



Topic 5: Impact of Trauma and Other Adverse Circumstances

Frequently Asked Questions (FAQ)

1. What is trauma?
 - a. Trauma refers to an occurrence, a sequence of incidents, or a collection of conditions perceived by an individual as physically or emotionally damaging or having the potential to endanger life.
 - b. It involves both an observable, external reality and a personal, internal experience.
 - c. The intensity of the trauma experienced is directly proportional to the degree of a perceived threat to life, physical well-being, or mental stability in reaction to a particular event
2. Why do we need to consider the importance of subjectivity in trauma?
 - a. Often, discussions about trauma prioritize the objective dimension. Nonetheless, the subjective component of the event holds great importance, particularly in the context of addressing students within an educational setting. Children diverge significantly from adults in their capacity to grasp the traumatic nature of an experience. It is crucial to acknowledge the individual's subjective emotional reaction to an event.
3. How many types of traumas are there?
 - a. Type 1: Single incident (may happen at any age range). Example: a car accident, a death of a family member
 - b. Type 2: Complex/ developmental trauma (usually experienced in childhood)
 - i. Sustained over time
 - ii. Usually in childhood
 - iii. Usually by someone in a close relationship
 - iv. Escape is “difficult or impossible”
4. What are some traumatic events?
 - a. Witnessing violence (personal, domestic, community)
 - b. Abuse (physical, sexual, psychological)
 - c. Neglect (physical, social, emotional)
 - d. Loss (freedom, mobility, close person, health)
5. What are some examples of Adverse Childhood Experiences?
 - a. Adverse Childhood experiences categories were identified as:
 - i. Injury: Traumatic Brain Injury, Fracture, Burn

- ii. Mental Health: Depression, Anxiety, Suicide, PTSD
 - iii. Maternal Health: Unintended Pregnancy, Pregnancy Complications, Fatal Death
 - iv. Infectious Disease: HIV, STDs
 - v. Chronic Disease: Cancer, Diabetes
 - vi. Risky Behavior: Alcohol, Drug Abuse, Unsafe Sex
 - vii. Opportunities: Education, Occupation, Income
- b. According to the CDC-Kaiser Permanente Adverse Childhood (ACE) Study, having a family member attempt or die by suicide or growing up in a household where there is substance abuse, mental health problems, parental separation, and household members in jail or prison, It would bring an enormous impact on an individual.
- 6. Why are children at risk?
 - a. Young children perceive different events as life-threatening
 - b. Children have less power and control over their lives
 - c. Trauma to developing brains alters the youth's development
- 7. What is some early trauma has lasting impacts on young children?
 - a. It is where a lot of complex trauma takes place and what happens in childhood has an enormous impact on kids as they grow into adults.
- 8. What are some of the impacts of trauma?
 - a. The body is often triggered (tensions, and always looking out for danger)
 - b. The arousal "set points" are fixed
 - c. Distortion to the perceptions of p[people and events (affected by their experiences in the past)
 - d. Limited capacity for flexible thinking and creative problem-solving
 - e. Physical discomfort symptoms
- 9. How do we know that somebody has been traumatized and the impact of it on an individual (Intellectual Disabilities)?
 - a. People with Intellectual disabilities:
 - i. The level of ID influences the expression of symptoms
 - ii. Trauma is expressed behaviorally and emotionally rather than cognitively
 - iii. Trauma results in significantly increased rates of aggression, self-injurious behaviors, psychological stress
 - iv. For those with severe profound ID, the key signs of abuse include a "deterioration of adaptive skills and behavior immediately following the abuse"
 - b. The impact of long-term living with a significant disability can lead to experiences perceived as traumatic:
 - i. Limit self-determination skills
 - ii. Limited emotional regulation skills
 - iii. Not be able to predict harm as easily
 - iv. Needing support for others
 - v. Felling different
- 10. How do we know that somebody has been traumatized and the impact of it on an individual (Autism)?
 - a. Over 50% of ASD reported traumatic event in their lifetime that was interpreted as traumatic
 - b. Peri-trauma factors: overwhelming fear response, visual and detailed-focused processing (especially of sensory features)

