

Trauma Informed Practices School Safety Conference 2019

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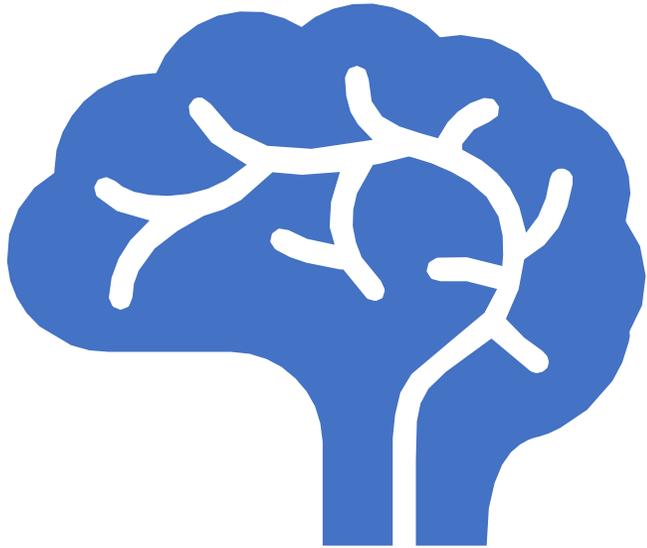
Natalia
Mieczynski, Psy.D.

Impact of Trauma/ Chronic Stress on Brain

Many of the children we work with have experienced **chronic, multiple stressors** within a caregiving system that itself is stressed.

Developmental trauma is associated with:

- physiological changes in the brain
- social and emotional delays
- behavioral dysregulation
- symptoms of inattention
- sensory processing issues



Why a trauma informed approach is needed

Trauma is common. Research indicates 1 out of every 4 children attending school has been exposed to a traumatic event that can affect learning and/or behavior. Other researchers estimate one half to two-thirds of children experience trauma.

Trauma impacts learning and school performance. The correlation between trauma and poor academic achievement is very strong and relevant.



Some factors that contribute to trauma

- Exposure to a severe traumatic event or abuse
- Chronic exposure to ongoing life stressors
- Exposure to chaotic living situations
- Exposure to community-based stressors
- Living with a mentally ill family member who has unsafe or unpredictable behaviors
- Early attachment issues
- Pre- and Post-Natal exposure to substances that impact brain development

Secondary or Vicarious Trauma

This occurs in through repeated exposure to individuals who are experiencing trauma or who have a trauma history.

Can lead to significant signs of stress/burn-out including symptoms of anxiety, depression, withdrawal/avoidance, exhaustion, feelings of hopelessness and sadness.

Self-care strategies and healthy coping strategies are essential to doing this kind of work effectively.

Why is a trauma informed approach helpful?

By adopting a trauma-informed approach and looking at behavior and learning through the trauma lens, we can change the trajectory of vulnerable children and adolescents.

A trauma-informed approach in schools can reduce the negative impact of trauma, support critical learning, and create a more positive school environment.

A trauma-informed approach is helpful in working with all sorts of anxiety, which impacts many students and staff.



Trauma is Toxic

The neurobiology of those who have experienced trauma can be affected in many ways:

- The arousal system can be dysregulated
- The sensory motor systems can be poorly integrated
- The communication between the left and right hemisphere can be disrupted
- The executive functioning of the prefrontal cortex can be compromised

