Written Testimony Submitted for the Record to the
Maryland House of Delegates
Ways and Means Committee
State Department of Education – Guidelines on Trauma–Informed Approach (HB 277)

February 5, 2020

SUPPORT

Maryland PTA is the state’s oldest and largest child advocacy organization that serves as a powerful voice for all children, a relevant resource for families, schools and communities and a strong advocate for public education. We represent thousands of volunteer members in 900 public schools and we are comprised of families, students, teachers, administrators, and business as well as community leaders devoted to the educational success of children and family engagement in Maryland. For 105 years, our mission has been to make every child’s potential a reality by engaging and empowering families and communities to advocate for all children.

Maryland PTA submits this testimony in support of House Bill 277 (“HB 277”), which would establish the Trauma-Informed Schools Initiative in the State Department of Education (“MSDE”) to expand the use of the trauma-informed approach used in schools and to train schools intensively on becoming trauma-informed schools. HB 277 would also require MSDE to develop guidelines and a website on the trauma informed approach.

The effects of trauma on children are far more pervasive than adults imagine, i.e., children are not as resilient as we think. The National Survey of Children's Exposure to Violence found that over 60% of children surveyed experienced some form of trauma, crime, or abuse in the prior year, with some experiencing multiple traumas. Children and adolescents do not have the necessary coping skills to manage the impact of stressful or traumatic events. As many as one in three students who experience a traumatic event might exhibit symptoms of post-traumatic stress disorder (PTSD). Following a child's exposure to a traumatic event, parents and teachers are likely to observe the following symptoms:

- Re-experiencing: constantly thinking about the event, replaying it over in their minds, nightmares
- Avoidance: consciously trying to avoid engagement, trying not to think about the event
- Negative Cognitions and Mood: blaming others or self, diminished interest in pleasurable activities, inability to remember key aspects of the event
- Arousal: being on edge, being on the lookout, constantly being worried

Trauma-induced symptoms can affect a student’s ability to learn. Students might be distracted by intrusive thoughts that prevent them from paying attention in class, studying, or doing well on a test.
According to the Treatment and Services Adaptation Center, exposure to violence can lead to decreased IQ and reading ability. Some students might avoid going to school altogether.

Exposure to violence and other traumatic events can disrupt a child’s ability to relate to others and to successfully manage emotions. In the classroom setting, this can lead to poor behavior, which can result in reduced instructional time, suspensions, and expulsions. Long-term results of exposure to violence include lower grade point averages and reduced graduation rates, along with increased incidences of teen pregnancy, joblessness, and poverty.

According to the National Association of Social Workers, childhood stress can be thought of as a continuum that is normative on one end and toxic on the other. Positive, nurturing experiences in early childhood build the foundation for lifelong learning and good health. Conversely, adverse experiences during the time that the brain is most rapidly developing lead to the most severe impact on development. Developmentally appropriate stress helps build resiliency and coping skills. Toxic stress can affect brain development and other aspects of a child's health.

According to the Child Trauma Academy, when a child is threatened, various neurophysiological and neuroendocrine responses are initiated, and if they persist, there will be alterations in the key neural systems involved in the stress response, which are partly responsible for the hypervigilant fight, flight, or freeze state of many trauma-affected children. Trauma-affected children might have difficulty with emotional self-regulation and struggle to put feelings into words. Anger, often accompanied by physical aggression, might be their most readily expressed emotion. The National Association of Social Workers reports significant adversity in childhood is also linked to impaired cognitive and physical development. In fact, the more adversity a child faces, the greater the odds of long-term developmental consequences.

The Every Student Succeeds Act (Pub. L. 114–95) makes explicit provisions for trauma-informed approaches in student support and academic enrichment and in preparing and training school personnel. The federal law highlights the importance of school staff understanding that trauma-affected children are often mislabeled with attention deficit disorder, oppositional-defiant disorder, conduct disorder, and other diagnoses. Schools should respond to the needs of trauma-exposed students by integrating effective practices, programs, and procedures into all aspects of the organization and culture. The School of Mental Health describes universal screening for trauma exposure or traumatic stress reactions as another commonly advocated practice for responding to the needs of trauma-exposed students.

If implemented successfully, HB 277 would turn all Maryland schools into trauma-informed schools. A universal approach to screening and responding to trauma-affected students would help educators improve the learning experience for students who have suffered adverse experiences that had a severe developmental impact. Moreover, trauma-informed schools would prevent the re-traumatization of those students and enhance the learning environment for them.

The occurrence of school shootings and increased disciplinary problems in schools indicate and support the idea that our children are suffering the effects of traumatic experiences. Many children come to school after experiencing trauma and are expected to successfully meet the demands of the classroom in
spite of their negative experiences. It is time that we adjust our teaching strategies by creating more trauma responsive school systems that are positive, calm, and structured, and in which educators are focused and attuned to our children's emotional state and trained to de-escalate both their own and the children’s negative emotions when stress arises.

For the reasons stated above, Maryland PTA supports HB 277 and recommends a favorable vote.

Respectfully Submitted,

_Edna Harvin Battle_

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