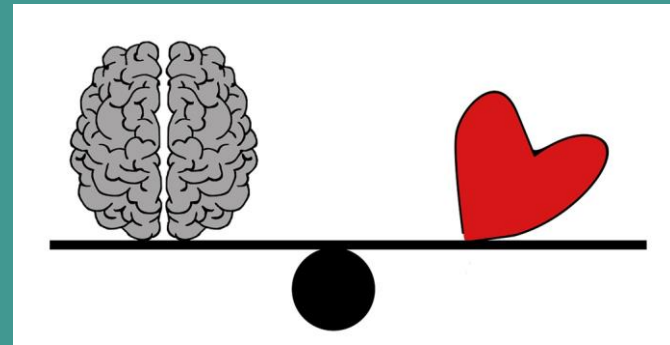# Trauma-Responsive Practices

WA GEAR-UP August 18th, 2020
Lara Kain
@larakain1
larakain1@gmail.com

Guiding Assumptions

- ### We Aren't *Fixing* ANYONE.

  We do not subscribe to a pathologizing view of human behavior and human experience. The *answer* does not lie in the *right* pill or *therapist* or *mental health service*. The answers we seek lie in us. They require that we recognize and challenge our assumptions and bias, power structures, our practices, and our ingrained patterns of interaction.

- ### This work is deeply personal transformative work.

  If we wish to see change, we must acknowledge that it begins with us – ourselves. This is often a painful process. Change is an ongoing process of inquiry and reflection. We are human and our journey of growing and developing never ends.

- ### How we currently operate induces and compounds trauma

  The trauma-informed movement is not another school initiative like PBIS or MTSS. It's informed by many fields of science and acknowledges that how we currently function often creates or worsens problems for many, many children, families BIPOC (**Black, Indigenous, and People of Color**) and/or those living in poverty.

- ### There is no checklist, program, or toolkit

  This is a framework and requires a paradigm shift in the way we think about our systems and human behavior

Today Might Feel Like...

A bit about trauma, ACEs, regulation, and behavior

Trauma

Trauma is an umbrella term used to describe the inability of an individual or community to respond in a healthy way (physically, emotionally and mentally) to acute or chronic stress.

Washington State Office of Superintendent of Public Instruction (OSPI) Compassionate Schools, (2009)

http://www.k12.wa.us/CompassionateSchools/Resources.aspx

Traumatic Experiences:

Lead to strong negative emotions

Some degree of experienced or witnessed threat to self

Don't have to be physically present
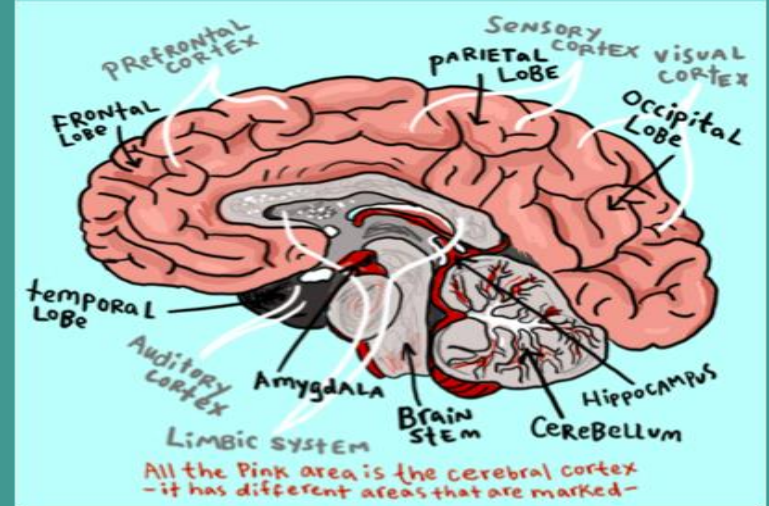
Subjective, developmentally-bound, and individual

Supporting and Educating Traumatized Students, Rossen and Hull (2013)

