

CHILD AND ADOLESCENT BEHAVIORAL HEALTH ISSUES

SAP K-12 Bridge Training
Module for Standard 4
Section 1: Resiliency and Trauma



Standard 4

Goal: To identify behavioral health concerns that may present barriers to school success and the SAP team's role in addressing these concerns.

MODULE 4: SECTION 1

COMPETENCY 4.A

DESCRIBE A “RESILIENCE/STRENGTHS-BASED APPROACH IN ADDRESSING CONCERNS AND OFFERING ASSISTANCE TO STUDENTS AND THEIR FAMILIES.

Resilience and How it Helps

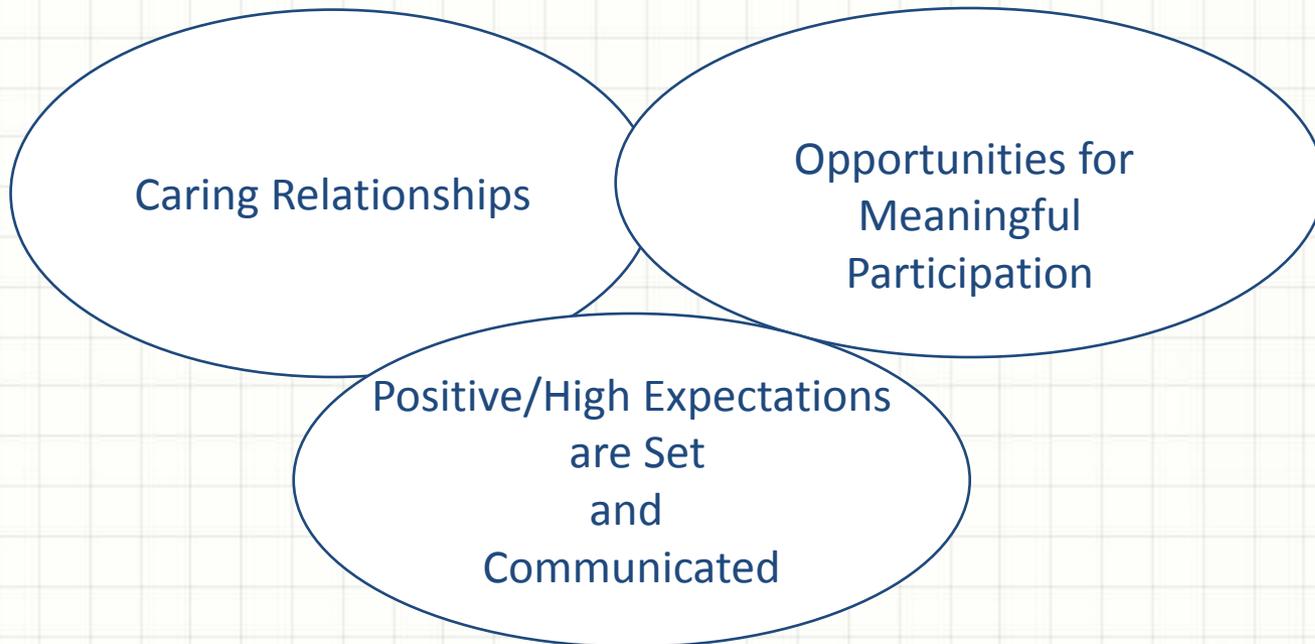
- Process of self-righting and growth. (Higgins 1994)
- One who works well, plays well, loves well, expects well. (Garmezy 1991)
- The capacity to bounce back, to withstand hardship, and to repair yourself (Wolin 1993)
- The ability to recover from or adjust easily to misfortune or sustained life stress. (Werner 1984)
- Improves the ability to cope.
- Assists students in harnessing their inner strength to rebound from challenges.
- Gives children the ability to see past their problems and develop skills to handle stress.
- Helps students reach out for support when adversity threatens to overwhelm them.

WHAT IS A PROTECTIVE FACTOR?

