

# Addressing Trauma in Educational Settings

## *Module 1: Impacts and symptoms of trauma and relevant strategies to support students*

# Agenda



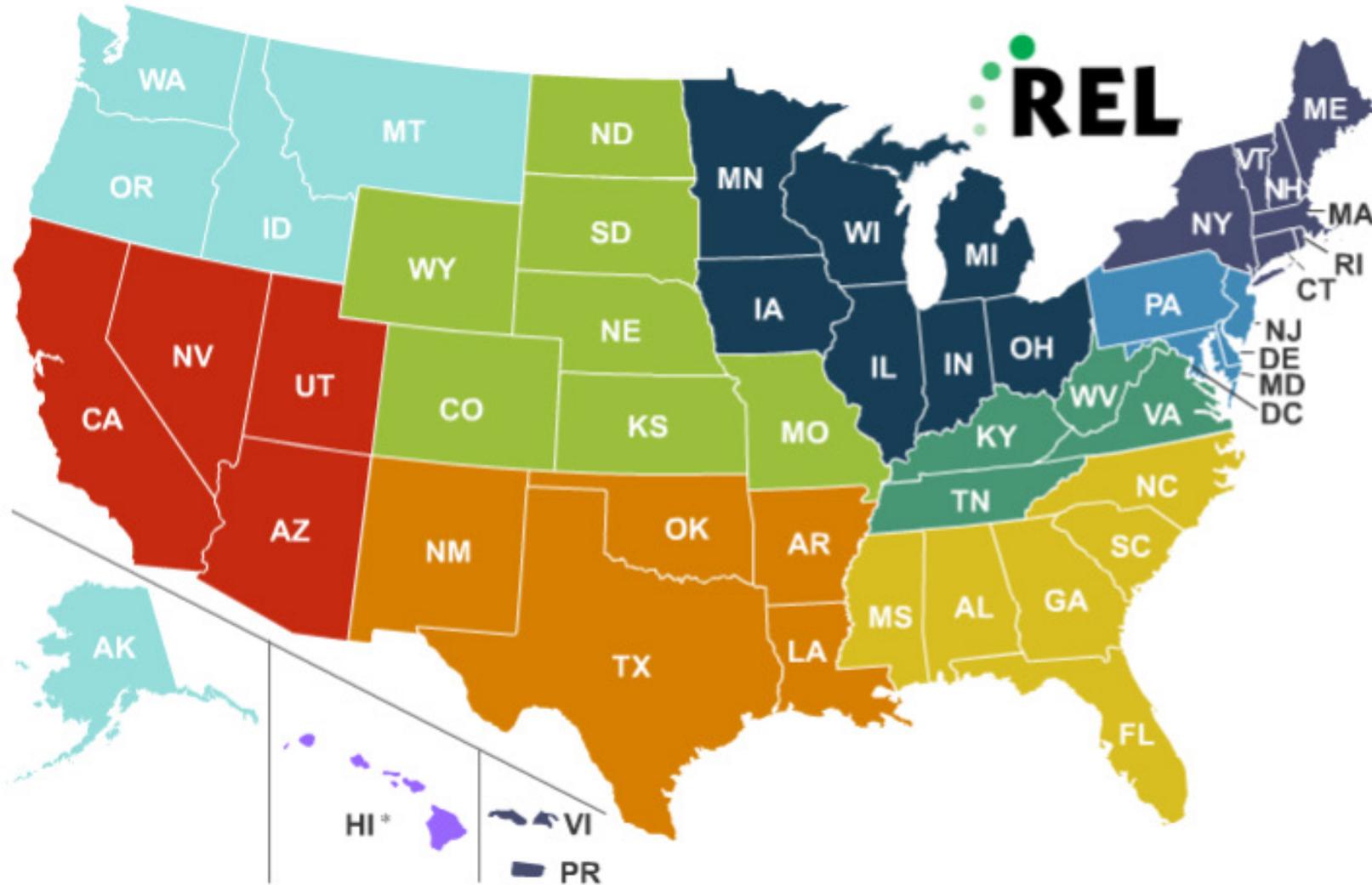
Time	Agenda item
10:00 – 10:15 a.m.	Welcome and overview
10:15 – 10:45 a.m.	Understanding trauma and its impacts in schools
10:45 – 11:15 a.m.	Reviewing multi-tiered approaches to address trauma
11:15 – 11:20 a.m.	Break
11:20 – 11:45 a.m.	Helping students with trauma-informed approaches
11:45 a.m. – 12:00 p.m.	Wrap-up, next steps, and Q&A

# Welcome and overview



**Lydotta Taylor**  
L-ovation

# The Regional Educational Laboratories



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| <span style="color: green;">■</span> Appalachia    | <span style="color: lightblue;">■</span> NW    |
| <span style="color: lightgreen;">■</span> Central  | <span style="color: purple;">■</span> Pacific* |
| <span style="color: blue;">■</span> Mid-Atlantic   | <span style="color: yellow;">■</span> SE       |
| <span style="color: darkblue;">■</span> Midwest    | <span style="color: orange;">■</span> SW       |
| <span style="color: purple;">■</span> NE & Islands | <span style="color: red;">■</span> West        |

\* The Pacific Region contains Hawaii pictured on the map and American Samoa, the Commonwealth of the Northern Mariana Islands, the Federated States of Micronesia (Chuuk, Kosrae, Pohnpei, & Yap), Guam, the Republic of the Marshall Islands, & the Republic of Palau not pictured on the map

# The RELs carry out three main activities

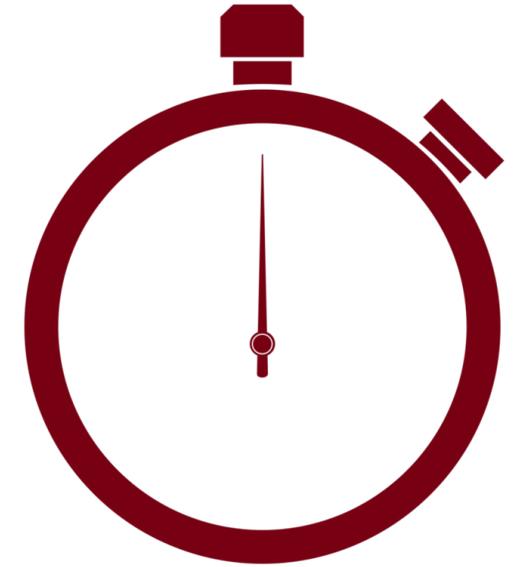
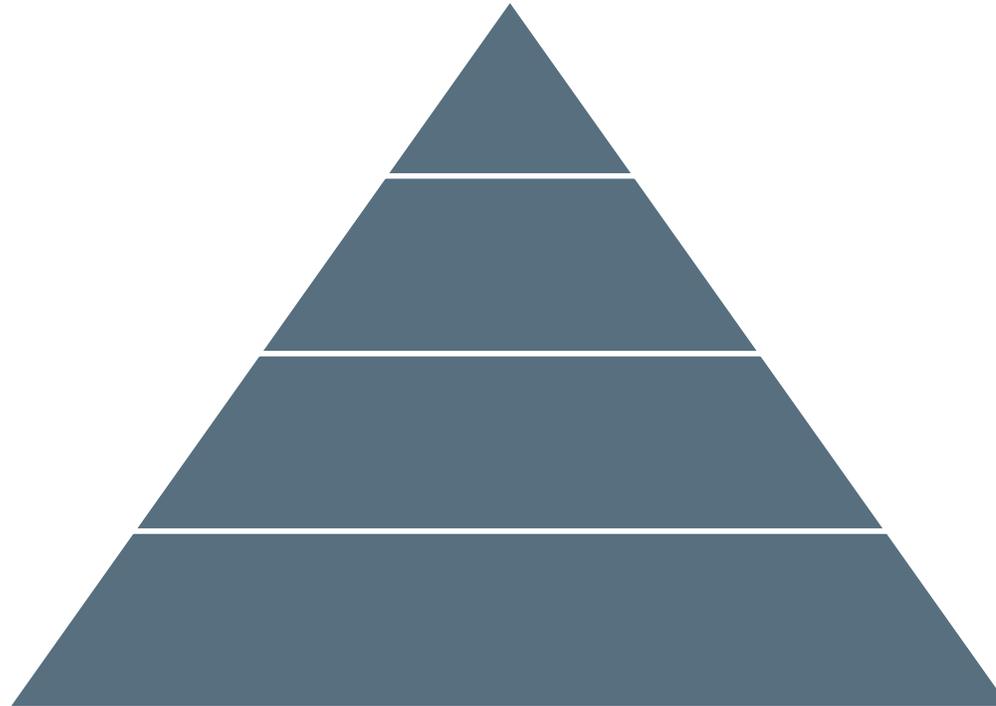
- Provide educators and other stakeholders with training, coaching, and technical support in using research findings and evidence in the classroom to improve teaching and learning.
- Conduct a wide variety of applied research studies.
- Disseminate findings from research in ways that educators and policymakers can use in practice.



