



TRAUMA INFORMED SCHOOLS

**October 15, 2018
VAFEPA Annual Conference**

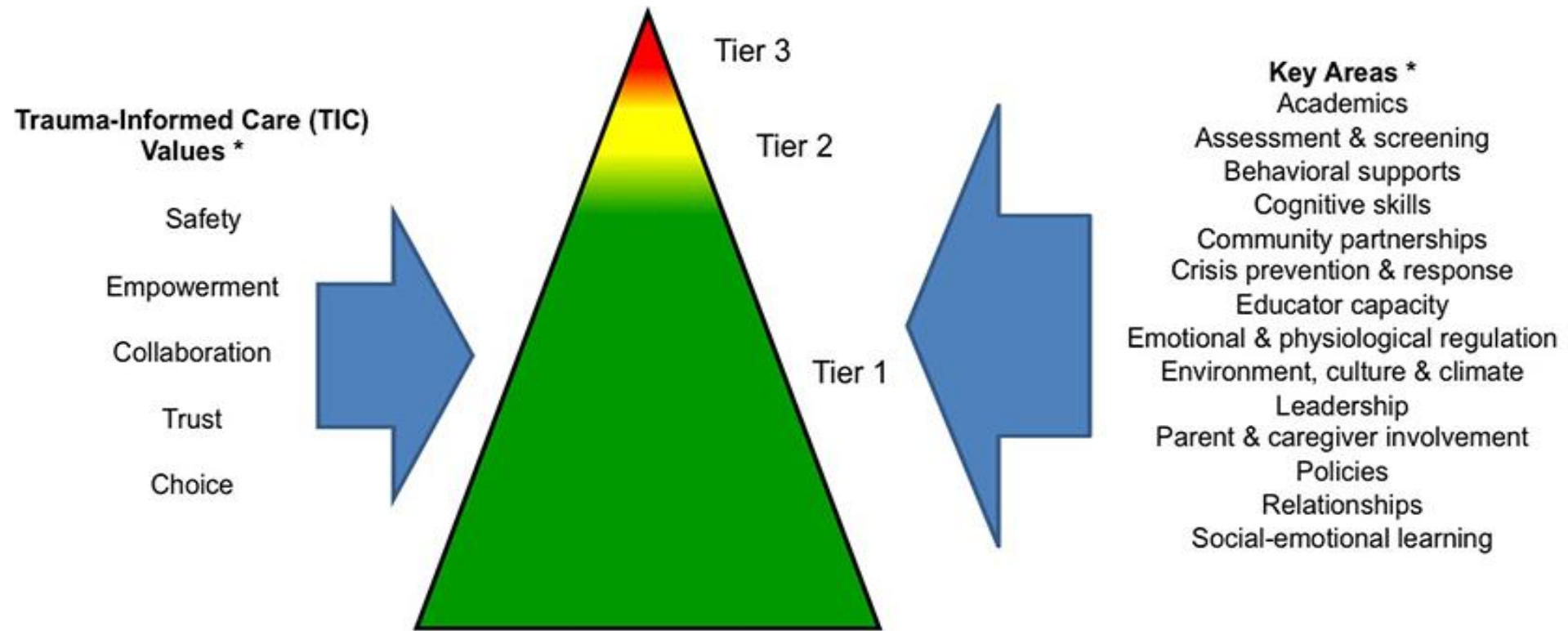
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Thanks to the Fairfax County Trauma-Informed Care Network for some content. 1



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



Tier 1 – Universal strategies & instruction for all students

Tier 2 – Additional supports for students with milder symptoms of trauma or in high-risk groups

Tier 3 – Intensive & ongoing interventions for students deeply impacted by trauma

* TIC Values & Key Areas apply across all 3 tiers of the PBIS Framework.

TIC Values are from Fallot & Harris, Community Connections, www.ccdc1.org

What does it mean to be trauma-informed?

- A program, organization, or system that is trauma-informed:
- **Realizes** the widespread impact of trauma and understands potential paths for recovery;
- **Recognizes** the signs and symptoms of trauma in clients, families, staff, and others involved with the system;
- **Responds** by fully integrating knowledge about trauma into policies, procedures, and practices; and
- Seeks to actively **Resist re-traumatization**
 - A trauma-informed approach can be implemented in any type of service setting or organization.

