

Applying Trauma Informed Strategies in School Settings

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Goals & Objectives

- Goal: To better understand the impact of trauma and the interrelationship of trauma and learning.
 - Objectives:
 - Increase comfort and understanding of trauma and how it looks in children in school settings.
 - Identify and implement strategies to help children experiencing traumatic stress symptoms.
 - Manage personal and professional stress in their helping professions.

What is Trauma?

- Trauma is a serious physical or psychological injury that has resulted from a highly threatening, terrifying, or horrifying experience.

(Echterling, Presbury, & McKee, 2005)

- Trauma arises from an inescapable stressful event that overwhelms an individual's coping mechanisms.

(Van der Kolk & Finkelhor, 1995)

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 misclassified with developmental delays or referred for special education services

The Invisible Backpack

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

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

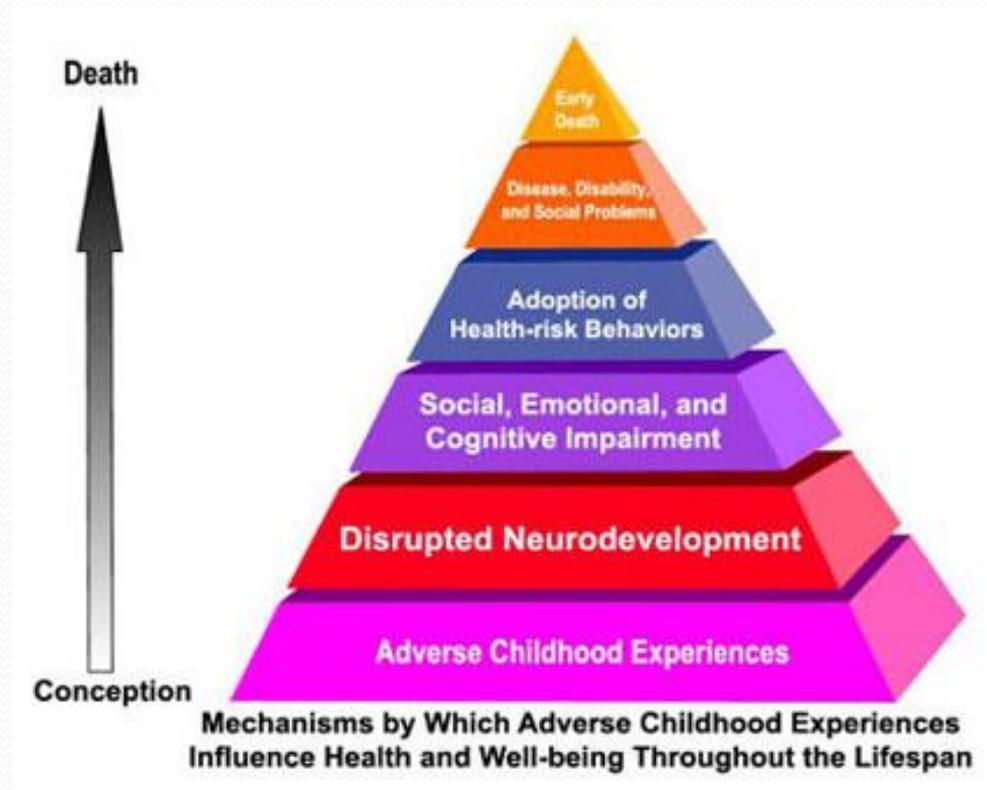
What you may see...

- 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)



Adverse Childhood Experiences (ACEs) Study

- Adverse Childhood Experiences (ACEs) Study
Centers for Disease Control & Prevention (CDC)
- Effects of childhood adverse experiences
 - neurological
 - biological
 - psychological
 - social



Adverse Childhood Experiences (ACEs) Study

Household dysfunction

- Substance abuse 27⁰%
- Parental separation/divorce 23⁰%
- Mental illness 19⁰%
- Battered mother 13⁰%
- Incarcerated household member 5⁰%

Abuse

- Psychological 11⁰%
- Physical 28⁰%
- Sexual 21⁰%

Neglect

- Emotional 15⁰%
- Physical 10⁰%

Adverse Child Experiences (ACEs) Study

Summary of Findings

- Adverse Childhood Experiences (ACEs) are:
 - very common, and
 - strong predictors of health risks & disease from adolescence to adulthood
- This combination of findings makes ACEs one of the leading, if not the leading determinant of the health & social well-being of our nation
- National study – <http://www.cdc.gov/ace/index.htm>

