

TIC in the Schools: Changing policy and practice



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Objectives



1. Identify what it means to be a “compassionate”, “trauma sensitive or trauma-informed” school.
2. Learn how psychological trauma causes brain injury in children affecting memory and behavior.
3. Understand the connection between trauma experience and school performance.
4. Discuss school policies and practices to dysfunction caused by traumatic experience that impedes learning.

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Traumatized Children...



- Are more likely to receive special ed services.
- Perform below grade level.
- Have poor work habits.
- Are 2.5 times more likely to fail a grade.
- Have home and school behavioral difficulties.



Complex trauma symptoms are often misdiagnosed and youth are subjected to inappropriate/ineffective discipline.

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Trauma's Impact on Learning

Inability to process social cues and to convey feelings in an appropriate manner.



ACADEMIC PERFORMANCE DIFFICULTIES

- Language & communication skills
- Learning and retrieving new verbal information
- Problem-solving
- Goal setting
- Lack capacity for self-regulation
- Distorted world view

CLASSROOM BEHAVIORS

- Reactivity and impulsivity
- Aggression
- Defiance
- Withdrawal
- Perfectionism
- Obsessive-Compulsive
- Attention deficits

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Relationship Between Diagnoses & Eligibilities

Special Education Eligibility: *Emotional Disturbance*

Inability to learn not explained by health, intellectual, or sensory disability;
Inability to build/maintain relationships;
Inappropriate behavior or feelings under normal circumstances;
Pervasive anxiety or depression;
Physical symptoms or fears.

Special Education Eligibility: Specific Learning Disability

Disorder in basic psychological processes involved in understanding/using language, spoken or written, may manifest in an imperfect ability to listen, think, speak, read, write, spell, or do mathematical calculations.

Psychological/Neurobiological Diagnosis: *Traumatic Stress*

Rarely in attentive state
Defiant, aggressive, oppositional
Hyperarousal
Internalizing disorders
Fear, somatic disorders

Rarely in attentive state;
Lack of concentration;
Misperceptions;
Avoidance;
Dissociation;

Repeated intrusive memories) ⁵



Children Bring Their Whole Lives into the School

- Students spend 6-8 hours a day in school.
- If the school is trauma-informed, those could be hours in which the student feel understood, accepted and validated, all of which might help them recover from trauma
- Teachers who function as secondary or alternative attachment figures could provide some protection against negative developmental outcomes
- Education can help the student become part of society.

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Trauma-Informed Educator Practice



The trauma-informed educator:

- Understands the impact of trauma on a student's behavior, development, relationships, and survival strategies
- Can integrate that understanding into planning for the student and learning
- Understands his or her role in responding to child traumatic stress

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Common Elements of Trauma Sensitive Schools



Trauma Sensitive Schools may have:

- Comprehensive [professional development](#) for teachers and other staff on trauma
- A team of school/district personnel to [assess](#) individual student cases for [trauma affecting learning](#)
- [Parent and family workshops](#) on the effects of trauma
- School/district administrative support for establishing a [trauma sensitive environment](#)
- [Academic instruction techniques](#) for teaching traumatized students
- Development or revision of [school policies](#) to be more trauma sensitive

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What Is A Trauma-Informed School System?



- A school system whose primary mission is altered by virtue of knowledge about trauma and the impact it has on the lives of children receiving educational services:
- Services should maximize child safety, choice and empowerment
 - Eliminate practices that have the potential to re-victimize
 - Collaborate in all aspects of treatment
 - Provide needed emotional and practical support to facilitate recovery
 - Maximize choice and consumer control
 - Emphasize child/family strengths
 - Acknowledge and respect the role of culture

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Trauma-informed Education



- Avoid triggering trauma reactions and/or traumatizing the individual.
- Adjust the behavior of staff, school, and district to support the student's coping capacity.
- Allow students to manage their trauma symptoms successfully so that they are able to access, retain and benefit from your services.

