

# The Effects of Early Trauma on the School Age Child

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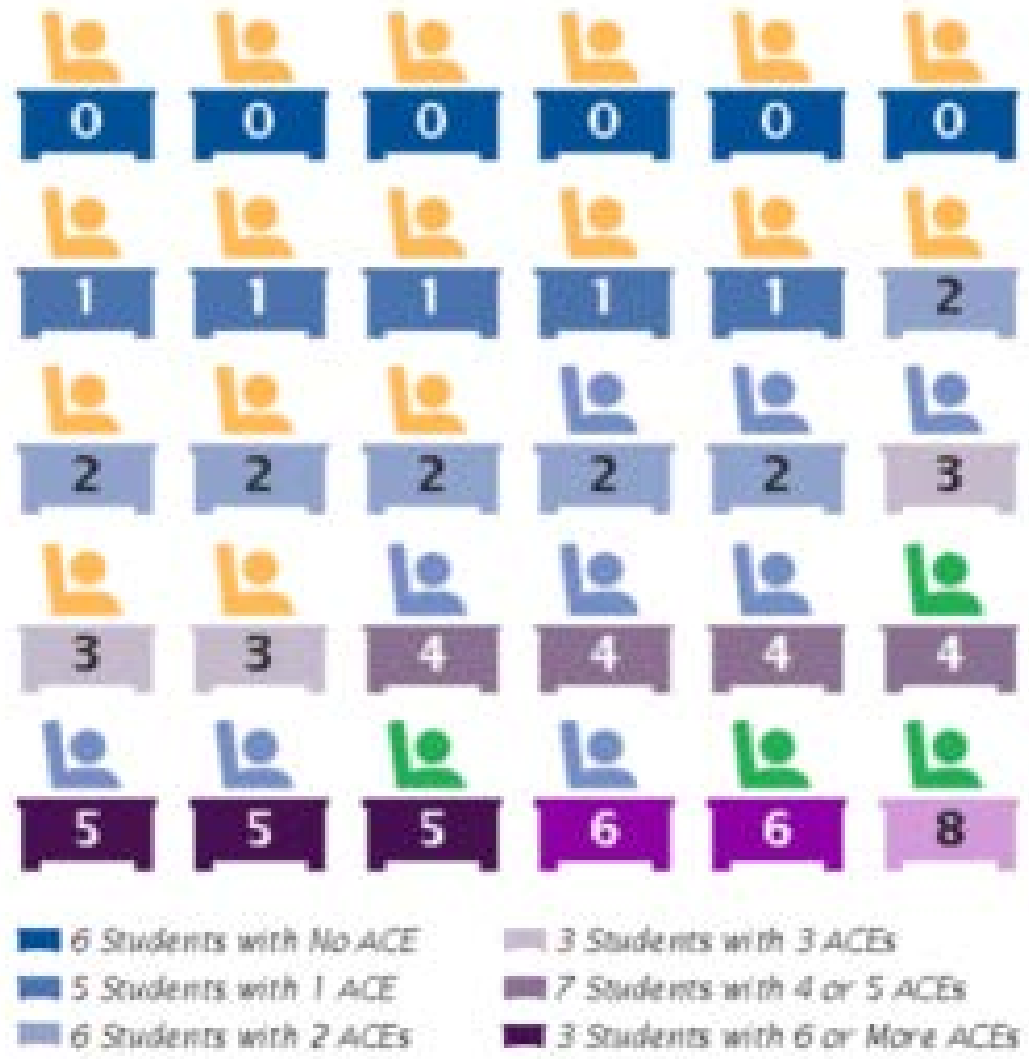
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# “THIS CHANGES EVERYTHING...”

The Adverse Childhood Experience Study and the implications for Mental Health and Education. Children with trauma histories:

- *Are two and a half times more likely to fail a grade*
- *Score lower on standardized tests*
- *Are suspended and expelled more often*
- *Are designated for Special Education Services more frequently*

How common are ACEs in school children?



# HOW CAN ADVERSE EXPERIENCES CAUSE SUCH CONSEQUENCES?

- How do you get from early traumatic experiences to school failure?
- Making sense of the ACE study
- Intervening in the process once we understand
- The answer to how the ACE study works, and also the critical term in early development, is regulation

*At the core of traumatic stress is a breakdown in the capacity to regulate internal states.*

(Bessel van der Kolk, 2002)

# Sequential Neurodevelopment

## *The Four Essential Principles*

1. The brain is undeveloped at birth
2. The brain organizes from the “bottom up” - brainstem to cortex and from the inside out
3. Organization and functional capacity of neural systems is sequential
4. Experiences do not have equal significance throughout development



# HOW IS DEVELOPMENT SUPPOSED TO WORK WHEN IT GOES WELL?

- BASIC REGULATORY FUNCTIONS are NORMALLY ESTABLISHED in INFANCY and EARLY CHILDHOOD
  - Through the protection of the infant from environmental and interactional stressors
  - By the external regulation of the infant who is not initially capable of self-regulation



