WISCONSIN DEPARTMENT OF PUBLIC INSTRUCTION

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Creating Trauma-Sensitive Schools: Speaker Notes

Part One – What is Childhood Trauma & How Does It Affect Children? (slides 1-19)

1 Creating Trauma-Sensitive Schools

This presentation is intended to be an introduction to the concept of creating a trauma-sensitive school. This material can be utilized as a single in-service presentation or in sections over time. The intent is to provide information about how trauma is impacting the lives of our students and how these students present in the classroom and other school environments. This information is intended to 1) inspire a change in perspective regarding the academic and behavioral challenges faced by many children, and 2) create trauma-sensitive environments and effective interventions with students. Many schools already have initiatives underway that fit well within the framework described in this presentation.

PRESENTER DIRECTION

Generate a list of trauma-sensitive practices that are already occurring in your school building/district throughout your presentation, based upon audience comments and questions.

2 Acknowledgements

3 Sources of Information

Sources of information included in this presentation are heavily drawn from a few key resources listed on this slide. Each of these documents is available online and can be downloaded at no cost.

PRESENTER DIRECTION

Familiarize yourself with these resources prior to the presentation.

4 Overview

5 Trauma-Specific Therapy vs. Trauma-Sensitive Schools

When educators hear the term "trauma-sensitive schools," they may first think of mental health and therapy. Creating a trauma-sensitive school is not about educators doing therapy. Instead, it is about creating a culture that prioritizes safety, trust, choice, and collaboration. Within a trauma-sensitive school, everyone (e.g., teachers, administrators, pupil services professionals, cafeteria staff, bus drivers, etc.) learns about the prevalence and impact of trauma in the lives of children and families. This awareness motivates and guides the examination and transformation of the school environment, policy/practice, educational strategies, staff training, and family involvement, etc. to ensure that children impacted by trauma can learn and be successful.

6 Trauma Defined

For purposes of this presentation trauma is defined as *an experience that is emotionally painful, distressful, or shocking, which can result in lasting emotional and physical effects.*

Trauma exposure vs. trauma reaction: Not all traumatic events have the same impact on children. A

child traumatic stress reaction occurs when children and adolescents are exposed to traumatic events or situations that overwhelm their ability to cope.

PRESENTER DIRECTION

Generate discussions in small groups about the factors that might influence a child's ability to cope. Why are some children able to manage and some are overwhelmed?

Acute trauma is usually is a one-time event.

PRESENTER DIRECTION

Generate examples of Acute Trauma.

- Serious accidents (e.g., car or motorcycle crashes)
- Loss (e.g., loss of a loved one, homelessness, moving)
- Natural disasters
- Physical or sexual assault (e.g., assault, gunshot, or single incident rape)
- School shootings
- Gang-related violence in the community
- Terrorist attacks

Acute Stress Response – Fight, Flight or Freeze: Two parts of our brain respond to danger. The "doing" brain signals the need for action, while the "thinking" brain tries to solve the problem and make a plan. When the brain perceives danger, the "thinking" brain makes an assessment. If it is a false alarm because there is no real danger, the "thinking" brain shuts the alarm off and we move on. If there is actual danger, the "doing" brain signals the body to release chemicals, like fuel for a car, to provide energy to respond (fight, flight or freeze). When this happens, the "thinking" brain shuts off to allow the "doing" brain to take over.

Post Traumatic Stress Disorder (PTSD) – This diagnosis is characterized by:

- Re-experiencing the traumatic event (e.g., nightmares or flashbacks),
- Hyperarousal (e.g., difficulty falling or staying asleep, angry outbursts, difficulty concentrating, hypervigilance),
- Avoiding reminders of the event, along with constricted behavior and numbing (e.g., diminished interest or participation in significant activities, feeling detached or estranged from others),
- Dissociation – learned as a coping skill to deal with a traumatic experience that is painful and inescapable ranging from "zoning out" to chemical use, and
- Intrusive – day dreams/intrusive thoughts.

Not everyone exposed to traumatic events or who experiences a stress response experiences PTSD.

Complex trauma is trauma that:

- Persists over time,
- Is a violation of safety in an intimate relationship,
- Is persistent but unpredictably episodic, and
- Is often progressive over time.

PRESENTER DIRECTION

Generate examples of Complex Trauma (emotional abuse and neglect, sexual abuse, physical abuse, and witnessing domestic violence).

