riverside, San Bernardino and San Diego.

OC Community Indicators 2015

www.sciencedaily.com
Physical Effects of Trauma on the Brain

This PET scan of the brain of a normal child shows regions of high (red) and low (blue and black) activity. At birth, only primitive structures such as the brain stem (center) are fully functional; in regions like the temporal lobes (top), early childhood experiences wire the circuits.

This PET scan of the brain of a Romanian Orphan, who was instutionalized shortly after birth, shows the effect of extreme deprivation in infancy. The temporal lobes (top), which regulate emotions and receive input from the senses, are nearly quiescent. Such children suffer emotional and cognitive problems.
Key Areas of Brain Impacted by Adverse Childhood Experiences

- Prefrontal Cortex
  - Center of executive functioning
  - Regulates thoughts, emotions, and actions

- Hippocampus
  - Center of short term memory
  - Connects emotion to fear

- Amygdala
  - Triggers emotional responses
Trauma’s Impact on Brain Development

- **Attachment:**
  - Trouble with relationships, boundaries, empathy, and social isolation

- **Physical Health:**
  - Impaired sensorimotor development, coordination problems, increased medical problems, and somatic symptoms

- **Emotional Regulation:**
  - Difficulty identifying or labeling feelings and communicating needs

- **Dissociation:**
  - Altered states of consciousness, amnesia, impaired memory

- **Cognitive Ability:**
  - Problems with focus, learning, processing new information, language development, planning and orientation to time and space

- **Self-Concept:**
  - Lack of consistent sense of self, body image issues, low self-esteem, shame and guilt

- **Behavioral Control:**
  - Difficulty controlling impulses, oppositional behavior, aggression, disrupted sleep and eating patterns, trauma re-enactment

Trauma Impacts on Child Behavior

• Trauma causes brain to adapt in ways that contributed to their survival (i.e. constant *fight*/flight/freeze).

  • ↓

• These adaptations can look like behavior problems in “normal” contexts, such as school.

  • ↓

• When *triggered*, “feeling” brain dominates the “thinking” brain.

  • ↓

• The normal developmental process is interrupted, and students may exhibit internalizing or externalizing behaviors.
Fight, Flight & Freeze; What do these Look Like in Children?

• **FIGHT**
  - Hyperactivity, verbal aggression, oppositional behavior, limit testing, physical aggression, “bouncing off the walls”

• **FLIGHT**
  - Withdrawal, escaping, running away, self-isolation, avoidance

• **FREEZE**
  - Stilling, watchfulness, looking dazed, daydreaming, forgetfulness, shutting down emotionally
Children with toxic stress live their lives in fight, flight or fright (freeze) mode

- Students overloaded with stress hormones and unable to function appropriately can’t focus on schoolwork.

- They fall behind in school/fail to develop healthy relationships with peers or create problems with teachers or principals because they are unable to trust adults.

- With failure, despair, and frustration pecking away at their psyches, they find solace in food, alcohol, tobacco, methamphetamines, inappropriate sex, high-risk sports, and/or work.

- They don’t regard these coping methods as problems. They see them as a way to obtain relief and to escape from depression, anxiety, anger, fear and shame.
Adverse Childhood Experiences (ACEs) Study

• Retrospective approach examined link between multiple types of childhood stressors and adult health for over 17,000 adult participants.
  • Questionnaire asked for detailed information on past history of abuse, neglect and family dysfunction as well as current behaviors and health status.
  • Took place between 1995 and 1997, CDC still tracking the medical status of the baseline participants.
ACE Study Key Concept

- Stressful or traumatic childhood experiences can result in social, emotional, and cognitive impairments.

