

CREATING TRAUMA-INFORMED SCHOOLS

Sandra L. Bloom, M.D
Co-Director, Center for Nonviolence & Social
Justice
Associate Professor,
Health Management and Policy
School of Public Health, Drexel University
Co-Founder *The Sanctuary Institute*
Andrus Children's, Yonkers, NY



Today's inner-city schools present a far harsher reality for African American, Hispanic, and Asian American students than anything I ever encountered. The drugs, violence, and lack of resources in today's schools would have seemed like an apocalyptic nightmare in the Bronx of the 1960s. Today, this nightmare is an everyday reality for thousands of school children and we are seeing the effects of these horrific environments on how these children think about themselves, their place in society, and their futures.

Louis Cozolino, 2013
The Social Neuroscience of Education

THE BAD NEWS

THE GOOD NEWS

Students who attend school from kindergarten through secondary school typically spend more than 13,000 hours of their developing brain's time in the presence of teachers. Their brains are highly susceptible to environmental influences – social, physical, cognitive, and emotional. And, more important, their brains will be altered by the experiences they have in school.

Eric Jensen, *Teaching With the Brain in Mind*, 2nd Edition, 2005

LESSON PLAN

- What happens to children's brains before they come to school?
 - Brain Basics 101
- What is the impact of fear?
 - On brain, body and adaptation
- What is "trauma-informed" and why does it matter?
 - Effects of trauma and adversity
- Implications for schools
 - Instruction
 - Classroom Climate

WHO WILL BE YOUR CONVERSATION PARTNER THIS MORNING?



Who are you?

What is one thing you would like to learn today?

Our ability to learn is interwoven within our brains and bodies with our physical, emotional, and social survival.

L. Cozolino (2013). *The Social Neuroscience of Education*



CHALLENGING KIDS HAVE DIFFICULTIES WITH:

(GREENE, *LOST AT SCHOOL*, 2008)

EMOTIONS

Managing distressing feelings – sadness, shame, anger

Chronic irritability, anxiety that interferes with problem-solving

Empathizing with others, appreciating other's points of view

Persisting with challenging, effortful, tedious tasks – low frustration tolerance

Expressing concerns, needs, thoughts in words



Challenging Kids Have Difficulties With:

(Greene, *Lost At School*, 2008)

THINKING

Cognitive biases, "nobody likes me", "you always blame me", "I'm stupid"

Understanding what is being said

Doing things in logical sequence

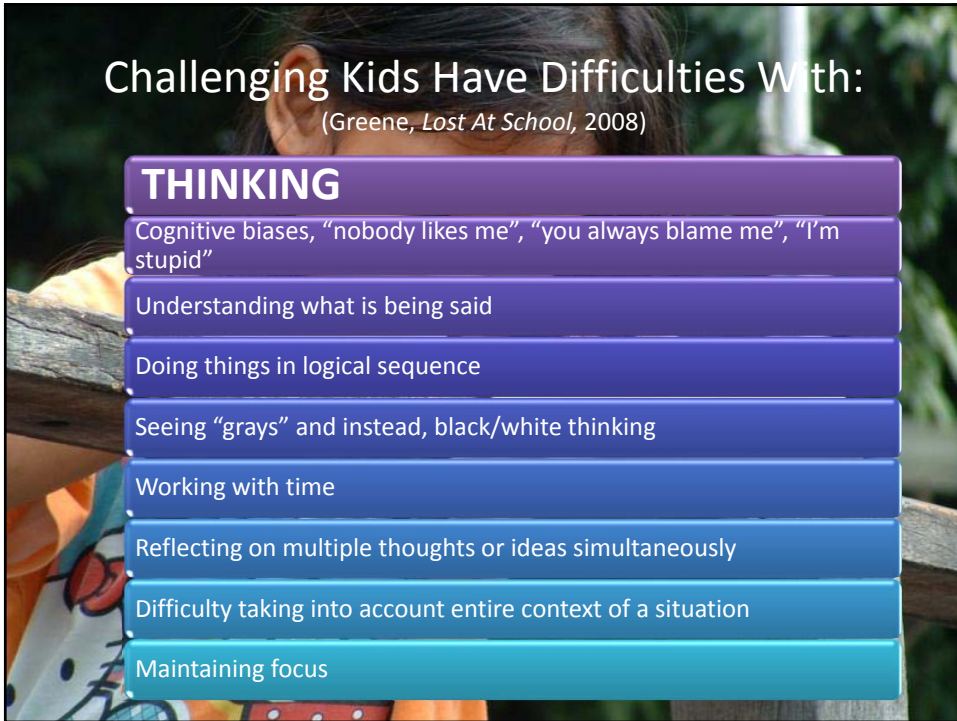
Seeing "grays" and instead, black/white thinking

Working with time

Reflecting on multiple thoughts or ideas simultaneously

Difficulty taking into account entire context of a situation

Maintaining focus



CHALLENGING KIDS HAVE DIFFICULTIES WITH:

(GREENE, *LOST AT SCHOOL*, 2008)

CHANGE

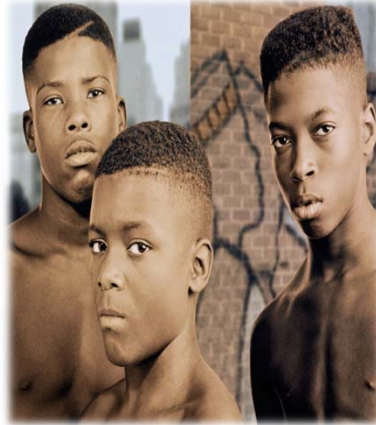
Seeing consequences of actions – impulsive

Deviating from structure, routine

Handling transitions

Handling unpredictability, ambiguity, uncertainty, novelty

Adapting to change



Challenging Kids Have Difficulties With:

(Greene, *Lost At School*, 2008)

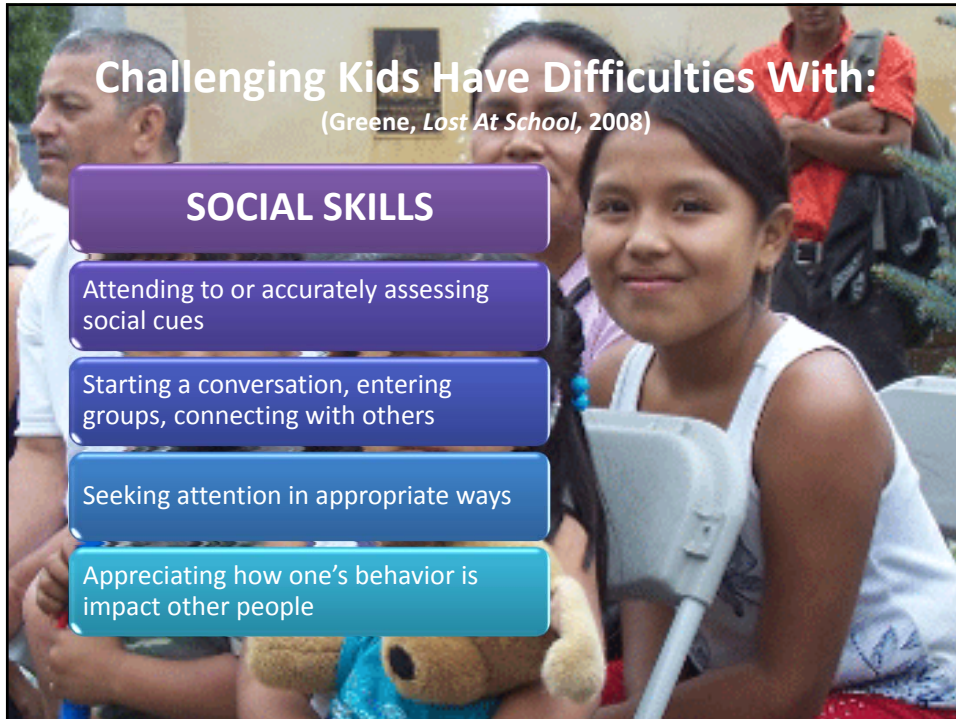
SOCIAL SKILLS

Attending to or accurately assessing social cues

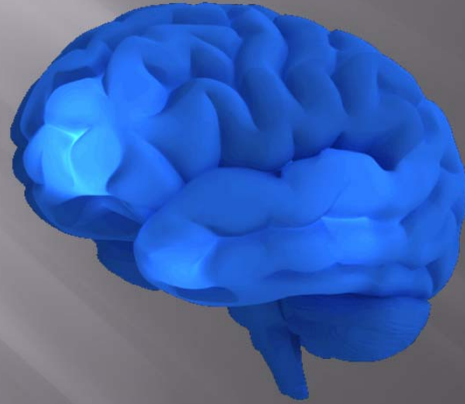
Starting a conversation, entering groups, connecting with others

Seeking attention in appropriate ways

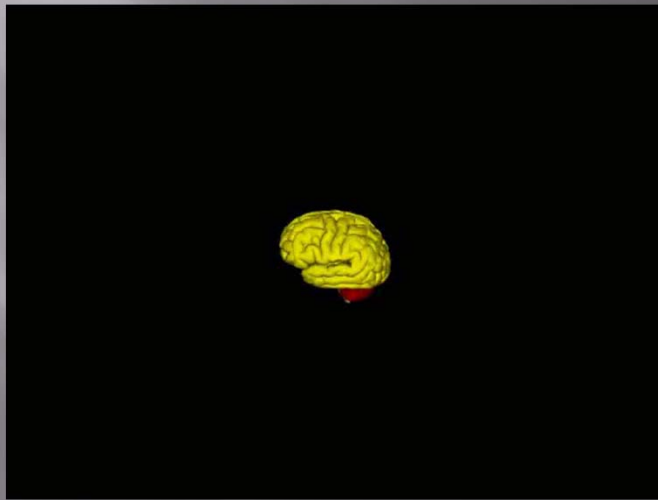
Appreciating how one's behavior is impact other people



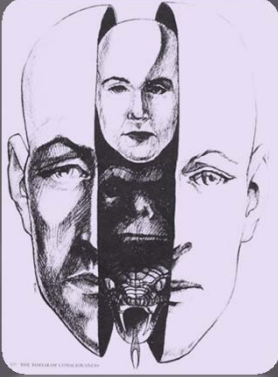
Brain Basics 101



BRAIN BASIC 101

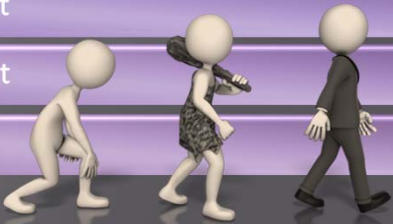


THE TRIUNE BRAIN

Human brain (cortex)	<ul style="list-style-type: none">• Reasoning, judgment, meaning-making	
Mammalian brain (limbic system)	<ul style="list-style-type: none">• Emotional, attachment, learning	
Reptilian brain (brainstem)	<ul style="list-style-type: none">• Instinctive, reflexes	

EVOLUTIONARY PRESSURES

- Survival in a predatory environment
- Living in larger groups than any other primate
- Traumatic births
- Having infants with the longest period of complete helplessness
- Fewer offspring – high investment
- Long period of brain development
- Strong bias toward learning



While Western culture has changed a great deal during the last 5,000 years, the social instincts, physiology, and biochemistry of the neural networks that evolved for 100,000 yearsremain essentially unchanged.

L. Cozolino (2013) The Social Neuroscience of Education

REPTILIAN BRAIN

The brainstem keeps the body's nervous system functioning, including all that is **required** for survival:

- heart rate
- breathing
- blood pressure
- digestion
- arousal (being awake and alert)



LIMBIC SYSTEM

subjective emotional experience

formation of memories

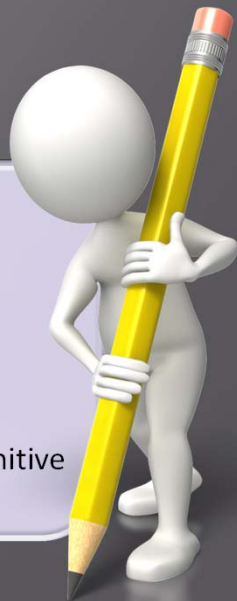
motivation



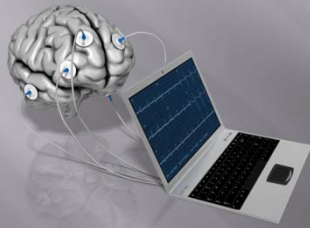
NEOCORTEX

Most
advanced
part of
the brain

- spatial reasoning
- language
- thought
- motor commands
- sensory perception
- judgment
- all other higher order cognitive processes.



THE EVER-MATURING HUMAN BRAIN

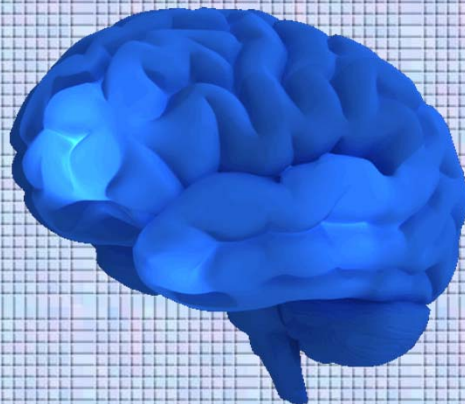


As organs of adaptation, our brains have been shaped to adapt and re-adapt to changing environmental demands.

As a social organ, our brains continue to mature in a manner designed to meet changing social roles throughout life.

The truth is that our brains never stop maturing and possess the capacity for lifelong neural plasticity.

THE BRAIN AND DEVELOPMENT



THE BRAIN DEVELOPS



Many newborn animals can stand and walk on wobbly legs within a few minutes of birth.

These animals rely on preprogrammed brains driven by primitive instincts.

From birth, they have to be ready to contribute to their own survival by avoiding danger and keeping up with the herd.

THE BRAIN DEVELOPS



Humans are born premature and highly dependent newborns

Brains are shaped through years of interactions with our caretakers and the environment.

This extended period of postnatal brain development makes ours the most dependent and adaptive brain on earth.

Our brains must learn to inhibit our reflexes, control movement, regulate emotions in concert with impulses and behavior.

THE CRITICAL INTERFACE: ATTACHMENT BEHAVIOR



Any behavior designed to get children into a close, protective relationship with their attachment figures whenever they experience anxiety.

Howe, Brandon, Hinings and Schofield, 1999

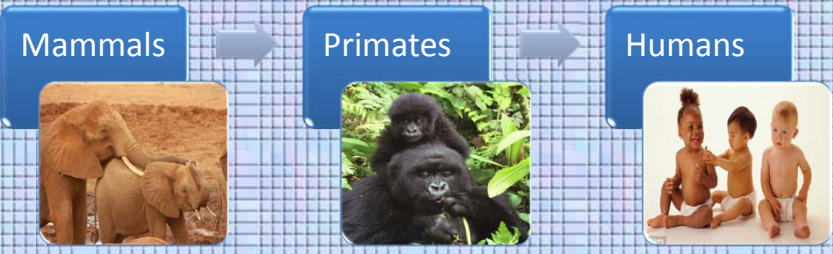
THE BRAIN DEVELOPS



Scientists now know a major ingredient in this developmental process is the “serve and return” relationship between children and their parents and other caregivers.

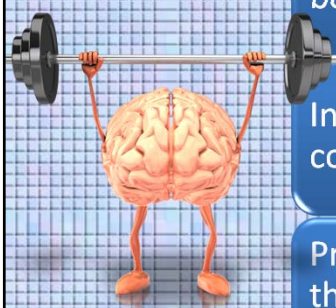
**GOOD OUTCOME:
INCREASED ATTACHMENT**

Mammals → Primates → Humans



**COMPROMISE:
ADULTS HAVE TO SACRIFICE FOR
OFFSPRING FOR A VERY LONG TIME**

THE BRAIN DEVELOPS




Brains are built over time, from the bottom up

In infancy, 700 new neural connections are formed every second.

Pruning follows rapid proliferation so that brain circuits become more efficient.





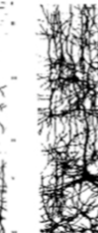

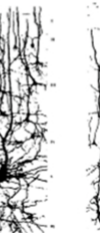
THE BRAIN DEVELOPS




During the first year, relationships shape networks of attachment and emotional regulation, while year two ushers in an explosion of language development.

During this time, vital learning in the areas of attachment, emotional regulation, and self-esteem are organized based on the quality and nature of early childhood relationships

THE BRAIN DEVELOPS


36 weeks gestation	Newborn	3 months	6 months	2 years	4 years	6 years
						
Synapse formation				Synapse pruning		

WHAT GETS CONNECTED AND WHAT GETS PRUNED AWAY DETERMINED LARGELY BY CHILD'S ENVIRONMENT



To sit still, focus, and learn in a traditional classroom children need to develop abilities to:

- inhibit motor movements,
- pay attention and focus, and
- manage our emotions
- Manage impulses
- Integrate with behavior






Those who are nurtured best survive best. It turns out that our emotional resilience and our ability to learn are inextricably interwoven.


L. Cozolino (2013) *The Social Neuroscience of Education*

IT BEGINS WITH LIFE BEFORE SCHOOL

EXPERIENCES BUILD BRAIN ARCHITECTURE



THE EVER-DEVELOPING HUMAN BRAIN



- What did you feel as you watched that mother and baby interaction?
- Have you ever observed that kind of interaction between child and parent?
- How much do you ever find out about your children's developmental experiences?

THE ADOLESCENT BRAIN



For most of our evolutionary history, humans had to mature and mate by their mid-teens.

Adolescents had to break from the values and structures of their family in order to become desirable to peers and potential mates.

Simultaneously, they had to gradually transfer their sources of emotional security to new and genetically unrelated others.

Despite the fact that childbearing has been delayed into the 20s and 30s, the brain still expects this to happen at 12 or 13 years of age.

