Words Matter

Impacts of Trauma on Language & Language-Based Learning in Children
How will you hear student voices in new ways?

How will your voice, your language change?

_For last year's words
belong to last year's language
And next year's words
await another voice._

-T.S. Eliot
Who’s here?

Educators?
School counselors?
Parents?
Psychotherapists?
Occupational therapists?
Speech & language pathologists?
Goal is to bring new awareness of...

- What trauma looks like, and related misperceptions
- The role of language within the educational setting
- Dyslexia and how it can be impacted by trauma
- Dysregulated kids **cannot** learn. Academics comes **after** regulation and relationship building. Anger is a form of dysregulated communication.
- New classroom strategies, suggestions, things to try, ways to change your language
Trauma overview

Causes, treatment
<table>
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<th>Trauma causes…</th>
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<tr>
<td>– Negative in utero experience</td>
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<tr>
<td>– Difficult birth</td>
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<tr>
<td>– Early health issues: child or parents</td>
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<tr>
<td>– Inconsistent caregiving</td>
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<tr>
<td>– Medical procedures</td>
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<tr>
<td>– Unsafe home or neighborhood</td>
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<td>– Witnessing domestic violence</td>
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<tr>
<td>– Physical, sexual, emotional abuse</td>
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<tr>
<td>– Hunger</td>
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<tr>
<td>– Incarceration of parents</td>
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<td>– Natural disasters</td>
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<tr>
<td>– War</td>
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<tr>
<td>– Accidents</td>
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<td>– Chronic stress or neglect</td>
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What trauma isn’t…

*Trauma is not in the event itself; rather, trauma resides in the nervous system.*

-Dr. Peter Levine

*Trauma is not a cognitive deficit. It’s puzzling that we use cognitive approaches to try and treat it…*

-Dr. Bessel van der Kolk
## Treating trauma and related attachment issues...

<table>
<thead>
<tr>
<th>DIRECTLY</th>
<th>INDIRECTLY</th>
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<tr>
<td>- Trauma trained school counselors</td>
<td>- Create emotional safety within school and classrooms</td>
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<tr>
<td>- Referring students out to specialized trauma/attachment therapists</td>
<td>- Build relationships</td>
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<tr>
<td>- Movement-based after school activities</td>
<td>- Build body awareness</td>
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<td>- Increase sensory experiences</td>
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<td>- Get the body moving</td>
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What children/teens impacted by trauma may look like...

- Hyperactive, quick to startle
- Looking for a fight
- Argumentative
- Jumpy, restless
- Sleepy, shy, removed
- Inattentive
- Won’t do their work

They may not have an IEP or their diagnosis may be ADHD, anxiety, depression, or conduct disorder.
Big picture...

Societal issues impact your ability to teach
Societal issues underpin academic challenges
Teachers are also burdened by...
But for today...

We’ll focus on classroom issues
Do you know a child who...

- Talks off topic?
- Is silent when you say, “Use your words?”
- Communicates well with adults but not peers?
- Never quite exactly follows directions?
- Rambles on and on when asked a simple question?
- Gets anxious in social situations?
- Accuses you of yelling at them?
These all relate to language!
Communication pieces

Sender

Message

Receiver

Feedback
Language & the brain. Big changes in thinking!

No language centers, as previously thought. Language crosses multiple aspects of the brain. Interconnectivity rules!
Aspects of speech therapy

- **SPEECH**
  - Motor Act
  - Prosody
    - Rate
    - Rhythm
    - Emotion
    - Pause
    - Intonation
  - Articulation
    - Production of individual sounds
  - Voice
    - Resonance
    - Quality
    - Pitch
    - Volume
Aspects of language therapy
Auditory processing disorder (ADP)...

- Difficulty in decoding spoken language
- 7-20% is estimated prevalence in children
- Probably higher in kids from a trauma background
Children with APD may demonstrate...

- Difficulty working in groups
- Struggle to answer questions
- Cannot remember instructions
- Startle to loud sounds
- Seem lost in conversation
- Often say, “huh”
- Use a loud tone of voice
- Distracted by background noise
What we say isn’t what they hear…

We say…

*Meet me at the front door.*

They hear…

*Beat me to the front door.*
Auditory misperception…

“Bad moon on the rise.” (we say)

“Bathroom on the right” (they hear)
Pragmatics issues...

Social use of language

– What we say
– How we say it
– Body language, eye contact
– Appropriate to situation & listener
Children with pragmatic language disorder may demonstrate...

- Difficulty in introducing topics
- Struggle to stay on topic
- Tell stories in a disorganized way
- Have little variety in language use
- Unable to reappraise when misunderstood
- Struggle with use of non-verbal signals
- Difficulty with facial expression and eye contact
DOES ANYONE KNOW WHERE WE KEEP THE UNWRITTEN RULES?
Listening & speaking is the foundation for reading and writing

If the child experiences any deficits in the foundational language areas such as listening and speaking, he will most certainly experience difficulties in the more complex areas of language which is reading and writing.

- Tatyana Elleseff, CCC-SLP
Dyslexia
Definition according to the International Dyslexia Association

“Dyslexia is a specific learning disability that is neurobiological in origin. It is characterized by difficulties with accurate and/or fluent word recognition and by poor spelling and decoding abilities. These difficulties typically result from a deficit in the phonological component of language that is often unexpected in relation to other cognitive abilities and the provision of effective classroom instruction.”
Poor reading skills…

Is it dyslexia? Is it trauma?

