Implications of Trauma-Sensitive Practices at the Middle Level

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Abstract

This essay provides a broad overview of adverse childhood experiences and their impact on the middle level learner. The author finds points of intersection between current research on traumatized students and tenets of the middle level philosophy to make the argument for trauma informed practices that holistically serve young adolescents.

INTRODUCTION

Trauma and the Middle Level Learner

Today, many adolescent learners are faced with an ever-growing array of strife. As middle level educators, helping students identify appropriate coping skills to develop resilience, overcome adversity, and succeed academically is paramount (Dotson, 2018). Many teens find it difficult to achieve in school when their experiences outside the classroom involve complex mental and physical health challenges that are often traumatic in nature. Even adolescents that are not experiencing these types of difficulties must cope with other stressors like standardized testing and hyper-scheduled lives; sometimes, these stressors can cause our students to become "frequent flyers…" to the principal's office. Today, it is more important than ever to provide students – and middle level teachers – with tools for stress reduction and self-regulation, especially given the increasing rates in adolescent depression, anxiety, and overall mental health concerns (Butzer et al., 2015; Cook-Cottone, Talebkhah, Guyker, & Keddie, 2017; Khalsa, Hickey-Schultz, Cohen, Steiner, & Cope, 2012; Sugarman, 2017). According to John Lounsbury, one of the fathers of the middle level movement, the core of the middle level philosophy is grounded in educational progressivism, which emphasizes addressing the learner's needs holistically, not just academically (as cited in Edward, Kemp, & Page, 2014). By focusing on students' mental, social, and emotional needs, a "whole child" approach in middle level education is best practice for supporting this age group's unique developmental challenges, especially when trauma is involved.

What makes the difference between a "tough time" and a "trauma" for middle level students? On one side of the coin, these events can be complex, confusing, and stressful; on the other hand, some minimize these events as simply "bad things happening to good people" (U.S. Department of Health and Human Services, n.d.). Still others brush off the situation by saying "maybe this is my fault," "this is normal for my family," or even "I should have known better." Adverse childhood experiences, or ACE, are often marginalized because of societal implications in sharing the difficult circumstance; sometimes this involves shame. In *The Deepest Well: Healing the Long-Term Effects of Childhood Adversity,* Nadine Burke-Harris quotes a friend of hers by stating "the hiding [of trauma] is pervasive because exposure can cost people their careers. By the mere fact that we are hiding it, we are perpetuating it.…By being open about ACE with friends and family, people are normalizing adversity as a part of the human story and toxic stress as part of our biology that we can do something about" (Burke-Harris, 2018, p. 86).

Adverse Childhood Experiences: "ACE"

There are many ways in which a child can experience traumatic adverse childhood events (Burke-Harris, 2018). Various types of trauma include an acute (or single) occurrence, chronic and complex trauma (which is multiple traumatic exposures over an extended period of time, often within the caregiving system), and secondary or vicarious trauma (in which the child is exposed to the trauma of others with which the child has close contact) (Adolescent Health Working Group, 2013). Toxic stress (another form of trauma which is instigated by adverse experiences that lead to a strong, frequent, or prolonged activation of the body's stress response system) also leads to adverse effects in the adolescent. Situations that can stimulate this dysregulated stress response

include community violence, homelessness/unsafe housing, discrimination, foster care, bullying, medical fragility, the death of a caregiver, the loss of caregiver due to deportation or migration, verbal or physical violence from a romantic partner or friend, or juvenile incarceration (Burke-Harris, 2018). Clearly, there are many ways in which a child can experience adversity.

According to the Adolescent Health Work Group (ahwg.net), children can experience trauma in both acute and chronic ways through situations like poverty or substance abuse. A growing number of children are living proof: *Child Trends* analyzed national data in 2014 and found that 46 percent of children had experienced at least one traumatic event or ACE; in 16 states, over half of children have experienced at least one adverse event (Sacks & Murphey, 2018). Many students are automatically more at risk than others because of poor home conditions, but trauma does not discriminate: children of any ethnicity, socioeconomic status, or religion are vulnerable. To provide further evidence of the prevalence of adverse childhood events in a large sample group, in a study of over 17,000 mostly Caucasian, middle class employees of the Kaiser Permanente Foundation in the late 1990s, 60 percent of respondents surveyed said they had been the victim of some form of abuse as a child (emotional, verbal, or sexual); a staggering 87 percent reported experiencing "household challenges" that included domestic violence, substance abuse, marital strife, or the incarceration of a close family member, which were additional forms of adverse childhood events (Felitti et al., 1998). According to the author of study, there are several types of adverse events that constitute a childhood trauma: abuse, physical and/or emotional neglect, parent/caregiver separation or divorce, parent/caregiver substance abuse, parent/caregiver chronic mental or physical illness, domestic violence in the household, and/or an incarcerated parent/caregiver (Felitti et al., 1998). Further, these adverse events ultimately impact those that experience them not only emotionally, but also cognitively and physically as well.

