Financial Disclosure
There are no financial conflicts to disclose.

I would like to thank Dr. Melissa Nelson for her many contributions to this presentation.
Our goals today:

- Help you implement the new requirements of Act 44 for trauma-informed education and behavioral health awareness.
- Help you learn about trauma and its effects, especially in the school environment.
- Offer practical [on-line] supports for classroom teachers and other staff who may not have prior background in behavioral health.

What do we generally mean by a trauma informed school?

In trauma-informed schools, personnel at all levels have a basic realization about trauma and an understanding of how trauma affects student learning and behavior in the school environment (Cole et al., 2013; SAMHSA, 2014).
It’s an overwhelming “to do” list:

Essential Elements of a Trauma-Informed School System

1. Identifying and assessing traumatic stress.
3. Teaching trauma education and awareness.
4. Building partnerships with students and families.
5. Creating a trauma-informed learning environment (social/emotional skills and wellness).
9. Evaluating and revising school discipline policies and practices.
10. Collaborating across systems and establishing community partnerships.

What does Act 44 now require of districts?

- Section 1310-B. School safety and security training.
- School entities shall provide their employees with mandatory training on school safety and security subject to the following:
  - Training shall address the following:
    - Situational awareness.
    - Trauma-informed education awareness.
    - Behavioral health awareness.
    - Suicide and bullying awareness.
    - Substance use awareness.
    - Emergency training drills, including fire, natural disaster, active shooter, hostage situation and bomb threat.
- Training may be provided through the Internet or other distance communication systems.
- Employees shall complete a minimum of three hours of training every five years.

https://www.pccd.pa.gov/schoolsafety/Pages/default.aspx

Cautions and Controversies

maybe yes no
Cautions and Controversies

• “Often expensive training programs are proliferating, with virtually no research on the quality of the information being disseminated (Bloom, 2016; DePrince & Newman, 2011; Hanson & Lang, 2016).”
• “...reject those trauma-informed practices that leave individuals well adjusted but inactive in the face of oppression and trauma of all kinds while the individuals and systems that give rise to trauma and oppression operate as usual.”

Kathryn A. Becker-Blease (2017) As the world becomes trauma–informed, work to do, Journal of Trauma & Dissociation, 18:2, 131-138

Cautions and Controversies

“Despite interest in ‘trauma-informed schools, there are few evaluations that document how whole-school strategies to improve school climate affect trauma-related mental health and well-being in children.”


Cautions and Controversies

“While there are a number of publications that describe trauma-informed approaches, advocate for the need for trauma-informed approaches, and discuss the potential benefits of adopting such an approach in schools, there have been no rigorous evaluations of trauma-informed approaches in schools that we could find.”

Cautions and Controversies
“Few teachers are prepared to deliver social-emotional learning programs and generalize those skills in their classroom management strategies and interactions with students, or to integrate social-emotional learning concepts into other curricular content.”


What are the current offerings we see?

- Personal accounts from trauma survivors
- Presentations that make educators feel inadequate
- Clinical presentations about diagnoses and treatment
- “Hot topics” without evidence of effectiveness
- Conflating trauma-informed with other kinds of programs
- Online training without a skilled facilitator
- Failure to adopt curriculum planning: “Every year something new” approach
- Reliance on non-classroom examples
- Making assumptions about educators’ prior knowledge

Good practices in trauma-informed training
What we looked for and why

- Research-based
- Relies on current research
- Fits into a typical school calendar
- Defensible to a School Board
- Meets the Act 44 requirements
- Reassures and empowers staff
- Respects staff role boundaries
- Cost effective
- Includes assessment of learning outcomes

What are the key understandings and related performances we seek?

- "a realization of the widespread prevalence and impact of trauma"
- "a recognition of the signs of traumatic exposure"
- "a response grounded in evidence-based practices that resist re-traumatization of individuals" - SAMHSA, 2014.

Who we looked for and why

- Knowledgeable about trauma and mental health conditions
- Understands schools and employee roles and boundaries.
- Can manage discussions when individuals need to recall their own experiences
- Can answer questions knowledgeably
- Can advise administrators about next steps
Outstanding [free] Online Mental Health Literacy Course for Teachers
(for Behavioral Awareness)
https://www.teachmentalhealth.org/

The Trauma-Sensitive Schools Training Package

offers administrators a framework and roadmap for adopting a trauma-sensitive approach school- or districtwide.

includes a variety of resources for educating school staff

provides school leaders with a step-by-step process for implementing a universal, trauma-informed approach

Let’s review slices from this program
Understanding Trauma and Its Impact
E-Resource Companion Slide Presentation
https://safesupportivelearning.ed.gov/understanding-trauma-and-its-impact

DISCLAIMER
The contents of the Trauma-Sensitive Schools Training Package were designed and written under the U.S. Department of Education (Department) Contract Numbers ED-ESE-12-O-0555 and ED-ESE-16-A-0002 by the National Center on Safe Supportive Learning Environments (NCSSLE) operated by American Institutes for Research®. The content and views expressed herein do not necessarily represent the policies of the Department and should not assume endorsement by the federal government. No official endorsement by the Department of any product, commodity, service, or enterprise mentioned in this publication is intended or should be inferred. For the reader’s convenience, this publication contains information about and from outside organizations, including material obtained by way of hyperlinks and URLs. Inclusion of such information does not constitute the Department’s endorsement.

