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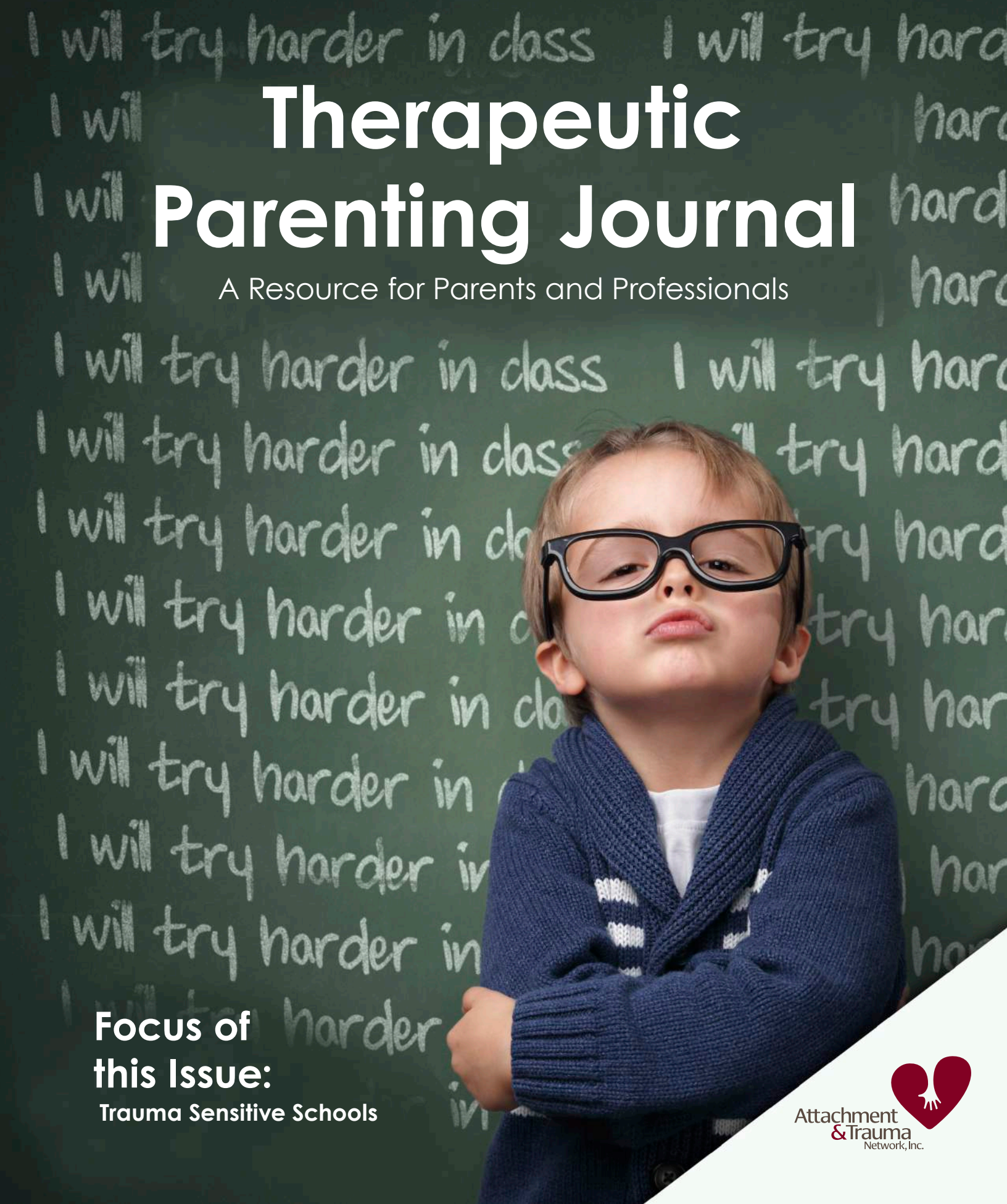
Therapeutic Parenting Journal

A Resource for Parents and Professionals



Focus of this Issue:

Trauma Sensitive Schools

Attachment & Trauma Network, Inc.

ATN's Therapeutic Parenting Journal

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Mission..

At the Attachment & Trauma Network, it is our Mission to Promote Healing of Traumatized Children and their Families through Support, Education and Advocacy.

From the director…

"It's the most wonderful time of the year!" – or at least that's what the song says. If you're parenting a traumatized child, you know that the "wonderful" of the holidays is always tempered with the memories of holidays past. These memories are filled with grief, loss, abandonment and sorrow. Factor in the mounting stress of busy and changing schedules, all the gift buying and giving expectations and the frenzied merriment, and you've got a recipe for "the most awful time of the year!"

We understand. Your fellow ATN members have been there. If you're not already active in an ATN online support group, now would be a great time to contact Stephanie Garde, ATN's Membership Director, and get signed up. It's not another thing to add to your daily chores, it's something you can do for yourself, to connect with others who have survived this season before.

"It's the most wonderful time of the year." My favorite use of this song is that office supply company commercial where the parents are singing and so happy that it's back-to-school time. But you and I both know that school may not be wonderful for our children of trauma. In fact, navigating school with your child may be a huge stressor for you, your child (and the child's teachers). Which brings me to this issue's topic: Trauma Sensitive Schools. These pages are chock full of articles you'll want to share with the educators in your life – please do! Also make sure that they know about our Trauma Sensitive Schools Think Tank, a Facebook-based group of educators, parents and other professionals passionately exchanging ideas about making our schools more trauma sensitive.

ATN's programs are expanding in 2016 – and one of those new programs will be the Trauma Sensitive Schools Initiative. We know that besides needing support and needing to learn Therapeutic Parenting, our families' next biggest need is schools with educators who "get it". So watch for more about this initiative in 2016.

Wishing you all a peaceful holiday season (with some time to care for yourself) and a blessed 2016,
Julie

What's New at ATN?

ATN Receives Braves Foundation Grant
The Attachment & Trauma Network, Inc. is one of 48 child-serving charities honored by the Atlanta Braves Foundation with grant monies for their programming.

ATN will use this grant as seed money to pilot a new **Therapeutic Parenting Training Weekend** Program in 2016. The Weekend will be designed to support and educate parents of traumatized children and those with Developmental Trauma and attachment disorders.

"Our plan is to collaborate with national experts and local resources to create a program that could be duplicated regionally to really give parents of hurting children the therapeutic strategies and tools they need," says Julie Beem, ATN's Executive Director. Watch for more information – but we anticipate the pilot weekend will be in September 2016 in Atlanta.

ATN Joins Coalition Urging Georgia to End Discrimination in Schools
A broad coalition of advocacy groups – including the Attachment & Trauma Network – is urging the state of Georgia to transform its separate and unequal educational program serving thousands of children with behavioral disabilities into a system that provides needed services and supports to integrate students into their own local schools.

The coalition formed after a July 15th letter from the U.S. Department of Justice finding the state's program illegally segregates children with behavioral disabilities and provides them with unequal educational opportunities in violation of the Americans with Disabilities Act.

The state launched the network of 24 centers known as the Georgia Network for Educational and Therapeutic Services, or GNETS, in 1970. Most of the centers are separate from neighborhood schools. Some are located in buildings that were used to teach African-American students under Jim Crow. GNETS serve about 5,000 children with eligibilities of Emotional/Behavioral Disorder and Autism at a cost of at least $70 million in state and federal funds.

The diversity of the coalition's membership reflects the breadth of stakeholder support for addressing Georgia's illegal program. The coalition includes groups with expertise in education, mental health, child welfare, juvenile justice, and developmental disabilities, as well as civil rights, parent, self-advocacy and youth groups.

"Our groups have joined together because we believe this findings letter creates an opportunity for the state to better educate students with behavioral disabilities," said Leslie Lipson, attorney with the Georgia Advocacy Office, the independent, Protection and Advocacy Organization for people with disabilities in Georgia, and who is helping organize the effort.

"A significant portion of the students currently in GNETS or at risk of being placed there have trauma in their backgrounds," reports Julie Beem, ATN's Executive Director. "We see this as an opportunity for Georgia to provide trauma-sensitive strategies and supports in the local schools for these vulnerable children and to help all children."

