Trauma Informed and Restorative Educational Practices

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Outline for today

• What is Trauma?
• Why should we care about Trauma?
• Impacts on Brain, Behavior & Learning
• Viewing schools through the lens of trauma
• What we can do
• A few more things...
Video

https://youtu.be/z8vZxDa2KPM
What is trauma?

- An event that overwhelms an individual’s coping strategies, causing extreme emotional, psychological and physiological distress.

- Traumatic events can be single occurrences, recurring events; or multiple unrelated events.

- Repeated exposure can magnify the effect on brain and nervous system development.

(www.nctsnet.org)
The impact of a traumatic event depends on:

1. Age and developmental stage
2. Perception of the danger faced
3. Victim or witness
4. Relationship to the victim or perpetrator
5. Past experience with trauma
6. Adversities faced following the trauma
7. Presence/availability of adults who can offer help and protection
Adverse Childhood Experiences Study (ACEs)

- 10 year study (Kaiser and CDC)
- 17,000 HMO members (middle class, 72% college educated, 77% white)
- Link between adverse childhood experiences and health/wellness over the lifespan
- Largest study ever done on this subject
What are Adverse Childhood Experiences

Growing up (prior to age 18) in a household with:

- Physical abuse
- Sexual abuse
- Verbal abuse
- Physical neglect
- Emotional neglect
- Caregiver who’s an alcoholic
- Caregiver who’s a victim of domestic violence
- Family member in jail
- Family member diagnosed with a mental illness
- Disappearance of a parent through divorce
The Hidden Epidemic

Of the 17,000 HMO Members:

- 64% had an ACE score 1 or more
- 1 in 4 exposed to 2 categories of ACEs
- 1 in 12 exposed to 4 categories of ACEs
- 1 in 4 were sexually abused, physically abused or lived in a household with substance abuse.
The higher the ACEs score the more likely:

- Severe and persistent emotional problems
- Health risk factors
- Serious social problems
- Adult disease and disability
- High health and mental health care costs
- Poor life expectancy
- ACE score of 6 or more results in a 20 year decrease in life expectancy.
An ACE score of 4 or more

- 12x more likely to attempt suicide
- 7x more likely to become alcoholic
- $4 \frac{1}{2}$ x more likely to have depression
- 3x more likely to use IV drugs
- 2x as likely to smoke
- Children are 32x more likely to have learning or behavior problems in school  
  (Nadine Burke Harris)
Primitive or Reptilian Brain

- Plays a major role in trauma
- Instinct & survival
- Formed earliest
- Breathing, circulation, digestion, startle response
- Fight, flight, freeze
- Responds to sensations & body memory
- Does NOT respond to language and conscious thought
Limbic System

- Assesses risk...negative emotions
- Expression & mediation of emotions and feelings
- Processing and storing emotional reactions
- Mobilized in the face of threat
- Fight or Flight
Neocortex

- Conscious thought & choice making
- Self-awareness
- Integration of feeling, thinking and sensing
- Seat of executive functions such as organizing, inhibition, attention
- Last to develop
- Most easily disturbed
Trauma and the Brain

- **Amygdala** - The brain's emotional computer and alarm system.
- **Hippocampus** - Brains storage for explicit memories. Stores initial fear memory.
- **Thalamus** - Translates sights, sounds, smells into the language of the brain
- **Pre-frontal cortex** - Where information is used to make decisions about cognitive and emotional responses. Processes information by cross referencing and making various associations between experiences.
• Information from the senses is received by the **Thalamus**.
• If based on our past conditioning, memories or temperament the stimuli is recognized as dangerous, the **thalamus** directs it to the **amygdala**, which initiates the fight/flight response.
• The activated **amygdala** bypasses the logical mind and triggers a body-wide emergency response within milliseconds.
• Impulses from the **amygdala** are sent to the **hypothalamus** to activate the CNS (heart rate, respiration) and **pituitary gland** (to secrete hormones which signal other glands to secrete stress hormones like epinephrine, norepinephrine, cortisol, etc).
Flight or Fight 2

- There are multiple effects on the mind and body.
- Past conditioning leads to fearful thoughts which lead to feelings of anxiety, anger, worry, panic, etc.
- The body shuts down digestion and other nonessential functions.
- Stress hormones act on the brain to form a memory of the stressful event.
- Amygdala tells the brain to make a strong memory of the perceived threat.
Freeze

- An altered state of reality
- Time slows down
- Pain/fear awareness diminished
- May appear calm outside, but not inside
- The body or parts of it feel numb
- Vacant eyes
- Inescapable fear can overwhelm biological and psychological coping mechanisms
- May be part of dissociative disorders
Chronic Toxic Stress

