



Trauma-Informed Assessments & Trauma-Informed School- Based Programming

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Program Overview

- Types of Trauma
- Differential Experience of Trauma
- Clinical Manifestations of Trauma Reactive Symptoms
- Impact of Trauma-Based Symptoms on School Functioning
- Crafting Trauma-Informed and Trauma-Sensitive School-Based Programming
- Resources

The image shows a presentation slide with a white header bar containing a home icon on the left and navigation arrows on the right. Below the header is a blue gradient banner with the title 'Trauma: Overview' in white text. The main content area is white and contains a bulleted list of abuse types. The 'Neglect' item has two sub-bullets.

- Physical Abuse
- Sexual Abuse
- Community Violence
- Domestic Violence
- Neglect
 - Most common form of child maltreatment
 - Nearly equal rates among boys and girls



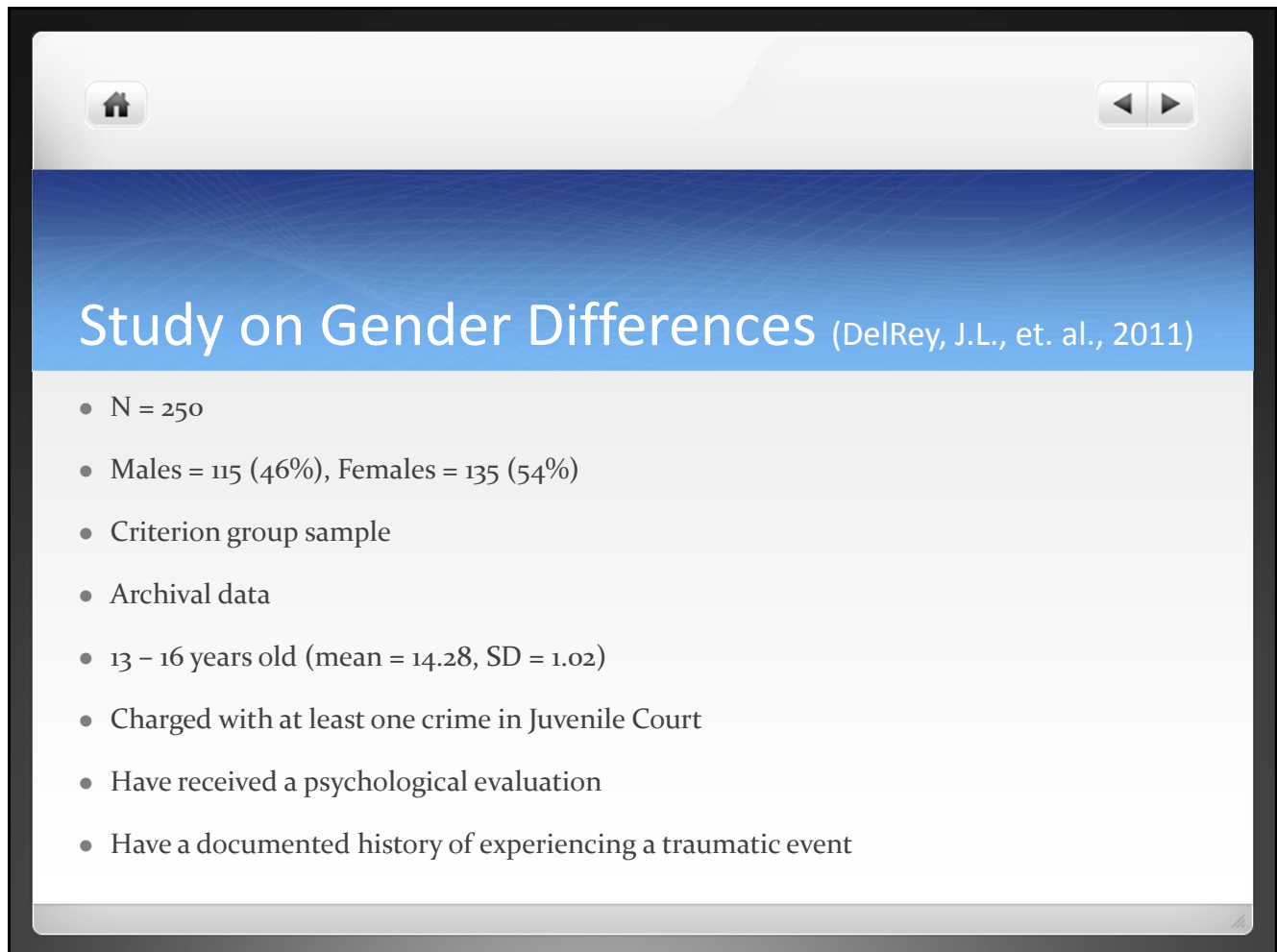
Trauma: Overview, cont.