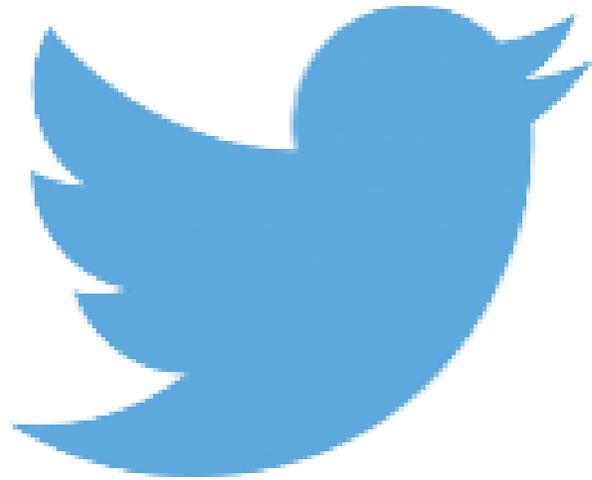
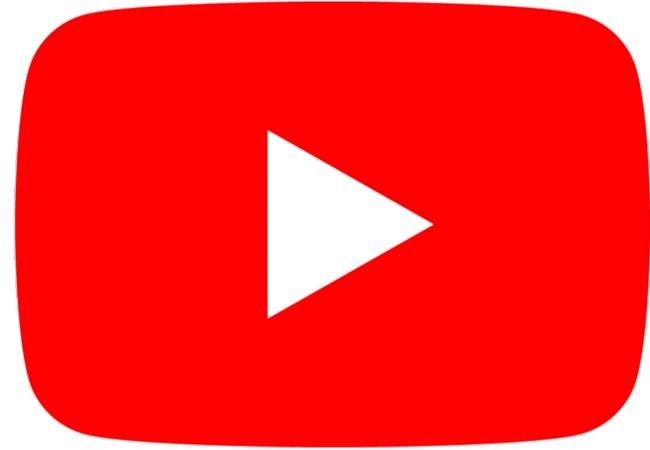


**Ask A REL Reference  
Desk**

**Supporting  
implementation of  
ESSA's evidence  
provisions**



**Just-in-Time Studies**



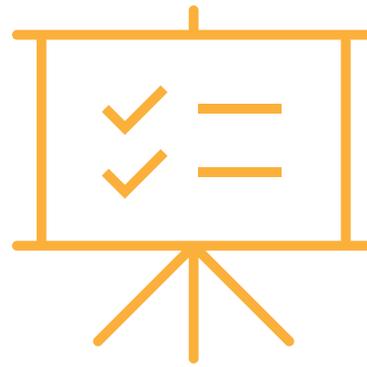
# Part 1 of a 3-part professional development series

- REL Appalachia and its partners at the West Virginia Department of Education (WVDE) are co-developing this professional development series.
- The series includes three modules:
  - Module 1: *Impacts and symptoms of trauma and relevant strategies that you can use to support students*
  - Module 2: *Classroom and school practices to support students experiencing trauma*
  - Module 3: *School systems, policies, and procedures to support students experiencing trauma*
- Recordings will be available on the REL Appalachia website and for West Virginia educators, in the WVDE Learning Management System (LMS).

# Module 1 objectives

*Building knowledge about impacts and symptoms of trauma and relevant strategies that you can use to support students*

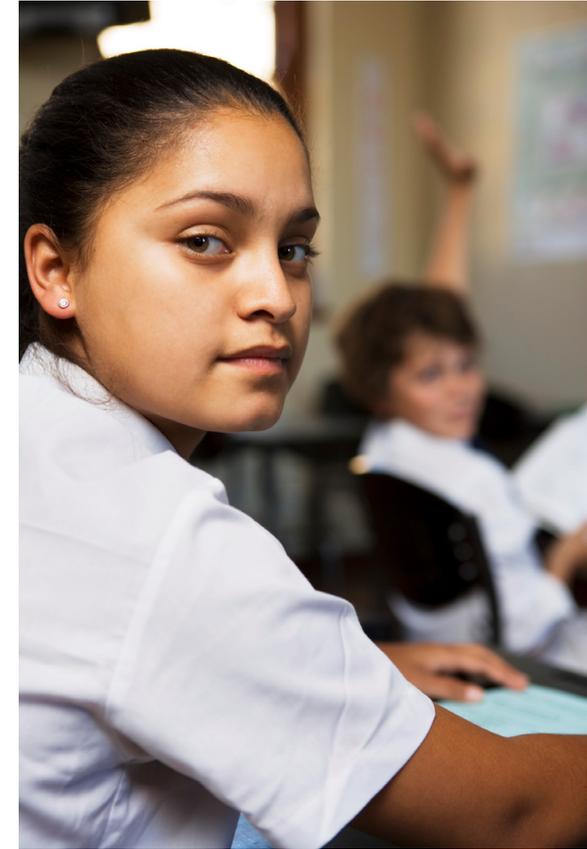
- Increase understanding of:
  - The negative impacts of trauma on the brain and body.
  - Students' behavioral, social-emotional, and academic difficulties that result from trauma that may be observed in the educational setting.
  - Multi-tiered approaches to addressing trauma and relevant strategies and practices to support students.



# Context for professional development (PD) series on supporting students experiencing trauma

# Student trauma in West Virginia schools

- Traumatic stress induced by family and community opioid use negatively impacts students' well-being and outcomes.
- School staff in West Virginia communities affected by both substance abuse and COVID-19 need support to help students.
- Given the prevalence of these problems that touch all students and families, universal support (for all students) is needed.
- **Schools play a critical role in supporting students experiencing trauma!**



*(Chavez & Oetting, 1994; Christle et al., 2005; Jonas et al., 2018; Nastasi et al., 2011; Park et al., 2019; Solis et al., 2012; Velshi, 2019; WVDE, 2019)*

# Poll (responses are anonymous)

- To what extent are you concerned that your students are experiencing trauma?
  - Very concerned
  - Somewhat concerned
  - Not concerned



# What are you most looking forward to learning about today?

- Please tell us in the chat.



