Premier’s Anika Foundation Youth Depression Awareness Teacher’s Scholarship

Fostering Post Traumatic Growth to Promote Youth Mental Health and Resilience

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All young people experience adversity during life and the majority will also experience at least one traumatic event, with many young people experiencing complex, ongoing trauma (Joseph, 2011). Research shows that up to 25 per cent of children have experienced trauma by the age of four (Briggs-Gowan et al, 2010) and 75 per cent will do so during their lifetime (Joseph, 2011). Traumatic childhood experiences are strongly correlated with a significantly increased risk of depression, suicide attempts, drug abuse and poor physical health (Felitti et al, 1998). There is also strong empirical evidence to show that traumatic experiences can significantly affect the fundamental functioning of the brain, impacting on memory and concentration as well as significant behavioural and learning difficulties (Blaustein and Kinniburgh, 2010).

Although trauma is often associated with purely negative outcomes, there is a growing body of evidence showing that it is also possible to experience positive psychological growth after trauma, referred to as post traumatic growth (PTG). Many people report that, despite the significant difficulties following a trauma, they also experience an improvement in at least one element of their life, such as a growth in self-understanding, positive relationships, personal strengths and/or a greater appreciation of life (Tedeschi and Calhoun, 2004).

The concept of PTG has largely been studied with adults; very little research has examined the difference in PTG between adults and children/young people. Nor has the impact and role of the school environment been studied adequately. With the aforementioned statistics, it is evident that trauma is a very common experience for young people and it is one of the most significant contributors to mental health issues and emotional difficulties (Blaustein and Kinniburgh, 2010). Research tells us that young people who are resilient, optimistic and have social support will recover more quickly than those who don’t, but there has been little to no research to show how the school environment or classroom can promote conditions not just for recovery, but for positive growth and flourishing after trauma.

Scholarship focus

What can we do as classroom teachers, school counsellors, support staff and carers to give students the best chance to recover from their traumatic experiences and then to grow, thrive and achieve their full potential?

My study tour involved visiting some of the highest profile researchers, psychologists and programs that are working with traumatised young people, with a focus on resilience, recovery and positive mental health. Through this focus I aimed to gather and collate elements of the best practice research and programs for working with traumatised young people, developing a deeper understanding of the role of the school environment in providing the conditions for PTG.

Part One: Kansas and the ARC Model

*Trauma Smart Program*

The Trauma Smart program initially started in Kansas when the Head Start program identified a need for more in-depth support and early intervention for traumatised children than the regular preschool settings and the sparse individual therapy that was available provided. The program (essentially a preschool for traumatised children) was developed using the Attachment, Self-regulation and Competency (ARC) intervention model developed by Kristine Kinniburgh and Margaret Blaustein at the Trauma Centre in Boston, Massachusetts (2010).

The ARC model became a common theme throughout my study tour visits. The model uses a simple, flexible framework based on the understanding that young children who have been traumatised often feel extremely unsafe and that their behaviour will often reflect that. It firstly builds the foundations for a secure and positive relationship with the young person by attuning to the meaning behind their behaviours and understanding their behavioural and emotional triggers. Once a safe relationship has been built, the young person begins to learn the skills of self-regulation and emotional competency. This model allows for staff and carers to build an understanding of the individual impact of trauma on the child and providing the conditions for recovery and resilience.

A standout element of the Trauma Smart model was that training in the model is given to all staff (not just teachers/clinicians), ensuring that children experience similar responses and environmental outcomes from many, if not all, of the adults they come into contact with.

*The Toxic Stress Project*

The Toxic Stress project involves identifying high risk families with young children in the home who are experiencing toxic stress (complex trauma). The 10 sessions of home visits upskill parents to respond calmly and effectively to the needs of their children in an effort to reduce cortisol (a stress hormone) levels. The project is based on the Attachment Bio-behavioural Catch-up (ABC) framework and the sessions involve following themes such as nurturing, following the child’s lead and ‘delighting’ in the child. The project in Kansas is in its early stages and is currently being evaluated with research that measures children’s cortisol levels before and after implementation of the project.