- “Direct” victimization
- Child witnesses to violence/trauma
- Being made aware of familial traumatic events
- “Belief” of trauma



Occurrence of Trauma

- Youth are victims of abuse or neglect at a rate of 12.2 per 1,000 children (U.S. Dept. of Health and Human Services, 2000)
- Girls: more sexual assault
- Boys: more community violence
- Boys: more severe reaction to neglect
- Girls: more severe reaction to physical abuse
- 1 in 4 girls and 1 in 6 boys will be the victim of sexual abuse before age 18



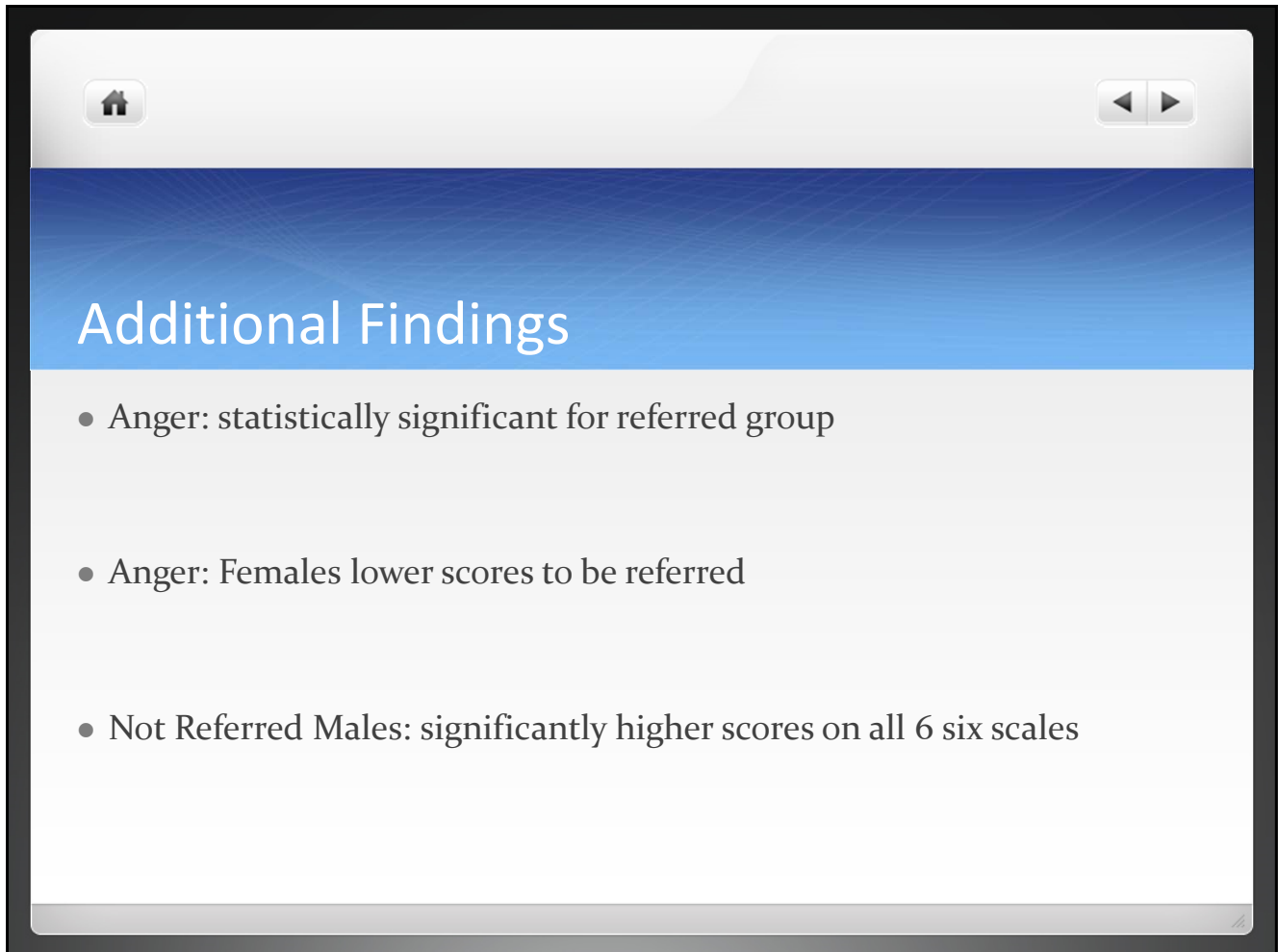
Study on Gender Differences (DeRey, J.L., et. al., 2011)

- N = 250
- Males = 115 (46%), Females = 135 (54%)
- Criterion group sample
- Archival data
- 13 – 16 years old (mean = 14.28, SD = 1.02)
- Charged with at least one crime in Juvenile Court
- Have received a psychological evaluation
- Have a documented history of experiencing a traumatic event



Is there a gender effect?

