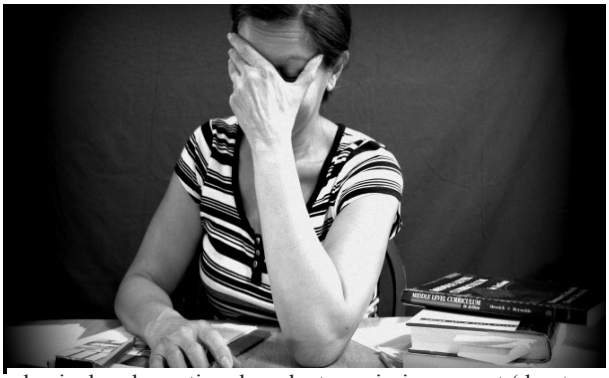
* NOWHERE TO HIDE * "THE ELEPHANT IN THE [CLASS]ROOM"



Confessions of an ignorant and frustrated teacher -
Trauma during development or, childhood trauma, changes the architecture of the physical brain and the ability to learn and social behaviour. It impacts 2 out of 3 children at some level, but I didn't even know what it was…

Childhood Trauma can be defined as a response of overwhelming fear or helplessness to a painful or shocking event, or to chronic, toxic stress, including ACEs (adverse childhood experiences).

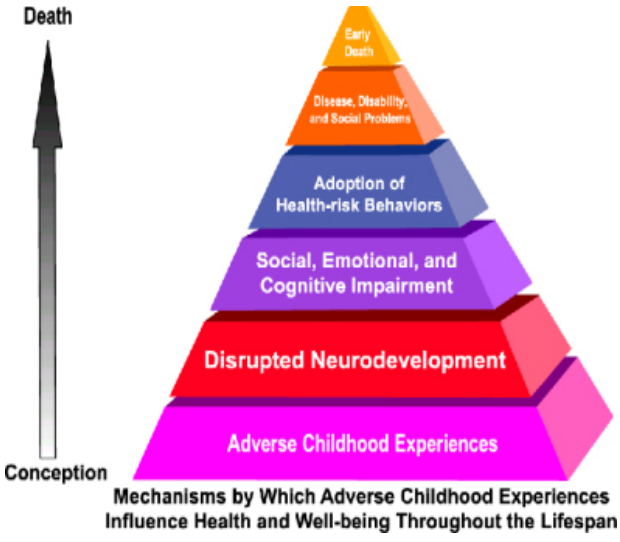
ACEs include physical, emotional and sexual abuse, physical and emotional neglect, a missing parent (due to separation, divorce, incarceration, death), witnessing household substance abuse, violence, or mental illness and more.

Trauma-impacted children are not sick or "bad", they are injured. Developmental trauma is an injury. It happens TO the child. In turn, when they become adults, many re-enact their unaddressed trauma, injuring the next generation in a merciless cycle of pain and fear. When multiple injuries fester unaddressed, they set off a chain of events leading ultimately to early death, according to the CDC.

Deep Impact: Developmental trauma changes the architecture of a developing child's physical brain.

Part 1: The changes to the *physical structure* of the brain impair cognition. The specific changes to brain architecture damage children's memory systems, their ability to think, to organize multiple priorities ("executive function"), and hence to learn, particularly literacy skills
Part 2: The changes to the child's *neurobiology* predispose hypervigilance and suspicion, leading trauma-impacted children to misread social cues. Their fears and seemingly distorted perceptions generate surprisingly aggressive behaviours. Their 'hair trigger' defences are often set off by deep memories outside of explicit consciousness of the child. Adults' view, from the 'outside', of the *seemingly* illogical, or worse, oppositional behaviour, is often one of shock, confusion, frustration and maybe anger.
If we act on our uninformed views, we risk re-triggering more of the child's trauma, and even more aggression. I confess, as a less experienced classroom teacher, I often did exactly that.

The inner pain and fear are often intentionally camouflaged and nearly impossible to perceive from the outside.



Mechanisms by Which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan

The trauma history, which connects the inside fear to the outside behaviour, is often buried so deeply in the brain that even the injured can be unconscious of the connection.

Some adults normalize the pain and fear of the injured child, thinking "they'll get over it." *It's actually the opposite.* Young children have fewer coping mechanisms and their immature brains are still developing.

