

Got Trauma-Informed in Your School?

*Integrating Trauma-Informed Care
within Social, Emotional, and
Behavioral Tiered Services*

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Kansas City, Kansas

Agenda

- Review trauma-informed core principles, highlighting connections within a behavioral and tiered framework.
- Describe strategies for integrating a trauma-sensitive focus across the continuum of preventive supports.
- Discuss practical take-aways for integrating a trauma-sensitive lens in the classroom.

Review trauma-informed core principles,
highlighting connections within a
behavioral and tiered framework.

Defining Trauma



Childhood trauma can be described as an event that poses a threat (adversity), which may be experienced by the child as harmful (physically or emotionally); the child's reaction to the traumatic experience may have enduring effects on functioning and well-being.

(adapted from SAMHSA, 2014)

Quick Look: How can trauma affect the whole body?

RESILIENCE:
THE BIOLOGY OF STRESS &
THE SCIENCE OF HOPE

Documentary By KPRJ Films -
<https://kprjfilms.co/resilience/>

IT'S NOT JUST EXTERNALIZING BEHAVIORS!

POSSIBLE SYMPTOMS / IMPACT ON FUNCTIONING

Attachment and Relationships:

- Relationship problems with family members, adults, and peers
- Problems with attachment and separation from caregivers
- Problems with boundaries
- Distrust and suspiciousness
- Social isolation
- Difficulty attuning to others and relating to other people's perspectives

Physical Health: Body & Brain:

- Sensorimotor developmental problems
- Analgesia
- Problems with coordination, balance, body tone
- Somatization
- Increased medical problems across a wide span
- Developmental delays/regressive behaviors

Emotional Responses:

- Difficulty with emotional self-regulation
- Difficulty labeling and expressing feelings
- Problems knowing and describing internal states
- Difficulty communicating wishes and needs
- Internalizing symptoms such as anxiety, depression, etc.

Self-Concept & Future Orientation:

- Lack of a continuous, predictable sense of self
- Poor sense of separateness
- Disturbances of body image
- Low self-esteem
- Shame and guilt
- Negative expectations for the future or foreshortened sense of future

Thinking & Learning:

- Difficulties with executive functioning and attention
- Lack of sustained curiosity
- Problems with information processing
- Problems focusing on and completing tasks
- Difficulties with planning and problem-solving
- Learning difficulties
- Problems with language development

Behavior:

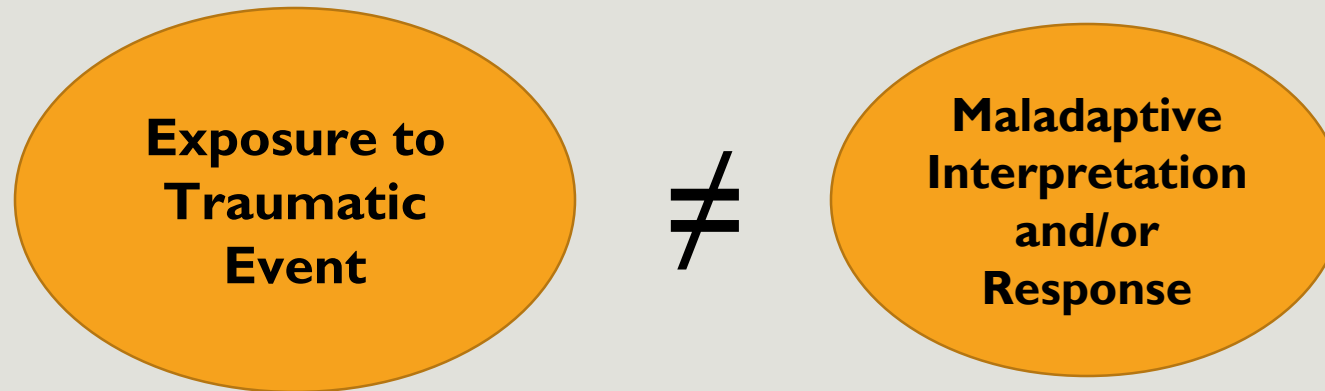
- Difficulties with impulse control
- Risk-taking behaviors (self-destructive behavior, aggression toward others, etc.)
- Problems with externalizing behaviors
- Sleep disturbances
- Eating disturbances
- Substance abuse
- Oppositional behavior/difficulties complying with rules or respecting authority
- Reenactment of trauma in behavior or play (e.g., sexual, aggressive)

Dissociation:

- Disconnection between thoughts, emotions and/or perceptions
- Amnesia/loss of memory for traumatic experiences Memory lapses/loss of orientation to place or time
- Depersonalization (sense of being detached from or "not in" one's body) and derealization (sense of world or experiences not being real)
- Experiencing alterations or shifts in consciousness

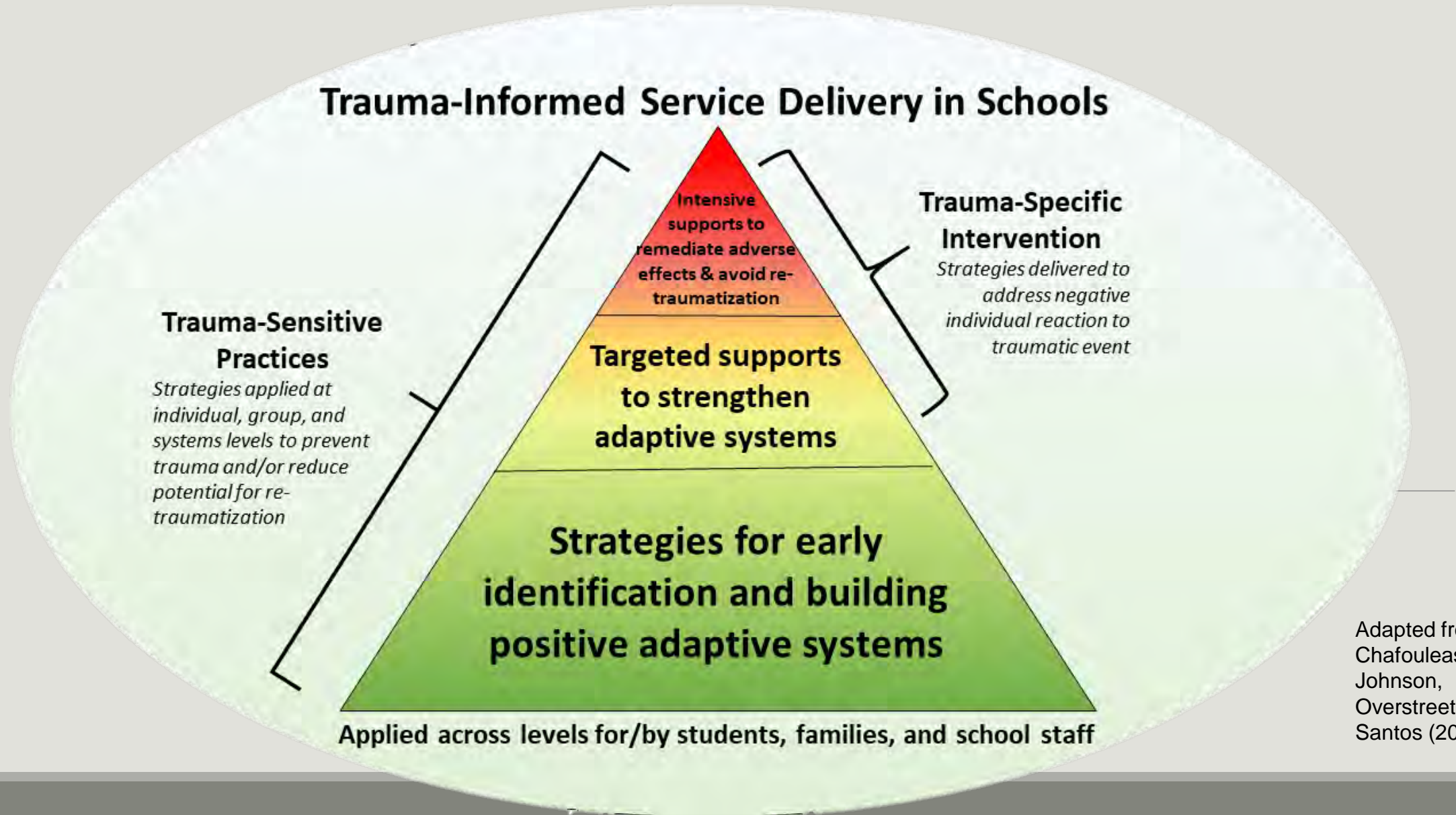
*The information above is adapted from Cook et al., 2005.

“...which may be experienced by the child as harmful (physically or emotionally)...”



- An important aspect of trauma service delivery is determine who should receive intervention
- Avoiding re-traumatization
- Providing treatment to those with trauma exposure without an elevated response *can cause harm*

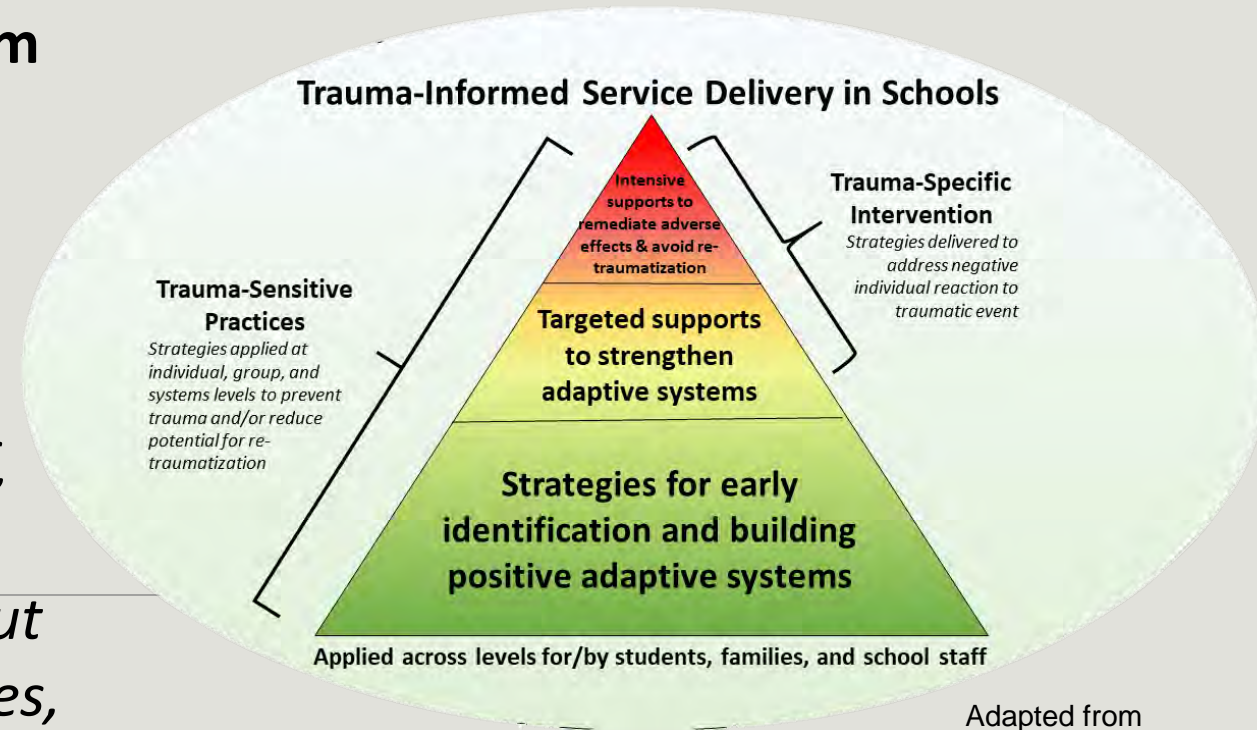
“...which may be experienced by the child as harmful (physically or emotionally)...” provides **RATIONALE** for Trauma-Informed Schools



“...which may be experienced by the child as harmful (physically or emotionally)...” provides **RATIONALE** for Trauma-Informed Schools

