

EDUCATION EXCELLENCE

School Counseling

Social and Emotional Learning



Trauma-Informed Schools

Approaches to working with children who have experienced trauma





When I say these words, what comes to mind?

Trauma

Trauma-Informed

Trauma-Informed Instruction



What is Trauma?

- Trauma is anything that changes the brain's development.
- Examples include:
 - Abuse, assault, natural disaster, death of loved one.
- Really, anything can lead to trauma depending upon the person and the circumstance.



Adverse Childhood Experiences

The ACE study began in an obesity clinic in San Diego, CA.

In 1985, Dr. Vincent Felitti noticed patients would lose a drastic amount of weight but then gain it back.

While doing face to face interviews, a client disclosed she had been raped and stated "to be overweight is to be overlooked and that's the way I need to be".

Through further interviews, it was discovered that many patients had been using addiction and negative coping skills as a normal response to serious childhood trauma.

The ACE study was then developed through collaboration with the CDC after a decade long study.



Adverse Childhood Experiences

ABUSE



NEGLECT

HOUSEHOLD DYSFUNCTION



Physical



Physical





Incarcerated Relative



Emotional



Emotional



Mother treated violently



Substance Abuse



Sexual



Divorce

ACE Score

There is a strong correlation to the higher the ACE score to the following issues:

- Social, emotional & cognitive impairment
- Adoption of health-risk behaviors
- Disease, disability, and social problems
- Early death
 - An ACE score of 6 or higher had a life span reduced by as much as 20 years

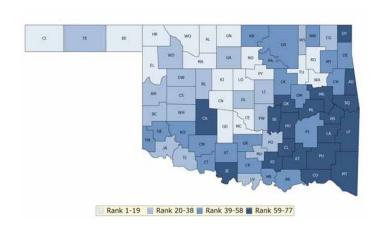


ACE Score

- Those with a 3 are higher ACE score are considered at risk
 - Twice as likely to become a smoker
 - Seven times more likely to be an alcoholic
 - Ten times more likely to inject street drugs
 - More likely to be violent
 - Have multiple marriages
 - More broken bones
 - More drug prescriptions
 - More depression
 - More autoimmune diseases
 - More work absences



ACEs in Oklahoma



The blue map above shows the distribution of Oklahoma's health factors based on weighted scores for health behaviors, clinical care, social and economic factors, and the physical environment. Detailed information on the underlying measures is available at countyhealthrankings.org. The map is divided into four quartiles with less color intensity indicating better performance in the respective summary rankings. Specific county ranks can be found in the table on page 12.

45.5% of Oklahoma students have an ACE score of 3 or more.

Oklahoma has some of the highest ACEs in the United States.

Oklahoma has THE highest percentage of youth experiencing 4 or more ACEs.



Fighting the Bear

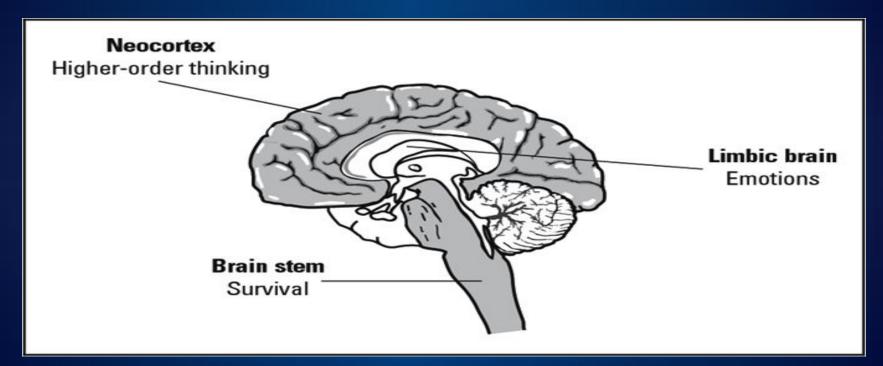


Fighting the Bear

- We have to gain trust of our students that we are a safe space
 - Otherwise, learning cannot take place.
- When the brain is overwhelmed with cortisol, the brain cannot physiologically take on new knowledge or problem solve.
- Fight, flight, or freeze.



