

Applying Trauma Informed Strategies in School Settings

Key Practices to Integrate in Classrooms

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Trauma Facts for Educators

- Greater likelihood of performing below grade level
- Higher rates of office referrals, suspensions, and expulsions
- Decreased reading ability, language and verbal processing deficits, delays in expressive and receptive language
- Greater tendency to be **mis**classified with developmental delays or referred for special education services

National Child Traumatic Stress Network, 2014

The Invisible Backpack

- Trauma affects how children feel, behave, and think...
- What's in a student's invisible backpack?

Caring for Children Who've Experienced Trauma: Resource Parent Workshop, NCTSN (2010).

What you may see...

- ANGER, FRUSTRATION, DISRUPTION
- Anxiety, fear, and worry
- Changes in behavior (anger outbursts, change in academic performance, irritability, absenteeism)
- Heightened difficulty with authority, redirection, or criticism
- Emotional numbing
- Over or under reacting to environmental stimuli (sirens, physical contact, doors slamming, bells)
- Repetitive thoughts and comments about death or dying (including writing and artwork)



Applying Trauma Informed Strategies in School Settings

- Schools have an important role to play in providing stability and a safe space for children and connecting them to caring adults.
- Childhood trauma can have a direct, immediate, and potentially overwhelming impact on the ability of a child to learn.
- The first step is to understand who experiences trauma and why, and how it impacts learning.

Adverse Childhood Experiences

- Adverse childhood experiences (ACEs) are potentially traumatic events that can have negative, lasting effects on health and well-being.
- These experiences range from physical, emotional, or sexual abuse to parental divorce or the incarceration of a parent or guardian. Homelessness, poverty, loss or death of loved ones or friends, and exposure to violence.
- A growing body of research has sought to quantify the prevalence of adverse childhood experiences and illuminate their connection with negative behavioral and health outcomes, such as obesity, alcoholism, and depression, later in life.
- Research has found that the highest levels of risk for negative outcomes are associated with having experienced multiple adverse childhood experiences (ACEs).

Prevalence of ACEs

- Research suggests that between **half and two-thirds of all school-aged children** experience trauma
- Felitti, V.J., Anda, R.F., Nordenberg, D., Williamson, D.F., Spitz, A.M., Edwards, V., Koss, M.P., & Marks, J.S. (1998).
- 61% of children and adolescents age 17 and younger have been exposed to violence in the past year.
 - National Survey of Children's Exposure to Violence, 2008
- Over one-third of children experienced two or more direct victimizations, and 11% had experienced five or more direct victimizations.
 - National Survey of Children's Exposure to Violence, 2008

Prevalence of ACEs

- Children and adolescents in urban environments experience higher rates of exposure to violence.
 - Campbell & Schwartz (1996)
- In one unnamed urban community, 41% of 6th, 8th, and 10th grade students reported witnessing a shooting or stabbing in the past year.
 - Schwab-Stone, Ayers, Kasprout, & Voyce, C. (1995).
- Parents report that 26% of young children (under age 5) have been exposed to violence or a non-interpersonal traumatic event such as a car accident.
- Briggs-Gowan, Ford, Fraleigh, McCarthy, & Carter, (2010).



Findings from ACEs Brief (2014)

- Just under half (46%) of children in the U.S. have experienced at least one ACE.
- Nationally, a slight majority of children have not experienced any ACEs, but in 16 states more than half of children have experienced at least one ACE.
 - In Virginia, the number of ACEs reported among children aged birth to 17, with Zero (58%), One or Two (34%), or Three or More (8%)

National Survey of Children's Health (NSCH), 2011-2012

Impact of Trauma

- Cognitive functioning & Academic capabilities
- Physical appearance
- Emotional well-being
- Spirituality
- Developmental impairment
- Relationships
- Worldview
- Learning
- Classroom behavior



Effects of Trauma on Student Population

Effects on Preschool Students

- Preschool students may **lose recently acquired developmental milestones** and may **increase behaviors** such as bedwetting, thumbsucking, and regress to simpler speech. They may become **more clingy** to their parents and worry about their parents safety and return. These young students may also become more **irritable with more temper tantrums** and have more **difficulty calming down**. A few students may show the reverse behavior and become **very withdrawn**, subdued, or even mute after a traumatic event. These students may have **difficulties falling or staying asleep** or have nightmares about the event or other bad dreams. Typically these students will process the event through post-traumatic play.

