

TRAUMA INFORMED CARE IN THE SCHOOLS



Jim Wood
Susan Jones

Today

- Childhood Trauma Defined
- Trauma Statistics and the Scope of the Work
- What Does ACES Show Us
- Video
- A Multi Tiered Model of Care
- What Can We Do
- Culminating Activity

Handouts

- 1. Notes and Resources
- 2. Available electronically
- Contact us: jawood@sanjuan.edu
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ACEs Connection Network



Join the movement to prevent ACEs, heal trauma, build resilience.

HOME GROUPS CALENDAR BLOG MEDIA CHATS ACTIVITY DISCUSSIONS SURVEYS ABOUT



Join ACEs Connection!

JOIN NOW!

(it takes just 60 seconds)

...the most active, influential ACEs community in the world. Connect with people using trauma-informed/resilience-building practices. Stay current with news, research, events.

NEED HELP NAVIGATING?

1. **START HERE:** ACEsConnection how-to's
2. **IF QUESTIONS, CONTACT:** ACEsConnection team – Dana Brown, Gail Kennedy, Elizabeth Prewitt, Samantha Sangenito, Alicia St. Andrews
3. **ADVANCED USERS:** Hoop.La support network

BLOG ENTRIES

Our awareness of ACEs affects how we think about domestic violence.



by James Encinas ✎

1 hour ago



ABOUT THIS SITE

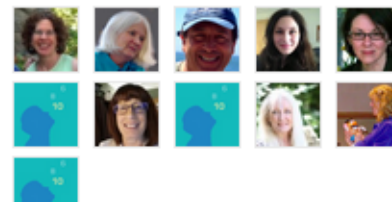
ACEs Connection is a social network that accelerates the global movement toward recognizing the impact of adverse childhood experiences in shaping adult behavior and health, and reforming all communities and institutions -- from schools to prisons to hospitals and churches -- to help heal and develop resilience rather than to continue to traumatize already traumatized people.

[Complete Description](#)

[Join Community.](#)

CURRENT VISITORS

Current Visitors: 60 (Members: 12, Guests: 48)





Terrorism & Disasters | Tools, PFA, and SPR.
Readiness, Response, Recovery

LEARNING CENTER | Education and online community.
FOR CHILD AND ADOLESCENT TRAUMA

Understanding Child Traumatic Stress | What it is. Why it matters.

Information Resource Tools

- Knowledge Bank
- Measures Review Database
- Military Families Knowledge Bank

What's New?

- Facts for Policymakers: Commercial Sexual Exploitation of Youth
- Resources for Responding to Wildfires
- Rosie Remembers Mommy: Forever in Her Heart

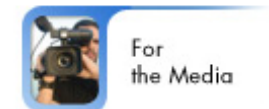
Public Awareness

National Preparedness Month (Sept. 2015)

Sept. 11th and Hurricane Katrina Anniversaries (Sept. 2015)

Upcoming Events

Understanding the Complex Needs of Commercially Sexually Exploited Children (September 30, 2015)





MENTAL HEALTH FIRST AID

Help us train more first responders, veterans and service members in Mental Health First Aid.

DONATE TO BLACK DOG RIDE. >

Mental Health First Aid is an in-person training that teaches you how to help people developing a mental illness or in a crisis.

Help us train more veterans and first responders in Mental Health First Aid. [Support Black Dog Ride.](#)

Mental Health First Aid teaches you:



Signs of addictions and mental illnesses



5-step action plan to assess a situation and help



Impact of mental and substance use disorders



Local resources and where to turn for help

LEARN MORE >

DONATE TO BLACK DOG RIDE

Sign up for a Mental Health First Aid class near you

FIND A COURSE



Ready to become a Mental Health First Aid instructor?

[Apply for Instructor Training](#)

TIC Resources



Resources

2015-07-22

Check out our resources page for articles, books, and videos related to Trauma Informed Care.



Success Stories

2015-08-07



Self Assessment

2015-07-27



Resources

2015-07-22



Early Intervention

2015-07-10



The Annual TIC Conference

2015-04-01

WHAT IS
TIC?

IMPACT
OF TRAUMA

BECOME
TRAUMA INFORMED



Helping Traumatized Children Learn

CREATING
Trauma-Sensitive
Schools

ADVOCATING
for Trauma-
Sensitive Schools

[ABOUT TLPI](#) ▾

[TRAUMA AND LEARNING](#) ▾

[RESOURCES](#) ▾

[GET INVOLVED](#) ▾

[DONATE](#)

[LOG-IN](#)

Creating Trauma Sensitive Schools



Educators often ask us: *How can I make my school trauma sensitive?*

Coming Soon...Launch of Our Learning Community

If you are interested in joining a learning community with other schools and districts that are embarking on the process outlined in *HTCL 2*, please be in touch with us. We plan to launch this learning community in late Fall/early Winter. Prior to joining, we will help you assess whether your staff is ready to benefit from the tools, resources and learning opportunities contained in the password-protected section of our site. In order to ensure a learning community where educators feel safe to take the risk of sharing about their efforts, we think it is important not to offer access to the general public.

[Sign Up For Our Learning Community](#)

Please **contact TLPI** to let us know of your interest so that we can schedule a time to talk

What is trauma?

