

# Supporting Students with Disabilities in Trauma-Sensitive Schools

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**Trauma-sensitive schools create a space where all children can seek support without fear of escalating consequences.**

Some aspects of the experiences of students with disabilities may be best understood through a trauma-informed lens. Not all children with disabilities have been traumatized, neglected, or abused, although—tragically—many have (Jones et al., 2012). We do not wish to "pathologize disability." Rather than focus on traumatic events in the lives of students with disabilities, we encourage schools and educators to adopt a trauma-sensitive approach for *all* students. When schools design curricula and institute schoolwide changes to become trauma-sensitive, students with disabilities are particularly likely to benefit.

## Defining Traumatic Stress in Children

In adults, the defining symptoms of Posttraumatic Stress Disorder (PTSD) include re-experiencing, emotional numbing, and hypervigilance. Children who experience trauma present differently, influenced in part by their age and developmental level. A child may not be able to describe a traumatic event, but might re-enact the event through repetitive play, demonstrate sexualized or aggressive behavior, encounter unpleasant physical sensations, or experience sudden attacks of anger, fear, or sadness (van der Kolk, 2015).

Children's basic neurodevelopmental capacities develop differently under adverse or traumatic circumstances. The concept of *Developmental Trauma Disorder* proposed by van der Kolk (2017) offers a broader conceptualization of trauma that includes effects on attachment, biology, affect regulation, dissociation, behavioral regulation, cognition, and self-concept/personality. Informed by research on toxic stress (Johnson et al., 2013; Shonkoff et al., 2012) and complex trauma (Cook et al., 2005), researchers have continued to consider the impacts of trauma on development. At present, the umbrella term Trauma- and Stressor-Related Disorders (TSRD) is used by mental health professionals to capture the various conditions that can arise when exposure to stressors or trauma has a significant and negative impact on individuals' lives and influences their everyday functioning (APA, 2013).

It can be difficult to differentiate the features of TSRD from the features of other neurodevelopmental disorders such as Attention-Deficit/Hyperactivity Disorder, Autism Spectrum Disorder, and learning disabilities (Prock & Fogler, 2018). A learner's outburst in the classroom can be attributed to various factors, such as difficulty with an assignment, a conflict with a peer or teacher, or feeling frustration with the child's own physical or neuro-developmental limitations. In the presence of traumatic triggers that may not be evident to classroom staff, the learner's anger can result in confusion for the staff, declines in staff morale, or "symptom chasing" (such as not recognizing a TSRD-related dissociation and instead treating it as "inattention.") Unfortunately, behaviors exhibited by students with disabilities are often mis-attributed to "poor conduct" when they are, in fact, traumatic stress reactions. For example, a child engaging in repetitive behaviors may be perceived as "noncompliant" or a student with autism may be required to stop rocking; yet these may be strategies that these students use to manage traumatic stress reactions.

## Interactions Between Trauma and Disability

The "Adverse Childhood Experiences Study" (ACES) found that certain stressful early childhood events and experiences can impact health and developmental outcomes (Felitti et al., 1998). Although the presence of a disability isn't formally considered to be an ACE, children with a wide range of disabilities are at greater risk for abuse and neglect (Jones et al., 2012). The experience of having a disability, while not inherently "traumatic," can lead to traumatizing experiences for some students and their families.

Children who have experienced trauma often have significant difficulty with self-regulation (Saxe et al., 2005), including difficulty controlling emotions, behavior, and attention. It's important to note that developmental challenges—such as ADHD or anxiety disorders—can be exacerbated by trauma (Fogler & Phelps, 2018). Students with disabilities are both more likely to experience traumatizing events, such as abuse or neglect, and to have greater difficulty with self-regulation after a traumatic event has occurred.

## Becoming Trauma-Sensitive

Trauma-sensitive schools create an environment where all children feel safe and secure. When students with disabilities feel safe and have a sense that they "belong" in their school environment—whether or not they have experienced trauma—they feel less isolated and are better able to develop social competence and positive coping skills. The effectiveness of the services that schools can provide is also increased when schools adopt a trauma-sensitive approach (Gregory & Nichols, 2018). Trauma-sensitive schools also recognize the impact of trauma on students' developing brains (Plumb, Bush, & Kersevich, 2016). They emphasize understanding students' learning needs in combination with their needs to support, manage, and regulate their emotions, attention, and behaviors.

The following are examples of cases that are familiar to us as psychologists who have worked with schools. All names are pseudonyms.

