Before We Start....

- Trauma is common and diverse
- We have to take care of ourselves first to be able to help others
- Talking about how early adversity can affect children may trigger memories & feelings
- Working with children and families that are suffering affects us

Teaching Traumatized Kids

**THE PROBLEM**
- Many students experience trauma
- Trauma can impact learning, behavior & relationships

**THE SOLUTION**
- Trauma-informed schools help children feel safe to learn

**HOW WE GET THERE**
- Requires whole school effort
- Helping traumatized children learn becomes major focus of education reform

Trauma and Learning Policy Initiative (TLPI)
Massachusetts Advocates for Children and Harvard
Adapted from [http://traumasensitiveschools.org](http://traumasensitiveschools.org)
Vicarious/Secondary Trauma

The essential first step to becoming trauma-informed is having a prevention plan for vicarious trauma.

- Changes in our view of ourselves, others, and the world as a result of exposure to the suffering of others.
- Symptoms similar to PTSD but acquired through exposure to persons suffering the affects of trauma.


If we are to do our work with suffering people and environments in a sustainable way, we must understand how our work affects us.

Van Derrweak, Linsky

Personal Signs of Vicarious Trauma
- Isolated from others
- Feeling helpless & not able to make a difference
- Mad, sad, don't enjoy things you once enjoyed
- Feeling no one understands you
- Can't bounce back after something hard happens
- Affected deeply by stress of others
- Difficulty concentrating on anything
- Mentally and physically exhausted
- Self medicating
- Reacting angrily to staff, colleagues, students

Organizational Symptoms of Vicarious Trauma
- Widespread cynicism and pessimism
- Lack of communication and frequent miscommunications
- Increase in interpersonal conflicts
- High rates of absences or tardiness
- Ethical or boundary violations
- Unexplained reductions in productivity/service delivery
- Increase in client complaints
- High rates of staff turnover
- Negative atmosphere/low morale
- Less energy & motivation...not willing to go extra mile
Organizational Wellness

The industry needs to make a “paradigm shift” away from blaming helpers for developing compassion fatigue/vicarious trauma to where we see the solution in a larger organizational context rather than focusing solely on individual helpers’ responsibility for self-care.


Resource:
Building Resilience and Preventing Secondary Trauma

- Devereux Adult Resilience Survey (DARS)
- Think about how to strengthen your protective factors

http://www.centerforresilientchildren.org/assessments-resources/

Insights about Trauma in the Classroom

- “Not realizing that children exposed to inescapable, overwhelming stress may act out their pain, that they may misbehave, not listen to us, or seek our attention in all the wrong ways, can lead us to punish these children for their misbehaviors. The behavior is so willful, so intentional: She controlled herself yesterday, she can control herself today. If we only knew what happened last night, or this morning before she got to school, we would be shielding the same child we’re reprimanding.”

Playing a Poor Hand Well, Mark Katz
Understanding how early trauma affects health and behavior is a pathway to healing

**Potentially Traumatic Events**

- Healthy relationships
- Social and emotional skills
- Mastery of school
- It's never too late

**The Past is Not Our Destiny**

**Resilience Skills Reduce Effects of Childhood Trauma**

*In the National Survey of Adolescent Health:*

- Building resilience—being able to stay calm and in control when faced with a challenge—increased rates of school engagement among children experiencing adversities (ACEs)
- Among children with special needs who had 2 or more ACEs, those with resilience skills were nearly half as likely to have repeated a grade as those without resilience skills

Bethell et al, 2014
Building Resilience in Classrooms

- Quality of relationship between teacher and students
- Nature of peer relationships among classmates
- Degree of collaboration and connectedness between school and students’ families
- Classroom practices that support students’ autonomy and self-regulation
- Degree to which students’ are empowered to set goals and make decisions
- Classrooms supports’ students’ expectations that they will success (academic efficacy)

Detailed reviews that represent more than 50 years’ Developmental research on risk & resilience in Doll, LeClair & Kurien, 2009

Neuroplasticity = Risk and Resilience

- Ability of human brain to adapt and change in response to experience and environment
- It’s Never Too Late to Change Your Brain

Sequential Development: From the Bottom-Up

- Abstract Thought
- Problem solving
- Affiliation
- Attachment
- Emotional Reactivity
- Motor Regulation
- Sleep
- Digestion
- Blood Pressure
- Heart Rate
- Respiration
- Body Temperature