The Justice Department sought to engage the state in addressing the issue within 10 days of the July 15 letter, but to date Georgia's only public response has come in an education industry publication, where a state spokeswoman said, "Georgia is complying with the law and acting in the best interest of its students."

To read more about this, visit ATN's news page on our website: http://www.attachmenttraumanetwork.org/atn-joins-coalition-urging-georgia-to-end-discrimination-against-children-with-emotional-disorders/

Julie Nominated for Eagle Rare Life Stories Award – Could Win $50,000 for ATN

Julie Beem, ATN's Executive Director, has been nominated in the Eagle Rare Life Stories contest. Winners can earn up to $50,000 for the charity of their choice. Online voting determines which final 30 entries go before the judges. **Voting is daily now through January 5, 2016.** Julie is currently #30, so ATN is in the running for the money. We're asking everyone with access to a computer, tablet or cell phone to join in the voting.

It's easy - there's no registration - just click on this link and cast your ballot every 24 hours. http://www.eaglerarelife.com/content/julie-beem. Vote from all your devices and share with others via social media and email.

As the nomination entry says:
"Julie leads a national volunteer organization that supports parents of traumatized children...Julie's goal is to simply help loving parents produce healthy children who have put a horrific past behind them." Think of how far $50,000 would go in further fulfilling this goal!

Collaborative & Proactive Solutions:

A Crucial Treatment Approach in Trauma Sensitive Schools

Ross W. Greene, Ph.D.

Schools are increasingly aware of the importance of responding to students with trauma histories in ways that are sensitive and effective. And while don't traumatize the traumatized is a tenet that caring, enlightened educators would readily endorse, there is still a need for a systematic approach for responding to the social, emotional, and behavioral difficulties that may be seen in students with trauma histories.

Collaborative & Proactive Solutions (CPS), an approach described in my books *The Explosive Child* and *Lost at School* – and in the forthcoming books *Lost and Found* and *Raising Human Beings* – represents one such approach. The CPS model is non-punitive, non-adversarial, collaborative, proactive, relationship-enhancing, and skill-building…characteristics that are desirable in working with any student but most certainly those with trauma histories.

There are several key themes that characterize the CPS model. First, it doesn't focus on modifying a student's *behavior*; rather, the emphasis is on identifying and solving the *problems* that are causing the behavior. Restated, in the CPS model, behavior is viewed primarily as the mechanism by which a student is expressing or communicating that there are certain expectations he or she is having difficulty meeting. Second, the problem solving is *collaborative* rather than unilateral. In other words, problem solving is something caregivers are doing with the child rather than to him. Finally, the problem solving is *planned* and *proactive* rather than reactive and emergent.

There are two basic skills caregivers must master to implement the CPS model. First, they must become proficient in using the assessment instrumentation of the model, an instrument called the *Assessment of Lagging Skills and Unsolved Problems* (ALSUP). True to its name, this instrument helps caregivers identify the skills a student is lacking and the expectations (called "unsolved problems") the student is having difficulty meeting. Once a student's lagging skills and unsolved problems have been identified, his or her difficulties become highly predictable and intervention can be almost totally proactive.

The second skill is *solving problems collaboratively* (in the CPS model, this is referred to as Plan B). Plan B represents a departure from what, in many places, is the status quo: adults deciding upon solutions and imposing those solutions on kids (this is referred to as Plan A). The CPS model operates on another very important tenet: if you want to solve a problem with a kid, you're going to need to *partner* with the kid in solving it. In other words, the kid is your *teammate* in solving the problems that affect his or her life. This is an important tenet for any child, but perhaps especially those with trauma histories.

Plan B consists of three steps: the **Empathy** step, the **Define Adult Concerns** step, and the **Invitation** step. But it's the ingredients of the steps that are far more important than the names. The primary ingredient of the Empathy step is information gathering. It is in this step that caregivers achieve the clearest possible understanding of a student's concern, perspective, or point of view on a given unsolved problem. Without that information, adults are at very high risk for plunging forward with solutions that are both unilateral and uninformed. The Empathy step helps kids feel heard and understood. It's where adults model and display empathy. It's where adults learn that their theories about a kid's concerns were often misguided.

Adults enter their concerns into consideration in the **Define Adult Concerns** step. Adults, of course, have important concerns too. The problem is that, too

frequently, adults try to get their concerns addressed through use of Plan A. In the CPS model, adults are getting their concerns heard and addressed through use of Plan B.

In the **Invitation** step, kids and adults collaborate on solutions. But those solutions must meet two criteria: they must be *realistic* (meaning both parties can truly do what they're agreeing on) and they must be *mutually satisfactory* (meaning the concerns of both parties have been addressed).

As may be apparent, the CPS model represents quite a departure from many school discipline programs, which rely heavily on adult-imposed consequences as the primary agent of change and tend to focus on students' behavior (rather than on the problems causing the behavior). Adult-imposed consequences – discipline referrals, detentions, suspension, paddling -- don't solve those problems; nor do they teach kids the skills they're lacking. All kids – but those with trauma histories in particular – need something quite different.

There are various misconceptions that may arise when caregivers are first exposed to the CPS model. The most common is that the model requires relinquishing all adult expectations. Nothing could be further from the truth. The model does require that adults give very serious consideration to whether a student is actually capable of meeting the expectations that are being placed upon him or her. The model also involves prioritizing; while it is tempting, once a student's unsolved problems have been identified, to try solving them all at once, this is actually a sure-fire way to ensure that none at all are solved. So some unsolved problems need to be set aside temporarily (in the CPS model, this is referred to as Plan C). Those that have been set aside will be tabled for now, until some of the higher priority problems have been solved.

Many parents find that the existing discipline program at their child's school is out of sync with the CPS model, and are eager to help the school change course. This, of course, is not so easily accomplished. Traditional school discipline programs are steeped in traditional beliefs about students'

challenging behavior: it's attention seeking, manipulative, coercive, and limit-testing; and it's the byproduct of passive, permissive, inconsistent, noncontingent parenting. Many teachers and administrators aren't yet aware of the mountain of research that has accumulated over the past 40-50 years telling us that kids with behavioral challenges are lacking skills, not motivation.

While it's tempting to try to get Plan B rolling as quickly as possible at a child's school, you'll be a whole lot better off starting with the ALSUP, as Plan B frequently doesn't make much sense to caregivers until they've come to a shared view of a student's lagging skills and unsolved problems. What if your child's school is so steeped in traditional disciplinary methods that change seems unattainable? Find someone in the building – perhaps the principal or assistant principal… perhaps the school psychologist, or school counselor, or school social worker…perhaps your child's teacher – who is open-minded, recognizes that current practices aren't working, and can fill you in on how to get the ball rolling on changing things for the better for your child. Many schools have used Lost at School for their book study groups; maybe yours will too. Many have found the vast free resources on the website of my non-profit, *Lives in the Balance* – www.livesinthebalance.org -- to be extremely helpful. Stay collaborative and non-adversarial as long as possible; you may find it necessary to use the IEP process to get the ball rolling. And stay persistent: if all those discipline referrals, detentions, and suspensions were going to "work" for your child, they would have worked a long time ago. There's nothing to be lost in trying something that is more compassionate and effective.

On that last point, research has demonstrated that schools implementing the CPS model have significantly reduced rates of discipline referrals, detentions, and suspensions.

Published studies are forthcoming.

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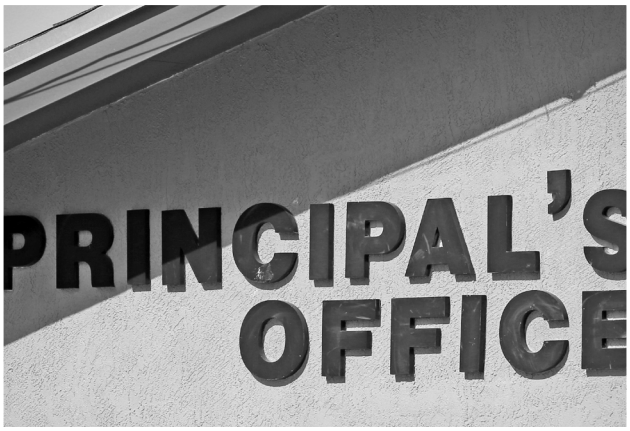
Ross W. Greene, Ph.D., is the originator of the innovative, research-based approach now known as *Collaborative & Proactive Solutions* (CPS), as described in his influential books *The Explosive Child* and *Lost at School*, and in the forthcoming books *Lost & Found* and *Raising Human Beings*. Dr. Greene served on the teaching faculty at Harvard Medical School for over 20 years, and is currently adjunct associate professor in the Department of Psychology at Virginia Tech. He is also the Founding Director of the non-profit *Lives in the Balance*, which provides a vast array of free, web-based resources on his model and advocates on behalf of behaviorally challenging kids and their parents, teachers, and other caregivers.

