

# Education through A Trauma Informed Lens

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**REACH for Tomorrow**



## Objectives of today's training:

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- Understand the impact of adverse childhood experiences.
- Identify at least 4 strategies to making their school and classroom trauma informed.
- Differentiate between time in and time out intervention approaches.
- Describe at least 3 ways school professionals can better connect with students.

# RESOURCES

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To access the resources of today's training go to:

**[www.REACHforTomorrowOhio.org/ETTIL.html](http://www.REACHforTomorrowOhio.org/ETTIL.html)**

## USA Statistics Children of Trauma

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- 1 out of 4 students have experienced a traumatic event
- 11% of all girls ages 14-17 have experienced sexual assault
- 33% of students have been bullied
- 60% of students 17 years or younger have been exposed to crime, violence, and abuse
- 30% of students in inner city school have witnessed a stabbing or shooting
- 16 million children in the United States live at or below the poverty level (6 million are under the age of 6)

# Highland County Statistics Children of Trauma

- 25% thought no one in their family loved them or thought they were important or special
- 11% have experienced sexual assault
- 30% of students have a caregiver who uses illegal substances
- 30% of students have caregivers who swear at them, insult them, put them down or humiliate them.
- 30% of students have been hit, slapped, kicked or beaten up.
- 34% have a family member who have depression, mentally ill or attempted suicide

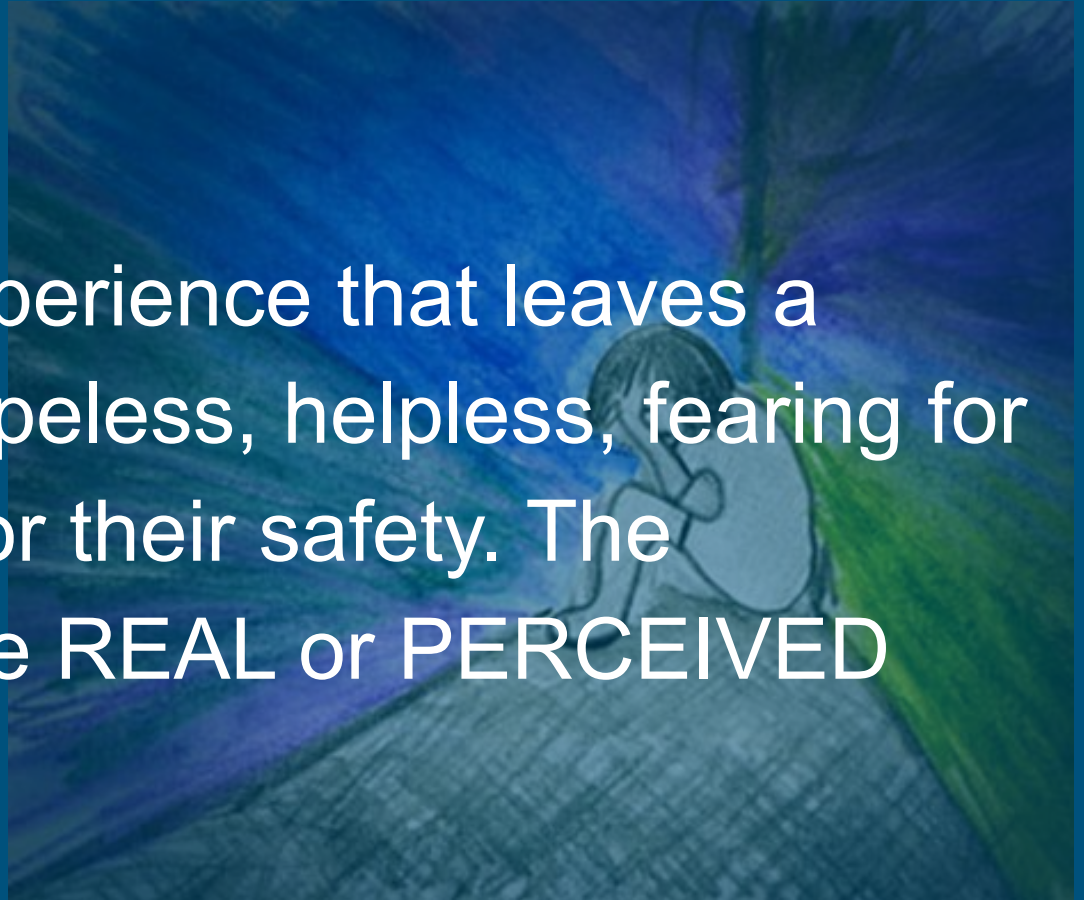
# Why should schools be Trauma Informed?

