TRANSFORMING SCHOOL DISCIPLINE COLLABORATIVE

Trauma in Schools: A Toolkit for Educators and School Administrators Implementing Trauma Supports in Schools

By: Tashiana Stafford and Tatiana Duchak

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This document was developed by attorneys and professionals from Chicago Lawyers' Committee for Civil Rights Under Law. Tashiana Stafford, a recent graduate of Notre Dame Law School and Education Equity Fellow for Chicago Lawyers' Committee for Civil Rights, has advocated for policies protecting the mental health of children both domestically and internationally. Tatiana Duchak is a Licensed Professional Counselor and current law student at Loyola University Chicago School of Law. She specializes in addressing the trauma-related mental health needs of youth and adolescents. Together with faculty and students from Northwestern Pritzker School of Law, and in consultation with a diverse committee of mental health specialists from organizations such as the Lurie's Center for Childhood Resilience and Healing Hurt People - Chicago, a Trauma Response Committee was formed. The Committee's intent was to create resources for educators on understanding and addressing the mental health needs of students arising from this pandemic.

This Committee, made up of lawyers, advocates and mental health specialists met in bi-weekly focus groups during the summer of 2020 to discuss the challenges faced by students during the pandemic, compile recommendations for creating a trauma- informed learning environment, and review the draft toolkit.

This document has been strengthened by feedback from Transforming School Discipline Steering Committee members and other stakeholders. The Transforming School Discipline Collaborative (TSDC) is a collection of organizations working to ensure that Illinois' schools are safe and supportive for all students. As an interdisciplinary team of attorneys, school psychologists, restorative justice practitioners, school-based professionals, policy advocates, and community partners, TSDC is dedicated to supporting districts and schools to implement equitable and non-exclusionary discipline practices. We aim to meaningfully reduce the high number of school days that students lose due to exclusionary discipline policies and to eradicate inequities in the administration of discipline. Katten provided pro bono help with the design.

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This Toolkit's goal is to help educators meet the needs of students experiencing trauma. This Toolkit also seeks, very intentionally, to dispel the common misconception around trauma-informed advocacy that teachers should behave as therapists. Rather this Toolkit aims to equip educators with the knowledge they need to recognize trauma when it appears in their schools in order to prevent *retraumatizing* a student.

> "What we do echoes through generations. Whatever our backgrounds,
> we are all the children of Americans that fought the good fight."
> - Former President Barack Obama

Imagine this: You are a fifth-grade teacher in Chicago. The fall semester is underway and you have successfully guided your classroom into a morning routine. Every day when the class begins every student is expected to enter the Zoom meeting, place their computers on mute and wait patiently for your instruction. This is important because since remote learning began, you are solely responsible for taking attendance and providing the students with all of the necessary announcements. Over time, the students have come to recognize this to be a required routine and generally every student complies- except for one. Every day when the class begins, this student is loud and disruptive. She unmutes her computer, she yells, and she repeatedly interrupts during instruction. As you sit on your laptop and watch this young student's behavior, you wonder to yourself if there is anything else that you can do. The answer is yes. However, it will take time. It will require you to make adjustments. It will require you to reexamine the lens through which you view student behavior.

While it may seem like lately, "trauma" has become a buzzword in the education space, it is more important than ever before for teachers and school administrators to understand what trauma is, its effects, and how to address it. Exacerbated by a deadly pandemic and deadly racism, the pervasiveness of trauma has reached new heights. As a mental health disorder, *trauma* is a condition that disrupts a person's moods, thoughts or behaviors. For school-aged children, trauma is very likely to manifest in disrupted learning during school.[1] It is crucial for schools to identify and address the needs of the many students who are experiencing trauma during this time.

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[1] *See generally*, NCSEA, *Addressing the Epidemic of Trauma in Schools* (July 2019), http://www.nea.org/assets/docs/NEA%20Student%20Trauma%20Report%207-31.pdf. (hereinafter "NCSEA").

