

“I feel **h**appy  
when I **g**et to  
be with you.”

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# **T**rauma **i**nformed **p**ractice in **e**ducation

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Carlton **P**rim**a**ry School  
**R**E**B**ECCA **H**A**R**RIS

Trauma Informed Practice in Education:  
Carlton Primary School

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**Carlton Primary School**

*A Welcoming, diverse, community focused school.*

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# Foreword

At Carlton Primary our moral purpose is to provide our students with the best opportunities for growth in all areas: socio-emotional, inter-personal, and academic. In order to achieve this, we need to create an environment that provides safety, security, and is relational.

We believe that trauma informed practice in our school, and in all schools, is vitally important. There are two powerful reasons:

- It is statistically unlikely that any classroom in the world would have all its students free from childhood trauma.
- Trauma informed practice is good for all students.

Schools have the power to change lives. We have our students 6.5 hours a day, five days a week, 40 weeks a year; we see some children more than their parents do.

This document is designed to be used by staff and volunteers in the Carlton Primary setting, or by any school interested in trauma informed practice in education. The Background section explains why we do things the way we do, including:

- an overview of neurobiology
- how brains develop, and how this might be relevant to education
- what trauma means, and its potential impact on brain development and behaviour.

The Toolkit section offers resources that demonstrate the ways adults at Carlton Primary respond to students – to their behaviour, and to their engagement with learning. Readers are encouraged to use the Toolkit in whatever way works best for them.

There are case studies and school-based observations throughout the document to demonstrate what is being discussed or explored. These are all real examples experienced at Carlton Primary, but all people referenced have been de-identified.

## About me

I'm very privileged in my position working in student and family wellbeing at Carlton Primary; I am able to connect with the families and the children in the building, to offer support, or share information, and to be a touchpoint for parents and children. I have a room at the front of the school, which is easily accessible and located close to the principal, front office, and specialist support officers. It is a room that contains important child-centred activities – like kinetic sand, books, board games, craft, and usually some talking points such as stick insects or silkworms – to encourage relationship building with those students who might fly under the radar.

In any one day I might get to spend time with a student who is cooling off, reflecting on an event in the yard, pre-emptively leaving a challenging environment in order to

keep building their 'learning muscles', or who just needs to talk about something; or I might help a parent fill out a form, find out about English classes, or find a playgroup; or maybe I'll spend time with teachers running a Respectful Relationships class, discussing parental involvement in classrooms, or looking into how we might connect better with people and places in our local community.

This is a unique role, but it shouldn't be.

The outcome of making connections with the people in our school is that I can be a source of information gathering and sharing for families and staff. I have the luxury of time to build relationships, without the pressure of having 20 children in front of me. I can provide a safe space for disclosures, requests or questions, and this contributes to a powerfully holistic approach to teaching the students at our school.

## The Carlton Primary story

Opened in 1973, Carlton Primary School was built to service the local public housing estate. The demographics of the estate have changed over time, and the demographics of the school have tended to represent these changes.

In recent years, the wave of refugees from the Horn of Africa became the largest student group at the school. As a school, our skill set increased in order to meet the needs of these students and their families. Our knowledge about our school cohort grew, as did our understanding of the different needs of students from the different areas within the Horn of Africa. This was a turning point for us – one of many – and started us on the path to trauma informed practice.

Our aim at Carlton Primary is to have a clear whole-of-child focus. To this end, we have introduced:

- the evidence-based School-Wide Positive Behaviour Framework (Victorian Department of Education 2016)
- a dedicated Student Wellbeing position
- a Family/Community Wellbeing position.

As we began to explore the impact of trauma on learning and behaviour, we realised that socio-emotional learning needed to be explicitly taught, both inside and outside the classroom. We've also found that trauma informed practice benefits all students, regardless of their life experience.

We continue to expand our knowledge and investigate how best to measure both socio-emotional skills and the teaching practices and interventions we implement to build them.



# Chapter 1

## Neuroscience

In our experience at Carlton Primary, much of what we were doing with regard to behaviour and intervention was what felt like the right thing to do. We tried it, it worked, we continued. As we discovered more about neuroscience and trauma informed practice, we realised why it was working. Regardless of where a school might be on the trauma informed path – from insight to strategy to intervention – the science can both inform and support our work.

What we have learned from the work of organisations like Australian Childhood Foundation, Berry Street, Foundation House, Australian child & adolescent trauma, loss & grief network, and Massachusetts Advocates for children – along with neuroscience and education researchers including Susan Craig (2016), Bessel van der Kolk (2014) and Bruce Perry (2006, 2008) – is that children's brain development is incredibly sensitive to early relationships, and to experiences of safety and fear. These authors make clear that stress or trauma, particularly ongoing, have a serious impact on a child's global development and therefore learning, both academic and socio-emotional.

Neurobiology offers a new depth of insight into the way the brain processes experiences of fear, unsafe situations – and even the remembering of these experiences (van der Kolk 2014, pp. 39–47) – and what happens to a brain that is frequently vigilant to threat. Dr Stephen Porges' Polyvagal theory (Australian Childhood Foundation 2011; Porges 2010) clearly links early trauma to brain and physical development, with lifelong impacts. The Adverse Childhood Experiences study (Centres for Disease Control and Prevention 2016) also highlights the powerful link between childhood adversity and later life ill-health, harmful behaviours, and mortality.

Repetition is a factor in the impact of trauma, and so for people experiencing trauma again and again the damage is greater. Seeking help and not finding it becomes an additional trauma, so schools can have the power to protect students and families by offering "school-based sanctuary" (Wolpow et al. 2011, p. 13). When children or families experiencing trauma turn to school as a sanctuary, they should find a staff with knowledge and understanding, who respond compassionately, offer what is needed, and help guide them to the path of healing.

## The brain: built for survival

"The most important job of the brain is to ensure survival, even under the most miserable conditions" (van der Kolk 2016, p. 55). All parts of the brain work to this end, and as van der Kolk describes, trauma interrupts the working of each of these parts.

## **The brainstem**

Often referred to as the reptilian brain, the brainstem is the oldest, first developed part of the brain. It develops from pre-birth to about eight months old and is responsible for basic survival functions like heart rate, body temperature and blood pressure. Along with the hypothalamus, this reptilian brain works to maintain homeostasis, balancing the life-sustaining systems in the body. When these key functions like heart rate, digestion, and sleep are impacted, a person can really suffer.

## **The cerebellum**

The cerebellum develops from birth to two years, and is responsible for our movement and interpreting physical sensory stimulation; it helps us to know where our body is in space, and helps us balance.

## **The limbic system**

Known as the mammalian brain, the limbic system develops between ages one and four and is the emotional centre. This system helps us interpret our emotions; it relates to memory (implicit and explicit), and helps us lay down our long-term memories. It includes the amygdala, mature from birth, which acts as our alarm system, and the thalamus, which van der Kolk refers to as the 'cook'. The cook takes in all the ingredients – the sensations and perceptions that we have – and sends information to the amygdala, ready to identify threat, and to the cortex to identify what to do. Because the limbic system develops according to experience, an attuned caregiver can support healthy growth and development, modelling regulation and co-regulation to support the capacity of the individual to deal with stressful situations, and, through a shared connection, help build a positive sense of self.

## **The cortex**

The cortex develops from three to six years old and is divided into four lobes. The frontal lobes are the 'watchtower', with an overview of all that is occurring, ready to engage higher order thinking and reasoning. The cortex stores explicit memories about people, places and what happens to us. It is responsible for metacognition.

## **The corpus callosum**

The corpus callosum connects the hemispheres of the brain. When working well, the corpus callosum links our right brain and left brain, allowing us to give words to feelings, to interpret social cues, and to understand our own experience. The corpus callosum has been shown to have reduced capacity in traumatised children, being physically smaller than those with normative development.

For a wonderfully useful way to share this information with people, including children, the hand model of the brain created by Dan Siegel (Siegel & Payne Bryson 2011, p. 62) is

a fantastic resource (this can be found on YouTube: [Dr Daniel Siegel presenting a Hand Model of the Brain](#)).

## The brain's response to threat

A brain that experiences threat has a very specific response. A standard response to stress caused by a social interaction would be to employ social engagement (smiling, making eye contact, building a connection), as a strategy to return to equilibrium. But for more significant threats, or when social engagement is unsuccessful, our survival instincts kick in.

Like all animals, we have an Autonomic Nervous System (ANS), which is responsible for patterns of response to a perceived threat, regulating our internal organs to an appropriate survival response. This can be broken down into two areas of threat response:

- sympathetic nervous system actions
  - Fight
  - Flight
  - (Active) Freeze
- parasympathetic nervous system actions
  - Feign death/collapse

In these reactions we have a strong physiological response that is beyond our control. When we sense threat, our ANS jumps online and takes action, disconnecting us from our cortex and reducing our capacity for higher order thinking and more sophisticated thought processes. In the sympathetic response, the stress hormones adrenaline and cortisol are released, our heart rate and blood pressure increase, our breathing speeds up and we are prepared to fight or flee. A parasympathetic response reduces heart rate, blood pressure and breathing rate, and we can faint, or otherwise collapse into an unconscious state.

These responses make a lot of sense in the face of immediate danger. But for people exposed to repetitive traumatic stress, the ANS becomes overworked. The amygdala becomes hyperalert to threat, constantly on the lookout, perceiving danger even in safe situations. Important areas like the cortex and the corpus callosum are not engaged as they should be, taking away those broad view, problem-solving skills and reducing capacity to make connections between thought and feelings/sensations. This reduces capacity for emotional literacy and understanding the feelings of others, and hinders empathy and shared emotional experiences.

Exposure to events that represent a real or perceived threat to safety elicit subcortical mammalian, or animal defences that are not mediated by the cortex; in fact, they actually disable cortical activity when engaged. These animal defence strategies are adaptive at the moment of immediate threat, but tend to become default behaviours and inflexible action sequences.

– Ogden, Goldstein & Fisher 2013, p. 11

For some children, these survival instincts become a way of living. These children (and later, adults) remain constantly alert to threat, and so sensitive to any perceived threat that they see it everywhere: in a frown on a face, a loud noise, a person's stance. What begins as an adaptive response, over time, becomes maladaptive.

Bodies carry trauma; they become trained in arousal, responding constantly to threat, and enacting their pattern of response. Exposure to trauma increases the release of cortisol, which jumpstarts the brain's alarm response, releasing adrenalin in readiness for that threat which might come. When a person is repeatedly exposed to threat, *all change* can be interpreted as threat (Australian Childhood Foundation 2010).

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We have a student who is so hyperalert to threat that they catastrophise seemingly small events. For this student, someone using their pencil causes a huge reaction. They have an overblown sense of injustice when someone pushes in, or makes a comment about them that they perceive as inaccurate. This student feels so under threat that a situation insignificant to another person can end in a physical altercation.

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## Neuroplasticity

It was previously believed that brains were unchangeable.

For four hundred years, the mainstream view of the brain was that it could not change; scientists thought the brain was like a glorious machine, with parts, each of which performed a single mental function ... If a location was damaged ... it could not be fixed because machines cannot repair themselves or grow new parts.

– Doidge 2015, p. xvi

But since the 1960s, growing research has shown that we can change our brain architecture. When the brain responds to repetitive experiences, it creates strong neuronal connections with those experiences. As Canadian neuroscientist Donald Hebb noted in 1949, "neurons that fire together, wire together". And new neuronal connections can be built, even in adulthood, providing an opportunity to consciously repair the brain.

