

In *15-Minute Focus: Trauma and Adverse Childhood Experiences*, Dr. Melissa Louvar Reeves gives counselors and educators a primer on how to support students who have experienced trauma.

Trauma interferes with the executive functions required to be successful in the classroom; and it impacts our ability to trust our environment and others. In this book, Reeves explains trauma and the overlap with anxiety, and provides understanding for behaviors associated with trauma and why they occur, along with a variety of strategies for school mental health professionals, educators, and administrators.

What you'll get:

- Identification of the different types of stress and symptoms that accompany trauma exposure
- Explanation of commonalities between externalizing disorders and trauma and stressor-related disorders
- Practical strategies for school mental health professionals, educators, administrators, and parents
- Curated list of resources, including organizations, training, curriculum, books, and more!

This guide will provide school counselors, educators, and administrators with an increased understanding regarding trauma and effective interventions to provide better supports that facilitate growth and achievement in all areas of life.



**Dr. Melissa Louvar Reeves, Ph.D., NCSP, LCMHC** is an Associate Professor at Winthrop University. She is the Past-President of the National

Association of School Psychologists (2016-17), a nationally certified school psychologist, licensed clinical mental health counselor, and licensed special education teacher. She has over 19-years' experience working in public schools, a private school, and day and residential treatment programs. Dr. Reeves is a co-author of the PREPaRE Crisis Prevention and Intervention curriculum and travels both nationally and internationally training professionals in crisis prevention and intervention, threat and suicide assessment, trauma and PTSD, and cognitive-behavioral interventions. She is a senior consultant with Sigma Threat Management Associates and also an advisor for Safe and Sound Schools, an organization founded by two parents who lost their children in the Sandy Hook tragedy. She has co-authored multiple books and publications focusing on school safety and trauma.

Working alongside experts in various fields of mental health, the *15-Minute Focus* series is designed to home in on a specific mental health topic, signs to look for, practical intervention and classroom management strategies, and effective ways to communicate and collaborate with internal staff, outside referrals, and student families.



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P.O. Box 22185  
Chattanooga, TN 37422-2185  
423.899.5714 • 866.318.6294  
fax: 423.899.4547 • [www.ncyi.org](http://www.ncyi.org)



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**See page 101 for information about Downloadable Resources.**

# Introduction

Taylor is sitting in algebra class, focused on the equation her teacher has written on the board. Suddenly, she hears the sound of heavy footsteps outside the classroom door. Her body instantly reacts—her heart begins to race, her muscles grow tense then tremble, and one part of her brain feels frozen in thought while the other part of her brain says to run! Taylor’s teacher calls on her for the answer, but her mind suddenly goes blank. As Taylor stutters the wrong response, the sound of her teacher’s footsteps approaching her desk sends Taylor into defense mode. The lion’s roar of the teacher’s voice elicits an unconscious reaction as Taylor jumps out of the seat with fists clenched and yells, “Get away!” The teacher then yells back. . . .

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Taylor is not alone. Thirty-five million school-age youth have been exposed to trauma, including acute traumatic events (single time-limited crises, such as car accidents, death, and natural disaster) or chronic traumatic events (multiple crises or adverse childhood experiences, such as poverty, violence, and child maltreatment).<sup>1</sup> To optimize our effectiveness as educators, we must acknowledge the impact of trauma exposure as a contributing factor to school challenges and better understand how to support students. Many students (and staff) have experiences like Taylor. They suffer in silence. Cognitive, social, and emotional development are interrupted. Trauma interferes with the executive functions required to be successful in the classroom, and it impacts our ability to trust our environment and others. For those with repeated trauma exposure, their life may feel like they are constantly walking on eggshells, waiting for the next trauma trigger to occur and never really knowing or trusting how their body and brain will respond. While this book will focus on students and their families, there are many educators who have trauma histories themselves. I hope the content provided in this book can also help educators who have been personally impacted.