The impacts of trauma are actually ***greater*** *on the still-developing brain.*

ACE-impacted kids are more common than seasonal allergy sufferers

Experts including Surgeon Generals and the Attorney General have used the specific terms '***national crisis***', and '***epidemic***'. The CDC says impacts from childhood trauma are *critical to understand*.
Childhood trauma is not a "colour" issue. It's not a geography issue. It's not an income issue.

CDC scientists found that even in beautiful, suburban San Diego about one-fourth of middle class, mostly white, college educated, working folks with medical insurance had THREE or more ACEs!
Three or more ACEs is significant because three+ ACEs correlate over a lifetime, with doubled risk of depression, severe obesity, drug abuse, lung disease, and liver disease. It triples the risk of alcoholism, STDs and teen pregnancy. There is a 5X increase in attempted suicide. *The lifelong impacts are shocking and alarming.*

Centre for Disease Control
The American Academy of Pediatrics' policy says that child abuse and neglect are significantly "associated with many *leading causes of adult death*"
Children did not cause their own trauma and they cannot address their trauma alone. They need adult support. Nevertheless, presently many adults ignore childhood trauma. It's rarely spoken about.

Schools are not trauma-informed organizations

I am embarrassed to admit my own ignorance.

I did know about the inner pain and fear of my students more intimately than most. I began, and still begin, every school year by visiting my student's families, sitting in their living rooms to discuss school, life and their hopes and concerns about their child. In the classroom, I quickly experience the child's outward behaviours which can *seem* random, nonsensical at times, and often angry.
Yet, I still do not easily ***connect*** the angry, outward behaviour in the classroom to the inner fear or pain.
As an adult, the classroom *seems* "safe." There isn't an obvious or logical connection to continuing fears, in our safe context. It seems contradictory.
What I forget is that the pain and fear are not in the environment.

The pain and fear are hidden inside the child: they bring intense fear *memories* and altered neurobiology with them like they bring their backpack (*wherever* they go).
Making the connection, intellectually, is even more difficult in the midst of my own stress from a triggered student's emotional, intentionally distracting, sometimes screamed, personal insults or abusive attacks.
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Even when I have been able to stay calm myself, and to connect the (seeming) anger to the (hidden) fear, that was only the beginning. I still did not understand.

There's more.

The *group* context, or the social complexity in the classroom may be the most difficult aspect of all.
I learned the hard way:

when I stay calm in the midst of the barrage, it seems like "unfair" leniency to other children. They see only the aggressive outward behaviour from a peer and they expect "punishment".

More learning when I succeed in maintaining composure:

the other 30 children in the room are ***not waiting*** calmly or politely for me so I can focus solely on de-escalating one of their peers. It's an uncomfortable and off-task process for other kids to endure so they also digress.
Even more learning:

whether I stay calm or not, the aggression and commotion of one triggered student will often trigger a second student's fear, maybe others too.

Keeping the academic context in mind, all above initiates from a single instance only. Several instances involving different students can happen every day. Meanwhile, each minute invested to de-escalate a single student is a minute lost to academic endeavours for all thirty other students.

It's complex.

Now, imagine NOT being trauma-informed and facing 20 to 30 students, and NOT knowing that 20% to 50% are trauma-impacted…

"Success" would require becoming expert at detecting multiple, virtually undetectable triggers, within multiple students. It is not quick or simple or instinctive.

There's more.

That same teacher must become expert at defusing all those students' fear triggers, and all ***in advance*** of any "fight or flight" response.
All day today.

All week this week.

All month this month.

More context: A teacher is not permitted to consider adjusting the scope or pace of lessons: the "Common Core", or academic "national standards" which are connected, lesson-by-lesson, and which lead to "standardized" testing.

The recurring, "standardized" tests and the resulting stresses are rightfully controversial for many reasons, by themselves. Trauma-impacts add more controversy. First, the stress of the high stakes of the tests can re-trigger past traumas during testing. Second, the tests also occur in urban settings with higher concentrations of violence, poverty, stress and trauma, impairing cognition. Test results can then be distorted as "achievement gaps" for higher concentrations of students of colour in that setting and socioeconomic status.

Let's pile on top: budget cuts for public schools each year translate to fewer adults with fewer resources to accomplish trauma-informed education, year after year.

"Teaching" in this context becomes nearly impossible at many points.

We are trying to scoop water out of a boat which has gaping trauma-holes in the bottom.

Trauma-impacted children are losing their right to equally access their education, while adults stand by, while school districts stand by, while states stand by.

