“Adverse childhood experiences are the single greatest unaddressed public health threat facing our nation today.”

–Dr. Robert Block, MD, FAAP, former President of the American Academy of Pediatrics

Trauma Informed Strategies for the Technology Infused Math Classroom

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ADHD? Check.

CDE-sanctioned Interventions and Supports

- Multi-Tiered Systems of Supports (MTSS)
- Positive Behavior Intervention and Supports (PBIS)
- Response to Intervention (RTI²)

Fundamentals of PBIS

- Utilize positive PBIS strategies
- Establish a positive environment
- Teach positive behavior skills
- Reinforce positive behavior
- Respond appropriately to inappropriate behavior

The Trauma in the Room

Are you…

Stressing?

Are you…

Destressing?

Are you…

Supporting?

Are you…

Purposeful in YOUR response?

A Shifting Mindset

Teachers have traditionally NOT been tasked with providing mental health support in the classroom.

Types of Trauma

Simple Trauma

- Serious accidents (automobile, trip-fall, sports injuries)
- Natural disasters (earthquakes, fires, tornadoes, floods, etc.)
- Physical or sexual assault

Complex/Developmental

- Witnessing domestic violence
- Experiencing repetitive physical/sexual/emotional abuse
- Being neglected
- Homelessness
- Living in a home with a family member that has untreated (or undiagnosed) mental illness
- Living in a home with a family member that abuses drugs or alcohol
- Having a family member enlisted in the military who is deployed overseas

The DSM-V

Trauma- and Stressor-Related Disorders

Many individuals who have been exposed to a traumatic or stressful event exhibit a phenotype in which, rather than anxiety- or fear-based symptoms, the most prominent clinical characteristics are anhedonic (lack of pleasure or capacity to experience it) and dysphoric symptoms (state of dissatisfaction, anxiety, restlessness, or fidgeting), externalizing angry and aggressive symptoms, or dissociative symptoms.

Types of Disorders

Reactive Attachment Disorder: Consistent pattern of withdrawn behavior from peers or adults. Often has minimal social and emotional responsiveness to others. Unexplained irritability, sadness, or fearfulness.

Disinhibited Social Engagement Disorder: Pattern of behavior in which there is reduced or absent reticence in approaching and interacting with unfamiliar people. The child may exhibit overly familiar verbal or physical behavior, diminished check-ins with adults before venturing away, and an increased willingness to go off with familiar peers or adults. Students with symptoms of Disinhibited Social Engagement Disorder are often hyper-social, or lack the ability to control their impulses or content of conversations, especially in regards to social interaction which may lead to the student quickly being identified by school administrators as a pending behavior concern.

Post-Traumatic Stress Disorder (PTSD): A child with Posttraumatic Stress Disorder has been exposed to actual or threatened death, serious injury, or sexual violence either through directly witnessing the event, directly experiences the event, learning from the event as told by others, or having been repeatedly exposed to the event. Children with PTSD may demonstrate varying symptoms, from recurrent or involuntary distressing memories of the incident, recurrent or distressing dreams of the event, dissociative reactions in which the child feels as if the traumatic event is recurring, avoidance behaviors in which the child actively avoids or attempts to avoid distressing memories or external reminders (such as people, places, conversations, etc.), and negative alterations in mood. Children with PTSD may also engage in irritable behavior toward adults, have angry outbursts, demonstrate reckless or self-destructive behavior, be hypervigilant, have an exaggerated startle response, and have problems concentrating.

Acute Stress Disorder: May have been exposed to actual or threatened death, serious injury, or sexual violation either by experiencing the events, witnessing the events as it occurred to others, learning that it occurred to a close family member or friend, or having been repeatedly exposed to the event. Multiple symptoms exist for acute stress, which may include numerous forms of dissociative reactions, psychological distress or marked physiological reactions, negative mood or inability to experience positive emotions, altered sense of reality of one's surroundings, avoidance symptoms related to discussing the event, or being aroused (i.e. sleep disturbed, irritable behavior, hypervigilant, problems with concentrated, or exaggerated startle response).

