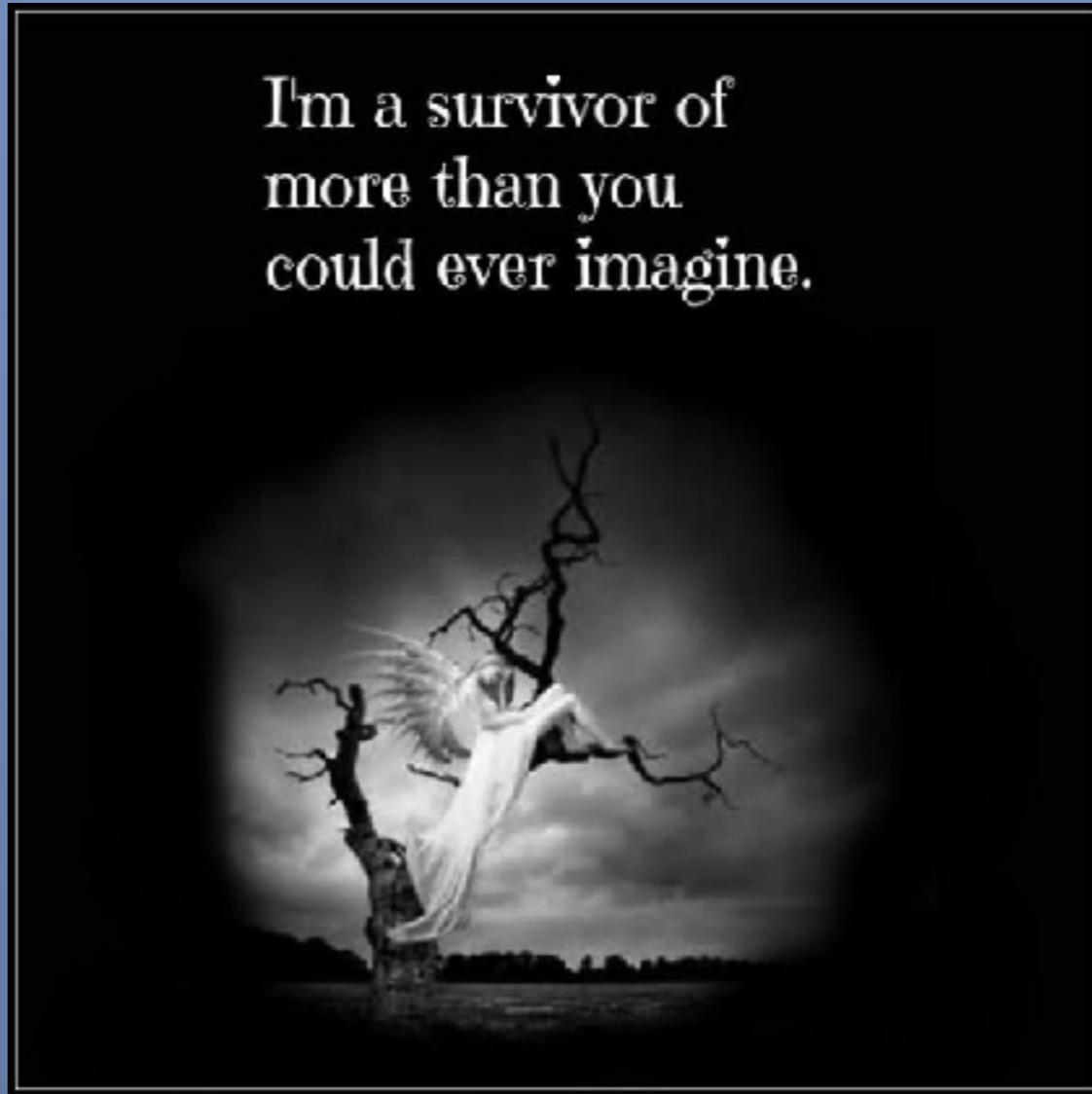


I'm a survivor of
more than you
could ever imagine.



TRAUMA-IT'S NOT A DISABILITY

PRESENTERS

JEREMY HETLAND, MA. LPC INTERN

AND

DAN KELLEY, MA. LPC INTERN

RECOGNIZING TRAUMA



IN THE CLASSROOM

About Us

DAN

EXPERIENCE:

UNITED STATES NAVY, 8 YEARS

POLICE OFFICER, 26 YEARS

PATROL OFFICER

SCHOOL RESOURCE OFFICER

TRAFFIC SAFETY UNIT

PATROL SUPERVISOR

SAPPHIRE BLUE SOLUTIONS

BEHAVIORAL HEALTH

EDUCATION:

MARYLHURST UNIVERSITY

PSYCHOLOGY, B.A.

GEORGE FOX UNIVERSITY

CLINICAL MENTAL HEALTH

COUNSELING, M.A.

JEREMY

EXPERIENCE:

U.S. ARMY, 14 YEARS

INFANTRY AND FIELD ARTILLERY

LIFE FLIGHT, 4 YEARS

EMS AVIATION

OREGON STATE HOSPITAL

MENTAL HEALTH SPECIALIST

SAPPHIRE BLUE SOLUTIONS BEHAVIORAL

HEALTH

EDUCATION:

CLACKAMAS COMMUNITY COLLEGE

CRIMINAL JUSTICE, A.A.S

UNIVERSITY OF PHOENIX

ADMINISTRATION OF

CRIMINAL JUSTICE, B.S.