THE FRONTAL LOBES



Last to develop, longest to develop

Allow us to use this information to modulate and guide our interactions with those around us

Enables us to maintain a sense of self and others

Governs moral reasoning, judgment

THE FRONTAL LOBES



As frontal executive systems are reorganizing, many adolescents become intoxicated with a sense of power, invulnerability, and impulsivity.

This search for purpose and meaning makes adolescents more vulnerable to good and bad social influences, peer pressure, and cults (Canetti et al., 1997; Dahl, 2004).

TASKS OF PARENTING

Physical security

- safety of a child's body and life

Physical development

- appropriate conditions for health growth of a child

Intellectual security

- conditions in which a child's mind can develop

Intellectual development

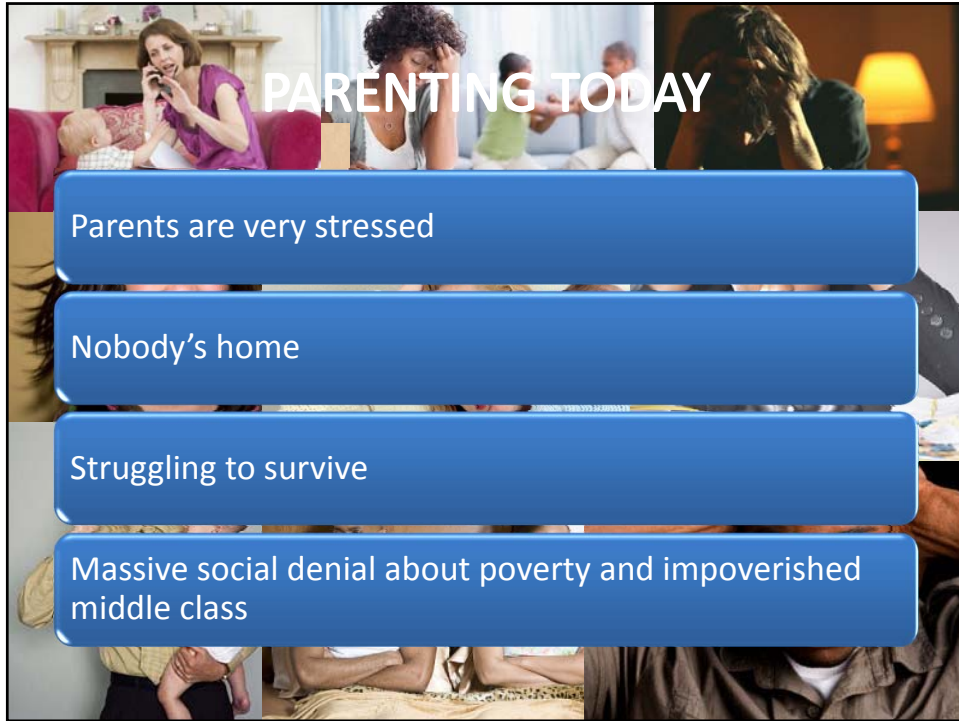
- opportunities for a child to learn

TASKS OF PARENTING

- Emotional security**
 - to help protect a child's psyche
- Emotional development**
 - developing the child's ability to love, care, help, etc.
- Social security**
 - conditions that promote safety with others
- Social development**
 - Promoting development of social skills, good citizenship

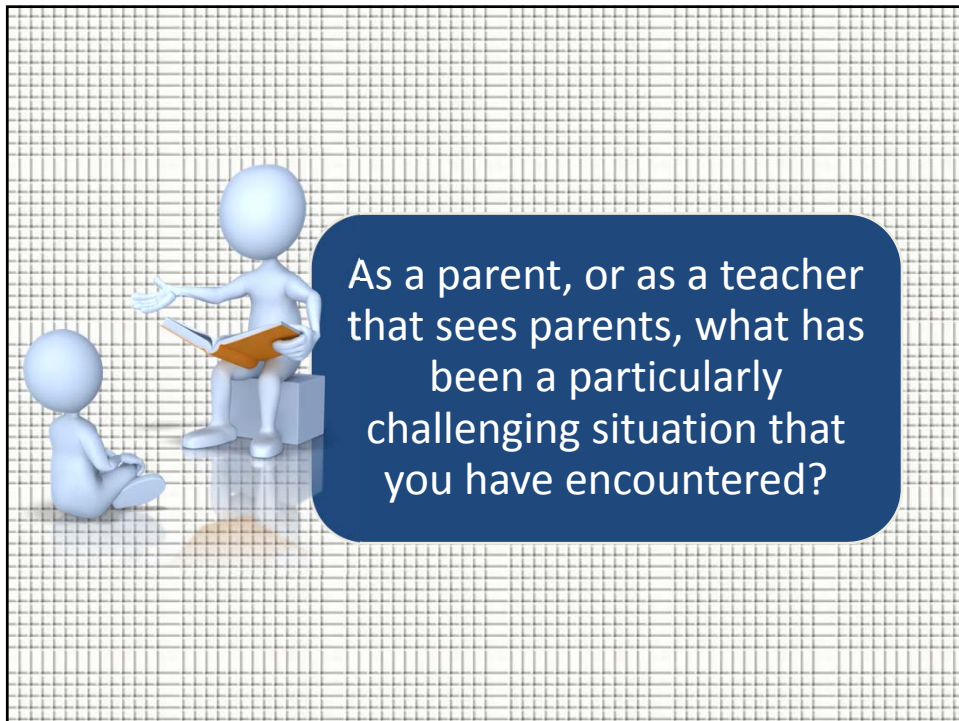
TASKS OF PARENTING

- Moral security**
 - Protect child's developing sense of meaning and purpose
- Moral development**
 - Promoting child's moral development, conscience



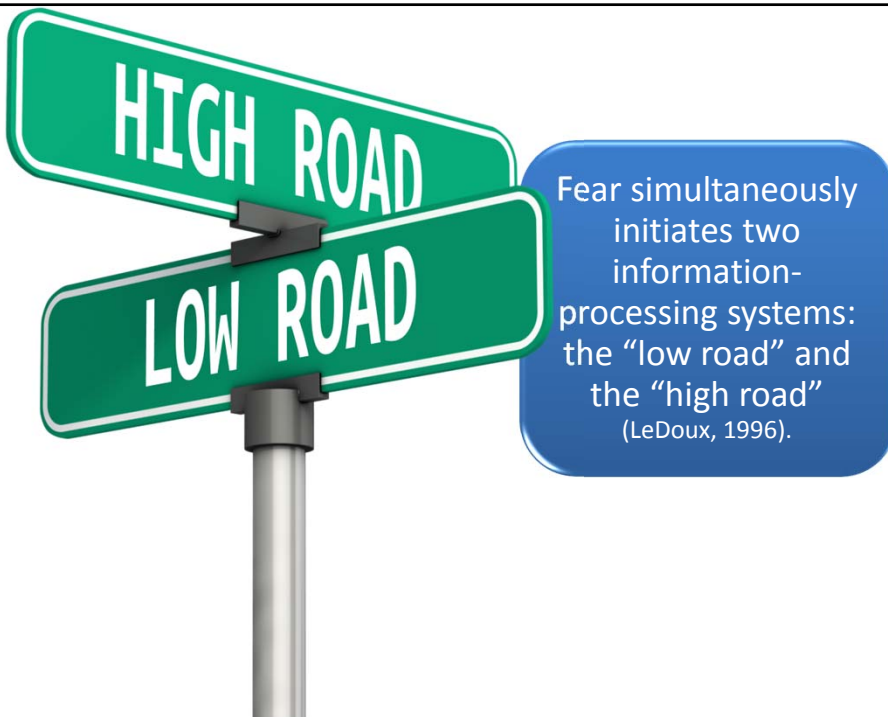
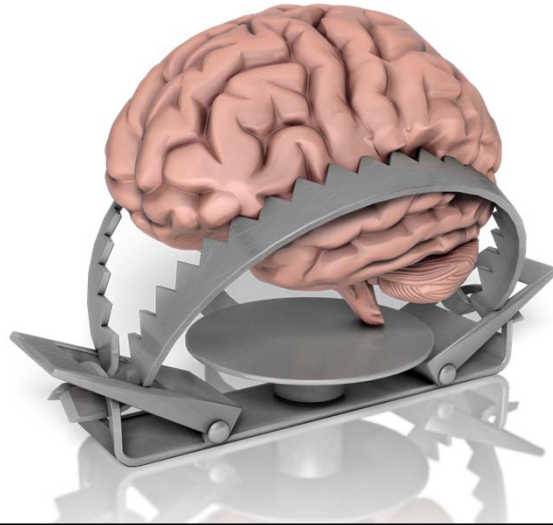
PARENTING TODAY

- Parents are very stressed
- Nobody's home
- Struggling to survive
- Massive social denial about poverty and impoverished middle class

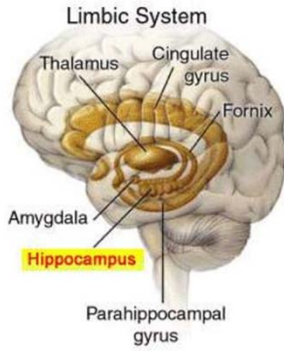


As a parent, or as a teacher that sees parents, what has been a particularly challenging situation that you have encountered?

THE BRAIN AND FEAR



LOW ROAD AND HIGH ROAD



The amygdala sounds the alarm for action.



IT'S ALL ABOUT SURVIVAL

IT WORKED

WE PAY A PRICE



LOW ROAD AND HIGH ROAD

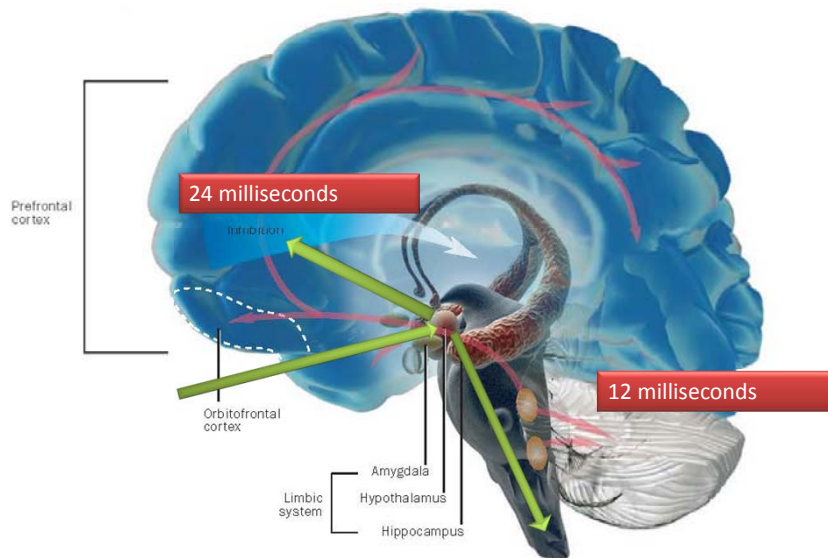


When incoming perceptual information is perceived as threatening, both roads are initiated

The "low road": rapid response, no assessment

The "high road": rational thought, draws upon experience, uses judgment

LOW ROAD AND THE HIGH ROAD

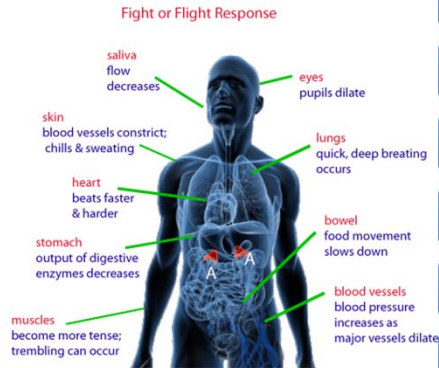


THE THREATENED BRAIN

THREAT	SURVIVAL	ACTION
<ul style="list-style-type: none">• Brainstem activated• Instinctive responses activated• No conscious control	<ul style="list-style-type: none">• Automatic response to fear – no thought	<ul style="list-style-type: none">• Compelled to act on survival instincts

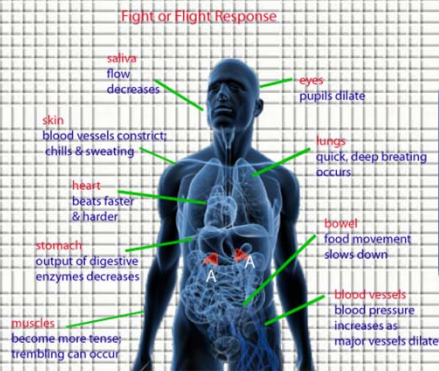


HUMAN STRESS RESPONSE: WE ARE EMBODIED CREATURES



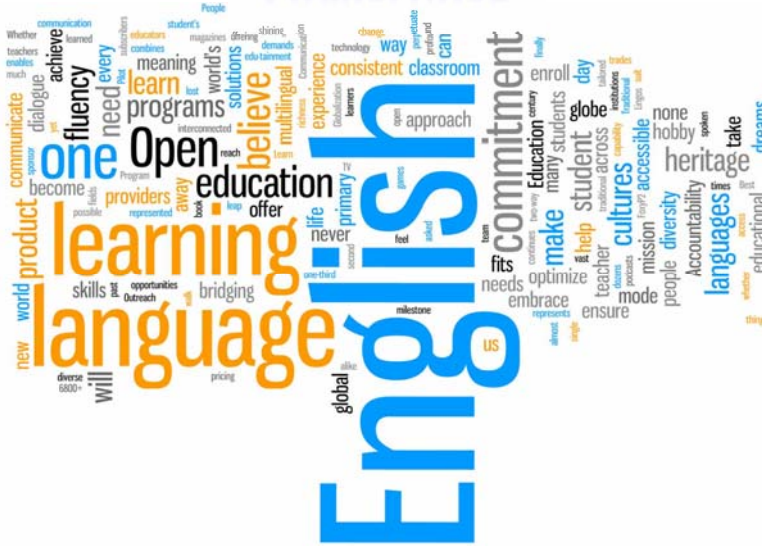
- State of high alert
- Inability to think clearly
- Extreme thoughts
- Attention to threat
- Intense and prolonged anxiety
- Drive to take action

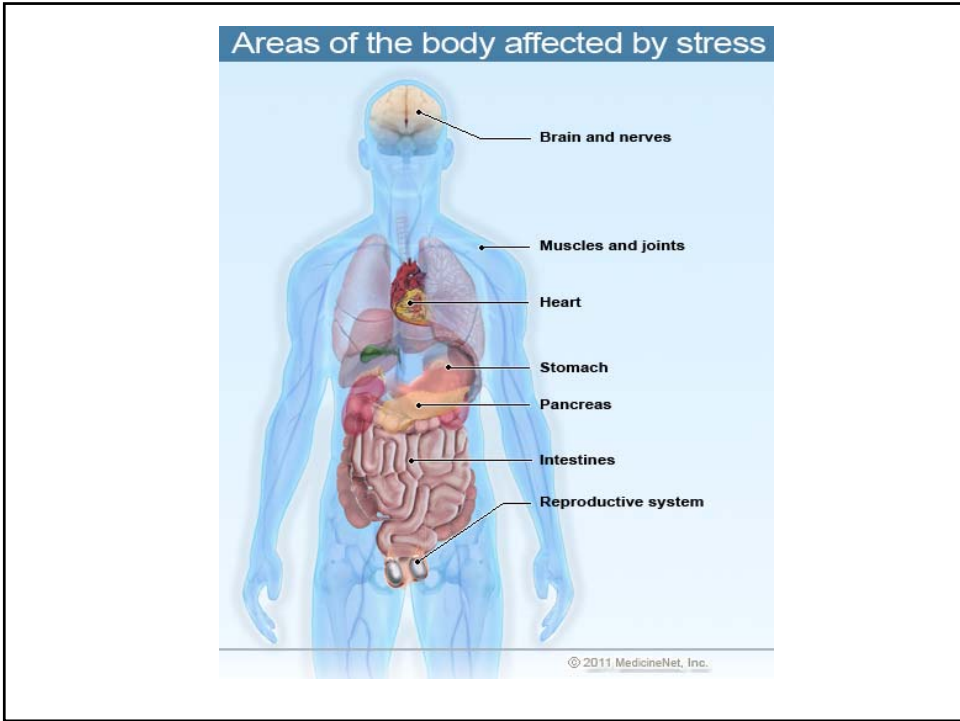
HUMAN STRESS RESPONSE: WE ARE EMBODIED CREATURES



Think about the last time you were frightened – at school, at home, on the way to work. Recall the order of your responses: physical, emotional, thoughtful

WE HAVE A PROBLEM WITH THE LANGUAGE





RELENTLESS STRESS = ALLOSTATIC LOAD



The wear-and-tear on the body and brain resulting from chronic over-activity or inactivity of physiological systems that are normally involved in adaptation to environmental challenge

RELENTLESS STRESS



Poverty

Parenting alone

Multigenerational caregiving

Multiply challenged children

Severe injury/illness in primary caregiver

Severe medical/mental illness/injury in close family

TOXIC STRESS



Strong and prolonged activation of the body's stress management systems

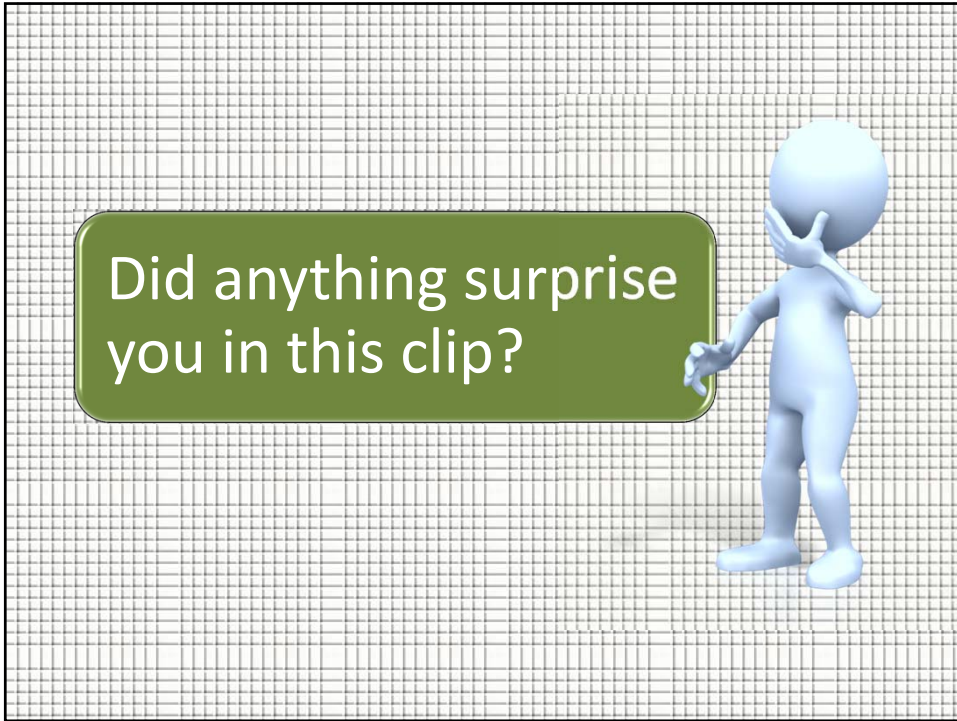
Particularly problematic during critical developmental periods

Effects basic brain architecture

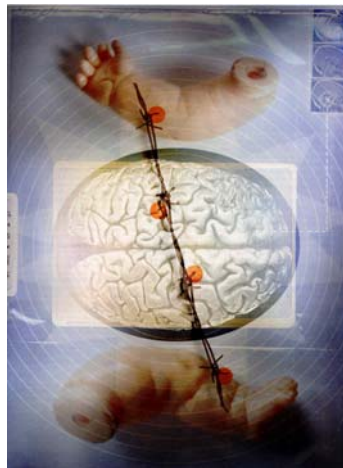
Three Core Concepts in Early Development

3 Toxic Stress Derails
Healthy Development

NATIONAL SCIENTIFIC COUNCIL ON THE DEVELOPING CHILD
Center on the Developing Child HARVARD UNIVERSITY



WHAT HAPPENS WHEN LIFE IS A WAR ZONE?



