



# **Teaching Teachers to Respond to Trauma in the Classroom:**

## *First Steps in Creating a Trauma-Informed School Culture*



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**Mary's Center**

**School Based Mental Health Program**



# Mary's Center



## Our Mission:

**Building better futures through the delivery of health care, education, and social services by embracing our culturally diverse community and providing the highest quality care, regardless of ability to pay.**

**Became a Federally Qualified Health Center in 2005**

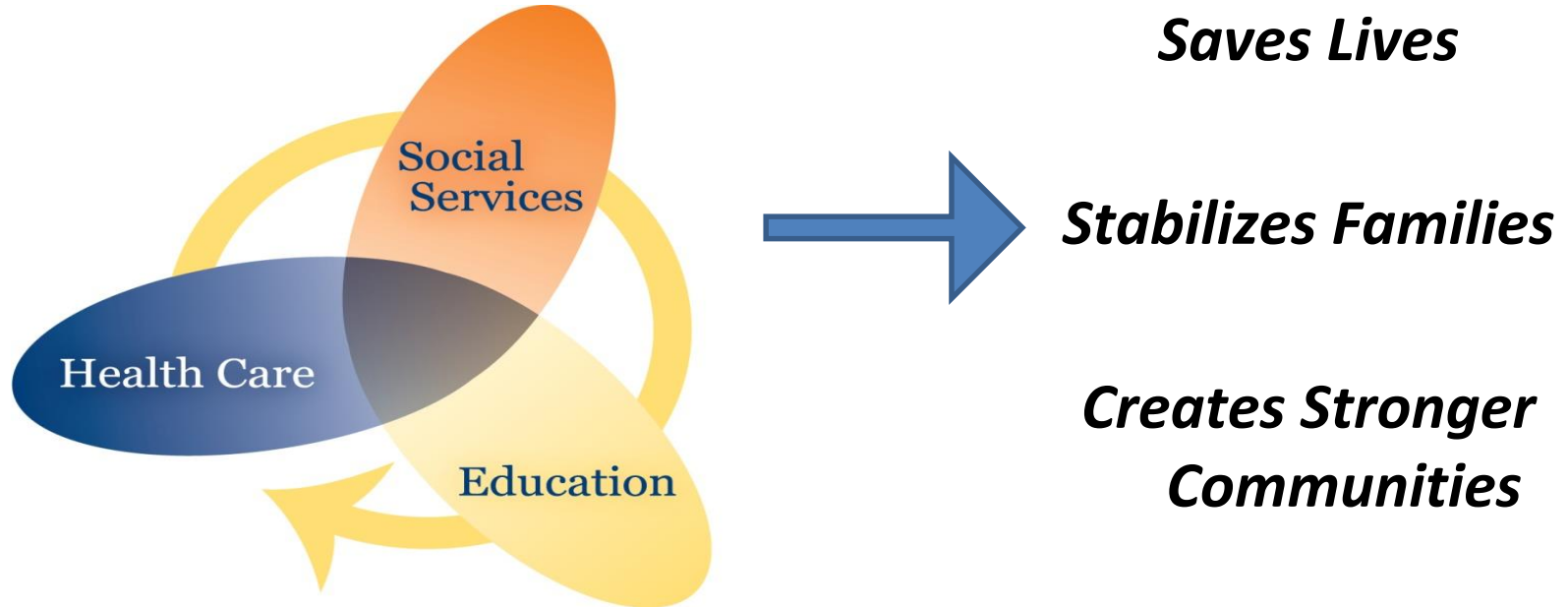
**Provide Culturally and Linguistically Appropriate Services**

**Serve nearly 40,000 socially and medically vulnerable individuals**

**Historic focus on serving low-income immigrant families**



# Mary's Center's Social Change Model





# Overview of Programs

## HEALTH

- Prenatal
- Pediatrics/Adolescents
- Adult Medicine
- Psychiatric
- Dental
- Health Promotion
- Chronic diseases

## SOCIAL SERVICES

- Case Management
- Behavioral Health
- School Based Mental Health
- Senior Health and Wellness
- Early Intervention for Children with Special Needs
- Home Visiting
- Benefits Enrollment Assistance
- WIC Program

## EDUCATION

- Early Childhood Education
- English and Computer Classes for Adults
- Parenting Classes
- High School Diploma
- Child Care Credential Training
- Medical Assistant Training
- Child Care Licensing Technical Assistance
- Coaching Hub for Infant and Toddler Child Care Providers
- Adolescent Tutoring and College Preparation





