

WEBVTT

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00:00:05.790 --> 00:00:11.820

Katty Rivera: Good morning everyone. So I'm just going to wait for a few more people to join us.

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00:02:08.100 --> 00:02:11.010

Katty Rivera: Okay, so thank you for joining us this morning.

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00:02:13.440 --> 00:02:15.090

Katty Rivera: Welcome to today's webinar.

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00:02:16.380 --> 00:02:28.110

Katty Rivera: On trauma through the eastlands developing trauma informed classroom. This webinars post is posted by the northeast and Caribbean Mental Health Technology Transfer Center or HTC

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Katty Rivera: How's that Rucker School of Health Professions in the department of psychiatric rehabilitation rehabilitation and counseling profession. My name is Kathy on the project coordinator of the center and will be facilitating this webinar today.

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Katty Rivera: Image etc is funded by SAMHSA. The some Substance Abuse and Mental Health Services Administration.

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Katty Rivera: To enhance the capacity of the behavioral health and other related workforces to deliver evidence base and empirically supported practices to individuals with mental illnesses, please visit the image TTC network website for additional information at an HTC network.org

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Katty Rivera: If you're interested in staying up to date with the events and products, the northeast and Caribbean image TTC is providing please sign up to receive our email communications. You can sign up at the bitly link provided on the screen.

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00:03:26.610 --> 00:03:27.750

Katty Rivera: The following webinar.

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00:03:29.700 --> 00:03:43.920

Katty Rivera: You will be asked to complete a brief survey we value this feedback and use it to improve our activities and inform future activities, the surveys are also important because our continued funding is linked to the completion of these surveys. So we thank you in advance for your feedback.

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Katty Rivera: We also want to let you know that this webinar is being recorded and will be posted to our website, along with the PowerPoint slides in the next couple of days.

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Katty Rivera: We encourage you to interact with our presenters during the webinar by using the chat feature.

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Katty Rivera: Please post any comments or questions you have in the chat and I will collect your questions as we go and ask them of the presenter during the Q AMP a time towards the end of the presentation.

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Katty Rivera: During the webinar. Our presenter may pose questions to you. So please use the chat feature to answer his question.

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Katty Rivera: This presentation was prepared for the image TTC network under a cooperative agreement from the Substance Abuse and Mental Health Services Administration Samsung

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Katty Rivera: At the time of this presentation, Eleanor McCants is serving as the Assistant Secretary. The opinions expressed here with herein are the views of the presenters.

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Katty Rivera: And do not reflect the official position of the Department of Health and Human Services or SAMHSA for the opinions described in this presentation is intended or should be in firm.

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00:05:16.590 --> 00:05:27.000

Katty Rivera: And let's begin with our webinar today. We have PJ Wenger. PJ is a licensed professional counselor with over 15 years of experience working as a school guidance counselor.

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00:05:27.960 --> 00:05:34.410

Katty Rivera: She has also served as a trauma loss responder in New Jersey, with the New Jersey trauma loss coalition since 2000 and for

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00:05:34.890 --> 00:05:40.470

Katty Rivera: This one girl has experienced as a psychiatric screener a mental health counselor and recreation therapist.

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Katty Rivera: She utilizes her extensive experience to provide dynamic professional development seminars and trainings on topics such as Youth Mental Health First Aid.

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Katty Rivera: QPR Suicide Prevention Program. Sam play therapy trauma response to suicide and other traumatic events and schooling society and school refusal. Welcome PJ, I'll turn it over to you.

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00:06:03.450 --> 00:06:04.740

PJ: Know, welcome everyone today.

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PJ: Today we're going to be looking at trauma. We're going to be looking at the various kinds of trauma. We're going to explore

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PJ: What is called adverse childhood experiences the ACEs and we're going to look at our own personal trauma, our own personal a score.

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PJ: We're going to understand how trauma does manifest itself in our lives. What it looks like the signs and symptoms, we want to

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00:06:30.090 --> 00:06:42.750

PJ: hopefully be able to define and understand what is a trauma informed approach and what that looks like, especially in the school system. And we're going to learn how to create a trauma informed classroom and address some student behaviors to improve mental health.

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PJ: So I want to start with defining trauma and, you know, here's the definition from SAMHSA from 2014 individual trauma results from an event series of events.

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PJ: Or a series of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening.

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PJ: And that has lasting adverse effects on the individuals functioning and mental, physical, social, emotional or spiritual well being.

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PJ: And you can see I've highlighted events experience and effects because those are the three E's of trauma. We're going to talk about those a little bit later. I just want you to see that there is

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PJ: There is many

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PJ: Ways that people have defined trauma. So the American Psychological Association defined it as an emotional response to a terrible event such as an accident or a natural disaster.

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PJ: There are other definitions that basically tell us that a traumatic event is extremely upsetting it overload, our ability to deal with an event.

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00:07:50.340 --> 00:07:56.370

PJ: And an event for one person may be traumatic and for another person. It may not be traumatic. So for instance,

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PJ: If you have two children who grow up in abusive household one child may react one way or another child may be resilient and not have those same reactions. It's the similar to

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00:08:10.170 --> 00:08:28.500

PJ: Our veterans who come back from the service and are in a war zone. And one of the veterans may experience post traumatic stress disorder as a result of a traumatic event and the other veteran may not. And there's a lot of components that go into that. But the idea is that trauma really

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PJ: overwhelms us and it also depends on what what meaning we assigned to that trauma, whether or not we experienced it like everyone else. So

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PJ: The long lasting effects may occur immediately or may have been delayed. So oftentimes we see Veterans Coming Home from war and their response is very delayed.

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PJ: We see this in our students. They may lose a parent and we may not see that reaction for months.

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PJ: So the effects of a traumatic event can be short term or long term. And the other thing is that the person themselves may not really realize that the traumatic event is having an effect on them.

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PJ: So just some trauma facts and I'm not going to read them all to you.

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PJ: Two thirds of children report at least one traumatic event by age 16 so what we're realizing in the field of trauma is that almost

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PJ: Two thirds of the population have had a traumatic event.

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PJ: One and for high school students have been in a physical fight and that doesn't necessarily mean in school.

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PJ: Bullying. We know that bullying is a large issue in schools and we're all attempting to address that daily. I know teachers are sort of tired of hearing about bullying.

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00:09:47.910 --> 00:09:53.430

PJ: But bling can have lasting effects in my private practice. I'm dealing with young

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PJ: Adults who are in college who were bullied through high school, and now realizing how that is affecting how they see the world. So we're going to talk about that and then again the the bottom statistic, you know, 670 9000

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00:10:09.690 --> 00:10:21.450

PJ: Neglected victims. So the numbers are really high, and sometimes we don't always see that we had a trauma in our lives. We just sometimes look at it as that's just the way life was

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PJ: So again, some more statistics, you know,

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PJ: 19% of injured and 12% of physically ill youth have post traumatic stress disorder.

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PJ: 54% of our US families have been affected by a disaster. And that can be like Hurricane Sandy Hurricane Katrina.

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PJ: 911 attacks.

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PJ: And here we have a figure that I really wants you to remember as we go on. Because when we do our adverse childhood experiences. Sometimes people are rarely surprised at the results, but we have to understand that 70% of US adults have experienced at least one traumatic event.

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PJ: You know, and then this statistic I love because we all know what a stadium looks like. And if we look at the number of youth requiring hospital for

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PJ: hospitalization for being physically abused, we could fill every seat in nine stadiums. So that's a lot of children.

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PJ: So, again, very important for us to really look at this trauma. So there are four types of trauma, we're going to deal with three of these today a little bit

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PJ: acute trauma, which is a single traumatic event. So it could be a sudden loss or a physical or sexual assault that happens on a one time basis.

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PJ: But definitely could affect us chronic trauma, which has multiple and varied events. So it could be like domestic violence, where that's happening repeatedly over and over again.

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PJ: serious car accident where there's lots of surgeries. Following that, or certainly a victim of community violence.

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PJ: And again, oftentimes, when I said, you know, people don't view their trauma as traumatic.

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PJ: People who grow up in a community of violence that's just their way of life. They don't really recognize that some of their behaviors are tied into living in that violent community, day after day.

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PJ: complex trauma is multiple interpersonal traumatic events from a very young age. So that could be emotional abuse, physical abuse, sexual abuse could be constant neglect.

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PJ: secondary trauma is the one we're really not going to delve into today but secondary trauma is

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PJ: usually happens to the caregivers, or the providers or the teachers when we are exposed to.

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00:12:38.730 --> 00:12:49.050

PJ: The trauma of our students constantly. So as a trauma responder when I'm on a traumatic event and I'm on site. We have to be very careful of our own traumas.

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PJ: And how much we absorb from the people around us so self care is a really important for us, you know, and we will certainly talk about that a little bit later.

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PJ: So we're going to start with adverse childhood experiences and just to explain what this was, is it was research done by Kaiser Permanente about how the

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PJ: Experiences of our childhood that are at verse that are traumatic really affect our lives and a lot of research has been done in this



field.

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00:13:19.710 --> 00:13:26.910

PJ: And the largest investigations have been into childhood, things like abuse and neglect and domestic violence.

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00:13:27.570 --> 00:13:31.710

PJ: And how it really affects our later life health and well being and we don't really realize that

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00:13:32.070 --> 00:13:44.910

PJ: But we're going to see later on the trauma really changes our body makeup, it changes our brain, it changes our physiology. It really changes a lot of the things in our body and how we view and think about the world.

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PJ: A little morning. Some of the questions may be difficult.

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PJ: You're doing this by yourself so you don't need to report the answers back to me. You don't need to give me your a score. So we're going to walk through the ACEs and I would just

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PJ: Have you, you know, get a little pen and paper and have it sit beside you and go through this with me and I will do it step by step.

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PJ: So we're just going to record our yes responses. So the first question is, did a parent or other adult in the household often or very often swear at you insult you put you down or humiliate you

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PJ: Or act in any way that made you afraid that you might be physically hurt.

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00:14:27.120 --> 00:14:28.590

PJ: So your answers are yes or no.

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00:14:30.690 --> 00:14:42.450

PJ: Question to did a parent or other adult in the household often or very often push grab slap or throw something at you or ever hit you so hard that you had marks or were injured.

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PJ: And again,

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PJ: If it's yes writing yes answer if know we're going to go on.