# WHAT HAPPENS WHEN IT GOES WRONG?

- The PERSISTENT FEAR RESPONSE and the SIGNS of HYPERAROUSAL:

- *Impulsivity*
- *Reactivity*
- *Aggression*
- *Hyperactivity*



- (MIS)DIAGNOSED AS:

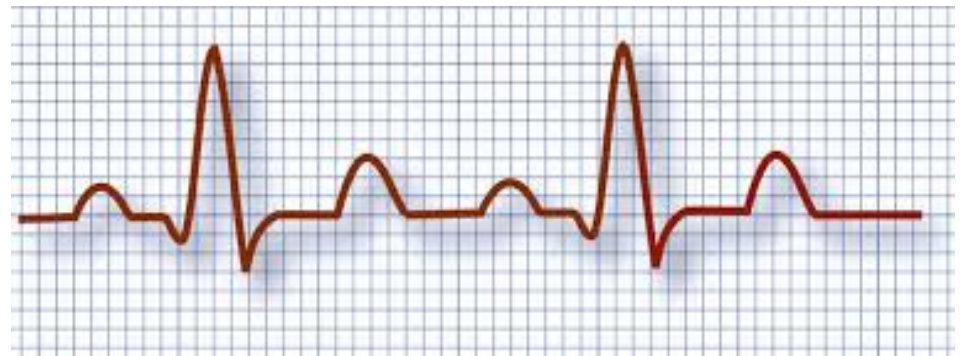
- *ADHD*
- *Bipolar Affective Disorder*
- *Learning Disability*
- *Conduct Disorder*





# EARLY BRAIN DEVELOPMENT AND REGULATION

- **WHAT IS THE BASIS OF HYPERAROUSAL?**
  - The altered threshold of the brainstem leads to physiological results:
    - Increased reaction to threat or perceived threat
    - Increased resting heart rate
    - Increased breath rate
    - Altered sleep
    - Startle response
    - Anxiety / Panic



# THE MECHANISM OF ACEs

- Activation of the Stress Response System
- During sensitive and critical developmental processes
- Making actual changes in brain function and anatomy
- Resulting in a lack of ability to regulate experience and cope with normal life challenges
- Followed by persistent efforts to self-regulate with maladaptive means like alcohol and drugs

*Early trauma is better understood as a neurodevelopmental issue rather than an emotional disturbance.*

# BRAIN STEM TO PREFRONTAL CORTEX



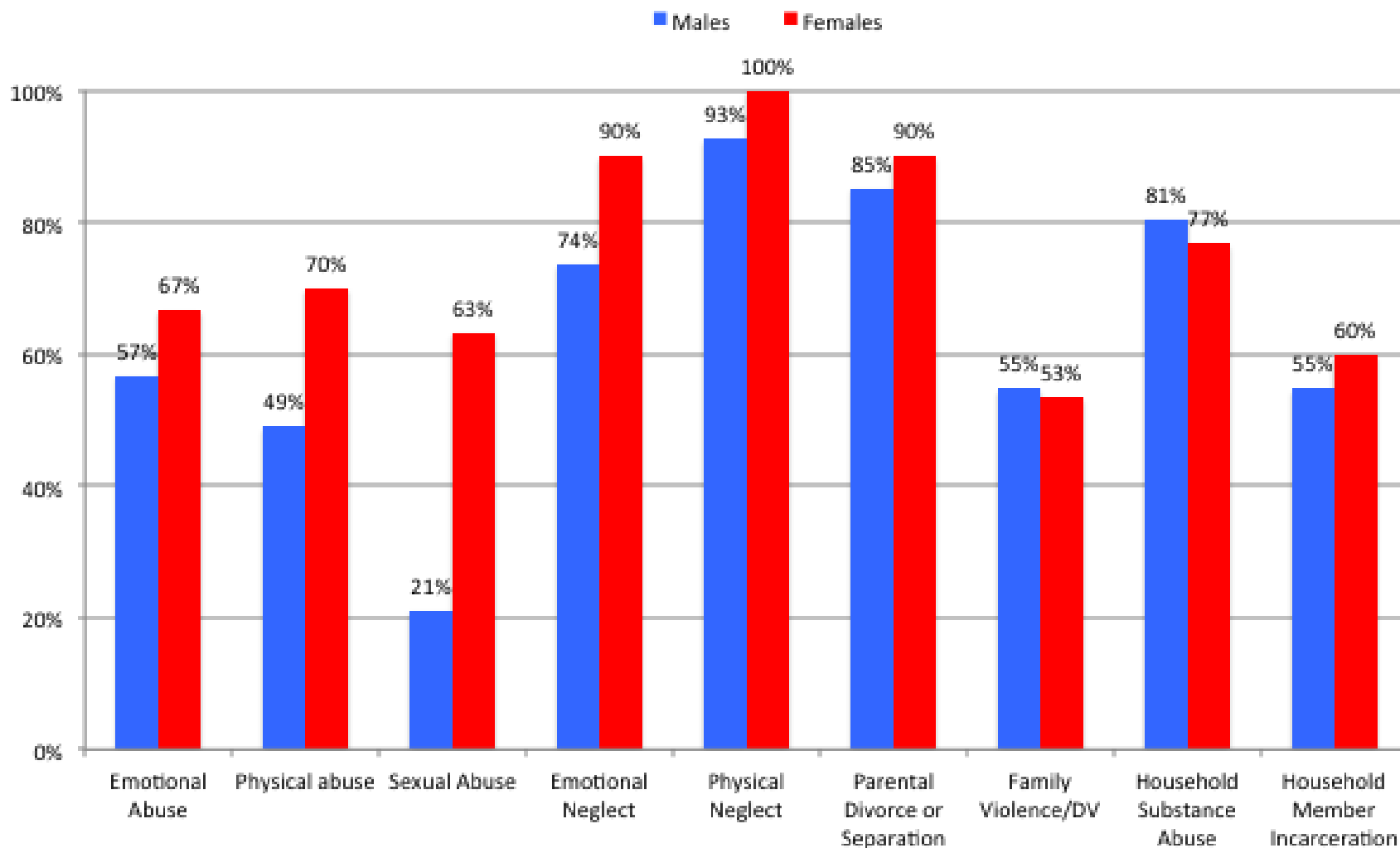
- Downstream effects of development
- Frontal development is the last thing to occur, and it depends upon earlier achievements and development.
- You have to be calm to develop calmness
- Nobody functions at a high level when angry or frightened
- Or drunk...or high

