

Creating a Trauma Informed School: Implementing School-Wide Positive Behavioral Interventions and Supports

Diane LaMaster
Midwest PBIS Network

Agenda

- Self Care
- What is Trauma?
- Trauma and the Brain
- Fight, Flight, and Freeze
- Trauma Informed Classroom Practices
- Integrating Trauma into the Current System
- Action Steps/Planning

WHY WE ARE STARTING HERE

SELF CARE



The Cost of Caring

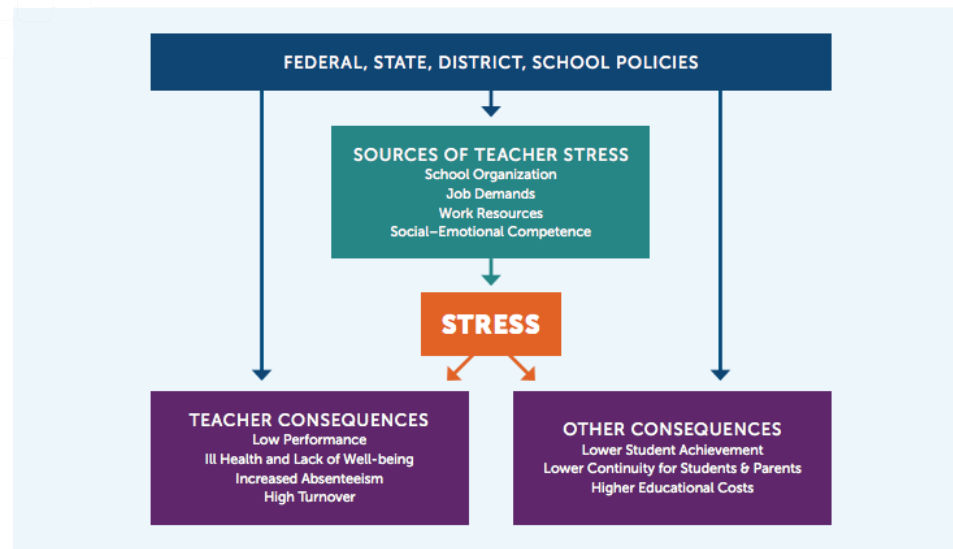
- **VICARIOUS TRAUMA** (1982 Perlman & Saakvitne, 1995)
 - Profound shift in world views that occurs in helping professions when working with those who have experienced trauma. Fundamental beliefs are altered.
- **COMPASSION FATIGUE** (Figley,)
 - Profound emotional and physical erosion that takes place when helpers are unable to refuel and regenerate
- **BURNOUT**
 - Physical and emotional exhaustion that workers can experience when they have low job satisfaction, feel powerless and overwhelmed at work.



46% of teachers report high daily stress during the school year.* That's tied with nurses for the highest rate among all occupational groups.

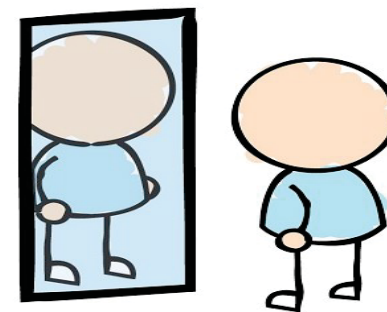
* Gallup (2014). State of American Schools. Retrieved from <http://www.gallup.com/services/178709/state-america-schools-report.aspx>.

Causes and Consequences of Teacher Stress



Reflection Question

How is your school district supporting teachers to reduce the impact of stress.



Be prepared to share out with the large group.

Activity Time

What is self-care?

Self-care has been defined as providing adequate attention to one's own physical and psychological wellness (Beauchamp & Childress, 2001).

FIND A PARTNER
HOW DO YOU DEFINE SELF-CARE
WHAT DOES SELF CARE ACTUALLY LOOK LIKE?
Is self-care selfish?



Self-Care Assessment

Adapted from Saakvitne, Pearlman, & Staff of TSI/CAAP (1996). *Transforming the pain: A workbook on vicarious traumatization*. Norton.

The following worksheet for assessing self-care is not exhaustive, merely suggestive. Feel free to add areas of self-care that are relevant for you and rate yourself on how often and how well you are taking care of yourself these days.

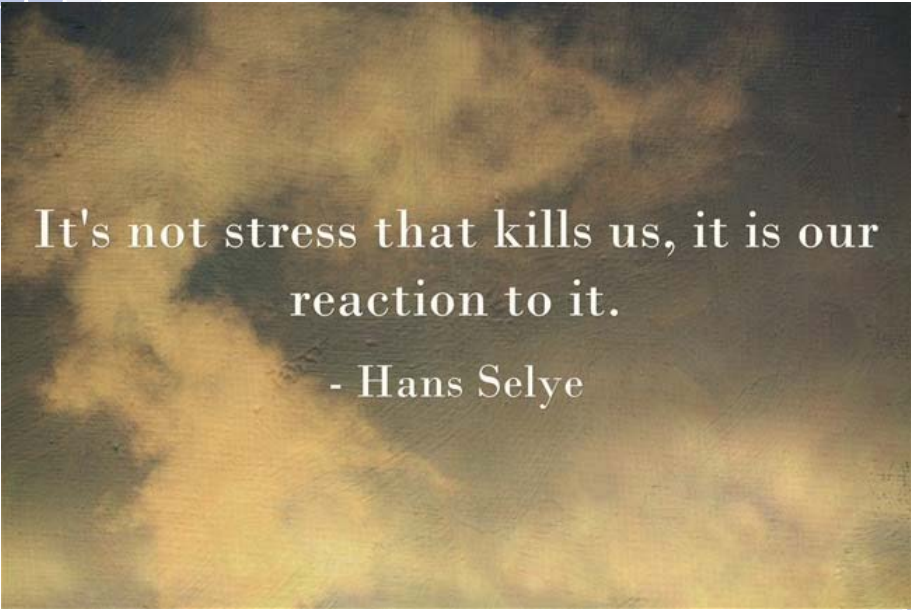

When you are finished, look for patterns in your responses. Are you more active in some areas of self-care but ignore others? Are there items on the list that make you think, "I would never do that"? Listen to your inner responses, your internal dialogue about self-care and making yourself a priority. Take particular note of anything you would like to include more in your life.