That leads to the central conclusion and key action :

Schools must become trauma-informed organizations

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Cognitive, or "educational", processes are muted in triggered children: a direct conflict with schools' missions.

If schools are going to achieve their educational mission, for all students, then schools must be aware of and accommodating of trauma-impacted students.

"Success" with trauma-impacted students comes **slowly**, over time. It is crucial to maintain a predictable, calm, safe environment, and safe relationships, **school-wide**, with all adults responding calmly, hour by hour, day by day, month after month. And that's only the beginning.
Just as children cannot address their own trauma alone, teachers cannot create trauma-informed school organizations all alone.

Teaching trauma-impacted children is an intense role. Training and support are essential: classroom ***and*** personal training and support for school-wide staff, **on-going**.
Training needs to include the impacts of developmental trauma and then also strategies to avoid our school systems themselves adding more trauma. We need to become experts in avoiding escalation and in de-escalating trauma-impacted children, not re-triggering or re-traumatizing them. Otherwise, our attempts at "academics" will be, at best, inefficient, more likely futile.

Simultaneously, at the school level, we need to identify, or in some way, screen for students' trauma histories. It's too easy to miss camouflaged trauma, in particular those who defend by quietly dissociating.

'Trauma-informed' includes an adequate ratio of adults to students in a classroom. One adult for thirty children, of which, the data says, seven-to-ten children (*minimally*) are trauma-impacted, is inadequate, is unethical, and is directly in conflict with 'equal access' to education for ***all*** the children in the same classroom.
'Trauma-informed' includes physical space for students' off-line de-escalation, away from the 'crowd', noise, stress, and triggers — not simply 'the corner' of the same classroom with 30-plus other folks trying to learn. Off-line de-escalation space also requires trauma-competent adults, including on-site counsellors and a nurse.

'Trauma-informed' radically restructures discipline away from 'zero-tolerance'. Otherwise, school systems continue filling the "school-to-prison pipeline" with injured, trauma-impacted children.
Further, we need to confront the impotence, the stress, and the damage from the "learning factory" paradigm of synchronized timing and "standardized" testing.

Finally, we should be adjusting efforts against "achievement gaps" to a laser focus on communities with greater violence, stress and trauma.

All the above efforts at 'trauma-informed' help confront the horrifying litany of lifelong implications of trauma during childhood development, but meanwhile, children are losing their right to equally access their education

In spite of the devastating impacts and implications, Developmental Trauma remains "the elephant in the [class]room"! That is wrong, morally wrong.

Help build awareness of developmental trauma

"Nowhere to Hide" blog posts are designed to help grow awareness of childhood trauma. Each post focuses on a single component of the workings of developmental trauma, via a real life example in short, "60 second" sound bite links, akin to "Public Service Announcements" (PSAs).
All the narratives are all about real kids (with pseudonyms). I live in community with them, and know them personally as students, neighbours and friends. These are not "combined" or imaginary narratives, or caricatures.

Most of the children in the stories lived in a single neighbourhood. Each one passed through my classroom. More than half were in the same classroom, the very same year"! Difficult to imagine…

Trigger warning: the children's experiences in the vignettes are unvarnished. Their responses to their trauma may trigger painful memories.
The "Nowhere to Hide" PSA Links are meant to be easily, widely shared, one or two at a time, in social media. Share one today!
Nowhere to Hide: Maria; Fight, flight or freeze
Nowhere to Hide: Andre's Fear; What are Adverse Childhood Experiences?
Nowhere to Hide: Jamar's Hyperarousal
Nowhere to Hide: Roberto's Dissociation
Nowhere to Hide: Danny's Memory
Nowhere to Hide: Ashley's "Normal" Education? Part 1
Nowhere to Hide: Ashley's "Normal" Education? Part 2
More to come

A different, original series, "Peek Inside a Classroom", provides much more detailed looks inside my classroom, primarily focused on specific students: Jasmine, Danny and Jose. Other vignettes are captured in broader looks at education reform concepts: "Failing Schools or Failing Paradigm?" and "Effective Education Reform."

Peek Inside a Classroom: Jasmine
Peek Inside a Classroom: Danny
Peek Inside a Classroom: Jose
Peek Inside a Classroom: Failing Schools or Failing Paradigm?
Peek Inside a Classroom: Effective Education Reform (with Dr. Sandra Bloom, M.D.)