- Highly stressful event, such as:
 - Abuse
 - Bullying
 - Injury/hospital stay
 - Abandonment
 - Community violence
 - Loss of loved one
 - Accident
 - Homelessness
 - Natural disaster
 - Exposure to violence or abuse
- Characterized by unpredictability
- Threatens physical or mental well-being
- Evokes feelings of extreme fear or helplessness
- Overwhelms an individual's capacity to cope



What is trauma?

There are different levels of exposure to traumatic events.

Acute Trauma refers to a single traumatic event that is limited in time, such as an auto accident, a gang shooting, a parent's suicide, or a natural disaster.

Chronic Trauma refers to repeated assaults on the child's mind and body, such as chronic sexual or physical abuse or exposure to ongoing domestic violence.

Complex Trauma is a term used by some trauma experts to describe both exposure to chronic trauma, often inflicted by parents or others who are supposed to care for and protect the child, and the long-term impact of such exposure on the child (Cook et al, 2005).

Prevalence of trauma and violence

- 2009 survey of U.S. children under age of 17
 - More than 60% were victims or witnesses of violence
 - 25% witnessed a violent act
 - 10% saw one family member assault another
 - Nearly one-half (46%) were assaulted at least once in past year
 - 10% were injured in the assault
 - One-fourth (25%) were victims of robbery or vandalism
 - 10% were victims of child maltreatment (physical or emotional abuse, neglect, or family abduction)
 - 1 in 16 (6%) were victimized sexually

Post Traumatic Stress Disorder

- Most children experience stressful events which can affect them emotionally and physically.
 - Reactions to stress are *usually* brief, and they recover without further problems.
- **Posttraumatic Stress Disorder** is the development of *ongoing* and pervasive difficulties following exposure to one or more extreme traumatic events that were life-threatening or perceived to be likely to cause serious injury.
 - Symptoms may last several months to years.
 - About 5% of children are diagnosed with PTSD.
 - Risk of developing PTSD is related to severity of the trauma and the child's relationship to the victim(s).

Video Activity



ACES



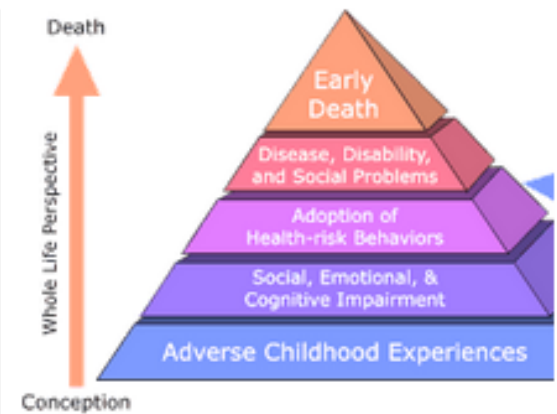
The Adverse Childhood Experiences Study

Linking childhood trauma to long-term health and social consequences.

What is The ACE Study?

The ACE Study is ongoing collaborative research between the Centers for Disease Control and Prevention in Atlanta, GA, and Kaiser Permanente in San Diego, CA.

The Co-principal Investigators of The Study are Robert F. Anda,



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Categories of Adverse Childhood Experiences

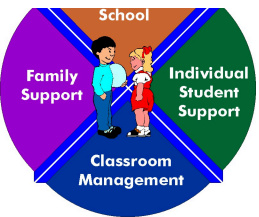
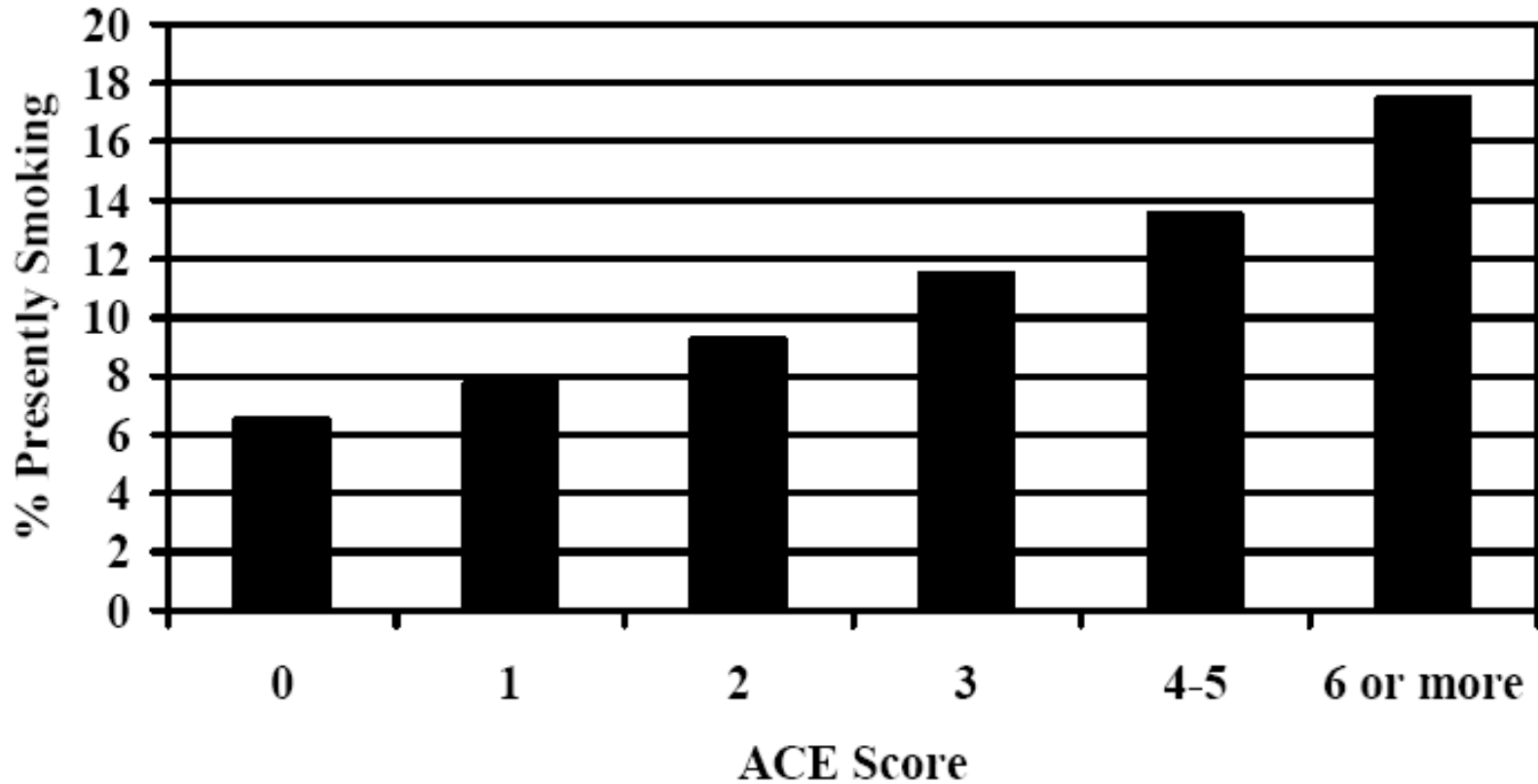
- **Growing up (prior to age 18) in a household with:**
 - Recurrent physical abuse.
 - Recurrent emotional abuse.
 - Sexual abuse.
 - An alcohol or drug abuser.
 - An incarcerated household member.
 - Someone who is chronically depressed, suicidal, institutionalized or mentally ill.
 - Mother being treated violently.
 - One or no parents.
 - Emotional or physical neglect.