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Effects of Trauma on Student Population

Effects on Elementary School Students

- Elementary students may show signs of distress through **somatic complaints** such as stomachaches, headaches, and pains. These students may have a **change in behavior**, such as increase **irritability, aggression, and anger**. Their behaviors may be inconsistent. These students may show a **change in school performance** and have impaired attention and concentration and more school absences. Late elementary students may **excessively talk** and ask persistent questions about the event.

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Effects of Trauma on Student Population

Effects on Middle and High School Students

- These students exposed to a traumatic event **feel self-conscious** about their emotional responses to the event. They often experience feelings of **shame and guilt** about the traumatic event and may express fantasies about revenge and retribution. A traumatic event for adolescents may foster a **radical shift** in the way these students **think about the world**. Some of these adolescents may begin to **engage in self-destructive or accident-prone behaviors, and reckless behaviors**. There may be a shift in their interpersonal relationships with family members, teachers, and classmates. These students may show a **change** in their **school performance, attendance, and behavior**.

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Responses to Traumatic Events

- A child's response to these potentially traumatizing events will vary depending on:
 - Characteristics of the child (e.g., age, stage of development, personality, intelligence and prior history of trauma)
 - Environment (e.g., school and family supports),
 - Experience (e.g., relationship to perpetrator)

Applying Trauma Informed Strategies in School Settings



- Trauma-informed care views service provision through a lens of trauma.
- Approaches can be broken into two categories:
 - **Trauma-informed systems approaches**
 - **Trauma-specific treatment interventions**

Trauma-Informed Care (TIC) provides a new model under which the basic premise for organizing services is transformed

Key Assumptions

- **Realizes** the widespread impact of trauma and understands potential paths for recovery
 - Acknowledge the prevalence of traumatic occurrence in students' lives
- **Recognizes** the signs and symptoms of trauma in clients, families, staff, and others involved with the system
 - Acknowledging trauma and its triggers, and be sensitive to unique needs of students
- **Responds** by fully integrating knowledge about trauma into policies, procedures, and practices
 - Providing a safe, stable, and understanding environment for students and staff & Create a flexible framework that provides universal supports
- Seeks to **Resist** re-traumatization.
 - Prevent re-injury or re-traumatization by avoiding stigmatizing and punishing students.

Source: Substance Abuse Mental Health Services Administration (SAMHSA)

Applying Trauma Informed Strategies

- **Establish Safety**
 - Individual accommodations
 - Predictability-Structure-Consistency
 - Reduce seclusion & restraint
- **Empowerment**
 - Mental health in curriculums
 - Building
 - Balancing Accountability
- **Collaboration**
 - Consultation Teams – FBA, fellow staff
 - Student & Family Centered
- **Choice**
 - Gives Choices & Alternatives
 - Safe places to cope
- **Trust**
 - Positive regard
 - Rationally detach
 - Role model

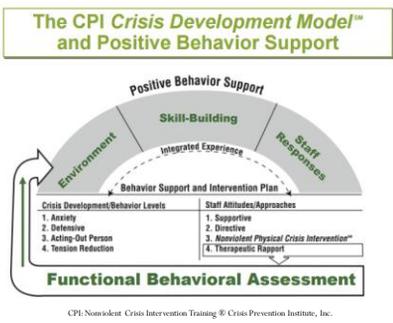
Flexible Framework

Applying Trauma Informed Strategies

Staff Development & Classroom Management

- Recognizing the impact of trauma on behavior and learning
- Adoption of positive discipline and trauma-informed behavioral interventions
 - Positive Behavior Supports & Crisis Development Model (CPI: Nonviolent Crisis Intervention Training ® Crisis Prevention Institute, Inc.)
 - Using Behavior Charts Effectively
 - Verbal De-escalation Techniques

Applying Trauma Informed Strategies 1. PBIS & Disruptive Behavior (Crisis) Development



Applying Trauma Informed Strategies 2. Using Behavior Charts Effectively

- Children learn about what behaviors are acceptable and not acceptable based on the consequences of them.
- The behavior chart system does more to maintain teachers' sense of power and control than it does to teach students how and why to respect their peers, their teachers, their classrooms, and themselves.