# Facilitators



**Marianna Footo Linz**  
Marshall University



**Conrae Lucas-Adkins**  
Marshall University



**Yunsoo Park**  
SRI International

# Understanding trauma and its impacts in schools



**Marianna Footo Linz**  
Marshall University

When you see a child with  
significant and troubling behavior,  
always remember...



The child is NOT broken...  
the child worked just fine  
with the materials provided.



Our task is to change  
the materials available.



# Poll (responses are anonymous)

- Consider the last five full school years (i.e., pre-COVID). Think about classrooms that you taught or visited. What was the percentage of classroom time spent dealing with externalizing behaviors (for example, acting out)?
  - Less than 25 percent
  - 25–50 percent
  - More than 50 percent



# Poll (responses are anonymous)

- How did this percentage change over those five years?
  - Increased over time
  - Decreased over time
  - Remained stable



# Trauma

- A **traumatic event** is an experience that causes physical, emotional, psychological distress, or harm. It is an **event** that is perceived and experienced as a threat to one's safety or to the stability of one's world.
- Trauma encompasses a diverse, individualized set of experiences and impacts.
- Traumas can be categorized as Acute, Complex, or Historical/Intergenerational.
- Impacts are individualized based on the child's developmental environment as well as their genetic/biological makeup.

*(Briere et al., 2008; Famularo et al., 1990; Kaneshiro, 2013)*



# Acute trauma

- Acute traumas have identified onsets and clear endpoints.
- Examples include:
  - Natural disasters such as floods, hurricanes, earthquakes.
  - Human-crafted disasters such as 9/11 that do not result in direct loss.
  - Accidents that result in injuries that are not lifelong.
  - Stress associated with COVID-19.



*(Di Gallo et al., 1997; Famularo et al., 1990; Lonigan et al., 1991)*

# Acute trauma

- There are often immediate behavioral disruptions following the trauma such as anxiety, sleep disturbance, and regressive behaviors, but those can decline even sometimes without intervention.
- Consider how the impact of these traumas would vary with:
  - Outside assistance and repair,
  - Age of child,
  - Developmental level,
  - Socioeconomic status,
  - Level of cohesiveness and functionality of the family system, and
  - Presence of resiliency factors such as strong schools, community-level response, shared experience.

*(Di Gallo et al., 1997; Famularo et al., 1990; Lonigan et al., 1991)*



# Complex trauma

- Complex traumas involve patterns of trauma that occur repeatedly over the course of childhood or may be confined to an extended developmental epoch.
- Examples include:
  - Physical/emotional/sexual abuse,
  - Child trafficking,
  - Poverty,
  - Food insecurity,
  - Homelessness, and
  - Parental substance use disorder.

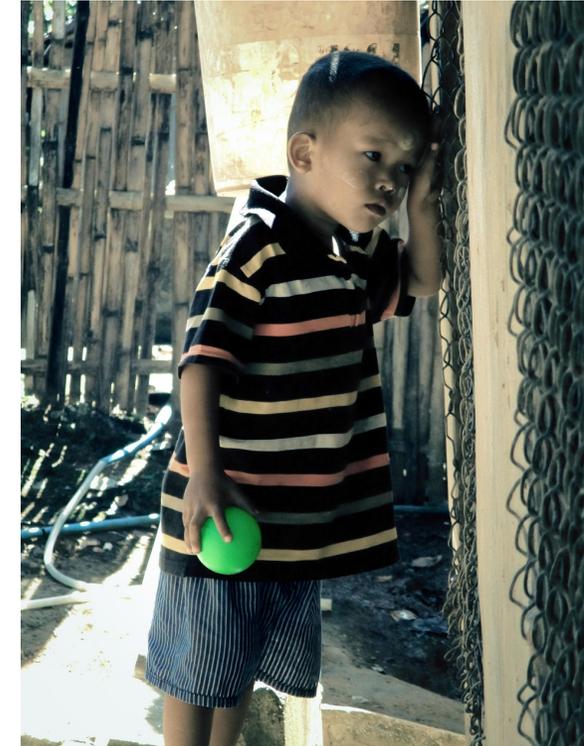


*(Cook et al., 2017; Courtois, 2004)*

# Complex trauma

- Impacts of complex trauma include long-term difficulties with trust and relationships, impaired physical health, emotional and behavioral dysregulation, and cognitive/attentional difficulties. Youth may also experience ongoing shame or guilt, changes to self-perception, and changes in perspectives and beliefs about the world.
- Consider how the impact of these events would vary with:
  - Resilience factors such as extended family support: Elkind’s idea of “one adult that is crazy about you.”
  - Shared experience and meaning making: “*Am I in this alone? Is there something wrong with me?*” vs. “*We are in this together.*”
  - Trauma sensitivity of the academic environment.

(Agaibi & Wilson, 2005; Cook et al., 2017)



# Historical/intergenerational trauma

- Historical/intergenerational trauma refers to the transmission of a collective traumatic experience that may occur in one generation to future generations.
- They are part of the cultural fabric and set the course of development almost unconsciously.
- Examples include:
  - Poverty,
  - Abuse, and
  - Institutions like slavery and oppression of Indigenous peoples.
- The impacts of this shared collective trauma include family and community conflict and mistrust, loss of traditional values, socioeconomic disadvantages, mental and physical health difficulties, and early mortality.



*(Evans-Campbell, 2008; Kirmayer et al., 2014; Menzies & McNamara, 2013)*

# Poll (responses are anonymous)

- An example of historical/intergenerational trauma includes:
  - Child abuse
  - Poverty
  - Racial injustice
  - All of the above



# Impacts of trauma on development

# Neurobiological/biological risks associated with trauma

- Adverse brain development.
- Depleted immune system.
- Intense emotional over-reactions.
- Early onset of puberty.
- Decreased sensitivity to rewards.



*(Colich et al., 2020; Cross et al., 2017; Montoya et al., 2014; Nemeroff, 2004; Van der Kolk, 2003)*

# What might be some implications of decreased sensitivity to rewards?

- Please tell us in the chat.



# Long-term physical and mental health implications of trauma

- The Adverse Childhood Experiences (ACE) Study, conducted from 1995 to 1997 with more than 17,000 participants, is a seminal study on the long-term implications of potentially traumatic events.
- Exposure to ACEs were shown to be associated with negative health risk behavior and disease in adulthood, including reduced life expectancy. In particular, continued exposure to ACEs without protective factors (e.g., a supportive adult) can induce a toxic stress response and chronic physical and mental health impairment.
- Recent research has identified family, school, and community factors that buffer against the negative impacts of ACEs.

Examples of ACES		
Abuse	Neglect	Household challenges
<ul style="list-style-type: none"> <li>• Emotional</li> <li>• Physical</li> <li>• Sexual</li> </ul>	<ul style="list-style-type: none"> <li>• Emotional</li> <li>• Physical</li> </ul>	<ul style="list-style-type: none"> <li>• Substance abuse</li> <li>• Mental illness</li> <li>• Mother treated violently</li> <li>• Criminal behavior</li> <li>• Parental separation or divorce</li> </ul>

*(Bellis et al., 2018; Felitti et al., 1998; Robles et al., 2019; Shonkoff et al., 2012; Van der Kolk, 2014)*

# U.S. counties with reduced life expectancy

County	Rank	Life Expectancy (2014)	Population
Oglala Lakota County, SD	1	66.81	92% Native American
Todd County, SD	3	68.52	86% Native American
Sioux County, SD	4	68.59	92% Native American
McDowell County, WV	8	70.27	89% Non-Hispanic White
Perry County, KY	9	70.6	96% Non-Hispanic White
Mingo County, WV	19	71.2	96% Non-Hispanic White
Harlan County, KY	20	71.3	95% Non-Hispanic White

US Average= 79.08

(IMHE, 2020; IndexMundi, 2020)

# ACEs in West Virginia

- In 2014 approximately 14 percent of adults in West Virginia reported four or more ACEs that place them at risk for adverse health consequences.
- 56 percent experienced one or more ACEs growing up.
- Our most common ACEs include:
  - Substance abuse,
  - Divorce/separation,
  - Verbal abuse,
  - Mental illness, and
  - Domestic violence.
- It is critical to consider the context in which these ACEs occur, including important family, school, and community protective factors.