Adverse Child Experiences (ACEs) Study

- Traumatized children are:
 - 2.5x more likely to fail a grade in school
 - score lower on standardized achievement tests
 - more likely to have struggles in receptive & expressive language
 - suspended & expelled more often
 - more frequently placed in special education

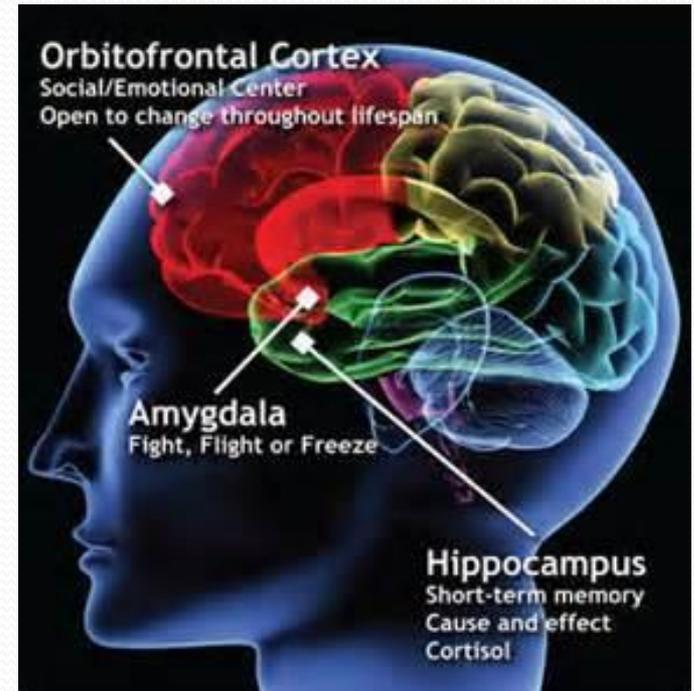
Trauma Exposure v. Trauma Reaction

All children are impacted by a traumatic event; however, not all children are traumatized. Children are resilient and they just need the opportunity to strengthen that resilience through the help of people like you.



Impact on the Brain: Stress Response

- Two parts of our brain respond to danger
 - “Doing” Brain
 - “Thinking” Brain
- Responses to danger and/or fear:
 - Fight
 - Flight
 - Freeze



Impact of Trauma on the Child

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



Trauma Informed Care

- The principles of Trauma-Informed Care hold great potential for helping people to recover from the effects of adverse childhood experiences.
(SAMHSA, 2011)
- Applying trauma-informed or trauma-sensitive strategies can help to create supportive school environments with positive relationships that empower trauma survivors.
- Moving from “What’s wrong with you?” to “What happened to you?”

Trauma Informed Strategies

Therapy

- Licensed clinical mental health professionals
- Intervention occurs in therapist's office in 1:1 or small group sessions
- Focus is on addressing trauma reactions & reducing symptoms

School

- Licensed educators & pupil services professionals with varied mental health training
- Sensitivity & accommodations occur throughout the school
- Focus is on students' educational success through emotional & physical safety, empowerment, trust, choice, & collaboration

Applying Trauma Informed Strategies

- Acknowledge the prevalence of traumatic occurrence in students' lives & create a flexible framework that provides universal supports
- Sensitive to unique needs of students
- Mindful of avoiding re-traumatization.

Applying Trauma Informed Strategies

- Do you have children who have been impacted by trauma in your school/district?
- What initiatives or practices are already occurring in your school/district?