Developmental Trauma – When complex trauma takes place in the context of a child's physical, social, and emotional development, it negatively impacts a child's ability to negotiate the developmental milestones successfully. The term "developmental trauma" is used to describe the significant impact that

trauma can have that can result in arrested or delayed cognitive/academic, physical, emotional, spiritual and social development.

7 **What about Our School/District?**

8 All schools have many students who have been exposed to traumatic experiences and events. For some of these students, their ability to learn is adversely affected and schools need to respond.

PRESENTER DIRECTION As you go through the list on these two slides, ask the audience to raise their hands if they know students who fit into each of the categories.

9 **Adverse Childhood Experiences (ACE) Study**

The ACE study is one of the largest studies ever conducted connecting early adverse experiences and later difficulty in health and well being. This is a study conducted by the Centers for Disease Control and Prevention (CDC) that examines the health and social effects of Adverse Childhood Experiences (ACEs) throughout the lifespan among 17,421 members of the Kaiser Health Plan in San Diego County. (Note: We can assume the study participants have enough financial means to be a health care plan participant (i.e., generally employed/middle class.)

This study defined ACE as:

- Childhood abuse and neglect,
- Growing up with domestic violence,
- Substance abuse,
- Mental illness in the home,
- Parental discord, or
- Crime.

This slide demonstrates the prevalence of these events among this group. Almost two-thirds of study participants reported at least one ACE, and more than one in five reported three or more ACEs. This study was replicated in Wisconsin and found similar prevalence rates among Wisconsin residents.

PRESENTER DIRECTION Ask the audience: What is your perception of the rate of these experiences of children in our school building/district?

10 **Health Risks** http://www.cdc.gov/nccdphp/ace

The short- and long-term outcomes of these childhood exposures include a multitude of health and behavior problems. The ACEs Study uses the ACE Score, which is a count of the total number of ACEs reported. The ACE Score is used to assess the total amount of stress during childhood and has demonstrated that as the number of ACEs increase, the risk for the following health and behavior problems increases in a strong and graded fashion:

- Alcoholism and alcohol abuse
- Chronic obstructive pulmonary disease (COPD)
- Depression
- Fetal death
- Health-related quality of life
- Illicit drug use
- Ischemic heart disease (IHD)
- Liver disease
- Risk for intimate partner violence
- Multiple sexual partners
- Sexually transmitted infections (STIs)
- Smoking
- Suicide attempts
- Unintended pregnancies

In addition, the ACEs Study has also demonstrated that the ACE Score has a strong and graded relationship to health-related behaviors and outcomes during childhood and adolescence, including early initiation of smoking, sexual activity, and illicit drug use; adolescent pregnancies; and suicide attempts. Finally, as the number of ACEs increases, the number of co-occurring or "co-morbid" conditions increases, as well.

11 **ACE Pyramid** http://www.cdc.gov/nccdphp/ace

The ACE Pyramid represents the conceptual framework for the Study. During the 1980s and early 1990s, information about risk factors for disease was widely researched and merged into public education and prevention programs. However, it was also clear that risk factors, such as smoking, alcohol abuse, and sexual behaviors for many common diseases were not randomly distributed in the population. In fact, it was known that risk factors for many chronic diseases tended to cluster. That is, persons who had one risk factor tended to have one or more others.

Because of this knowledge, the ACE Study was designed to assess what we considered to be "scientific gaps" about the origins of risk factors. Specifically, the study was designed to provide data that would help answer the question: "If risk factors for disease, disability, and early mortality are not randomly distributed, what influences precede the adoption or development of them?" By providing information to answer this question, we hoped to provide scientific information that would be useful for the development of new and more effective prevention programs.

The ACE Study takes a whole life perspective, as indicated on the arrow leading from conception to death. By working within this framework, the ACE Study began to progressively uncover how childhood stressors (ACE) are strongly related to development and prevalence of risk factors for disease and health and behavioral well-being throughout the lifespan.

12 **Summary of Findings**

13 **ACE and School Performance**

14 **Impact of Trauma on the Child**

- Cognitive/Academic – Trauma can have a negative impact on a child's cognitive functioning and academic capabilities which inhibits her ability to learn (more detail on academic impact in Slide #17).
- Physical – Broken bones, bruises.
- Emotional – Persistent fear, inability to trust, inability to regulate emotions.
- Spiritual – Loss of faith in humankind or benevolent God.
- Developmental – Trauma can arrest or impair movement through the developmental stages. Our challenge is to look at the developmental stage in which a child is presenting and meet the needs at that level and help him to develop the skills to "grow" into the next stage.