These modern brain researchers "refuted the doctrine of the unchanging brain. Equipped for the first time with the tools to observe the living brain's microscopic activities, they showed that it changes as it works" (Doidge 2015). Neuroplasticity is a powerful concept for those who have experienced interpersonal trauma; the damage done relationally can be repaired relationally, which provides an important opportunity for schools. In many cases, school provides children with their first strong connections with adults outside of their family. Schools have a huge opportunity to use an

understanding of neuroscience, trauma, and the power of connection to support positive outcomes for children.

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We might never know the history of some children. We know they are tricky to manage behaviourally, they are sometimes hard to connect with, and that they struggle day to day. What teachers – and all staff – do is connect with all the children at school, every day, no matter what. We don't see them as a problem; rather, their behaviour indicates that they are children dealing with adversity – even if we don't know what it is. We aim to support all children, and teach them the skills that they need to be good learners, and to move more easily through school and the world. We want to teach them that they are important and valued.

One stark example of this is from a grade one child. During a reflection on love, he powerfully identified with a drawing and accompanying words that he is not loved. When gently questioned he reiterated, "No", not by mum, not by his older sibling. After further gentle questioning, "by [Name of teacher]?" he conceded, yes, by her. We will never know what impact it had for this six year old to know that he is worthy of love, but we can assume it is powerful.

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# Chapter 2

## Trauma

Trauma occurs when a person feels so threatened, they become overwhelmed and unable to cope. Developmental trauma specifically occurs in childhood, and is identified by the significance of this timing, and by the fact of the repetition of the traumatic experiences.

We often associate trauma with an event, such as an assault or a car accident. But we now know that repetitive experiences of neglect, abuse, poverty, serious illness, family violence, or lack of a healthy connection with a primary attachment figure can create physiological and psychological responses in children that can last a lifetime (van der Kolk 2005, 2014).

Statistics from Australia show clearly the extreme reach of childhood trauma:

- One in three girls, and one in six boys experience childhood sexual assault (Ronken & Johnston 2012).
- Pregnancy is an increased risk period for intimate partner violence (AIFS 2015).
- 40 per cent of children have experiences of domestic violence (AIFS 2015).
- 20 per cent of divorces involve couples with children.
- Violent households have a significantly higher proportion of children aged five years and under (Australian Institute of Criminology 2011).
- Five million adults are affected by childhood trauma (Kezelman et al. 2015, p. 10).
- Children under one are the most likely to be the subject of a substantiated child protection notification (Australian Institute of Health and Welfare 2015).
- One in five students are starting school "developmentally vulnerable", doubling for Aboriginal and Torres Strait Islander children (Early Learning, Everyone benefits 2016, p. 9).

The prevalence of traumatic experiences in childhood shows that no classroom is without trauma, which is why all schools should be trauma informed. All services that support children – but particularly education – have an opportunity to impact them in profoundly positive ways.

## Trauma through the generations

Being raised by traumatised adults is in itself traumatic. Children experience their parents' survival strategies, which can be emotionally inconsistent, repressive, and result in faltering attachment. Research by many, including work by Judy Atkinson (2002, 2012), focusing on Indigenous Australians, and Rachel Yehuda (2007), focusing on Holocaust survivors, has identified that trauma can be passed from generation to

generation. In fact, even a parent who experienced childhood trauma yet was an attuned, responsive parent can impact their children. "Such parents might sporadically but repeatedly alarm the infant via (often involuntary or unconscious) exhibition of frightened or dissociative behaviour" (Hesse et al. 2003).

Trans-generational trauma is very relevant in relation to the refugee experience, which can include:

- loss of home, family, and community
- torture
- violence
- sexual violence
- isolation
- racism.

Many of these experiences are also shared by Indigenous Australians, with the impacts of colonisation and stolen generations being felt across generations. Experiences of poverty, violence, and substance abuse can also move through generations, and can engender feelings of fear, anxiety, and depression, and lead to a lack of a cohesive self-narrative. All of these responses to trauma can impact a parent's capacity to consistently respond in a way that is attuned to the emotional needs of children.

## The power of early relationships

Brain growth is most rapid very early in life. Impaired brain development and growth as a result of trauma will impact every area of a child's development. Different parts of the brain interact with each other in ways that have ongoing impacts on sensory and motor function, memory, comprehension, processing, and regulation and arousal.

Babies cannot self-regulate; they rely on adults to do this for them. When they are in a state of heightened arousal, they look to their caregiver/s to help. A caregiver's responsiveness to an infant's cries contributes significantly to the child's neurobiological development. For normative development to occur, an infant must experience a positive, connected experience of caregiving. When children experience constant misattunement or unpredictability in response to their emotional expression, they do not create a template they can reliably use to inform what an emotional exchange looks and feels like. From birth, children look to the people around them to learn how to connect, and how to interact. Without access to responsive caregivers, the neural pathways and processes needed to mediate physical and mental health will not mature, leaving many children displaying the kinds of behaviours disrupting our classrooms (Craig 2016).

Capacity for healthy attachment can be impacted by a caregiver's own experience of abuse, by violence in the parental relationship, by mental ill-health, by poverty, and by generational trauma. So for many parents, a healthy parent-child attachment relationship, and thus the positive, naturally progressing brain development of their child, is out of reach due to their own life experience, mental health, or living situation.

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In 2014 a document was published by the City of Melbourne titled *10 years of Horn of Africa Playgroup* (Omar 2014). It revisited a decade of experience with this particular playgroup, which has supported many Carlton Primary families. The document explores cultural expectations around child development and parental engagement with infants in Somali culture. The author states, "The idea that 'children will all eventually reach their potential given adequate care and love' is a commonly expressed theme." The author goes on to identify that failure to engage with a child's development has a greater impact on children living in smaller family groupings in Melbourne than in larger communities where child-rearing is shared. Knowing that some children may have missed out on those interactions that ideally occur between caregiver and infant – eye contact, mirroring, cooing – helps us to provide appropriate support.

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## Adverse Childhood Experiences

A vital tool for our understanding of childhood adversity, and the impact it has, is the Adverse Childhood Experiences (ACEs) study (Centres for disease control and prevention 2016). This longitudinal study began by asking adults a series of questions about their childhood experiences, and their current health and wellbeing, and found dramatic causal connections. This study is a rich resource for trauma informed practice, powerfully demonstrating the reach of childhood trauma, and the impacts trauma has. In the initial ACEs study, 64 per cent of people had experienced one or more ACEs, and 22 per cent three or more. It should be noted that the participants in the study were largely from backgrounds we might consider to be 'advantaged': white, educated, middle-aged people with 'successful' lives. About 75 per cent had a university degree, for example. And we know that children born into poverty are more at risk of insecure attachment than those born into middle-class families (Craig 2016). The ACEs study:

unequivocally confirmed earlier investigations that found a highly significant relationship between adverse childhood experiences and depression, suicide attempts, alcoholism, drug abuse, sexual promiscuity, domestic violence, cigarette smoking, obesity, physical inactivity, and sexually transmitted diseases. In addition, the more adverse childhood experiences reported, the more likely a person was to develop heart disease, cancer, stroke, diabetes, skeletal fractures, and liver disease.

– Van der Kolk 2005

The ACEs research tells us that a person with an ACEs score of 4 is 460 per cent more likely to experience depression than someone with a score of 0, and they are twice as likely to be diagnosed with cancer. Scoring more than 6 suggests a lifespan shortened by 20 years. Early adversity changes us on a biophysical level, and although interventions



can mitigate the impact, these changes don't go away. The ACEs statistics have huge implications for children in our schools, demonstrating that regardless of schools' knowledge of the level of adversity children may be living with, a trauma informed approach can make a significant difference to outcomes across a student's lifetime.

## Memory making

Memory is more than what we can consciously recall about events from the past. A broader definition is that "memory is the way past events affect future function" (Siegel 2012). There are different types of memory, and all fit in to two main categories: implicit and explicit.

### Implicit memory

Implicit memory is created from birth, or even pre-birth. Implicit memories do not require conscious recall. Procedural, or template memory falls in to this category and includes those things that we know how to do automatically, without having to actively recall how to do them.

Implicit memories can also be stored and resurface somatically or emotionally, and can therefore be experienced rather than remembered.

Dan Siegel (2012, p. 47) notes the significance of early memory making: "Our earliest experiences shape our ways of behaving, including patterns of relating to others, without our ability to recall consciously when these first learning experiences occurred". He also notes that with these implicit memories from infancy, we create mental models of the world "in order to assess a situation more rapidly and to determine what the next moment in time is most likely to offer" (p. 52).

### Explicit memory

Explicit memory is developed as the brain matures. Children develop an awareness of memory, along with the capacity to store memories that can be consciously recalled. Explicit memories might include facts (semantic memory), or be about the self in a moment in time (episodic memory).

Children also learn to sequence their memories, so that they understand in what order to expect things to happen. As they put all these memories together, children develop a self-narrative, which becomes the story that they know about themselves.

## Memory in learning

Working memory is a mental process; we are able to relate knowledge from the past to experiences in the present. We use our working memory all the time, and particularly when we are learning. Working memory involves holding something in mind, as we

process. When we repeat this process, a working memory can stay with us and become our long-term memory – those memories that we hold on to past the point at which we might be actively thinking about them.

## Memory and trauma

Trauma dramatically affects children's memory capacity. It serves to degrade children's memories. Children's working memory is extensively reduced. They find it difficult to learn. They are not able to remember events and the sequence in which they occurred. They are unable to build a narrative about their lives which draws out meaning and understanding. In many ways, trauma reduces children's ability to remember who they are.

*– Australian Childhood Foundation 2006, p. 1*

Trauma can significantly impact a child's learning. Ways of coping with trauma – adaptive practices – can damage the functions that support children's memory making and therefore learning. For example, by focussing on a non-traumatic aspect of a traumatic experience, a child may develop a division of focus that could help them cope in a moment of violence, but is very unhelpful in a classroom. As Van der Kolk identifies:

Trauma interferes with declarative memory (i.e., conscious recall of experience) but does not inhibit implicit, or nondeclarative, memory, the memory system that controls conditioned emotional responses, skills and habits, and sensorimotor sensations related to experience. This might mean, for someone having experienced trauma, that their emotional response to a stressful or traumatic experience is recalled, but the facts of the experience are not.

*– Van der Kolk 1994, p. 258*

When implicit memories are driving behaviour and response, and explicit memories cannot be recalled or formed, a student will struggle.

## Memory triggers

Children in heightened states of arousal are more likely to return to memories of trauma. Their bodies remember the state, and bring back the associated memories. Children will be unaware of surfacing implicit memories, becoming lost instead in re-experiencing the trauma with the same intensity as the original incident. Triggers can exist without a child's knowledge or understanding, and the experience of sensory memory feels as though the trauma is occurring in the present rather than being recalled from the past. In the classroom, for example, a student may have an extreme response to a teacher's raised voice, yet be "unable to understand that the response they are having relates to the threat of harm posed by the raised voice of an abusive

parent that is in the past, and not the non-threatening raised voice in the classroom in the present" (Australian Childhood Foundation 2010).

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We see children at school having trigger responses. Sometimes we are able to identify the triggers; sometimes they elude us. In one instance, we had a student who had very big reactions to death of any kind. A dead bird in the yard caused huge distress to this child – what appeared to be a disproportionate response to an admittedly sad moment. In discussing this incident with the child's mother, she alerted us to the fact that the boy had been present when his twin brother died, a fact we were not aware of, but which made a lot of sense with regard to his response in this, and other situations.