Maria is a 9-year old with Down Syndrome and a history of traumatic stress who receives special education support in a mainstream elementary school setting. When she becomes overwhelmed, Maria tries to escape from tasks or from the situation, which can be quite disruptive. When Maria was provided some options, she felt safer and could better regulate herself. By alternating between her teacher's "plans" to teach a lesson and Maria's "plan" to take breaks—augmented with a visual chart—both Maria and the teachers and staff she worked with felt more secure in the classroom environment.

Jerry is a 12-year-old middle school student with a history of institutionalization and fetal alcohol exposure. For Jerry, an outward sign that he is having a trauma-related response and is feeling dysregulated is that he appears particularly disheveled and more irritated than usual. When he presents this way in school, Jerry's teachers know that he benefits from extra support during transitions between classes, especially in crowded hallways. Allowing Jerry a small comfort behavior (stopping at the nurse's office) and arranging for one of his preferred teachers to "happen to run into him" to chat in the hallway helps calm Jerry and reduces the likelihood he will become verbally or physically aggressive.

## The Role of the School

It is beyond the scope of practice for school leaders or teachers to "identify" or "treat" trauma. However, it can be critically important for school staff to recognize the signs and symptoms of traumatic stress and know when to refer the student and family for professional help. The following principles can cultivate a trauma-sensitive school environment:

Empower teachers to provide information about what works for a student with a disability in their classrooms, drawing from their experiences and understanding of their students.

Encourage staff to notice and document the antecedents, behaviors, and contingencies that might trigger a student's traumatic stress response. Encourage teachers to be curious detectives discovering a student's "dysregulation signature" (shifts in awareness, affect, and actions that can signal that a traumatic stress reaction might be occurring or—better yet—might be about to occur and can therefore potentially be interrupted with a skillful intervention) (Saxe et al., 2005).

Create ways for school team members to engage in this "detective work" together, comparing notes and debriefing about escalation and de-escalation episodes with particular students.

Encourage school teams to develop greater awareness of school-based triggers of the student with a disability and troubleshoot solutions to minimize the student's dysregulation responses. For example, in the case of Jerry, the

crowded hallways triggered Jerry's agitation.

## The Role of Teachers

There are specific approaches teachers can take to transform their classrooms into trauma-sensitive spaces.

*Be authentic and self-forgiving.* Teachers working with students who may be having a reaction to a traumatic event may be afraid of "making the wrong move" or retraumatizing the child. It is important to exercise their best-intended judgment as educators. It can be difficult to respond with reassuring care to an emotionally overwhelmed child, particularly when we are nervous. Yet, being their best authentic selves is the best way for teachers to convey caring and safety to a traumatized child (Prock & Fogler, 2018).

*Convey a sense of safety.* Through our calming words, in-class "quiet corners," and well-timed breaks, teachers can help students with disabilities to calm their overactive emotional systems, allowing their learning, attention, and higher-order cognition to come back "online" (Harvard Center on the Developing Child, 2020).

*Foster resilience.* Help students with disabilities master their fear constructively and seek appropriate help when needed. This may mean teaching a student nonverbal signals to indicate distress or identifying a go-to social story that can calm a student.

*Restore emotional equilibrium following triggering events.* After being dysregulated, students will often be in shock, unable to process the incident (Saxe et al., 2005). Lengthy discussions are likely to retrigger the student, particularly among learners with communication challenges. Instead, teachers are encouraged to wait until after the student has calmed. Then it will be easier for the student to make amends or make plans for how to better manage similar situations in the future.

*Take care of yourself.* Know when to step aside. For teachers who have been hurt, physically or emotionally, by a student with a disability who has experienced a traumatic stress episode, it can be exceedingly difficult to restore a sense of calm, nonjudgmental reassurance. Alternative team members may need to step in.

## Flexible Adaptation

Creating a trauma-sensitive school that is inclusive of students with disabilities is challenging but achievable. Teamwork, emotional support, understanding "problem behaviors" as a response to emotional distress, an attitude of curiosity about unexpected behaviors, and a strong sense of compassion will serve educators well. When trauma presentations combine with other disabilities, it is especially important to create an environment where all students feel safe to learn. We encourage teachers and school administrators to maintain a school environment that promotes safety and embraces an attitude of flexible adaptation to children's needs.

### Reflect & Discuss

- > Are teachers at your school trained for trauma-sensitive discipline, particularly seeing that "problem behaviors" may be strategies a student with a disability uses to cope? Do classroom teachers discuss behavior with special ed teachers?
- > In what ways could creating more trauma-sensitive environments and interactions improve your school's work with students with disabilities?

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