TRAUMATIC STRESS

The person was exposed to: death, threatened death, actual or threatened serious injury, or actual or threatened sexual violence, as follows: **(one required)**

- Direct exposure.
- Witnessing, in person.
- Indirectly, by learning that a close relative or close friend was exposed to trauma. If the event involved actual or threatened death, it must have been violent or accidental.
- Repeated or extreme indirect exposure to aversive details of the event(s), usually in the course of professional duties (e.g., first responders, collecting body parts; professionals repeatedly exposed to details of child abuse).



WHAT DOES TRAUMA DO?

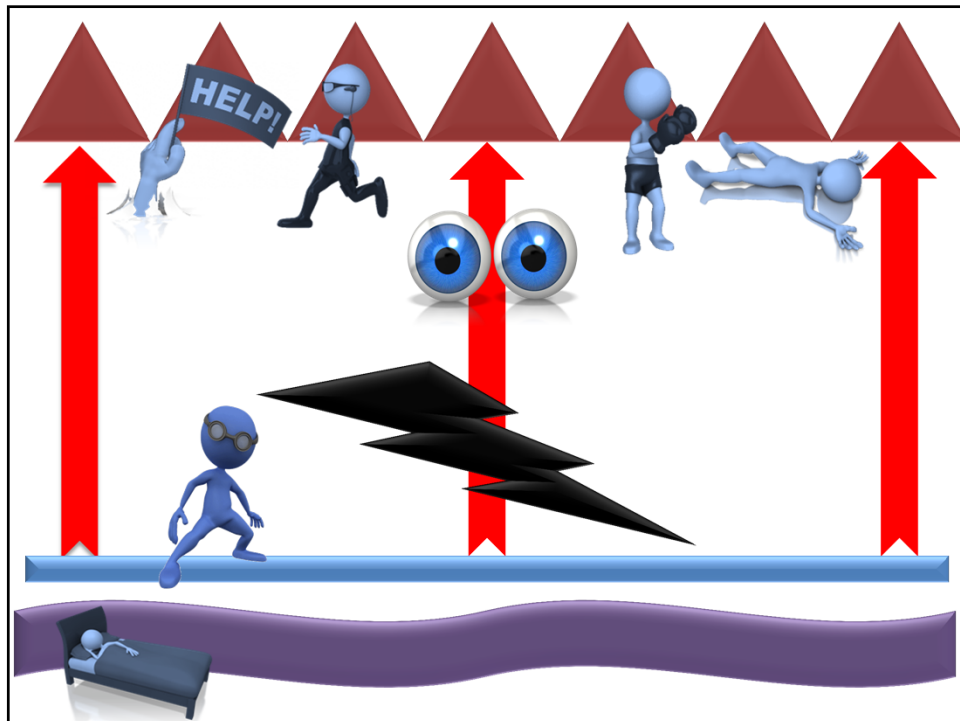
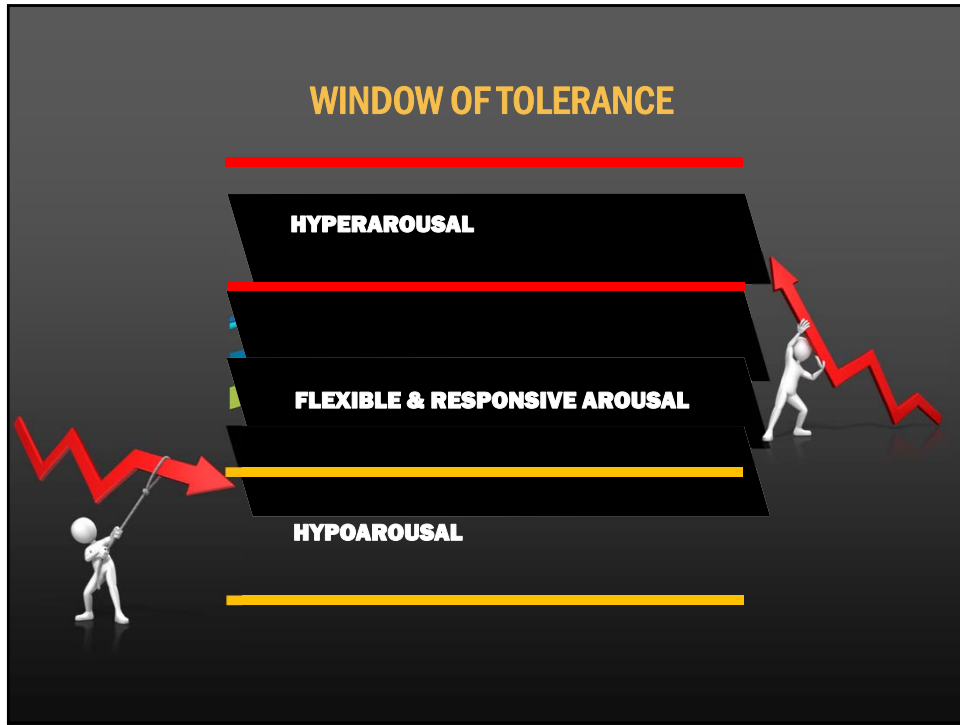
Fight-flight-freeze

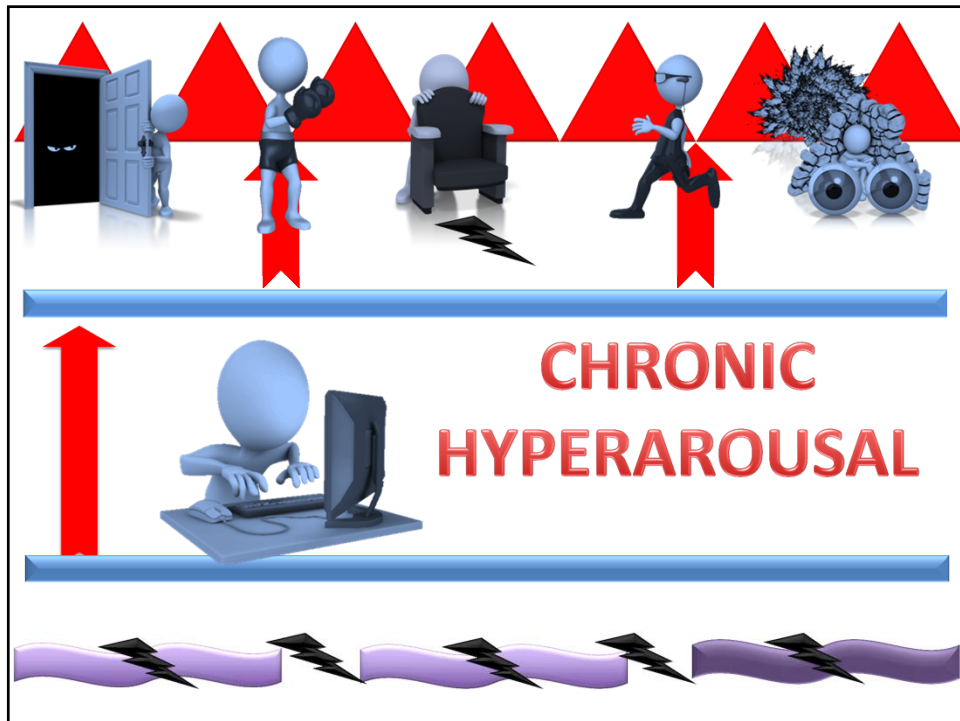
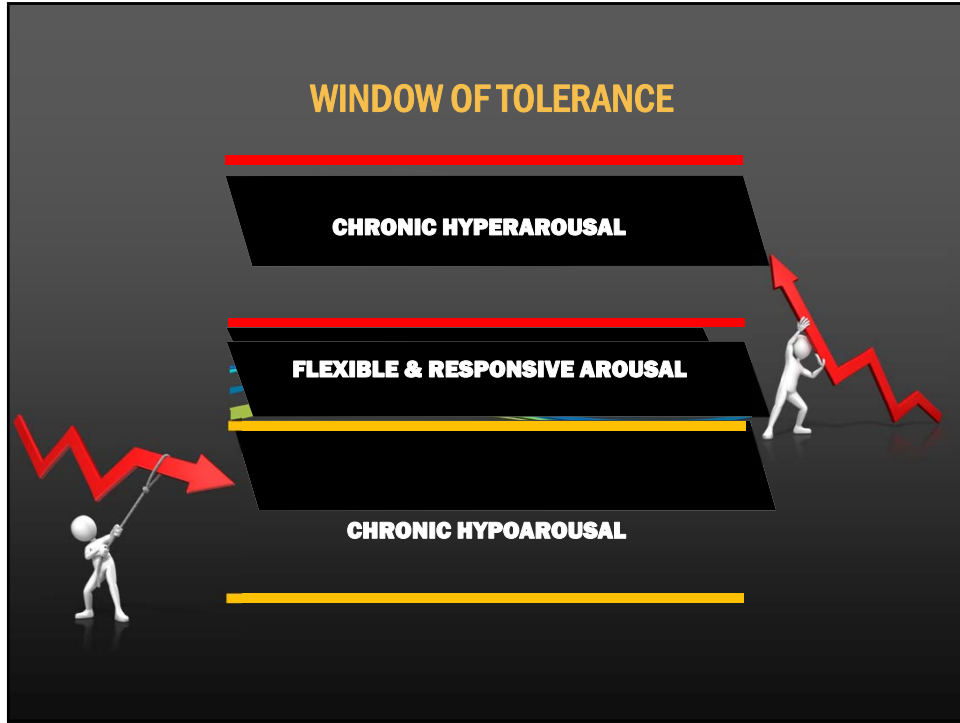
Shock

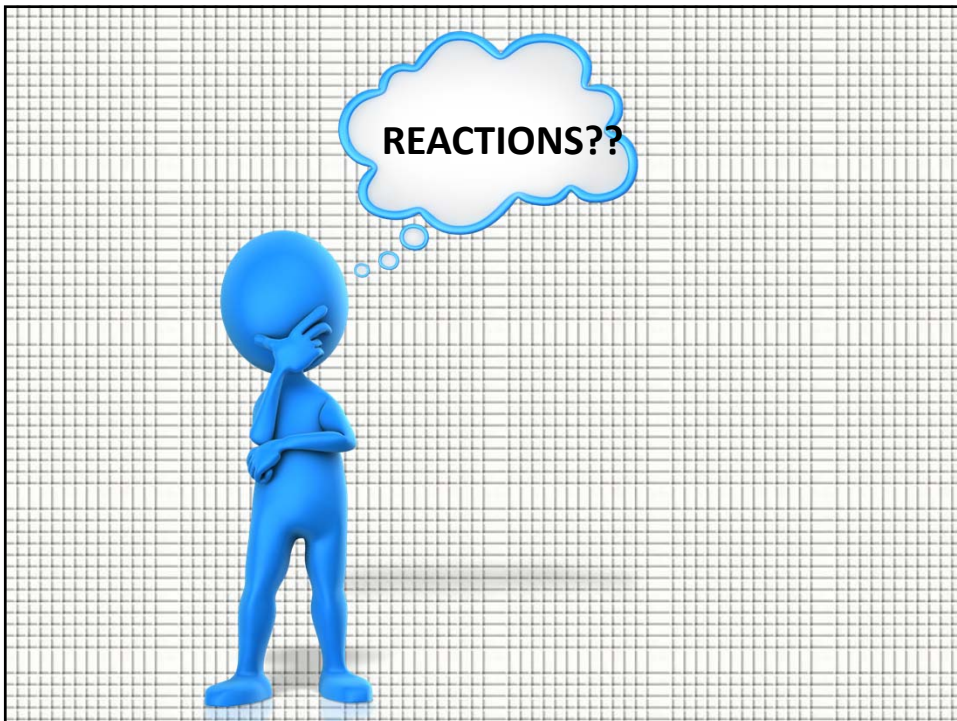
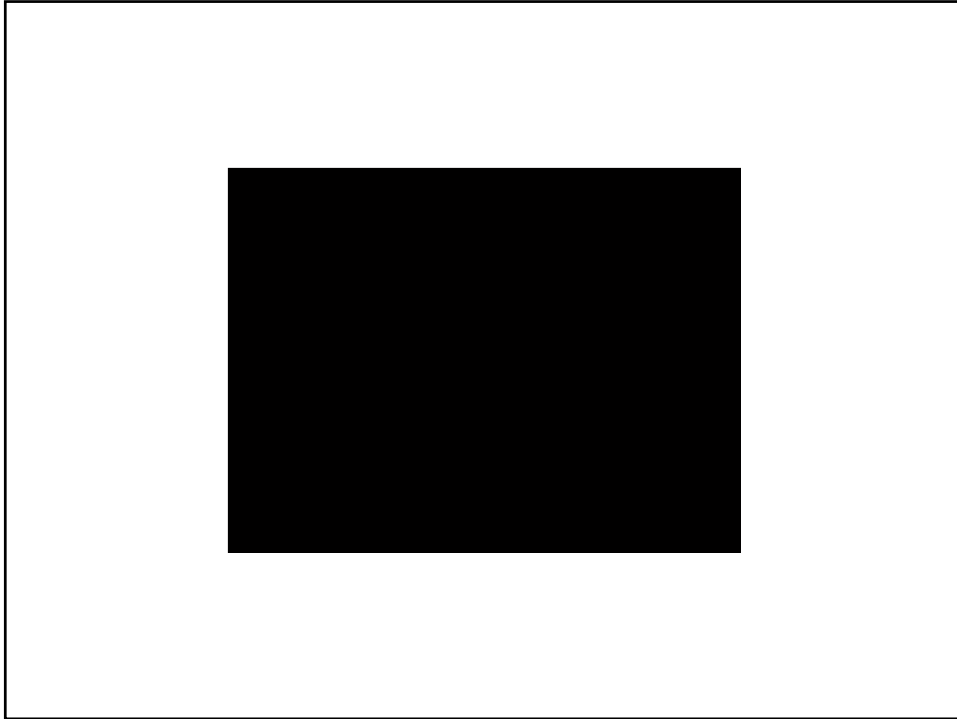
Brain overwhelmed – inability to integrate:

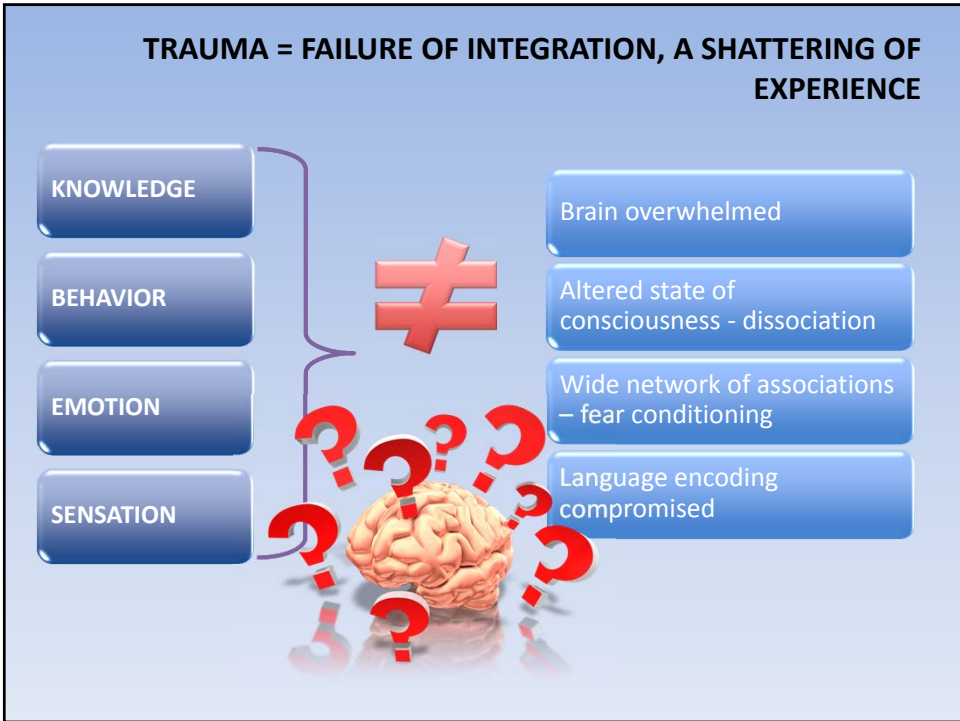
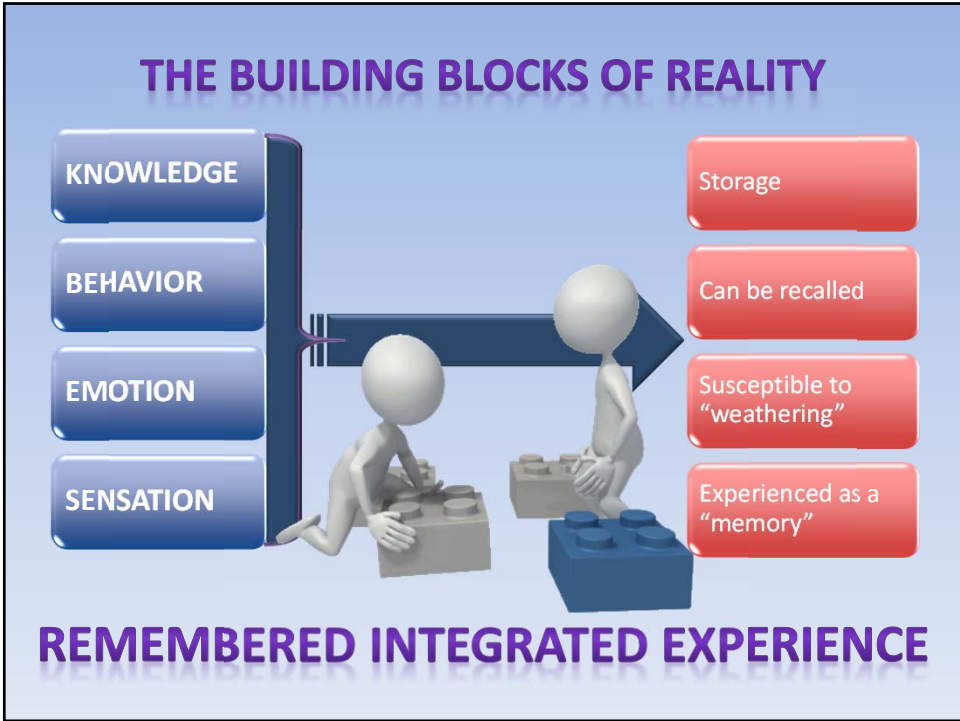
- Sensations
- Emotions
- Thoughts
- Actions











LOSS OF INTEGRATION



Behaviors

Emotions

Sensations

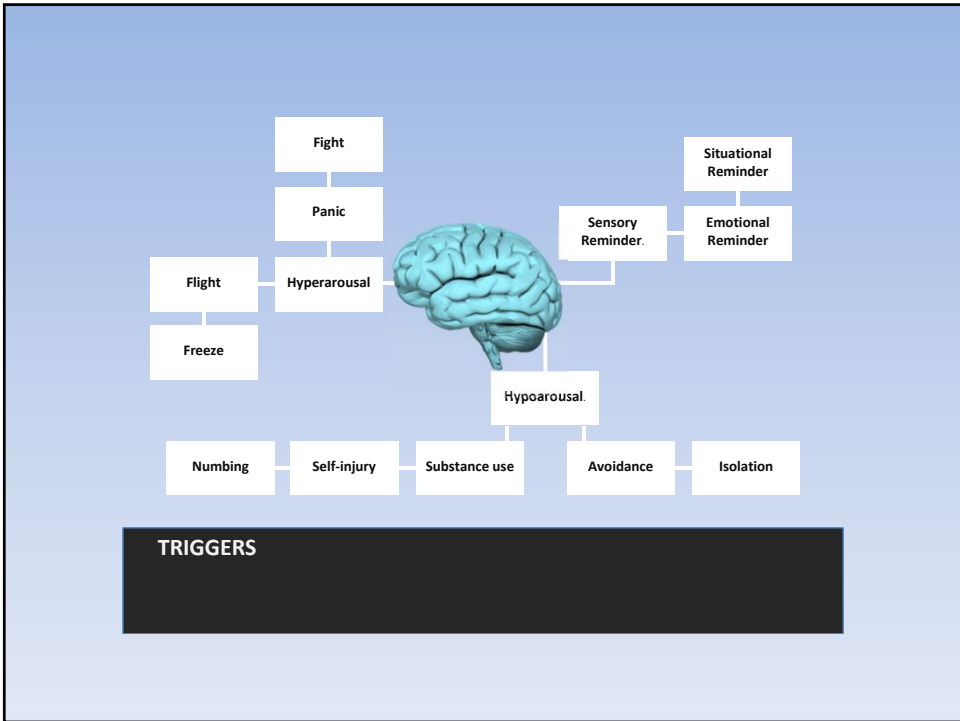
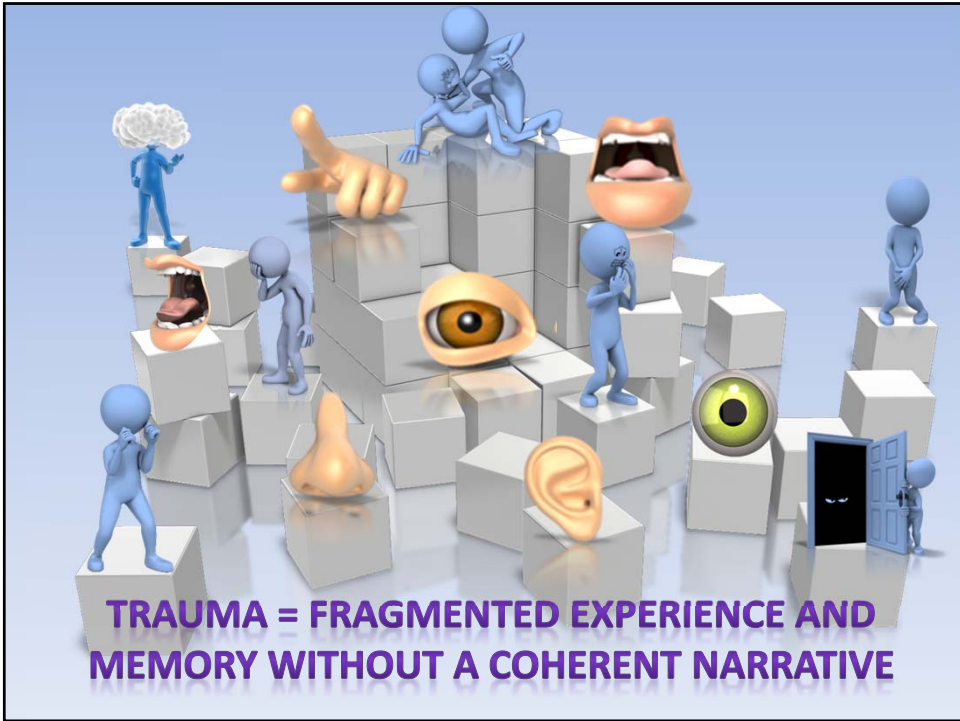
Thoughts

MEMORY

One name for the Devil is "Diabolos" which means the divider, the splitter-into-fragments.

Robin Skynner, *Life and How to Survive It*

Dissociation = A disruption in the usually integrated functions of consciousness, memory, identity, or perception of the environment



THE MIND BECOMES A TERRORIST



Always on edge

Triggered outside of conscious awareness by otherwise normal environmental situations

Avoid people, places, things, relationships

Experience danger everywhere – can look like paranoia

Feelings, particularly positive feelings, disappear – numb, shut down, depressed

THE MIND BECOMES A TERRORIST



Haunting images

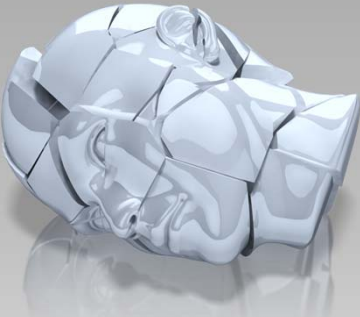
Disturbing physical sensations

Chronic fear

Exhaustion

Helplessness

Hopelessness



LIFE IS UNPREDICTABLE


LIFE IS INCOMPREHENSIBLE

LIFE IS NOT MANAGEABLE

LIFE NO LONGER HAS MEANING

SHATTERED SENSE OF COHERENCE

TRAUMATIC REENACTMENT



Trapped in time

Haunted by the past

Unable to be fully present in the present

Unable to envision a different future

Repeat the traumatic past

Those who cannot remember the past are condemned to repeat it (p284). George Santayana, 1905, *The Life of Reason: Or, The Phases of Human Progress,*

**SYMPTOMS
PTSD**

CHRONIC HYPERAROUSAL:

- Persistent symptoms of increased physiological hyperarousal

FLASHBACKS:

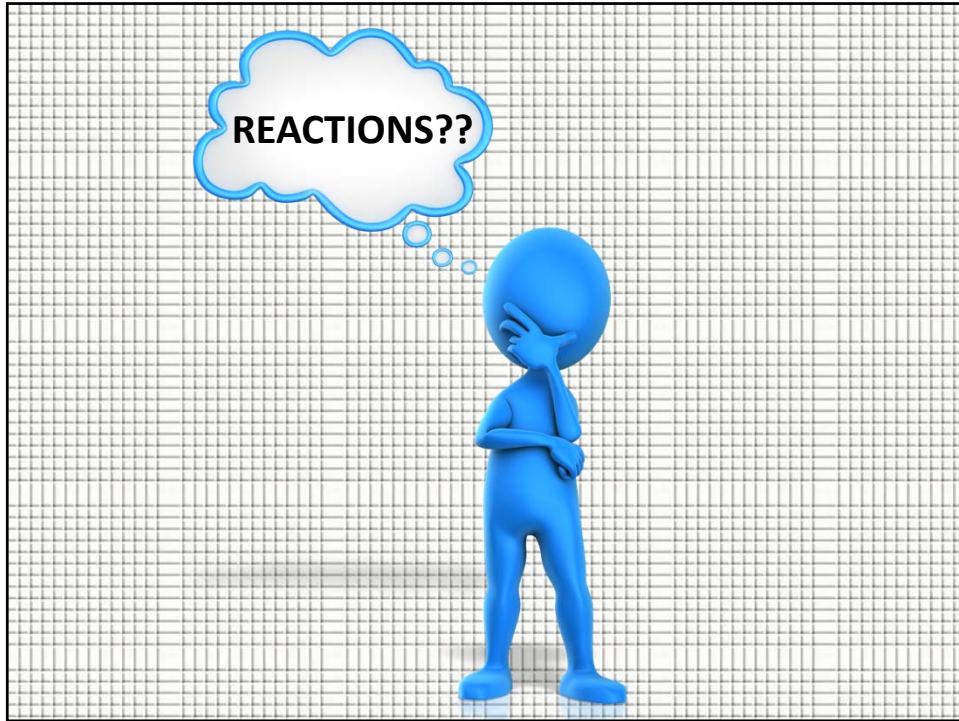
- Recurring intrusive recollections of traumatic event

DEAD INSIDE:

- Persistent avoidance of anything or anyone associated with the trauma or numbing of general responsiveness

Healing Hurt People

A large, solid black square is centered on the page below the title.



The Relationship of Adverse Childhood Experiences to Adult Health Status

A collaborative effort of Kaiser Permanente and The Centers for Disease Control

Vincent J. Felitti, M.D.
Robert F. Anda, M.D.



What are ACEs?

Adverse Childhood Experiences (ACEs) is the term given to describe all types of abuse, neglect, and other traumatic experiences that occur to individuals under the age of 18. The landmark Kaiser ACE Study examined the relationships between these experiences during childhood and reduced health and wellbeing later in life.

WHO PARTICIPATED IN THE ACE STUDY?

Between 1995 and 1997, over 17,000 people receiving physical exams completed confidential surveys containing information about their childhood experiences and current health status and behaviors. The information from these surveys was combined with results from their physical exams to form the study's findings.

GENDER

- MALE 54%
- FEMALE 46%

RACE

- OTHER 2%
- AFRICAN-AMERICAN 5%
- ASIAN/PACIFIC ISLANDER 7%
- HISPANIC/LATINO 11%
- WHITE 75%

AGE

- 19-29 5%
- 30-39 10%
- 40-49 19%
- 50-59 20%
- 60+ 46%

EDUCATION

- NOT HIGH SCHOOL GRADUATE 7%
- HIGH SCHOOL GRADUATE 18%
- SOME COLLEGE 36%
- COLLEGE GRADUATE OR HIGHER 39%

*Participants in this study reflected a cross-section of middle-class American adults.

ACE CATEGORIES

WHEN YOU WERE 18 OR YOUNGER

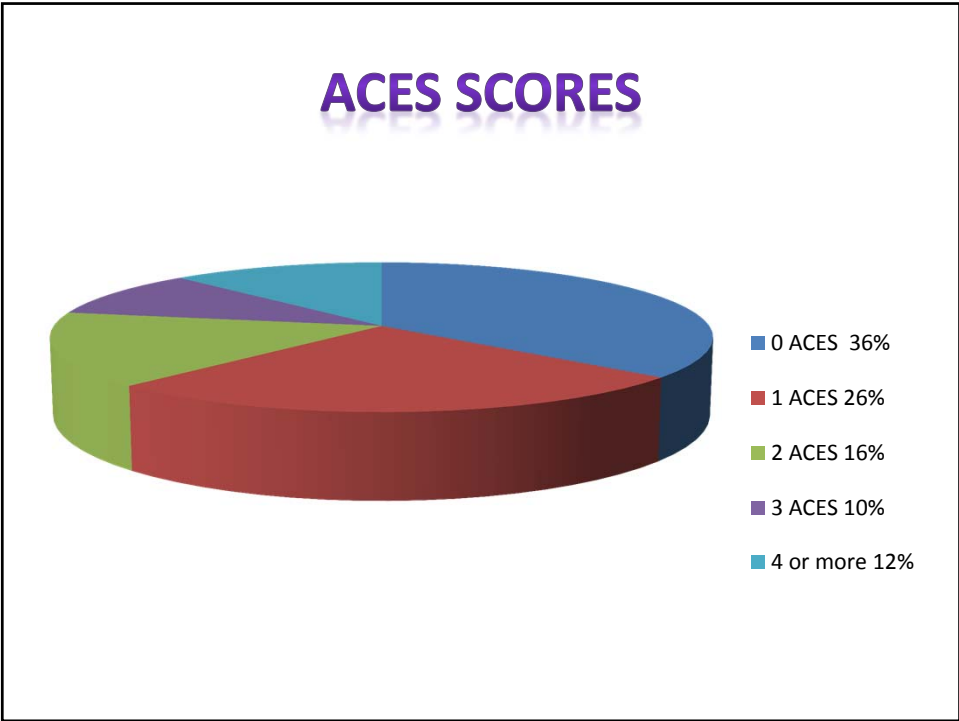
MALTREATMENT

- PHYSICAL ABUSE
- SEXUAL ABUSE
- EMOTIONAL ABUSE
- PHYSICAL NEGLECT
- EMOTIONAL NEGLECT

HOUSEHOLD

- MENTAL ILLNESS
- SUBSTANCE ABUSE
- DOMESTIC VIOLENCE
- PARENTAL SEPARATION/DIVORCE
- INCARCERATION

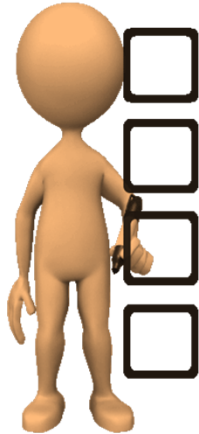
1 POINT /CATEGORY – ADD TO GET TOTAL ACE SCORE



THE HIGHER THE ACE SCORE THE MORE LIKELY THE PERSON IS TO DEVELOP:

- HEART DISEASE
- PULMONARY DISEASE
- HEPATITIS
- DIABETES
- OBESITY
- STD'S

**THE HIGHER THE ACE SCORE THE MORE LIKELY
THE PERSON IS TO DEVELOP:**



DEPRESSION

SUICIDE ATTEMPTS

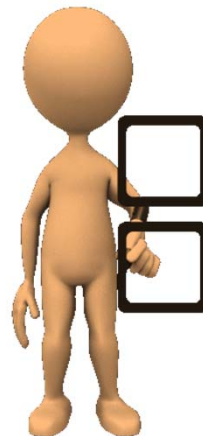
REVICTIMIZATION

TEEN PREGNANCY

**THE HIGHER THE ACE SCORE THE MORE LIKELY
THE PERSON IS TO DEVELOP:**

ALCOHOLISM

OTHER SUBSTANCE ABUSE

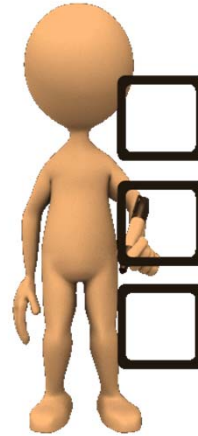


THE HIGHER THE ACE SCORE THE MORE LIKELY THE PERSON IS TO DEVELOP:

POOR SELF-RATED HEALTH

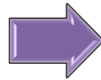
POOR JOB PERFORMANCE

VIOLENT RELATIONSHIPS



ACES AND COMORBIDITY

Given an exposure to one category...