In another case, we had a prep child who would regularly exhibit huge responses. They would express high levels of distress: flailing on the ground, tears and screaming. Attempts to physically or verbally comfort the child were met with more distress. Although as time went on the child began to react less dramatically, it was never clear exactly what the triggers were.

Teachers and support staff were consistent in their response to the child, and the approach was flexible; when it was identified that the child required time to recover when they were having a trigger response, the plan became that the rest of the class left the room to allow the child the time needed. Flexibility in the classroom was also offered, allowing the child to sometimes take time in a quiet corner of the room. All staff were aware of the child's situation, and knew that the requirements here were different. Effort went into teaching the child the skill of self-regulation, and helping to give language to their experiences. Relationships became a priority, and we learned to pre-empt responses; in spite of not being quite sure what the triggers were, we learned to listen to what the child was telling us.

Now in grade two, this child is an absolute delight, rarely having big responses to things, and better able to recover when they come. So much effort went in, and the rewards have shown us that we were on the right track.

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# Chapter 3

## School through a trauma informed lens

As the previous section has highlighted, all parts of the brain require a good quality environment and good quality interpersonal relationships in order to develop in a normative way. Lacking positive attachment relationships or experiencing developmental trauma can cause delays across all areas of a child's development. Understanding that a child's range of struggles may be linked to their experience has altered how many educationalists view children's disruptive behaviour. As Susan Craig states, "Traditional explanations of children's disruptive behaviours often emphasise their volitional aspects, suggesting that they occur as a result of bad choices, or intentional defiance ... Recent studies of trauma and self and self-regulation provide an explanation" (2016, p. 7).

A school with a trauma informed lens looks at a child's problematic behaviour, and asks why it might be occurring and what the child needs in order to alleviate the need to enact the behaviour. A range of behaviours educators often encounter is outlined below.

### Relationships and attachment

For children who have experienced developmental trauma, a school environment that includes constantly interacting with others can cause great stress, and these children can struggle in interactions with both peers and adults.

A child with early attachment failures can be both exceptionally clingy, and sullen and detached from adults. They can experience struggles with empathy, and with recognising their own emotions, demonstrating a general lack of emotional literacy (Australian Childhood Foundation 2010).

### Self-regulation and physiological responses

For traumatised children, the amygdala – the brain's alarm system – becomes hypersensitive. Having been exposed to threat many times leaves a child in a constant state of vigilance, ready to perceive a threat and act on it. Possible physiological responses are detailed below.

### Dysregulation

We are all working to regulate ourselves, all the time. Our aim is to stay within our 'window of tolerance' – a term coined by Dr Dan Siegel – which can be described as the space in which we find ourselves able to cope with emotional arousal without its causing a big engagement or avoidance reaction (Siegel 2012). We see children who are constantly veering out of their window of tolerance; a heightened or lessened state of

arousal can cause interactions or situations to become emotionally challenging. Children might hit highs and/or lows throughout the day, without the skills to bring themselves back to a state of equilibrium.

## **Hyperarousal**

Hyperaroused children exhibit high energy. To adult onlookers, it seems very unconfined. Teachers may see a hyperaroused child with a red sweaty face, being loud, struggling to sit still, and in some cases – knowingly or unknowingly – hurting others. Hyperaroused children can be aggressive, can seem like they are trying to take up a lot of space and can be quick to anger.

## **Hypoarousal**

In a classroom environment, hypoaroused children appear as though they have 'checked out'. A teacher might see the student as quietly concentrating and become frustrated to discover the student has done no work and has not been following the lesson. A hypoaroused child can be slow, withdrawn, hard to engage and distant.

## **Self-protection**

Self-protection can take different forms: shutting down, aggression, leaving a situation, or clinging.

## **Hypervigilance**

Hypervigilance sees a child constantly on the lookout for threat. They might have an inability to calm the body into a relatively still position, or they might be still but have all senses on high alert.

## **Trigger response**

Trigger response can occur at any time and may seem to come out of the blue. Sometimes we know what a child's trigger is, but often we have no idea. A trigger response can send a child in to a hysterical, inconsolable state, or it can shut a child down.

## **Transition struggles**

Transition struggles occur because change can easily be interpreted as threat to the hypervigilant child. At school, this means that days with Casual Relief Teachers or specialist subjects can be particularly challenging. Driven by a maladaptive response to chaotic or unpredictable lives and relationships, children who experience transition struggles rely on the familiar to generate feelings of safety; sameness feels safe and change feels threatening (Australian Childhood Foundation 2010).

## Self-soothing

Children experiencing dysregulation or high stress might engage in self-soothing behaviours. Self-soothing can be a range of responses, such as:

- using a screen or a game
- a repetitive movement like rocking
- pushing against something
- making a noise
- self-stimulation.

Some of these responses can be acceptable in a classroom, some cannot. A child playing with Blu Tak or rocking or hair twirling can be managed in a classroom, but if the self-soothing technique includes a screen or noise-making or anything else distracting to others, it can be difficult in a classroom setting.

## Cognitive function

Trauma responses in children can lead to the important cortical functions being 'offline', making it hard to remember what happened earlier in the week, or even what happened earlier in the day. Multiple instructions can be tricky to hold in mind, and procedural and working memory can be impacted, causing struggles with learning. Memory is vital for learning: to create a context for information, to take in new information, and to embed knowledge.

Children can struggle with processing, including language acquisition and comprehension, and also with logic and sequencing tasks (Australian Childhood Foundation 2010).

Language can also be affected. For children living with caregivers who do not communicate much with them, or when the communication is negative, the child's own use of language might become more like a tool, rather than a means of expression (Cole et al. 2005). This can also impact children's capacity for comprehension, collaboration and problem-solving.

## Sense of self

Children's sense of themselves is generated first by their caregivers. If a caregiver projects a negative picture of a child, the child will carry this picture with them. When children learn to read a parent or caregiver, and alter their response or request based on what they perceive the adult desires, they lose their ability to have clear boundaries around their own self. While it might be thought that a person can't learn to love others until they love themselves, attachment theory tells us that actually, you cannot love yourself "unless you have been loved and are loved" (Perry 2006, p. 234).

Without a solid sense of themselves, children can struggle with empathy, which can "make it hard to solve a problem from a different point of view, infer ideas from text, participate in social conversation, and develop empathy in relationships" (Cole et al.

2005). A negative sense of self can also set a child up with a fear of failure, or a sense that it is not worth trying because they don't believe they can achieve.

## **Focus and concentration**

When children have used distraction or diversion strategies to deal with difficult situations, they cannot necessarily choose to alter their strategies for the classroom, to shift to the focus and concentration required of them as active learners. As Susan Craig identifies, "Children living with chronic stress or trauma are wired to respond to threatening or dangerous situations. Although it is possible for them to develop neural pathways receptive to exploration and intellectual curiosity, their day-to-day experiences direct their attention elsewhere" (2016, p. 53).

In these instances, inbuilt survival behaviours that were once adaptive to frightening situations become so entrenched, the child forms a maladaptive response to ordinary situations. These responses inhibit skills required for both learning and interpersonal connection. For this reason, it is vital that a trauma informed lens be used at school to mitigate these impacts of trauma and facilitate learning.

With all that we know about neurobiology and the impact of trauma on development, it is clear that when looking through a trauma informed lens, schools can identify many moments when trauma is driving a student's behaviour. Having this knowledge and understanding sets schools up to be both part of the healing, and highly effective educators.

# Chapter 4

## What our trauma informed practice looks like

All children are born with fundamental needs for connection, attunement, trust, autonomy, and love. When these needs are met in a predictable and reassuring manner, children learn to test the parameters of dependence and interdependence. The self emerges from a strong foundation, with the confidence it needs to approach learning.

– Craig 2016, p. 9

### School environment

At Carlton Primary, we are very aware of the importance of our school environment and culture. We work holistically to be a positive place that allows children and families to feel safe and valued.

For children who have experienced trauma, the biggest barriers to learning include:

- a lack of feeling safe
- struggles with self-regulation
- an image of themselves that they are not capable
- a tendency not to try.

In order to overcome these barriers, we create an environment that is always safe, fosters belonging, and recognises and celebrates children's skills.

**Children who don't feel safe** are likely to remain in a state of hypervigilance or hyperarousal, or become detached and hypoaroused – states which seriously impede learning and self-regulation.

**Dysregulated children struggle to focus enough to facilitate learning**, so we need to make sure children are in an environment that is likely to help them to feel calm, safe, supported, and valued.

**Children who have a negative self-image** struggle to have the confidence to be brave and open learners or to believe it is worth trying. We work with them to highlight their strengths and to show them that they are valued members of our community. We show them that they belong and that they can always be learners.

We work to build our school environment to be one where students and families feel safety and belonging. We do this in a number of ways:

- Rather than considering that we are enrolling a student, we aim to enrol a whole family, identifying how we can offer support broadly. [See Toolkit: New support family interview](#)



- As children enter and exit the school at bell times, there are people at the front door saying hello, greeting children by name, showing they know the children and families, naming positive events from the day. [See Toolkit: Front door greetings](#)
- We consciously show parents that we know their children, but we also show that we know parents know their children, we demonstrate respect for that relationship.
- We have staff outside the classroom, available for support for teachers, students, and families. [See Toolkit: Reset process](#)
- A whole staff approach to individual students, offering many touch points beyond the classroom teacher. [See Toolkit: Behaviour support plan](#)
- After school yard duty is an opportunity to chat with parents.
- We support parents in a range of ways with classes for them too, as well as being available for other kinds of support, e.g.: filling out forms.
- The principal's door is open.
- We are visible at community events.
- We have school-wide language and expectations that we share with families, as well as with the broader community including local homework groups and sporting organisations connected to our school.
- Shared positive language across the school.
- Differentiated behaviour responses, relating to individual student capacity, and restorative practices to build empathy.
- Explicit teaching of socio-emotional skills. [See pp 36 & 37 for more information](#)
- Strong links with local family support services.
- Take time to listen to student concerns/upsets and empower them to find solutions.
- Always assuming complexity when faced with challenging behaviours.
- Cool water always available on request to help regulate.
- Awareness of and accommodation for reactions to world events and how these may impact our community.

In order to maintain the kind of school community we believe best supports our students and families, we need to ensure our school is dynamic, attuned and adaptable.

## Dynamic

We create an informal care team around students who need additional support outside the classroom. Each child requires an individual approach and may benefit from the support of a number of adults. This approach allows children to *self-select* those adults with whom they feel a connection, and creates space for them to have their needs met in a range of situations. It also shares the care responsibility, ensuring a range of adults are alert to changes and available to offer support when a child needs to come out of class, or avoid certain situations. The aim is to provide easy access to supportive adults, making us more responsive to individual students in whatever situation might arise.

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One student had a need to know, before she entered the classroom, who would be teaching her that day. The student was dropped off at school late nearly every day, and she created a routine that worked for her. Every day she would go straight into the room of a support staff member and ask if she was late, and who her teacher would be that day. On reflection, we noted that the class did have different teachers first thing in the morning, with a specialist subject scheduled one day, and one of two job-sharing class teachers present on other days. So, there were three different answers to “who is my teacher today?” This child did not mind what the answer was; she just needed to hear it.

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## Attuned

Being attuned to students and families is an important element of the way the school operates. When we know who is having a bad day, who might need to be given a ‘special job’, whose mum seemed a bit out of sorts this morning, or whose mum we haven’t seen for a while, we can respond in a way that is appropriate for that child. Approaching a ‘misbehaving’ child with the question “What is going on at the moment?” makes space for much more valuable information to be communicated than asking “Why did you do that?” When we know our students well, we know when something is going on for them.