Rate the following areas according to how well you think you are doing:

- 3 = I do this well (e.g., frequently)
- 2 = I do this OK (e.g., occasionally)
- 1 = I barely or rarely do this
- 0 = I never do this
- ? = This never occurred to me


SIGNS OF STRESS

- **Exhaustion.** This is a fatigue so deep that there's no way to "turn it off," no matter how badly you want to. It's deep in your bones. The kind of tired where you just want to ooze into your bed and disconnect from life.
- **Extreme graveness.** Realizing you go hours without smiling or laughing, or days without a belly laugh.
- **Anxiety.** The constant, nagging feeling that you can and should do more, while simultaneously realizing you need to unplug and spend more time with your family. But there are so many things to do.
- **Being overwhelmed.** Questioning how they can possibly add one more task, expectation, or mandate to your plate. Compromising your values of excellence just so you can check-off 15 more boxes to stay in compliance. All the while knowing it still won't be enough.
- **Seeking.** Losing your creativity, imagination, patience, and enthusiasm for daily challenges. Craving reflection time and productive collaboration rather than group complaining.
- **Isolation.** Wanting to head for the deepest, darkest cave where no one will see your vulnerability. A place where your limits are unseen and unquestioned and all is quiet.



It's not stress that kills us, it is our
reaction to it.

- Hans Selye



TIPS FOR EDUCATORS:

"There is a cost to caring." - Charles Figley

1. Be aware of the signs.
2. Don't go it alone.
3. Recognize compassion fatigue as an occupational hazard.
4. Seek help with your own traumas.
5. If you see signs in yourself, talk to a professional.
6. Attend to self care

Resource: Figley, C.R. (1995). *Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized*. New York: Brunner/Mazel, Inc.



Let's review! We know...

- There is a history of research around the impact of stress
 - Stress impacts educators & students
 - Signs and symptoms
 - We need a self-care plan
- 



WHAT ABOUT...

What does this have to do with being in my classroom, in the heat of the moment, when I am trying to support a student who has experienced trauma?





We must ask ourselves...

- What state are we in?
 - Are we regulated?
- How do we 'see' behavior?
- Is my state of mind really that important?

I need to be regulated so I can help them regulate.




WHAT IS TRAUMA?




T+

It does not matter what you call it. What matters is how your body responds to the event. The # of occurrences and the severity is not as relevant as the response.



What are we talking about?

Extreme or chronic stress that overwhelms a person's ability to cope & results in feeling vulnerable, helpless & afraid

- Can result from one event or a series of events
 - Event(s) may be witnessed or experienced directly
 - Experience is subjective
 - Often interferes with relationships; self regulation; & fundamental beliefs about oneself, others & one's place in the world
- 



Affects learning

Adversely affects students' ability to ...

- Acquire language & communication skills
- Understand cause & effect
- Take another person's perspective
- Attend to classroom instruction
- Regulate emotions
- Engage the curriculum
- Utilize executive functions
 - Make plans
 - Organize work
 - Follow classroom rules

The Heart of Learning & Teaching Compassion, Resiliency & Academic Success (Wolpow et al, 2009)



Affects school performance

Lower scores on standardized achievement tests
(Goodman et al, 2011)

Substantial decrements in IQ, reading achievement & language (Delaney-Black et al, 2002)

2.5x more likely to be retained
(Grevstad, 2007; Sanger et al, 2000; Shonk et al, 2001)

Suspended & expelled more often
(Grevstad, 2007; Sanger et al, 2000; Shonk et al, 2001)

Daniel & Zarling (2012)



Misreading cues

Young children impacted by adverse experiences spend much time in a low-level state of fear learning to read adults' non-verbal cues to keep themselves safe

- Their safety depends upon knowing when an adult becomes a “dangerous bear”

Student may not interpret innocent or neutral looks, actions, & touches from others at school as benign

- Difficult for student to re-learn these cues as meaning different things in different environments

Adapted from Chris Dunning



Impact on student's view of world

Typical Development

vs.

Developmental

- I live in a predictable & benevolent world
- I am worthwhile
- I am hopeful & optimistic about my future
- I have the ability to impact & change my life

- The world is not safe
 - People want to hurt me
 - I am afraid
 - No one will help me
 - I am not good/smart/ worthy enough for people to care about me
 - It will never get better
 - I need to establish personal power & control
- 

Higher baseline state of arousal

- These students may be in a persistent physiological state of alarm
 - (constant “yellow alert”)
- Likely to be more reactive than peers, as external stressors are introduced (e.g., complicated task at school, disagreement with a peer)
 - Fight, flight, freeze
- Over-reading possibility of threat leads to lower brain functioning & impulsive acts
 - e.g., striking out physically or verbally, leaving the classroom, shutting down
- Student views his/her actions as **defensive & justified**

Adapted from Chris Dunning



We do not get to
decide what is
stressful or traumatic
for someone else.

Adverse Childhood Experiences



<https://www.samhsa.gov/capt/tools-learning-resources/aces-risk-factors-substance-misuse>

Adverse Childhood Experiences (ACEs)


- Conducted at Kaiser Permanente 1995-1997
- Over 17,000 HMO members
- Questions regarding childhood experiences and current health status and behaviors



Activity Time

Silently complete the ACE's scale for yourself.

You will not be asked to share your information.




4) Did you often or very often feel that ... No one in your family loved you or thought you were important or special? or Your family didn't look out for each other, feel close to each other, or support each other?

5) Did you often or very often feel that ... You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? or Your parents were too drunk or high to take care of you or take you to get care?

6) Were your parents ever separated or divorced?

Prior to your 18th birthday:



1) Did a parent or other adult in the household often or very often... Swear at you, insult you, put you down, or humiliate you? or Act in a way that made you afraid that you might be physically hurt? No ___ If Yes, enter 1 ___

1) Did a parent or other adult in the household often or very often... Push, grab, slap, or throw something at you? or Ever hit you so hard that you had marks or were injured?

1) Did an adult or person at least 5 years older than you ever... Touch or fondle you or have you touch their body in a sexual way? or Attempt or actually have oral, anal, or vaginal intercourse with you?