# School Based Mental Health (SBMH) Program

- Created to decrease access barriers for youth and families to MH care
- Reduce access barriers by staffing MH providers on-site in school settings
- Provide full episode of care with added opportunities for care coordination
- Partner schools are proximate to clinics for easy linkage to additional services
- Supplement and bolster – *not replace* – existing school mental health services
- Partner schools are majority Medicaid-insured students
- Program operates and self-sustains through Tier 3 Medicaid billing
- SY 2016-17: served **856** clients through **9,488** encounters in **15** schools





# Example of tiered services

## **Tier 1 (non-billable):**

- School health and advisory lessons on socioemotional wellness
- Workshops for parents on positive discipline and stress management
- Trainings for teachers on trauma-informed education
- Care coordination and advocacy in school & community for high-intensity clients

## **Tier 2 (mostly non-billable):**

- Interdisciplinary team meetings to discuss supports for at-risk students
- Targeted parent workshops on cyber bullying, gang prevention, family reunification
- Short-term, brief counseling episodes of care for at-risk students

## **Tier 3 (all-billable):**

- Individual therapy (ex: Trauma-focused Cognitive Behavioral Therapy)
- Group therapy (ex: mindfulness, anger management, anxiety, newcomer support)
- Family therapy (ex: Parent-Child Interaction Therapy, Attachment-based Family Therapy)
- Community Support services – with grant support

**Goal: maximize T3 billing to allow for T1 and T2 impact in collaboration with school partners**



# What is “Trauma-Informed”?

Buzz Words:

Trauma-informed vs. Trauma-sensitive vs.  
Trauma-informed care vs. Trauma-informed  
system

**SAMHSA’s Trauma-Informed Approach** →  
realizes impact, recognizes signs and  
symptoms, responds with policies, resists re-  
traumatization

❖ Any type of service setting - i.e. a school!



# A Trauma-Informed School?

Joshua Kaufmann explains...

<https://traumaawareschools.org/traumainschool>



(Website is a product of a SAMSHA Grant)





# Trauma-Informed School

## TIER ONE

- Positive behavior interventions and supports overall to support all students
  - Supports to teach Social Emotional learning
- All students are supported regardless of trauma history - safe, secure, caring climate

## TIER TWO

- Small groups to address symptoms of trauma
- Policies that take into account child's past experience - moving past punitive/disciplinary behavioral systems and culture to restorative justice

## TIER THREE

- Provide one-on-one services (e.g. TF-CBT or Psychological First Aid: Listen, Protect, Connect and Cognitive Behavioral Intervention for Trauma (CBITS): nationally recognized, EBT)



# **A *PRE*- Trauma-Informed School**

What can WE do NOW???

- ...without formal consultant
- GOAL: how school support staff can effectively teach teachers or other staff members how to respond to these emotional expressions due to traumatic stress, including tools attendees can easily teach their school staff to use
- First steps in creating a T-I school culture...
- Before your school buys in because full model is a commitment, we want teacher buy in



# Objectives

- **Objective One:** Participants will gain an understanding about why emotional expression related to trauma occurs and how it impacts student success
- **Objective Two:** Participants will walk away with 3 techniques to use to address these emotional expressions in the classroom and understand how to teach the techniques to staff members at their schools
- **Objective Three:** Participants will be able to understand the challenges of implementing trauma informed techniques in diverse school systems and begin to explore solutions



Objective One: Why does emotional expression related to trauma occur, and how does it impact student success?



“Although the teacher is not the school counselor, often he or she is the first person to listen to student problems, respond, and suggest ways of intervention and resolution.”

- Eirini Gouleta, *Improving Teaching and Learning: A Counseling Curriculum Model for Teachers*





# Defining “Trauma”

*Trauma is...*



“...an experience that is emotionally painful, distressing or shocking, that provokes feelings of extreme fear, vulnerability or helplessness, and that can cause lasting psychological and/or physical effects.”

“Child traumatic stress occurs when children and adolescents are exposed to traumatic events or traumatic situations, and when this exposure overwhelms their ability to cope with what they have experienced.”