Is it both?
Treating dyslexia without ferreting out components in an individual child is like... taking an antacid for chest pain or having open heart surgery for indigestion.
Connecting trauma, language, academics, & behavior

Schools hold only 1/3 of the healing pieces
Treating trauma/attachment in children: 3-legged stool

**Parenting**
- Nurture & structure
- Attachment capacity
- Overall health

**Therapy**
- Trauma
- Attachment
- Sensory
- Language

**Academics**
- Trauma trained
- Attachment capacity
- Whole school
How much language is being developed by children in these environments...?
The beginnings of attachment & language

 Builds trust, sense of safety, ability to connect to others. Foundational for all relationships in life. The roots of verbal & non-verbal language.
Still Face Experiment

Dr. Edward Tronick

How little it takes for a baby to be dysregulated…
Did you realize?

- Reciprocity is largely learned through language
- Attachment & language develop at the same time
- Cause and effect is rooted in mother's language to baby
- Language centers are programmed to work in calm
- Self-regulation is rooted in mother's verbal and non-verbal reflections on baby's internal state
Regulate the brain first...

Then relate to the student

Lastly, are the opportunities to teach

The Three R’s: Reaching The Learning Brain

Dr Bruce Perry, a pioneering neuroscientist in the field of trauma, has shown us that to help a vulnerable child to learn, think and reflect, we need to intervene in a simple sequence.

First: We must help the child to regulate and calm their fight/flight/freeze responses.

Second: We must relate and connect with the child through an attuned and sensitive relationship.

Third: We can support the child to reflect, learn, remember, articulate and become self-assured.
A regulated and relational brain...

...stays within it’s window of tolerance

Students with a trauma background cannot do this themselves. They need you to help.
Top of the brain i.e. thinking

…cannot happen if the middle and bottom parts of the brain are not regulated
Kids will generally make good choices if they are able...

Underneath poor choices, what we call misbehaviors is...

| - Sensory overload | - Emotional abuse |
| - Anxiety          | - Sexual abuse    |
| - Shame            | - Physical abuse  |
| - Embarrassment    | - Sleep deprivation |
| - Fear             | - Hunger          |
Changing Our Language

Talking to students
Talking about students
Talking to ourselves
Talking to students

- Questions instead of directives i.e. “Where should you be?”
- Give choices. “Do you want to use a pen or a pencil?” Instead of “Get to work.”
- Calm, measured tone
- When repeating directions, use the same tone of voice (no change in volume)
- Instead of “Use your words,” try, “I wonder if you’re feeling…”
Talking about students

– Instead of, “He’s always angry,” try, Maybe he doesn’t have the language to ask for help.”

– Rather than, “She so controlling and bossy,” say, “I bet she doesn’t feel safe.”

– Instead of, “He refuses to participate,” consider, “Maybe his language skills have gaps.”

– Rather than, “Her parents are weird!” say, “I wonder if I can learn about their perspective?”
Talking to yourself (self-talk)

– Instead of “I can’t do this,” re-frame it to “I can try again tomorrow.”
– Rather than “I always get so rattled,” try “I used to get so rattled.”
– Instead of “No matter what I do, I can’t control them,” say “I try new things every day!”
– Rather than, “They beat me down,” say “Today was rough but I’m strong.”
– Instead of, ”This is too hard!” try, “I can do hard things!”
Anger

Usually covers up:

Fear, anxiety, shame, embarrassment
Dysfunction of anger

- **If** a child is stressed for prolonged periods of time, instead of feeling anxious and fearful only when the threat happens, they may live in an on-going state of fear. (Dr. Bruce Perry)

- **When** the fight or flight instinct is extreme or frequent, an individual will become overly sensitized and will over-react to minor challenges. (Dr. Bruce Perry)

- **Stress** & anger hormones include adrenaline, cortisol, norepinephrine. Repeated exposure to these causes short and long-term health problems. (Dr. Dan Siegel, Dr. Bruce Perry)
Strategies for reducing anger

- Neural networks change in response to repetitive, rhythmic activities — dancing, drumming, singing. (Dr. Bruce Perry)
- Practice calming/relaxation tools when not needed, when child is calm. (Dr. Karyn Purvis)
- Cross lateral activities are calming and increase serotonin. (Dr. Karyn Purvis)
- Hydration every two hours helps maintain appropriate levels of glutamate which is related to aggression and volatility, and may improve cognition. (Dr. Karyn Purvis, Dr. CJ Edmonds)
- Keep voice slow, calm, playful (Dr. Karyn Purvis, Dr. Stephen Porges)
Where traumatized children are concerned, the last things we should be cutting from school schedules are the activities that can do precisely that [move out of fight-flight states]: chorus, physical education, recess, and anything else that involves movement, play, and other forms of joyful engagement.

—Dr. Bessel van der Kolk
Classroom strategies

Consider these…
Self regulation: check yourself

If teacher ain’t calm, ain’t nobody calm!
Classroom regulation...

Addressing one misbehaving child or teen may lead to:
- Feelings of shame
- Feelings of embarrassment
- Ridicule of student during recess or lunch
- Targeting of student between classes

Turning one child’s misbehavior into a class-wide brain break may lead to:
- Increased blood flow in all
- Reduced anxiety in all
- Sense of self-regulation in all
- More attention and focus by all
- Increased serotonin in all
Meet each child’s emotional needs (regulate then relate)
Build relationships through smiles and laughter, and silliness!
Intersperse brain breaks
(change of activity, physical movement)
Sprinkle teachable moments
(tiny, unconventional ways to teach the curriculum)
More sprinkling of teachable moments
Wrap up...

What new thoughts or ideas are you taking away?
Resources...

- Trauma Through a Child’s Eyes: Awakening the Ordinary Miracle of Healing
- Reaching and Teaching Children Who Hurt: Strategies for Your Classroom
- The Body Keeps the Score
- Communicating Trauma: Clinical Presentations and Interventions with Traumatized Children
- Spark: The Revolutionary New Science of Exercise and the Brain
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