

## Purpose of Case Presentation

- Illustrate how trauma reactions can look within a school setting.
- How to respond if you think a child's symptoms are trauma related.
- How not to respond if you think that a child is traumatized.



## Assessment

**Psychological assessment** is a process of testing that uses a combination of techniques to help arrive at some hypotheses about a person and their behavior, personality and capabilities.



## Brief background history and presentation of “AJ”

- 6 year old male in Kindergarten.
- AJ presented at school with a mix of hyperactivity, difficulty listening, and difficulty focusing.
- In the class, his teacher expressed, “AJ is constantly out of his seat leaning over the table hollering at his classmates. He’s on the his knees when we are on the rug and on the floor under his table.”
- He had several somatic difficulties including stomach aches, head banging and frequent urinary accidents.

## Understanding AJ



- AJ's teachers and school nurse were concerned that AJ might have ADHD and reached out to his parents and caseworker who referred him for further testing.
- His symptoms fit the description of ADHD, but then I learned more about him and his history after contacting his caregiver...
- AJ had witnessed violence when his older brother shot his younger brother. The family subsequently became involved with DCFS.
- Could Trauma accounts for his presentation?
  - Traumatized children REPLAY and REENACT their trauma
  - Intrusive thoughts
  - Hypervigilance



## Could Trauma accounts for his presentation?

I administered the assessment with the awareness that traumatized children:

- REPLAY and REENACT their trauma
- Intrusive thoughts
- Hypervigilance



## What to do if you're wondering about trauma

- Common presentations within a nurse school setting: regression of milestones, somatic complaints including headaches and stomach aches, head banging, accident prone, frequent urinary, excessive sleepiness/tiredness
- Contact school social worker or classroom teacher
- Call home to collaborate with parents and understand behavior



## How to Respond: Regulate, Relate and Reason

“Until a child is regulated (i.e., feeling physically and emotionally settled), he is unlikely to be able to relate to you (i.e., feel connected and comfortable).

And until a child is related, he is unlikely to have the mental capacity to fully engage with you in the higher level cognitive processes that are critical for problem-solving, like perspective taking, predicting the future, and considering multiple solutions.

This is not just true for traumatized children, but for all children (and all adults too)!”

## How to Respond: Regulate, Relate and Reason



Regulate: Establishing a safe quiet place when a child is dysregulated

- Awareness of personal space and proximity
- Tone of voice
- If a child is very dysregulated, music, deep breathing, coloring, even drumming in a quiet space with a nonintrusive yet reassuring adult
- \* Adult must be regulated\*

Relate: Offering reflections and reassurance

- “I know you have all these memories of sad things that have happened to you, and it can be hard to pay attention at school.”

Reason: Utilizing collaborative problem solving

- ”Next time you’ re having those feelings, I wonder if we can think together about a way to calm down.

## How NOT to respond

- Abrupt attempts to regain control of situation (e.g. yelling)
- Questioning, demanding reflection, commanding
- Yelling, punishing, shaming, etc.



## You can make a difference!

- “Positive relational interactions regulate the brain’s stress response systems and help create positive and healing neuroendocrine and neurophysiological states that promote healing and healthy development both for the normal and the maltreated child.” -Bruce Perry & Christine R. Ludy-Dobson
- Children with frequent positive relational interactions do better. Often, the people that see children on a regular basis (e.g. You!) are in the best position to influence them. When adult understand trauma and trauma presentations better, they will be less likely to respond to children punitively and more likely to provide positive growth promoting experiences for them.