GEORGE FOX UNIVERSITY

CLINICAL MENTAL HEALTH

COUNSELING, M.A.

What are we going to talk about

WHAT IS TRAUMA

TYPES OF TRAUMA

SECONDARY TRAUMA

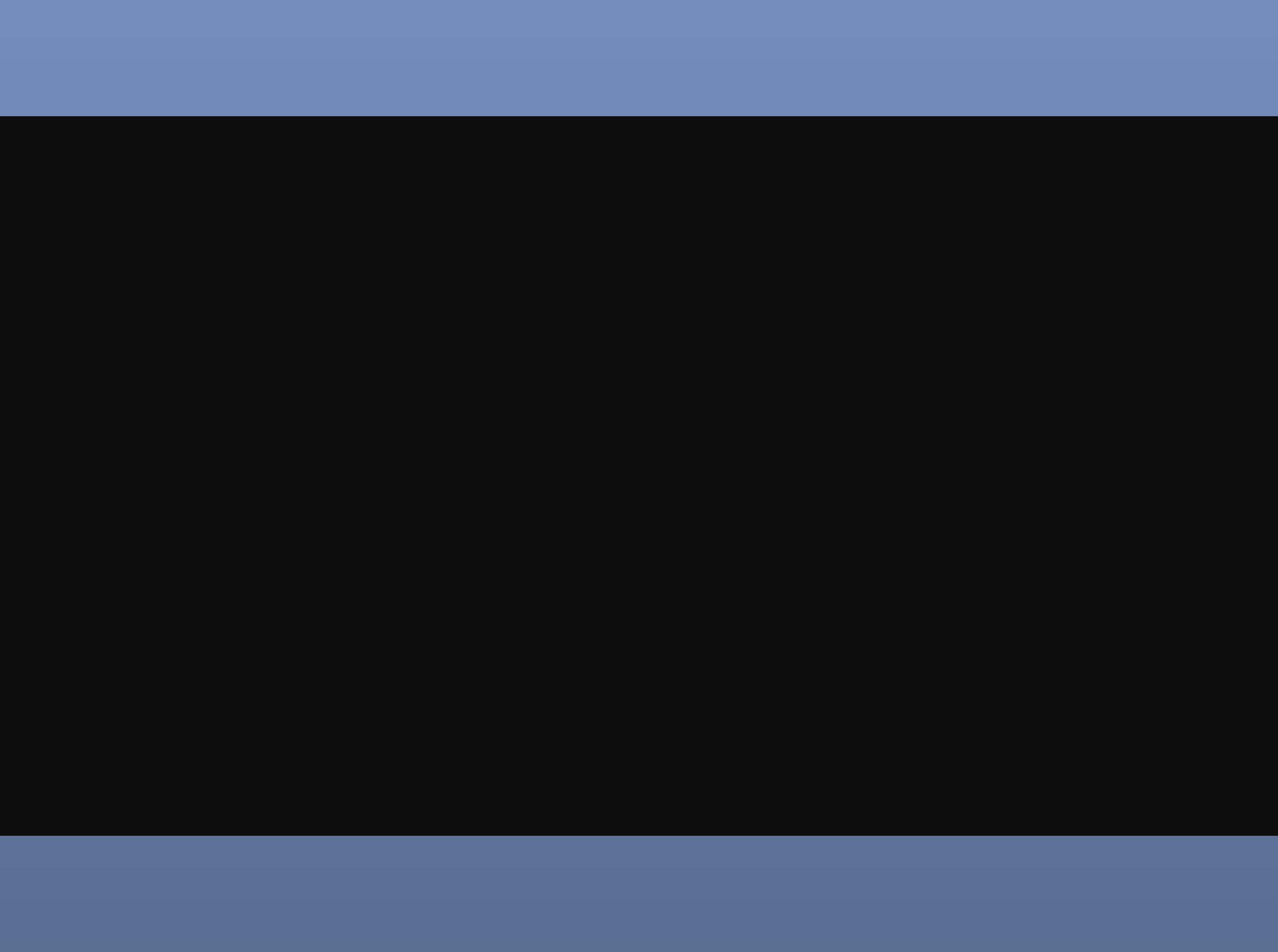
SYSTEMS

EXECUTIVE
FUNCTIONING

MIS-DIAGNOSIS

WHAT WE CAN DO

STAFF CARE



WHAT IS TRAUMA

TRAUMATIC EVENTS ARE DEFINED AS “INCIDENTS THAT ARE PERCEIVED AS TERRIFYING, SHOCKING, SUDDEN, OR THAT POTENTIALLY POSE A THREAT TO ONE’S LIFE, SAFETY, OR PERSONAL INTEGRITY”

(BLACK, WOODSWORTH, TREMBLAY, & CARPENTER, 2012, P. 192).





