Trauma-Informed Intervention for Students with Communication Disorders: Practical Strategies

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ABSTRACT

Current statistics show that increasing numbers of culturally and linguistically diverse (CLD) students are coming to school with backgrounds that include traumatic experiences (Hyter, 2020). In order to create safe spaces for these students and foster inclusion in a manner that promotes equity and access to the school curriculum, professionals (including speech-language pathologists and audiologists) must engage in trauma-informed services. It is important for professionals to demonstrate cultural humility as they learn about ways to engage in these services (Campos et al., 2020). In this poster session, practical, research-based strategies for effectively carrying out trauma-informed intervention for students and their families are presented.

This poster is based on the advice of Indigenous education scholar Eve Tuck (Unangax̂) who asks that we turn away from damage-centered trauma approaches and create space for the complexities of resilience, determination, and desire for change in our students and communities. A strengths-based approach emphasizing students' and families' resilience is emphasized.

PURPOSE

Recent research indicates that students, especially those from CLD backgrounds, are coming to school with backgrounds which include traumatic experiences (Ciolino et al., 2021; Hyter, 2021; Rosebery-McKibbin, 2022). Due to the increasing number of students in our schools from immigrant/refugee families who have experienced traumatic life events, it is especially important to understand the impact of trauma (see Figure 1). Experiences that can induce trauma in students include, but are not limited to, the following:

1.   Being highly mobile and having interrupted school opportunities
2.   Experiencing homelessness and chaos
3.   Living in crime-prone areas
4.   Experiencing neglect and/or abuse

Neglect is the most commonly occurring form of maltreatment, and it is not necessarily tied to poverty; many forms of neglect occur within the context of adequate resources (Snow, 2019). When children experience maltreatment in the form of neglect, abuse, or both, they often have long-lasting physical, emotional, and cognitive consequences as a result of their exposure to traumatic events (Hyter, 2021). This is called *complex trauma* (Ciolino et al., 2021). Students who have experienced complex trauma may present with deficits in narrative cohesion, narrative coherence, expository content, expository structure, and expository coherence (Ciolino et al., 2021). Recent research has shown a relationship between neglect due to maternal depression in mothers experiencing poverty and negative impacts on their children's developing language (Towson et al., 2020; Treat et al., 2020).

Chaos, one form of trauma, may occur at the microsystem level, or in children's family environment. Rapidly changing family environments and chaos within those environments can negatively impact children's language and executive functioning skills. Specifically, vocabulary, reading skills, and phonological awareness skills may be negatively affected. For students, communicating in the discourse of the classroom, self-regulating learning, and following classroom routines may be challenging indeed. Students frequently show deficits in social pragmatic skills as well as discourse as well as with taking others' perspectives (Hyter, 2020). Given recent worldwide events (natural disasters such as fires and floods; experiences in war and refugee camps; COVID-19 pandemic), many children on SLPs' caseloads are currently experiencing chaos.

PROCEDURES

The authors implemented trauma-informed intervention strategies for public school students ranging from 3-18 years of age. These included the following strategies: (Ciolino et al., 2021; Dweck, 2016; Hyter, 2020, 2021; National Education Association, 2021; Palafox, 2019; Rosa-Lugo et al., 2020; Roseberry-McKibbin, 2022; Snow, 2019, 2021; Sultana et al., 2020; Towson et al., 2020; Treat et al., 2020; Westernoff et al., 2021.)

1. Provide the student with some control over the context. For example, present the therapy activities for the session at the beginning. Let the student decide the order of the activities. Gradually decrease the amount of therapy time spent on drill (see Figure 2) and increase the child's control/choice of activities (see Figure 3). In another example, provide the students with books and let them choose which ones they want to read or have read to them.

2. Respect the student's boundaries by being consistent.

3. Allow students to play. It can help to have even 5-minute play breaks, in addition to recess, for students to express themselves through hands-on, physical play.

4. Incorporate art, music, and physical movement into therapy. Many students, for example, are able to express themselves better through drawing than verbalizing what has happened to them.

5. Discuss the language of feelings. Help students label and describe feelings with a wide range of descriptors that go beyond the typical "happy-sad-mad." Show them how to express feelings constructively rather than through tantrums or physical violence (e.g., hitting the clinician or other students).

6. Use puppets to model social interactions. Sometimes students express themselves more easily through puppets and can learn social interaction skills like turn taking, topic maintenance, greeting others, and other skills.