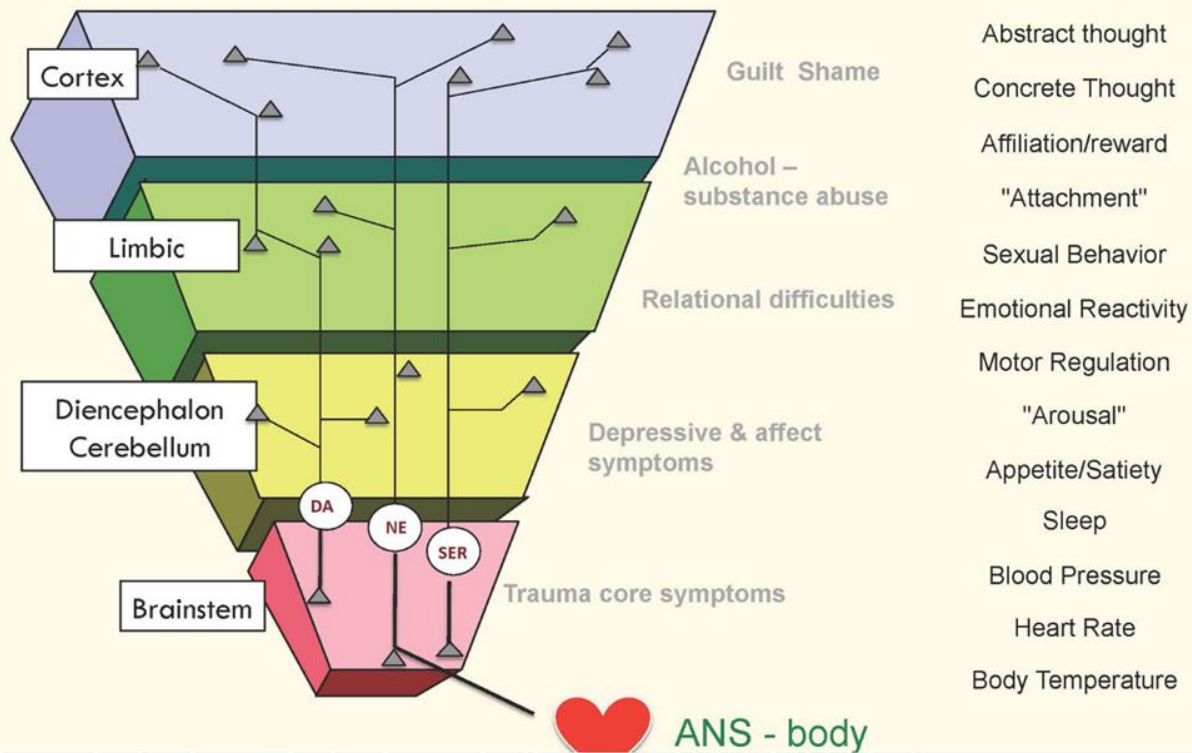# Brain & Stress Science: We have three brains.

NeoCortex: What can I learn from this?
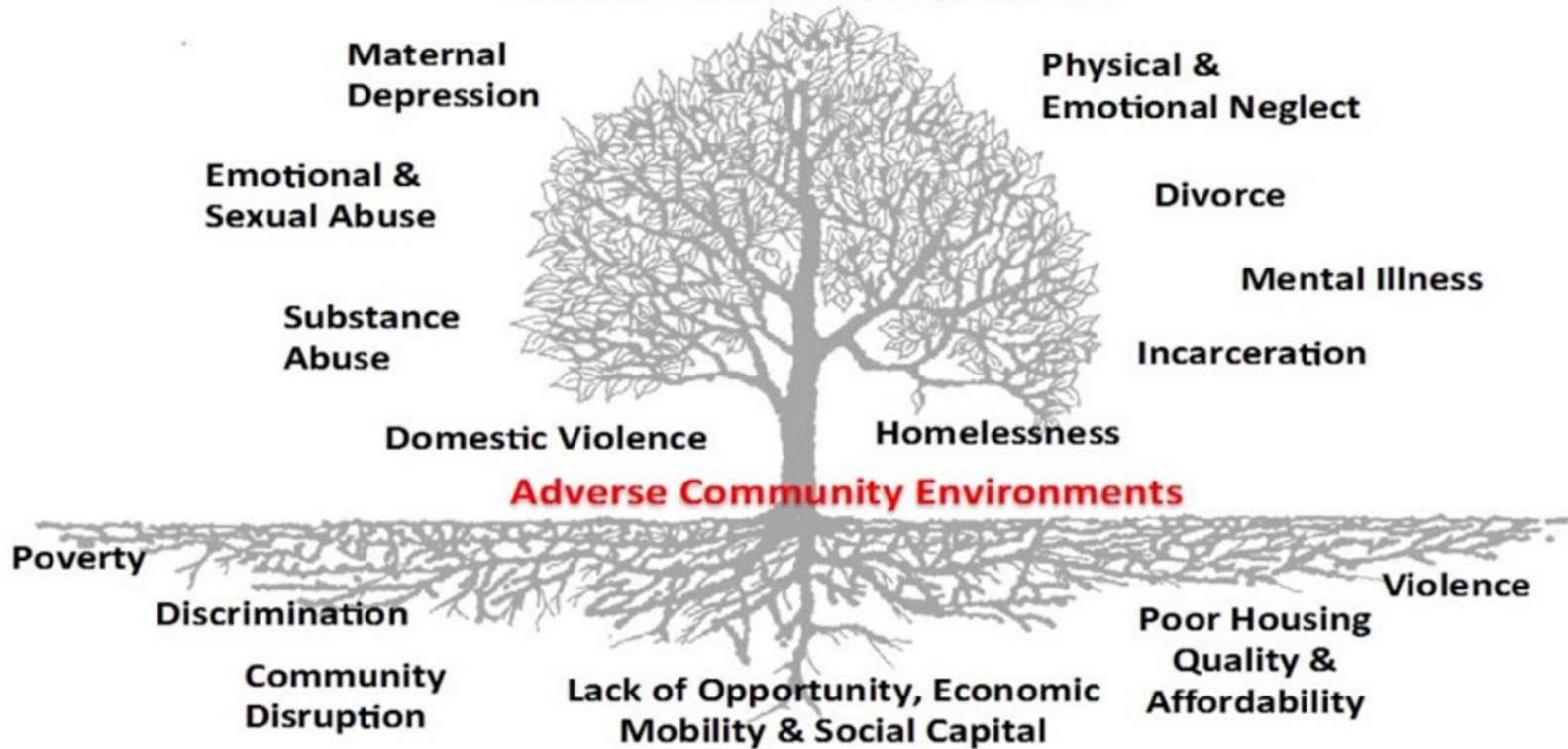
Limbic System: Am I loved?