Limbic system

LIMBIC SYSTEM

Thalamus

Hypothalamus

Pituitary

Amygdala

Hippocampus

BRAIN STEM

Pons

Reticular formation

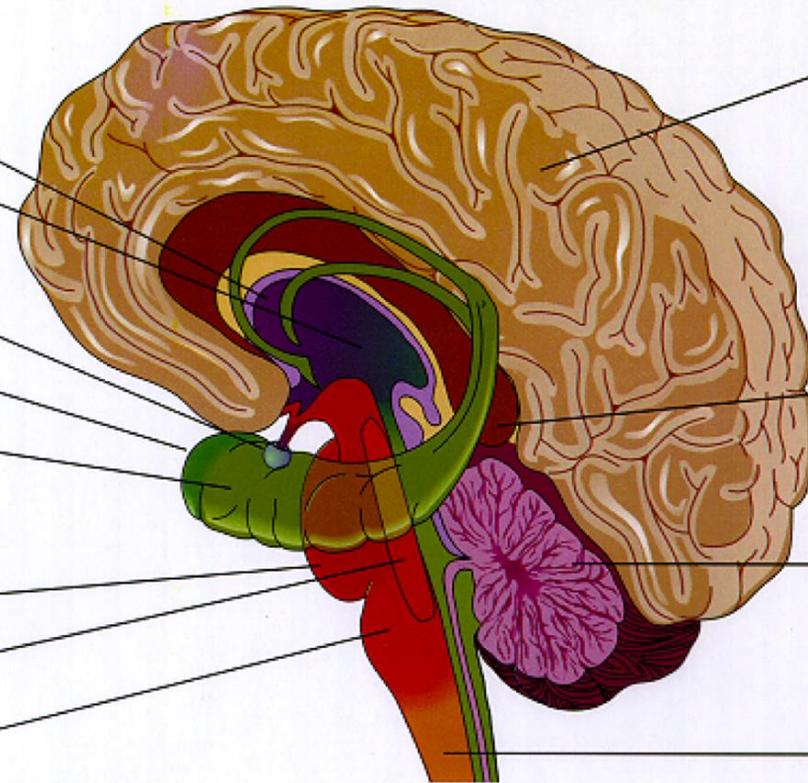
Medulla

Cerebral cortex

Corpus callosum

Cerebellum

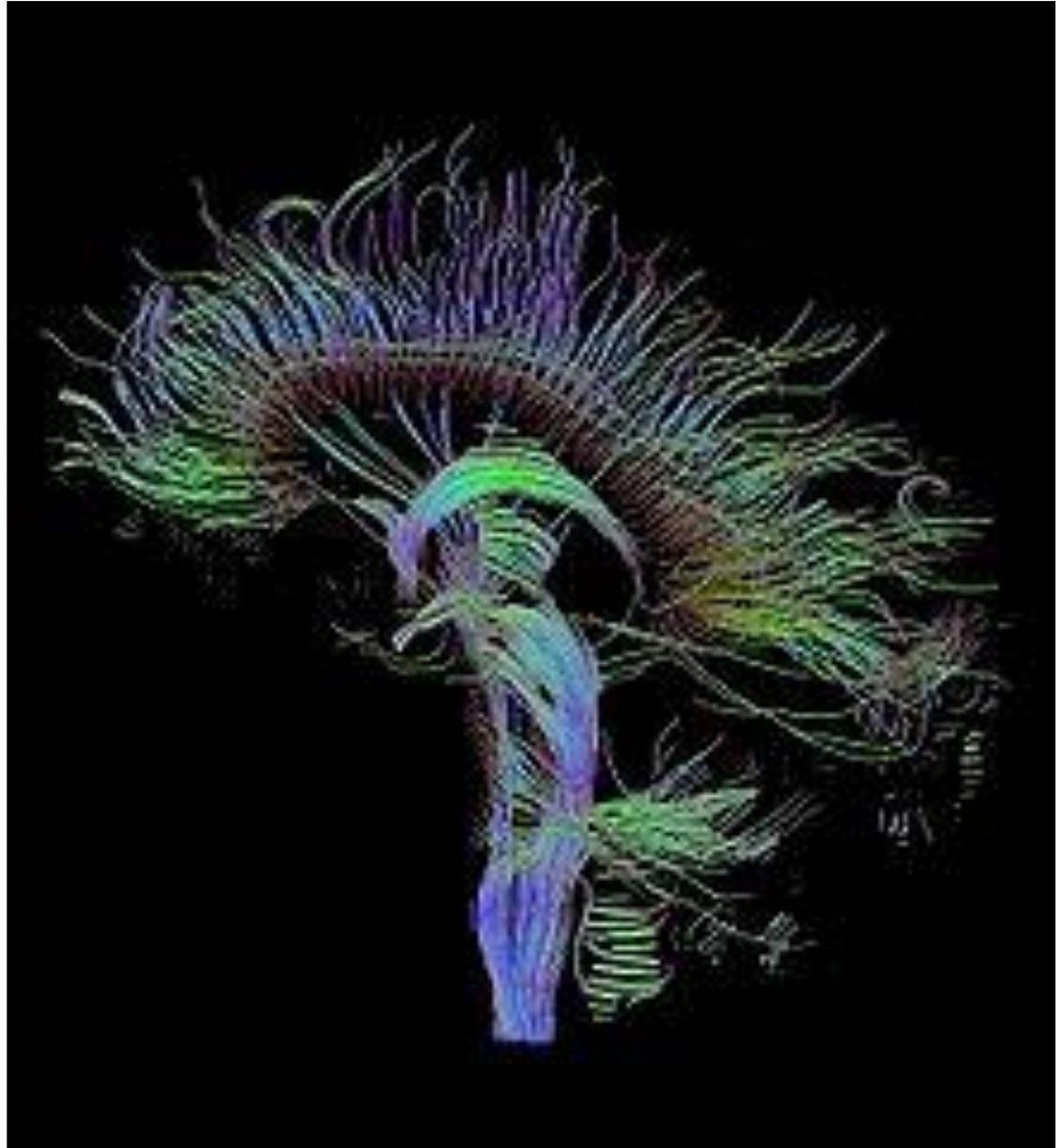
Spinal cord



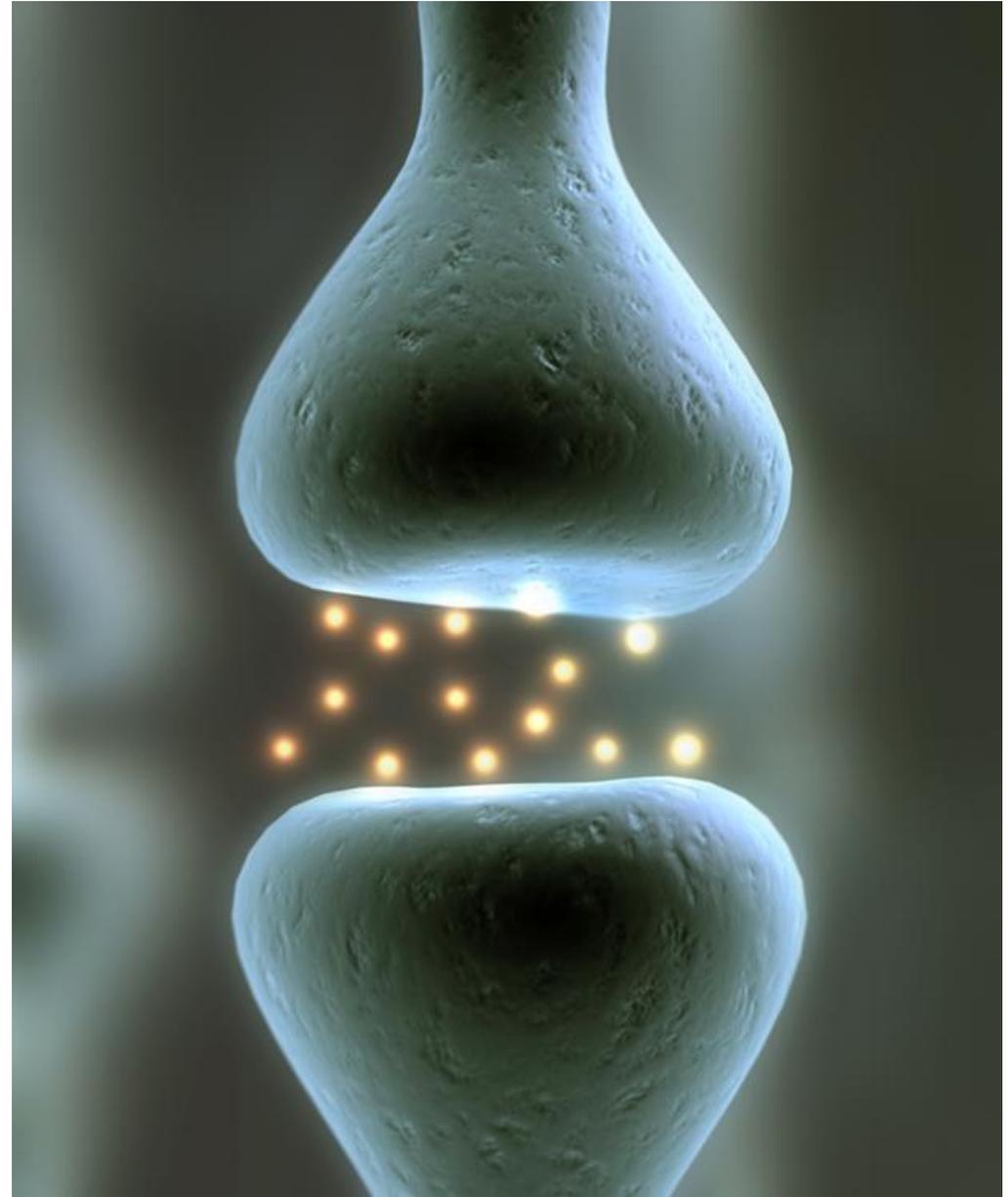
Frontal
Lobes/
Prefrontal
Cortex



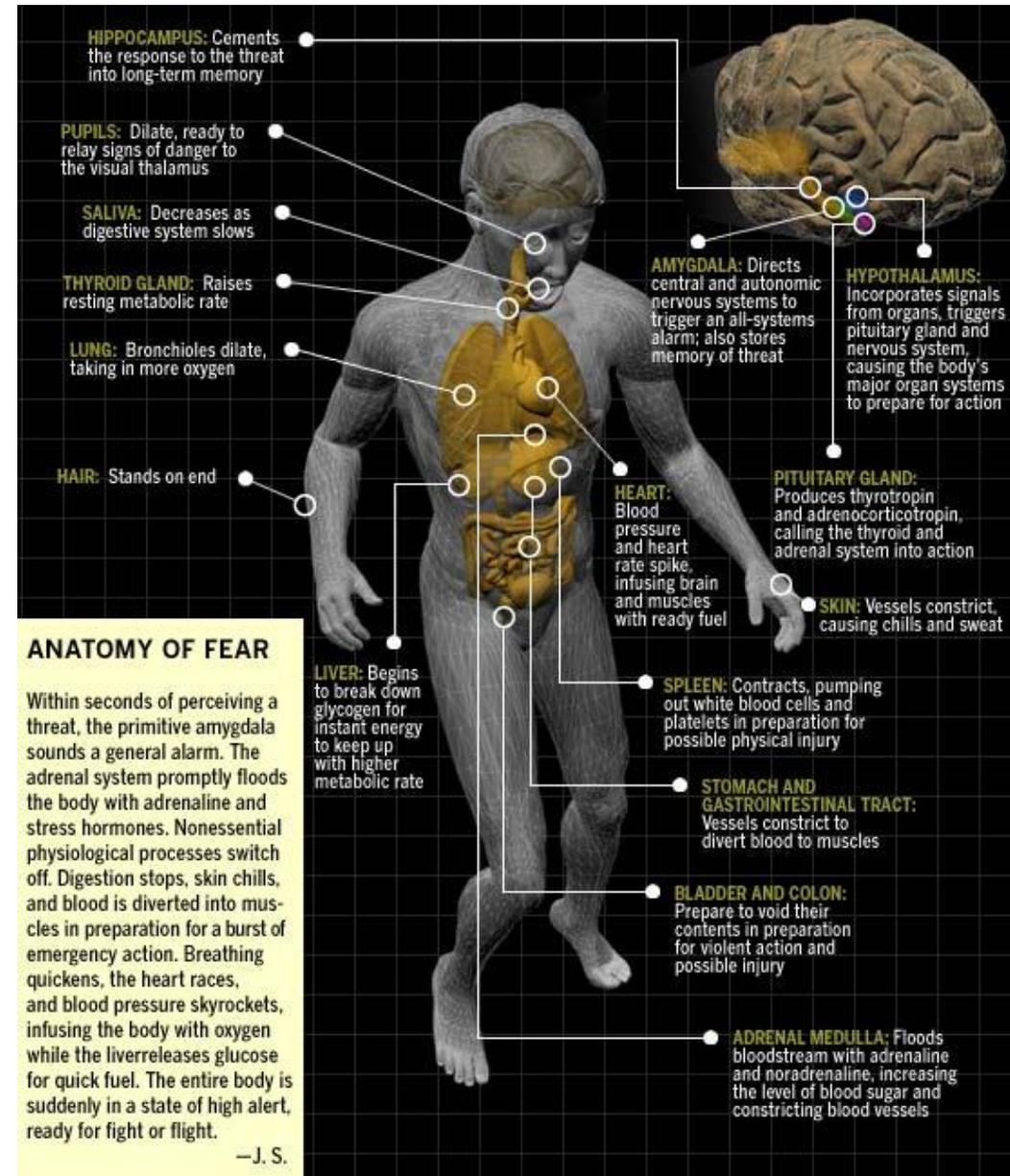
Subcortical Tracts



Synapses



Physiological impacts of trauma



Impact of Trauma on Frontal Lobes

When the Limbic System is activated, it shuts down the Frontal Lobes.

The Frontal Lobes are key in interpreting language, environmental cues, and social information.

Frontal lobes also are instrumental in organizing information, problem solving, making decisions, inhibiting inappropriate impulses, and formulating a response.

Fight, Flight, or Freeze

Fight: physiological arousal aggression, irritability/anger, trouble concentrating, hyperactivity

Flight: withdrawal and escape, social isolation, avoidance of others, running away

Freeze: stiling and constriction, flat emotional expression, stiling of behavior, over compliance

Triggers

Triggers are perceived as possible danger (threat) and are related to earlier traumatic experiences which can lead to a set of emotional, physiological, and behavioral responses designed to keep the person safe.

Triggers are related to a person's inner perception and may not be noticeable to another person. The fight, flight, or freeze response goes into effect in response to the trigger. A triggered person may exhibit signs of distress, fear, panic, and agitation or they may freeze.