- High Probability of an overall gender effect
- **Females:** statistically significantly higher scores on Depression and Sexual Concerns
- **Males:** statistically significantly higher scores on Anger
- **No Significant Difference:** Anxiety, PTSD, Dissociation



Home

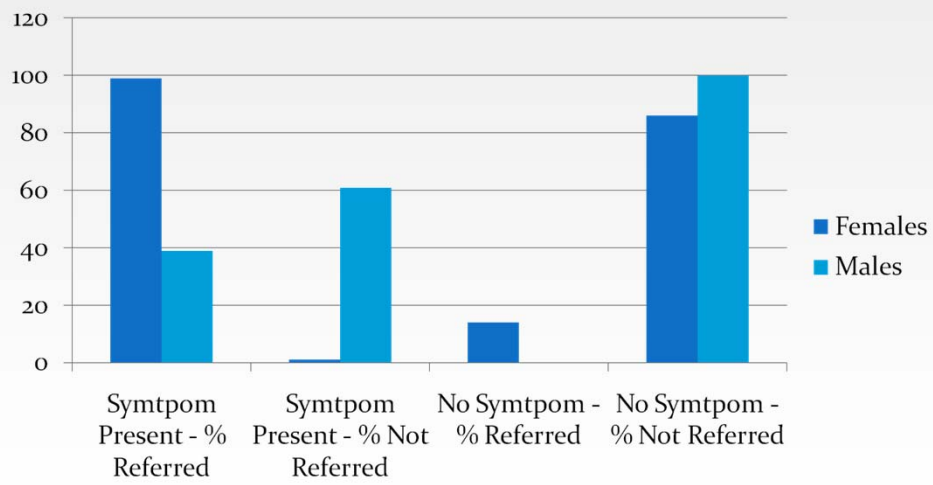
Navigation

Additional Findings

- Anger: statistically significant for referred group
- Anger: Females lower scores to be referred
- Not Referred Males: significantly higher scores on all 6 six scales