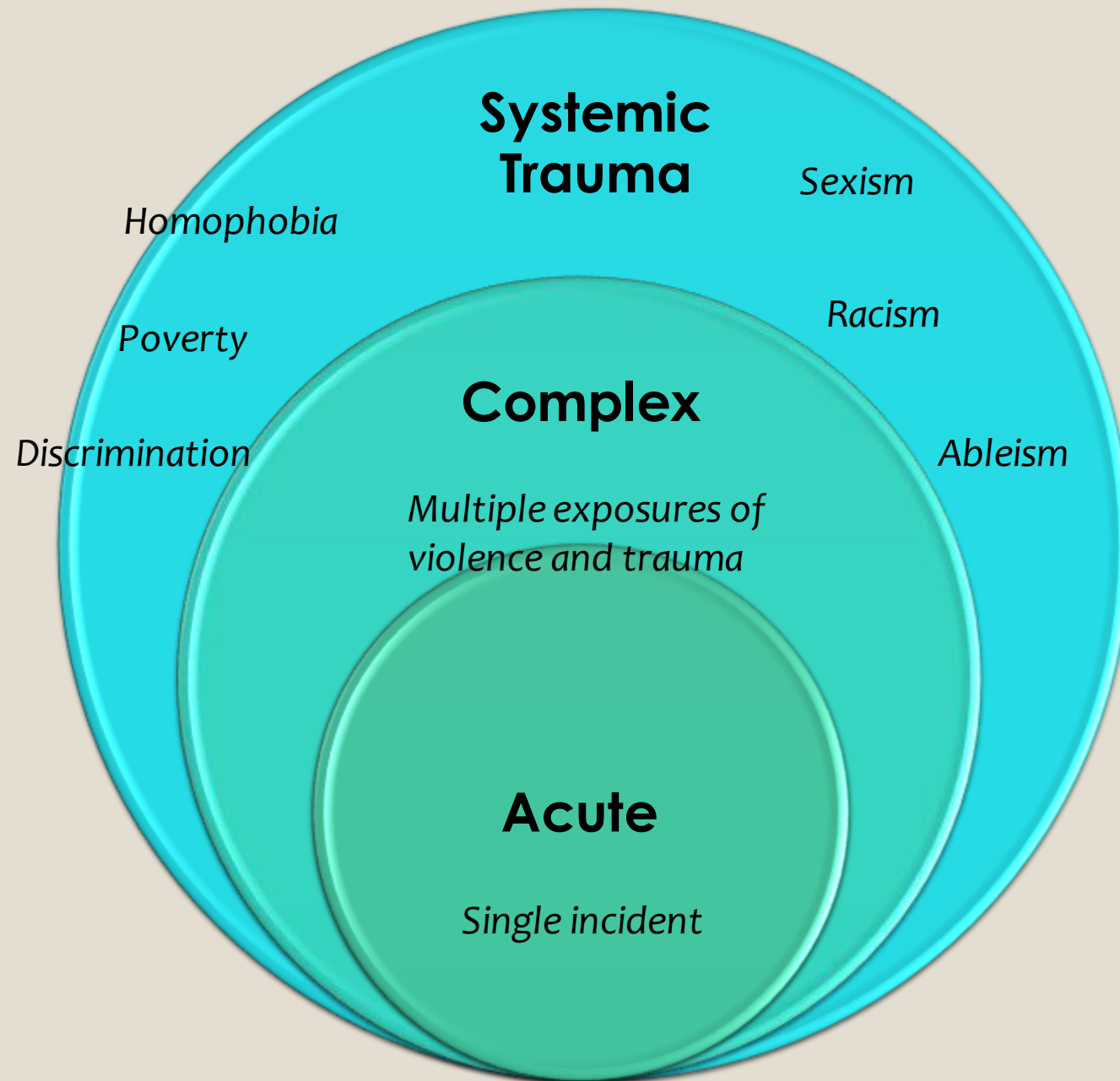
Trauma Defined

Trauma refers to experiences that cause intense physical and psychological stress reactions. It can refer to a single event, multiple events, or a set of circumstances that is experienced by an individual as physically and emotionally harmful or threatening and that has lasting adverse effects on the individual's physical, social, emotional, or spiritual well-being.