Common Triggers

Proximity

Being touched/restrained

Feeling exposed

Feeling trapped

People in uniform/authority figures

Sensory: sounds, smells, visual input

Anniversaries of trauma/loss

Signs of traumatic exposure

Difficulty paying attention or focusing on work

Inappropriate behaviors

Avoidance of certain situations

Over-reaction to noises

Focus on inappropriate topics/materials

Emotional numbing

Self-injurious behaviors/suicidal ideation

Trauma and Attachment Issues

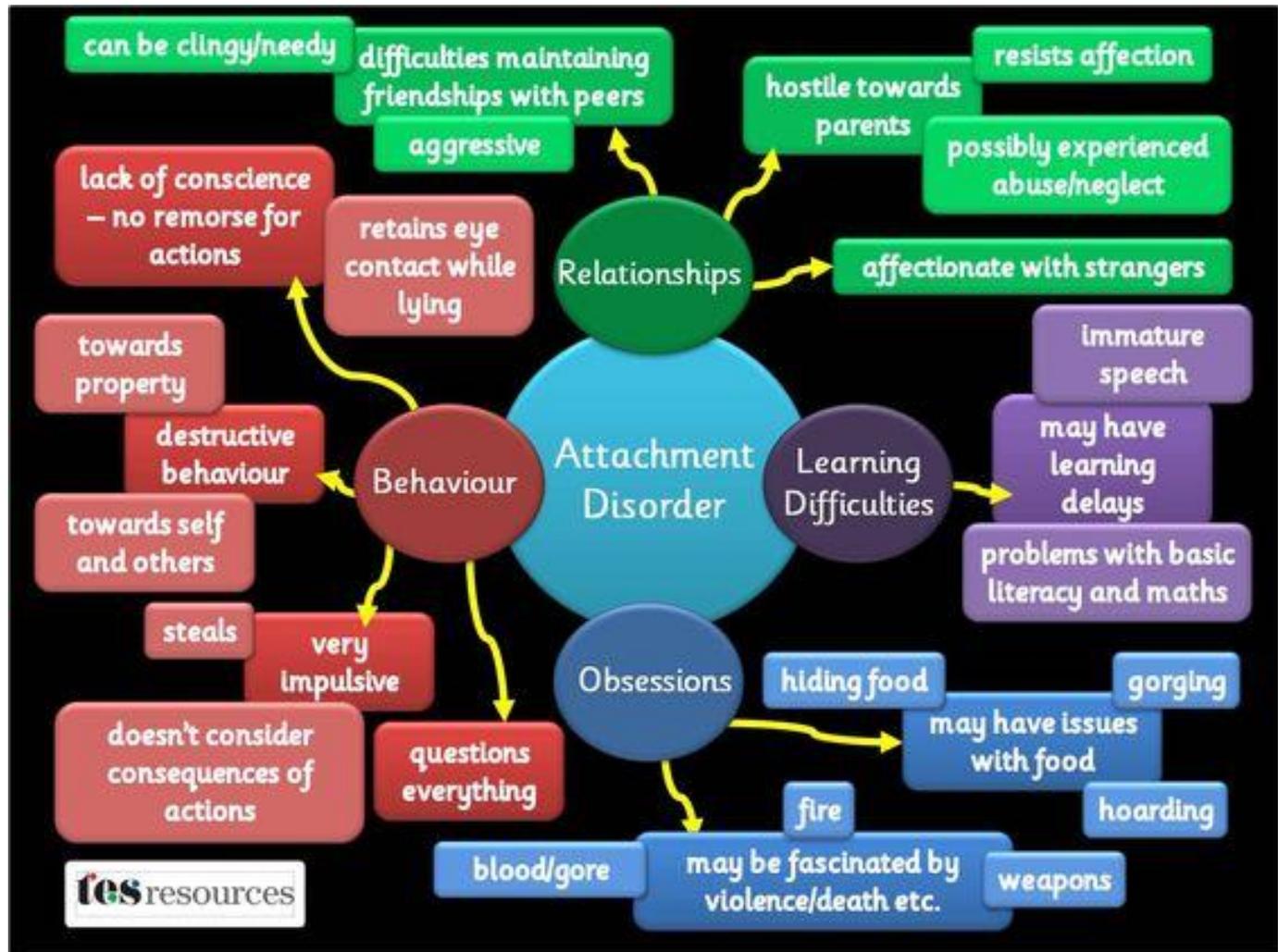
Trauma and chronic stress typically occur in the context of stressed community and family situations

Trauma disrupts attachment, which has profound impacts on the ability to form trusting, appropriate relationships with other adults.

Trauma and attachment issues are significant underlying factors for acting out behaviors.

When students have a history of trauma/attachment issues, we need to consider the impact on relationships with adults and peers at school and in the community.

Impact of Disrupted Attachment



Setting Conditions



Anything that makes challenging behavior more or less likely to occur.



Organizational culture (*e.g., control oriented, poor communication*)



Environment (*e.g., hot, crowded, noisy, too much visual stimulation*)



Instruction, activities, routines related (*e.g., staffing, quality of instruction, activities*)



Personal (*e.g., illness, medication, trauma history, feeling unsafe*)



Relationship-based (*e.g., excessive controls, "us versus them" culture, lack of caring community, developing a personal connection with student*)

What can we do as adults to help



Adjust the environment



Develop relationships with students



Provide supports for executive
functioning/learning skills



Engage in self-care and collaborate with
colleagues for problem-solving

Key Points



We are functioning in a school setting



We can teach and learn skills, including self-regulation and more appropriate behaviors