Referral Rates





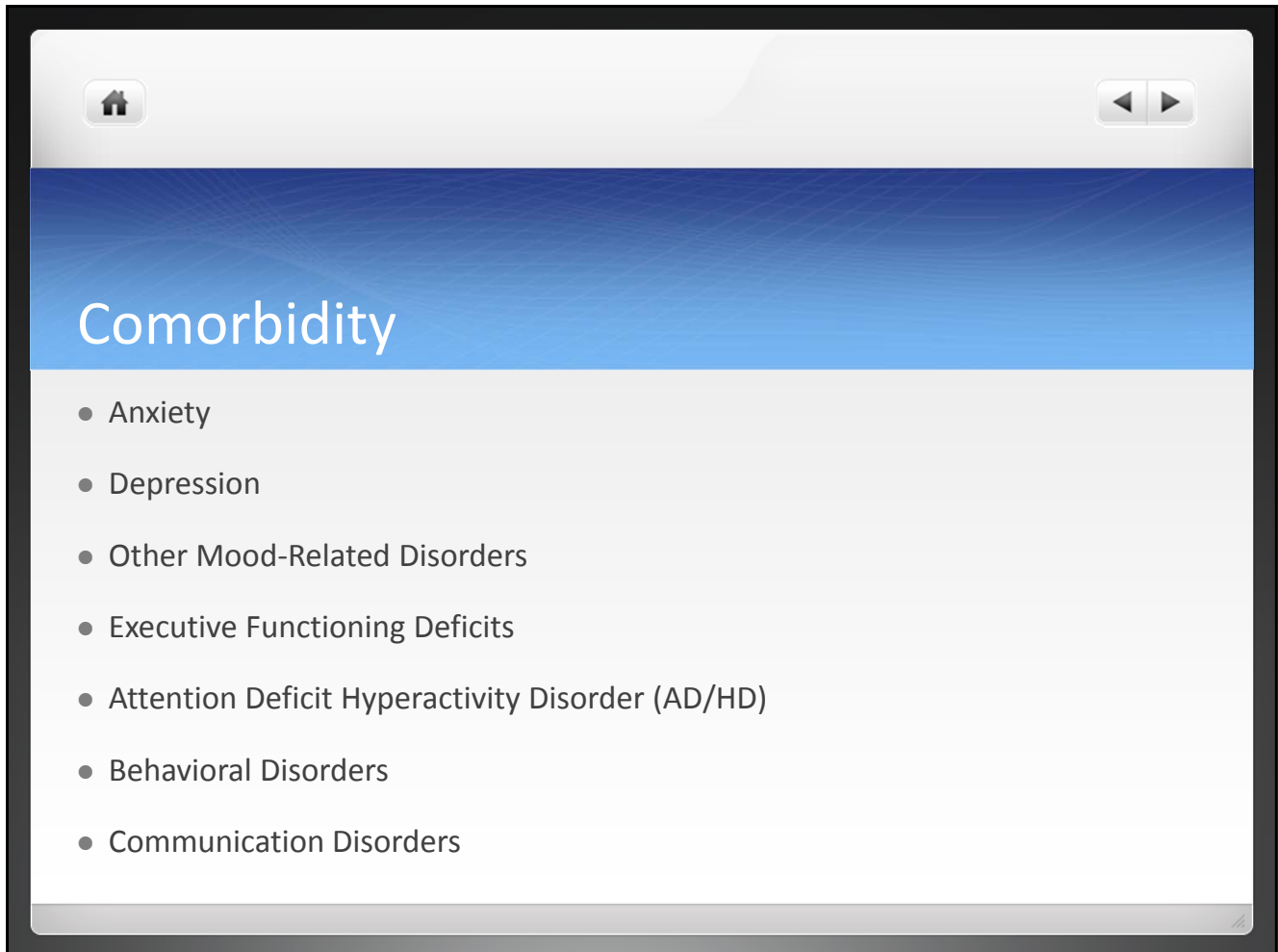
Analysis

- Possible gender bias with regard to referrals
- Clinicians may use different guidelines for assessing the need for trauma-specific mental health treatment for males and females
- Trauma-related symptoms in males, such as anger, may be attributed to other causes than trauma by clinicians.
- In particular, for males, it appears that anger is viewed as a “problem” exclusive of trauma and not part of trauma-reactivity.

The image shows a presentation slide with a dark blue header and a light blue gradient background. The slide is framed by a black border. At the top left, there is a home icon, and at the top right, there are navigation arrows. The main content of the slide is the text 'Value Of Assessment' in white, followed by a flow diagram: 'Assessment → Diagnosis → Treatment' in black.

Value Of Assessment

Assessment → Diagnosis → Treatment



The image shows a presentation slide with a white header bar containing a home icon on the left and navigation arrows on the right. Below the header is a blue gradient banner with the title 'Comorbidity' in white text. The main content area is white and contains a bulleted list of conditions. A small cursor icon is visible in the bottom right corner of the slide.

Comorbidity

- Anxiety
- Depression
- Other Mood-Related Disorders
- Executive Functioning Deficits
- Attention Deficit Hyperactivity Disorder (AD/HD)
- Behavioral Disorders
- Communication Disorders