The elements of the project that were particularly impressive were the family home being used as the therapeutic base, the child-focused approach and the continuous positive feedback given to the mother. The fundamental focus was on building a safe and secure attachment between the child and caregiver.

Part Two: New Orleans and Hurricane Katrina

On August 29, 2005, the infamous Hurricane Katrina hit New Orleans, Louisiana. Within hours the hurricane had devastated the city, killing more than 1,000 people and completely devastating whole communities.

Project Fleur-de-lis was developed by Douglas Walker very soon after the hurricane. Dr Walker identified that both students and staff returning to schools would likely be traumatised, but were unlikely to have had access to mental health services. Project Fleur-de-lis was developed as a way to support mental-health staff in schools to deliver trauma-informed therapy to students who were displaying serious symptoms of mental health issues as a result of Katrina.

The Project uses a three-tiered model based on evidence informed practice. The first tier involves implementing ‘psychological first-aid’ and identifying students who are likely to benefit from more intensive therapy. The second tier involves implementing Cognitive Behavioural Intervention for Trauma in Schools (CBITS), a group program that starts by working on calming and relaxation strategies, then works towards trauma desensitisation. The third tier is Trauma Focused Cognitive Behavioural Therapy (TFCBT), which is a one-to-one therapeutic model, similar to CBITS, but with a stronger focus on telling the trauma narrative. Students are screened for the program using a variety of trauma questionnaires and mental health screeners to determine which tier will be most appropriate for them.

On commencing the project, the practitioners noted that many students were also presenting with other traumas, such as family and gang violence, which were unrelated to the hurricane. As a result, over the last decade the focus of the program has shifted and continues to be implemented for children who have experienced any number of traumas.

One of the most common criticisms of mental health and resilience building programs delivered after natural disasters is that they are simply implemented too late. The time that it takes for governments to produce funds and remove red tape often means that it is one or two years before evidence-based programs are implemented in schools. Project Fleur-de-lis has captured my attention with its readiness; -the program has been developed and matured over a 10-year period, is applicable to a variety of traumatic events, and can be readily implemented at any stage.

Part Three: Boston

*Project SHIFA*

Project SHIFA was developed through Boston Children’s Hospital as a way to support Somali refugee students with their mental health and building resilience and community connections. The program is offered to the entire Somali population in participating schools, regardless of mental health status. In this way, the program responds to students with mental health difficulties as well as those who are simply experiencing the challenges of settling in to a new country and community.

The SHIFA program also uses a three-tier model. The first tier involves working with the school and Somali community on stigma reduction and community awareness about mental health and cultural issues. The second tier is a school-based group program that involves a mental health worker such as a psychologist working in conjunction with a ‘cultural broker’, a member of the Somali community whose role is to bring cultural understanding, support for students in understanding the role of the clinician/mental health and, importantly, build a relevant supportive adult connection for the students. Through this group program, students who need more intensive individual or family interventions are identified for the mental health worker and cultural broker to provide more intensive therapy through home visits. The program also upskills the school staff on mental health and cultural issues relevant to the Somali refugee experience.

This project has some very significant strengths, including that it targets the entire Somali population and uses of a cultural broker to broach community barriers. The program has already been expanded to have a successful Bhutanese program, demonstrating its potential for use across cultures, and research is currently being conducted to investigate the possibility of a multicultural group.

*Trauma Sensitive Schools*

The leading model for Trauma Informed/Sensitive Schools arose through a collaborations between Harvard Law School and the Massachusetts Advocates for Children. The Trauma and Learning Policy Initiative (TLPI) have published two very popular books that guide schools in becoming trauma informed (Cole, 2005a, 2005b). I visited Harvard Law School to meet with the lead author, Susan Cole, and then visited two schools in Brockton (just outside Boston) that have been working with the TLPI framework for more than five years.