Peter Camburn

The Brain Explains!
### Positive Stress
- Normal and essential part of healthy development
- Brief increases in heart rate and blood pressure
- Mild elevations in hormonal levels
- Example: tough test at school, Playoff game

### Tolerable Stress
- Body’s alert systems activated to a greater degree
- Activation is time-limited and buffered by caring adult relationships
- Brain and organs recover
- Example: death of a loved one, divorce, natural disaster

### Toxic Stress
- Occurs with strong, frequent or prolonged adversity
- Disrupts brain architecture and other organ systems
- Increased risk of stress-related disease and cognitive impairment
- Example: abuse, neglect, caregiver substance abuse

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**Intense, prolonged, repeated, unaddressed**

**Social-Emotional and coping skills, Nurturing caregivers, supportive relationships, Effective Intervention**

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### Hanging Out In Survival Brain

**NORMAL**
- Cortical: 12
- Limbic: 1
- Hippocampus: 11
- Brainstem: 1

**TRAUMA**
- Cortical: 10
- Limbic: 8
- Hippocampus: 14
- Brainstem: 1

2:1 ratio

---

### Maltreatment Alters Fear Circuitry in Brain

- Weaker connections between prefrontal cortex and limbic region (hippocampus)
- Fear circuitry can’t work the way it should—"These kids seem to be afraid everywhere.”

Herringa et al, 2013
Implications

- Difficulty focusing
- Poor emotional control
- Unpredictable, impulsive behavior
- Over-reacting to noise, physical contact, sudden movement


Attachment Can Be A Juggling Act

- Dysregulated child rarely communicates needs in clear, direct manner
- Helping caregivers to look for the real meaning behind the message—“I hate you!”—“I need you to understand…”
- Responding to what the child needs vs. “deserves”
- FOCUS ON RELATIONSHIP vs. THE BEHAVIOR
  - Can go back to address behavior after intense feelings have been calmed and connection is re-established

Even the Small Stuff Changes – Terra Bovingdon

Potential Neurodevelopmental Changes

- Organizational
- Brain chemistry imbalances
- Structural

Healthy Child — Severe Emotional Neglect

How This Affects Learning

- Affect dysregulation—hyper-aroused or dissociated
  - "Always on the ready"
- Shame—which can produce overwhelming dysregulation
- Difficulties with memory
- Language delays
- Need for control—conflict with teachers & students
- Attachment difficulties
- Poor peer relationships—even greater need to teach social emotional skills

Calmer Classrooms, 2007
“Peak inside a Classroom”

Jasmine, a 2nd grader is looking for a fight (not someone who will run because she can’t release what’s been triggered...). She’ll pitch a pencil to the side of someone’s head from 20 feet, has thrown a chair over her head with ease... The trigger could be something she saw, heard, smelled, touched or even tasted—it’s locked in her non-verbal memory and associated with intense fear. Her brain is in “fight or flight” response and we don’t know why because we can’t see what happened to Jasmine.

Peak Inside a Classroom lucidwitnes.com
Daun Kauffman, 2015

POLLED QUESTION

Based on our reading for this webinar ("The Trauma-Sensitive Teacher"), what would be a trauma-sensitive response for a teacher who has Jasmine as a new student in her/his class when Jasmine, without any apparent reason, has thrown her book towards another student during a reading assignment:

a) Jasmine needs "time-out" and is seated away from the rest of the class to reflect on her behavior before she can return to the assignment.

b) Jasmine needs "time-in" and the teacher will quietly talk with her and invite her to sit up in a bean-bag chair next to the teacher for a bit and then they will look at the reading together.

c) Given Jasmine’s history which the teacher is aware of, a clear message of zero tolerance and consequences for violent/aggressive behaviors must be made so Jasmine is sent to the office before there is further escalation.

d) None of the above is appropriate in this scenario.

What the science tells us about how stressed brains react to change, loss or threat is that children will often violate the rules because they feel profoundly out of control. It’s a survival reaction and it may actually be intended to control the situation.

Chris Bagley, CLEAR Trauma Center Washington State University

The “ACE” Study

Large, collaborative study at Kaiser Permanente with CDC to examine the medical, social, and economic consequences of childhood adversities over the lifespan.