IT IS NOT THE EVENT THAT DETERMINES WHETHER SOMETHING IS TRAUMATIC TO SOMEONE, BUT THE INDIVIDUAL'S EXPERIENCE OF THE EVENT

TYPES OF TRAUMA



BIG “T” TRAUMA

MAJOR EVENTS:

EMOTIONS, BELIEFS AND
PHYSICAL SENSATIONS
OCCUR IN BOTH THE MIND
AND THE BODY

SERIOUS ACCIDENTS

NATURAL DISASTERS

ROBBERY, RAPE, AND
URBAN VIOLENCE



BIG “T” TRAUMA

MAJOR SURGERIES/LIFE
THREATENING
ILLNESSES



CHRONIC OR REPETITIVE
EXPERIENCES I.G. CHILD
ABUSE OR NEGLECT

WAR, COMBAT,
CONCENTRATION CAMPS

MAY CAUSE “PTSD” IN
SOME BUT NOT ALL

LITTLE “T”

REPEATED AND PROLONGED EXPOSURE TO
PHYSICAL AND SEXUAL ABUSE

WITNESSING DOMESTIC AND COMMUNITY VIOLENCE

SEPARATION FROM FAMILY MEMBERS

RE-VICTIMIZATION BY OTHERS

(THE NATION CHILD TRAUMA STRESS NETWORK)



LITTLE “T” TRAUMA

STUNTS AND COLORS
LATER PERCEPTIONS

BECOME PART OF A
NEGATIVE SPIRAL
WHEN A BIG T OCCURS

SOMETIMES REFERRED
TO AS “COMPLEX
TRAUMA”



*A Small Glimpse into
Some Children's Lives!*











**WOULD THESE CHILDREN BE EXPOSED
TO A “T” OR A “T”?**

It is not the event that determines whether something is traumatic to someone, but the individual's experience of the event

EFFECTS IN GENERAL

PHYSICAL HEALTH

EMOTIONS

DISSOCIATIONS

BEHAVIOR

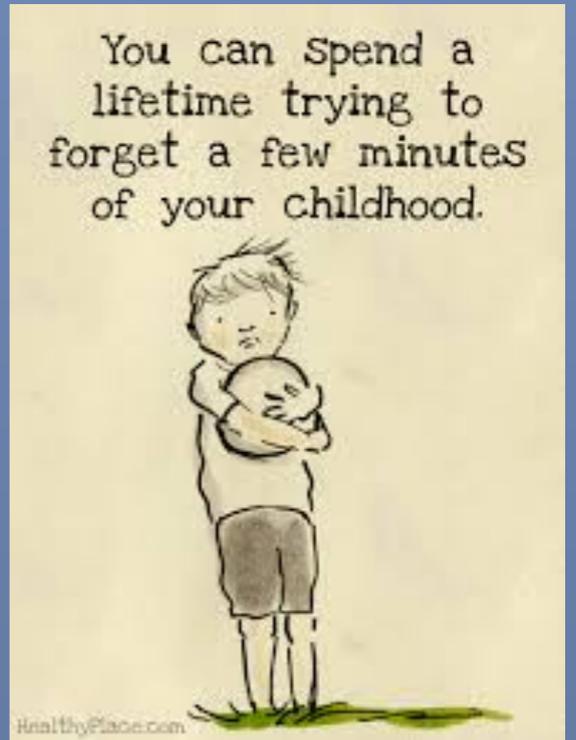
COGNITIVE THINKING ERRORS

SELF CONCEPT

RELATIONSHIPS WITH OTHERS

LONG TERM HEALTH CONSEQUENCES

(THE NATIONAL CHILD TRAUMA STRESS NETWORK)



Behavior Associated with Trauma

CHILDREN UNDER 6

May get upset if their parents are not close by

Have trouble sleeping

Act out the trauma through play

Become passive or quite

Experience strong startled reactions or aggressive outbursts



CHILDREN AGE 7 TO 11



May also act out the trauma through play, drawings, or stories

Some may have nightmares

Lack ability to control impulses leading to more irritability or aggressiveness

They may also want to avoid school or have trouble with schoolwork or friends

CHILDREN AGE 12 TO 18

May have symptoms more similar to adults:
depression, anxiety, withdrawal, intense anger, low
self-esteem, or reckless behavior like substance
abuse or running away



**A PERSON MAY
WITHSTAND A BIG “T”
TRAUMA BUT BE SO
WEAKENED THAT IT IS A
SMALL “T” TRAUMA
THAT FINALLY CAUSES
HIS/HER COPING
ABILITIES TO COLLAPSE.**