7. Use social stories to help students develop theory of mind and appropriate interactions with others.

8. Have students create a Trip to the Future. Help them create a vision for the life they want.

9. Focus on narrative skills. Model narratives by talking about activities relevant to the student. Discuss what happened before, during, and after the activities took place.

10. Make story books about routine events in students' lives such as getting ready for school, making dinner, etc. Include drawings or photos of the student's actions, and then retell the stories to "cement" them in memory.

11. Dialogue journals can help students write out their emotion and experiences. Through the reciprocal process of dialogue journaling with students, professionals can become more aware of students' emotional needs and how to meet them.

12. Tap into the base of knowledge and core of resilience that trauma-exposed students bring to the educational process. View them through the lens of an asset-based stance that focuses on their resilience, determination, talents, and skills that will be key to fulfilling their future hopes and dreams.

13. Train students to use positive self-talk and develop a growth mindset. They can learn to choose between learned helplessness (a result of the trauma) and the ability to work hard and make good choices in order to experience positive consequences.

14. Using a restorative justice approach to student misconduct considers trauma-exposed students through a restorative lens as we appreciate their assets and work together toward their healing.

15. Instead of seating students at a traditional table, sit on bean bags, plush chairs, or simply on the floor. Removing the formal boundaries of sitting still at a table encourages students to be relaxed and express themselves freely.

16. Start each therapy session with a "high and low" of the day. This encourages students to express their achievements, but also allows for conversations surrounding difficult topics they might not have otherwise initiated conversations about.

17. Incorporate therapy activities around the language of feelings during articulation therapy. For example, instead of using traditional articulation cards, target "emotional vocabulary" that include the student's target sounds.

18. Encourage students to be open about expressing their feelings. If a student is displaying a non-preferred behavior, model language such as, "I'm upset," "I'm angry," to demonstrate how to use language, rather than behavior, to express themselves.

19. If allowed by your district, allow students to call you by your first name (e.g., Ms. Hailey, Miss Celeste), to encourage the student to be comfortable sharing personal details about their lives. This provides students to view you as a role of a confidant, rather than a teacher or authority figure.

20. Become comfortable with limited eye contact with students, even those that are typically developing. Sometimes it is difficult for students to look at you directly while they are sharing their feelings or experiences.

21. If possible, observe your students interacting with their peers during recess and break times. This allows you to gain a deeper understanding of the student's socio-emotional wellbeing at school.

22. If a student is reluctant to have attention drawn to them when they are called out of class to go to therapy, allow them to (occasionally) bring a friend with them - even if their friend isn't receiving speech therapy. This can help reduce the fear of leaving class alone, or any preconceived notions of what their peers might think of them.

RESULTS

The qualitative data/anecdotal clinical experiences of the authors are shared below in terms of the efficacy of using trauma-informed strategies:

1. Students became more cooperative in carrying out therapy tasks

2. Older students (teenagers) became more engaged during therapy and more motivated to generalize therapy targets into settings outside the therapy room.

3. Students focused better during therapy sessions and were not as distractible.

4. Greater gains were made in increasing speech and language skills.

DISCUSSION

Because of the increasing number of students and families in U.S. schools who have experienced trauma, conducting trauma-informed intervention has become a necessity. This poster session has shared specific strategies incorporated by the authors to contribute to an asset-based stance that focuses on students' and families' resilience, determination, talents, and skills in order to improve speech and language outcomes in treatment.

