

Youth exposure to trauma and adversity

Exposure to stress, adversity, and trauma affects all youth and can have a significant negative impact on school functioning, and, in particular, can be an underlying factor contributing to suicide risk. Research has found that exposure to childhood adversity and trauma (e.g., adverse childhood experiences, or ACEs) increases the likelihood of attempting suicide later in life (Dube et al., 2001; Choi et al., 2017). Stress, adversity, and trauma pose a burden for youth psychological and physiological systems, leaving individuals vulnerable to symptoms of depression,

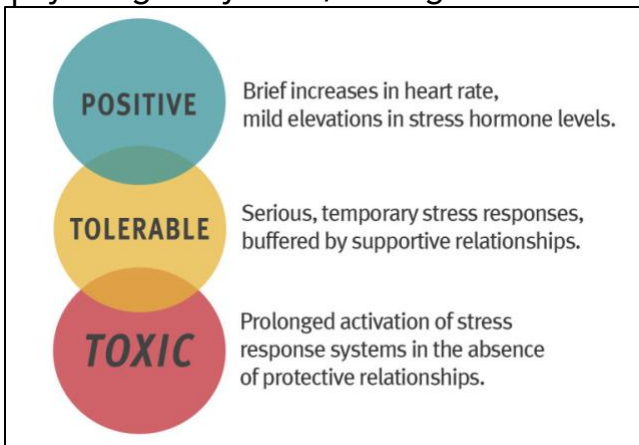


Figure 1. The Stress Continuum (from Center on the Developing Child, Harvard University).

anxiety, and other mental health difficulties that are associated with suicide risk. Lingering effects of childhood adversity often show up later in life, particularly during periods of transition, such as the move to life after high school. However, some stress is good for us, as stress can promote behavioral activation, learning, and growth. The experience of stress can range from positive, to tolerable, to toxic or traumatic

(Shonkoff et al., 2012; see Figure 1). Our stressors move along this continuum from positive to toxic depending on the characteristics of the experience (for example, was there a significant *perceived*

threat to an individual's well-being or that of a loved one? Was the stressor time-limited, or chronic and ongoing?). There may be additional contextual factors (e.g., were there external supports available to the individual, such as protective relationships? Was the individual able to utilize existing coping skills?). Importantly, our stressors, adversities, and traumas accumulate over time. This means that an individual who may appear resilient or unaffected by previous stressors or traumas is still at risk to experience traumatic distress (potentially including suicidality) when exposed to even seemingly small adversities (such as social conflict or perceived academic underperformance). We can think of our stressors (which include significant traumas such as an assault or the loss of a loved one, as well as the seemingly small daily stressors of academic performance pressures or crammed schedules) as being balanced out by our resources, which include our internal resources (e.g., biological disposition, psychological coping skills) and external resources (e.g., social supports, access to safe environments). Similar to our stressors, we gather and accumulate our resources over time.

As educational providers, caregivers, family members, and peer supports, we can bolster the resources of those who experience stress and trauma, in order to increase the likelihood of resilience, growth, and healing in the face of threat and adversity.

Impact of stress and trauma exposure

When our stressors come to outweigh our resources, we are at risk for experiencing toxic or traumatic stress. This can include signs and symptoms of depression, anxiety, and posttraumatic stress disorder (PTSD), which can have the following impact:

- Difficulty with attention and memory (often due to intrusive thoughts and feelings, or impaired executive functioning skills)
- Difficulty with emotion and behavior regulation (due to hyperarousal and activation of 'fight or flight' threat response systems)
- Withdrawal or avoidance
- Mood difficulties (such as sadness, anxiety, or irritability)
- Lack of a sense of security, safety, or trust (especially in relationships, due to past harms or violations)
- Difficulty with communication, self-expression, and assertiveness
- Unhealthy efforts to cope (such as substance abuse, self-harm, or antisocial behavior)
- Poor health behaviors (sleep, diet, personal hygiene)
- Low self-esteem and poor sense of self-efficacy
- Sense of hopelessness and negative worldview

In working with youth, it is important to consider the intersection of stress, trauma, and development. During childhood and adolescence, we develop competencies in domains of cognitive functioning, self-regulation, intrapersonal functioning (i.e., self-efficacy), and interpersonal functioning (i.e., relationship skills) (Blaustein & Kinniburgh, 2018). However, the development of these competencies is shaped by life experiences and environmental factors that influence: (1) what skills are needed, (2) what resources are available to support skill-building, and (3) what skills are reinforced based on input from our environment. Stress and trauma exposure during childhood and adolescence impact skill development by (1) prioritizing tasks of survival, (2) interfering with normative tasks of development (e.g., allocating resources towards threat or survival tasks), and (3) providing input from a dangerous or harmful environment (Shonkoff, 2016). Therefore, exposure to childhood adversity and trauma commonly results in the reinforcement of survival skills over typical tasks of long-term healthy development (e.g., impulsive fight or flight reactions versus behavioral regulation, attentional vigilance versus focused attention skills). It is important to remember that the emotional, behavioral, and psychological difficulties stemming from childhood adversity and trauma are typically adaptive responses (and many times, signs of strength) to harmful and malevolent environments, even if they prove problematic or maladaptive in the context of what we hope is a safe school environment and general society.