July 2018
This training package is in the public domain. Authorization to reproduce it in whole or in part is granted. While permission to reprint this product is not necessary, the following is the preferred citation:

UNDERSTANDING TRAUMA AND ITS IMPACT

• Part 1: What Is Trauma and Who Is Affected?
• Part 2: How Does the Stress Response System Work?
• Part 3: What Is the Impact of Exposure to Trauma?
• Part 4: What Does This Mean for Schools?
LEARNING OBJECTIVES

• Understand trauma in a broad and inclusive way
• Learn how the brain and body respond to stress and trauma
• Recognize the effects of trauma on students, staff, and schools
• Apply trauma knowledge to your daily work

PART 1
What Is Trauma and Who Is Affected?
Definition of trauma | Types of trauma | Prevalence of childhood trauma

DEFINITION OF TRAUMA

The three “E’s” of trauma

Trauma refers to an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects.
TYPES OF TRAUMA

- **Natural disasters:** Hurricanes, fires, floods
- **Human-caused disasters:** Accidents, wars, environmental disasters, acts of terrorism
- **Community violence:** Robberies, shootings, assault, gang-related violence, hate crimes, group trauma affecting a particular community
- **School violence:** Threats, fights, school shootings, bullying, loss of a student or staff member
- **Family trauma:** Abuse, neglect, experiencing or witnessing domestic violence, incarceration of family members, family substance abuse, sudden or expected loss of a loved one
- **Refugee and Immigrant trauma:** Exposure to war, political violence, torture, forced displacement, migration and acculturation stressors, fears of deportation
- **Medical trauma:** Pain, injury and serious illness, invasive medical procedures or treatments
- **Poverty:** Lack of resources, support networks, or mobility, financial stressors; homelessness

The term **complex trauma** refers to exposure to multiple traumatic events from an early age, and the immediate and long-term effects of these experiences over development.
**TYPES OF TRAUMA**

**Historical trauma:** “The cumulative emotional and psychological wounding across generations, including the lifespan, which emanates from massive group trauma” – Maria Yellow Horse Brave Heart

Examples of historical trauma:
- American Indian and Alaska Native communities
- Communities of color
- Holocaust survivors
- Japanese-American survivors of internment camps
- LGBTQ communities

**Racial trauma:** Potentially traumatic experiences resulting from direct experiences of racial harassment, witnessing racial violence toward others, and experiencing discrimination and institutional racism

---

In the coastal town of Elmina, Ghana, the Atlantic Ocean crashes against the rocks with such a ferocity, I make our kids move back away from the gray-blue water. Four hundred years have passed since captured Africans were forced across these waves on their way to bondage in the New World and now, standing at the edge of this violent water, startled by my own anxiety, I feel something deep and old and terrifying. Call it hydrophobia. Call it genetic memory. I’ve always had a fear of the ocean…

Dec. 9, 2019 New York Times Jacqueline Woodson on Africa, America and Slavery’s Fierce Undertow
PREVALENCE OF CHILDHOOD TRAUMA

Groups at increased risk of exposure to trauma:
• Youth of color ages 12 to 19
• African American youth living in urban, low-income communities
• American Indian/Alaska Native (AI/AN) children and youth
• Children and youth with disabilities
• Refugees
• Children and youth who are homeless and living in poverty
• LGBTQ children and youth

SUMMARY: PART 1

• Experiences become traumatic when they overwhelm our ability to cope.
• Traumatic experiences come in many forms, ranging from one-time events to experiences that are chronic or even generational.
• Exposure to trauma in childhood is common.
• Risk for exposure to more than one type is high.
• Contextual factors increase risk for trauma.
PART 2
How Do We Respond to Stress?

The Stress Response System | The Stress Response and Trauma | Common Responses to Trauma for Youth | Triggers

THE STRESS RESPONSE SYSTEM

1. The amygdala senses threat and sets off the alarm.
2. Thinking brain assesses the situation.
3. Thinking brain goes off-line. Emotional brain activates fight or flight response.
4. Thinking brain helps shut off the alarm and helps us to calm down.
THE STRESS RESPONSE AND TRAUMA

- An experience becomes TRAUMATIC when it overwhelms our system for responding to stress.
- The emotional brain continues to sound the alarm and send messages to fight or flee, even after the threat has passed.