# Through Our Eyes: Children, Violence, and Trauma







# Types of Trauma

**Acute trauma** refers to events that occur at a particular time and place and are usually short-lived.

Examples include:

- Car accident
- Bullying
- Incident of physical abuse
- School violence
- Burglary or crime victimization



**Chronic or complex trauma** refers to the exposure to multiple or prolonged traumatic events. It typically begins in early childhood and involves one of the following forms of maltreatment within the primary caregiver system:

- Emotional abuse
- Physical abuse
- Sexual abuse
- Neglect
- Exposure to domestic violence

Other forms of complex trauma include ongoing experiences of:

- Victimization or bullying, stalking, harassment
- Community violence or war
- Homelessness or frequent change of caregivers
- Familial instability or extreme poverty

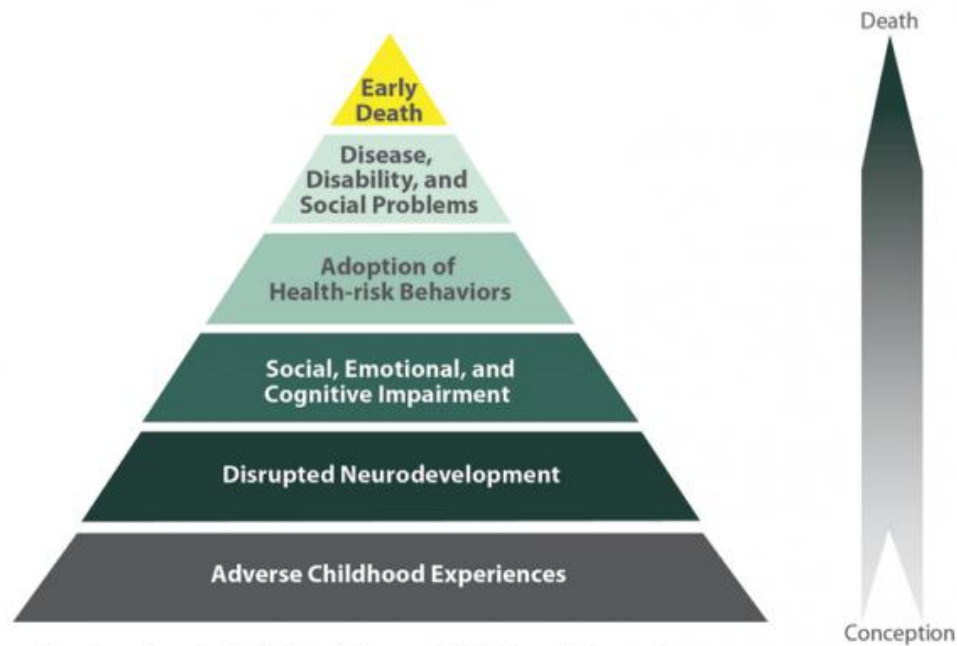




# ACE Study

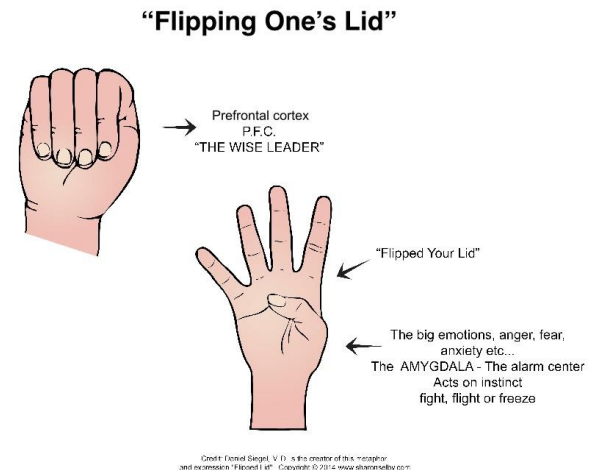
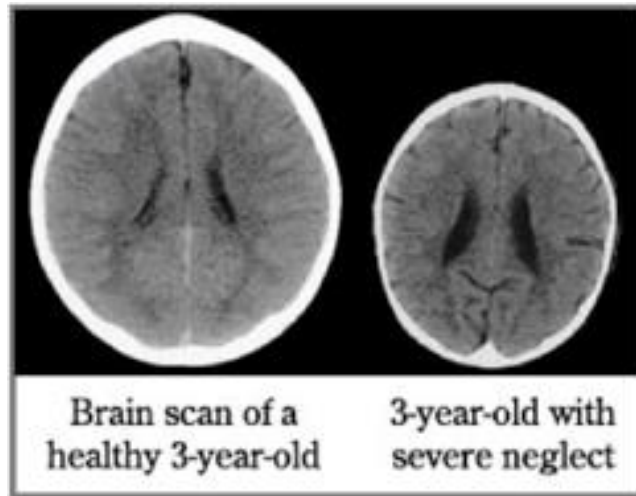
Adverse Childhood Experiences Study (ACE Study)