- Improved academic achievement and test scores
- Improved school climate
- Improved teacher sense of satisfaction and retention
- Reduced frequency of behavioral outbursts and referrals
- Reduced stress experienced by staff and students
- Reduced absences, use of detention, and suspensions
- Reduced bullying, harassment, and fights
- Reduced burden on special education services
- Improved graduation rates

# What is Trauma?

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Trauma is any experience that leaves a person feeling hopeless, helpless, fearing for their life/survival or their safety. The experience can be **REAL** or **PERCEIVED**







# Trauma Exposure

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**Victim** (abuse, neglect, car accident)

**Witness** (personal witness – domestic violence, police, fire)

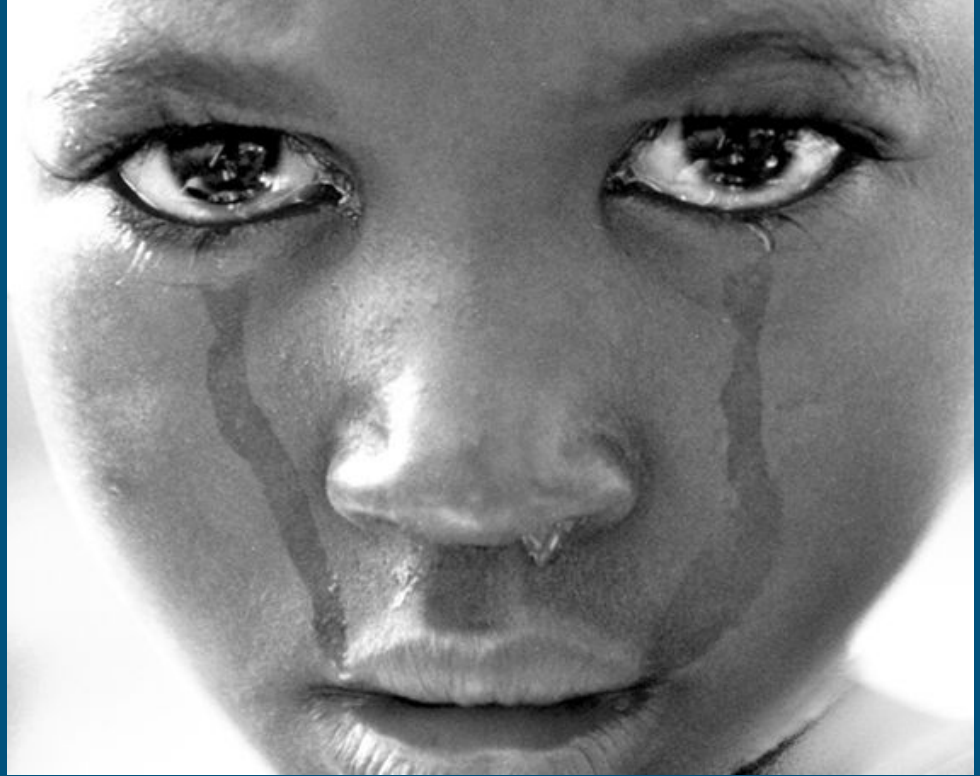
**Related to** (peer, siblings – of chronically ill siblings, sibling that completed suicide)

**Listening to details of trauma** (therapists, media exposure, video games, etc.)



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What has  
happened or  
is happening?



# ACUTE

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NORMAL response/reaction to stress or even trauma lasting 4-6 weeks

# POST-TRAUMATIC

Exaggerated and prolonged stress response lasting beyond 4-6 weeks, even years later



# HEMISPHERES OF THE BRAIN

## LEFT BRAIN (THINKING)

Language

Reasoning

Understanding

Processing

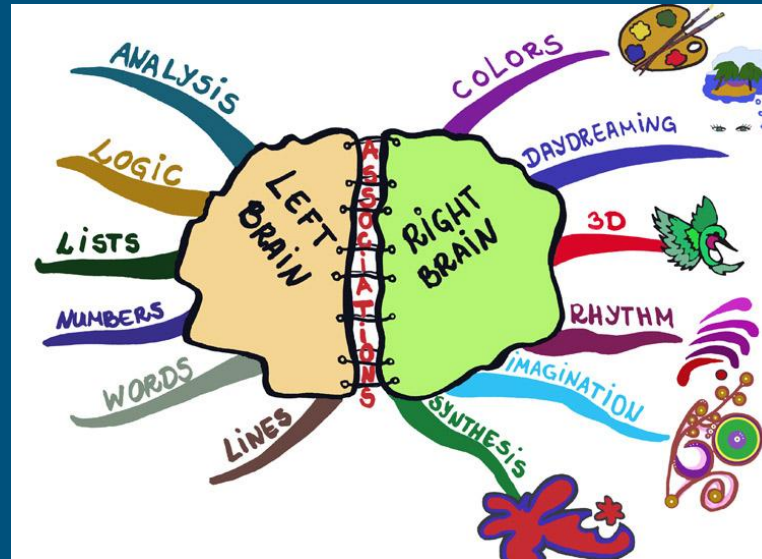
## RIGHT BRAIN (THINKING)

