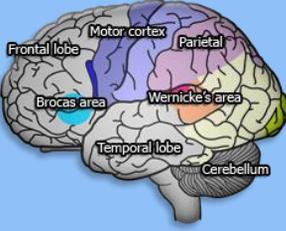


**THE NEUROPSYCHOLOGY OF STRESS & TRAUMA:
"HOW TO DEVELOP A TRAUMA-INFORMED SCHOOL"**



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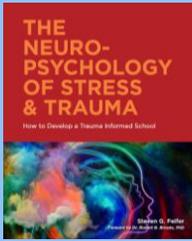
PRESENTATION GOALS

1. Define **trauma**, and discuss the prevalence rate of trauma and stress for school aged children.
2. Discuss key **brain regions** impacted when students experience trauma, and the subsequent effect on academic and social skills' development.
3. Discuss **five** essential features toward the development of a "trauma-informed" school.
4. Explore the core factors in helping children develop **resiliency** and **emotional wellness** when dealing with stress and trauma.
5. Present an **assessment algorithm** for psychologists to craft a "trauma-sensitive" assessment.

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FURTHER READING




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WHY THE DECLINE IN NONFATAL VICTIMIZATIONS?

- Decline in crime in our society as a whole.
- Focus on school mental health and the changing role of the school psychologist.
- Positive behavior interventions and support (PBIS) schools.
- Peer mediation programs and access to counseling services.
- Bullying prevention programs.
- Your thoughts????



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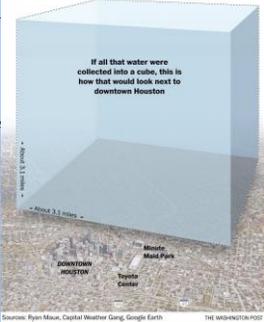
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NATURAL DISASTERS: "COMMUNITY" TRAUMA

- * Hurricane Harvey dumps 60 inches of rain on Houston, Texas (Aug. 25, 2017).
- * 1 ½ feet of water covered 70% of Harris County... where Houston resides.
- * 1 million cars were ruined, and more than 240,000 homes damaged.
- * The nation's 7th largest school district had 75 of 275 schools closed due to damages.

What would 33 trillion gallons of water look like?
As of Saturday, Sept. 1, about 33 trillion gallons of rain have fallen along the Gulf of Mexico.

If all that water were collected into a cube, this is how that would look next to downtown Houston



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"NATIONAL TRAUMA": DEPRIVATION



- Nicolae Ceausescu took control over the communist party in Romania 1966-1989.
- Women must bear a minimum of 5 children, and bearing 10 children earned the dubious honor of "heroine mothers"
- Banned all abortions for women under 45, and issued government crackdown on divorce.

➤ Romania eventually had one of the highest infant mortality rates and unwanted children living in orphanages in the world.



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BUCHAREST EARLY INTERVENTION PROJECT




- Previous research exploring the relationship between neglected children suffered from selection bias.
- BEIP studied 126 children placed in six different institutions. Half placed in quality care and half in remained in institutions.
- Main finding was that the earlier a child was placed in foster care (<2), the better the recovery.

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ENVIRONMENTAL DEPRIVATION AND ATTACHMENT

- Children who have experienced early institutionalization tend to display the following behaviors (Zeanah & Smyke, 2007).
 - * Decreased play behaviors
 - * Increased aggression
 - * Social disinhibition
 - * Poor social boundaries
 - * Poor adaptive behavior



(Bucharest Early Intervention Project, 2007)

- Selective attachments tend to form between 6-9 mos for typically developing children. This is often termed the *"sensitive period"*.
- Children from institutions adopted prior to this period are more likely to display *secure* attachments.
- Dopamine interacts with oxytocin (hormone) pathways to form the neural basis of attachment.

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DEFINING TRAUMA



- ❖ **Trauma:**
 - ❖ Childhood maltreatment
 - ❖ Violence exposure
 - ❖ Depriving care environments
 - ❖ Adverse community trauma (i.e. crime, gangs, poverty etc..)
 - ❖ Natural disasters

- ❖ 44% of children in developed countries exposed to trauma.
- ❖ 59% of children in developing countries have been victims of physical, emotional, or sexual violence or had witnessed domestic or community violence in the past year (Hillis et al., 2016)
- ❖ Just 5-10% of individuals will develop PTSD (Aupperle, et al, 2012).