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PJ: Number three did an adult person at least five years older than you ever touch or fondly you or have you touched their body in a sexual way.

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PJ: Or attempt or actually have oral a NOR vaginal intercourse with you.

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PJ: And again, I understand these questions may be hard for some of these who've had the traumatic experience. But we're attempting to get what you're a score is and that's important for you. Again, not reporting it to anybody around you.

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00:15:18.600 --> 00:15:29.520

PJ: Number four. Did you often or very often feel that no one in your family loved you, or thought you were important or special or your family did look out for each other feel close to each other, support each other.

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00:15:31.560 --> 00:15:33.690

PJ: Again, yes or no answer.

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00:15:35.550 --> 00:15:48.960

PJ: Number five. Did you often are very often feel that you didn't have enough to eat had to wear dirty clothes and had no one to protect you or your parents were too drunk or high to take care of you, or take you into the doctor if you needed it.

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PJ: Yes or no answer number six for your parents ever separated or divorced

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00:15:57.750 --> 00:16:14.280

PJ: Number seven, was your mother or stepmother often are very often pushed grab slapped or had something thrown at her, or sometimes often very often kicked bitten hit with a fist or hit with something hard or even repeatedly hit at least a few minutes or threatened with a gun or a knife.

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00:16:16.320 --> 00:16:30.630

PJ: While some of you may look at these and think these are awful things they happen in homes on a regular basis. So again, the answer is yes or no. Number eight, did you live with anyone who has a problem, who was a problem drinker or alcoholic or who use street drugs.

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00:16:32.190 --> 00:16:39.750

PJ: And again, in that, in that question. We could also include gambling or sex addiction. If you live with somebody who had that as well.

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PJ: Number nine, was a household member depressed or mentally ill or did a household member attempt suicide.

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00:16:48.570 --> 00:17:06.120

PJ: Yes or no. And again, that doesn't need need to mean that I had a parent who was diagnosed. If I think my mother was depressed because she didn't get out of bed for months, but never saw a doctor that certainly would be a yes answer number 10 did a household member go to prison.

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PJ: So now if you add up all your yes answers. It gives you your ACE score your adverse childhood experience score.

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00:17:16.380 --> 00:17:20.580

PJ: And this is your personal a score. So just to

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00:17:21.720 --> 00:17:23.310

PJ: Alleviate anybody's

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00:17:24.690 --> 00:17:41.820

PJ: Concern about where they are, when I did this in my training my a score was a five. So the rule of thumb is any any a score over one will have some effect, depending on what we have done to address those traumatic experiences.

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00:17:42.960 --> 00:17:56.580

PJ: Usually we say that anyone who has a four or higher would really be helpful if they looked into therapy or did some work around some of those traumatic experiences so they don't have some of the effects on ourselves that we're going to talk about

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00:17:59.130 --> 00:18:01.230

PJ: So just to give you an idea.

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PJ: What the score means a scores are very common, there's, you know, like I said, in a lot of homes. There are some of these things that happen, substance abuse happens in 27% of homes and we know right now under the covert experience that substance abuse is increasing.

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00:18:21.300 --> 00:18:22.890

PJ: Parental separation and divorce.

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00:18:24.000 --> 00:18:36.390

PJ: That's 23%, you know, and I'm guessing that's increasing as well though what we're seeing more of is that people are separating and divorcing but remaining in the same home, which again brings along its own stressors.

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00:18:37.020 --> 00:18:43.230

PJ: for financial reasons mental illness. We're learning that there is you know a lot more mental illness out there.

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00:18:45.210 --> 00:18:57.390

PJ: Again, just going down through, you know, abuse, neglect, those kinds of things. So, it is common for most people. Again, remember that figure 70% of adults have had some traumatic experience.

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00:18:57.990 --> 00:19:07.020

PJ: So when we talk about this. We really want to look at what it does and what we've learned in the research is that the higher a score.

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00:19:07.950 --> 00:19:18.090

PJ: The higher the trajectory is for us to have some of these problems, you know, to and including the final top of the pyramid, which is early death.

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00:19:18.450 --> 00:19:26.370

PJ: So we know that people who have high adverse childhood experiences have difficulty with social, emotional, and cognitive impairments.

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PJ: And we're going to look at some of those and they have some health risk behaviors, smoking, drinking, maybe doing drugs, gambling that they, their body is more susceptible to disease and disability and that these

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00:19:42.930 --> 00:19:58.560

PJ: Adverse Childhood Experiences eventually leave can lead to an early death. And so we want to really begin to address them as early as we can in childhood, which again is in the school system so that we're giving these kids a shot, you know, and again

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00:19:59.700 --> 00:20:12.810

PJ: If you're a score was for hire. And you're thinking, Oh my gosh, I'm going to die early. That's not necessarily the truth. The information is given to us that we can act on it and do something about it in addressing how we respond to things.

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00:20:14.580 --> 00:20:23.910

PJ: So again, aces effects on our lives, you know it disrupts our neural development. We're going to talk about the brain and how the brain actually changes and I'm going to show you some pictures.

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00:20:24.270 --> 00:20:35.460

PJ: That show you how our brain actually changes with traumatic experiences. It definitely affects our social, emotional, and cognitive impairment. I'm going to look at those with you and identify some of those things.

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00:20:36.120 --> 00:20:43.950

PJ: There are people who do adopt health risk behaviors. When we're talking about veterans who come back from the service. Oftentimes, we are dealing with.

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00:20:44.580 --> 00:20:53.190

PJ: A great deal of substance abuse as they self medicate. And again, they're just trying to medicate away the effects of the trauma that they've had

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00:20:54.000 --> 00:21:01.380

PJ: Impacts on life and potential disease and then again the early death. So these are the things that we want to avoid.

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00:21:02.190 --> 00:21:15.420

PJ: Or correct so we can live healthier. So when we talk about trauma symptoms. We're talking about how it affects our body. And I always use this visual of the whole body because it really does affect

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00:21:16.020 --> 00:21:26.880

PJ: Everything in our body emotionally behaviorally cognitively physically how we interact with others and to personally any changes our perception of the world. And we're going to look at all of those

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00:21:27.780 --> 00:21:32.100

PJ: And I've, I've met people. I have a private practice. I do a lot of trauma therapy.

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PJ: And they've said, oh, you know, yeah, that happened, but that was in my childhood and I, you know, I've passed that and I put it behind me and I've moved on.

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00:21:40.650 --> 00:21:45.300

PJ: And then we find out there, all these other behaviors that are going on and all these other things that are really

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00:21:45.750 --> 00:21:53.730

PJ: Help having them struggle in their life because of their response to this traumatic event and sometimes they don't even make the connection.

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00:21:54.120 --> 00:22:05.310

PJ: So sometimes as a therapist. My job is to connect the dots for people and then to really address how do we correct and move past the trauma and live a healthier life.

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00:22:06.540 --> 00:22:14.670

PJ: So trauma symptoms biologically trauma changes the brain and I'm going to show you some pictures in that

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00:22:15.210 --> 00:22:24.120

PJ: It changes the physical structure of the brain and our brain is not static. It is a dynamic Oregon, it changes all the time and brain structure.

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00:22:24.600 --> 00:22:34.320

PJ: Interacts with brain functioning. So we know that trauma can cause smaller brain sizes and children, which results in a lower IQ.

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00:22:34.860 --> 00:22:41.010

PJ: They actually have a smaller corpus callosum, which is a part of the brain that connects the right and left hemisphere.

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00:22:41.640 --> 00:22:49.500

PJ: They have cortical atrophy, which is typically seen in people who have Alzheimer's and that can result in

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00:22:50.250 --> 00:22:57.690

PJ: You know, that can be a result of physical abuse, which again results in that whole idea of brain structure interacts with brain functioning that

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00:22:58.110 --> 00:23:12.750

PJ: Results in developments developmental delays and memory issues. So when we look at some of these kids who are traumatized to our in our schools and they have problems, remembering. They actually have some brain changes that is causing that.

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00:23:15.150 --> 00:23:19.560

PJ: So, you know, again, smaller intracranial volume which is size of their brain.

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00:23:21.630 --> 00:23:22.140

PJ: So,

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00:23:23.280 --> 00:23:42.270

PJ: When we look at the brain. Here's how the brain works. So when a child has a stimulus. So when something happens, there are three routes that that goes in our brain mechanism to determine how we're going to respond to that. So the first one is in a healthy brain is that very outline

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00:23:43.980 --> 00:23:58.470

PJ: Circle, we get the stimulus or something. The event happens, we are hypothalamus, which is our sensory translator. It takes the information and we decide how we're going to how we sense it visually hearing

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00:23:59.730 --> 00:24:09.120

PJ: Tactile and then in a healthy person, it goes into our cortex. The root of how we're going to respond, then goes to the cortex where we

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00:24:09.420 --> 00:24:18.300

PJ: Use information to make decisions. And we think about things and we're able to figure out how we're going to respond. And then of course it goes down to our amygdala.

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00:24:18.660 --> 00:24:28.530

PJ: That route travels to our amygdala, where we have the you know the emotional computer and the alarm system and with the information from our cortex were able to decide how we're going to respond to that.

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00:24:29.430 --> 00:24:33.600

PJ: Whether we need to turn on our alarm system or whether we are okay and things are all right.

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00:24:34.140 --> 00:24:51.570

PJ: With a person who's traumatized those other two routes are more of where it goes. So they have the stimulus. The hypothalamus senses, whatever the event is it goes to the hippocampus which stores. Our most recent memories and then it's slower to respond.

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00:24:52.860 --> 00:25:00.720



PJ: To our alarm system and have a response, whereas the traumatize child is that straight line that goes right across

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00:25:01.560 --> 00:25:14.340

PJ: Something happens their sensory input translates it into this is very dangerous. They very fast move into the emotional computer of the brain, the amygdala and they have a reaction.

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00:25:14.820 --> 00:25:19.680

PJ: It happens very quickly. And that's why we see sometimes when

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00:25:20.160 --> 00:25:30.510

PJ: For instance, I walk up to a child and they're having trouble. And I know they're having trouble and I put my hand on their shoulder and just to say, Hey, how are you, and the child explodes. Don't touch me.

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00:25:30.930 --> 00:25:39.390

PJ: That's a child who's going from a sensory to an emotional response right away. And so that's sometimes what we're seeing with a traumatize child.