- Fear-based childhoods disrupt neurodevelopment, and can actually alter normal brain structure and function.
The ACE Study Pyramid

- Death
- Early Death
- Disease, Disability, and Social Problems
- Adoption of Health-risk Behaviors
- Social, Emotional, and Cognitive Impairment
- Disrupted Neurodevelopment
- Adverse Childhood Experiences

Mechanisms by Which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan
Three Types of ACEs

**ABUSE**
- Physical
- Emotional
- Sexual

**NEGLECT**
- Physical
- Emotional

**HOUSEHOLD DYSFUNCTION**
- Mental Illness
- Incarcerated Relative
- Mother treated violently
- Substance Abuse
- Divorce
ACE Score

- The ACE score is the total number of ACEs that each participant reported.
  - For example, experiencing physical neglect would be an ACE score of one; if the child also witnessed a parent being treated violently, the ACE score would be two.
  - The higher the score, the higher the risk for later health problems.

- Given an exposure to one category, there is an 80% likelihood of exposure to another.
ACEs Increases Health Risks

<table>
<thead>
<tr>
<th>BEHAVIOR</th>
<th>PHYSICAL &amp; MENTAL HEALTH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of physical activity</td>
<td>Severe obesity</td>
</tr>
<tr>
<td>Smoking</td>
<td>Diabetes</td>
</tr>
<tr>
<td>Alcoholism</td>
<td>Depression</td>
</tr>
<tr>
<td>Drug use</td>
<td>Suicide attempts</td>
</tr>
<tr>
<td>Missed work</td>
<td>STDs</td>
</tr>
<tr>
<td></td>
<td>Heart disease</td>
</tr>
<tr>
<td></td>
<td>Cancer</td>
</tr>
<tr>
<td></td>
<td>Stroke</td>
</tr>
<tr>
<td></td>
<td>COPD</td>
</tr>
<tr>
<td></td>
<td>Broken bones</td>
</tr>
</tbody>
</table>
The ACE Questionnaire

Prior to your 18th birthday:

- Did a parent or other adult in the household often or very often… Swear at you, insult you, put you down, or humiliate you? or Act in a way that made you afraid that you might be physically hurt? 
  No___If Yes, enter 1 __

- Did a parent or other adult in the household often or very often… Push, grab, slap, or throw something at you? or Ever hit you so hard that you had marks or were injured? 
  No___If Yes, enter 1 __

- Did an adult or person at least 5 years older than you ever… Touch or fondle you or have you touch their body in a sexual way? or Attempt or actually have oral, anal, or vaginal intercourse with you? 
  No___If Yes, enter 1 __

- Did you often or very often feel that … No one in your family loved you or thought you were important or special? or Your family didn’t look out for each other, feel close to each other, or support each other? 
  No___If Yes, enter 1 __

- Did you often or very often feel that … You didn’t have enough to eat, had to wear dirty clothes, and had no one to protect you? or Your parents were too drunk or high to take care of you or take you to the doctor if you needed it? 
  No___If Yes, enter 1 __

- Was a biological parent ever lost to you through divorce, abandonment, or other reason? 
  No___If Yes, enter 1 __

- Was your mother or stepmother: 
  Often or very often pushed, grabbed, slapped, or had something thrown at her? or Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard? or Ever repeatedly hit over at least a few minutes or threatened with a gun or knife? 
  No___If Yes, enter 1 __

- Did you live with anyone who was a problem drinker or alcoholic, or who used street drugs? 
  No___If Yes, enter 1 __

- Was a household member depressed or mentally ill, or did a household member attempt suicide? 
  No___If Yes, enter 1 __

- Did a household member go to prison? 
  No___If Yes, enter 1 __

- Now add up your “Yes” answers: _ This is your ACE Score
Significant Adversity Impairs Development in the First Three Years

![Bar Chart]

Children with Developmental Delays

Number of Risk Factors

Source: Barth et al. (2008)
More than half of adolescents have had at least one of these adverse childhood experiences, and nearly one in ten have experienced four or more.