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ADVERSE CHILDHOOD EXPERIENCES



➤ The *Adverse Childhood Experiences Study (ACE Study)* conducted by both Kaiser Permanente and the Centers for Disease Control and Prevention, examined the long term impact of childhood trauma from participants recruited more than 20 years ago from 1995-1997.

Whole Life Perspective
 Conception
 Death



Conclusion 1: Adverse childhood experiences are common. For example, 28% participants reported physical abuse and 21% reported sexual abuse.

Conclusion 2: Adverse childhood experiences often occur together. Almost 40% of the original sample of 17,000 participants reported two or more ACEs and 12.5% experienced four or more.

Conclusion 3: The cumulative impact of adverse childhood experiences leads health, social, and behavioral problems throughout the lifespan

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SYMPTOMS OF TRAUMA



Physiological Symptoms (anxiety disorder?)	Behavioral Symptoms (depression?)	Psychological Symptoms (ADHD?)
Shallow Breathing	Work Refusal	Inconsistent attention
Facial Flushing	School Refusal	Irritability
Excessive Sweating	Avoiding unstructured areas	Mind goes blank during tests
Hand Tremors	Sensitivity to loud sounds	Loses train of thought
Dizziness	Rarely volunteers in class	Poor organization
Dilated Pupils	Speaks in a hushed voice	Easily angered
Fatigue	Does not initiate peers	Poor emotional self-regulation
Muscle Tension	Avoids cafeteria	Distrusts authority figures
Chest pains	Often visits school nurse	Irrational fears

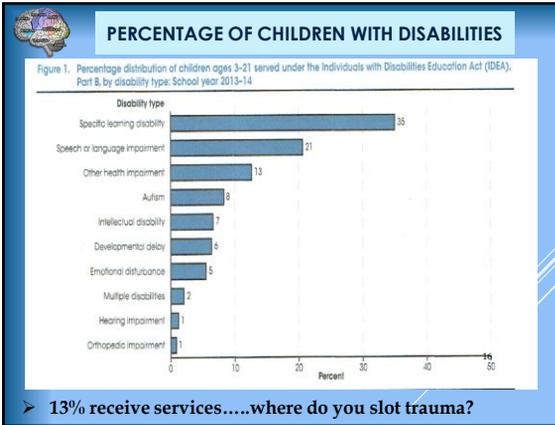
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SCHOOL MENTAL HEALTH SERVICES




- NASP recommends 1 psychologist for every 500-700 students. Reality is 1 for every **1,381**.
- American School Counselor Association recommends 1 counselor for every 250 students. Reality is 1 for every **482** students.
- The Every Student Succeeds Act (ESSA) authorizes various funding streams for schools to improve access to coordinated and comprehensive school mental health services including:
 - * Positive behavior interventions and supports (PBIS).
 - * Social emotional learning
 - * Conflict resolution
 - * **Trauma informed practices**

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POLYVAGAL THEORY: HOW THE NERVOUS SYSTEM BECOMES SENSITIZED TO FEAR?

Vagus Nerve - 10th cranial nerve and longest in body. Literally "wanders" from brain to the digestive system. Arranged in a hierarchical fashion and functions to calm the body.

Polyvagal Theory- Stephen Porges (2009)

- **Dorsal Vagus** - older pathway that triggers "freeze" response, immobilization, or dissociation (parasympathetic)
- **Fight-Flight** - dominated by physiological responses of sympathetic nervous system. Takes body 15-20 min to self-calm (sympathetic)
- **Ventral Vagus** - newer pathway that inhibits older pathways and triggers calming influence of parasympathetic nervous system through **social engagement and trust**.

* Primitive systems activated when more evolved system fails*

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POLYVAGAL THEORY: HOW WE PSYCHOLOGICALLY RESPOND TO TRAUMA

(BESSEL VAN DER KOLK, 2014)

- **Depersonalization**- a survival tactic by walling ourselves off emotionally from the traumatic event. There is a numbing of emotions and a cognitive dissociation takes place by freezing the mind and body (*dorsal vagus*). A precursor for developing **dissociative disorders**.
- **Sensitization** - our nervous system becomes hyper-aroused and panic is easily triggered (*fight-flight*), as we become engulfed by fear and anxiety. **Depression, anxiety, PTSD, and mood disorders** are often the psychological manifestations of an easily triggered sympathetic nervous system.
- **Adaptation** - the key to **resilience**, as this newer pathway (*ventral vagus*) inhibits older pathways and triggers calming influence of sympathetic nervous system through **social engagement and trust**.

