

Trauma-sensitive Schools

Promoting Resiliency and Healing

Session 1 Overview:

- Characteristics of trauma-sensitive schools
- Role of vulnerability in trust
- Power of Storytelling
- Trauma Continuum
- Types of trauma
- Re-traumatization

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Characteristics of a Trauma-sensitive School Culture

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Implementation of a trauma-sensitive approach requires schools to carefully examine the assumptions staff members make about youth's behaviors.

Viewing challenging behaviors through a trauma-sensitive lens leads to interventions directed at restoring safety or a more tolerable level of arousal, rather than trying to manage behavior with shame, punishments, or isolation.

Leveraging the role of the teacher to create safety, predictability, intentionality, optimism, and resilience.

Developing understanding of neurological development, positive coping strategies, and self-regulation.

Restorative Practices

Restorative practices create a brain state of relaxed alertness that enhance adolescents' ability to think creatively and learn (Craig 50).

- Grounded in positive, collaborative relationships between students and adults
- Collaborative problem-solving approach to behavior
- Misbehaviors are addressed in a manner that strengthens relationships: a communal practice
- Focus on repairing harm, not punishment
- Advisory classes model and practice restorative discourse



Session 2 Overview:

- Discussion from homework & feedback from survey
- Trauma and Addiction
- Stigma of Trauma
- Impacts of developmental trauma
- Countering ACEs

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Trauma as a Gateway Drug

- One in five teens (12-17) engages in abusive/dependent substance use each year
- The rate of abusive/dependent substance use is three times higher in teens with a history of trauma
- Drug use is a coping behavior for teens attempting to manage the emotional dysregulation, heightened arousal, and sense of hopelessness resulting from trauma
- Substance use alters the structure of the brain and increases the risk of neurodegeneration
- Substance use increases risk-taking behaviors
- Youth who engage in regular substance use before age 15 are four times more likely to develop a chemical addiction as an adult

Session 3 Overview:

- Homework Discussion & feedback from survey
- Neurological Development & stages

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Changes in the Adolescent Brain: Brain Stem & Limbic Areas

Emotions

Limbic system spurs action in cortical areas of the brain, triggering emotional reactions and difficulty regulating emotional responses.

Attachment

A shift away from parent-child attachment toward same-age peer attachment.

Peer relationships mirror the dynamics of early childhood relationships.

There is a drive for social engagement and a felt sense of belonging.

Motivation

Dopamine provides a neurochemical reward for behaviors and experiences.

Low dopamine levels result in lower motivation and increased boredom.

While it takes more to trigger the release of dopamine, the pleasure experienced as a result of dopamine release in adolescence is greater than any other point in life.

Judgment

Hyper-rational thought processes highlight positive aspects while minimizing negative aspects of experiences.

The desire for the pleasure of an experience obscures any potential dangers.

Increase in adrenaline-seeking behaviors.

Session 4 Overview:

- Homework discussion & feedback from survey
- Remodeling the teen brain
- Threats to remodeling
- Mental health spectrum
- Suicidal Ideation

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Threats to Successful Remodeling

Youth with trauma histories are more vulnerable to mental illness, substance abuse, stress reactivity, social isolation, and suicidal ideation (Craig 41-44).

Without appropriate intervention, these disorders can trigger the beginning of a downward spiral of risky behaviors, school failure, self-medication, and involvement with the juvenile justice system.

Session 5 Overview:

- Homework discussion & survey feedback
- Attachment & relationships
- Secure and insecure attachment histories

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What's Your Attachment Profile?

Solicitous Caregiver: ignores own needs in order to tend to the needs of others; organizes emotional environment; hypervigilant and empathic toward others, but lacks awareness of self or self-agency.

The Lost Child: lacks resources to organize the structural and/or emotional environments; may appear lost in their own world and oblivious to things occurring in their surroundings.

The Little General: organizes the physical environment; attempts to over-control all things.