SAMHSA 2014

Forms of Trauma

- Violence
- Witness/exposure to violence
- Abuse
- Neglect
- War Zone & Refugee Experiences
- Terrorism
- Medical Trauma
- Natural Disasters
- Military Experiences
- Immigration/Attachment
- Traumatic Grief



What Trauma Looks Like

- Inattentiveness
- Hyperactivity
- Withdrawal
- Fear and Anxiety
- Somatic complaints (aches and pains)
- Emotional Detachment (isolation, avoidance)
- Regressive Behavior (thumb sucking, bed wetting)
- Impulsivity/Aggressive Behavior (throwing things, fighting)
- Substance abuse/self medicating



Trauma Symptoms

Reactions to trauma (or responses to triggers) can be Short-Term or Long-Term, and can include:

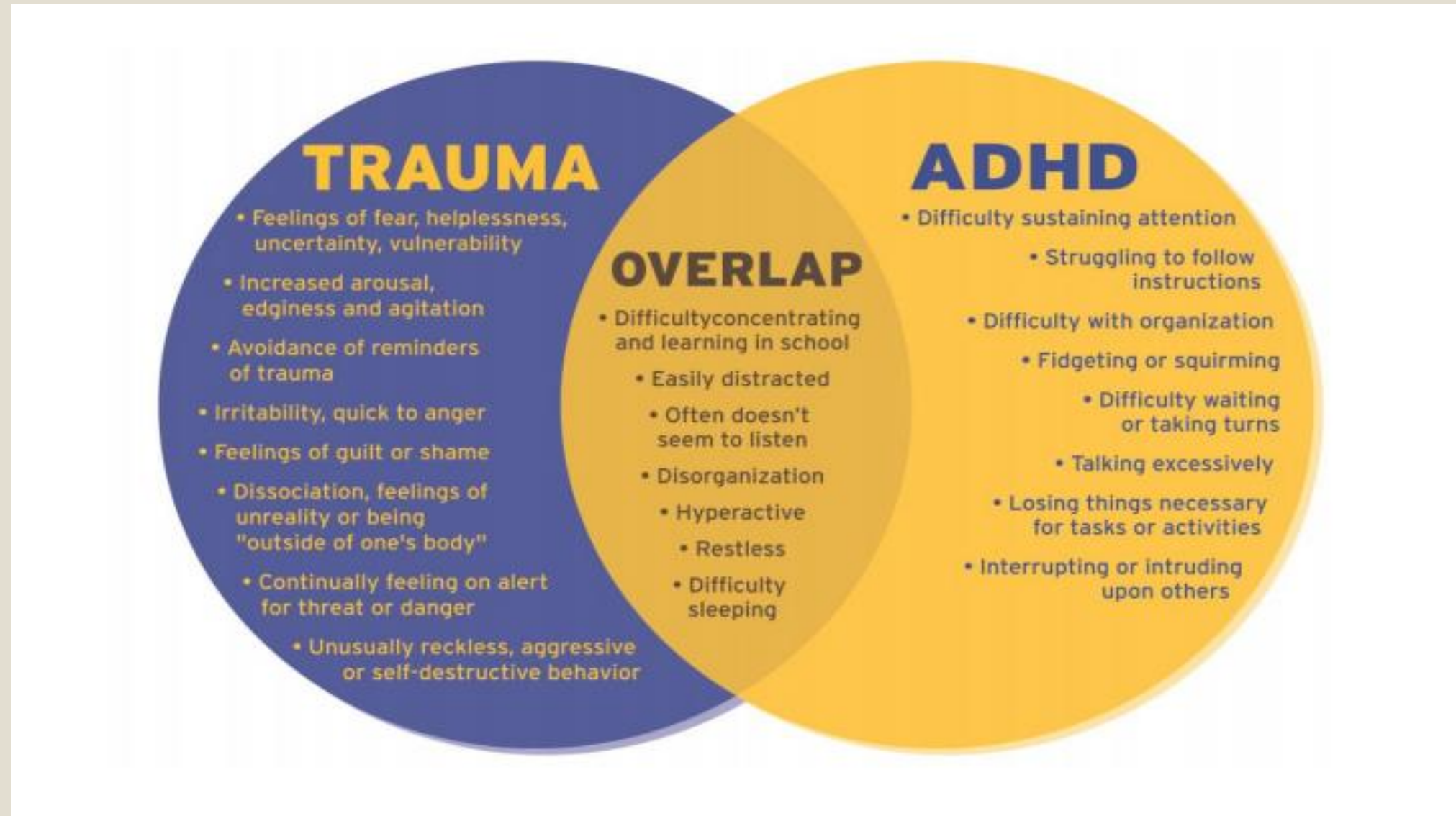
- **Emotional:** Identification, Expression, Regulation [overwhelmed]
- **Physical:** Physiological response [Survival Mode—Freeze, Fight, or Flight (can't sit still)]; Somatic complaints [stomach aches]
- **Relational or Social:** Attachment, ability to connect, trust, friendships
- **Spiritual:** Hopeless
- **Behavioral:** Hyper, aggressive, impulsive (risk taking, “defiant,” or acting out behavior), withdrawn (“compliant”)
- **Cognitive:** Brain development, memory loss, confusion, inability to concentrate
- **Self-Concept:** Sense of self, self-worth, self-esteem, self in the world