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Policy



- Helping Traumatized Children Learn; Supportive School Environments for Children Traumatized by Family Violence
- Susan Cole, et al (2005)
- Massachusetts Advocates for Children, Harvard Univ.
- http://www.massadvocates.org/uploads/Gf/UQ/GfUQpE26bVAtZ54Hz3hSnQ/Help_Traum_Child

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What Can an Educator Do?



- Recognize that exposure to trauma occurs to many children, not just those in protective or foster care.
- Recognize the signs and symptoms of child traumatic stress and how they vary in different age groups.
- Recognize that students "bad" behavior is sometimes an adaptation to trauma.
- Understand the impact of trauma on different developmental domains.

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School Opportunities



Impact

Lost sense of safety and trust

Disempowerment and helplessness;

Deduce need violence to survive

Our Options

Focus on being safe; rebuild their capacity to keep self safe

Offer ways to be autonomous and develop mindpower; no one is safe unless everyone is safe

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School Opportunities



Impact

Only the powerful get respect; no interdependence

Practice or role-play survival needs and ultimate hopelessness and futurelessness

Our Options

Develop empathy by modeling and giving it to become a mutual caring community

Provide environments that transform experiences into positive power, a sense of control, mastery and hope

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How We Perceive Traumatized Children



- Many problems of traumatized children can be understood as efforts to minimize objective threat and to regulate their emotional distress
- Unless teachers understand the nature of **re-enactments**, they are likely to label the child as “oppositional,” “rebellious,” “unmotivated,” or “antisocial”

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Physiological Effects



- Perpetual extreme levels of stress arousal may lead to:
 - hypervigilance and loss of ability to concentrate
 - altered vision and hearing
 - hyperactivity or dissociation
 - avoidance of potential triggers to trauma
 - altered sleep patterns
 - altered eating patterns
 - compulsive self harm
 - attempts to self medicate with substances

(Cairns, K. & Stanway, S., 2004.)

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Physical Effects



- Continued stress arousal may lead to:
 - headaches
 - digestive disorders
 - respiratory disorders
 - other psychosomatic illnesses
 - muscle tension
 - aching joints
 - clumsiness
 - altered spatial awareness

(Cairns, K. & Stanway, S., 2004.)

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ACES



- Center for Disease Control has determined that the primary cause for physical disease in America is early childhood trauma.
- According to the CDC, trauma is the primary cause of: obesity, addictive behavior, suicide, chronic employment problems, and the ten leading medical conditions leading to premature death in this country.

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Emotional Effects



- Inability to process emotions through language
- Diminished capacity for empathy
- Hypersensitivity to trauma in others
- Diminished range of emotions: terror or rage
- Depression or sadness
- Feelings of worthlessness and shame
- Bad memories
- Recurring outbreaks
- Dissociation

(Cairns, K. & Stanway, S., 2004; CIVITAS, 2002)

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Social Effects



- May become socially isolated or member of deviant peer group due to:
 - Extreme reactions of terror or rage
 - Diminished empathy limits social connectedness
 - Survival mode restricts motivation to be sociable
 - Avoidance restricts capacity to connect to others
 - Diminished language restricts social accountability
 - Traumatic identity leads to persistent victim or aggressor behaviour

(Cairns, K. & Stanway, S., 2004.)

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Cognitive Effects

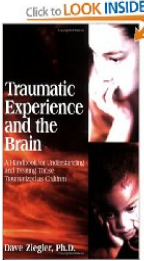


- Negative cognitive reactions affect how a youth processes information and performs advanced thinking.
 - Inability to remember details
 - Memory impairment
 - Poor attention
 - Unable to concentrate
 - Lack of goals
 - Poor problem solving
 - Sense of shortened future



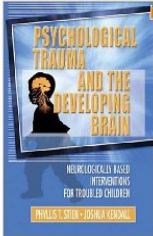
CIVITAS (2002)

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- Traumatic Experience and the Brain
- Dave Ziegler (2002)
- Acacia Press

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- **Psychological Trauma and the Developing Brain: Neurologically Based Interventions for Troubled Children**
- [Phyllis Stien](#) et al (2003)
- Routledge

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Developmental Trauma Disorder

A. Exposure

- Multiple or chronic exposure to one or more forms of developmentally adverse interpersonal trauma (e.g. abandonment, betrayal, physical assaults, sexual assaults, threats to bodily integrity, coercive practices, emotional abuse, witnessing violence and death).
- Subjective experience (e.g. rage, betrayal, fear, resignation, defeat, shame).

