

# TRAUMA INFORMED CARE

Developing Student and Staff Resiliency Through  
Education and Mindfulness

**MSLBD Conference 2018**  
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**Summit Ridge Academy**  
**Lee's Summit R-7 School District**

I Want You to Think About a  
Student



“This child is ours. He is smart and bright and kind and troubled and hurt and angry . . . He has struggled mightily to overcome trauma, despair, learning challenges, and a self-defeating mentality. It hurts to get close to children like him . . . It’s like hugging a porcupine . . . And hugging porcupines is occasionally the most important part of our job.”

-Rob Miller - *Hugging a Porcupine* (Retrieved from <http://www.viewfromtheedge.net/author/miller727icloud-com/>)

## Objectives

- Define trauma and Trauma Informed Care & identify some of the key research of TIC movement
- Understand systemic impact of trauma - brain-based research
- Begin to change the lens through which we view our students who have experienced trauma
- Show you what can happen when you put this into practice

## A Couple of Warnings . . .

- The content of this presentation can be *triggering* for those who have experienced trauma in their lives and research says that's over 60% of you
- I will share some of my story as well as some of stories of children with whom I have worked
- I will get emotional . . . I just can't help it!!

Now that we have that covered . . .

## Take Care of Yourself

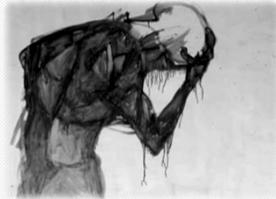


Self-care is  
not selfish.  
You cannot  
serve from an  
empty vessel.

Eleanor Brown with 2Ns  
[eleanorbrown.com](http://eleanorbrown.com)

## What is Trauma?

“Trauma is an Emotional or Psychological injury, usually resulting from an extremely stressful or life-threatening situation rendering the person temporarily helpless, and breaking past ordinary coping and defense mechanisms.”



(Childhood Traumas: An Outline and Overview)

“Traumatization occurs when both internal and external resources are inadequate to cope with external threat.”

-Bessel Van der Kolk M.D. (1999)



## What Is Trauma Informed Care?

- 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
- Seeks to actively resist re-traumatization

## Why is This Info Important?

We have to change the **culture** and **thinking** in our schools to understand and embrace the impact of trauma.

This starts with changing our behavior and our attitudes about it:

- Our Language
- Our Practice
- Our Support

**“Culture eats strategy for breakfast!”**

-Peter Drucker

## Trauma’s Impact By the Numbers

- **60%** of adults report experiencing abuse or other difficult family circumstances during childhood.
- **26%** of children in the United States will witness or experience a traumatic event before they turn four.
- Young children exposed to five or more significant adverse experiences in the first three years of childhood face a **76%** likelihood of having one or more delays in their language, emotional or brain development.

-Recognize Trauma - <http://www.recognizetrauma.org/statistics.php>

## Trauma's Impact By the Numbers

- Nearly **14%** of children (0-17) repeatedly experienced maltreatment by a caregiver, including nearly **4%** who experienced physical abuse.
- **More than 60%** of youth age 17 and younger have been exposed to crime, violence and abuse either directly or indirectly.

-Recognize Trauma - <http://www.recognizetrauma.org/statistics.php>

## Trauma's Impact By the Numbers

### **In a classroom of 25 students:**

- 2 Experienced sexual victimization
- 3 Experienced childhood maltreatment
- 8 Have experienced direct victimization of some type

### **Overall:**

- 11% of adolescents have a depressive disorder by age 18
- 8% of teens 13-18 have an anxiety disorder
- Of these teens only 18% received mental health care

-Dr. Gil Noam - TSS School Summit 2016

## The Good News . . .

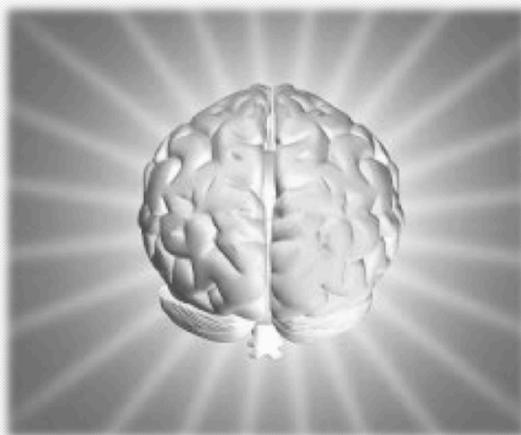
The more healthy relationships a child has, the more likely he will be to recover from trauma and thrive. Relationships are the agents of change and the most powerful therapy is human love.

Bruce D. Perry

“When working with trauma-impacted students, we must reach their hearts before we can reach their heads.”

