



Trauma sensitive school

Trauma sensitive classroom

Trauma sensitive learners

Teachers who show up and who take care of themselves mentally will influence their learners tremendously.



CHECKLIST

How often do you do the following? (Rate, using the following scale):

5-Frequently 4-Sometimes 3-Rarely 2-Never 1-It never even occurred to me

Physical self-care

| Eat regularly (e.g., breakfast and lunch) |
|---|
| Eat healthfully |
| Exercise or go to the gym |
| Lift weights |
| Practice martial arts |
| Get regular medical care for prevention |
| Get medical care when needed |
| Take time off when you are sick |
| Get massages or other body work |

| Do physical activity that is fun for you |
|---|
| Take time to be sexual |
| Get enough sleep |
| Wear clothes you like |
| Take vacations |
| Take day trips or mini-vacations |
| Get away from stressful technology, such as pagers, faxes, telephones, and e-mail |
| Other: |

CHECKLIST

| School environment is often chaotic, disorganized, and unpredictable. |
|---|
| Staff members are often fearful of their own safety. |
| Staff members often use harsh and punitive discipline practices to regain control. |
| The school has a high rate of staff turnover. |
| The school has a high rate of staff absenteeism. |
| There is a lack of communication and/or frequent miscommunication among staff members. |
| Interpersonal conflicts are increasing among staff members in different roles or departments. |
| Work is often incomplete. |
| Work quality is often poor. |
| The school has a negative atmosphere. |
| People at the school feel a lack of emotional and/or physical safety. |
| Staff members have less energy or motivation to go the extra mile. |
| Staff members collectively tend to be cynical and negative about students. |
| Student and family complaints about the school have increased. |

- Loud, chaotic environments
- Odors
- Physical touch
 - Confinement

Triggers

- 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
- Feelings such as anger, sadness, or fear in response to common school conflicts— getting in trouble, doing poorly, having an argument with another colleague

CHECKLIST OF INTERVENTION STRATEGIES

| Use a calm and respectful tone of voice. |
|--|
| Pay attention to your body language, gestures, and physical proximity to the student. |
| Maintain boundaries and allow for a reasonable "comfort zone" to offer space. |
| Use grounding techniques to help students access their thinking brain (e.g., breathing, providing something to hold or squeeze). |
| Provide choices in the moment. |
| Be clear about your intention and purpose in the situation. |
| Refrain from giving a lot of directions. |
| Identify, acknowledge, and label feelings. |
| Offer support and reassurance. |
| Avoid confrontation and punishment. |
| Avoid arguing with the student. |
| Check your own level of stress. |
| Get support as needed. |
| |

Burnout is characterized by emotional exhaustion, depersonalization, and a sense of reduced personal accomplishment.

Although burnout also is work related, burnout develops as a result of general occupational stress; the term is not used specifically to describe the effects of indirect trauma exposure.



PEER SUPPORT



- Child development and attachment and the effects of early adversity
- The neurobiology of trauma
- Particular types of trauma (e.g., historical trauma, racial trauma, complex trauma)
- Experiences of particular groups of students (e.g., LGBTQ youth, youth of color, refugees)
- Relationship between culture and trauma (e.g., culture-specific experiences and responses)
- Secondary traumatic stress and vicarious trauma
- Child and adolescent mental health
- Resilience across development
- Core principles of trauma sensitivity

- General trauma-sensitive practices
- Trauma-informed crisis intervention and deescalation strategies
- Culturally responsive practices
- Strategies for engaging youth and families
- Strengths-based approaches to working with youth
- Self-care strategies
- Restorative practices
- Positive behavioral supports
- Mental health first aid

Specialized Topics

- Classroom strategies for promoting safety
- Social and emotional competencies and curricula
- Trauma-sensitive assessment and evaluation practices
- Evidence-based, trauma-specific mental health interventions for addressing trauma



A trauma-informed classroom recognizes that when a child misbehaves or acts out in class or just simply won't work, their behavior may have nothing to do with being naughty. In fact, their behavior may have nothing to do with the teacher or the classroom at all.

A trauma-informed classroom recognizes that kids have gone through some serious events in their lives. Not only do they carry the memory of those events with them, but their brains are different because of this trauma.

WHAT DEFINES A "TRAUMA-INFORMED" Classroom?





3 KEY ELEMENTS

1. SAFETY - Create a safe environment

Teachers, aides and the classroom environment support each child's feelings of safety, trust and belonging. Classroom set up includes areas and activities for both quiet focus and stress release.

2. CONNECTION - Build relationships

All caregivers strive to build genuine emotional attachments with each child and their family and support trusting peer relationships between children.