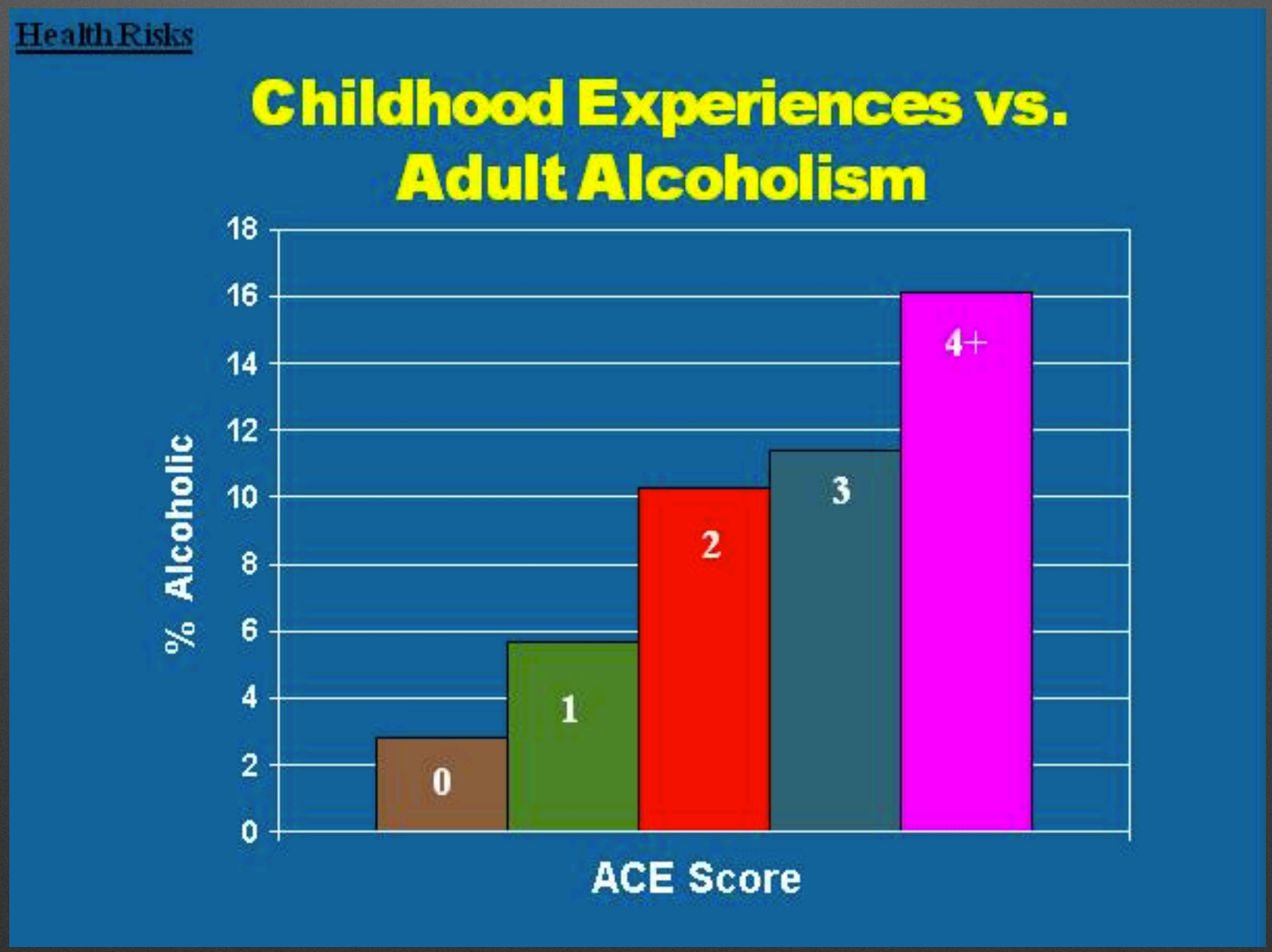
A child having experienced acute stress may exhibit symptoms for 3 days to 1 month, with the primary response being anxiety or anxiety-related symptoms. Additionally, a child with acute stress may have concentration difficulties, have difficulty remembering regular daily events, and may have a heightened startle response or jumpiness to loud noises or unexpected movements.

The ACEs Study

- Conducted by Kaiser Permanente in 1998.
- 19,000 survey participants
- Begun after correlations became apparent in the stories of morbidly obese patients
- Ten questions in a total of 7 categories of dysfunction.

Survey time.

The Statistics are Not Good



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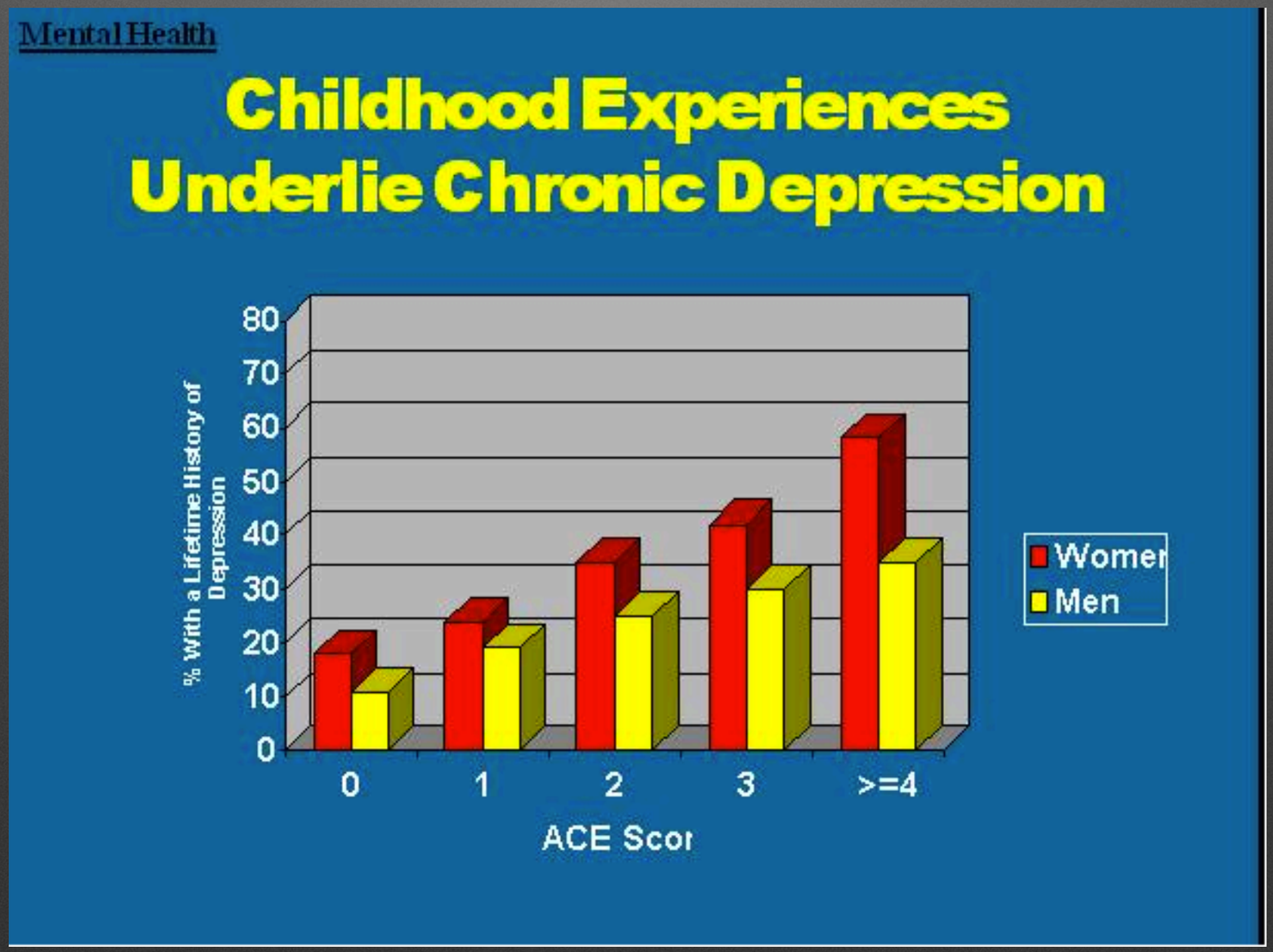