Always Lead with Compassion

ATN Talks with Godwin Higa, Principal of Cherokee Point Elementary

Jane Samuel, JD



California is full of celebrities. Movie actors, TV stars, pop singers and award winning directors. But here at ATN, we have our own celebrities that we are drawn too. Godwin Higa recognized as running a truly trauma-informed school in the heart of San Diego is one of those. At ATN we ask ourselves: What are these folks doing right? Why do they "get it?" How can we pass this on to those in the trenches of caring for children with trauma? Specifically, for this issue, we wanted to find out what Higa was up to at his elementary school. True to the belief that it all begins with compassion, he willingly shared about his life, his philosophies regarding children, and his job as a principal of a school that "gets it".

When Godwin Higa became the principal of Cherokee Point Elementary in one of San Diego's most violent neighborhoods – the highest in domestic violence alone - he knew he had to meet families where they were to find out how best to reach their children. A product of poverty and domestic violence himself he "got it", though at the time he began at Cherokee Point he didn't know fully what he got. It was only years later that he learned *what* he got, and what his school got, was trauma.

So he went out into the community, into the homes of Cherokee Point's students and saw the struggles they faced: poverty, parental loss, and violence – on the streets and in the home. Trauma permeated the very lives of these students. Reaching, and then teaching these children would be challenging. But for Higa, the latter factor in this equation was the least of his concern; it was the former – reaching - that he knew was most important and what he started with. To do so, he began with feeling. "Always lead with compassion," Higa insists. He showed compassion for the families he met with, seeing in person their struggles. When parents realized he truly cared they began to open up and trust him.

Then he brought this information back to his teachers and staff, many of whom were eager to help these children succeed, with the direction to approach "**Understanding the whole child.**" "As teachers we really need to know where children come from. Not just academically, but socially and emotionally. What can we do as educators to help them progress involves understanding, 'How did we get here and where can we go?'"

Higa is passionate about this. "When teachers realize a child is not progressing, checking out, struggling, acting out and they stop to wonder, 'What is going on here?' that is the key. Indeed, the greatest tragedy is that at the teacher college level they are often not getting this. It is all about the test results. Teachers are not asking, 'How come my student is not progressing?' Teachers need more compassion. They need to realize that this child might be beaten at home. This child might not have a study area at home. It is not about labeling the child. It is not about putting a number on them. It is about understanding each individual child," Once again, for Higa, it is about "leading with compassion." Cherokee Point Elementary School teachers and the entire staff understand and lead that way.

But his "whole" approach didn't end with the children. He widened it to a "whole community" approach as a

way of further sending the message that Cherokee Point was indeed a safe and welcoming place to come and learn. He brought the outside world, the good in it, into the school. He allowed local activities to take place after school hours, rather than locking the place up when the last student went home. He invited the police department in to foster a sense among the residents – many of whom are undocumented immigrants – that they did not have to fear law enforcement. Residents could call on them to help in their time of need – an extremely important message in an area racked by crime as well as domestic violence.

And he invited the parents in; this was their school too. But they didn't just run the PTA. These parents, with their personal knowledge of the struggles children faced and armed with a desire to help, began spreadig Higa's respect, compassion and trust policies among other parents in need.

Next on his list was student behavior and discipline. In Higa's mind, "suspension doesn't work, it is just so punitive and you are not addressing the cause of the behavior." Back to that "whole child."

So instead of trips to the principal's office for berating and suspensions, students are approached with compassion and a clear focus on working through the situation. Out in the halls and in the classrooms, teachers and staff utilize a "peace path" to resolve conflict. [See photo]. Students are assisted in:

1. Coming Together
2. Recognizing the injustice
3. Repairing the harm
4. Discussing future intentions and solutions
5. Summarizing, agreeing and then receiving congratulations
6. Responding to follow ups and inquiry, "How's it going?"

"When agreements are made and kept trust grows," the peace path states.

Additionally, each classroom is an incubator for trust and compassion, where students are free to share their feelings and seek assistance, not just from adults but from their fellow classmates. "Circle in the morning is a time for communication and talk of respect. A student might bring up that he is struggling with something. The teacher will then ask, 'Would you like some help Jonathan?' And of the group, 'How can we help Jonathan today?'" Bottom line for Higa is respect, from all, including staff, "if we treat each other with utmost respect, then students will do the same." These practices also help children regulate their emotions and give them choices to help them feel more in control.

Higa's plan for "restorative justice" hasn't stopped there. He and other passionate leaders used the bond he had formed with law enforcement and the community to bring it to those who work in the streets – the police and those in the justice system. This has recently been expanded to a city wide level, including all county health workers. Imagine a community where those in the trenches combating, and dealing with the aftermath of, the violence practice restorative justice and compassion?

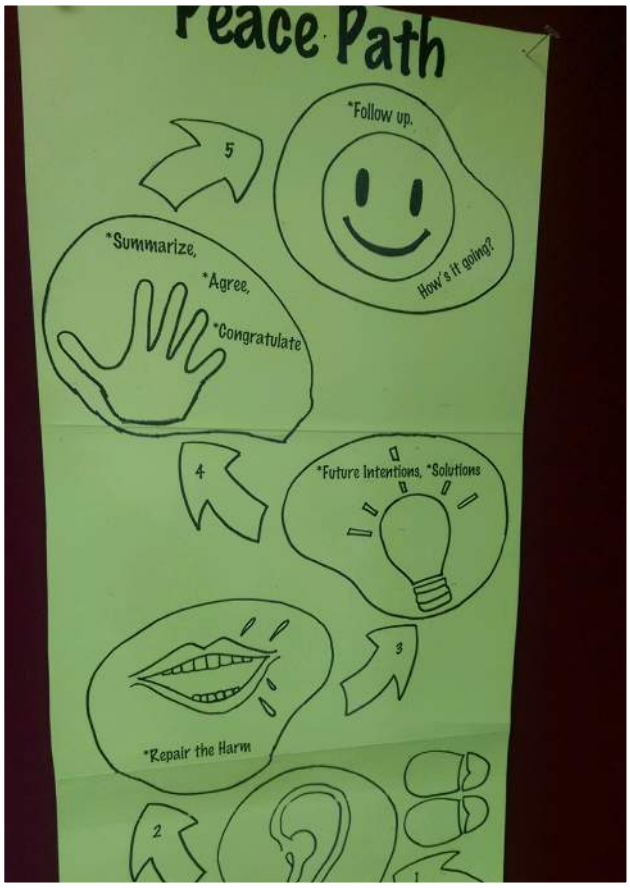
About three years into this Cherokee Point's transformation, Jane Stevens, founder and Publisher of ACES Too High and ACEs Connection read an article about Higa and his nontraditional approaches to education and discipline and asked to come see his work in action. Stevens, whose focus is on the effects of early life trauma, spent three days at Cherokee Point observing students and sitting in on classes. At the end of her visit Stevens went to Higa and said, "Did you know that you have a trauma-informed school?"

Higa was blown away. There was a word he had not heard before - "trauma-informed." He asked Stevens to share what this meant. "Trauma-informed schools create safe classrooms and school campuses where children, families and staff are able to learn, support

children and create lasting connections." Trauma-informed schools are imperative because neuroscience shows that a child lacks "the ability to learn unless the school creates an emotionally safe place for kids to recover and…learn that school is very caring," Stevens says.

But Higa wanted more. Now that he knew about trauma and the significant role it played in the student's ability to learn he wanted to take what he, the staff and parents had created at Cherokee Point and build on it. He requested training with San Diego State University and Dr. Audrey Hokoda, in early childhood development, restorative justice and trauma-informed care. He reports his teachers "were craving the science and this really opened up their eyes even more." He also invited parents to train with Dr. Hokoda. Now his parents are doing their own training at other schools in the area to spread the word. And he began a youth leadership program with local community organizer Dana Brown where students are trained in trauma, restorative justice and restorative practices as well as do service learning projects to experience first-hand what compassion is.