Protective factors are characteristics of environments that appear to alter or even reverse potential negative outcomes and enable individuals to transform adversity and develop resilience despite risk. *

**Benard, Bonnie (1991) Fostering Resiliency in Kids: Protective Factors in the Family, School and Community, Portland, OR: Western Center for Drug-Free Schools and Communities*

WHAT ARE THE MAIN CATEGORIES OF PROTECTIVE FACTORS?



Protective factors are found at home, at school and in the community. The healthier one or two of these three institutions will provide them and/or compensate for the other.

PROTECTIVE FACTORS ASSIST STUDENTS IN BUILDING THE FOLLOWING SKILLS

- **Social Competency:** Establish positive relationships, communicate across cultural boundaries, be empathetic and maintain a sense of humor.
- **Problem-solving Skills:** Plan and resourcefully seek help from others, think critically, creatively and reflectively. When chaos happens, they step back and get perspective.
- **Sense of Purpose:** Maintain a vision of an attainable, bright future, supported by educational achievement, aspirations, persistence, optimism and spiritual connectedness.
- **Autonomy:** Maintain one's own identity, act independently, and exert some control over one's environment. Discipline in service of something else. "I have all I need to succeed."

**Benard, B. (1991)*

WHAT IS A RISK FACTOR?

The presence of one or more factors increasing the probability of a negative outcome for a child or youth.*

**Risk, Protection, and Resilience in Childhood, UNC SSW Research to Teaching copyright Richman and Fraser, 2003*

RISK FACTORS

Risk factors that influence the development of behavioral health or social-emotional development include:

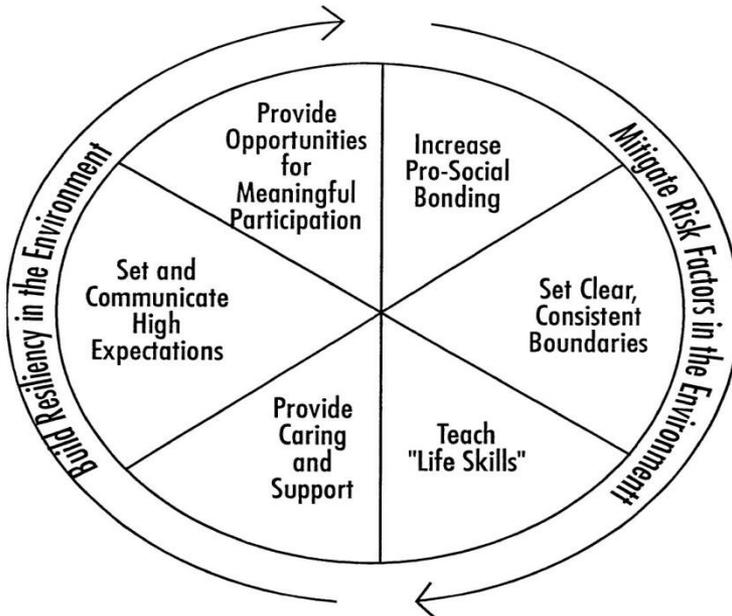
Biological Influences	Psychosocial Influences	Stressful Life Experiences
Abnormalities of central nervous system	Severe parental relationship problems	Lead to unhealthy patterns of thinking linked to mental illness
Impact behavior, thinking, & feeling	Abuse & exposure to violence	Parental financial difficulties, illness, divorce, death & frequent moves
Caused by injury, abuse, poor nutrition, low birth weight, prenatal exposure to alcohol & other drugs	Lack of nurturing relationship with primary caregiver	Have a causal relationship to the onset of depression in young children
Inherited traits can affect brain chemistry linked to mental illness	Negative community culture and peers	
20% - 50% of children with depression have a family history of depression		

RISK FACTORS (cont.)

- Both biological and environmental influences are interrelated and are not considered independent of each other in influencing risk factors in children. An environmental influence can lead to a biological response and vice versa.

WHAT IS A RESILIENCE/STRENGTHS-BASED APPROACH TO ASSISTING STUDENTS AND FAMILIES?*

The Resiliency Wheel



A resilience/strengths-based approach is one that identifies and enhances protective factors and strengths while mitigating risk factors in the environment.