[How childhood trauma affects health across a lifetime | Nadine Burke Harris](#)



Mechanism by Which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan

# Trauma and the Brain



Sharon Selby © 2015 [www.SharonSelby.com](http://www.SharonSelby.com)

“Young children who experience trauma are at particular risk because their rapidly developing brains are very vulnerable. Early childhood trauma has been associated with reduced size of the brain cortex. This area is responsible for many complex functions including memory, attention, perceptual awareness, thinking, language, and consciousness. These changes may affect IQ and the ability to regulate emotions, and the child may become more fearful and may not feel as safe or as protected.”

– *National Child Traumatic Stress Network*



# Trauma and the Brain

The biological systems of children who have experienced chronic trauma continue to produce stress hormones as a reaction to perceived or real threats in their environment.

This can result in:

- sleep disturbances
- Headaches
- oversensitivity to touch/sound
- inability to focus/easily distracted
- low self esteem
- hard time making friends
- extreme emotional dysregulation
- loss of concept of safety or direction
- difficulty in detecting or responding appropriately to danger cues (fight, flight, freeze, or collapse)
- Self-harm
- Temper Tantrums
- Nightmares
- Attention-seeking behavior



These students often display conduct and behavioral issues in school, often labeled as “problem students”  
These students may not be able to verbalize their histories of trauma and neglect and may oftentimes be misdiagnosed with ADHD



*"I could see the math teacher's mouth moving in the classroom but couldn't hear a thing. It was as if I were in a soundless chamber. She was smiling and clearly talking, I just couldn't process a word of it. I had been an excellent math student, but the day she told me I was "spacey" and unfocused was the day I stopped connecting to math. My grades dropped and they took me out of the advanced classes."*

-This story comes from an anonymous member of the Task Force on Children Affected by Domestic Violence

*"I couldn't stand to be in the school. Often I felt like I couldn't breathe. I would stare out the window and let my mind go all over the place. Sometimes whole weeks would go by and I would not even be aware that time had passed. Next thing I would know I was being told I was yet again failing a course."*

-This story comes from an anonymous client of the Trauma and Learning Policy Initiative.





Objective Two: three techniques to use to address these emotional expressions in the classroom and understand how to teach these techniques to staff members at your schools



# Technique ONE

## Emotional self-regulation of self & students



**Relax before responding-take a calm breathe before responding to the student to regulate yourself and respond with a calm voice (speaking like a broken record-calmly and slowly) - *low and slow***

**If a rule is broken, avoid raising your voice or exhibiting any emotion. Be neutral and calmly say something like: “Since you broke the rule this is what you will do.” Be like a referee who simply states the consequence and holds the player accountable.**

**Use a timer to allow students to express themselves, then return to the class session**



# Technique TWO

## Relationship building

Examples:

- Morning meeting
- Special handshake
- Getting to know them outside the classroom
- Saying hi in the hallways
- Be compassionate & genuine
- Get to know the student: their interests and their hobbies
- Engaging them in positive conversation can improve their overall behavior and attitude towards you







# Technique THREE

Movement, rhythm,  
mindfulness

- Start each day with mindfulness
- Explore MindUP curriculum





# Technique THREE...

Mindfulness:



Take a moment and to check-in with yourself.  
How are you feeling right now?  
What do you notice in your body when you think about students you interact with?  
Why do you think your body responds as it does?