Trauma or mental illness?

Symptom overlap with mental health diagnoses

- ADHD and Trauma
 - Anxiety, PTSD, Depression and Trauma
 - MDD, ODD, CD and Trauma

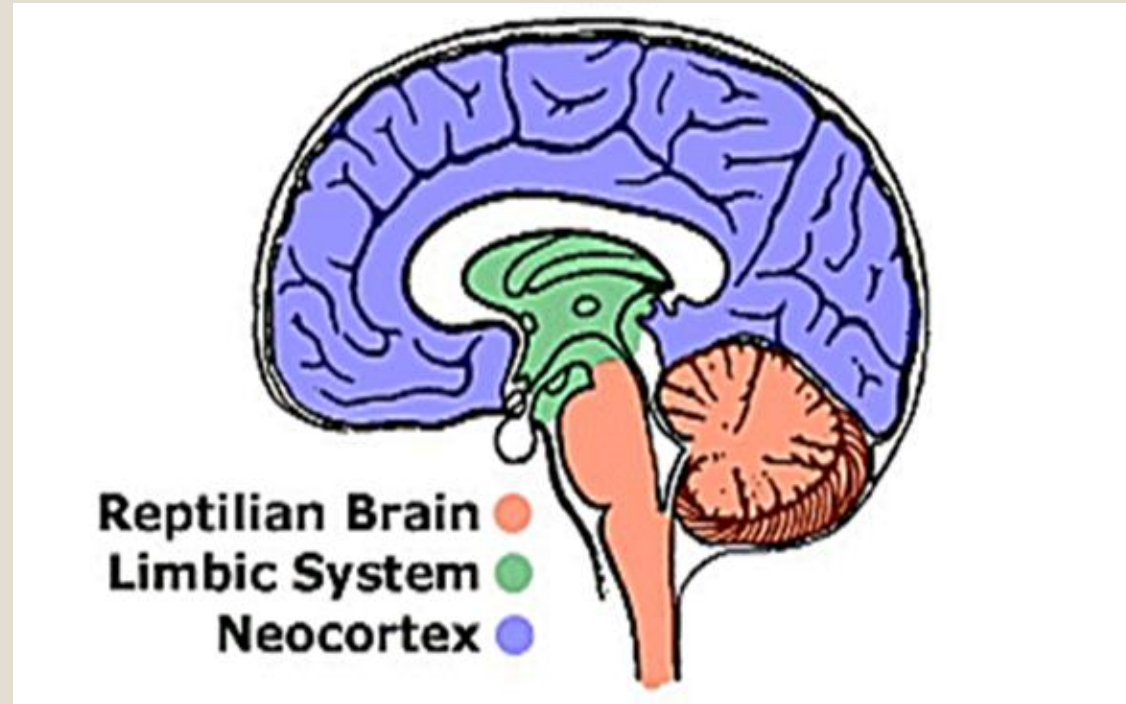
“Is It ADHD or Child Traumatic Stress?” NCTSN, Sept 2016




Peter Levine, PhD, founder of the Somatic Experiencing approach to healing trauma wrote, “*Trauma is not a disease ... but rather a human experience rooted in survival instincts.*”

www.traumahealing.org

Anatomy of the Brain



- Dan Seigel hand demo of the brain
<https://www.youtube.com/watch?v=gm9CIJ74Oxw>
- 2 minute shoulder partner activity: practice explaining the brain under stress



