Early Childhood Trauma and its Impact on Education

National Children's Bureau - Engage Seminar
Stranmillis University College
11.05.16
Plan for the morning...

**Part 1 - JM**
- Trauma
- Some Neuroscience
- Attachment Theory

*Break*

**Part 2 - SM**
- Impact of Trauma on Learning
- Role of the Teacher
- Support Strategies

*Questions/Discussion*
• What is your experience of supporting children or young people who have experienced trauma?
• How do early childhood experiences influence development?
• What are the educational implications?
• Why did you come to this seminar?
• What do you want to take away?
Trauma literally means wound, injury or shock

Psychological trauma is:

‘an experience that**threatens the health and well-being** of an individual; renders the individual **helpless** in the face of intolerable danger, anxiety, or instinctual arousal; **overwhelms an individual’s coping mechanisms**; involves some violation of basic assumptions connected to **survival**; and indicates that the **world is an uncontrollable and unpredictable place**.’ (Eisen and Goodman, 1998)

Video- [https://www.youtube.com/watch?v=z8vZxDa2KPM&feature=player_detailpage](https://www.youtube.com/watch?v=z8vZxDa2KPM&feature=player_detailpage)
Post-Traumatic Stress Disorder (PTSD)

The person was exposed to: death, threatened death, actual or threatened serious injury, or actual or threatened sexual violence.

- **Intrusions:**
  the persistent re-experiencing of the traumatic event through intrusive memories, flashbacks, nightmares, re-enactment, physiological reactivity

- **Avoidance:**
  persistent avoidance of stimuli associated with the trauma, amnesia, detachment from others, reduced affect, sense of foreshortened future

- **Arousal:**
  symptoms of increased arousal: sleep problems, poor concentration, hyper-vigilance, exaggerated startle response and irritability and violence

*Symptoms cause significant distress or impairment in social, occupational, or other important areas of functioning*
PTSD diagnosis in children?

- Children with **multiple traumas** can experience developmental delays in cognitive ability, language, motor and social skills.

- PTSD diagnosis may not capture attachment difficulties, the aggressive behaviour, the failure to reach developmental milestones, self-care and self-blame.

- DSM-V (2013) introduced separate diagnostic criteria for ‘preschool’ children (under 6)
Acute Trauma

A single traumatic event that is limited in time
e.g. rape, natural disaster, road traffic accidents, theft, witnessing a violent event or any experience that threatens physical or emotional safety.
Complex Trauma

This describes children's exposure to multiple or prolonged traumatic events and the impact of this exposure on their development.

- Simultaneous or sequential occurrence of child maltreatment—including psychological maltreatment, neglect, physical and sexual abuse, and domestic violence

- Other terms—‘Multiple Trauma’ / ‘Chronic Trauma’ / ‘Developmental Trauma’ / ‘Relational Trauma’ / ‘Complex PTSD’
Multiple domains of impairment

**Biology**
- Problems with movement and sensation
- Unexplained physical symptoms and increased medical problems

**Behavioural control**
- Poor impulse control
- Self-destructive behaviour
- Aggression towards others

**Cognition**
- Problems focusing on and completing tasks
- Problems planning for and anticipating future events
- Possibility of learning difficulties
- Problems with language development
Multiple domains of impairment

**Attachment**
- World uncertain and unpredictable
- Socially isolated
- Difficulty relating to and empathizing with others

**Mood Regulation**
- Difficulty regulating their emotions
- Difficulty knowing and describing their feelings and internal states

**Dissociation**
- Experience a feeling of detachment/depersonalisation

**Self concept**
- Disturbed body image
- Low self esteem
- Shame and guilt
‘The emotion of shame plays an important role in healthy identity formation. In its healthiest form, shame teaches the child that he is human, with limitations and fallibility. Taken to an extreme, however, shame can lead a child to feel flawed as a human being, even to the point of being somehow less than human.’