*Henderson, Nan (2007) *Resiliency in Action: Practical Ideas for Overcoming Risks and Building Strengths in Youth, Families, and Communities: Resiliency in Action, Inc.*

Module 4. Section 1

Competency 4.e.

Explore trauma and its multiple manifestations, outlining its impact on the physical and emotional development of young people.

WHAT IS TRAUMA?

- Definition: any event that overwhelms a person's normal ability to cope and results in distress or impairment.
- Causes
 - natural: hurricanes, tornados, floods, fires, etc.
 - man-made: abuse, neglect, household dysfunction, terrorism, community/domestic violence, car accidents, etc.

Ertl B. (2007) *Managing School Crises: From Theory to Application*. Baltimore. Chevron Publishing.

Child traumatic stress happens when...

- children are exposed to traumatic events or traumatic situations, and when this exposure overwhelms their ability to cope.
- children have been exposed to situations where they feared for their lives, believed they could have been injured, witnessed violence, or tragically lost a loved one.
- the impact on any given child depends partly on the objective danger, partly on his or her subjective reaction to the events, and partly on his or her age and developmental level.

COMPLEX TRAUMA INVOLVES:

Exposure to multiple or prolonged traumatic events

Simultaneous or sequential occurrence of child maltreatment

Chronic, begins in early childhood & occurs within primary caregiving system

Loss of safety, direction & the ability to detect or respond to danger cues

Sets one up for subsequent & repeated trauma exposure in adolescence & adulthood

Reactions to trauma can take on many faces

- Cognitive
- Physical
- Emotional
- Behavioral
- Spiritual

Ertl B. (2007) *Managing School Crises: From Theory to Application*. Baltimore. Chevron Publishing.

Observable Behaviors of Possible Trauma

- Physical symptoms i.e. headaches and stomach aches
- Poor control of emotions
- Inconsistent academic performance
- Unpredictable and/or impulsive behavior
- Over or under-reacting to bells, physical contact, doors slamming, sirens, lighting, sudden movements
- Intense reactions to reminders of the traumatic event
- Thinking others are violating their personal space i.e. “What are you looking at?”
- “Blowing up” when corrected or directed by an authority figure
- Fighting when criticized or teased by others
- Resisting transitions and/or change

Children's response to trauma

Pre-School Age through Age 6

- Crying
- Excessive clinging
- Thumb sucking
- Eating problems
- Irritability
- Wetting pants
- Inattentiveness
- Stomach aches
- Overactivity
- Underactivity
- Violent fantasies/play
- Confusion
- Speech difficulties
- Re-enacting event
- Wishing to go to heaven

CHILDREN'S RESPONSE TO TRAUMA (cont.)

Ages 6 – 11

- Bedwetting
- Wetting pants
- Irritability
- Confusion
- Disobedience
- Stomach aches
- Excessive clinging
- Thumb sucking
- Inattentiveness
- Overactivity/Underactivity
- Irritability
- Speech difficulties
- Violent fantasies/play

Ages 12 – 18

- Withdrawal/Isolation
- Depression/sadness
- Violent fantasies
- Delinquent behavior
- Sexual acting out
- Use of alcohol and other drugs
- Aggressiveness
- Risk taking behavior
- Inattentiveness
- Stealing
- Confusion
- Headaches/ Stomach aches
- Relationship difficulties

TRAUMA IMPACTS

CHILDREN AND ADOLESCENTS IN SCHOOL

- A single exposure to a traumatic event may cause jumpiness, intrusive thoughts, interrupted sleep and nightmares, anger and moodiness, and/or social withdrawal—any of which can interfere with concentration and memory.
- Chronic exposure to traumatic events, especially during a child's early years, can:
 - Adversely affect attention, memory, and cognition
 - Reduce a child's ability to focus, organize, and process information
 - Interfere with effective problem solving and/or planning
 - Result in overwhelming feelings of frustration and anxiety

HOW TRAUMA IMPACTS CHILDREN AND ADOLESCENTS IN SCHOOL (cont.)