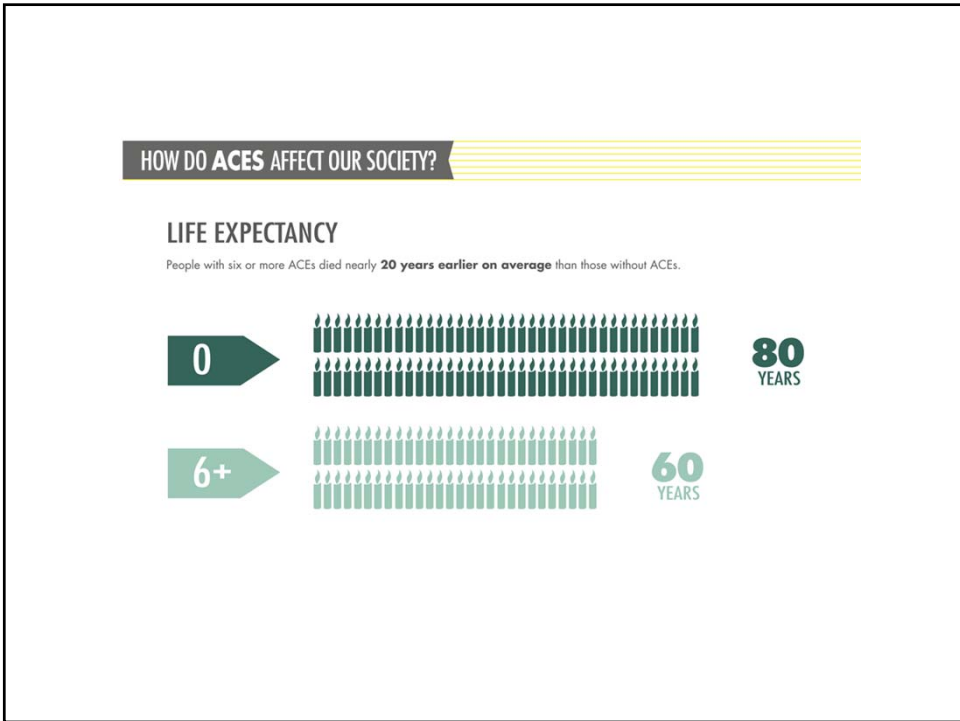
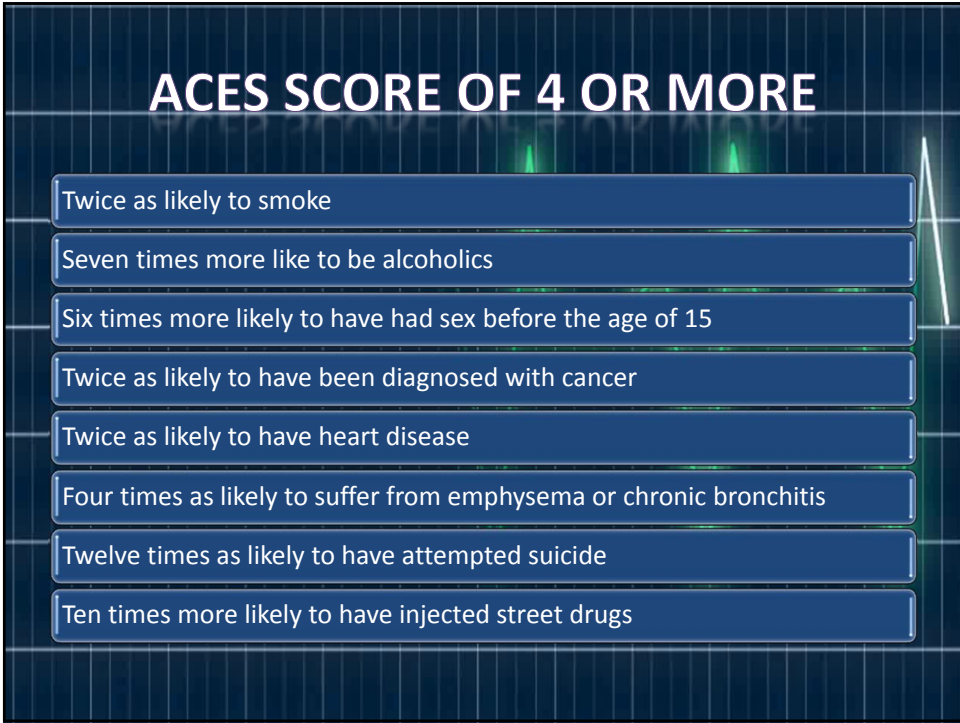


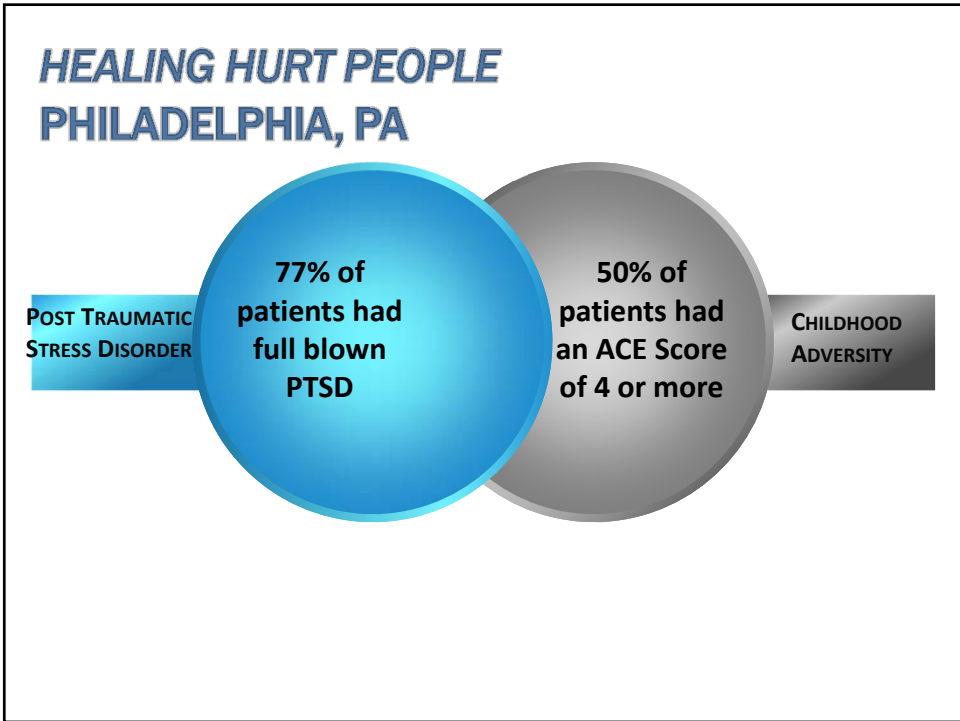
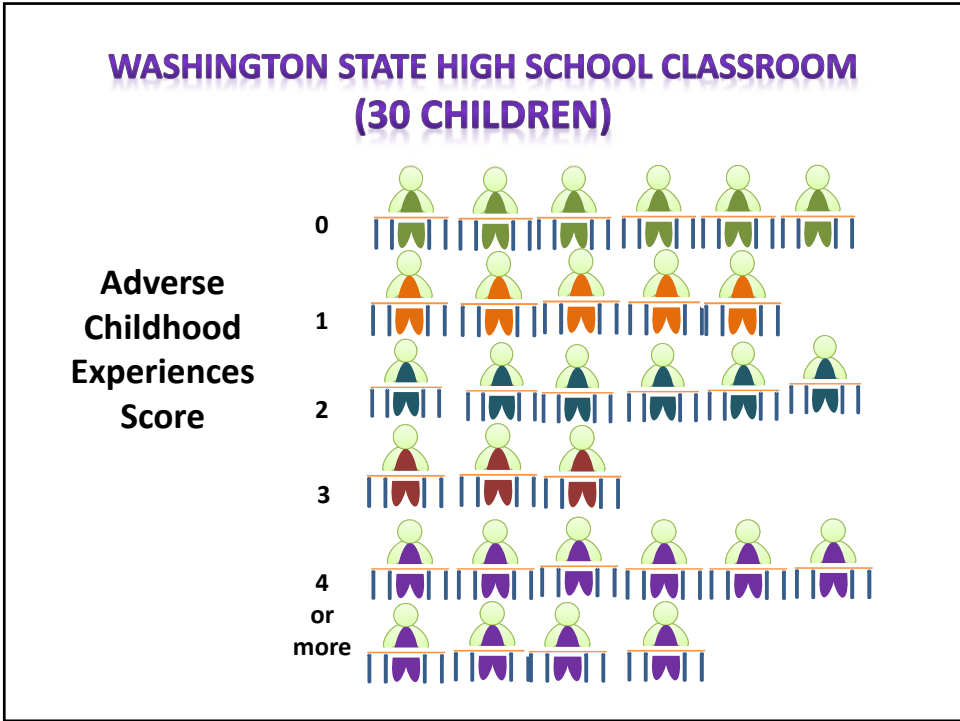
As the number of ACE increases ...

- there is 80% likelihood of exposure to another.

- the number of comorbid" conditions increases.







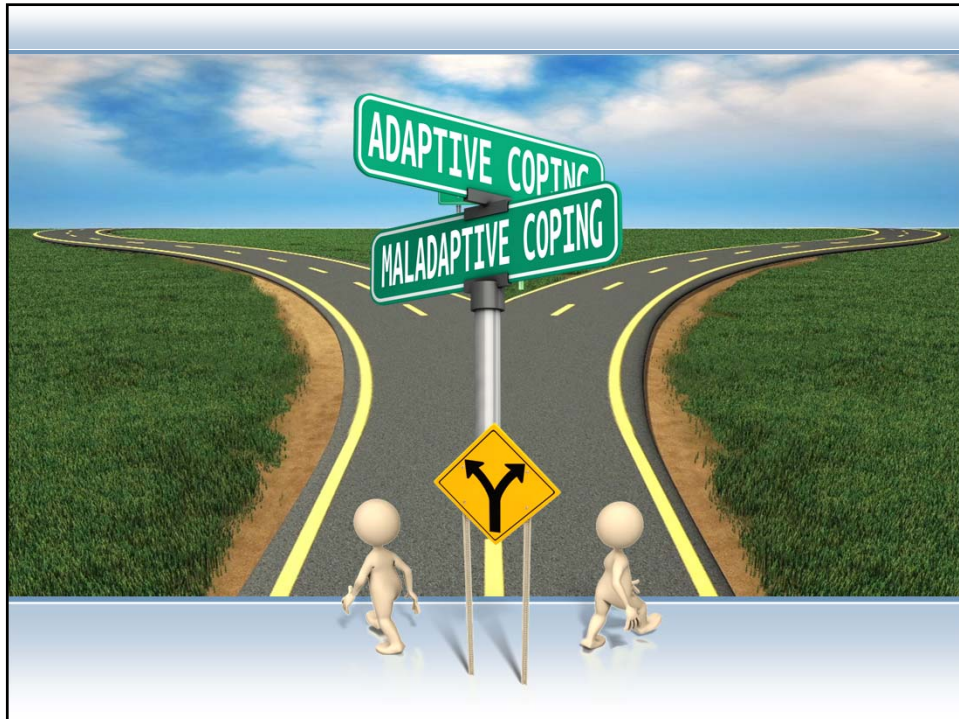
FROM DEFENDING CHILDHOOD: THE ATTORNEY GENERAL'S NATIONAL TASK FORCE ON CHILDREN EXPOSED TO VIOLENCE, DECEMBER 2012



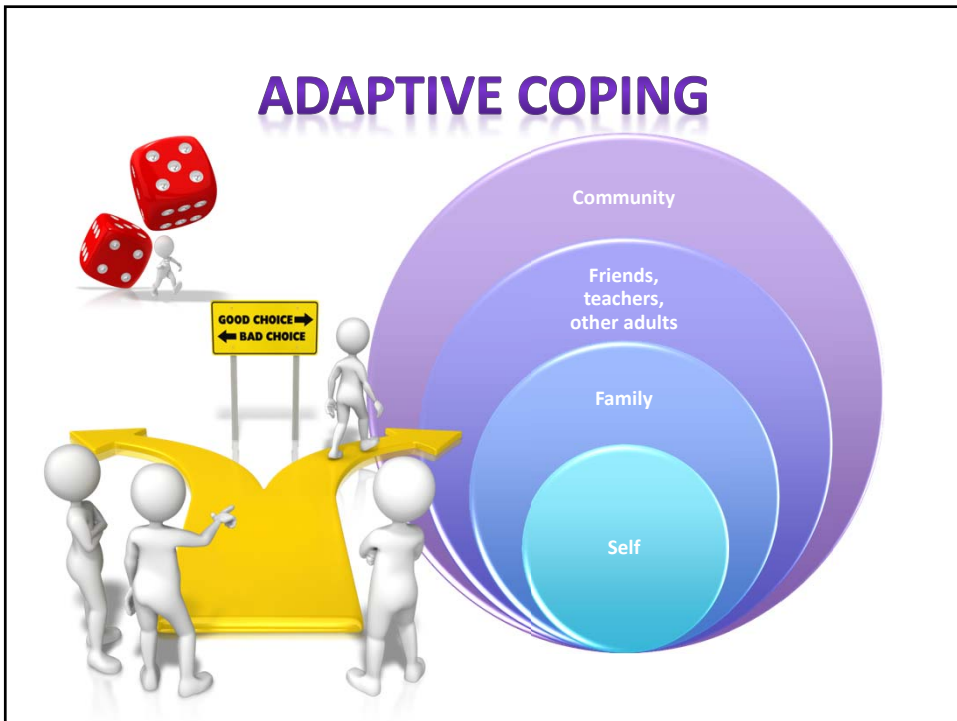
Of 76 million children in the U.S., 46 million are exposed to violence, crime, abuse, crime, and psychological trauma annually

That represents two out of every three children

"We are facing one of the most significant challenges to the future of America's children that we have ever known. Our children are experiencing and witnessing violence on an alarming scale. This exposure to violence is not limited to one community or one group of children. It occurs among all ethnic and racial groups; in urban, suburban, and rural areas; in gated communities and on tribal lands."












DEVELOPMENTAL DISTORTIONS



- Physical
- Psychological
- Social
- Moral

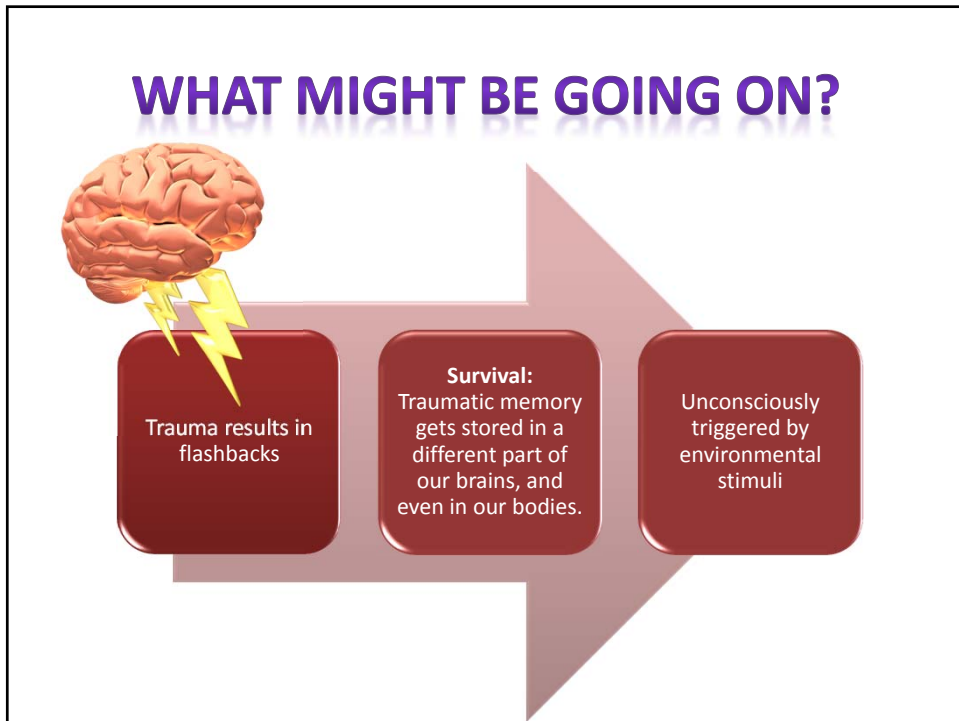
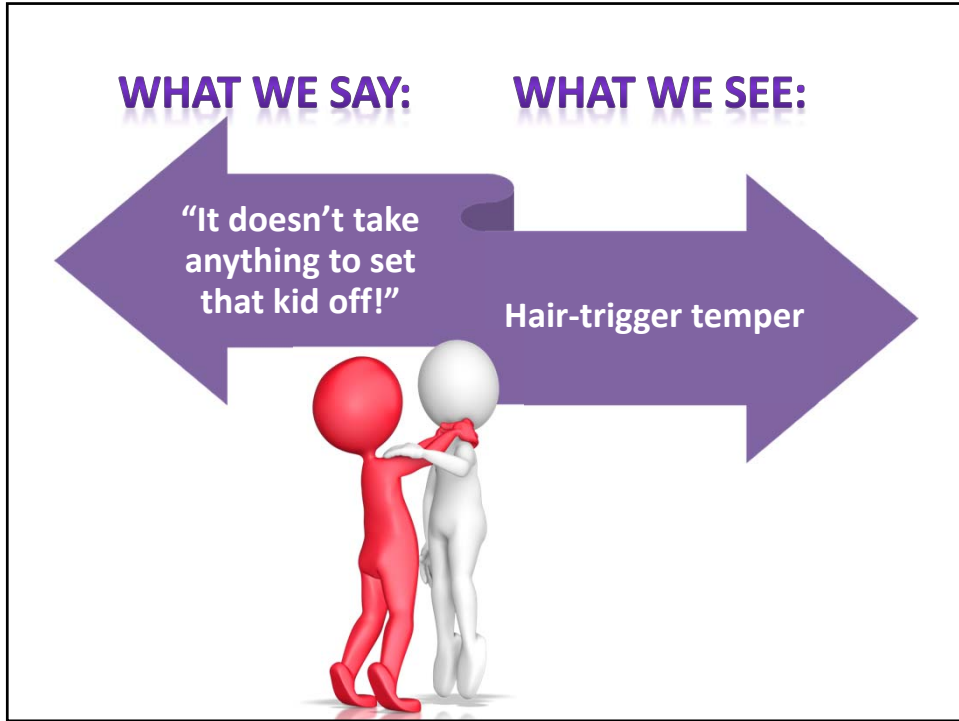
The image features a yellow diamond-shaped sign on a black post. The sign contains a black arrow pointing upwards and a black symbol that looks like a four-lobed flower or a stylized '8' with a dot in the center. To the right of the sign are four blue rounded rectangular buttons, each containing a white text label: "Physical", "Psychological", "Social", and "Moral".