-Dr. Ken Ginsburg





## The Neurobiology of Trauma

## Early Brain Development is the Foundation for All Learning

“Both brain architecture and developing skills are built ‘from the bottom up,’ with simple circuits providing the scaffolding for more advanced circuits and skills over time.”



-Center on the Developing Child at Harvard University (2007)  
<http://www.developingchild.harvard.edu>

## Stress

**Stress** is a mental, physical, or biochemical response to a perceived threat or demand.

- natural and inevitable part of childhood
- the type, frequency, or duration of the stress is what makes the difference

## Stress: 3 Types

<p><b>Positive</b> Normal, typical childhood experiences</p>	<p>Brief Increase in heart rate, mild elevations in stress hormone level</p>	<ul style="list-style-type: none"> <li>• Preparing for a big event (big game, important test)</li> <li>• Minor injury</li> <li>• Brief separation from family (day care, school)</li> </ul>
<p><b>Tolerable</b> More complicated, scary, challenging, and long-lasting</p>	<p>Temporary stress responses buffered by support and/or protective factors (relationships, resources, and/or coping skills)</p>	<ul style="list-style-type: none"> <li>• Parent's divorce</li> <li>• Poverty</li> <li>• Death of a loved one</li> <li>• Natural/manmade tragedy</li> </ul>
<p><b>Toxic</b> Severe, long-lasting, uncontrollable, and/or frequent</p>	<p>Prolonged activation of the stress response system due to lack of support, access to resources, and/or protective factors (relationships, resources, and/or coping skills)</p>	<ul style="list-style-type: none"> <li>• Physical, mental, or sexual abuse</li> <li>• Neglect</li> <li>• Exposure to violence</li> </ul>

## Toxic Stress

**Toxic Stress** occurs when a person is exposed to frequent high levels of excessive stress that cause the body to exist in a heightened state of stress response

- can hinder a child's physical, emotional, social, academic, and cognitive development

## Toxic Stress Derails Healthy Development

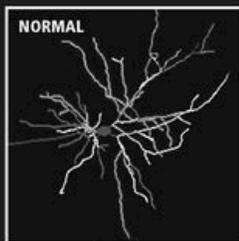
“If a child is pre-occupied with fears or anxiety or is dealing with considerable stress, no matter how intellectually-gifted that child may be, his or her learning is going to be impaired by that kind of emotional interference.”



-Jack P. Shoukoff: Center on the Developing Child at Harvard University  
<http://www.developingchild.harvard.edu>

## HOW TOXIC STRESS IN CHILDHOOD ALTERS THE BRAIN

Exposure to major adversity in early childhood can weaken brain development. This can permanently set the body's stress response system on high alert. A stable, nurturing environment can prevent these responses and outcomes for learning, behavior and health.



**NORMAL**

A typical neuron with many connections looks like this.