SAMHSA's 4 R's to a Trauma-Informed System

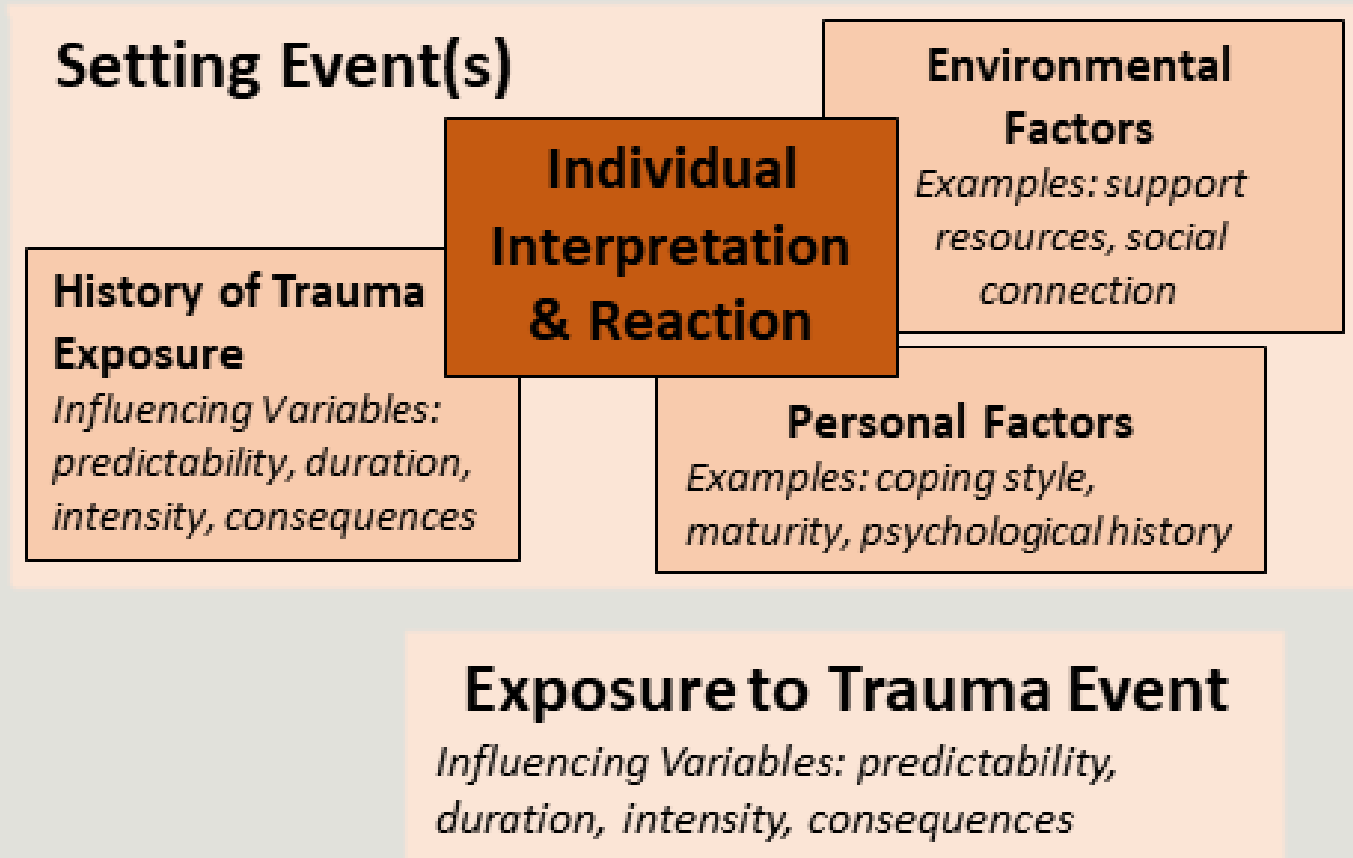
“A program, organization, or system that is trauma-informed **realizes** the widespread impact of trauma and understands potential paths for recovery; **recognizes** the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and **responds** by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively **resist** re-traumatization”



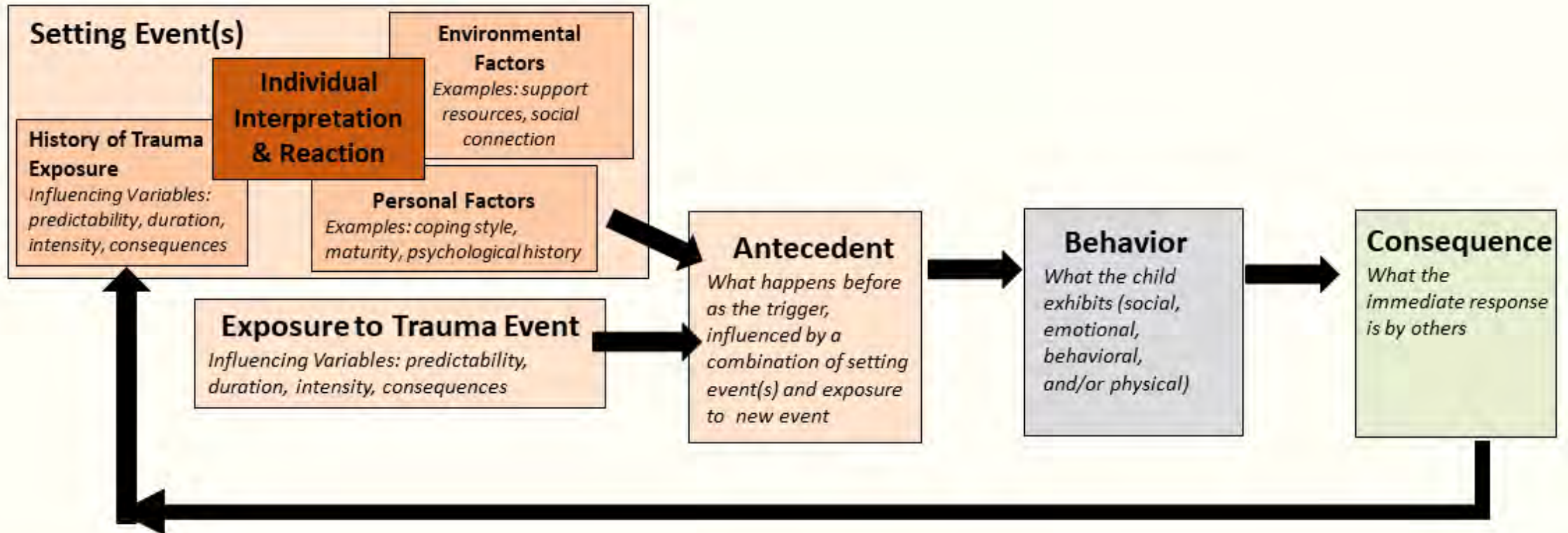
Adapted from Chafouleas, Johnson, Overstreet, & Santos (2016)

Source: <https://store.samhsa.gov/product/SAMHSA-s-Concept-of-Trauma-and-Guidance-for-a-Trauma-Informed-Approach/SMA14-4884.html>

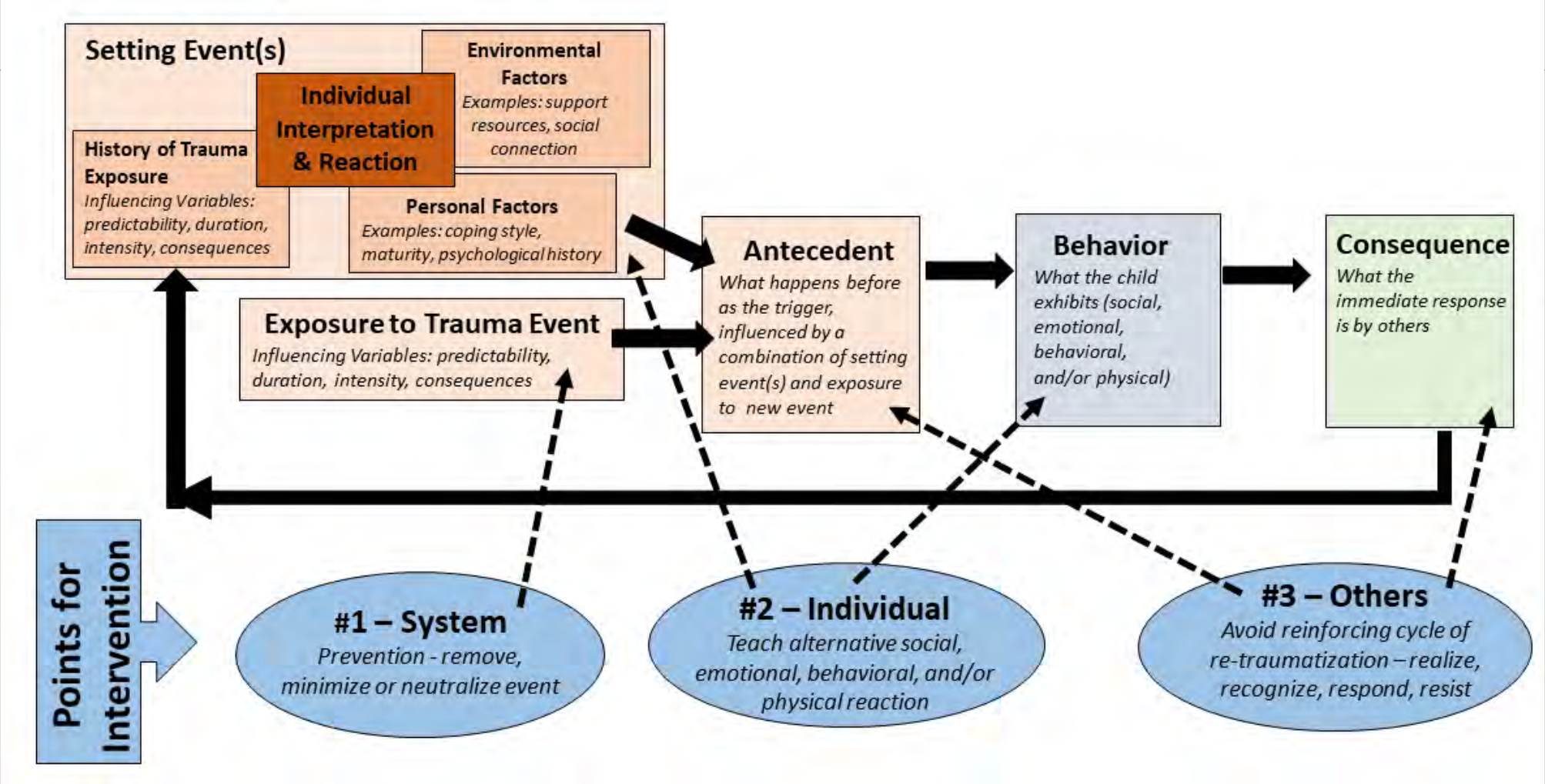
Defining Trauma



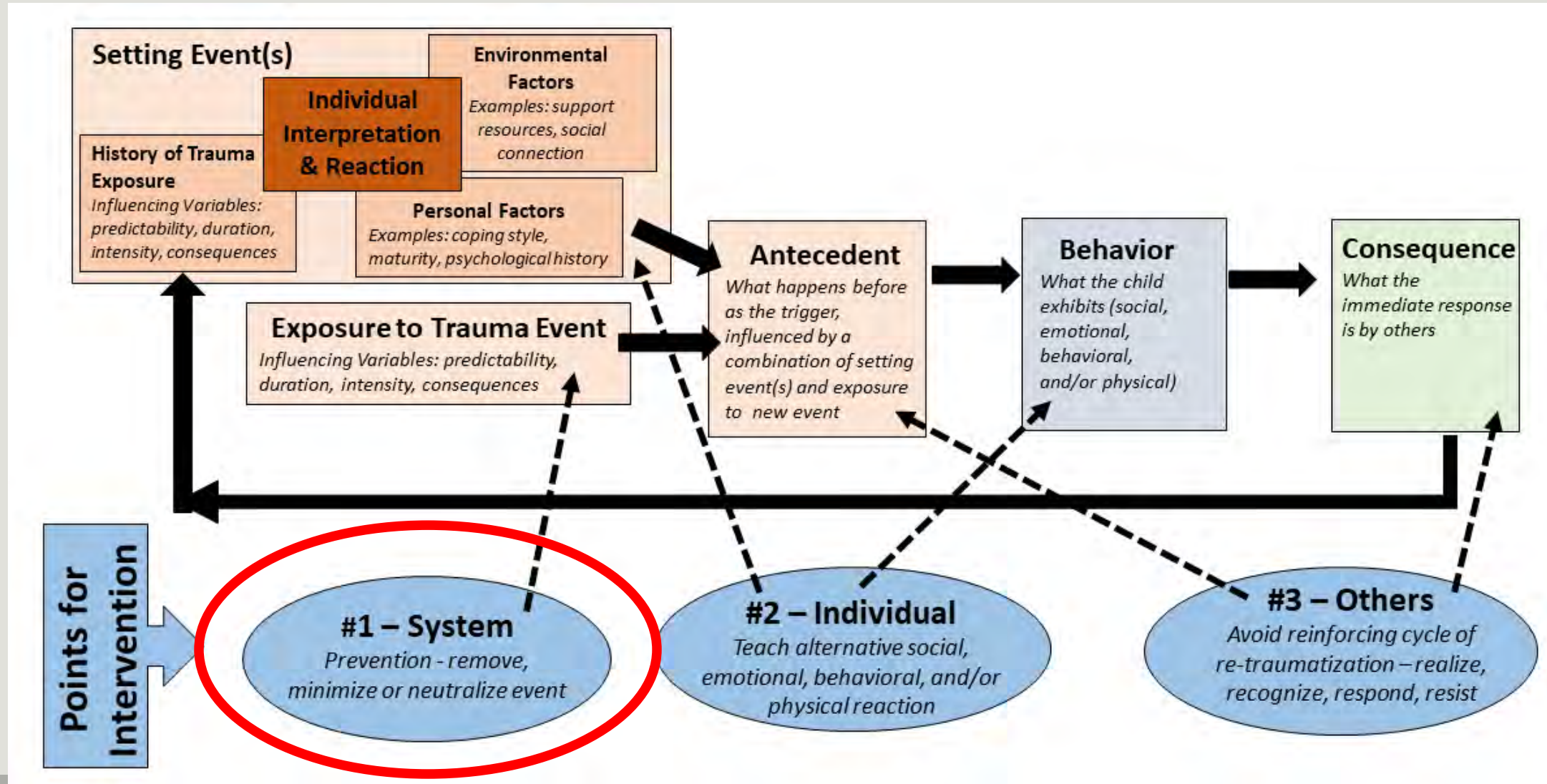
Defining Trauma: Cycle of Exposure, Reaction, Consequence