# Top 10 Interventions for Working with Traumatized Students:



1. **Form connections.** Say hi, use first names, ask questions, demonstrate interest, and show concern. Greater trust = safer feelings = better able to focus and understand.
2. **Teach students to recognize and name emotions.** Many children exposed to trauma feel disconnected from their bodies and emotions as a way of coping with overwhelming experiences. If you are 1-on-1 with a student who is upset, validate and help identify feelings. *While at the same time...*
3. **Model assertiveness skills** – Demonstrate to students how to ask for things they want and to appropriately communicate what they do not want. Give students the tools to appropriately express frustration, even if it does not mean they will get their way. **Allow them to be heard and assist them to tolerate frustration.**
4. **Give children choices.** Often traumatic events involve loss of control and/or chaos, so you can help children feel safe by providing them with some choices or control when appropriate.
5. **Be sensitive to environmental cues** that may cause a reaction in the traumatized child. For example, victims of natural storm-related disasters might react very badly to threatening weather or storm warnings. Children may increase problem behaviors near an anniversary of a traumatic event.
6. **Check assumptions, observe and question** – Monitor your assumptions and reactions to a student and stop, observe and question. “I notice that when I call out to the class you throw your book. That’s not like you. Tell me what that is about?” **Be curious about the behavior, and separate the student from the behavior** – ie an “angry child” or “lazy student” vs “a kid struggling with anger or low motivation.” Stop and listen whenever possible.
7. **Set clear, firm limits for inappropriate behavior** and develop logical—rather than punitive— consequences.
8. **Understand that children cope by re-enacting trauma through play or through their interactions with others.** Resist their efforts to draw you into a negative repetition of the trauma (i.e. power struggles). For instance, some children will provoke teachers in order to replay abusive situations at home.
9. **Low & Slow (decrease further triggering)**
  - Lower volume/pitch of voice
  - Matter of fact tone
  - Short sentences/ few questions
  - Talk with student, not at student
  - Slow down by slowing heart rate
  - Take slow, deep breaths
  - Slow rate of speech & pause between sentences
  - Slow down body movements
10. **SELF CARE to prevent vicarious trauma!!!** The more you take care of yourself, the more available you will feel for your students, so make it a priority! You CANNOT work in a helping profession with traumatized populations without taking care of yourself. Not sure where to start? PLEASE REACH OUT!



# Creating a Trauma-Informed School Culture

**FREE!**

- TF-CBT
- Trauma Aware Schools:  
<https://traumaawareschools.org/tsaResources/resourcecenter>
- Hand-book from WA State: *The Heart of Learning and Teaching: Compassion, Resilience, and Academic Success* - free download  
<http://www.k12.wa.us/compassionateschools/pubdocs/TheHeartofLearningandTeaching.pdf>



# Objective 3: Challenges of implementing trauma informed techniques in diverse school systems and some solutions



# Challenges to Implementation:

## What we've seen:

- Multiple kids in each class with trauma expressions can be overwhelming for teachers
- High levels of personal trauma of teachers, and impacts of possible vicarious trauma when students share their own trauma histories with these teachers
- Teachers often get caught up in focusing/needing to know the trauma narrative/trauma details of the students instead of responding to the effects the events have on the young person in the classroom
- Community violence impacting not just students but also teachers
- How do we focus on the trauma lens when teachers have their own barriers?
- The lack of buy in from teachers-what will be the hook to get them to use trauma-informed practices in the classroom?
- Lack of self-care in trauma heavy schools which leads to burnout and high staff turnover
- Training only teachers and not all staff members-every staff member in the school should have access to trainings and information about trauma-informed practices



# Challenges to Implementation:

What we've seen:

- Teachers can't determine who is a victim of trauma or not in a full class of students
- Teachers are accused of being "too soft"



# Considerations to bring back...

1. Screening students for trauma services  
(<http://traumaawareschools.org/articles/9564>)
  - a. Referral - universal screening, targeted approach (disciplinary referrals, test scores, etc)
2. School Staff - not only the training, but the support for teachers (secondary-trauma informed systems, vicarious trauma) - policies and self-care activities built in