Regulated students are available to learn



We can learn new strategies when our old ones aren't working for us



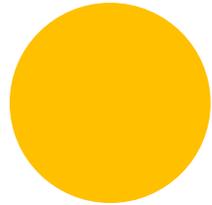
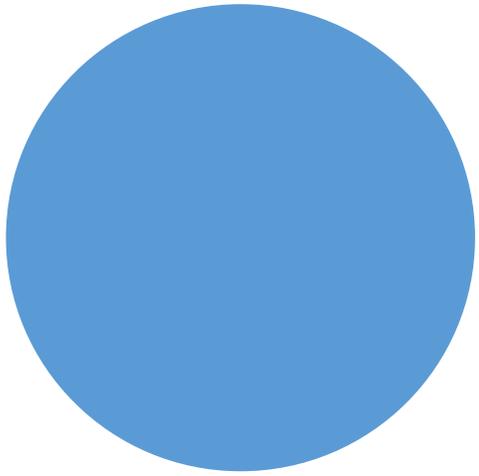
We will have to use our problem-solving skills constantly



We "win" when students can regulate and learn

Growth Mindset

Fixed Mindset	Growth Mindset
Intelligence is static.	Intelligence can be developed.
Leads to a desire to <i>look smart</i> and therefore a tendency to	Leads to a desire to <i>learn</i> and therefore a tendency to
<ul style="list-style-type: none">• avoid challenges	<ul style="list-style-type: none">• embrace challenges
<ul style="list-style-type: none">• give up easily due to obstacles	<ul style="list-style-type: none">• persist despite obstacles
<ul style="list-style-type: none">• see effort as fruitless	<ul style="list-style-type: none">• see effort as path to mastery
<ul style="list-style-type: none">• ignore useful feedback	<ul style="list-style-type: none">• learn from criticism
<ul style="list-style-type: none">• be threatened by others' success	<ul style="list-style-type: none">• be inspired by others' success



One of the hardest things to know is when to push and when to let things go....

(This is a skill dysregulated kids have not learned either)

Understand
inappropriate
behavior as
communication....

Instead of
redirecting a child
for being restless,
ask "are you okay?"

Instead of greeting
children by saying
good morning, you
can say, "It is good
to see you today", or
"Tell me about your
morning?"

Try to keep students
in class when they
are struggling so
they can learn to
work through
situations and not
feel rejected

Ask what the
behavior is inviting
you to do....and take
a disconfirming
stance

Environmental Supports



What can you do to the environment to provide more order, sense of calm, and cues for what is expected of student?



Visual supports
Reduce visual distraction/input



Be careful not to over-stimulate, many students with trauma history are easily overwhelmed or have sensory processing issues

Executive Functioning Supports



External Frontal Lobes



Order, Consistency, Clear Expectations



Supports for Academics



Clear transitions, front-load expectations

Key factors to help students manage anxiety related to trauma



Confidence



Calmness



Patience



Connection



Empathy



Predictability



Teach self-talk skills



Model problem solving

Supportive Strategies

Always Empower, Never Disempower: Avoid power struggles. Students who have experienced trauma often seek to control their environment and protect themselves. Behavior will increase when they feel powerless

Provide Unconditional Positive Regard: build trust and respond in a caring manner. When a student says, "I hate you! You are a jerk! Don't respond if student is escalated. Demonstrate that you are not becoming upset and wait until they are calm to process.

Maintain High Expectations: Set and reinforce limits in a consistent way

Supportive Strategies

Check Assumptions, Observe and Question: Make observations about the behaviors rather than assume

Be A Relationship Coach: help with social skills and support positive relationships

Provide Guided Opportunities for Helpful Participation: Model, foster, support ongoing peer helping interactions

Strategies to prevent/reduce escalation at school

- Build relationships and connection
- Be alert for small signs the student is becoming upset and offer support early
- Be proactive and plan ahead for times that seem to be problematic for student.
- Be willing to adjust plans as you gain more information.
- Try to meet the student's needs if they seem to be getting upset: "Do you need a drink?" "Let's take a break and talk about that for a minute."

If someone
becomes
dysregulated
and unsafe:

Calm yourself first. The person will respond to your manner more than anything.