The Brain Basics





Learning and Brain Chemistry

WINDOW OF TOLERANCE

Red Zone

- Fight/Flight Response
- · Anxiety, overwhelm
- Thinking is rigid or chaotic
- No new learning can take place

Green Zone

- · Social Engagement System is active
- Can feel a full range of emotions (happy, sad, angry, calm, etc.) with awareness of choices
- · Curious, compassionate, grateful
- Able to self-regulate emotional states
- New learning can take place

Blue Zone

- Immobilization
- Depression
- · Isolation, withdrawal, shut-down, numb
- · No new learning can take place

Why We Need Trauma-Informed Schools

- Research tells us that students who survive trauma and grow to be successful have identified one single variable:
 - A caring adult who believed in them and cared about their well-being
- Trauma-informed strategies help students feel safe and students learn how to self-regulate
 - When students learn to self-regulate, classroom disturbances go down and academic scores go up.



Lisa's Story

THE OPERATOR: Okay. Don't cry. We are going to send the police

Application of Trauma-Informed

Resilience is greater than ACEs



Resilience is Greater Than ACEs

Resilience is not inherently in children.

Parents, teachers, and caregivers can help children by...

- Gaining understanding of ACEs
- Creating environments where children feel safe emotionally and physically
- Helping children identify feelings and manage emotions
- Creating a safe physical and emotional environment at home, in school, and in neighborhoods

Empathy



In the School

Create Safety

Students who have experienced trauma often have their feelings of safety compromised in all situations.

Creating a safe space for students both physically and psychologically are important factors for them to be able to concentrate: consistency, non verbal cues.

Giving Choices

- Students who have experienced trauma often also have their feelings of choice robbed from them
- Providing choices for students can be empowering and also help foster connection through respect and safety
- Choice of consequence, choice of homework



Empowering Students

Power and Control

- Using threats
- Using intimidation
- Isolation
- Minimizing and denying
- Using position of power

Sharing Power

- We are in this together
- Second chances
- Choices
- Seeking a compromise



Empowering Students

- Less Safe
- Power based authoritative
- Talking too much, lecturing
- Rigidity and inflexibility
- Emotionally reactive
- Adult over-sensitivity
- The adult becoming dysregulated when the student is upset

Safe

- Collaborate- reciprocal
- Using fewer words
- Flexibility
- Being calm
- Not personalizing
- Modeling self-regulation and self-care



Cycle of Trauma

Trauma

Punishment

Psychological Damage

Behavior Problem

Social and Emotional Damage

OUCATION

Perspective Shift

Old

- He's so defiant
- She is choosing this behavior
- What's wrong with
- him?
- I don't need to call home, they won't help
- I won't tolerate disrespect

New

- He is lacking social skills
- She is reacting with adrenaline/survival skills
- What happened to him
- Calling home may help give more insight
- How can I help them learn respect



The Trauma-Informed School

- Four critical steps to implementing trauma-informed instruction:
 - Allow the student to de-escalate and regulate before solving the issue at hand.
 - Problem solving cannot happen in the moment. Designate a quiet space a student can feel safe de-escalating.
 - 2. It's never about the current issue. It goes much deeper.
 - Think about what is really driving the student's behavior. Listen and value the student's voice, ask how you can help, and respond with empathy.



The Trauma-Informed School

- Four critical steps to implementing trauma-informed instruction:
 - 3. It's a brain issue, not a behavioral issue.
 - 3. My job is to help this student regulate, not simply behave. Incorporate regulatory activities into the culture of the classroom and support students in their ability to learn how to self-regulate.
 - 4. Discipline is to teach, not to punish.
 - Discipline should happen through the context of relationship. Use consequences that keep students in school and foster the building of trust and safety.