Brain Stem: Am I safe?

All the Pink area is the cerebral cortex — it has different areas that are marked —

"Survival in the moment" is governed by pathways in the brain that appraise threat, sacrifice context for speed of response, mobilize the body for fight, flight or freeze, leading to behavioral responses outside of consciousness.

Higher order brain functions are temporarily put on hold when survival is at stake. Behavioral responses are NOT DECISIONS, for they are made at the lower levels (limbic system) of the brain. (Greenwald O'Brien, 2008)

The Pair of ACEs

Adverse Childhood Experiences

Maternal Depression

Physical & Emotional Neglect

Emotional & Sexual Abuse

Divorce

Mental Illness

Substance Abuse

Incarceration

Domestic Violence

Homelessness

Adverse Community Environments

Poverty

Violence

Discrimination

Poor Housing Quality & Affordability

Community Disruption

Lack of Opportunity, Economic Mobility & Social Capital

Racing ACEs
if it's not racially just, it's not trauma informed
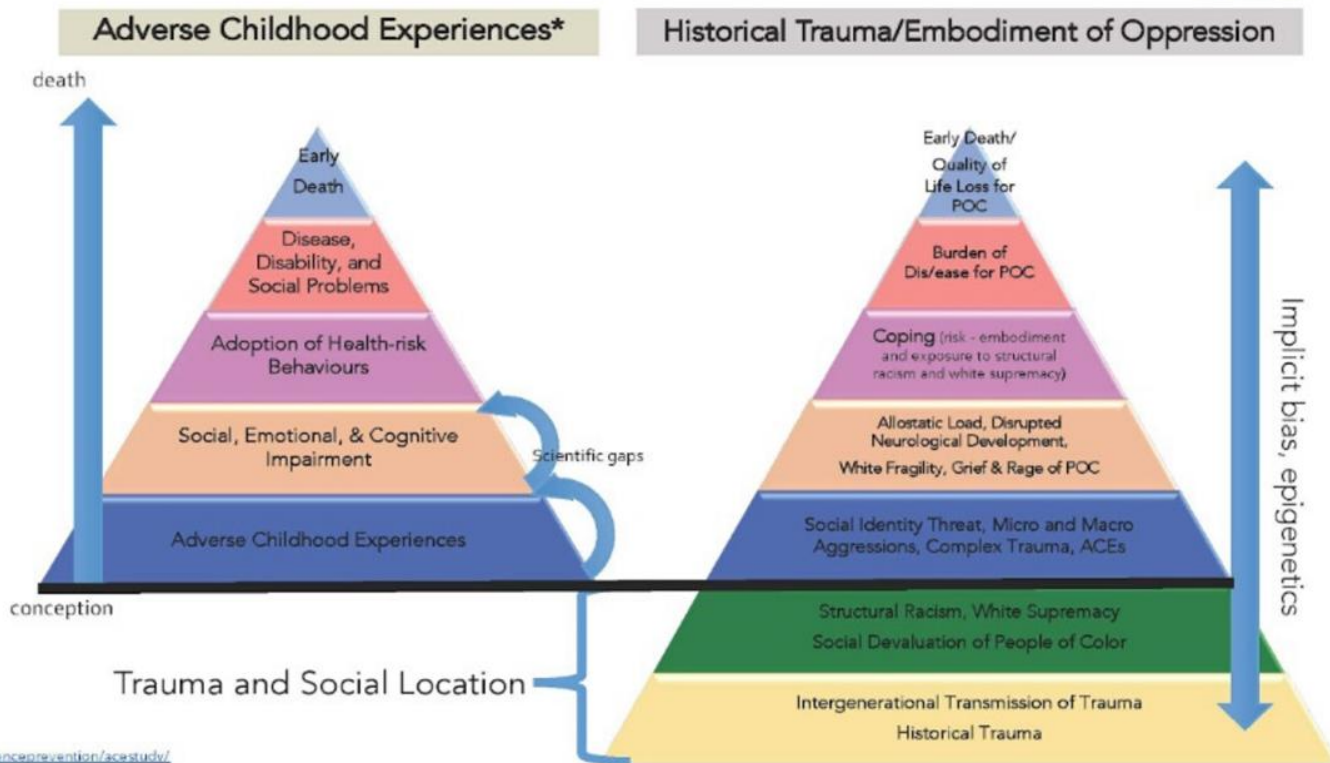
Adverse Childhood Experiences*