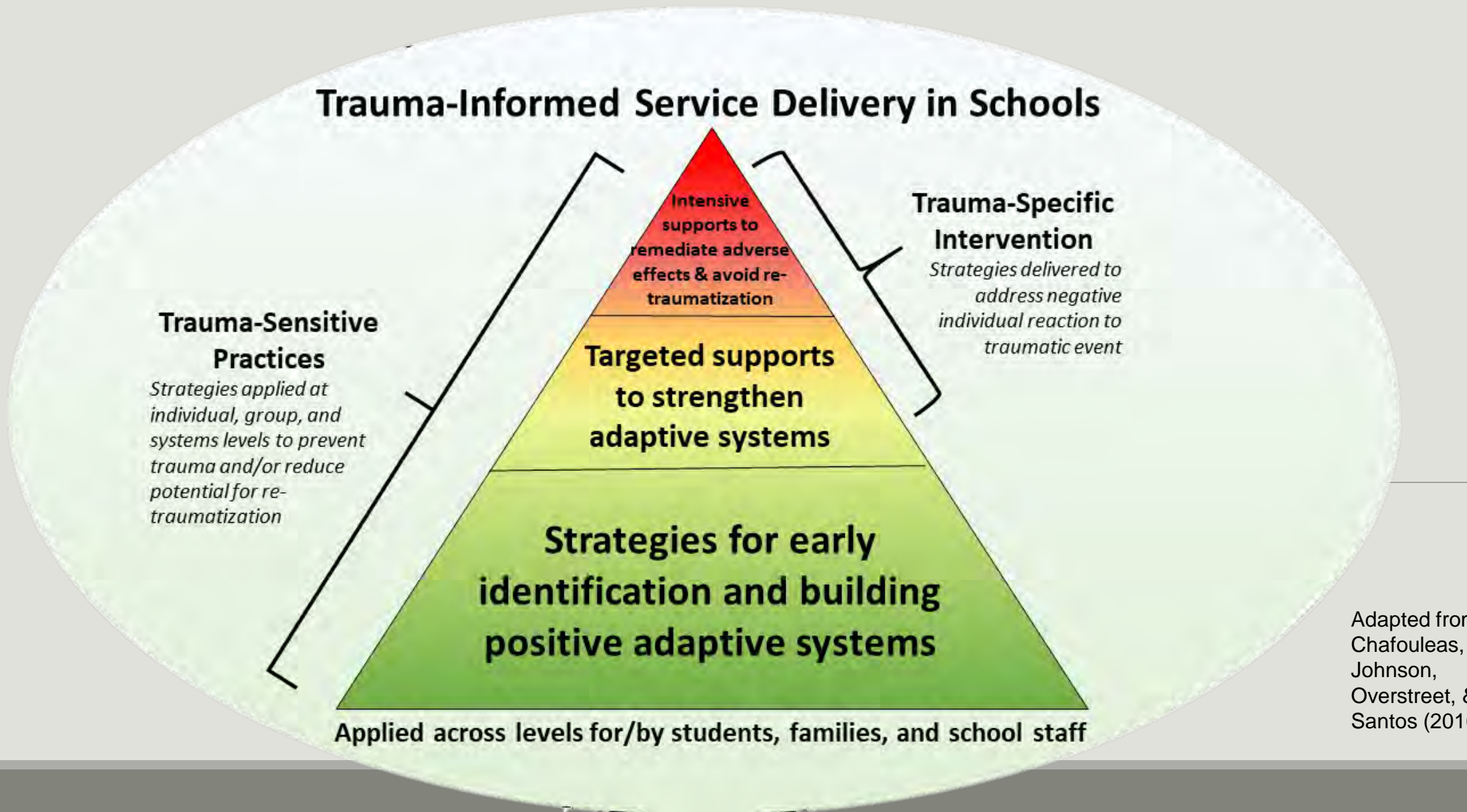
Breaking the Cycle: Points for Intervention in Facilitating Physical and Emotional Safety



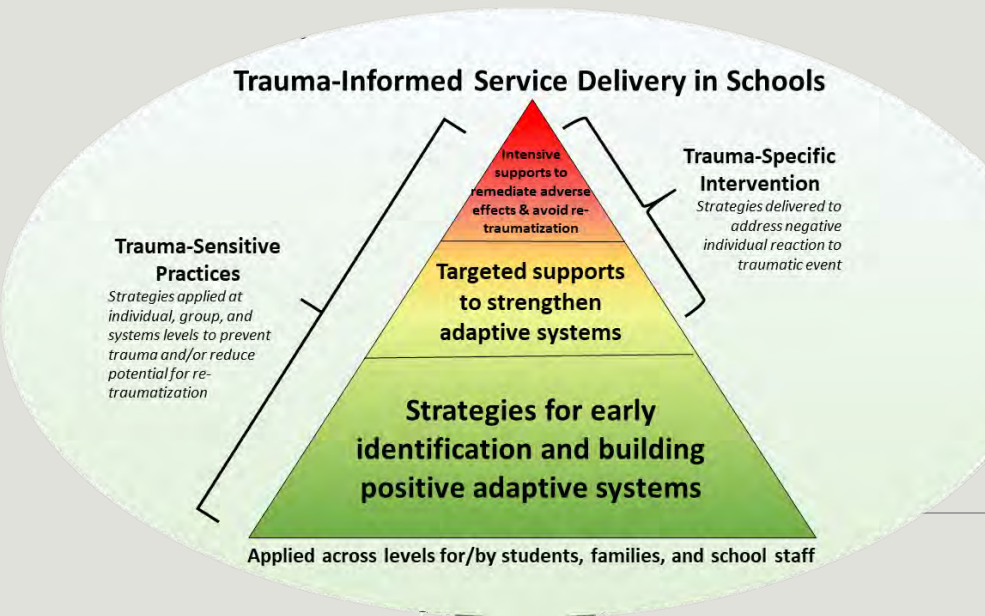
Breaking the Cycle: Points for Intervention in Facilitating Physical and Emotional Safety



ACTIVITY: What are examples of policies and/or practices do you/your school do at the **SYSTEM-LEVEL** to **PREVENT** (remove, minimize, neutralize the event)?

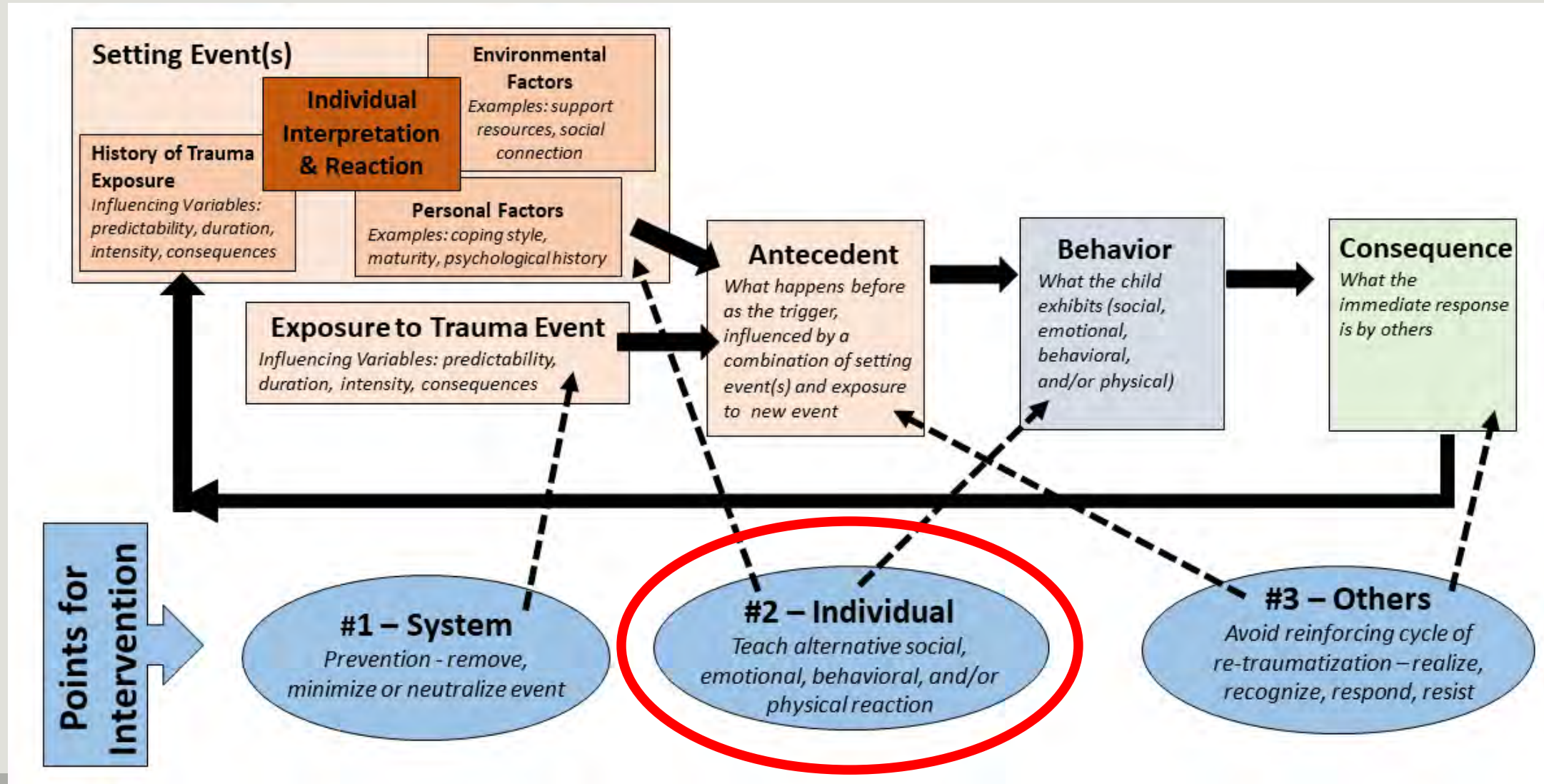


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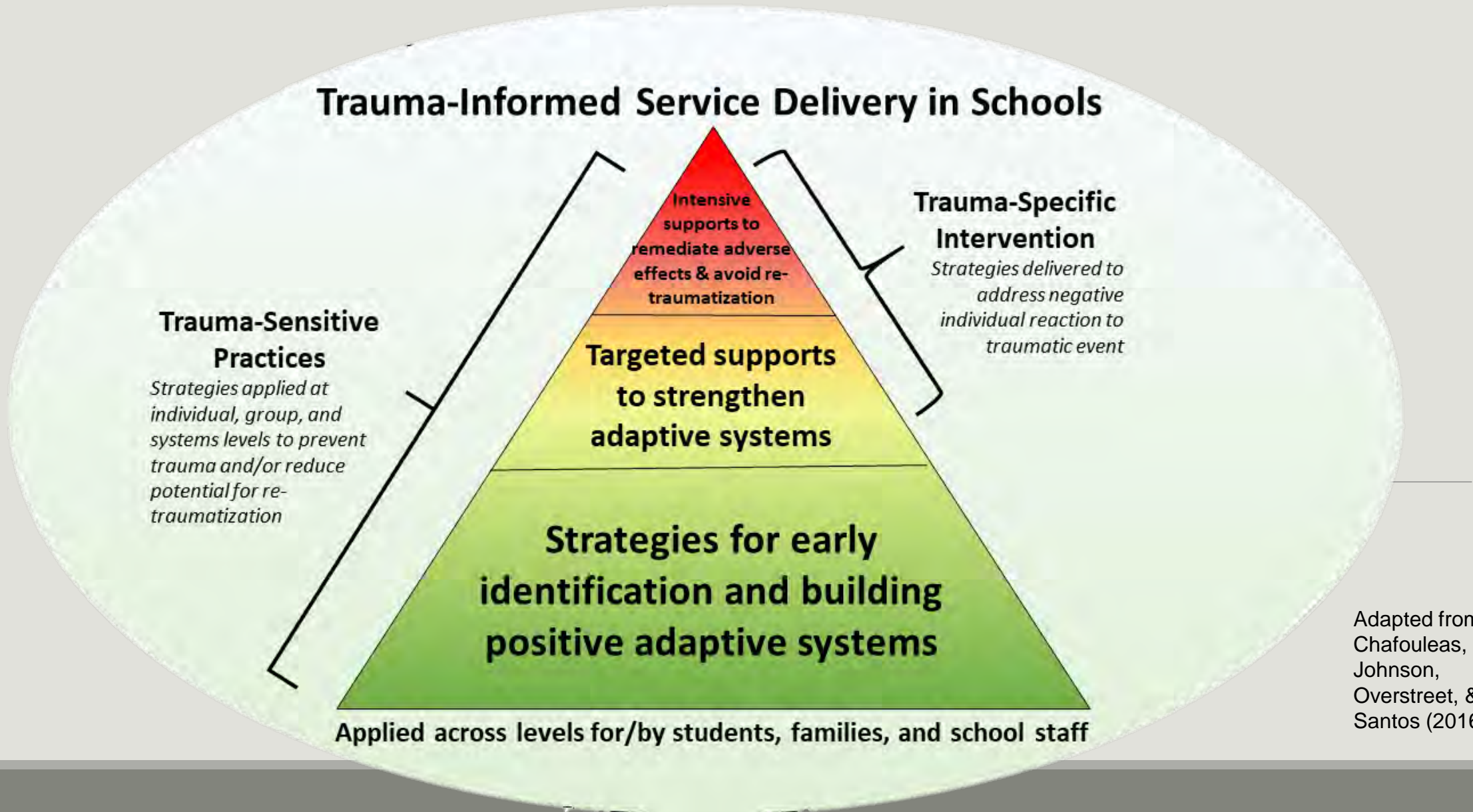


SYSTEM		
<i>prevention – remove, minimize or neutralize event</i>		
UNIVERSAL	TARGETED	SELECT
<i>Strategies for early identification and building positive adaptive systems (identify if policy or practice)</i>	<i>Targeted strategies to strengthen positive adaptive systems (identify if policy or practice)</i>	<i>Intensive supports to remediate adverse effects and avoid re-traumatization (identify if policy or practice)</i>