Fight

- Irritability
- Loss of Temper
- Defensiveness

Flight

- Avoidance
- Anxiety
- Fear

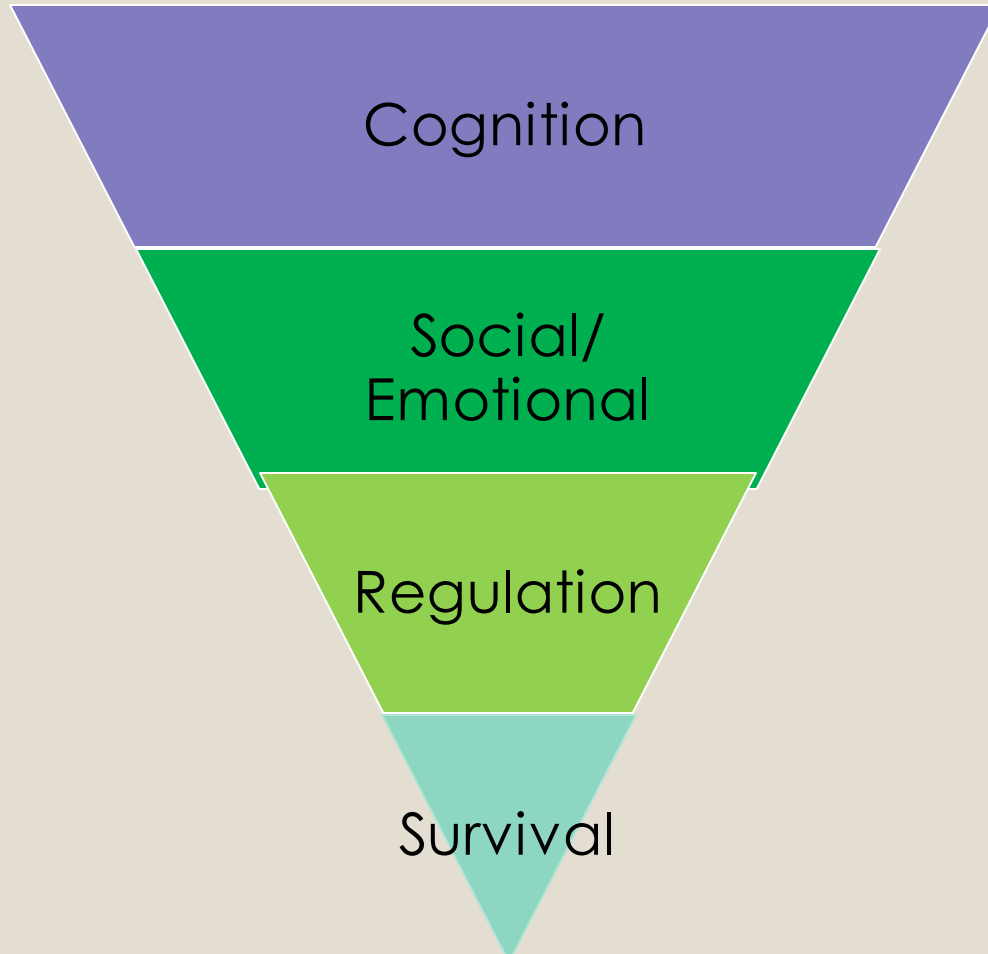