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00:25:39.900 --> 00:26:02.310

PJ: You know, and we can see how quickly that is, you know, so again, that thick line for a child who's really traumatized where their brain has changed, it is stimulus goes into my sensory I immediately have a response to it. My alarms are on. So again we can see the root of how that goes.

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00:26:03.600 --> 00:26:09.150

PJ: And here is a picture. So the brain. On the left is from a healthy child.

148

00:26:09.960 --> 00:26:17.220

PJ: While the image on the right is from a Romanian orphan who suffered sensory deprivation and this is the work of Dr. Perry.

149

00:26:17.460 --> 00:26:29.040

PJ: And I would encourage you guys to look up he's done a lot of work on scans of the brain and how the brain changes with for long to abuse and you can see on the right side, the brain is actually smaller

150

00:26:30.150 --> 00:26:31.290

PJ: It's actually shrunken

151

00:26:33.060 --> 00:26:43.230

PJ: And so we can see how that really affects children and it actually has larger holes in the brain. On the right hand side.

152

00:26:45.180 --> 00:26:47.760

PJ: Another picture of it healthy brain on the left.

153

00:26:48.630 --> 00:26:56.160

PJ: When we look at and these pictures are not distorted. This isn't we made one side bigger so you can see in the other side, small, these are the actual scans of the brain.

154

00:26:56.520 --> 00:27:05.790

PJ: So we can see the changes in the size of the brain from a child who has isn't living a healthy life to a child who's been traumatized.

155

00:27:08.130 --> 00:27:23.010

PJ: So we're going to talk about the symptoms of trauma that happened and what we see. And there are many areas that we identified in the previous slide. We're going to look at the effect of symptoms. So children who are

156

00:27:24.450 --> 00:27:36.270

PJ: Have effective symptoms from trauma have a lot of fear and sometimes that manifests itself in frightening intrusive memories that they have all day long. So imagine a child sitting in a class.

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00:27:37.200 --> 00:27:46.770

PJ: Thinking about what happened to them. The teacher is talking, they can't even attend because this intrusive thought is just in their brain all the time. It also

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00:27:47.280 --> 00:27:53.970

PJ: Turns into nightmares at night. So a child who's coming to school, who's falling asleep in class may have been up all night with these nightmares.

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00:27:55.050 --> 00:28:03.300

PJ: And they're going to experience the same reactions when exposed to reminders of the traumatic event. So for instance, a child who's in a car accident.

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00:28:04.110 --> 00:28:18.210

PJ: If I'm driving down the road, passing the location where the cracks and a happen. They may have a response to it, they may become very fearful and be afraid to drive by that location because where their brain goes is to the fear of that accident.

161

00:28:19.320 --> 00:28:28.290

PJ: We have sadness and depressive symptoms and that arises due to the abrupt loss of trust in other people and the world you know

162

00:28:28.770 --> 00:28:37.650

PJ: Sometimes kids may have suicide ideation and that comes from. I can do this anymore. This world is too scary and to makes me too sad.

163

00:28:38.550 --> 00:28:52.290

PJ: Anger, we see a lot of anger and kids. It takes the form of non compliant behaviors rages tantrums. Sometimes they're physically aggressive towards property they break things or they're physically aggressive to other kids in the classroom.

164

00:28:53.640 --> 00:29:06.450

PJ: And then a very big problem for kids who suffer a lot of traumas, they have a negative self image they think the event was their fault or if they had done something differently that those things wouldn't have happened.

165

00:29:08.280 --> 00:29:20.130

PJ: We have behavioral symptoms that we see in the classroom, you know, avoidance. They want to avoid thoughts people places situations. Anything that triggers that recollection of their traumatic event.

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00:29:20.760 --> 00:29:35.190

PJ: So a lot of times, sometimes in classrooms where a teacher naturally talks loud, the child may interpret that as yelling and may respond to that, like she is being yelled at from a caregiver who yells at them constantly

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00:29:36.630 --> 00:29:37.140

PJ: You know,

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00:29:38.910 --> 00:29:51.510

PJ: For instance, you know, another avoidance scenario is a child, a boy who is abused in a shower at school will avoid the shower and eventually will avoid showering all together, even at home.

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00:29:52.230 --> 00:29:59.970

PJ: And that becomes a really big problem and then parents are fighting with them about hygiene and showering, and it really has nothing to do with that. It has to do with the traumatic event.

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00:30:01.470 --> 00:30:09.570

PJ: Modeling children who grew up in abusive homes observe and learn maladaptive behaviors and coping strategies. So if they see their parent

171

00:30:10.530 --> 00:30:21.390

PJ: Screaming and hitting their sibling when they're angry and then they come to school and they get angry and they hit or scream at their peers. What we're seeing is them modeling what they learn

172

00:30:22.560 --> 00:30:36.810

PJ: And again, the behavior is bad, but we need to look at where the behaviors coming from self injury. We see a lot of that and children who are traumatized as they get older, because they're trying to take away the pain. They're trying to gain some feeling

173

00:30:38.070 --> 00:30:41.820

PJ: Or they have so much pain in them. They can't stand it. And they're trying to get a release.

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00:30:43.440 --> 00:30:51.810

PJ: We see traumatic bonding. The Stockholm syndrome where children will defend a parent who's abusive to them because they become so accustomed to it.

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00:30:52.170 --> 00:30:58.080

PJ: That they've formed this inappropriate distorted bond with the parent and they'll defend

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00:30:58.590 --> 00:31:12.150

PJ: We see a lot of that sometimes when we call in Child Protective Services. They go to the house and the kid denies and denies even though they may have said something to the teacher or the teacher may have seen something on their body and that's sometimes what that is.

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00:31:13.440 --> 00:31:23.970

PJ: We see kids avoiding healthy, you know, peer interactions, sometimes kids who are abused feel that they are so different from the other person that they will

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00:31:24.960 --> 00:31:30.750

PJ: Not interact with their peers or they'll interact with high risk peers, because they feel that they can understand them.

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00:31:31.050 --> 00:31:39.810

PJ: For they will interact with younger peers, because they're easier and they're not so demanding of, you know, sharing and having a bond.

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00:31:40.380 --> 00:31:51.240

PJ: Sometimes our kids over function. But we see kids from alcoholic families they become parents and they over function and then the tantrums and rages we've already you know spoken about.

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00:31:53.100 --> 00:32:04.350

PJ: We see cognitive trauma symptoms so inaccurate cognition and what that is is a child believes that they were at fault. So they blame themselves.

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00:32:05.460 --> 00:32:19.140

PJ: He sexually abused me because I wear a dress now as an adult, we look at that and say, oh, that's ridiculous. But as a child in a child's mind that may be what they're thinking. That's an inaccurate cognition or they'll have irrational cognition.

183

00:32:20.610 --> 00:32:34.470

PJ: Because I couldn't trust my mom, I can't trust anybody. And again, it's a little rational. But if their primary caregivers, the person that was cause of the traumatic event they they lose that trust.

184

00:32:36.060 --> 00:32:48.630

PJ: And loss of faith is a really hard one for kids because you know

if the family is religious, and this trauma is happening or there weren't a traumatic event they questioned whether there is a God.

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00:32:50.220 --> 00:33:02.100

PJ: They questioned their future. So for instance, a child who is brother dies in a violent crime may lose faith that he may make it to adulthood and may just start taking risk because he sees no future for himself.

186

00:33:03.270 --> 00:33:14.760

PJ: unhealthy relationships. If I can't trust anybody who's married will know that trust is the basis of a good relationship if I can't trust people because I believe that they're not trustworthy.

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00:33:15.390 --> 00:33:21.090

PJ: And I have such low self esteem. How can I have good relationships. So we see how some of that plays out.

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00:33:23.520 --> 00:33:30.450

PJ: Interpersonal trauma, you know, withdrawing from peers and some of this is because they can't share, share some of their experiences.

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00:33:30.900 --> 00:33:37.710

PJ: You know, a child whose parents are divorced who goes to school with children whose parents aren't divorce their peers cannot understand

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00:33:38.100 --> 00:33:45.780

PJ: where they're coming from. And they may feel like an odd person out or they may feel like they can't talk about their families because their peers won't understand

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00:33:48.330 --> 00:33:52.320

PJ: You know, a child, you know, there was an incident where

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00:33:54.600 --> 00:34:01.590

PJ: This plays into difficulty enjoying activities and difficulty establishing relationships. So a child who was sexually abused at night.

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00:34:02.220 --> 00:34:11.790

PJ: Avoided things that happened at night, so she had a friend, and the friend and her were very close and they did lots of sleep overs. But when that sexual abuse happened at night.

194

00:34:12.360 --> 00:34:24.090

PJ: She attached nighttime with bad things that happen. And so she started avoiding sleeping over at your friend's house and her friend was very upset because she kept putting out an invite. And she didn't

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00:34:24.870 --> 00:34:29.730

PJ: The, you know, child didn't take it up on because she just couldn't be there at night. She was so afraid.

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00:34:30.090 --> 00:34:36.810

PJ: And that bad things were going to happen. And then eventually the friend stopped asking her, the friend thought she didn't want to be friends with her and she lost the friendship.

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00:34:37.140 --> 00:34:43.770

PJ: So on top of the traumas. She has another loss. So again, how important for us to really address these things.

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00:34:44.310 --> 00:35:00.180

PJ: With children, you know, and again affiliation with high risk peers. You know, sometimes kids who are traumatized who feel that they are out there. So unlike their peers begin running with with kids that do high risk behaviors begin taking risk began using drugs or alcohol.

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00:35:01.590 --> 00:35:11.880

PJ: And again that's ever some of those good relationships because we know that some of those relationships that are based on use of substances aren't really healthy relationships.

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00:35:13.620 --> 00:35:24.660

PJ: And then this is the one that really always, you know, tears at my heart for children. They really change their perceptions of the world. So they're in a world where they feel like they don't belong

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00:35:25.740 --> 00:35:31.620

PJ: You know, they sometimes when I'm working with kids and it's around the holidays. I love to use the

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00:35:32.010 --> 00:35:39.720

PJ: The story of Rudolph because Rudolph felt like he didn't belong, because he was different and kids that come from trauma can sometimes really identify with that.