"Thinking brain"

"Emotional brain"

When ABA isn’t the answer

- “They kept telling me to ignore her when she lost control. But I just sensed that something this child was scared of something”
- “It took me months to gain his trust. Where does that show up on an FBA?”
- “When will they understand that behavior ISN’T always a response to a consequence?”

TRIGGERS

- Reminders of past traumatic experiences that automatically cause the body to react as if the traumatic event is happening again in that moment
- Responses can appear confusing and out of place and be misunderstood by others
**REMINDERS**

**Youth**
- Loud noises
- Physical touch
- Threatening gestures
- Authority figures and limit-setting
- Chaos or uncertainty
- Particular spaces (e.g., bathrooms or areas that are less monitored)
- Changes in routine
- Witnessing violence between others, such as peers fighting
- Emergency vehicles and police or fire personnel
- Certain smells
- Particular times of year

**REMINDERS**

Common responses to trauma reminders:
- Fight responses: yelling, swearing, posturing, aggressive behavior
- Flight responses: running away, refusing to talk, avoidance, substance use
- Freeze responses: spacing out; appearing numb, disconnected, confused, or unresponsive.

**Case Example**

Mrs. Song was on hall duty when she witnessed Tawnya, an outstanding student, engaging in odd behavior. Tawnya was nearly at the classroom door when she abruptly turned and walked the opposite way. A few minutes later, she appeared, coming from the other end of the corridor. When Mrs. Song asked her where she had been, Tawnya muttered something about balloons. When a few Honors Society students stopped by the classroom to sell for their fundraiser, Tawnya got up from her desk, walked to the back of the room, and began to stare out the window. When Mrs. Song purchased a balloon, Tawnya bolted from the room.
REMINDERS

Parents
- School environment
- Shame and embarrassment
- Confusion in meetings
- Fear of other system involvement
- Interactions with staff who they know or who remind them of someone connected to a past traumatic experience
- Situations that remind feelings of helplessness and loss of control

SUMMARY: PART 2

- The brain has a built-in alarm system designed to detect threats and keep us safe.
- When faced with a threat, the emotional brain takes over.
- A stress becomes traumatic when it overwhims our stress response system.
- A range of acute post-trauma responses are common.
- Trauma reminders set off the alarm.
- Responses to reminders may seem out of place and can be misunderstood by others.

PART 3
What Is the Impact of Exposure to Trauma?
Risk and Protective Factors | Post-Trauma Pathways | Effects of Complex Trauma
RISK AND PROTECTIVE FACTORS

• Individual Factors
• Environmental Factors

POST-TRAUMA PATHWAYS

• Resilience
• Recovery
• Post-traumatic growth

• Severe persisting distress
• Decline
• Stable maladaptive functioning

POST-TRAUMA PATHWAYS

Distress, Decline, Stable Maladaptive Functioning

Decline
• Initially appear to be managing the strain of a traumatic experience
• Over time unable to maintain a healthy level of functioning
• Difficulties may begin months or years after the event
Stasha was in a minor bus accident during her sophomore year. The bus hit a car parked illegally. There was a little noise, but no one was injured. We assumed that all the kids on that bus were fine.

Months later, we got a call from Stasha’s mother. Stasha was having nightmares and even insisted on walking to school. Her mother reported that Stasha was “jumpy” every time she got into a car. When we checked with Stasha’s teacher, we discovered that she had failed her last three quizzes and seemed to be daydreaming in class.

EFFECTS OF COMPLEX TRAUMA

Brain Development
- Develops from the bottom up
- Early childhood is period of greatest growth
- At 80% of adult size by age 3
- Streamlines connections over time
- Thinking brain and emotional brain better coordinated over time

Brain development is influenced by genetics, the environment, and early experiences.
EFFECTS OF COMPLEX TRAUMA

The brain under constant threat:
- Emotional brain is over-reactive and constantly in survival mode
- Thinking brain is underdeveloped

“Years ago, I invited 4-year-olds to a lab... outfitted with child-size furniture and decorations... As soon as one 4-year-old entered, she had an extreme reaction, running to the corner and biting herself. The child’s guardian... finally realized that the room resembled the child protective services office where the child had been interviewed about sexual abuse. This is why any number of generally reasonable recommendations—rocking chairs, pillows, calm music—may in fact be triggering. Indeed, a great number of trauma survivors were harmed by people they trusted in environments designed to make them feel comfortable.”

Kathryn A. Becker-Blease (2017) As the world becomes trauma-informed, work to do, Journal of Trauma & Dissociation, 18:2, 131-138

SUMMARY: PART 3

- Key environmental and individual factors impact a child’s response to trauma and risk for negative effects.
- There are a number of possible trajectories for youth following a traumatic event.
- Most youth who experience a traumatic event do not develop significant mental health issues; however, some continue to struggle.
- Chronic interpersonal trauma that begins early changes the way the brain develops and can impact all areas of functioning into adulthood.
- Adults play a critical role in preventing and reducing the negative effects of stress on children.
PART 4
What Does This Mean for Schools?