Punishment vs. Reforming Behaviors

Punitive

Focus on action:

- Verbal reprimand
- Lose recess
- No specials
- Seclusion from other kids
- Suspension

VS.

Trauma-Informed

Focus on behavior:

- Find out what is going on
- Allow student to take responsibility for actions
- Consequences that teach new patterns of behavior



Trauma-Informed ISS

The goal of ISS should be to teach students how to do things differently next time:

- Environment
- Supervisor
- A place to regulate
- Flexible but structure



Relationship Building

Relationship Building:

- 1. Greet students in the morning.
- Have a presence during passing periods.
- 3. Connect with students in the cafeteria.
- 4. Be the last contact after dismissal bell.

Examples of Connecting:

- "Good morning, Sammy! It is great to see you today."
- "Sammy, you made my day coming to my class."
- "Sammy, how was your weekend?"
- "Sammy, I am so appreciative of your positive attitude today."



Calming Room/ Regulation Station



A calm room or center

- Bean bag chair
- Rocking chair
- A swing
- Music with headphones
- Books
- Bubbles
- Chewing gum



Tap-In, Tap-Out

Students:

- Buddy class
- Positively framed
- Before major misbehavior

Teachers:

- Know your boundaries
- Have a back-up
- Prepare ahead of time



De-Escalation

- 1. Give space
- Tone of voice and body language
- 3. Listen to student to identify trigger
- 4. Promote cooperation- do not block exit
- Do not take as personal attack

- Does <u>not</u> promote de-escalation:
 - "Look at me"
 - "Put your phone away"
 - Touching student
 - Blocking exit
 - Raising voice
 - Adding a lot of people to the room

Lagging Skills

- It is important to identify what is causing behavior.
- Create action plan regarding "lagging skills".
- Use reflective listening when addressing lagging skills.
- Reflective listening basically involves repeating what a child has said and then encouraging him/her to provide additional information by saying one of the following:
 - "How so?" •
 - "I don't quite understand"
 - "I'm confused"
 - "Can you say more about that?"
 - "What do you mean?"



	LAGGING SKILLS	UNSOLVED PROBLEMS
٦	Difficulty handling transitions, shifting from one mindset or task to another	
	Difficulty doing things in a logical sequence or prescribed order	
	Difficulty persisting on challenging or tedious tasks	
	Poor sense of time	
J	Difficulty maintaining focus	
	Difficulty considering the likely outcomes or consequences of actions (impulsive)	
	Difficulty considering a range of solutions to a problem	
	Difficulty expressing concerns, needs, or thoughts in words	
7	Difficulty managing emotional response to frustration so as to think rationally	
	Chronic irritability and/or anxiety significantly impede capacity for problem-solving or heighten frustration	
	Difficulty seeing "grays"/concrete, literal, black & white, thinking	
	Difficulty deviating from rules, routine	
	Difficulty handling unpredictability, ambiguity, uncertainty, novelty	
	Difficulty shifting from original idea, plan, or solution	
_	Difficulty taking into account situational factors that would suggest the need to adjust a plan of action	
	Inflexible, inaccurate interpretations/cognitive distortions or biases (e.g., "Everyone's out to get me," "Nobody likes me," "You always blame me, "It's not fair," "I'm stupid")	
_	Difficulty attending to or accurately interpreting social cues/ poor perception of social nuances	
	Difficulty starting conversations, entering groups, connecting with people/lacking other basic social skills	
	Difficulty seeking attention in appropriate ways	
	Difficulty appreciating how his/her behavior is affecting others	
_	Difficulty empathizing with others, appreciating another person's perspective or point of view	
	Difficulty appreciating how s/he is coming across or being perceived by others	
	Sensory/motor difficulties	

Student of Concern Form

STUDENT OF CONCERN FORM

NAME OF STUDENT: GRADE LEVEL:			
URGENCY:	Low	Medium	High
REPORTING INFORMATION			
Your Name:	8		
Your Position:	8		
Your Relationship to Student:	8		
Your Email Address:			
Date:			