* "The challenge of trauma is to re-establish ownership of the body and mind" - (Bessel Van Der Kolk, 2014)

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FEAR VS ANXIETY

FEAR	ANXIETY
* Related to a tangible stimulus and immediate threat (i.e. snakes)	* Often irrational and related to anticipation of threat.
* Perpetuated by our nervous system	* Perpetuated by maladaptive cognitions.
* Sympathetic nervous system is triggered.	* Sympathetic nervous system is triggered.
*No specific temperament characteristics.	*Inhibited temperament driven by sensory threshold of amygdala leading to approach or withdrawal behaviors (Kagan, 2007).
*Over-active anterior cingulate leading to group conformity (Goldberg, 2018)	*Underactive anterior cingulate which cannot regulate amygdala and results in hyper-focus of internal states.

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CORTICOLIMBIC SYSTEM AND TRAUMA

The corticolimbic system

- Anterior cingulate cortex:** Affect, selective attention and social interactions
- Dorsolateral prefrontal cortex:** Motivation/ executive function
- Amygdala:** Emotional stress and learning
- Hippocampus:** Learning and memory

Amygdala - responds to **unfamiliar and unexpected** events (Kagan, 2007). ...The amygdala tends to be over-active in children with an inhibited temperament and under **stress** (Schwartz et al., 2003).

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STRESS RESPONSE SYSTEM

Cortisol - a glucocorticoid (glucose-cortex-steroid) that regulates the metabolism of glucose in the brain. A homeostasis of cortisol is needed for optimal brain functioning. Too much (*Cushing's Syndrome*)...too little (*Addison's Disease*).

STRESS RESPONSE SYSTEM

- Hypothalamus (CRH)
- Pituitary gland (ACTH)
- Adrenal gland (CORTISOL)
- Brain stem
- Medulla
- To bloodstream

- Stress impacts body by lowering **immune system**, and also by reducing sleep.
- Stress alters amygdala to PFC connections leading to impairments in **executive functioning** (Berens et al., 2017).
- Anxiety impacts cognition and learning by way of **working memory** (Dowker et al., 2015).

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CORTICOLIMBIC SYSTEM AND TRAUMA

The corticolimbic system

Anterior cingulate cortex
Affect, selective attention and social interactions

Dorsolateral prefrontal cortex
Motivation/executive function

Amygdala
Emotional stress and learning

Hippocampus
Learning and memory

Hippocampus - A key **memory center** and more sensitive to cognitive than emotional memories. Helps to inhibit amygdala. **Chronic stress** from abuse or neglect releases cortisol which can reduce hippocampal volume (Johnston & Olson, 2015).

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CORTICOLIMBIC SYSTEM AND TRAUMA

The corticolimbic system

Anterior cingulate cortex
Affect, selective attention and social interactions

Dorsolateral prefrontal cortex
Motivation/executive function

Amygdala
Emotional stress and learning

Hippocampus
Learning and memory

Anterior Cingulate Cortex - Directs our **attention inward** toward becoming overly aware of nervous system fluctuations and visceral responses (*i.e. heart rate increases, breathing rate, perspiration, etc.*)

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CORTICOLIMBIC SYSTEM AND TRAUMA

Premotor cortex **Motor cortex** **Central sulcus**

Dorsolateral prefrontal cortex

Inferior prefrontal cortex **Orbital cortex**

Orbito-Frontal Cortex - Forms an adaptive response to an emotional condition and when **stressed**, interprets visceral responses and unfamiliar environmental stimuli as possibly posing a **threat (emotional executive functions)**.

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SUMMARY OF TRAUMA ON THE BRAIN

(BERENS ET AL., 2017)

Brain Alterations

- * Global gray matter changes
- * Decreased volume in PFC and hippocampus.
- * Aberrant amygdala activity
- * Alterations in amygdala-PFC connectivity.
- * Systemic immune suppression
- * Impaired glucose regulation
- * Elevated cortisol levels leading to hyper and hypo-stress system responses.