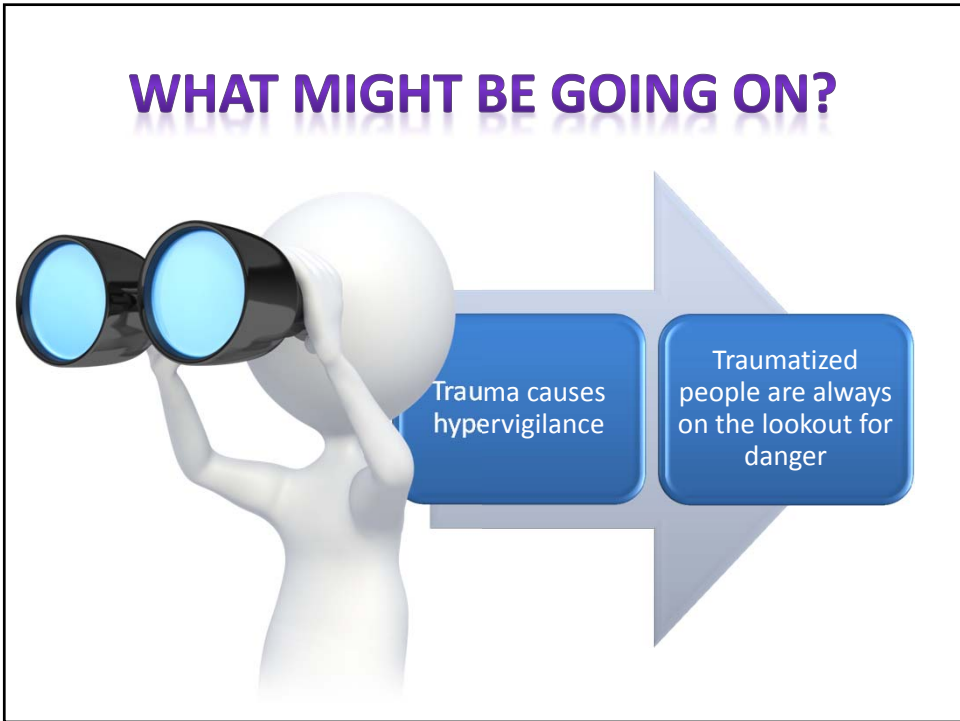


**TRAUMATIZED KIDS:
WHAT YOU MIGHT SEE**


- Anxiety, fear and worry
- Decreased attention / distractible
- Angry outbursts
- Withdrawal
- Over / under reactions
- Somatic complaints
- Irritability
- Absenteeism
- Same problem / different day

The illustration shows three 3D figures sitting at desks in a classroom. The figure in the middle is orange and has its right hand raised. The figure on the left is white and is looking down at its desk. The figure on the right is white and is looking away from the desk. The background is white.





WHAT WE SAY: **WHAT WE SEE:**



“Things go in one ear and out the other!”

Difficulty retaining information

WHAT MIGHT BE GOING ON?



Trauma results in attention to threat!

Survival: Only things that are tagged for danger are important or attended to.

WHAT WE SAY: **WHAT WE SEE:**

“This kid is really going to hurt someone!”

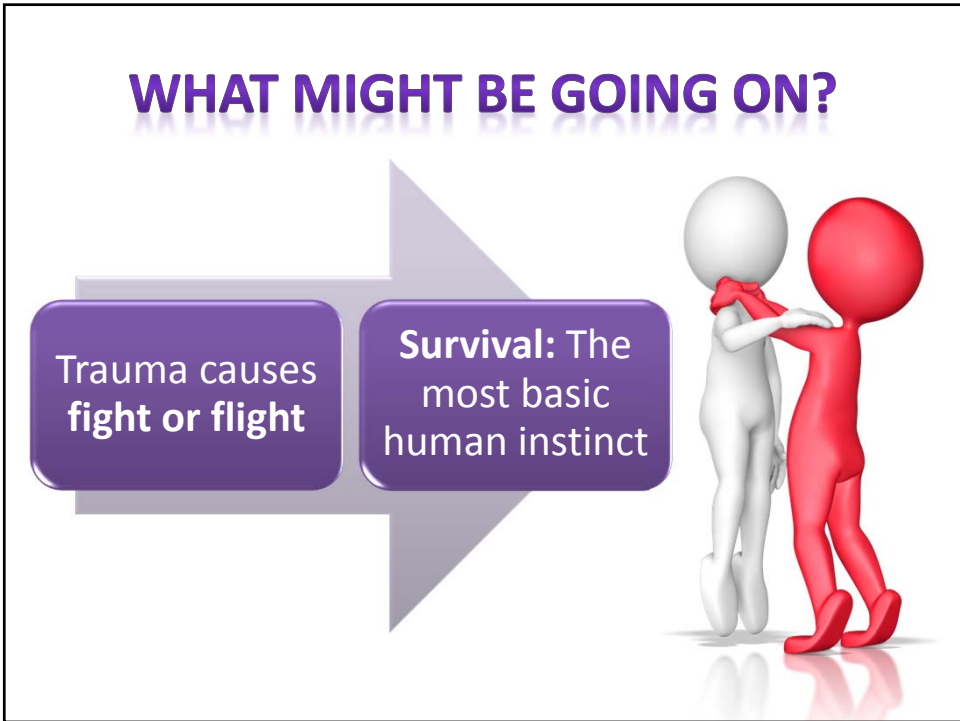
Aggression, bullying, fighting



WHAT MIGHT BE GOING ON?

Trauma causes fight or flight

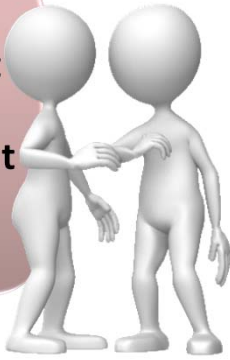
Survival: The most basic human instinct



WHAT WE SAY: **WHAT WE SEE:**

“She is a pathological liar, always making up things!”

Stories don’t make sense; not a very good liar – gets caught out alot




The diagram shows a central pink rounded rectangle containing two columns of text. To the right of the rectangle are two white 3D human figures standing and talking. Two red curved arrows form a loop around the top and bottom of the pink box, indicating a relationship between the two columns of text.

WHAT MIGHT BE GOING ON?

*Trauma causes gaps in memory known as **DISSOCIATION.***

Survival: We need things to make sense. When we are missing pieces, we fill them in.



The diagram features a large light blue arrow pointing to the right. A blue 3D figure is sitting on a white, fluffy cloud in the lower-left corner. Two teal rounded rectangular boxes are positioned on the arrow, one on the left and one on the right, containing text.

Example:



The S_{nc}u_{ary} _odel was
deve_{oped} by D_. San_{ra}
B_{oom} and her coll_{gues}.

WHAT WE SAY:

WHAT WE SEE:

“It’s like a tornado
hits wherever she
goes!”

Causing chaos;
provoking others



WHAT MIGHT BE GOING ON?

Trauma results in addiction to endorphins

Survival:
Adrenaline kicks in to give us extra strength and speed

WHAT WE SAY: WHAT WE SEE:

“He just can’t make any friends. Nobody likes him!”

Poor social skills, doesn’t trust anyone

WHAT MIGHT BE GOING ON?

Trauma causes **disrupted attachments**

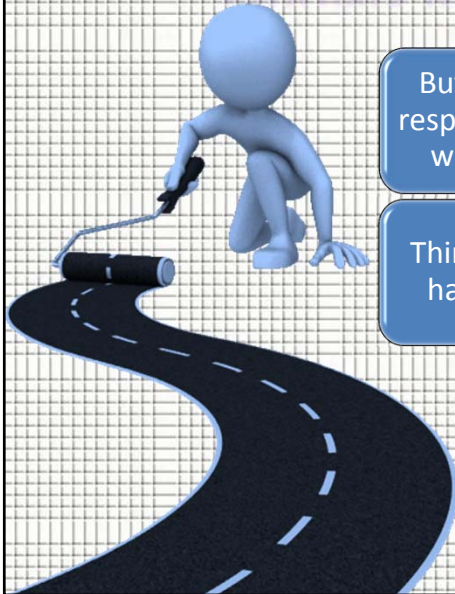
Survival: If loving and trusting leads to pain, don't do it! **Trauma bonding** is the other side of the coin

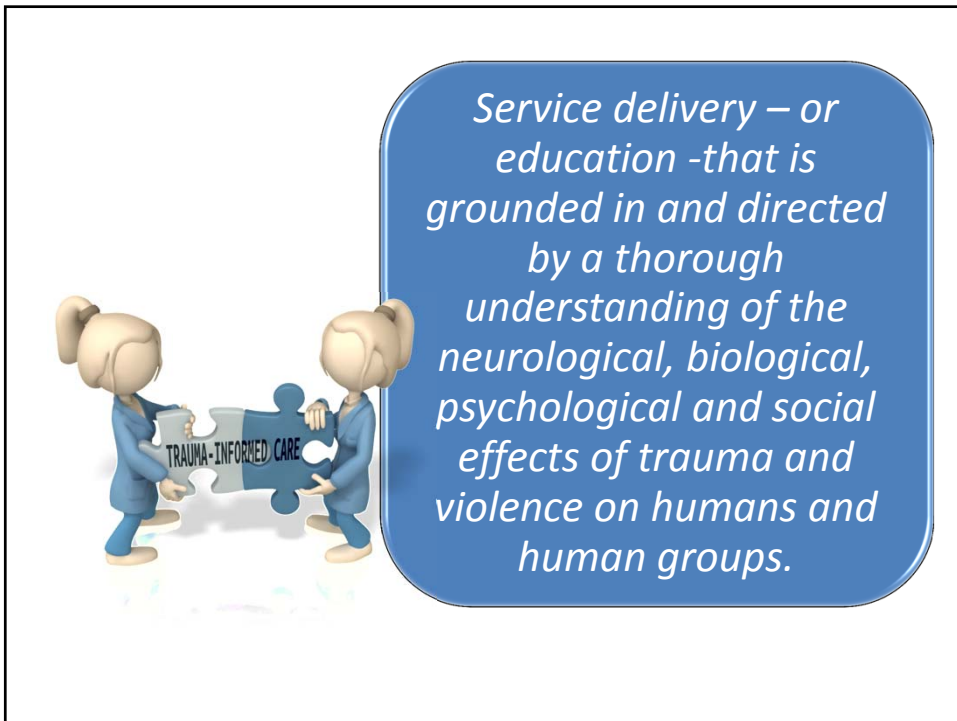
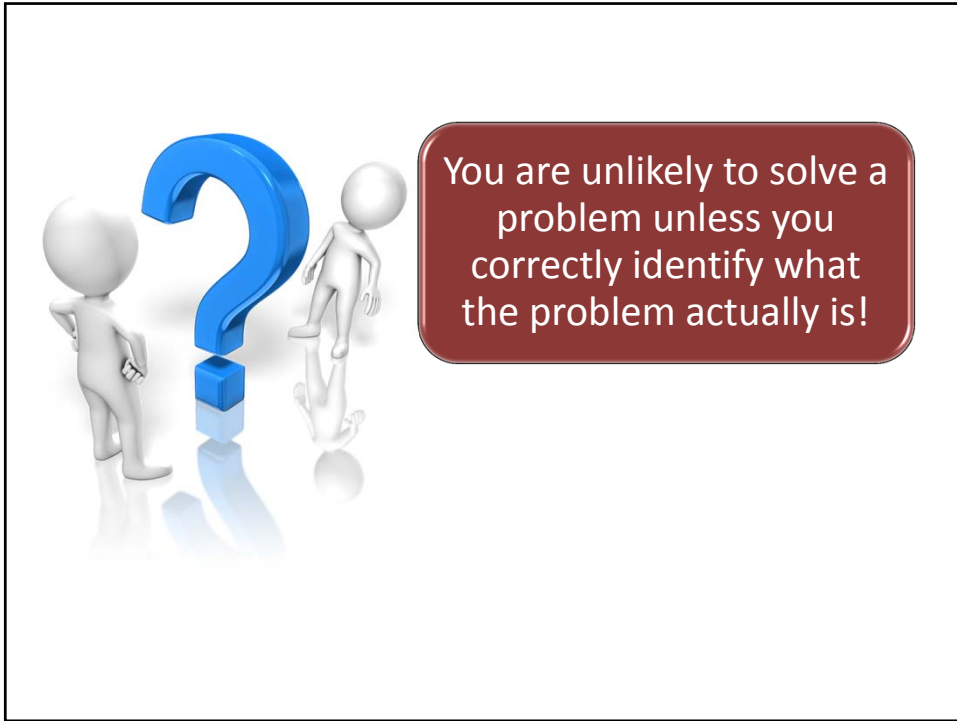


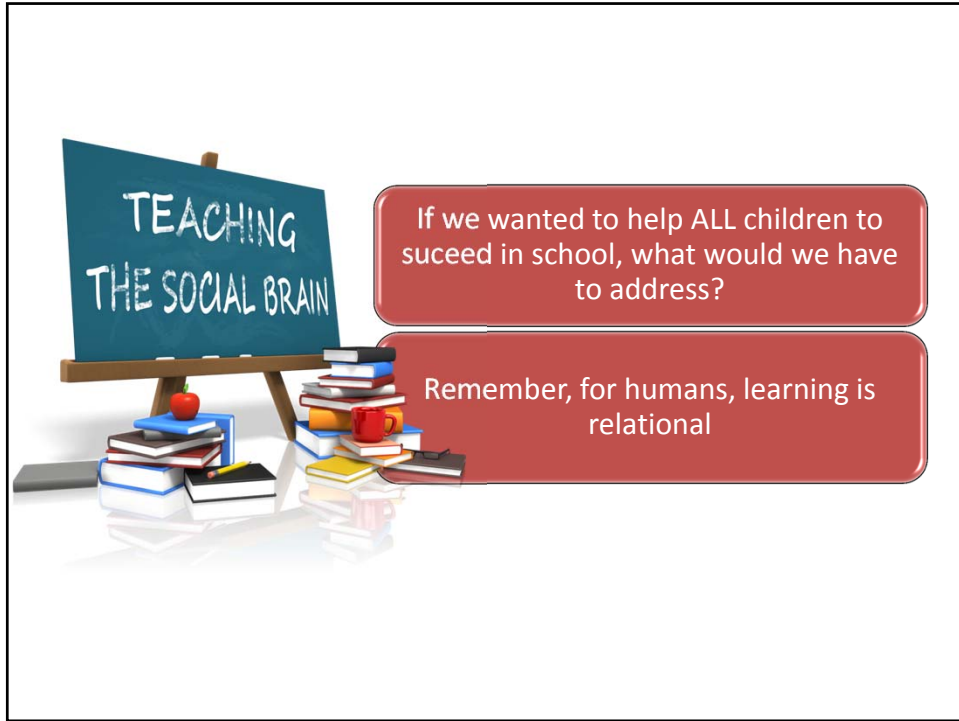
PAVING A NEW ROAD

But that requires recognizing and responding to where kids are at, not where we think they should be

Think about some times when you have helped to pave a new road



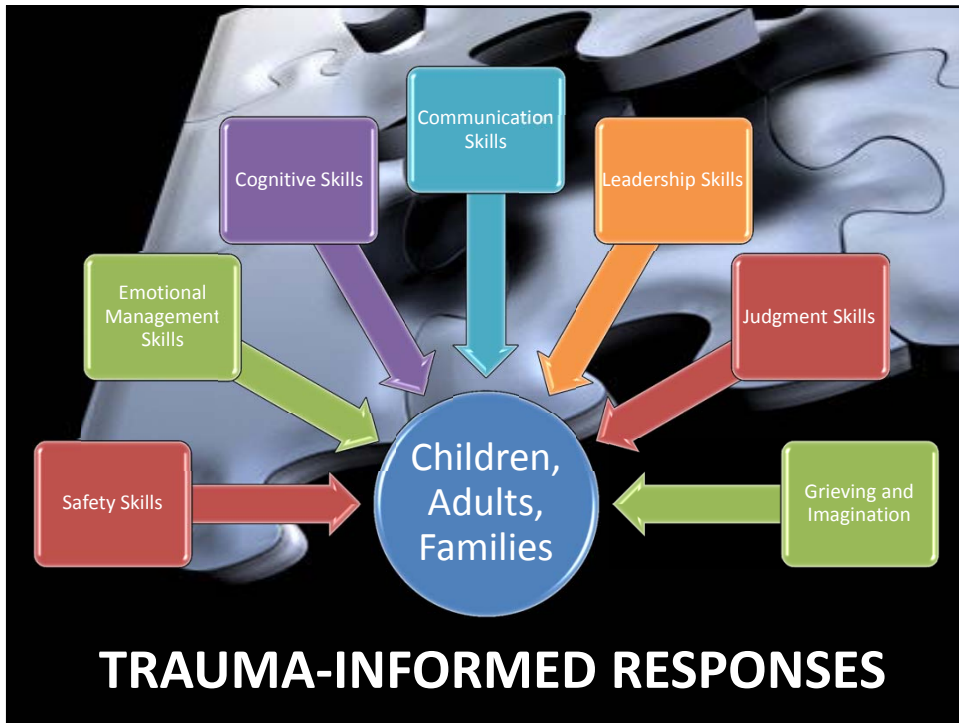




TEACHING THE SOCIAL BRAIN

If we wanted to help ALL children to succeed in school, what would we have to address?