ISSUES OF CONCERN FOR STUDENT (CHECK ALL THAT APPLY)

Academic Struggles	General Behavioral Issues
Alcohol Use	Homelessness
Anger Issues	Identity Issues
Anxiety (nervous, tearful, and/or tense)	Illness
Attendance	Injury
Abuse (current)	Isolating from Peers
Abuse (past)	Low Frustration Tolerance
Dating Issues	Lack of Participation
Death of a Family Member	Mental Health Issues
Death of a Friend (student)	Notable Change in Appearance
Death of a Friend (non-student)	Overreaction to Circumstances
Depression or Extreme Sadness	Poor Decision-Making
Destruction of Property	Poor Hygiene
Domestic Violence at Home	Self-Injurious Behaviors
Drug Use	Student/Teacher Relationship Issues
Excessive Absences from Class	Threats to Others/Bullying
Family Issues	Too Many Tardies
Friendship Issues	Witness to an Incident
Gender Identity Issues	Other



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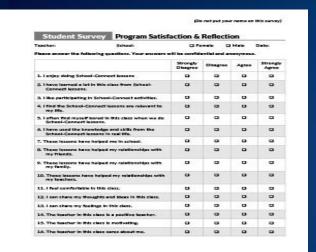
Intergenerational Trauma

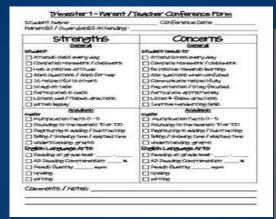
- Passed down through parents DNA
- Historical context
- State context





Parent Communication





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MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SAT/SUN
1 January	2	3	4	5	6/7
3	9	10	11	12	13/14
15	16	17	18	19	20/21
22	23	24	25	26	27/28
29	30	31			

At the beginning of the year, have the parents make a list of strengths and growth areas of kids.

Make a rotation of students names on your calendar to make contact with parents based on the concerns.



Absenteeism

- Discuss the importance of being a team
 - Sports
 - Band
 - Family

We missed you at school yesterday, hope you're feeling better!

- When a student is absent, leave a note on the desk/area welcoming them back
- Have students write a note
 - Can be as easy as a post-it
 - Assign by teams, tables, etc.



Student Statements

I guess I will always just be a bad kid.

I got in trouble for sleeping in class. I had to share a futon with my three cousins last night.

Before I throw books in class, I just wish my body had an alarm telling me so I could stop.

Everyone says I just can't control my anger and I'm a trouble-maker. So I stopped trying.

My teacher was mad that I didn't pay attention, but I haven't eaten since lunch yesterday.

I just wanted someone to notice me, I guess.



Case Study: Taylor and Riley

Taylor and Riley are in Mr. Rogers class together and have never really had positive interactions with one another. Today, in the lunch line, Taylor cut in front of Riley and called Riley a name. Riley pushed Taylor down and the two began to fight. Mr. Rogers hears the fight, and the principal, Ms. Clark, was walking by when the incident occurred.



Trauma-Informed Interactions

	Traditional Response	Trauma-Informed Response
Initial Reaction	Mr. Rogers breaks up the fight and verbally reprimands the students. Ms. Clark immediately escorts the two students to her office.	Mr. Rogers separates Taylor and Riley and takes them each to a separate room with a snack and water to calm down. Mr. Rogers has developed a strong relationship with Riley and, once the student has calmed down, asks "what's going on?" It takes a few minutes, but Riley eventually opens up to and talks about feeling "always angry" due to instability and violence in the home. While Mr. Rogers is talking with Riley, Ms. Clark deescalates Taylor and begins a conversation about behavior.