7) Was your mother or stepmother:

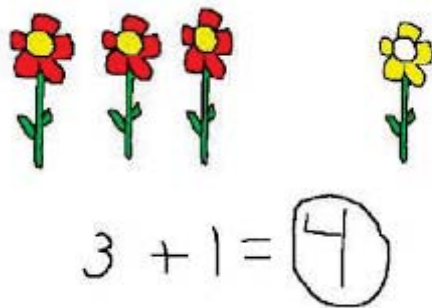
Often or very often pushed, grabbed, slapped, or had something thrown at her? or Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard? or Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?

8) Did you live with anyone who was a problem drinker or alcoholic, or who used street drugs?

9) Was a household member depressed or mentally ill, or did a household member attempt suicide?

10) Did a household member go to prison?

Now add up your “Yes” answers: _
This is your ACE Score



Adverse Childhood Experiences

- Physical, emotional or sexual abuse
- Emotional or physical neglect
- Growing up with family members with mental illness, alcoholism or drug problems
- Family violence
- Incarcerated family member
- One or no parents
- Parental divorce

Source: Adverse Childhood Experiences (ACE) Study. Information available at: <https://www.cdc.gov/ace/index.htm>

Study Findings

Adverse Childhood Experiences are common

- Two-thirds reported at least 1 ACE
- 1 in 6 people reported 4 or more ACEs

Those with 4 or more ACEs were:

- Twice as likely to smoke
- Seven times as likely to be alcoholics
- Six times as likely to have had sex before 15
- Twice as likely to have cancer or heart disease
- Twelve times more likely to have attempted suicide

Men with six or more ACEs

46 times more likely to have injected drugs than men with no history of adverse childhood experiences

Source: Adverse Childhood Experiences (ACE) Study. Information available at: <https://www.cdc.gov/ace/index.htm>

Life Long Impact

ACEs strongly correlated to risk for disease and well-being factors throughout life

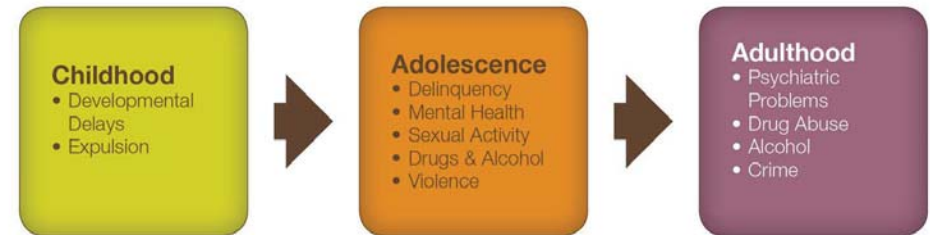
- Alcoholism or alcohol abuse
- Chronic obstructive pulmonary disease
- Depression
- Financial stress
- Suicide attempts
- Adolescent pregnancy
- Poor academic achievement

Source: Adverse Childhood Experiences (ACE) Study. Information available at: <https://www.cdc.gov/ace/index.htm>

Demographics of those in the study

- College educated
- Middle Class
- Mostly Caucasian

That Exacerbate Over Time



Source: Adverse Childhood Experiences (ACE) Study. Information available at: <http://www.cdc.gov/ace/index.htm>

ACES Impacts Learning

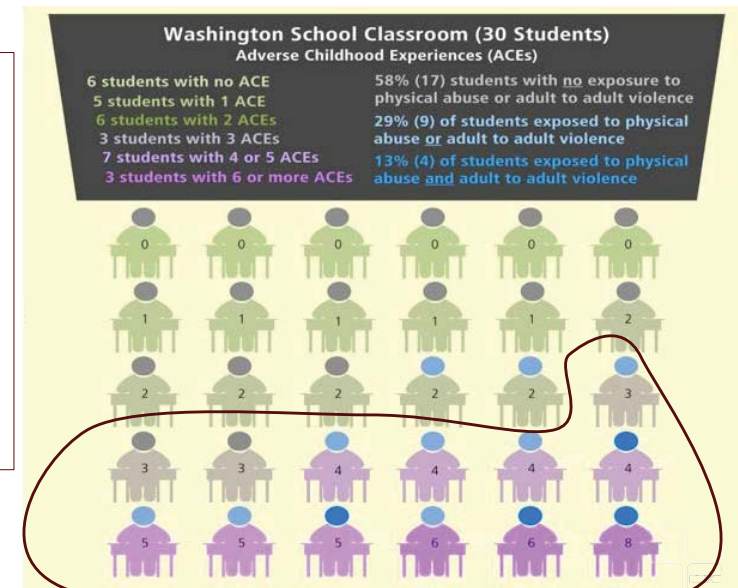
51% of children with 4+ ACE scores had learning and behavior problems in school

Compared with only 3% of children with NO ACE score

Source: Burke, N.J., Hellman, J.L., Scott, B.G., Weems, C.F & Carrion, V.C. (June 2011). "The Impact of Adverse Childhood Experiences on an Urban Pediatric Population," Child Abuse and Neglect, 35, No. 6.

Prevalence

13 of every 30 students in a classroom experience toxic stress from 3 or more Adverse Childhood Experiences (ACEs)



Source: Washington State Family Policy Council

Activity Time

Classroom Reflection

Without doing any further investigation:

- How does your classroom compare to the prevalence study that indicates 13 out of 30 students have experience 3 or more ACEs?

Reflection questions:

- What did you learn about your classroom from this activity?
- How has your perception of trauma shifted based on learning about ACEs?

The needed perspective shift

“What’s wrong with you?”

“What happened to you & how can we help?”

Key Triggers for Students

- Lack of personal power or control
- Unexpected change
- Feeling threatened or attacked
- Feeling vulnerable or frightened
- Feeling shame
- Positive feelings or intimacy

Triggers can be internal and/or external

How do we see these 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

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

Informed response

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



Teacher responses to student outburst

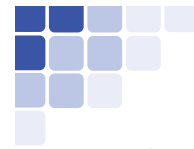
“Ashley just transferred into my 5th grade classroom after being placed in foster care. I wanted to make her feel welcome. I moved to put my hand lightly on her shoulder when I was explaining an assignment & she slapped my hand away. Then she stared at me defiantly.”