15 **Impact on Relationships**

The template for relationships is developed through the emotional bond between a child and a primary

caregiver. The caregiver serves as the child's source of safety, provides for the child's needs, and guides her in understanding herself and others. In turn, the child meets the caregiver's need to provide nourishment and guidance. Healthy attachments provide the building blocks for later relationships and a child's ability to master developmental tasks by:

- **Regulating emotions and self-soothing** – A child learns how to calm down when a caregiver uses soothing techniques such as rocking, holding, and cooing. Over time, the child learns how to calm down by himself.
- **Developing trust in others –** When the caregiver and child are attuned to each other, the caregiver knows how to respond to the child's needs and the child learns that she can depend on others. This leaves the child with a sense the world is predictable and safe.
- **Encouraging children to freely explore their environment –** Because the child has learned that he can rely on others, he feels safe to explore the world knowing that someone will be there if he is in distress or needs help. This exploration is the way children learn.
- **Helping children understand themselves and others –** The caregiver-child relationship provides the child with a model for understanding who she is, who the caregiver is, and how the world works. Because the caregiver responds, the world is seen as a safe place where people can be trusted and depended upon.
- **Helping children understand they can have an impact on their world –** Through interactions with the caregiver, the child learns that he has an impact on others. The child smiles and the caregiver smiles back; the child laughs and the caregiver plays with her; the child cries and the caregiver picks her up.

PRESENTER DIRECTION

Ask the audience: Why would a child's template for relationships be eroded particularly by complex trauma? (Generate ideas)

- The caregiver may be the source of the trauma.
- The availability, reliability, or predictability of the caregiver may be limited.
- The child may not learn to regulate his emotions or calm himself down when experiencing intense emotions.
- The child's ability to learn by exploring the world may "take a back seat" to the child's need for protection and safety.
- The child begins to perceive the world as dangerous, leading to a sense of vulnerability and distrust of others.

As the child has little sense of her impact on others, her lack of control over her life leads to a sense of hopelessness and helplessness.

16 **Impact on Worldview**

Worldview is the lens through which a person sees every experience he encounters. It is more than an opinion or choice for a child.

PRESENTER DIRECTION

Discuss how a child who has the worldview characterized in the right column might view various challenges or environments in your school. In the lunchroom? playground? office?

17 **Impact on Learning**

Organization requires the ability to identify linear relationships and utilize sequential memory. Traumatized children experience unpredictability in their lives. Children typically learn that there is a

rhythm to their day, their week and their lives in early childhood. They later learn that much of the world functions in this way. Children who experience trauma may not develop this as a natural skill learned in early childhood. A child who misses this in her development or if rules and routine are at the whim of a caretaker depending on mood, mental health or substance use of the caregiver, the child may have difficulty applying these rules to academics. Educators should not assume that students have the basic foundations to learn to organize academic materials, just because they have reached a certain age. Schools may need to help to develop these skills with predictable routines and clear rules in the classroom and with assignments.

Cause and effect – Why would children who experience trauma have difficulty with cause and effect? When children are developing sensorimotor skills in infancy, they begin to explore their world. They learn that they can make things happen – that there is a relationship between their body and actions and the reactions of the world and their environment. Children growing up in a nurturing home are encouraged to explore the world and learn about their effect on it. This does not happen for children in a home where developmental trauma is occurring. Their natural curiosity about the world is shut down. Perhaps laughing elicited a positive reaction from a caregiver in one instance and then subsequently elicited a violent response. In these situations, how are they to establish a cause and effect relationship between their actions and the reactions of caregivers?

Taking another's perspective – Traumatized children learn to not express mood/preference or perspective prior to assessing the mood of a parent. This can lead to inhibited development of sense of self, resulting in poor boundaries (no concept of where "I" end and "you" begin), and difficulty making independent choice or expressing preference. When they cannot establish their own perspective, it is more difficult for them to "put themselves in the shoes of others." Typically, these skills are developed through interactive play. However, this is often inhibited in these children, as well. This impacts the child's ability to feel empathy, take another point of view in a story, and infer ideas or viewpoints.

PRESENTER DIRECTION Ask the audience: Where are these skills relevant in school?