Trauma-Informed Interactions

	Traditional Response	Trauma-Informed Response
Disciplinary Action	Both students immediately meet with Ms. Clark who determines that the level of altercation must result in the punishment of a suspension from school.	Mr. Rogers, Ms. Clark, Taylor, and Riley all have a conversation together. In a non-confrontational way both students apologize for their role in the altercation. Per the school policy, both students serve in-school suspension, Taylor 3 days (first offense) Riley 6 days (third offense). Both students also completed a lesson over emotions and behavior.



Trauma-Informed Interactions

	Traditional Response	Trauma-Informed Response
Outcomes	Taylor misses three days of class and Riley misses nine days of class. As a result, both fall behind in their classwork and their grades suffer. The students feel like the school just wants them gone and has labeled them as "trouble makers". School was Riley's only break from a rough home life. Parents feel as though they have to be on the defense with the school, instead of, them working together.	Ms. Clark and the school counselor set aside time to meet together with Riley during his in-school suspension to discuss the instability and violence Riley is experiencing at home, and they learn that Riley was recently placed in the care of his grandmother due to the father's physical abuse. The school counselor reaches out to grandmother to involve her in developing a behavioral plan at school, and Riley is referred for therapeutic services at a local community mental health agency. Over time, Riley's behavior and grades begin to improve.



Prevention and Response Teams

- Prevention and Response team possible responsibilities:
 - Prevention Team
 - Student of Concern Team
 - Crisis Team
- Team structure
 - Team lead
 - Grade level representatives
 - School Counselor



Prevention and Response

Building Teams in Your School



Prevention Team

- Upstream solutions
- Meet throughout the school year to determine course of action with implementing prevention programs in the school.
 - Student assessments
 - Focus groups and student surveys
 - Pre and post
 - Identification of students' concern(s)
 - Implementation of program
 - Who will implement the program
 - What classes will implement the programs



School Prevention

- Elementary Prevention Programs
 - Teaching empathy
 - Healthy communication/interaction
 - Bullying prevention
 - Boundaries
- Middle and High School Prevention Programs
 - Healthy relationship promotion
 - Suicide prevention
 - Substance abuse prevention



Student of Concern

SOC Team

- Team must me trained in trauma-informed
- Meetings should be held at least once a month.
- Students are identified through the SOC form
- The meeting will be a time for the teacher submitting the form to work through the behaviors being exhibited by the student
- If the team determines, an action plan will be made for that student
- A staff member is assigned to oversee student and documents results of action plan

Crisis Response Protocols

- If you suspect a student is being abused or neglected:
 - Oklahoma law states you must report IMMEDIATELY to DHS if student is under the age of 18 and report to law
 - enforcement if student is over the age of 18.
 - This does not just mean report to principal.
 - Complete the child abuse reporting form on SDE website.
 - Counselor may sit with you while report is being made.
 - If you believe child is in imminent danger, call law enforcement.



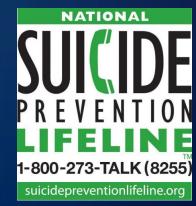
Crisis Response Protocols

- A student reports they have been a victim of teen dating violence or sexual assault:
 - Trauma-informed response
 - Not a time for accusations against the victim
 - Immediately report to DHS and/or law enforcement.
 - Report to administration and Title IX coordinator.
 - If student needs medical attention refer ASAP.
 - Parents/guardians should be contacted.
 - Police must be contacted immediately.
 - Complete Child Abuse Investigation Form
 - Rape Crisis Center or other sexual assault agency's information may be shared.



Crisis Response Protocols

- A student reports that they are suicidal or self-harming:
 - Warning signs of suicidal ideation or self-harm
- Talking about wanting to die.
- Looking for a way to kill oneself, such as searching online or buying a gun.
- Talking about feeling hopeless or having no reason to live.
- Talking about feeling trapped or in unbearable pain.
- Talking about being a burden to others.
- Increasing the use of alcohol or drugs.
- Acting anxious or agitated; behaving recklessly.
- Withdrawing or feeling isolated.
- Showing rage or talking about seeking revenge.
- Displaying extreme mood swings.