Secondary Trauma



INDIRECT EXPOSURE

WITNESSING

SURVIVOR'S RESPONSES

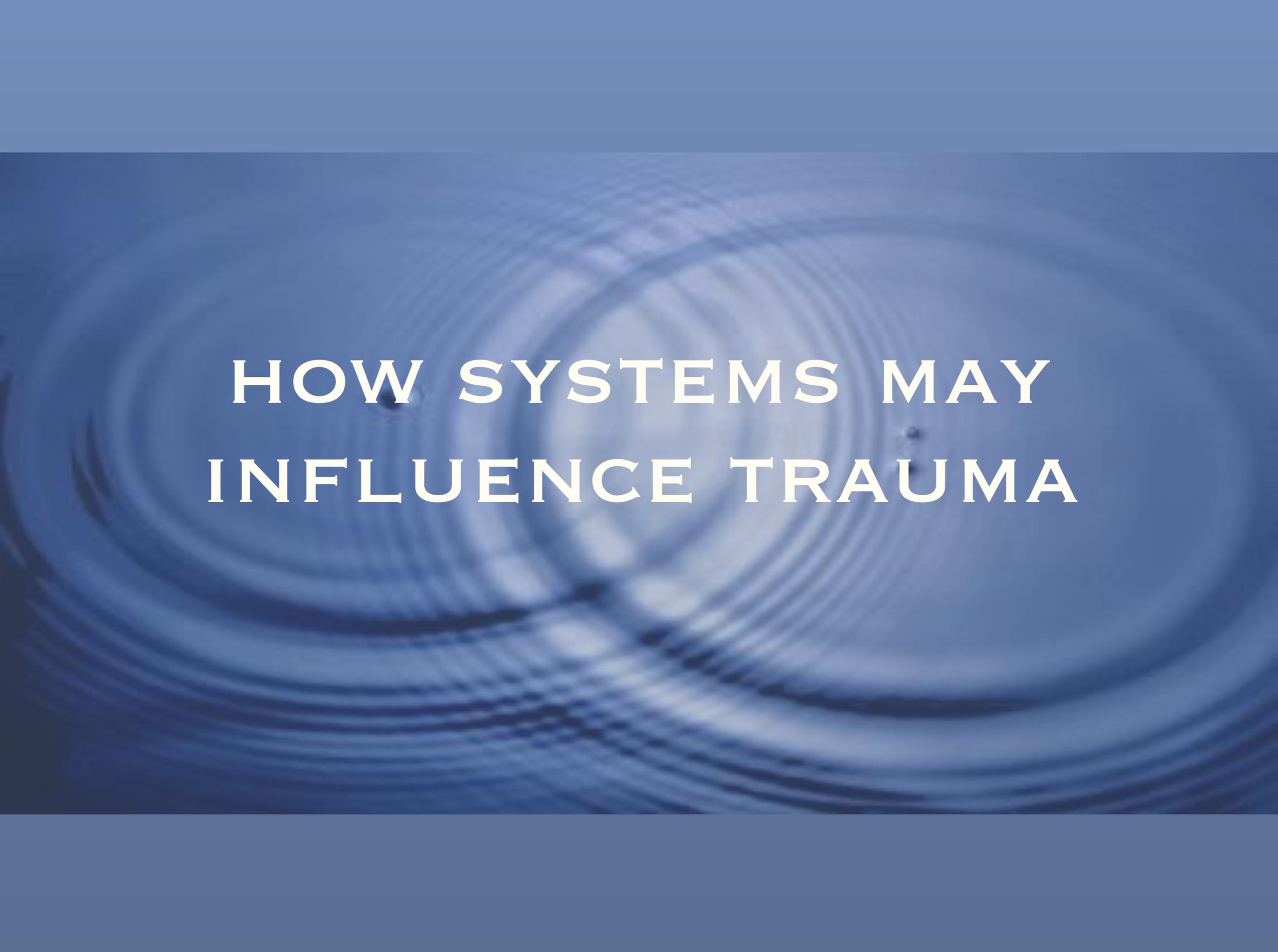
HELPER OF THE SURVIVOR



CYBERBULLYING

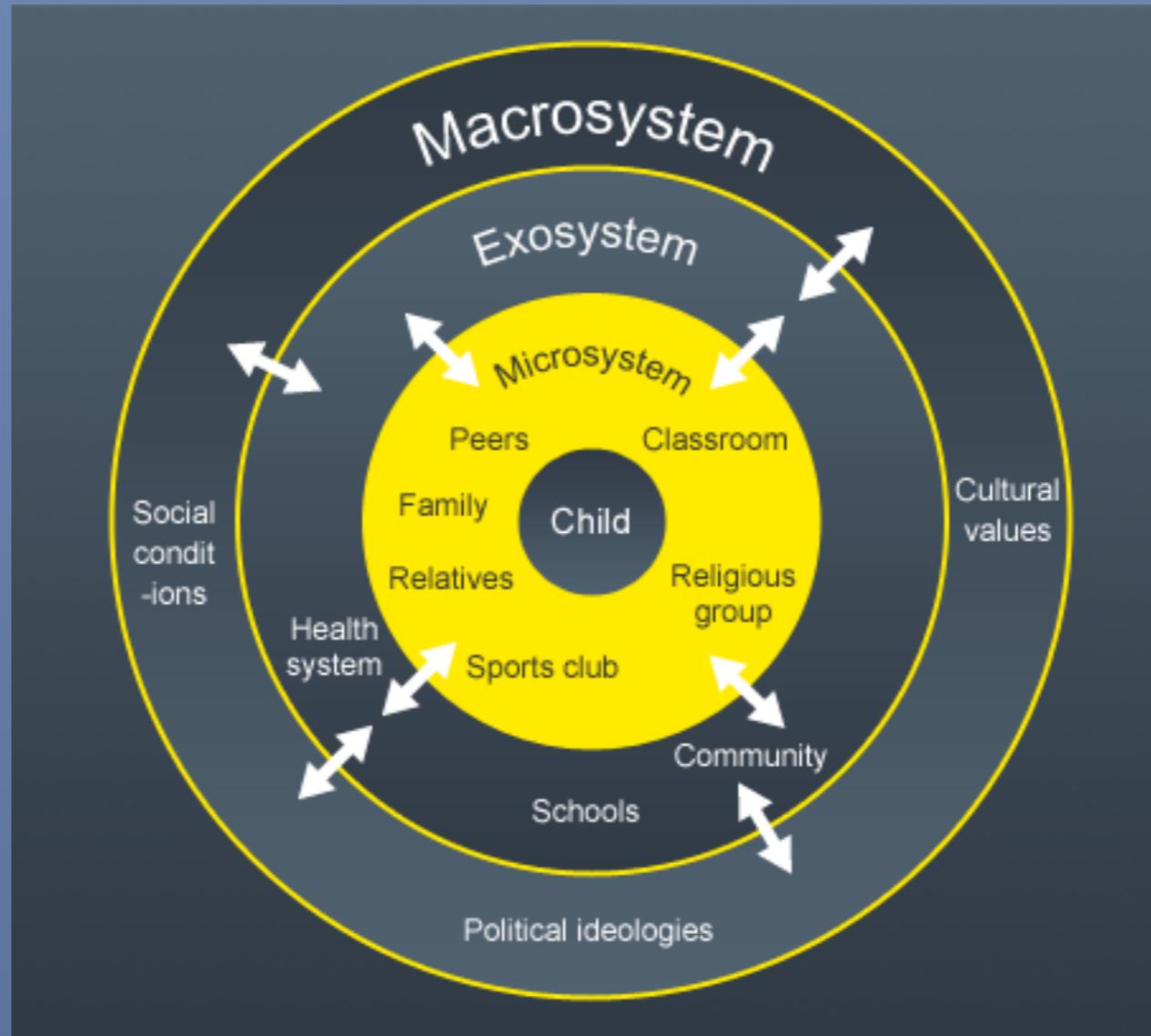
EXPERIENCE OF VIOLENCE

There is a generation out there that has been fed violence from its youngest days, and has been systematically taught to associate pleasure and reward with vivid depictions of inflicting human death and suffering. (Grossman, D. & Gloria, D., 2014)

The background features a blue gradient with a central pattern of concentric, overlapping ripples, resembling water or a textured surface. The text is centered in a bold, white, sans-serif font.