Emotional Regulation

Memory

Affect

Senses



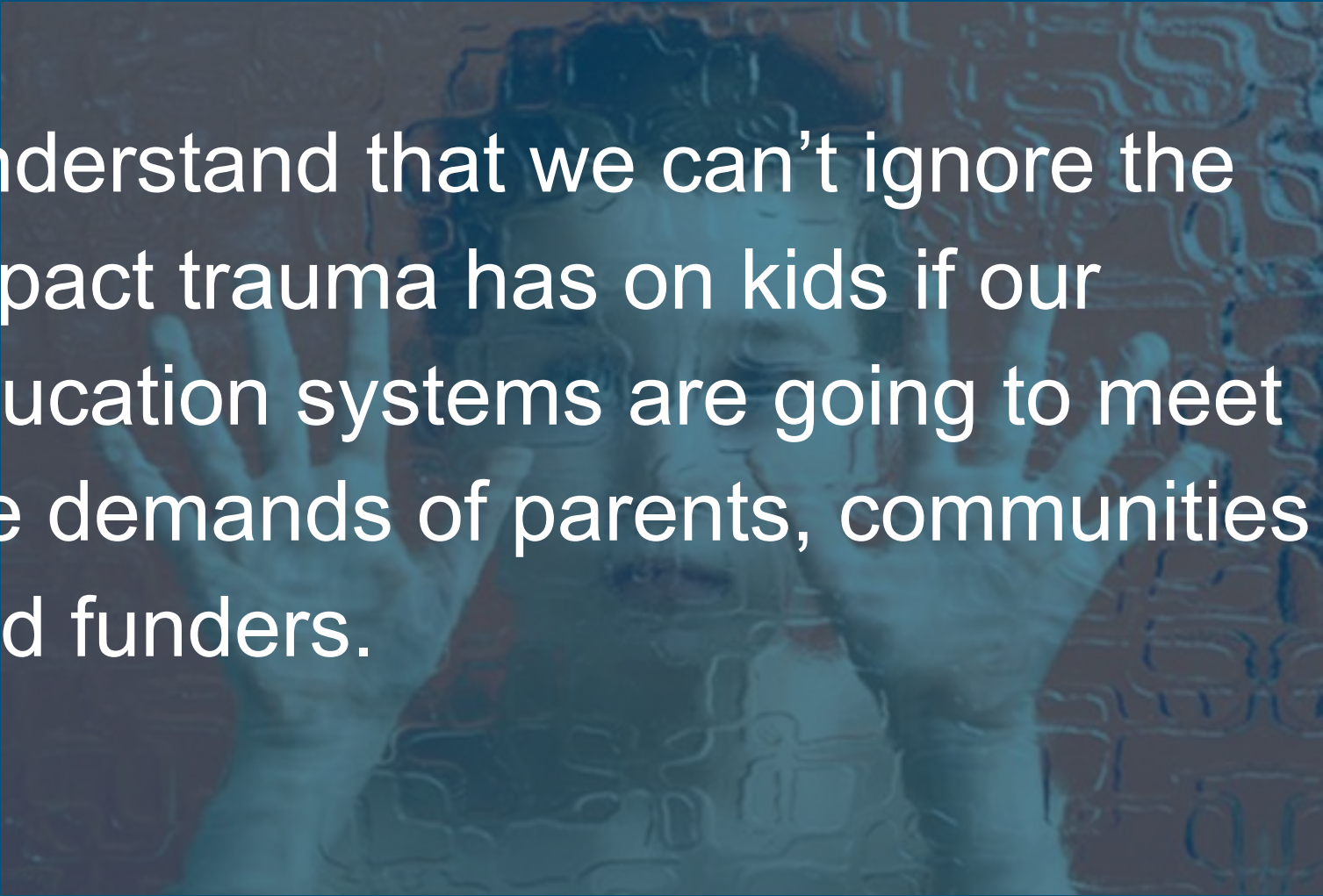
# Trauma Informed Educating

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Understand the impact stress and trauma have on children's bodies and their ability to regulate emotions, behavior and ultimately learn.





A young girl with dark hair is shown from the chest up, her hands pressed against a textured, possibly glass or plastic, surface. She has a distressed expression, with her mouth slightly open and eyes looking down. The background is a solid dark blue. The text is overlaid on the left side of the image.

Understand that we can't ignore the impact trauma has on kids if our education systems are going to meet the demands of parents, communities and funders.

# Trauma is a Sensory Body Experience



*“Trauma resides not in the event itself; but rather in a person’s nervous system.”*

*– Peter Levine*

| Re-experiencing<br>(INTRUSION) | Avoidance<br>(NUMBING)                    | Negative Cognitions<br>and Mood | Arousal   |
|--------------------------------|---|---------------------------------|---|
| Flashbacks                     | Detachment                                | Distorted sense of self         | Aggression                                      |
| Intrusive thoughts<br>-images  | Numbing                                   | Estrangement to others          | Reckless behavior                               |
| Traumatic dreams               | OCD like behavior<br>Phobic like behavior | Markedly diminished<br>interest | Self-destructive and<br>Rule-breaking behaviors |
| Sleep problems                 | Self Harm                                 | Depression                      | Hypervigilance                                  |
| Physical complaints            | Substance Abuse                           | Blames self or others           | Irritability                                    |
|                                | Eating Disorders                          |                                 | Inattention                                     |
|                                | Not wanting to talk<br>about it           |                                 | Cognitive/Learning<br>problems                  |



# FIGHT or FLIGHT

## NOTICEABLE EFFECTS

PUPILS DILATE  
MOUTH GOES DRY  
NECK + SHOULDER  
MUSCLES TENSE  
HEART PUMPS FASTER  
CHEST PAINS  
PALPITATIONS  
SWEATING  
MUSCLES TENSE  
FOR ACTION  
BREATHING FAST  
+ SHALLOW -  
HYPERVENTILATION  
OXYGEN NEEDED  
FOR  
MUSCLES

## HIDDEN EFFECTS

BRAIN GETS BODY  
READY FOR ACTION  
ADRENALINE  
RELEASED FOR  
FIGHT/FLIGHT  
BLOOD PRESSURE  
RISES  
LIVER RELEASES  
GLUCOSE TO PROVIDE  
ENERGY FOR MUSCLES  
DIGESTION SLOWS -  
OR CEASES  
SPHINCTERS CLOSE -  
THEN RELAX  
CORTISOL RELEASED  
(DEPRESSED THE  
IMMUNE SYSTEM)

F. Hedges

| Symptom Overlap<br>(Weinstein et al., 2000) | ADHD | PTSD |
|---|------|------|
| Hypervigilence                              | X    | X    |
| Inattention                                 | X    | X    |
| Detachment                                  | X    | X    |
| Irritability                                | X    | X    |
| Anger Outbursts                             | X    | X    |
| Distracted                                  | X    | X    |
| Restless                                    | X    | X    |
| Impatient                                   | X    | X    |
| Impulsive                                   | X    | X    |
| Limited sense of future                     | X    | X    |
| Difficulty Concentrating                    | X    | X    |



## ABUSE



Physical



Emotional



Sexual

## NEGLECT



Physical



Emotional

## HOUSEHOLD DYSFUNCTION



Mental Illness



Incarcerated Relative



Mother treated violently



Substance Abuse



Divorce

33%  
Report No ACEs

1 in 16 smokes

1 in 69 are  
alcoholic

1 in 480 use IV  
drugs

1 in 14 has heart  
disease

1 in 96 attempts  
suicide

51%  
Report 1-3 ACEs

1 in 9 smokes

1 in 9 are alcoholic

1 in 43 use IV  
drugs

1 in 7 has heart  
disease

1 in 10 attempts  
suicide

16%  
Report 4-10 ACEs

1 in 6 smokes

1 in 6 are  
alcoholic

1 in 30 use IV  
drugs

1 in 6 has heart  
disease

1 in 5 attempts  
suicide



**RESILIENCE**



- While we can't take away what has happened and we might not be able to change what is happening, we **CAN** help foster characteristics of resilience!

