Dealing with traumatized students in schools

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Overview of the workshop

• Evolutionary psychology and the 3 affect-modulation systems
• The role of attachment in dealing with traumatized children
• Why Zebras don’t get ulcer – the role of mindfulness
• The phenomenology of traumatized children
• The Resourcing exercise
• The MOST-BASIC model of coping with trauma
• Complex trauma and its impact on children
• The ERASE-STRESS teacher delivered school based program
• DEMO’s of somatic and cognitive strategies
• EARASE-STRESS- PRO-SOCIAL (if time allows!)
• CALL2 CURE (LEV RAH/A)
• “Safe Place” - Guided imagery

The importance of evolution
Our biological selves

We have minds, brains and bodies developed as the result of millions of years of evolution. Much of what goes on in our minds is not of ‘our design’ and not our fault.

Three emotion regulation systems?
1. Those that focus on threat and self-protection
2. Those that focus on pursuing and achieving
3. Those that focus on contentment and feeling safe

Emotion Regulation Systems – 3 Circle Model
(Gilbert, 2009)

- Drive, Excite, Vitality
  - Incentive/resource focused
  - Pursuing, achieving, consuming
  - Dopamine
  - Anger, Anxiety, Disgust

- Content, Safe, Soothed
  - Affective focused
  - Protecting, safety
  - Opiates/Oxytocin
  - Soothing, calm
  - Safe, Kindness

- Threat-focused
  - Protecting, and social
  - Activating
  - Vitality
  - Soothing, calm
  - Autonomic
  - Anger, Anxiety, Disgust
What happens to traumatized students

The relationships between the 3 systems in traumatized children

Why do children need care/compassion?
Attachment is a mechanism for survival

In species without attachment only 1-2% make it to adulthood to reproduce. Threats come from ecologies, food shortage, predation, injury, disease.

Few offspring but high survival rate in comparison to species without attachment. We provide for our offspring soothing—calming and physiological regulation.

The role of attachment
(Bowlby, 1969 Bowlby & Ainsworth, 1992)

Attachment is emotional bond that baby and primary caregiver. Attachment creates a safe haven (fueling us) and a secure base (giving us confidence)

- Helps the maturation of the PFC
- Develops self-regulatory skills (affect-modulation)
- Forms the of sense of self-esteem (worthiness and self-competence)
- Impacts academic learning style – good learning
- Promotes social relationships and pro-social behavior
- There is no ideal attachment – we are all somewhere on a spectrum from secure to insecure attachment
- We all have some degree of attachment injuries

Why Zebras don’t get ulcers?
What helps to calm our Jittery brain?

Mindfulness

Mindfulness means paying attention intentionally & nonjudgmentally to the present moment

John Kabat-Zinn

Phenomenology of the traumatized

Severance in the “illusion of safety”

“Traces of death” (R. Lifton)

Mixed emotions including:

Shock, Confusion, Horror, Sadness, Despair, Rage, Guilt
Lack of control, Helplessness

I’ll never be safe!!!

SHOCK

“I was totally shocked & numbed after my brother was murdered”—A 13 year-old Israeli girl who was in a suicide bomb attack with her family & lost her brother
Rage

"The sea is very very mad": 7-year old who experienced domestic violence

Shame & Guilt

"I felt dirty and contaminated": A 12-year-old who was sexually abused by her step-father

Helplessness

"Life stopped at once when Mom died. I didn’t know what to do or who to turn to": 16-year-old girl who lost her mom in a shooting incident
Phenomenology of the traumatized

Changes in inner schemata
World – Unpredictable, uncontrollable, dangerous & unjust
Others – Distrustful, unsafe & adult world/parental betrayal
Self – Vulnerable, mortal, responsible, unlucky victim
Future – Non-existent, vague, grim

Life is never going to be the same!

Chaotic world

Distrust toward others

Distress toward others

“This is what I see almost every night before I fall asleep” – An 8-year-old Palestinian boy from Gaza

“when my favorite uncle started to bother me, I felt totally alone and desperate. I couldn’t trust anyone”
A 16-year-old who was sexually abused by her step-father
Self-negation

I was beaten because I was really bad. An 8-year-old child who was abused by his mother.

Shattered Self-Image

“This is how I really feel inside.” An 18-year-old student who lost her friend in an accident.