**Number of Adverse Childhood Experiences Among Adolescents Ages 12-17, by Percent**

- 4 experiences: 4.1%
- 3 experiences: 6.6%
- 2 experiences: 12.8%
- 1 experience: 26.0%
- 0 experiences: 45.8%

Source: NSCH, 2011-12
experiences, and nearly one in ten have experienced four or more.

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**Percentage of Children, Ages Birth to 17, with Specific Adverse Experiences: 2011/12**

<table>
<thead>
<tr>
<th>Experience</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Economic hardship*</td>
<td>25.7</td>
</tr>
<tr>
<td>Divorce or separation of a parent**</td>
<td>20.1</td>
</tr>
<tr>
<td>Death of a parent**</td>
<td>3.1</td>
</tr>
<tr>
<td>Parent served time in jail**</td>
<td>6.9</td>
</tr>
<tr>
<td>Witnessing adult domestic violence</td>
<td>7.3</td>
</tr>
<tr>
<td>Victim of or witness to neighborhood violence</td>
<td>8.6</td>
</tr>
<tr>
<td>Living with someone who was mentally ill or suicidal</td>
<td>8.6</td>
</tr>
<tr>
<td>Living with someone with an alcohol or drug problem</td>
<td>10.7</td>
</tr>
<tr>
<td>Being treated or judged unfairly due to race/ethnicity</td>
<td>4.1</td>
</tr>
</tbody>
</table>

*Experienced "somewhat" or "very" often

**Parent refers to a parent the child lived with.

Source: Child Trends’ original analyses of data from the National Survey of Children’s Health.
## Source: NSCH 2011/2012
For Children ages 0-17

<table>
<thead>
<tr>
<th>Adverse Child or Family Experiences</th>
<th>National Prevalence</th>
<th>State Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child had ≥ 1 Adverse Child/Family Experiences</td>
<td>47.9%</td>
<td>40.6% (CT) - 57.5% (AZ)</td>
</tr>
<tr>
<td>Child had ≥ 2 Adverse Child/Family Experiences</td>
<td>22.6%</td>
<td>16.3% (NJ) - 32.9% (OK)</td>
</tr>
<tr>
<td>Socioeconomic hardship</td>
<td>25.7%</td>
<td>20.1% (MD) - 34.3% (AZ)</td>
</tr>
<tr>
<td>Divorce/parental separation</td>
<td>20.1%</td>
<td>15.2% (DC) - 29.5% (OK)</td>
</tr>
<tr>
<td>Lived with someone who had an alcohol or drug problem</td>
<td>10.7%</td>
<td>6.4% (NY) - 18.5% (MT)</td>
</tr>
<tr>
<td>Victim or witness of neighborhood violence</td>
<td>8.6%</td>
<td>5.2% (NJ) - 16.6% (DC)</td>
</tr>
<tr>
<td>Lived with someone who was mentally ill or suicidal</td>
<td>8.6%</td>
<td>5.4% (CA) - 14.1% (MT)</td>
</tr>
<tr>
<td>Domestic violence witness</td>
<td>7.3%</td>
<td>5.0% (CT) - 11.1% (OK)</td>
</tr>
<tr>
<td>Parent served time in jail</td>
<td>6.9%</td>
<td>3.2% (NJ) - 13.2% (KY)</td>
</tr>
<tr>
<td>Treated or judged unfairly due to race/ethnicity</td>
<td>4.1%</td>
<td>1.8% (VT) - 6.5% (AZ)</td>
</tr>
<tr>
<td>Death of parent</td>
<td>3.1%</td>
<td>1.4% (CT) - 7.1% (DC)</td>
</tr>
</tbody>
</table>
ACE and Risky Behaviors

- The higher the ACE score, the more we see risky health behaviors in childhood and adolescence including:
  - Pregnancies
  - Suicide attempts
  - Early initiation of smoking
  - Sexual activity
  - Illicit drug use
## ACE’s & Negative Well-Being