The TLPI framework uses the aforementioned ARC model to provide a flexible framework for schools and communities to follow in order to become trauma informed. This process takes several years; the whole school staff become trained and informed in the potential impact of trauma and the best ways to work with and respond to traumatised students and to provide a safe and supportive learning environment. Similar to Australia’s Kids Matter framework, the model allows for schools to explore the areas in which they are already performing well, the areas that need strengthening and the areas that need reforming.

The two schools visited, Mary E Baker Elementary and Arnone Elementary School, had seen significant improvements in many areas as a result of becoming TLPI schools. Mary E Baker was able to report very significant increases in academic performance and attendance, decreases in suspensions and behaviour incidents, and a 40 per cent increase in staff attendance rates, which the principal believes is due to the increase in the sense of community and value felt by the teachers. Arnone Elementary School had similar results, also highlighting the importance of Positive Behavioral Interventions and Supports(Positive Behaviour for Learning) in the school and building positive relationships and understanding with staff. Both schools emphasized the importance of building community connections and were able to give some strong qualitative examples of individual students they believed had benefited enormously from the program.

The concept of trauma informed/trauma sensitive practice has been used in the United States for more than a decade, has been gaining momentum, is attracting a lot of attention internationally and has been implemented in several different countries very successfully. An independent school in Melbourne, Berry Street School, has had significant success in working as a trauma informed school. This is definitely an initiative to take into serious consideration.

Part Four: Israel

Visiting Israel was a unique opportunity to work with professionals who are developing trauma sensitive recovery programs in an environment where the majority of children have been, and continue to be, directly exposed to traumatic events. Surveys and research conducted in 2007 indicated that one-third of children living in Israel had been directly exposed to terrorist attacks, and as many as one-quarter reported that they had experienced ‘near misses’ (Pat-Horenczyk, Abramovitz et al., 2007). The Resilience Unit in the Israel Centre for the Treatment of Psychotrauma was formed in 2002 as an initiative that recognised the significant impact of trauma on many different groups of people (particularly children) in Israel. The unit was formed to help develop programs that would aid recovery and build resilience in young people, educators and the first-response, populations such as firefighters and paramedics. The unit has developed several programs that I was fortunate enough to learn more about and to see in action.

*Building Resilience Project*

The Building Resilience Project (BRP) was developed by Naomi Baum as a program that could be implemented across disciplines to work with both young people and educators (Baum, 2005). The project recognises that the school environment is one of the most effective places for accessing children, and focuses on giving teachers the skills to build resilience and support mental health and recovery in young people. The first step in the program is to give teachers the skills to identify the impact of trauma in their own lives and, their own strengths and weaknesses and to build their own capacity for seeking support. It is not until these skills are in place that the teachers are taught the activities they can use with the students in their classes to build resilience. These include relaxation activities, focusing on identifying fears and emotions, and finding hope and meaning in difficult situations.

The simplicity and effectiveness of the BRP model has led to it being used in many different settings and across continents. The focus on building teacher resilience is an unusual, yet extremely logical, element of the program that appears to add to effectiveness, participation and engagement in the program.

*Building Emotion and Affect Regulation Program*

The Building Emotion and Affect Regulation (BEAR) program was recently developed with the recognition that emotion regulation is one of the key difficulties experienced by young people who have experienced trauma. The program was designed for groups of children ages 7 to 12 who have experienced trauma/adversity and uses elements of mindfulness, Cognitive Behavioural Therapy and narrative strategies to deliver creative and fun activities to explore the concept of emotion regulation. The program is available in English, Arabic and Hebrew, allowing it to be implemented across cultures in Israel.

I was fortunate to visit a school that had been implementing the BEAR program in Jerusalem after a traumatic event had occurred at the school. The Hand in Hand school is a bilingual school that teaches both Arabic and Jewish children in Jerusalem, an unusual format for an Israeli school and one that has been embraced and also heavily critiqued within different segments of the community. Earlier in the year part of the school had been burned down, allegedly as a political statement against the bilingual nature of the school. The school counsellors at the school reported seeing major benefits of running the program, finding it easy and enjoyable to administer and noticing a marked difference in the students who participated.