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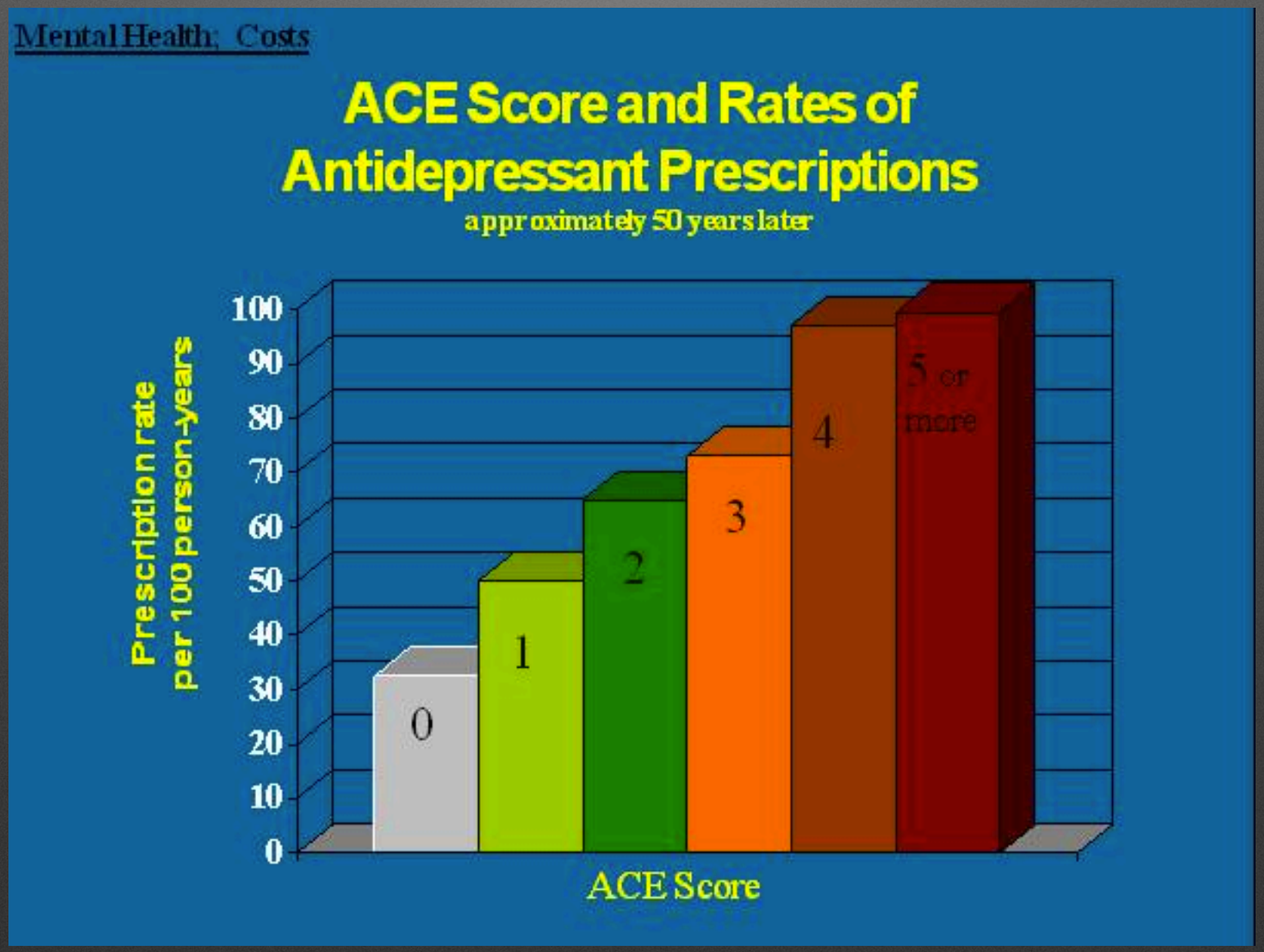

