

The Impact of Trauma on Learning and Behavior



Introduction

“Every day, children enter their classrooms bringing backpacks, pencils, and paper—and their unique views of the world. Every child has his or her own expectations and insights, formed from experiences at home, in the community, and at school. When children witness violence between their adult caregivers or experience abuse or neglect, they can enter the classroom believing that the world is an unpredictable and threatening place.”

These are the opening words of *Helping Traumatized Children Learn*, a 2005 report by Massachusetts Advocates for Children that proposes an educational and policy agenda to enable schools to become supportive environments in which traumatized children can focus, behave appropriately, and learn. Research shows that children exposed to traumatic events can have serious learning, social, and behavior difficulties—and, according to recent data, the vast majority of children in Boston have been exposed to some form of violence. All institutional improvements and reforms recommended in this report should be informed by this issue.

Schools are significant communities in the lives of children. They can be safe havens that effectively address the impact trauma has on learning, or they can unwittingly compound the problem through punitive policies and practices that retraumatize children. A trauma-sensitive school environment can benefit all children, not only those who are traumatized but also those impacted by their traumatized classmates.

The Need for Change

A considerable body of recent psychological and neurobiological research links exposure to trauma to learning and behavior problems, including difficulties in the following areas: language, communication, and problem solving skills; understanding cause-and-effect relationships; executive functioning; regulating emotions; and peer and teacher relationships. Trauma is also linked to an increase in impulsivity and aggressiveness. A child experiencing trauma can have a difficult time concentrating, following lessons, and sitting still. Simply put, a traumatized child can have trouble behaving and learning.

The trauma reactions seen in children most typically arise from exposure to violence—in the family, in the Boston community, in the native lands from which many recent immigrants have fled—and even from a parent fighting in the Iraq war. Studies of abused children show increased academic and other school problems, including a dropout risk two-and-a-half times higher than for their nonabused peers. Trauma, if unaddressed, can lead to destructive coping strategies, such as drug abuse, in teens and adults.

A 2004 survey of Boston high school students revealed a very high rate of exposure to violence: 89% had witnessed at least one type of violence in the past year, and 44% had been victims of violence. Up to 20% of this violence was experienced in the home. The survey found that greater exposure to violence was associated with lower grades and more truancy. The recent resurgence of community violence in Boston has intensified this exposure and its associated trauma. It is important to understand that teachers and other adults in the schools who have personal connections to children impacted by this violence can develop trauma symptoms themselves.

It is very easy to misread traumatic symptoms. Despondency can come across as shyness; an inability to concentrate can come across as laziness. Traumatized children may appear willful and defiant. The result can be a vicious cycle of disengagement from learning and escalating behavior problems that too often leads to suspension or even expulsion.

Boston Public Schools (BPS) lacks adequate resources to address this issue. As a result of the community violence that plagued Boston in the early 1990s, BPS established a number of programs to help schools and teachers deal with and lessen the impact of violence. These programs, which

have not been evaluated to measure their effectiveness, were focused mainly on training individual teachers and staff, and lacked the larger context of the trauma-sensitive whole-school change proposed in *Helping Traumatized Children Learn*.

The special education division of unified student services has been reluctant to formally diagnose emotional problems that underlie many difficult learning and behavior problems. This reluctance, coupled with limited services—most elementary schools do not have full-time student support coordinators, for example—contributes to an end result of school failure, suspension or expulsion, referral to court or DYS, and/or dropping out of school for many children and youth whose mental health problems are not recognized and addressed.

Although the mental health services of BPS leave much to be desired, the system has developed an extensive network of partnerships with health care and social service institutions in Boston (e.g., Children's Hospital Boston, Dimock Community Health Center) that provide mental health services. Innovative and entrepreneurial schools, such as the Gardner Extended Services School in Allston/Brighton, serve as role models for forging external partnerships to provide extended services to students. BPS is spreading the model to other schools through the cluster structure. The Boston Full Service Schools Roundtable is a citywide coalition of BPS, human service agencies, community-based organizations, and after-school providers whose mission is to promote integrated school-community partnerships. While it is beyond the capacity of this report to assess the effectiveness of these external partnerships, their presence clearly serves as a platform for change.