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B. Triggered pattern of repeated dysregulation in response to trauma cues.

Dysregulation (high or low) in presence of cues. Changes persist and do not return to baseline; not reduced in intensity by conscious awareness.

- Affective.
- Somatic (e.g. physiological/motor/medical).
- Behavioural (e.g. re-enactment/self-mutilation).
- Cognitive (e.g. reliving, confusion, dissociation, depersonalization thinking that it is happening again).
- Relational (e.g. clinging, oppositional, distrustful, compliant).
- Self-attribution (e.g. self-hate, blame).



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C. Persistently Altered Attributions & Expectancies

- Negative self-attribution.
- Distrust of protective caretaker.
- Loss of expectancy of protection by others.
- Loss of trust in social agencies to protect.
- Lack of recourse to social justice/retribution.
- Inevitability of future victimisation.

D. Functional Impairment

- Educational.
- Familial.
- Peer.
- Legal.
- Vocational.



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Other connected presentations

• Sensory integration dysfunction

- DSI is a neurologically based disorder, like ADHD and learning disabilities.
- A child with DSI has an inability to organize sensory input for use in daily living, which includes school, play, and family life.
- The child has either a hyposensitivity or a hypersensitivity to sensory input, such as an overreaction to the feel of clothing or to the texture of food.
- DSI is similar to ADHD in that it impacts learning, but is not a learning disability. DSI overlaps with ADHD in symptoms of inattention and restlessness

• Nonverbal Learning Disorder

- (NVLD) is a type of learning disability where the child has deficiencies in nonverbal reasoning.
- NVLD overlaps with both ADHD and DSI: the child with NVLD can have the sensory sensitivity of a child with DSI and the impulsiveness, disorganization, and hyperactivity of a child with ADHD or with DSI.



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Trauma Related Disabilities	
Consequences of impaired function(s)	Examples
<ul style="list-style-type: none"> • Overactive brainstem / midbrain. Overly stimulated and damaged brain pathways. 	<ul style="list-style-type: none"> • Difficulties with memory and recall • Poor organizational skills • Problems with planning and predicting • Poor problem solving / easily overwhelmed • Feeling of hopelessness / high self criticism • Self destructive behavior • Difficulty concentrating • Hyperactivity • Impulsive behavior • Interrupting / changing the subject • High startle response • Fear and mistrust • Inappropriate responses • Angry outbursts / Aggression

Consequences of Impaired Function(s)	Examples
<ul style="list-style-type: none"> • Significant inability to shut out intrusive thoughts or memories of trauma 	<ul style="list-style-type: none"> • Somatic complaints • Difficulty making decisions and evaluating own progress • Displays dissociate symptoms • Socially withdrawn / Overly complicit • Struggles with rational thinking of threats and safety • Repeatedly talk about traumatic events / death etc.
<ul style="list-style-type: none"> • Diminished ability to process verbal, text-based and abstract information 	<ul style="list-style-type: none"> • Difficulty extracting meaningful information from written language • Difficulty following verbal instructions • Problems with predicting outcomes • Needs concrete, visual, repetitive stimuli • Problems in establishing cause and effect