What is the ACE Study?

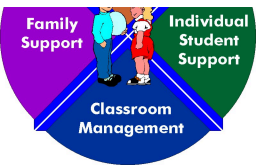
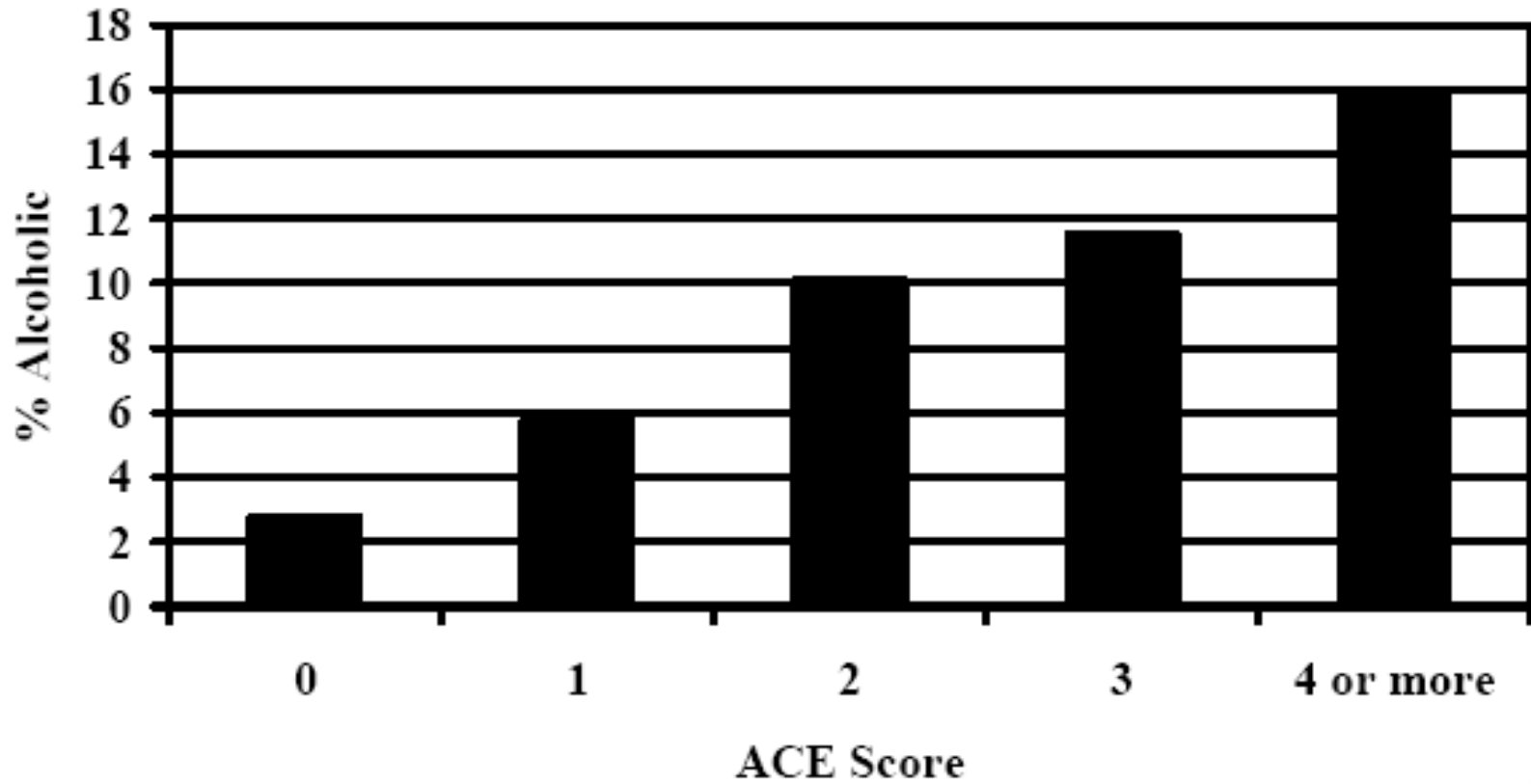
The ACE Study is an ongoing collaboration between the Centers for Disease Control and Prevention and Kaiser Permanente. Led by Co-principal Investigators Robert F. Anda, MD, MS, and Vincent J. Felitti, MD, the ACE Study is perhaps the largest scientific research study of its kind, analyzing the relationship between multiple categories of childhood trauma (ACEs), and health and behavioral outcomes later in life.