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00:35:40.350 --> 00:35:51.690

PJ: They lose hope they don't think there's any hope for them, you know, like the the child whose brother was killed. He felt that there was no future. He was just going to die on the streets like his brother, so there's no hope.

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00:35:52.740 --> 00:35:56.850

PJ: They begin to view themselves as good or bad. There's no in between, not

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00:35:57.540 --> 00:36:04.410

PJ: That was, that was not such a good thing that I did, but I'm not a bad person. They have none of that they're just mostly good or bad, and

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00:36:04.920 --> 00:36:15.420

PJ: Usually they err on the side of bad, they don't see opportunities. So where we as teachers or educators or providers are sometimes saying, oh, you have so much. There's so much you have to like

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00:36:15.930 --> 00:36:28.980

PJ: Go for, like, you can go to college or you can go to trade school you can, you know, become an entrepreneur and own your own business. If they don't see that opportunity. They can't their perception of the world has changed and the world doesn't have opportunity for them.

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00:36:30.000 --> 00:36:33.420

PJ: The world has become scary. It is not a safe place.

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00:36:34.230 --> 00:36:44.790

PJ: It is a scary place and it's unpredictable. So things that we normally could count on like I can count on my mom to be there. I can count on my dad to be there. I can count on. There's a roof over my head.

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00:36:45.150 --> 00:36:52.680



PJ: These things become unpredictable. And then the last one is really the one we struggle with with children like this is they think that there's no help.

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00:36:53.220 --> 00:37:03.750

PJ: So they don't think that you can help them and and they move away from you. And that's why we're going to learn that that connection with children is one of the most important things that we can do.

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00:37:05.490 --> 00:37:13.620

PJ: So I just want to have. You see this trauma survivors account so you can really get into the mind of the trauma survivor.

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00:37:14.340 --> 00:37:24.510

PJ: I remember crying in the night. I found it difficult to hear Mrs. Patterson when she spoke in the classroom. I felt as if she were speaking from beneath tumbling water or from the end of a long tunnel.

214

00:37:25.020 --> 00:37:38.370

PJ: She assumed I was daydreaming, I stopped imagining that I might one day be a teacher. No longer did my imagination dance me through the leaves the sound of ringing church bells irritated me mostly I felt ashamed and different

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00:37:39.300 --> 00:37:49.410

PJ: And this is a real account from a Child Trauma response survivor. So you can see how their view of the world is completely different than what we're thinking

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00:37:50.640 --> 00:37:58.800

PJ: So the three E's of trauma, you know, the events and we've talked about whether it's acute or complex or multiple how we experienced that men.

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00:37:59.400 --> 00:38:07.980

PJ: And then the effect of the event. So we now know through the research that sometimes if we experienced a traumatic event, but we have lots of support and help

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00:38:08.400 --> 00:38:28.680

PJ: On the other side of that event that we do deal with that in a more healthy way. If we don't have that support system if we don't

have those resources if we don't have that help, then the event becomes assimilated into our person as a trauma and that's why the three E's are so important.

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00:38:31.110 --> 00:38:38.490

PJ: So what is a trauma informed approach the trauma informed approach is is just that it's realizing that

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00:38:39.450 --> 00:38:53.190

PJ: The impact is there, the impact of the trauma. Is there an understanding those things that we just talked about how it affects is effectively and behaviorally recognizing the signs and symptoms of trauma in our students and our families, you know,

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00:38:54.450 --> 00:39:00.150

PJ: People are, say, you know, I can't get the parents in how many parents or kids there to come to school because they had a horrible experience as a child.

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00:39:00.660 --> 00:39:17.970

PJ: And to them. School is still scary. So coming to school is a scary thing and responding with all of that knowledge about trauma and putting it into practices, our policies and procedures so that we don't accidentally or inadvertently or unconsciously re traumatize the person

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00:39:19.440 --> 00:39:28.680

PJ: So I want I use this figure to show you that the four R's are not linear. So we are kind of circling around these four hours, all the time.

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00:39:29.100 --> 00:39:37.110

PJ: We're constantly have to recognize things we constantly have to realize it. We were responding constantly, especially as teachers and staff in the schools.

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00:39:38.700 --> 00:39:45.030

PJ: And so there are six principles of our trauma informed approach. And this is where, you know, we're going to get into it a little bit.

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00:39:45.270 --> 00:39:53.130

PJ: So these are the six principles safety and when we talk about

safety. We're not just talking about is the building physically safe. We're talking about

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00:39:53.490 --> 00:40:03.570

PJ: physical safety psychological safety emotional safety and that is not just have, and I'm going to keep saying this throughout. It's not just for the students. It's for the staff as well.

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00:40:04.470 --> 00:40:12.840

PJ: trustworthiness and transparency. So the goals of, you know, all the operations and discussions in the school are conducted with transparency.

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00:40:13.170 --> 00:40:21.480

PJ: With the goal of building and maintaining trust with students with parents with families amongst staff and others involved in the organization.

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00:40:22.380 --> 00:40:29.430

PJ: So in one of the schools that I worked in they brought in an outside counseling agency which gave them to counselors in the school.

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00:40:30.000 --> 00:40:38.460

PJ: And the school is very excited about this that counselors thought this would be great people to, you know, bounce ideas off of and help with student needs.

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00:40:38.880 --> 00:40:46.890

PJ: And what happened is, these two counselors came in they narrowed down their scope of work, children, they would see based on these criteria.

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00:40:47.520 --> 00:41:02.400

PJ: And what ended up is they ended up seeing only about 12 kids in a school 1300. And the other problem was, is they wouldn't communicate with the counselors. So the counselors no longer trusted them and it ended up being a very tense relationship.

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00:41:03.420 --> 00:41:08.610

PJ: And again, not trauma informed at all trauma informed is we are working together. We're all in this together.

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00:41:09.420 --> 00:41:25.320

PJ: Peer Support peer support mutual self help our key tools in establishing safety and hope and building trust and enhancing that collaboration, which we're going to talk about next and utilizing their stories and lived experiences to promote the healing and recovery.

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00:41:26.340 --> 00:41:43.860

PJ: Collaboration and mutuality. This is really based on partner leveling the power difference between staff and students and among organizational staff from clerical to administration. And that doesn't mean that I let students run the school. So sometimes when I say that.

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00:41:45.630 --> 00:41:51.840

PJ: Educators or counselors or staff in the school, say, Oh, like what we're supposed to let the kids make all the decisions. No.

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00:41:52.800 --> 00:42:07.500

PJ: But certainly, they need to be a part of that you know that leads us into the next place of empowerment voice and choice. You know, when we're talking about trauma informed approach we're talking about everyone has a stake, everyone is a stakeholder

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00:42:09.360 --> 00:42:20.250

PJ: We need to empower students and staff with their strengths and experiences and recognize those and build upon that we need to foster the belief that

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00:42:20.970 --> 00:42:34.320

PJ: individuals and organizations can heal and promote recovery from trauma, so there had been schools where we've gone in and you know the report from the illustration is. Oh, the staff is all divided and we can't get them to come together and

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00:42:36.120 --> 00:42:45.060

PJ: You know, that's a real problem for us. And if we step back and do some real team building and some real work around being able to

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00:42:45.510 --> 00:42:52.680

PJ: Empower each other and have a voice and talk about how we're feeling what a difference that makes. And it makes a difference to our students.

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00:42:53.670 --> 00:42:59.520

PJ: And students, you know, have some choice in decision making and goal setting, you know, we put them on.

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00:43:00.030 --> 00:43:07.860

PJ: Boards and we bring them into meetings and we asked for their opinions. It doesn't mean they're running the schools. It means we're including them.

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00:43:08.370 --> 00:43:17.550

PJ: And then, cultural, historical engender considerations you know organizations need to actively move past cultural stereotypes and biases.

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00:43:17.880 --> 00:43:29.040

PJ: Based on religion, race, ethnicity, sexual orientation, age, gender identity geography, whether I'm rich or poor economics, you know, and this isn't about we put the

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00:43:29.940 --> 00:43:46.320

PJ: The things in place. So if I'm a school and I build bathrooms for 10 transgender youth, that's great. But if my staff are making fun of those bathrooms and the kids that go into him or other kids are making fun of those bathrooms and the kids that go in, then I'm not actually

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00:43:47.580 --> 00:43:51.360

PJ: Using a trauma informed approach, you know, that's really about

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00:43:52.440 --> 00:43:55.230

PJ: walking the walk, not just talking about it.

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00:43:56.340 --> 00:44:10.170

PJ: So we're going to get into how this looks individually. So you can see some of how that looks. So, safety, you know, classroom arrangements and sometimes this may be difficult for schools, you know, we minimize the crowding, and the distractions.

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00:44:11.730 --> 00:44:27.510

PJ: You know, making sure that there is sufficient staffing, you know, and sometimes that may be something for a table discussion between

administration and teachers and parents and children, and some of the trauma informed schools. We use mentors in the classroom or we use

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00:44:28.620 --> 00:44:32.730

PJ: Parents in the classroom or we use community members in the classroom.

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00:44:33.900 --> 00:44:39.660

PJ: You know, establishing routines, very important for kids who have been through trauma, because it helps them feel safe.

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00:44:40.680 --> 00:44:48.000

PJ: Directions needs to be very clear, not anything vague children need to understand and we need to make sure that children understand

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00:44:49.290 --> 00:44:55.530

PJ: preparing students for changes, you know, children who are traumatized. Do not do the change very easily.

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00:44:56.340 --> 00:45:04.800

PJ: They sometimes have a hard time with that. So if a teacher is going to be out, you know, letting the students know I'm going to be out, you're going to have a substitute. Here's what it's going to look like.

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00:45:06.300 --> 00:45:16.320

PJ: You know, we had children that, you know, during certain drills. We had to prepare them ahead of time so that they wouldn't panic thinking that their world is crumbling around them.

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00:45:17.400 --> 00:45:32.340

PJ: Staff safety, you know, the staff need to feel safety and cared for, you know, and again that's a discussion for a roundtable, not just from administration or not just from the staff or not just from the Union or not just from the parents needs to be everybody at the table.

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00:45:36.960 --> 00:45:40.980

PJ: You know, trustworthiness stakeholder decision making. We talked about that.

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00:45:44.580 --> 00:45:49.830

PJ: As having everybody at the table being clear about what decisions were making and why they're being made.