Remember, for humans, learning is relational



LACK OF BASIC SAFETY AND TRUST



Safe milieu: Physical, psychological, social, moral.
Community Meetings

Predictable structure and routine

Psychoeducation – SELF – integrated into teaching
content

Chronic hyperarousal - calming, self-soothing
strategies; medications

EMOTIONAL DYSREGULATION



Reinterpretation of aggression – awareness of
triggers, emotional dysregulation, emotional
management techniques

Hyper-reactivity vs. numbing

Very sensitive to shaming, blaming, disrespect

Psychoeducation about emotions – what they are,
why we have them, what happens when things go
wrong, what to do about it

Avoid external control – become over-reliant on
someone else doing their emotional work

EMOTIONAL DYSREGULATION



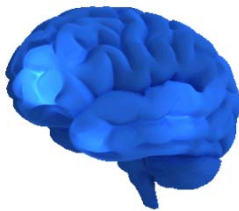
Support and encourage small gains; design consequences to be positive learning experiences

Be comforting, protective, supportive – what they have not had, and both long for and fear

Teach and model verbalizing emotions – directly with talk, indirectly with writing, drawing, etc

Safety Plans

COGNITIVE IMPAIRMENT & BIASES



Improve focus

Improve problem identification and problem solving

Improve decision making

Integrate thoughts and feelings

Recognize patterns

Recovering memory and completing narrative

Abstract and complex thinking

COMMUNICATION DIFFICULTIES



Communicate directly with others

Communicate directly with self – heal dissociation

Develop conflict management skills – Red Flag Reviews

DIFFICULTIES WITH AUTHORITY



Authority over self

Self-discipline

Self-control

Self-esteem

Respectful of external authority

Ability to lead

POOR JUDGMENT, NARCISSISM



Practice making better judgments

Learning to balance the needs of a group with one's own needs and desires

Learning about fair play, justice toward self and others

Moral exemplars – walking the talk

INADEQUATE MOURNING, DIFFICULTY WITH REALISTIC IMAGINATION



Learning to grieve – recognizing all change entails loss

Letting go

Rituals

Using imagination to anticipate and make better choices about future actions

Ability to anticipate and avoid danger





MENTAL MODELS



Assumptions that are so deeply held that they:

- Are largely unconscious
- Determine much of what we think, feel and do
- Help our brains automatically organize information.
- Are self-reinforcing

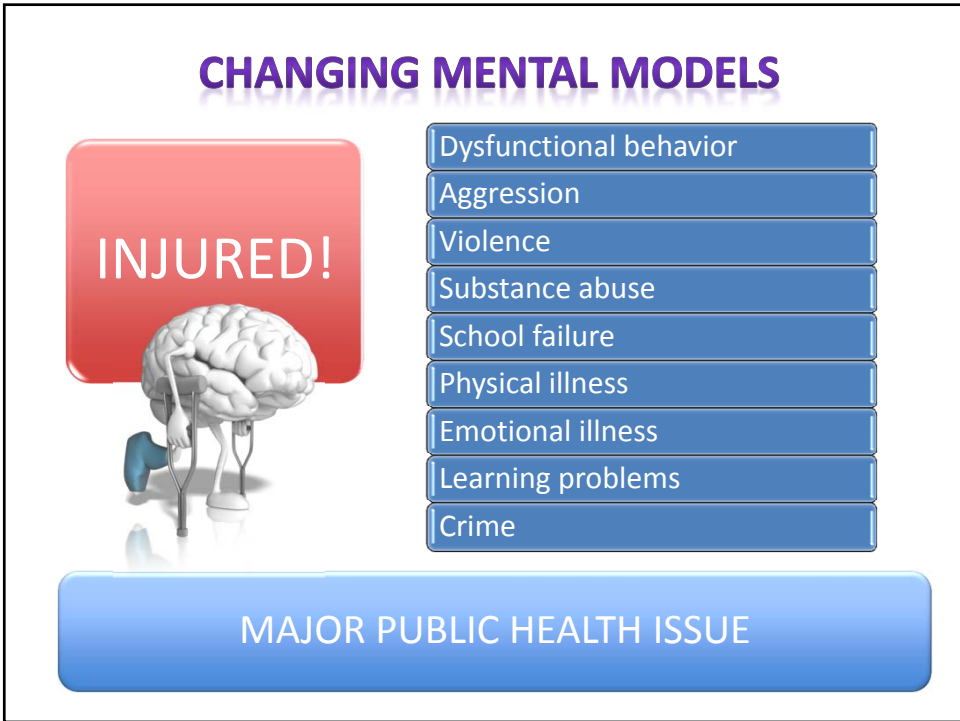
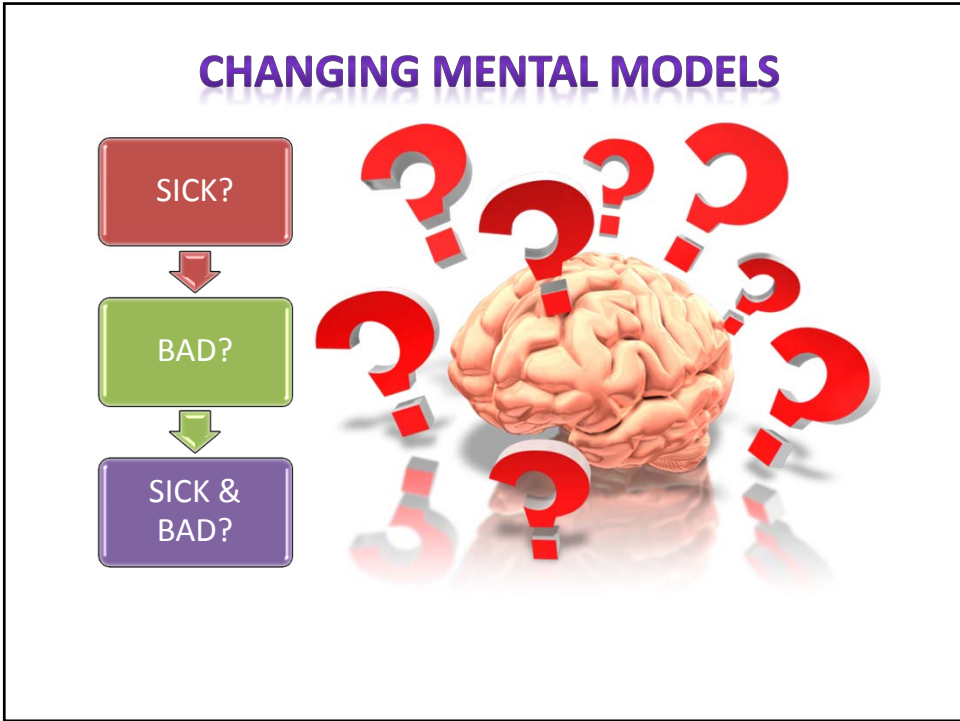
CHANGING MENTAL MODELS

Existing mental models are the biggest barrier to change

Changing mental models means major intrapsychic adjustments – personally and professionally

Shifts in roles increase uncertainty and therefore anxiety





CHANGING THE FUNDAMENTAL QUESTION

It's not
"What's wrong with you?"

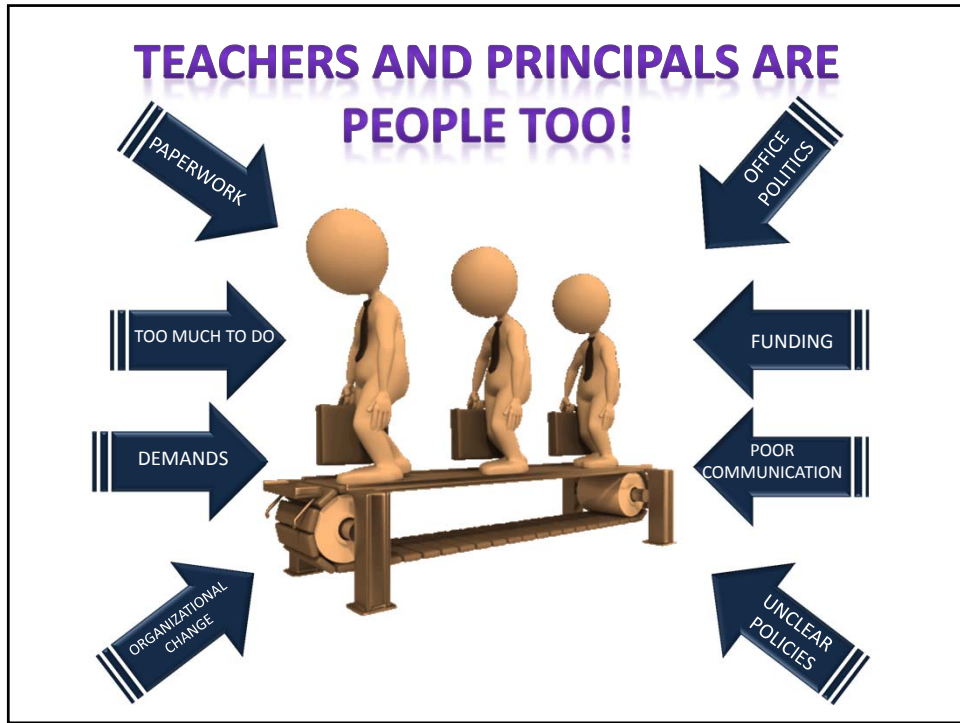
It's
"What happened to you?"



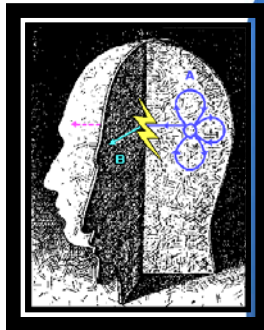
Foderaro, 1991

WHY A "WHOLE-CULTURE" APPROACH?





VICARIOUS TRAUMATIZATION



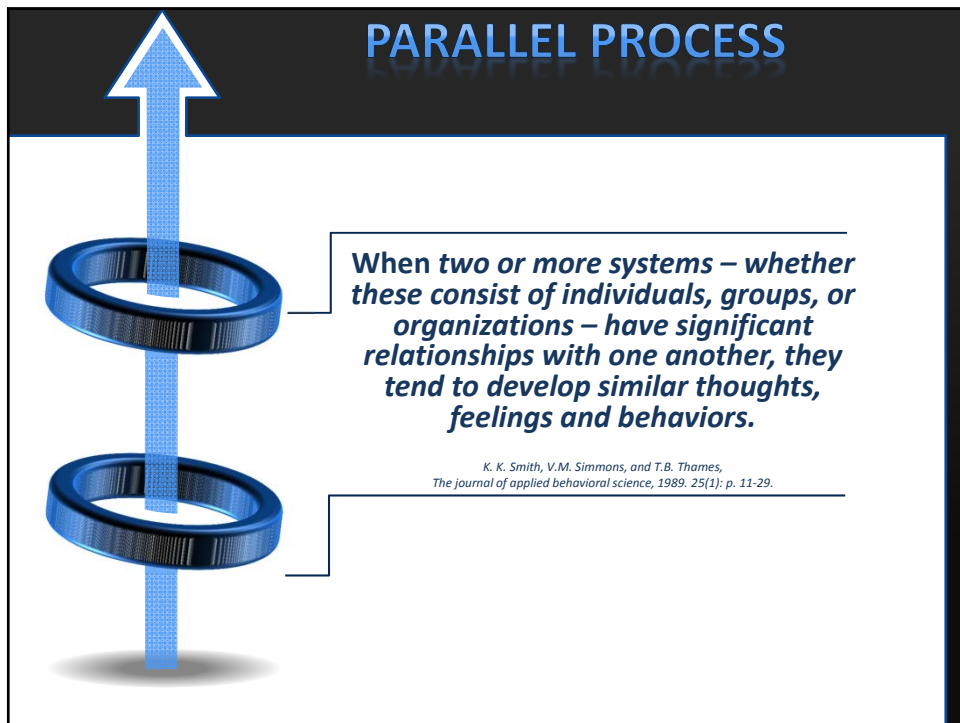
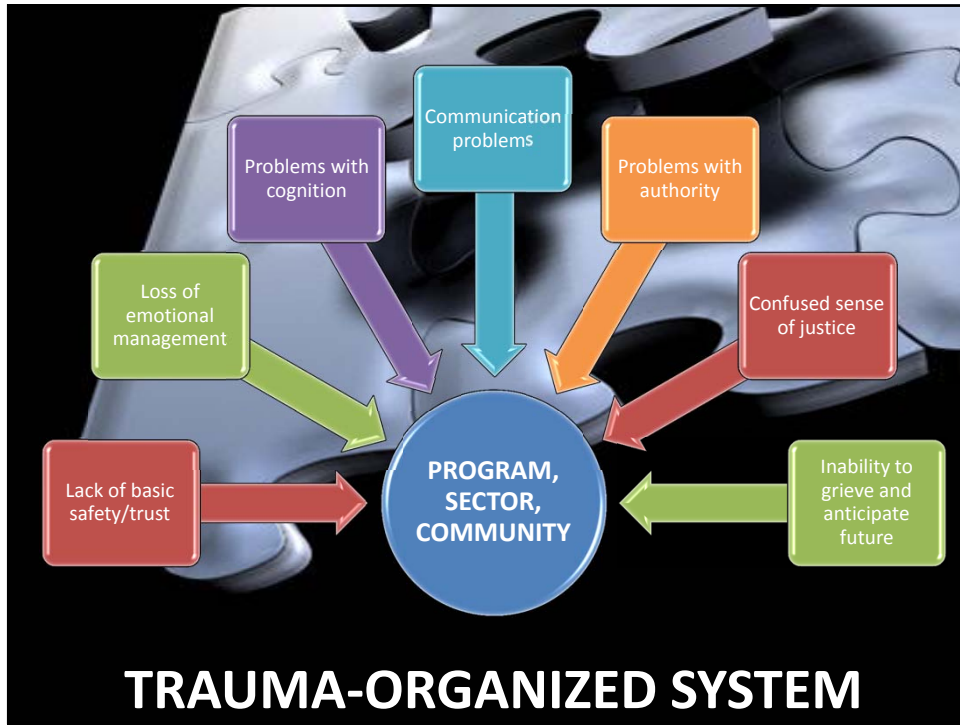
The cumulative transformative effect on the helper of working with survivors of traumatic life events, both positive and negative.

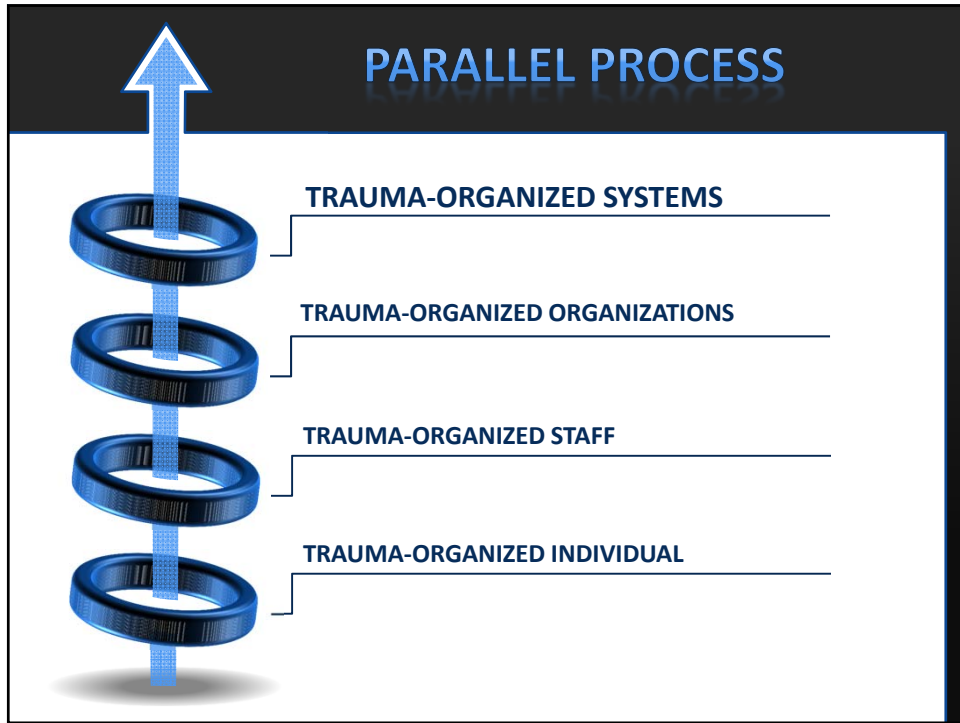
Saakvitne & Pearlman, 1996



Organizations, like individuals, are living, complex, adaptive systems and that being alive, they are vulnerable to stress, particularly chronic and repetitive stress.

Organizations, like individuals, can be traumatized and the result of traumatic experience can be as devastating for organizations as it is for individuals.

