



TRANSCRIPT

Trauma-Informed Approaches: A Central California Convening Keynote Presentation Highlights

October 6, 2017

NARRATOR

In October 2017, REL West at WestEd and the California School-Based Health Alliance convened 150 education, healthcare, and other youth-serving professionals from California's Central Valley to learn about childhood exposure to trauma, and how schools and clinics can improve behavioral health outcomes. Here are highlights from the keynote presentation.

Research shows that exposure to trauma is common, that it affects student learning, behavior, health, and development, and that these outcomes can improve with knowledge and skill.

Doc Martha, from the HEARTS program at the University of California San Francisco, was the keynote presenter. She's one of the nation's leaders in bringing the science of trauma to interventions for children.

Together we learned what the impacts of trauma and stress look like in classrooms, how adults can prevent further escalation both for their students and themselves, and what to do to help all students feel safe and calm and be ready to learn.

Exposure to trauma can interfere with a person's thinking and behavior, overwhelming their ability to cope and causing them to feel helpless or fearful.

Experiencing trauma can even impact how someone deals with everyday situations, causing their brain to tap into a "fight, flight, or freeze" response when faced with any kind of stress or conflict.

To illustrate this, Doc Martha shared Arvin's story.

DR. MARTHA MERCHANT

Arvin is a third grade student. He arrives to school 45 minutes late. His teacher asks him for his homework. He doesn't have it. She takes away his recess as a result. Arvin makes his way to his desk. On his way to his desk, somebody bumps into him. Arvin shoves the other kid down. The kid trips over a table ... over a chair. The teacher comes over yelling, like, "What's going on over here?" Arvin puts his hands over his ears, starts screaming, hides under his desk. It takes ten minutes to get Arvin out of the classroom, where he kicks a staff person on his way out and gets suspended for his behavior as a result.

NARRATOR

Most of us would ask, "What's wrong with Arvin?"

DR. MARTHA MERCHANT

If you don't remember anything else from this morning, what I want you to remember is to shift your perspective from one that asks, "What is wrong with you?" to one that asks, "What has happened to you?"

NARRATOR

Next, Doc Martha re-told Arvin's story, but with information we didn't have the first time.

DR. MARTHA MERCHANT

Arvin is a third grade student who lives in an underresourced neighborhood. There's a lot of community violence where he's been growing up. Next door there are a couple of neighbors who have a lot of IPV, interpersonal violence. They've got a lot of IPV, and he's been watching that from outside for most of his life.

The night before this event happened at school they were having a particularly loud fight. Arvin was out riding his bike in the front, came inside, told his mom something really bad is about to happen. Mom called the police. The police arrive 45 minutes later. By then the argument was over, right? They're done yelling at each other, but the police go in. They knock on the door, they have a conversation. They leave and the neighbor then comes to their door, bangs on the door. "I know it was you. I know you're in there. I know you're calling the cops on us. You better leave my family alone. I'm going to tell immigration where you live."

NARRATOR

Traumatic events like those experienced by Arvin can trigger feelings and behaviors that play out in classrooms.

DR. MARTHA MERCHANT

Trauma is an event, an experience, and an effect. So when we think about the story of Arvin, no one was actually physically ... Arvin didn't get hit, right? So, what was the event? What was the moment at which his life was threatened? When they were knocking on the door; when the woman came to knock on the door and said, "I'm going to send immigration," right? This is the threat of harm.

What happens is, that gives us this experience of fight, flight, or freeze, right, that we're helpless to escape. It overwhelms the brain and body, which leads to disintegration in the brain, which leads to dysregulation, which can have lasting adverse effects.

So the idea is that in your brain you have all these neurons. When you're learning something new the neurons fire together, right? And so, the more you do it, the more you practice it, the faster the neurons get at firing. So if you're learning to play an instrument, for instance, when

you first start you have to think about every movement, each finger, how to do it, where to blow, right, every little piece. But the more often you do that, the more you practice it, the easier it gets to where it feels a little bit like you're not thinking about it at all.

Which is awesome if what you're learning how to do is play an instrument or drive a car or ride a bike. It's not so awesome if what you're learning is that the world is a scary place to live.

NARRATOR

For a student like Arvin, the brain has been conditioned to experience **any** kind of stress as if it were an attack.