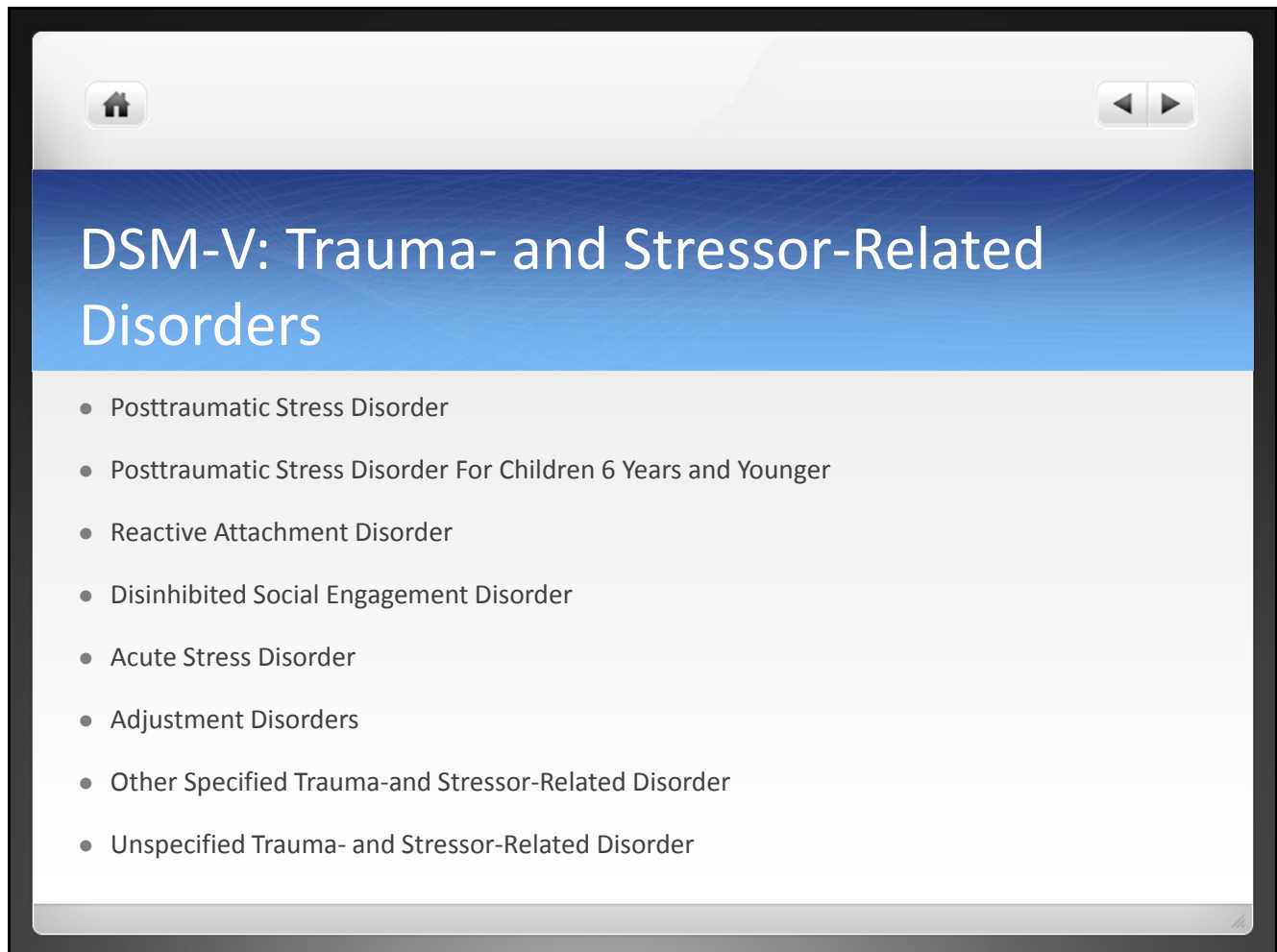
Biological and Early Caregiving Factors

- “Predisposition”
- Theory regarding basic anxiety
- Theory regarding juvenile vigilantism
- Regression vs. stunted or impaired development
- Impact of trauma on brain development
- Impact of lack of consistency of caregivers; multiple placements; lack of secure attachments

The image shows a presentation slide with a white header bar containing a home icon on the left and navigation arrows on the right. Below the header is a blue gradient banner with the word "Assessment" in white. The main content area is white and contains a bulleted list of seven items. The slide is framed by a thick black border.

Assessment

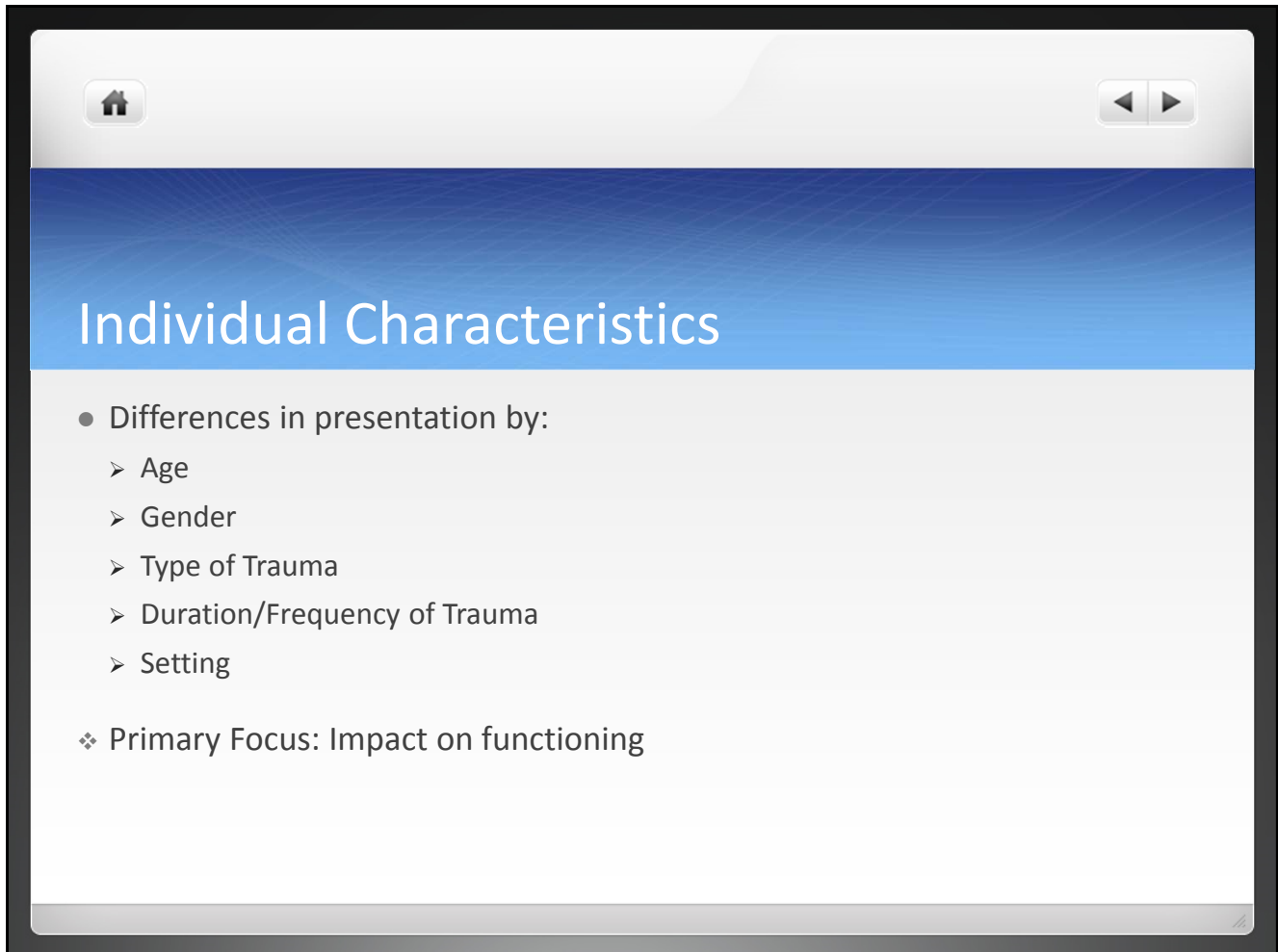
- Psychological, trauma-informed
- Comprehensive Trauma Evaluations
- Functional Behavior Assessment (FBA)
- Speech and Language
- Occupational Therapy
- Physical Therapy
- Academic Achievement



The image shows a presentation slide with a white header bar containing a home icon on the left and navigation arrows on the right. Below the header is a blue gradient banner with the title 'DSM-V: Trauma- and Stressor-Related Disorders' in white text. The main content area is white and contains a bulleted list of eight disorders.