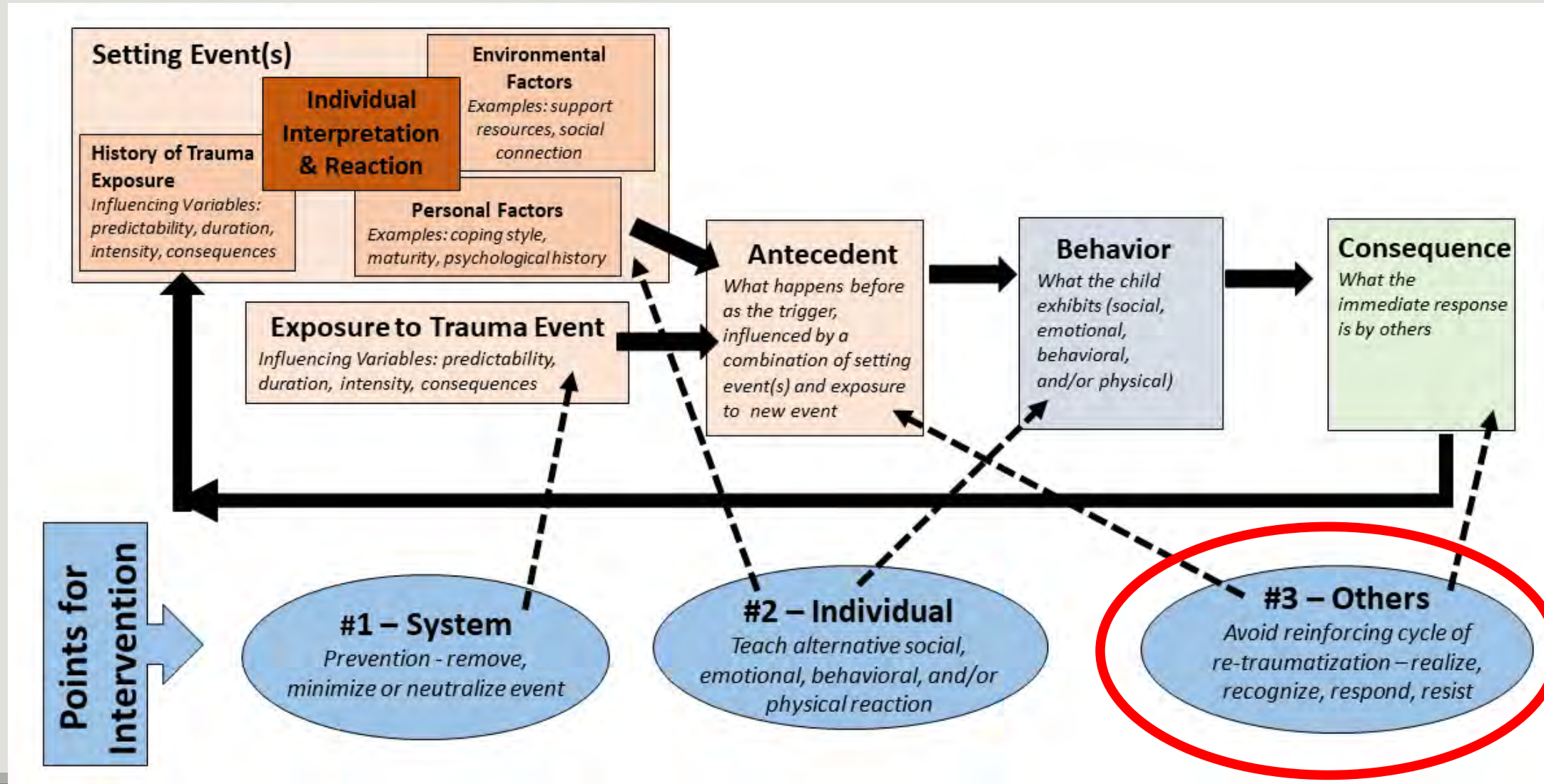
Breaking the Cycle: Points for Intervention in Facilitating Physical and Emotional Safety



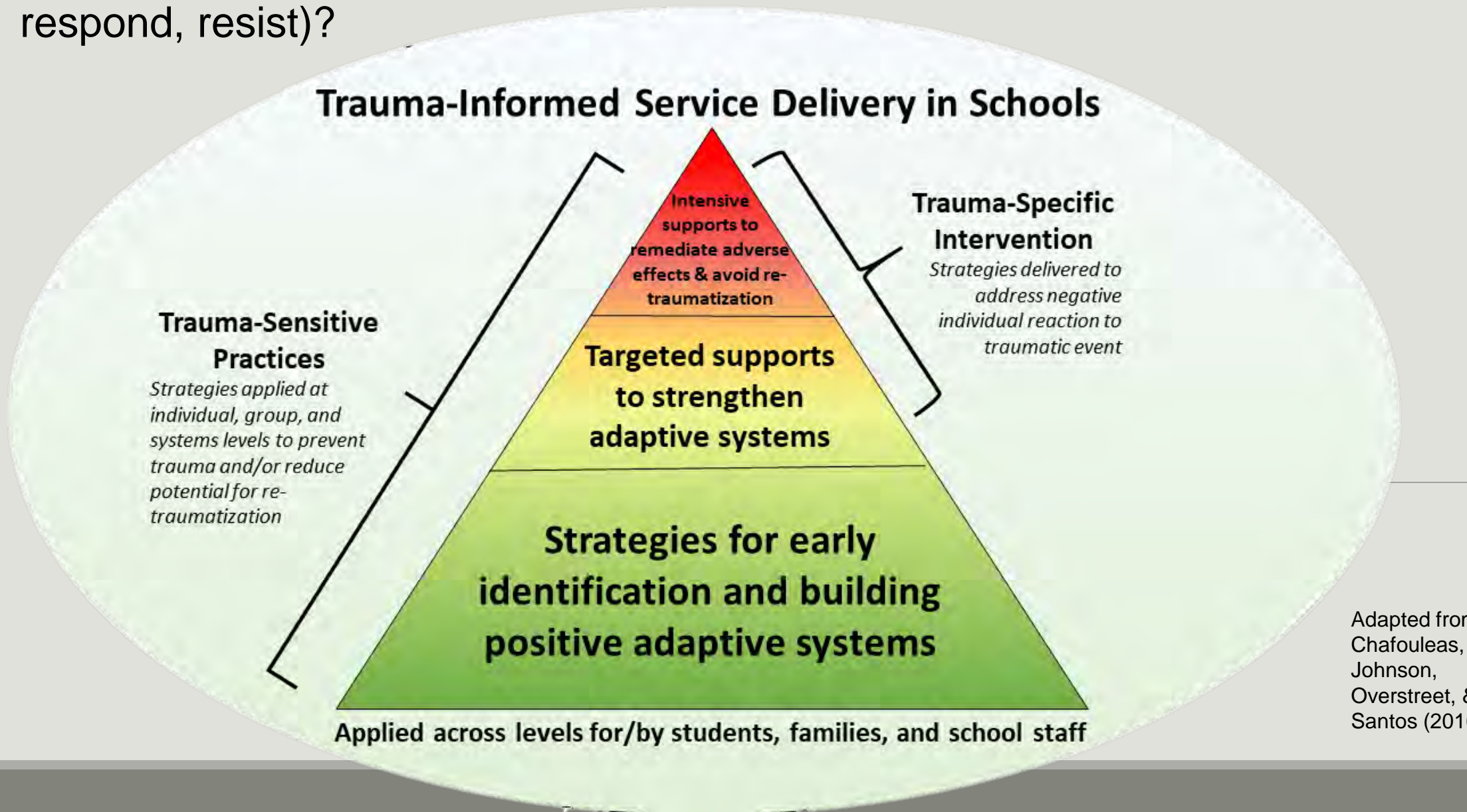
ACTIVITY: What are examples of policies and/or practices do you/your school do at the **INDIVIDUAL LEVEL** to **TEACH** (social, emotional, behavioral, physical)?



Breaking the Cycle: Points for Intervention in Facilitating Physical and Emotional Safety



ACTIVITY: What are examples of policies and/or practices do you/your school do at the **OTHER-LEVEL** to **AVOID RE-TRAUMATIZATION** (realize, recognize, respond, resist)?

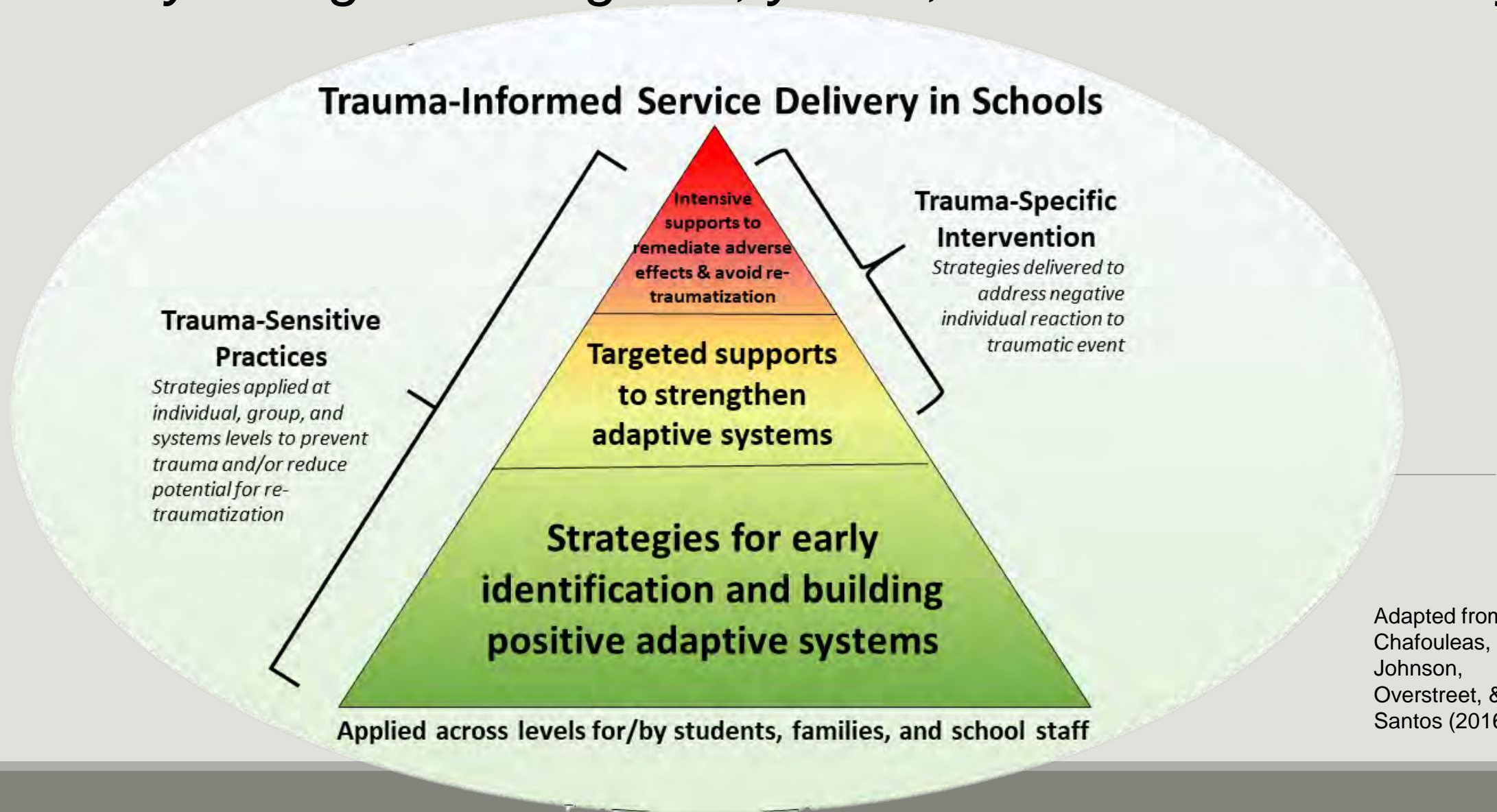


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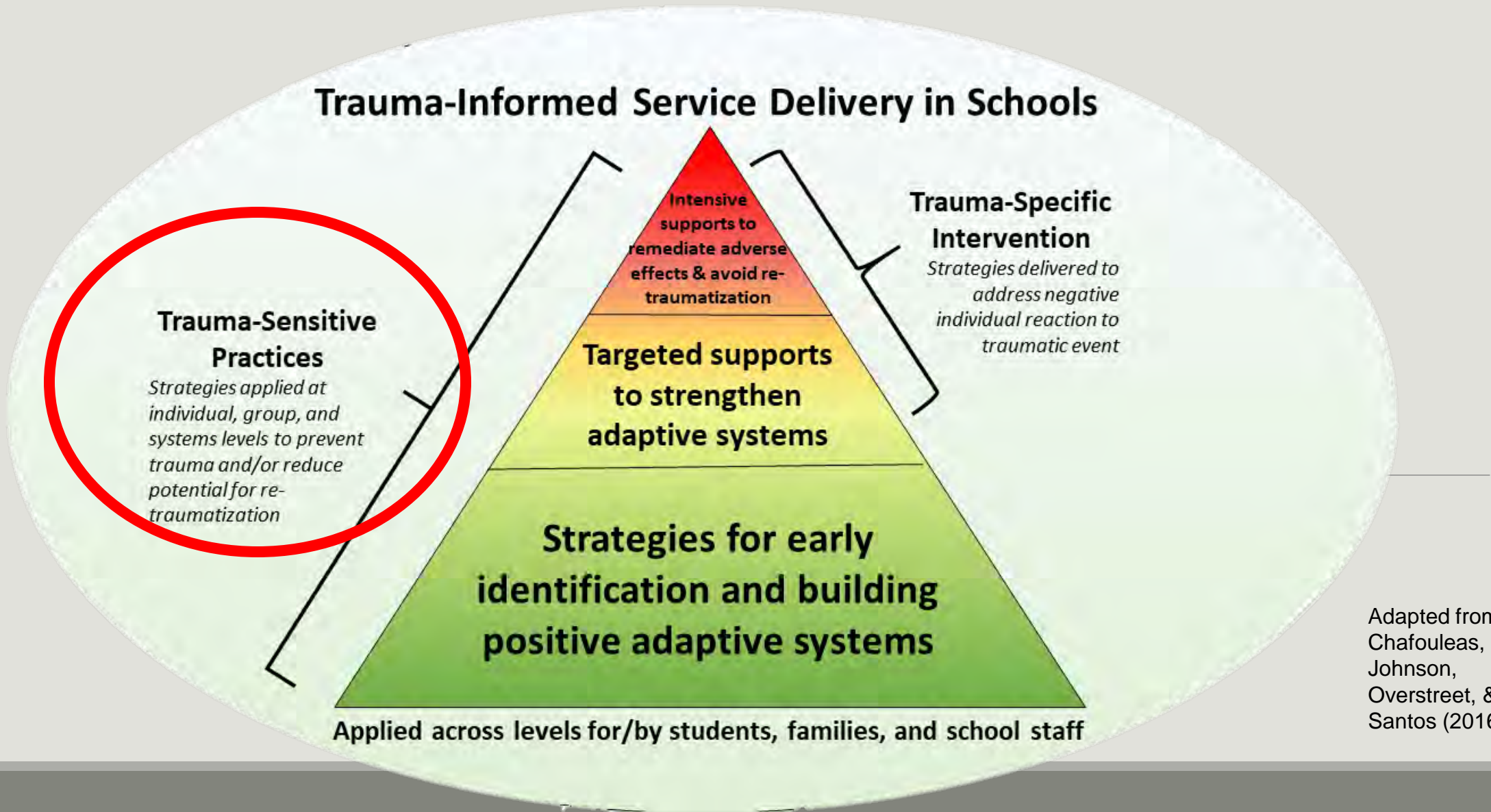
Describe strategies for integrating a trauma-sensitive focus across the continuum of preventive supports.