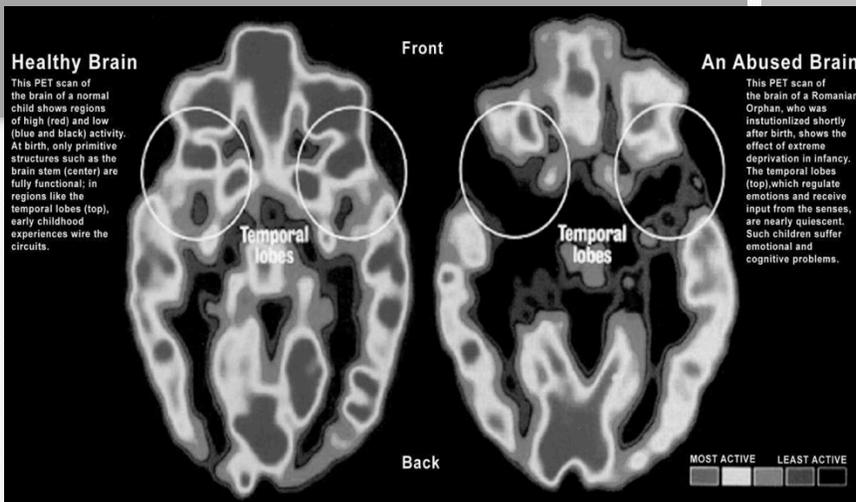
SOURCES: J.J. Radley Neuroscience 2004



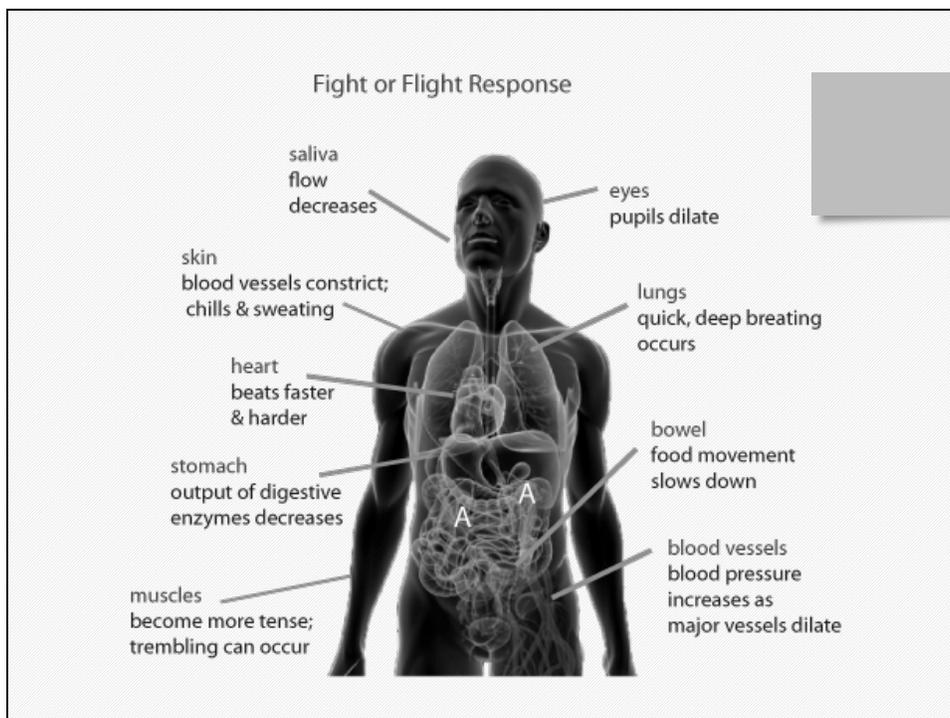
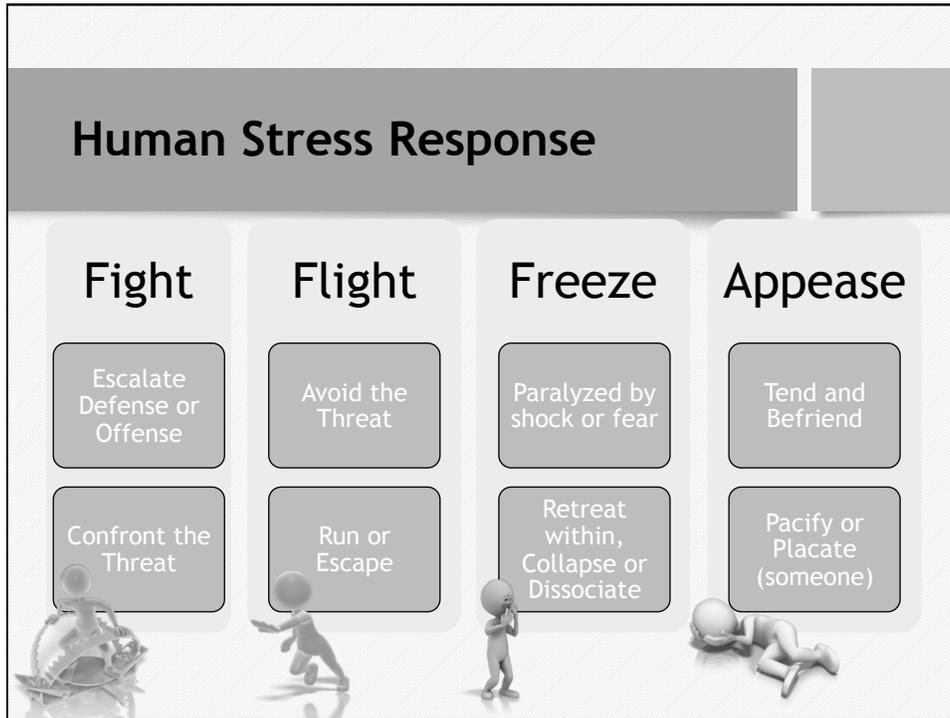
**TOXIC STRESS**

A neuron damaged by toxic stress has fewer connections.

MARTHA THIERRY/DETROIT FREE PRESS



<https://www.naccchildlawblog.org/child-welfare-law/what-does-it-mean-to-be-trauma-informed/>