<table>
<thead>
<tr>
<th>Measure of well-being</th>
<th>0 ACEs</th>
<th>1 ACE</th>
<th>2 ACEs</th>
<th>3+ ACEs</th>
</tr>
</thead>
<tbody>
<tr>
<td>High externalizing behavior</td>
<td>18%</td>
<td>26%</td>
<td>33%</td>
<td>41%</td>
</tr>
<tr>
<td>Low engagement in school</td>
<td>25%</td>
<td>33%</td>
<td>44%</td>
<td>48%</td>
</tr>
<tr>
<td>Household contacted due to problems at school</td>
<td>13%</td>
<td>23%</td>
<td>31%</td>
<td>38%</td>
</tr>
<tr>
<td>Grade repetition</td>
<td>6%</td>
<td>12%</td>
<td>14%</td>
<td>21%</td>
</tr>
<tr>
<td>Does not stay calm and controlled</td>
<td>24%</td>
<td>34%</td>
<td>40%</td>
<td>44%</td>
</tr>
<tr>
<td>Does not finish tasks started</td>
<td>27%</td>
<td>36%</td>
<td>44%</td>
<td>49%</td>
</tr>
<tr>
<td>Diagnosed with a learning disability</td>
<td>9%</td>
<td>13%</td>
<td>16%</td>
<td>23%</td>
</tr>
<tr>
<td>Fair or poor physical health</td>
<td>2%</td>
<td>4%</td>
<td>4%</td>
<td>6%</td>
</tr>
</tbody>
</table>
### The ACE Comprehensive Chart

<table>
<thead>
<tr>
<th>Column 1</th>
<th>Column 2</th>
<th>Column 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adverse Childhood Experiences</td>
<td>Neurobiological Impacts and Health Risks</td>
<td>Long-Term Health and Social Problems</td>
</tr>
<tr>
<td>The more types of adverse childhood experiences...</td>
<td>the greater the neurobiological impacts and health risks...</td>
<td>the more serious the life-long consequences to health and well-being.</td>
</tr>
<tr>
<td>Abuse, Neglect, Trauma in the Household</td>
<td>Substance Use Violence/Bullying 50+ Sex partners</td>
<td>Asthma, Liver Disease, Homelessness, HIV</td>
</tr>
</tbody>
</table>
ACE Exposure and Education

- As early as the 1960’s research established direct connections between childhood disadvantage and diminished educational outcomes.
  - Disparities in early-childhood experience produced disparities in cognitive skill – most significant, in literacy - that could be observed on the first day of Kindergarten and well into adulthood.

- Among patients with an ACE score of 0, just 3% display learning/behavior problems.

- Among patients with a score of ≥ 4, the figure is 51%.*

Why Should Schools Be Trauma Informed?

- Children are more likely to access mental health services through primary care and schools than through specialty mental health clinics.

- Over 70% of students who do receive mental health services, receive those services in schools.

- Children with mental health disorders struggle in school and are less likely to succeed academically.

(Costello et. al., 1998; Duchnowski, Kutash & Friedman, 2002; Mental health America of Greater Houston, 2011; SRI International, 2015)
**Understanding Effects of Trauma On Children in Schools**

- **Danger and safety** are the core concerns of traumatized children even in mostly safe places like school.

- Traumatic events outside school can generate **distressing reminders** in the hallway, in the classroom or anywhere on school grounds that interfere with a student’s ability to regulate their emotions and to learn.

- **Protective factors**, such as **positive relationships** with teachers and peers in schools can reduce the adverse impact of trauma.

- Trauma plays an major role among **at risk and special populations**: Children in the Child Welfare and Juvenile Justice Systems, Children in Special Education, LGBTQ Children, Children in Areas of Poverty, Gang Violence and Crime, Children with MH Challenges, etc.