Eight years ago when Higa set out to build a successful elementary school in one of San Diego's most violent neighborhood's he knew he had to approach the families and children where they were – struggling in the streets and homes. He also knew he had to make, **understanding the whole child** Cherokee Point Elementary's focus. Under his guidance, the staff would not just be teaching - they would be leading with compassion and respect, looking underneath behaviors, and asking "what is going on socially and emotionally with this child that he/she is not progressing, or fighting, or falling behind?" He "got it" as we say in the trauma field. His school has become a symbol for other schools in San Diego and elsewhere on how to reach and teach children from hard places. As word spreads of what works and what doesn't work in the face of trauma, not only will these students excel, all students will. For in the end, compassion and respect go a long way in creating a safe, healthy and caring place for all to learn.



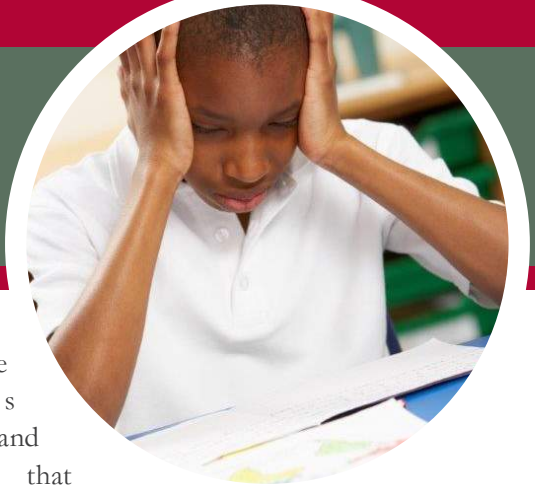
To learn more about Cherokee Point Elementary's trauma-informed programs search Cherokee Point at www.acestoohigh.com or check out: https://chronicleofsocialchange.org/featured/san-diego-school-drives-progress-toward-trauma-informed-school-district/13505.

Editor's Note: ATN wants to extend its gratitude to Godwin Higa for taking time out of his busy day to share with us about his school, what works and what doesn't.

Jane Samuel, J.D.

Jane serves as Communications Director for Attachment Trauma Network and speaks and writes nationally on adoption and trauma issues. A past litigator, Jane is married and the mother of three girls. Currently, she splits her time between parenting, ATN work and her writing.

If Not a Sticker Chart, Then What?



Jen Alexander, MA, NCC, RPT

A "Understanding how childhood trauma impacts students in schools is important, but what do we do about student behavior if we do not use a behavior or sticker chart?" It's a question that educators and parents often ask when learning about creating trauma-sensitive schools.

First of all, behavior or sticker charts do work for some students, some of the time, so we do not necessarily have to throw them out completely. For traumatized students, however, those interventions often do not work. Here is why.

As Dr. Daniel Siegel has described, some misbehavior we see from students is a result of activity from the upstairs brain (i.e., an upstairs brain temper tantrum). An example might be a child who at a particular moment in time is able to regulate her internal state - think "big emotions" - but simply does not want to do what is expected by trusted adults because they have their own agenda at the moment and are making a choice. It is a *won't* behavior. Saying, "No," with clear limits, boundaries and even using typical behavior modification interventions may be helpful. The problem comes in when we view all behavior as won't behavior when it is not.

Some student behavior, particularly with traumatized youth, stems from what Siegel calls the dys-regulated downstairs brain and not the upstairs brain. For reasons unique to each child, these kiddos are often triggered into a flight, fight or freeze response associated with the dys-regulated downstairs brain. Behaviors may accompany this dys-regulated arousal state, but they represent "can't" behavior, not "won't" behavior. This is true even when behaviors look very much like "won't" behaviors.

For instance, the traumatized teen who says, "I'm not doing it; you can't make me," may appear to be engaging in "won't" behavior when in reality, he/she was triggered by perceived rejection from peers before school started and is overwhelmed by feelings of shame, hurt and fear. These feelings may remind and tap into the student's intense emotions of shame and rejection that are related to past abusive experiences. Because of the triggered flight, fight or freeze response, the student truly "can't" stay calm, "can't" use his/her upstairs brain to make a better choice and needs help to regulate his/her body and brain. Instead of thinking about how to consequence these youth so they "learn a lesson" about not engaging in such behavior, we need to help them learn how to regulate their big feelings so behavioral escalations can be prevented in the future. This learning requires positive, trusting relationships with adults as well as practice at regulating arousal states.

Let's face it, this is not only true for traumatized youth. All of us, adults and youth alike, become overwhelmed with stress at times and lose our capacity to regulate our downstairs brain. We each need relationships we can rely on when we become overwhelmed with big emotions. We also need help and practice to learn how to regulate our stress response systems. The difference is that many traumatized youth were never able to develop their capacity for emotional regulation in the first place so their brains and bodies are learning it for the first time. The rest of us simply lose that capacity when our stress level rises too high. Either way, students need practice when it comes to regulating their stress response systems.

So how do we help them do that?

Here are a few ideas:

1. **Build positive relationships with students and be present.** Notice their escalating arousal states as early as possible because it is easier to help a child soothe a slightly dys-regulated brain than a severely dys-regulated brain. "Be with" students when this happens by approaching, sitting quietly with them on their level and saying nothing at all or something simple like, "I'm not mad kiddo, breathe." That

line represents a strategy I learned during ATN's 2014 educational summit from Jody McVittie.

2. **Teach all children about the brain's stress response system and Dr. Daniel Siegel's hand model of the brain.** Check out our Hansen Elementary's "Mindfulness" video to see what students can learn about the workings of emotional regulation. (https://www.youtube.com/watch?v=mkNMjiBpDjE)

3. **Build in regulatory breaks throughout the school day for all children and even more for traumatized children.** Importantly, provide these breaks before children look like they need them. This builds the brain's capacity for regulation. Examples include brain breaks, mindfulness practice and yoga.

4. **Develop individualized plans for severely traumatized students whereby students, staff and parents work together to figure out what helps a particular child calm his/her stress response system.** For example, a student may benefit from a calming area in the classroom where he/she can hold a stuffie, listen to music, rock in a rocking chair or even run his/her hands through a box of sand for a few minutes. Another may need a walk with a trusted adult to regulate. Figure out what works for each child, and make a plan about how the student or educator can initiate that plan when escalations occur. Utilizing an "I need a break in the calming area" card can be helpful so that the student does not have to verbalize what he/she needs but instead, can simply hand a teacher the card. Putting our needs into words is difficult for all of us when our stress response systems are activated, and it is especially difficult for traumatized youth.

5. **When behavior does escalate, help the child or teen regulate first.** Then later, help the child make up for his/her behavior by doing something that helps fix the situation or repairs any now disconnected relationships. Natural and logical consequences are essential, but apologies of actions must not be overlooked. As much as possible, encourage students to come up with ideas about how they can make the situation better. Anyone who feels hurt or disrespected as a result of the student's actions can verbalize what would help them to feel better as well. For example, a child who pushes books on the floor out of escalating anger could give up his/her computer time to clean and straighten the entire book center if the teacher indicates this could be helpful. Another child who hits at recess, may need a smaller recess with closer adult proximity to practice keeping hands and feet to self before he/she is ready for the more unstructured, larger recess setting. Meanwhile, the student may draw a picture for the hurt student to help make up for his/her unsafe actions.

Even when traumatized students present with what may be big, threatening behaviors, it helps to remember that underneath, they are experiencing overwhelming, difficult emotions. They likely feel out of control and need our help to calm their bodies so the upstairs brain can come back online. The key lies not in a behavior modification plan, but in how we help each student regulate and then, move forward in his/her relationships with class-mates and adults. That is what being trauma-sensitive is all about.

Jen Alexander, MA, NCC, RPT. As a blogger, speaker with the Attachment & Trauma Network (ATN), practicing educator, and adoptive parent of a traumatized child, Jen is passionate about being a leader in the movement to create trauma-sensitive schools. Jen has over 15 years of experience as a practicing school counselor, play therapist, and former special education teacher, all in Iowa, as well as nearly a decade of experience parenting her severely traumatized child.