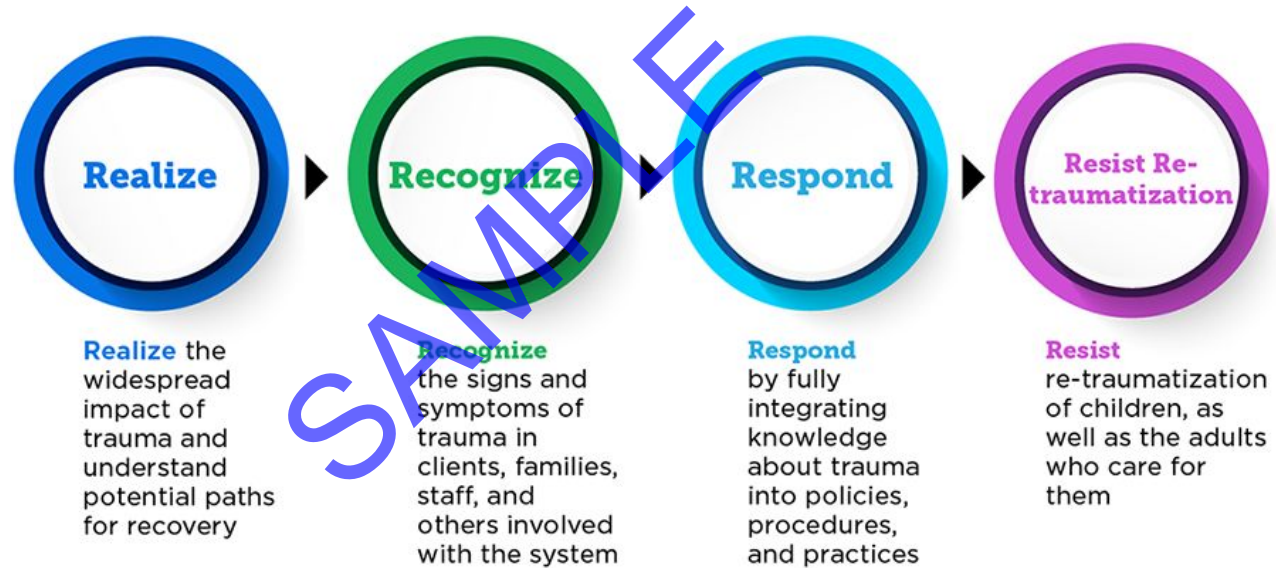
Session 6 Overview:

- Homework discussion & survey feedback
- 4 Rs of Trauma-informed Care
- Trauma-sensitive policies and discipline
- Policy review
- Cultural bias

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Trauma-Informed Practice

The Four Rs of Trauma-Informed Care



This figure is adapted from: Substance Abuse and Mental Health Services Administration. (2014). SAMHSA's concept of trauma and Guidance for a trauma-informed approach. HHS publication no. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration.

Trauma-sensitive Policies and Practices

Discipline policies in trauma-sensitive schools are:

- proactive
- intended to anticipate and prevent as many problems as possible.

Staff members are trained to:

- Handle infractions in a collaborative manner,
- Increase teens' self-awareness and self-regulation

Conflicts are resolved in a manner that repairs any harm that may have occurred (Craig 13).

Session 7 Overview:

- Homework discussion & survey feedback
- Resilience
- Connection
- Peer culture
- Collective Efficacy

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A Culture of Connection



A sense of connection at school:

- Improves academic achievement
- Decreases compromising health behaviors
- Buffers the effects of negative family functioning
- Repairs weak social skills
- Creates a felt sense of satisfaction
- Improves attendance

Session 8 Overview:

- Homework Discussion and survey feedback
- Well-being
- Resilience and antifragility
- Healing trauma
- Classroom practices and strategies

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What Can We Do?

All people have the capacity to make healthy adaptations to stress, and in extreme cases, bounce back from severe or persistent trauma. **But they cannot do it alone!**



Discussion:

What are some strategies for rebuilding assumptive views, building positive self-attributes, and developing positive coping strategies you are going to include in your classes?

Classroom Management & Practices

Trauma stimulates a “series of biological adaptations...essential for survival, but they create serious long-term limitations on [the] ability to cope with the academic and social demands of school” (Craig 11).

Discussion:

What trauma response is your go-to response? What responses have you seen in your most vulnerable student(s)?