Attentiveness – A child who has experienced trauma may seem to be distracted and lack focus. The responses to traumatic stress range from hyper-arousal (vigilantly taking in everything/being unable to distinguish between relevant and non-relevant information/everything is a potential threat) to dissociating (zoning out and taking in nothing at all). Both hyper-arousal and dissociating look like attention problems in the classroom.

Regulating Emotions – Children learn to regulate emotions through their relationship with their primary caregiver. When a caregiver is not emotionally regulated, the child will not develop this skill. This can have a tremendous impact both academically and behaviorally. If a child has poor emotional regulation, he will have difficulty with impulse control, perhaps resulting in aggression. She may misinterpret emotional signals of others (over/under react). He may be overwhelmed by feelings and not be able to control them because he may have had feelings of anger and sadness pushed down. These children have perhaps been told that these feelings are not acceptable or experienced them as potentially dangerous. Children may have these feelings bubbling up over the surface as they try to hold them down, walking around with feelings of fear, shame, anger, guilt, irritability.

Executive Functions – Executive functions are carried out by the frontal lobe or "CEO" of the brain. This higher functioning part of the brain is heavily impacted by developmental trauma. This part of the brain is in charge of goal setting, anticipating consequences, initiating and carrying out plans, and evaluating outcomes. These functions are very important for achieving academic and social success and

for establishing life goals. A traumatized child can develop a bleak perspective, expectations of failure, a low sense of self-worth, and a foreshortened view of the future, all of which disrupt the ability to plan, anticipate, and hope.

Engaging in the Curriculum – Traumatic experiences can deplete motivation and internal resources for academic engagement. Focusing on academics while struggling with trauma is like "trying to play chess in a hurricane," explains veteran Mount Vernon High School Teacher Kenneth Fox. (Quote taken from The Heart of Learning and Teaching.)

PRESENTER DIRECTION

Ask the audience: How do the demands of academics stack up in importance for a child who has or is experiencing ongoing trauma when compared with the events of their daily lives?

18

Impact on Classroom Behavior

Reactivity and Impulsivity – Chronic trauma can impair the development of children's ability to regulate their emotions and to control impulsive behaviors. Reactions can be triggered in hyper-vigilant children if they feel they are being provoked or if something reminds them of the trauma. An incident or remark that might seem minor to a non-traumatized child may be perceived as threatening to a traumatized child, who then responds in a seemingly disproportionate way. It is helpful for teachers to know what triggers might cause a traumatized child to become hyper-aroused or to re-experience a traumatic event in the classroom. A Functional Behavioral Assessment (FBA) may be helpful in discovering what may be triggering a child's behavior.

Aggression – Hyper-vigilant children who are prone to reactivity and impulsivity may become verbally and/or physically aggressive toward teachers and peers. Children whose development took place in a traumatic or chaotic household may have underdeveloped linguistic skills and a lack of experience with verbal problem solving. This may be due to limited verbal interactions with the caregiver or violent verbal interactions (e.g., yelling, swearing, demeaning). Children may also have the use of aggression modeled as a way to solve problems or deal with emotions in the home. Aggression may spring from misinterpretation of comments and actions due to the child's inability to adopt another's perspective or understand linguistic nuance. They distort the perceptions and intentions of others and interpret them as hostile or aggressive. In their view, their actions are self-protective (i.e., fight response).

Defiance – Children who enter the classroom in a state of fear at any level may refuse to respond to teachers. They may attempt to take control of their situation through actively defiant behavior or more passively (and perhaps less consciously) by "freezing." Either way, the child is not receptive or responsive to the teacher or the expectations in the classroom, including instruction. Children who actively try to take control may be more overt and deliberate in their unwillingness to cooperate. This can be particularly frustrating to teachers, since these children may appear to be in control of their behavior.

Teachers may attempt to gain the compliance of "frozen" students via directives, but some students will cognitively (and often physically) "freeze" when they feel fear and anxiety. When adults around them ask them to comply with a directive, they may act as if they have not heard (in reality, they may have not heard) or they "refuse." This forces the adult to give the student another set of directives. Typically, these directives involve more of what the student perceives as a "threat." The adult may say, "If you don't do this, I will . . ." The nonverbal and verbal character of this perceived "threat" makes the student feel more anxious, threatened, and out of control. The more anxious the student feels, the quicker the

student will move from anxious to threatened, and from threatened to terrorized. This approach tends to escalate the anxiety and solidify the inability of the student to comply.