Delayed Effects of Early Childhood Maltreatment;

Is That Possible?

Cheryl Chase, PhD

With some regularity, I am visited in my private practice by a reticent teenager and his or her parents. The teenager, I am told, recently began to struggle in school, and although the parents have entertained the usual suspects such as too many distractions in the bedroom or lack of a good work ethic, they suspect that, "something more is going on." The backgrounds of these teens are often similar - the child was adopted with little or no known pre-adoptive history, and despite some delays meeting early motor or language milestones, the child's physical development has been unremarkable. During the early grades, the child performed reasonably well, mastering basic academic skills with moderate effort, and maintaining appropriate behavior both in school and at home. But it seemed that around the middle school years, when academic demands increased, the child began to struggle. The parents are confused, because they hold the common belief that any 'legitimate' obstacles to learning or performance would have appeared in first or second grade, right?

Not necessarily. It may be that, in fact, their intuition is correct, and that there is "something more going on." What they are surprised to learn, though, is that the "something more" is, quite possibly, the result of events that took place before they ever adopted the child, some ten or more years ago. To help them understand what I mean, I provide them with some helpful information which, generally, takes the form of answering the following four questions: 1) What is the typical course of human brain development? 2) What is the normal human stress response? 3) Can the stress-response negatively impact brain development? and 4) How might those negative impacts manifest for the first time in adolescence? Once provided with this information, the family is often able to change their understanding of the situation, alter their expectations accordingly, and shape their responses more effectively.

What is the typical course of human brain development?

The human brain is a complex organ, and much of its growth and development occurs after birth. When a baby is born, the lower portions of the brain, which manage basic life functions such as breathing and heartbeat, are pretty well developed. But, the higher brain regions – those that mediate emotional regulation, language, or reasoning, are still immature. Although these areas do grow rapidly within the first three years of life, some regions continue to grow and develop well into adolescence and beyond. One of these higher brain regions, known as the frontal cortex, is alleged to govern abstract thought, judgment, and planning. It undergoes several distinct growth spurts, developing rapidly between the ages of three and six years, and again just before puberty. It continues to develop, albeit more slowly, not reaching adult size and functionality until a person is in his or her late 20's or even early 30's.

What is the normal human stress response?

Humans are animals, and that fact is no more apparent than when we consider our stress-response system. You see, we are hard wired for survival, and our stress response system provides a quintessential example of that fact. It evolved to react to brief, acute, life-threatening stressors, and it operates in an "all or nothing" fashion. Canadian scientist Hans Selye proposed that this stress response follows a three-step process, which he called general adaptation syndrome (GAS). During phases 1 and 2, named Alarm and Resistance, many lower brain centers are activated and emit neurotransmitters that stimulate the body to release stress hormones such as cortisol and adrenaline. As our bodies prepare to mobilize against the threat, our heart rate increases, blood is diverted to the skeletal muscles, and breathing rate and blood pressure

increase. Unfortunately, our bodies progress through these same phases in response to any threat, be it a predator on the savanna or our parents' yelling in the midst of a domestic dispute; the stress response doesn't discriminate among stressors. And, if we do not respond to the threat with vigorous physical activity, such as fighting our foe or running away, our bodies are left to clean up the abundance of stress hormones coursing through it as best it can.

And this stress-response can negatively impact brain development?

Yes – it can and it does! A developing brain is a vulnerable brain. If a child lives in a chaotic and stressful environment, and caregivers respond in ways that are not helpful, the child's brain is exposed to intermittent electrical and chemical upheavals and bathed in high levels of stress hormones while it is developing. And these conditions, especially if present during infancy, produce all kinds of serious and wide-ranging abnormalities in brain development.

How might those negative impacts manifest for the first time in adolescence?

When considering children, it is always necessary to take what is known as a "developmental approach." This requires the recognition and understanding that in each moment, the child is not a static being, but a dynamic, changing organism that is progressing towards various goals and milestones to be met at some future time. And, how successfully children negotiate the later phases of development are founded on how well they were able to negotiate earlier phases of development. To draw an analogy, one can only build a towering house of cards if the foundational level is strong and firm. Unfortunately, though, we may not realize that the foundation is shaky until we try to add a third layer of cards and the tower crumbles; up to that point, it appeared fine.

Such is the case with brain development. We don't always know that there are atypicalities in brain development until the child fails to meet a developmental milestone; up to that point, all appeared fine. As we raise the bar on what we expect of children when they enter adolescence, stretching their educational demands beyond rote memorization, and phasing out the high levels of structure around homework and project completion that is inherent during the early grades, we see they are not capable of such complex and sophisticated tasks yet – at least not independently. Up to this point, the child's brain was equipped to meet the demands placed on it by the environment, but that is no longer the case.

Once the situation is understood as resulting from delays in the development of brain areas necessary to meet the new demands, as opposed to oppositionality or lack of motivation, the parents can begin to respond more effectively. They can maintain a disability perspective, marshal more compassion for their child's struggles, and learn to act as "surrogate frontal lobes" for their child at home. In addition, they are better able to explain their child's needs to school personnel and advocate more effectively for services at school. Finally, all members of the family are able to enjoy more frequent, positive, and warm interactions, and endure fewer exhausting and damaging upheavals of their own stress-responses.

Cheryl Chase, Ph.D. is the owner of Chasing Your Potential, LLC, and a licensed clinical psychologist in private practice near Cleveland, Ohio. She specializes in the assessment and treatment of various conditions impacting children, adolescents, and young adults including attention and learning disorders as well as social and emotional concerns.

Finding Answers in Developmental Trauma Diagnosis

Laura Perry

I found "religion" 5 years ago. No, not the you-will-be-saved kind - although in a way I was. Rather in finally finding answers to questions that had been plaguing me about my daughter's behavior and academic lag. Specifically, I learned 2 new words that changed the course of my advocacy for my daughter - Developmental Trauma.

From the start, we tried to do the right thing, knowing our daughter was probably at higher risk because of her early childhood neglect. She received early intervention services. When she aged out, we had her evaluated for special education pre-school in our district but she was found ineligible. So, she entered school as a "typical" student. However, we made it as far as the second day of kindergarten before the phone calls started about her outbursts, refusal to listen to the teacher, and eloping from the classroom. By the end of kindergarten my daughter had an Individual Education Plan (IEP) and her first of many Behavior Intervention Plans (BIP). At best, there was minimal improvement in her behaviors.

With the new awareness of developmental trauma, it all became clear why so many interventions had not worked in the past. They were focused on managing the outward behaviors, but not understanding the origin or reasons behind the behavior (in her case, spending her infancy in a foreign orphanage). This hampered her team from developing a plan that would address her trauma-based issues.

She had a very challenging 6 (K-5th grade) years in public school. It was only when we exhausted the available options that we decided to focus on healing her trauma and attachment issues through a residential program and finally through a school-paid out of district placement where she is today.

Over the years, I regularly met with her teachers and child study team. With few exceptions, our meetings were collaborative, respectful and focused on what would be in her best interests. I approached each meeting looking to create a positive environment in which all parties felt they had an equal voice, and when differences arose, we would be able to work through them by understanding each team member's perspective. I also read all I could about the special education laws and became active in my district's parent advisory group.

Lesson #1: Have a support system when you advocate for your child. Understand your rights as a parent, and do not hesitate to contribute your views, even if they differ from the teachers, case manager, and other team members. Most importantly, establish yourself as YOUR child's expert. You, and only you, know what works and what does not work in the home; share this information with the team so that there is consistency in the application of procedures, and in the case of a child with a behavior plan, span the behavioral supports from school to home.

However, our plan was not working.

By the spring of 5th grade, the school determined that my daughter simply was not able to interact with any teachers or students. They placed her in a private room with a resource teacher where she completed 4 hours of academics each day and then came home. No lunch or interaction with other students other than gym. She - and I - were miserable! The school administrator's response to her increasing defiance was to add more and more restrictions

on her and she was routinely suspended for misbehaving, not given permission to attend school trips or events, or anything else - all in an effort to "make" her behave. Eventually, he said, she HAD to listen to authority. But she wasn't able to under those circumstances. We needed to change course.