- Teacher response #1 – teacher-centered
- Teacher response #2 – student-centered



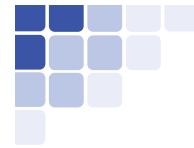
Informed teacher response

“I must have frightened Ashley without meaning to. It’s clear she does not want to be touched. She may have other triggers, as well. Right now she is hyper-aroused & feels cornered. If I put any extra demands or expectations on her right now, she could escalate & that will just make the situation worse. I told Ashley we would talk about what just happened when she calms down. I need to help her feel safe or she won’t be able to learn in my classroom. I know it’s common for kids in foster care to have multiple adverse experiences. I need to find out more about what her needs are, maybe from her school records or from her foster parents & the caseworker. If I need to, I’ll contact our Building Consultation Team for support.”



Uninformed teacher response

“Why she just decided to slap me is beyond me. I was trying to be helpful & welcoming. Her reaction was totally out of proportion to the situation. Physical aggression simply cannot be tolerated or excused. She needed to learn that right away. There had to be immediate & significant consequences if I’m to maintain order in my classroom. When I tried to remove Ashley to the office, she just lost it. Instead of complying, she chose to struggle & started kicking me. I don’t like to see students suspended from school, but Ashley needs to learn that she cannot behave that way in school.”



Schools that are sensitive to adverse child experiences

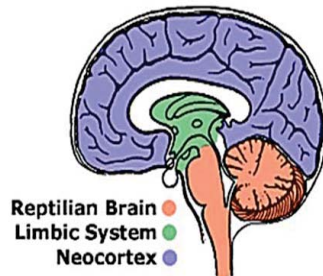
- Recognize the prevalence & impact of traumatic occurrence in students’ lives &
- Create a flexible framework that provides universal supports, are sensitive to the unique needs of students & are mindful of avoiding re-traumatization.



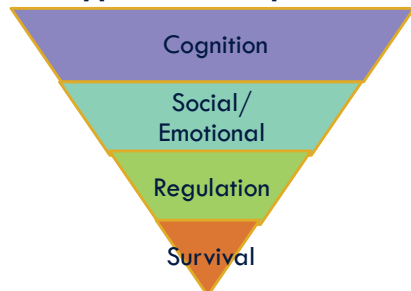
TRAUMA AND THE BRAIN

Brain Development Video – Dr. Bruce Perry

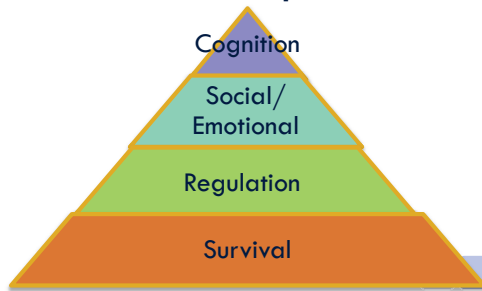
Bottom-Up Development



Typical Development



Adverse Experiences



Adapted from Holt & Jordan, Ohio Dept. of Education

UPSTAIRS BRAIN



- Made up of cerebral cortex/parts behind forehead (middle prefrontal cortex)
- More evolved and fuller perspective
- Highly sophisticated
- Intricate mental processes
- Higher order and analytical thinking
 - Planning
 - Control over emotions
 - Self-understanding
 - Empathy
 - Morality

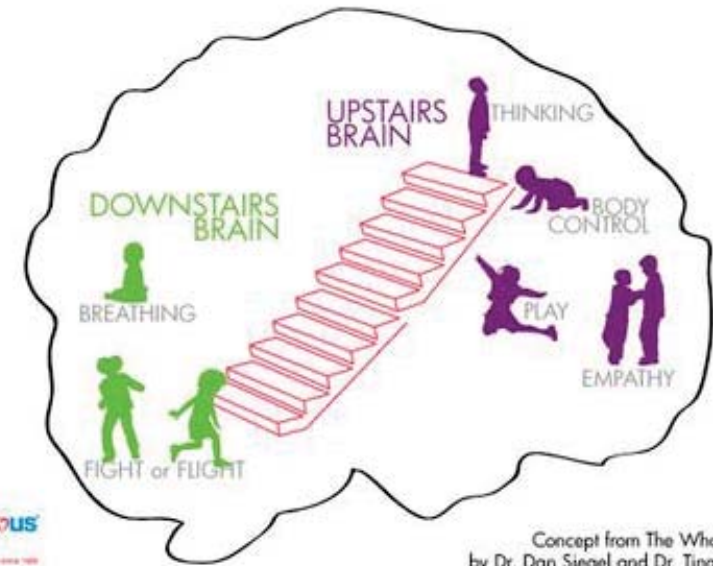
THE WHOLE BRAIN CHILD: 12 12 REVOLUTIONARY STRATEGIES TO
NURTURE YOUR CHILD'S DEVELOPING MIND
DANIEL J. SIEGEL, TINA PAYNE BRYSON

DOWNSTAIRS BRAIN

- Brain stem and limbic region
- Lower parts of the brain
- Top of neck to bridge of nose
- More primitive
- Basic functions
 - Breathing and blinking
- Innate reactions & impulses
 - Fight/flight



THE WHOLE BRAIN CHILD: 12 12 REVOLUTIONARY STRATEGIES TO NURTURE YOUR CHILD'S DEVELOPING MIND
DANIEL J. SIEGEL, TINA PAYNE BRYSON



momentous
institute

Concept from The Whole-Brain Child
by Dr. Dan Siegel and Dr. Tina Payne Bryson

Amygdala (uh-MIG-duh-luh)



THE WHOLE BRAIN CHILD: 12 12 REVOLUTIONARY STRATEGIES TO NURTURE YOUR CHILD'S DEVELOPING MIND
DANIEL J. SIEGEL, TINA PAYNE BRYSON

The Brain is built like a Layered Cake

(Dr. Bruce Perry)



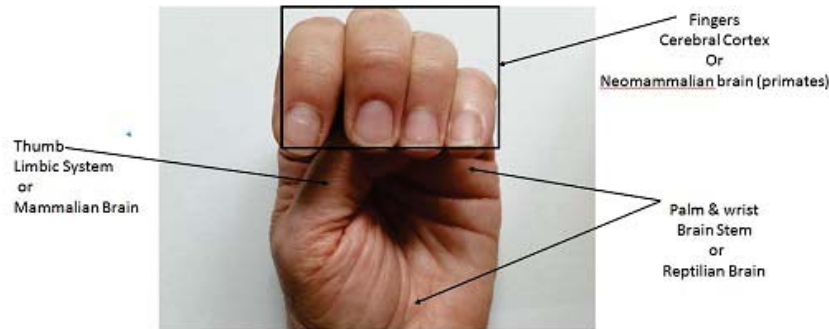
Cortex- Thinking /Cognitive
Learning Part : ABC's,
geography , algebra, etc.