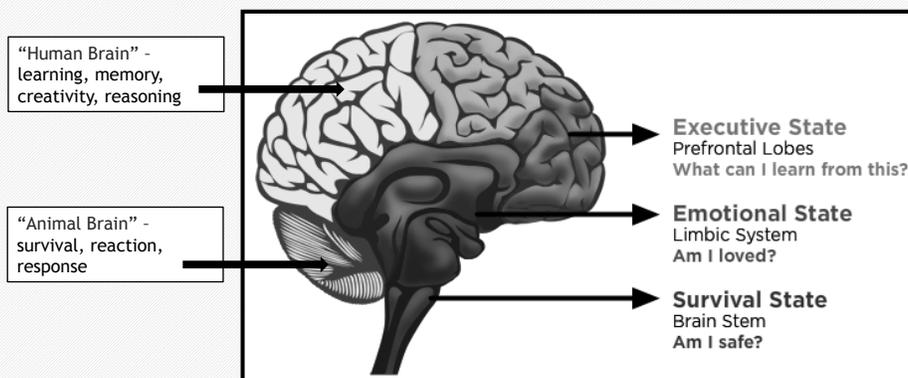


**Think About Him . . .**

“The fear response is deeply ingrained in the human brain. Under threat of any kind – hunger, thirst, pain, shame, confusion, or too much, too new or too fast – we respond in ways to keep us safe.

**Our minds will focus only on the information that is, at that moment, important for survival. Fear kills curiosity and inhibits exploration.”**

## “Top-Down vs. Bottom-up”



## “Top-Down vs. Bottom-up”

### “Top-Down” = healthy brain

The neocortex has control over the survival impulses of the lower parts of the brain . . . The neocortex keeps the brain in check and can control the limbic system which is the center for emotions

### “Bottom-Up” = unhealthy brain

The mid-brain is in charge . . . These students are dysregulated and function from the part of the brain where there is no reason, no connection to consequences, and no care for anyone but themselves

*The Trauma-Informed School (2016)*

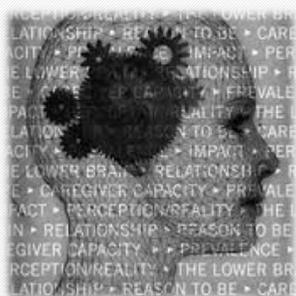
“The human brain is in learning mode or survival mode but never at the same time.”

-Dr. Craig Boykin

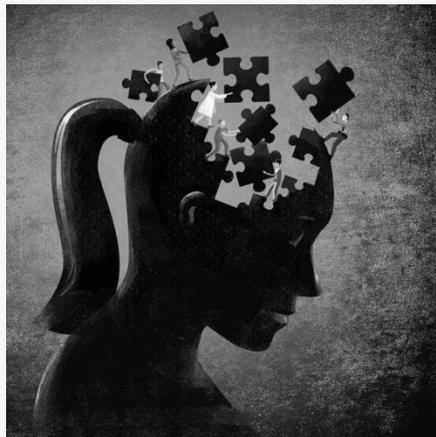
**Do we know which mode our students are in each day at school?**

## So What Have We Learned?

“This is a **brain** issue . . . not a **behavior** issue.”



-The Trauma-Informed School (2016)



## The ACE's Study

## The ACE's Study

### The Relationship of Adverse Childhood Experiences to Adult Health Status (ACE's)

A collaborative effort of Kaiser Permanente and the Centers for Disease Control

- Vincent J. Felitti, M.D.
- Robert F. Anda, M.D.

[www.cestudy.org](http://www.cestudy.org)

## What Are The ACE's

### THE 10 ADVERSE CHILD EXPERIENCES

- |                            |                                      |
|----------------------------|--------------------------------------|
| 1. Physical abuse          | 2. Emotional abuse                   |
| 3. Sexual abuse            | 4. Physical neglect                  |
| 5. Emotional neglect       | 6. Alcohol or drug abuse by a parent |
| 7. Mentally ill parent     | 8. Divorce                           |
| 9. Incarceration of parent | 10. Childhood Domestic Violence      |

<https://cdv.org/what-is-cdv/adverse-childhood-experiences/>

### PEOPLE WHO HAVE EXPERIENCED TRAUMA ARE:



## The ACEs Catch

ACEs don't occur alone . . .

If an individual experiences 1 ACE the likelihood they experience two or more goes up by 87%

ACEs Science 101 -  
<https://acestoohigh.com/2013/05/13/nearly-35-million-u-s-children-have-experienced-one-or-more-types-of-childhood-trauma/>

## ACE's Impact By the Numbers

With an ACE score of 4 or more:

- 32X more likely to develop learning/behavior problems
- 4X more likely to develop chronic obstructive pulmonary disease (COPD)
- 5X more likely to develop depression
- 7X more likely to consider themselves alcoholic
- 10X more likely to use illicit drugs
- 12X more likely to attempt suicide

ACEs and Child Trauma Leave Lasting Scars (2016)  
<http://www.rawhide.org>

## ACE's Impact By the Numbers

With an ACE score of 6 or more:

- Died 20 years earlier than those without ACE's

ACE's cost the Economy \$124 Billion over the lifetime of those affected by ACE's

- \$83.5 Billion in Productivity Loss
- \$25 Billion on Healthcare

ACEs and Child Trauma Leave Lasting Scars (2016)

<http://www.rawhide.org>

## ACE's and School Performance

Research indicates, and experienced educators know, that there is clear relationship between ACEs and student learning/behavior. In other words . . .