# Using the “hook” to create change in your school

**-Children are resilient and the brain can change!** This one fact has been a “hook” for our school staff

**-Children's challenging behavior can be reduced with support, not punishment.**

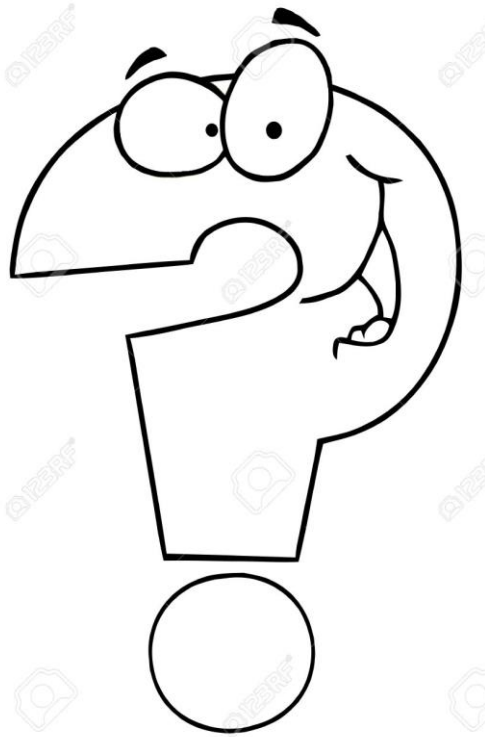
Once adults understand what children are communicating through their behavior, they can respond better. When children feel respected and have their needs met, there is no longer a reason to use challenging behavior to communicate. Yelling at or punishing a child for a behavior may stop the behavior for the moment, but it does not give the child support or provide alternate ways to act in difficult situations. When adults use punishment, they are sending the message that anger is a good way to solve problems. When adults help children find positive ways to communicate their needs to others, children learn important social and problem-solving skills that will help them throughout their life.\*\* ([www.pbs.org](http://www.pbs.org)) [http://www.pbs.org/parents/inclusivecommunities/challenging\\_behavior2.html](http://www.pbs.org/parents/inclusivecommunities/challenging_behavior2.html)

**-Beginning with one staff training, and going from there.**

Empowering school staff with the knowledge of what trauma is and how it is expressed in the school environment, as well as coaching them on ways to respond more effectively to these expressions in the school can be the first steps to encourage systemic change in your school.



# Questions?





# Presentation Sources:

Alisic, E. (2012). Teachers' perspectives on providing support to children after trauma: A qualitative study. *School Psychology Quarterly*, 27(1), 51–59.

Baranowsky, A. B., & Gentry, J. E. (2015). *Trauma practice: tools for stabilization and recovery*. Toronto, Ontario: Hogrefe.

Herman, J.L. (1997) *Trauma and recovery: The aftermath of violence*. NY, NY. Basic Books.

Howard, Dr. Judith A. *Distressed or deliberately defiant? : Managing challenging student behaviour due to trauma and disorganized attachment*.

Massachusetts Advocates for Children: Trauma and Learning Policy Initiative. (2005). *Helping Traumatized Children Learn: Supportive School Environments for Children Traumatized by Family Violence*. Boston, MA: Library of Congress.

National Child Traumatic Stress Network Schools Committee. (October 2008). *Child Trauma Toolkit for Educators*. Los Angeles, CA & Durham, NC: National Center for Child Traumatic Stress.

Siegel, D. J., & Bryson, T. P. (2012). *The whole-brain child: 12 revolutionary strategies to nurture your child's developing mind*. New York: Bantam Books Trade Paperbacks.

Van Der Kolk, B. (2015). *The body keeps the score: brain, mind, and body in the healing of trauma*. NY, NY: Penguin Books.

Walkley, M., & Cox, T. L. (2013). Building Trauma-Informed Schools and Communities. *Children & Schools*, 35(2), 123-126. doi:10.1093/cs/cdt007



# Resources We Like:



- **The Trauma-Informed School: A Step-by-Step Implementation Guide For Administrators and School Personnel** by Jim Sporleder and Heather T. Forbes
- **Help for Billy: A Beyond Consequences Approach to Helping Challenging Children in the Classroom** by Heather T. Forbes
- **The MindUP Curriculum: Brain Focused Strategies for Learning and Living** (Classroom-Based Mindfulness Lessons)
- **Learning to Breathe: A Mindfulness Curriculum for Adolescents to Cultivate Emotion Regulation, Attention, and Performance** by Patricia C. Broderick and Myla Kabat-Zinn (Great for mindfulness groups led by mental health clinicians/school social workers)
- **Love and Life: G-TREM: Trauma Recovery and Empowerment Model** (Group intervention for adolescent girls with trauma histories)
- **Yoga 4 Classrooms Activity Card Deck** by Lisa Flynn and James Vaughn
- **Fostering Resilient Learners: Strategies for Creating a Trauma-Sensitive Classroom** by Kristin Souers and Pete Hall
- **Trauma-Sensitive Schools: Learning Communities Transforming Children's' Lives** by Susan E. Craig
- **Progressive muscle relaxation script for children:**  
<http://www.mc.vanderbilt.edu/coe/tfcbt/workbook/Relaxation%20&%20Affective%20Expression/PMR%20Script.pdf>
- <http://www.mindfulteachers.org/>



# **For additional information:**

## **Mary's Center's SBMH Program:**

[www.maryscenter.org/sbmh](http://www.maryscenter.org/sbmh)

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