Make sure these lower parts of the brain are regulated-patterned, repetitive, sensory experiences (i.e. jumping jacks, jump rope, music). Literally quiet down the lower part so the top part can be receptive to cognitive input

Early in life: If this part doesn't develop properly, the top part can't either

Brain Development

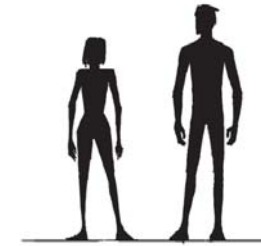
The hand model of the triune brain



Changes our physiology fight, flight or freeze response

Noticeable Effects

- Pupils dilate
- Mouth goes dry
- Muscles tense
- Heart pumps faster
- Breathing rate increases
- Chest pains
- Palpitations
- Perspiration
- Hyperventilation



Hidden Effects

- Brain prepares body for action
- Adrenaline released
- Blood pressure rises
- Liver releases glucose to provide energy for muscles
- Digestion slows or ceases
- Cortisol released (depresses immune system)

What are we going to do?
The 3 R's

Regulate

Relate

Reason

“Until a child is regulated (i.e., feeling physically and emotionally settled), he is unlikely to be able to relate to you (i.e., feel connected and comfortable). And until a child has related, he is unlikely to have the mental capacity to fully engage with you in the higher level cognitive processes (reason) that are critical for problem-solving, like perspective taking, predicting the future, and considering multiple solutions.”

(This is not just true for traumatized children,
but for all children... and adults too!)



What does it mean to REGULATE?

- “QUIET” the stress response system
- LOWER the state of arousal

- Rhythmic Activities
- Repetitive Breathing activities
- Music
- Dance
- Walking
- Drawing



“Fostering relational rhythm through movement, music, breathing, and other safe patterned sensory based, neural experiences is the best way to create, instill, and maintain regulation.”

(Dr. Bruce Perry)



What does it mean to RELATE?

- Meaningfully connected
- Developing, Educating, and Healing
- Being able to internalize learning new things

The best way to feel safe is in the context of a nurturing, predictable relationship

- Copy Cat
- Hot/Cold
- Multi-player thumb war
- Group drumming
- Sidewalk chalk
- Board Games
- Classroom Professions (jobs)



What does it mean to REASON?

Capacity to fully engage in:

- problem-solving
- like perspective taking
- predicting the future
- Considering multiple solutions

- Inquiry
- Conversation
- Reflection Sheets





Think-Pair-Share

What are some strategies you already use in your classroom to help students reach their cortex for learning?

THINK: Individually for 60 seconds

PAIR: Shoulder partner (3 minutes)



SHARE: Table time (4 minutes)



FIGHT, FLIGHT, FREEZE



Impact of Teachers

- Teachers often sell their power short
 - The brain has the ability to create memory and if there is one adult who sees them as special, a kid can use that the rest of his/her life.
 - You can never underestimate the power of a single positive interaction
- 
- 



Naughty or
Stress-Response?



Imagine this...you are sitting in a beautiful meadow eating a delicious gourmet meal of cheese, French bread and chocolate



You hear a sound, you look behind you and you see a BEAR.



A Big. Brown. Mamma. BEAR. And its cub.



Your hands get sweaty



Your heart starts racing

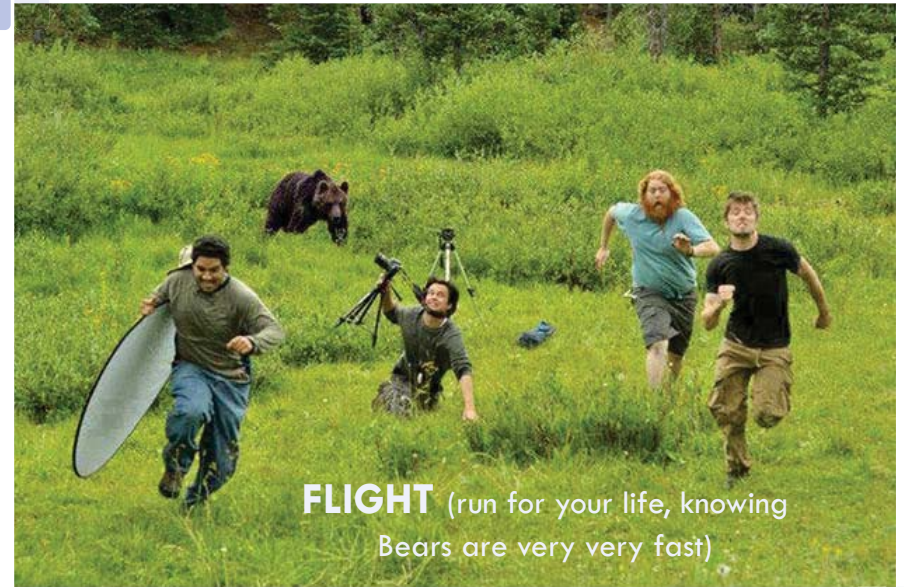


Your mouth gets dry...Your body immediately begins to ramp up to handle this **dangerous situation**. Your body has a **stress-response** and it is going to take over in an effort to save your life.