Historical Trauma/Embodiment of Oppression

death

conception

Early Death

Disease, Disability, and Social Problems

Adoption of Health-risk Behaviours

Social, Emotional, & Cognitive Impairment

Adverse Childhood Experiences

Scientific gaps

Early Death/ Quality of Life Loss for POC

Burden of Dis/ease for POC

Coping (risk - embodiment and exposure to structural racism and white supremacy)

Allostatic Load, Disrupted Neurological Development, White Fragility, Grief & Rage of POC

Social Identity Threat, Micro and Macro Aggressions, Complex Trauma, ACEs

Structural Racism, White Supremacy Social Devaluation of People of Color

Intergenerational Transmission of Trauma Historical Trauma

Trauma and Social Location

Implicit bias, epigenetics

*https://www.cdc.gov/violenceprevention/acestudy/
Adapted by RYSE, 2016

The 3 realms of ACE's

Household
Community
Environment

Important Considerations: ACEs and Trauma

- - -

- ACEs do not equal trauma: **significant relationships can be pivotal buffers.**
- Being a member of a marginalized population does not equal trauma or an adverse childhood experience (it is not causal, just a risk factor).
- Screening for ACEs: don't unless you have the infrastructure to respond.
- It's not about the event, it's about the experience of the event.
- **ACEs are universal, but the access to healing is not.**

The Importance of Regulation: Theirs and Ours
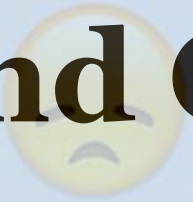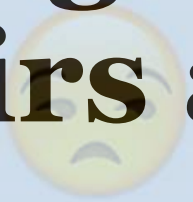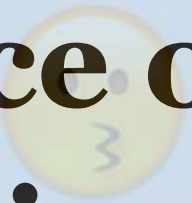
A dysregulated adult cannot calm (or regulate) a dysregulated student.

We can model strategies for them and help students regulate, but first we must regulate ourselves