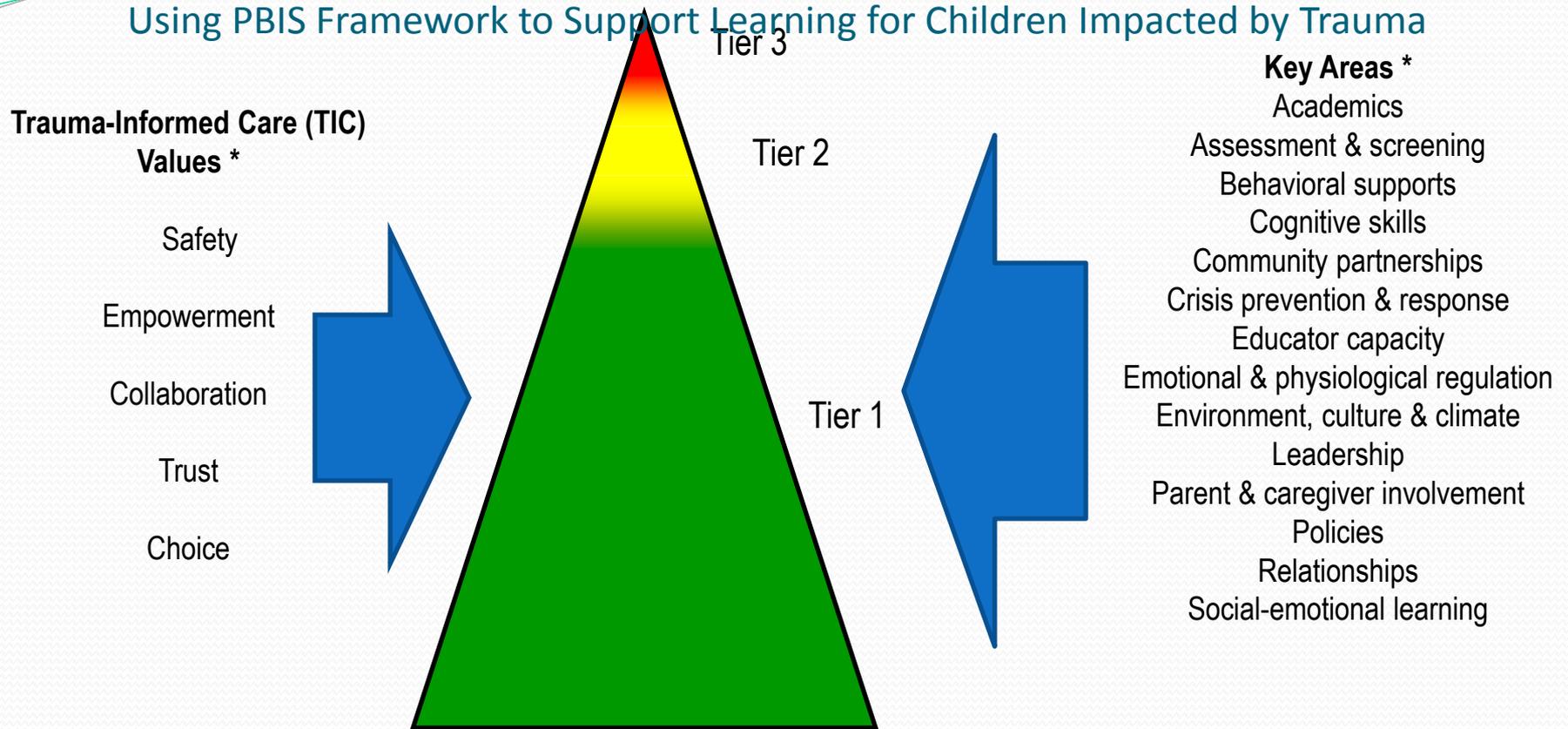
<https://youtu.be/49GzqPP7YYk>

Applying Trauma Informed Strategies

- Engage your leadership, administrative direction & commitment
- Priority for school improvement
- Allocate Resources
- Tie into existing, related initiatives (e.g., RtI/PBIS)
- Assess strengths/needs
 - Current programs & strategies
 - Gaps in services
- Review policy & procedures
- Provide Staff Training

Applying Trauma Informed Strategies:

Using PBIS Framework to Support Learning for Children Impacted by Trauma



Tier 1 – Universal strategies & instruction for all students

Tier 2 – Additional supports for students with milder symptoms of trauma or in high-risk groups

Tier 3 – Intensive & ongoing interventions for students deeply impacted by trauma

* TIC Values & Key Areas apply across all 3 tiers of the PBIS Framework.