Grim future

When my father locked me in the house, I felt that my life has ended. There is no future for me. A 17-year-old girl who was locked in her room because she wanted to date a boy.
THE MULTI-MODAL MODEL FOR COPING & RESILIENCE
(Berger et al. 2002 – Based on Aylon and Lahad, 2002)

MOST - BASIC

M: Motor
  Doing (activities)
  Exercises
  Playing
  Work

S: Sensation
  Mindfulness
  Breathing
  Relaxation
  Focusing

B: Belief
  Attitudes
  Beliefs
  Values
  Meaning

A: Affect
  Emotions
  Expression
  Empathy
  Ventilation

C: Cognition
  Knowledge
  Positive thinking
  Rationalism
  Problem-solving

I: Imagination
  Creativity
  Fantasy
  Futuristic outlook
  Symbols & metaphors

Motor Symptoms and interventions

Symptoms:
  Restlessness
  Rage
  Aces and pain (somatization)
  Lack of energy

Interventions:
  Sports & doing
  Boxing or running
  Expressing feelings somatically
  Energizing exercises
Sensory Symptoms and interventions

Symptoms:
- Numbness
- Sensitivity to stimulation
- Physical exhaustion
- Shallow breathing

Interventions:
- Somatic awareness
- Rest, sleep, soft touch
- Yoga
- Diaphragmatic breathing

Belief System Symptoms and interventions

Symptoms:
- Empty Mind
- Helplessness
- Catastrophic thinking
- Compulsive Thinking
- Self-Blaming

Interventions:
- Focusing & Meditation
- Problem-Solving
- Challenging thoughts
- Flexing thoughts
- Reframing internal dialogue

Affective Symptoms and interventions

Symptoms:
- Anxiety & Fear
- Despair
- Anger outbursts
- Numbness & Dissociation
- Apathy

Interventions:
- Desensitization
- Positive thinking
- Anger management
- Expression (verbal + Soma)
- Values & Empathy
### Social Symptoms and Interventions

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>Interventions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alienation</td>
<td>Empathy &amp; involvement</td>
</tr>
<tr>
<td>Dependency</td>
<td>Encouraging independency</td>
</tr>
<tr>
<td>Loneliness</td>
<td>Social support</td>
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<tr>
<td>Shutting down</td>
<td>Reaching out &amp; Debriefing</td>
</tr>
</tbody>
</table>

### Cognitive Symptoms and Interventions

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>Interventions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blaming (self &amp; others)</td>
<td>Cultivating compassion</td>
</tr>
<tr>
<td>Catastrophic thinking</td>
<td>Optimism</td>
</tr>
<tr>
<td>Negative automatic thoughts</td>
<td>Challenging &amp; distraction</td>
</tr>
<tr>
<td>Confusion</td>
<td>Problem solving</td>
</tr>
</tbody>
</table>

### Imaginative Symptoms and Interventions

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>Interventions</th>
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<tbody>
<tr>
<td>Terror and Negative Scenes</td>
<td>Narrative work &amp; positive</td>
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<tr>
<td>Becoming Stuck or concrete</td>
<td>Imagery</td>
</tr>
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<td></td>
<td>Art therapy &amp; Drama</td>
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</table>
Definition of Complex Trauma

- Repeated trauma over time
- Trauma may include multiple types of traumatic experiences that involve existential risk, bodily risk, or emotional risk
- Often includes neglect, abuse, and multiple parental issues that effect the ability of the family to parent the child and meet their developmental needs
- Child sustains multiple losses that upset their equilibrium and regulatory system

Prevalence of Trauma in Children in United States

- Over 5 million children a year experience trauma in the US
- Estimated 3.3 million from sexual or physical abuse
- WHO– Sexual & Physical abuse around 350 million
- Unknown number more terrorized by Domestic Violence in their home
- Natural disasters, car accidents, life threatening illnesses, community violence
- By age 18, one out of four will have been effected by family or community violence

Brain impact of ongoing exposure to trauma

- Shrinkage of volume of neo-cortex
- Increased cortisol
- Problems with movement and sensation
- Hypersensitivity to physical touch
- Insensitivity to pain
- Increased startle reaction
- Constant fight or flight mode
- Flashbacks: intrudes on reality (problem in attention span and learning)
Impacts of complex PTSD (DESNOS)

- Alterations of impulses and affect – Disregulation of emotions such as fear, anxiety, and anger
- Alterations in attention or consciousness – Attention and concentration difficulties, amnesia, and in problem solving
- Alterations in self-perception – Poor body image, negative self-esteem, lack of confidence
- Alterations in relations with others – Interpersonal problems including trust issues, feeling misunderstood, feeling victimized and victimizing others
- Alterations in systems of meaning – View of the world, view of the future, no values, and no direction (nihilism)
- Somatization – Lack of energy, chronic pains, digestive problems, sex problems, etc.

