

Episode 9: Childhood Trauma: Unlocking the Door to Learning

Transcript

Becky Lewis: Hello everyone, thanks for listening. I am so excited to introduce one of my colleagues who is making her debut appearance on the podcast today, Brittany Fike. Brittany has experience working in the classroom with students from preschool to fifth grade. Her background in Elementary and Early-Childhood Education has led to her passion for helping those in the education community provide the best opportunities possible for all children. She holds a bachelor's degree in Elementary Education, as well as a master's degree in Special Education and is now working on her Doctorate degree in Curriculum and Instruction. Brittany is a State Early Literacy Specialist working on the Campaign for Grade-Level Reading. This is her first year working on the Campaign. She is excited to use her background and experience to help strengthen the learning opportunities for all children in our state. Brittany thank you for co-hosting with me this month!

Brittany Fike: Thank you so much, Becky! I am happy to be here for today's episode.

Becky Lewis: This month's topic is childhood trauma and our goal for the next two episodes is to help fellow educators gain a better understanding of what childhood trauma is and how to create trauma informed classrooms. This to me feels like such a crucial topic to discuss right now.

Brittany Fike: Yes, it definitely is an important topic. Did you know that it is estimated that one half to two-thirds of children experience trauma?

Becky Lewis: Wow. Can you repeat that statistic?

Brittany Fike: One half to two-thirds of children experience trauma.

Becky Lewis: Let's talk about the article that we are going to reference today. The article comes from the Education Law Center in Philadelphia PA and is titled, "Unlocking the Door to Learning: Trauma-Informed Classrooms and Transformational Schools." You can find a link for this article in the show notes.

Brittany Fike: Yes, thank you for sharing, Becky. This is a wonderful article that is full of quick facts, research, AND recommendations surrounding trauma. I'm excited to discuss it with you.

Becky Lewis: The first step for educators when it comes to trauma is to understand who experiences trauma, why, and the impact that it has on a child's ability to learn. So that we are all on the same page can we start by defining trauma? What exactly does trauma mean when we talk about it in regard to children?

Brittany Fike: Absolutely. Trauma is a negative response to an event or series of events that a child experiences that surpass the child's typical coping skills. It comes in many forms and what

can be defined as a traumatic experience for one child, might not be the same for another child. Trauma can affect a child in many ways, including impacting their brain development.

Becky Lewis: I think in general it is so important to keep in mind what you just said, but especially for us to keep in mind as educators, that trauma comes in many forms and can look different from child to child and also that ANYONE can experience trauma. Trauma has no boundaries.

Brittany Fike: Yes, that is correct. Anyone can experience trauma. Children from all races and all socioeconomic backgrounds are impacted. And just as we mentioned earlier, research shows that between half and two-thirds of all school-aged children have been exposed to one or more adverse childhood experiences that have led to trauma. Take a second to think of how many students that would be in your classroom. PAUSE. And just as you reiterated, Becky, it can look different for each of those students in your classroom. Not only is their experience, or what happened to them different, but also the way in which they are attempting to cope, looks different for every student.

Becky Lewis: One well-known study refers to traumatic experiences in childhood as Adverse Childhood Experiences (aka ACEs). This particular study has linked ACEs to many common adult medical and psychological problems. Brittany let's go over some of the events that would be considered Adverse Childhood Experiences.

Brittany Fike: Sure. Some examples of those events might be physical or emotional abuse, neglect, witnessed violence, living with household members who are mentally ill, suicidal, or who are substance abusers. It could also be the sudden death of someone they were close with, a serious illness or hospitalization, or a major accident. Just keep in mind that these are only examples. This doesn't mean that every child who experiences these things will experience trauma as a result. It also doesn't mean that there are no other experiences that could lead to a student being impacted by trauma.

Becky Lewis: Right, something that is a traumatic experience for one child does not necessarily have the same impact in the same way as another child. When a child does have an adverse experience that leads to trauma, the impact of trauma can interfere with brain development, learning and behavior. We know that children are constantly developing and because of this, their experiences, both good and bad, shape their development. Research shows that our brain continues to develop all the way into early adulthood with some of the most crucial times of development being in adolescence and early childhood. If trauma is experienced during these crucial times of development, it has the ability to change the way a child's brain functions. Traumatic experiences can actually change the brain structure and functioning through the activation of stress response systems. When exposed to a stressor, our bodies' naturally responds through a "fight", "flight", or "freeze" response that activates several systems in the body and releases stress hormones that are designed to protect ourselves for survival. This response through repeated exposures can become dangerous to the brain rather than

protectives because it leads to an over-reactive stress system. So, children who experience trauma on a more repeated basis are living in a “constant state of emergency” and their bodies enter a state of fight, flight or freeze more rapidly and frequently than children who are not living in a constant state of emergency.

Brittany Fike: Dr. Dan Siegel has done some powerful and important work surrounding trauma and the brain. He uses a wonderful hand model to help explain what happens when our brain is triggered by trauma. If you face your palm towards you and then make a fist with your thumb tucked inside your fingers, this makes the hand model of the brain. The wrist area represents the automatic portion of your brain. It controls all the functions of your body that you don't have to think about, such as your heart rate, breathing, or temperature. Your fingers represent your cerebral cortex or your thinking brain. This is where our ability to reason comes from. It's where skills such as thinking and reasoning, organization, flexibility, patience and time management are developed. Your thumb represents your limbic system, or your emotional brain. This is where emotions and memories are processed. It is also what drives that flight, fight, or freeze response. When someone is feeling sad, mad, angry, happy, worried, connections between the thinking brain and emotional brain are not working well. This is what a temper tantrum looking like in a young child.

