Trauma-Informed Schools: From Awareness To Action
CREATING TRAUMA-INFORMED SCHOOLS

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From Awareness to Action: Focus on Implementation
ACEs – Adverse Childhood Experiences

• Original study of Trauma was conducted in the Kaiser Health system in the 1990s.

• 10 types of ACE’s or “Adverse Childhood Experiences” in 3 categories were identified:
  
  • ABUSE: Physical, Sexual, Emotional
  • NEGLECT: Physical, Emotional
  • HOUSEHOLD DYSFUNCTION: Family members incarcerated, mental illness, parental separation, substance abuse, domestic violence.

• ACEs tend to occur in clusters.
Why Trauma?

• It’s common

• Trauma impacts behavior

• Adults need a new response

• Increase student success
Prevalence of Adverse Childhood Experiences

A typical classroom of 30 students:

- > 6 students with no ACE
- > 5 students with 1 ACE
- > 6 students with 2 ACEs
  
  And importantly:

- > 3 students with 3 ACEs
- > 7 students with 4-5 ACEs
- > 3 students with 6+ ACEs
Trauma-informed mindsets

AWAY FROM THIS:
• Focusing on changing only the child
• Relying on discipline to change behavior
• Seeing behavior as manipulative, controlling, attention seeking, and willful
• Relying on rewards and consequences

TOWARDS THIS:
• Recognizing trauma’s prevalence
• Recognizing how trauma-impacts on behavior
• Understanding the importance of regulating students first.
• Recognizing the importance of relationships
• Prioritizing calm interactions
ACEs have an enormous impact on school age students:

- Neurological development
- Decreased resilience
- Mental illness (increased rates)
- Increased stress response (fight or flight)
- Problems with emotional regulation
- Hyper-vigilance
- Social misattributions (hostile bias)
- Academic difficulties
- Problems with Concentration and attention
- Difficulty trusting others
- Low self-worth & self concept, sense of agency
- High risk behaviors (substance abuse, domestic violence, etc.)
ACEs have an enormous impact on school age students:

- Increased stress response (fight or flight)
- Problems with emotional regulation (under and over arousal)
- Hyper-vigilance for perceived danger
- Social misattributions (hostile bias)
**ACEs Impacts**

**Students at risk:** Compared to someone with no ACES students are:

- 3 times more likely to experience academic failure
- 4 times more likely to have reported poor health
- 5 times more likely to have severe attendance problems
- 6 times more likely to demonstrate school behavior problems

**Impacts Vary by:**

- Point in time trauma occurs
- Nature of adverse experience
- Relational environment & supports present
- Student’s resilience
Resilience

- **Resilience** = An adaptive response in the face of stress

- A key goal of a Trauma-Informed School is to build students’ resilience
What Builds Resilience?

• Relationships
• A Sense of Mastery
• Well-developed coping skills
• Supportive & Affirming Faith & Cultural Traditions

HOW CAN YOU HELP?

• **Build** relationships
• **Support** kids with things that they are good at, develop skills, highlight strengths
• **Teach**: self-regulation, planning and problem solving skills
• **Connect**: Kids to faith, culture, and community
Regulation

**Regulation** – The ability to impact your own thinking, attention, emotions and physical sensations

All of these can be impacted by ACEs.

- **Top Down Control**: Using thinking to regulate
- **Bottom Up Control**: when a person is overwhelmed by autonomic arousal process
How Self-Regulation Develops

Developmental Pathway:

• **Absolute Dependency**: Fetus is 100% dependent on mother to regulate.

• **Co-Regulation**: Mothers help infants and small children regulate because they can’t do so on their own.

• **Care-giver Directed Regulation**: Over time, caregivers direct kids to use strategies until kids can learn...

• **Self Regulation**: The ability to regulate independently.
ACEs disrupt the regulation pathway

There are two important conditions that facilitate growth in regulations skills from total dependency to self-regulation:

1. **Supportive caregiving** and
2. **Stable, safe, and predictable environments.**

ACEs often involve disruptions in these conditions. Regulation skills may not develop normally.

- The brain and nervous system may be overly reactive and oriented toward “fight or flight” responses
- Students may be hyper-vigilant to and over-focused on threat and safety
- Students may be prone to misperceive people’s intentions and events in their environment as threatening
Trauma-Informed Classrooms

THREE KEY GOALS

• Predictability
• Safe Relationships / Engagement
• Opportunities for Regulation
Predictability

*Students with ACEs do not respond well to the unexpected.*

1. Post and follow a regular schedule
2. Make students aware of changes and transitions.
3. Designate spaces for specific activities
4. Post and teach routines
5. Stay consistent
6. Use visual supports
Safe relationships & opportunities for engagement

- Promote relationships
- Arrange class to allow interaction with teacher with minimal distraction
- Establish classroom rituals

**CLASSROOM RITUALS**
- Provide consistency
- Help students become regulated
- Transition into academic work
- Help students learn and practice engagement skills & develop relationships
- Experience success and fun
Opportunities for regulation

• **Planned Regulation Activities:** Movement breaks, exercise, calming routines.

• **Calming Space:** A place where students can become regulated.
Co-Regulation

- When students with ACEs are upset, they may not be able to calm themselves down.
- Students may need YOU to help them.
- Students will likely rely heavily on your non-verbal interaction with them (rather than what you say).
Co-Regulation is a SHARED process with a SHARED resolution.

It’s not something you do TO a student, it’s something you do WITH them.
Co-
Regulation

• **REGULATE** – First help students become calm.

• **RELATE** – Listen! Hear the student.

• **REASON** – Then, if ready, reason and problem solve. Don’t start here.
YOU: The most important element

- Students are hypervigilant to staff mood, actions and non-verbal communication.
- Nonverbal signals account for 93% of communication.
Non-verbals

• Tone
• Rate of speech
• Choice of words
• Facial expression
• Voice volume
• Gestures
• Smile vs. Frown
• Personal distance
A Quick Co-regulation primer

1. Check yourself
2. Focus on what’s behind the behavior
3. Remember to regulate, relate, and then reason.

Many of our students with ACEs don’t have experience with adults in their life:

• Asking for their opinion
• Requesting they express emotion
• Asking them to solve a problem through verbal dialogue
• Wanting to listen to their explanations.
Here’s what schools can do:

1. Create Awareness: Start talking
2. Train Staff in trauma-informed practices
3. Use Trauma-Informed tools (policy, discipline, evaluations, behavior plans etc...)
Who Needs to be Trauma-Informed? EVERYONE!!

• It only takes one negative interaction to set off a cycle of dysregulation in a student.

• A little information goes a long way – understanding trauma can translate into a huge difference in outcomes.

• How many school staff interact with a student before they reach the class?
Who needs to be trauma-informed?

- Bus Drivers
- Front Office Staff
- Administrators
- Cafeteria/Food Service Staff
- Custodial Staff
- Paraeducators
- School Resource Officers
- School Psychologists/Counselors
- Teachers
THANK YOU!!!!

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• Designed to make it easy to train all staff with consistent and job-specific language and tools
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