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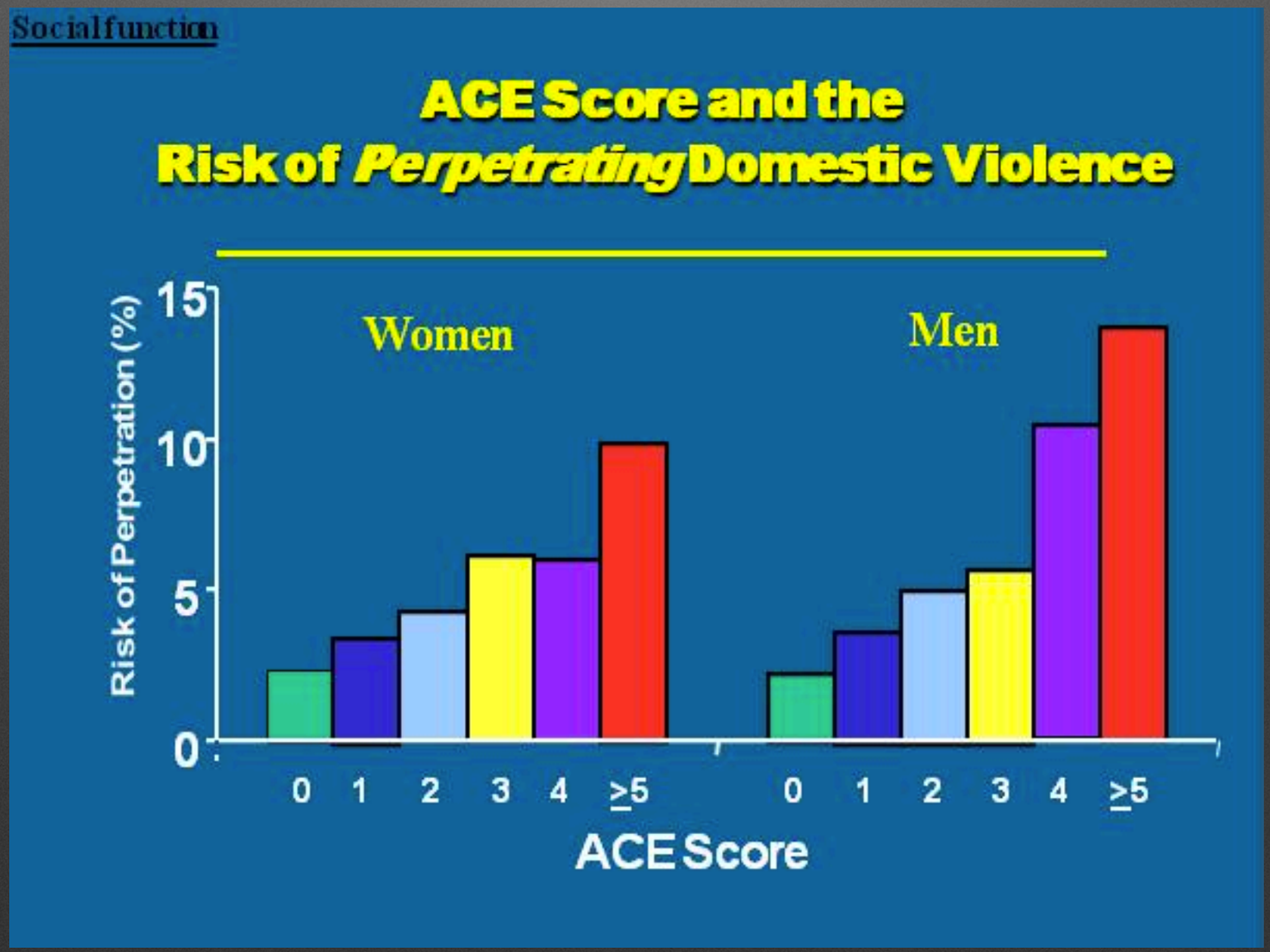

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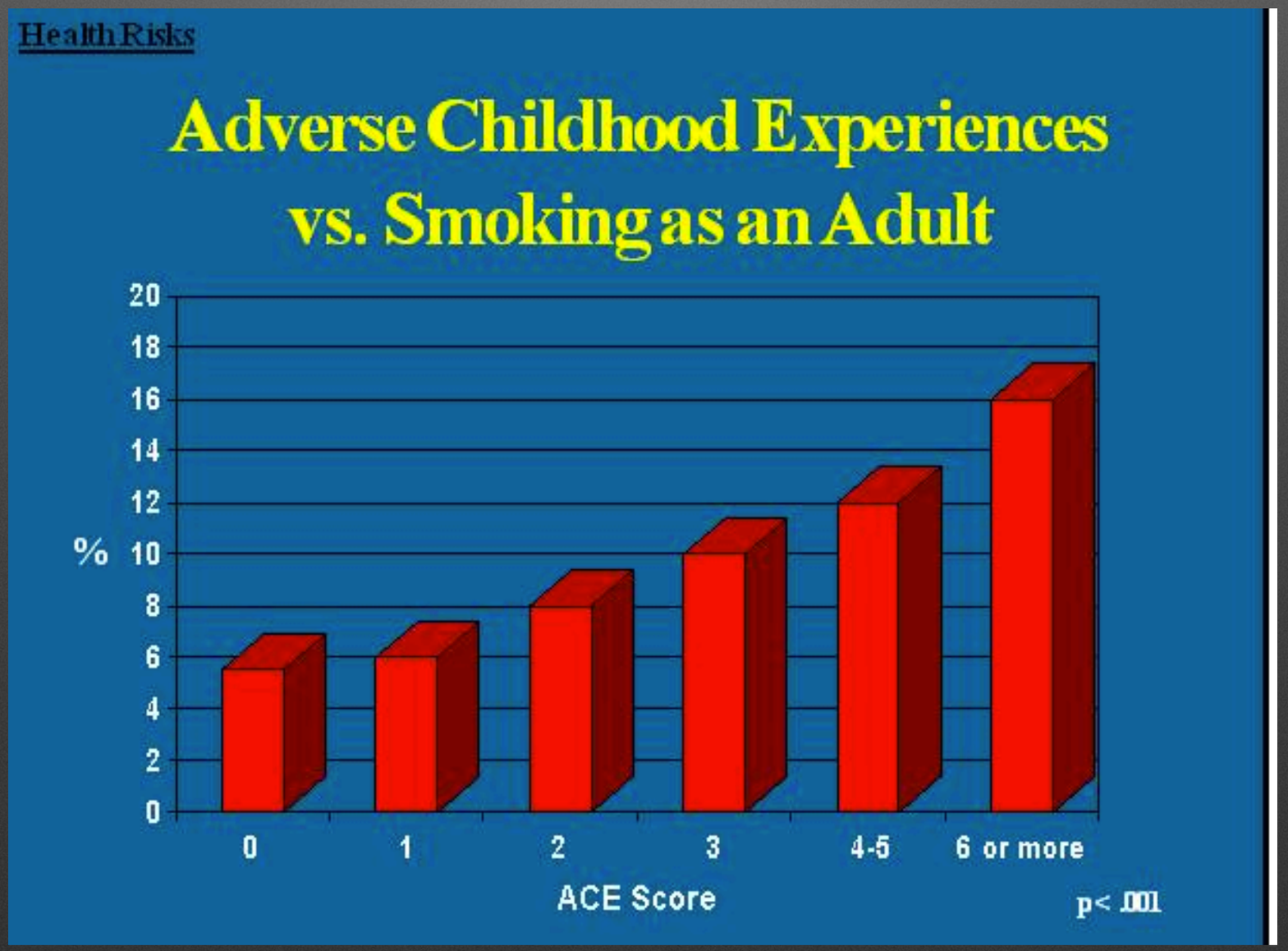