Crisis Response

- A student reports that they are suicidal or self-harming:
- Question
 - Ask the student if he or she is thinking about suicide. Ask if they have a plan to complete.
- Persuade
 - Ask them to seek help
- Refer
 - Refer them to local services



Crisis Kit for Counselors

- Sde.ok.gov
- Educator Effectiveness
 - Counseling
 - Prevention Education
 - Crisis Kit for Counselors



Behavioral Threat Response

If you hear something, feel off about something, and/or are threatened call law enforcement immediately.

OSSI Tipline: 855-337-8300 www.ok.gov/ossi/tipline



Crisis Response Team

What types of things have happened in your school you have needed a crisis response team?

- Team Identification
- Informing teachers
- Scripts for teachers
- Care stations for students



Secondary Trauma

Secondary Traumatic Stress and Self-Care



Secondary Traumatic Stress

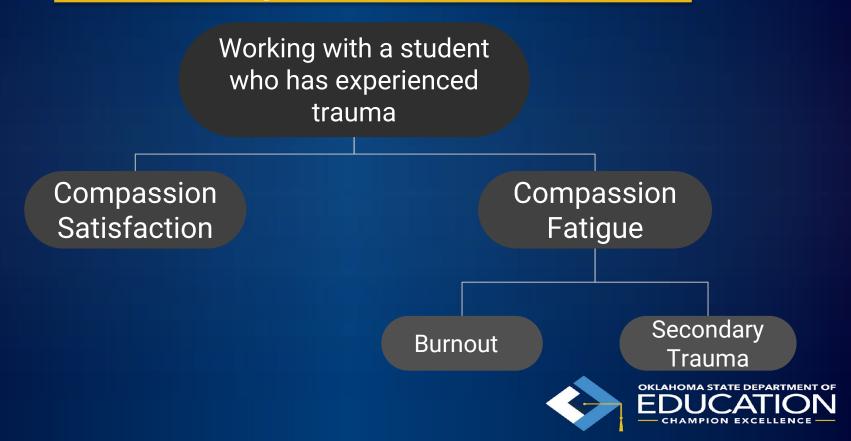
Secondary traumatic stress is the emotional distress that results when an individual hears about the traumatic experiences of another individual.

Distress may result from:

- Hearing someone's trauma stories.
- Seeing high levels of distress in the aftermath of a traumatic event.
- Retelling a student's story for reporting purposes.
- Seeing photos or images related to the trauma.



Secondary Traumatic Stress



Warning Signs of Vicarious Trauma		
Hypervigilance	Excessive alertness for potential threats or dangers at and outside of work. Always being "on" and "on the lookout"	
Poor Boundaries	Lacking a balanced sense of your role so that you take on too much, step in and try to control events, have difficulty leaving work at work, or take the work too personally	
Avoidance	Coping with stress by shutting down and disconnecting	
Inability to Empathize/Numbing	Unable to remain emotionally connected to the work	
Addictions	Attaching to distractions to check out from work, personal life, or both	
Chronic Exhaustion/ Physical Ailments	Experiencing physical, emotional, and spiritual fatigue or inexplicable aches and pains exceeding what you expect for an ordinary busy day or week	
Minimizing	Trivializing a current experience by comparing it with another situation that we regard as more severe	
Anger and Cynicism	Using cynicism or anger to cope other intense feelings that we may not understand or know how to manage	
Feelings of Professional Inadequacy	Becoming increasingly unsure of yourself professionally, second-guessing yourself, feeling insecure about tasks that you once felt confident to perform	

What Can You Do?

- 1. Increase knowledge of secondary trauma, warning signs, and effects.
- 2. Assess your current level of compassion fatigue.
- 3. Stay connected to a support system.
- 4. Identify and incorporate self-care strategies that promote resilience.