Functional Implication

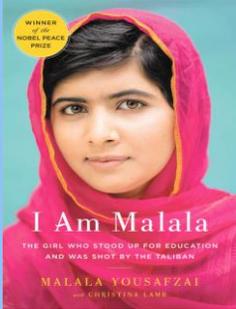
- * Impairments in executive functions, working memory, and cognitive control.
- * Emotional dysregulation
- * Poor stress regulation
- * Increased risk of disease & sickness
- * Heightened risk for diabetes
- * Dysregulation of sympathetic and parasympathetic pathways.

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DEVELOPING RESILIENCY: MALALA YOUSAFZAI



<https://www.youtube.com/watch?v=CXvs1vwIDOM>

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MODIFIERS OF TRAUMA ON THE BRAIN

(BERENS ET AL., 2017; TRAUB & BOYNTON-JARRETT, 2017)

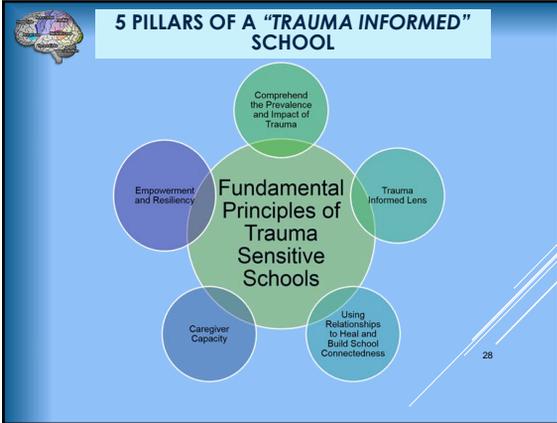
- Pre-existing health conditions
- Family structure, stability and supports
- Timing of stress (early critical periods are worst)
- Type of traumatic event (i.e. *sexual, emotional, physical, etc.*)
- Cumulative occurrences
- Access to mental health services
- Mental health of caregivers (*maternal*)
- Positive temperament
- Get back into a routine

Developing Resiliency?

- * **Epigenetics** is the study of gene expression in the wake of environmental circumstances.

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1. UNDERSTANDING CHILDREN'S TRAUMATIC STRESS RESPONSES
(NCTSN, 2012)

1. Traumatic experiences are inherently complex: Trauma-exposed children experience subjective reactions that include changes in feelings, thoughts, and physiological responses; and concerns for the safety of others. The nature of children's reactions are influenced by their prior experience and developmental level. *There is no signature emotional reaction that all children exhibit.*

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1. UNDERSTANDING CHILDREN'S TRAUMATIC STRESS RESPONSES
(NCTSN, 2012)

2. Danger and safety are core concerns in the lives of traumatized children: Exposure to trauma can make it more difficult for children to distinguish between safe and unsafe situations, and lead to significant changes in their own protective and risk-taking behavior. *Children who continue to live in dangerous family and/or community circumstances may have greater difficulty recovering from a traumatic experience.*

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1. UNDERSTANDING CHILDREN'S TRAUMATIC STRESS RESPONSES (NCTSN, 2012)



3. Traumatic experiences affect the family and broader caregiving systems: Traumatic experiences, losses, and ongoing danger can lead to serious disruptions in caregiver-child interactions and attachment relationships. *Caregivers' own distress and concerns may impair their ability to support traumatized children.*

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1. UNDERSTANDING CHILDREN'S TRAUMATIC STRESS RESPONSES (NCTSN, 2012)



4. Developmental neurobiology underlies children's reactions to traumatic experiences: *Exposure to multiple traumatic experiences carries a greater risk for significant neurobiological disturbances including impairments in memory, emotional regulation, and behavioral regulation.*

