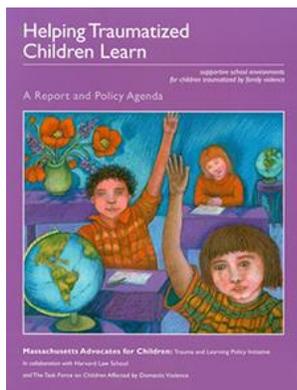


This series of articles is available online through the Federation for Children with Special Needs website - FCSN.org. They were originally published in the FCSN newsletter from Fall 2012 to Summer 2013.

1. Helping Traumatized Children Learn

http://fcsn.org/newsline/v33n2/traumatized_children.php Fall 2012



The above-titled book, written by the Massachusetts Advocates for Children in collaboration with Harvard Law School and the Task Force on Children Affected by Domestic Violence, is both critically acclaimed and nationally recognized as a much needed resource for educators, service providers, and parents (including Special Education Surrogate Parents). This is the first in a series of articles on the four opportunities to advocate for trauma-sensitive individual supports for a child: sharing information; trauma-sensitive evaluations; trauma-sensitive team meetings; and the IEP.

SHARING INFORMATION

It is important that professionals working with children and families get a thorough history of traumatic events that may have occurred to the child over the course of his or her life. A comprehensive history helps caregivers and others have an appreciation of the seriousness of the child's experience. It also provides clues to gaps in a child's development of skills and can help caretakers and others be more supportive of the child's recovery. Schools are not likely to gather information on a child's trauma history as part of their standardized protocol. They generally obtain information on trauma events only when offered, yet children can spend 6-8 hours of their day with school providers. That is almost 50% of their waking day.

Schools often do not have sufficient information about a child's trauma history to assist appropriately with recovery efforts. Without a more thorough social history of the child, including information about a child's trauma triggers, cues, and anniversary dates, school staff may not recognize the reasons behind challenging behavior. They may spend time addressing the behavioral consequences of trauma rather than their root causes. As a result, building social coping skills, essential to the continued neurodevelopment of traumatized children, is not addressed. Teachers and others in schools need to gain a better understanding of child trauma and work collaboratively with other organizations in order to facilitate better academic and non-academic services.¹

Professionals working with students in the custody of the state need to tread carefully down this path: confidentiality is paramount, and social workers do not readily share this type of information. Sharing this type of information can make children feel vulnerable and stigmatized. Also, the "trauma story", if not recounted with skilled clinicians, can cause retraumatization for some children. So what can be done? Department of Children and Families (DCF) social workers

should share enough information with the IEP Team to indicate that trauma may be a contributing cause of learning or behavioral difficulties while avoiding unnecessary details, and always discuss the issue with the student, if it is age appropriate to do so.²

Balancing accountability with compassion is an underlying theme for teaching children with trauma histories. When disciplinary approaches that are adequate responses for typical transgressions don't work time after time for certain students, schools should look at a trauma-sensitive evaluation tool to determine whether trauma may be a factor. According to the National Child Traumatic Stress Network, one of the most common measures is the Child Behavior Checklist for Children. No advanced training is necessary to administer this measure, making it practical in most trauma-related service settings, including schools.

In the next *Newsline*, we will discuss the use of trauma-sensitive evaluations to help IEP Teams assess the impact of complex trauma on students' academic and nonacademic performance.

¹ *Helping Children in the Child Welfare System Heal from Trauma: A Systems Integration Approach From the National Child Traumatic Stress Network Systems Integration Working Group, p. 17. Rev. August 23, 2005.*

² *Helping Traumatized Children Learn: Supportive School Environments for Children Traumatized by Family Violence. Susan Cole, J.D., M.Ed., PowerPoint Notes for the Federation for Children with Special Needs, September 19, 2012.*

2. Trauma-Sensitive Evaluations

By Jane Crecco, Training & Support Specialist
[Recruitment, Training & Support Center for Special Education Surrogate Parents \(RTSC\)](#)

http://fcsn.org/newsline/v33n3/trauma_evals.php Winter 2013



Helping Traumatized Children Learn, written by the Massachusetts Advocates for Children in collaboration with Harvard Law School and the Task Force on Children Affected by Domestic Violence, is both critically acclaimed and nationally recognized as a much needed resource for educators, service providers, and parents (including Special Education Surrogate Parents). This is the second in a series of articles on the four opportunities to advocate for trauma-sensitive individual supports for a child: sharing information; trauma-sensitive evaluations; trauma-sensitive team meetings; and the IEP.

When children are referred for initial evaluations for special education due to a myriad of symptoms or behaviors, it is important to consider whether complex childhood trauma is at the root of the problem. So many issues can be subsumed under this heading: aggression, defiance,

withdrawal, hyperactivity, lack of motivation, impulsiveness, dramatic mood shifts, and even language delays. How does an IEP Team decide that trauma is playing a role, and avoid inadvertently misdiagnosing some of the symptoms? Trauma-sensitive evaluations should be used to address the interface between trauma and the student's cognitive and learning profile.