# — RETHINKING DISCIPLINE







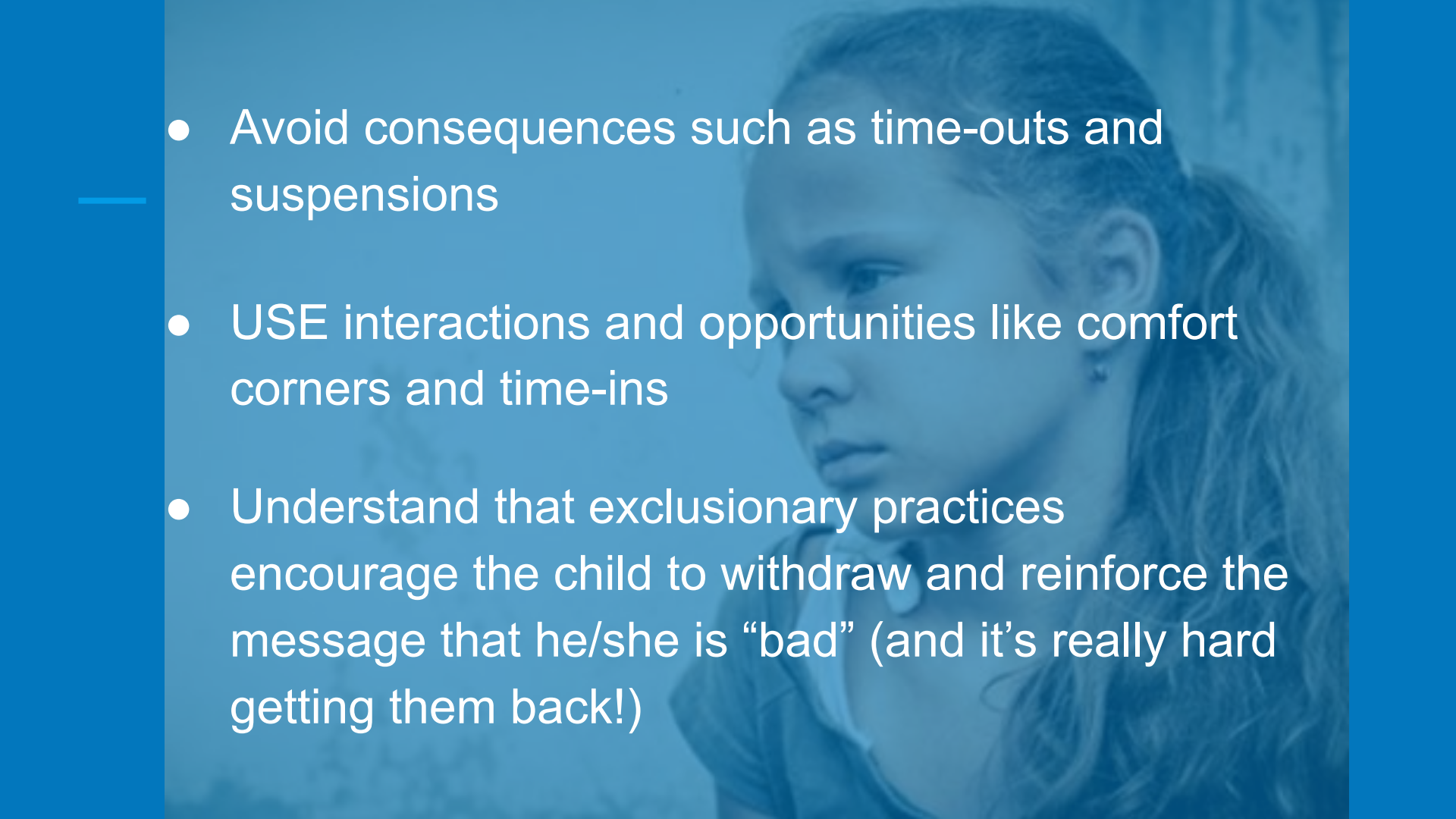
Behavior is the beginning, not the end

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Behavior is a **CLUE** as it is a traumatized child's way of communicating

It is highly unlikely that they will talk, reason, or use logic

Behavior can also be a **SYMBOL** for what the child has experienced or is experiencing (i.e. terror, lack of safety, worry, insecurity, anger, fear, guilt, shame, low self-worth, etc.)

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- Avoid consequences such as time-outs and suspensions
  - USE interactions and opportunities like comfort corners and time-ins
  - Understand that exclusionary practices encourage the child to withdraw and reinforce the message that he/she is “bad” (and it’s really hard getting them back!)

# Recognize Triggers

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Conflict

Being provoked

Pressure

Frustration

Yelling/Noise

Power struggle

# Prevention

Remove from trigger

Redirect

Anticipate and intervene before  
behavior escalates

Notice signs of distress

Connect with student

Pre-arranged signal between  
staff/student

# Time Out is

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Kids act out because they WANT attention

Time apart

Withdraw attention/disconnect

Very little opportunity to learn

Child is left to regain regulated state on their own

Punitive, shame, rejection

Ineffective

# TIME IN IS

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Kids act out because they NEED attention

Time together

Give attention/connect

Learning opportunity

Adult is present to help child regain regulated state

Growth, empowerment, acceptance

Effective



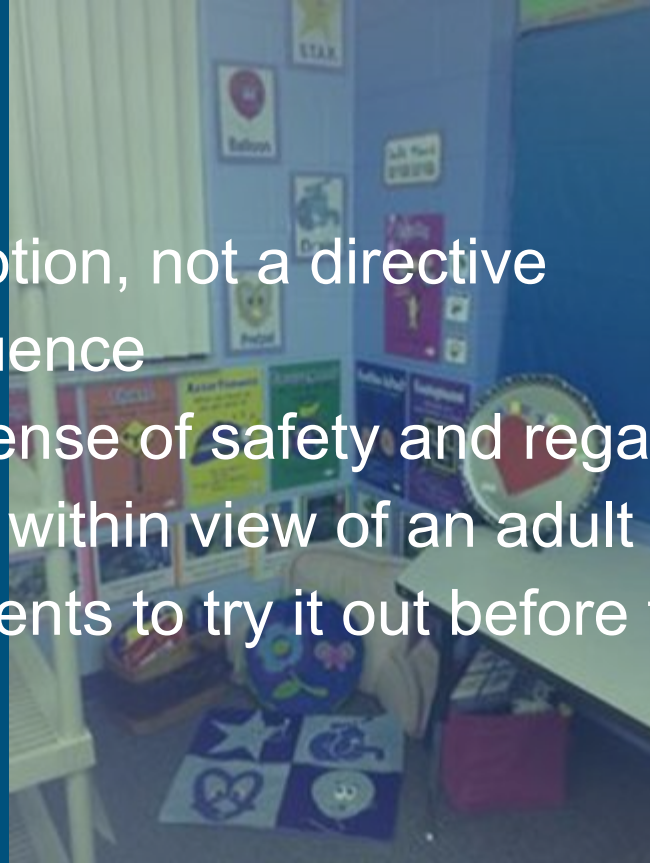
# Time In Strategies

- Invite child to sit with you, go for a walk with you, go run an errand with you, etc. (if child is highly aggravated do not touch)
- Make eye contact (if possible, do not force)
- Remain calm
- Be firm but kind (these are not mutually exclusive)
- Tell the student you would like to help
- Acknowledge/validate the child's feelings; tell them it is okay to be angry, upset, etc. but it is not okay to hurt themselves, hurt others, disrupt the learning environment, etc.
- Address misbehavior only after the student is calm but refrain from lecturing
- Assist the student in identifying one or two strategies and move on
- Revisit and practice strategies

# Calm Down Corners

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- Use as an opportunity/option, not a directive
- Do not use as a consequence
- A place to find comfort/sense of safety and regain control
- Offers some privacy, still within view of an adult
- Introduce and allow students to try it out before they become upset