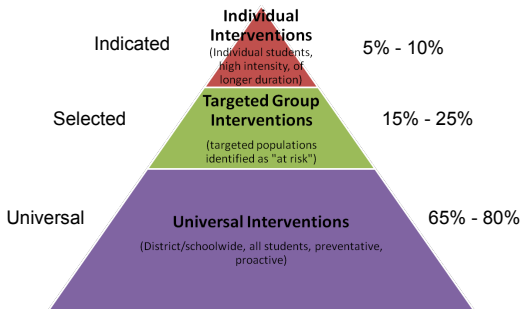
General Consequences of Traumatic Events
<ul style="list-style-type: none"> • Increased incidents of absenteeism and tardiness • Changes in school performance • Changes in sleep patterns • Changes in appetitive • Lack of interest or investment in school activities • Irritability with teachers and friends • Hate or anger towards others (Especially those that are seen as "different") • Denial of impact • Discomfort with own feelings • Increased risk of substance use, including drinking • Increased risk for suicide or high risk behavior

What we are going to focus on:

- Resiliency to cognitive disturbance
- Skill building for emotional stability
- Progression to positive social functioning through developmental stages

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Pyramid of Interventions RtI



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What's "New" In The Context Of What's "Old"?

- A trauma-sensitive school environment is characterized by respect and supports capable of "taking over" when the student's coping skills fail.
 - **RtI (Response to Intervention)**
 - **PBIS (Positive Behavioral Interventions and Supports)**
 - **Crisis/Disaster/Active Shooter Interventions**
 - **Violence Prevention/Bullying Programs**
 - **Character Education/Emotional Intelligence**
 - **Stress Management/Yoga/Physical Activity Programs**
 - **Service Learning**
 - **Restorative Discipline/Justice**
 - **Community School Movement**

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How We Become:



Office of the Superintendent of Public Instruction State of Washington 34

Ten Strategies of a Compassionate School

1. Focus on culture and climate in the school and community.
2. Train and support all staff regarding trauma and learning.
3. Encourage and sustain open and regular communication for all.
4. Develop a strengths based approach in working with students and peers.
5. Ensure discipline policies are both compassionate and effective (Restorative Practices).

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School Strategies cont.

1. Weave compassionate strategies into school improvement planning.
2. Provide tiered support for all students based on what they need.
3. Create flexible accommodations for diverse learners.
4. Provide access, voice, and ownership for staff, students and community.
5. Identify vulnerable students and outcomes and strategies

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Domains of Compassionate Instruction



- Domain 1: Safety, Connection, and Assurance
- Domain 2 : Emotional and Behavioral Self-Regulation
- Domain 3: Competencies of Personal Agency, Social Skills, and Academic Skills

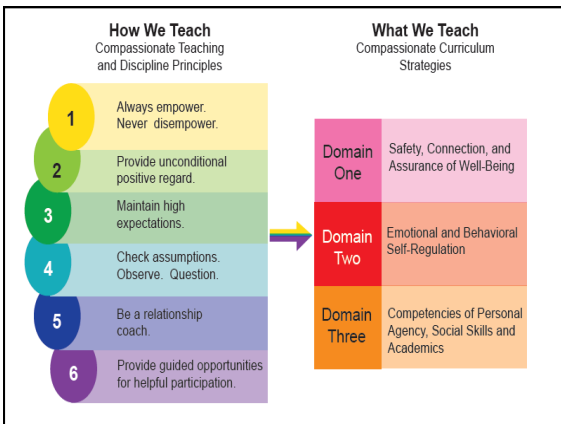
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The Six Principles



- 1) Always Empower, Never Disempower
- 2) Provide Unconditional Positive Regard
- 3) Maintain High Expectations
- 4) Check Assumptions, Observe, Question
- 5) Be a Relationship Coach
- 6) Provide Opportunities for Helpful Participation

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**Principle One:
Always Empower, Never Disempower**

Students affected by trauma often compete with their teachers for power. This is because they believe that controlling their environment is the way to achieve safety (Craig, 1992).

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**Principle Two:
Provide Unconditional Positive Regard**

Traumatic events make it difficult for students to trust. They make it difficult to feel worthy, take initiative, and form relationships. Students struggling with trauma don't need another adult to tell them what is wrong with them. What they do need, what helps them thrive, is an adult who treats them with simple sustained kindness, an adult who can empathize with the challenges they face moving between home and school.

