

# ***TRAUMA-INFORMED SCHOOLS***

Information for Administrators

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## Trauma Informed

- Trauma-informed settings do not need to be focused on *treating* trauma.
- Trauma informed schools provide education in a setting that is welcoming and appropriate to the special needs of those affected by trauma.

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## Why do Leaders want trauma informed schools?

- Compton School District law suit
- Improved attendance
- Improved learning outcomes: grades, test results, graduation rates
- Decreased discipline problems
- Increased staff satisfaction

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## What is your ACE score?

Adverse Childhood Experiences

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## What is trauma?

Trauma occurs when a child experiences an intense event that threatens or causes harm to his or her emotional and physical well-being

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## Traumatic Events

- Exposure to natural disaster (hurricane)
- Exposure to war, terrorism, domestic violence
- Being victim of violence, serious injury, physical or sexual assault

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## Through their eyes

<https://www.youtube.com/watch?v=z8vZxDa2KPM>

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## Trauma Informed

- First, do no harm.
- Robyn's motto, "If you can't make it better, at least don't make it worse."

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## Trauma Informed

- Universal precautions

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## Trauma-Informed Settings

- Trauma-informed settings assume that students are doing the best they can at any given time to cope with the life-altering and frequently shattering effects of trauma.
- In trauma-informed schools and settings all staff members—from office staff to administrators to teachers and instructional assistants--are aware of and sensitive to trauma in students

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## Operating Principles of Trauma-Informed Schools

- The impact of trauma is total, narrowing student's lives, constricting choices, undermining self-esteem, taking away control, and creating a sense of hopelessness and helplessness.
- Many behavioral "problems" children present with are *adaptive* responses to trauma.
- Cultural context influences the perception and response to traumatic events and cultural context informs the recovery process.
- Building respectful, nonjudgmental relationships between staff and students, while at the same time maintaining <sup>11</sup> appropriate boundaries, is critical for facilitating recovery.

## 12 Core Principals for Understanding

1. Traumatic experiences are inherently complex.
2. Trauma occurs within a broad context that includes children's personal characteristics, life experiences, and current circumstances.
3. Traumatic events often generate secondary adversities, life changes, and distressing reminders in children's daily lives.

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## 12 Core Principals for Understanding

4. Children can exhibit a wide range of reactions to trauma and loss.
5. Danger and safety are core concerns in the lives of traumatized children.
6. Traumatic experiences affect the family and broader caregiving systems.
7. Protective and promotive factors can reduce the adverse impact of trauma.

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## 12 Core Principals for Understanding

8. Trauma and post-trauma adversities can strongly influence development.
9. Developmental neurobiology underlies children's reactions to traumatic events.
10. Culture is closely interwoven with traumatic experiences, response, and recovery.

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## 12 Core Principals for Understanding

11. Challenges to the social contract, including legal and ethical issues, affect trauma response and recovery.
12. Working with trauma-exposed children can evoke distress in providers that makes it more difficult for them to provide good care.

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## Frequency

- About 1 in every 4 girls will experience a sexual assault/molestation during school years (CDC)
- About 1 in every 6 boys will experience a sexual assault/molestation during school years (CDC)
- About 1 in every 4 children will experience a traumatic event before age 16 (NCTSN)

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## Impact

- 1 in 10 adolescents considered suicide in the last 12 months (NIH)
- Approximately 20% of youth ages 13 to 18 experience severe mental disorders in any given year (NIH)
- Approximately 13% of youth ages 8 to 15 experience severe mental disorders in any given year (NIH)
- Mood disorders such as depression are the third most common cause of hospitalization in the U.S. for youth

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## Symptoms when Traumatic Experience Occurs

Physiological and psychological responses, may include

- Increased heart rate
- Sweating
- Agitation
- Hyper-alertness
- ‘butterflies in stomach’

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## Symptoms when Traumatic Experience Occurs

- Both physiological and psychological responses, are normal
- Our body and mind's way of protecting us and preparing us to confront danger

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## Traumatic Stress

- Exposure to 1 or more traumas over course of life
- Develop reactions that persist
- Affects daily life, even after trauma has ended

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## Traumatic Stress Varies

- Depression
- Anxiety
- Academic difficulties
- Sleep problems
- Somatic complaints (aches, pains, illnesses)
- Nightmares
- Eating problems
- Acting out behaviors

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## Pre-school & Young School Age

- Feel helpless
- Uncertain about whether danger continues
- General fear extends into other aspects of life

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## Pre-school & Young School Age

- Difficulty describing in words what they experienced or how they feel
- Regression in developmental skills
- Nightmares, fear of going to sleep
- May reenact traumatic event in play

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## School Age Children

- Persistent concern over own safety or safety of others in school or family
- Guilt or shame of actions during the event
- Constant retelling of event
- Overwhelmed by feelings

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## School Age Children

- Developmental growth may stall
- Fear of sleeping alone, nightmares, frequent awakenings
- Poor concentration and learning at school
- Somatic complaints (headaches, stomach)
- Reckless behavior
- Aggressive behavior

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## Adolescents

- Fear, vulnerability
- Self-conscious of being abnormal
- Withdrawal from family or friends
- Shame and/or guilt
- Fantasies of revenge or retribution
- Self-destructive behaviors (substance abuse, self-harm, suicidal ideations)
- Reckless behaviors

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## When do symptoms occur?

