

Making **SPACE** for Learning

Trauma Informed Practice in Schools

Discussion Paper 8

Responding to some frequently asked questions about the impact of abuse related trauma on children.



Introduction

Throughout the course of the SMART seminars, there are always opportunities to ask questions about the application of the knowledge and strategies provided to the education context. This paper includes some of the most repeated and interesting questions that are asked during the seminars and provides some answers to those questions. These answers include theory, strategy and reflection.

At the end of this paper, there are a series of questions designed for the reader to consider.



Why do traumatized children not always remember the rules of my class?

The more often and intense the trauma experienced by children, the greater the impact on memory function.

A child's capacity to remember something from one day to the next- using either working memory or short term memory- is reduced by trauma.

Children who have been abused have usually not experienced the consistent application of rules within their family environment. They have not been able to make the link between their behaviour and reasonable or consistent consequences. These children have not had opportunities to practice knowing and maintaining rules.



Why do some children in my class seem to struggle with simple instructions when they are upset?

This answer is clearly linked to understanding how the brain responds when faced with a threatening situation. When faced with threat, such as abuse related trauma, the brain's thinking capacity is shut down to facilitate survival. Once threat is perceived by the amygdala in the limbic system (see previous discussion paper for information on the amygdala) it starts to shut down the flow of information to the cortex. This enables the body to respond reflexively and more quickly.

The areas that are shut down include the parts in the left hemisphere responsible for language production and language comprehension. [These parts are called Broca's area and Wernicke's area respectively, for those who may like to look up further information about the brain] This literally means in the face of the terror of trauma a child is left speechless and, equally, cannot comprehend the words of others.

In the case of complex and chronic trauma we know that these fear responses can be triggered by relatively minor things and may manifest from occurrences in the classroom or playground of any school or centre.

Once children have calmed down, their language capacity returns- the time when discussion and verbal instructions have more value and efficacy.



What can I tell the other children in my class or group about the ways that brains work?

This is an interesting question because it calls into question a range of issues including privacy and confidentiality. However, it would equally be suggested that children tend to react negatively to things they do not understand. The following are some ideas or guidelines to consider when talking to children and young people about the way that brains work:

- Firstly, all information presented needs to be age appropriate. The goal is to build understanding, not perpetuate the misunderstanding.
- Talking about brains can be valuable at any age. The discussion can be around how they develop, what different parts do and how they can become damaged. Some schools have suggested that cutting up and exploring animal brains can be a way of exploring brains in general. Models of brains are also available if more appropriate.
- You might like to read Bruce Perry's book *The boy who was raised as a dog*. This compelling book includes a chapter which discusses how Dr Bruce Perry, neuropsychiatrist, spoke to a class of 7 year olds about a traumatized class member.



Why do TRT's or excursions "set off" some children?

For traumatized children any change, positive or not, is perceived as a threat. A change in teacher or a change in routine, such as an excursion, are two regular examples from the education context.

Some children who have experienced trauma seek to avoid the painful and overwhelming triggering of traumatic memories or reminders. The traumatized brain is concerned that any new experience might trigger the pain of the original experience and it seeks to avoid it through any means at its limited disposal. It can include the challenging or dissociative behaviours that are often associated with the impact of abuse related trauma. From the brain's view, this is a defensive state which locks down current responses.



Why do some children seem to expect everything to be bad?

There is a specific area of the brain, covering the limbic lobe, called the insula. The insula is not activated when we are calm. It only comes on line when it perceives uncomfortable or painful emotional and physical sensations. It then works to understand these experiences and translate them into emotional values.

Children who have experienced the ongoing nature of abuse related trauma have chronically over activated insula. Because of the brain's drive for efficiency, this means that the insula provides a constant sense of discomfort and pain that is reflected in a consistent emotional state of "badness". It is best described as a continuous, and subconscious, expectation of things not going well.

For example, an adult counsellor who had had a particularly stressful month at work was able to articulate this sense when she talked about walking down the street and shying away from people because she was just expecting them to yell at her. Her adult brain had the capacity to recognize this state and attempt to regulate it but it took her some time.

Children's brains do not have that same level of development and sophistication of regulatory processes.



Questions for reflection or discussion

1. Overall, would you say these questions and answers add to your knowledge of abuse related trauma or reinforce your knowledge?
2. If you could ask one other question regarding the application of the SMART program content in your context, what would it be?
3. What ideas or resources do you have for talking to other children about the impact of trauma?
4. Do you have any further questions regarding brain functioning as impacted by chronic trauma?