Withdrawal – Students who withdraw in the classroom cannot participate effectively. Not surprisingly, these students rarely attract their teachers' attention. Many demands are placed on teachers, not the least of which is managing students who disruptively act out their suffering. Feelings of vulnerability may foster reluctance to engage in the classroom.

Perfectionism – Children exposed to violence at home are often subject to the arbitrary will of caregivers who have unrealistic expectations for childhood behavior. Afraid to disappoint these caregivers and incur their explosive response, children often try, and inevitably fail, to meet these expectations. In their genuine desire for approval and success, these children may become perfectionists. Some perfectionists secretly long to excel but become easily frustrated and give up or become despondent when they encounter difficulty mastering a task. They may prefer to be viewed by teachers and fellow students as noncompliant rather than as unable to master a task. To the teacher, it may appear that such a student is simply refusing to try.

Other perfectionists engage in an uncompromising struggle for academic success, but are never satisfied with their achievements. In an attempt to make sense of their experiences, traumatized children may assume responsibility for their caregivers' crimes and deeply internalize a sense of "badness." Paradoxically, this intensely negative feeling can lead to zealously perfectionist behavior that masks emotional problems. Distress tends to plague even those who do succeed in achieving excellent grades and displaying exemplary conduct while in the midst of extreme adversity. These students sometimes pay a big price by living with high levels of long-term distress.

19

Impact on the Brain

During a traumatic or stressful situation, stress hormones are released to assist the body in staying safe. Our "doing" brain reacts very quickly with one of three responses (fight, flight or freeze). If there is no real danger present, our "thinking" brain can then resume normal functioning. However, for children who experience complex or developmental trauma, a high amount of stress hormones are produced regularly. Over time, these can damage the brain cells, impairing the ability for the "thinking" brain to control our actions.

As a child's brain is developing throughout early childhood, these high levels of stress can impact how the brain organizes as it develops. Higher levels of functioning are then impaired when the lower brain is disorganized and dysregulated. We need to help students rebuild connections in the brain over time to reorganize brain functioning. We will discuss strategies to help rebuild these connections in Part Two of the presentation.

PRESENTER DIRECTION

End of Part One

Part Two – Creating a Trauma-Sensitive School (slides 20-37)

20 Definition of Trauma-Sensitive School

21 Steps to Creating a Trauma-Sensitive School

Preview of remaining slides.

22 Step 1: Engage Leadership

Creating a trauma-sensitive school culture needs to be a school-wide effort and part of the school improvement process for a school district. A team should be formed that includes school administration and members from multiple disciplines from all areas of the school. Engaging the leadership is a critical first step in the success of any school priority. This step can be initiated by exposing leaders in a school to information on the impact of trauma on learning and behavior.

A commitment is needed to move forward on implementing the vision of a trauma-sensitive school environment. School leaders need to make this a priority for school improvement and allocate the necessary resources to support these efforts. Creating a trauma-sensitive school can be facilitated by connecting the effort to existing, related initiatives (e.g., proactive behavior systems, mental health, bullying prevention).

23 Using the PBIS Framework to Support the Learning of Students Affected by Trauma

The figure on this slide illustrates how critical trauma-informed care values can be infused into the 3-tier Positive Behavior Interventions Supports (PBIS) framework and the key areas that should be addressed in a trauma-sensitive school. Schools do not have to create a whole new initiative to become more trauma-sensitive. Strategies for creating trauma-sensitive schools fit well into existing initiatives such as PBIS. Like these models, the model of a trauma-sensitive school is most effectively created and maintained when universal supports and strategies are part of daily school programming. If these supports are in place, fewer students will need more intensive intervention in order to be successful in school. We will talk about the five Trauma-Informed Care (TIC) Values in upcoming slides.

PRESENTER DIRECTION Generate a discussion of what your school is already doing with respect to RtI, PBIS or other related initiatives.

24 Step 2: Assessment

A team should be created to answer these questions:

- How will our school be conscious of signs of trauma?
- What will we do when we suspect trauma? What is our procedure for making referrals? How do we handle abuse and neglect referrals?
- How do we reach out to families that need help? How do we maintain the dignity and confidentiality of a child's family?
- How do we interface with the community in a way that communicates that we are a safe and respectful place?
- How will we be conscious of this in the academic, disciplinary and social arenas of our school culture?
- What is our shared vision for creating a trauma-sensitive school?
- How will we evaluate our effectiveness?