Yup.... Back to the Triangle!

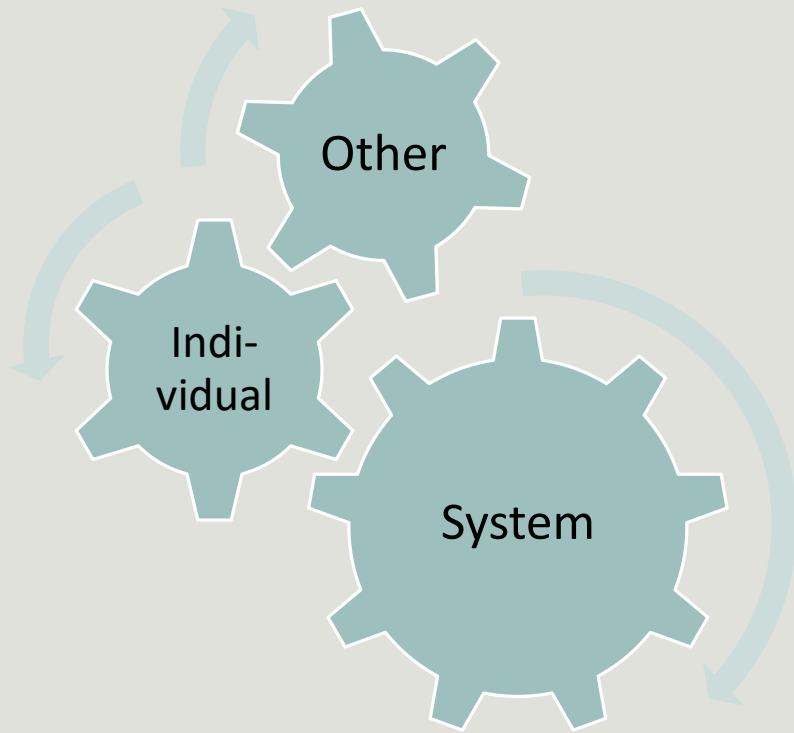
Quickly diving into the green, yellow, red in service delivery



Trauma-Sensitive – Across ALL Tiers



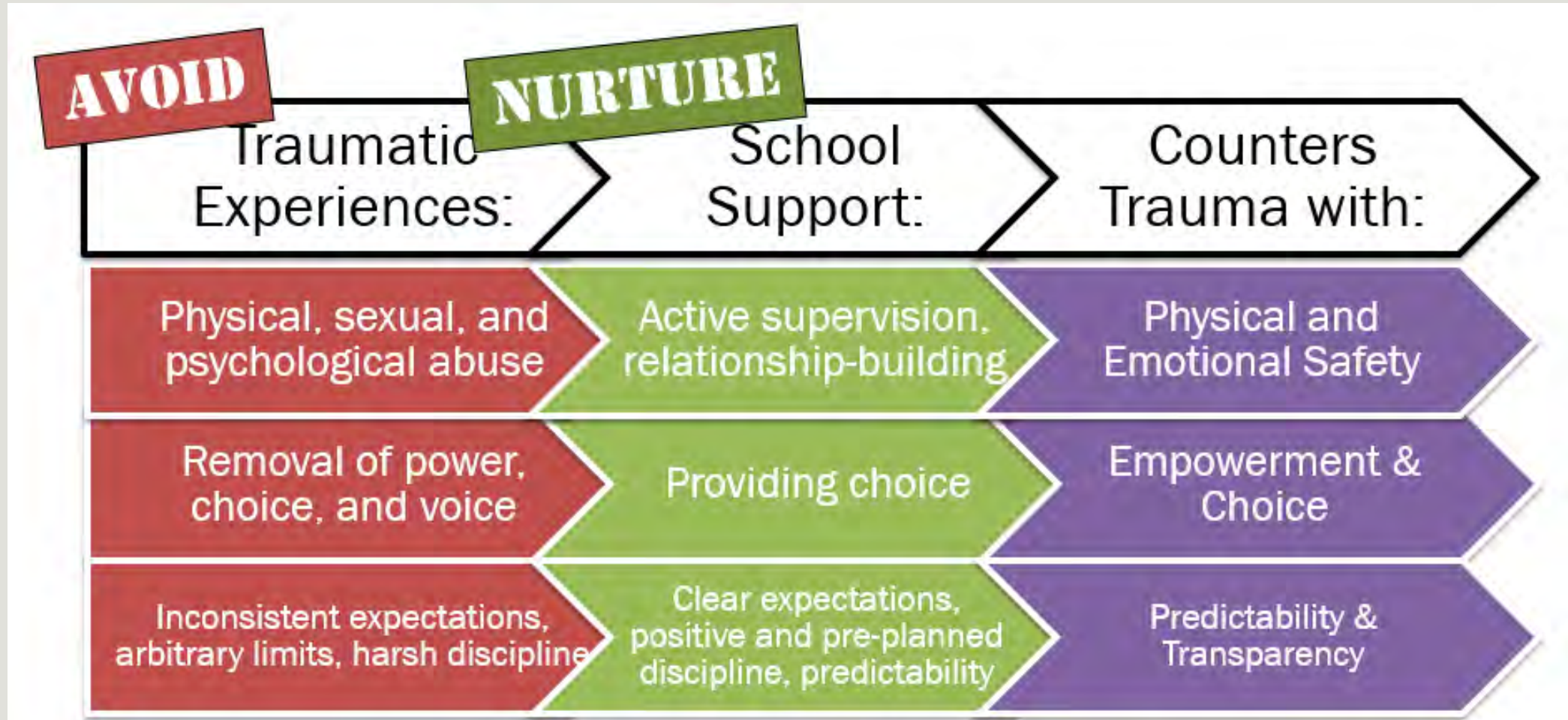
Core Principles to a Trauma-Informed Approach in Schools



1. Understanding of trauma and its impact
2. Belief that healing happens in relationships
3. Ensure emotional and physical safety for all
4. View students holistically
5. Support choice, control, and empowerment for students, staff, and families
6. Strive for cultural competence
7. Use a collaborative approach

(Source: Guarino, K., & Chagnon, E. (2018). Trauma-sensitive schools training package. Washington, DC: National Center on Safe Supportive Learning Environments)

Trauma-Sensitive Strategies



(EASTCONN, 2017; Wisconsin Dept. of Public Instruction, 2011; Wolpow, Johnson, Hertel, & Kincaid, 2016)



Activity: Applying Trauma-Sensitive Principles

Identify a challenging scenario, such as

- Responding to individual student problem behavior
- Responding to peer conflict
- Responding to adult conflict in the building

Think through how trauma-sensitive principles might help the situation.

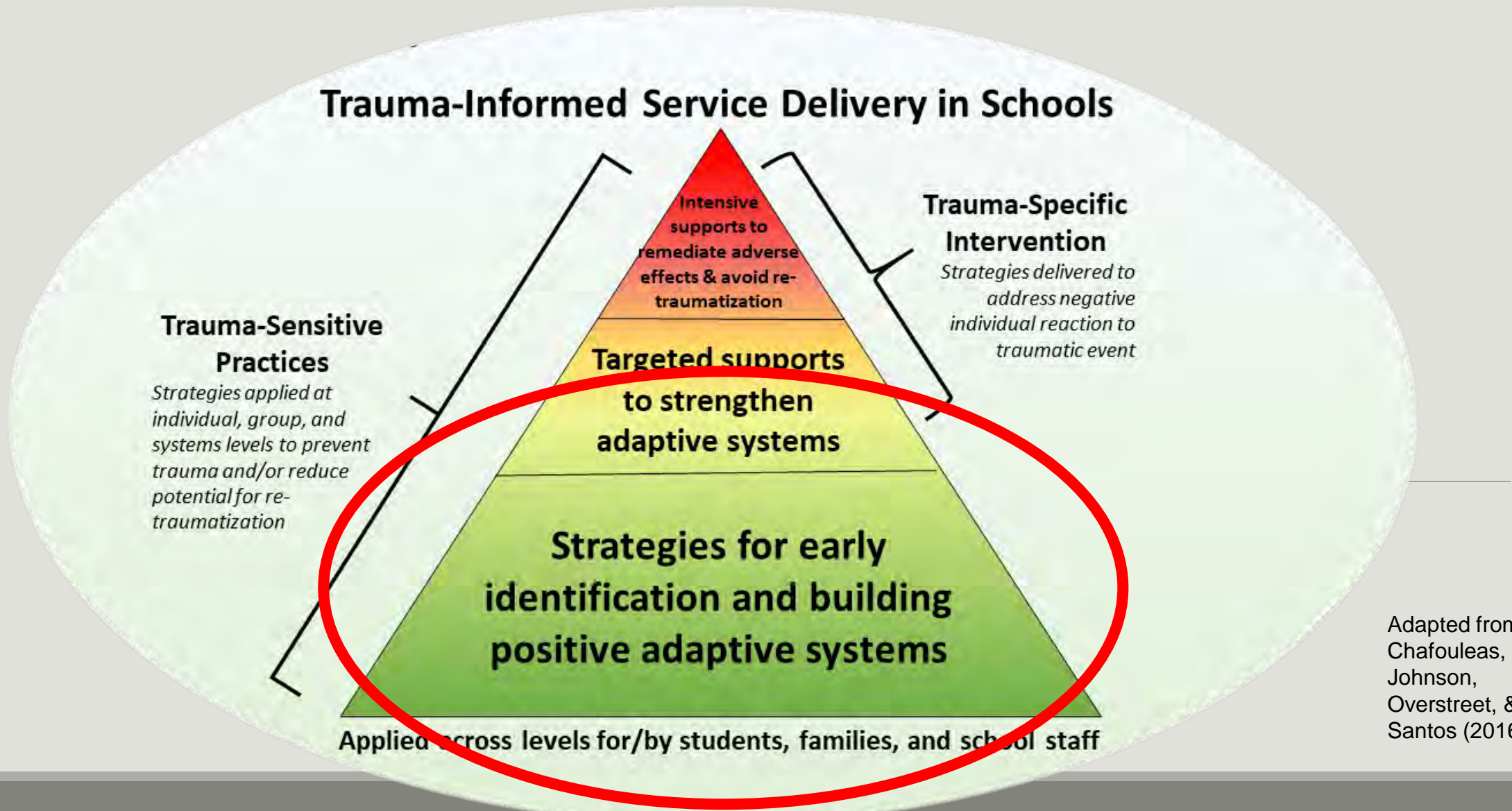
How could using the principles help you interpret and respond to the situation?

Trauma-Informed Schools: Core Principles

1. Understanding of trauma and its impact
2. Belief that healing happens in relationships
3. Ensure emotional and physical safety for all
4. View students holistically
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(Source: Guarino, K., & Chagnon, E. (2018). Trauma-sensitive schools training package. Washington, DC: National Center on Safe Supportive Learning Environments)

Trauma-Sensitive – Across ALL Tiers



Building and Strengthening Positive Adaptive Systems: *What influence on the environment can we see?*

PROMOTION/
PREVENTION

Making behavior less likely to occur

Classroom climate

Teaching practices

Classroom management practices

Relationships among staff

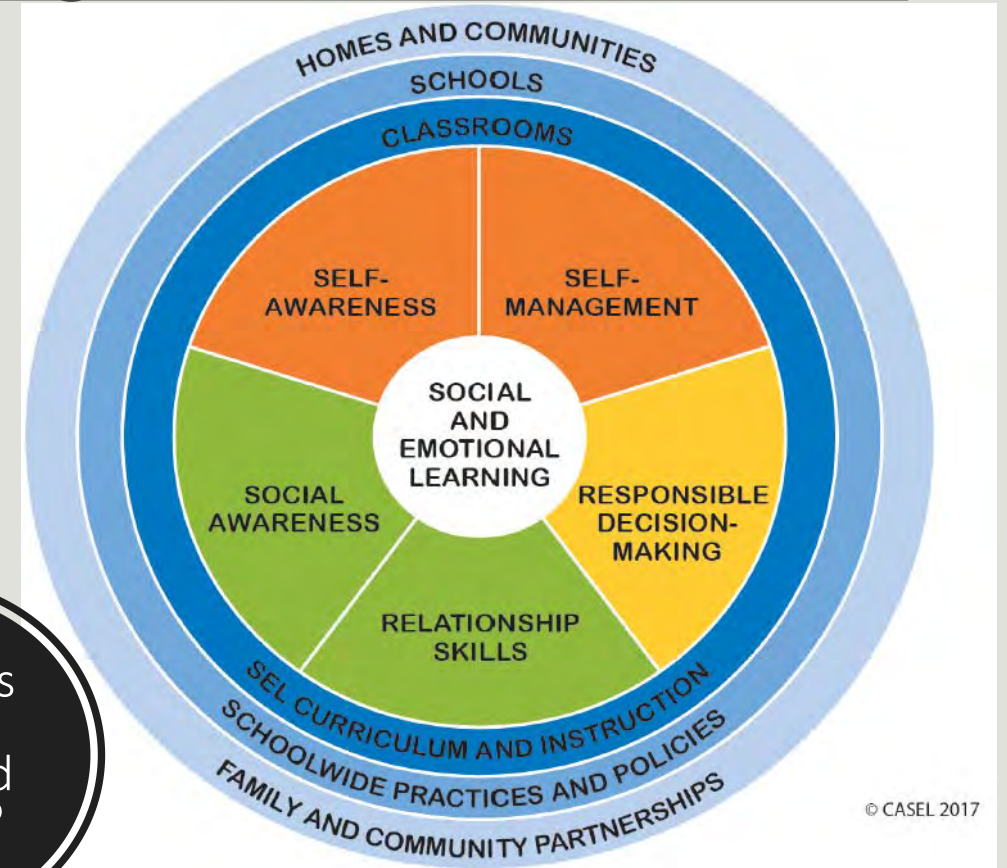
Peer interactions

Building & Strengthening Positive Adaptive Systems: *Example: How can actively teaching social-emotional skills and trauma-sensitive go together?*

PROMOTION/
PREVENTION

Making behavior less likely to occur

What skills
are
associated
with SEL?