CONNECTION CALM

3. CALM - Teach emotional regulation

Teachers and aides develop, practice and talk about their own stress management habits and teach children age appropriate regulation strategies for everyday use in the classroom.

UNDERSTANDING TRAUMA



Trauma is defined as any individual trauma that stems from one of three things:

- 1.An event that either harms an individual be it physically or emotionally or that threatens that individual's life.
- 2.A series of events harm a person physically or emotionally or that threatens a person's life.
- 3. A set of circumstances that harm a person physically or emotionally or that threaten a person's life.

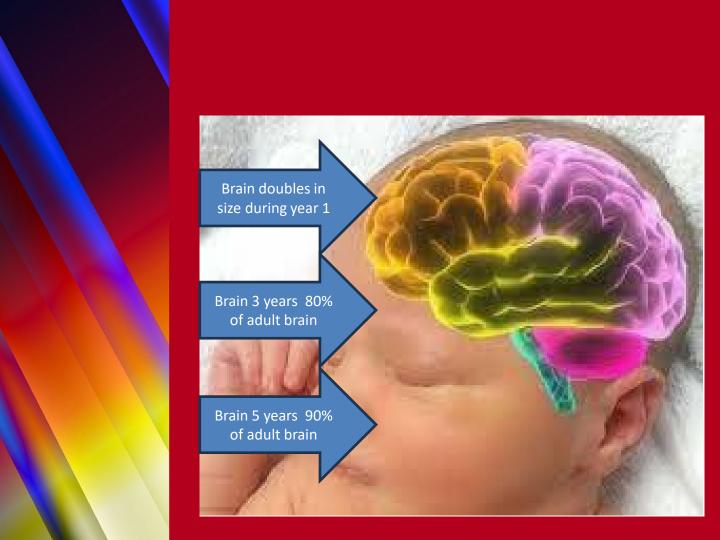
These events need to have <u>lasting adverse effects</u> on an individual.

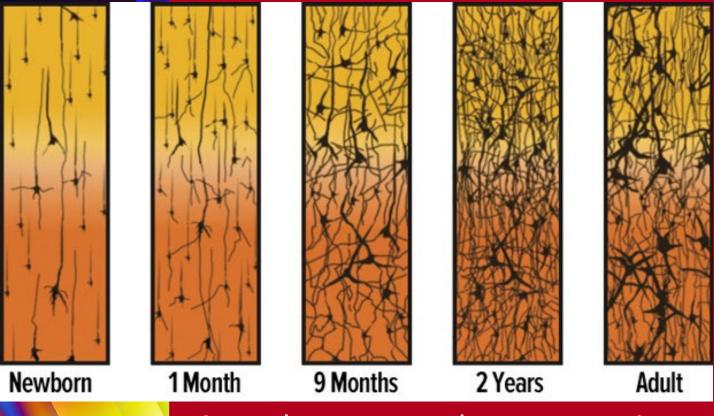
Scientists are discovering the long-term effects of trauma on people:

- mentally,
- physically,
- spiritually,
- emotionally, and
- socially.

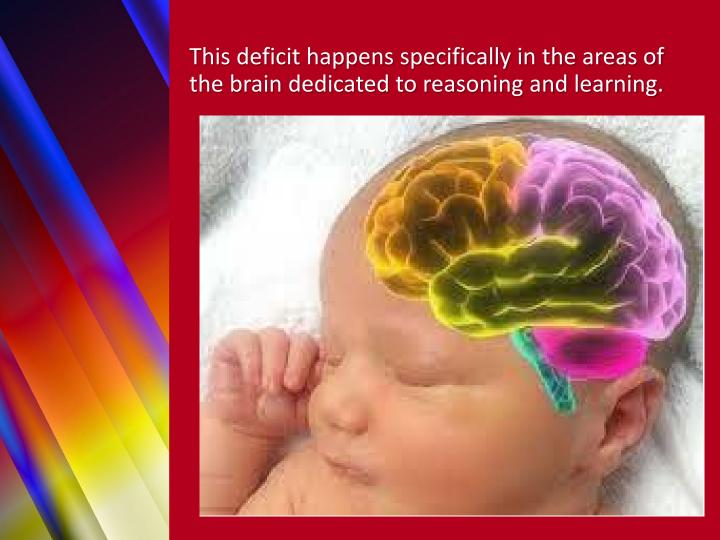
bullying, homelessness, discrimination, war, and natural disasters

- Physical abuse
- Emotional abuse
- Emotional neglect
- Sexual abuse
- Physical neglect
- Household substance abuse
- Mother treated violently
- Parental separation or divorce
- Household mental illness
- Incarcerated household member