Physiological Impacts of Adverse Childhood Events

Physiologically, the brain and body are designed to have normal alarm systems providing warnings when one is threatened; these alerts mobilize the body to fight, flee, or freeze in the face of a threat. However, when an adolescent experiences trauma, the brain and body are put into a chronic state of fear, activating the "survival brain," also known as the "lizard/reptilian brain" or "downstairs brain" (mid/lower areas of the brain) (Souers & Hall, 2016). This, in turn, disrupts the body's sympathetic and parasympathetic nervous systems, creating an overactive "alarm system" in the developing brain (Burke-Harris, 2018). As a result, students exposed to intense traumas are often overreactive, impulsive, and sometimes disruptive in the classroom (Souers & Hall, 2016). These impulsive responses may seem irrational to the outside observer but may feel rational to the adolescent, as they have become hardwired into the child's neural connections. These physiological changes lead traumatized children to react to normal stressors as though they were issues of survival, rather than the student simply realizing the situation is a minor issue of forgetting one's homework, for example. The middle level learner is particularly at risk of these types of responses. By age 14, for instance, the brain begins pruning its networks back to the connections used most frequently in experiencing situations with family and community; therefore, if an adolescent is frequently exposed to adverse events, inappropriate reactions and behaviors will most likely manifest within the student. Because of this, the intensity and frequency of appropriate interventions and coping strategies must increase in the adolescent to reverse negative, hard-wired responses in the brain (Australia Early Development Index, 2018).

Not only does trauma impact the brain in terms of a student's flight or fight response, but it also affects the actual anatomy of the brain, which ultimately influences one's ability to learn and be successful in the school setting. In studies of abused children, MRI studies show an enlargement of the amygdala (the brain's fear center); the prefrontal cortex (which regulates cognitive and executive functions, including judgment, mood, and emotions) is impacted and presents as an inability to concentrate and solve problems. However, this can also present as impulsivity and aggression, mirroring symptoms of Attention Deficit Disorder. Because of these issues, the hippocampus (which processes emotional information) is also negatively affected in that it becomes less effective in consolidating memories, which negatively

impacts learning and retention. Finally, childhood exposure to trauma affects the brain's HPA axis, which initiates production of the long-acting stress hormone, cortisol; a 2002 study by Carrion et al. discovered that the higher cortisol levels a child has, the smaller the volume of the hippocampus, which again, impedes student learning (Burke-Harris, 2018).

Academic and Behavioral Implications Adverse Childhood Events

These physiological responses to the brain and body impact student learning by more than solely changing neural pathways and health indicators. Students who have experienced three or more ACE:

- are 2.5 times more likely to fail a grade;
- score lower on standardized tests;
- experience more suspension/expulsion;
- have poorer physical health, leading to poor attendance;
- are more likely to be referred to special education.

(The Illinois ACEs Response Collaborative, n.d.)

Further, children who have experienced four or more adverse events are *32.6 times more likely to be diagnosed with learning and behavioral problems* (Burke-Harris, 2018, emphasis added by author). As a result, a student's exposure to adverse childhood events must be taken into consideration when assessing students for possible learning disabilities and behavioral issues.

Students who have experienced trauma typically have difficulty with managing "big" emotions, experience chronic irritability and anxiety that interfere with problem solving, have trouble expressing their needs verbally, and struggle in perceiving how their behavior impacts other people, especially when working in groups or connecting with their peers *(*Bloom, 2007). While these behaviors may have proven useful in the home environment to minimize physical and/or emotional harm in traumatizing situations, in the classroom they pose unique classroom management challenges, especially in middle school classrooms given the emphasis on student-centered, cooperative grouping techniques that are best practice of these learners (Armstrong, 2006).

Teaching Strategies for Traumatized Middle Level Learners

Middle level philosophy asserts that "a developmentally appropriate middle school should create a 'school environment [that] is inviting, safe, inclusive, and supportive of all'" and that includes "comprehensive guidance and support services meet the needs of young adolescents" through an emphasis of health and wellness (Edwards et al., 2014, p. 13; National Middle School Association [NMSA], 2010). By promoting developmentally appropriate wellness activities, a safe and inclusive environment, and being a part of the web of support from all personnel, a middle level teacher can significantly improve the odds that their student can cope with adversity and become successful in school.

