The Roles of the Trauma-Informed Elementary School Counselor: The Detective, the Advocate, & the Helper

Corie Schoeneberg, EdS, LPC, RPT-S, NCC
University of Central Missouri
The Detective

‘Detectives’ must have or be able to:

- Working Knowledge of Trauma
- Appreciate the Impacts of Trauma
- Apply Developmental Understanding of Trauma for Children
- Identify the Signs of Traumatic Reactions in Children
Types of Traumatic Experiences

- Abuse or Neglect
- Death or loss of a loved one
- Life-threatening illness in caregiver
- Exposure to domestic violence
- Car accident or other type of serious accident
- Bullying
- Life-threatening or painful medical procedure
- Exposure to neighborhood/community violence
- Exposure to police activity or incarceration of loved one
- Natural disasters
- Threats of terrorism (including school threats)

(National Child Traumatic Stress Network, 2008)
Prevalence of Trauma in Children

- Worldwide prevalence of sexual abuse is roughly 11 – 32% of females and 4% - 14% of males

- 29% of all rapes occur among victims age 11 or younger (US statistics)

- Children in homes experiencing domestic violence are 1500% more likely to experience abuse

- After encountering a traumatic event, 30% of children will go on to develop PTSD symptoms

- 56% of patients who regain consciousness during a surgical procedure will go on to develop PTSD symptoms

(Kilpatrick et al., 2000; National Victim Center, 1993; Perry & Azad, 1999; Sapp & Vandeven, 2005; van der Kolk, 2003)
Conceptualizing Trauma

- Trauma must be understood from:
  - Normative Framework
    - Trauma reactions are common and normative for 1 month following a traumatic experience
    - 1/3 of children go onto to develop problems consistent with PTSD
  - Neurodevelopmental Perspective
    - Trauma significantly impacts the developing brain
    - ‘States’ become ‘traits’
    - Future experiences reinforce or mitigate traumatic neural pathways
  - Developmental Context
    - Age trauma occurred
    - Children disclose distress through their behavior rather than verbally

(Gaskill & Perry, 2012; National Child Traumatic Stress Network, 2008; Perry & Azad, 1999)
Sexual Trauma in Childhood

- Social and emotional outcomes linked with:
  - Age of onset of abuse
  - Severity of abuse
  - Use of force
  - Victim’s relationship to perpetrator

- More than 75% of victims experience multiple episodes of sexual abuse
- More than 30% of victims fail to disclose sexual abuse
- Less than 10% of child sexual abuse is reported to authorities
- Physical abuse is a predictor for sexual abuse and 21% of population have an overlap in experiences of both physical and sexual abuse
- 86.5% of females and 95.9% of males identified an intrafamilial perpetrator
- Between 6% - 16% of perpetrators are parental figures and roughly 30% are relatives; only 5% - 15% of perpetrators are strangers

(De Bellis, Spratt, & Hooper, 2011; Gaskill & Perry, 2012; Goodyear-Brown, Fath, & Myers, 2012)
ADHD or Trauma?

- 60% of children with ADHD have another co-morbid DSM-5 diagnosis

- ADHD can often exacerbate trauma symptoms or complicate the effects of trauma

- Traumatic reactions of emotional numbing, avoidance, and distancing from others may be especially negatively impactful for children with ADHD

(National Child Traumatic Stress Network, 2016)
The ‘Face’ of Trauma in Childhood:
Clues for Detectives

**Academic Implications**
- Decline in academic performance
- Difficulties in learning, concentrating, processing information, problem solving ability, & memory
- Reading and/or speech delays
- Frequent absences, illness, visits to nurse
- Suspensions or expulsions

**Behavioral Presentations**
- Repetitive play or lack of play
- Enuresis or encopresis
- Developmental regression
- Somatic complaints
- Impulsivity and/or restlessness
- Clumsiness or numbing to physical pain
- Sleep problems
- Risk-taking behaviors (running away, jumping from high places)
- Self-harm
- Frequent ‘spacing out’ or dissociation
### The ‘Face’ of Trauma in Childhood: Clues for Detectives