Wong, 2013
How Trauma Affects Learning

- Traumatic stress from adverse childhood experiences can *undermine the ability to form relationships, regulate emotions, and impair cognitive functions*.
- Hyper arousal, intrusion or constriction *may interfere with processing of verbal/nonverbal and written information*.
- Ability to organize material sequentially *may be inhibited due to coming from a chaotic environment*.
- *Difficulty with classroom transitions*
- *Problems with solving from a different point of view, inferring ideas, or working in group/exhibiting empathy may result when students do not feel safe expressing a preference*. 


Common Triggers for Traumatized Children

- Unpredictability or sudden change
- Transition from one setting/activity to another
- Loss of control
- Feelings of vulnerability or rejection
- Confrontation, authority, or limit setting
- Loneliness
- Sensory overload (too much stimulation from the environment)
What might you notice about students?

Difficulty with…

- Organization
- Cause and effect
- Taking another’s perspective
- Attentiveness
- Regulating emotions
- Executive functions
- Engaging in the curriculum
- Transitions
What might you notice about students?

- Reactivity and impulsivity
- Aggression and defiance
- Withdrawal/avoidance
- Perfectionism
- Repetitive thoughts or comments about death or dying

- Non-age appropriate behavior
- Anxiety/worry about safety of self and others
- Poor or changed school performance and attendance
- Overly protective of personal space or belongings
Using a “Trauma Lens”

A shift in perspective…

From “What is wrong with this student?”

To “What has this student been through?”
How to Respond When a Student Is Triggered…

• Breathe! Be calm and you will help the student be calm.

• Do not use this as a time to try to change behavior or demand respect.

• Call for help, or ask another person to call.

• Notice your tone of voice and personal space.

• Remember that the student is probably not engaged in the pre-frontal cortex right now!
How Can Schools Support Traumatized Students?

• Build relationships with struggling students
• Create a safe and predictable environment with clear, consistent rules
• Provide opportunities for students to meaningfully participate in class with some control & responsibility
• Embed mental health into the curriculum
• Check assumptions, observe, and question
• Be a model for appropriate behavior and relational skills
• Work with students to create a self-care plan to address triggers
Remember....

- Trauma generated behaviors are complex but can be understood and addressed by educators

- A positive teacher student relationship may take an investment of more time with a traumatized child

- Student-teacher trust must be established before the process of teaching and learning can truly begin

- Working with trauma-exposed children can evoke distress in providers that makes it more difficult for them to teach and manage the classroom

Wong, 2013
School-Based Mental Health Interventions

- Individual counseling services
- Safety/crisis planning
- Behavior plans
- Therapeutic & skill-building groups
- Youth development activities
- Case/Care management
Examples of Services and Programs

- Psychological First Aid: Listen Protect Connect
- Support to Students Exposed to Trauma (SSET)
- PBIS
- Restorative Practices
- Range of Activities – Student Interest Groups
- Community Internships
- Crisis Intervention
- Mental Health Services
- Threat and Risk Assessment teams
  - Intimidation and Bullying
  - Stalking
  - Relationship violence
  - Weapons possession
  - Suicidal behavior
  - Physical Assault  
  Wong, 2013
Trauma-Informed Schools Require Broad Partnerships

- A partnered approach engages all stakeholders
- Implement components in a manner that fits within each school's unique organizational structure and culture

Wong 2013
How can school staff help?

**Entire Classroom**
- Establish classroom agreements for behavior
- Provide routines and consistency
- Provide explicit preparation for changes and transitions
- Create time in schedule for community building, circles, mindfulness
- Give opportunities for creative expression
- Teach about the power of mindsets

**Individual & Groups of Students**
- Build 1:1 relationships with struggling students
- 3:1 ratio of positive to negative
- Allow students to step outside of the classroom or put their head down
- Use restorative practices language
- Seat students near the front or near you
- Mind-brain-body breaks
Mind-Brain-Body Breaks