Applying Trauma Informed Strategies 2. Using Behavior Charts Effectively



- Utilize Classroom Meetings
 - Classroom Rules and Consequences
 - Discuss Lesson Plans and Weekly Activities
 - Compliment, Acknowledge, & Appreciate
- Help students focus on solutions to potential or current problems.
- Do not utilize charts and meetings as opportunities to LECTURE.

Applying Trauma Informed Strategies

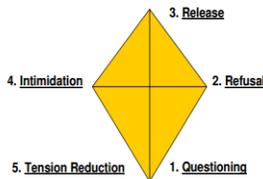
3. Crisis De-Escalation & Management

- Incorporates prevention, preparedness, response, and recovery
- Provides for both physical and psychological safety
- Builds on existing personnel, resources, and programs
- Develops skills important to coping with trauma
- Develop Crisis Intervention Teams (Collaboration)
 - Facilitates collaboration with community providers and first responders
 - Integrates with ongoing school safety efforts and multi-tiered systems of support

Applying Trauma Informed Strategies

Recommended Staff Directive Approaches for Students Exhibiting Verbally Aggressive Behaviors

The Verbal Escalation Continuum



Source: CPI: Nonviolent Crisis Intervention Training ©
Crisis Prevention Institute, Inc.

Final Thoughts & Points to Remember...

- **Take care of yourself.** By taking care of yourself first, you will be in a better position to help others while avoiding burnout.
- **Empower students by offering choices and praising positive choices.** Avoid power struggles with students by offering choices for participation and encouraging their sense of agency and control over their lives.
- **Be sensitive to the fact that students' parents/ caregivers may also be trauma survivors.** When working with parents and caregivers, recognize that their past experiences may influence how they interact with you and the school.
- **Check in with students.** Let the student know that you care and the school cares.
- **Remember anniversaries.** Students may reveal that a particular date or time of the year reminds them of a traumatic experience (e.g., the date a student was placed into foster care or the anniversary of a loved one's death).

Final Thoughts & Points to Remember...

- Specific strategies can be used to support the learning needs of students who have experienced trauma
 - Discovering and building on the student’s individual interests and competencies; maintaining predictable routines and expectations; maintaining expectations for the student that are consistent with those of his/her peers; and providing positive behavioral supports.
- Language-based teaching approaches can help students process information and alleviate their fears.
 - Students who have experienced trauma often pay more attention to nonverbal cues than verbal communication, so using multiple forms of communicating information and helping students identify and verbally express their feelings are important strategies to support learning
- School evaluations, including psychological, speech and language, functional behavioral, and occupational therapy evaluations, should assess the role of trauma and identify needed supports.

Resources & Acknowledgments

- **Crisis Prevention Institute: Nonviolent Crisis Prevention**
- With a focus on prevention, core training program equips staff with proven strategies for safely defusing anxious, hostile, or violent behavior at the earliest possible stage.
- Trauma-informed crisis prevention and intervention training
 - Recognition of early warning signs of potential crises
 - Nonverbal and verbal de-escalation strategies
 - Stresses that interventions should be matched to the function of behavior.
 - Speaks to staff’s role in the crisis and how their behavior may affect the crisis moment, both positively and negatively
 - Comply with legislative mandates
 - Meet regulatory/accreditation standards
 - Improve staff retention

<http://www.crisisprevention.com/>

Resources & Acknowledgments

- ChildTrauma Academy (Dr. Bruce Perry) <http://childtrauma.org>
- National Child Traumatic Stress Network <http://www.nctsn.org>
- National Center for Trauma Informed Care <http://mentalhealth.samhsa.gov/nctic/>
- The Emotional Brain, J LeDoux
- Bessel van der Kolk, <http://www.traumacenter.org>
- Dr. Robert Anda, CDC (ACE Study)
- Helping Traumatized Children Learn, Massachusetts Advocates for Children 2005
- Understanding Traumatic Stress in Children Bassuk M.D., Ellen L.: Konnath LICSW, Kristina, Volk MA., Katherine T.
- The Heart of Learning and Teaching Compassion, Resiliency & Academic Success Wolpow, Ray; Johnson, Mona M.; Hertel, Ron; Kincaid, Susan O. 2009
- Wisconsin Department of Public Health www.dpi.wi.gov

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