Assess the situation

- Get information from the teacher or staff
- Look around to see if there is anything that needs to be addressed immediately to make the situation safer
- Make sure you have your team/partner to support you and communicate with your team

Approach in a slow, non-threatening way, with open body language.

Start with the least intrusive intervention first and take your time.

- Offer help, or offer to wait with the person until they are calmer

Communication with someone who is escalated:

- Use a calm, emotionally neutral voice
- Be non-judgmental – try to connect with person even if they are being irrational
- Focus on their feelings: “You are so upset” or “Tell me why you are so angry.” It doesn’t really matter what you say, if they are really upset they will tune more into your tone of voice.
- Give the person time to process and answer. If they can’t or won’t answer right away give them time. “It’s okay, I’ll just be here.”
- You can give them permission to be finished with the outburst/tantrum if it has gone on for a long time. “It’s upsetting to cry so hard for so long” or “It’s exhausting to yell like that, it’s time to sit up and talk.”

De-Escalation

Look and listen: your intervention will be most effective when you are in tune with the upset person. Really focus on what is happening with them:

- Listen to their breathing. What they are saying and how they are saying it? Is their crying changing in volume or intensity? Are they pacing but starting to slow down? Can they respond to a simple command or escalating more when you try to speak to them. If you can be extremely responsive to them, it will help them move on. Sometimes you just need to wait until the right moment.
- The limbic system can't process speech or logic – you need to use your nonverbal cues to communicate with a very dysregulated student.

Safety Teams

Schools maintain trained safety teams to manage unsafe situations (CPI, Safety Care, TCI)

A team approach is necessary to ensure the safety of escalated students, other students in school, and staff

If a student needs any type of physical management, this should only be done by trained team, with an effort to avoid having to hold students by using other de-escalation techniques first. Physical management is only used to prevent a student from harming themselves or others.

After a student has become dysregulated:

1

Allow time for student to fully calm down before putting demands on them. Provide opportunity to repair and reconnect.

2

Circle back to what they were being asked to do prior to the escalation so that they do not connect escalation with an opportunity to avoid.

3

Connect with other adults at school that work with student to problem-solve and de-brief.

4

Communicate with family/caregivers.



Validation is a powerful tool...

- Help student observe and describe their own emotions, thoughts, and behaviors.
- Communicate empathy with student's emotional tone, indicate understanding of their beliefs and thoughts, and make neutral, clear observations of their behavior.
- Communicate that the student's emotional responses, beliefs, and expectancies, and behaviors are understandable and make sense in the context of their lives and the current moment.

What if you don't agree or like what the student is saying?

You do not need to agree. You just need to listen and understand from the student's perspective.

Validation does not mean approval. You can understand that based on what a child has been through, his or her response makes sense.

Be careful not
to invalidate...

“This isn’t hard. You just aren’t trying” vs. *“It looks like this is tough for you - can I help?”*

“There’s no reason to be upset” vs. *“I can see you are upset, can I help?”*

“It’s not true that no one likes you. You are being dramatic” vs. *“It’s hard to feel left out or alone. I’m sorry you’re feeling that way.”*

“You need to wait your turn,” vs. *“I can see you really want to share an idea, I will call on you next.”*

Teach self-regulation skills



Deep Breathing



Guided Imagery



Yoga



Mindfulness



Sensory Tools



Movement Breaks



Soothing Music

Treating Traumatic Stress in Children by Margaret Blaustein

National Child Traumatic Stress Network (www.NCTSN.org)

Unlocking the Door to Learning: Trauma-Informed Classrooms and Transformation Schools by Maura McInerney, Esq. and Amy McKlindon, MSW

Unique Approach to Behavioral Problems in School: Trauma Informed Care by Tammy Worth

How Trauma Informed Teaching Builds a Sense of Safety and Care by Katrina Schwartz

Resources

Helpful
Websites

[Understood.org](https://www.understood.org)

[Livesinthebalance.org](https://www.livesinthebalance.org)

[AnxietyCanada.com](https://www.anxietycanada.com)