<http://www.wvdhhr.org/bph/hsc/statserv/BRFSS.asp>

# Impacts of trauma on learning and behavior

# Trauma and learning

- Learning is like weight-lifting. Neural connections get better, stronger, and faster but only with the right exercise.
- When trauma is part of the picture, we see:
  - Differences in brain development.
  - Problems with attention.
  - Poor emotion regulation.
  - Increased arousal and vigilance.
  - More aggression because perceived threats are all around.



*(DePrince et al., 2009; Kozol, 2012; Nemeroff, 2004; Perry & Pollard, 1998; Van der Kolk, 2003)*

# Trauma and classroom behavior

- Examples of behaviors teachers may observe that can be a result of trauma include:
  - Impaired attention and concentration.
  - Memory problems.
  - More cognitive rigidity and decreased creativity.
  - Aimless, intense activity.
  - Intense behavioral outbursts.
  - Diminished impulse control and emotion regulation.
  - Diminished social skills and poor social judgment.
  - Repetitive (and ineffective) patterned behaviors in problem solving.
  - Reduced motivation, determination, and effort.
  - Reduced range of emotional experiences.

*(Bell et al., 2013; Jensen, 2009; Terrasi & de Galarce, 2017)*



# How do you see trauma impacting your students? Share some examples from your own classrooms and schools.

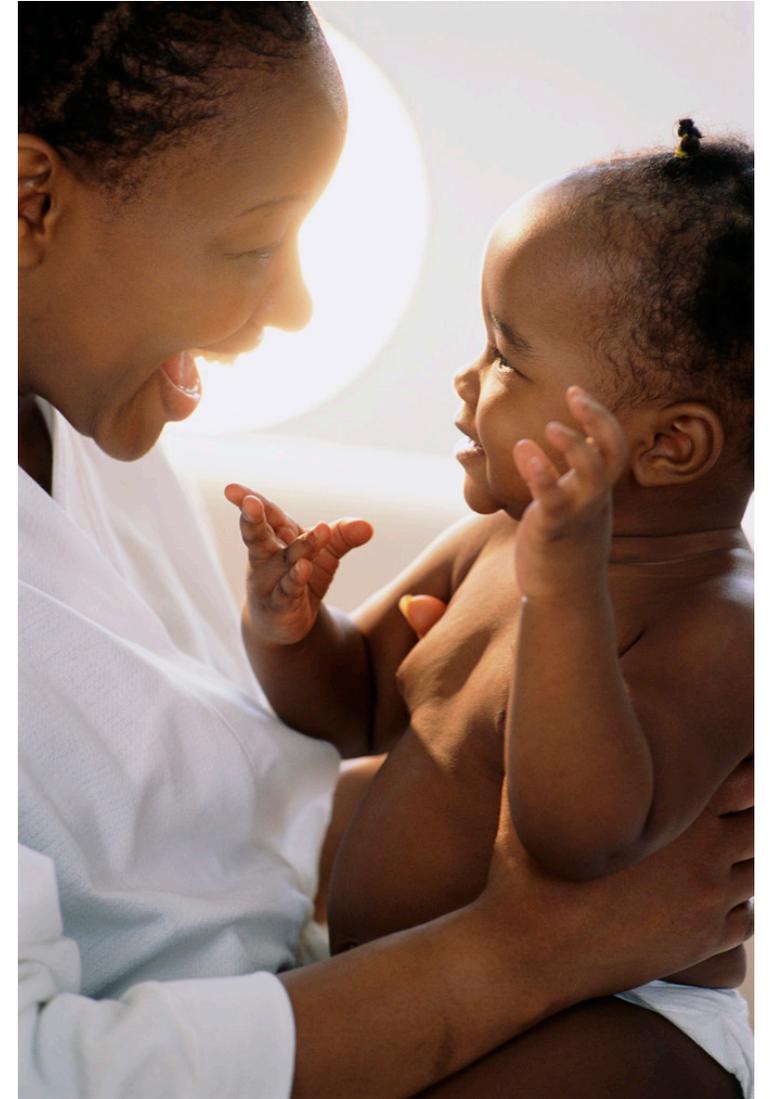
- Please tell us in the chat.



# An important note about parents

- Remember, the family environment can serve as an important protective factor – involving parents in school activities is important, but engaging parents in learning at home is what impacts learning outcomes for students.
- When we support resiliency in the classroom, this can generalize to the home setting.
- Parents often struggle with engagement, but don't give up – they are doing the best they can with the tools they have. Remember, their brains developed within a certain environment as well, and they may need help rewiring. Parents may have experienced their own trauma that impacts how they view and understand the world.
- See REL Pacific's [Toolkit of Resources for Engaging Families and Community as Partners in Education](#) for helpful resources.

