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## CREATING TRAUMA-INFORMED CLASSROOMS

*Excerpts from the Adoption Advocate - A Publication of the National Council for Adoption*

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Vulnerability in children from hard places can be attributed to six primary risk factors. Parents and educators are often stunned to realize the broad nature of these risks.

The first and most profound risk factor is prenatal stress. If the child's mother experiences hardship of any kind during pregnancy, her developing infant will bear neurochemical marks of her stress. Research documents the fact that anxious or depressed mothers give birth to infants who have higher levels of stress chemicals as well as alterations in brain activity. An additional prenatal risk is substance exposure, which is believed to be present in 80% of children in the foster care system (Dicker & Gordon, 2004). Prenatal substance exposure induces sweeping changes in brain development, and is associated with a plethora of cognitive and behavioral aberrations.

Another risk factor is birth trauma, which can, for example, cause minor brain hemorrhages that ultimately effect learning and behavior. A third risk factor is hospitalization in the early years of development. Medical procedures designed to save the life of a prematurely born infant, for example, comprise medical trauma. Surgeries, NICU care, and hospitalizations after accidents or during serious illnesses all impact development in ways similar to any other type of harm. In sum, "medical trauma" comprises trauma and bears a resemblance in impact and outcome to many other types of trauma.

The last three risk factors are more commonly recognized than the first three, and include abuse, neglect, and trauma. Abuse and neglect are common themes in the lives of children who are fostered or adopted. Physical abuse, sexual abuse, and emotional abuse are common among those removed from their biological families. Another major risk factor is neglect, which is the

daily fare of children adopted from orphanages and from many domestic environments. While neglect may seem less impactful than abuse, in many ways it can be more damaging. The message of abuse is "I don't like you"; the message of neglect is "you do not exist."

Most teachers will never know the full backstory of vulnerable children in their classrooms. However, insightful teachers will bear in mind that these experiences might have been the daily standard for children from hard places, and these past experiences cast a shadow over their thoughts and actions in the classroom.

### DID YOU KNOW?

Harkening back to the impact of trauma, trauma-informed environments will need to make proactive accommodations for children coming from hard places. For example, **glutamate, a neurotransmitter that is commonly elevated in children with histories of harm, is more active when children are dehydrated.** This creates significant issues behaviorally, because glutamate is associated with aggression, violence, and seizures. By simply making water bottles accessible to children during school hours, glutamate levels can be controlled (Boudaba, Linn, Halmos, & Tasker, 2003). Insulin receptors are altered by chronic stress and prenatal exposure to alcohol, resulting in variations in blood sugar that are associated with dips in learning and behavior. Having snacks at times of day when children's blood sugar may be low (e.g., mid-morning between breakfast and lunch; mid-afternoon between lunch and dismissal) can keep blood sugar from dropping too low and significantly improve behavior and learning (Benton, 2007; Benton & Stevens, 2008; Gailliot et al., 2007; Kaplan et al., 2004).

Finally, a majority of children with histories of harm are reactive to sensory input. Being prepared to meet these unique needs is critical. For example, in music class, if the sounds are too loud—or in art class, if the finger painting project is tactilely aversive—children can be permitted to choose an alternative activity, thereby disarming their fear and earning their trust. **READ FULL PUBLICATION**

# OUR FALL TRAINING SCHEDULE IS OUT!



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- Cedar Rapids
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- Coralville
- Council Bluffs
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## NOTICE TO FOSTER PARENTS

### Required Training Due Sept. 30th

In 2014, Congress passed a new law establishing prudent parent standards throughout the United States. **As part of this federal law, foster parents are now required to complete the Reasonable Prudent Parent Standard Training by September 30, 2016.** For additional information and to view the RPPS training video, [CLICK HERE.](#)



### IFAPA staff members met with Kathy Nuebel Kovarik from the Office of Senator Grassley to discuss Iowa's child welfare system and family foster care.

*Pictured above are: Kaci O'Day-Goldstein (IFAPA Executive Director), Phyllis Pierce (IFAPA Director of Operations), Kathy Nuebel Kovarik (Senator Grassley's office), Crystal Thomason (IFAPA Communications Coordinator), Stephanie Clark (IFAPA Resource Information Specialist).*

# MENTAL HEALTH IN SCHOOLS

## A HIDDEN CRISIS AFFECTING MILLIONS OF STUDENTS

You might call it a silent epidemic. Up to one in five kids living in the U.S. shows signs or symptoms of a mental health disorder in a given year. So in a school classroom of 25 students, five of them may be struggling with the same issues many adults deal with: depression, anxiety, substance abuse.

And yet most children — **nearly 80 percent — who need mental health services won't get them. Whether treated or not, the children do go to school.** And the problems they face can tie into major problems found in schools: chronic absence, low achievement, disruptive behavior and dropping out.

Experts say schools could play a role in identifying students with problems and helping them succeed. Yet it's a role many schools are not prepared for. Educators face the simple fact that, often because of a lack of resources, there just aren't enough people to tackle the job. And the ones who are working on it are often drowning in huge caseloads. Kids in need can fall through the cracks.



**"No one ever asked me"** Katie is one of those kids. She's 18 now. Back when she was 8, she had to transfer to a different school in Prince George's County, Md., in the middle of the year. "At recess, I didn't have friends to play with," she recalls. "I would make an excuse to stay inside with the teachers and finish extra work or do extra credit."

We're not using Katie's last name to protect her privacy. She's been diagnosed with bulimia and depression. She says that in the span of a few months, she went from honor roll to failing. She put on weight; other kids called her "fat." She began cutting herself with a razor every day. And she missed a ton of school. "I felt like every single day was a bad day," she says. "I felt like nobody wanted to help me." Katie says teachers acted like she didn't care about her schoolwork. "I was so invisible to them."

Every year of high school, she says, was "horrible." She told her therapist she wanted to die and was admitted into the hospital. During all this time, she says, not a single principal or teacher or counselor ever asked her one simple question: "What's wrong?" If someone had asked, she says, she would have told them.

Who should have asked? [CONTINUE READING](#)