NEVER IN THE HISTORY OF CALM DOWN HAS ANYONE CALMED DOWN BY BEING TOLD TO CALM DOWN

Sequential Engagement & Processing

Reason ⟷ Reflect

Relate

Regulate

Inside world: Somatic Input

Outside world: Sensory Input

FREEZE
Body collapse
Immobility

Dissociation
Numbness
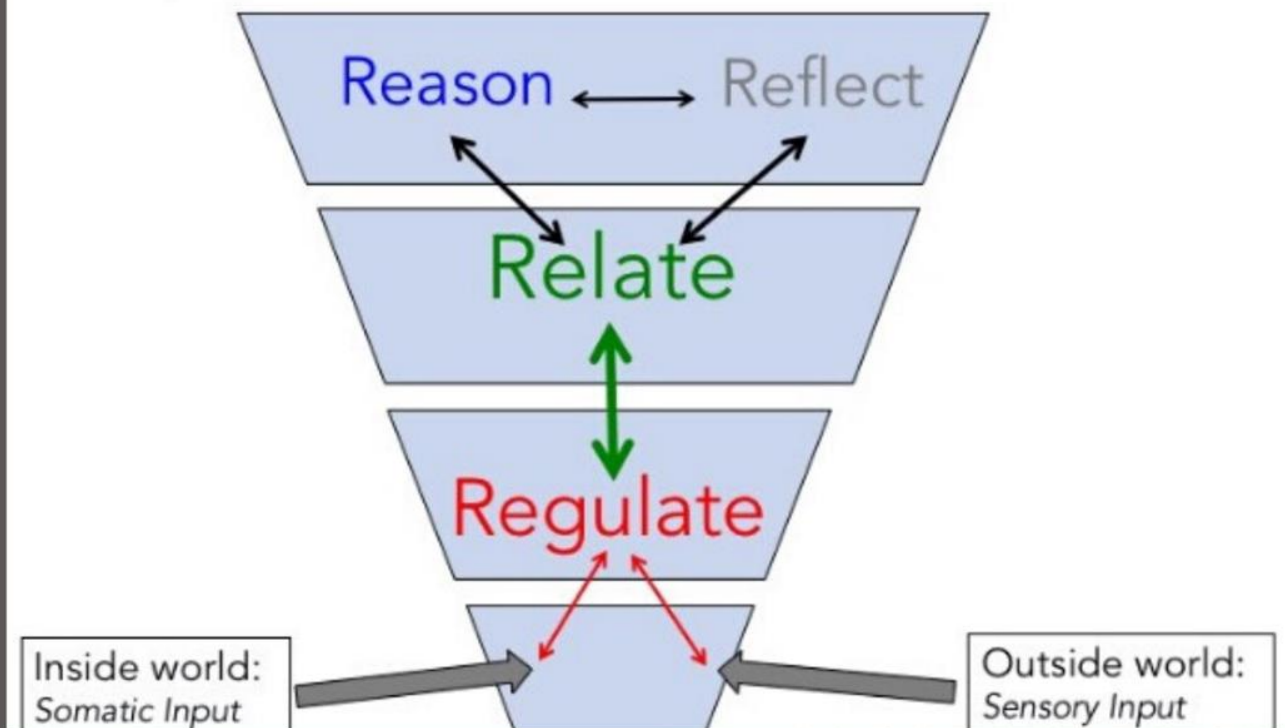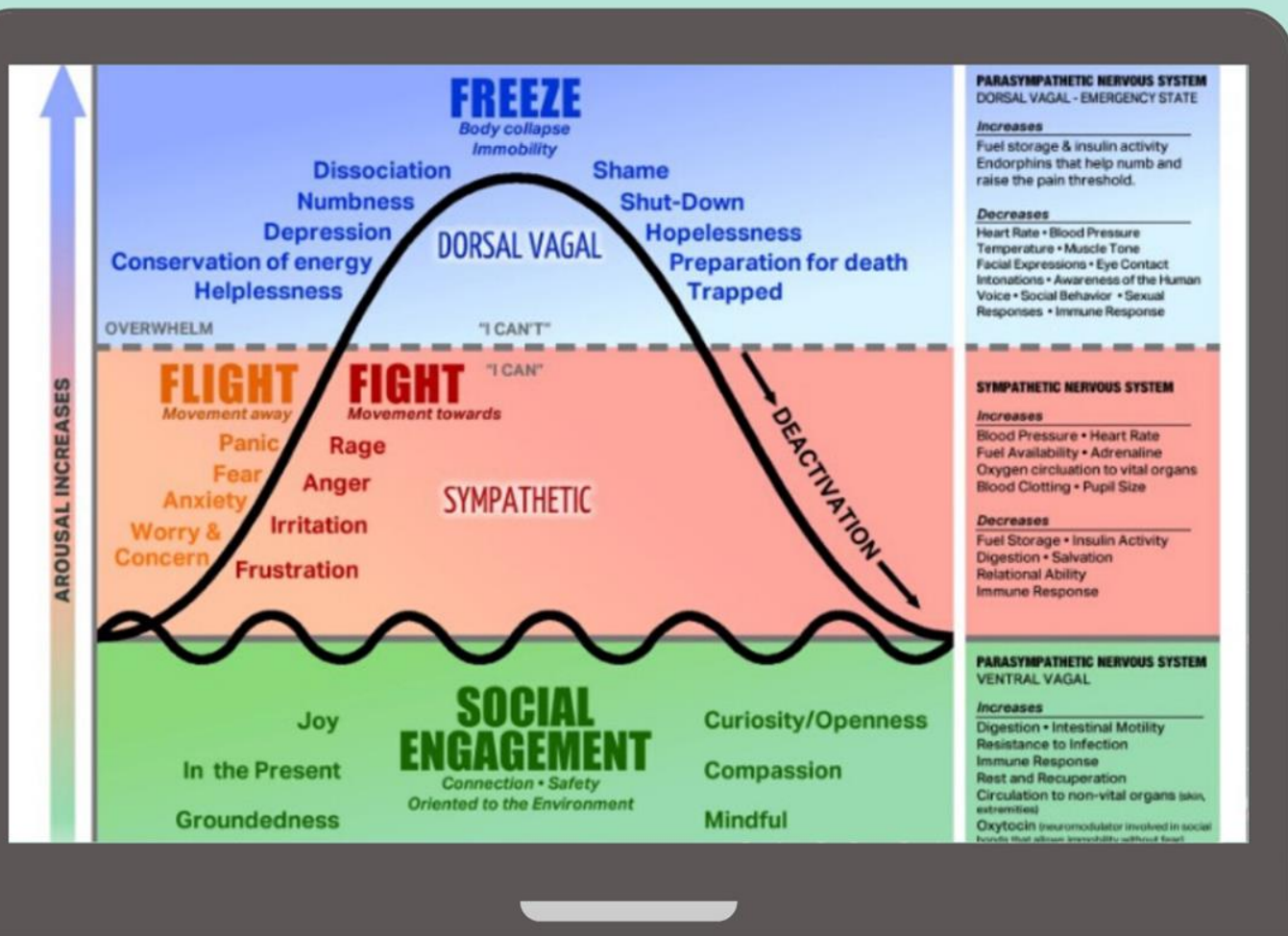Depression
Conservation of energy
Helplessness

Shame
Shut-Down
Hopelessness
Preparation for death
Trapped

DORSAL VAGAL

OVERWHELM

"I CAN'T"

"I CAN"

FLIGHT
Movement away

FIGHT
Movement towards

Panic
Fear
Anxiety
Worry & Concern

Rage
Anger
Irritation
Frustration

SYMPATHETIC

DEACTIVATION

AROUSAL INCREASES

SOCIAL ENGAGEMENT
Connection • Safety
Oriented to the Environment

Joy

In the Present

Groundedness

Curiosity/Openness

Compassion

Mindful

PARASYMPATHETIC NERVOUS SYSTEM
DORSAL VAGAL - EMERGENCY STATE

Increases

Fuel storage & insulin activity
Endorphins that help numb and
raise the pain threshold.