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00:45:51.840 --> 00:45:52.350

PJ: You know,

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00:45:54.300 --> 00:45:55.860

PJ: Staff attitude, you know,

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00:45:57.150 --> 00:45:59.310

PJ: Children are doing the best that they can

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00:46:00.570 --> 00:46:08.310

PJ: Communicating expectations, you know, what do I expect from my children and making sure that they are clear, concise and positive

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00:46:09.150 --> 00:46:20.370

PJ: You know, we need to not it. It's not a dictatorship, it's not. I'm, I'm in control and you're you know who I'm controlling. It's really about, let's figure this out together.

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00:46:21.630 --> 00:46:31.140

PJ: Displaying in reviewing schedules. Again, if there's a change staff, you know, exploring problems, you know, what is, what is the problem.

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00:46:31.770 --> 00:46:39.720

PJ: Not what's wrong with you. You know what's going on, what's happening here. Talk to me and actively listening.

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00:46:40.260 --> 00:46:50.100

PJ: I can't tell you how often when I see children in private practice or I'm on a traumatic event in a school after something has happened where children will tell me that people do not listen to them.

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00:46:50.760 --> 00:46:55.890

PJ: You know, and it's not about active listening is hard. When I'm working with a couple and therapy.

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00:46:56.370 --> 00:47:05.070

PJ: One of the main things we're working on is listening to each other, listening without having a response listening without having to answer listening without telling them what they should do.

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00:47:06.390 --> 00:47:12.690

PJ: Just really listening and hearing what they're saying you know consequence delivery, you know,

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00:47:13.290 --> 00:47:24.540

PJ: Children need consequences but they need to be delivered consistently and calmly, you know the worst thing somebody can do is lose control of themselves in administering a consequence to a child.

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00:47:25.470 --> 00:47:33.930

PJ: That is just re traumatizing and making sure that our consequences match the behavior. So again, sometimes it's monitoring our behavior.

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00:47:34.320 --> 00:47:39.720

PJ: You know this child has done this behavior over and over again. And I'm so tired of it. I explode in the classroom.

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00:47:40.110 --> 00:47:49.620

PJ: And then I tell them they're suspended for three days. Now that doesn't match necessarily behavior that's happening, but I'm angry. So again, we need to monitor our

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00:47:50.100 --> 00:47:56.610

PJ: Our reactions and our responses, because that is very important for a trauma informed classroom.

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00:47:57.270 --> 00:48:06.870

PJ: Children will look at me to see what's happening. And then once I administer a consequence. I can have a restorative conversation. I can talk to the child about what happened.

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00:48:07.650 --> 00:48:17.100

PJ: What were you thinking what was going on. What can we do differently. How can I help you, these are all things that I can do with the child.

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00:48:19.320 --> 00:48:20.160

PJ: peer support.

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00:48:21.240 --> 00:48:30.990

PJ: Again, we can't help someone unless we help ourselves first and this is the whole purpose of us join the ace in the beginning of this, what are our own traumas.

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00:48:31.500 --> 00:48:41.370

PJ: You know, how does that interfere with, you know, a child that we're working with, you know, if I was neglected as a child, and I see a child neglected, I may give that child all kinds of

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00:48:42.180 --> 00:48:49.230

PJ: Accommodations because I see myself in them. And again, I think I'm doing a good thing. But that's not necessarily a good thing.

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00:48:49.950 --> 00:48:59.100

PJ: Because they're not going to get all those accommodations at home so I can give some accommodations, but I need to be consistent. And I also need to hold them accountable and have them have consequences.

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00:49:00.210 --> 00:49:00.930

PJ: Effective

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00:49:02.040 --> 00:49:03.780

PJ: interactions with other people.

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00:49:04.950 --> 00:49:13.410

PJ: Opportunities need to exist for students to learn how to effectively interact with peers and staff, you know, for

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00:49:14.250 --> 00:49:20.100

PJ: You know, a lot of times I will hear teachers or counselors or people who work with children say, Oh, they're so disrespectful.

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00:49:21.000 --> 00:49:31.770

PJ: Okay. They might just be disrespectful and that might be bad behavior, but there may be something underlying that and they may not understand what respectful behaviors they did not learn it in their home. I grew up in an ISA

289

00:49:32.970 --> 00:49:40.440

PJ: Respectful behaviors. I don't see it between my parents and I don't see it in the home towards me. And so sometimes we have to learn that there needs to be

290

00:49:44.040 --> 00:49:51.330

PJ: Opportunities need to exist for students to understand how their behavior affects other, they may not see it.

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00:49:52.860 --> 00:50:02.340

PJ: They're not seeing it from their, their caregivers in themselves are the people around them needs to be positive interactions definitely be discouraged.

292

00:50:03.690 --> 00:50:08.280

PJ: Like bullying sometimes is just over talking about the

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00:50:10.290 --> 00:50:14.340

PJ: Institute and sometimes and then again modeling of respect for

294

00:50:15.630 --> 00:50:21.000

PJ: Children watch us as adults we don't think they do. But they're watching us all the time and they are

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00:50:21.450 --> 00:50:30.150

PJ: Modeling some of their behavior. I'm telling parents all the time in my private practice children do not model what we say they model what we do.

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00:50:31.020 --> 00:50:38.100

PJ: So if I'm a parent and I'm going out back in the house and I'm smoking all the time, but I'm coming in and telling my child. Don't smoke don't smoke. It's bad for you. It's bad for you.

297

00:50:38.850 --> 00:50:48.930

PJ: The child isn't going to hear not to smoke, they're going to say, oh, well, dead smoke so it can't be that bad. Again, they model what we what they see, not what we say.

298

00:50:50.220 --> 00:51:07.800

PJ: Collaboration and mutuality. This is really again students strengths are encouraged and incorporated and sometimes the students strength may not be in the classroom. It may not be academic, it may be in the area of art, it may be in the area of sports, it may be in the area of

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00:51:08.970 --> 00:51:16.410

PJ: Creativity and we need to build on that and tied into some of the academics, you know,

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00:51:17.730 --> 00:51:20.430

PJ: We need to know their interests. So

301

00:51:21.660 --> 00:51:31.860

PJ: For instance, I had a child in a classroom, who was very focused on sharks almost to an obsessive quality and he read every shark book and all he talked about with sharks and the teacher was so frustrated

302

00:51:32.280 --> 00:51:35.190

PJ: She's like, this is all he talks about. I'm so tired of hearing about sharks.

303

00:51:36.030 --> 00:51:41.340

PJ: And when I was able to get the teacher to sit down with the child and talk about what the shark fascination was

304

00:51:41.700 --> 00:51:48.510

PJ: He talked about the shark being strong and nobody nobody being able to hurt it. And it couldn't get beat up and it couldn't get bullied.

305

00:51:48.810 --> 00:51:59.400

PJ: And it was a really strong animal in the sea and nobody mess with it and we began to understand that, where he was going, was trying to hook onto something that would help him. Be strong.

306

00:51:59.820 --> 00:52:13.530

PJ: And when we were able to see that and tied into what was happening in his household, we were able to give him some other tools and introduce them to some other things. So the teacher introduced him to some superheroes and she introduced him to some heroes and stories.

307

00:52:14.730 --> 00:52:20.460

PJ: And was able to get him to expand his perception of the world.

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00:52:21.960 --> 00:52:26.490

PJ: There needs to be opportunities for children to respond and participate during instruction.

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00:52:27.210 --> 00:52:38.280

PJ: Interact with us and we need to be flexible about managing behavior, rather than having strict compliance with the rules, because sometimes kids from trauma that strict compliance.

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00:52:38.730 --> 00:52:46.350

PJ: Only sets them into a tailspin and that's not me saying we don't have rules. We don't have consequences, but we need to be a little flexible.

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00:52:47.010 --> 00:52:55.080

PJ: And then staff self care. I mentioned that a little while ago. It's really important to take care of ourselves before we take care of anybody else.

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00:52:55.590 --> 00:53:06.960

PJ: It's important for me to be aware of my trauma, so that when I respond to a traumatized child. I'm not getting my stuff all mixed up with theirs. And again, it can get mixed up in a positive way, or negative way.

313

00:53:09.240 --> 00:53:21.270

PJ: Empowerment voice and choice, you know, this is really listening to kids and giving them a choice and building on their strengths. So we have multiple modes of learning. Not all children learn auditory

314

00:53:22.440 --> 00:53:29.250

PJ: I myself as an adult am an experiential learner. If you asked me to sit and be lectured at for hours and hours. It's really hard for me.

315

00:53:29.670 --> 00:53:39.360

PJ: I like to have experiences. I like to do things. That's my best

mode of learning. It's why in my therapy practice. I do a lot of experiential things with children and adults.

316

00:53:40.590 --> 00:53:45.540

PJ: You know skill development. We need to be able to help them develop some of the skills that they've missed

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00:53:45.930 --> 00:53:50.610

PJ: Even skills that we think, oh, they should, they should have had this they should have learned this in kindergarten, they may not have

318

00:53:51.330 --> 00:54:03.120

PJ: And then giving children choices. They can be two choices. I can live with, but they're still choices and then children's feel like they have some control. Remember children from trauma feel that they have no control over anything

319

00:54:04.620 --> 00:54:11.910

PJ: And giving them some decision making. Okay, we can have a test today or we can have a test tomorrow, we can

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00:54:12.960 --> 00:54:20.310

PJ: Take a break now or we can go for 20 more minutes and take a longer break later. Some of those kinds of things, you know, and then

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00:54:21.990 --> 00:54:31.650

PJ: Setting goals with kids. What are our goals. You know, when I worked in the inpatient unit our morning started with children, setting a goal for the day. And even if that goal was

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00:54:32.520 --> 00:54:47.760

PJ: I'm going to try not to be put in the quiet room or I'm going to try not to have an outburst. Whatever it was, it was a goal, and then all the staff knew the goal and we help that child through the day. So if we saw the child starting to rev up to

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00:54:48.780 --> 00:55:00.240

PJ: Get to an outburst. We gave them a stressful, or we had them step out of the room and maybe do some coloring by themselves to just decompress and get their, you know,

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00:55:01.950 --> 00:55:06.990

PJ: Their tension level down, you know, so we did something to help them and we would tell them

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00:55:07.260 --> 00:55:13.980

PJ: You know, we're going to step outside the room and we're going to do this because we want you to meet your goal. And your goal was not to have an outburst today so

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00:55:14.190 --> 00:55:25.800

PJ: Maybe if we just step out, we do some coloring for a few minutes. Or maybe if we pound Plato for a few minutes will feel a little better. And we can rejoin the group. So again, some of that kind of thing.