Your stress-response is going to be to **FIGHT**

with your cheese knife, to try to get the bear to back off

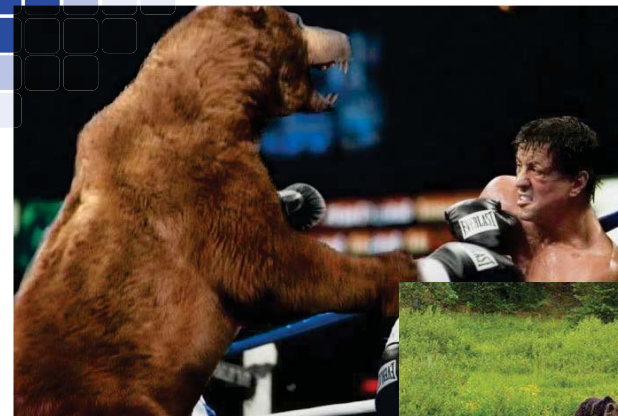


FLIGHT (run for your life, knowing Bears are very very fast)

FUNNY PICTURES ON KUPFOTO.COM



Or **FREEZE**...stay right there and don't move

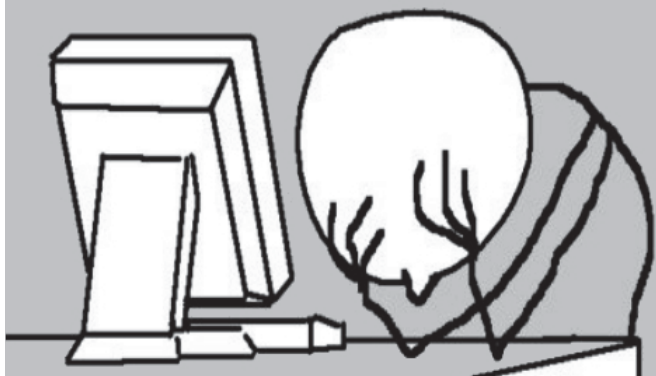


Those are your options... your stress-response has kicked in.

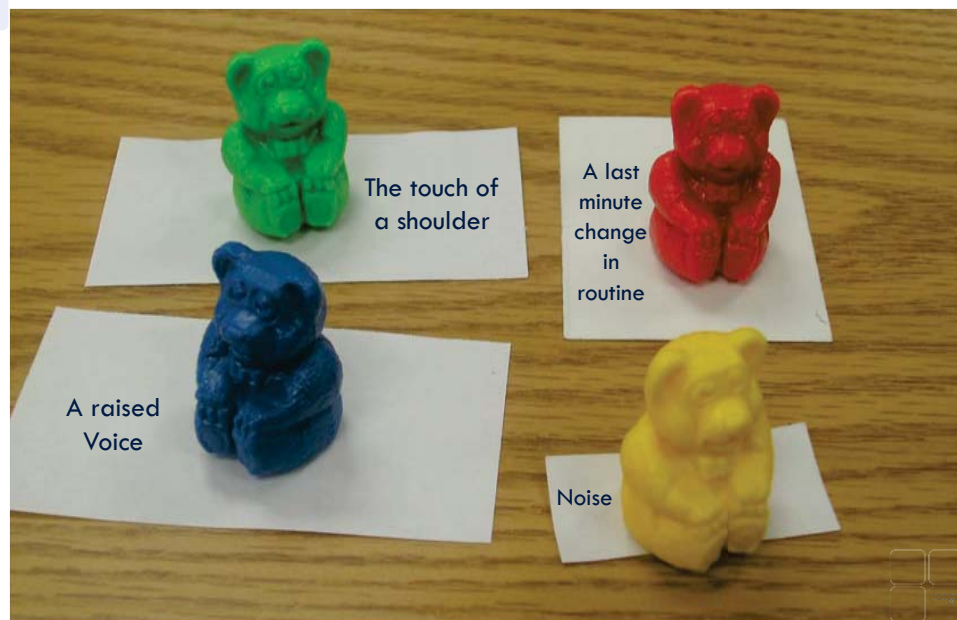


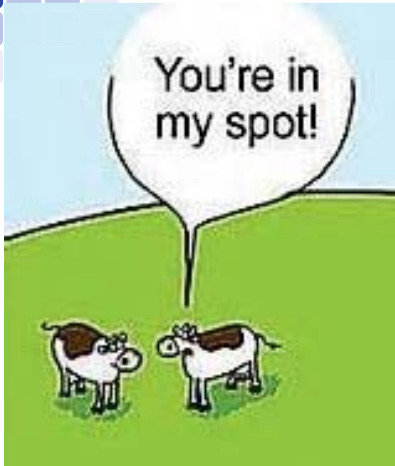
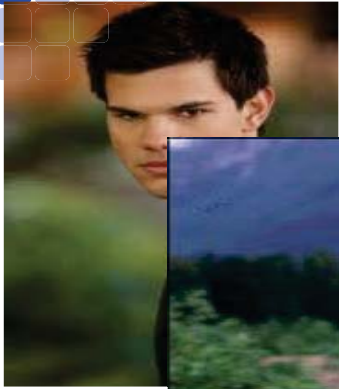
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HOW IS THIS RELEVANT?!



For Our Youth... LOTS of things can LOOK like BEARS

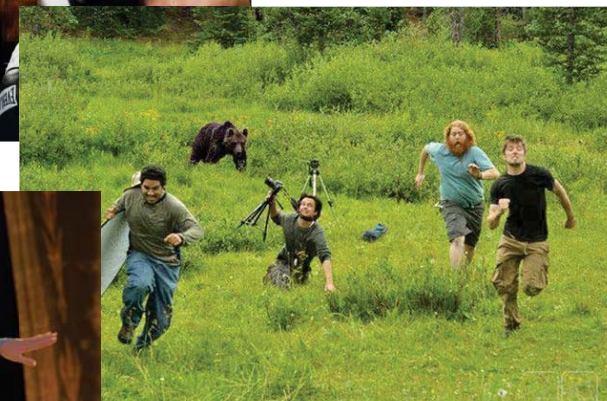
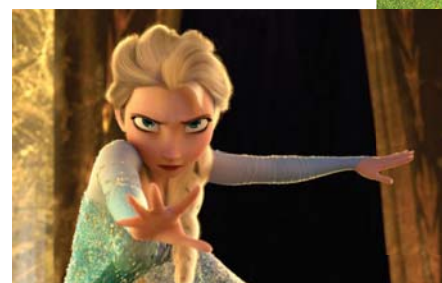