There are many definitions for "trauma." One of the most well-known comes from the Substance Abuse and Mental Health Services Administration's ("SAMHSA") 2014 Trauma and Justice Strategic Initiative. SAMHSA uses a "Three E" definition[2] which defines individual trauma as the result of an *event*,[3] series of events, or set of circumstances that is *experienced*[4] by an individual as physically or emotionally harmful, or life threatening, and that has lasting adverse *effects*[5] on the individual's functioning and mental, physical, social, emotional, or spiritual well-being. This definition emphasizes the way that trauma is individualized - experiences with the same event may cause different emotional outcomes. The primary elements of the concept of trauma, no matter the definition, are (1) an external event or series of events that (2) has residual negative effects.

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[2] Substance Abuse & Mental Health Servs. Admin., *SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach* 8 (July 2014), https://ncsacw.samhsa.gov/userfiles/files/SAMHSA_Trauma.pdf [hereinafter "SAMHSA"].

[3] *Id.* ("Events and circumstances may include the actual or extreme threat of physical or psychological harm (i.e. natural disasters, violence, etc.) or severe, life-threatening neglect for a child that imperils healthy development. These events and circumstances may occur as a single occurrence or repeatedly over time.").

[4] *Id.* ("[E]xperience of these events or circumstances helps to determine whether it is a traumatic event. A particular event may be experienced as traumatic for one individual and not for another (e.g., a child removed from an abusive home experiences this differently than their sibling; one refugee may experience fleeing one's country differently from another refugee; one military veteran may experience deployment to a war zone as traumatic while another veteran is not similarly affected). How the individual labels, assigns meaning to, and is disrupted physically and psychologically by an event will contribute to whether or not it is experienced as traumatic.").

[5] *Id.* ("[E]ffects of the event are a critical component of trauma. These adverse effects may occur immediately or may have a delayed onset. The duration of the effects can be short to long term. In some situations, the individual may not recognize the connection between the traumatic events and the effects.").

For purposes of this toolkit, the word "trauma" refers to the psychological distress caused by a deeply disturbing event which overwhelms one's coping capabilities. The term "trauma-informed care" refers to a program, organization or system that realizes the widespread impact of trauma and understands potential paths for recovery, recognizes the signs and symptoms of trauma in clients, families, staff and others involved in the system, responds by fully integrating knowledge about trauma into policies, procedures and practices, and seeks to actively resist re-traumatization.[6] Further, this Toolkit also uses the term "Adverse Childhood Experiences" ("ACEs"), which include all potentially traumatic experiences that occur to people under the age of 18, such as but not limited to all types of abuse and neglect.[7]

Unaddressed trauma is a public health issue that can have long-lasting detrimental consequences to physical health. Addressing signs of trauma can decrease the risk of mental and substance abuse as well as chronic physical diseases.[8] Over time, long-standing trauma causes a toxic stress that takes a physical toll.[9] This toxic stress is directly tied to other health outcomes and contributes to the health disparity in Black communities. Protests over the killing of George Floyd and Breonna Taylor have pushed to the forefront these issues, including the long-term effects of trauma and toxic stress from experiencing systemic racism.[10] Research by medical experts show that "experiences and environments shape our biology," and facing chronic, toxic stress can increase blood pressure and risk of cardiovascular problems, negatively impact sleep, and heighten risk of mental health issues.[11] It is impossible for young people not to bring their trauma into the classroom. It would be a disservice to these students and the adults tasked with teaching them not to address this inevitable issue affecting safety, health and the overall well-being of our youth.

Even before Covid-19, trauma stemming from struggles to make ends meet, racism, poor relationships with police, and constant gun violence has plagued low-income neighborhoods with limited access to mental health services. Evidence shows that children growing up in poverty are more likely to suffer from trauma as a direct result of their circumstances. More than 58% of children living with Adverse Childhood Experiences ("ACEs") live in households with incomes of less than 200% the federal poverty level.[12] In Chicago specifically, violent crime that often leads to trauma is largely contained within the neighborhoods with the highest concentration of poor families on the city's south and west sides.[13] When children and youth are chronically exposed to

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[6] *See id.*

[7] NCSEA, *supra* note 1, at 2 nt. 3.

[8] SAMHA, *supra* note 2, at 2.

[9] *See id.*

[10] Patrice Gaines, *Black Americans Experience Deadly Stress as a Pandemic and Violent Racism Collide, Experts Say*, NBC NEWS (July 29, 2020, 11:55 AM), https://www.nbcnews.com/news/nbcblk/black-americans-experience-deadly-stress-pandemic-violent-racism-collide-experts-n1231448.