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00:55:27.270 --> 00:55:28.770

PJ: cultural humility.

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00:55:30.180 --> 00:55:37.350

PJ: This is, you know, sometimes this is hard racial ethnic makeup of the staff and the students look similar.

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00:55:38.280 --> 00:55:54.420

PJ: You know, if I'm a child of color and I'm going into a school and all my teachers are blonde blue eyed females, I may not feel like I belong there. I may not feel like they understand me, and it's nothing to do with the teachers. It just has to do with the child's visual perception.

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00:55:55.650 --> 00:56:03.570

PJ: Environmental exemplars and what that is is you know people from the backgrounds of the students that have done wonderful things.

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00:56:05.040 --> 00:56:09.960

PJ: There are people in every race and culture that have done exemplary things

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00:56:11.940 --> 00:56:21.960

PJ: And we need to be identifying those people. So those children of a different cultural race can say, oh, yeah, that person looks like me and they've done a wonderful thing. So I can do those things to

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00:56:22.620 --> 00:56:34.200

PJ: You know, certainly, we're not throwing out, you know, the baby with the bathwater, we're going to teach them all those other people that are around that may not look like them but we're going to also give them people who look like them.

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00:56:35.340 --> 00:56:44.850

PJ: And again, culturally sensitive learning activities, sometimes when we're talking about culture we let the children come in and do a show and tell us something from their culture.

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00:56:45.240 --> 00:56:54.420

PJ: And we learn from other people. Again, we're giving them a choice, we're giving them a sense of control, we're giving them an opportunity to share, who they are and we're positively reinforcing it

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00:56:56.460 --> 00:57:15.600

PJ: And again, that follows into student engagement and activities culturally sensitive classroom management strategies, trying to understand if you know in a culture. I was just having a conversation this morning that you know children were brought up in a very military kind of environment.

337

00:57:17.370 --> 00:57:27.480

PJ: They may not respond well to touchy feely, or they may not understand touchy feely and they may need to learn that. But we need to be sensitive to. That's how they grow up.

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00:57:29.520 --> 00:57:38.910

PJ: So again, these are the ways that we can help create those six pillars of a trauma informed classroom. So then

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00:57:40.410 --> 00:57:52.980

PJ: I want to review just for a few minutes. The Ark model and the Ark model was developed based on building secure attachments. And again, there's that attachments between child and current caregivers.

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00:57:53.580 --> 00:58:00.570

PJ: Enhancing self regulatory capacities teaching children to regulate their emotions and deal with their emotions all of their emotions.

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00:58:01.080 --> 00:58:08.070

PJ: We're okay when it's happy or sad when it's a very we get a little nerve, you know, an anger is an emotion. It depends on what we do with it.

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00:58:08.460 --> 00:58:14.670

PJ: And again, we have to be modeling that as adults, all the time you know if I'm angry and I'm screaming all the time.

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00:58:15.120 --> 00:58:19.500

PJ: And I am dealing with a child who's traumatized because in their home. There's domestic violence.

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00:58:20.010 --> 00:58:32.250

PJ: This is their perception of the world and they respond so so they are fearful and they don't interact and they can't learn when they are in the place of fight or flight, which is that response they cannot learn

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00:58:33.060 --> 00:58:41.580

PJ: You know, and again, increasing competencies across multiple domains. I may not be good at math, but I may be really good at drawing or I may not be good at.

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00:58:42.600 --> 00:58:50.340

PJ: remembering things, but I'm really good at history and you know I have some heroes that I like.

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00:58:51.750 --> 00:59:02.730

PJ: So our audience is to support both organizational change individual family and you've changed, who have experienced trauma.

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00:59:03.840 --> 00:59:07.650

PJ: And the frameworks organized around the core domains of attachment

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00:59:08.280 --> 00:59:25.080

PJ: You know, building safe care guide caregiving systems regulation supporting youth and regulating you know motions across the domains and developing competencies supporting factors that will have resilient outcomes and it's designed to go across service.

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00:59:26.520 --> 00:59:30.330

PJ: So traditional approaches versus trauma informed.

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00:59:31.440 --> 00:59:39.030

PJ: You know, we want to build safe caregiving systems, we want to support youth across the domains. We want to make them resilient. Here's some of the things that

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00:59:39.930 --> 00:59:50.850

PJ: We have done traditionally that we want to move away from and move into the trauma informed place. So traditionally when we're frustrated or angry students were. What's wrong with you.

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00:59:51.840 --> 01:00:01.170

PJ: You know, why are you doing that and it's still a child will respond to that versus the trauma informed approach, which is what happened to tell me what's going on.

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01:00:01.740 --> 01:00:07.710

PJ: Talk to me about what you're feeling, you know, and again remembering that a child may not be able to talk to you about what they're feeling

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01:00:08.100 --> 01:00:18.450

PJ: We may have to use emojis or we might have to use pictures or we might have to use drawings, you know, sometimes a child can tell me how they're feeling, but they can certainly draw it.

356

01:00:19.800 --> 01:00:33.240

PJ: Negative labels you know sometimes we call children lazy. The child from, you know, who is traumatized whose brain has actually changed, who has trouble developmentally or has trouble with memory. We might look at them and say, oh, they're just being lazy.

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01:00:34.680 --> 01:00:41.520

PJ: Versus that informed understanding. Again, what happened to you, you know, if a child says, you know, my mom's beating me

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01:00:42.750 --> 01:00:52.830

PJ: At home all the time. And yes, I need to call child protective services. I'm a mandated reporter in the state of New Jersey. However, I can also then begin to understand how they respond

359

01:00:54.000 --> 01:01:04.080

PJ: Know purposeful behaviors vs automatic you know sometimes we look at kids. And we think that their behavior is purposeful. Oh, they just did that because they don't like me or they just did that because

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01:01:04.470 --> 01:01:14.670

PJ: You know they don't want to play the game or they just did that know sometimes it's an automatic response from children. Remember that brain. They're going from the sensory input.

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01:01:15.510 --> 01:01:27.180

PJ: To the alarm system right over to the response and the behavior they miss all of that other piece of thinking about how that could affect me. Does it affect me. Am I safe.

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01:01:27.510 --> 01:01:40.020

PJ: Not thinking about all those things, you know, we focus on the child, you know you're doing this and you can't do this and you're, you're, you're, you're, you, you, you, instead of considering the environment.

363

01:01:40.650 --> 01:01:53.190

PJ: Okay, maybe what triggered the child in the environment. Maybe my voice was too loud. Maybe that bang really set them off, you know, considering the environment. Sometimes children in the classroom. One is loud can't function.

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01:01:54.360 --> 01:01:55.140

PJ: And they need a break.

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01:01:56.220 --> 01:02:07.320

PJ: Traditionally we are the authoritarian figure and sometimes as the authoritarian fear. We can be critical. You know, you need to do this, you need to make this happen.

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01:02:08.100 --> 01:02:18.210

PJ: In terms of a trauma informed. Where do you want to do your numbers first or do you want to do your letters. First, you know, giving them a choice, giving them some control.

367

01:02:18.810 --> 01:02:30.180

PJ: I as a teacher want them to do their letters and their numbers. So I give them two choices. I can live with. But I give them choice and that's that whole voice empowerment choice you know punitive discipline.

368

01:02:31.350 --> 01:02:47.850

PJ: You know, you have to sit in the back of the classroom, how humiliating we've passed the years of the dunce cap sitting in the corner with a dunce cap on, thank God, but sometimes we're punitive discipline and we do publicly, you know, versus a positive strength based discipline.

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01:02:49.080 --> 01:02:52.920

PJ: You know, taking a child aside, having a private conversation with them.

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01:02:54.120 --> 01:03:03.540

PJ: You know, finding out what's going on. No, you can't break things in the classroom. But I was really angry and I didn't know what to do with it. Okay, so how can we deal with your anger in a better way.

371

01:03:04.380 --> 01:03:14.280

PJ: But you still have a consequence for breaking something, you know. And sometimes I'll say to a child, what would you do if somebody broke your favorite toy. What would the consequence be and sometimes the children will give you some pretty good ones.

372

01:03:16.290 --> 01:03:22.860

PJ: Traditional we leave it to the counselor up send the child to the counselor up that child's join this call the counselor.

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01:03:24.240 --> 01:03:30.360

PJ: In a trauma informed classroom and a trauma informed school we share all the responsibility.

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01:03:30.870 --> 01:03:48.270

PJ: So we do try to be the first intervention. We do include the counselor, we asked for suggestions we asked the family. What works at home, you know, we include everybody again in a trauma informed environment. Everyone is responsible, there is no it's not my job anymore.

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01:03:49.830 --> 01:03:56.280

PJ: You know, some some interventions, you know, routines. We need to have routines for children.

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01:03:57.840 --> 01:04:05.280

PJ: And again, they need to know the routines, the more clear and concise and consistent those routines are the better children will respond

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01:04:05.760 --> 01:04:14.220

PJ: Children need to have choices. Even children and kindergarten, you know, we sometimes think the little or children don't have that need to have some choice or control.

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01:04:14.970 --> 01:04:19.590

PJ: They do you know our responses. You know, if I'm yelling at a child.

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01:04:20.070 --> 01:04:34.170

PJ: They're going to have one response versus if I really bring my tone down and really talk in a very calm manner and sometimes it's hard for us as adults, you know, in our classrooms. Sometimes, you know, people are doing mindful moments.

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01:04:35.250 --> 01:04:45.780

PJ: You know, and I love when people are doing that in the classroom and I tell teachers participate in that mindful moments you need a mindful moment, just as much as your students do at all levels high school

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01:04:46.530 --> 01:04:52.950

PJ: You know sometimes when I go into a high school classroom as a guest speaker, the first thing I do is I say, Okay, everybody.

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01:04:53.250 --> 01:05:02.730

PJ: How about you've been sitting all day. How about we all get up. Let's do a couple stretches, I might teach them some mobile yoga moves, they giggle we laugh, but it's a moment of

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01:05:04.050 --> 01:05:08.130

PJ: We call it a brain break sometimes. And then I can sit down and I

can engage them.