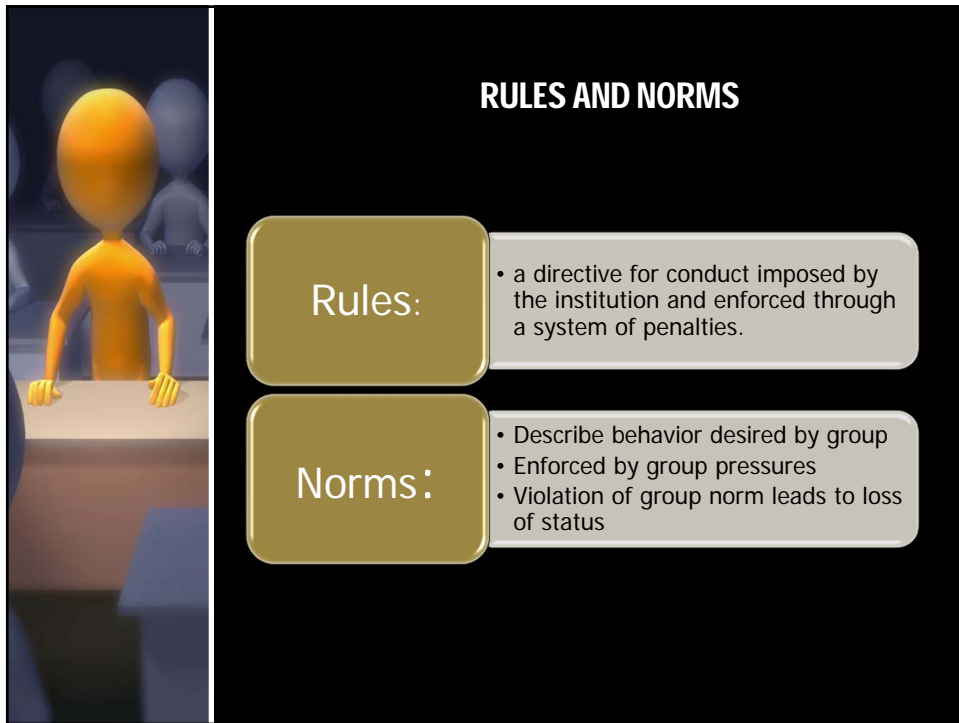
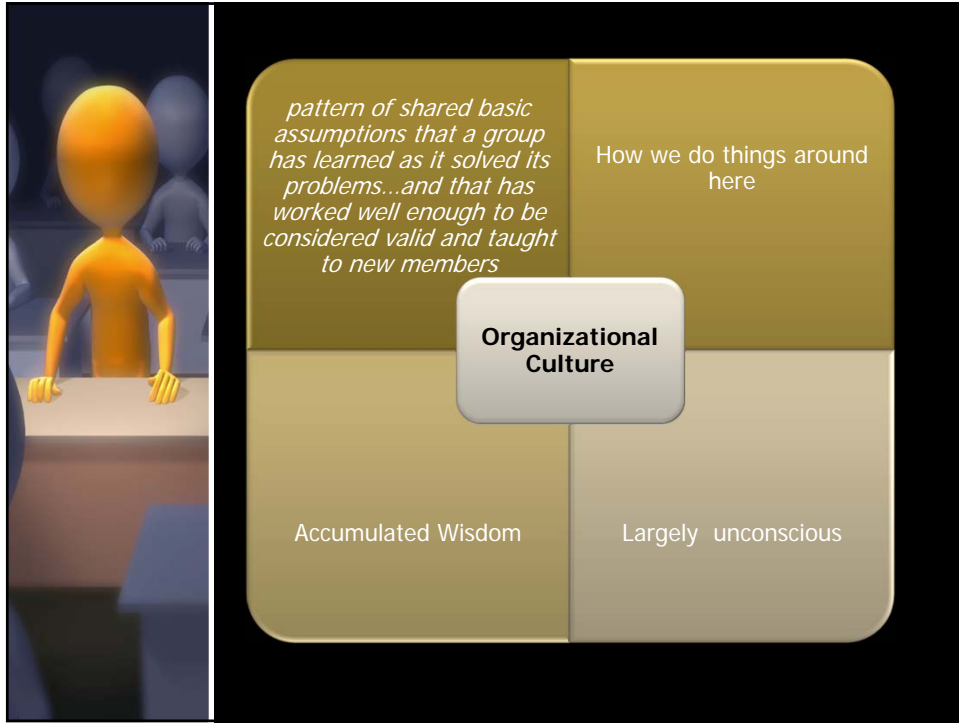


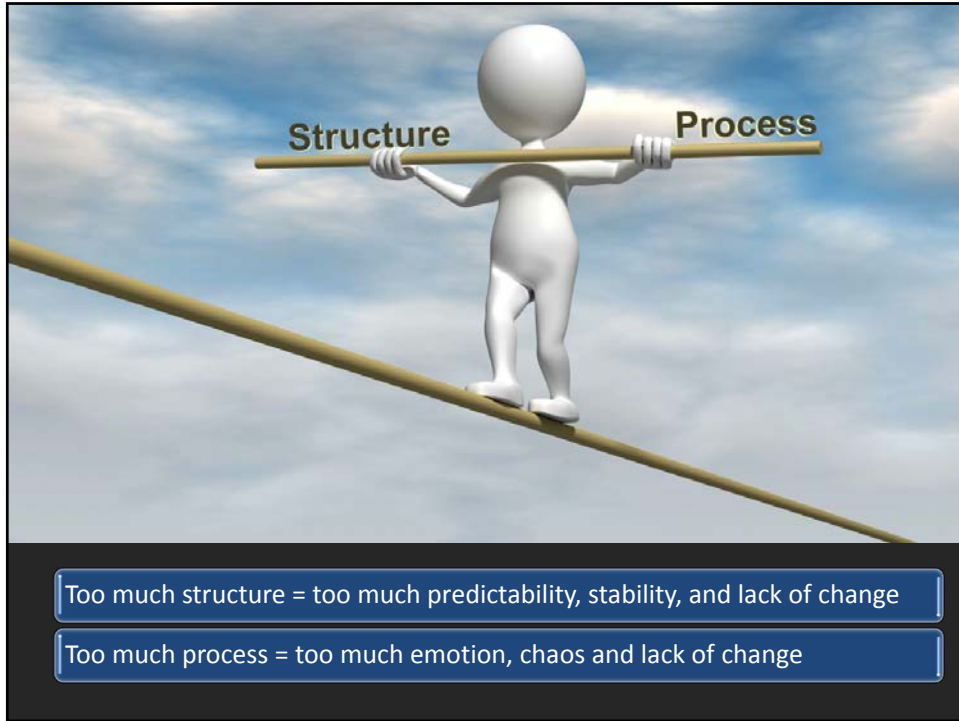


Expecting a protective environment and finding only more trauma.

Dr. Stephen Silver (1986) *An inpatient program for post-traumatic stress disorder: Context as treatment.* *Trauma and Its Wake.*

SANCTUARY TRAUMA





SCHOOL CLIMATE

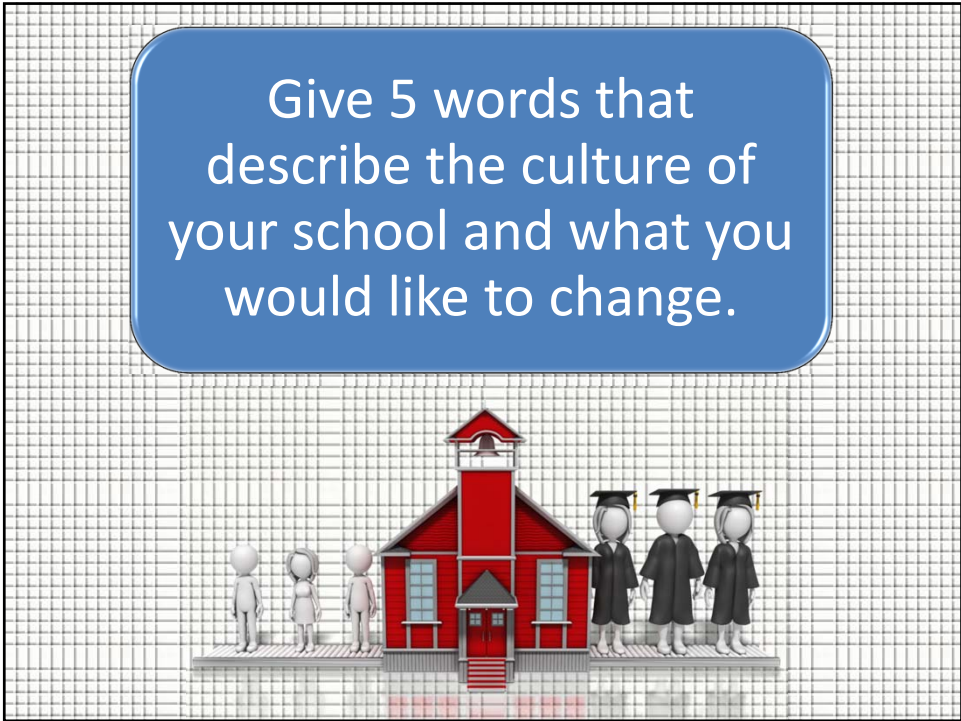
Research has demonstrated that improving school climate is an effective, if not the most effective method for reducing and preventing school violence.

A meta-analysis found that *“when averaged together the different kinds of instruction and climate had nearly as much impact in learning as the student aptitude categories”*.


Freiberg & Stein, 1999



Give 5 words that describe the culture of your school and what you would like to change.



“Creating Sanctuary” refers to the shared experience of creating and maintaining safety within a social environment - any social environment.



A successful school, like a successful business is a cohesive community of shared values, beliefs, rituals and ceremonies.

Brendtro, Brokenleg & Van Bockern, 1990



- Share knowledge
- Share mission
- Share values
- Share language
- Share practice
- Share vision

FOUR PILLARS OF SANCTUARY



TRAUMA THEORY

SANCTUARY COMMITMENTS

S.E.L.F.

SANCTUARY TOOLKIT



SHARED KNOWLEDGE



- Evolutionary psychology
- Living systems theory
- Complexity theory
- Therapeutic community principles
- Group dynamics
- Psychodynamics
- Developmental neuroscience
- Social neuroscience
- Trauma theory
- Spiritual neuroscience

VALUES & BELIEFS


SOCIAL DETERMINANTS

ATTACHMENT

NEUROSCIENCE



SHARED MISSION




Every organization has its own mission

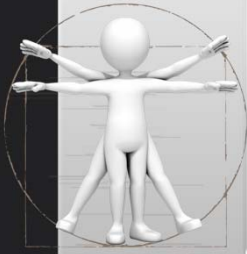
All houses have a similar structure to suit the human body,

Yet every house is different.

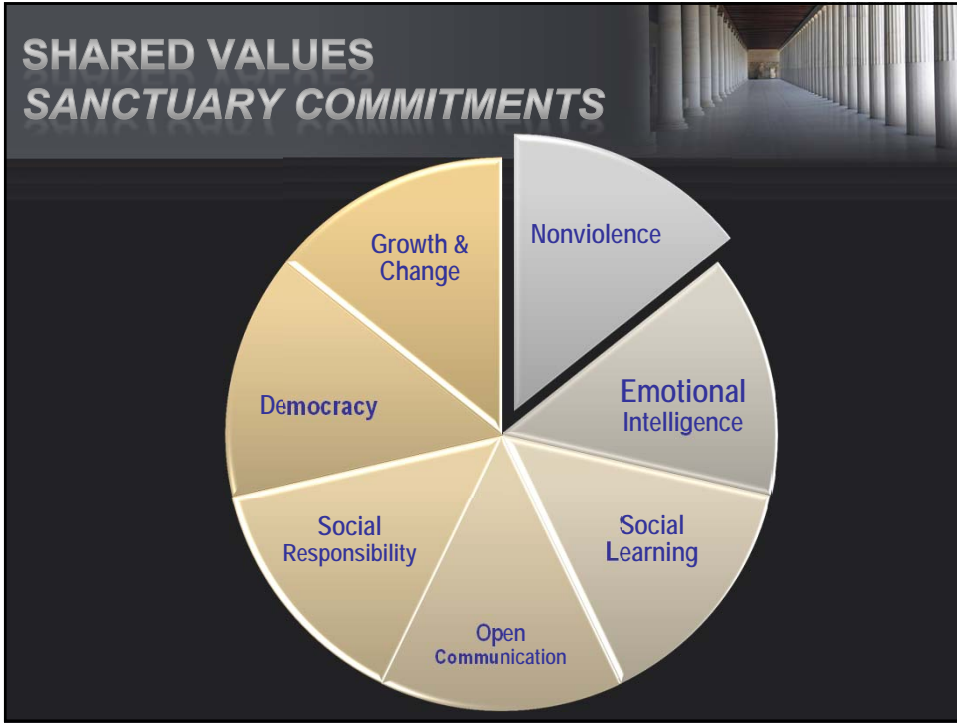
SHARED VALUES



UNIVERSAL PRINCIPLES



Those beliefs about human conduct that are common to human rights cultures around the world, regardless of gender, ethnicity, religious belief, or location on the globe.



- ## THE SANCTUARY COMMITMENTS
- NONVIOLENCE**
 - Physical, Psychological, Social, Moral Safety
 - EMOTIONAL INTELLIGENCE**
 - Human behavior makes sense if we have information
 - SOCIAL LEARNING**
 - Mistakes happen and we must learn from them
 - OPEN COMMUNICATION**
 - Information is the flow of life
 - DEMOCRACY**
 - Complex problems require complex responses
 - SOCIAL RESPONSIBILITY**
 - Social justice is the key to a peaceful, nonviolent society
 - GROWTH AND CHANGE**
 - All change means loss but human intention can change the future

THE SEVEN COMMITMENTS WORK TOGETHER TO CREATE INNOVATION

Nonviolence: Trust

Emotional Intelligence: Recognizing patterns

Social Learning: Constantly learning from failure

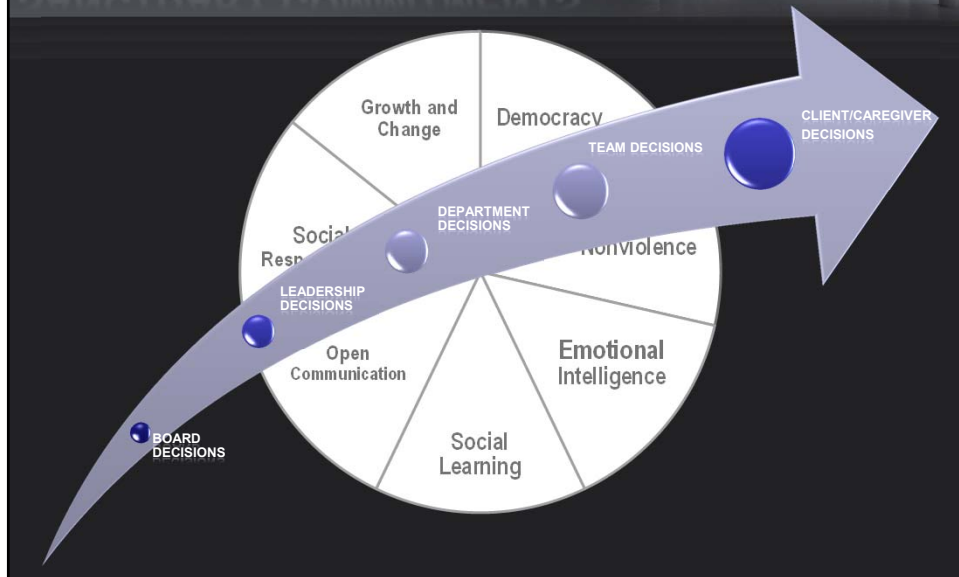
Open Communication: Maintain flow of ideas

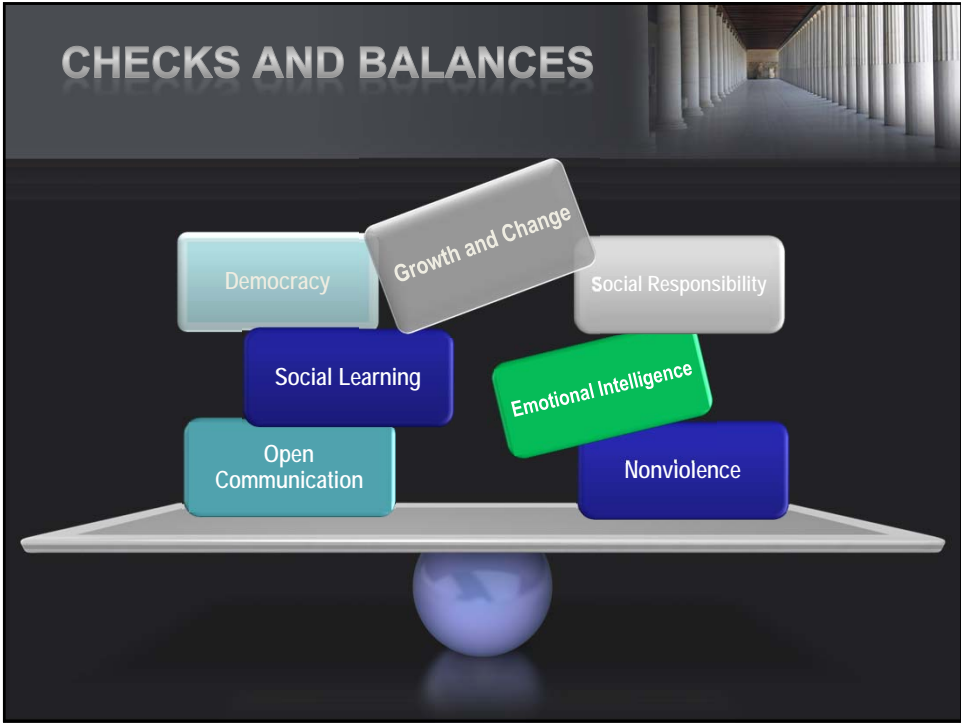
Social Responsibility: Common goals, common focus

Democracy: Everyone has a contribution to make

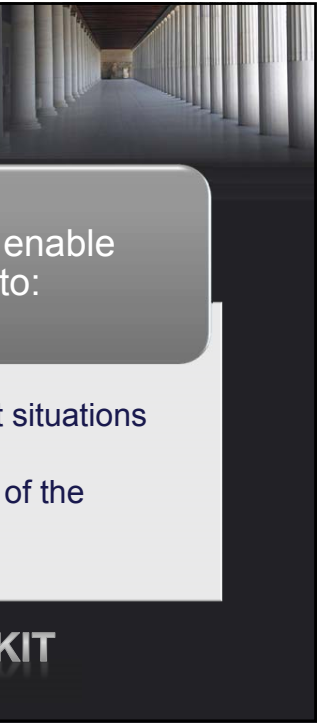
Growth and Change: The heart of innovation

SHARED VALUES SANCTUARY COMMITMENTS









SHARED PRACTICE

A range of practical skills that enable individuals and organizations to:

- more effectively deal with difficult situations
- build community
- develop a deeper understanding of the effects of adversity and trauma
- build a common language

SANCTUARY TOOLKIT



SHARED VISION: PARALLEL PROCESS OF RECOVERY

- CHILDREN
- FAMILIES
- STAFF
- ORGANIZATIONS
- COMMUNITIES
- SOCIETY