DSM-V: Trauma- and Stressor-Related Disorders

- Posttraumatic Stress Disorder
- Posttraumatic Stress Disorder For Children 6 Years and Younger
- Reactive Attachment Disorder
- Disinhibited Social Engagement Disorder
- Acute Stress Disorder
- Adjustment Disorders
- Other Specified Trauma-and Stressor-Related Disorder
- Unspecified Trauma- and Stressor-Related Disorder



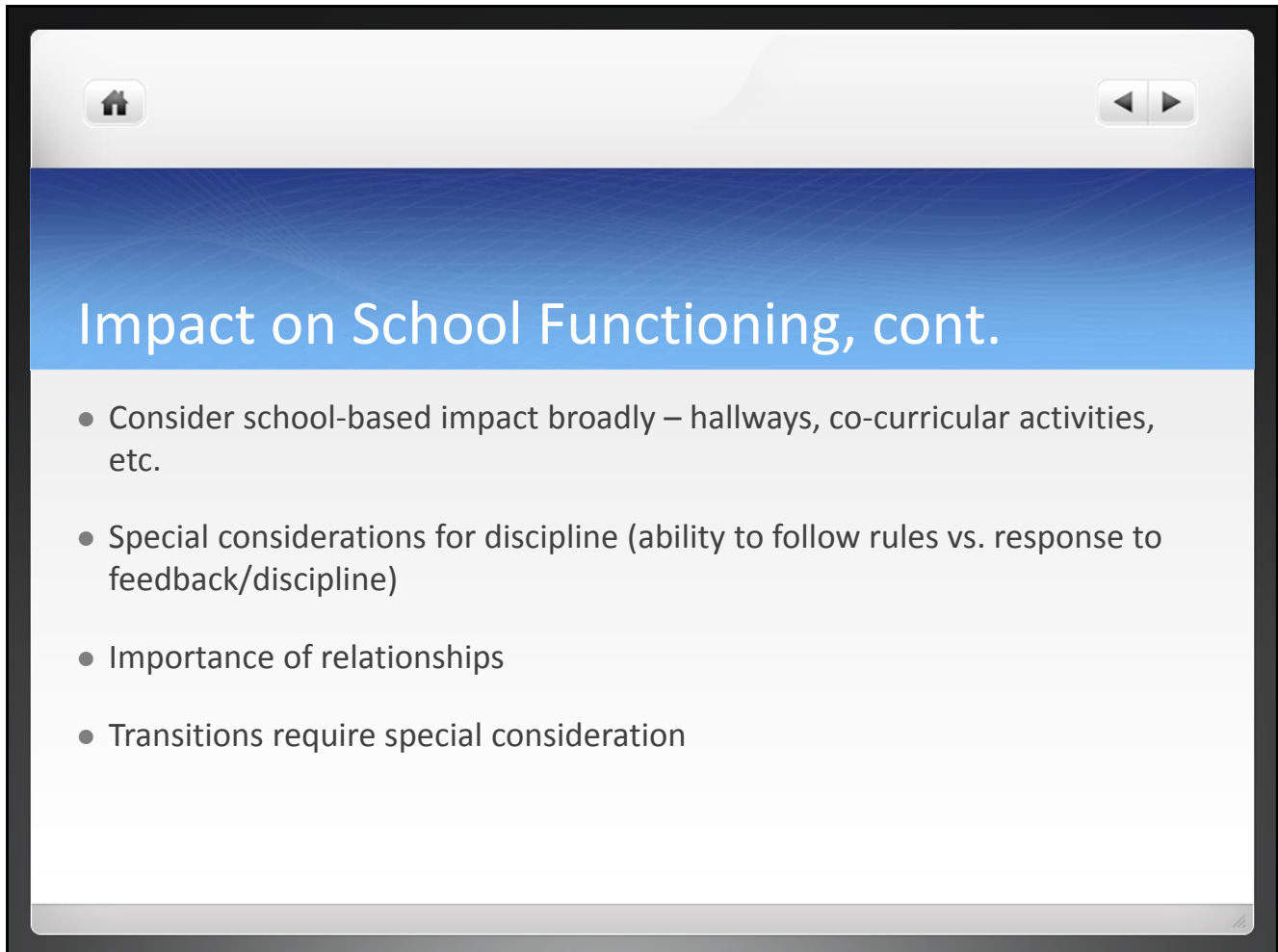
The slide is titled "Individual Characteristics" and is presented in a window-like format with a home icon and navigation arrows. The content is as follows:

- Differences in presentation by:
 - Age
 - Gender
 - Type of Trauma
 - Duration/Frequency of Trauma
 - Setting
- ❖ Primary Focus: Impact on functioning



Impact of Trauma on School Functioning

- Executive Functioning: Attention, Concentration, Memory, etc.
- Self-Regulation: Behavioral and Emotional
- Access to cognitive resources
- Hyperarousal/Hypervigilance
- Social difficulties, including social perspective-taking
- Language-based delays or deficits
- Risk for school failure and drop-out



Home

Navigation

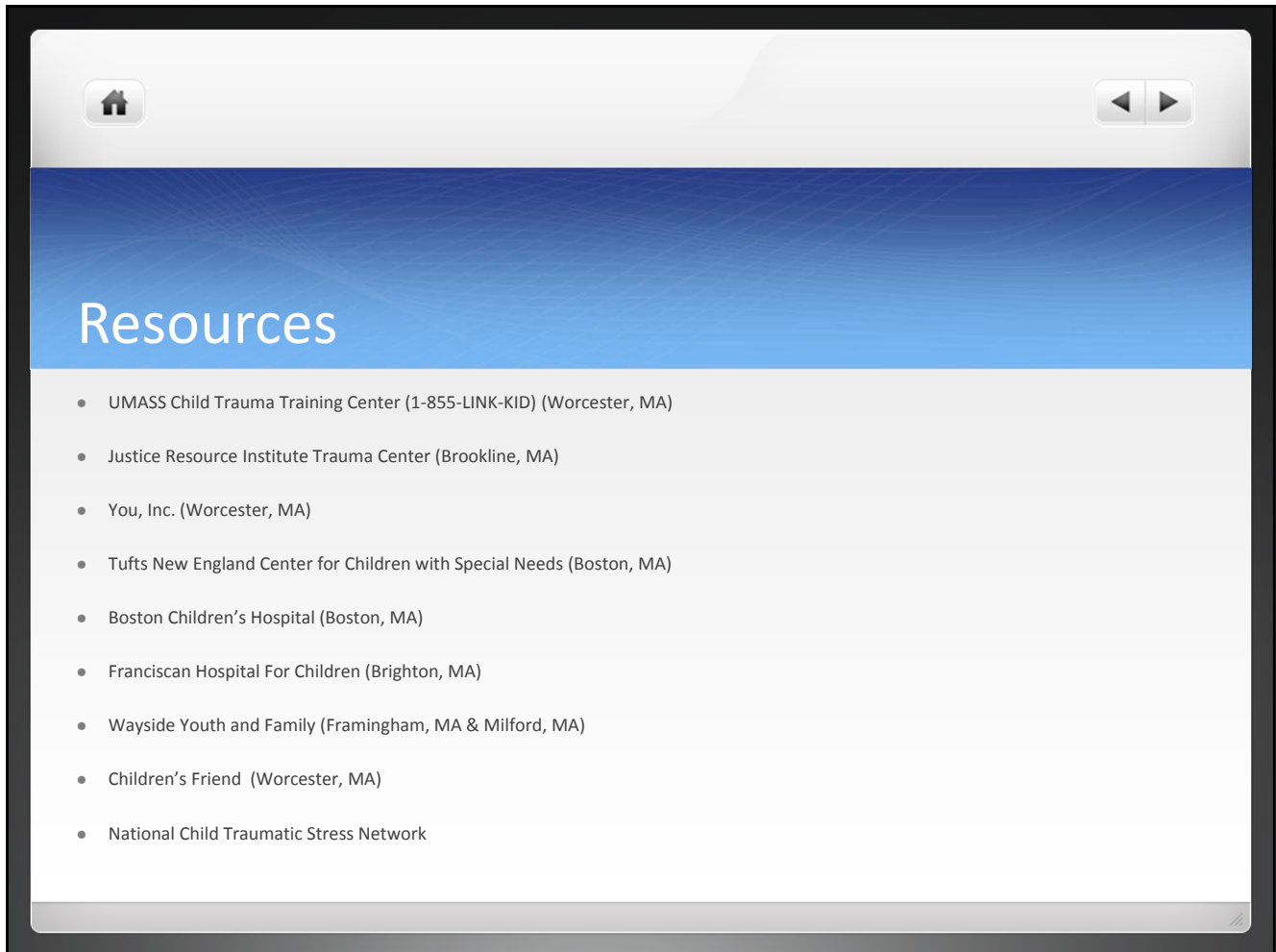
Impact on School Functioning, cont.