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2. TRAUMA SCREENERS

(1) Measure Name	(2) Measure Type	(3) Audience	(4) ACEs	(5) Strengths	(6) Limitations	(7) Other Considerations
Childhood Trauma Questionnaire™	Self-reported survey	12 years +	emotional abuse physical abuse sexual abuse emotional neglect physical neglect	Satisfactory validity and reliability when compared with other methods such as staff observations.	Multiple primary studies report differing results for the appropriate structuring/sequencing of the questions.	Time: 9 minutes Fee: None Qualifications: Master's degree or equivalent
Juvenile Victimization Questionnaire-second revision (JVQ-R2)†	Structured interview and child self-reported survey	8-17 years	emotional abuse physical abuse sexual abuse emotional neglect physical neglect mother treated violently witnessed substance abuse	Demonstrated reliability with community and child welfare samples in the U.S. and wider populations.	None reported.	Time: 20-30 minutes Fee: None Qualifications: Experienced and educated, qualified professional for interpretation
Trauma Symptom Checklist for Children (TSCC; TSCC-A)†	Self-reported survey	8-16 years	emotional abuse physical abuse sexual abuse emotional neglect physical neglect mother treated violently	Several studies report that TSCC-A is a statistically reliable and valid tool that has been studied for large samples of racial and socio-economically diverse populations.	TSCC-C requires additional studies on reliability and validity in children under age 7. Studies evaluating TSCC-A may not be representative of the nationwide population due to their small and geographically limited sample populations.	Time: 10 minutes Fee: \$70 for introductory kit Qualifications: Undergraduate degree with clinical training or licensure/certification in use of psychological tests
Adolescent Dissociative Experiences Scale (A-DESS)†	Self-reported survey	11-18 years	emotional abuse physical abuse sexual abuse emotional neglect physical neglect	Strong reliability and validity as reported by several studies.	Mean scores of the results have varied greatly and no validated cut-off score has been established.	Time: Unknown Fee: Minimal Qualifications: Undergraduate degree, clinical training

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2. TRAUMA SCREENERS



- **Trauma Symptom Checklist for Children**
 - 54 item self report checklist (15-20min)
 - Ages 8-16
 - Scoring software on PAR iconnect
 - Anxiety, Depression, Anger, PTSD, Dissociation, and Sexual Concerns
 - Gender appropriate norms
- **Trauma Symptom Checklist for Young Children**
 - 3-12 years old
 - Caretakers rate 90 symptoms on a 4 point scale (20 min)
 - Eight clinical scales
 - Focus on child abuse, peer assault, community violence.

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3. CAREGIVER CAPACITY AND RESILIENCY
(TRAUB AND BOYNICON-JARRETT, 2017)



1. Positive appraisal style impacts executive functioning skills and facilitates cognitive restructuring.
2. Following trauma exposure, caregivers play a critical role influencing a child's overall social-emotional response and adaptation (McLeod et al., 2007).
 - a) Neglectful
 - b) Democratic
 - c) Authoritative
 - d) Authoritarian
3. Maternal mental health most influences coping
(*16 million children live with a depressed parent)
4. Family routines foster resilience.

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3. MEASURING CAREGIVER CAPACITY AND RESILIENCY



- **Parenting Stress Index: 4th Edition**
 - * Ages 1-12
 - * 120 item inventory focusing on child characteristics, parent characteristics, and situational life stressors.
 - * 20 minutes
 - * On-line administration and scoring
- **Stress Index for Parents of Adolescents**
 - * 11-19 years old
 - * 112 items identifying parent-adolescent interactions.
 - * On-line administration and scoring

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4. TRAUMA AND ACADEMICS

WORKING MEMORY TYPE	ACADEMIC SKILLS
Phonological Loop – a phonological store of auditory verbal information located primarily in the left temporal lobe regions of the brain.	<ul style="list-style-type: none"> * Listening comprehension * Taking notes in a lecture oriented class. * Phonological memory to decode words. * Hold thoughts and ideas in mind when writing. * Temporal order of sounds when spelling. * Facilitates retrieval of math facts stored in a language dependent code. * Facilitates reading comprehension
Visual Spatial Sketchpad - holds visual, spatial, and kinesthetic information in temporary storage by way of mental imagery. Housed along inferior portions of right parietal lobes.	<ul style="list-style-type: none"> * Allows for mental math problem solving. * Helps line-up place value when problem solving. * Visualize whole words when spelling. * Remember the sequence of steps or algorithm when problem solving. * Aids in geometry * Facilitates reading comprehension * Facilitates orthographic processing * Aids in reading fluency * Aids in studying and memorization of flashcards
Central Executive System – central command post for modulating both the phonological and visual spatial sketchpad systems. Allocates attention resources whereby multiple cognitive tasks can be executed. Primarily housed in frontal lobes.	<ul style="list-style-type: none"> * Inhibits distractions. * Modulates anxiety. * Regulates emotional distress. * Facilitates selective attention to math operational signs. * Identifies careless miscues when reading or writing. * Assists when reading to temporarily suspend previously read information while simultaneously reading new information.