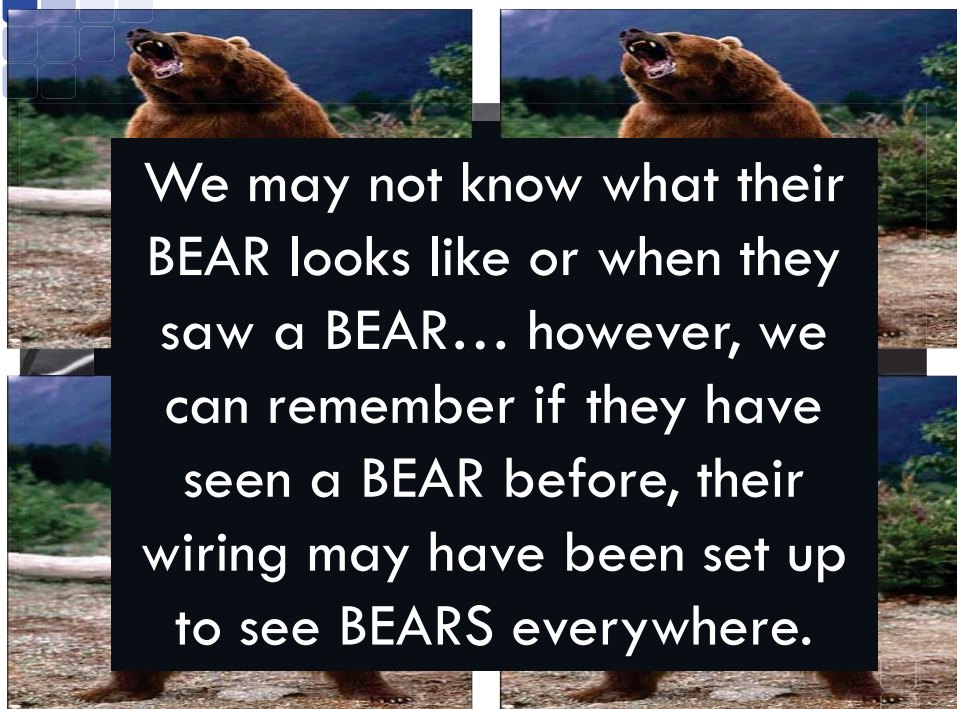
ALWAYS ON GUARD!



ALWAYS READY!



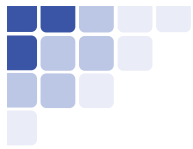
FUNNY PICTURES ON KUTUFOTO.COM



What Flight, Fight, or Freeze Looks Like in the Classroom

Flight	Fight	Freeze
<ul style="list-style-type: none"> • Withdrawing • Fleeing the classroom 	<ul style="list-style-type: none"> • Acting out • Behaving aggressively 	<ul style="list-style-type: none"> • Exhibiting numbness • Refusing to answer
<ul style="list-style-type: none"> • Skipping class • Daydreaming • Seeming to sleep 	<ul style="list-style-type: none"> • Acting silly • Exhibiting defiance • Being hyperactive 	<ul style="list-style-type: none"> • Refusing to get needs met • Giving a blank look • Feeling unable to move/act
<ul style="list-style-type: none"> • Avoiding others • Hiding or wandering • Becoming disengaged 	<ul style="list-style-type: none"> • Arguing • Screaming/yelling 	

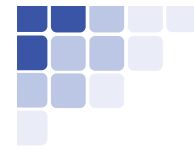




TRAUMA INFORMED CLASSROOM PRACTICES

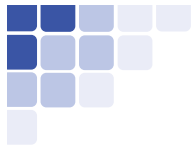
How to Help

- Frequent repetition of expectations, practiced not just verbally but in role plays of real-life scenarios
- Modeling of respectful, nonviolent relationships
- Safe spaces within the school
- A not too serious environment—too serious is usually perceived as reason to be fearful in traumatized children
- Modified, gentle criticism
- Opportunity for more successes than failures



How to Help

- TIME—time to respond to questions, time to de-escalate
- CALM Predictable environment
- CHOICES—true choices with wait time
- Firm limits on negative behavior with NO acceptance of bullying/teasing
- Key in on areas of competence



How to Help

- Provide an external cognitive structure—provide meaning, planning, and connections that their brains cannot
- Meeting the student more than halfway in relationship building
- Even competition when used in classroom with peers
- Help with regulating energy during transitions
- Warning well in advance of any changes in routine
- Group/cooperative efforts that promote teamwork—closely monitored, encouraging of all participants, which result in positive outcomes
- Praise publicly, criticize privately



Low and Slow

- **Lower the volume** and pitch of your voice
- **Slow your self down** by slowing down your heart rate
- Keep a **matter of fact tone** regardless of the situation
- **Take slow, deep breaths**
- Speak in **short sentences** without a lot of questions
- **Slow down your rate of speech** and make sure to pause between sentences
- **Slow down your body movements**
- **Slow down your agenda** and take your time
- Don't preach- this is about talking **with the student, not at the student.**

Source: Community Counseling Center (2008). TF-CBT Clinician Implementation Guide: 1st Edition.

Classroom Management Practices



8 Positive Behavioral Classroom Supports

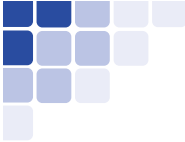
1. Arrange orderly physical environment
2. Define, Teach, Acknowledge Rules and Expectations
3. Define, Teach Classroom Routines
4. Employ Active Supervision
5. Provide Specific Praise for Behavior
6. Continuum of Response Strategies for Inappropriate Behaviors
7. Class-Wide Group Contingency
8. Provide Multiple Opportunities to Respond

Why Trauma Informed?