- Consider school-based impact broadly – hallways, co-curricular activities, etc.
- Special considerations for discipline (ability to follow rules vs. response to feedback/discipline)
- Importance of relationships
- Transitions require special consideration



Trauma-Informed and Trauma Sensitive School-Based Programming

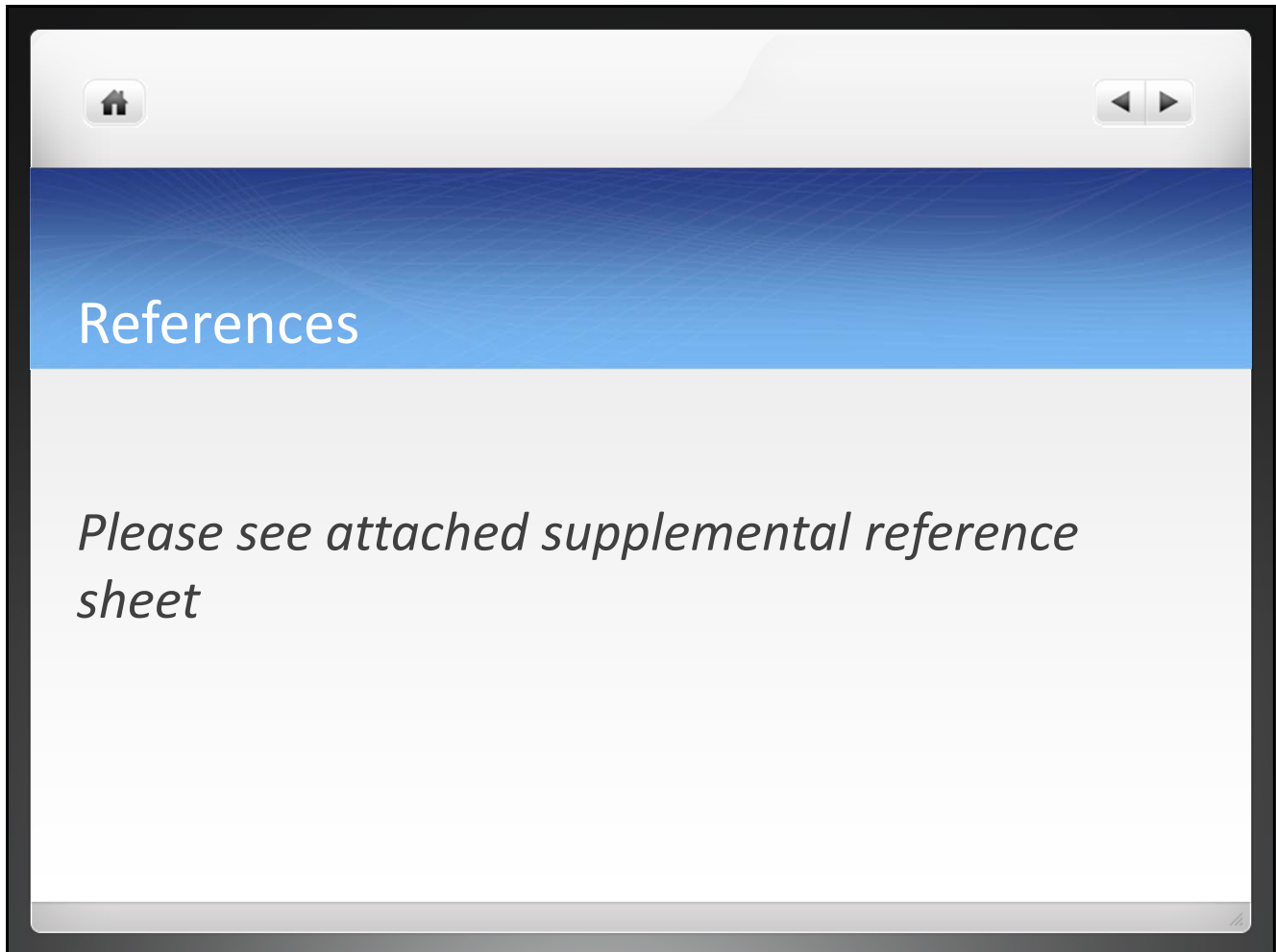
- Methods of Advocacy
- Comprising the Special Education Team
- IEP & 504 Plan Options
- “Traits and Characteristics”
- Expanded use of PLEP B
- Considering social and emotional development



The image shows a presentation slide with a white header bar containing a home icon on the left and navigation arrows on the right. Below the header is a blue gradient banner with the word "Resources" in white. The main content area is white and contains a bulleted list of nine organizations. The slide is framed by a thick black border.

Resources

- UMASS Child Trauma Training Center (1-855-LINK-KID) (Worcester, MA)
- Justice Resource Institute Trauma Center (Brookline, MA)
- You, Inc. (Worcester, MA)
- Tufts New England Center for Children with Special Needs (Boston, MA)
- Boston Children's Hospital (Boston, MA)
- Franciscan Hospital For Children (Brighton, MA)
- Wayside Youth and Family (Framingham, MA & Milford, MA)
- Children's Friend (Worcester, MA)
- National Child Traumatic Stress Network



Home

Navigation

References

Please see attached supplemental reference sheet