When your fist is closed, it shows your brain working in harmony. All of the parts of the brain are talking and working together. When you open your fist, or “flip your lid,” as Dr. Siegel says, the upper and lower parts of the brain are no longer communicating, and you aren't able to access the logical, problem-solving part of your brain. Your emotions override your ability to think clearly. This is what happens when a child experiences trauma.

Becky Lewis: I love having that visual to help me understand the connection between how the brain works and trauma. So, when a child has “flipped their lid,” this when we see those actions or responses that we often times deem as being defiant or disrespectful.

Brittany Fike: Right, in this state, the different parts of the brain are disconnected and not working together. The emotional parts of the brain have taken charge. This could leave a child being quick to anger or leave them as inattentive. Often times these children are seen as being defiant or just shutting down, but really, their brain is telling them that they need to be safe, and their responses are a result of that.

Becky Lewis: This makes it so much easier to understand how children process their experiences and the things that have happened to them. It helps me to understand that when a student is having a hard time paying attention, following directions, or learning new information, that it may be because of the way their brain has been impacted by trauma. Trauma not only impacts the learning experience of students it impacts other areas as well.

Brittany Fike: Yes, trauma can also impact the way that children interact with each other. We know that many classroom environments are structured in a way that promotes teamwork and collaboration. I know in my experience as a classroom educator, I made it my goal each year to

create both a physical and emotional environment that thrived on students becoming more like a family... where they would form close relationships in order to learn from each other and grow together through their challenges and successes. For students who have experienced trauma, trusting others or forming relationships might be difficult. And in a classroom setting like I mentioned, they are likely to struggle. In these situations, it is important to remember how their brain works and what they need in order to cope with what they are feeling.

Becky Lewis: Childhood trauma often has long-term impacts on children. Children who experienced trauma are at higher risk for mental and physical problems, substance abuse, and criminal justice involvement in adolescence and adulthood. When we are in the classroom it can be so challenging to shift our mind-set from focusing on the behavior of a student who has experienced trauma, to focusing on understanding what they have been through.

Brittany Fike: The article we are discussing today does a wonderful job of addressing how to this. We need to understand the cycle of trauma which is the idea that when students display those unwanted behaviors related to past experiences, that they can become retraumatized for punishment of those behaviors, which in turn continues the cycle of behavior problems. In order to break the cycle and help lessen those long-term impacts, we need to become trauma informed.

Becky Lewis: I know there is a lot of talk today about Trauma-Informed Schools. But what does that mean? A Trauma-Informed School is exactly how it sounds. A school community that is prepared to recognize and respond appropriately to those who have been impacted by trauma. The article mentions several models that have been developed in order to help schools and systems become trauma informed.

Brittany Fike: Exactly, and according to the National Child Traumatic Stress Network, there are ten key elements of trauma-informed school systems. They have been updated since the article was published, and you can find a link to them on our show notes page. However, they are so important that I want to briefly mention go over them.

The first is that trauma exposure...

1. Identifying and assessing traumatic stress.
2. Addressing and treating traumatic stress.
3. Teaching trauma education and awareness.
4. Having partnerships with students and families.
5. Creating a trauma-informed learning environment (social/emotional skills and wellness).
6. Being culturally responsive.
7. Integrating emergency management & crisis response.
8. Understanding and addressing staff self-care and secondary traumatic stress.
9. Evaluating and revising school discipline policies and practices.
10. Collaborating across systems and establishing community partnerships.

Becky Lewis: The National Child Traumatic Stress Network also has a free framework tool put together for schools and school systems to use for implementation. For listeners who are thinking they want to become a more trauma-informed teacher or want to help their school move into becoming a trauma-informed system, and just heard those elements, they are probably thinking that sounds like a heavy lift. What would you say to them?

Brittany Fike: I think it's important to remember a few things we have talked about today. The first is that any student can be affected by trauma. Like we mentioned earlier, we often we think of trauma as only affecting students of a certain race or socio-economic status. It's crucial to keep in mind that anyone can experience a negative event that leads to trauma. You may not always know who these students are, but they are there. Also, just like we talked about and as the article mentions, we tend ask what is wrong with a student who is exhibiting unwanted behaviors rather than asking what happened to them. I think this shift in mindset is a crucial first step.

Becky Lewis: I agree completely. And for educators who feel as though they have made that shift in mindset, the article lists several recommendations for becoming trauma informed. The first recommendation is for educators to learn to recognize the symptoms of children who have experienced trauma. Children react to trauma in different ways and the most important thing that you can do is to be some sensitive to signs of potential trauma. Second, it if it is possible obtain a trauma history or complete an annual screening that assesses either directly or indirectly for trauma and moving towards being more trauma informed. Avoid re-traumatizing by knowing what triggers a child and avoid punitive action. The fourth recommendation is to build school-community partnerships with mental health organizations. Finally, educators can just learn more about various trauma informed models that have been developed and consider adopting one.

Brittany Fike: There are also some great recommendations for administrators. It also provides a wonderful list of resources on trauma-informed approaches and trauma-specific interventions.

Becky Lewis: As our time is winding down, I want to take a second to thank you for being here with me today.

Brittany Fike: Thank you for having me.

Becky Lewis: I want to end with one final question. What is one tip or piece of advice that you can give out listeners about being a leader of literacy?

Brittany Fike: I think my advice would be similar to what we were just discussing, and we have to remember to ask ourselves what happened to our students who have experienced trauma rather than asking what is wrong with them. I think that this is absolute crucial for breaking the cycle of trauma and is a great first step in becoming trauma informed. In order for our students to learn, they first have to feel safe and supported. And we owe it to our students to provide

that sense of security, so not only we break that cycle of trauma and prevent future trauma, but also, we give them the skills needed to cope with how they are feeling.