Children who experience attachment failures in their early relationships can learn to draw comfort and support from teachers and others they encounter later in childhood, provided their patterns of insecurity are recognized and responded to in a manner that repairs early damage

– Craig 2016, pp. 29–30

## Adaptable

Although schools are systems that have been around for a very long time, they can still be adapted to respond to particular school communities. Schools have some flexibility to respond to what is happening for the students, staff and families in the building.

We collect student wellbeing data, and we are able to use that to make whole-school assessments, or to look at individual student socio-emotional wellbeing growth.

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We began collecting some statistics about the patterns of behavioural incidents occurring throughout the day. After gathering a few weeks of data, it became clear that children were struggling with their behaviour just before the lunch break at 1:45pm. We decided to trial swapping the lunch break with the recess break, which was scheduled at 11am. Needless to say, the trial was a great

success; behaviour improved with full bellies, and we have retained the new times.

We now collect data about individual students who are 'resetting', meaning they are struggling to focus in class. Through this information we have discovered that each term we have a spike in struggling students at week 3; that scheduling two specialist subjects in a row presents a real challenge for many of our students; and that one particular student had huge behaviour issues that we could track back to their sole parent commencing work. All this information helps us paint a picture so that we know where to direct our resources and we can start to identify hot spots in the week, or term, and explore what causes them.

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## **Relationships: Children, family, community**

The antidote for traumatised children who are suffering the consequences of poor connective experiences is to engage in relationships with them that are positive and sustaining.

*– Australian Childhood Foundation 2010, p. 45*

Relationships are at the heart of all that we do at Carlton Primary. The practices of a trauma informed school focus on the relationships inside it. Through positive relationships, trust is built, children feel safe and worthy and are capable of their best learning. School becomes a therapeutic environment for the students and for families.

We work on the understanding that positive relationships in an educational context can mitigate the symptoms of trauma and support all students to be their best. We know our students have a life outside school that impacts what happens inside school.

Children benefit from meaningful connections. Through the relationships students have with the adults at school, they are able to foster a self-image that recognises them as capable learners. For children who have experienced relational trauma, positive relational experiences create an opportunity for exposure to different working models (Australian Childhood Foundation 2010, p. 45). Positive adult-child relationships then become models for children's relationships with one another.

In addition to classroom teachers, students at Carlton Primary have the opportunity to make connections with support staff in the school. For some children, we are also able to provide a mentor. We began our mentor program with great optimism and its impact has surpassed all expectations. Mentors and mentees are matched according to interest and temperament. Mentees are chosen for a range of reasons, with the most important being that they can benefit from having access to one-on-one time with a carefully chosen adult. Children in the mentoring program develop a relationship with a caring adult outside their family, who acts as a support, guide and friend. Mentors work with the wellbeing staff and the classroom teachers to form a team of supporters for the individual student.

We bring in other professionals to lead short-term activities such as sport, and this provides an additional context in which the children can form positive adult/child connections.

Carlton Primary also runs a school readiness program – Leap into Learning – which allows us to spend six months getting to know students before they become our preps. The program provides the opportunity to connect not only with students, but with their families. All families participate in an intake interview where we explain the way our school operates. This early interaction also facilitates the beginning of meaningful connections that result in children beginning their school life with adults who are already well-known to them.

We hope that children trust the adults in their lives at school and feel supported in their learning and their lives.

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A child who began the school readiness program, Leap in to Learning, appeared to have some speech issues. A wellbeing staff member checked the child's enrolment forms, and reviewed the intake interview notes, but the family had said they had no concerns and saw no specialists. During an informal chat, the staff member relayed her observations to the parents and asked again if they had any concerns. The parents said yes, they were worried about the child's speech, and in fact had been seeing a speech pathologist until six months prior, when they had moved house. The child was then assessed and began speech therapy at school as soon as she started.

In a further casual conversation, the same staff member ascertained that the family was having trouble applying for citizenship; their application had been returned to them and they didn't know why. The mother was under a great deal of stress. The staff member was able to support the family in their application and link them into more specialised support services. Six months later, our wellbeing staff member was thrilled to be able to attend the family's citizenship ceremony at their invitation. The relationship has continued throughout the prep year and beyond and a trusting relationship now exists between the family and the school – on one occasion, the mother even brought the sick child into school to explain her concerns and seek advice on where they should go for treatment.

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Connecting with families is vital. Adults who are themselves supported, can better support their children, so when we focus on families, we are working toward achievement for the students. We aim to support all our families to feel that they belong. We have seen that the benefit of this for families and students living with adversity is huge. But the benefit for every student and family, regardless of background, is undeniable. The key is to create a powerful sense of community, and schools are well placed to be the hub of such a community.

We know that for some of our most isolated and marginalised families, school is a place that they will come when they might not engage with any other services. This places schools in a strong position to be able to support and refer families in need.

Families at Carlton Primary are engaged in a range of ways beyond traditional school-based interactions. The use of the school extends to hosting playgroups, running art and sewing classes, and also running English classes. We have staff available to help with forms, to make referrals to local agencies, or just to have a chat at the end of the day. This conscious effort towards accessibility makes the school a place that is welcoming to adults as well as children.

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On noticing a parent dropping off two children who were not her own, the Family and Community Wellbeing Coordinator checked in with that parent, querying the change in arrangements. The parent said that she was helping the family, as the mother was in hospital having a check-up prior to undergoing open-heart surgery the following week. The wellbeing coordinator shared this information with the relevant classroom teachers, who both commented that the girls had been out of sorts – actually being disruptive – which was out of character.

The wellbeing coordinator then checked in with the students and found that the elder was quite anxious. The child shared her fears about her mum, spoke about having nightmares and discussed how she felt in her body. Work began on strategies to deal with the children's anxiety, alongside conversations about mum's surgery and other elements of life. With the mother's permission, the local Paediatric Registrar came to talk to the children about all their questions and fears. As a team, the teachers, the Family and Community Wellbeing Coordinator, the Student Wellbeing Coordinator, the school psychologist, the mother, the other parent who was helping out, the local health service, and additional staff members came together to support the students, with a very positive outcome for all involved.

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Connecting with the community is an important aspect of strengthening staff relationships with children and families. For Carlton Primary, this includes being present at community events – sometimes even being on organising committees – and allowing the school community a voice to contribute ideas and plans for the local community. Community members are welcomed to the school for classes, community meetings and playgroups. We know which support services to connect with when we need outside support for families and we form partnerships with agencies to run programs or information sessions.

We have a range of partnerships that allow greater connection between the school and the community; we don't operate as an entity alone, but as one part of a thriving, vibrant community. We have strong connections with the local neighbourhood house, health centres, university, family support agencies, early childhood centre, library, community market, sports organisations and arts organisations. These connections have

facilitated many great projects, and have encouraged both staff and students to feel a part of the local community. These connections are largely facilitated by the Family and Community Wellbeing Coordinator and, importantly, are not an additional burden on classroom teachers.

This collaboration with other local agencies moves the classroom beyond the school, allowing us to all work together to support the students and the community.

## Self-care

It is vital that all adults who work with those impacted by trauma have a focus on self-care. When we take care of ourselves, we are better able to remain self-regulated, and support students and parents. In spite of being a very simple concept, it is often one that can be missed in the busyness of the day to day.

In the school system, we can be impacted by a range of things, such as:

- hearing children's and families' stories
- trying to help parents who refuse support
- working in a child protection system that is unable to meet demand
- feeling unsupported at work or at home
- having to send children home to unsatisfactory home lives after school each day, and sometimes even fearing for their safety.

This is really hard stuff.

Our students rely on us to help them regulate, so when we feel unable to regulate our own responses, we have an obligation to practise self-care. In the same way that we fit the oxygen mask to ourselves before the child in an emergency, we need to take care of ourselves before we can adequately care for others.

We are vulnerable to both vicarious trauma – experiencing trauma as a result of hearing trauma stories – and to secondary trauma – experiencing trauma as a result of the work we do. We owe it to ourselves, our colleagues, our students and their families to make self-care a priority.

Self-care looks different to each individual; it is whatever we do that 'fills our tanks'. We must be constantly mindful of the need to take care of ourselves, and staff members can support each other by facilitating these self-care activities, or by reminding each other of their importance. Carlton Primary School staff recommend karaoke.

Self-care is a gift to ourselves, to our colleagues, and to our students.

## Trauma informed classrooms

Designing instruction in a manner that promotes neural development, consistent use of positive behavioural supports, collaboration with community mental health professionals, and creation of a school climate that ensures safety for all children, staff members are able to work with the brain's adaptive capacity or neuroplasticity

to help children restore their capacity for self-regulation, social connection, and learning. They are able to thrive, not just survive.

– Craig 2016, p. 15

All students need to feel safe in their classrooms. Without a sense of safety, children will remain hyperaroused and hyperalert to any perceived threat, and will struggle to learn. At Carlton Primary, classrooms are positive places that foster a sense of belonging, a sense of purpose, and a belief in each individual as a learner.

In order to meet the needs of our students, we've created classrooms that are dynamic, attuned and adaptable. We support students to see themselves as learners with a growth mindset, academic beliefs, and learning dispositions.

Following the work of Carol Dweck and her research into growth and fixed mindsets (2000, 2006), classroom teachers aim to influence their students' academic mindsets to promote a focus on effort, self-esteem and growth in ability. A student's mindset can be described as: "the attitudes and self-perceptions and mental representations that are bouncing around inside his head" (Tough 2016, p. 1). By focussing on effort in the classroom and promoting the belief that all children are capable learners, students feel rewarded for contributing to their own learning rather than for a perceived pre-existing level of intelligence. Dweck identifies that self-esteem is:

a positive way of experiencing yourself when you are fully engaged and are using your abilities to the utmost in pursuit of something you value. It is not something we give to people by telling them about their high intelligence. It is something we equip them to get for themselves – by teaching them to value learning over the appearance of smartness, to relish change and effort, and to use errors as routes to mastery

– Dweck 2000, p. 4

Providing appropriately targeted (that is, differentiated) learning opportunities, along with positivity, encouragement, and a focus on effort means that children are supported to feel that even when they struggle, they are working toward something achievable. Sharing growth data with children shows them that they are growing their learning, without needing to rank them against their peers.

Research by Dweck and others (Farrington et al. 2012) identifies four key beliefs that best support students' motivation and perseverance in the classroom:

- I belong in this academic community.
- My ability and competence grow with effort.
- I can succeed at this.
- This work has value for me.

The aim in classrooms is to set achievable goals – not easy, but achievable – with the necessary scaffolding. In addition to fostering a growth mindset and believing in themselves as learners, students also need the necessary learning dispositions. Classroom teachers at Carlton Primary focus on the key learning dispositions of curiosity,

bravery, self-regulation, reflection and perseverance. We focus on embedding the belief that all children are learners, rather than focussing on their intrinsic intelligence or ability. We acknowledge that all our students are on a learning journey that begins with self-identifying as a learner.

Our teachers build up students' prefrontal cortexes with activities to enhance skills such as setting goals, being self-aware learners, and making choices in the classroom. We encourage the language "not yet" instead of "I can't". Teacher scaffolding supports children to achieve learning outcomes, and tracking data shows students their progress.

Self-belief is challenging for many students, especially when early experiences have set them up to have negative and harmful self-concepts. It is crucial to have a school-wide approach to repeatedly highlighting our students' successes (however small), so that they are given opportunities to revise their opinions of themselves.

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There was a student who came from a large family. He was a boy who struggled a great deal with his behaviour. One day, at a meeting with the boy's parents, the father referred to him as "the bad one". It became very clear at that moment why this child might have challenging behaviour, with such a powerful negative message driving his sense of self.