Children who have been exposed to complex trauma need

- Safety & safety skills
- Consistency and clarity
- Clear boundaries
- Affect-modulation skills
- Body calming techniques
- Social skills
- Relationships that provide attachment repairs
- Corrective experiences
- Love and care

Enhancing Resilience Among Students Experiencing Stress (Berger et al., 2007, 2009, 2014; Gelkopf et al., 2009)

Teacher delivered universal school-based program
ERASE – Stress Goals

- To provide students with a rational framework with which they can understand and normalize stress-related reactions
- To help students identify and strengthen their natural resources
- To equip students with specific stress-related coping skills
- To help students develop general resiliency strategies (Communication, self-esteem)
- To enhance teachers' resiliency and strengthen their coping skills
- To assist teachers identify students at risk

12 Sessions' contents and corresponding resilience factors

<table>
<thead>
<tr>
<th>Session #</th>
<th>Contents</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Getting started: Psycho-educational knowledge</td>
</tr>
<tr>
<td>2</td>
<td>Resourcing – Strengthening your personal coping style</td>
</tr>
<tr>
<td>3</td>
<td>Being in your body (body regulation)</td>
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<tr>
<td>4</td>
<td>Connecting the mind and body (body regulation)</td>
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<tr>
<td>5</td>
<td>Knowing your feelings (affect regulation)</td>
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<tr>
<td>6</td>
<td>Overcoming your fears (affect regulation)</td>
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<tr>
<td>7</td>
<td>Dealing with anger and rage (affect regulation)</td>
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<tr>
<td>8</td>
<td>Coping with grief and loss (affect regulation)</td>
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<tr>
<td>9</td>
<td>Boosting your self-esteem (self-efficacy)</td>
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<tr>
<td>10</td>
<td>Building your social shield (social support)</td>
</tr>
<tr>
<td>11</td>
<td>Turning a crisis into an opportunity (self/mastery)</td>
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<tr>
<td>12</td>
<td>Seeking a better future (encouraging hopefullness)</td>
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</tbody>
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Why ERASE-STRESS works?

- A teacher delivered universal approach not external experts
- Enhancing natural resources
- Skill-oriented approach
- Resiliency Strategies
- Mindfulness
- Body-oriented techniques
- Expressive therapies
- Present and future-oriented (no trauma focus!)  
- Parental involvement via the children
- Developmentally and culturally sensitive
EMPIRICAL RESULTS
6 cluster randomized control trial (RCT)

Reduction of stress-related symptomatology
Decrease in behavioral problems, increase in well-being
Improved learning abilities
Enhanced sense of self-efficacy and optimism

EARSE–STRESS with Sri Lankan students in the aftermath of the Tsunami

Note * = P< 0.05; ***= P< 0.001

<table>
<thead>
<tr>
<th>Measures</th>
<th>First Assessment</th>
<th>Second Assessment</th>
<th>Main Effect Time</th>
<th>Main Effect Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>N=182</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>M (SD)</td>
<td>M (SD)</td>
<td>F(1,164)</td>
<td>F(1,164)</td>
<td></td>
</tr>
<tr>
<td>PTSD severity</td>
<td>44.94 (8.7)</td>
<td>36.2 (7.6)</td>
<td>107.84***</td>
<td>38.73***</td>
</tr>
<tr>
<td>SS control group</td>
<td>47.23 (7.2)</td>
<td>45.7 (7.0)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Functional problems</td>
<td>11.23 (4.7)</td>
<td>9.56 (4.5)</td>
<td>28.25***</td>
<td>12.14***</td>
</tr>
<tr>
<td>SS control group</td>
<td>12.63 (4.7)</td>
<td>11.7 (4.0)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Somatic complaints</td>
<td>1.4 (1.0)</td>
<td>2.66 (1.5)</td>
<td>15.86***</td>
<td>4.03***</td>
</tr>
<tr>
<td>SS control group</td>
<td>1.26 (1.0)</td>
<td>1.45 (1.5)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hope</td>
<td>17.07 (3.4)</td>
<td>14.4 (4.1)</td>
<td>487.47***</td>
<td>54.56***</td>
</tr>
<tr>
<td>SS control group</td>
<td>15.88 (3.4)</td>
<td>16.3 (5.7)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Beck Depression</td>
<td>4.44 (3.0)</td>
<td>3.86 (2.6)</td>
<td>58.85***</td>
<td>9.71***</td>
</tr>
<tr>
<td>SS control group</td>
<td>4.04 (3.0)</td>
<td>3.76 (3.0)</td>
<td></td>
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</tbody>
</table>

Demo of Body work from ES – the “Bow”
Demo of Body work ES – the “Hanger”


Diaphragmatic breathing

BEST MODEL

Body Solutions

Stressful Behaviors

Stressful Thoughts

Techniques to defuse "automatic thoughts"

Faulty thoughts
- Refuting
- Challenging (Devil advocate)