DR. MARTHA MERCHANT

So, so we want to think about what our hot buttons are, what are our triggers that give us these out-of-proportion reactions, right? That our brain gets confused between the there and then, and the here and now, right? Because Arvin's teacher has never hit him. Super bad things have never happened in that classroom beyond her raising her voice from time to time, but just for a moment he was triggered into this sense of the there and then.

NARRATOR

Key to a trauma-informed approach is understanding these triggers, and helping students manage their stress in healthy, productive ways.

Doc Martha described what happens when students like Arvin are triggered and lose control.

DR. MARTHA MERCHANT

So the analogy we use in schools a ton is the rider and the horse. So, the rider is your thinking/learning brain. This is your rider, right? The rider sits up high, can see for long distances, can think about context, can say, "Oh, there's something bad going on over there; I'm going to go over here instead," right? This is the, this is the prefrontal cortex part of the brain.

The horse is the amygdala, the feeling center of the brain, right? And this is the part that makes the decisions based on safety and protective instincts, right? Which one of those is bigger? The horse. It's a very powerful motor. The horse will take over.

When they're working together they can get a lot of good work done. When they're integrated, this, this whole brain is integrated, we can get a lot of cool stuff done.

But sometimes the rider goes off the horse, right? So, so the thing about the rider going off the horse is that if the rider is off the horse, no amount of sticker charts or what agreement we made yesterday or talk about that you're going to get suspended is going to get in because that part of the brain is not listening.

NARRATOR

Doc Martha explained that adult riders can also fall off of their horses, and that trauma-informed approaches rely on adults who are self-aware and can stay in control.

DR. MARTHA MERCHANT

And the other thing I like about this is, that's a professional rider.

I'm talking about kids here, but all of us have rider-off-the-horse moments, right? All of us. I talk about this stuff all the time and I have rider-off-the-horse moments all the time.

We want to encourage people to keep your rider on your horse, right? So when we have kids whose riders are off their horses, if I walk into a room and somebody's asking me to do something to help, I'm not looking at the kid first. If you're the tallest grownup, I'm going to be looking at you first because I'm going to hope that you have enough resources to get it together, right? And also to get your rider back on the horse if it goes off, right? Which means being able to recognize your rider is off your horse and then having a method for what's next.

NARRATOR

Doc Martha then described a number of strategies to reduce stress which can lead to rider-off-the-horse moments, and to help them get back on after they fall off.

DR. MARTHA MERCHANT

This is my escalation and prevention intervention diagram, right? So when you think about Arvin, when Arvin walked in, was he at calm, ready to learn? No. Where was he when he walked in the door do you think? Anxiety somewhere, right? And then the teacher said, "Where's your homework?" And now he starts to feel upset because he's a bad student. He doesn't want to be a bad student. He wants to be a good student, right? And then he gets bumped into, and now we have the peak, right? So most of what I teach when I'm talking to schools, to teachers and educators and principals, is over here.

NARRATOR

One strategy to help kids stay regulated throughout the day is a brain break.

DR. MARTHA MERCHANT

One of the things that we talk about a lot are brain breaks. And the basis of a brain break is a belly breath.

It's such a simple thing that I think people sometimes dismiss it, but it's a real thing. The thing is that this actually turns on your parasympathetic nervous system and tells your body to relax.

NARRATOR

Other strategies for creating trauma-informed environments include: creating "peace corners" or safe spaces in the school or classroom where students who feel triggered can take an

individual brain break or work on getting self-regulated; co-regulating with students until they are able to self-regulate, including modeling healthy responses to stress and talking them through a process of de-escalation; recognizing implicit bias, which may lead to hurtful assumptions that impact students' feelings of safety and inclusion at school; building positive and trusting relationships with students so that feedback can be received in a constructive and non-threatening way.

DR. MARTHA MERCHANT

For every "big I" intervention that we talk about, therapy and services and wraparound and all those things, every one of those is built up of "little I" interactions: "Hi, how's it going?" Call you by name. Look you in the eye. "Nice to see you today. What's up today?" right? All those "little I" interactions make a difference.

Every positive interaction that you have with a trustworthy other helps to rebuild connections in the brain, right? Such that we can move the song from the fear song to the compassion song, to the "school is the place for me" song, to the "I know where to find help" song.

NARRATOR

This video is funded by the Institute of Education Sciences at the U.S. Department of Education. To learn more, please email us at relwest@wested.org.