HOW SYSTEMS MAY INFLUENCE TRAUMA

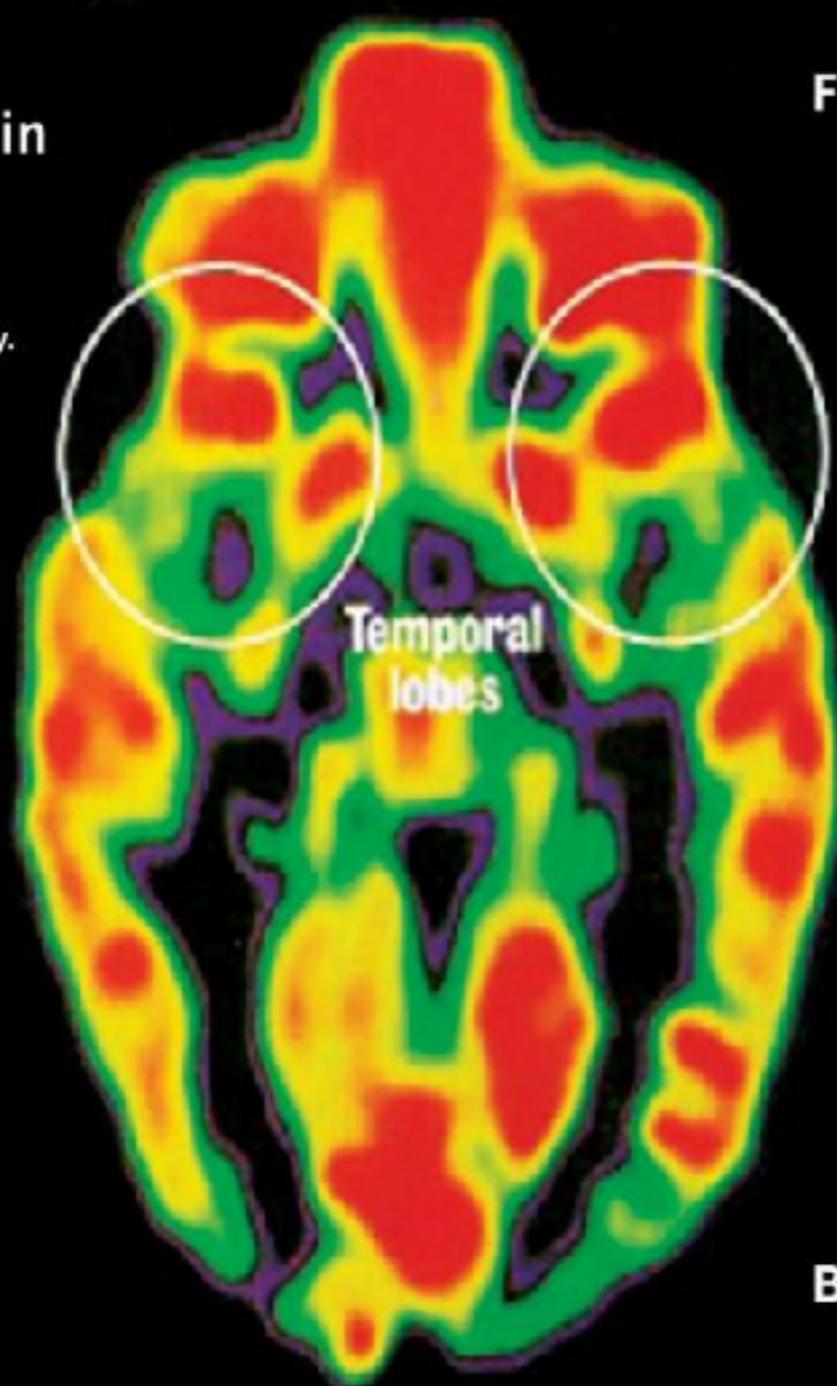
BRONFENBRENNER'S - MODEL OF HUMAN DEVELOPMENT



Neurobiological Effects

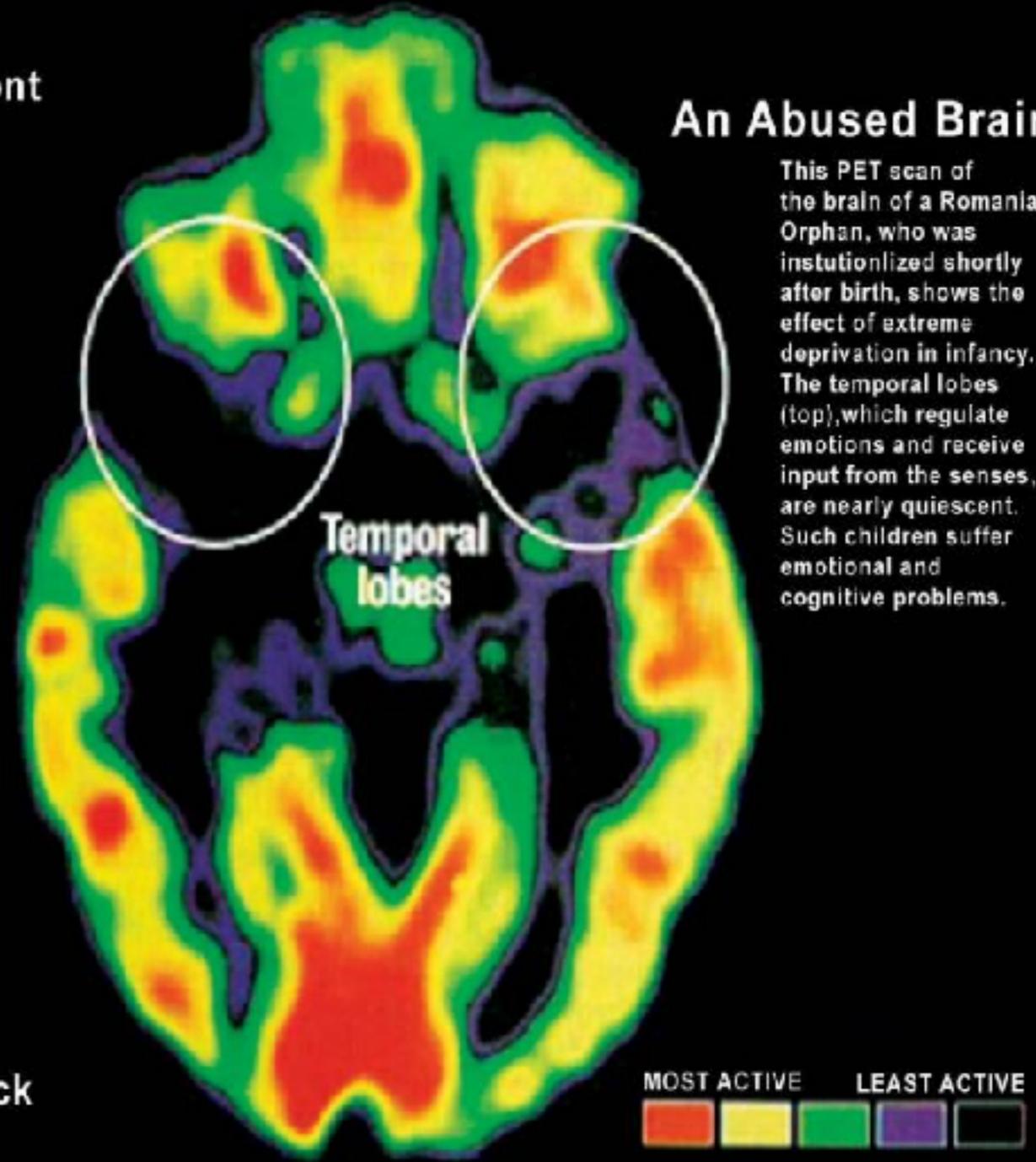
Healthy Brain

This PET scan of the brain of a normal child shows regions of high (red) and low (blue and black) activity. At birth, only primitive structures such as the brain stem (center) are fully functional; in regions like the temporal lobes (top), early childhood experiences wire the circuits.