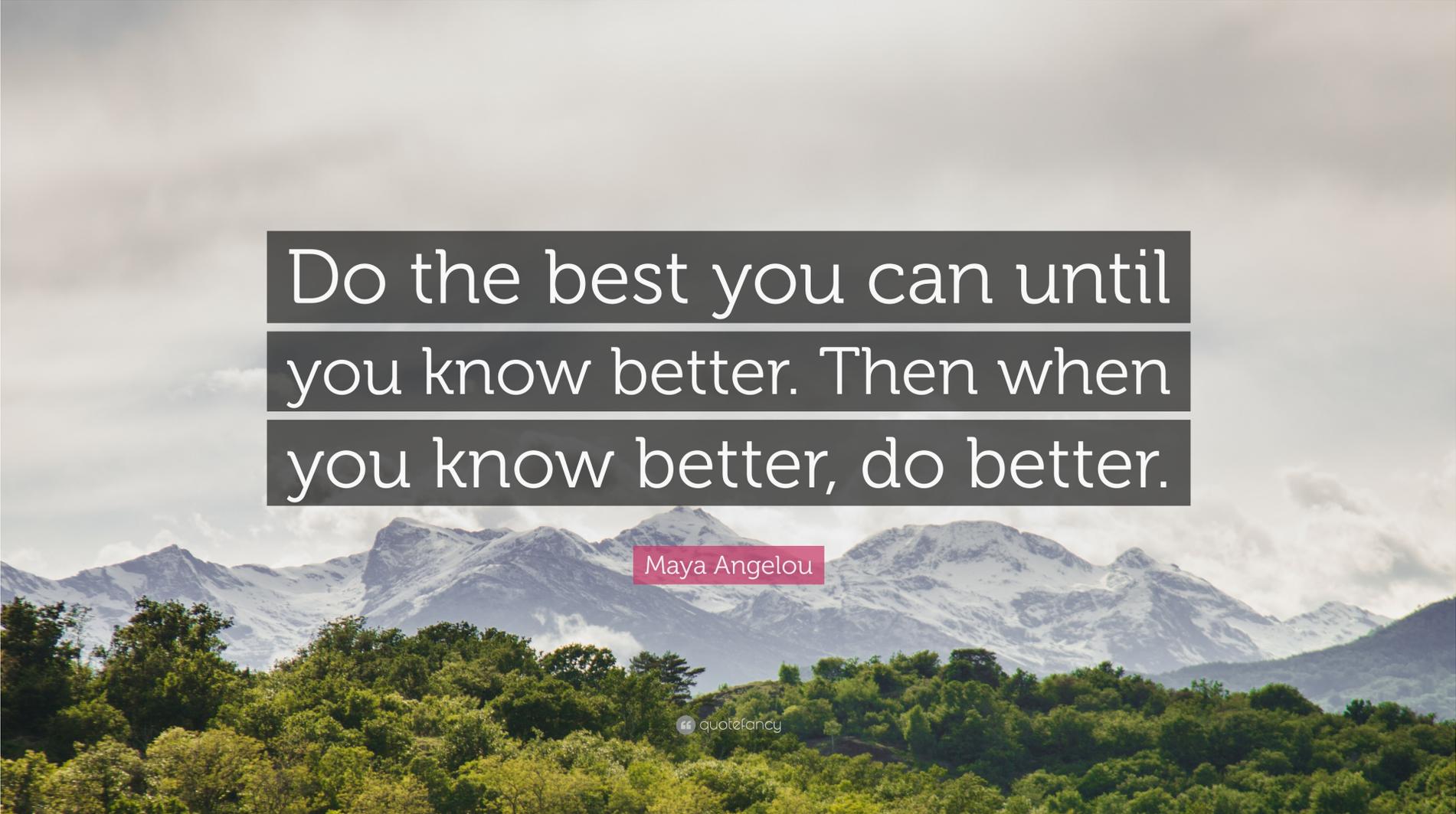
*(Harris & Goodall, 2008)*



# Recap

- Individualized impacts of trauma.
- Negative long-term impacts of trauma on physical and mental health.
- Negative impacts of trauma on development, learning, and behavior.
- Importance of understanding and engaging parents/caregivers and families.





Do the best you can until  
you know better. Then when  
you know better, do better.

Maya Angelou

“ quote fancy

# Reviewing multi-tiered approaches to address trauma



**Conrae Lucas-Adkins**  
Marshall University

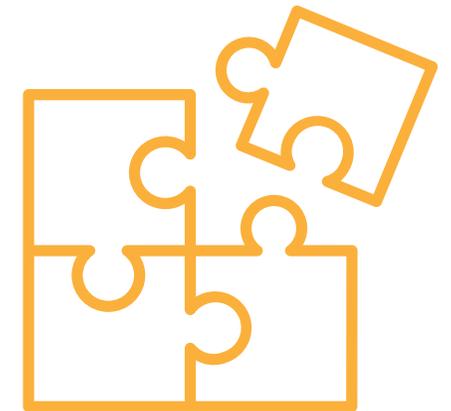
# Step one: Becoming solution focused



Let's move from admiring the problem to

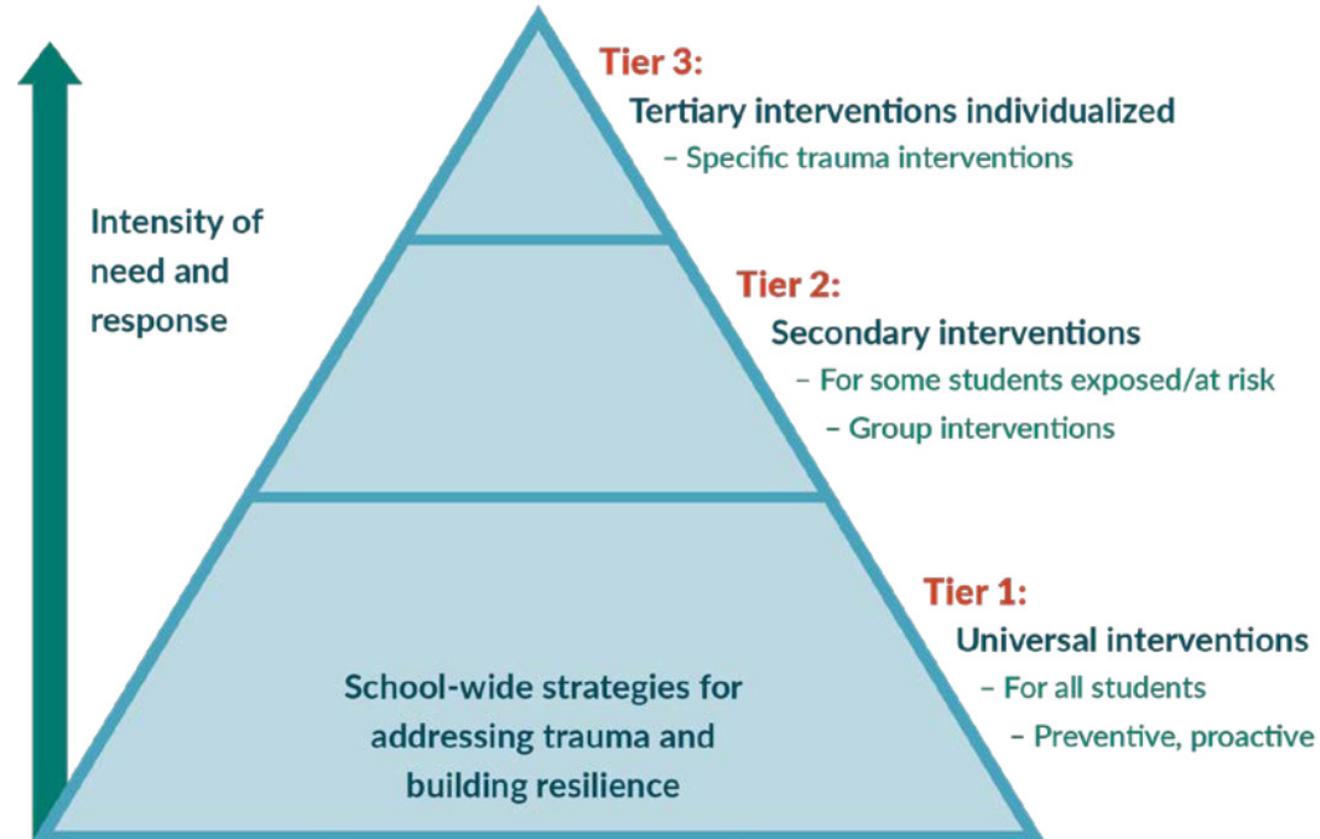
**SOLVING**

the problem!



*(Rhodes & Ajmal, 1995)*

# Step two: MTSS framework specific for effects of trauma



*(National Center on Safe Supportive Learning Environments, 2020)*

# Tier 1: Universal supports for ALL

## DOs and DON'Ts of a TRAUMA-INFORMED COMPASSIONATE CLASSROOM



**1 CREATE A SAFE SPACE**  
Consider not only physical safety but the children's emotional safety as well.

**2**

### ESTABLISH PREDICTABILITY

Write out a schedule and prepare children for transitions. It helps create a sense of security and safety.



**3**

### BUILD A SENSE OF TRUST

Follow through with your promises and in situations where changes are unavoidable be transparent with your explanations.



**4**

### OFFER CHOICES

Empower students and offer "power with" rather than "power over" strategies.



**5**

### STAY REGULATED

Help your students (and yourself!) stay in the "Resiliency Zone" to promote optimum learning. Have regulation tools ready to help students bumped out of the zone into either hyperarousal (angry, nervous, panicky) or hypoarousal (numb, depressed, fatigued).



There's really only one **DON'T**

Let's not punish kids for behaviors that are trauma symptoms.