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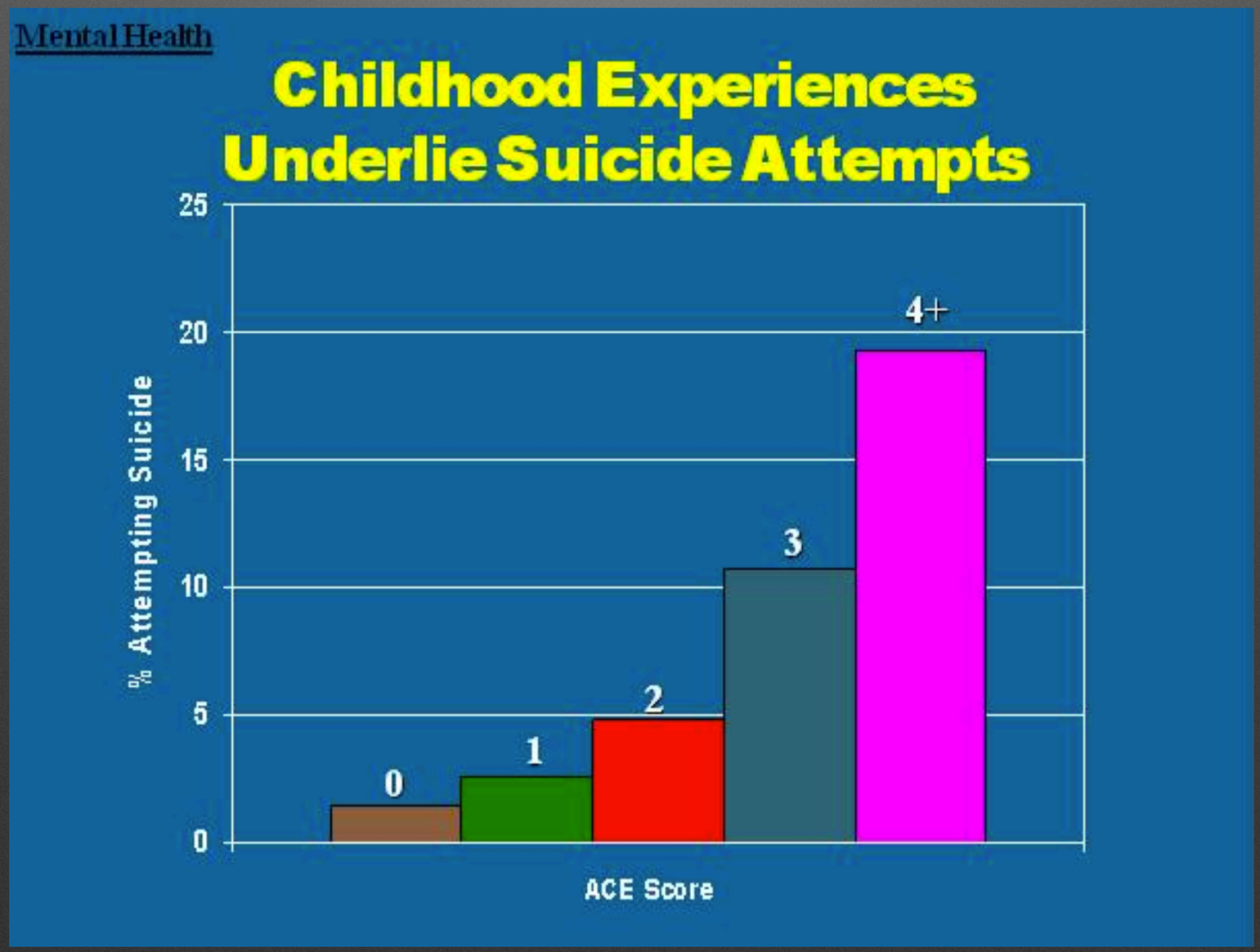