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01:05:08.910 --> 01:05:28.110

PJ: Monitoring our reactions. Again, we really have to be in control of our reactions and responses. If we want our children to be in control of there's not taking things personally children are enjoying this to us. They are responding out of whatever it is they're they've learned

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01:05:29.610 --> 01:05:33.720

PJ: You know, identifying triggers. If we know that a child comes from a difficult home.

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01:05:34.530 --> 01:05:45.150

PJ: What are the triggers, you know, my mom yells a lot if a child says that to us. That is a red flag light bulb, light bulb. I need to really watch my tone of voice. I need to watch that I don't yell.

387

01:05:45.990 --> 01:05:58.230

PJ: Mentoring Program. I'm really pleased with my schools that are developing mentoring programs, you know, maybe a teacher has five kids that they eat lunch with and we talk about sports or we talk about

388

01:05:59.820 --> 01:06:05.130

PJ: South Park or we talked about whatever they saw on Snapchat that day or we talked about

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01:06:05.850 --> 01:06:13.770

PJ: Tick tock. And maybe we do a dance with them on. Tick tock. You know, we're really joy. It's about joining and connection, you know, and time.

390

01:06:14.400 --> 01:06:32.940

PJ: Really spending time with kids, you know, and I know as as teachers. We have so many responsibilities and educators we have so many you know PhDs and SEOs and all of those things that really take our time. But when we do not spend time with children. We can't make the connection.

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01:06:33.990 --> 01:06:38.820

PJ: And if you can make a connection with children, the response that they will have to you is exponential

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01:06:40.620 --> 01:06:43.650

PJ: Again sensitive sensitivity to their cues and triggers.

393

01:06:46.530 --> 01:06:57.900

PJ: So, you know, if I know a child has a trauma history. What are their triggers. If it's yelling, you know, how do I, how do I not do that for warning children, giving them warning that there's going to be a change

394

01:06:59.190 --> 01:07:12.030

PJ: You know, Brain breaks, you know, let's just stop if I see the class is d compensating and I see that they're no longer with me. I give them Brain breaks, you know, let's take a break. Let's see what's going on.

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01:07:14.460 --> 01:07:20.970

PJ: Maybe we need to talk about maybe we need to blow balloons. You know, that's a great activity. Everybody has a balloon. We blow up a balloon.

396

01:07:23.130 --> 01:07:27.690

PJ: Alternate seating. You know, sometimes I move seats around fidgets

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01:07:28.710 --> 01:07:33.510

PJ: Are something that I thought were great. And then schools outlawed them because the kids were playing with them all the time.

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01:07:33.810 --> 01:07:42.420

PJ: But I can have a Fidget contract, you know, here's your fidget and sometimes when you're feeling like you're going to explode inside your body and you just need to move and you can't sit any longer.

399

01:07:42.720 --> 01:07:52.350

PJ: Maybe we have a contract that I give you your fidget and you go to the bathroom and you fidget all the way to the bathroom and back, and then you give me the fidget device back and I put it away until the next time you need it.

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01:07:53.640 --> 01:08:04.890

PJ: Visuals you know visuals around the classroom that are calming

building self regulation skills. What do we do when we're angry at school, you know, can we write it down. Can we give the teacher note.

401

01:08:05.820 --> 01:08:23.430

PJ: You know, and signal plans. You know, when I see something that's going on. Maybe I, you know, the child gives me a signal. You know, I'm having a hard time. I need a break. Maybe they use a post it on their desk or maybe they use a secret sign that's between me and the child.

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01:08:25.410 --> 01:08:33.000

PJ: Sometimes I need to do some other things like reduction of assignments, you know, giving some extra time grounding time is that whole

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01:08:33.480 --> 01:08:39.840

PJ: Getting children back in their body and we now know and trauma work that being in our body is some of the most important things

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01:08:40.560 --> 01:08:49.350

PJ: Children who are constantly living in trauma response. Their automatic nervous system is always in a heightened alert state.

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01:08:50.100 --> 01:08:53.790

PJ: The way to bring that down is to get children back into their bodies.

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01:08:54.270 --> 01:09:05.280

PJ: It's the same work we do with that. That's veterans who come home from war we teach them to be back in their body and ground themselves and bring that whole autonomic nervous system down so

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01:09:05.760 --> 01:09:12.600

PJ: Sometimes it is just doing a little stretch or it is walking around the classroom or it is doing an activity where I can move

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01:09:13.770 --> 01:09:16.020

PJ: These are some of the interventions that are critical.

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01:09:17.640 --> 01:09:33.000

PJ: So some resources, the bounce back program and the Stevens program

are designed to, you know, reduce symptoms of traumatic stress disorder. So I encourage you to look up on them. They have a lot of resources on their sites.

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01:09:34.410 --> 01:09:40.410

PJ: My, you know, one of the other things is, you know, I recommend people to

411

01:09:41.430 --> 01:09:53.370

PJ: Get the helping traumatized children learn it's a resource from SAMHSA. It is listed in my references. So with that, I'm going to turn it back to Kati for any type of QA

412

01:09:57.420 --> 01:10:10.950

Katty Rivera: Thank you, PJ. Thank you very much for providing us with so much of a wealth of information on trauma informed classrooms and the aces. Now, at this time, I invite anyone to either

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01:10:12.060 --> 01:10:17.790

Katty Rivera: Type any questions in the chat or in the Q AMP a box for our presenter, we have

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01:10:19.320 --> 01:10:29.040

Katty Rivera: ample time left for open questions and dialogue, so I will invite you. And in the meantime, I just have a couple of questions of my own.

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01:10:32.160 --> 01:10:36.780

Katty Rivera: PJ. Could you maybe discuss what factors.

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01:10:37.860 --> 01:10:40.800

Katty Rivera: Might affect or promote resiliency.

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01:10:41.910 --> 01:11:01.080

Katty Rivera: Students who have experienced a high level of trauma. I know you mentioned having a strong support system at home and support network and also early intervention, if possible, are there any other types of factors that are also helpful in promoting resiliency.

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01:11:01.770 --> 01:11:05.130

PJ: So there's a lot of factors of promoting resiliency.



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01:11:07.320 --> 01:11:21.960

PJ: So the main the number one factor is connection with one adult. So what we've learned from all our suicide prevention work and trauma work is that if a child has a connection with one adult

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01:11:22.500 --> 01:11:26.490

PJ: That can help them. That is a protective factor that can help them exponentially.

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01:11:27.000 --> 01:11:32.760

PJ: So even if it's one teacher or sometimes it's the custodian in the school building that they have a connection with

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01:11:33.120 --> 01:11:40.320

PJ: And I know you know in the past has been oh you know the custodian supposed to be cleaning and not interacting with the kid, but sometimes that connection.

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01:11:40.620 --> 01:11:48.300

PJ: Is really strong some other perfect protective factors are really identifying for a child what their strength is

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01:11:48.720 --> 01:11:55.380

PJ: You know, so what am I good at, because children have trauma will get into a very negative cycle downward about

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01:11:55.800 --> 01:12:01.320

PJ: I'm so bad at this. And I'm so bad at that and they do recognize some of their difficulties that they struggle with, like,

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01:12:01.860 --> 01:12:07.860

PJ: Memory. They don't realize it's tied to brain functioning, but they realized they don't remember things or they realize they're not good at math.

427

01:12:08.250 --> 01:12:15.330

PJ: Or they realize they don't process things like other students do, but it's really a protective factor is taking those kids and

428

01:12:16.230 --> 01:12:32.640

PJ: Really identifying a strength. What are they good at one thing and it can be anything. Maybe it's juggling. Maybe it's drawing cartoons, anything that I can really identify and expand upon is a helpful protective skill.

429

01:12:33.780 --> 01:12:46.020

PJ: Other protective factors are giving them some place to be included, helping them belong somewhere. So, including them in a lunch group or including them in a

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01:12:47.610 --> 01:12:52.140

PJ: Club or including them in some type of activity. It doesn't always have to be sports.

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01:12:53.190 --> 01:13:00.870

PJ: Some of my children in one of the schools were very much into anime and they wanted to develop an anime club.

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01:13:01.860 --> 01:13:08.010

PJ: And these kids struggled and so we convinced the principal they really wrote it all up and

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01:13:08.370 --> 01:13:16.110

PJ: Made this whole anime club and they got a teacher who was into anime as well. And they had an anime club and the children thrive.

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01:13:16.500 --> 01:13:23.130

PJ: So not only did they form their own club where they could feel a sense of belonging, but they also began to like

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01:13:23.790 --> 01:13:37.650

PJ: Do anime pictures that were hung around the school. And people began to notice them and talk to them. So again, new connections were made. So those are just a couple of the things that we can do that are protective factors.

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01:13:39.540 --> 01:13:47.490

Katty Rivera: And kill and then have another question here. What are some ways that you would suggest

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01:13:48.180 --> 01:14:01.590

Katty Rivera: To avoid stigmatizing a student, let's say if they do have a trauma response behavior or an episode. And then, you know, I know in, especially in the school age years

438

01:14:02.070 --> 01:14:21.360

Katty Rivera: The children they talk amongst each other and then there might be a culture of stigmatizing a student how as educators, would you help prevent that to to prevent a stigma, the child or labeling of the child or pointing them out or singling them out and make it more inclusive.

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01:14:21.870 --> 01:14:38.400

PJ: So sometimes the the incorrect response we have when like a child has a meltdown in classroom would be a perfect example and our responses are either to take the child out of the classroom or remove the class and let the child in the classroom, having the meltdown.

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01:14:39.420 --> 01:14:43.740

PJ: And the part that we miss is the processing with the rest of the class.

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01:14:44.460 --> 01:14:52.770

PJ: So not only is that child traumatized because they had a meltdown in front of their peers. The classroom is traumatized because maybe they've never seen that.

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01:14:53.070 --> 01:15:03.000

PJ: And so we need to have a processing piece. And that's not that I talked about that child what I talked about with the class and I might have everybody process this and I

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01:15:03.480 --> 01:15:11.400

PJ: And again, two things I may give the child had the meltdown, an opportunity to sit in that discussion and talk about how they were feeling and

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01:15:12.270 --> 01:15:16.770

PJ: With the rest of the classmates, or I might give them the opportunity to step out

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01:15:17.310 --> 01:15:23.130

PJ: But I will have a discussion with the class about, you know, sometimes people have a lot of emotion and they don't know how to handle it.