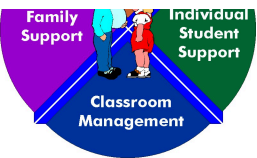
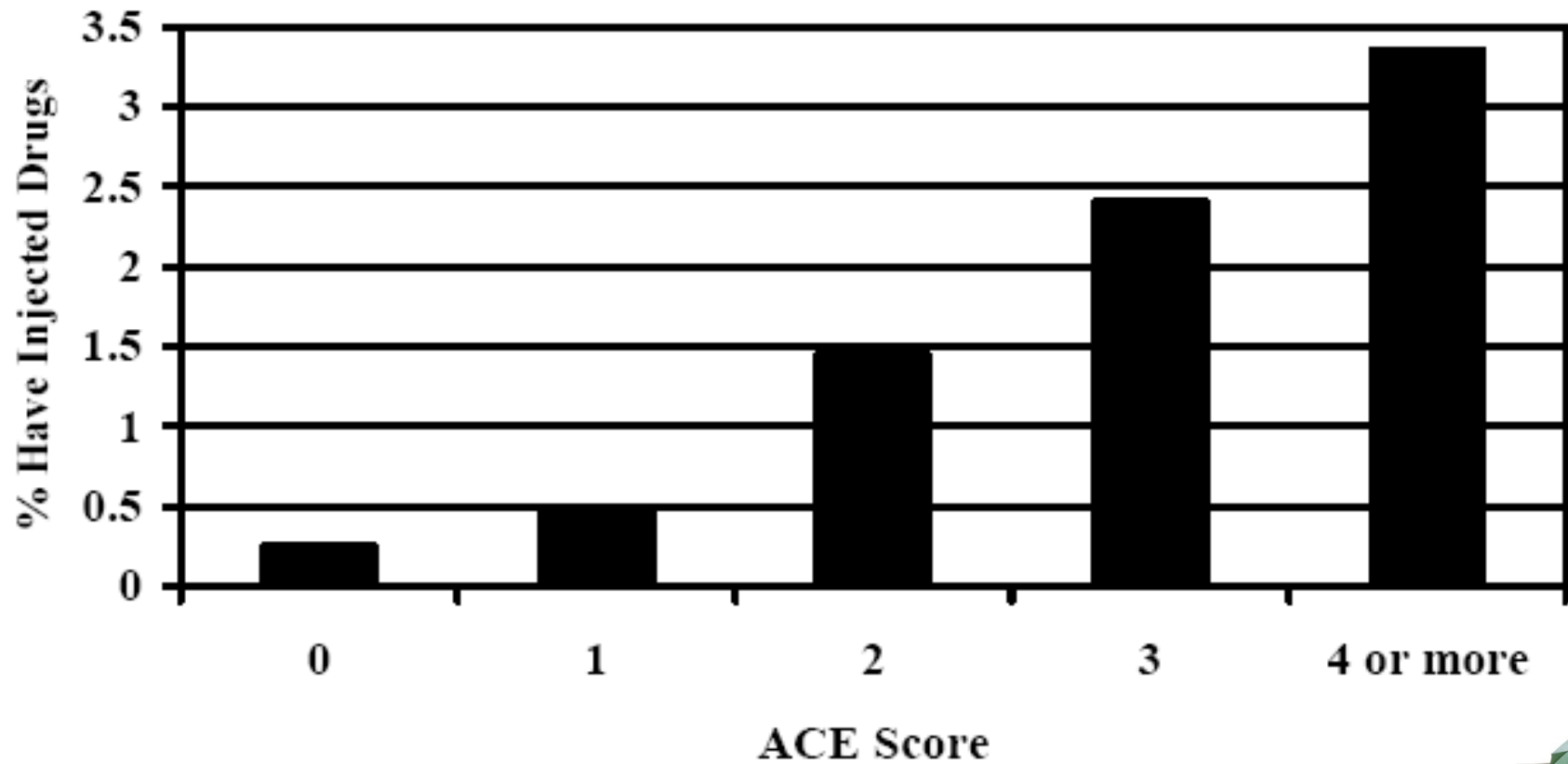
ACE Score vs. Smoking