- Children who experience chronic stress live much of their lives in fight, flight or fright (freeze) mode
- Children respond to the world as a place of constant danger
- The brain overloaded with stress hormones doesn’t function properly and learning and behavior are affected
- Children fall behind in school, fail to develop healthy relationships with peers or have challenging behavior because they are unable to trust adults
Trauma and the Brain

- Trauma alters the brain
- Traumatic experiences trigger a state of arousal in the body – a heightened state of alertness and fearfulness for one’s safety
- Short term and prolonged arousal can effect cognitive and behavioral function
- In an arousal state, changes in the brain are triggered by a variety of stress related functions
- Repeated exposure to a number of traumatic events can magnify the effect on brain and nervous system development.
Brain Effects

- Hippocampus and amygdala tend to be smaller.
- Lagging Left brain development $\downarrow$ pleasurable experiences, decision making & language development.
- More R brain activation $\uparrow$ perception and expression of negative emotion.
- Smaller corpus callosum (R-L connection)
- Brain stem is dysregulated creating a host of problems (such as inattention, arousal level, pain sensitivity, ...)
- Real vs imagined danger
Traditional approaches to discipline punish children for behaviors they may not have had the luxury of developing.

Dr. Harry Chugani, Detroit Children’s Hospital
The Adaptive Responses to Threat

The Alarm State

Trauma throws the system out of balance, creates a persisting set of compensatory responses that in turn create a new, but less flexible state of equilibrium.
Symptoms of Un-Discharged Traumatic Stress

Symptoms: Anxiety, panic, hyperactivity, exaggerated startle, inability to relax, restlessness, hyper-vigilance, digestive problems, emotional flooding, chronic pain, sleeplessness, hostility/rage

Symptoms: Depression, flat effect, lethargy, deadness, exhaustion, chronic fatigue, disorientation, disconnection, dissociation, complex syndromes, pain, low blood pressure, poor digestion

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Window of “Stress Tolerance”

Why are students escalating & disrupting?

Healthy Brain Development

Breaking point

Baseline of stress

Trauma-impacted Brain

Space difference till breaking point

Baseline of stress

Breaking point

Heather T. Forbes
Traumas Effect on Learning

**Attention**
Frequent “downshifting” to survival mode and intrusive memories cause lack of focus.

**Sequencing**
Inconsistency and lack of routines in early years may lead to:
- Difficulty with sequential ordering
- Difficulty with multi-step directions or algorithms
- Impulsivity
Traumas Effect on Learning

Language
Lack of talk around ideas, thoughts, feelings may lead to difficulty with:
- Engaging socially
- Organizing thoughts
- Processing thoughts

Memory
Chronic stress affects working memory and ability to process information accurately
Can Trauma look like ADHD?

- Hypervigilance and disassociation associated with Trauma can look like “inattention”
- Impulsivity might be brought on by a “stress response” in overdrive
- Often difficult to control symptoms with behavioral therapy and medication
Trauma Exposed Students:

- Are easily triggered
- May be disengaged
- May be disruptive
- Have a poor attendance
- Have a downward slope of failure
- Seem disconnected and withdrawn
- Feel hopeless
These students are living with

• an insufficient regulatory system,

• a negative belief system

• difficulty trusting things will be safe
**Self-regulation:** the act of managing one’s thoughts and feelings to engage in goal-directed actions

- Organizing behavior, controlling impulses, solving problems constructively
- Umbrella term for: executive control, executive functioning, self-control, self-management, willpower, grit
- Related to resilience, coping, stress management

**Self-regulation can be derailed by chronic and toxic stress**
Development of Self-Regulation

These skills increase dramatically during early childhood and adolescence

Particular opportunities for intervention

- Can be strengthened and taught (like literacy)
- Need support, instruction, reinforcement and coaching
- Develops in context of social relationships
- Dependent of co-regulation
A negative belief system develops

Heather T. Forbes, “Help for Billy”
A negative belief system develops

- I’m not lovable
- I’m not good enough
- I’m stupid
- I screw up every time
- I’m worthless

This is not choice

Heather T. Forbes, “Help for Billy”
“Schools can no longer limit interventions to individual children with known trauma histories, but must create instructional frameworks that integrate a trauma-sensitive approach into ALL aspects of the school day.”
It starts with an **ATTITUDE SHIFT**

Look at students through a Trauma Informed/Restorative lens
In order to be ready to learn, students must feel safe, so that they can stay regulated.
Trauma informed School Staffs