So, instead of continuing to modify IEPs and BIPs to see if something would help the dysregulation, the lack of focus, defiance, and other behaviors, I decided to start over. I told that school to change nothing - no switch to another school, no more BIPs. We did not at that time have an accurate diagnosis and we were not giving her an appropriate education. I was seeing from my research that although some of her behaviors fit her diagnosis of ADHD and Oppositional Defiant Disorder, her early time in an orphanage most likely caused her trauma, and thus her behavior. I fired her psychiatrist and hired a neuropsychologist who worked exclusively with post-institutionalized children and was a recognized trauma expert.

Lesson #2- Get the diagnosis right! Assume that if your child comes from a foreign orphanage, or has been in the foster care system, or has suffered some type of neglect, abuse or other adverse childhood event (prolonged illness, family issues), IT IS TRAUMA. It is not ADHD, ODD, Generalized Anxiety, Intermittent Explosive Disorder or any other behavioral type of diagnosis-although that can be and is often seen as a co-diagnosis with trauma. Healing trauma is all about relationships and safety. The local pediatrician or general child psychiatrist most likely does not have the training or background to understand- much less diagnose - trauma. Find a health care provider who has worked with trauma-impacted children and can help you advocate for your child.

It was within the neuropsychologist's report where I first read the words "developmental trauma". Included in the report was a detailed explanation of the history of this term as well as the implications for learning. The report captured my daughter's issues in a way that I had never seen before and for the first time it all made sense.

Armed with this report, I called a meeting of the child study team. Although they considered the report, and recognized the expertise of the neuropsychologist, they chose not to implement most of his recommendations.

Lesson #3- Ask the district to perform a neuropsychological exam on your child. If you don't agree with the assessment, you can request an independent evaluation. Don't, as I did, simply go out and pay for a very expensive evaluation without first asking if the school will conduct the assessment.

Sixth grade was the last year that my daughter attended public school. We had several IEP meetings to ask for some trauma-sensitive components into her classroom but they were not fully buying into the idea of developmental trauma. The progress was minimal.

Our moment of truth was when she went into a rage, hid under a table, and the teacher had to remove the other students. The vice principal commented that it

was probably just her hormones and she would be fine the next day.

Lesson #4- When all efforts fail to get your child an appropriate education, consider due process. When a stalemate is reached, this may be your only avenue to get your child the services they need.

We were able to find an out-of-state program for my daughter; the residential center only focused on trauma and attachment issues. While for some, this may be a "last resort", for us it was the best means to scaffold her emotional, behavioral, and academic deficits. It was difficult, but has proved to be very beneficial for her. We were able to come to a payment agreement with our district. She was in the facility for over 2 years.

Today, my daughter is an 11th grader in a high school that is designed to address the emotional and behavioral challenges of students who may have trauma been bullied, suffer from depression, anxiety and other mood disorders, or whom simply have not "fit in" to the traditional setting in the public schools. Prior to her starting there, I spent many hours sharing information about developmental trauma with the school personnel; this was key to them understanding the underlying causes for her behaviors and why addressing just the behavior would not be enough. She needed time to process her emotions, have an environment in which she felt safe both physically and psychologically, and individualized attention to help her get unstuck.

Although it does not explicitly define itself as a "trauma sensitive" school, these elements are part of the school structure:

- Small teacher/student ratio
- Each student has their own work space and may move about the room as needed
- There are group check-ins twice a day - once when the day begins with a whole school morning meeting and another right before lunch
- Students may call their own meetings to address any concerns with classmates
- At any time, a student may request to go to "the bench" with is a regulating seat as they wait to speak to the on-site school psychologist
- A positive behavior system that has student input and opportunities for "in the moment correction" and learning
- Academics are held in the morning when the students have better focus
- Afternoon is spent in student-selected electives and regulating physical activities
- The students interact with the community and participate in many volunteer activities.

It has been an overall positive experience. In the past I worried if she would ever be able to independently function; we are now planning what she will do when she graduates from high school. Life is good.

Laura Perry is a bio-adoptive parent of 2 daughters, aged 16 and 19. After a successful career in the pharmaceutical services industry, she decided to reinvent herself and moved to a small non-profit firm focused on teacher development for those who work with students on the autism spectrum. Now a certified life coach, she recently launched her own business focused on adoption, childhood trauma and special needs coaching for parents at extraordinatryparentcoaching.com.

Schooling Traumatized Kids @ Home —

Challenges & Successes

Julie Beem

I never set out to school my child at home. Yet, in 2007, it became our only option. Having lost a protracted due process case, I unenrolled my daughter from our local district and homeschooled her for a year in a very "unschooling" fashion. It was that low-stress approach, coupled with all the evaluations we were receiving for the court case that clarified for me how significantly her ability to learn was impacted by her early neglect and maltreatment. She obsessively drew pictures of children being restrained and locked in rooms, and "played school" by screaming at her toys. I will never know how much of what she enacted then actually happened in her school days or were remnants from her orphanage days…regardless, her trauma was definitely triggered by her school environment. And her escalating behaviors were being met with more and more punitive strategies in an attempt to control her, all from a system that did not understand what she needed.

To get her the type of individualized, therapy-rich environment she needed to be educated in was going to cost us about $45,000 a year at the one private school nearby who could provide it. With no financial help from our local district, it made more sense to close my business, reduce our family income and educate her at home. In that first year, I realized she didn't know basic 3rd grade tasks like alphabetizing, fractions or anything about early American history. So I filled our days with grammar, math and history stories until I could figure out this homeschooling gig. Meanwhile, I studied the significant impact severe visual, auditory and language processing deficits have on reading, writing and mathematics. Things were going to have to be introduced slowly and in a very structured way, with lots of flexibility in the schedule due to her emotional outbursts.

As I began our homeschooling journey, I learned that Georgia had authorized a statewide virtual charter school, Georgia Cyber Academy. Enrollment made sense to me for one overriding reason – **I wouldn't be in this alone!** GCA would supply the curriculum and a special education teacher. They would also construct an IEP that included related services (speech, OT, social skills) provided by nearby therapists. In May 2016 my daughter will graduate from Georgia Cyber Academy, likely with honors – in stark contrast to the program our local public school offered, which has a graduation rate of less than 10%. The last 9 years have been incredibly difficult and incredibly rewarding. The decision to school at home is not one I recommend lightly for traumatized and attachment disordered children. But it is often an option of last resort when the schools can't (or won't) meet our children's needs.

The Challenges of School @ Home through a Virtual Public School

- **Smothered & Covered.** While I love the Waffle House hash browns this way, I did not love spending every waking moment (and sometimes when we should have been sleeping) on call as both my child's teacher and parent. My daughter's behaviors were challenging at school, but at home they were magnified ten-fold. In addition to continuously managing her behaviors, I had to deal with my own emotions about ending my career, something I enjoyed, and about the significant hit to our finances. On the other hand, our other daughter was thrilled that I was home every afternoon to chauffer her and her friends to a variety of activities and I needed the break. A dear retired teacher friend stopped by on Fridays to do art projects. We jokingly called it my " teacher planning period" - a much-needed respite. ***If***

you're schooling traumatized children at home, you MUST be even more diligent about your own self-care. And you must be crystal clear that being the Parent is more important than being the Teacher! We always functioned under the assumption that it was better for our child to have a healthier attachment than to understand physics or Shakespeare. If you're not careful, pushing the academics can get in the way of connecting with your child. We frequently let the homework go in favor of "snuggle time".

- **Socialization.** You have to be very intentional about socialization. Children who have huge social and emotional deficits due to their early trauma need more, not less, opportunities to socialize (under the watchful guidance of a coach who understands how to facilitate the interactions and keep everyone safe). Orchestrating opportunities for our daughter to participate in activities that fit her developmentally and allowed her to interact with peers was not simple. She still struggles with finding and keeping friends, and she still goes for weekly social skills counseling. But I suspect she would have struggled just as much or more at the local public school, as they did not have the trauma-informed social/emotional programs in place. Add in the potential for bullying and other negative influences, and I feel very fortunate to have been able to be selective.