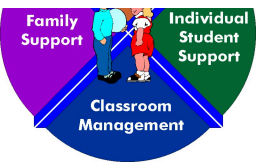
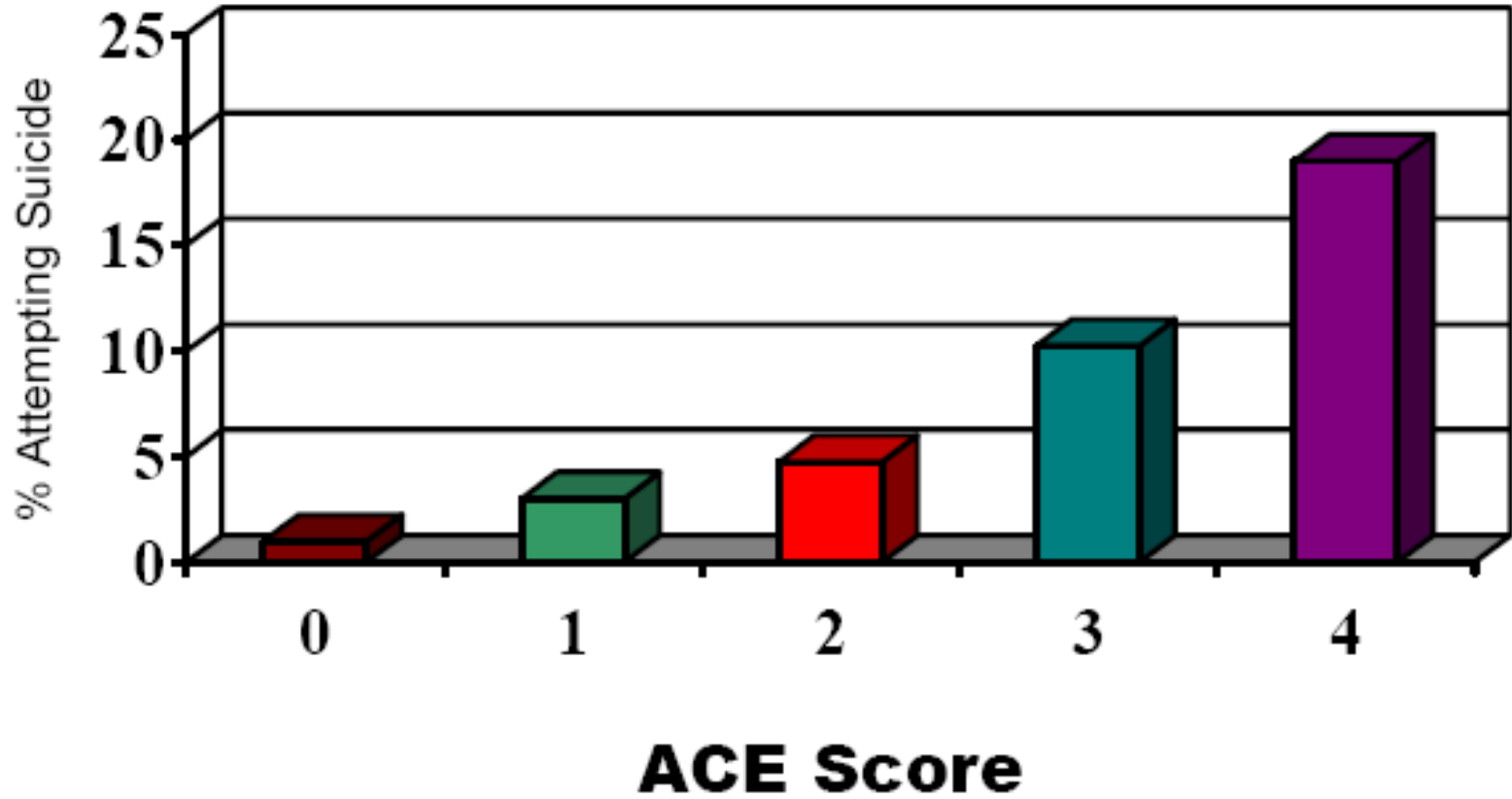
ACE Score vs. Adult Alcoholism