As educators, we see the behaviors, but we don’t always consider or understand why these behaviors occur. I began my career as a special education teacher who specialized in working with students with emotional and behavioral challenges. I was trained primarily as a behaviorist. Most behaviors can be explained by analyzing the antecedents, behaviors, and consequences of observable behaviors. Thus, behaviors can then be modified or influenced if there are strong enough reinforcers or

punishment. What was missing over twenty years ago in my teacher training program was understanding and identifying trauma. As I reflect back to the students I worked with early in my career, it saddens me to think how many of those students had trauma histories that were never acknowledged, validated, or addressed through trauma-informed practices. No wonder so many only showed temporary gains (they were only responding to the immediate reinforcers) and minimal long-term progress. While strategies using behaviorist theories can be effective, they are insufficient for those with trauma histories. These students need and deserve more from us. What we can do does not require a lot of extra effort; it just requires patience, understanding, and a different approach to addressing behaviors.

In this book, I will identify the different types of stress and the symptoms that accompany trauma exposure. I will highlight the commonalities between externalizing disorders as well as trauma- and stressor-related disorders. Too often, trauma is confused with willful oppositional behaviors. We will also explore the overlap with anxiety. I strongly suggest you read another book in this series by Leigh Bagwell titled *Educator's Guide to Helping Students with Anxiety*. Leigh's book further describes anxiety that can underlie trauma exposure and provides great resources for anxiety management. I will provide practical strategies for school mental health professionals (school counselors, school psychologists, school social workers, and school nurses), along with strategies for administrators, teachers, and parents. It is also important to realize that some types of trauma exposure may require intensive services beyond what a school can provide. Thus, we will review effective school and research-based psychotherapeutic treatments. Lastly, I will provide additional resources to further your understanding of trauma identification and multitiered, trauma-informed interventions.

***Most importantly, trauma is treatable!***

Through trauma informed practices, educators and school mental health professionals can make positive impacts on the lives of those affected by trauma. As former president of the National Association of School Psychologists, my presidential theme was "Small Steps Change Lives." I hope this book will help you take the small steps needed to make a big difference in changing the lives of students, teachers, and parents. Increased understanding regarding trauma and effective interventions helps us to provide better supports that facilitate growth and achievement in all areas of life. We may truly be the lifeline that provides the hope and encouragement an individual needs to integrate the trauma experience into who they are, without letting it completely define what they become.



# 1

## What Is Trauma?

The term “ACEs,” or Adverse Childhood Experiences, has received increased attention in education over the past decade. ACEs are defined as potentially traumatic events that occur in childhood (zero to seventeen years) to include the following: experiencing violence, abuse, or neglect; witnessing violence in the home or community; having a family member attempt suicide or die by suicide; being raised in an environment that undermines a sense of safety and stability; and exposure to traumatic events that impact a person’s ability to emotionally attach to others such as substance misuse/abuse, mental health problems, and/or instability due to parental separation or family members being incarcerated.

A hallmark study initiated in 1994 by Kaiser Permanente and the Center for Disease Control measured a variety of ACEs and their relationship to health and social problems.<sup>2</sup> What they discovered is ACEs are common and highly interrelated. Almost two-thirds of study participants reported at least one ACE, and nearly one in six reported they had experienced four or more types of ACEs. Women and several racial/ethnic minority groups were at higher risk for having experienced four or more types of ACEs, and some children were at greater risk than others.

This study also discovered how ACEs impact all aspects of a person’s life. The graphic below summarizes the cumulative negative effects of ongoing toxic stress and trauma exposure.

seen as more tolerable and disclosure and expression of traumatic stress may not occur. These individuals may not perceive this as trauma and/or will suffer in silence for fear of the consequences of disclosure, but their body and mind still feel the impact.

There is also a distinction regarding the different types of trauma experiences—acute versus chronic trauma. **Acute trauma** exposure is of time-limited duration (car accidents, natural disasters, loss of a family member, etc.). When a threatening acute stressor is perceived (i.e. scary dog), the body releases stress hormones (adrenaline and cortisol) that increase heart rate and blood pressure and prepare the body to either flight, fight, or freeze. When the threat is gone, the body returns to baseline. The brain becomes calm again and is available for learning and prosocial interactions. Supportive adults and social-emotional lessons (e.g. anxiety management) can help students learn how to do this.

Acute Trauma:

