

Trauma Informed Approaches to Classroom Management

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Learning Objectives

- Participants will develop an understanding about:
 - The impact of traumatic experiences on students and their classroom behaviors.
 - Strategies and approaches that can be used to mitigate this impact and improve educational outcomes
 - The importance of incorporating self-care techniques for students and educators.

TRAUMA

- ▶ Understanding trauma is not just about acquiring knowledge. Its about changing the way you view the world.
- ▶ It's about changing the helping paradigm from "What is wrong with you?" to "What happened to you?"
 - Sandra Bloom, 2007

TRAUMA

- Trauma is defined using eight general dimensions and six specific distinctions:
 - Threat to life or limb; severe physical harm or injury, including sexual assault; receipt of intentional injury or harm; exposure to the grotesque; violent, sudden loss of a loved one; witnessing or learning of violence to a loved one; learning of exposure to a noxious agent; and causing death or severe harm to another (Wilson & Sigman, 2000).
 - Physical trauma, psychological trauma, social trauma, historical trauma, ongoing trauma, and vicarious or secondary trauma.

TRAUMA

- Traumatic events are external, but they quickly become incorporated into the mind (Terr, 1990) and the body (Van Der Kolk, 1991).
- According to Judith Herman's book, *Trauma and Recovery* (1992), psychological trauma is characterized by feelings of:
 - intense fear
 - helplessness
 - loss of control
 - threat of annihilation

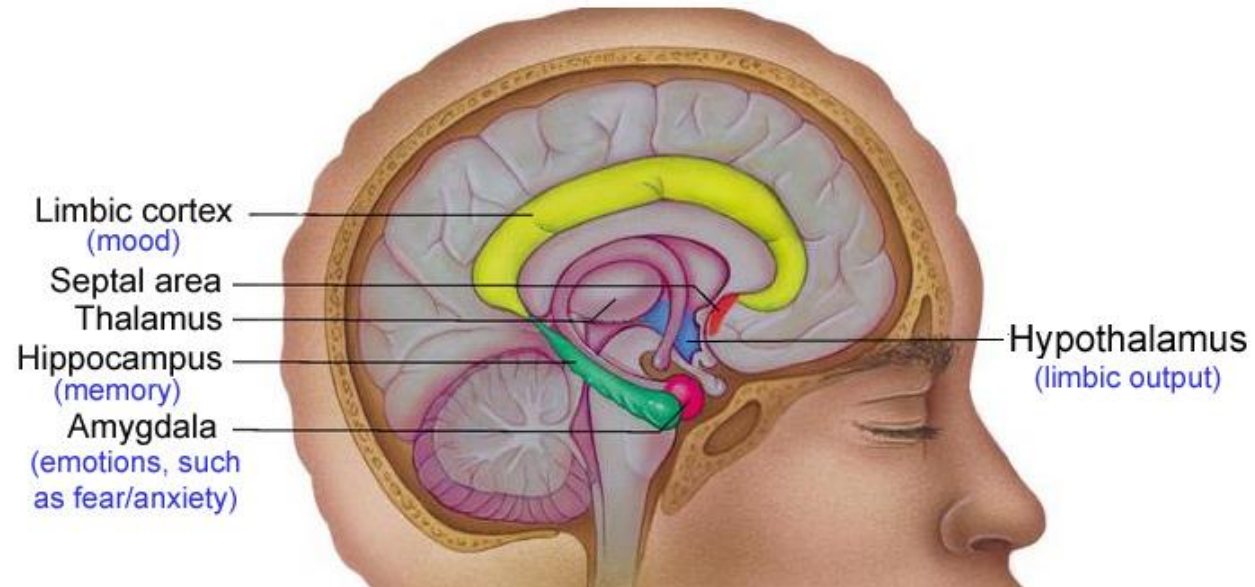
Prevalence of Trauma in Children and Adolescents

- Child and adolescent exposure to a broad range of traumatic experiences has been examined in large epidemiological studies:
 - *ACEs Study* (Anda & Felitti, 1999)
 - *The Developmental Victimization Study* (DVS; Finkelhor et al., 2005)
 - *The National Survey of Adolescents* (NSA; Kilpatrick & Saunders, 1997)
 - *The Great Smoky Mountains Study* (GSMS; Costello et al., 2002; Copeland et al., 2007)
- Through epidemiological research, we now know that a plurality of children and youth experience exposure to one or more traumatic events in their lifetimes (Fairbank, 2008)

Trauma Response—Neuroscience

The Brain

Limbic System



Axis HPA (Hypothalamus-Pituitary-Adrenal) (*Cycle of Panic*)

Amygdala

(scans the senses for signs of threat, danger, change, or stress)



Hypothalamus

CRF (corticotrophin releasing factor)



Pituitary Gland

ACTH (adrenocorticotrophic hormone)



Adrenal Glands

Cortisol (adrenaline, stress hormones)

Trauma and the Brain

- There is further evidence that intensive negative emotional experiences can alter the structure of other parts of the emotional brain as well. Individuals with post-traumatic stress disorder show enlargement of the amygdala.
- It's not surprising that the amygdala of a traumatized person becomes enlarged. It is enlarged because it is continuously overexcited and overworked. Having experienced trauma once, it senses danger even when there is no danger.
- MRIs have shown that the hippocampus shrinks from an over active amygdala

Children and Trauma

- Children are more vulnerable to the stress of trauma
- Children's responses to trauma are complex and are different from those of adults.
- Children's traumatizing experiences can compromise all areas of childhood development, including identity development, cognitive processing, body integrity, ability to manage behavior, affect tolerance, spiritual and moral development, and ability to trust self and others.

Children and Trauma

- Repeated traumatizing experiences have a neurodevelopmental, physiological, emotional, social and behavioral impact.
- Children's symptoms fall into 4 major categories:
 - Persistent fear state
 - Disorder of memory
 - Dysregulation of affect
 - Avoidance of intimacy
- When a child doesn't have the opportunity to process, give meaning, and learn to cope with the sequelae of the traumatic experience with a trusted adult, the trauma can have a devastating impact not only on the child's ability to master stage-specific developmental tasks at the time of the trauma but also on the course of subsequent development.
- Childhood trauma is considered a pivotal causal factor in the development of psychopathology and the quality of relationships with parents and other caregivers.

Children and Trauma

- These children develop “survivor behaviors”.
 - These behaviors help the child to survive extreme psychological stress in a hostile environment.
 - Such as fighting, running away, substance abuse, spacing out, self-injurious behaviors, eating disorders, etc.
- In a non-threatening environment the children will exhibit these behaviors to deal with their uncomfortableness and anxiety.
- To these children a nurturing environment is threatening!

Trauma and Neurodevelopment

- When stress hormones, intended for an emergency, remain “switched on” for a long time they can slow the growth of nerve fibers in the areas of the brain (hippocampus) which links experiences to emotions, and then stores the memories of these experiences and emotions. Imagine the far-reaching effects of overexposure to stress hormones on the brain of a child which is still growing.
- Some studies have shown that the hippocampus actually shrinks as a result of stress hormones over time.
- What impact does this process have on learning?

Trauma and Development

- Developmental consequences of trauma
 - Difficulty trusting others
 - Social isolation
 - Difficulty seeking help
 - Hypersensitivity to physical contact
 - Increase medical, emotional and mental problems
 - Problems with coordination and balance
 - Poor affect regulation
 - Problems with academic achievement
 - Oppositional/antisocial behaviors
 - Difficulty planning for the future

Traumatic Experiences and Education

- One out of every 4 children attending school has been exposed to a traumatic event that can affect learning and/or behavior.
- Trauma can impact school performance. (Lower GPA, higher absence rate, decreased reading ability, increased behavior problems).
- Trauma can impair learning. (Chronic exposure can adversely affect attention, memory, and cognition, interfere with problem solving, result in overwhelming feelings of frustration and anxiety).
- Traumatized children may experience physical and emotional distress.
- Educators can help a child who has been traumatized.

Why Trauma Informed Practices in Schools...

- Do educators and schools have an informed role to play in the lives of students struggling with unprocessed traumatic memories other than providing cognitive learning experiences?
- Although schools are not mental health facilities and teachers are not therapists, teaching today's students requires alternative strategies and skills compared to what worked a generation ago.
- Schools have attempted to address learning and behavioral dilemmas repeatedly over the last decade with traditional educational strategies and minimal success.
- Focusing on what actually are symptoms of traumatic stress as opposed to the root cause, which is trauma itself, has not resulted in the desired outcomes for students or schools. The field of education, from preschool through teacher training, cannot ignore the issue of traumatic stress if schools are to meet the expectations of parents, community, and the nation (**Oehlberg, 2008**).

Why Trauma Informed Practices in Schools...

- Becoming trauma informed requires a shift in the educational paradigm of classroom management.
- It goes against what you have learned about students' behavioral challenges and classroom discipline approaches.
- It changes how policies are developed and implemented in schools when encountering traumatized students.
- It has a ripple effect across the school environment and culture. It involves administration, teachers, staff, students and families

The Benefits of Being a Trauma Informed School...

- Improved academic achievement and test scores.
- Improved school climate.
- Improved teacher sense of satisfaction and safety in being a teacher.
- Improved retention of new teachers.
- Reduction of student behavioral out-burst and referrals to the office.
- Reduction of stress for staff and students.
- Reduction in absences, detentions, and suspensions.
- Reduction in student bullying and harassment.
- Reduction in the need for special educational services/ classes.
- Reduction in drop-outs. (Oehlberg, 2008)

Trauma Informed Care Framework for Schools

- Use Judith Herman's Stages of Trauma Recovery
 - Create a safe environment
 - Processing of unresolved trauma memories
 - Making connections with others

Trauma Informed Care (TIC)

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

• Hummer, V., Crosland, K., Dollard, N., 2009

“Focusing on relationships and connection plants us firmly in the social world and reduces the tendency to isolate, individualize and pathologize traumatized children and their families”—Bernie Geary, Child Safety Commissioner, Australia

The Best TIC Intervention

"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

Creating a Safe Environment at School through Relationships

- Rebecca S. Brown, LCSW suggests these strategies in working with students impacted by trauma:
 - Clarify your role with the student.
 - Establish yourself as a safe individual.
 - Create an environment of respect.
 - Give the student opportunities to make choices.
 - Talk about safety and what steps you will take to help the student be and feel safe.
- Connect the student to the appropriate resources and people.
- Message to students: “You are not alone.”

Creating a Safe Environment at School

- Some safety approaches for the classroom:
 - Have a predictable environment with clear expectations for behavior
 - Have structure during the class day, try not to deviate from it often
 - Establish a quiet, safe place in the classroom for students to go when they are feeling overwhelmed. It should be a comfortable space away from others, with comfortable furniture, blankets and pillows.
 - Have some sensory materials for students, such as a small rubber ball they can squeeze, stuffed animals, pillows with different types of fabric, pipe cleaners, rocks, crystals, play doh or clay, paper for scribbling, color markers/pencils, puzzles, etc.
 - Have pleasant colors, pictures of nature, cute animals, etc. in the classroom that students can focus on when dysregulated
 - Incorporate music into the classroom that is playing in the background, rhythmic sounds

Trauma Informed Interventions with Trauma Impacted Students

- Teach Stress Management/Relaxation Skills:
 - BREATHE! Teach breathing for relaxation
 - Provide students with a calm or quiet place to sit or talk.
- Remain calm, quiet, and present. Use LOW and SLOW when needed.
 - Watch the tone and speed of your voice/words—these children are hypersensitive to facial expressions, volume of voice, tone, etc. they pick up on stress-related behaviors of adults
 - Don't lecture or ask too many questions because the student can't process too much
 - Make sure to take deep breathes yourself to calm yourself and the student will imitate you
 - Slow yourself down, talk slower, use a lower pitch for your voice, don't use complex sentences, don't use lots of body movements
- Offer suggestions on self-calming techniques, such as mindfulness, grounding, tracking, positive memories.
- Teach positive self-talk to students and practice it before you need it. "I am safe" "I can calm myself down" "I am a good loving person"
- Use music, exercise, movement, stretching
- Incorporate more opportunities for humor and laughter into the curriculum. (Laughter reduces the traumatic response in the brain)

Behavioral Strategies for Trauma Impacted Students

- Strategies:
 - 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 for Trauma Impacted Students

- 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

Trauma Informed Interventions with Trauma Impacted Students

- Help students identify internal and external people and places that are safe.
- Teach students how to ask for help until someone responds.
 - Role play accessing additional supports.
 - Best friend role plays: “What would you tell your best friend to do?”
- Recognize that change happens very slowly.
- Know that you may never see the outcomes of your efforts.
- Trust that our simple compassionate gestures are important elements of healing and surviving.

Self Care to Prevent Vicarious or Secondary Trauma

- Working with traumatized students can be overwhelming so managing personal and professional stress is vital:
 - Exercise and eat healthy
 - Engage in a pleasant hobby or activity
 - Creating a health consistent structure and pattern in your personal life.
 - Knowing your limits.
 - Improving your understanding of trauma and secondary trauma.
 - Taking a time out.
 - Seeking support from co-workers, family, friends
 - Professional counseling
 - Vacations

Resources

- Brenda Ingram, EdD, LCSW, Director of Clinical Services, Peace Over Violence. Brenda@peaceoverviolence.org
- *Helping Traumatized Children Learn. A Report and Policy Agenda.* Retrieved at <http://www.k12.wa.us/CompassionateSchools/pubdocs/HelpTraumatizedChildLearn.pdf>
- Some videos on Trauma Informed Practices in Schools
 - Children, Violence and Trauma—Interventions in Schools
 - <https://www.youtube.com/watch?v=49GzqPP7YYk>
 - Modules on creating trauma informed care in schools, Madison Metropolitan School District. There are 10 modules, here are a few of them:
 - https://www.youtube.com/watch?v=elaLV_b8FXw
 - <https://www.youtube.com/watch?v=IJpafA1G148>
 - <https://www.youtube.com/watch?v=YQoQS4RFJRO>