School Culture comes from the beliefs and attitudes that are rooted in the history of the school. This determines the rituals and traditions of a school. Current school rules and policies reflect the school culture.

School Climate is related to school culture. However, school climate refers to the feel, atmosphere, tone, and personality of a school. This is characterized by how people treat and feel about each other, and the extent to which people feel included and appreciated.

Here are some questions to ask ourselves when assessing school culture and climate:

- Is our school environment welcoming to students and families?
- What is the stigma around needing help?
- Do we focus on student strengths?
- Are we able to access needed resources, so that our students arrive at school ready to learn?
- Are staff able to recognize signs of trauma?
- Do staff know what to do when they suspect abuse/neglect?
- Do we have a shared vision for creating a trauma-sensitive school?

PRESENTER DIRECTION

(optional discussion) Ask each person to think of three words that define the school culture or climate.

(optional activity) Ask audience to get into small groups and make a list of strengths for the school in creating trauma-sensitive environments and then a list of unmet needs in this area. Have groups report out and look for themes. Celebrate the strengths and use the needs to help guide the later discussion of "Next Steps."

Policy and procedure – A trauma-sensitive school has policies and procedures that are consistent with maintaining a safe environment for all students. A committee is often needed to review policy and procedures through a trauma-sensitive lens.

PRESENTER DIRECTION

(optional activity) Pull some random policies from the school handbook and review them in small groups. Rate the trauma sensitivity of these policies. For example: Are their policies around discipline that involve threat, coercion, seclusion/restraint, or embarrassment? Are there clear and effective procedures to address bullying? What measures are taken to create a safe school environment? How does a given policy/procedure affect a student living in a chaotic home environment? You can use the Review Tool to help guide this activity or with the committee.

Resources

PRESENTER DIRECTION

Ask the audience: What other resources can we draw upon?

25 **Step 3: Review Literature & Explore Model Implementation**

See Slide #3 for a list of key resources for more information. Schools can network with other districts to learn from each other about what is working in practice.

26 **Step 4: Provide Staff Training**

Training needs to take place school-wide so that all staff are aware of the impact of trauma on behavior and learning and can help to develop strategies to support these children.

Seek additional training to focus on:

- Creating relationships that enhance learning through attention, affection, attunement – Relationship is the key ingredient in creating resiliency in children. We must be able to attune to a child to accurately read the cues of his emotional state and his readiness to learn. It is through relationship that we teach self-regulatory skills and emotional control. This is the foundation; without it other strategies will not be effective.
- Classroom strategies to establish – safety, empowerment, collaboration, choice and trust.
- Understanding the dynamics of interpersonal, community & historical violence –A parent who may be focusing all her energy on trying to keep her child safe may feel guilty, intimidated, and fearful of engaging in school.

Schools can be self reflective on:

- How do we engage parents as much as possible?
- How do we create a support network to empower parents who may be in a violent home?
- How do we create opportunities to make referrals to mental health professionals?
- How do we do this in a way that is non-judgmental and will be heard by the parent?

PRESENTER DIRECTION

Prepare to address barriers from staff who may say:

- "This is a home problem, not a school problem."
- "We can't change these parents…it's hopeless."
- "How can I focus on the needs of this one child when I have 25 other students in my class that need me?"
- "We do not have the resources for this."
- "There is nothing we can do that will make a difference."

Look to the available resources in the Toolkit to respond to comments and attitudes such as these. *Reaching and Teaching Children Who Hurt* by Susan Craig has specific strategies to address barriers.

27

Step 5: Classroom Strategies to Establish Safety

Clear and consistent rules for managing behavior and setting limits – Children who have experienced trauma need consistency and predictability to feel safe. They may have come from a place of arbitrary rules that did not make sense. Schools must have a cohesive plan that is school-wide using positive behavioral interventions and supports that are predictable, positive, logical, and focus on teaching the rules of social interaction. Do not assume that students have them and are just not using them.

Accommodations to meet individual strengths and needs – Schools need to build upon a child's strengths for a child to increase competency and sense of mastery. Avoid "dumbing down" academics, but instead focus on presenting information in many ways other than verbal.

Predictable structure, relationships, and environment to promote safe surroundings and interpersonal relationships – Try to create a regular routine for these children and avoid creating arbitrary changes whenever possible. Anticipate that changes may be stressful and assure the child that she will be safe and supported.

Reduce bullying and harassment -- Take steps to create a school culture that does not tolerate bullying or harassment, so that students can self-advocate or advocate for each other when someone is being victimized.