Behavioral modifications. First and foremost, it is important for the teacher to remember that a student who has experienced trauma is not trying to instigate a reaction; rather, the student is worrying about what may happen next, and therefore emotion regulation is a struggle ("10 Things about Childhood Trauma Every Teacher Needs to Know," 2018). Sometimes, knowing the details about the traumatic event experienced by the adolescent can impede a teacher's focus on helping the student; it is important for the teacher to place the focus on the child rather than the event. Often, children that have experienced trauma struggle with a lack of power and control in their lives; as part of the democratic process that is best practice for the middle level classroom, giving students an opportunity to choose an activity in which they feel successful can be very empowering for them (Armstrong, 2016). Another appropriate place for teachers to start is to ask the student point-blank what they can do to help them make it through the day, which also provides the student with some choice and freedom. It is essential that teachers remember that it will take time for meaningful change, so the teacher should anticipate small, incremental changes (ChildSavers, 2018; National Child Traumatic Stress Network, 2008).

Actionable steps a teacher can take to create a safe and supportive classroom for traumatized middle level students begin with adults that model self-regulation and self-awareness themselves. Teachers who model healthy behaviors and reactions for their students can

implicitly teach students how to react themselves. Additionally, explicit teaching practices where teachers define grit and resilience can help students connect their own adversity with positive ways to overcome it; in some people, adversity can "…foster perseverance, deepen empathy, strengthen the resolve to protect, and spark mini-superpowers…." (Burke-Harris, 2018).

Further, the teacher being proactive rather than reactive is key. Anticipating problems and possible triggers beforehand can avoid a messy escalation of behaviors that could possibly re-traumatize the student and disrupt the learning environment; additionally, a teacher need not know the specific details of the child's traumatic history in order to identify one's triggers. One pre-emptive strategy is to brainstorm prearranged signals between the student and the teacher to alert the teacher that the student needs a "time out" (either in a "calm corner" or just outside the classroom) to collect themselves before returning to work. Providing a safe space, either physically and/or figuratively, creates opportunities for the students to share if they need to talk, and it also communicates teacher empathy. Additionally, regular physical exercise, stress-reduction practices, and programs that actively build executive function and self-regulation skills (like yoga and mindfulness activities/meditation) can improve the abilities of children (and adults) to cope with and adapt to adversity in their lives (Burke-Harris, 2018). When situations do escalate, it is important for the teacher to redirect the student while highlighting the student's choices and responsibilities in a clear, calm manner. Above all else, the teacher must exercise unconditional positive regard for students, even if it *feels* like the child is intentionally pushing the teacher's buttons (ChildSavers, 2018; National Child Traumatic Stress Network, 2008).

In these escalations, it is crucial for the teacher to remember that he or she is the adult in the situation and must model appropriate responses; one must not respond in kind by entering a student's personal space, engaging in power struggles, or yelling. Other tactics middle level teachers should avoid are:

- Advising: "I think you should…"
- One-upping: "That's nothing; wait'll you hear what happened to me."
- Educating: "This could turn into a very positive experience for you if you just…"
- Consoling: "It wasn't your fault; you did the best you could."
- Story-telling: "That reminds me of the time…"
- Shutting down: "Cheer up. Don't feel so bad."
- Sympathizing: "Oh, you poor thing…"
- Interrogating: "When did this begin?"
- Explaining: "I would have called but…"
- Correcting: "That's not how it happened." (Humphrey, n.d.)

When traumatized students are in a heightened state of stress, it is important for teachers to actively, attentively listen; a response is not always necessary or appropriate. With regard to negative consequences and disciplinary measures, while zero-tolerance policies for student misbehavior and aggression may work initially with short term suspensions, they do not address the underlying causes of the behavior (Armstrong, 2016). Therefore, it is important to get to the root cause to determine how the student's needs can be best met, whether through counseling, peer mediation, or other appropriate accommodations or classroom modifications.

Academic modifications. Teachers should treat traumatized middle level students as they would any other struggling learner: make accommodations as necessary and appropriate on a case-by-case basis. Burke-Harris (2018) reminds teachers that we must "release the 'brake' (the inhibitory effect of the amygdala on cognitive function) by supporting attachment, stress management, and self-regulation" (p. 74). To do this, developmentally appropriate classroom modifications include shortening assignments, providing extra time, and increasing scaffolding and support for organization and remembering assignments. Also, teachers must be flexible in allowing the student to leave class to see a designated adult (such as the school nurse, guidance counselor, school-based therapist, mentor, etc.) when the student is overwhelmed and needs a "break" from the classroom. This can be done both proactively and reactively when a situation arises. The caveat to this flexibility, however, is that trauma-informed practices are not a "get out of jail free" card. Teachers must not allow students to take advantage of their flexibility, grace, and understanding. Lastly, middle level

teachers need to keep in mind that discipline is not punitive; it establishes boundaries and expectations, which middle level students especially need due to their need to develop self-discipline simultaneously with their independence (Armstrong, 2016; ChildSavers, 2018; National Child Traumatic Stress Network, 2008).