- **Guess Who Gets To Implement This?** When you school at home (whether straight homeschooling or bringing in the education in other ways) you – the parent – do much of the heavy lifting. You need to be there every day, playing several roles. Because the virtual school was public, the curriculum and services they provided came with mandatory state testing and heaps of bureaucracy. There was always paperwork to fill out and rules to follow. Straight homeschooling has less of that, but the total responsibility for what your child learns rests with you. At our school the Learning Coach (my title) was often responsible for implementing IEP goals and giving the teacher data, as well as driving my daughter to therapies and tutoring for what she didn't grasp. I also spent a lot of time teaching regulation skills and strategies for breaking down the information in ways better suited to her learning style.

The Successes of Schooling @ Home

- **Therapies with a Side of Academics.** In 2007 my daughter was so dysregulated that sitting still to take in any academic information was nearly impossible. In addition to the flight and fight behaviors, she had extreme processing disorders and developmental delays. It was clear that throwing our energy into therapies to help "cool" her brain was the only workable strategy. So we did lots of movement, sensory and brain-based interventions, both through the IEP and privately. Neurodevelopmental reorganization was done daily. An OT who administered Interactive Metronome and other therapies came to our home twice a week. We started Fast ForWord to help with reading/language processing. Eventually we added therapeutic horseback riding. Academically, I learned that often curricula are spiraled – including review of previous year's material and building on it. For our daughter, who wasn't developmentally ready at 3rd grade to learn fractions or how to organize her writing, this spiral opportunity to learn a concept she may have missed was hugely beneficial once the therapies started helping her ability to self-regulate. ***The one over-arching benefit of keeping attachment-challenged children at home for school is your ability to therapeutically parent them, work on attachment and provide therapies in a more intensive way than if they were away from you for half their day.***

- **Time Was On Our Side.** A decided advantage to virtual school is the flexibility of when, throughout the day, you actually do the work. My daughter was able to work in the afternoon/evenings instead of mornings. And, because the live class sessions are recorded she is able to log out if she gets triggered and watch class later. Or she's able to re-watch them over as a review before taking the test. We've harnessed her obsessive tendencies into working hard at school – meaning

that weekends and school breaks are often full of "catching up" since she does need extra time to grasp it all.

- **I Can Do It!** The biggest success is in my daughter's sense of accomplishment. Traumatized children's negative self-view often includes school failures. Instead, my daughter has learned that she can learn. She now has incredible learning strategies that capitalize on her strengths (like re-listening to lectures and drawing diagrams instead of lengthy note-taking). Because she still struggles with frustration when new concepts are presented too quickly (slow processing speed), she's able to log out of her online classroom or walk away until she self-regulates. This would be much harder in our local school setting. With a 12th grade schedule that includes Pre-Calc and Economics, she proudly tells everyone that she's in the National Honor Society. We find her community service opportunities through our church, local charities and ATN. We don't know what the future holds for her, but it's much brighter because we chose to school her virtually and make this method work.

Is homeschooling or virtual schooling right for your child? Only you can decide that. It's been both a challenge and a blessing for us. And come next May, both my daughter and I are going to be celebrating our HUGE accomplishment!

Julie Beem has advocated for the educational needs of traumatized kids since 2006 when her article "The Internationally Adopted Child at School" was published in *Adoption Parenting: Creating a Toolbox, Building Connections.* As a trained special ed advocate and Exec Director of ATN, Julie dreams of a day when every school is trauma-sensitive.

What's Coming Up in the Attachment and Trauma World

ATN Member's Only Chat
Dec 9

ATN Hosts an online webinar: "FASD is a Trauma" by Lawrence B. Smith, LCSW
Jan 21

BeTA (Beyond Early Trauma and Attachment) Retreat. ATN will be there!
Orlando, FL
Feb 26-28

CARS (California Association of Resource Specialists)
Sacramento, CA
Feb 26-28

National Youth at Risk Conference. ATN will be there!
March 7-9
Savannah, GA

Council of Parent Advocates & Attorneys Annual Conference. ATN will be there!
March 10-13
Philadelphia, PA

Echo Parenting's Trauma Sensitive Schools Conference, ATN will be there!
March 16-17
Los Angeles, CA

Parenting in SPACE
April 8-10
Chicago, IL

NACAC Conference
Aug 4-6
Nashville, TN

ATTACh Conference
St. Louis, MO
Sep 22-25

Student Resource Officers in an Age of Trauma-Sensitive Schools

Susan E. Craig

The recent video of a Student Resource Officer dragging a high school student across her classroom floor is a stunning example of the growing tendency to criminalize the misconduct of children and youth in public schools. Since the 1990s this blurring of the lines between school discipline and legal intervention has led to the incarceration of students who do not (or cannot) conform to the social, behavioral, or academic demands of school. In many cases, these are youngsters with histories of early adversity or trauma. Their frequent suspension or expulsion from educational environments denies them access to the instructional experiences and adult guidance they need to develop the resilience necessary to overcome a difficult past.

When schools defer to law enforcement, they abdicate their responsibility to shape the behavior of children and youth. Self-regulation and impulse control develop within a social context that relies on collaboration with adults committed to teaching the next generation the skills they need to achieve social and academic success. Coercion and threats do nothing to encourage this process. Rather, they serve as reinforcements of the helplessness and reactive behaviors that are detrimental to the learning process.
It's time for adults to view the disruptive and self-destructive behaviors of minors through a trauma-sensitive lens. This requires recognizing common "triggers" in the school environment and knowing how to de-escalate students' reactions to them. These include violations of physical space, changes in routine, confusion about expectations, and the similarities between parent/teacher roles.

Attention is often drawn to the cognitive distortions of "disturbed" children and youth. Perhaps it's time to attend more to the cognitive distortions of those charged with caring for them. Chief among them is the belief that students' failure to comply signifies defiance rather than poor emotional regulation and behavioral control.

Increased force is not the answer to promoting safety and cooperation within schools. Instead, educators need to take back their responsibility to teach age appropriate behaviors and self-regulation. This will require above average ability for self-monitoring and managing one's own emotions when engaging difficult students. But the benefits far exceed the risks. These include providing access to educational opportunities to children and youth who are currently disenfranchised by the criminalization of their behavior.

ATN would like to thank Dr. Craig for allowing re-publication of this piece from her blog Meltdownstomastery.

Susan Craig, PhD, an accomplished educational trainer, is the author *Reaching and Teaching Children Who Hurt: Strategies for Your Classroom* and has created the essential training series *Including All Children: Supporting Preschool Children with Disabilities.* She is also co-author of several DVDs on including children with disabilities: *Plain Talk, It's Really No Different, Inclusion: Using the Skills You Already Possess, Environments That Say "Yes", and Out of School Programs That Work.* Teachers and Administrators across the United States rely on Dr. Susan E. Craig's professional development training and materials to create trauma-sensitive learning environments. Read more regarding these topics at her blog, www.meltdownstomastery.wordpress.com.

Advocacy Update

Is Childhood Trauma a Special Education Disability?

Melissa Sadin, MAT, MEd.

The idea that childhood trauma might be grounds for special education has grabbed national attention due to a lawsuit pending in the circuit courts of California. Parents of a child with a trauma history filed suit against the Compton Unified School District for failing to provide an appropriate education by ignoring the impact of trauma on the child's educational needs. This lawsuit has zeroed in on how childhood trauma impacts learning and behavior in school. It has sparked many conversations in social media about the role special education might play in the educational life of children with trauma.

Is childhood trauma a special education disability? That is a very broad question and the answer is a firm, "sort of." The answer varies depending on the interpretation of the question.

If we take it to mean, "Is childhood trauma a condition that allows for eligibility under the Individuals with Disability Act (IDEA)?" the answer is, "No." IDEA currently recognizes thirteen classification categories and childhood trauma is not one of them. It is important to note that a classification under IDEA is not the same as a diagnosis. For example, under IDEA, for a child to qualify for special education under the category of emotional or behavioral disorder (EBD) s/he must demonstrate one or more of the following criteria over a long time and to a marked degree:

- 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 behaviors or feelings under normal circumstances,;
- a general pervasive mood of unhappiness o depression; and/or
- a tendency to develop physical symptoms or fears associated with personal or school problems (Turnbull, Turnbull, & Wehmeyer, 2010).

Thus, a child can have a diagnosis of depression and qualify for special education under the classification of EBD. However, every child with depression does not need special education. Any support provided to a child in school should be based in the individual needs of that child. What does the child do well? Where does the child struggle? Apply an intervention. Measure the child's response. Keep what works. Throw out what does not work. Repeat as necessary.