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Families living with adversity may not provide environments that are rich in conversation, or might have an emotionally charged style of interaction. Operating somewhere between two languages, as many of our students do, can also mean that children are not exposed to a rich experience in either language. The lack of a broad vocabulary and "lack of exposure to a more sequential discourse style makes it difficult for these children to tell a coherent story or engage in social conversation ... these children enter school ill-equipped to attend to instruction in language-based classrooms" (Craig 2008, p. 48). In addition, this makes it harder for children to use self-talk as a method of focusing or calming, or retaining information.

## **Differentiated rules in the classroom**

While we don't compromise on our core school values, the rules are not the same for every student at our school. We know that it makes more sense to have different expectations for different students because they are all individuals with different capacities.

We aim to use titration to build up student capacity and to provide opportunities for daily successes. This applies to both behaviour and to learning. For children who really struggle, it might mean a ratio of 10 minutes of concentrated learning time to 20 minutes of time outside the classroom doing something else. This would then increase to 12 minutes of learning and 18 minutes doing something else and so on. This approach is designed to prevent dramatic disruptions and provide opportunities for success. The students can reset and still see themselves as learners. They are able to exercise their 'focus muscles' and build up to longer and more successful times in class. A flexible



approach can really help to set the students up for success. For example, some children will not receive instruction well while sitting on the floor with the group. If they can remain in the classroom, but over in the class library, or sitting on a chair, they can still participate in a way that works for them and, importantly, does not negatively impact other students.

Our experience is that when children want to learn, they are focused on their own success and not so much on what is happening for other students. They want to be in class, and because we have a language to talk about students' 'learning muscles', our students understand that sometimes their classmates are still building muscles and may require different approaches. Success looks different to each individual, but the aim is for each child to experience success.

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A prep teacher notes that one of her students often removes himself from the group when they are all sitting together on the floor. "He takes himself off to another part of the room, but later, when it is time to sit at tables and do some work, he knows exactly what to do; he's been listening the whole time."

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## Building community

Teachers work to build community in their classroom. There are many methods they can use to create a sense of belonging in all of their students. One class learns a song together and the act of singing as a group really brings them together. They are proud of themselves when they get to perform to the whole school and they often sing quietly as they are doing their work.

One teacher has a song that the children sing as they finish an activity at their tables to make their way to the floor as a group. They sing until everyone is sitting on the floor. The teacher doesn't have to use her words in this instance to ask the students to stop what they are doing and come to the floor; she just starts the song.

Some classrooms have a nature table that all students can contribute to, with things they find outside; some teachers have rituals that form a part of the roll taking time, such as inviting all children to share their opinion about a common thing, each time their name is called for the roll; some classrooms start the day by moving each child's picture on a graph that shows how they are feeling.

## Teacher skills

All staff – and particularly classroom teachers – have to act as children's collaborators, cheer squad and supporters. They can encounter all kinds of behaviour that can't be neatly categorised. Although the teacher-student relationship is authoritative, it is also loving, and yet "Forming relationships with teachers is a dilemma for children whose histories include traumatising experiences with adults" (Craig 2008, p. 87). Therefore, adults – both in the classroom and around the school – need to be emotionally

regulated and present. We also have to accept that we can't do this 100 per cent of the time – when we trip up with our own regulation, we can see this as a teaching opportunity. When we let our reactive selves get the better of us, we have the opportunity to name that with our students – even adults sometimes get it wrong – and to model an effective way to repair the situation. Every experience and every situation can be used as a teaching and learning opportunity. [See Toolkit: Supporting students with regulation](#)

Trauma informed teachers are partners with children in their learning and involve children with plans for their learning and behaviour, including the choice of interventions and pre-emptive plans. They teach and model the socio-emotional skills of self-regulation, emotional literacy and self-soothing, and provide opportunities to practise them.

If a child doesn't know how to read, we teach.

If a child doesn't know how to swim, we teach.

If a child doesn't know how to multiply, we teach.

If a child doesn't know how to drive, we teach.

If a child doesn't know how to behave, we ...teach? ... punish?

Why can't we finish the last sentence as automatically as we do the others?"

– Tom Herner 1998

Teachers are always observing. They keenly observe children to understand how they are travelling and to identify when things are not quite right. Teachers and other staff must be attuned to children to be able to co-regulate with them. It can be easy to notice the children who seek proximity with all adults. We can support these children with clear messages about personal space and by setting and modelling appropriate boundaries – physical and other. We also need to be particularly aware of the children who seem completely uninterested in us; it can be easy to meet their response to us with a matching response. Instead, they need to know that we are interested in them and care about them. These children also need clear and consistent boundaries.

Whether hyper- or hypoaroused, when children are outside their window of tolerance, they can't easily be re-connected just by the use of words – we sometimes need to use our whole self: gestures, noises, actions and empathic connection.

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In one classroom, we have a child who really struggles with the day-to-day routine of the class. Sitting still can be a challenge for him and concentrating on something that is not of his choosing can cause him to become distressed. His teacher is incredibly adaptable. Frustrating as it is to teach a class while this child is at the back of the room, throwing a piece of material up, then delighting when it comes down and touches his face, the teacher recognises that in this moment the child is regulated and happy. While not an ideal teaching scenario, this is preferable to trying to teach the class when the student is distressed. Sometimes what might look like a loss from the outside, is a win to those in the know.

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When teachers can operate in a way that is dynamic, adaptive and attuned, they create a safe, empowering, welcoming classroom.

## Classroom tools and strategies

Classrooms should reflect the students who use them. Different students require different tools to support their learning. Teachers use a range of tools and strategies to support their students and we are always adding more to our collection:

- Visual reminders of the day, for the whole class and for individual students.
- Keeping the focus on the habits of good learners as well as the learning focus of the lesson.
- Sensory input opportunities like therapands wrapped around a chair's base, a rocking mat for floor time, trampoline time, sand, Blu Tak or other fiddle toys. [See Toolkit: Sensory shopping list](#)
- Allowing self-regulation and co-regulation outside the classroom. [See Toolkit: Reset process](#)
- Consistent schedule (where possible) and a familiar person around, even if the teacher is away. [See Toolkit: Casual Relief Teacher information](#)
- Building a classroom culture, connection. Group songs, routines.
- Titration – big learning expectations that last only a small, achievable amount of time, gradually increasing.
- Pre-emptive strikes – for example, some kids need important 'jobs' for the five minutes between class and a specialist subject, so that they are able to enter an already calm room, reducing the chance that they will become heightened by the transition.
- Lots of positive reinforcement (a ratio of 6:1 positive to corrective feedback).
- Calming activities like yoga, especially at times when kids are heightened, like after break times.
- Perspective-taking opportunities to build empathy.
- Teachers need to be ready to provide children with a range of ways to express themselves.
- A routine when marking the roll that allows children to make a short comment about something that is related to them (to help build a sense of self in the world and in the class).
- Create opportunities to make choices and to practice identifying preferences and interests, particularly for those who do not otherwise have this opportunity.
- Use children's names frequently – label things with their names, remind them who they are and that they belong.
- Name emotions at every opportunity.
- Encourage journaling and personal narrative writing, including letter writing to buddies outside the school.
- Use word walls to increase visual exposure to words that children might want to use.

- Use a common language of expectation and support.
- Demonstrate clear and open communication between teachers, particularly at transition times.

## Promoting positive behaviours

After all, what good does it do to punish a child who literally hasn't yet acquired the brain functions required to control his behavior?

– Lewis 2015

Incentive or threat-based strategies are not likely to be powerful enough to stop ingrained behaviour that has served as protective in the past. Strategies need to be consistent, relationally based and predictable. Different strategies work for different kids.

When we are trying to replace negative behaviours with positive ones, it can be challenging not to approach with the punitive style that has been the primary option in schools for many years. Taking a trauma informed approach to behaviour management means identifying that children are not trying to be 'bad'; they are not choosing distraction, or lack of focus, or disruption. As frustrating as it is for the adults around them, these children are held hostage by their past and by the functions of their brain.

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A boy in prep seems to be unable to focus for more than about 30 seconds. He might get up and walk out of the room because something outside has caught his eye and his explanation for that behaviour is, "But I wanted to see what was happening!" One day, he was walking to the toilet and a maintenance worker, carrying a large plank of wood, walked past him and out the front door of the school. The boy changed direction and followed him out the door. To the observer, it appeared almost an unconscious action, and it probably was.

The same boy, when asked about his classroom activities, said, "I don't listen to the teacher and when I do my work I copy the person next to me – it's like Simon Says! – because I don't know what to do."

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The boy in this example is literally incapable of having the focus we require of a child at school. Getting angry, yelling, or punishing him is not going to grow his capacity to focus, but a titrating experience of building focus might (we're working on it!) Often when we think children are not paying attention to what is going on, we are only partially right; they may be unaware of what the teacher is saying, but they may be acutely aware of the teacher's facial expression, demeanour, voice and other indications of their emotional state. Giving attention to relational messages like these can be exhausting and leave no capacity for the attention required for taking in instruction (Craig 2008, pp. 34–35). These children *are* paying attention; just not to those things we want them to pay attention to.

## School-Wide Positive Behaviours

The school-wide positive behaviour support program (SWPB) is an evidence-based program designed to reduce behavioural issues and improve academic outcomes (Luiselli et al. 2005). Key elements of this program align very well with trauma informed practice – both emphasise shared broad behavioural expectations and reinforcing positive behaviours. The program is able to be adapted to suit individual schools. It is run worldwide and is supported by the Victorian Department of Education.

This is what trauma informed behaviour management looks like at Carlton Primary, including some elements of the SWPB program:

- We aim to catch kids doing the right thing and name it. The aim is to do this at a ratio of 6:1 positive to corrective feedback. Examples might include: “great job walking sensibly down the hall”, “thank-you for listening when I asked you to stop what you were doing”, “thank-you for looking at my face so I know you are listening”.
- Whole-school shared, simple behavioural expectations that are transferrable within and beyond the school. Ours are: Be Safe, Be Respectful, Be a Learner – the 3 Bs.
- Not asking “Why did you do that?” [See Toolkit: When you don’t want to ask “Why did you do that?”](#)
- Beginning with calming strategies and talking about problems when calm.
- Reminding children that relationships are not broken by behaviour and demonstrating the consistency of the adults at school.
- Expectations are shared by the whole school – they are clearly named and displayed around the school.
- Conflicts are dealt with by focussing on relationship repair and promoting empathy.
- An underlying focus on belonging and acceptance.
- Strengths based approach, even when children have done the wrong thing.
- Staff are emotionally available and looking to connect, not just invoking consequences.
- Helping children to identify the moment that exists between the event and the child’s reaction to it and making that moment incrementally longer. [See Toolkit: Stretch the moment](#)
- Supporting children to make choices. For example, is it a good idea to go to the class where they consistently struggle, or would it be better to do some independent study? Choosing either option provides an opportunity for praise.

## Resilience, Rights and Respectful Relationships

The Victorian Department of Education has also introduced the *Resilience, Rights and Respectful Relationships* program. This is a primary prevention program resulting from a recommendation of the *Royal Commission into Family Violence (Victoria)* (2016). The curriculum focuses on emotional intelligence and giving children for a vocabulary to describe their feelings. It also has a strong focus on reducing everyday sexism, a known

precursor to gender-based violence. The curriculum aligns very well with trauma informed practice, providing high quality classroom opportunities to normalise feelings and to deepen understandings around reactions, self-calming and help-seeking strategies.