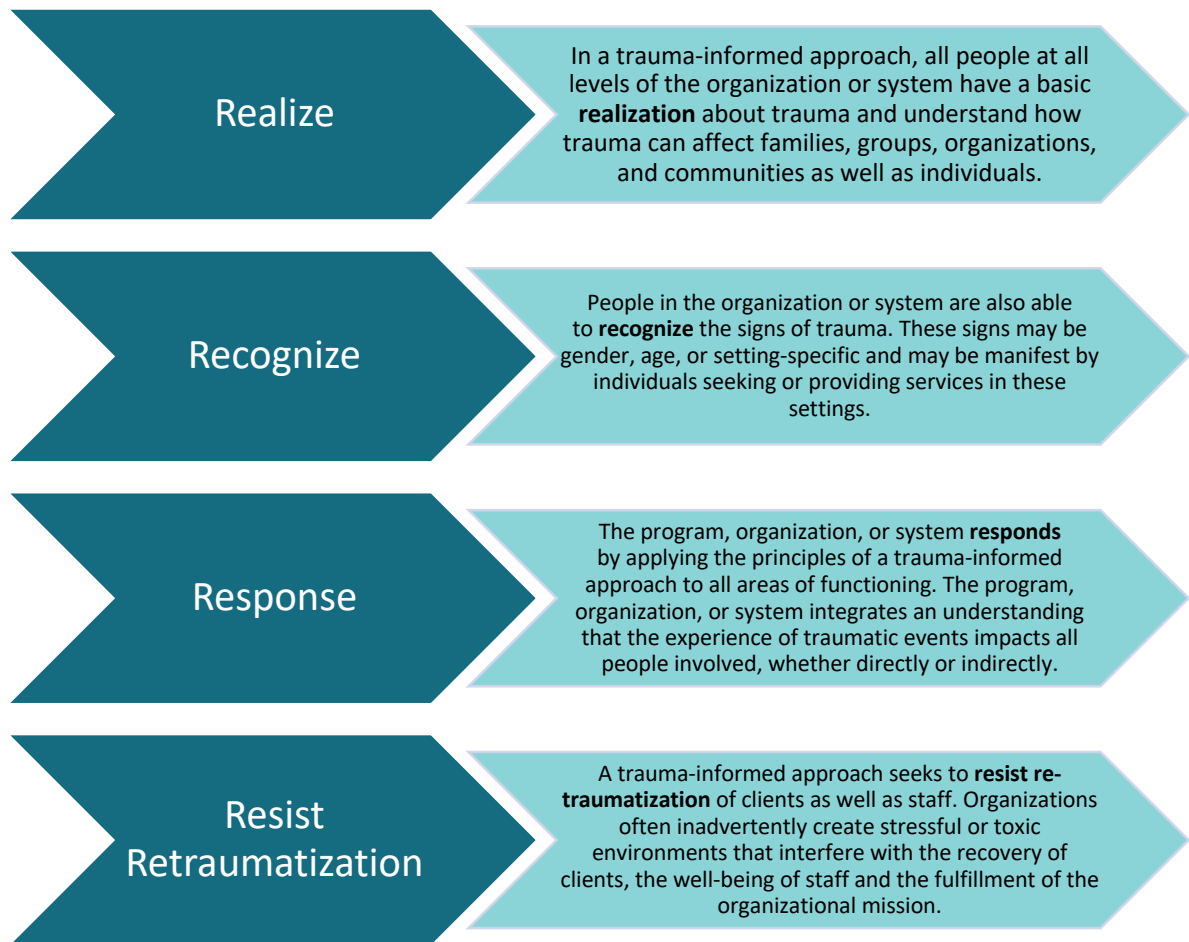[11] *Id.*

[12] NCSEA, *supra* note 1, at 7.

[13] Micere Keels, *Connecting Inequality, Crime, and Trauma in Chicago*, https://uchicago.maps.arcgis.com/apps/Cascade/index.html?appid=db8023fe20c94de39146438e0ed69629 (last visited Aug. 22, 2020).

traumatic events, like community violence, their brains begin to sense that they are in constant danger, even at school[14].