[https://ies.ed.gov/ncee/edlabs/regions/southwest/events/pdf/Trauma\\_archive/Handouts/RELSW\\_Trauma\\_Webinar-Dos\\_Donts\\_508.pdf](https://ies.ed.gov/ncee/edlabs/regions/southwest/events/pdf/Trauma_archive/Handouts/RELSW_Trauma_Webinar-Dos_Donts_508.pdf)

# Enhancing MTSS for trauma



Trauma-Sensitive Schools  
TRAINING PACKAGE  
UNDERSTAND • BUILD • LEAD

## Building Trauma-Sensitive Schools Facilitation Guide

The *Building Trauma-Sensitive Schools* online module is intended for all school personnel, including administrators, instructional staff, and non-instructional staff. The module familiarizes school staff with the concept of trauma sensitivity and includes examples of trauma-sensitive strategies that can be employed schoolwide. Accompanying the module is a series of handouts, including checklists, activities, practice guides, and discussion questions, for supporting staff in adopting a trauma-sensitive approach.

The *Building Trauma-Sensitive Schools* online module may be viewed independently by staff; however, due to the amount and depth of the information presented and the multiple opportunities for activity and discussion, it is recommended that schools use a group training format. This facilitation guide accompanies the *Building Trauma-Sensitive Schools* online module and includes recommendations for how to facilitate in-person group training sessions using the module and accompanying handouts.

### Intended Use

The information in this guide is intended for school personnel who are facilitating group training sessions with staff using the *Building Trauma-Sensitive Schools* online module and handouts. This guide includes an outline of the main sections of the module and notes approximate length of recorded narration and related handouts for each section to assist facilitators in planning for training sessions.



Trauma-Sensitive Schools  
TRAINING PACKAGE  
UNDERSTAND • BUILD • LEAD

## Building Trauma-Sensitive Schools Handout Packet

National Center on Safe Supportive Learning Environments  
Safe Supportive Learning

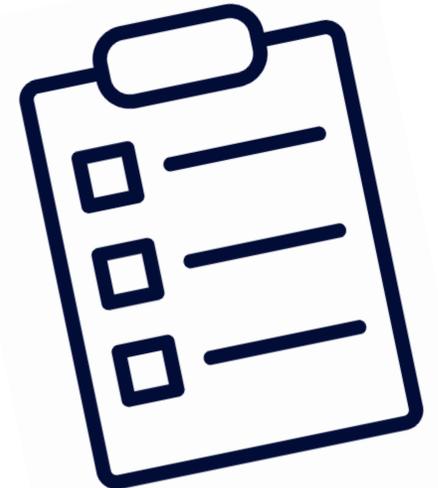
<https://safesupportivelearning.ed.gov/building-trauma-sensitive-schools>

# Enhancing MTSS for trauma: WVDE resources

Resources	Where to find more information
Behavior/Mental Health Technical Assistance Center	<a href="https://www.marshall.edu/bmhtac/">https://www.marshall.edu/bmhtac/</a>
Trauma-Informed Practices	<a href="https://wvde.us/student-support-well-being">https://wvde.us/student-support-well-being</a> <a href="https://wvde.us/reclaimwv/resources">https://wvde.us/reclaimwv/resources</a>
Crisis Prevention and Intervention	<a href="https://www.nasponline.org/professional-development/prepare-training-curriculum">https://www.nasponline.org/professional-development/prepare-training-curriculum</a>

# Poll (responses are anonymous)

- My comfort level with understanding the MTSS framework for the emotional and behavioral needs of students is:
  - Completely comfortable
  - Somewhat comfortable—would like more details about screeners and interventions
  - Not comfortable at all—this is a new concept for me



# Moving through tiers by assessing needs

# Assessing and aligning needs using measures

- For some students, such as students experiencing trauma, Tier 1 supports may not be enough to address their needs.
- Teachers, with the support of school behavioral support teams (e.g., mental health professionals), can identify needs using assessments.
  - Formal measures
    - Rating scales (e.g., behavior, adaptive skills, trauma)
    - Screening tools
  - Informal methods
    - School record review
    - Conversations
    - Media
- It is helpful for teachers to learn about what measures are available, their purpose, and what data can be generated to inform decisionmaking and planning.



# Examples of formal measures: Behavioral and Emotional Screening System (BESS)

- Behavior Assessment System for Children 3rd Edition (BASC-3) Behavioral and Emotional Screening System (BESS):

<https://www.pearsonassessments.com/store/usassessments/en/Store/Professional-Assessments/Behavior/Comprehensive/BASC-3-Behavioral-and-Emotional-Screening-System/p/100001482.html>

- Published in 2015; nationally normed sample representative of U.S. Census data
  - Multi-raters (5–10 minutes to complete)
  - Age-based norms (ages 3–18)
  - Classifications: Normal Risk, Elevated Risk, Extremely Elevated Risk
  - Assessment Areas: Externalizing Problems, Internalizing Problems, Adaptive Skills
- For more information about the measure, including reliability and validity, go to:  
<https://ebi.missouri.edu/wp-content/uploads/2014/03/EBA-Brief-BESS.pdf>

*(Dever et al., 2012; King et al., 2012; Kilgus et al., 2016; Renshaw et al., 2009)*

# Examples of formal measures: UCLA Post Traumatic Stress Disorder (PTSD) Index

- UCLA PTSD Reaction Index-5 – Brief and Full Versions:  
[https://www.reactionindex.com/tools\\_measures/](https://www.reactionindex.com/tools_measures/)
  - Published in 2013
  - Self-Report, Parent/Caregiver Report (20–30 minutes)—group or individual administration
  - Criterion-referenced scoring (frequency count)
  - Classifications: Minimal PTSD Symptoms, Mild PTSD Symptoms, Potential PTSD
  - Assessment Areas: Symptoms associated with DSM 5 PTSD diagnosis
- For more information about administration and scoring, go to:  
<https://www.nctsn.org/resources/administration-and-scoring-ucla-ptsd-reaction-index-dsm-5-video>

*(Doric et al., 2019; Kaplow et al., 2020; Rolon-Arroyo et al., 2020; Steinberg & Beyerlein, 2013)*

# Examples of formal measures: UCLA Brief COVID-19 Screener

- UCLA Brief COVID-19 Screener for Child/Adolescent PTSD:  
<https://istss.org/getattachment/Clinical-Resources/Assessing-Trauma/UCLA-Posttraumatic-Stress-Disorder-Reaction-Index/UCLA-Brief-COVID-19-Screening-Form-English-4-13-20.pdf?lang=en-US>
  - Triage/screening tool for school-age children and adolescents.
  - Available for free download at link above.
  - Scoring results indicate frequency of symptoms related to PTSD.

# Examples of informal measures

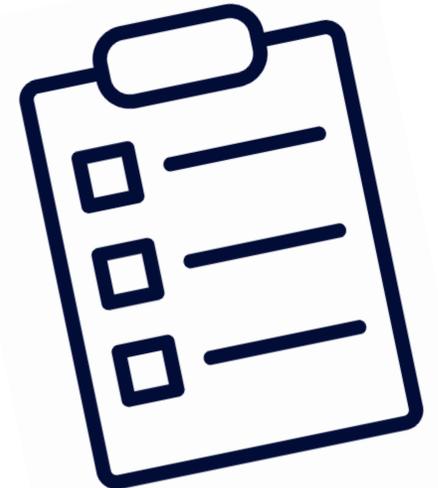
- School record reviews
  - Attendance
  - Office discipline referrals (ODR)
- Conversations and media
  - Discussions among staff, students, and families
  - Newspapers, television, internet



*(Snowden, 2003)*

# Poll (responses are anonymous)

- Which one of the following assessment methods would be most feasible and/or meaningful at your school?
  - Formal measures (e.g., rating scales and screening tools)
  - School record reviews (e.g., attendance and ODR data)
  - Conversations with staff, students, and families
  - Media (e.g., newspapers, television, internet)



# Poll (responses are anonymous)

- Skill-building groups (e.g., social skills groups) are typically examples of:
  - Tier 1 support
  - Tier 2 support
  - Tier 3 support



# Recap

- Becoming solutions focused.
- Understanding and implementing MTSS.
- Assessing and aligning needs using different types of measures.