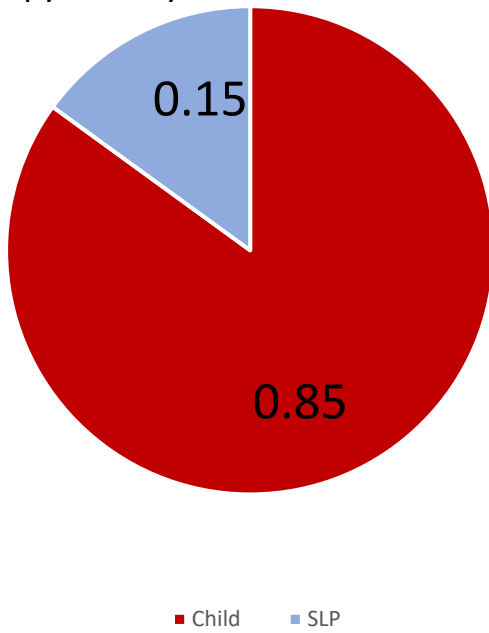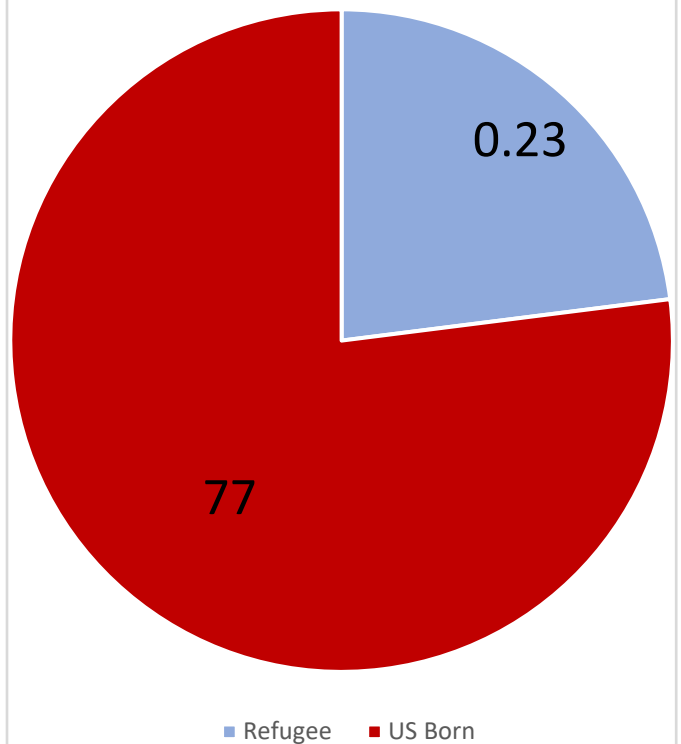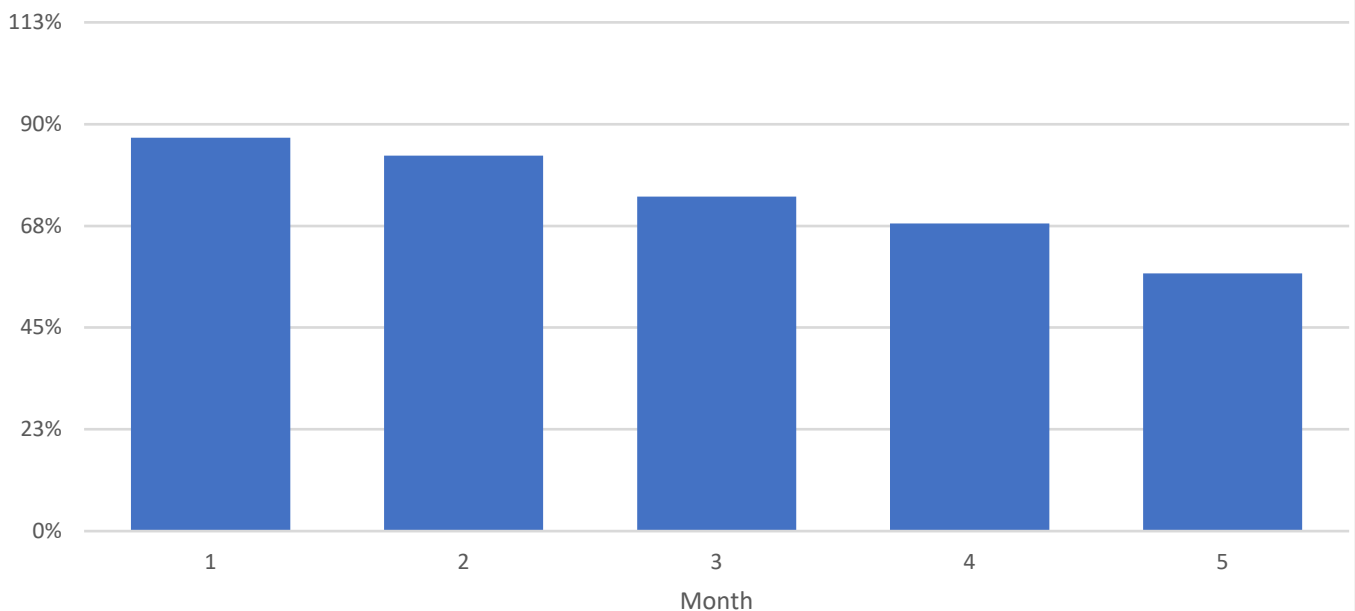Figure 3. Percentage of Child Therapy Activity Selection

0.15

0.85

■ Child ■ SLP

Figure 1. Percentage of US Born vs. Immigrant/Refugee Students

0.23

77

■ Refugee ■ US Born

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Figure 2. Percent of Therapy Time Spent on Direct Target Sound Drill

Month

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