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Our aim is always to have children in class, calm and ready to learn. Inevitably, there are times when we need to address impediments to achieving this. One day, there was an incident in the yard involving three boys. Two came inside when asked, but one remained sitting in the tree he had scaled, not wanting to come down. The yard duty teacher contacted staff inside. A staff member caught up with the two boys who'd agreed to come in, offering cold drinks and taking them to separate quiet spaces. Another staff member headed outside to stay close to the boy in the tree – checking in, letting him know she was there and ensuring that other children gave him some space.

We recognise that, for this boy, the tree was a safe place, and we know from his history with family violence that he was actually making a safe choice for himself – taking himself away from a tricky situation. When the break ended and other students returned to their classrooms, the teacher remained talking quietly with the boy, asking him to come down. She moved away, but stayed in sight. She explained what would happen next (“We will go inside and get a drink of water and calm down”). She named what she was observing (“I can see you are angry but it is difficult for me to hear why out here. How about you come inside and tell me where I can hear you properly?”).

Staff gathered the narratives from all three children separately and encouraged them to use drawings or act the story out when verbal description felt tricky, while an adult acted as a scribe. A teacher then brought everyone together and each child had a turn as the speaker and listener, with the instruction that “although you might not agree with the others, you will get a chance to say what you think”. The group then brainstormed a solution to the current problem and made plans to avoid possible future problems. When asked, “What could happen next time, to make the problem smaller?” one child responded, “I could go to the tree, but not up the tree”. Another boy chooses to go to a hill in the playground, near a group of trees, to calm down away from the other children. The children work together with adult support to identify, solve, and prevent problems.

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## Differentiated behaviour management

Differentiated behaviour management is an important element of what we do. Just as we use differentiated instruction to respond to differing academic ability, we recognise that individual children have a range of social and emotional capabilities. Our student wellbeing coordinator designs individual behaviour plans that are shared with the student, their teacher, and other relevant people. The plan might include:

- an incremental build-up of skills in areas like focus or self-regulation;
- time in and outside of the classroom;
- a reward of the student's choosing;
- pre-emptive strategies like entering a specialist class halfway through, or avoiding certain times of the day or week, such as assembly or transition times.

Students know what skills they are working on and are constantly reminded of their strengths. We expect a lot from each individual student, but we don't expect more than they are capable of. [See Toolkit: Behaviour support plan](#)

A trauma informed lens promotes the understanding that a behaviour we see in a child, such as vagueness, aggression, or lack of focus, might at some point have been a protective response to a difficult situation. Over time, the behaviour has become the default response, despite its being maladaptive and impeding growth and learning. When we observe this difficult or disruptive behaviour, we wonder what is going on for the child. Our aim is not to put an end to the behaviour, but to stop the child feeling the need for that behaviour, and to build skills that will serve them well.

Children who have experienced trauma and chronic stress or adversity can have responses that cause them to be inflexible and to struggle with transitions, to be compulsively compliant and fearful, or to become so defensive that they often end up behaving as a bully or aggressor (Craig 2008, p. 103). Each of these behaviours leads to interactions that do not serve the children well. For school to be a place where these children can grow, we need to build their strengths in order to counteract these ways of being.

We have established a 'Reset' process to facilitate responding to children in a moment of struggle. People outside the classroom are available for children to reset with. As part of this process, a reset card is issued. It identifies what is happening for the student and aligns with the school's '3 Bs' and the five learning dispositions. For example, the card might identify that a student is struggling with learning due to self-regulation problems, safety issues or issues with respect. On receiving the card, the student finds an appropriate person to reset with. The reset should be linked directly to the issue at hand, so a reset for a student struggling to self-regulate might be a short activity aimed at practicing focus.

We have collated activities that are associated with various reset reasons so that we can be consistent in our approach to resetting. Data collected on the reset process allows us to identify where the key issues lie and to track the progress of individual children or classes.

Steps for resetting are outlined below:

- Teacher identifies student needing a reset.
- Teacher lets student know and nominates either an in-class reset (older classes have a reset space) or an out of class reset.
- Teacher gives student a reset card that identifies what they have observed.
- Student finds an appropriate person to reset with (they will begin with the wellbeing coordinator but may nominate someone from a list of five people,

depending on who is available).

- Student is directed and supported in their reset via a range of strategies.
- Student goes back to class.
- Reset is recorded for data analysis.

We adopt evidence-based practices and these are embedded in all interactions at school. Where evidence is lacking or unclear, we collect and analyse data ourselves. Positivity infuses all interactions between adults and children. This requires that the whole school is on board and that we share an understanding of the ways in which trauma can impact a child. We know that positive relationships can be a protective factor against the impacts of trauma and that schools are uniquely placed to be an easily accessed, safe and loving place for children and their families. [See Toolkit: Reset process](#)



# Conclusion

Sanctuary trauma refers to the condition that results when trauma victims turn to those from whom they hope to find sanctuary (emergency room, family, favorite teacher) only to encounter a reception that is not as supportive as anticipated. The likelihood that children and their families will experience school-based sanctuary trauma is directly correlated to how well staff are informed. That is, if staff understands trauma's impact on relationships, behavior, and learning, and they have the support they need to act with compassion, children and their families are more likely to get the help they need. On the other hand, if staff is poorly informed and unsupported, the likelihood is that traumatic experiences will be exacerbated.

*– Wolpow et al. 2016, p. 13*

Trauma informed practice is the most effective way for our school to run. While it may seem particularly relevant for a school whose student cohort lives with significant adversity, we know from our experience that trauma informed practice is appropriate for all schools. Trauma informed practice is good for all students – and essential for some.

Students thrive socially and academically in an environment where adults celebrate their successes, guide them kindly when they trip up and teach them skills for life. Teachers respond to working in a positive environment with constant opportunities to reinforce all the great things that are happening in their classrooms and beyond. And families respond well to being welcomed into the school community in a meaningful way. Trauma informed practice in education benefits everyone.

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# Toolkit resources

## Introduction

This toolkit contains a range of resources that we have used at Carlton Primary. We are lucky enough to have a whole school approach to our trauma informed practice and this has resulted in a readily available range of resources that we can dip in and out of. But we acknowledge that not every educator interested in pursuing a trauma informed approach will have the backing of leadership and colleagues. In light of this, here is a toolkit of resources that can be used in a classroom, or a learning team. Some are activities that you could successfully undertake in a lesson straight away, and some are about slowly building relationships, sense of connectedness, and understanding of self. These take time and can be slowly introduced.

Whether you are taking this on as an individual in a school, alongside a few colleagues, or as a whole school, consistency is vital. Shared language and clear expectations around behaviour are vital, as are consistent methods of dealing with tricky behaviour. Using the [School-Wide Positive Behaviour Support program](#) or the [Resilience Rights and Respectful Relationships program](#) are ways that you can start to build these shared understandings and shared language. Of course, a trauma informed approach requires differentiated behaviour support, which can be seen as unfair. It is normal to experience pushback, especially when some students appear to be given more chances or treated differently; others will naturally see this as being 'unfair'. However, we can develop an understanding amongst students that teachers treat behaviour like any other learning requirement, and when students show that they still have some behavioural learning to do, teachers will respond by doing their thing – teaching! Equity is a complicated concept to understand, but an important one to teach.

## Behaviour support plan

### Student's current situation:

- Age
- Grade
- Home
- Friendships
- Care situation
- Food
- Sleep

### Student's relevant history – what we know:

- Exposure to Violence
- Homelessness
- Parental mental health or attachment
- Care situation
- Previous living situations
- Other

### Evidence based impacts of these previous experiences

Our trauma informed knowledge tells us ...

### Behaviour/physical presentation – what we see:

- Hyper vigilance
- Hyper/hypo arousal
- Violence
- Proximity seeking
- Shunning others
- Agitation
- Can't be still

### Strengths

- Kind
- Helpful
- Good at maths

### Known triggers (before or during tricky behaviour)

- Transitions
- CRTs
- Specialist subjects

- Behaviour of others (teasing, chasing)

## **Self-soothing**

- Constant movement
- Screen
- Hiding

**Anything we know that works?**

**Anything we want to try?**

**School's safe space/safe people**

**Pre-emptive and 'in the moment' approaches**

**If this happens ...**

**We will try ...**

## New family interview

This is adapted from the interview we had for families taking part in our school-readiness program, and has a focus on pre-school experiences.

### Background

- Parent Name
- Child Name
- Child Birthdate
- Previous pre-school experience: type, amount, where
  - Family Day Care/Long Day Care/Sessional Kinder/HIPPY
- Relatives at CPS
- Who lives at child's house?
- Any health issues or links to other professionals?
- Tell us about your child
  - What sort of activities do you do together?
  - Books/park/library/swimming ...
- How do you feel about your child starting prep/at a new school?

### Participation

- Would you be interested in joining in activities or helping at school? How?
- What information about your child's education are you most interested in hearing about from their teacher?
- Parent sessions – would you be interested? (Topics might include, or you suggest ...)
  - Helping your child learn at home
  - Helping children with their behaviour
  - How to help out in the classroom
  - How to read books in English with your child



## A sensory classroom

Using sensory aids can be helpful for children experiencing:

- A need to move around a lot
- Inability to sit for very long/low muscle tone
- Trouble with focus, easily distracted
- Problems with pencil grip/writing and drawing issues
- Struggles with self-regulation
- Auditory processing issues
- Hyperactivity

A sensory support classroom kit might include:

- Noise-cancelling headphones for auditory sensitivity
- Fidgets to support focus – Blu Tak is the easiest
- Hug seats to provide pressure around a child
- Wobble seats for those who need constant movement
- Calm jars to help with self-regulation
- Weighted vests or cushions
- Aromatherapy that provides comforting smells to aid calming (use a diffuser or a tissue) – or even fresh orange or lemon peel smells great
- Therabands wrapped around chair legs to allow something to kick and flick
- Egg chair to reduce sensory input (from Ikea!)

Of course, it is important to have some rules around these items – for example, we have the rule that sensory items can't be distracting to the student, teacher or other students. They can be used freely in the wellbeing space, and with more thought in the classroom.

Sensory aids encourage children to be present in their bodies and to feel more grounded; they tap in to our senses and a variety of items can be creatively used. There are a growing number of websites with ideas for sensory interventions, and there are many that you can make yourself, or with children.

## Reset process

### Background

We became aware that students who were regularly removed from class as a result of behavioural issues were not participating in learning activities and we wanted to address this. We devised a system that supported students to build their skills and continue their learning, even when struggling in the classroom.

### The process

Students who are struggling to be focused learners are able to 'reset', either in class, or away from the classroom. A reset card is issued and identifies what is happening for the student. For example, the card might identify that a student is struggling with learning due to self-regulation problems. The card is used to support a conversation about what has led to the reset.

The reset cards have been designed to align with the school's '3 Bs' (Be Safe, Be Respectful, Be a Learner) and our five learning dispositions (Persistence, Self-regulation, Reflectiveness, Bravery, Curiosity). On receiving the card, the student finds an appropriate person to reset with. The reset should be linked directly to the issue at hand, so a reset for a student struggling to self-regulate might involve a short activity aimed at practicing focus, while a student not demonstrating respect might write a reflection imagining themselves in another person's shoes.

We have collated activities that are associated with various reset reasons, so that we can offer consistency in our approach. Students who regularly have resets might also have a book to reflect what is happening for them. This book includes their own words alongside wellbeing coordinator reflections. The book also has space to identify what strategies are working well for the student.

Data is collected each time a student has a reset. We record all relevant elements of the reset and analyse this information to identify tricky times across terms or to track particular children, classes or year levels and assess where additional support is needed.