Decreases

Heart Rate • Blood Pressure
Temperature • Muscle Tone
Facial Expressions • Eye Contact
Intonations • Awareness of the Human
Voice • Social Behavior • Sexual
Responses • Immune Response

SYMPATHETIC NERVOUS SYSTEM

Increases

Blood Pressure • Heart Rate
Fuel Availability • Adrenaline
Oxygen circulation to vital organs
Blood Clotting • Pupil Size

Decreases

Fuel Storage • Insulin Activity
Digestion • Salivation
Relational Ability
Immune Response

PARASYMPATHETIC NERVOUS SYSTEM
VENTRAL VAGAL

Increases

Digestion • Intestinal Motility
Resistance to Infection
Immune Response
Rest and Recuperation
Circulation to non-vital organs (skin, extremities)
Oxytocin (neuromodulator involved in social bonds that allows immobility without fear)

The initial behavior rarely lands a student in the office. In most cases, it's the teacher's reaction to the initial behavior that escalates the student and causes more escalated behaviors. Many times the reaction of a staff member turns a minor behavior into a major behavior.

Do You Know YOUR TRIGGERS?

What Pushes Your Buttons?

- Being Told No
- Waiting
- Hunger
- Cheating
- Being Touched
- Too Much To Do
- Rumors or Gossip
- Hurt or Pain
- Being Scared
- Bad News
- Unfair Treatment
- Tests and Grades
- Being Late
- Being Criticized
- Being Tired

- Being Ignored
- A Misunderstanding
- Being Disrespected
- Being Bumped Into
- Loud Noises
- Losing a Game
- An Accident
- Being Left Out
- Being Bullied
- An Interruption
- Things Do Not Go As Planned
- Things Are Not Fair
- Not Understanding What To Do
- Being Told What To Do

When a child struggles in academics we often scaffold, support, and teach

When a child struggles with behavior we often...

How do we understand our students?

Uninformed View

- ▶ Anger management problems
- ▶ May have ADHD
- ▶ *Choosing* to act out & disrupt classroom (e.g., disrespectful or manipulative)
- ▶ Uncontrollable, destructive
- ▶ Non-responsive

Uninformed Response

- ▶ Student needs consequences to correct behavior or maybe an ADHD evaluation

ACEs & Trauma-Informed View

- ▶ Maladaptive responses (in school setting)
- ▶ Seeking to get needs met
- ▶ Difficulty regulating emotions
- ▶ Lacking necessary skills
- ▶ Negative view of world (e.g., adults cannot be trusted)
- ▶ Trauma response was triggered

ACEs & Trauma-Informed Response

- ▶ Student needs to learn skills to regulate emotions & we need to provide support

Leora Wolf-Prusan, WestEd School Climate Specialist

"Focusing on academics while struggling with trauma is like playing chess in a hurricane."

Collective Trauma

"Collective trauma refers to the impacts of adversity on relationships in families, communities, and societies at large.This includes natural and human-caused disasters as well as the cumulative effects of poverty, oppression, illness, and displacement. "

Dr. Jack Saul
Author of Collective Trauma
Collective Healing

CRISES HAVE 3 PSYCHOLOGICAL PHASES:

① EMERGENCY: Shared, clear goals & urgency make us feel energized, focused, & even productive.

② REGRESSION: We realize the future is uncertain, lose sense of purpose, get tired, irritable, withdrawn, and less productive.

MOST OF US ARE HERE RIGHT NOW

③ RECOVERY: We begin to reorient, revise our goals, expectations, & roles, and begin to focus on moving beyond vs. getting by.

ALL OF THIS IS NORMAL REACTION TO ABNORMAL SITUATION.

SAMHSA 6 Principles of Trauma-Informed Care

Safety

Trustworthiness and Transparency

Peer support and mutual self-help

Collaboration and mutuality

Empowerment, voice, and choice

Cultural, historical, and gender issues

Safety

Intentionally cultivating conditions that create a felt sense of safety. How do we incorporate these concepts specifically around building resilient trauma-informed school environments?

Trustworthiness and Transparency

Being transparent and inclusive about how and why decisions are made creates conditions for trust. Relationships are fundamental to this process, and trust is the cornerstone.

- Include students and staff in creating expectations and norms for behavior, being transparent and consistent with follow through.
- Modeling vulnerability that is age appropriate
- Holding space for grief and discomfort
- Distress Tolerance, no Toxic Positivity

Collaboration and Mutuality

Collaboration should be highly valued and practiced amongst administration, staff, and in the classroom. Meaningful and authentic power-sharing occurs, strengthening trust and relationships.

- Distributed and adaptive leadership is practiced by administration
- Collaboration is encouraged through Professional Learning Communities' , shared planning, co-teaching, peer coaching and mentoring, and protocols

Cultural, historical, and gender issues

A trauma-informed school actively moves past cultural stereotypes and biases and recognizes previous history as being a traumatizing system for many.

- Awareness of how this experience has been different for everybody- we are not in the same boat.
- Culturally responsive, brain based pedagogy is practice.
- Find creative ways to acknowledge varied family cultures

Peer Support

Prioritizing school employee wellness and building a culture that supports collective self-care is essential.