Additionally, having a diagnosis does not guarantee special education. But having a diagnosis does provide

a frame of reference. A psychiatric diagnosis can provide special education teams with an understanding of what might be interfering with a child's ability to learn or behave. It provides an informed starting place for creating an intervention plan. (See "Finding Answers in a Developmental Trauma Diagnosis" in this issue.)

For children with trauma, however, there is no classification category under IDEA, and there currently is no appropriate diagnostic label in the big book of all identified psychological disorders called the Diagnostic and Statistical Manual (DSM). Many children who have experienced trauma have been diagnosed by perhaps well meaning however under informed psychiatrists, psychologists and medical doctors with any of the following – ADHD, Bi-Polar, Anxiety, Depression, ODD, PTSD, Autism, and so on. The problem is that none of those accurately describes children who have been developmentally impacted by childhood trauma.

The good news is that there are a group of very capable doctors (e.g., Dr. van der Kolk and his colleagues at the Justice Resource Institute in MA and others) who have recommended consideration of Developmental Trauma Disorder (DTD) for inclusion in the next iteration of DSM. These fine doctors contend that any of the ingredients in the above mentioned alphabet soup do not capture the core deficits of children with trauma. DTD requires consideration of the impact of trauma on the development of the brain. Diagnosis and treatment of children with developmental trauma requires inside out thinking. Parents and teachers of children who have experienced trauma need to consider what might be happening inside the child in order to treat what might be happening on the outside of the child.

Consider the history of Autism. When I began my teaching career I provided special education support for children who had emotional barriers to learning and who had a classification of EBD. At that time there were 12 classification categories and no diagnosis in DSM for autism. Because the children in my school with autism demonstrated behavioral concerns, they were placed in my classroom. Despite that they were not at all like the other children in my class, I treated them as I treated the other children with an EBD classification. Of course it didn't work. The children with autism did not respond the way the other children did to my amazing strategies for supporting children with emotional barriers. What I did not know was that they had very different core deficits. They had brains that were developing differently than my other students. Over the next 5 years, however, there came a diagnosis of autism in DSM and then a classification category in IDEA. With the labels came definitions. With the definitions came treatment programs. The labels provided a frame of reference, a jumping off place to begin the intervention plan.

Supporting children with autism is similar to supporting children of trauma in that it requires inside out thinking. After the labels and the training, teachers and parents came to understand that children with autism were behaving and learning the way they were as a result of what was happening inside them. Their behavior was not their choice. It was a real thing and not a result of bad parenting or bad behavior. Having a diagnosis of DTD and a classification under IDEA would provide an inside out frame of reference for parents and teachers. (I humbly suggest TSD – Trauma Spectrum Disorder that would include PTSD, DTD, and RAD.

Is childhood trauma a special education disability? Not yet. Eventually we will have a diagnosis in a future iteration of DSM. We may even have a category in IDEA for trauma spectrum disorders. Until then, however, applying our inside out thinking, a better question to ask is, 'Could a child with trauma have learning and behavioral needs that could be met with special education services?' Now the answer becomes a more direct, "yes" or "no." It depends on the child. Collect information on your child or students from the inside out. Treat the core deficits. Follow their responses to interventions. Keep doing what works and stop doing what doesn't work. If we learn what is going on inside and measure what is going on outside, we can meet the needs of every child with or without trauma, with or without special education.

Melissa Sadin, MAT, MET

is an adoptive mother, education consultant, special education teacher, and former school administrator. She is on the School Board in her town and is an active member of the Attachment & Trauma Network. She is a published author and has produced numerous webinars on children with attachment trauma in the public schools. She is the co-leader of ATN's Trauma Sensitive Schools Task Force and owner of Ducks and Lions, Attachment Resources, LLC.

Resources

ATN's Education Summit 2014, Educating Traumatized Children (interviews with 22 experts), http://store.attachmenttraumanetwork.org/mm5/merchant.mvc?Screen=CTGY&Store_Code=RAD&Category_Code=ES2014

"Classroom Strategies for Traumatized Student", Mary Ellen Fecser, MEd., *Reclaiming Children & Youth*. Spring 2015, Vol. 24 Issue 1, p20-24. 5p.

Reaching and Teaching Children who Hurt, Susan E. Craig, PhD, Brookes Publishing; August 4, 2008

"Collaborative Problem Solving Approach", Ross Greene, PhD, www.livesinthebalance.com

www.ACEStoohigh.com - a website devoted to information and research on the impact on trauma on the brain and on overall physical health.

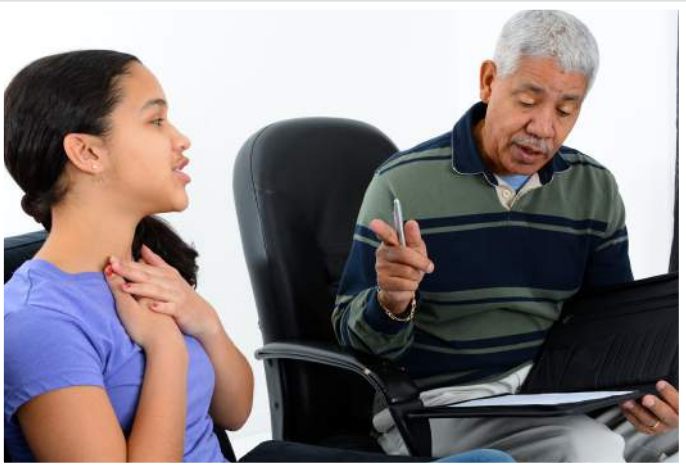
Helping Traumatized Children Learn, Vol. 1 and 2, http://traumasensitiveschools.org/tlpi-publications/

"How to Support your Lion in a School full of Ducks", Melissa Sadin, MAT, MEd., www.traumasentitive.com

Help For Billy, Heather T. Forbes, LCSW, Beyond Consequences Institute, LLC; December 20, 2012

The Justice Resource Institute – research by Dr. Bessel van der Kolk and colleagues on attachment trauma and Developmental Trauma Disorder. www.traumacenter.org

ATN's Professional Members



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DID YOU KNOW

ATN has a forum on Facebook for parents & professionals interested in discussing trauma-informed, attachment-focused policies on the national, state, and local level? Join us at ATN Advocates.

Childhood Trauma
Affects

(1 in 4 Students)

In Every Single Classroom... Every Day...

Attachment & Trauma Network, Inc.

What Trauma is...

A psychologically distressing event outside the range of usual human experience. It involves a sense of intense fear, terror, and helplessness, and may lead to a variety of effects, depending on the child.

- Bruce Perry

Examples include child neglect, abuse, domestic violence, parental incarceration or abandonment, a family member's serious mental illness or substance abuse problem, highly conflicted divorce situations, as well as experiencing serious accidents, disasters, war, or acts of terrorism.

What Trauma Does to...*

The Body
- Fight/flight/freeze reactions
- Sensory/motor challenges
- Unusual pain responses
- Physical symptoms

Emotions
- Hypervigilance
- High distress
- Self-regulation problems
- Difficulty communicating feelings and needs
- Possible dissociation

No Signs

Some traumatized youth show little to no signs at school but may have difficulty at home in relationships with primary caregivers.

Trauma

Actions
- Poor impulsive control
- Aggression/ dangerous actions
- Oppositional behavior
- Self harm
- Overly compliant
- Sleeping problems
- Eating problems
- Substance abuse

Relationships
- General mistrust of others
- Clingy/overly dependent
- Withdrawn
- Problems with peers
- Overly helpful/solicitous of attention
- May lack empathy

Self Concept
- Low self-esteem
- Toxic shame and guilt
- Grandiose ideas/bragging
- May blame others or self
- Body image problems
- Self-sabotaging behaviors

Thinking
- Lack of curiosity
- Learning/processing problems
- Language development problems
- Difficulty regulating attention
- Executive functioning problems
- Problems with planning and organization
- Difficulty understanding cause and effect

What Trauma-Sensitive Schools Do...

Help Students

Feel safe — Get regulated
Be connected — Learn

They Benefit Everyone!

** Source: National Child Traumatic Stress Network*