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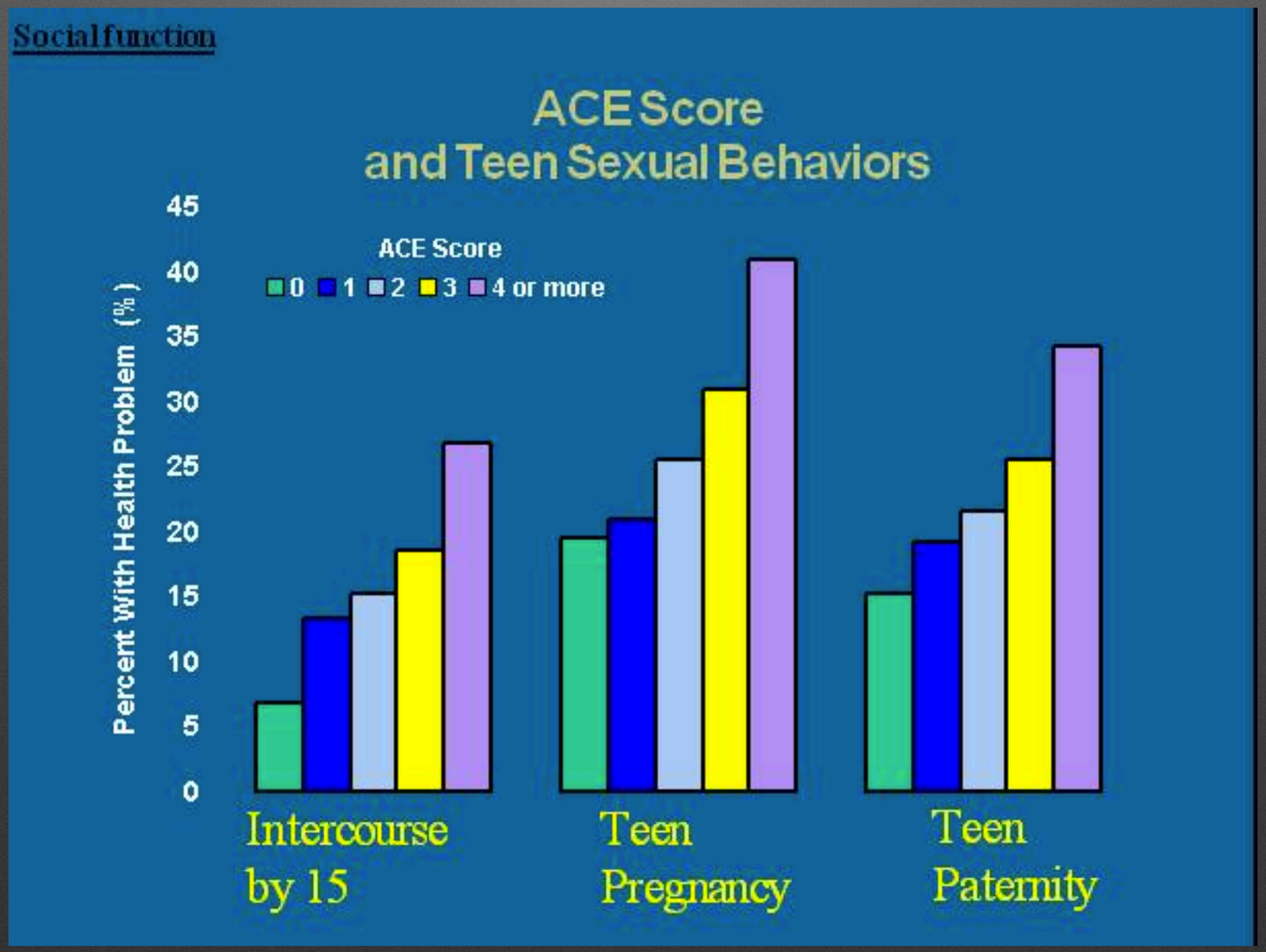

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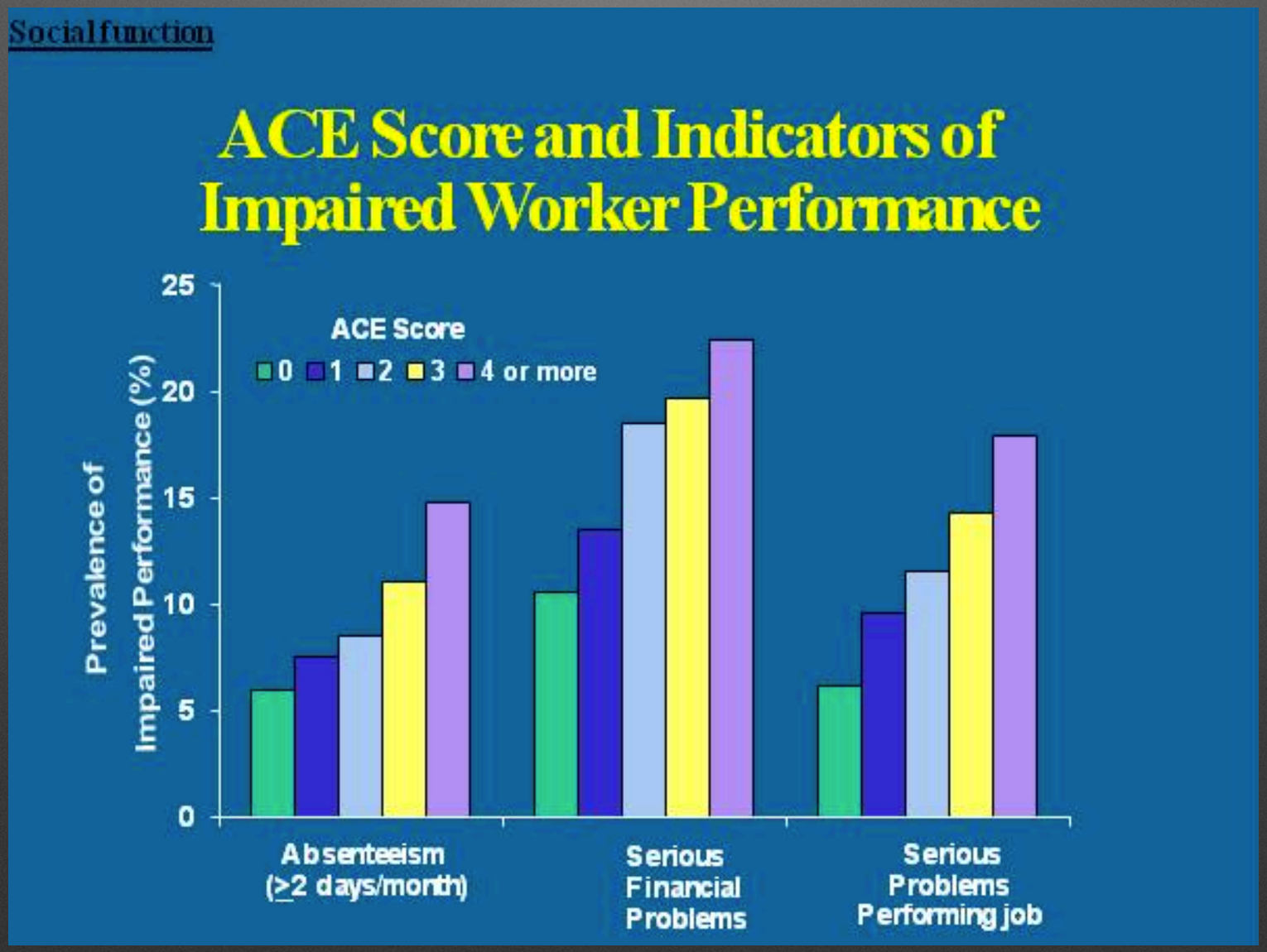