Freeze

- Numbing
- Detachment
- Giving Up Easily

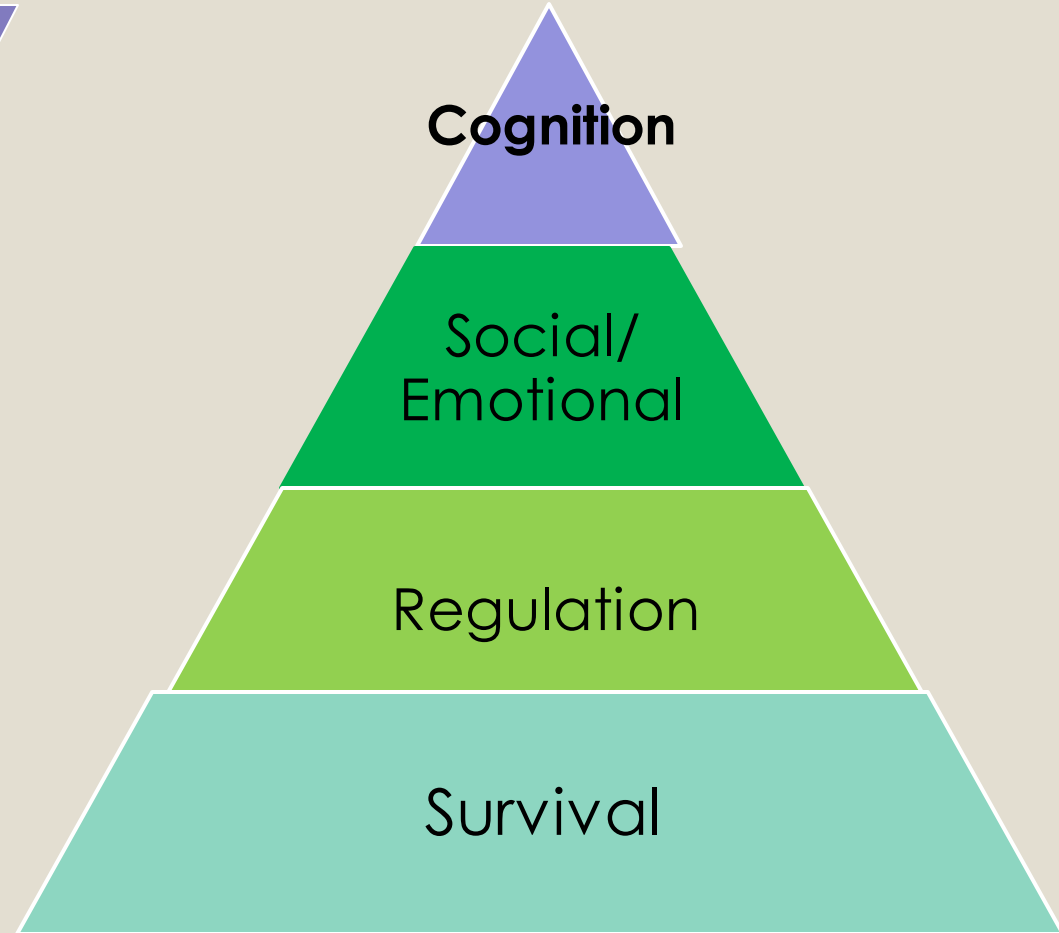
Normal Defensive Responses to High Threat