# Suggestions for Cool Down Corners

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- Pillows and cushions
- Exercise balls
- Weighted blankets
- Stuffed animals
- Bubble machines
- Sound machines
- Lava lamps
- Bean bags
- Fidget toys
- Ear “mufflers”
- Beads and string
- Headphones with music
- Play-doh or modeling clay
- Sunglasses and hats
- Fish tank
- Sand tray
- Mini-trampoline
- Swings
- Rocking chair
- Art and coloring supplies
- Word searches
- Activity sheets

*“It is not a punishment room; it is not a time-out room—it is a room where you feel better going out than when you went in.”*

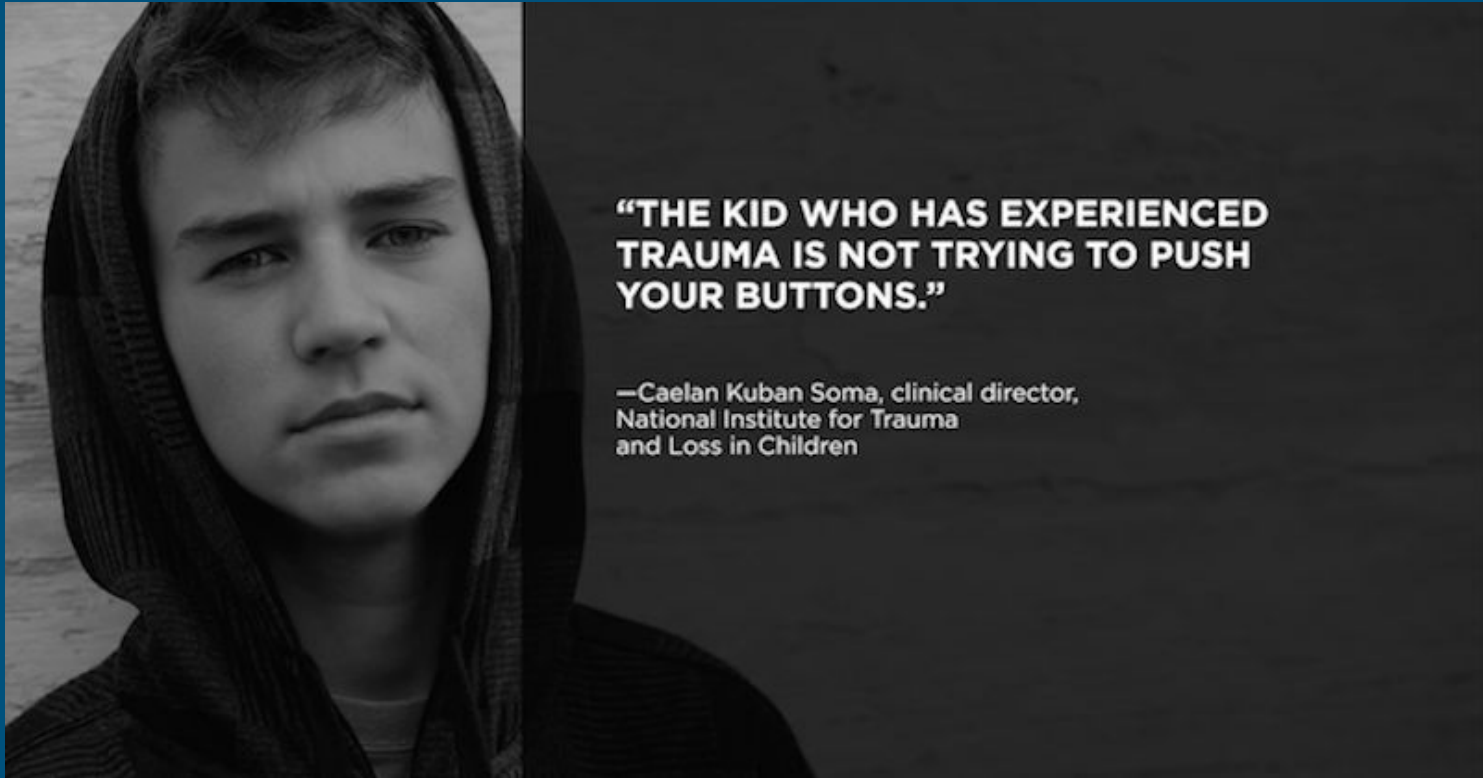
—Principal, El Dorado Elementary School, San Francisco,  
CA

- Living in survival mode makes emotional — regulation very difficult for children.
- They need help from caring adults.
- Practice coping strategies (even when not overwhelmed)
- Understand that any decrease in frequency, duration, or intensity of unwanted behaviors is PROGRESS! Celebrate!