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FIGHT

- 'Self-preservation' at all costs
- Explosive temper and outbursts
- Aggressive, angry behavior
 - Controls others
 - Bully
- Can't 'hear' other points of view
- A pronounced sense of entitlement
- Demands perfection from others
- Dictatorial tendencies

Typically mis-labelled as:

- Narcissist
- Sociopath
- Conduct disorder

FLIGHT

- Obsessive and / or compulsive behavior
- Feelings of panic and anxiety
- Rushing around
- Over-worrying
 - Workaholic
- Can't sit still, can't relax
- Tries to micromanage situations and other people
- Always 'on the go', busy doing things
 - Wants things to be perfect
 - Over-achieve

Typically mis-labelled as:

- OCD
- Bipolar
- ADHD
- Panic disorder
- Mood disorder

FREEZE

- Spacing out
- Feeling unreal
- Hibernating
- Isolating the self from the outside world
- Couch potato
- Dissociates
- Brain fog
- Difficulties making decisions, acting on decisions
 - Achievement-phobic
 - Wants to hide from the world
 - Feels 'dead', lifeless

Typically mis-labelled as:

- Clinical depression
- Schizophrenia
- ADD
- DID

FAWN

- People pleasing
- Scared to say what they really think
- Talks about 'the other' instead of themselves
- Flatters others (to avoid conflict)
- Angel of mercy
 - Over-caring
 - Sucker
- Can't stand up for the self, say 'no'
- Easily exploited by others
- Hugely concerned with social standing and acceptance, 'fitting in'
- Yes man (or woman...)

Typically mis-labelled as:

- Codependent
- Victim

C-PTSD: THE FOUR 'STRESS' RESPONSES

LEARN MORE AT: WWW.SPIRITUALSELFHELP.ORG

Most people have one or two dominant 'stress' responses that they typically fall back into as their main mode of reacting to stressful triggers and situations, or perceived threats.

Reactions to Trauma Responses

Should we develop some role-playing scenarios for reacting to triggered students, staff, and parents?

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Session 9 Overview:

- Homework discussion and survey feedback
- Healing in the classroom
- The role of the teacher
- Individualized, differentiated instruction
- Neuro-processing networks

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The Role of a Trauma-sensitive Teacher



The teacher's role in a trauma-sensitive school is to integrate what is now known about adolescents' neurodevelopment into classroom practice, emphasizing:

- Instructional design
- Implementation of a tiered system of support
- Collaborative behavioral coaching (Craig 74)

Session 10 Overview:

- Homework discussion and survey feedback
- Three-tiered System of Support
- Classroom strategy: Dialogic Teaching

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Dialogic Teaching

Dialogic teaching uses the **power of conversation** and dialogue to extend adolescents' thinking and increase their understanding of things they are learning through **collaborative, reciprocal relationships**.

Teens with trauma histories need:

- Explicit instruction in different styles of conversation: everyday talk, learning talk, teaching talk, organizational talk
- Explicit instruction in how conversation allows for the exploration of other people's thoughts and experiences, building empathy and representational thought
- Collaborative coaching in rewriting their explanatory narratives ("How did you...?" prompts teens to link actions to positive

Session 11 Overview:

- Homework discussion and survey feedback
- Collaborative Partnerships
- Classroom management
- Presence vs the Drama Triangle
- Stop the stigma through informed change

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Managing Classroom Disruptions

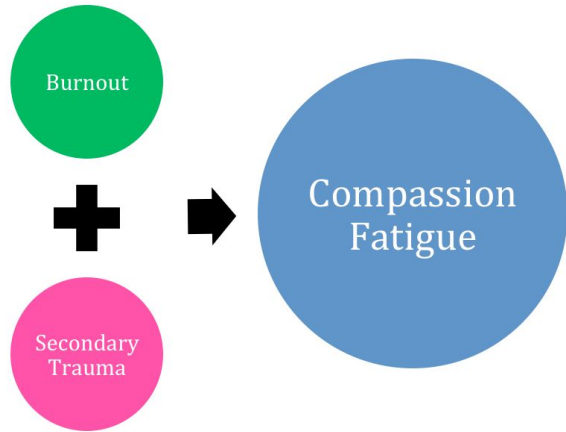
When classroom disruptions occur:

- Do not take it personally
- Rather than reacting to the students' negative behavior, respond in a manner that reflects your commitment to collaborate with the particular student to overcome their past and relearn healthy responses.
- Foster a sense of personal agency
- Model your own personal problem-solving process
- Talk out-loud, discussing your emotional reactions to various problematic stimuli
- Establish a dynamic feedback loop

Session 12 Overview:

- Homework discussion and survey feedback
- Secondary trauma in teachers
- Building resilience in staff members
- Final feedback survey
- Participation certificate
- Additional readings

Vicarious and Secondary Trauma in Teachers



Exposure to traumatic stress may cause secondary trauma in staff.

Teaching is ranked as a high-stress profession.

Teachers develop stress-related health issues at a higher rate than other professions, outside of mental health care.

46% of teachers leave the profession in the first five years.