Impact of Trauma on Students, Parents, Staff and Schools | Trauma-Sensitive Schools: A Universal Response

IMPACT OF TRAUMA ON STUDENTS

- Physical symptoms such as headaches, stomachaches, poor appetite, and decline in self-care
- Intense feelings of fear, anxiety, and concern for their safety
- Difficulty identifying how they are feeling and controlling their emotional reactions
- Angry or aggressive outbursts
- A desire to withdraw from peers and adults
- A tendency to engage in risk-taking behaviors
- Trouble trusting adults and peers, reading social cues, and building relationships

IMPACT OF TRAUMA ON STUDENTS

- Difficulty paying attention and learning
- More time out of the classroom
- Increased isolation
- School absences
- More suspensions or expulsions
- Higher referral rates to special education
- Poor test scores and an increased risk of failing grades
How Teachers Can Help Me:
A Book By
Empower the student to identify what helps them.
Available at https://www.sbbh.pitt.edu/families

When we have a discussion:
_____ Give me praise when I contribute with my ideas.
_____ Let me have a chance to speak.
_____ Understand that I have a hard time reading other people's emotions.
_____ Let me raise my hand when I’m ready; please don’t call on me when I don’t raise my hand.
_____ Let me write down my thoughts and questions if I’m not ready to speak in front of the class.
_____ Let me know ahead of time when we’ll be having group discussion and also what we’ll be talking about.
_____ Let me know when it will be my turn to talk soon. Tap my desk.

https://www.sbbh.pitt.edu/families

Trauma-Informed IEPs: Differential Diagnosis and Trauma-Informed Assessment in Schools
In this webinar the presenters discuss trauma-informed assessment in schools, differential diagnosis, and trauma-informed IEPs (Individualized Education Plans). Following the presentation participants will understand the concept and potential consequences of child traumatic stress on classroom academics and behavior. Speakers discuss how to identify the key components of a 504 plan versus an IEP and differentiate when each is applicable. During the webinar participants develop relevant teaching and learning plans using selected activities from the School Intervention Project Manual.
IMPACT OF TRAUMA ON PARENTS

- Difficulty managing emotions and controlling behaviors when interacting with school staff
- Difficulty forming relationships
- Increased risk for substance abuse, depression, and PTSD that negatively impact parenting
- Trouble managing stress related to their child’s difficult behaviors
- Feelings of embarrassment, shame, fear, or guilt about their child’s behaviors or needs
- Difficulty helping their children cope

https://www.projectreassure.pitt.edu

Tell children some happy things about going to school from home.

- “You don’t have to wear your uniform.”
- “You can have a snack while you are in school!”
- “Your stuffed animal [or doll] can go to school with you!”

IMPACT OF TRAUMA ON STAFF

- Increased anxiety
- Reduced energy and focus
- Trouble regulating emotions
- Difficulty managing responses to students and parents
- Diminished capacity to maintain positive teacher-student and teacher-parent relationships
- Poor attendance or work performance
https://statprogram.org/

Geared toward preK-12 teachers, STAT (Support for Teachers Affected by Trauma) was developed over a two-year period by a group of experts in the fields of secondary traumatic stress (STS), education, and technology. STAT comprises five online modules that explore the concepts of secondary trauma, risk factors associated with susceptibility to STS, the impact of STS across multiple life domains, and tangible self-care skills.

**IMPACT OF TRAUMA ON SCHOOLS**

- Students more likely to escalate
- Adults more reactive, controlling, and punitive
- Negative impact on school safety and culture
- Increased risk for harm
- Decrease in academic achievement

For resources on assessing and improving school climate, go to

- [https://safesupportivelearning.ed.gov/scirp/quick-guide](https://safesupportivelearning.ed.gov/scirp/quick-guide)

**Take home: Psychological First Aid**

Take a look in this app at the section called survivor stress. This can be a good way to refresh one’s understanding.
Take home: PTSD Coach

- Using your mobile device, download and review this free app.
- Can you review your understanding of trauma? Identify some of the general supports we’ve discussed?
- Find ways to calm yourself?

Helpful Resources for Teachers

- www.sibh.pitt.edu
- www.projecttreasure.pitt.edu
- Anxiety Disorders Association of America http://www.adaa.org
  children.shtml
- https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3018839/
- National Alliance on Mental Illness http://www.nami.org
- https://koda.isicof.org/ --OCD information.

Feel free to contact us with questions.

Mary Margaret Kerr, EdD
mmkerr@pitt.edu
Melissa Nelson, EdD
men49@pitt.edu