- One out of every 4 children attending school has been exposed to a traumatic event that can affect learning and/or behavior.
- Dissociative reactions, attention and concentration difficulties, and behavior are interpreted as conduct and discipline issues.
- Behavioral regression and reenactments interfere with socialization.

Ertl B. (2007) *Managing School Crises: From Theory to Application*. Baltimore. Chevron Publishing.

Children Exposed to a Traumatic Event in Early Childhood (ages 0-6) may Experience:

- helplessness, and uncertainty about whether there is continued danger.
- general fear that extends beyond the traumatic event and into other aspects of their lives, and difficulty understanding and describing in words what is bothering them or what they are experiencing emotionally.
- anxiety that are often expressed as a loss of previously developmental skills (i.e. cannot separate from parents at school).
- engagement in re-creating the traumatic event (i.e. repeatedly talking about, “playing” out, or drawing the event).

School-age Children (ages 6-11) Exposed to a Traumatic Event May Experience:

- feelings of persistent concern over their own safety and the safety of others in their school or family. These children may be preoccupied with their own actions during the event.
- guilt or shame over what they did or did not do during a traumatic event.
- engagement in constant retelling of the traumatic event, or they may describe being overwhelmed by their feelings of fear or sadness.

Adolescents (ages 12-18) Exposed to a Traumatic Event May Experience:

- self-consciousness about their emotional responses to the event. Feelings of fear, vulnerability, and concern over being labeled “abnormal” or different from their peers may cause adolescents to withdraw from family and friends.
- shame and guilt about the traumatic event and may express fantasies about revenge and retribution.
- radical shifts in thinking about the world.
- self-destructive or accident-prone behaviors.

What is Trauma Informed Care?

- Trauma-informed organizations, programs, and services are based on an understanding of the vulnerabilities or triggers of trauma survivors that traditional service delivery approaches may exacerbate, so that these services and programs can be more supportive and avoid re-traumatization.

WHAT ARE TRAUMA-SPECIFIC SERVICES?

- **Trauma-specific interventions are designed specifically to address the consequences of trauma in the individual and to facilitate healing. Treatment programs generally recognize the following:**
 - the survivor's need to be respected, informed, connected, and hopeful regarding their own recovery.
 - the interrelation between trauma and symptoms of trauma (i.e., substance abuse, eating disorders, depression, and anxiety).
 - the need to work in a collaborative way with survivors, family and friends of the survivor, and other human services agencies in a manner that will empower survivors and consumers.

WHAT CAN SAP DO TO ASSIST STUDENTS AFFECTED BY TRAUMA?

- Increase the level of support and encouragement given to the traumatized child. Designate an adult who can provide additional support if needed.
- Recognize that behavioral problems may be transient and related to trauma. Remember that even the most disruptive behaviors can be driven by trauma-related anxiety.
- Be sensitive to the cues in the environment that may cause a reaction in the traumatized child. For example, victims of natural storm-related disasters might react very badly to threatening weather or storm warnings.
- Children may increase problem behaviors near an anniversary of a traumatic event.

WHAT CAN SAP DO TO ASSIST STUDENTS AFFECTED BY TRAUMA (CONT.)

- When reactions are or go on for a long time and interfere with a child's functioning, give referrals for additional help. Severity can be difficult to determine—with some children becoming avoidant or appearing to be fine (e.g., a child who performs well academically no matter what)—don't feel you have to be certain before making a referral.
- Let a mental health professional evaluate the likelihood that the child could benefit from some type of intervention.

WHAT CAN SAP DO TO ASSIST STUDENTS AFFECTED BY TRAUMA (CONT.)*

While a traumatized child might not meet eligibility criteria for special education, consider making accommodations and modifications to academic work for a short time. You might speak to the child's teachers about:

- Shortening assignments
- Allowing additional time to complete assignments
- Providing additional support for organizing and remembering assignments
- Giving permission to leave class to go to a designated adult (such as a counselor or school nurse) if feelings become overwhelming