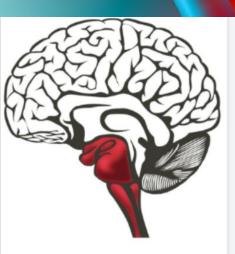


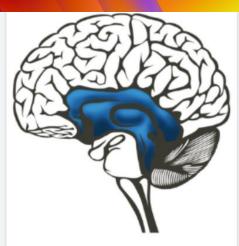
Stress hormones reduces connections between neurons - PRUNING

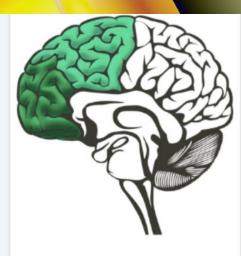


Trauma is not physically held in the muscles or bones — instead, the need to protect oneself from perceived threats is stored in the memory and emotional centers of the brain, such as the hippocampus and amygdala.

This activates the body whenever a situation reminds the person of the traumatic event(s).







Survival State

BRAIN STEM

Survival State represents the base level of Brain State, and asks the question, "Am I safe?" The only way to sooth the Survival State is through the creation of Safety.

Emotional State

LIMBIC SYSTEM

This Brain State represents mid-level functionality and asks the question, "Am I loved?" The only way to sooth an upset emotional state is through Connection.

Executive State

PREFRONTAL LOBES

The Executive State represents the optimal state for problem-solving and learning. This Brain State asks the question, "What can I learn from this?"



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Individual pieces of the memory are like shards of broken glass, and they're painful to touch—for good reason. Fragments of the trauma story have strong ties to the emotion centers in the brain, including the **amygdala**, which is central to our experience of fear, as well as the insula, which underlies our internal body awareness. Both of these brain areas are important for the body's fight/flight/freeze stress response.

Framing traumatic memories



Neocortex and Prefrontal Cortex (PFC): Executive Functioning

What Can Hearn?

Limbic System: Emotions and Memory

Am I Loved?

Brain Stem: Survival Functions

Am I Safe?



Symptoms:

- Irritability
- Depression
- Anxiety
- •Frequent illness (lowered immune system)
- •Difficulty coping with stress
- •Inexplicable fatigue
- Feeling easily overwhelmed
- •Exaggerated stress response
- Diabetes

- •Hypertension (high blood pressure)
- Obesity
- •Menstrual irregularities (due to hormonal imbalance)
- Muscle weakness
- •Insomnia
- •Cardiovascular disease (heart disease)

Part 3: How Trauma Impacts the Four Different Types of Memory

EXPLICIT MEMORY

IMPLICIT MEMORY

SEMANTIC MEMORY

EPISODIC MEMORY

PROCEDURAL MEMORY EMOTIONAL MEMORY

How Trauma Can Affect It

Trauma can prevent information (like words, images, sounds, etc.) from different parts of the brain from combining to make a semantic memory.

How Trauma Can Affect It

Trauma can shutdown episodic memory and fragment the sequence of events.

How Trauma Can Affect It

Trauma can change patterns of procedural memory. For example, a person might tense up and unconsciously alter their posture, which could lead to pain or even numbness.

How Trauma Can Affect It

After trauma, a person may get triggered and experience painful emotions, often without context.

Related Brain Area

The temporal lobe and inferior parietal cortex collect information from different brain areas to create semantic memory.

Related Brain Area

The hippocampus is responsible for creating and recalling episodic memory.

Related Brain Area

The striatum is associated with producing procedural memory and creating new habits.

Related Brain Area

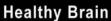
The amygdala plays a key role in supporting memory for emotionally charged experiences.



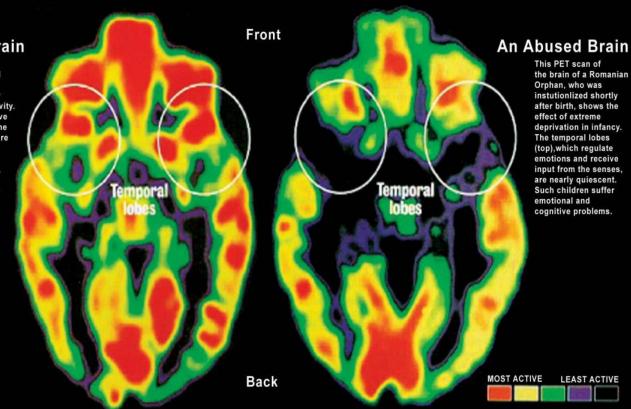




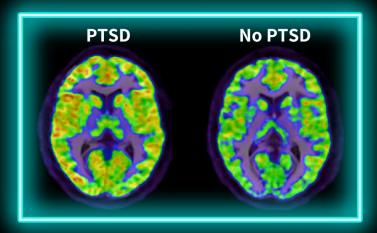




This PET scan of the brain of a normal child shows regions of high (red) and low (blue and black) activity. At birth, only primitive structures such as the brain stem (center) are fully functional; in regions like the temporal lobes (top), early childhood experiences wire the circuits.