ACE Score vs. Injected Drug Use

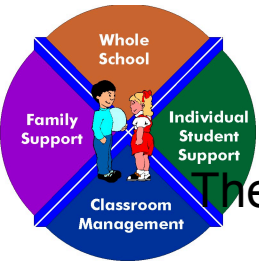
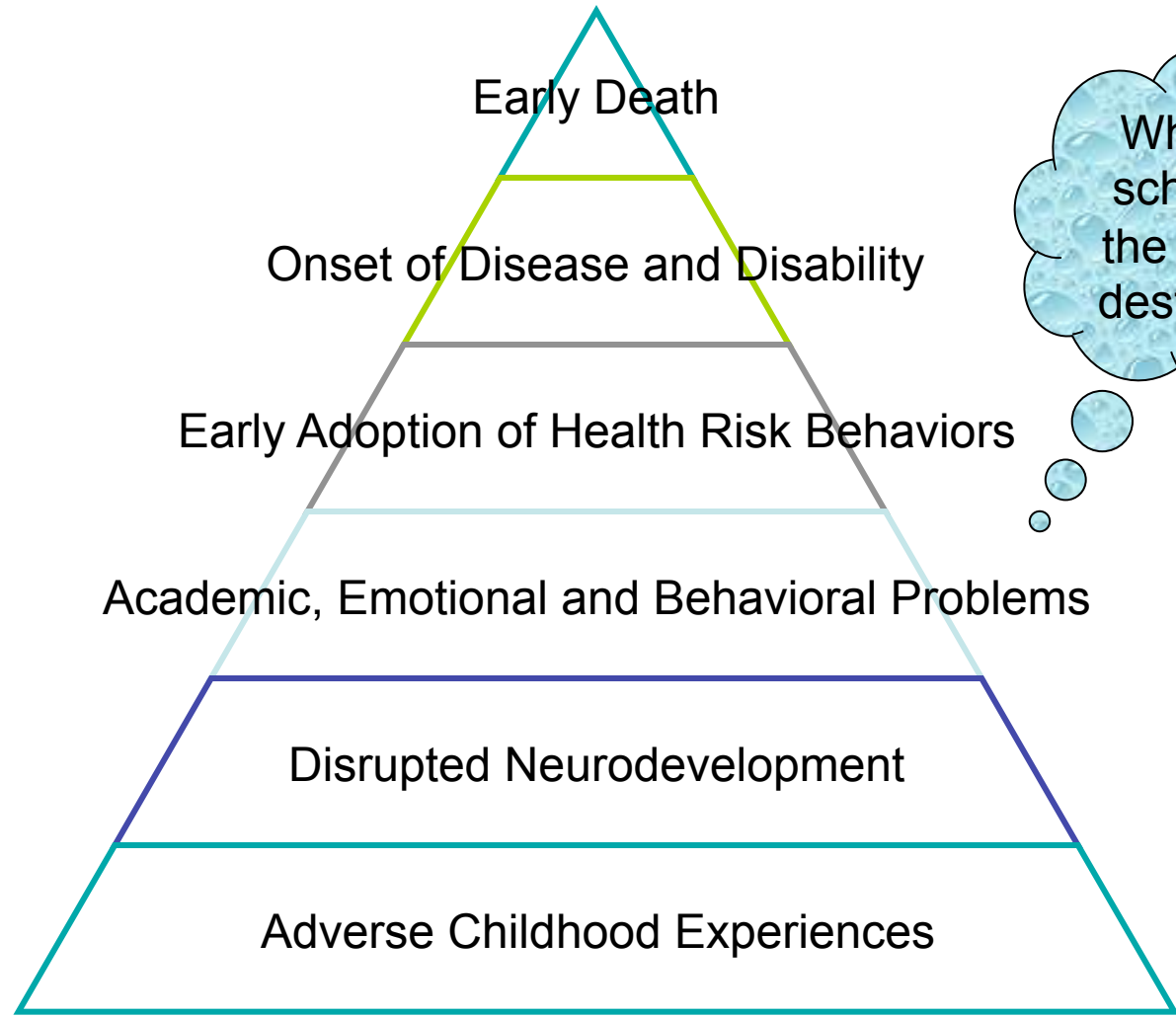
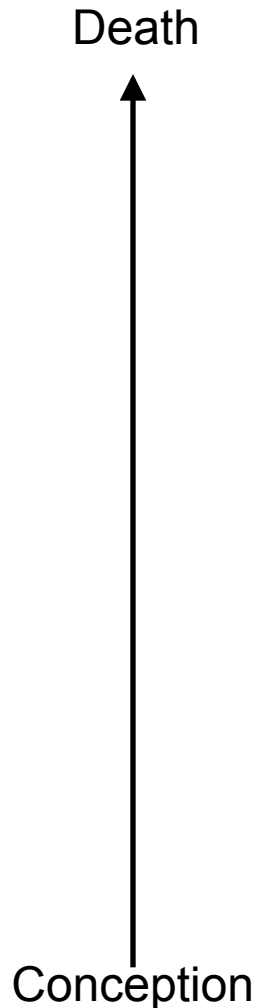


ACE Score vs. Attempted Suicide



Aces Video

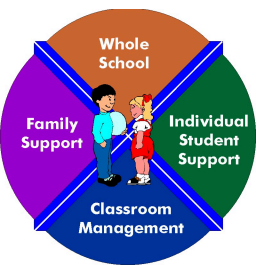




The Impact of Adverse Childhood Experiences Throughout The Lifespan

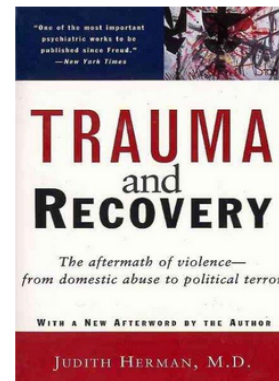
Reflection

- In your view, what are the implications of the ACE study and other longitudinal data on child development
 - For how our schools are set up?
 - The meaning of a “quick fix” to chronic behavioral problems ?
 - How to manage stress on our teachers, parents and children?



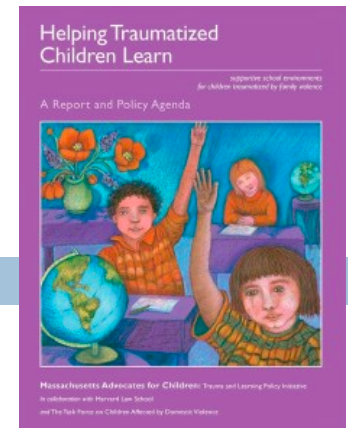
Trauma and Recovery

- “Traumatic events destroy the sustaining bonds between individual and community. Those who have survived learned that their sense of self, of worth, of humanity, depends upon a feeling of connection to others. The solidarity of a group provides the strongest protection against terror and despair, and the strongest antidote to traumatic experience.”