(Van Gulden & Bartels-Rabb, 1993)
Experiences Build Brain Architecture

Video- http://youtu.be/VNNsN9IJkws

- The brain is underdeveloped at birth
- It reaches 80-90% of its adult size in the first 3 years of life
- The brain organises from the “bottom” up - brainstem to cortex and from the inside out
Cell connections/neural pathways
Video - Toxic Stress Derails Healthy Development
https://youtu.be/rVwFkcOZHZJw

Caution regarding determinism

On-going debate over neurobiological evidence

We should resist adopting an overly deterministic view of the development of children who have experienced trauma
Bio psycho social model

- Biological:
  - physical health
  - disability
  - genetic vulnerabilities
  - exposure
  - drug effects
  - temperament

- Social:
  - peers
  - family circumstances
  - work

- Health:
  - family relationships
  - trauma

- Psychological:
  - beliefs
  - attitudes
  - self-esteem
  - coping skills
  - social skills
Children are not slates from which the past can be rubbed by a duster or sponge, but human beings who carry their previous experiences with them and whose behaviour in the present is profoundly affected by what has gone before.’

(Bowlby, 1951)
What is attachment?

- Infants/young children are not capable of understanding and regulating their emotions and behaviours.

- Attachment is the emotional and regulatory bond that exists between children and their caregivers.

- Early care-giving has a long-lasting impact on development, the ability to learn, capacity to regulate emotions and form satisfying relationships (Siegel 2012).

- “Throughout an individual’s lifetime, attachments provide connections to others and help us develop a sense of self.” (Fahlberg, 2001)
What is Attachment?

- Nurturing adult attachments provide children with protective, safe havens and **secure bases** from which **to explore** and **engage** with others and their environment (Bowlby, 1988)

- Attachment is crucial to children’s **psychological welfare** and forms the basis of personality development and socialisation (Bowlby, 1988)

> “The biological function of attachment is survival; the psychological function is to gain security” (Schaffer 2004)
## Secure Attachment

<table>
<thead>
<tr>
<th>As Children</th>
<th>As Adults</th>
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<tbody>
<tr>
<td>• Able to separate from parent</td>
<td>• Have trusting, lasting relationships</td>
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<tr>
<td>• Seek comfort from parents when frightened</td>
<td>• Tend to have good self-esteem</td>
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<td>• Return of parents is met with positive emotions</td>
<td>• Comfortable sharing feelings with friends and partners</td>
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<td>• Prefers parents to strangers</td>
<td>• Seek out social support</td>
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Insecure Avoidant

Caregiver is rejecting of attachment through own anger or inexpressiveness.

Child shows:
- difficulty communicating
- difficulty making relationships
- denies need for support from adults/lack trust
- can be self-dependent
- apparent absence of fear/distress
- can be compliant, particular
Insecure Ambivalent

Caregiver is insensitive to child’s needs, either intrusive or distant

Child presents as:
- attention-seeking, needing constant reassurance
- dependent on teacher
- can’t focus on work in case loses attention of teacher
- very anxious, can focus on distress
- overwhelming arousal leads to over-reactions
- poor concentration/impulsivity
Insecure Disorganised

Caregiver may be frightened or frightening

- Individual may fail to develop attachment to any adult.
- Child presents as:
  - constantly overwhelmed by fear and anxiety
  - hyper-vigilant
  - copes by trying to stay in control of everything
  - absence of self awareness and feelings of others
  - not engaged by either people or tasks
  - erratic, unpredictable, dysregulated
  - love/hate relational style
Four identified attachment types

- **Secure** – ‘I’m ok, you’re there for me’
- **Insecure avoidant** – ‘It’s not ok to be emotional’
- **Insecure ambivalent** – ‘I want comfort but it doesn’t help me’
- **Insecure disorganized** – ‘I’m frightened’
What are the risk factors affecting attachment and who are the vulnerable groups?
What are the risk factors affecting attachment and who are the vulnerable groups?