Trauma & Brain Development

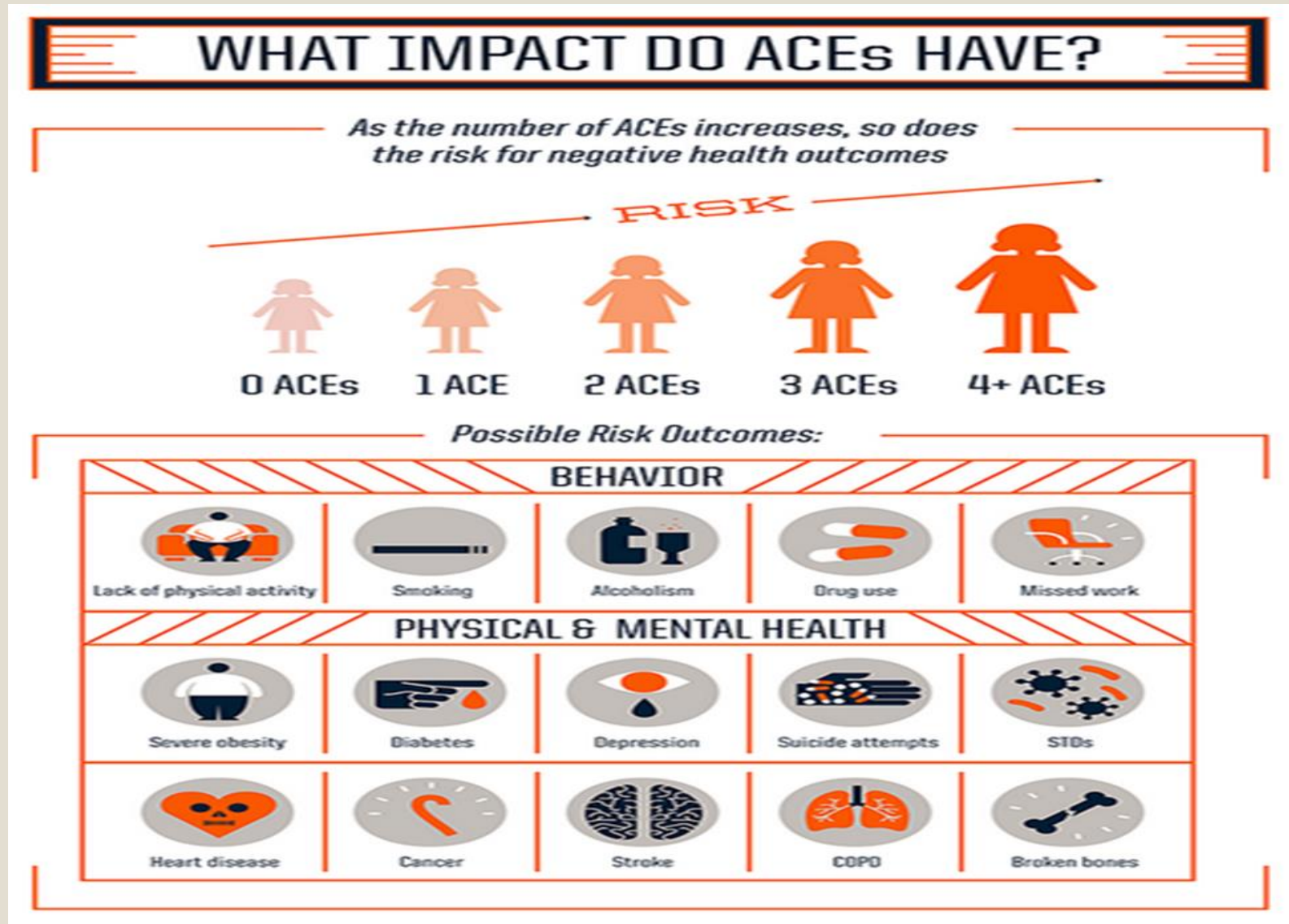
Typical Development



Developmental Trauma



The Adverse Childhood Experiences (ACE) Study



The Adverse Childhood Experiences (ACE) Study

**Relationship
between early
childhood
trauma and
health and
well-being
problems
later in life.**

Source: World Health
Organization

Death



Birth



- Dr. Robert Block, former President of the American Academy of Pediatrics, stated,
- *“Adverse Childhood Experiences are the single greatest unaddressed public health threat facing our nation today.”*

Why We Need Trauma-Sensitive Schools

- **Why We Need Trauma-Sensitive Schools** is a video designed for educators and others who want to embark on or engage in the process of creating trauma-sensitive schools.
- A **trauma-sensitive school** is a place where an ongoing, inquiry-based process allows for teamwork, coordination, creativity and sharing of responsibility for all students, and where continuous learning is for students as well as educators. Let's watch a TSS in action!
- <https://youtu.be/vyQdOLl6d2c>

Shoulder Partner Discussion

- 5 minutes
- Discuss some of the conditions you observe in your school district with impact of trauma on students and staff
- What are general and unique characteristics?
- Are your concerns being addressed?



Building Resiliency in Trauma Survivors

Individuals who have experienced a traumatic event need:

- A Sense of Safety
- Information and Healthy Coping Skills
- Hope and Optimism
- A Sense of Connection / Supportive Relationships

With focused care and attention, people who experience trauma can learn, grow, and build strength and resiliency.

Trauma Informed Strategies

- People need to feel ***safe, capable, and lovable***.
- **Trauma-informed strategies benefit all children, though they are especially necessary to support children who have experienced trauma. Each child responds differently to trauma. Think Tier 1.**
- **It is important to “know our role.”**
 - How can I support this child?
 - What do I do to CREATE a safe space and presence?
 - What strategies are appropriate for *me* to use?
 - What are the limits of my expertise?
 - Who can I reach out to for consultation and collaboration when a child needs more support?

Trauma Informed Strategies

- Classroom Strategies – NCTSN handout
- Counseling Curriculum – e.g. Mind Up, Learning to Breathe, Zones of Regulation
- Trauma Informed Design
 - Cool colors, Natural and warm light
 - Visual simplicity, welcoming calm images, Uncluttered
 - Connecting and Engaging spaces
 - Plants, cheerful and natural images
 - Personal space – bean bag chair, area carpet

What is Secondary Traumatic Stress?