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4. 504 ACCOMMODATIONS FOR TRAUMA

- Extended time on tests and quizzes.
- Structure and routine (schedules and emotive responses)
- Preferential seating in class (by door if needed).
- Access to lecture notes when needed.
- Agenda/ organization notebooks.
- Frequent breaks when needed.
- Use of a crisis pass.
- Alternative ways to demonstrate mastery (i.e. projects instead of tests)
- Allow for test re-takes to demonstrate subject mastery.
- Use of technology for note-taking and written assignments.
- Scheduling more challenging subjects in morning.
- Allow for partial school days.
- Awareness of trauma triggers.
- Access to "In-school" coach.
- Do not penalize for school absences.



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5. TEACHING RESILIENCY: MINDFULNESS



Mindfulness - focus on breathing from the diaphragm, not the chest, and exhaling on longer slower breaths.

- Strive for 6-8 breaths per minute.
- Practice breathing techniques when visualizing an anxiety provoking situation.
- Enhances parasympathetic nervous system.

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5. TEACHING RESILIENCY: YOGA



Yoga - assumes the footprint of trauma is in the body and tissues.

- We cannot talk it out, and fear our own bodily sensations (Van Der Kolk, 2012).
- Pain, headaches, muscle tension, tics, panic attacks
- Some research (Albracht-Schulte & Robert-McComb, 2018) suggests Yoga can reduce anxiety and heart rate variability following a stressor, though the induced calmness wears off after 30-40 minutes. More research needed!

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5. USING CBIT AND COGNITIVE RESTRUCTURING TO CHANGE THINKING PATTERNS



Extremist- all or none thinking. Everyone is either great or bad, or my emotions are either positive or negative and there is no nuance of in-between.

Inflator - always over-exaggerating anything bad that may happen and undervalue what is good.

Mind Reader - convinced that others have a bad opinion of you.

Predictor - always focused on the future and not the present, and convinced the future has negative outcomes.

Blamer - always blames others for our own misgivings and never accept responsibility.

Perfectionist - highly critical of others and constantly demeaning and pointing out faults in others.



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5. TAKE TARGETED APP BREAKS



Stop, Breathe & Think



Take a Chill



THE ZONES OF REGULATION



Breathe



Calm





HEADSPACE



Breathing Buddies

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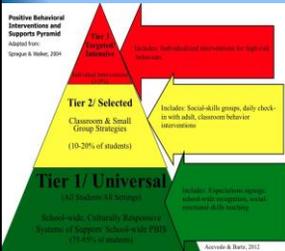
5. CANINE ASSISTED THERAPY



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5. PBIS: CHANGE THE SCHOOL CULTURE



- Focus on prevention and not punishment.
- Establish universal rules, consequences, and school climate.
- Gather data to make decisions on children.
- Teach social-emotional academic learning.

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SUMMARY: 5 PILLARS OF TRAUMA INFORMED SCHOOLS

1. Promote **awareness** of the impact of trauma:
 - a) In-service presentations
 - b) Brochures and pamphlets (NASP & NCTSN)
 - c) Parent workshops
2. Develop a school wide **trauma screenings**.
3. **Empower parents**...do not blame them:
4. **De-escalate Stress** – mindfulness, visualize, stay in present, CBIT.
 - a) Structure and routine
 - b) Recognize trauma triggers
 - c) Design “safe” zones
5. Academic **accommodations**



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NASP PREPARE TRAINING

The Every Student Succeeds Act (ESSA)

- Requires state assistance to LEA's to address bullying, harassment, and discipline.
- Requires annual reporting of safety, climate, bullying, and harassment data.
- Authorizes funds that may be used to improve school safety, improve crisis planning, and response.
- 33 states require every school and district to have a comprehensive school safety plan
- NASP provides PREPaRE training to aid school districts in meeting the legal requirements to create a positive and safe school climate. It promotes consistent crisis prevention through a recovery framework.