Trauma Informed in the Math Classroom

- Never challenge, intimidate, or use reverse psychology on a student
  - “You won’t do that.”
- Never one-up a student
  - “Okay, but if you drop out of school you’ll pump gas the rest of your life.”
- Never embarrass them, or call them out in front of the class
  - “If you were on task, you would have seen the assignment written on the board.”

Redirect Inappropriate Behavior with Respect

- Instead of “You won’t do that” say “Of course, I know you’ll participate because this is extremely fun.” A bit of humor will disarm an anxious or stressed student.

- Instead of “You’ll pump gas the rest of your life” say “You and I both know that this is important to your lifelong learning. Not everything is going to be fun.”

- Instead of “If you were on task, you would have seen the assignment on the board” say “You are behind the class now. You know that’s not okay.”

A positive classroom culture is a purposive action on your part.

A student story

What she actually said was, “I’m getting kind of sick and tired of you.”

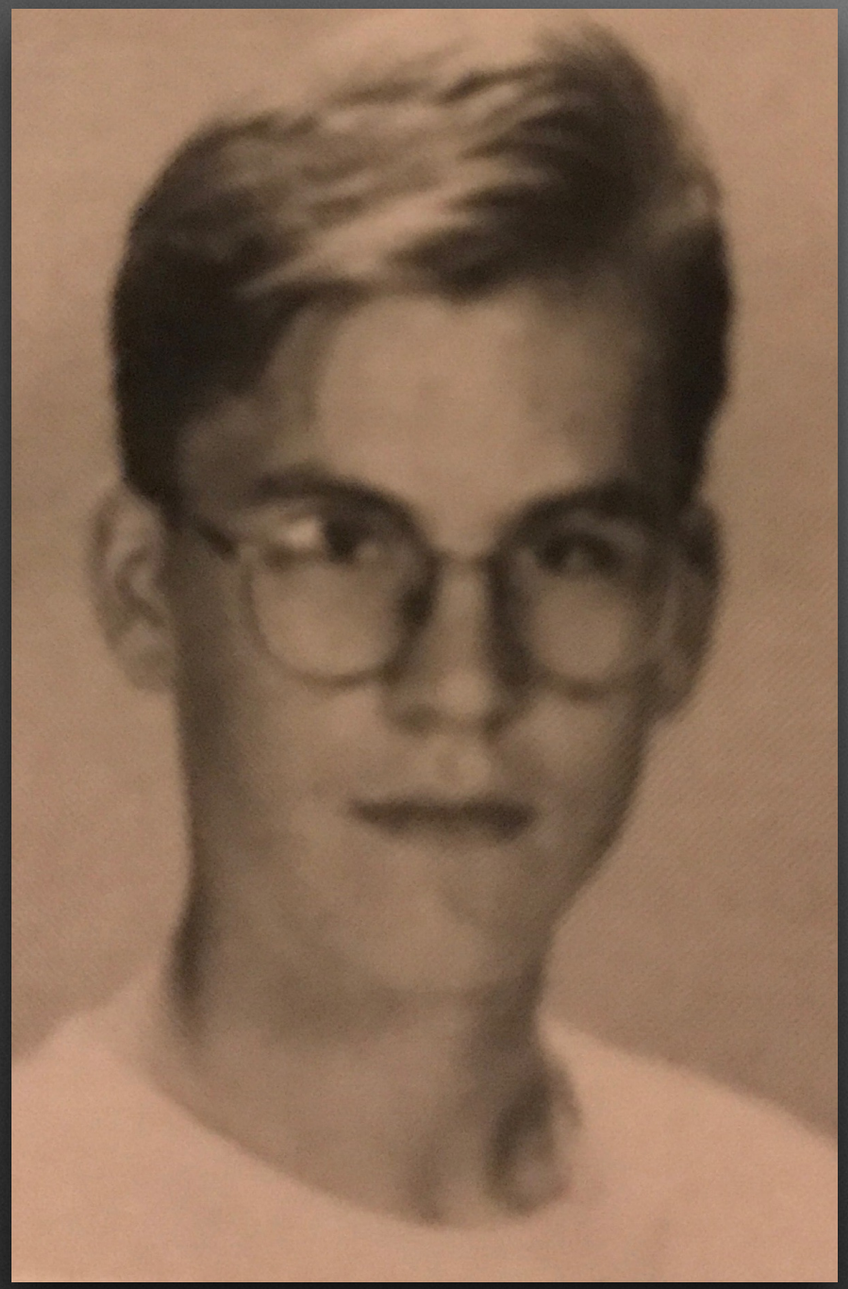
My response?