- The higher the ACE number . . . The higher the likely a child is to have learning/behavior problems

## ACE's and School Performance

An early study that looked at the correlation between ACEs and learning/behavior problems found the following:

- children with an ACE score of 0 had a 3% likelihood of developing learning/behavior problems
- children with an ACE score of 4 or more exhibited these same learning/behavior problems 51% of the time

(Burke et al., 2011)

## ACE's and School Performance

Youth with at least an ACE Score of 2:

- Are designated to special education at a higher rate
- Are 2½x more likely to fail a grade
- Score 1½x lower on standardized tests
- Have more receptive and expressive language difficulties
- Are 2x more likely to be suspended/expelled

## What Does Trauma Do To Us?

- Trauma shapes a person's basic beliefs about identity, world view, and spirituality.
- Trauma creates symptoms that are ADAPTATIONS: what we see as the problem is the person's solution
- Developmental trauma sets the stage for unfocused responses to subsequent stress.

-Bessel A. van der Kolk, MD

[http://www.traumacenter.org/products/pdf\\_files/Preprint\\_Dev\\_Trauma\\_Disorder.pdf](http://www.traumacenter.org/products/pdf_files/Preprint_Dev_Trauma_Disorder.pdf)

## Trauma's Impact on Learning

### Negative Impacts Include:

- Organizing Narrative Material
- Cause & Effect
- Taking Another's Perspective
- Showing Empathy
- Attentiveness
- Regulating Emotions
- Executive Functioning
- Engaging in Curriculum



## Trauma's Impact on Behavior

Negative Impacts Include:

- Reactivity & Impulsivity
- Aggression
- Defiance
- Withdrawal
- Perfectionism



We know that children exposed to trauma struggle to respond/process appropriately so what does this mean for us?

## The Problem With Traditional Approaches to Discipline

- Consequences by definition can only work when the person experiencing them understands the reason they are being applied and the desired outcome of the consequence.
- Consequences by themselves do not teach the thinking skills that are lacking or solve the issues that lead to the undesirable behavior

Adapted from Dr. Ross W. Greene - *Lost at School* (2014)

“ . . . Kids with behavioral challenges lack important thinking skills, an idea supported by research in the neurosciences over the past thirty years . . . when you treat challenging kids as if they have a developmental delay and apply the same compassion and approach you would use with any other learning disability, they do better.”



-Dr. Ross W. Greene from *Lost at School* (2014)

## What Do We Do?

We have to change the **culture** and **thinking** in our schools to understand and embrace the impact of trauma.

This starts with changing our behavior and our attitudes about it.

- Our Language
- Our Practice
- Our Support

## Creating a Trauma Informed School Means . . .

We change the question from:

- “What’s Wrong With You?” to “What’s Happened To You?”