Unhelpful thoughts
- Thought stopping
- Distraction

Rigid thoughts
- Flexing thoughts

Demo - cognitive work ES - Flexing thoughts

Rigid Thoughts
Flexible Thoughts
Rigid Thoughts  Flexible Thoughts

ERASE-STRESS PRO-Social (ESPS)

Rational for ESPS

What intervention do we need to develop?
1) Reduce stress-related symptomatology and developing coping skills
2) Developing empathy, tolerance & pro-social orientation
CALL TO CARE (Lev Rachav)
Dodson-Lavelle, Berger, Makransky & Seigle (2014)

Rational

- Children have a natural capacity to be ethical, compassionate and loving. These capacities are nurtured implicitly through unconditional caring relationships and could also be cultivated through explicit training (attachment repairs).
- Care is the foundation for learning. Children who are educated within a community of care are imprinted with a deep sense of security, worthiness, and recognition of their potential.
- SEL and contemplative practices have the potential for cross-fertilization but they need a conceptual framework that integrate them.
- Call to Care provides a model for teachers and students to nurture their capacity for care, while remaining sensitive to the child’s developmental needs.
- Adopts a positive, non-instrumental approach to ethical development.
- Rests on a rich compassion-based framework and weaves together pedagogical practices with developmentally sensitive interpersonal skills training drawn most notably from the Base-Stress Pro-Social (ESPS) Program.

ESPS - 16 Sessions’ Contents

Session # 1  Getting started: Psycho-educational knowledge
Session # 2  Resourcing - Strengthening your coping style
Session # 3  Knowing your feelings
Session # 4  Connecting the mind and body
Session # 5  Dealing with fear and anxiety
Session # 6  Managing anger and rage
Session # 7  Coping with grief and loss
Session # 8  Building attitudes toward the “other”
Session # 9  Developing a growth mindset
Session # 10  Becoming aware of your group biases
Session # 11  Cultivating independent and critical thinking
Session # 12  Developing an active bystander role
Session # 13  Adopting a pro-social attitude
Session # 14  Building social endorsement
Session # 15  Turning a crisis into an opportunity
Session # 16  Seeking a better future
### Call To Care

<table>
<thead>
<tr>
<th>Receiving Care</th>
<th>Developing Self-Care</th>
<th>Extending Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Why Receiving Care is Important</td>
<td>5. Why Developing Self-Care is Important</td>
<td>9. Why Extending Care is Important</td>
</tr>
<tr>
<td>2. Learning to Receive Care</td>
<td>6. Learning to Develop Self-Care</td>
<td>10. Learning to Extend Care</td>
</tr>
<tr>
<td>3. Overcoming Obstacles to Receiving Care</td>
<td>7. Overcoming Obstacles to Developing Self-Care</td>
<td>11. Overcoming Obstacles to Extending Care</td>
</tr>
<tr>
<td>4. Deepening Our Capacity to Receive Care</td>
<td>8. Deepening Our Capacity to Develop Self-Care</td>
<td>12. Deepening Our Capacity to Extend Care</td>
</tr>
</tbody>
</table>

### Sample of contemplative LR practices with children

- Using flashlight and change of ray
- Taming a naughty puppy
- Bubble meditation
- Ninja walking
- Elephant yoga
Sample of LR practices with teachers

- Body-oriented practices and skills – diaphragmatic breathing, body awareness exercises, safe place, tension release exercises, body pendulation
- Emotional practices and skills – developing emotional awareness, learning to express feelings verbally and somatically
- Cognitive practices and skills – dealing with self-criticism, flexing rigid thoughts, self-affirmation, developing a growth mindset
- Interpersonal practices and skills - creating a social map, learning to ask for help, NMC – expressing your needs in a constructive way, developing assertiveness
- Contemplative practices – care moments, benefactor meditation, developing self-care meditation, loving kindness meditation

Somatic pendulation

Subjects – About 500 students from 3 schools - 3rd, 4th, 5th graders + about 100 teachers
Method – Cluster randomized control trial with active control + Pre, preliminary sample, post, and follow-ups (4 month = 12 months)
Measures: Teachers – 277 Qs based on 13 Qs - Mindfulness, self-efficacy, burnout, stress, emotional regulation, attachment, big 5, compassion, empathy, etc.
Measures: Students – 124 Qs based on 8 Qs, well-being, stress level, somatic complaints, attention, anxiety, attachment, prejudice etc.
Executive functions - Berry Visual Perception Test, CPT, Stop like Test
"Objective measures" – GPA, behavioral problems, attendance etc.
Teacher and parents Q – SOQ – strengths and difficulties
Ecological measure Q – real life task.
Mindfulness

Attention problems

Stress Level
Call to care n = 1111
Control p < .001
Student-teacher attachment

Safe place – Guided imagery