- May be “all the time”
- May be when reminded of event “triggers”

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## Traumatic Stress Triggers

- May be immediate and recognized
- May be delayed and unrecognized, confusing

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## Triggers Vary

May be same as experienced, or just similar

- Setting
- Sounds
- Smells
- Voices
- Sound/ volume
- People
- “normal” events (eating, family, sleeping, sex)
- Discussion about similar events

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## Traumatic Stress is Disruptive

Although many of us may experience these reactions from time to time, when a child is experiencing traumatic stress, the symptoms interfere with the child's daily life and ability to function and interact with others

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## PTSD

- When specific traumatic stress symptoms are ongoing
- Over time traumatic stress may become post traumatic stress syndrome

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## PTSD

- Intrusion symptoms (distressing memories, dreams, “flash backs”, dissociative reactions)
- Avoids stimuli associated with traumatic event

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## PTSD

- Cognitive or mood impact (memory loss or block out the event, persistent negative mood, feel detached/estranged, unable to engage in enjoyment or pleasant activities)
- Elevated arousal and reactivity (irritable, reckless, hypervigilance, sleep problems, concentration problems)

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## Traumatic Stress Consequences

- Interfere with concentration and learning
- Interfere with peer relationships
- Interfere with adult relationships
- Change how children view the world and their futures
- Can take a toll on the entire family

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Not every child who experiences a traumatic event will develop symptoms of child traumatic stress. Whether or not a child does depends on a range of factors.

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## Resiliency Factors

- Age (older is likely to be better prepared)
- Emotional health prior to trauma
- People and emotional supports prior to and when facing traumatic experience
- Ritual/routine
- Meaningful relationship with a mentor

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## Trauma Treatments & Interventions

- Peer-reviewed trauma interventions, such as TF-CBT, have high success rates
- The sooner the intervention after a traumatic event the more likely to be successful
- Participation of supportive parent or caregiver increases likelihood of success

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## How to Help ALL students

- Give children choices when available (help them feel safe by offering control)
- Set clear, firm limits for inappropriate behavior, develop logical (not punitive) consequences
- Set the tone – tone of voice is powerful, attitude is meaningful

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## How to Help ALL students

Be ready, be sensitive to environmental cues that can trigger responses

- Literature & media
  - Know the book before your students read it
  - Trigger warnings or response readiness

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Do you know the literature read  
by your students?

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## How to Help ALL students

Be ready, be sensitive to environmental cues that can trigger responses:

- Warn children before unusual events (lights)
- Setting events (holidays, milestones, anniversary of events)

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## How to Help

- Be aware of other's reactions to the traumatized child
- Protect the traumatized child from peer's curiosity
- Protect classmates from details of child's trauma

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## How to Help

- Be attentive to whether the child has religious beliefs
- Don't engage in theological discussion
- Be aware if child experiences guilt, shame, or punishment attributable to a higher power
- Refer child for appropriate support

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## How to Help

Consider classroom/academic accommodations:

- Shorten assignments
- Additional time for assignments
- Permission to leave class to see a designated adult (i.e., passes)
- Support for organizing and remembering assignments

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## How to Help

Provide accommodations or supports to child's individual needs

- Buddy to accompany child if they are afraid to be alone
- Quiet environment
- Music or other noise distortion
- Break periods
- Child-home communication

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## How to Help

- Recognize the behavior is a voicing out, and not necessarily volitional
- Recognize the child is doing the best he or she can at this time
- Remember children who experienced trauma often have parents who experienced the same trauma or were devastated by their child's experience

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## How to Help

- Understand and recognize fight, flight, and freeze responses
- Develop student capacity to be self-soothing and self-compassionate through various means (mindful activities, safe spaces, brief breaks)
- Protect vulnerable students

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## How to Help

- Provide a safe place for children to talk about what happened, perhaps a designated time
- Give simple and realistic answers to children's questions about traumatic events

Increase level of support and encouragement, designate a supportive ("go to") adult

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## How to Help

- Recognize, Ask, and Consult your school professionals regarding referrals
- Allow children to verbalize their emotions
- Be flexible in scheduling to allow children constant caretaking (not waiting for an adult)
- Keep kids in routines whenever possible – this especially means school

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## School based programs that support trauma informed practices

- PBIS
- Restorative Practices
- 2<sup>nd</sup> Step/ Steps to Respect & other social-emotional instruction

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## Leader's Role

- Set the tone! Model for your staff
- Facilitate staff learning
- Encourage teachers and classified personnel to use trauma-informed practices
- Develop/encourage mentoring opportunities

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## Leader's Role

- Allow students alternatives – from a strengths base
- Encourage students' attendance
- Be aware of the impact on your staff

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## Leader's Role

Engage in self-care

- Know your own personal trauma history and how evoked memories impact you
- Seek professional help or support when warranted

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## Leader's Role

Encourage others' self care

- Encourage staff to seek professional help or support when warranted
- Seek interpersonal help and support – build your own resiliency factors

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## Resources

- National Child Traumatic Stress Network
  - Online training for educators
  - Educators' Toolkit
  - Parent information and resources
  - nctsn.org
- California Center for Excellence for Trauma Informed Care
  - <http://www.trauma-informed-california.org>

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“Everyone has a right to  
have a future that is not  
dictated by the past.”

Karen Saakvitne

& the words of Haim Ginott

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