We create a trauma-sensitive culture

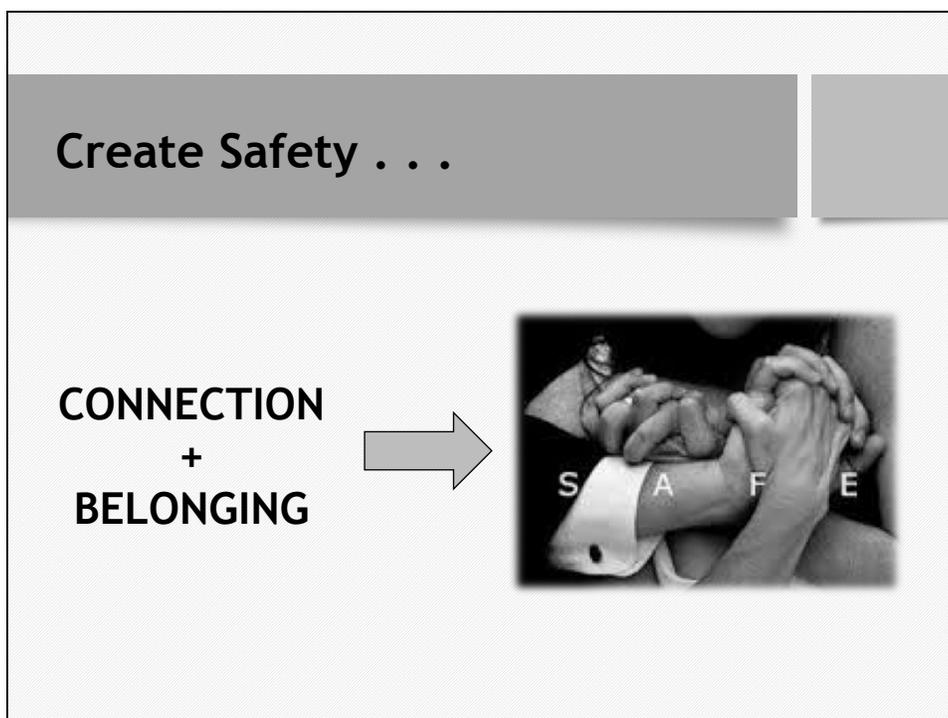
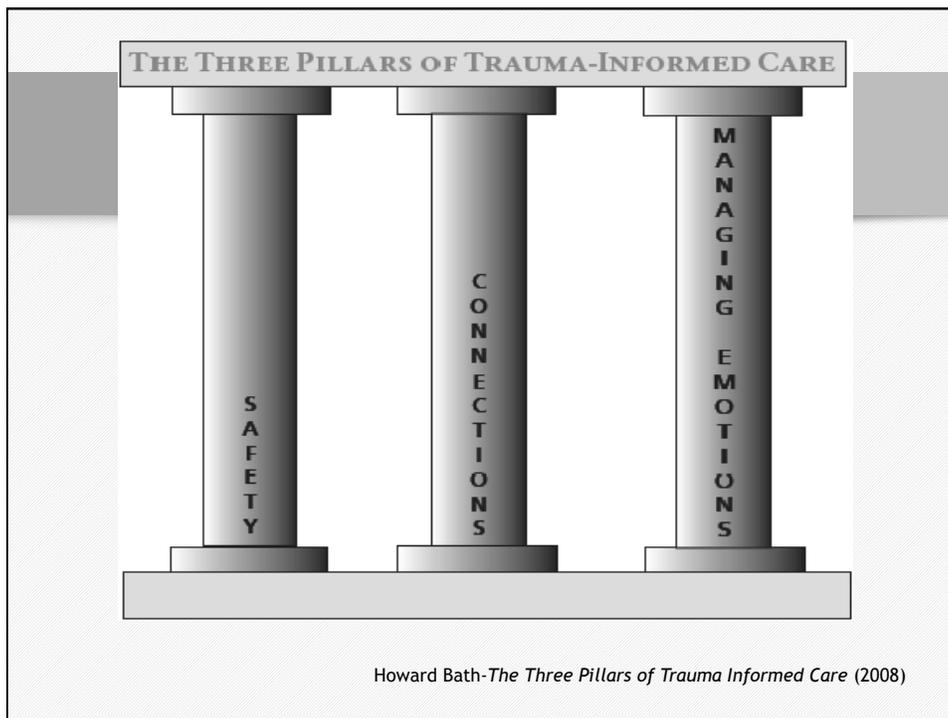
- Recognize symptoms as survival skills

We give them a different experience

- Create a compassionate, caring, nonjudgmental environment

“Creating a trauma-informed school isn’t about teachers becoming therapists. It’s about creating an environment that focuses on **relationship, trust, and emotional safety.**”

*-The Trauma-Informed School (2016)*



## Managing Emotions

What do we do to help our students learn to manage their emotions . . .

- Help them develop Resilience
- Help them recognize Triggers

## Developing Resilience

**Resilience:** The process of adapting well in the face of adversity, trauma, tragedy, threats or significant sources of stress.

-American Psychological Association



## Developing Resilience

Psychologists have identified 2 main factors that that help a person find resilience:

1. The ability to regulate emotions
2. Optimism

Knowing this, can you understand why our kids with trauma struggle?

## Characteristics of Resilience\*

- Internal locus of control
- Strong self-esteem, self-efficiency
- Have personal goals
- Sense of meaningfulness
- Can use past successes to confront current challenges
- Can view stress as a challenge/way to get stronger
- Use humor, patience, tolerance, and optimism
- Can adapt to change
- Action-oriented approach
- Have strong relationships and ask for help
- Have faith

\*Connor, KM (2006) Assessment of Resilience in the Aftermath of Trauma. *J Clin Psychiatry* 67 (suppl2):46-49

## Protective Factors



## Recognizing Triggers

**Trigger** - something that sets off a memory tape or flashback transporting the person back to the event of her/his original trauma.

Triggers are very personal; different things trigger different people.