# Break

# Deep breathing exercise



# Helping students with trauma-informed approaches



**Yunsoo Park**  
SRI International

# Addressing trauma in schools

- Schools are an important setting to support student needs related to trauma.
- Schools are valuable sites for screening and identifying students for services.
- Providing resources and supports at school can be more efficient and convenient than clinic-based services.
- A safe, engaging, and supportive educational environment is an important protective factor that buffers against the negative impacts of trauma and stress.

*(Woodbridge et al., 2016; Wright, 2017)*



# What words come to mind when you think of a trauma-informed school?

- Please tell us in the chat.



# Trauma-informed schools

# Research on trauma-informed schools

- Trauma-informed approaches are being picked up rapidly across schools and districts.
- However, a recent comprehensive review study found no rigorous evidence supporting the effectiveness of trauma-informed approaches.
- One challenge is that trauma-informed approaches can look very different across schools and across multiple tiers.



*(Lang et al., 2015; Maynard et al., 2019; Overstreet & Chafouleas, 2016)*

# Trauma-informed schools

- A trauma-informed approach is an overarching framework to guide systems.
- It involves an organizational culture shift and is *not* a standalone program or training.
- There is no single agreed-upon definition, but it comprises three core domains:
  - Workplace/professional development
  - Organizational environment and practices
  - Trauma-focused practices



*(Hanson & Lang, 2016; SAMHSA, 2014)*

# Core domains of trauma-informed schools

- Workplace/professional development
  - Learning and shared understanding about trauma and its impacts and why a schoolwide approach is needed.
- Organizational environment and practices
  - Policies and procedures to support students, such as nonpunitive disciplinary practices and protocols for communication and partnerships with families and community agencies.
- Trauma-focused practices
  - Evidence-based tiered supports that incorporate knowledge about trauma.



*(Cole et al., 2013, Hanson & Lang, 2016; NCSSLE, 2020)*

# Core domains of trauma-informed schools

- All aspects of the educational environment – from **workforce training to engagement with students and families to procedures and policies**– are grounded in an understanding of trauma and its impacts.
- Addressing trauma’s impact schoolwide and **promoting resilience** for all is at the center of the educational mission.



*(Cole et al., 2013, NCSSLE, 2020)*

# Poll (responses are anonymous)

- What do we know right now about trauma-informed schools?
  - They are very effective at improving student outcomes.
  - Trauma-informed approaches generally look similar across schools and districts.
  - We do not yet know if they are effective at improving student outcomes.
  - They are not effective at improving student outcomes.



# Poll (response are anonymous)

- How “trauma-informed” do you think your school is right now?
  - Very trauma-informed
  - Somewhat trauma-informed
  - Minimally trauma-informed
  - Not trauma-informed



# Tier 1 strategies to support students

# So what can school staff do to help students?

- Use Tier 1 (universal) strategies that are **grounded in research** on the impacts of trauma, risk and protective factors, and efficacious intervention/prevention programs. Examples:
  - Promote a safe and supportive school environment and climate.
  - Build strong relationships with students and families and empower their voices.
  - Build students’ social-emotional skills to foster resiliency.
  - Minimize potential trauma triggers or retraumatizing practices.
- Proceed with caution and clearly document and evaluate what you are doing.

*(Cole et al., 2013; Maynard et al., 2019; NCSSLE, 2020)*



# Promote a safe and supportive school environment and climate

In safe and supportive schools, staff:

- Attend to physical safety of the school including ample lighting, security of after-school activities, and quiet spaces for students to practice self-regulation.
- Actively monitor common areas to minimize and address potential risks, like bullying.
- Are respectful in interactions with students and families of diverse backgrounds.
- Communicate clear rules and expectations for student behavior.
- Maintain daily routines as much as possible and try to avoid sudden changes.
- Do not overuse punitive disciplinary practices and instead focus on “catching” students doing “good.”



*(Bethell et al., 2014; Chafouleas et al., 2016; Cole et al., 2013, NCSSLE, 2020)*

# Build strong relationships with students and families

In student- and family-engaged schools, staff:

- Empower the voices of students and families (e.g., giving students clear choices, providing opportunities to voice concerns).
- Greet students by name, engage in conversations about student outside interests, and practice active listening.
- Consider the impact of trauma in responding to negative student behaviors to ask, “What happened to you?” (instead of, “What’s wrong with you?”)
- Use a strengths-based approach to ask, “What are you doing right?” (instead of, “What are you doing wrong?”)



*(Chafouleas et al., 2016; Cole et al., 2013; Dumont et al., 2007; Hyman et al., 2003; Kliewer et al., 1998; Murthi & Espelage, 2005; NCSSLE, 2020; Scarpa & Haden, 2006; Wolpov et al., 2009)*

# Build students' social-emotional skills to foster resiliency

In resiliency-focused schools, staff:

- Teach students to identify and express emotions and emotion and behavior regulation strategies (e.g., deep breathing, mindfulness).
- Model prosocial behaviors in daily interactions.
- Provide students with a range of options for academic work and situations involving various social-emotional dilemmas.
- Use evidence-based social-emotional learning (SEL) programs (CASEL) for students.



*(CASEL, 2020; Cole et al., 2013; Cook et al., 2005; NCSSLE, 2020; Shonkoff et al., 2012; Snyder et al., 2012; Zins & Elias, 2006)*

# Minimize potential trauma triggers or retraumatizing practices

- Trauma **triggers** or **retraumatizing** practices are reminders of past experiences that cause the body to react as if the trauma is happening again.
- Examples of such practices include:
  - Harsh or shaming discipline; loud noises; chaotic environment; physical touch; uncertainty about expectations or changes in routine.
- In response to these triggers, staff may see these student responses:
  - “Breakdowns” consisting of yelling or screaming; verbal or physical aggression; defiant behaviors; withdrawing (e.g., refusing to speak, avoidance)
- Staff can be mindful of potential triggers and responses and try to minimize triggers as much as possible.



*(NCSSLE, 2020; SAMHSA, 2014)*

# Poll (response are anonymous)

- What is one way that school staff can help students experiencing trauma?
  - Physically embrace students in all interactions
  - Change schedules frequently
  - Provide choices for students to complete academic work
  - Clearly point out and focus on what students are doing wrong



# Common trauma symptoms in students and helpful strategies for educators

## Common Trauma Symptoms in Students and Helpful Strategies for Educators

Trauma can have a detrimental impact on students' functioning in the school setting.<sup>1</sup> Educators need tools to identify and support students who may have experienced or are currently experiencing traumatic stress.

The front of this handout lists common trauma symptoms grouped into the following categories: **physical, cognitive, social and emotional, language and communication, and learning.**<sup>2</sup> It is important to note that children can respond to trauma in many different ways and may not exhibit all of these symptoms. You can use this list to guide your thinking in identifying students who may have experienced trauma and providing or referring students to appropriate supports.