- c. Post-trauma factors: negative/ catastrophic, appraisals, ruminations, suppression, avoidance, social withdrawal, emotional regulation
- 11. What do we do if we think somebody might have experienced trauma in the education setting?
 - a. Children with ID and Autism:
 - i. Attention problems and executive functioning problems
 - ii. Diminish language competency
 - iii. Behavioral dysregulation
 - iv. Anxiety, Depression, Self-injurious behaviors
 - v. Learning issues
 - vi. Social skills difficulties
 - vii. Compliance
 - viii. Dissociation
- 12. What are trauma and behavior?
 - a. People who have undergone trauma may display behaviors that disrupt school settings, such as property destruction, non-compliance, aggression, or attempts to escape.
 - b. These behaviors might resemble mental health disorders, such as obsessive behavior, paranoia, or schizophrenia. In reality, these students are grappling with a form of post-traumatic stress disorder and should be approached and treated as such by educators.
- 13. What are behavioral responses as traumatic events?
 - a. Negative interactions with trust adults
 - b. Contact with law enforcement
 - c. Seclusion
 - d. Restrain
 - e. Suspension and expulsion
 - f. Incarceration
 - g. Isolation
- 14. What can we do as people who work with and care about those with autism and intellectual disabilities?
 - a. Teach skills
 - i. Academic
 - ii. Executive function name
 - iii. Social behaviors
 - iv. Emotional behaviors
 - b. Build resiliency
 - i. Psychosocial support (caregiver and community)
 - ii. Sense of mastery
- 15. What is being trauma-informed?
 - a. Trauma-informed practice advocates for a shift in the approach to intervention, moving from a focus on "what's wrong with you" to "what's happened to you." This change in perspective on behavior significantly alters how educators perceive both the behavior and the child involved.
- 16. What can we do to help individuals who experience trauma navigate in schools?
 - a. Take into account the learning profile of the young individual.
 - b. Show sensitivity to the youth's stress response style, whether it's fight, flight, or freeze.
 - c. Address stress responses directly through validation and modification, avoiding dismissive phrases like "don't worry."

- d. Keep in mind that when youth enter survival mode (triggered), higher-level skills, such as language, become inaccessible.
 - e. Educate youth on identifying their emotional state and encourage them to be self-advocates.
 - f. Refrain from using isolated timeouts and physical restraint.
17. What is ecological fit?
- a. Strengthen relationships between individuals and their environment: decrease isolation, promote social competence, develop coping skills, and foster a sense of belonging in social contexts.
 - b. Ensure that interventions become integrated into social settings and community contexts to have a lasting impact.
 - c. Many school environments provide special education services, but they may lack ecological fit: pullout sessions, insufficient training, and a lack of consideration for neurodiversity may contribute to isolation.
18. What are some neurodiversity of forming approaches?
- a. Modify the environments and provide support rather than students having to change
 - b. View challenges as problems to be solved
 - c. Understand and teach self-regulation skills
 - d. Help students identify sensory processing soothing techniques
 - e. Have spaces without “visual noise”
 - f. Present information visually
19. What are the Four Rs of Trauma-Informed Approaches in School Discipline?
- a. Realization: Educators acknowledge the broad effects of trauma and recognize the potential connection between behavior and experiences of trauma
 - b. Recognize: Educators are able to identify the indications and manifestations of trauma in their students
 - c. Respond: Educators react to students’ behavior by incorporating a comprehensive understanding of student trauma into school discipline policies, procedures, and practices.
 - d. Resist: Educators avoid engaging in practices that could potentially re-traumatize students.
20. What are some locating resources that have information for educators, parents and individuals with disabilities?
- a. BPACEs in Education
 - b. Trauma Geek
 - c. Helping Traumatized Children Learn
 - d. Stimpunks
 - e. ASCD