Examples of How Classroom Practices Are Trauma Informed

	What is the strategy	WHY this practice supports students impacted by trauma
Arrange orderly physical environment	<ul style="list-style-type: none"> • Traffic patterns are clearly defined and allow movement without disrupting others • Desks and furniture arrangement are built around the types of instructional activities and are arranged for maximum student and teacher visibility and access • Materials are clearly labeled, easily accessible, and organized for ease of use 	<p>Setting up a physical environment to allow teacher to monitor all students and activities promotes feeling of safety and predictability for students.</p> <p>Considering traffic patterns to avoid disruption supports students to respect personal space of others.</p>
Define, teach, acknowledge rules and expectations	<ul style="list-style-type: none"> • Classroom rules are aligned with school-wide expectations. • Classroom rules are observable, measurable, positively stated, clearly defined, and prominently posted. • Teacher has a plan and schedule to actively teach classroom rules and expectations several times throughout the year. 	<p>All students and especially students impacted by trauma thrive from established expectations. For students impacted by trauma, high expectations show the student they are capable and worthy.</p> <p>Consistent classroom rules and expectations help students differentiate purposeful rules from unpredictable rules that may occur in other areas of their lives. Consistent classroom expectations also create predictable adult behavior across the school for all students. When established upfront, it may help students establish a sense of security.</p>
Define, teach classroom routines	<ul style="list-style-type: none"> • Routines and procedures are aligned with school-wide expectations. • Routines and procedures are succinct, positively stated, and in age-appropriate language. • Routines and procedures are taught and practiced several times throughout the year. 	<p>When we provide clearly defined routines and procedures, students know what to expect. Reducing the stress of unknown helps students to operate in a state of calm. Clearly established routines also increases likelihood of adults identifying and prompting students of possible changes, which is likely to prevent or reduce impact the change may have on student behavior.</p> <p>Regular routines also create the opportunity for intentional regulation activities.</p>
Employ active supervision	<ul style="list-style-type: none"> • Movement: Constant, random, target predictable problems, proximity • Scan: Look and listen to all students, look for appropriate and inappropriate behaviors, make eye contact • Interact: Frequent and positive feedback and interactions to encourage, reinforce, and correct. Identify opportunities to pre-correct and provide additional instruction on appropriate behaviors. 	<p>Maintaining active supervision provides a sense of safety for students. When adult is constantly scanning the environment it is more likely, they will predict or identify a trigger to a problem prior and prevent the problem behavior from occurring, especially known triggers for a student who may be impacted by trauma.</p> <p>Active supervision creates frequent opportunities to interact with students to develop, strengthen and maintain relationships.</p>

**INTEGRATING
TRAUMA INTO THE
CURRENT SYSTEM**



TFI Sub-Scale: Team


TFI 1.1 Team Composition

TFI 1.2 Team Operating Procedures

Which building teams will need a trauma informed lens?

- Tier 1 team
- Building Leadership Team
- Tier 2 team
- Individual student teams
- Problem solving teams

How does trauma lens change the conversation?


- Tier 1: Consider how school-wide and classroom practices are supporting all students. Is there need for more support for all students?
 - Tier 2: How are tier 2 interventions supporting students impacted by trauma? Do we need to add trauma based interventions?
 - Tier 3: How are we assessing impact trauma may have on student?
- 



TFI 1.6 Discipline Policies

Policies and procedures emphasize **proactive**, **instructional**, and **restorative** approaches that focus on **empowering** student and **teaching** needed skills.

Examples:

- Circles / Morning Meeting
 - Restorative Conferencing
 - Re-teaching
- 




TFI 1.7 Professional Development

What professional development does staff need?

- Awareness and understanding of trauma
- Understanding of why practices support
- New practices

How will you identify PD needs for all staff, some staff and a few staff?

Example

- **All:** Trauma awareness, classroom management practices, and de-escalation skills
 - **Some:** Re-training on de-escalation skills and responding to crisis
 - **Few:** Trauma informed interventions
- 



RESOURCES





Midwest PBIS Website

- Trauma page
- <http://www.midwestpbis.org/materials/special-topics/trauma>



National Child Traumatic Stress Network Empirically Supported Treatments & Promising Practices List

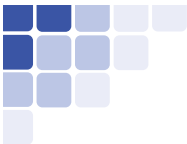
<http://www.nctsn.org/resources/topics/treatments-that-work/promising-practices>

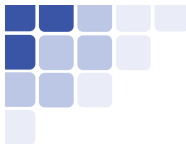
- Clinical & anecdotal evidence
- Research Evidence
- Outcomes

<http://naswil.org/news/chapter-news/featured/for-school-social-workers-sparcs-sparks-interest-among-adolescents-in-champaign-county/>

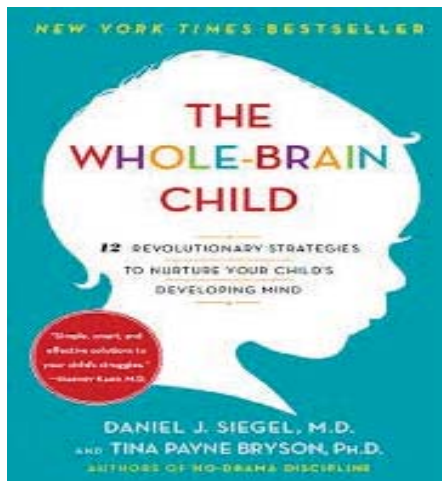
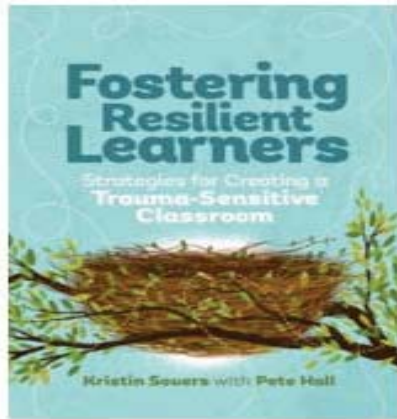
<http://sparcstraining.com/index.php>



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- ovc.gov for video—click on Library and Multimedia then videos then Child & Youth Victimization
 - www.depts.washington.edu/hcsats/resources.html, click on Resources then Therapy Resources
 - *National Child Traumatic Stress Network Schools Committee. (October 2008). Child Trauma Toolkit for Educators. Los Angeles, CA & Durham, NC: National Center for Child Traumatic Stress.*

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- nctsn.org, click on Resources then Audiences then Resources for School Personnel
 - ovc.gov for video—click on Library and Multimedia then videos then Child & Youth Victimization
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**Be Brave.
&
Carry on Warriors.**

Diane LaMaster
Midwest PBIS Network

diane.lamaster@midwestpbis.org

Thank you!

Above credits to:
"Be Brave"- Sara Bareilles
"Carry on Warrior"- Glennon Melton