TIC Values are from Fallot & Harris, Community Connections, www.ccdc1.org

Applying Trauma Informed Strategies

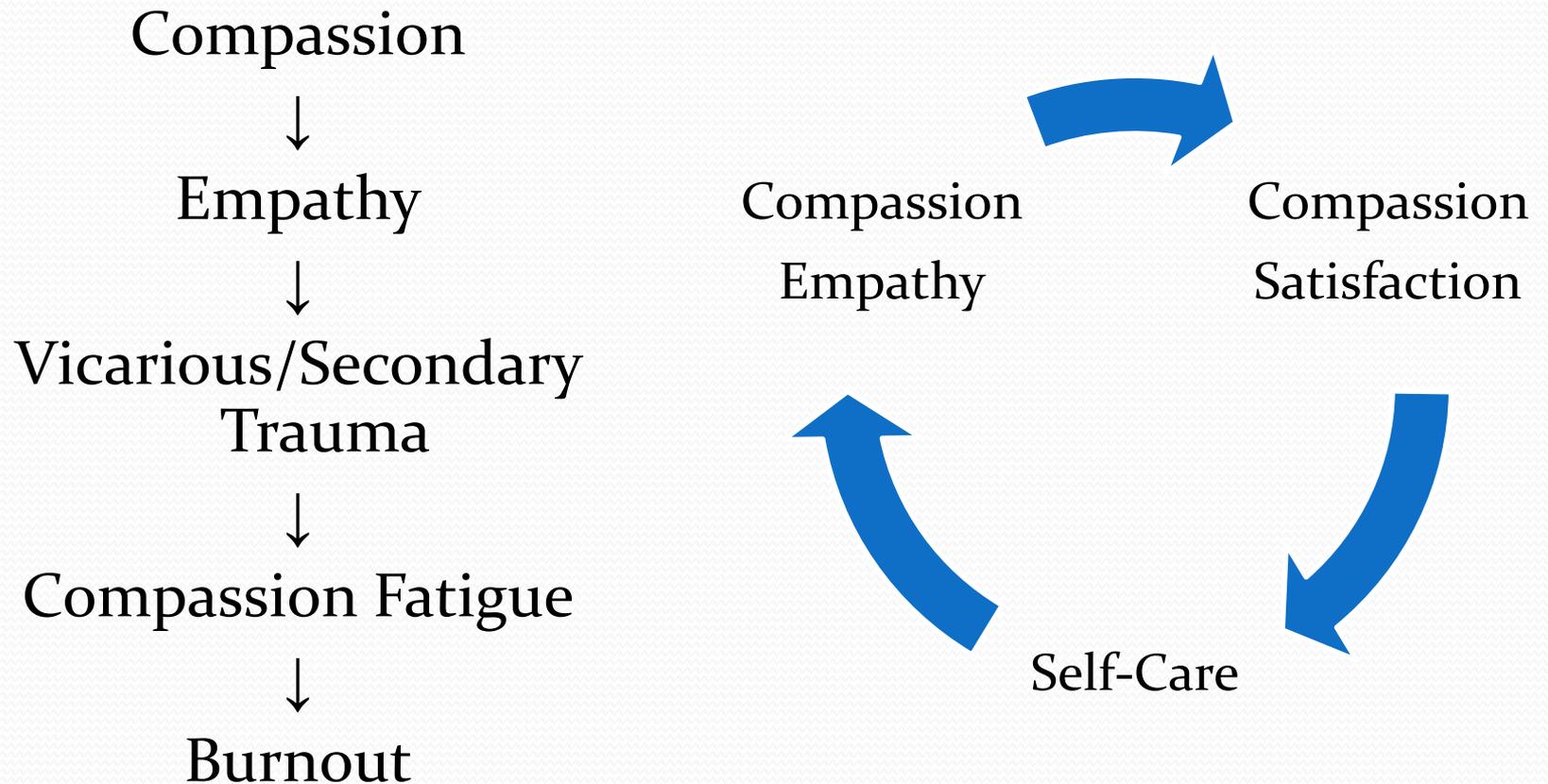
- Establish Safety
 - Individual accommodations
 - Predictability-Structure-Consistency
 - Reduce seclusion & restraint
- Empowerment
 - Mental health in curriculums
 - Building
- Collaboration
 - Consultation Teams – FBA, fellow staff
 - Student & Family Centered
- Choice
 - Gives Choices & Alternatives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