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NASP PREPARE CONCEPTUAL FRAMEWORK

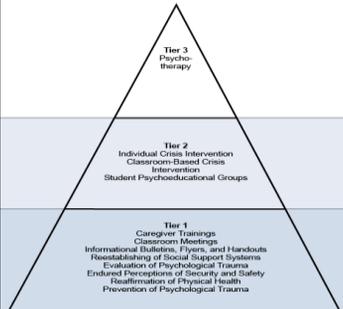
P	Prevent and prepare for psychological trauma.
R	Reaffirm physical health and perceptions of security and safety.
E	Evaluate psychological trauma risk.
P R	Provide interventions and Respond to psychological needs
E	Examine the effectiveness of crisis prevention and intervention.

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NASP PREPARE TRAINING

<p>Indicated Crisis Interventions Provided to those who were severely traumatized</p> <p>Typically a minority of crisis survivors; however, depending upon the nature of the crisis can include a significant percentage</p>	 <p>Tier 3 Psychotherapy</p> <p>Tier 2 Individual Crisis Intervention Classroom-Based Crisis Intervention Student Psychoeducational Groups</p> <p>Tier 1 Caregiver Trainings Classroom Meetings Informational Bulletins, Flyers, and Handouts Reestablishing of Social Support Systems Evaluation of Psychological Trauma Enhanced Perceptions of Security and Safety Reaffirmation of Physical Health Prevention of Psychological Trauma</p>
<p>Selected Crisis Interventions Provided to those who were moderately to severely traumatized</p> <p>Following highly traumatic crises, can include an entire school</p>	
<p>Universal Crisis Interventions Provided to all students who were judged to have some risk of psychological trauma</p> <p>Depending on the nature of the crisis, can include an entire school</p>	

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ADDITIONAL TRAUMA MEASURES

"Thinking about Thinking"
Higher Reasoning
Executive Function

Prefrontal Cortex
9 Functions of the Prefrontal Cortex

1. Empathy
2. Insight
3. Response Flexibility
4. Emotion Regulation
5. Body Regulation
6. Morality
7. Intuition
8. Attuned Communication
9. Fear Modulation



Limbic Brain

1. Fight, flight, freeze stress response
2. Thinks, "Am I safe? Do people want me?"
3. Emotions live here

- Executive Functioning
- Memory
- Attention
- Social-Emotional Regulation

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BEHAVIOR RATING INVENTORY OF EXECUTIVE FUNCTIONING (BRIEF2)

- ▶ **Behavior Regulation Index (BRI)**
 - ▶ Evaluates a child's ability to modulate behavior via appropriate inhibitory control. It is comprised of the **Inhibit** and **Self Monitor** scales.
- ▶ **Emotional Regulation Index (ERI)**
 - ▶ Evaluates a child's ability to regulate emotional responses and adjust to changes in the environment. It is comprised of the **Shift** and **Emotional Control** scales.
- ▶ **Cognitive Regulation Index (CRI)**
 - ▶ Evaluates a child's ability to manage cognitive processes and problem solve effectively. Includes **Initiate**, **Working Memory**, **Planning**, **Task-Monitor**, and **Organization** scales.



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MEMORY TESTS



WIDE RANGE ASSESSMENT OF MEMORY AND LEARNING : 2nd Edition (WRAML-2)

- Visual and Verbal Memory Tasks
- **Memorize information in context and isolation.**
- Attention-Concentration Index
- Immediate Memory
- Delayed Memory
- Recognition Memory
- Ages 5-90



CHILD AND ADOLESCENT MEMORY PROFILE (CHAMP)

- 35 minutes
- Visual and Verbal Memory Tasks
- Immediate and Delayed Memory
- **Memorize information in context and isolation.**
- Ages 5-21
- Screening Index

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TEST OF EVERYDAY ATTENTION FOR CHILDREN; 2ND EDITION (TEA-CH2)



- 5-7 years old. Normed on 394 children in UK.
- 8-16 years old. Normed on 621 children in UK.
- Measures the cognitive components of attention:
 - Selective attention**
 - Sustained attention**
 - Switching attention**
- Both paper and pencil and computerized tasks.
- Measures reaction time and also auditory vs. visual attention.
- 40-45 minutes