To address these issues, educators need the ability to recognize the symptoms of traumatic stress and develop a system to determine whether the trauma can be addressed through developmental supports or if the child needs to see a professional. One common misconception is that a trauma-informed approach requires teachers to behave as therapists. That is not the case here at all. The goal is to equip educators with the knowledge they need to recognize trauma when it appears in their schools in order to prevent retraumatizing the student or making it worse.

Realize	In a trauma-informed approach, all people at all levels of the organization or system have a basic **realization** about trauma and understand how trauma can affect families, groups, organizations, and communities as well as individuals.
Recognize	People in the organization or system are also able to **recognize** the signs of trauma. These signs may be gender, age, or setting-specific and may be manifest by individuals seeking or providing services in these settings.
Response	The program, organization, or system **responds** by applying the principles of a trauma-informed approach to all areas of functioning. The program, organization, or system integrates an understanding that the experience of traumatic events impacts all people involved, whether directly or indirectly.
Resist Retraumatization	A trauma-informed approach seeks to **resist re-traumatization** of clients as well as staff. Organizations often inadvertently create stressful or toxic environments that interfere with the recovery of clients, the well-being of staff and the fulfillment of the organizational mission.

Coercive practices, such as seclusion and restraints, use of invasive procedures, harsh disciplinary practices in the educational systems, or intimidating practices in the juvenile justice

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[14] *Id.*

system can re-traumatize youth who already enter these systems with significant histories of trauma.[15] Additionally, since there are many students in neighborhoods with significant histories of trauma that cannot be solved overnight, the goal of trauma-informed advocacy is also to train educators on the appropriate developmental supports to employ when they inevitably encounter a student dealing with trauma.

Effectively treating trauma requires an alternative to punitive responses to disruptive behavior. All too often, schools respond to students who are internally dysregulated by imposing punitive and exclusionary discipline rather than practices conducive to the child's healing. [16] When children are adopting maladaptive or challenging behaviors to cope with traumatic life experiences, remember that all behavior is communication and each behavior has a function.[17] Being able to acknowledge that disruptive behavior is a sign of trauma does not mean that teachers must allow it to continue. Disruptive behavior may be a sign that the student is having trouble with the academic content or that the student is having difficulty regulating their emotions. Without a trauma-informed perspective to classroom behavior, it can become easy for a teacher or school disciplinarian to relegate signs of trauma to simply "bad behavior" that should be punished through exclusionary discipline.

Students, families, and teachers are dealing with unprecedented levels of loss and trauma during this pandemic. Everyone has suffered some level of loss since Covid-19 began - loss of a sense of normalcy, loss of routine, loss of structure or security, as well as losses of loved ones, health, jobs, financial security and more. These losses may be hard for some and catastrophic for others dealing with difficult home situations. The reality is that most people have been affected. Sheltering in place may have uncovered deep traumatic wounds for some and created new trauma for others. Whether the fall semester brings confronting this trauma through remote learning or engaging with students in the classroom, educators must be prepared to recognize trauma-related needs among students and provide a trauma responsive climate and support.

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[15] SAMHA, *supra* note 2, at 10.

[16] *See generally*, TREP Project, *Trauma Responses Educational Practices*, https://trep-educator.thinkific.com/courses/intro (last visited Aug. 22, 2020).

[17] *Id*.

By investing in trauma-responsive services, school districts are not only serving the needs of students and staff, they also are helping to ensure they meet the obligations of disability laws.

In *P.P v. Compton Unified School District*,[18] a federal court recognized that exposure to traumatic events might cause students physical or mental impairments that qualify as disabilities under the Section 504 of the Rehabilitation Act and the Americans with Disabilities Act –federal laws that protect children and adults with disabilities from exclusion and unequal treatment. The lawsuit was filed by a group of high school students and teachers against the Compton Unified School District. The students described the high rates of violence in their neighborhood and the trauma that they suffered as a result of exposure to that violence, as well as other ACEs associated with living in a socioeconomically distressed city.[19] They also presented evidence on the neurobiological effects of complex trauma, which impaired their ability to think, read and concentrate.

Student plaintiffs in the case described their various experiences with school discipline because of their trauma. They claimed that the Compton Unified School District failed to train and sensitize teachers and administrative personnel to recognize, understand and address the effects of complex trauma –and that this failure breached the school district's responsibility to accommodate students under federal disability laws.