**Social Implications**

- Social withdrawal or social changes
- Compulsive masturbation or attempts to perpetrate on others
- Sudden or seemingly unprovoked aggression
- Perceiving threats from others during normal situations

**Emotional Reactions**

- Sudden outbursts or tantrums
- Separation anxiety
- Emotional numbing or non-reaction
- Appearing ‘on edge’ all the time
- Resisting transitions or change with intense emotion
- Poor ability to manage emotions
Trauma in Disguise

Case of 2nd grader Lilly

- Presenting Problems Reported from Teacher:
  - Does not complete assignments in class or homework
  - Teacher must provide instructions several times because child seems to be in a fog
  - Social concerns: child is not engaging with peers
  - Child seems lazy, sluggish, and unmotivated
Trauma in Disguise

Case of Kindergartner Betsy

• Presenting Problems Reported from Teacher:
  • Sudden and extreme tantrums and screaming during transition times
  • Frequent fighting with other students when they get close to her in line
  • Refusal to engage in work and is significantly below benchmarks
  • Quiet, sullen, and does not play at recess
The Advocate

‘Advocates’ must be able to:

- Provide psychoeducation to school staff & parents
- Develop individualized trauma-informed plans
Trauma Training & Education

• Provide information on:
  • Definitions and origins of trauma
  • Developmental considerations of trauma
  • Impacts of trauma
  • Presentations of trauma
  • Reorient perspective from a ‘behavior problem’ to a ‘traumatic response’ problem
    • Punitive vs. nurturing limits
  • National Child Traumatic Stress Network
  • Resources and training
## Developing a Trauma-Informed Plan

**Applied in the Classroom**

- Enhance routines, especially around transition
- Provide choices and empowerment
- Clear, consistent limits with established consequences
- Mindfulness in vocal tone and body posture
- Warn child prior to any change (turning off lights)
- Be sensitive to cues of triggers and follow calm and care plan

**Applied as Part of Counseling Services**

- Provide written plans for teachers/principal/parents
- Communicate with parents and outside counselors
- Counseling services should begin with developing positive coping
- Provide developmentally sensitive counseling approaches/interventions
- Encourage referrals as needed
Discuss & Collaborate

• What aspects of trauma education does your building need?
  • Appreciation for the impacts and reality of trauma in children?
  • Accurate recognition and identification of trauma?
  • Referral to school counselor and integrated services?
  • Discipline approaches: punitive vs. nurturing orientation?
  • Effective inclusion and integration of trauma-informed plan at school?

• What specifics would you include in a trauma-informed plan for:
  • Case of Lilly?
  • Case of Betsy?
  • One of your own cases?
The Helper

‘Helpers’ must be able to:

• Understand the many dynamics that exist for the traumatized child

• Respect the child’s ambivalence or resistance to the plan

• Maintain an accurate developmental and psychosocial understanding of the child

• Offer a safe and caring relationship as the main agent for change
Wishing Well

Goal:
Help the child to identify problems, gain insight, and create goals that inform a counseling plan.

- Counselor explains wishing wells and that when one throws in money, they make a wish. Counselor provides examples of ‘fantastic’ wishes as well as practical ones.

- Counselor presents three Wishing Wells: one for school, friends, and home.

- Counselor provides child with ‘money’ to throw into each well and make wishes, both fantastic and practical.

- These wishes can be used to generate a trauma-informed plan that integrates the child’s perspective.

(Adapted from Goodyear-Brown, 2005)
Easy Breezy Pinwheels

Goal:
Relaxation, positive coping, de-escalation, and support

- Counselor explains the importance of deep breathing and “blowing stress away”. Counselor demonstrates how our breaths come short and shallow during high stress. Counselor demonstrates deep breathing techniques using pinwheel.

