UNITING OUR MEMBERS AND THE NATION

Empowering leaders, educating students, strengthening communities

Creating Trauma-Sensitive Schools: Exploring the “What Works” and “Why”

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NEA LEADERSHIP COMPETENCY:
LEADING OUR PROFESSION

• Experience Levels: Level 1-Foundational, Level 2-Mobilizing & Power Building, and Level 3-Agenda-Driving

• NEA Leadership Competency Theme(s):
  – Builds capacity for continual improvement and learning (CT1)
NEA STRATEGIC GOAL AND NEA ORGANIZATIONAL PRIORITY:

• NEA Strategic Goal:
  – Strategic Goal 2: Empowered Educators for Successful Students

• NEA Organizational Priority:
  – Racial and Social Justice in Education
WHO IS IN THE ROOM TODAY?

- Elementary Educators
- Middle School Educator
- High School Educators
- Special Education Teachers
- Administrators/Supervisors
- Counselors/Social Workers
- Psychologists/Consultants
- Health Staff
- Paraprofessionals
- Other Leaders
Let’s get started:

WHAT IS TRAUMA?
Trauma is a distressing experience that threatens a person's actual safety or perceived sense of felt safety to such a degree that it exceeds an individual's capacity to cope in healthy ways. Trauma negatively impacts one's life functioning whether those effects are immediate, ongoing, or delayed.
TYPES OF TRAUMA

• Single Event Trauma

• Developmental Trauma
EDUCATORS IN TRAUMA-SENSITIVE SCHOOLS:

• **Realize** the widespread impact of trauma on learning and behavior.
• **Recognize** the signs and symptoms of trauma in students, families, and staff.
• **Respond** by fully integrating knowledge about trauma into school policies, procedures, and practices.
• **Avoid Re-Traumatization.**

(Adapted from SAMHSA, 2015)
WHAT IS THE PREVALENCE OF CHILDHOOD TRAUMA?
1 in 4

Students have been negatively impacted by trauma.
ACEs LINKED WITH AN “ABC” “DOSE EFFECT”

• As the number of ACEs go up for students, risk for the following goes up too:
  – Attendance concerns
  – Behavior challenges
  – Coursework problems

(Blodgett, 2012)
HOW DOES TRAUMA CREATE THESE PROBLEMS?
DR. DAN SIEGEL’S HAND MODEL OF THE BRAIN: DON’T FLIP YOUR LID

(http://www.drdansiegel.com/resources/everyday_mindsight_tools/)
**FLOODED AROUSAL STATES: FEELING “TOO MUCH”**

<table>
<thead>
<tr>
<th>Fight</th>
<th>Flight</th>
<th>Freeze</th>
</tr>
</thead>
<tbody>
<tr>
<td>Difficulty concentrating</td>
<td>Withdrawn</td>
<td>Lacks emotional expression</td>
</tr>
<tr>
<td>Hyperactivity</td>
<td>Social isolation</td>
<td>Overly still</td>
</tr>
<tr>
<td>Oppositional</td>
<td>Flees</td>
<td>Overly compliant</td>
</tr>
<tr>
<td>Anger/irritability</td>
<td>Runs away</td>
<td>Denial of needs</td>
</tr>
<tr>
<td>Aggressive/violent</td>
<td>Hides</td>
<td></td>
</tr>
</tbody>
</table>

(Blaustein & Kinniburgh, 2010)
THINK & PAIR SHARE

• Think about a stressful experience if you want to.
• How did you feel?
• What did you need?
HOW DOES DEVELOPMENTAL TRAUMA AFFECT STUDENTS AT SCHOOL?
Dr. Bruce Perry et al. (1995) stated, “It is an ultimate irony that at the time when the human is most vulnerable to the effects of trauma - during infancy and childhood - adults generally presume the most resilience (p. 272).”
CHILDHOOD TRAUMA IMPACTS

Trauma

Leadership Development
NATIONAL LEADERSHIP SUMMIT

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THE BODY

• Fight, flight, or freeze reactions
• Sensory & motor challenges
• Unusual responses to pain
• May be sick often or complain of psychosomatic symptoms and frequent the health office
EMOTIONS

• Anxiety and hyper vigilance
• May seem to over-react to things
• High states of distress
• Self-regulation problems
• Difficulty labeling or describing feelings
• Struggles to communicate wants or needs
• May dissociate
BEHAVIOR