## Recognizing Triggers

### Smell

- Odors associated with an abuser
- Odors associated with the place or situation

### Taste

- Tastes that trigger memories of abuse
- Alcohol, cigarette, drugs, etc. that might have been a part of trauma experience

### Touch

- Any type of physical contact or proximity that resembles the abuse
- The sensation of any type of object used during the abuse

## Recognizing Triggers

### Sight

- An individual who resembles the abuser, similar traits or objects
- A situation where someone else is being threatened or abused
- An object that was part of the abuse, has similarity, or is associated with the site where the abuse took place

### Sound

- Angry sounds
- Sounds associated with pain or fear
- The survivor is being reprimanded/confronted
- Sounds associated with the place or situation before, during or after the abuse

## Creating a Trauma Informed School: What Does It Look Like

### Staff Commitment

- Administration actively participate in and support efforts to create a safe and supportive school environment for all individuals . . . including the adults
- All staff are committed to creating an environment that recognizes the signs and symptoms of trauma
- Staff actively participate in on-going training related to trauma - recognition, response, and recovery

## Creating a Trauma Informed School: What Does It Look Like

### Classroom Management

- Classroom management procedures are designed to support students and “take over when the child’s coping skills fail” through routines and interventions
- Classroom management follows a multi-tiered system of support
- Staff responses are designed to not re-traumatize the student through shame, rejection, or isolation

## Creating a Trauma Informed School: What Does It Look Like

### Discipline Policy

- School discipline policies respond to students and seek to find the right balance between providing grace and holding the student accountable
- Consequences focus on changing behavior and restoring the student to the school community versus simply isolating or removing

## Creating a Trauma Informed School: What Does It Look Like

### Support

- Screening and assessment tools that identify exposure to past/present trauma are implemented
- Interventions are identified/implemented
- When available, access to counseling/mental health professionals is made available
- Staff regularly discuss students who have been exposed to trauma and plans/supports are put in place universally

## Benefits of Being a Trauma Informed School

- Reduction of students behavioral outbursts
- Reduction in office referrals
- Reduction in absences, detentions, and suspensions
- Reduction in drop-outs
- Improved academic achievement
- Reduction in stress for students and staff
- Improved school climate
- Reduction in special education services/classes



## The Summit Ridge Journey

## What Is Summit Ridge Academy

Lee's Summit School District's Alternative School

- Serves students grades 7-12
- 125 in the program each quarter
- 90% of students are voluntary and come to SRA by choice
- 10% of students are assigned by administrative placement or LTS
- 95% of students are in credit lag
- 12% of students are on an IEP

## What SRA Chose to Do?

**We Got Educated, Created a Road Map, & Got Started**

- On-going professional development related to trauma: identification, symptoms, responses, and support
- TIC Leadership Team
- Student Support Team
- TIC written into our school improvement plan

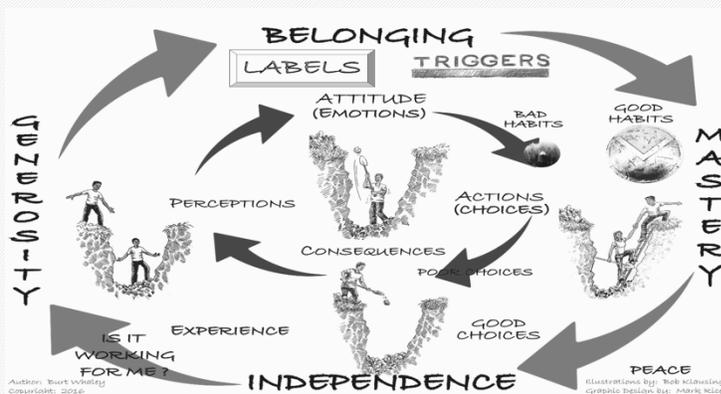
## What SRA Chose to Do?

### Began the process of infusing and connecting what we learned into existing practices

- Relationships, Relationships, Relationships
- Student Interviews: Laying the Groundwork
- Daily Triage and Support
- Sensory Boxes and Mindful Minutes
- Safe Spaces (classroom and building)
- Changed our language (C.H.O.I.C.E.S., DBT, Attunement Activities)
- Changed our responses (Classroom Management, Discipline, Processing)
- Healthy Habits and Mindfulness (Yoga, Art Therapy, Meditation)
- Changed the way we take care of ourselves and each other

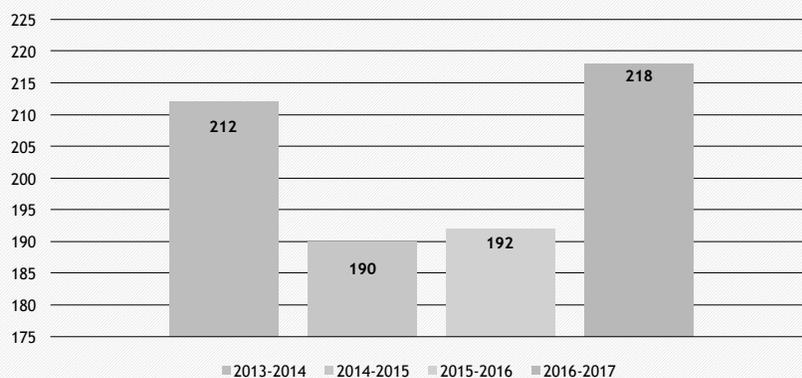
## C.H.O.I.C.E.S.