Judith Herman, 1992

Vulnerability



Traumatized children’s behavior can be perplexing. Prompted by internal states not fully understood by the children themselves and unobservable by teachers, traumatized children can be ambivalent, unpredictable and demanding. But it is critical to underscore that traumatized children’s most demanding behavior often originates in feelings of vulnerability.”

(Helping Traumatized Children Learn, p. 32-33)

Common Reactions to Traumatic Events



- ❑ Thinking about the traumatic event all the time
- ❑ Wanting NOT to think or talk about it
- ❑ Feeling “crazy” or out of control
- ❑ Being on guard like something bad is about to happen
- ❑ Feeling shame, feeling bad about self
- ❑ Feeling anger
- ❑ Feeling sadness, grief, loss
- ❑ Having health problems
- ❑ Avoiding places, people, things that cause you to think about it

How Can You Help?

27

- You can help a child who has been traumatized
 - ▣ Follow your school's reporting procedures if you suspect abuse
 - ▣ Work with the child's caregiver(s) to share and address school problems
 - ▣ Refer to community resources when a child shows signs of being unable to cope with traumatic stress
 - ▣ Share Trauma Facts for Educators with other teachers and school personnel
 - http://nctsn.org/sites/default/files/assets/pdfs/Child_Trauma_Toolkit_Final.pdf

The power of school relationships

- School is where traumatized children can:
 - Forge strong relationships with caring adults
 - Learn in a supportive, predictable, and safe environment
- Mastering academic and social skills are key to healing, so:
 - Increase teaching and learning time
 - Reduce time spent on discipline
- Partner with parents and guardians:
 - Support parents who may be struggling with symptoms of trauma themselves
 - Teach students how to regulate and calm their emotions and behavior



Using a “trauma lens”

A shift in perspective from:

*“What is wrong with
this student?”*

to

*“What has this student
been through?”*



What can I do to support my student?

- Maintain consistency, “normalcy”
 - Predictable routines, clear expectations, firm behavior limits, consistent rules
- Help youth cope with day to day problems
 - Be sensitive to environmental cues and reminders of trauma
- Maximize the student’s sense of safety
 - Accept no bullying or teasing
 - Provide a safe place for student to talk/calm self
 - Use a calm, soft voice to forewarn a student of a fire drill, change in lunch period, or circumstances that may remind the student of past trauma
- Give clear choices when possible, giving a sense of control
- Use restorative practices to build relationships and skills

How can I show my understanding?

- Use positive or progressive discipline
- Understand that youth process their experiences through their interactions with others
 - Students may try to re-enact or provoke situations
 - Know this is one way to cope with trauma
 - Resist efforts of provocation and power struggles
- Express positive thoughts for the future: Be strengths-based
- Be prepared to provide extra support, encouragement, and referral for counseling as needed. Ask:
 - How are you today?
 - What is your goal for today?
 - Who can you ask for help today?

Using the PBIS Framework to Support Students' Mental Health

Tier 3

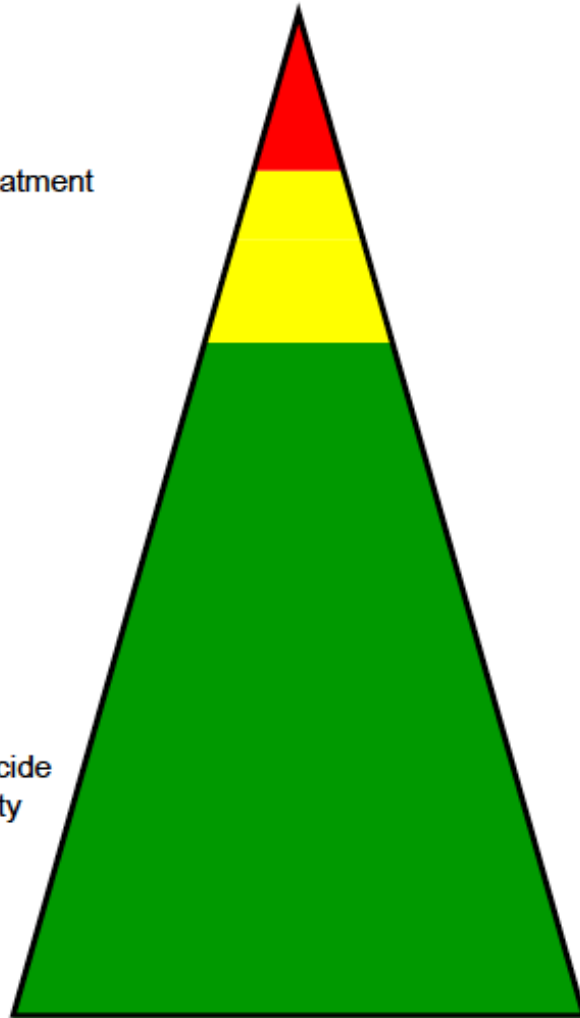
- Individualized services
- Case management
- Coordination with community-based treatment
- Parent & caregiver training & support

Tier 2

- Adult mentors
- Small groups for SEL & CBT
- Community referrals
- Parent & caregiver education
- Monitoring

Tier 1

- Instruction on SEL, mental health & suicide
- Sensory opportunities to manage anxiety
- Predictable routines
- Choices in learning
- Physical activity breaks
- Adults model emotional regulation
- "Calm zones"