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**Principle Three:
Maintain High Expectations**

Teachers may be so concerned about disempowering their students that they may be hesitant to set limits. As a consequence, expectations for achievement are lowered. Doing so inadvertently sends negative messages such as "you are too damaged to behave" or "you are different than others so I am giving up on you." Note that these messages can increase the perception of the student that they are powerless. Increased feelings of powerlessness lead to increased symptoms of traumatic affect.

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**Principle Four:
Check Assumptions, Observe and
Question**

Traumatic events can affect any person, family or group of people. When we make assumptions about who is likely to be traumatized based on a stereotype of any one group of people, this may stop us from seeing who actually has been affected by trauma.

- 1) Identify Assumptions.
- 2) Observe.
- 3) Ask Questions; and
- 4) Listen.

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**Principle Five:
Be a Relationship Coach**

Compassionate teachers think of themselves as relationship coaches. After all, the relationships we establish with and among students influence the tone and demeanor in our classrooms.

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**Principle Six:
Provide Guided Opportunities for
Helpful Participation**

Meaningful participation gives us opportunities to be heard, to make choices, to have responsibilities, to belong, and to engage in problem solving. When we make meaningful contributions to the welfare of others, we improve our own feelings of self-worth. Helping others strengthens resiliency. Providing **guided** opportunities for participation is an important principle of compassionate teaching. Such **supervised** opportunities can provide solace, create mutual trust, and affirm the self-worth of those involved.

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**DOMAIN ONE:
SAFETY CONNECTION AND ASSURANCE**

Teachers can do a great deal to create a climate of safety for their students. They can respond to the emotions that underlie inappropriate behavior rather than simply react to the most disturbing symptoms.

Important Elements

- 1) consistency and integrity on the part of the teacher,
- 2) attunement on the part of the student so they can read teacher cues accurately, and
- 3) opportunities to respond appropriately.

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**DOMAIN ONE:
SAFETY CONNECTION AND ASSURANCE**

Goals for Instruction

- Students will be provided with opportunities to feel safe and assured.
- Students will be able to identify triggers that set off “fight-flight-fright” behaviors that distract them from learning.
- With the help of their teachers, students will either remove trigger stimuli or respond to those stimuli differently.
- Students will improve their abilities to attune themselves to the cues of others.

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**DOMAIN TWO:
IMPROVING EMOTIONAL AND
BEHAVIORAL SELF-REGULATION**

- Domain two addresses ways that students can recognize and name their feelings and bodily states, otherwise known as “the vocabulary of feelings.”
- Once students recognize and name their feelings, the objective is to help them create links between external experiences, internal feelings, and triggered behaviors.
- Students still need to learn how to respond differently to their feelings. Doing so requires affect modulation.

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**DOMAIN TWO:
IMPROVING EMOTIONAL AND
BEHAVIORAL SELF-REGULATION**

Goals for Instruction

- Students will be able to better identify and differentiate among their feelings.
- Students will be able to better identify the emotional needs of others.
- Students will be able to better link their feelings with internal and external experiences.
- Students will be able to better identify resources to safely express their feelings.
- Students will be able to better use strategies to modulate their responses to emotions in ways that will support academic success.
- Students will be able to use what they have learned about modulating their feelings to behave in a manner appropriate to the classroom setting.

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**DOMAIN THREE:
COMPETENCIES OF PERSONAL AGENCY,
SOCIAL SKILLS AND ACADEMIC SKILLS**

- Personal agency** is the term used to describe the belief that one can make things happen.
- Social skills** are needed for students to interact with others in acceptable ways.
- Executive functions** are those skills that enable a person to behave in goal-directed ways.
- Academic Skills:** students affected by traumatic events can have trouble analyzing ideas, organizing narrative material, or seeing cause-and-effect relationships.

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Technical report



- Jaycox, Lisa et al (2006) HOW SCHOOLS CAN HELP STUDENTS RECOVER FROM TRAUMATIC EXPERIENCES: A TOOL KIT FOR SUPPORTING LONG-TERM RECOVERY. With CD-ROM RAND-Gulf States Policy Institute.

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