School evaluations should address the role trauma may play in learning, behavior, and social/emotional growth. If the role of trauma has already been identified (as is the case for many students in the custody of the Department of Children and Families), then the link is easily established and the evaluators should proceed with complex childhood symptomology clearly in mind. What about the "gray area" where the Team is not exactly sure about the trauma history? A "trauma" evaluation can be made. This kind of assessment is different than a "trauma-sensitive" evaluation in that it is clinically oriented and looks to pinpoint the source and type of the trauma (physical, sexual, emotional); a trauma-sensitive evaluation tries to determine whether or not there is a component of trauma to the difficulties the child is experiencing at school. In either case, the default approach should be to encourage success for the child and create a trauma-sensitive environment for him (calming, caring, nurturing, and safe), and avoid re-traumatization by the wrong disciplinary approach.¹

If the Team is determining eligibility of a student with a history of trauma for an IEP, an Emotional Disability is commonly agreed upon as the type of disability that is impairing academic progress. To establish the criteria for making this determination, several evaluations can be useful, but the focus should be on psychological, speech and language, functional behavioral, and occupational therapy assessments. Below are ways to ensure that each of these can ensure appropriate evaluation:

1. **Psychological Evaluation:** It is helpful to refer a traumatized child (or one suspected as such) to a mental health professional (preferably, with a Ph.D.) who has knowledge about the impact of trauma on academic and non-academic progress. To protect the confidentiality of the student and his family, the details of the trauma are far less important to a school than an understanding of how the child is functioning and why this is so. Trauma triggers, specific ways to help the student modulate emotional and physical responses, ways to make the student feel safe and secure at school, and specific modifications and/or accommodations should be included.
2. **Speech and Language Evaluations:** An appropriate evaluation should include the linguistic, pragmatic, and narrative aspects of language. Many children with complex childhood trauma are challenged by receptive and expressive language delays, age-appropriate perspective taking, and social cueing.
3. **Functional Behavioral Assessments (FBAs):** Specific behavioral challenges require specific behavior plans to ensure academic and non-academic success. An FBA consists of collecting information about the antecedents and consequences to the student of certain environmental (or internally driven) challenges, like trauma triggers, distorted image of authority figures, and an inability to follow routines and rules. Therefore, there must be a careful assessment of the school and classroom environments.
4. **Occupational Therapy Evaluations:** In addition to developmental delays in fine motor skills that may be evident with a traumatized child, accommodations and modifications

that will produce a calm and nurturing learning environment can be recommended through these evaluations.

In conclusion, children with histories of complex childhood trauma can display many "comorbid" issues and diagnoses. Many of these symptoms respond positively to "trauma-sensitive" recommendations made by evaluators to an IEP Team. By becoming aware that violence may be at the heart of many of the child's learning and behavioral difficulties, school personnel may be able to mitigate much of the lasting impact of trauma. An understanding of its impact on learning and behavior will help educators and other school staff plan the most successful path to the future. In the next Newsline, we will discuss Trauma-Sensitive Team Meetings so that everyone can participate in helping the traumatized child learn.

¹ Helping Traumatized Children Learn: Supportive School Environments for Children Traumatized by Family Violence. Susan Cole, J.D., M.Ed., PowerPoint Notes for the Federation for Children With Special Needs, September 19, 2012.

3 .Trauma-Sensitive Team Meetings



By Janie Crecco, [Recruitment, Training and Support Center \(RTSC\)](#)

http://fcsn.org/newsline/v33n4/trauma_meetings.php

This is the third in a series of articles on the four opportunities to advocate for trauma-sensitive individual supports for a child: sharing information; trauma-sensitive evaluations; trauma-sensitive team meetings; and the IEP. Helping Traumatized Children Learn, written in 2005 by the Massachusetts Advocates for Children in collaboration with Harvard Law School and the Task Force on Children Affected by Domestic Violence, is the current definitive work on inculcating trauma-sensitivity into the public school system.

Recent studies on resiliency in children, especially those that have faced overwhelming life experiences in early childhood, focus on Four Domains for Success: Relationships, Self-Regulation, Academic Success, and Physical Health and Safety. IEP Team Meetings can look towards providing supports for children in these four domains in order to ensure success in both academic and non-academic achievement.

Children with extended and involved family, invested neighbors, and caring teachers and community have far fewer problems following severe trauma. The ability to "use" this support system, however, depends on the child's ability to connect with and relate to other people. This strength develops in the early years of life in the caregiver-child interaction. On the other hand, isolated children with few social and emotional connections are very vulnerable to distress and traumatic stress. These children regress, develop dysfunctional styles of coping, and have symptoms such as impulsivity, aggression, inattention, and depression¹. With this understanding,

IEP Team Meeting members can provide ways to repair this relational dysfunction by providing opportunities to develop peer supports and meaningful teacher-student relationships through specific social/emotional goals.

Self-regulation describes the ability of a child to "put the brakes on" in times of emotional stress. Traumatized children are hyper-aroused; they view their world as dangerous and unpredictable and they are prepared to react in a moment's notice, usually in inappropriate (and possibly unsafe) ways. Again, IEP Team Meeting members can go a long way towards improving this hyper-arousal by asking for Functional Behavioral Assessments to ascertain the reason for the inappropriate reactions as well as ways to replace the behaviors with better coping skills and strategies.