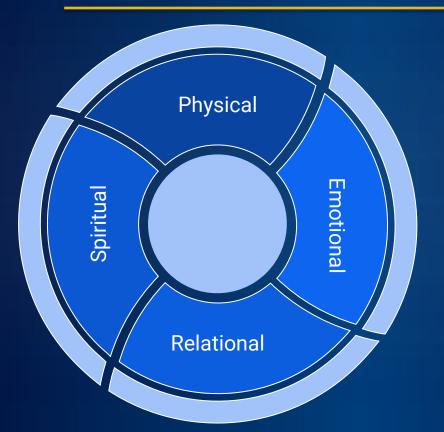


Self-Care Plan

Warning Sign	Yes or No	If Yes, Describe the Effect on You
Increased anxiety or concern about safety	☐ Yes ☐ No	
Intrusive, negative thoughts and images related to your student's traumatic experiences	☐ Yes ☐ No	
Difficulty maintaining work-life boundaries	☐ Yes ☐ No	
Avoiding people, places, and activities that you used to find enjoyable	☐ Yes ☐ No	
Feeling emotionally numb, disconnected, or unable to empathize	☐ Yes ☐ No	



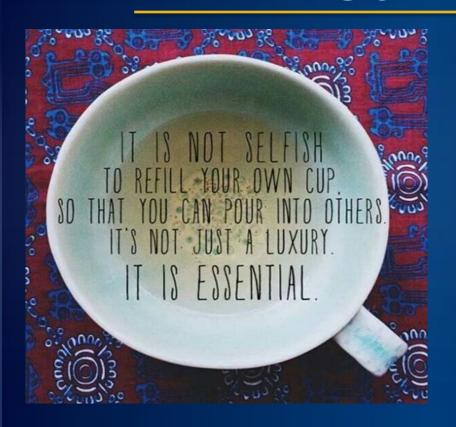
Self-Care Plan



- •Stop and take a selfie:
- -Write down:
- •What do you do to relax?
- Three things that inspire you
- •Three things that decrease stress



Self-Care



"When you are in a better place, your kids experience a better place."



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https://www.mdpdonyourplan.com/trauma-informed.html

1

TRAUMA AWARE

Step 1: Education on ACEs & Trauma

2

TRAUMA SENSITIVE

Step 2: Moving from Trauma-Informed to Trauma-Sensitive

3

TRAUMA RESPONSIVE

Step 3: Creating Trauma-Responsive Practices & Policies

4

TRAUMA-INFORMED CULTURE

Step 4: Cultivating a Trauma-Informed Community

Our primary goal is not to REMOVE a student's history of trauma, but to create a culture where students learn through HOPE to be RESILIENT in spite of their trauma.



TRAINING TO DATE

- Spring 2018 Teacher Walk-Out: 150 Support Staff (Mid-Del & Care Center)
- Summer 2018: 6 Member Team to Trauma-Informed Schools Conference
- July 2018: 20 District Administration (Mid-Del & OSDE Kristin Atchley)
- July 2018: 55 Site Administrators (Mid-Del)
- August 2018: 42 School Counselors (Mid-Del)
- August 2018: 15 School Nurses (Mid-Del)
- August 2018: 180 New Teachers (Mid-Del)
- August 2018: 550 Teachers, Support Staff, & Instructional Coaches
- October 2018: Information Session to Mid-Del Schools Foundation Board
- October 2018: 25 Member Team to OSDE Trauma Summit
- October 2018: 12 Member Team to ODSS Conference (Trauma -Informed Training)

UPCOMING TRAININGS

- November 13, 2018: Behavioral Interventions with Trauma-Informed Focus
- November 27 & 29, 2018: All Site Secretaries & ISR Teachers (Mid-Del)
- January 7, 2019: All District Employees Meeting with Trauma-Informed, Hope, & Resiliency Training with Casey Gwinn at Rose State College
- January 7, 2019: Mid-Del Community Trauma-Informed Luncheon

We will begin Spring 2018 to move to Trauma Sensitive Professional Development focused events to support our students.