Use seclusion and restraint only as a last resort – Appropriate use of seclusion and restraint may be necessary when a child is an immediate danger to himself or others. However, it is important to be aware

that seclusion and restraint may transport a child back to traumatic event(s), causing him to literally re-experience the trauma physically, emotionally and cognitively.

28

Step 5: Classroom Strategies to Establish Empowerment

Embed mental health instruction into curriculum – Schools can adopt a philosophy of "trauma proofing" children. We can build resiliency proactively for all students to give them skills to cope with the negative events that may occur in their lives. Schools can do this by connecting what we teach to coping strategies. In the future, the student can utilize the coping strategies to handle difficult emotions and self regulate.

PRESENTER DIRECTION

Generate examples:

- Physical Education – We can use physical exercise when we feel sad or frustrated.
- Music and Art – We can use these to express emotions.
- Language – We can write poems or journal to help us release feelings.
- Science/ Math – We can use the scientific method to figure out a problem and help the world to make sense to us. A set of predictable rules can be comforting.
- History/World cultures – We use history to give a sense of being part of something larger.

Provide guided opportunities for meaningful participation – Give a child a sense of belonging and sense of giving back to community or even globally. This can increase resiliency and give a sense of purpose and meaning to a student if it is guided, carefully planned, modeled and then observed. Examples of this may include service learning and peer tutoring.

Maintain high behavioral and academic expectations – Support students with an attitude of "I know you have a lot to deal with, but you are strong, you are competent, and you can do this." Children succeed when coached with an expectation rather than just a hope of mastery. Students can sense when you do not believe in their ability but will rise to the level of expectation you set for them. High standards can be set paired with compassion, empathy, understanding, and support to be successful.

Build on strengths – Start with an area of interest or skill for a child so that she will feel more confident in engaging in the curriculum.

Build competency – A sense of competency across multiple domains is another key factor in resiliency. Schools can instill hope in a child that he can have a productive and positive life through giving him the experience of competency.

29

Step 5: Classroom Strategies to Establish Collaboration

School Staff – Utilize Building Consultation Teams to strategize for students. Use Functional Behavioral Assessments (FBAs) to identify potential triggers for a child. Fellow staff can serve as a resource for potential solutions. Consult in other classrooms and invite staff to consult in your classroom.

Students – Collaborate with students. They often know what would help them, but no one thinks to ask them. Build a relationship that establishes you on the same team as the student.

Family – Use families as resources to support a child. Provide education, training and support to families in need in a positive, respectful and supportive way.

Community – Learn about community resources and make referrals when needed. Partner with mental health providers and others who support children in the community. Invite them to be part of the team in supporting students.

30

Step 5: Classroom Strategies to Establish Choice

Work with student to create a self-care plan to address triggers

- **Identify triggers** – Collect data about when and where behaviors occur. The FBA process can be useful in finding out what may be contributing to creating a negative response from the student.
  - **Eliminate triggers**.
  - **Empower the student to eliminate the triggers**.
  - **Work with the student to develop coping skills** – Options:
    - **Teach Self Regulation** – Recognizing when a student may be experiencing intense emotions and guiding them to effective coping – "Why don't you take a minute, breathe deeply, focus on something positive" (pre-identify something they like to think about or look at). Encourage physical activity in a safe way. Guide the student to a safe spot in classroom.
    - **Teach students to recognize and name emotions** – Give language needed to identify feelings. Many of these children feel disconnected from their bodies - "You look angry – your face is red, your fists are clenched; you look frustrated; you look sad." Make sure to teach a range of emotions; mad also has elements of sad/frustrated, etc.
    - **Teach students how to identify emotional cues of others/take the perspective of others** – Use stories to develop this skill.
    - **Teach students to link their feelings to experiences internally and externally** – Create a chart of feelings that has columns for feeling/thinking/acting.
    - **Identify resources to safely express feelings**.
    - **Utilize strategies to modulate emotional responses to support academic success.**
    - **Create safe and comfortable places to return to a regulated emotional state after a state of emotional arousal**.
    - **Teach assertiveness skills** – Language to ask for what students want/ways to appropriately protest what they do not want. Give students the tools to appropriately express frustration, even if it does not mean they will get their way. They need a place to be heard.
  - **Learn and use a collaborative problem-solving model** (such as Ross Greene's *Lost at School*) in which a student and teacher both bring their concerns to the table and collaboratively arrive at a solution.