# HOW DOES TRAUMA APPEAR IN THE SCHOOL SETTING?

- Difficulty sitting still, paying attention, and following instructions
- Arguments with peers and teachers
- Reactive and oppositional when redirected
- Or the opposite—withdrawn and checked out
- Distractible and disinterested in the curriculum
- Using drugs (or screens) to get through the day and to calm down afterwards

# ADVERSE EXPERIENCES IN DELINQUENTS

Figure 2. Prevalence of ACE Description Indicators by Gender



# EVALUATION AND DIAGNOSIS

- If trauma appears in such nonspecific ways as:
  - Impulsivity
  - Inattention
  - Poor social and interpersonal skills
  - Poor emotional regulation
- Then how can you reliably recognize it for what it is?
- Recognizing trauma when you see it—for clinicians and teachers

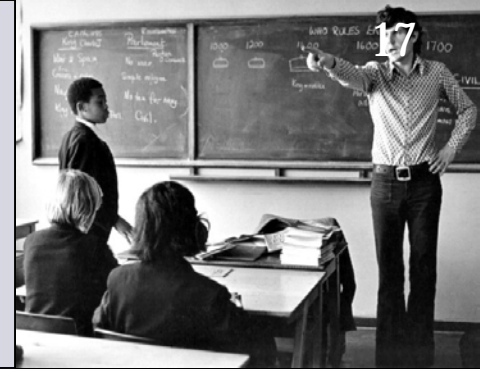
# IDENTIFYING TRAUMA IN CHILDREN

- The Trauma Interview
  - *Student self-report?*
  - *Accurate history*
  - *Contextual evidence—believing what you see*
  - *Direct Observation*
- *A Trauma evaluation is not the same as a screen*
- Screening Instruments
  - *To detect what? ACEs? PTSD?*
  - *Where performed? School? Clinic?*
  - *By whom? Teachers? Administrators? Counselors? Nurses?*
  - *For what purpose?*





# WHAT REALLY HELPS?



- Why don't simple behavioral incentives like rewards and consequences work with traumatized kids?
- What actually does help?
  - Low confrontation and non-authoritarian approaches
  - Decrease frustration with individualized assistance and appropriate level of tasks
  - More regulatory breaks and outlets
  - Elimination of bullying and conflict

# IS IT POSSIBLE TO ADDRESS TRAUMA IN THE SCHOOLS?

- Absolutely
- The wealth of resources
- It might start with training of teachers...but it needs to continue with a change of program, policy and procedure
- A change of atmosphere, attitudes and expectations
- Local and State initiatives

# WHO BENEFITS FROM A TRAUMA SENSITIVE ENVIRONMENT?



- Everybody—students and teachers and administrators
- Children without trauma as well as traumatized children
- Children with learning disorders and developmental disabilities

- Brief article on trauma and the brain:

<https://www.edweek.org/ew/articles/2016/12/14/the-brain-science-behind-student-trauma.html>

- Research on trauma and delinquency:

<https://nmsc.unm.edu/reports/2016/adverse-childhood-experiences-in-the-new-mexico-juvenile-justice-population.pdf>

- Trauma sensitive schools tool kit:

<https://safesupportivelearning.ed.gov/building-trauma-sensitive-schools>