Risk factors to the quality of attachment between child and parent:
- Poverty
- Parental mental health difficulties
- Exposure to neglect, domestic violence or other forms of abuse
- Alcohol/drug taking during pregnancy
- Multiple home and school placements
- Premature birth
- Abandonment
- Family bereavement

Vulnerable groups may include:
- Children in areas of social and economic deprivation - Children in care
- Adopted children whose early experiences of trauma continue to affect their lives
- Disabled children
- Children with medical conditions or illness
- Children who have moved home frequently during the early years e.g. forces families
- Refugees and children who have been traumatised by conflict or loss

BUT ...
- insecure attachments may occur within non-vulnerable children as well
The impact on learning

- To be able to engage in learning a pupil needs to be able to:
  - take risks,
  - face new challenges
  - manage frustration and anxiety
  - have good self-esteem
  - ask for help when needed

- Compared to insecure attachment, secure attachment is associated with:
  - greater emotional regulation
  - greater social competence
  - willingness to take on challenges
  - (and therefore) higher grades and standardised test scores
The impact on learning

- Research has inextricably linked attachment to school readiness and school success (Geddes, 2006).

- A child’s ability to take part in learning and be fully included in school life is fundamentally affected by experiences of early relationships or attachments. (Geddes, 2006)

- **Teachers, youth workers** and **significant adults** in a child’s life can provide important attachments for children (Bergin and Bergin 2009, Riley 2010)
What barriers to engaging in school/further education have you noticed in the young people you work with?
Supporting children with trauma/attachment related difficulties in school
• How might a securely attached child and an insecurely attached child experience school life and differently?
The impact on learning

Attachment relationships can have a direct bearing on children’s capacity to succeed in school.

- To be able to engage in learning a pupil needs to be able to take risks, to learn new things and face new challenges. A good learner needs to be able to manage frustration and anxiety, have good self-esteem, be willing to take risks and be able to ask for help when needed.

“Research demonstrates that emotions fundamentally drive cognitive learning and, in order to generate successful learning, educators need to engage the affective dimensions of pupils’ minds.” (Immordino-Yang and Damasio 2007).

“A child’s ability to take part in learning and be fully included in school life is fundamentally affected by experiences of early relationships or attachments.” (Geddes, 2006)
Our minds are continually shaped by emotions, experiences, relationships, opportunities, attitudes, values and beliefs, knowledge and genes.

However, there is an instinctive priority of attachment over the brain’s exploratory system – feeling Safe and Secure is more important than learning.
The impact on learning

- Barriers to participation:
  - Difficulty coping with the relational and attentional demands of the educational environment
  - Difficulty being independent/being dependent e.g. asking for help
  - Difficulty engaging in collaborative learning activities
  - Attendance problems/difficulties coping with changes in personnel
The impact on learning

- Barriers to learning:
  - Difficulty taking risks/new challenges
  - Difficulty managing frustration, anxiety, failure
  - Poor self-esteem
  - Generalised or specific learning difficulties associated with impaired executive functioning skills and/or barriers to participation
Tommy: traumatized 5 year old child

Finding it difficult to sleep
Arrives at school tired and distressed
Thinks his teacher is cross with him even when she is not
Cannot remember what the teacher has asked him to do: frustrated
Cannot describe these emotions but because of the frustration he responds aggressively to his friend, Peter

Because of all the upheaval Tommy finds it even more difficult to concentrate therefore it impacts on his learning

Other children decide they do not want to play with Tommy either

Peter is very upset and says he does not want to be friends with Tommy anymore

Teacher struggles to resolve the conflict and class becomes unsettled

Because of all the upheaval Tommy finds it even more difficult to concentrate therefore it impacts on his learning
Video-Trauma, Brain and Relationships: Helping Children Heal

https://www.youtube.com/watch?v=jYyEEMIlMMbo

Start 18.50
Recovery from Trauma: what is needed?

1. Feeling safe and secure physically and emotionally
2. Relationships and secure attachments
3. Being able to express what has happened – creating a narrative to make the memories safe

Successful intervention is based on providing a structured environment with firm boundaries and nurturing empathic relationships. From this secure foundation other areas – developing social skills, self-esteem, emotional literacy, autonomy and self-identity - can be developed. This in turn will promote readiness to learn.
What do we need to do?