- Professional development for staff to build knowledge about concepts such as trauma, compassion fatigue and burnout, self-care
- Strategies and activities for building staff wellness and resilience are provided.
- Safe, calm spaces are available for staff to recharge
- Staff are aware of how to ask for help and encouraged to do so.
- Staff are aware of how to ask for help and encouraged to do so.

Empowerment, Voice, and Choice.

Students, families, and all staff feel empowered, valued, and validated.

- Engage Parents, teachers, students in designing how we come back; crowdsource ideas to achieve collective recovery
- Students feel empowered and the existing knowledge they hold is validated . Empowered students feel ownership over their learning and feel the work they are doing is meaningful and important.
- Students have some voice and choice about what and how they learn
- Teacher leadership is encouraged; teachers and staff feel empowered to demonstrate leadership

SAMHSA 6 Principles of Trauma-Informed Care

POLL

TIME

Safety

Trustworthiness and Transparency

Peer support and mutual self-help

Collaboration and mutuality

Empowerment, voice, and choice

Cultural, historical, and gender issues

Best Practices

Experiential Learning

- **Community Learning Partnerships**
- **Service Learning**
- **Trip Classes**

Student Led Conferencing

No Grades/Mastery Based

Reflective Evaluation

Safe space for ALL, no bullying, intentional community building

Conflict resolution/restorative justice practices

Flexible Seating/Environment Matters

Teacher Leadership/Empowered Staff

Depth not breadth

Inquiry

Project Based Learning

Wrap around supports

WE ARE FAMILY

How School Staff Can Help

_ _ _ _

- Greet the student warmly
- Maintain regular, consistent routines
- Give child choices
- Allow child opportunities to control parts of their day
- Praise publicly
- Discuss concerns privately
- Set clear firm limits
- Provide a safe place to talk
- Be sensitive to loud noises, turning lights off
- Warn children of changes in normal routine
- Have plans for transition times
- Reassure child that they are not a bad kid
- Incorporate large muscle activities   National Child Traumatic Stress Network
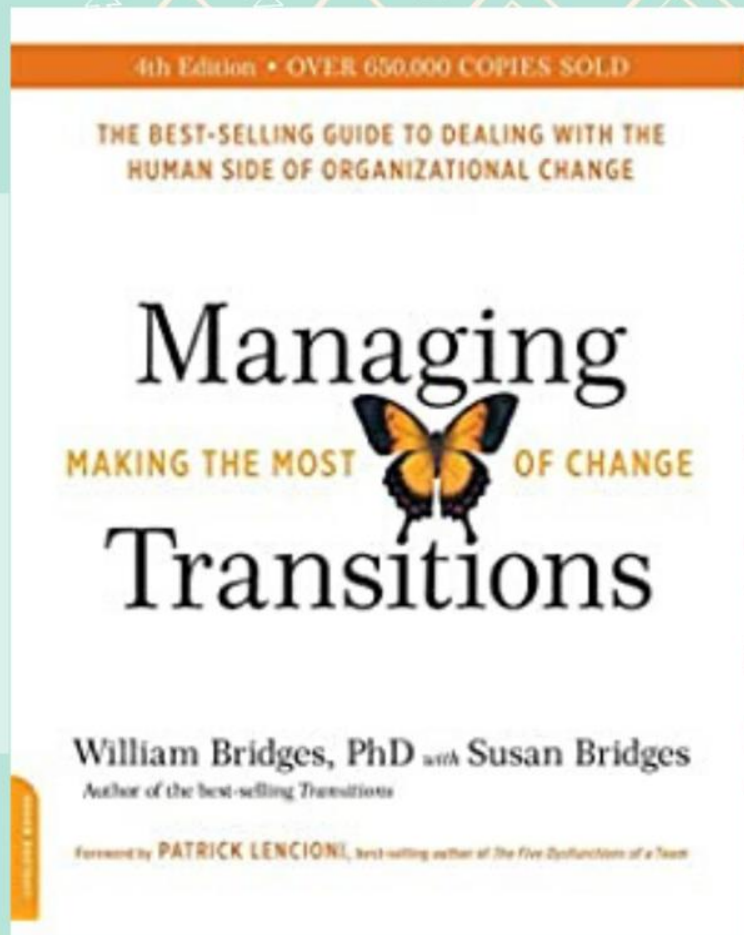 www.nctsn.org

It's All About RELATIONSHIPS

The single most common factor for children who develop resilience is at least one stable and committed relationship with a supportive parent, caregiver, or other adult.

The Secret Sauce is YOU (and us)

Managing Transitions, Making the Most of Change

William Bridges, PhD with Susan Bridges

4th Edition • OVER 650,000 COPIES SOLD

THE BEST-SELLING GUIDE TO DEALING WITH THE
HUMAN SIDE OF ORGANIZATIONAL CHANGE

Managing

MAKING THE MOST OF CHANGE

Transitions

William Bridges, PhD with **Susan Bridges**
Author of the best-selling *Transitions*

Foreword by **PATRICK LENCIONI**, best-selling author of *The Five Dysfunctions of a Team*

Managing Transition: This is Where Good Intentions can Fall Apart

"Transition starts with an ending. You can't grasp the new thing until you have let go of the old thing. It's the process of letting go that people resist, not the change itself."