Tier 3

- Comprehensive FBA & BIP
- 504 plans & IEPs
- Wrap-around programs
- Staff avoid "trauma triggers"
- Lethal means restriction

Tier 2

- Brief FBA & BIP
- Building Consultation Team
- Classroom supports
- Screening/SBIRT
- Pupil services accessible & approachable
- Staff awareness of higher-risk groups

Tier 1

- School policies promote safe climate
- Proactive behavior management
- Discipline system minimizes exclusion
- Comprehensive School Counseling Model
- School builds environmental assets
- Professional development
- Classroom consultation

Paper Tigers



Lincoln High School in Walla Walla, WA, tries new approach to school discipline — suspensions drop 85%

Jim Sporleder, principal of Lincoln High School

THE FIRST TIME THAT principal Jim Sporleder tried the New Approach to Student Discipline at Lincoln High School in Walla Walla, WA, he was blown away. Because it worked.

In fact, it worked so well that he never went back to the Old Approach to Student Discipline.

This is how it went down: A student blows up at a teacher, drops the F-bomb. The usual approach at Lincoln – and, safe to say, at most high schools in this country – is automatic suspension.

Instead, Sporleder sits the kid down and says quietly: “Wow. Are you OK? This doesn’t sound like you. What’s going on?” He gets even more specific: “You really looked stressed. On a scale of 1-10, where are you with your anger?”

The kid was ready. Ready, man! For an anger blast to his face...”How could you do that?” “What’s wrong with you?”...and for the big boot out of school. But he was NOT ready for kindness. The armor-plated defenses melt like ice under a blowtorch and the words pour out: “My dad’s an alcoholic. He’s promised me things my whole life and never keeps those promises.” The waterfall of words that go deep into his home life, which is no piece of breeze, end with this sentence: “I shouldn’t have blown up at the teacher.”

Whoa.

And then he goes back to the teacher and apologizes. Without prompting from Sporleder.

“The kid still got a consequence,” explains Sporleder – but he wasn’t sent home, a place where there wasn’t anyone who cares much about what he does or doesn’t do. He went to ISS — in-school suspension, a quiet, comforting room where he can talk about anything with the attending teacher, catch up on his homework, or just sit and think about how maybe he could do things differently next time.

Before the words “namby-pamby”, “weenie”, or “not the way they did things in my day” start flowing across your lips, take a look at these numbers: 2009-2010 (Before new approach)

- 798 suspensions (days students were out of school)
- 50 expulsions
- 600 written referrals

2010-2011 (After new approach)

- 135 suspensions (days students were out of school)
- 30 expulsions
- 320 written referrals

“It sounds simple,” says Sporleder about the new approach. “Just by asking kids what’s going on with them, they just started talking. It made a believer out of me right away.”

When should a referral be made for additional help for a traumatized child?

When reactions are severe (such as intense hopelessness or fear) or go on for a long time (more than one month) and interfere with a child's functioning, give referrals for additional help. As severity can be difficult to determine—with some children becoming avoidant or appearing to be fine (e.g., a child who performs well academically no matter what)—don't feel you have to be certain before making a referral. Let a mental health professional evaluate the likelihood that the child could benefit from some type of intervention.

When to seek self care?

Seek support and consultation routinely for yourself in order to prevent “compassion fatigue,” also referred to as “secondary traumatic stress.” Be aware that you can develop compassion fatigue from exposure to trauma through the children with whom you work.

SUGGESTIONS FOR COMPASSION FATIGUE

- Educators with compassion fatigue may exhibit some of the following signs:
 - Increased irritability or impatience with students
 - Difficulty planning classroom activities and lessons
 - Decreased concentration
 - Denying that traumatic events impact students or feeling numb or detached
 - Intense feelings and intrusive thoughts, that don't lessen over time, about a student's trauma
 - Dreams about students' traumas
- Don't go it alone. Anyone who knows about stories of trauma needs to guard against isolation.
 - While respecting the confidentiality of your students, get support by working in teams, talking to others in your school, and asking for support from administrators or colleagues
- Recognize compassion fatigue as an occupational hazard.
 - When an educator approaches students with an open heart and a listening ear, compassion fatigue can develop.
 - All too often educators judge themselves as weak or incompetent for having strong reactions to a student's trauma.
 - Compassion fatigue is not a sign of weakness or incompetence; rather, it is the cost of caring.
- Seek help with your own traumas. Any adult helping children with trauma, who also has his or her own unresolved traumatic experiences, is more at risk for compassion fatigue.
- If you see signs in yourself, talk to a professional. If you are experiencing signs of compassion fatigue for more than two to three weeks, seek counseling with a professional who is knowledgeable about trauma
- Attend to self care.
 - Guard against your work becoming the only activity that defines you are.
 - Keep perspective by spending time with children and adolescents who are not experiencing traumatic stress.
 - Take care of yourself by eating well and exercising, engaging in fun activities, taking a break during the workday, finding time to self-reflect, allowing yourself to cry, and finding things to laugh about.

Resource: Figley, C.R. (1995). *Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized*. New York: Brunner/Mazel, Inc.



NCTSN

The National Child
Traumatic Stress Network

Culminating Activity

Taking it Back Home

- Complete the Taking it Back Home Activity
- Choose one or two things you can do right away to incorporate what you have learned today
- Decide on at least one long term goal to consider for Trauma Informed Care work at your school or district
- Be prepared to share