An Abused Brain

This PET scan of the brain of a Romanian Orphan, who was institutionalized shortly after birth, shows the effect of extreme deprivation in infancy. The temporal lobes (top), which regulate emotions and receive input from the senses, are nearly quiescent. Such children suffer emotional and cognitive problems.



EXECUTIVE FUNCTIONING



A chronic stress response produced by traumatic experiences can affect the neurobiological, emotional, behavioral, cognitive, and interpersonal development of the child

Do your intervention questions help determine executive functioning?

LEARNING DIFFICULTIES ASSOCIATED WITH TRAUMA

The damage to the hippocampus impairs the student's ability to form new memories, thus affecting the ability to learn— Executive Functioning



Verbal learning can be affected, in which the student has difficulty retaining information gathered from verbal sources, compared to visual

Trauma can affect sustained and focused attention

MIS-DIAGNOSIS...IS IT?

ADHD

DIFFICULTY STAYING FOCUSED AND PAYING ATTENTION,
DIFFICULTY CONTROLLING BEHAVIOR AND HYPERACTIVITY

ATTENTION DEFICIT DISORDER

INATTENTION, HYPERACTIVITY, AND IMPULSIVITY

OPPOSITIONAL-DEFIANT DISORDER

ANGRY OR IRRITABLE MOOD, DEFIANT OR ARGUMENTATIVE
BEHAVIOR, AND VINDICTIVENESS TOWARD PEOPLE IN
AUTHORITY

WHAT YOU NEED TO KNOW



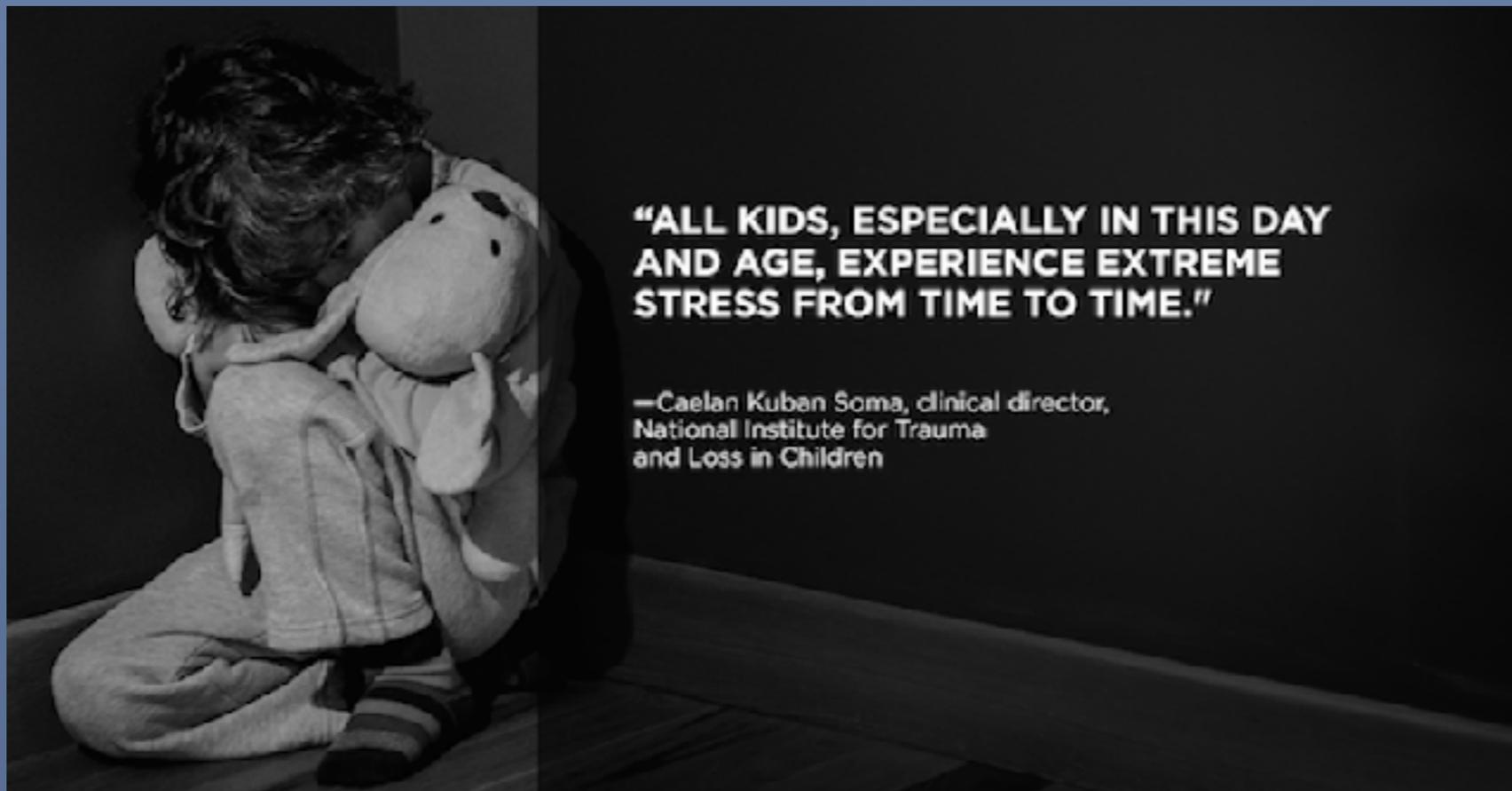
Kids who have been through trauma worry about what’s going to
happen next