- Understand that causes and effects of trauma on students
- Understand the potential to re-traumatize individuals IF...
  - Interventions and interactions ARE NOT sensitive to their experience or needs
- Create a culture that builds community
Trauma Informed Schools

- Foster positive school climate and classroom design
- Build relationships
- Build social competence
- Use restorative practices
- Build resiliency
- Move toward compassionate discipline
Positive School Climate

- Create a sense of safety, connection, assurance
- Staff and students feel valued and part of the school community
- Create safe spaces for de-escalation
- Recognize social skills & academic skills are equally important
Building Relationships

Greet students at the door
- Builds connection
- Touch Use name Make eye contact Smile (TUMS)
- Allows you to gauge students mood

Link at-risk students with supportive staff members who can be:
- Calm and consistent
- Firm and accepting
- Model self regulation

See the individual underneath the behavior
- Look for the positive

Be curious rather than critical: 10x10
Compassionate Communication
(watch tone of voice & body language)

Traditional Response
- “It’s not that difficult”
- “You’re 10 now, learn to deal with life”
- “You should never have acted like that”
- “You need to be responsible”

Compassionate Response
- “I need to know how hard this is for you”
- “What is it you need help with”
- Sometimes life just gets too big, doesn’t it
- I’m sorry this is so hard

“Conscious Discipline”, Becky A. Bailey
Build Social Competence

- Point out student’s strengths, competencies
  - Help them see themselves as resilient

- Children are often told what they are doing wrong, rather than what they are doing right
  - Affirmations
  - Catch them being “good”
  - Teach self-regulation skills

- Validate…what have they done well, right, what worked

- Give opportunities to help others, teach empathy
Self-Regulation Development

- Model caregiver co-regulation skills
- Use social emotional learning curriculum to teach self-regulation skills (Social skills are necessary for common core)
- Mindfulness activities in the classroom
- Music, yoga, allowing students to move
- Give child space and time to re-regulate
What Builds Resiliency

- Close relationships with family, friends
- Positive view of yourself, confidence in your strengths and abilities
- Ability to manage strong feelings and impulses
- Good problem-solving and communication skills
- Feeling in control
- Seeking help and resources
- Seeing yourself as resilient (not a victim)
- Coping with stress in healthy ways
- Helping others
- Finding positive meaning in your life despite difficult events
Compassionate Discipline/ Restorative Practices

- Holds students accountable for misbehavior
- Seeks to understand the underlying cause of misbehavior
- Has compassion/acknowledges what the student is going through
- Understands students who are triggered don’t have control over their behavior in the moment.
- Student outbursts are a test to pass, not a show of disrespect. It’s not personal, it is a cry for help.
De-Escalation

- Identify triggering events to prevent escalation
- Avoid confrontation by giving choices
- Use proximity, touch student on the shoulder or eye contact
- Use calm, quiet voice & model breathing (regulate yourself)
- Give them time to regulate their emotions
De-Escalation

- Have a place where student can **de-escalate and regulate** without fear of punishment (healthy coping)
  - safe zone in the classroom,
  - step outside, take a walk
  - Go to office/counseling
- Talk with student privately once they are calm
De-escalating shifts a student from survival mode:

Cannot problem solve with child in fight, flight or freeze:

- Red: Let student take time to regroup, give time, take breaths, walk
- Yellow: Guarded, but may be able to gently talk
- Green: Calm, ready to process and discuss alternative actions

Visual cue card for classroom or administration
“I’ve learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel.”

Maya Angelou
1928 - 2014
Schools can be

Playful  Where everyone
Loving  Listens
Accepting  Understands
Curious  Validates
Empathic
We move from …

What is wrong with you?

TO

What happened to you?
Some hurting kids won't provide you a single feel good moment...

Until they feel how much you **VALUE** them

- Develop a mindset that views misbehavior not as a personal attack but as a language signaling children’s neurological state.
- Discover what is causing the behavior
- Find what is getting in the way of your “Behavior is not a choice” mindset.

Brook Bouchet
Compassion Fatigue

**Symptoms:**
- Emotional Exhaustion
- Mental/Physical exhaustion
- Reduced sense of personal accomplishment or meaning in work
- Isolating self

**Self-Care:**
- Find time for yourself everyday
- Have a transition from work to home
- Learn to say no more often, ask for help
- Support each other
- Exercise
Last thoughts:

- Don’t personalize behavior: It's not about us, it is within the child.
- Recognize your own ACE score and it’s impact
- Identify your trauma triggers
- Practice emotional regulation (breath!!)
- Empathy doesn’t mean taking on the other’s emotional process/pain
- Support one another, you will sink alone.
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Thank you for listening!!

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