The teacher plaintiffs in the case claimed that the school district's failure to train school staff on the effects of complex trauma negatively affected them, as well. They claimed that as a consequence of the school district not providing teachers with the support, resources and training that they needed to assist students dealing with trauma, the teachers suffered from burnout and secondary traumatic stress. The landmark ruling **acknowledged that exposure to traumatic events might cause physical or mental impairments cognizable as disabilities under federal law.**

After the Compton case, several other cases have been brought by students using a similar framework to compel their school districts to provide supports for trauma stemming from historical trauma[20] and gender-based violence.[21] Not providing trauma supports, therefore, may risk potential liability for school districts.

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[18] P.P. v. Compton Unified Sch. Dist., 135 F. Supp. 3d 1098, 1103 (C.D. Cal. 2015).

[19] *See* TRAUMA AND LEARNING, https://www.traumaandlearning.org/home (last visited Aug. 26, 2020). Contains more information about the lawsuit, including video testimonies by affected students.

[20] Steven C., et al, v. Bureau of Indian Education, et al., CV- 17- 08004- PCT-SPL.

[21] Doe v. Carranza and New York City Department of Education, et al., 19- CV-02514 PKC- SJB.

Preparing for the new school year requires educators to prepare for two possible scenarios: (1) remote learning and (2) in-person or blended instruction. According to Part Three of the Transition Advisory Workgroup's Recommendations for Transitioning to In-Person Instruction,[22] developed with the Illinois State Board of Education and the Illinois Department of Public Health, schools are allowed to reopen for instruction during phase 3 of the Restore Illinois Plan,[23] but should prepare for a return to remote instruction in the event of a resurgence of the virus. The guidelines for reopening schools requires:

- Use of face coverings

- Observing social distancing

- Symptom screenings and temperature checks before students enter the building

- Gatherings limited to under individuals

Implementing these safety measures may present challenges for students who struggle with trauma, sometimes in unpredictable ways. For example, many infrared forehead thermometers are shaped like guns, which could trigger a reaction from a student with exposure to gun-violence when the thermometer is held to or pointed at his head.[24] Teachers and administrators will need to be prepared for a variety of reactions from students. Consider approaching behavioral issues with an instructional, rather than punitive, mindset. For example: [25]

- Provide students with clear behavioral expectations (written, verbal, and visual).

- Repeat these expectations consistently and predictably (e.g. every day at the beginning of class).

- When responding to behavioral incidents, remind students of the expectation and explain why it is an expectation (e.g. the purpose of this rule/expectation is to "keep everyone safe," "keep things fair," etc.).

- Clearly indicate how student's behavior does not meet the expectation ("Cursing does not meet our expectation of respect because it is hurtful, inappropriate, and can be triggering to others").

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[22] ISBE, *Starting the 2020-21 School Year: Part 3 – Transition Joint Guidance* 4, 19 (June 23, 2020), https://www.isbe.net/Documents/Part-3-Transition-Planning-Phase-4.pdf. (hereinafter "ISBE").

[23] Off. of the Gov. JB Pritzker, *RESTORE ILLINOIS: A Public Health Approach to Safely Reopen Our State* (May 5, 2020), https://coronavirus.illinois.gov/sfc/servlet.shepherd/document/download/069t000000BadS0AAJ?operationContext=S1.

[24] Anne Quito, Photos: A temperature Gun to the Head has Become an Iconic Coronavirus Image, Quartz, Feb. 22, 2020, https://qz.com/1806728/coronavirus-we-need-to-rethink-the-design-of-the-temperature-gun/.

[25] TREP Project, *supra* note 26.

- Give student options to correct the behavior so the behavior aligns with the expectations ("you can either do _____ or _____ to meet this expectation").

- Remind student of the consequences for not meeting expectations ("if you continue to curse, we will . . .")

- Apply behavioral expectations consistently to all students.

- Offer praise and acknowledgement when expectations are met (i.e. don't *only* bring attention to the undesired behaviors).

- Resist the use of shaming gestures, such as pointing out how well others students are behaving.

- Teach and reinforce behavioral expectation through modeling and role-playing.