- During transition people feel isolated, especially if they don't understand what is happening to them.
- Old problems are likely to resurface and old resentments are likely to come back to life.
- It is important to try to rebuild a sense of identification with the group and of connectedness with one another

Managing Transitions: Making the Most of Change. William Bridges, Phd with Susan Bridges

"If you suppress the feelings and push people to get over them, you'll be handicapped with people who never mended."

Be aware of the signs of **grieving**, the natural sequence of emotions people go through when they lose something that matters to them.When endings takes place people get angry, sad, frightened, depressed, and confused.

Managing Transitions: Making the Most of Change. William Bridges, Phd with Susan Bridges

Transition and Loss

Every beginning is a consequence. Every beginning ends something."
Paul Valery, French Poet

""It isn't the changes themselves that the people resist. It's the losses and endings that they have experienced and the transition they are resisting.""

Talk about transition with staff. If they don't understand transition, they'll blame the change for what they are feeling." "Not talking about a loss but rather pretending it does not exist that stirs up the trouble."

Managing Transitions: Making the Most of Change.
William Bridges, Phd with Susan Bridges

The Alphabet Soup

How Do These Initiatives Intersect to Support Trauma-Responsive Schools

- PBIS
- MTSS
- IEP
- ISF
- RJ
- RTI

Use your team to evaluate what you are ALREADY doing that promotes safety, connection, regulation, relationships, and resilience

RESOURCE ALERT!

Review current policies and practices through a trauma-informed lens

Good Resource- WI DPI tool
https://dpi.wi.gov/sites/default/files/imce/sspw/pdf/traumareviewtool.pdf
Evaluates on Safety, Trustworthiness, Collaboration, Choice, Empowerment

Trauma Informed Oregon Policy and practice

Review tool: Standards of Practice for

Trauma-Informed Care in an

Educational Setting

https://traumainformedoregon.org/resource/education-standards-practice-trauma-informed-care/

Review Tool for School Policies, Protocols, Procedures & Documents: Examination through a Trauma-Informed Care (TIC) Lens							

TIC Value	Desired Responses by Students & Families to the Policy, Protocol, Procedure or Document	Consistency with the Desired Response*					Cite evidence to support rating (see page 3 for examples)
		1 Very Inconsistent	2 Inconsistent	3 Neutral or Not Sure	4 Consistent	5 Very Consistent	
Safety	This policy, protocol, procedure or document ... • reinforces you will listen to my history without judging me. • shows you value my emotional and physical safety, even if it means you have to change your usual approach.						
Trustworthiness	This policy, protocol, procedure or document ... • recognizes trust is something that is earned over time, so I may not tell you the truth until our relationship is established. • shows you understand I may "test" our relationship, because in the past I have been hurt by people close to me who told me they were doing what is best for me.						
Collaboration	This policy, protocol, procedure or document ... • shows you believe relationships matter and you want to know more about me, my history and my current life circumstances, so we can work well together. • shows we will work together to create a plan to help me learn skills, rather						

I.   **Leadership Commitment and Endorsement**. School district, school boards, and school leadership acknowledge that an understanding of the impact of trauma is central to effective service delivery and make operational decisions accordingly.

Ia.	The district and school board are aware and committed to TIC. *How is this assessed?*
Ib.	The words "trauma informed" appear in district policies, school improvement plans, and staff/student handbooks. This may also be stated as "trauma informed practice," or "trauma informed schools." *Describe or provide examples.*
Ic.	The school has made a commitment to diversity and equity with students and families. *How is this reflected in policy and practice?*
Id.	Students at the school who come from a diversity of backgrounds have leadership roles (e.g., student body, etc.). *What roles? How is diversity defined?*
Ie.	There is a process in place for regular feedback and suggestions from staff, students, caregivers, and community members or partners related to TIC (e.g., perceived safety, welcoming environment, transparency, shared decision making, helpful/supportive staff, etc.).

Since the pandemic in what ways have we begun to 'reimagine' or 'redesign' education and how do these practices align with trauma-responsive schools best practices?

Key Points

- Prioritize regulation, relationship, community
- Relationship over rigor, connection before correction
- Make space for sharing of stories and grief
- Whole school universal approach
- Make policy 'proximate to the pain' Make decisions that benefit most vulnerable and all will be served
- Empathy and support for staff

Green, Yellow, Red Lights

RED LIGHT: What are some of the challenges we face? In our own practices and belief systems? What needs to be disrupted?

YELLOW LIGHT: Now after our learning, **what might we need to be more intentional about** when it comes to creating a whole school approach?

GREEN LIGHT: What should we keep doing? Start doing? **What excites us?**

Trauma-Informed Approach is the lens through which we view our entire systemIt is not a thing we 'do', it is who we become