# 10 tips for Educating Children of Trauma

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# 10 tips for Educating Children of Trauma

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- 2 Kids who have been through trauma worry about what's going to happen next.**

# 10 tips for Educating Children of Trauma

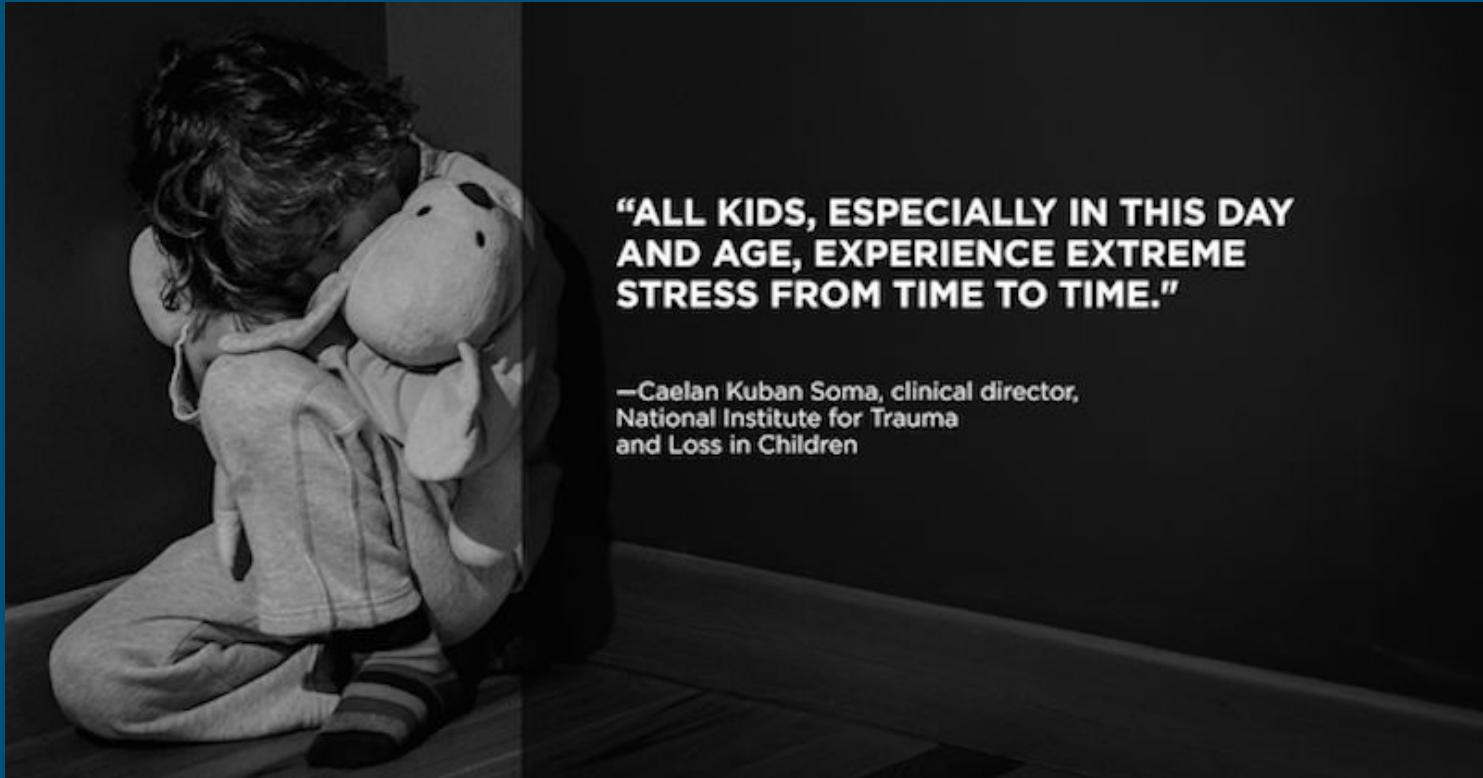
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- 3 Even if the situation doesn't seem that bad to you, it's how the child feels that matters**

# 10 tips for Educating Children of Trauma

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**“ALL KIDS, ESPECIALLY IN THIS DAY  
AND AGE, EXPERIENCE EXTREME  
STRESS FROM TIME TO TIME.”**

—Caelan Kuban Soma, clinical director,  
National Institute for Trauma  
and Loss in Children

# 10 tips for Educating Children of Trauma

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- 5 You don't need to know exactly what caused the trauma to be able to help.**