### Reset process summary:

- Teacher identifies that a student needs a reset.
- Teacher lets student know, nominating either an in-class reset (some classes might have a reset space) or an out of class reset.
- Teacher gives student a reset card that names the behaviour observed.
- Student finds appropriate person to reset with (beginning with the wellbeing coordinator, but identifying someone from a list of five people, depending on who is available).
- Student is directed and supported with their reset.
- Student goes back to class.
- Reset details are recorded for data analysis.

## Front door greetings

We gather at the front door in the mornings, when the end of day bell rings, and at recess and lunch times, to take the opportunity to connect with individual students.

This is also an opportunity to keep an eye on any students who might need to check in before they get to class, either to calm or to share something.

### Morning greetings

- Good morning [name]
- Lovely to see your smiling face
- Great shoes!
- How wonderful to see you this morning
- Is this your little brother/sister?
- I hope you had a good sleep
- Ready for a day of learning?
- Hello, my friend
- Welcome back!

### Recess/lunch exit greetings

- Have fun heading out into the sunshine
- Thanks for walking so sensibly!
- What a lovely group of friends heading out to play
- Enjoy that skipping rope
- Have fun playing soccer

### Recess/lunch returning greetings

- Great job coming inside so calmly
- Looks like you had a nice lunch time
- Grab a drink to get ready for learning
- Do you need help calming before you head back to class?

### Greetings to parents (after school)

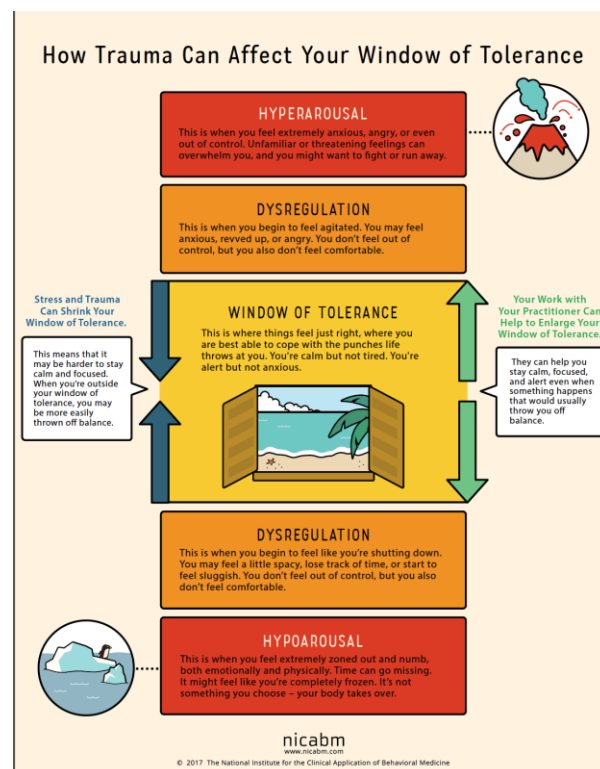
- Your boy/girl/child had a great day!
- We did some great maths in class today
- What a great learner you have
- How was your day?

## Supporting students with regulation

Sometimes, students who appear dysregulated may have the capacity to self-regulate, but frequently they will need some adult support with this.

The *Window of Tolerance* is a helpful way to illustrate the difference between being regulated (and ready to learn) and being dysregulated (and in no state to learn). When we are in our window of tolerance, we are in a state of balance and not having distracting physiological reactions to stimuli. A student outside their window of tolerance might be in, or moving toward, a state of hyperarousal or hypoarousal, and will require adult support to move back into a state in which they are ready to learn.

Here is a helpful illustration from the National Institute for the Clinical Application of Behavioural Medicine (they have a number of free resources).



If you are trying to support a student (or anyone) to re-enter their window of tolerance, it is vital that you are also regulated; otherwise, the best thing you can do is to source help from someone else.

### Ways to facilitate a return to regulation:

- Breathing – notice breathing and have the child try to mirror your regulated breathing (using bubbles or pinwheels can promote deep breathing)
- Ask questions that will engage the pre-frontal cortex (encourage the child to count, notice colours, or notice other things around them)
- Use essential oils, leaves or flowers to engage the sense of smell
- Have the child hold something with texture and encourage them to notice it
- Get a drink – sometimes an extra cold drink is helpful

- Have something to eat
- Play calming music and invite the student to listen
- Do some familiar yoga poses
- Push against something that provides resistance
- Use therabands or resistance bands to engage big muscles
- Have a run around the oval
- Read a story together
- Carry a heavy thing, such as a weighted blanket
- Do some drawing or colouring in
- Play with kinetic sand
- Run hands under water
- Tense and release muscles
- Hug a cushion

Children might have their own suggestions about what helps them calm down. In some cases you will have to weather quite a storm before the child is willing to attempt to return to a regulated state. Ideally, we are supporting children to understand what is happening to them and what helps them to regulate so that they are able to self-regulate before they get to a state of hypoarousal or hyperarousal.

## Casual Relief Teacher information

It is vital that CRTs have the information required to maintain routines and watch for children who struggle with change. Teachers can use a template to create a folder containing instructions and information specific to their classrooms, and their students. Instructions should include any behaviour plans, along with routines of the day and other helpful information like where to find the regularly used songs, which brain breaks are used and other activities regularly used in each class.

Teachers:

Support staff:

Grade:

Learning area:

Principal:

Business manager:

Wellbeing team:

Staff room and first aid room code:

Location of:

- Pink card (for emergency assistance)
- Work program
- Cash sheet
- Roll
- Emergency Exit Plan
- Staffroom
- Yard duty
- Wet day routine:
- Eating in classroom:
- Special programs: [teacher, day, time]

## Dear Casual Relief Teacher

Welcome to the \_\_\_\_\_ **Learning Area** at Carlton Primary School.

Staff at Carlton Primary predominantly work in teams and today you are part of the \_\_\_\_\_ **team**. Please follow the lead of the learning area teacher and refer to the guidelines below.

Check in with the learning area teacher to find out what today's work program entails. In the event that both learning area teachers are absent, please refer to the learning area 'Away Day' work program housed in this folder.

Please support the learning area teacher by:

- setting up resources and packing up at the end of the day
- supporting identified individual or small groups of students
- assisting with classroom behaviour management (see below for further information)
- leading or supporting learning experiences where negotiated

Please observe our school-wide positive behaviours:

- We are safe
- We are respectful
- We are learners

A detailed classroom learning agreement is visible within the learning area. When students do not demonstrate these behaviours, the school-wide 'reset procedure' is to be followed (instructions for the procedure are contained in this folder).

### Positive consequences:

'Raindrops' can be awarded to students demonstrating the learning behaviours: reflection, curiosity, bravery, self-regulation and persistence. 'Rainbows' may be awarded when students demonstrate acts of kindness. Raindrops and rainbows can be collected by students from the main office and displayed in our foyer.

### Specific learning area positive consequences:

- Being kind to other students
- Listening to the teacher and other students when sitting on the floor
- Putting your hand up and being brave to share your thinking

Thank you for your support.

Sincerely,

### Students to be aware of:

- Eric – very active; often requires support to engage with the learning.
- Jack – very anxious; can run away when highly anxious.
- Abdi – can have difficulties engaging.
- Jayden – can refuse to leave for a reset. Often helps if he goes with a buddy. Best away from Billy and Ahmed.
- Billy – Best away from Jayden and Ahmed.
- Ahmed – very anxious; will self-select to “go to reset” when overwhelmed.
- Mohamed – may be non-responsive. If he refuses to leave the room for a reset, contact wellbeing support and calmly relocate the class.
- Pearl – can be disengaged with the learning and will do her own thing. One-on-one focus and a conversation about the work can help.

Do not hesitate to ask for help with any students. We maintain a positive, non-punitive approach with students, but you are not expected to deal with every issue alone.



## Reflecting on behaviour

There are many ways for students to reflect on behaviour, and on their related emotions. On some occasions, we might ask them to think about how they have impacted another person – or themselves – and to consider alternative behaviours and associated skill building. Asking leading questions like “what else could you have said/done?” or “What might you consider doing/saying next time, or when you go back to class?”

We often check in with children about how they are feeling – what the bodily sensations are – and this can provide clues as to what’s going on for them. These conversations promote emotional self-knowledge and provide a path to building students’ capacity for self-regulation.

At other times, we might simply choose to take a positive approach, encouraging desired behaviours by assuring children that we believe they know how to behave in a given situation. We might ask a child to think of a time when they showed the skills that we are looking for. We can talk about our skills moving with us, whatever situation we are in, and we can support a child to identify what skill sets they always carry with them.

Writing or drawing can be ways to gather feelings and thoughts together and to buy some calming down time. We have a range of activities built around this.

## Be a learner at school

What does it look like when we are being learners at school?

A large, empty rounded rectangular box with a black border, intended for a drawing or response to the question above.

## Be respectful at school

What does it look like when we are being respectful at school?

A large, empty rounded rectangular box with a black border, intended for a student to draw or write their answer to the question above.

## Be safe at school

What does it look like when we are being safe at school?

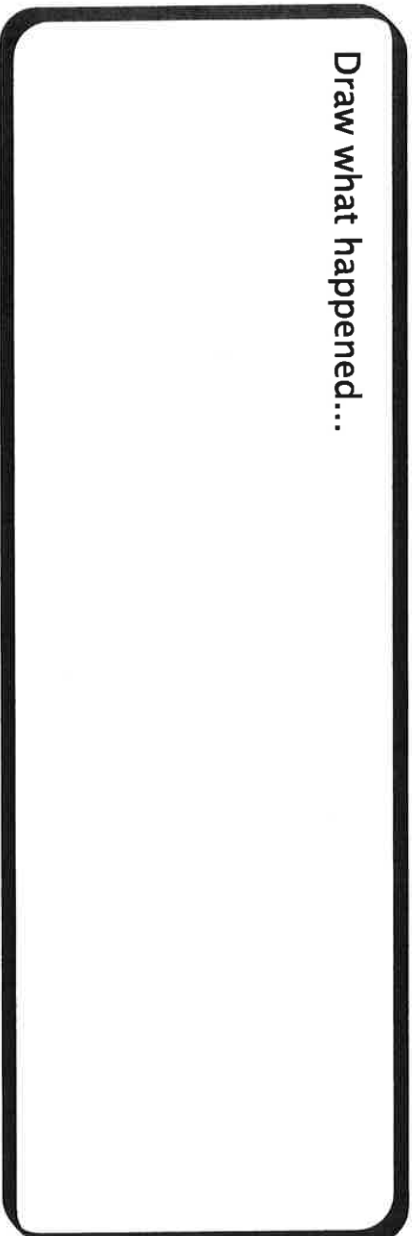
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## Behaviour reflection – older students

Out of class

Name: \_\_\_\_\_ Time: \_\_\_\_\_ Place: \_\_\_\_\_ Date: \_\_\_\_\_ Day: \_\_\_\_\_

Draw what happened...



Which one of our three Bs weren't you doing?

- I was not being safe.
- I was not being respectful.
- I was not being a learner

What were the consequences of your behaviour? (i.e I hurt someone when I ..., I annoyed my peers and my teacher when I ..., I disappointed myself because...)

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What will you do to make sure your behaviour improves when you go back to class?