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Self Care

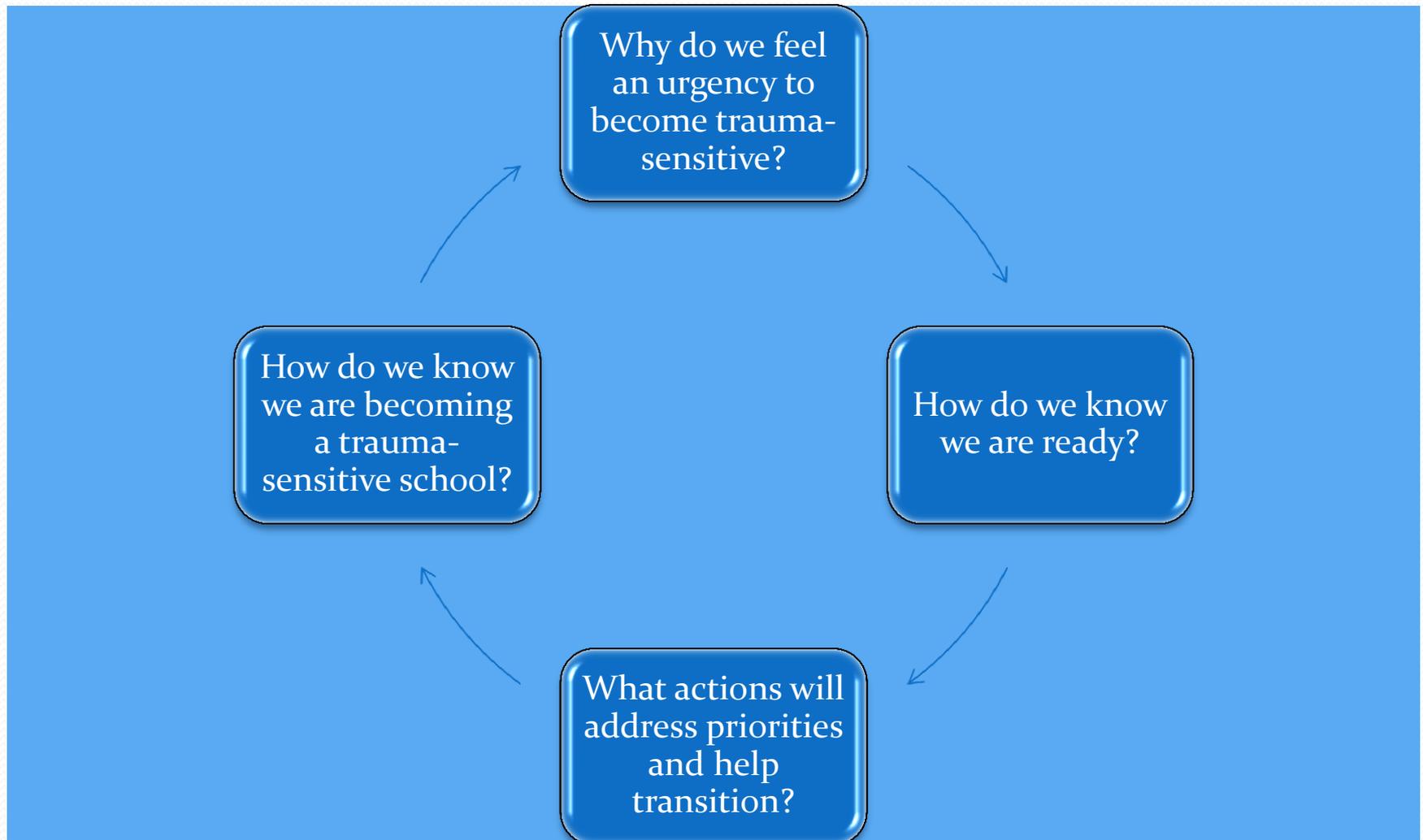
"We can't teach what we don't know. We can't lead where we won't go." ~Malcolm X



Self-Care

- Exercise and eating healthy
- Engaging in a hobby or activity
- Creating a health consistent structure and pattern in your personal life.
- Knowing your limits.
- Improving your understanding of trauma and secondary trauma.
- Taking a time out.
- Seeking support from co-workers, family, friends
- Professional counseling
- Vacations

Next Steps: Applying Strategies in Schools



Resources & Acknowledgments

- Child Trauma Academy (Dr. Bruce Perry) <http://childtrauma.org>
- National Child Traumatic Stress Network <http://www.nctsnet.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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