- Deep breathing
- Progressive relaxation
- Stretching or Movement
- Imagery
- Mindfulness
- Quiet Ball
- One-minute Dance Party
- Gonoodle.com

www.brainbreaks.blogspot.com
http://www.coloradoedinitiative.org/resources/teacher-toolbox-activity-breaks/
UCSF HEARTS Approach to Addressing Chronic Stress & Trauma in Schools

- Psychotherapy for students + consultation with teachers; IEP consultation (5%)
- Care team meetings for at-risk students & school-wide issues; Trauma-informed discipline policies; Teacher wellness groups (15%)
- Building staff capacity: Training, consultation on trauma-sensitive practices; Promoting staff wellness; addressing stress, burnout, secondary trauma
- Partnering with staff for Universal Supports: Safe, supportive school climate; PBIS; Restorative Practices; Social-emotional learning curriculum; Health education on coping with stress (100%)

Dorado, 2015
Tips for Educators

• Coordinate efforts with others and make referrals

• Let students know you care by listening, empathizing, and providing structure

• Support and encourage participation in programs at your school that build relationships and student assets

• Offer ways for families to connect to your school

• Don’t make promises you can’t keep

• When you become aware of a student who has experienced trauma, ask for help
“It is not uncommon for school professionals who have a classroom with one or more students struggling from the effects of trauma to experience symptoms very much like those their students are exhibiting.”

The Heart of Learning and Teaching: Compassion, Resilience, and Academic Success
Secondary Traumatic Stress

- Any educator who works directly with traumatized children and adolescents is vulnerable to the effects of trauma
  - Compassion Fatigue/Secondary Traumatic Stress

- You may be even more susceptible to STS if you have:
  - Personal exposure to a traumatic event or to individuals who are coping with one
  - Direct contact with children's’ traumatic stories
  - Are helping others and neglecting yourself

Early recognition is important!
Know the Signs of STS

- **Emotional** — feeling numb or detached; feeling overwhelmed or maybe even even hopeless.
- **Physical** — having low energy or feeling fatigued.
- **Behavioral** — changing your routine or engaging in self-destructive coping mechanisms.
- **Professional** — experiencing low performance of job tasks and responsibilities; feeling low job morale.
- **Cognitive** — experiencing confusion, diminished concentration, and difficulty with decision making; experiencing trauma imagery, which is seeing events over and over again.
- **Spiritual** — questioning the meaning of life or lacking self-satisfaction.
- **Interpersonal** — physically withdrawing or becoming emotionally unavailable to your co-workers or your family.
Managing STS

• Don’t go it alone
  • Guard against isolation, work in teams, talk with others

• STS Happens
  • It’s an occupational hazard, and not a failing on your part

• Address your own traumas

• Seek professional help if symptoms last longer than 2-3 weeks
Practice Self Care

• Your work is not the only activity that defines you!
  ◦ Spend time with those who are not experiencing trauma, both adults and youth
  ◦ Eat well
  ◦ Exercise (yoga & meditation are useful)
  ◦ Do what makes you happy
  ◦ Take a break during the workday, even if it’s only a 5 minute walk (deep breathing is a great break!)
  ◦ Crying is ok….
  ◦ But find things to laugh about too
Resources

• Trauma-Sensitive School Toolkit
  http://sspw.dpi.wi.gov/sspw_mhtrauma

• Restorative Practices
  www.ocde.us/healthyminds//Pages/Restorative_Practices.aspx

• Treatment and Services Adaption Center
  https://traumaawareschools.org/secondaryStress

• National Child Traumatic Stress Network
And More....

• Adolescent Health Working Group
  www.ahwg.net

• Harvard Center on the Developing Brain
  http://developingchild.harvard.edu/

• School Mental Health Program Consultation: California School-Based Health Alliance,
  www.schoolhealthcenters.org

• Trauma and Schools
  www.ocde.us/HealthyMinds/Pages/Resources.aspx
“I’ve learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel.”

Maya Angelou
1928 - 2014