- Hyperactivity and poor impulse control
- Oppositional
- Aggression or dangerous behaviors
- Sexual or aggressive play or behavior
- Lying, stealing, or other dishonest actions
- Self-harm
- Overly compliant or helpful
- Eating, sleeping, or bladder and bowel issues
- Substance use
THINKING

- Lack of curiosity
- Learning disabilities, processing problems, and memory impairments
- Language difficulties
- Problems regulating attention, focus, and work completion
- Executive function concerns
SELF-CONCEPT

• Lack of sense of self
• Low self-esteem
• Toxic shame and guilt
• Believe that... “I’m the best...” Or, “I’m the worst...”
• Believe that... “Nothing I do matters...”
• May overly blame self or others
• Body image concerns
• Self-sabotaging behaviors
RELATIONSHIPS

• General mistrust and need for control
• Clingy and overly dependent or detached
• Unhealthy boundaries
• Problems with peers
• Overly helpful or solicitous of attention
• Difficulty with social cues and communication
• May lack empathy
• Vulnerable to re-victimization and/or victimizing others
Some traumatized youth show little to no signs at school but have difficulty at home in relationships with primary caregivers. These connections can be marked by patterns of push and pull. “Shape shifting” may be common.
THERE IS...
HOW CAN EDUCATORS BEGIN TO HELP TRAUMATIZED STUDENTS?

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A NECESSARY PARADIGM SHIFT

Hey, look! A duck!

That’s not a duck. That’s a rabbit!
Ask yourself, "is it a can't or a won't?"
HOW DO WE CREATE TRAUMA-SENSITIVE SCHOOLS?
According to Dr. Christopher Blodgett (2012), “Relationship is the evidence-based practice.”
TRAUMA-SENSITIVE SCHOOLS BUILD RESILIENCY BY HELPING STUDENTS:

- Feel safe
- Be connected
- Get regulated
- Learn
HANSEN’S MINDFULNESS VIDEO

<iframe width="560" height="315" src="https://www.youtube.com/embed/mkNMjiBpDjE" frameborder="0" gesture="media" allow="encrypted-media" allowfullscreen></iframe>

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HOW DO WE TEACH & DISCIPLINE IN TRAUMA-SENSITIVE WAYS?
TRAUMA-SENSITIVITY LOOKS LIKE...

• Staying regulated ourselves
• Unconditional acceptance
• Recognizing triggers
  – Sensory
  – Fear
  – Shame
  – Relational
• Utilizing co-regulation
• Teaching self-regulation
• Curiosity about behaviors
• Limits with empathy
• Restorative discipline practices
• Dr. Ross Greene’s “Collaborative & Proactive Solutions”
WHO IS PART OF THE TRAUMA-SENSITIVE SCHOOL TEAM?
IT TAKES...

- Administrators
- School counselors
- Teachers
- Other staff (i.e., bus drivers, secretaries, paraprofessionals, cafeteria workers, nurses, custodians & coaches, etc.)
- Support personnel (i.e., school psychologists, social workers & consultants, etc.)
- Mental health providers
- Parents
- Students themselves
HOW DO WE PRACTICE SELF-CARE?
HELP YOURSELF TO HELP OTHERS
WHAT IS YOUR TAKE AWAY TODAY?
LEADERSHIP DISCUSSION

• On a scale of 1-10 (with 10 being very important), how important do you think it is to train educators in trauma-sensitivity?
• Brainstorm how training for educators could be implemented (i.e., understanding trauma and its effects, the four tasks of TSS, and educator self-care).
• What questions do you have?

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REFERENCES


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SESSION OUTCOMES

The content from this session can be used in the following ways in your current position/role:

– Define trauma and identify how childhood trauma can impact students according to the domains of biology, emotions, behavior, cognitive processes and learning, self-concept, and interpersonal relationships.

– Strategize with other participants about how to potentially implement the presenter’s example of teacher professional development at the national, state, and district level (specifically, this will be in relation to the presenter’s four tasks of creating trauma-sensitive schools).

– Set goals to improve personal self-care practices and brainstorm how to infuse this critical objective in NEA’s training module(s) so as to improve educator health, prevent secondary trauma responses, and decrease teacher burnout.
CLOSING

• Please complete the evaluation for this breakout session by using the **NEA Summit Mobile APP**.

• Please visit the Leadership Development Resources website at [www.nea.org/leadershipdevelopment](http://www.nea.org/leadershipdevelopment).