Helping Traumatized Children

Learn has been embraced by state education leaders, including the Massachusetts Department of Education, school superintendents, school committees, and special education associations, for its rich information, useful approach, and thoughtful policy agenda. Superintendent Payzant sent a copy to each principal. The report translates complex research on trauma into language accessible to educators. Most importantly, it outlines a “Flexible Framework” for a whole-school-change approach to creating a trauma-sensitive environment. Rather than advocating for one particular intervention or a one-size-fits-all methodology, it offers tools for infusing trauma-sensitive perspectives and approaches throughout the school community and for ensuring that mental health, academic, and nonacademic supports are sensitive to the needs of traumatized children. Many Boston school personnel have expressed interest in the report and learning more about adopting this framework.

Vision of Change

Every school will have an environment that gives traumatized students the stability, support, and nurturance that will enable them to succeed academically and socially. School personnel will have an understanding of the impact of trauma on relationships, learning, and appropriate behavior and will establish structures and protocols to minimize that impact.



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The principal will lead the school in weaving trauma-sensitive approaches and protocols into its whole-school improvement plan, the way it assesses professional development needs, how student support teams function, how IEP teams review cases, the formation of school policies (e.g., discipline, referring families for help, filing abuse and neglect reports), and relationships with community partners.

Staff will be trained to work with parents in situations of family violence, in identifying their own needs for mental health consultation, in pedagogical approaches to working with traumatized children, in creating a safe and supportive environment, and in responding to traumatic incidents that affect the whole school or many of its students.

Each school should re-evaluate its discipline policies and protocols to recognize the role trauma and other mental health issues may be playing in rule-abiding behavior at school.

Schools will form partnerships with mental health professionals to provide services for children and families and clinical supports and consultation for school staff. Schools will offer art, music, yoga, sports, dance, and/or drama to help counteract the physiological impact of trauma (especially at the start of the day, to help children calm down and be ready for learning).

Teachers and staff will develop personal, caring relationships with the students, know and support the students' strengths, and create classrooms that are safe, predictable, and academically challenging. The psychological, behavioral, sensory, and communication needs of individual children will be promptly evaluated. For children who qualify, a special education or "504" disability plan will be developed to address problems early, enabling these children to remain in the least restrictive academic environment.

Recommendations for Change

- District leadership should develop a strategic and sustainable approach to equipping the schools with the expertise and resources necessary to respond to children's exposure to trauma.
- BPS should provide each school with the resources to develop an action plan for achieving the following:
 - an administrative infrastructure responsible for weaving trauma-sensitive approaches throughout the school day
 - professional development, skill building, and clinical supports for staff
 - approaches for partnering with parents, who themselves may be suffering from trauma
 - teaching strategies that enable traumatized students to master academic content
 - nonacademic ways to support traumatized children (e.g., a caring and supportive relationship with at least one adult, extracurricular activities, such as sports or arts)
 - individual and group supports to help children regulate their emotions and behavior
 - linkages with mental health services qualified to address trauma
 - review of policies and protocols through a trauma-sensitive lens (including discipline, communications with parents, appropriate ways to file 51As, confidentiality regarding school records and conversations, and appropriate ways to assist in enforcing court orders that protect the safety of children)
 - plans to ensure that students are physically and emotionally safe at school

—collaborations with local agencies and community organizations, including domestic violence shelters.

- These action plans should be integrated into whole-school improvement plans and linked to improvements in teaching and learning, school climate plans, critical-incident response plans, and professional development plans.
- Each school should re-evaluate its discipline policies and protocols to recognize the role trauma and other mental health issues may be playing in rule-abiding behavior at school. Schools should place a strong emphasis on reducing the number of suspensions and expulsions through the use of positive behavior supports and other trauma-sensitive approaches.
- Each school should have a full-time student support coordinator to assure that the individual mental health needs of all children are met and the use of external resources is coordinated and maximized.
- Students should have access to comprehensive health and mental health services.
- Each school should have the resources for exercise, sports and/or expressive arts (e.g., singing, dance, theater), which provide outlets for gross motor activity and a safe way for students to express their emotions.
- Full-service or extended-day models, which make it easier for schools to adopt and utilize a framework to create a “trauma-sensitive environment” (see elements in recommendation #2, above), should be replicated throughout the district.



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