Felitti et al, 1998
Based on Robert Wood Johnson Information at http://www.rwjf.org/en/about-rwjf/news-section/newsroom/content/2013/05/Infographic-The-Truth-About-ACEs.html

Positive response to any category of trauma counts as "1 ACE" and are summed to create "ACE Score"

<table>
<thead>
<tr>
<th>ACE Score</th>
<th>Prevalence</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>35.6%</td>
</tr>
<tr>
<td>1</td>
<td>22.3%</td>
</tr>
<tr>
<td>2</td>
<td>14.7%</td>
</tr>
<tr>
<td>3</td>
<td>10.1%</td>
</tr>
<tr>
<td>4</td>
<td>6.5%</td>
</tr>
<tr>
<td>5 or more</td>
<td>10.8%</td>
</tr>
</tbody>
</table>

Alaska BRFSS, 2013

<table>
<thead>
<tr>
<th>Adverse Childhood Experiences</th>
<th>Alaska Native</th>
<th>Non-Alaska Native</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abuse</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Emotional</td>
<td>37.8%</td>
<td>29.8%</td>
</tr>
<tr>
<td>Physical</td>
<td>23.9%</td>
<td>18.3%</td>
</tr>
<tr>
<td>Sexual</td>
<td>21.9%</td>
<td>13.6%</td>
</tr>
</tbody>
</table>

Percentages in red are significantly different between Alaska Native and Non-Alaska Native.

Source: Alaska data from 2013 Alaska Behavioral Risk Factor Surveillance System, Alaska Department of Health and Social Services, Division of Public Health, Section of Chronic Disease Prevention and Health Promotion.
### Adverse Childhood Experience

<table>
<thead>
<tr>
<th>Household Dysfunction</th>
<th>Alaska Native</th>
<th>Non-Alaska Native</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Illness in Home</td>
<td>25.2%</td>
<td>21.3%</td>
</tr>
<tr>
<td>Incarcerated Family Member</td>
<td>19.5%</td>
<td>10.1%</td>
</tr>
<tr>
<td>Substance Abuse in Home</td>
<td>49.8%</td>
<td>31.0%</td>
</tr>
<tr>
<td>Separation or Divorce</td>
<td>39.4%</td>
<td>30.4%</td>
</tr>
<tr>
<td>Witnessed Domestic Violence</td>
<td>33.0%</td>
<td>16.2%</td>
</tr>
</tbody>
</table>

### National Survey of Children’s Health 2011–2012

<table>
<thead>
<tr>
<th>Ace Question</th>
<th>US</th>
<th>Alaska</th>
<th>Statistically Significant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family's income hard to cover the basics like food or housing? Very often or Somewhat often</td>
<td>25.7%</td>
<td>3.3%</td>
<td>No</td>
</tr>
<tr>
<td>Did the child ever live with a parent or guardian who was imprisoned or separated about his or her birth?</td>
<td>39.3%</td>
<td>3.3%</td>
<td>Yes</td>
</tr>
<tr>
<td>Did the child ever live with a parent who got divorced or separated after he or she was born?</td>
<td>21.1%</td>
<td>2.1%</td>
<td>No</td>
</tr>
<tr>
<td>Did the child ever live with a parent or guardian who was killed by a violent act?</td>
<td>10.5%</td>
<td>2.6%</td>
<td>Yes</td>
</tr>
<tr>
<td>Did the child ever live with a parent or guardian who was mentally ill or suicidal, or severely depressed before the age of 18?</td>
<td>10.5%</td>
<td>2.6%</td>
<td>No</td>
</tr>
<tr>
<td>Did the child ever live with anyone who was mentally ill or suicidal, or severely depressed before the age of 18?</td>
<td>10.5%</td>
<td>2.6%</td>
<td>No</td>
</tr>
<tr>
<td>Did the child ever live with anyone who was a member of the military that served in Iraq or Afghanistan?</td>
<td>4.1%</td>
<td>4.9%</td>
<td>No</td>
</tr>
</tbody>
</table>

Source: [National Survey of Children’s Health 2011–2012](http://childhealthdata.org/learn/NSCH)

### Prevalence of ACES among 24 Alaskan Children Age 6-11 Years

- **Zero ACEs**: 48.1%
- **One ACE**: 24.9%
- **Two or More ACEs**: 27.0%

Source: [National Survey of Children’s Health 2011–2012](http://childhealthdata.org/learn/NSCH)

### Age 12–17 by Number of ACES in Alaska

- **Zero ACEs**: 38.3%
- **One ACE**: 26.1%
- **Two or More ACEs**: 35.6%

Source: [National Survey of Children’s Health 2011–2012](http://childhealthdata.org/learn/NSCH)
Effects of ACEs Can Start Early

Increase risk of:

- Childhood obesity
- Early age at first intercourse
- Teen pregnancy
- Bullying
- Dating violence
- Fighting and carrying weapon to school
- Early initiation of tobacco use
- Early initiation of drug abuse
- Early initiation of alcohol use
- Self-mutilation and suicide

Anda et al., 2002; Anda et al., 1999; Boynton-Jarrett et al., 2010; Duber et al., 2000; Duber et al., 2003; Duke et al., 2010; Hillis et al., 2001; Miller et al., 2011

As the number of ACEs increase, so does the risk for negative health outcomes

Risk

0 ACEs 1 ACE 2 ACEs 3 ACEs 4+ ACEs

Increase risk of:

- 51.7%
- 46.7%
- 24.9%
- 24.6%
- 28.9%
- 23.0%
- 28.4%
- 46.5%
- 25.3%
- 46.7%
- 0.0%
- 10.0%
- 20.0%
- 30.0%
- 40.0%
- 50.0%
- 60.0%
- 70.0%
- 80.0%
- 90.0%
- 100.0%

Alaskan Children with More, Less and No Complex Health Care Needs by ACE Score

[Diagram showing percentage of children with different ACE scores and health care needs]
### Prevalence of 2 or More ACEs among Children with Selected Health/Behavioral Problems

<table>
<thead>
<tr>
<th>Health Factor</th>
<th>2 or more ACEs (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asthma</td>
<td>33.4%</td>
</tr>
<tr>
<td>ADHD</td>
<td>45.2%</td>
</tr>
<tr>
<td>Autism spectrum disorder</td>
<td>34.4%</td>
</tr>
<tr>
<td>Who bully</td>
<td>55.4%</td>
</tr>
</tbody>
</table>

NCHS data which excludes abuse & neglect, includes exposure to community violence, poverty and discrimination; Bethel et al, 2014

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### School Readiness

- Children with 4 or more ACEs are 32 times more likely to have behavioral problems in school (Burke et al, 2011)
- Children with 2 or more ACEs are 2.67 times more likely to repeat a grade (Bethel et al, 2014)

---

### Comparison of Children with Health Problem, Condition or Disability for which Child Has Written Intervention Plan (IEP) by ACE Score

<table>
<thead>
<tr>
<th>ACE Score</th>
<th>ALASKA</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>7.7%</td>
<td>8.3%</td>
</tr>
<tr>
<td>1</td>
<td>14.5%</td>
<td>12.2%</td>
</tr>
<tr>
<td>2–3</td>
<td>17.8%</td>
<td>17.0%</td>
</tr>
<tr>
<td>4+</td>
<td>28.3%</td>
<td>22.7%</td>
</tr>
</tbody>
</table>

Source: National Survey of Children’s Health 2011/2012, Analysis by Patrick Sidmore, Alaska Mental Health Board/Advisory Board on Alcoholism and Drug Abuse

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### Spokane Elementary School ACEs Study

Children with 3 or more ACEs were:
- 3X more likely to fail academically
- 5X more likely to have severe attendance problems
- 6X more likely to have severe behavioral problems

Compassionate Schools Data from Chris Bodegett, PhD October 28, 2014 Boise ID
It doesn’t matter how great the curriculum and teachers are if children can’t engage.

“Trauma can take the wheels off the wagon of learning especially for SEL.” - Chris Blodgett

Best Practices, Programs & Resources

T.I.P.s: Trauma-informed Practices

- Behavioral problems may be transient and driven by trauma-related anxiety
- Every classroom should have a calm down/safe corner
- Be a detective to environmental cues that may be triggers
- Children cope by re-enacting trauma through play & social interaction (others can be pulled into replay)

Child Trauma Toolkit for Educators, www.nctsn.org

First Steps

“The first step in creating trauma-informed schools is to help educators become aware of the symptoms.”

- Problems such as failing to understand directions, overreacting to comments from teachers & peers, failing to connect cause and effect and poor communication are common in traumatized children

Attributes of a Trauma-Sensitive School

- Transition from “What Can I do to fix this child?” to What can we do to support all children to help them feel safe and participate fully in our school community?” (Traumatized Children Learn, Vol. 2, 2013)

“IT meant moving teachers away from reflexive discipline and towards responses that help kids learn how to calm themselves.”

Beverly Lund, Principal Whitman Elementary School, Spokane, WA
Last year, 5-year old Martin was hurting himself in class, kicking the teacher, blowing out of class many times a week. He was exposed to chronic violence and had experienced many traumatic losses.