Academic success can be an island of competency - one place where children can feel good about themselves. There is no better way to build self-esteem than to hear the words "Great job" from a teacher every day. Wouldn't that be a great IEP Goal - Janie will receive positive praise at least twice a day from each of her teachers?

Finally, a safe and supportive school environment ensures the physical and mental well-being of a child. There is much discussion in the media about changing school ecology or culture to be more nurturing and engaging for all children at all stages of education. This is especially true of children who have had difficult early childhood experiences. Positive Behavioral Interventions and Supports should always be included in the accommodations necessary for any student with a history of trauma.

So, what about changing the "culture" of the IEP Team Meeting? Putting a trauma lens on discussions about children, especially children with social/emotional disabilities and challenging behaviors, can quickly change the temperament of a Team Meeting. Engendering a feeling of empathy for the child and his family, many of whom are feeling overwhelmed with community interventions and provider services can go a long way towards understanding their needs. A trauma-sensitive approach can put a different spin on why behaviors are occurring or why academic success (or effective progress) seems so hard to achieve². Imagine a Team brainstorming ways to make a student competent in the above-mentioned four domains (Relationships, Self-Regulation, Academic Success and Physical Health and Safety) and the sky's the limit! Not just in the classroom, but throughout the school, even before and after school. Because trauma for these kids is pervasive; the symptoms don't go away after the school bell rings. They need Team support all day, every day.

See what you can do to change the climate - for these kids, it could be a matter of life or death.

¹Perry, Bruce D., "Resilience: Where Does It Come From?" Scholastic: Teachers. April 2006.

²Cole, Susan, Helping Traumatized Children Learn: Supportive School Environments for Children Traumatized by Family Violence. Boston, MA: Massachusetts Advocates for Children, April 2005. PowerPoint Notes for the Federation for Children with Special Needs, September 19, 2012.

4. Trauma-Sensitive IEPs

*Janie Crecco, Training and Support Specialist,
Recruitment, Training and Support Center at FCSN*

http://fcsn.org/newsline/v34n1/trauma_ieps.php



This is the fourth in a series of articles on the four opportunities to advocate for trauma-sensitive individual supports for a child: sharing information; trauma-sensitive evaluations; trauma-sensitive team meetings; and the IEP. *Helping Traumatized Children Learn*, written in 2005 by the Massachusetts Advocates for Children in collaboration with Harvard Law School and the Task Force on Children Affected by Domestic Violence, is the current definitive work on inculcating trauma-sensitivity into the educational system.

In the last three articles, we have stressed the importance of the Four Domains for Success for children who have experienced complex childhood trauma. These include Relationships, Self-Regulation, Academic Success, and Physical Health. Individualized Educational Plans (IEPs) offer the opportunity to provide supports and opportunities to bolster these areas of strength.

Relationships for traumatized children can be a tricky business - many have a deficit of skills in the area of relationship building with peers and those in authority. They may see friendships or nurturance as a trap, something that won't last, and best to be avoided lest they be emotionally dangerous. In order to overcome these fears and anxieties, the child must learn new ways to approach relationships. On page 3 of the Massachusetts IEP form, there is a section known as "PLEP B" or "Present Levels of Educational Performance: Other Educational Needs". This section allows an IEP Team to take a look at the impact of a disability on student performance from the non-academic standpoint. This includes extra-curricular activities, communication, behavior, and nonacademic activities. These are all areas where children interact with other children (recess, lunchroom, hallways, after school activities) as well as adults. They are also the areas that are most confusing and least successful for traumatized children. But they could also be used as platforms to learn new skills and new ways of looking at the world as less than terrifying. Social/Emotional goal writing should be an opportunity for an IEP Team to get creative. How about making sure a student has a safe person to ask for help? Is it the school nurse, a favorite teacher or administrator, a trusted friend, or maybe an older sibling? Can she have access to this person in times of uncertainty? Can this person give her guidance and assurance that things are safe here, and that recess and lunchtime can be fun?

A lack of behavioral self-regulation is most typically the response of a traumatized child to a confusing or potentially unsafe situation as seen through their trauma lens. It follows that if a child is feeling safe, s/he will be able to muster the neurological control to stay regulated and do the right thing. If an adult senses that a child is becoming dysregulated, then the adult has the responsibility to make sure that the child can find safe haven; a place where s/he truly wants to be (not a "time out" or seclusion room). Most times this is a place that is sensorially soothing with some minimum activity, like taking a walk outside with a trusted mentor. The "PLEP B" goal of the child learning to identify their physiological response to stress and anxiety AND the response

to calming activities such as a walk, would allow the student to focus neurologically on academics rather than taking up brain time on stress and anxiety.

Being physically healthy is the result of being mentally, emotionally, and socially healthy (see the ACE Study)¹. Being emotionally healthy leads to academic success. And for those kids with the invisible disability of having suffered complex childhood trauma, the IEP process can give them a chance to begin to heal.

¹www.cdc.gov/ace