- The emotional stress that results when an individual hears about the first-hand trauma experiences of another.
- Symptoms can mimic those of Post-Traumatic Stress Disorder (PTSD).
- Individuals may find themselves re-experiencing personal trauma or notice an increase in arousal and avoidance reactions related to the indirect trauma exposure.
- Individuals may experience changes in their memory and perception; alterations in their sense of self-efficacy; a depletion of their own personal resources; a disruption in their perceptions of safety, trust, and independence.

Since some workers may develop/exhibit some observable reactions that mirror PTSD, Secondary Traumatic Stress can be perceived as:

Helping that hurts!

Secondary Traumatic Stress

- Occurs from one traumatic exposure or accumulated impact of everyday work with individuals experiencing trauma
- Develops as a result of making empathic connections with individuals experiencing trauma

Burnout

- Results from administrative stressors, such as too much paperwork, long work hours and large caseloads
- Occurs from an unsupportive and demanding work environment

◦ (Laliberte & Crudo, 2012)

Stress Impact on School Staff

- Absenteeism, health problems
- Impaired judgment
- Unwillingness to accept extra work or assume responsibility
- Motivation and morale
- Productivity and work quality (student outcomes)
- Compliance with organizational requirements
- Staff turnover and ongoing training costs

Supportive Supervisory Relationships

- Observe staff in action and use examples of actual events in discussion.
- Understand staff investment in their work. What do they find challenging and rewarding? Help them find meaning.
- Share and invite discussion of strategies to deal with stresses and challenges.
- Encourage staff to develop and monitor self-care plans.
- Connect staff with one another.

Protective Factors for Resiliency

- Regular use of deliberate coping strategies
- Self-care and self-regulation
- Attract and maintain social support (personal and professional)
- Have a personal calling to the field
- Personality traits that include emotional competencies
- Optimism, Faith, Flexibility, Sense of Meaning, Self-Efficacy, Impulse Control, Empathy, Close Relationships, Spirituality, Effective Problem Solving

Collins-Camargo, 2012



Trauma Sensitive Schools

- **realize** the impact of adverse childhood experiences on neurobiological development and attachment.
- **recognize** the impact trauma on learning and behavior
- **respond** by building resilience and avoiding re-traumatization

(Perry & Daniels, School Mental Health 2016; SAMSHA, 2015)

School Resources

- School Counseling
- School Social Work
- School Psychology
- School Clinic Nurse

Crisis Resources – Hotlines

- National Suicide Prevention Lifeline:
 - 800-273-TALK (8255)
- Crisis Link 24-Hour Suicide Hotline:
 - 703-527-4077 or text 703-940-0888
- 24-Hour Domestic & Sexual Violence Hotline:
 - 703-360-7273
- Second Story 24/7 Crisis Hotline:
 - 800-SAY-TEEN (729-8336)
- County 24-Hour Emergency Services
- Community Services Board (CSB)
- Coordinated Services Planning– family basic needs
- Local Mental Health services, Violence Prevention programs, Shelters

Trauma Resources online

- National Child Traumatic Stress Network:
 - General Website: www.nctsn.org
 - Educator Toolkit: <https://www.nctsn.org/resources/child-trauma-toolkit-educators>
- Wisconsin Department of Public Instruction:
 - Trauma Sensitive Schools: <https://dpi.wi.gov/sspw/mental-health/trauma>
- SAMHSA:
 - General website: www.samhsa.gov
 - Trauma Informed Approach: www.samhsa.gov/nctic/trauma-interventions

Trauma Resources online

- Attachment & Trauma Network, Inc. <https://creatingtraumasensitiveschools.org>
- Trauma and Learning Policy Initiative (TLPI), collaboration of Massachusetts Advocates for Children and Harvard Law School <https://traumasensitiveschools.org/>
- Center on the Developing Child, Harvard University, <https://developingchild.harvard.edu/about/>
- Voices for Virginia's Children, Campaign for a Trauma-Informed Virginia, <https://vakids.org/trauma-informed-va>
- Dr. Nadine Burke Harris, MD, MPH, FAAP, Center for Youth Wellness, San Francisco, CA

Gratitude