Changing Habits Of Individual Choices & Experiencing Success



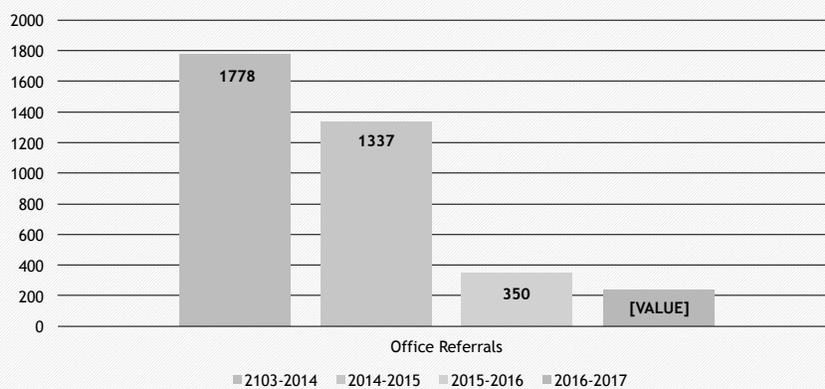
## What Have We Seen as a Result?

Students Served at SRA

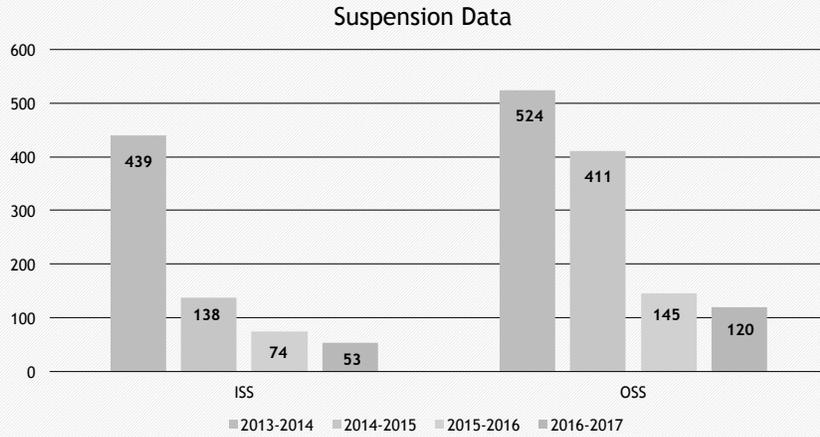


## What Have We Seen as a Result?

Total Office Referrals

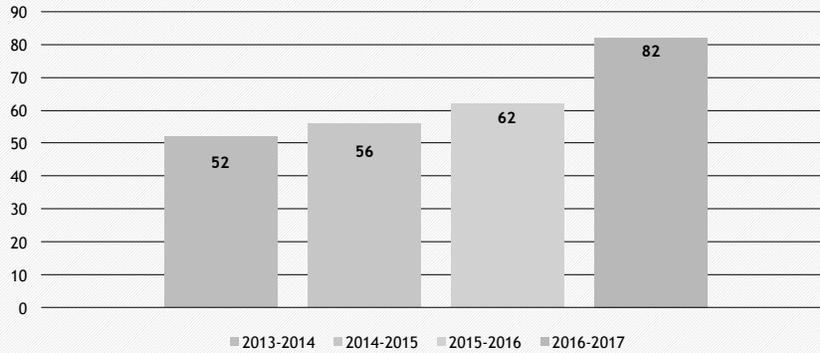


## What Have We Seen as a Result?



## What Have We Seen as a Result?

Students Completing HS Diploma -  
Regular/MO Options



## The Positive Impact

As a result of the changes we committed to in the way we look at and react to kids we are seeing the numbers heading in the right directions . . .

- 87% reduction in overall discipline referrals from 13-14
- 88% reduction in ISS days from 13-14
- 77% reduction in OSS days from 13-14
- 94% reduction in LTS referrals from 13-14
- 2% increase in ADA from 13-14
- 35% increase in the number of students completing a high school diploma

## The “Real” Reason We Do It . . .



Because EACH of these kids has a story . . .

## Where Are We Headed?

- Continue Learning and Gathering Resources
  - Growing our capacity to meet the needs of our students
- Expand on our practices
- Continue Sharing
  - District Outreach/Training
  - Family Outreach
  - Community Outreach

## These Things We Know or Have Learned . . .

- Relationships, Relationships, Relationships
- Every Child Has a Story
- Every Child Deserves a Champion
- Get Ready to Hug Some Porcupines
- It's a Brain Issue . . . Not a Behavior Issue
- We Need to Teach Kids a Different Way (CHOICES)
- The Data Doesn't Lie!