UCSF–SFUSD

Poll Question
Which of the following strategies does Susan Craig highlight in her article, “The Trauma-Sensitive Teacher”?

1. Forming positive relationships
2. Redirecting attention
3. Learning to control emotions
4. Strategies to help children manage stress and self-regulate
5. All of above

Examples of strategies in your classroom to facilitate transitions and help when something outside of usual routine is happening?

HEARTS Program–Eldorado Elementary

- Martin is receiving counseling
- Passes to the “wellness room,” a comforting space with bean chairs, blankets, headphones for calming music, squishy toys & staff member to talk to
- Circles emotions on feeling chart & then has 5–10 minutes “time-in” (timer set)
- Came in to get squeeze ball for another child (“someone needs helps”) and then brought her to wellness room and advised staff member “I have to get back to class!”

Learn more by going to www.acesconnection.com and joining the group for trauma-informed schools

Core Components of HEARTS

1. On-site counseling, skill-building for at-risk students, classroom presentations on trauma & coping
2. Training on trauma-sensitive practices and vicarious trauma for all school staff
3. Working on school- and district-level policies & procedures including discipline, alternatives to suspension & positive behavioral support systems
A Different Approach

Are you OK? This doesn’t sound like you. What’s going on? You look really stressed. On a scale of 1 – 10, where are you with your anger?

---

Six Principles of Compassionate Schools

1. Always Empower, Never Disempower
2. Provide Unconditional Positive Regard
3. Maintain High Expectations
4. Check Assumptions, Observe and Question
5. Be a Relationship Coach
6. Provide Guided Opportunities for Helpful Participation

Heart of Learning and Teaching, 2011

---

Essentials

- All policies examined through trauma-informed lens
- SYSTEM in place to handle different levels of need
- Teachers handle most of students’ challenges — then counselor/social worker with psychologists working with most troubled students & families
- Articulated System to coordinate transition between pre-K and elementary, elementary to middle, middle to high school
- TRAINING — students, family/caregivers, teachers, all staff and administration
- HIRING — new hires understand mission and receive training

---

Core Practices

- Asking kids what’s going on with them
- Rule No. 1: Take nothing a raging kid (or adult!) says personally
- Rule No. 2: Don’t mirror the child’s behavior
- Having adults that kids can count on and know that they won’t hurt them
- Teaching kids new skills to manage stress and learn to down-regulate
- Trauma-informed services (ARC)
Handbook for School Leaders & Teachers

Includes curriculum based on the three domains of ARC:
- Safety, Connection & Assurance
- Emotional and Behavioral Self-Regulation
- Competences (of personal agency, social skills and academic skills)

http://www.k12.wa.us/compassionateschools/

Compassionate Schools

A school where staff and students learn to be aware of the challenges faced by others. They respond to the physical, emotional and social challenges faced by students and families by offering support to remove barriers to learning. They do not judge the situations or responses to others. They seek to understand and support.

The Heart of Learning and Teaching: Compassion, Resiliency and Academic Success, 2011

The SHIFT at Lincoln Alternative

- Changes achieved primarily by reallocating existing resources
- Regular training for staff
- Shift to positive discipline techniques to reinforce good behaviors and developing routines

http://vimeo.com/37975761

- Out-of-school suspension → 3x ↑ juvenile justice contact within one year
- In school suspension (ISS): quiet, comforting room where student can do homework, talk with teacher about anything, sit and think about how to do things differently next time

Kelsey was “shocked” after precipitating a fight with another freshman when she was sent to the principal’s office “to cool down.” “I was given a bottle of water, a gentle pat on the back and time to reflect on my behavior... even the school cop talked to me calmly and helped me discuss what I had done.”

PAPER TIGERS
James Redford
Lincoln Alternative

Year before new approach:
- 798 suspensions
- 50 expulsions
- 600 written referrals

Year after new approach:
- 135 suspensions
- 30 expulsions
- 320 written referrals

SUSTAINED OUTCOMES
- Fivefold increase in graduation rates
- Threefold increase in students headed to college
- 75% fewer fights
- 90% fewer suspensions

Key Steps for the Trauma-Sensitive School Process
- Establishing steering committee
- Engaging whole staff in shared learning
- Survey staff for input and assessing readiness for action
- Developing school wide action plan
- Monitoring progress

http://traumasensitiveschools.org

Discussion

- What Can Administrators Do?

- What Can Teachers Do?

Trauma-Sensitive Schools, 2016
Learning Communities Transforming Children’s Lives, K-5