Even if the situation doesn’t seem that bad to you, it’s how the child
feels that matters

TRAUMA IS NOT ALWAYS ASSOCIATED WITH VIOLENCE

YOU DON'T NEED TO KNOW EXACTLY WHAT CAUSED THE TRAUMA TO BE ABLE TO HELP

KIDS WHO EXPERIENCE TRAUMA NEED TO FEEL THEY'RE GOOD AT SOMETHING AND CAN INFLUENCE THE WORLD



"ALL KIDS, ESPECIALLY IN THIS DAY AND AGE, EXPERIENCE EXTREME STRESS FROM TIME TO TIME."

—Caelan Kuban Soma, clinical director,
National Institute for Trauma
and Loss in Children

WHAT CAN WE DO FOR CHILDREN IN NEED

RECOGNIZE THAT A CHILD IS GOING
INTO SURVIVAL MODE AND RESPOND IN
A KIND, COMPASSIONATE WAY

CREATE CALM, PREDICTABLE
TRANSITIONS

PRAISE PUBLICLY AND CRITICIZE
PRIVATELY

ADAPT YOUR CLASSROOM'S
MINDFULNESS PRACTICE



ASK OPEN ENDED QUESTIONS



How did you sleep last night?

Are you feeling sad?

Is there something that scares you?

I see you are staying by yourself more?

ASK OPEN ENDED QUESTIONS

You don't seem to be enjoying an activity (Specify activity) like you use to?

You're not acting like yourself?

You appear to always be on edge?

Why do you think that you are feeling so down?



SUPPORT OUTSIDE THE CLASSROOM

CLASSROOM

SHARE TRAUMA-INFORMED STRATEGIES WITH ALL STAFF, FROM BUS DRIVERS TO PARENT VOLUNTEERS TO CROSSING GUARDS



SUPPORT OUTSIDE THE CLASSROOM

REMINDE EVERYONE: “THE CHILD IS NOT HIS OR HER BEHAVIOR.”
TYPICALLY THERE IS SOMETHING UNDERNEATH DRIVING THAT TO
HAPPEN, SO BE SENSITIVE.

ASK YOURSELF, “I WONDER WHAT’S GOING ON WITH THAT KID?”
RATHER THAN SAYING, “WHAT’S WRONG WITH THE KID?” THAT’S
A HUGE SHIFT IN THE WAY WE VIEW KIDS



MANAGING SECONDARY TRAUMATIC STRESS FOR STAFF

AWARENESS IS THE KEY TO MANAGING
SECONDARY TRAUMATIC STRESS FOR THE
ORGANIZATION AND FOR INDIVIDUALS

A SCHOOL COMMUNITY CAN SHARE
INFORMATION ABOUT THE SIGNS OF
SECONDARY TRAUMATIC STRESS



**REGULAR SMALL GROUP CHECK INS CAN BE AN
OUTLET FOR FEELINGS OF FRUSTRATION AND STRESS**

**ACKNOWLEDGEMENT OF THE STRESSFUL CONDITIONS
BY ADMINISTRATION CAN HELP EDUCATORS FEEL
HEARD**

SELF-CARE FOR STAFF

EMOTIONAL

**FEELING NUMB OR DETACHED; FEELING OVERWHELMED
OR MAYBE EVEN HOPELESS**

PHYSICAL

HAVING LOW ENERGY OR FEELING FATIGUED

BEHAVIORAL

**CHANGING YOUR ROUTINE OR ENGAGING IN SELF-
DESTRUCTIVE COPING MECHANISMS**

PROFESSIONAL

**EXPERIENCING LOW PERFORMANCE OF JOB TASKS AND
RESPONSIBILITIES; FEELING LOW JOB MORALE**

SELF-CARE

COGNITIVE

EXPERIENCING CONFUSION, DIMINISHED CONCENTRATION,
AND DIFFICULTY WITH DECISION MAKING; EXPERIENCING
TRAUMA IMAGERY, WHICH IS SEEING EVENTS OVER AND
OVER AGAIN

SPIRITUAL

QUESTIONING THE MEANING OF LIFE OR LACKING SELF-
SATISFACTION

INTERPERSONAL

PHYSICALLY WITHDRAWING OR BECOMING EMOTIONALLY
UNAVAILABLE TO YOUR CO-WORKERS OR YOUR FAMILY

Re-Cap What we have talked about



FOR MORE INFORMATION

The National Child Traumatic Stress
Network, www.nctsn.org

OUR CONTACT INFORMATION

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