School-Wide Policies and Practices

For middle level leaders, there are many school-wide efforts aligned with trauma-informed practices. Structured yet flexible discipline policies can help balance accountability with an understanding of trauma. By taking the extra time to respond to student needs, rather than punishing behaviors that are symptoms of those needs, the middle level leader can be developmentally responsive to the needs of the child. Appropriate disciplinary actions communicate boundaries and expectations because effective and appropriate discipline is designed to *teach*, not to *punish*. Some discipline frameworks that are well-aligned with trauma-informed practices include positive behavioral interventions and supports (PBIS), Love and Logic, and Restorative Justice (DeSousa & Uphaus, 2017). Additionally, behavioral supports and interventions for traumatized students should also be integrated within the tiered framework of Response to Intervention (RTI) or the Multi-Tiered Systems of Support (MTSS) approach (Evers, n.d.).

Other systemic approaches for supporting students who have experienced adverse events include the creation of school health and wellness centers that allow for collaboration between school leadership, teachers, school nurse, and external agencies like the student's primary care physician and a youth mental health agency (preferably one with expertise in therapeutic approaches for adolescent trauma) (NMSA, 2010). Ultimately, the creation of a trauma support team within the middle school is the desired outcome; this multidisciplinary approach to overall student well-being not only ensures the best support for the child, but it also provides support for school staff and faculty working with the child. Supervision and/or consultations with trauma experts, along with classroom observations, are key to creating the best approach to aid the child in need. This multidisciplinary team should also oversee the creation of policies for mental health referrals while determining avenues for student access to trauma-competent mental health services in the school setting; further, this team should develop protocols for helping students transition back to school from other placements (like alternative settings, hospitalizations, institutionalizations, etc.) (Burke-Harris, 2018).

Finally, Lounsbury asserts that "humans need meaningful relationships, particularly when they are in major developmental periods….So many of the important objectives of education cannot be effectively achieved in a short-term relationship" (as cited in Armstrong, 2016). Middle school teachers can help develop positive relationships with their students in multiple ways. A "secret mentor" program in a middle school can ensure that each child has an adult advocate who becomes a "safe place" he or she can turn to in difficult times. In this scenario, the student does not know the specific adult is one's "mentor;" the adult simply makes intentional efforts to develop a relationship with the child. Preferably, this teacher should *not* be a teacher of the student simultaneously. The larger a web of support the student has, the more likely the student will always have a trusted adult in the building that can serve as a resource during a time of stress or crisis for the student ("Trauma-Sensitive Schools Checklist," n.d.). This program can be used interchangeably with a middle school advisory program, which also serves as an avenue for positive relationship development between teacher and student; these healthy connections foster trust between the advisor and advisee so that the adult can act as an advocate and mentor for the student during critical times in the student's life (Center for Responsive Schools, 2017). Providing a student with a single faculty member who serves in an advisory, guidance, or mentor role can result in students obtaining a sense of confidence and safety, which is especially important to middle school students with significant exposure to trauma (Armstrong, 2016).

Final Connections

By incorporating trauma-informed perspectives into educational practice, research indicates that teachers exhibit an increased understanding of trauma and improved use of trauma-informed practices (Dorado, McArthur, & Leibovitz, 2016; Perry, 2016; Shamblin & Bianco,2016). Students exposed to these practices have exemplified improved resilience, social emotional skills, and improved attendance, behavior, academic success, and graduation rates (Shamblin &

Bianco, 2016; Durlak, Weissbrg, Dymnicki, Taylor, & Schellinger, 2011; Verbitsky-Savitz et al., 2016; Weare, 2011). In one specific scenario, Park Middle School in Antioch, California saw a dramatic reduction in student suspension rates from greater than 50% to 8.4% across the two-year implementation period of trauma-informed practices (Udesky, 2018). Another case in Buncombe County Schools in North Carolina involved middle schools participating in a pilot of a trauma-informed program; these schools saw a 60% reduction in short term suspensions, a 68% reduction in reportable offenses, and a complete eradication of long-term suspensions over the course of the pilot program. Further, middle schools that participated in the pilot saw higher increases in student academic growth and achievement than schools that did not participate in the program, as measured through statewide end-of-grade standardized assessments (Dotson, 2018). While additional research is needed in this area, preliminary findings of implementing trauma-informed strategies in the middle grades indicate promising outcomes for the distinctive academic, social, and emotional needs of the middle level learner.

Implementation of trauma-informed practices create many points of intersection for middle level best practices, including the creation of learning environments that are "inviting, safe, inclusive, and supportive of all" by providing "comprehensive guidance and support services meet the needs of young adolescents" (NMSA, 2010). The marriage of middle level philosophies with trauma-informed educational strategies highlights the transformative potential of overlapping both frameworks at this crucial developmental stage.

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