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SOCIAL-EMOTIONAL AND BEHAVIORAL ASSESSMENTS

TEST	AGE RANGE	AUTHORS
BASC-3 Teacher Rating Scale	2-21	Randy Kamphouse & Cecil Reynolds
BASC-3 Parent Rating Scale	2-21	Randy Kamphouse & Cecil Reynolds
BASC-3 Self-Report Scale	6-college	Randy Kamphouse & Cecil Reynolds
BASC-3 Behavioral and Emotional Screen	3-18	Randy Kamphouse & Cecil Reynolds
Conners Comprehensive Rating Scales	6-18	Keith Conners
Achenbach System of Empirically Based Assessment (ASEBA)	6-18	Thomas Achenbach & Leslie Rescorla
Devereux Behavior Rating Scale	5-18	Jack Naglieri, Paul LeBuffe, Steven Pfeiffer
Beck Youth Inventory II- (anxiety, depression, anger, disruptive behavior, self concept)	7-18	Judith & Aaron Beck
Children's Depression Inventory	7-17	Maria Kovacs
Revised Children's Manifest Anxiety Scale - 2	6-19	Cecil Reynolds & Bert Richmond
Multidimensional Anxiety Scale for Children-2	8-19	John S. March
RCDS/RADS	Grades 3 & up	William Reynolds
Social Emotional Assets and Resilience Scale (SEARS)	5-18	Kenneth Merrell
*Millon Adolescent Clinical Inventory	13-19	Theodore Millon
*MMPI-A	14-18	Butcher et al.
*Personality Assessment Inventory	11-18	Lesley Morey

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PERSONALITY ASSESSMENT INVENTORY (PAI)

- PAI-A & PAI use the same scales and subscales
- Adolescent item set is a derivative of the adult, with fewer items
- Anxiety subtypes (i.e. cognitive, affective, physiological) **anxiety related disorders (i.e. PTSD)**, depression, thought disorders, social detachment, borderline personality, antisocial behaviors, aggression, and substance abuse,
- 264 items on PAI-A
- 12-18 years
- Treatment recommendations included with computerized scoring system.
- Published in 2007...Lesley Moray



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ROBERTS APPERCEPTION TEST-2ND EDITION



- Projective measure assessing maladaptive or atypical social perception.
- Record student responses for scoring.
- 11 picture cards depicting common experiences.
- Scoring involves problem identification, resolution, emotion, outcome, atypical responses.
- Roberts 2 computer scoring program and clinical casebook.

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TRAUMA AND INTELLECTUAL DEVELOPMENT



- An 8 year longitudinal study of children who experienced interpersonal trauma by their primary caregiver, Enlow and colleagues (2012) found these children scored one-half of a standard deviation (*i.e. 6-8 points*) lower on IQ tests even after controlling for maternal IQ, birth-weight, and the home environment.
- Earlier studies (Delaney-Black et al., 2002) that found trauma related distress and violence exposure lead to a **7.5 point** decrement in IQ, and approximately a 10 point drop in reading scores on standardized achievement tests.

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KEYS TO A "TRAUMA INFORMED" ASSESSMENT

1. Aggressively measure the **frontal lobes** by selecting tests of attention, memory, and executive functions.
2. Balance **rating scales** with **direct observations**.
 - a) **Classroom observations** should focus on time on task, work production, and social interactions.
 - b) **Testing observations** should focus on fatigue, attention drift, blunted affect, and trust.
3. **Do not** rely on just one data source (*i.e. projectives*).
4. **Developmental history** may be the most essential component of the report.
5. Consider all current **stressors** (*i.e. grades, friendships, poverty, teacher, physical, environment, etc.*)
6. Use **DSM5** criteria to establish a condition, **IDEA** to establish eligibility for special education.
7. Avoid using simple **correlations** to explain complex emotional and behavioral problems.

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CONCLUDING THOUGHTS

- 1) All children **respond differently** to stress and trauma in their lives. Therefore, it is important for schools to have multi-tiered systems of emotional support for all children.
- 2) Schools should be at the forefront for teaching **social-emotional academic learning** and **adaptive responses** to stress and trauma.
- 3) Being a **“trauma-informed”** school recognizes the need for parent communication as well as community support.
- 4) Be a **change agent** for kids!
 - a. Be a role model
 - b. Accurate assessment
 - c. Intervention provider
 - d. Build a relationship ☺



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