Activity: How can/do we incorporate SEL into our everyday interactions with students?

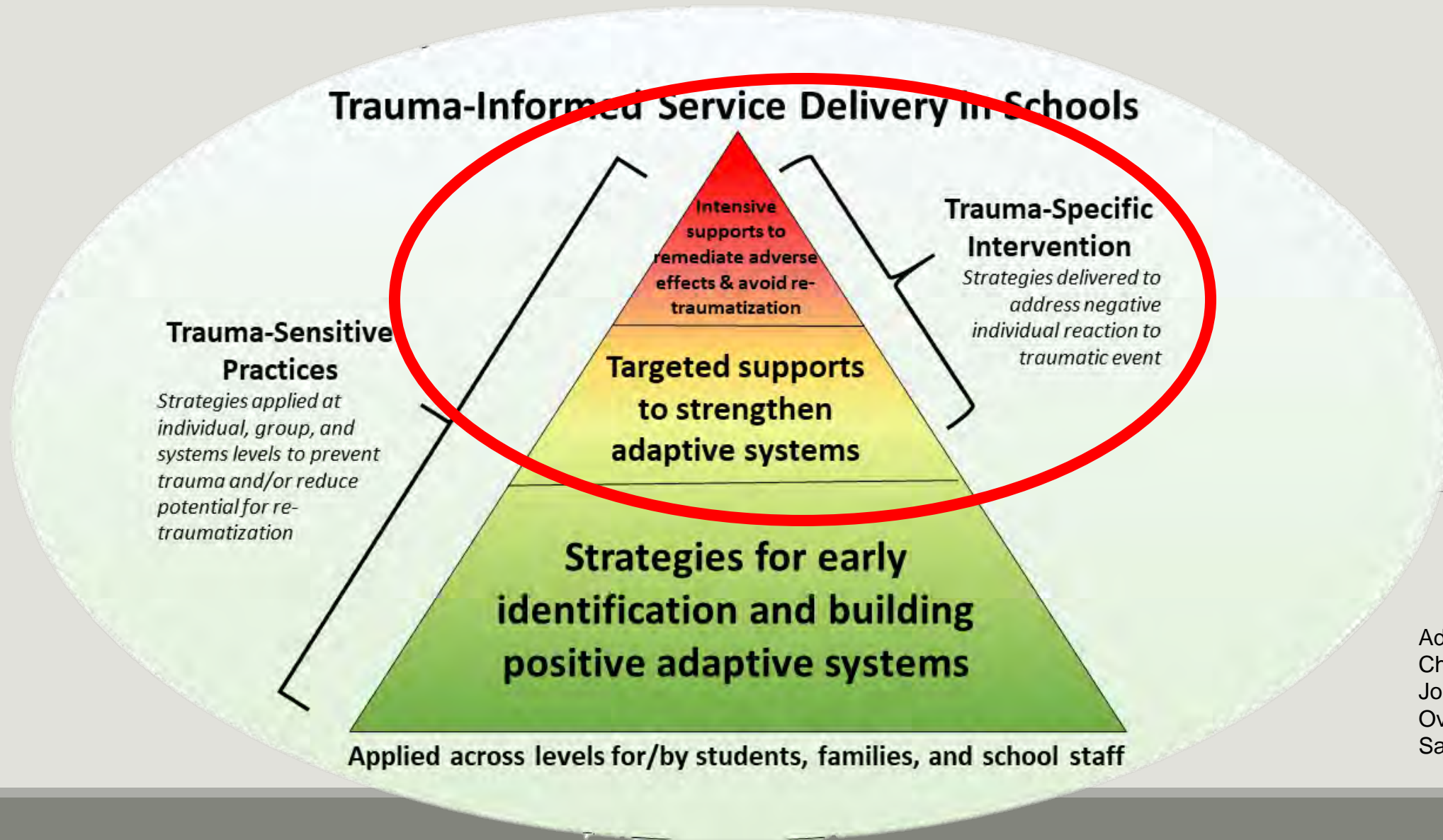


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Self-awareness

	I provide varied opportunities for students to practice identifying and expressing their feelings (e.g., through dialogue, visual and performing arts, journaling).
	I help to expand students' emotional vocabulary and their abilities to identify physical sensations related to particular feelings.
	I give students opportunities to explore how they learn.
	I provide opportunities for students to practice identifying potential situations or experiences that lead to feeling overwhelmed and struggling to manage emotions.
	I help students accurately assess their own capabilities and qualities.
	I regularly acknowledge students' strengths.
	I work to build students' self-confidence.
	I ask my students for feedback on lessons and activities to empower and engage them.
	I provide opportunities for students to feel successful.
	I am aware of my own emotions and internal states.
	I am able to recognize internal biases that may skew how I view my students.

Trauma-Sensitive – More Intensive Tiers



Adapted from Chafouleas, Johnson, Overstreet, & Santos (2016)

Targeted and Intensive Supports: Trauma-Specific Intervention

Intervention/Treatment

*Remediate adverse effects and
avoid re-traumatization*

Generally directed to the individual
point of intervention

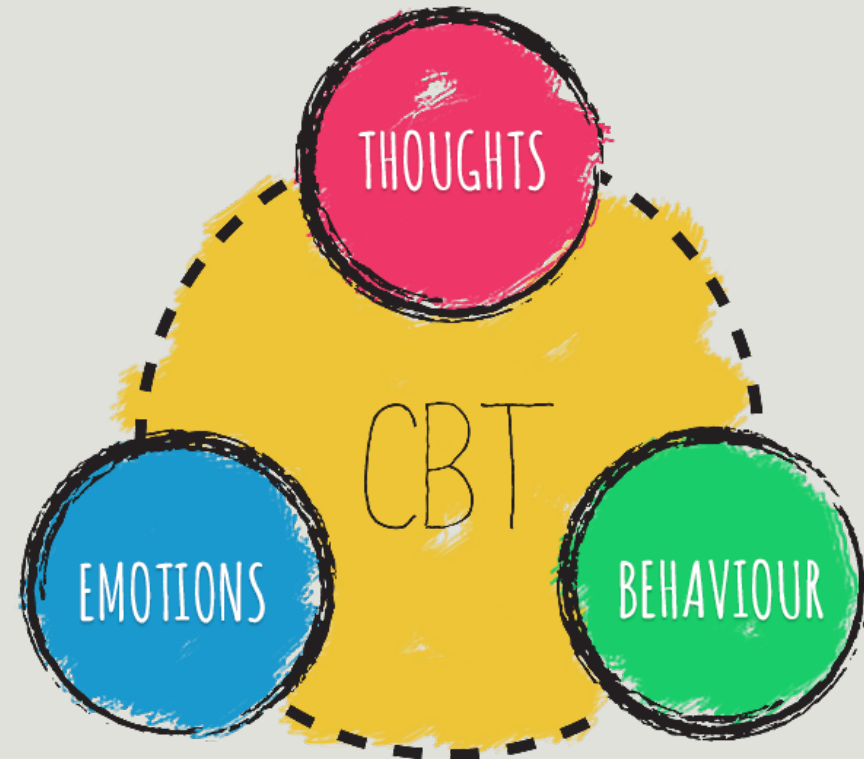
Trauma-specific interventions: Review of Key Findings from Systematic Reviews on Childhood Trauma Treatment

- Key findings and common themes:
 - Schools some of most common settings for intervention
 - Significant effects for treatment of PTSD symptomatology (.68, $SD = 0.41$)
 - Treatment significant across developmental levels; however, limited options for preschool
 - Effective across populations and different types of trauma
 - CBT-based treatments are some of the most effective interventions

Sources: (Dorsey et al., 2017; Jaycox et al., 2006; Rolfsnes & Isdoe, 2011)

Common Elements of Effective CBT-Based Treatments (Dorsey et al., 2017)

- Psychoeducation
- Emotion regulation training
- Exposure
- Cognitive Processing
- Problem Solving



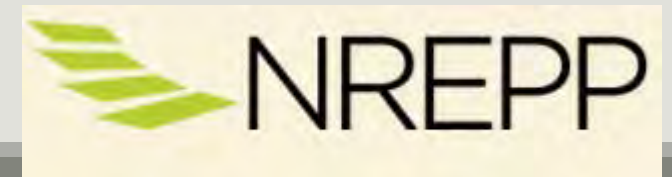
Selected Trauma-Specific Interventions

Cognitive Behavioral Intervention for Trauma in Schools (CBITS)

Bounce Back

Modular Approach to Therapy for Children with Anxiety, Depression, Trauma, or Conduct Problems (MATCH-ADTC)

Trauma-Focused Coping in Schools (TFC)/Multimodality Trauma Treatment (MMTT)



CBITS: <https://cbitsprogram.org/>

- 10 hour long group sessions
- 1-3 individual sessions, 2-3 optional parent sessions
- Group of 6-8 students
- Includes psychoeducation and CBT-based techniques, child selects event on which to focus treatment

STRENGTHS

- Strong evidence base
- Free online training
- Teacher information session included
- Culturally *responsive*

LIMITATIONS

- Parent sessions may not be feasible

Supporting Empirical Evidence

Decreased PTSD symptomatology, depression symptomatology, psychosocial dysfunction (Jaycox et al., 2009; Jaycox et al., 2010; Kataoka et al., 2003; Stein et al., 2003)

Bounce Back: <https://bouncebackprogram.org/>

- 10 group sessions, 50-60 minutes each
- 2-3 one-on-one sessions; 1-3 optional parent sessions
- Includes components of TF-CBT and CBITS (psychoeducation, relaxation, cognitive coping, exposure)

STRENGTHS

- Designed for use with young children
- Designed to address a variety of different traumatic experiences
- Free online training

LIMITATIONS

- Recently developed intervention, only one study
- No K students in study evaluating effectiveness (recommended for K-5)

Supporting Empirical Evidence Decreased PTSD and anxiety symptomatology in treatment group compared to waitlist control (Langley et al., 2015)



BUT... You don't have to be trained in trauma-specific intervention to incorporate trauma-sensitivity into student planning at intensive tiers!

Activity: Work to identify some examples?

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	Behavior support plans include a place to identify student-specific trauma-related triggers.
	Behavior support plans include a place for necessary accommodations and helpful adult responses for students who have been exposed to trauma.
	Individualized strategies for supporting students include a focus on physiological regulation.
	Plans include strategies or routines for supporting students during difficult times and in potentially triggering situations.
	Social and emotional IEP goals include ways to build skills that support resilience and skill building for students exposed to trauma.
	Plans include opportunities for teaching students exposed to trauma about the stress response and strategies for managing physiological responses.

Trauma-Informed Service Delivery in Schools

Trauma-Sensitive Practices

Strategies applied at individual, group, and systems levels to prevent trauma and/or reduce potential for re-traumatization

Intensive supports to remediate adverse effects & avoid re-traumatization

Trauma-Specific Intervention

Strategies delivered to address negative individual reaction to traumatic event

Targeted supports to strengthen adaptive systems

Strategies for early identification and building positive adaptive systems

Applied across levels for/by students, families, and school staff

Adapted from Chafouleas, Johnson, Overstreet, & Santos (2016)

BREAK

ATTEND TO YOUR SOCIAL, EMOTIONAL, BEHAVIORAL, PHYSICAL,
COGNITIVE NEEDS!

Discuss practical take-aways for
integrating a trauma-sensitive lens in the
classroom.

THE “OTHER” POINT OF INTERVENTION (AKA YOU)

Strategies for

- Preparing to Respond
- Escalation: Preventing, Responding, Restoring

Baseline

Triggering Phase

Escalation Phase

Outburst Phase

Recovery Phase

Preparing to Respond

DISCUSS PRACTICAL TAKE-AWAYS FOR INTEGRATING
A TRAUMA-SENSITIVE LENS IN THE CLASSROOM

Baseline

No problem behavior

But you may feel like you are on eggshells, waiting for escalation

So what can we do to keep that baseline phase?

	Arrange your space to minimize potential trauma triggers (e.g., where students sit, amount of physical space, areas to take space when needed).
	Anticipate potential trauma triggers for students and plan ahead.
	Provide trigger warnings for content that may be upsetting.
	Plan for times of uncertainty and transition, and offer additional support to students who need it during these times.
	Make all your responses to students calm and respectful.
	Use positive behavioral interventions.
	Incorporate self-control practices, such as breathing exercises and mindfulness activities, into daily routines.