## 10 tips for Educating Children of Trauma

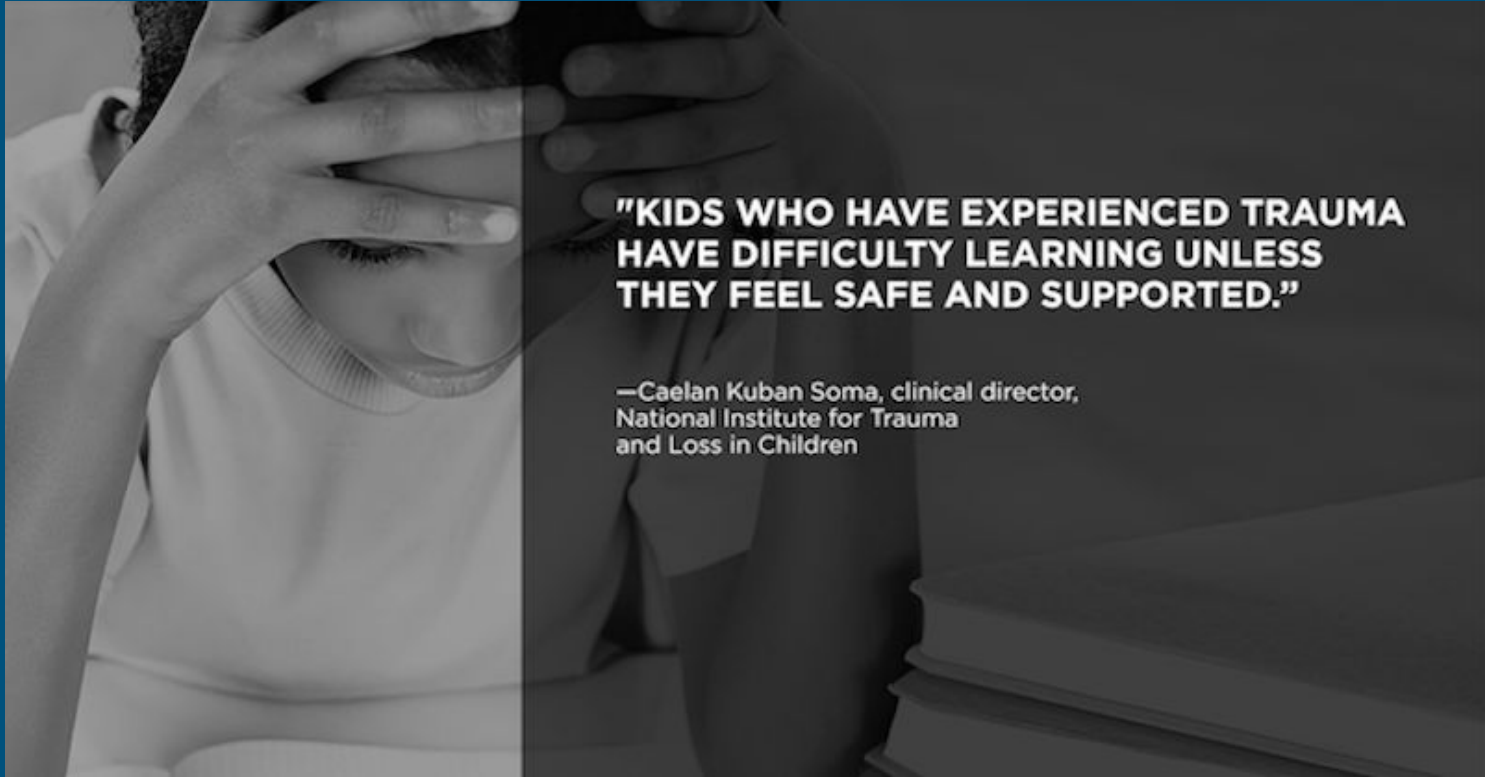
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- 6 Kids who experience trauma need to feel they're good at something and can influence the world.**

# 10 tips for Educating Children of Trauma

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**"KIDS WHO HAVE EXPERIENCED TRAUMA  
HAVE DIFFICULTY LEARNING UNLESS  
THEY FEEL SAFE AND SUPPORTED."**

—Caelan Kuban Soma, clinical director,  
National Institute for Trauma  
and Loss in Children

## 10 tips for Educating Children of Trauma

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- 8 **Self-regulation can be a major challenge for students suffering from trauma.**



## 10 tips for Educating Children of Trauma

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- 9 **It's OK to ask kids point-blank what you can do to help them make it through the day.**

# 10 tips for Educating Children of Trauma

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**10 You can support kids with trauma even when they're outside your classroom.**

# Essentials to being Trauma Informed

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- Connect – Focus on Relationships
- Protect – Promote Safety and Trustworthiness
- Respect – Engage in Choice and Collaboration
- Redirect (Teach and Reinforce) – Encourage Skill-Building and Competence

# The Best Intervention

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"There is no more effective neurobiological intervention than a safe relationship"

— Bruce Perry, PhD, MD, researcher & child psychiatrist

- The relationship works to bring the brain back into regulation
- Safe, predictable, consistent relationships



# Behavioral Strategies for Trauma Impacted Students

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- Practice active listening with students and demonstrate empathy
- Use of specific praise like -- “You did a great job paying attention in class today” vs “Good job today.”
- 10:1 (Ratio of positive to negative statements for traumatized children/adolescents)
- Active ignoring of negative behavior
- Consistent expectations and behavior plans that are based on rewards systems, not punishment.
- Do collaborative problem-solving with students

# Trauma Informed Interventions

- Teach Feelings Expression and Coping--
  - Identify and label emotions and feelings.
  - Use of scales and “thermometer” to rate emotion intensity.
  - Identify coping skills to help decrease emotional intensity. Help youth find positive ways to cope.
- Connect students to friends, peers, or supportive adults.
- Give ideas about participating in creative and positive social activities.
- Think of ways to reach out to parents/caregivers that involves them in the educational process.
- Deepen your understanding about the community the student lives in and available resources for the student and family



# WALK IN THEIR SHOES

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Kristina Scully's



<http://www.teacherspayteachers.com/Store/Pathway-2-Success>



# REFERENCES

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Trauma Informed Approaches to Classroom Management - Brenda Ingram, EdD, LCSW  
Director of Clinical Services, Peace Over Violence