PTSD physiologically changes your brain.



This is why someone can't just 'get over it' or 'move on with their life' after a experiencing a traumatic event.

This is also why their symptoms can be life-changing and both mental and physical too.



Post-traumatic stress disorder symptoms

- one month of a traumatic event
- may not appear until years after the event.
- Problems in social or work situations and in relationships; normal daily tasks.
- Four types: intrusive memories, avoidance, negative changes in thinking and mood, and changes in physical and emotional reactions.

CREATING A TRAUMA SENSITIVE ENVIRONMENT



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Classroom Arrangements





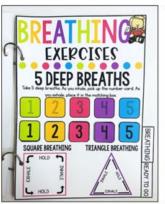
Classroom safety



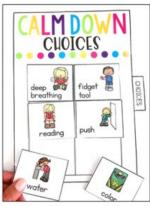
Naughty kids vs Naughty behaviour

CALM DOWN CORNER

for the classroom











Teach and model empathy

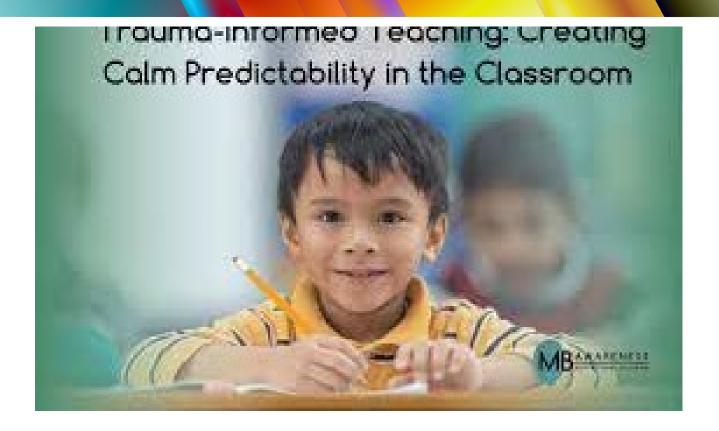


Stress management skills

Use a collaborative approach. Trauma-sensitive schools use a collaborative approach with students, families, and staff. This approach includes sharing power and decision making across all levels of the school and seeing students and families as partners.



STRUCTURE AND ROUTINE



STRUCTURE AND ROUTINE





BLUE



sick sad tired bored GREEN



happy calm focused ready CHOICES

BREATH

DEF

Active listening

ACTIVE LISTENING SKILLS



BE ATTENTIVE



REFLECT



SUMMARIZE



SHARE



AVOID JUDGE-MENT



CLARIFY

Stress management skills



Exercise



RESILIENCE

<u>Resilience</u> is the ability to meet and overcome adversity in ways that maintain or promote well-being. It incorporates attributes like grit, persistence, initiative, and determination

Success is not final, failure is not fatal:

IT IS THE

COURAGE to CONTINUE

THAT COUNTS.



Winston S. Churchill

Belonging

Personalised greetings can convey that the child is a valued member of the class.

Show trust in the child by providing jobs and responsibilities.

Display photographs on the wall or school website of the child <u>being successful and</u> having fun in the classroom.

Predictability

Communicate daily activities using a visual timetable or individual visual schedule.

<u>Use countdowns</u> to help the child anticipate transitions. A First/Then approach can remind them that a favoured activity will follow a less preferred learning task.

Use <u>song</u>, <u>rhythm and visual markers</u> for tidying up, showing where to sit on the carpet and giving them a consistent place to stand when lining up.

Explain changes to routine with empathy and reassurance.



Organisation

Consistent seating arrangements can allow for scanning of the room.

Ensure that classroom areas are <u>clearly labelled</u> for retrieval of belongings.

<u>Use visual checklists</u> for breaking tasks into small steps and providing reminders of how to manage equipment when preparing to start a task.



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Regulation

Talk about emotions out loud and be curious about how the child is feeling.

Consider stories, puppets and cartoons as safer methods for discussing emotions.

Facilitate a <u>sensory diet</u> - deep breathing routines, music, Lego, jigsaws and messy play.

<u>Have a designated calm corner</u> for recovering from emotional dysregulation.

Differentiation

Reduce memory and processing demands
through simplified instructions, repetition,
reduction of visual information and extra time.

Provide structure for writing tasks through
bullet points, key word lists and multiple choice.
Build trust by incorporating opportunities for
choice and control.

Relationship

Comfortable proximity - maintaining connection through transitional objects vs giving group-based feedback.

Model social skills and role-play how to resolve conflicts.

Promote the child's personal strengths and interests.