Giving choices and alternatives

Choices give power to the powerless through giving two acceptable alternatives – "Would you like to do your math at the front or the back of the room?" The outcome is not negotiable, but how we get to that outcome is. Give students alternatives to negative behavior. Rather than, "Johnny will comply with directions without argument," focus on what he will do instead (e.g., "Johnny will cope with his frustrating feelings by using the safe zone and verbalizing feelings respectfully").

Having tools to help students to cope

- **Comfort zones** – Places where a child can de-escalate and feel comfortable and safe.
- **Learn about lower brain interventions** – These are interventions that focus on reaching the "doing" brain. They are regulating and can be different for different children. Some examples include rocking, physical exercise, removal of stimuli, and meeting of basic needs.

- **Sensory diets** – Occupational therapists (OT) can be useful in providing assessment and sensory interventions. However, sensory tools can be useful with many students who may not have access to OT support.
- **Safe & acceptable expression of feelings**.

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Step 5: Classroom Strategies to Establish Trust

Relationship with the educator based on:

- **Maintaining unconditional positive regard for all students** – Students who experience trauma are often in competition with their teacher for power and attempt to control the environment to achieve safety. This can be frustrating, because the student seems to be in control of her behavior and simply want "her own way." However, the more helpless a child feels the worse the behavior will become. A teacher must exercise control and hold students accountable, but never in a way that resembles abuse (e.g., yelling, threats, coercion, sarcasm). Teachers need to be respectful, consistent, non-violent and offer to share control, whenever appropriate, and at developmentally appropriate levels.
- **Check assumptions, observe and question** – Effective teachers monitor their assumptions and reactions to a student and stop, observe and question. "I notice that when I call out to the class you throw your book. Tell me what that is about? Are you worried something bad will happen?" Take time to stop and listen.
- **Be a relationship coach** – Effective teachers teach students how to get along with others and support positive relationships between students in school as well as between children and parents. Teaching and modeling social skills helps children develop and improve these skills. Students learn behavior that is modeled for them.

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Self Care

Teachers and school staff cannot be trauma-sensitive unless they take care of themselves. Working with students that have experienced trauma can be overwhelming and can even trigger trauma from an educator's past.

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Progression of Burnout

This is the progression that occurs when caretakers do not engage in self care.

Compassion – When educators are compassionate, they acknowledge the feelings and experiences of their students. Staff must be compassionate to help students learn and grow.

Empathy – When educators are compassionate, they will connect emotionally with the experiences of their students. This is also necessary for an educator to truly know the student's experience and place themselves in a position to help.

Vicarious/Secondary Trauma – Sometimes when an educator empathizes with a student, it is possible for the educator to actually experience the traumatic feelings that the student has felt. This is characterized by a stress response occurring in her body in reaction to what the student has experienced.

Compassion Fatigue – When exposed frequently to vicarious or secondary trauma, educators are at risk of becoming emotionally overwhelmed by the experiences of their students. This can come when they feel like they cannot cope with their own emotional responses.

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Burnout – Burnout occurs when educators become so overwhelmed that they begin to shut out the experiences of their students. This is characterized by becoming negative towards students and/or attempting to silence a student's expression of emotion.

Cycle of Compassion

The progression of burnout does not need to be a linear progression, however. Educators can take steps to guard themselves from burn out. If they are able to experience compassion and empathy for their students while caring for themselves, they will be able to feel satisfaction in the work that they are doing.

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Ask the audience: How do we practice self care at this school? How does the school support staff in caring for themselves? Where can we improve?

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Next Steps

Create an action plan of the next steps your school would like to take to begin enhancing your trauma sensitivity.

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For More Information

This slide includes a link to resources that have been collected and created by the Department of Public Instruction to help schools address the needs of students who have been impacted by trauma. The toolkit includes:

- Webcasts and online articles to learn more about trauma and steps for schools to become more trauma-sensitive;
- Trauma-informed practices in key areas for schools;
- Resources schools can use to incorporate trauma-sensitive practices;
- Websites with information about trauma and trauma-sensitive practices for schools;
- Checklists for schools to assess their progress in adopting trauma-sensitive practices;
- Contacts for training and technical assistance in Wisconsin;
- Presentation materials you can use in a school in-service;
- Trauma and the impact on students, schools, and learning; and
- Information on Adverse Childhood Experiences (ACEs).

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Credits and Resources

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End of Part Two