- See beyond the behaviour
- Build trusting relationships
- Build dependency
- Translate social situations
- Provide a secure base
- Help the child establish a whole sense of self
- Connect with the emotional state of the child
- Let the child know they are held in mind
- Provide a Key Adult and a team around the child
Aim to understand, rather than manage behaviours

- Behaviours can communicate:
  - Developmental needs
  - Unmet primary needs
  - Anxiety/fear
  - Physical dysregulation
  - Toxic shame
• Unmet primary needs
• Developmental needs
• Their sense of self, other, the world
• Toxic shame
• Dysregulation
• Trust issues
• Anxiety, fear, panic
Assessment

- Assess problem behaviours using functional analysis (ABC) to understand triggers and what the underlying needs of the child are.
- Use the information to plan intervention.
- Be aware that the child may not be functioning at an age-equivalent level in terms of social/emotional competences.
- Do an emotional development assessment if there are no identifiable learning difficulties eg Boxall Profile.
Caution re Behaviour Modification Techniques

- For some young people with insecure attachments, behaviour modification techniques simply may not work.
- For some young people they can make the problem worse.
- For some young people they can be damaging. (Marie Delaney, 2009)
Structuring the Environment

- Structuring is proactive, positive action
  - To prevent problems
  - Insure success.

- Traumatized children need:
  - A Trusted Adult to Protect Them
  - A Safe Environment
  - A Predictable Environment
  - A Patterned Environment

- New development occurs only when the child feels safe and secure.

- Consistency=Predictability=Security (Landreth, 2002)
Always try to use the concept of choice. Choice is often absent in the thought process of children with attachment difficulties. Give choices repeatedly until the child is able to make better choices.

“I know it’s hard for you to trust me and you would much rather push me away sometimes, but I’m going to stick in there with you until you are calm. You are getting stronger at trusting all the time”.

Language of Choice
Transitions

- Need to manage and plan to be consistent and predictable
- Routines
- Bridging strategies
- Allow time to settle, reconnect and engage.
- Repetition
Support ideas

- Visual timetables/cues
- Preparation for transition/changes
- Transition objects
- Calm box
- Memory card
- My book of success
- Stress ball/learning friend
Humans are social beings, so the worst catastrophes that befall us involve relational loss. The impact of an adverse event: must be seen in terms of how it impacts on people’s relationships. Recovery must also involve re-establishing human connections. Healing: the most important healing experiences occur outside therapy and inside homes, schools and communities. Healing and recovery are impossible without lasting, caring connections to others.
I’m wondering if...

I can tell from your (face, eyes, body) that you are feeling ..... 

You seem happy...

You look really sad...

I think you might be angry with me because...

It is scary for you to...

It seems to be really hard for you to....
Safety Messages

- I will give you what you need for safety and success
- I will be very clear in telling you what is happening and what is going to happen
- I will strive to help you feel safe here
- I will provide you with routines and rituals that you will become comfortable with
Acceptance and Belonging / Identity Messages

- I will help you to discover what you and I both think, feel and want
- I will listen to you very hard to understand your experience
- I will discover what is unique about you and celebrate it/I will teach you by sharing my experience of you and the world with you.
Our own attitude and the ability to relate to and engage children on an emotional level is best intervention.

- We need to be available and present.
- We need to step aside from confrontation and remain outwardly calm.
- Teachers achieve through being:
  
  - Playful
  - Loving
  - Accepting
  - Curious
  - Empathetic
Key Worker

- Identify a key worker in the school for the child.
- Needs to be someone who has time to spend with a young person.
- A key worker needs to have a resilient personality and be able to work with ‘authoritative warmth’.
- Relationships of trust and security are established with the key worker.
- Their role does not have to be to spend time with the child all day long.
- Key worker holds information from all agencies involved. Not all staff have a ‘need to know’ everything.
Team Around the Child

- TAC meet regularly to communicate needs, difficulties and support each other.
- Staff care for each other so they are better able to work with the young person.
- School staff can direct concerns to the TAC rather than the young person directly or the key worker specifically.
- TAC will respond to the need and key worker will communicate with the child based on their relationship of trust.
Questions?

Thank you for listening. We hope that you have found the seminar helpful for your professional work.