- Child practices deep breathing using pinwheel and decides on situations for when, where, and how it use it.

- Counselor may guide child in generating positive messages and beliefs that can be added to pinwheel (either as streamers or wrapped around base) to “send out into world” when child blows.

- Pinwheel use can be incorporated into trauma-plans for use in class, prior to transition, or at regular periods throughout the day

(Adapted from Goodyear-Brown, 2005)
Taking Your Temperature

Goal:
Feelings Identification, Positive Expression of Feelings, Understanding of How Feelings are Connected with Behavior, and Positive Coping

- Counselor discusses with the child the purpose of going to the doctor and what happens at the doctor’s office, eventually highlighting that what is happening on the inside changes what’s happening on the outside, including one’s temperature. Child plays being the doctor and counselor is the patient to illustrate this process.

- Counselor explains that child will can be his/her own “feelings doctor” to discover all the feelings inside and how they might be impacting what is happening the outside. Using 10-15 tongue depressors, the child thinks up as many feelings as he/she can to go into his/her own “doctor’s bag”. Child can also try to guess feelings based on counselor’s face to include in the feelings set.

- Counselor and child can use the feelings in this bag to draw pictures of situations in which one feeling “got a temperature” and what events happened as a result. Pictures of “medicine” or coping strategies can also be made to go into bag.

(Adapted from Goodyear-Brown, 2005)
MSCA Announcements for Sunday Night!

• For all conference related information, download the Conference Yapp App. The Yapp ID is MSCA18.

• Please complete the Workshop Evaluation: http://bit.ly/2pS2YKq

• Please complete the Full Conference Evaluation: http://bit.ly/2yGVzBy

• Support this year’s Annual Project through raffles, bingo, Monday reserved seating, Monday power hour, and service project. Visit the activities desk for additional information.

• Visit exhibitors and the MSCA promotions booth in Windgate Hall.

• Make plans to participate in evening activities:
  • Hospitalities from 7:30 to 9:00 p.m.
  • Bingo from 9:30 to 10:30 p.m.
  • Dance beginning at 9:30 p.m.

• For more information on MSCA, like us on Facebook (mymsca) and follow us on Twitter (@myMSCA).
References


Corie Schoeneberg, EdS is a Licensed Professional Counselor (MO & VA), Registered Play Therapist-Supervisor, and Board Certified Counselor. She is currently a Doctoral Candidate in the Counselor Education and Supervision PhD program at Regent University. Ms. Schoeneberg specializes early childhood mental health with an emphasis in trauma and attachment problems and has dedicated the bulk of her clinical practice to working with young children and their families through play therapy in a variety of settings. As a certified Professional School Counselor (K-8), Ms. Schoeneberg worked as an elementary school counselor in Missouri public schools. She has provided counseling services for adults, children, and families in the private practice, non-profit, and youth home settings. She is an adjunct instructor in the CACREP accredited clinical and school counseling programs of the University of Central Missouri and Regent University. She is the author of several book chapters and journal articles on trauma and creative interventions, and she is frequent presenter, including international and keynote presentations. Ms. Schoeneberg provides consultation services and interdisciplinary trainings for Pediatricians and Head Start programs regarding childhood mental health, and she is a research team member of Regent University’s Center for Addictions and Offender Research, targeting adjudicated adolescents with sexual offending behaviors. Additionally, she is a Past President for the Missouri Association for Play Therapy with four years of service on the state board as well as an additional four years of service on the International Association for Play Therapy Leadership Academy and University Education committees. Ms. Schoeneberg is currently the lead faculty member and program director for the post-graduate Children’s Mental Health Counseling Certificate program at the Ukraine Evangelical Theological Seminary in Kiev, which highly emphasizes the use of play therapy. This certificate program is a pioneering mental health program to include play therapy, and graduates of the program will be among some of the first play therapists in Ukraine.