Baseline

Triggering Phase

Escalation Phase

Outburst Phase

Recovery Phase



Trauma-Sensitive Schools
TRAINING PACKAGE

UNDERSTAND • BUILD • LEAD

All staff handout

4. Navigating Crises Worksheet

Complete Phase 1:
Baseline

Baseline

Triggering
Phase

Escalation
Phase

Outburst Phase

Recovery
Phase



Escalating Behavior

What is a trigger?

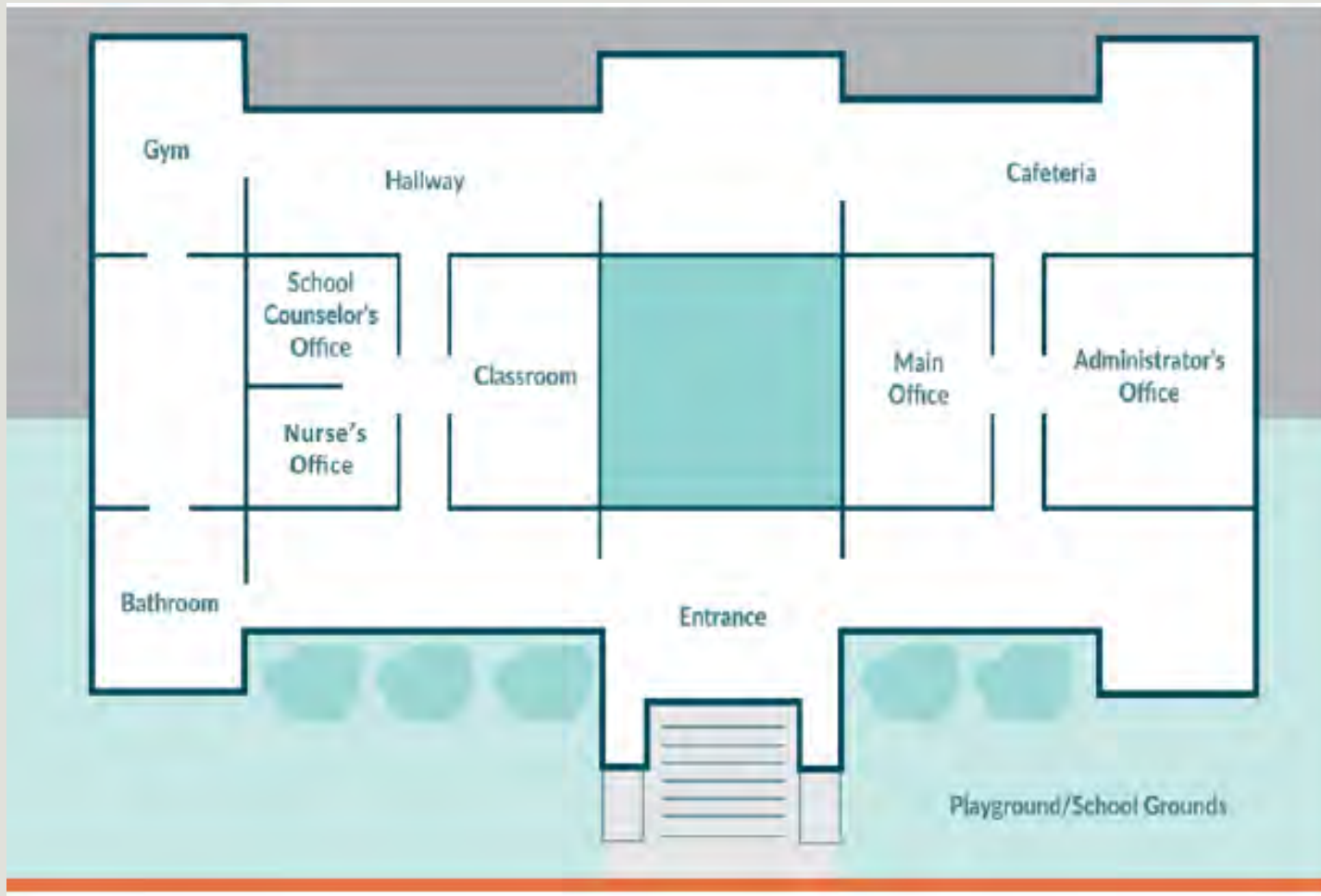
It's like a switch to power on the stress-response system.



Examples of Triggers

- Loud, chaotic environments
- Odors
- Physical touch
- Confinement
- Uncertainty about expectations
- Change in routine
- Situations involving authority figures and limit setting, even appropriate limits
- Hand or body gestures that appear threatening
- Witnessing violence between other individuals, such as peers fighting
- Areas of the school experienced as unsafe, such as bathrooms or less well-monitored areas
- Emergency vehicles and police or fire personnel
- Feelings such as anger, sadness, or fear in response to common school conflicts—getting in trouble, doing poorly on a test, having an argument with another student (Such feelings may trigger an intense reaction related to past trauma.)

Activity: Mapping Triggers



Complete
through
Step 1.

Example

SCENARIO: You're on lunch duty in the cafeteria. It's noisy as usual, but today it seems particularly loud. All of a sudden there is some shouting.

You hurry over and find two students, who you know have a history of conflict, squaring off with a group of onlookers.

What's your hypothesis about what's going on? Choose one:

Answer #1: These two are about to go at it again; if you don't separate them quickly, one of them will lose control and it will get physical. You look around for another staff member and wave that person over to help you set a limit.

Answer #2: You wonder if the students might be reacting to the loud cafeteria. You think it might help to move them from the noise, so you approach calmly by yourself, greet them, and ask them both to follow you into an adjoining classroom to talk about what's going on.

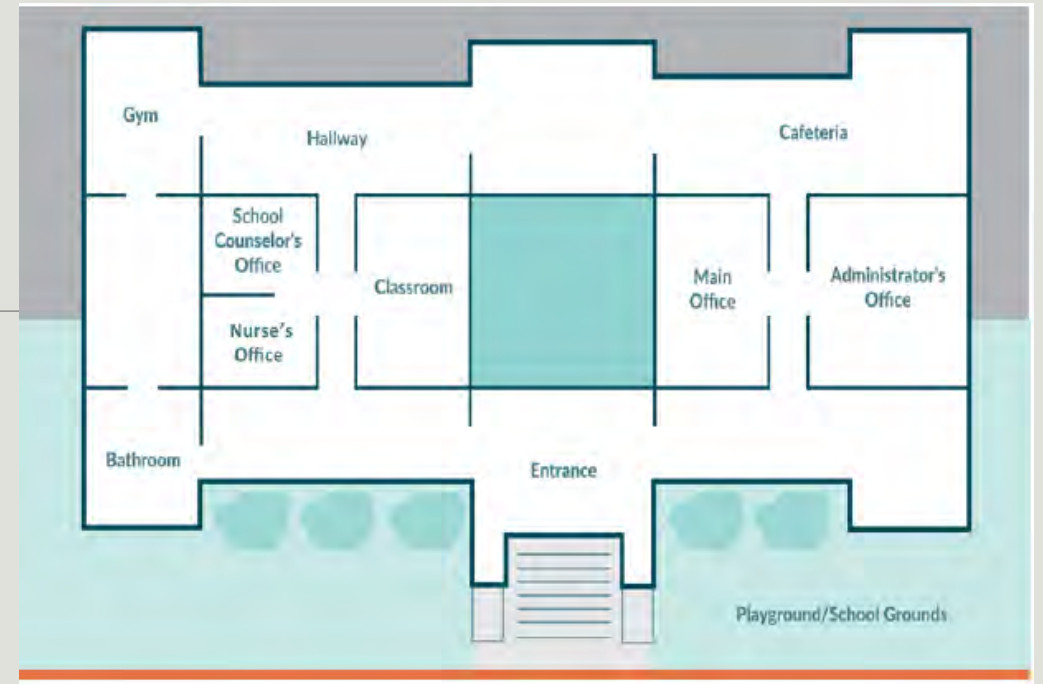
Activity: Planning for Triggers

Can it be eliminated or avoided?

- Example: avoiding the noisy lunch room

If it can't be eliminated, how can we reduce the impact of the trigger?

- Example: if the noisy lunch room can't be avoid, preview coping strategies



**Complete
through Step2.
(students and/or parents)**



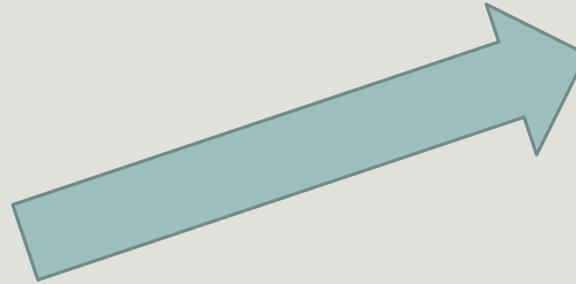
Trauma-Sensitive Schools
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All staff handout

4. Navigating Crises Worksheet

Complete Phase 2:
Triggering



Baseline

Triggering
Phase

Escalation
Phase

Outburst Phase

Recovery
Phase

Baseline

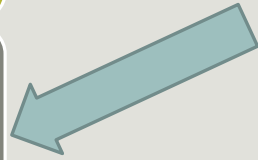
Triggering
Phase

Escalation
Phase

Outburst
Phase

Recovery
Phase

Summary: Triggers



	Validate feelings (even if the feelings do not appear rational).
	Listen to what the student is saying.
	Provide choices in the moment.
	Use encouraging statements and positive reinforcement.



Trauma-Informed Schools: Core Principles

1. Understanding of trauma and its impact
2. Belief that healing happens in relationships
3. Ensure emotional and physical safety for all
4. View students holistically
5. Support choice, control, and empowerment for students, staff, and families
6. Strive for cultural competence
7. Use a collaborative approach

(Source: Guarino, K., & Chagnon, E. (2018). Trauma-sensitive schools training package. Washington, DC: National Center on Safe Supportive Learning Environments)

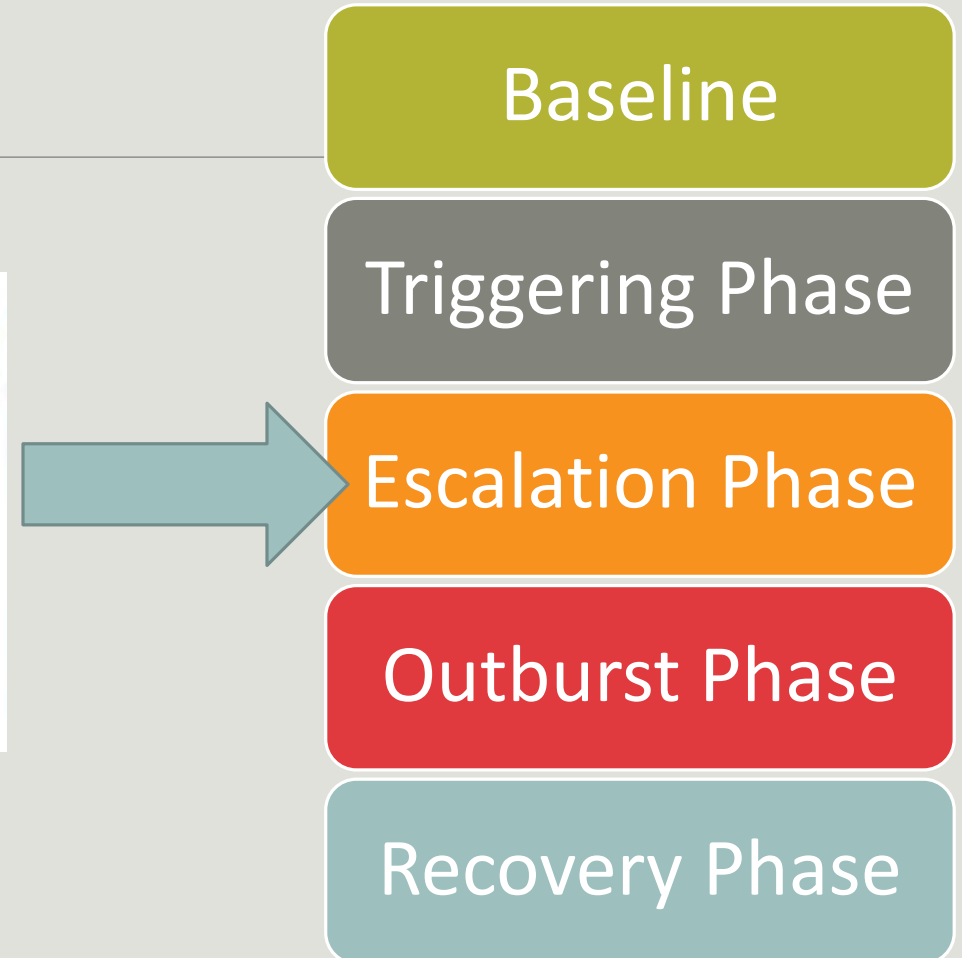
Escalation: Preventing, Responding and Restoring

DISCUSS PRACTICAL TAKE-AWAYS FOR INTEGRATING
A TRAUMA-SENSITIVE LENS IN THE CLASSROOM

Escalating Behavior

Escalation can look like...