Opportunities for support and healing:

1. *Using adversity and trauma as context for understanding distress and difficulty*

When we see the common outcomes of adversity and trauma exposure in students (such as hyperactivity, irritability, or avoidance), we may have an initial response of frustration, disappointment, or hopelessness. In such moments, it is important to pause and reflect with curiosity on the source of the problem, including the stresses, adversities, and traumas that have led to the behavior. To do this, we can shift from the sometimes-instinctive initial question of “What is wrong with this person?” to asking, “What has happened (or what is happening) to this person?” (SAMHSA, 2014). This simple shift helps to promote empathy and understanding, helps to identify strengths in the face of adversity, and helps to engage our executive functioning skills during moments of emotional activation. Every action or behavior has a function or serves a purpose, and trauma-related behaviors typically serve to (1) communicate or express a feeling or need, (2) attempt to cope with danger or adversity and gain a basic need, or (3) attempt to understand or integrate past experiences. If we can understand and identify the source, function, and purpose of a given behavior or emotion, then we are better equipped to address the issue and provide a supportive response.

2. *Supporting skill building and resource development*

Youth experiencing toxic or traumatic stress often experience skill deficits in three core domains: emotion identification, emotion expression, and emotion regulation. Any efforts we can take as educators, family members, or friends to help an individual practice and build skills in these domains can help to address and heal the underlying injury stemming from trauma and adversity. Can you help the individual to identify and reflect on their emotional or physiological state? (Feelings charts and body charts can be helpful, but don’t forget the power of simple reflection and validation.) Can you help the individual to express themselves in a safe way? (Consider using emotion vocabulary, feelings thermometers, or art and creative expression.) Can you help the individual practice adaptive emotion regulation? (Consider using mindfulness techniques or physical activity.) Building skills in the above domains helps to build insight and a sense of personal empowerment, which can mitigate the negative impact of trauma and adversity and reduce risk for suicidality.

The above efforts are most effective within the context of a safe and supportive relationship, and there is no resource more valuable for addressing stress and trauma than the presence of a supportive friend, teacher, or family member. We regulate our stress based on the responses of those around us (Cozolino, 2014), and safety with others may be the most important factor in mental health (van der Kolk, 2014). In order to promote safe relationships and interactions, it is important to validate and reflect an individual’s experience through active and reflective listening, and by avoiding judgment, minimizing, and even problem-solving. The basis for feeling safe and supported in the face of trauma and adversity is the experience of feeling seen, heard, and understood. There is no intervention more valuable.

Questions for reflection when confronted with challenging behaviors or emotions:

1. What is happening here?
2. What has happened to this individual? How/when/why did this behavior develop?
3. What is the function of the behavior? What thoughts/feelings underlie the behavior? What information is being expressed or communicated? What are the needs and intentions behind the behavior?
4. How might this behavior have been adaptive in the past?
5. Given this, how can I help the individual *identify, express, and feel empowered to regulate* his/her experiences? How can I help them *approach* their stress/trauma in a safe way? What supports are needed to help the individual reach their goals?

3. Promoting the development of safe environments and trauma-informed school systems

Our individual responses to stress, adversity, and trauma are shaped by the systems and environment around us. Therefore, it is important to develop trauma-informed and trauma-sensitive school systems that promote safety, understanding, collaboration, and growth in the face of stress, rather than exacerbating stress through impulsive reactivity, threat and punishment, and/or avoidance within the system. Characteristics of trauma-sensitive school systems include:

- Shared, common understanding and language for addressing stress and trauma (including knowledge of common reactions, ways to respond, and consideration of contextual and cultural factors)
- Safe and consistent environment (e.g., safe physical spaces, predictable responses to emotional and behavioral distress)
- Opportunities for skill-building in emotion identification, emotion expression, and emotion regulation
- Fostering of safe and supportive relationships (across all levels of the organizational hierarchy)
- Support for caregivers and teachers to address secondary stress and vicarious trauma
- Skills, processes, and spaces to (1) address stress reactions and (2) provide support and consultation

Efforts to build safe environments and trauma-informed schools can be advanced through the implementation of social-emotional learning programs, positive behavioral reinforcement systems, and restorative justice practices. Such efforts require advanced planning, preparation, and intention-setting, but have the significant impact of increasing resilience, avoiding retraumatization, and reducing risk for all individuals within the system.