“I’m getting sick and tired of you, too.”

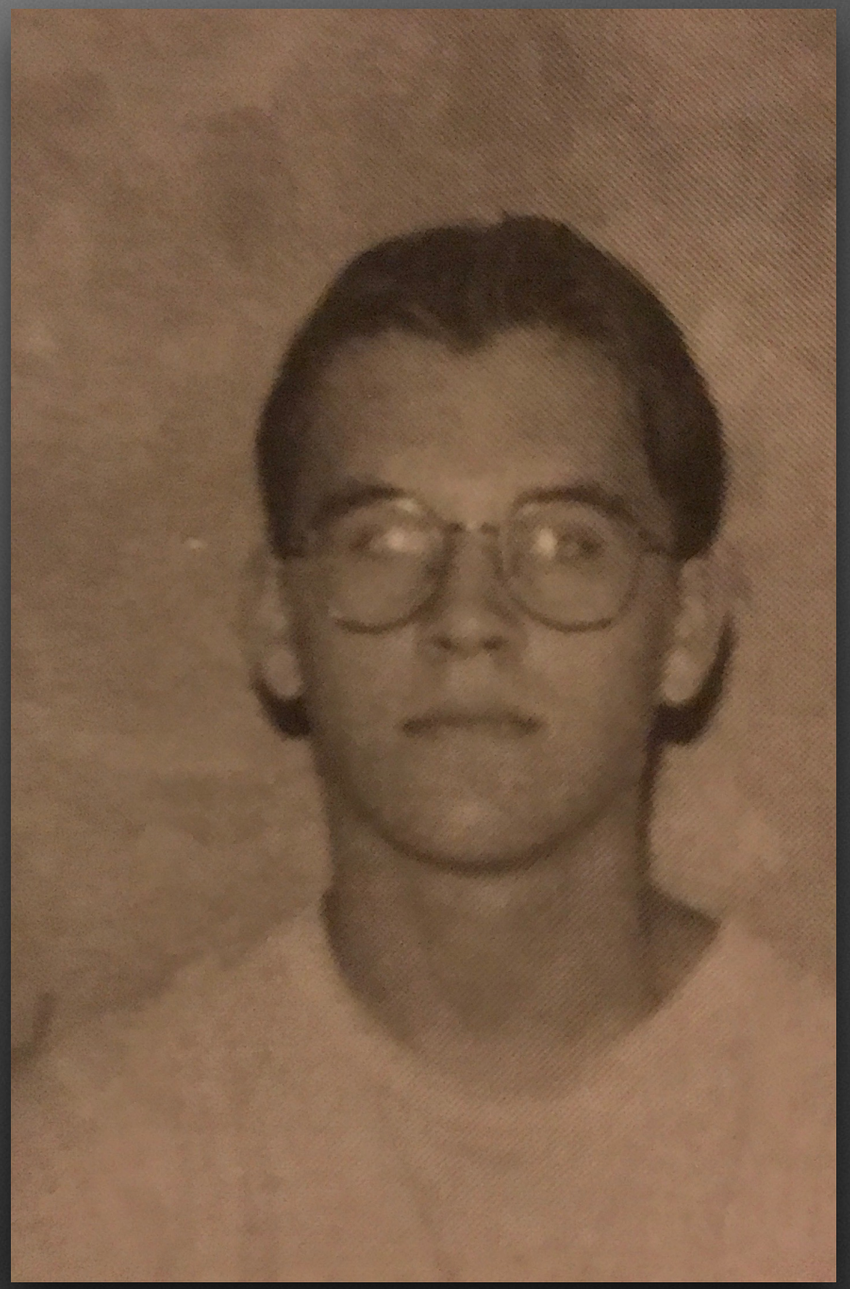
That administrator knew me for 6 years.

An appropriate statement would have been, “I don’t care what you say to me, I’m still going to care about you.”

What a difference a year makes



7th grade



8th grade

Practical examples

- In your classes, have clear rules that demonstrate PURPOSEFUL respect
- Technology in the classroom is not the answer to motivating students to work. It actually OVERSTIMULATES students.
- Redirect students RESPECTFULLY. It is okay to say something isn't okay.
- Clarify your expectation, but don't ANNOUNCE it to the whole class.
- Never demean a student who is exhibiting signs of obvious stress or anxiety. Instead, ACKNOWLEDGE it and offer a reasonable accommodation.
- ASSUME a high ACEs score and intervene appropriately.
- Tell students you are NOT GIVING UP on them. Don't assume they know.

Quick Reminder About School Rules

1. Don't forget to sign in when you arrive, and sign out when you leave!
2. Follow the dress code. We don't want to see some things...
3. Sit by your teacher. We like you. A lot!
4. The waiting area is for guests of our school. Keep it open, please!
5. The door is a door, not a carousel. In and out is not okay, unless you mean the burger! In and out 2 times only, please.
6. Computers are for school work...iPods are for music...YouTube is for at home.
7. If you are in a CTE class or on a sports team, you gotta meet the minimum 1 credit per week class to participate, dude!
8. Inappropriate behavior is not okay. If you are needing some extra time from the site, any school employee can ask you to go home.

Recent Real-world Examples

- 19 year old student. Grade 9 credits. 12 credits completed in 9 months. Conversation about anxiety & stress. This month, 5 credits. Thanked me yesterday for not giving up on her. Tears.

- 18 year old student. 37 credits last year. Major behavior problem commingled with defiance and off-task. Multiple conversations. 91 credits this year. Graduated this past week.

- A close friend dropped out of junior college numerous times since starting in 1999. Worked with him the past nine months and he just completed 2 midterms with A’s.

Questions?

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