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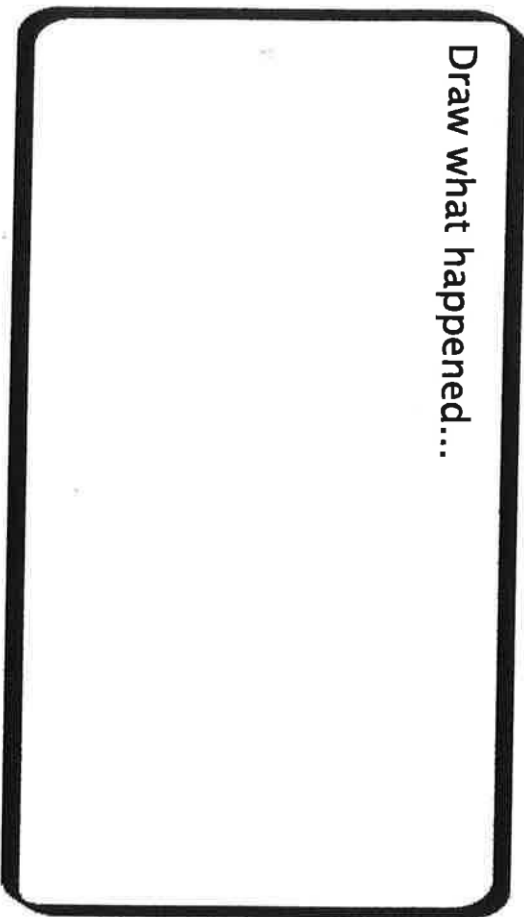
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# Behaviour reflection – younger students

Time: \_\_\_\_\_ Place: \_\_\_\_\_ Date: \_\_\_\_\_

Draw what happened...



Which one of our three Bs weren't you doing?

- I was not being safe.
- I was not being respectful.
- I was not being a learner

Why?

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# Behaviour Prediction

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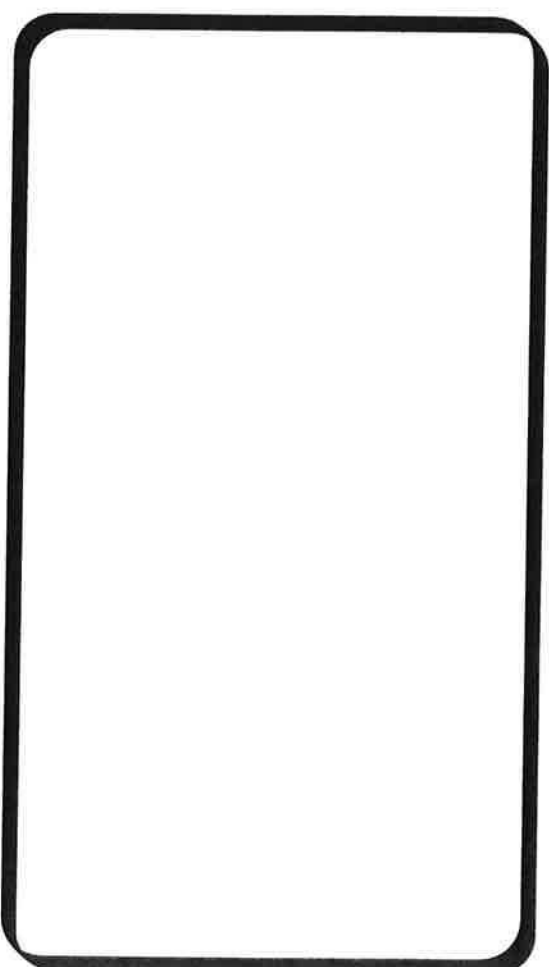
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Draw what you think will happen if you change your behaviour.



Good luck.

## Big breaths

**Put your hands on your tummy.**

**Blow all of your breath out.**

**Take a big, deep breath in and feel your tummy  
grow.**

**Breathe out and feel your tummy shrink.**

**Take three more of these big, deep belly  
breaths.**

## Learning super powers/Learning kryptonites

(Assets)

(Challenges)

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### Learning Plan

How can I use my learning super powers, and make a pre-emptive strike against my Learning Kryptonites?



## Stretch the moment

What happened before?	What Happened?	Then What?	What Next?	What is happening now?	What will happen next?

## When you don't want to ask "Why did you do that?"

Children frequently have no answer to this question – they honestly do not know. They might still be in a heightened state, or might have had a trigger response that has not left them with a clear memory of the incident; their response might confuse them.

Other ways to get information include waiting until the child is calm, first doing some sitting, or running, or colouring in, then trying to gather some information.

- Asking:
  - "How did your body feel when that happened?"
  - "Can you draw me a picture of what happened?"
  - "Can you show me with a drawing what you felt like?"
  - "Can you show me what happened"
  - "Tell me about what has happened since you woke up today"
- Using Lego.
- Using cards with images that reflect facial expressions (there are many of these available to buy, or you could make them) to help a child identify their feelings.
- Sit with them and play with kinetic sand or something similar; reflect to them what you are feeling in your body.
- When the child is feeling more able to share with you, you can ask what they would like to be feeling, or what they are feeling now, and have them recognise the shift.

## Socio-emotional skill teaching programs

### Resilience Rights and Respectful Relationships

**Website:** <http://fuse.education.vic.gov.au/ResourcePackage/ByPin?pin=2JZX4R>

Resilience Rights and Respectful Relationships is a state-wide program in Victoria. Resources are comprehensive, and available for students from prep to year 10. Resources can be dipped into – you can take bits from across year levels and add your own spin. The resources were developed as a primary prevention program, and have been designed to be engaging and appealing.

### School-Wide Positive Behaviour Support Program

**Website:** <http://www.education.vic.gov.au/school/teachers/management/improvement/Pages/swpbs.aspx>

School-Wide Positive Behaviour Support Program is endorsed by the Victorian Department of Education, and is practiced worldwide. It is not cumbersome, but does need to be a school-wide program. The resources are simple and clear and promote a positive school environment for students and teachers alike.

### The Berry Street Education Model

**Website:** <https://www.childhoodinstitute.org.au/educationmodel>

The Berry Street Education Model offers training and practical skill building to operate a trauma informed practice. It is a whole of school model for both primary and secondary.

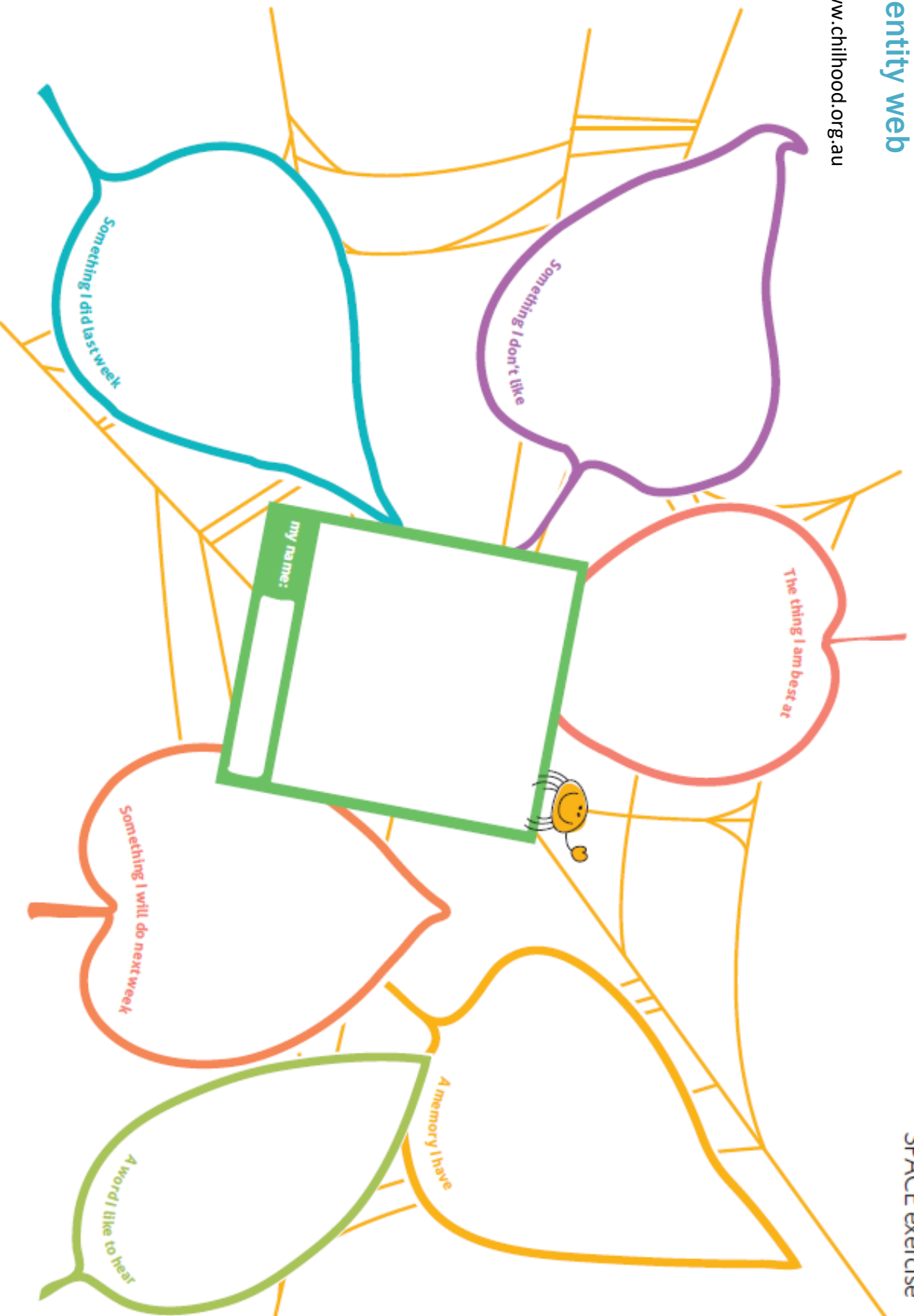
## Sensory shopping list

Here are some suggestions based on the types of things that we have in our classrooms. The rule here is that these interventions can't be distractions – and sometimes it takes a while to find the right thing for the right child. Lots of useful resources can be created easily or bought cheaply.

- Mini trampoline to help with regulation
- Noise-cancelling headphones for auditory sensitivity
- Fidget toys to support focus (Blu Tak works!)
- Hug seats to provide pressure around a child
- Wobble seats for those who need constant movement
- 'Calm jars' to help with self-regulation ( you can make your own)
- Weighted vests or cushions
- Aromatherapy that provides comforting smells to aid calming
- Therabands to wrap around chair legs – for legs that move a lot
- Small pieces of sensory material, like velvet, to hold while listening is required
- Bubbles to blow to promote deep breathing
- Visual timers (e.g.: hourglass)
- Cush balls and stress balls
- Kinetic sand
- Crash pads against a wall to push against, to engage big muscle groups
- Play dough (can also be scented with essential oils)

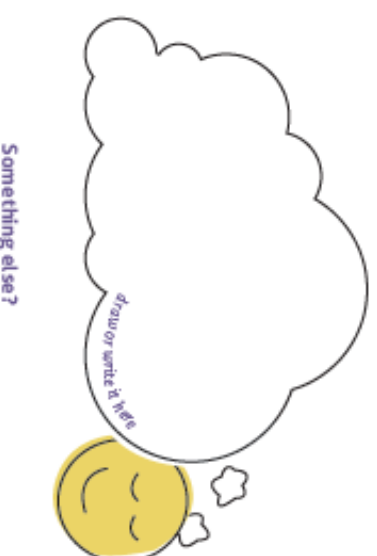
**Identity Web**

SPACE exercise



**WHEN I GOT HERE TODAY:**

I was thinking about



My body is/was feeling



Relaxed



Happy



Sad



Grumpy



Worried