4. Seeking clinical support and intervention

In many cases, individuals may naturally recover from temporary periods of distress following exposure to adversity and trauma when they have sufficient resources, including individual, family, social, and systems supports. However, when the signs and symptoms of traumatic stress continue for extended periods of time (generally, more than 1-2 months), when they gradually worsen rather than gradually improve, or when they significantly impact an individual's ability to function at school or at home, it is important to seek professional clinical attention. A mental health professional can conduct an evaluation to determine whether an individual meets criteria for a trauma-related mental health disorder (e.g., depression, anxiety, PTSD, or other diagnosis), and also to determine the level of functional impairment. When warranted, there are numerous evidence-based interventions for youth that can be employed to successfully address and treat traumatic distress, and to prevent the negative long-term developmental consequences of toxic stress exposure. In general, the core components of evidence-based trauma-focused clinical intervention include:

- Establishing safety (including safety planning)
- Providing psychoeducation about responses to trauma
- Developing skills for communication and coping
- Approaching trauma experiences through gradual exposure
- Developing a sense of empowerment and mastery of one's own experience
- Healthy integration of trauma experiences with personal identity, goals, and values

Recommended evidence-based treatment approaches for youth trauma can be found at the California Evidence-Based Clearinghouse for Child Welfare (<https://www.cebc4cw.org>) and the National Child Traumatic Stress Network (<https://www.nctsn.org>); specific recommended approaches include Trauma-Focused Cognitive Behavioral Therapy for Children (TF-CBT; Cohen, Mannarino, & Deblinger, 2016); Cue Centered Therapy for Youth Experiencing Traumatic Stress (CCT; Carrion, 2016); Attachment, Self-Regulation, and Competency Training (ARC; Blaustein & Kinniburgh, 2018); and Cognitive Behavioral Intervention for Trauma in Schools (CBITS; Jaycox, Langley, & Hoover, 2018).

Recommended Resources

Books:

Bessel van der Kolk, B. (2014). *The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma*. Penguin: New York, NY.

Craig, S.E. (2008). *Reaching and Teaching Children Who Hurt: Strategies for Your Classroom*. Brooks Publishing: Baltimore, MD.

DeCarlo Santiago, C., Raviv, T., & Jaycox, L.H. (2018). *Creating Healing School Communities: School-Based Interventions for Students Exposed to Trauma*. American Psychological Association: Washington, D.C.

Bloom, S. L., and Farragher, B. (2013). *Restoring Sanctuary: A New Operating System for Trauma-informed Systems of Care*. Oxford University Press: New York, NY.

van Dernoot Lipsky L (2009). *Trauma Stewardship: An Everyday Guide to Caring for Self While Caring for Others*. Berrett-Koehler Publishers Inc: Oakland, CA.

Web:

- National Child Traumatic Stress Network: <https://www.nctsn.org>
- Harvard Center on the Developing Child: <https://developingchild.harvard.edu>
- International Society for Traumatic Stress Studies: <http://www.istss.org>
- Trauma and Learning Policy Initiative: <https://traumasensitiveschools.org>
- T2 Trauma Transformed: www.traumatransformed.org
- Trauma Informed Care Implementation Resource Center: <https://www.traumainformedcare.chcs.org>
- Wisconsin Department of Public Instruction Trauma Sensitive Schools: www.dpi.wi.gov/sspw/mental-health/trauma
- SAMHSA National Center for Trauma-Informed Care (NCTIC): www.samhsa.gov/nctic/trauma-interventions
- The Sanctuary Model: www.sanctuaryweb.com
- The Collaborative for Academic, Social, and Emotional Learning (CASEL): <https://casel.org>
- Positive Behavioral Interventions and Supports (PBIS): <https://www.pbis.org>
- International Institute for Restorative Practices: www.iirp.org
- San Francisco Unified School District Restorative Practices: <https://www.healthiersf.org/RestorativePractices/>

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Cozolino, L. (2014). *The Neuroscience of Human Relationships: Attachment and the Developing Social Brain (2nd Edition)*. W.W. Norton & Company: New York, NY.

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- Wilson, H. & Joshi, S.V. (2018). Recognizing and Referring Children with Posttraumatic Stress Disorder: Guidelines for Pediatric Providers. *Pediatrics in Review*, *39*(2), 68-77.