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01:15:23.460 --> 01:15:31.530

PJ: And I might ask the class, you know, can you remember an example of where you saw either on TV or a program or the news.

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01:15:31.800 --> 01:15:44.880

PJ: Or in your life where somebody was having trouble handling emotion and just did something that was not okay. And oftentimes children can come up with things so they can say, well, you know, I saw on the news the other night that people were throwing things at

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01:15:46.530 --> 01:15:52.440

PJ: Store windows, you know, because they were upset that this happened. And that's real. They're seeing this stuff all around them so

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01:15:52.710 --> 01:16:09.900

PJ: That's a teachable moment for me. I can say yes, you're right. So those people were very angry at this thing that happened and then their response with all that anger was to throw bottles and break windows that wasn't the best response, but we can see how sometimes that emotion can be

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01:16:11.130 --> 01:16:20.280

PJ: Put out there in appropriately and unhealthy and it doesn't help that person because and I'll ask the students. What do you think that happens with those people who break classes and of course kids will say, oh, they go to jail.

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01:16:20.640 --> 01:16:28.530

PJ: But which they don't necessarily always do. But I say yes so they can get in trouble for that they can get arrested. They can get fine they can go to jail so

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01:16:28.980 --> 01:16:44.010

PJ: Was that behavior really good for them to do. And I help children process through what it looks like when I have a really strong emotion. I don't know how to handle it and how can I handle it differently, so it's it's it's decompression is what it is.

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01:16:45.570 --> 01:16:53.790

PJ: After an event like that, you know, after a traumatic event when I go into school what we're doing with children is processing that event.

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01:16:54.240 --> 01:17:02.490

PJ: Having them have an area to talk about it. If I don't give them that the area. What happens is it does become stigmatizing because it becomes an unspoken

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01:17:02.880 --> 01:17:18.000

PJ: Topic in the room. We don't talk about it. The children are talking about it behind their back, and they're making up their own conclusions. So that is where that whole stigmatizing and stereotyping comes into I have to make it an okay topic to bring into the forefront.

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01:17:19.440 --> 01:17:20.760

PJ: Does that answer the question.

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01:17:21.120 --> 01:17:34.980

Katty Rivera: Yes, absolutely. So, in essence, what you're saying is normalized the conversation of mental health and that these behaviors are not, you know, isolated to a single person or just, you know, a unique experience in and and I

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01:17:35.190 --> 01:17:44.520

Katty Rivera: Felt that we may all experience different feelings at different times and the expression might be different. And of course the trauma that might also add to that.

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01:17:44.880 --> 01:17:57.840

Katty Rivera: may also have once how a child expresses their behavior. And then, you know, bringing it back and centering it back and in, you know, to normalize the conversation and including that child and it will definitely help

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01:17:58.380 --> 01:18:14.190

Katty Rivera: With you know any side conversations that can have and then it could also potentially impact us through even further if they become a victim of a bullying situation or anything like that. So yes, I think it's also very preventative and we have another question here.

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01:18:15.330 --> 01:18:26.430

Katty Rivera: Is, is there any social emotional support lesson strategies you could offer as a suggestion for students struggling with anxiety over the Copa contraction anxiety.

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01:18:28.050 --> 01:18:34.650

PJ: So there's a lot of social emotional learning components that are out there.

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01:18:36.240 --> 01:18:41.070

PJ: Sal for you is a website that has a lot of activities.

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01:18:42.300 --> 01:18:47.280

PJ: Available. So some of the ones that I like and I try to help

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01:18:48.420 --> 01:18:52.470

PJ: With schools. So if we understand anxiety anxiety is

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01:18:53.550 --> 01:18:55.590

PJ: When we are doing a lot of

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01:18:57.300 --> 01:19:04.260

PJ: what ifs, I call them, you know, what if this happens. What if that happens, what if I get coven. What if somebody in the class has COPD. But what if somebody sick.

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01:19:04.590 --> 01:19:14.280

PJ: What if, what if, what if, and we kind of get on that runaway train. And what happens is in our bodies physiologically our autonomic nervous system is going into hyperdrive. I call it

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01:19:14.730 --> 01:19:24.780

PJ: And what we really need to do is we really need to bring those children back and ground them in the moment. What is in this moment. So I'm doing a lot of

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01:19:25.650 --> 01:19:37.620

PJ: Therapy with children who have anxiety and they're already starting about if I have to go back to school and how am I going to be

safe and all of those things. So where I really bring them back to is we do some body movement. So we do

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01:19:38.370 --> 01:19:45.090

PJ: Some grounding and getting them back in their body and I might have them do some body moves on zoom with me right as I'm doing it with them.

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01:19:45.480 --> 01:19:57.720

PJ: And we get our body relaxed and then we can think about what is what is right now I am healthy. I am at home. I don't know what's going to happen at school. I can practice safe measures.

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01:19:58.740 --> 01:20:07.410

PJ: So I have them go through those. What is and I have them write it down. You know, I have them write it down. I don't know if we're going to go back to school in person or remote

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01:20:08.190 --> 01:20:15.960

PJ: It's still lots of schools are still deciding that I certainly think if we go in person that we're going to need to bring these discussions to the table.

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01:20:16.380 --> 01:20:27.330

PJ: We're going to have to have a discussion on the first day of school when kids come in. Okay. How is everybody feeling what would make you feel safer. That's one of those six principles safety, emotional, physical

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01:20:27.750 --> 01:20:39.810

PJ: Safety. What would make you feel safety and maybe the kids will say, well, I will feel safer safer if I have a Clorox wipe and I get to wipe down my desk in my chair before I sit in, in every day. Okay, we can do that.

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01:20:40.950 --> 01:20:48.510

PJ: Maybe I'll feel safety if I have a face shield our mascot. You know, so if we do in person. We're going to have to have those conversations

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01:20:49.530 --> 01:21:03.720

PJ: If we're doing remotely again there's other anxieties that are

coming up for children about learning and having the basis and having an understanding and having teachers there for them and we need to again have the conversation and make a plan for that.

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01:21:04.920 --> 01:21:13.590

PJ: The SEO activities, you know, morning meetings are a great thing. I know they do a lot of that in the elementary school. And we kind of missed that when we get to the higher levels.

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01:21:14.010 --> 01:21:24.240

PJ: Because there's so much demand for academic pressure and children are changing classrooms and all of that. But in some of the schools. They do a 10 minute over the loudspeaker.

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01:21:24.750 --> 01:21:37.350

PJ: Guided meditation. That's how they start school and children are really in a much better place. I can do that over, zoom, as a teacher, I can start my class that way. Okay, everybody. Close your eyes. Imagine a place

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01:21:38.010 --> 01:21:45.600

PJ: That you love to go on vacation and see that place and who is there and what are the smells and what are you feeling and what are you seeing and what are you hearing

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01:21:46.260 --> 01:21:54.120

PJ: And then when I bring them back into the zoom room I say okay now share, share if you want to share with the classroom. What was your favorite vacation place.

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01:21:54.540 --> 01:22:02.070

PJ: You know, and again, that just gets us back into our bodies and grounded and in a better place. When I bring my autonomic nervous system down

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01:22:02.790 --> 01:22:16.350

PJ: Into grounding. I can no longer be anxious. The two are not compatible physiologically. So those are some of techniques and I would definitely encourage you to look up Sal for you. They have a whole lot more.

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01:22:17.430 --> 01:22:19.440



PJ: Activities and things with the classrooms.

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01:22:22.470 --> 01:22:30.840

Katty Rivera: Yes, absolutely. I'm glad that you mentioned those grounding techniques because they're so important in addressing anxiety and especially in that moment.

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01:22:32.190 --> 01:22:43.860

Katty Rivera: And. And you also mentioned also other techniques about starting your day with the students and just acknowledging that there may be anxiety in the room.

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01:22:44.460 --> 01:22:59.010

Katty Rivera: And then that might also help alleviate some of their concerns and you also mentioned, you know, one of the principles of trauma informed care or the trauma informed principles is that safety and to address those any anxiety regarding safety.

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01:23:00.090 --> 01:23:03.720

Katty Rivera: So, at this time, we don't have any other questions. I know.

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01:23:04.890 --> 01:23:12.030

Katty Rivera: I had, you know, it asked that the participants either included in the Q AMP. A or in the chat box. But at this time.

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01:23:12.450 --> 01:23:22.170

Katty Rivera: I don't have any more to share so PJ, could you please move the slide over to the QR code. Yep. All right, thank you. So I invite everyone

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01:23:22.530 --> 01:23:33.690

Katty Rivera: To complete our evaluation survey, either by using this QR code and I will also email every all the participants of today's webinar. A link to our evaluation survey.

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01:23:34.680 --> 01:23:45.450

Katty Rivera: Like I mentioned before, we are SAMHSA funded and part of our funding is also tied to our survey completions because that's the way we get credit for all of the participants who have attended

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01:23:45.870 --> 01:24:05.400

Katty Rivera: So we kindly ask that you please take from take a moment to complete our surveys, I will also include pages email in, in our follow up email containing certificates and slides and link to the recording in case you had any questions that may have come up after the webinar concludes

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01:24:06.450 --> 01:24:18.540

Katty Rivera: So thank you, PJ. It was great to sing your webinars, always. And thank you all for, you know, for joining us here today. And if there's no questions. I don't see any more.

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01:24:19.740 --> 01:24:22.470

Katty Rivera: You know, I, we hope to see you at our next one I don't get

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01:24:23.370 --> 01:24:32.880

PJ: Thank you very much and please don't hesitate to reach out and contact me if you have a question that you might have which you want to ask it privately. I am certainly available.

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01:24:33.300 --> 01:24:42.000

PJ: I do pick up my email regularly throughout the day. So I will respond to you. So feel free to do that if there's a question that you didn't necessarily want to ask in the group.

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01:24:44.490 --> 01:24:48.450

Katty Rivera: Okay. Well, thank you, everyone. We hope you stay safe from well. Yep.

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01:24:48.600 --> 01:24:49.740

PJ: Say, safe and well