*Sderot – Parent’s Place*

The Parent’s Place program was designed for parents living in Sderot, near the Gaza strip, who are under constant stress and threat from missiles and violence. The program was designed to give parents the skills to strengthen their attachment and attunement to their children. Despite having no common author and coming from different theoretical frameworks, the components of the program bore a remarkable similarity to that of the Toxic Stress program I had visited in Kansas, with some variation around cultural identity. The program involves training educational staff, running individual and group therapy programs for parents and monthly lectures about parenting and child development.

Part Five: Lithuania

*European Society for Traumatic Stress Studies Biennial Conference*

The European Society for Traumatic Stress Studies (ESTSS) Biennial Conference, held every two years in Europe, is an opportunity for many of the world’s leading researchers and practitioners in trauma to come together, explore and discuss the most effective ways of working with trauma. The conference was an effective aid for me to reflect on the programs and research that I had seen and discussed throughout my scholarship. Some common themes were evident throughout the conference, including a focus on the concept of post traumatic growth, but with a continued evident lack of research on working with the younger population, and an emerging focus on the concept of trauma informed practice, particularly trauma informed schools.

Discussion

It is challenging to draw together the wide variety of programs, research and evidence that I experienced during this study tour. It is perhaps useful to examine the elements that appeared as effective commonalities across many of the programs, as well as some of the individual and unusual elements that made programs really stand out.

*Common Elements*

* + Calming/emotion regulation – Difficulties with emotion regulation is one of the most common identified elements for young people who have experienced trauma and arose as a key program focus across cultures.
  + Training all staff –Several of the most effective programs trained notonly their educators, but the ground staff such as receptionists, janitors, canteen workers and bus drivers in the model they were delivering. This allowed for young traumatised people to be receiving the same responses and messages from all the adults they came into contact with, allowing for safe, predictable routines and boundaries to be built. This is consistently reiterated as essential in trauma literature.
  + Response to intervention – Many programs used the famous three-tiered response to intervention model, focusing broader interventions on the wider school population, smaller group intervention on a targeted traumatised population and then intensive individual work with students with the most significant trauma-related difficulties.
  + Length – Consistently, the interventions with solid empirical support for ongoing and long-lasting change were programs (such as TLPI, Trauma Smart and the SHIFA program) that took months or even years to implement and involved ongoing support after implementation.

*Stand-out elements:*

* + Early childhood – The focus in Kansas on implementation of trauma recovery projects in early childhood is unique and obviously logical, building resiliency, flexibility and community support from an early age.
  + Cultural brokers – An element unique to the SHIFA program, working in conjunction with a respected member of the target community allowed the program to break down the cultural stigma of mental health/illness and gave otherwise difficult-to-gain access to the community.
  + Readiness – The Fleur-de-lis Project and the Build Resilience Project are both programs that have been designed to work flexibly in a variety of traumatic circumstances, have relationships with schools/the local education departments, and are ready to be implemented with very little notice. With the consistent criticism that many post-trauma programs take far too long to be implemented, this is an element that is highly valued.

Conclusion

Working with young people who have experienced significant and complex traumas provides some of the most challenging (and often heartbreaking) experiences that we have as educators and mental health professionals. Within the context of trauma, the concept of post traumatic growth is an exciting one, giving some hope and meaning to some of the terrible adversities experienced by young people across the world.

The NSW Premier’s Anika Foundation Youth Depression Awareness Teacher’s Scholarship gave me the unique and valuable opportunity to explore some of the ways that we can work innovatively and positively with traumatised young people in the school environment. The programs and research show overwhelmingly that using the school environment to build connections and relationships with young people in a trauma sensitive manner is one of the most powerful ways that we can foster the conditions for recovery, resilience and growth after trauma.

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