The back of this handout outlines strategies for working with students who may exhibit emotional or behavioral symptoms of trauma. You can use **preventative strategies** in everyday classroom interactions, **"in the moment" strategies** when students are in crisis, and **"after the moment" strategies** after a student's behaviors and emotions have deescalated. These strategies generally target students' **safety, positive relationships, and self-regulation**, and are focused on **teaching appropriate skills and avoiding punishment** (which may re-traumatize students).

<b>Physical</b>	<ul style="list-style-type: none"> <li>• Increased somatic complaints (e.g., headaches and stomachaches)</li> <li>• Over- or under-reacting to stimuli (e.g., getting startled easily [or not at all] by bells, physical contact, doors slamming, sirens)</li> <li>• Increased activity level (e.g., fidgeting, getting out of seat)</li> <li>• Withdrawal from other people and activities</li> </ul>
<b>Cognitive</b>	<ul style="list-style-type: none"> <li>• Recreating the traumatic event (e.g., repeatedly talking about or "playing out" the event) or avoiding topics that serve as reminders</li> <li>• Difficulties with executive function (e.g., impulse control, attention)</li> <li>• Worry and fear about safety of self and others</li> <li>• Dissociation (e.g., disconnected from surroundings, "spacing out")</li> </ul>
<b>Social and Emotional</b>	<ul style="list-style-type: none"> <li>• Rapid changes in heightened emotions (e.g., extremely sad to angry)</li> <li>• Change in ability to interpret or respond appropriately to social cues</li> <li>• Difficulties with emotion regulation and impulse control (e.g., angry outbursts, aggression, increased distress)</li> <li>• Emotional numbness, isolation, and detachment</li> </ul>
<b>Language and Communication</b>	<ul style="list-style-type: none"> <li>• Language development delays and challenges</li> <li>• Difficulties with expressive (e.g., expressing thoughts and feelings) and receptive language (e.g., understanding nonverbal cues)</li> <li>• Difficulties with nonverbal communication (e.g., eye contact)</li> <li>• Use of hurtful language (e.g., to keep others at a distance)</li> </ul>
<b>Learning</b>	<ul style="list-style-type: none"> <li>• Absenteeism and changes in academic performance/engagement</li> <li>• Difficulties with authority, redirection, or criticism</li> <li>• Difficulties listening and concentrating during instruction</li> <li>• Difficulties with memory (e.g., may require more repetitions)</li> <li>• Difficulties generalizing learned material in different contexts</li> </ul>

<sup>1</sup> Honsinger & Brown, 2019.  
<sup>2</sup> Symptoms adapted from Statman-Weil, 2015 and National Child Traumatic Stress Network Schools Committee, 2008.  
<sup>3</sup> Strategies adapted from Honsinger & Brown, 2019.

### PREVENTATIVE STRATEGIES

<b>Safe and Predictable Environment</b> <ul style="list-style-type: none"> <li>• Create a welcoming classroom environment (e.g., greet students by name, do show and tells)</li> <li>• Post class expectations at the front of the classroom</li> <li>• Display a daily schedule and explain any deviations</li> <li>• Prepare students for transitions (e.g., give a signal)</li> <li>• Communicate clear safety procedures</li> </ul>	<b>Relationship Building</b> <ul style="list-style-type: none"> <li>• Talk to students about their hobbies and interests</li> <li>• Use a respectful tone during interactions</li> <li>• Involve students in developing behavior/safety plans</li> <li>• Try the 2x10 strategy with challenging students (talk with the student for at least 2 minutes each day for 10 days in a row)</li> </ul>	<b>Self-Regulation</b> <ul style="list-style-type: none"> <li>• Incorporate activities that build coping strategies (e.g. identifying and validating emotions, deep breathing)</li> <li>• Create calming spaces or break times with constructive activities that are not used as a punishment/time-out</li> <li>• Model and practice appropriate social skills</li> <li>• Teach students how to name and scale their emotions (e.g. rate anger on a scale of 1-5)</li> </ul>
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### "IN THE MOMENT" STRATEGIES

<b>Safe and Predictable Environment</b> <ol style="list-style-type: none"> <li>1. Be aware of the student's body language, tone of voice, and emotional state</li> <li>2. Direct other students to follow outlined safety procedures</li> <li>3. Provide student with the opportunity to go to a safe space (e.g., meditation room, counseling office)</li> <li>4. Alert appropriate support staff, when necessary</li> </ol>	<b>Relationship Building</b> <ol style="list-style-type: none"> <li>1. Project calmness while approaching student using verbal and nonverbal techniques (e.g., using a respectful tone, sitting beside the student instead of standing over them)</li> <li>2. Show you are listening and giving your full attention</li> <li>3. Express that you care for the student and that they are safe</li> </ol>	<b>Self-Regulation</b> <ol style="list-style-type: none"> <li>1. Relax before responding (deep breath, count to 10)</li> <li>2. Encourage student to use relaxation and coping skills, and "comfort" objects</li> <li>3. Validate student emotions (e.g., "You seem frustrated right now. Is that correct?")</li> <li>4. Assist the student in identifying reasonable and safe response options (e.g., go to the counselor's office)</li> </ol>
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**When a student is in crisis, DO NOT:**

- Argue or get into a power struggle
- Raise your voice
- Handle the situation in public or in front of student's peers
- Use punitive punishment

### "AFTER THE MOMENT" STRATEGIES

- Provide students with a safe place to talk about what happened
- Engage in a discussion with the student that includes:
  - Praise for any relaxation or coping skills the student used
  - Appropriate responses and strategies to use if the situation arises again
  - Potential consequences or negative outcomes if negative behavior continues
  - Specific steps for successfully resuming the classroom routine
- Refer students to other resources and supports or notify appropriate school support staff, when necessary

[https://ies.ed.gov/ncee/edlabs/regions/appalachia/events/materials/04-8-20-Handout3\\_common-trauma-symptoms-and-helpful-strategies-for-educators.pdf](https://ies.ed.gov/ncee/edlabs/regions/appalachia/events/materials/04-8-20-Handout3_common-trauma-symptoms-and-helpful-strategies-for-educators.pdf)

# Recap

- Promote a safe and supportive school climate.
- Build strong relationships with students and families.
- Build students' social-emotional skills.
- Minimize potential trauma triggers.



# Wrap-up, next steps, and Q&A



**Lydotta Taylor**  
L-ovation

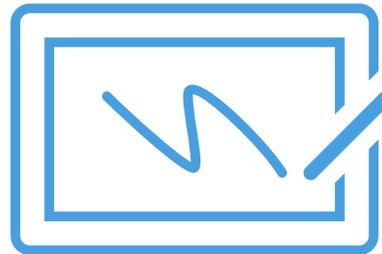
# What information was new and/or most helpful for you? What do you want to learn more about?

- Please tell us in the chat.



# Upcoming learning modules

- Module 2: *Classroom and school practices to support students experiencing trauma*
  - December 21, 2020: 10:00 a.m. – 12:00 p.m.
- Module 3: *School systems, policies, and procedures to support students experiencing trauma*
  - March 2021 (exact date/time TBD)
- Drop-in style virtual office hours before Module 2
  - December 1, 2020: 3:30 – 4:30 p.m.
  - December 8, 2020: 3:30 – 4:30 p.m.



# Stakeholder Feedback Survey (SFS)

- Please complete our survey for feedback on this module (link in the chat). We will also send it out via e-mail afterwards. The survey should take ~10 minutes to complete. **Your feedback is very important.** Thank you in advance!



# Questions?



# Thank you!



<https://ies.ed.gov/ncee/edlabs/regions/appalachia/>



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[@REL\\_Appalachia](https://twitter.com/REL_Appalachia)



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