Survival Response	Related Behaviors
Fight	Verbal attacks, aggression, assaultive behavior, defiance, aggressive stance, clenched fists and teeth
Flight	Running away, refusing to talk, avoidance, hiding, substance use
Freeze	Appearing nonresponsive, numbed out, unable to interact, or disconnected



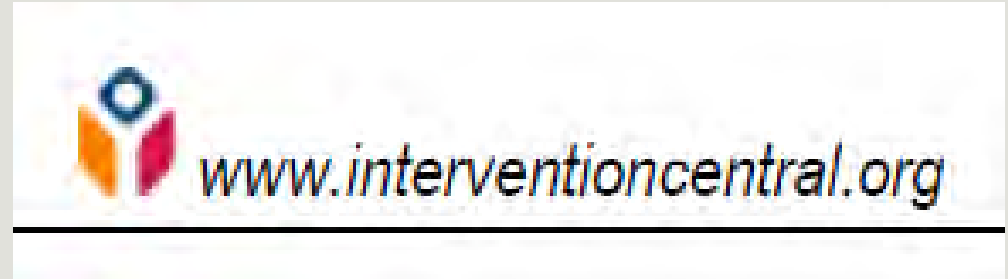


Strategies for calming the agitated (escalating) student

NOTE: Try these first - if student has not displayed any unsafe behavior

Review worksheet:

- 1 – Create a safe space.
- 2 – Pay attention to nonverbal communication.
- 3 – Monitor verbal communication.
- 4 – Stay calm, cool, and neutral.
- 5 – Offer a choice and stay firm.
- 6 – Affirm support of the student.



Another Strategy: De-Escalation Spaces

Other ideas?

- What is it called?
 - Cool Down Corner
 - Chill Zone
 - Sensory Space

- What could it look like?
 - Picking a spot
 - Low traffic area
 - Limited onlookers
 - What to include
 - Comfortable seating
 - Timer (decide how long breaks will be)
 - Headphones
 - Sensory items

What do you do there/what are the “rules”?



2. Squeeze my hands 5 times



3. Slowly count to 10



4. Go into my shell like a turtle



5. Take 5 deep breaths

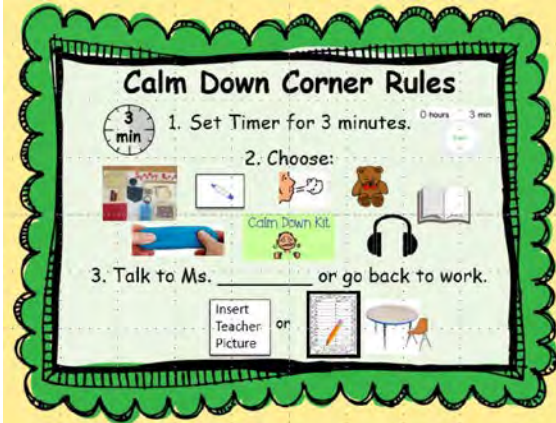


Image from scdbehaviormatters.weebly.com



Trauma-Sensitive Schools
TRAINING PACKAGE

UNDERSTAND • BUILD • LEAD

All staff handout

4. Navigating Crises Worksheet

Complete Phase 3:
Escalation



Baseline

Triggering
Phase

Escalation
Phase

Outburst Phase

Recovery
Phase

Baseline

Triggering
Phase

Escalation
Phase

Outburst
Phase

Recovery
Phase

Summary- Preventing and Responding to Escalation

- Creating safe spaces
- Monitoring nonverbal communication
- Using simple, direct language
- Staying calm, cool, and neutral
- Offering choice
- Affirming support for the student
- Using sensory spaces



Trauma-Informed Schools: Core Principles

1. Understanding of trauma and its impact
2. Belief that healing happens in relationships
3. Ensure emotional and physical safety for all
4. View students holistically
5. Support choice, control, and empowerment for students, staff, and families
6. Strive for cultural competence
7. Use a collaborative approach

(Source: Guarino, K., & Chagnon, E. (2018). Trauma-sensitive schools training package. Washington, DC: National Center on Safe Supportive Learning Environments)

Escalated Behavior

Behavior has now escalated and is unsafe... could look like:

- Physical aggression
- Property/environmental destruction
- Self-injury
- One the run or bolting



Strategies to use during Outburst Stage



- Maintain calm tone and body language
- Keep your cool
- Monitor your own triggers and frustration
- Keep language and tone respectful

Continue to monitor verbal communication directed at the student

- Use simplified language
- May need to repeat
- Avoid efforts to 'reason' with the student
- This is not a "teaching moment"
- Focus on emotional regulation and safety versus threatening consequences

Monitor your own physical and psychological state

Moments to reflect and rely on other team members

More than one adult should be present

May want to swap out

Wright (2013), Guarino & Chagnan (2018)



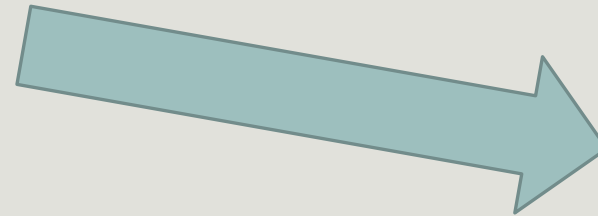
Trauma-Sensitive Schools
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4. Navigating Crises Worksheet

Complete Phase 4:
Outburst



Baseline

Triggering
Phase

Escalation
Phase

Outburst Phase

Recovery
Phase

Escalated Behavior: RECOVERY

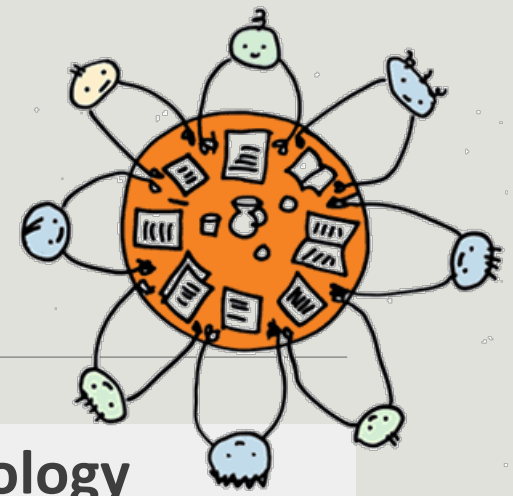
- Student is no longer engaging in unsafe and/or destructive behavior
- Body is still coming down from escalation
- Check health and wellbeing
 - May be confused, disoriented, fatigued
- Behaviors may include
 - Blaming others, minimizing what happened, or attempt to restore or test relationship

Remember...

- The stress response system activating takes a toll on the body and may cause fatigue and exhaustion.
- It is estimated that it can take the body up over an hour for the body come down from escalation and get back to baseline.



Strategies during Recovery



1 - Give them space

- Both physical and psychological space needed to decompress
- Isolate but continue to provide supervision

2 - Reduce demands

- Minimal opportunity for frustration and re-escalation
- Provide work that is relatively easy or below grade level

3 - Avoid providing excess attention

- Let student de-escalate on their own (with supervision)
- Avoid discussing the situation at this point
- If behavior is motivated by adult feedback, providing extra attention could make escalation more likely to occur.

4 - Do not force an apology

- Student is still recovering from escalation
- Takes time to get back to baseline
- If it happens that's great, but do not force it

5 - Schedule a time for staff debrief

- Process the events
 - What went well? What could be handled better next time?
- Process own emotions and triggers

6 - Start Fresh!

- Welcome the student back to class
- Rather than giving them the cold shoulder
- Praise that they were able to return to class
- As necessary, brief debrief with the class before student return

Final Strategy: RESTORE - Debrief with student



- Review events
 - What happened?
 - Emphasize understanding the students' point of view
 - "I understand that can be frustrating"
 - Try to identify triggers
- Reflect and teach strategies
 - What could we do next time?
 - Teaching and practice use of coping strategies
- Incorporate restorative strategies
 - If possible, debrief with others involved (student/staff)
 - What can the student do from a restorative sense?
 - Relationship restoring and rebuilding

What are some things we might say during discussion with the student to promote relationship building?



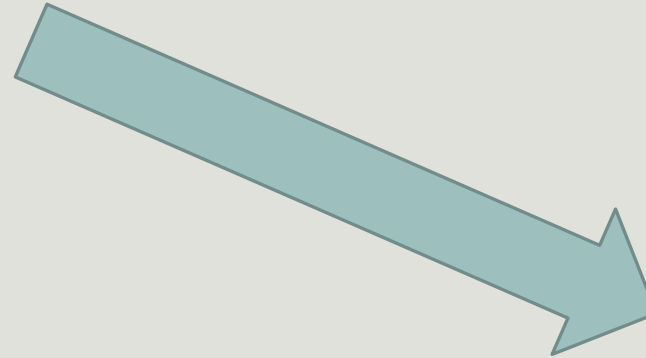
Trauma-Sensitive Schools
TRAINING PACKAGE

UNDERSTAND • BUILD • LEAD

All staff handout

4. Navigating Crises Worksheet

Complete Phase 5:
Recovery



Baseline

Triggering
Phase

Escalation
Phase

Outburst Phase

Recovery
Phase

Baseline

Triggering
Phase

Escalation
Phase

Outburst
Phase

Recovery
Phase

Summary: Outburst and Recovery

During Outburst:

Maintain safety

Monitor our own physical and psychological state

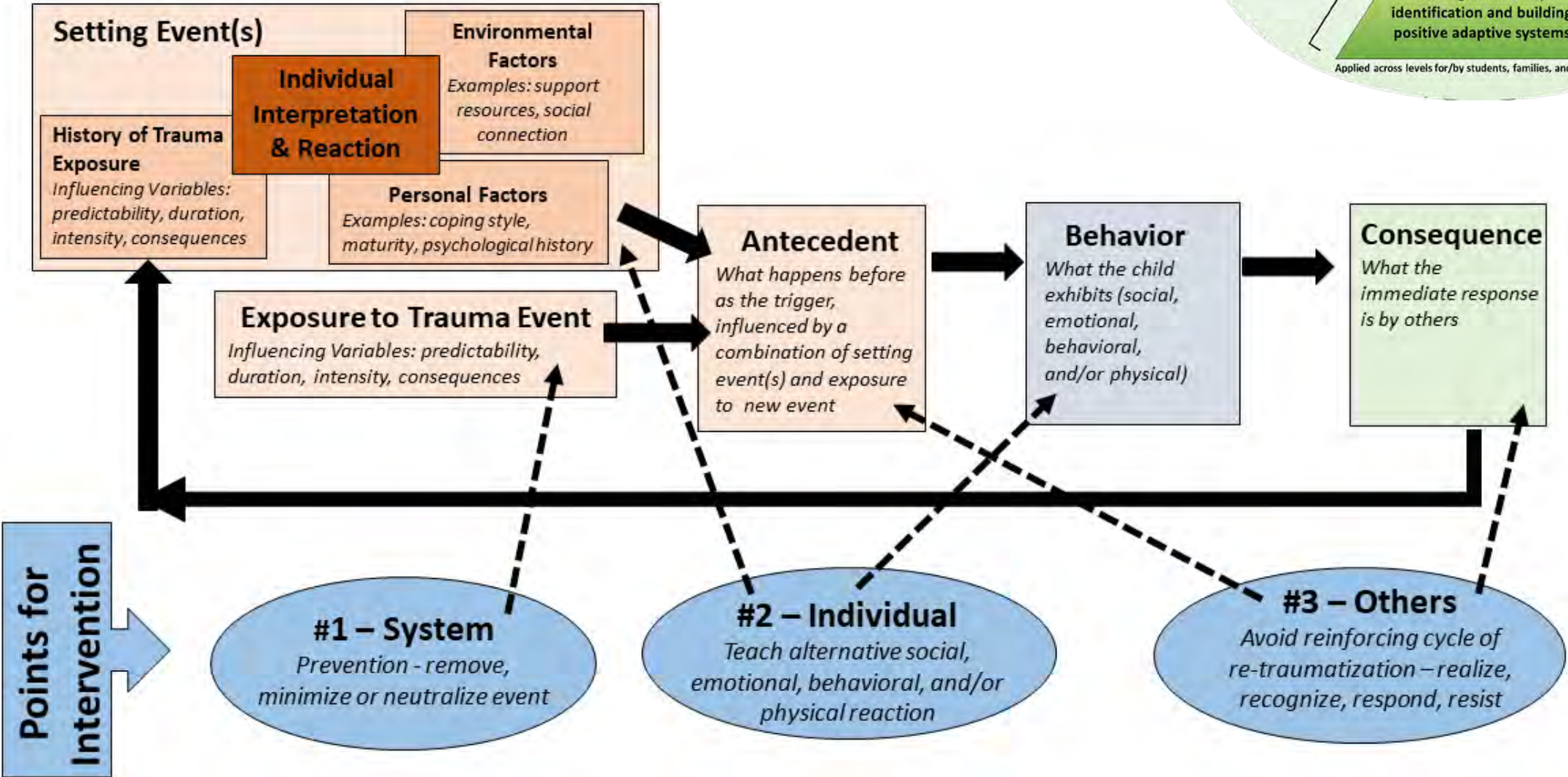
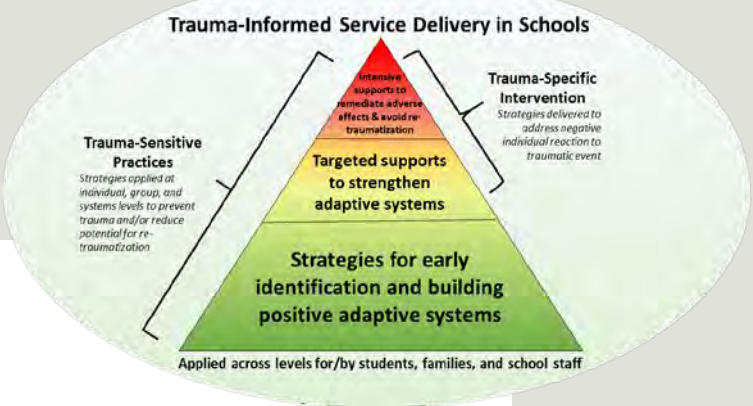
During Recovery:

Give the student space

Recognize the student will need time to get back to baseline

Schedule a time to discuss with the student

CLOSING ACTIVITY: Return to your initial notes on points for intervention... expand/modify/adjust!



Questions, comments, thanks!

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