- Reward instances of expected behavior.

Whether classes resume via remote instruction or in person, educators should be prepared to identify behavioral indicators of trauma and to confront difficult situations that may arise due to trauma. For example, some schools have discussed developing an intake form to assesses the social and emotional needs of the students[26]. The intake survey would inform educators of changes that have taken place due to Covid-19 (i.e. loss, illness, large financial changes). It is very possible, however, that students will resist filling the survey out, even if they have pertinent information. This section serves as a guide to school personnel on some of the behavioral indicators of trauma, age appropriate responses to indicators, and proactive actions school personnel can take.

a.   Possible Indicators of Trauma

Possible Indicators of Trauma Within:	May look like:
Cognitive Abilities: Thinking, learning, memory, attention	- Decline in grades ('A' student going to a 'C' student) - Decline in curiosity - Regularly distracted - Not completing work - May rely more on nonverbal rather than verbal communication Difficulty: - Processing information or lessons - Recalling information - Understanding cause and effect relationships - Planning ahead or anticipating the future - Considering multiple alternatives - Completing, multi-step, complex tasks

[26] ISBE, *supra* note 22.

	• Sustaining attention • Problem-solving, or low threshold for frustration when given a problem (may easily give up, rely on help, etc.).
Self-Concept	• Pervasive feelings of shame ("I'm a bad person/kid,") worthlessness • Tendency to over-blame self or others for problems • Difficulty understanding own contribution to things • Poor self-image • Low self-confidence • Belief that nothing he/she does matters • Resistant towards trying new things • Struggles to plan or make goals for future • Feels powerless to change circumstances • Little hope for the future (stuck in living and thinking "moment to moment"). • Body image issues • Self-sabotaging thoughts and actions
Behaviors	• Disproportionate reactions to stress (i.e. the reaction doesn't seem to fit the circumstances) • Easily triggered or "set off" • Difficulty self-regulating (calming down) • More likely to perceive or interpret situations as threatening/unsafe • Impulsivity • Quick to resort to physical aggression • High-risk behaviors: self-harm, unsafe sexual practices, excessive risk-taking, illegal activities, alcohol and substance use. • Fleeing, running away, or hiding from perceiving threats. • Stealing or hoarding food, clothing, objects • May appear attention-seeking or demanding • Trauma reenactment behaviors (aggressive/sexual behavior or play) • Incessant chatter, clowning around, repeated interruptions, and other behavioral disruptions.
Emotional Wellbeing	• Constricted emotional expression, with the majority of emotions being "highs" and "lows" • Tendency to perceive things as all good or all bad • Guarded • Unable to identify emotional state when asked • Emotionally labile (quick to change) or emotionally numb/flat

	• Mentally detached or "checked-out" when feeling overwhelmed, anxious, or scared (dissociation). • Overwhelming need to control own environment • Resistant to or easily dysregulated by change in routines, schedules, predictability • Over-compliance and denial of needs
Interpersonal Relationships	• Isolation or withdrawal from others • Difficulty reading social cues • Clingy or over-dependent on another out of fear of losing that person • Difficulty trusting others, even close friends or caregivers • May see relationships as "not worth it" or easily replaceable • May value relationships by their utility and use others to meet immediate needs • Strong need to feel in control of self and others • Desire for too much or too little physical contact • Negative reactions to discipline or boundary setting • Poor eye contact • Lying/dishonesty even if caught in the act • "Splitting" staff and/or caregivers (i.e., turning adults against each other) • Defiance towards trusted adults (the closet relationships are the scariest) • Difficulty understanding other's feelings/perspective (loss of empathy)

This list is non-exhaustive and should only be used as a reference[27]

b. Age appropriate Responses and Interventions

For all students, the goals for these interventions are to re-establish feelings of safety and help them manage their emotions.

To be effective, interventions should be used alongside structure, predictability, and co-regulation (i.e., adult educator must regulate own emotions and reactions to stress/conflict).

Many of these strategies can be used across age groups, adjusting for language and vocabulary skills, attention span, and level of abstract thought.

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[27] The National Child Traumatic Stress Network, Effects, https://www.nctsn.org/what-is-child-trauma/trauma-types/complex-trauma/effects (last visited Aug. 26, 2020).

Age Group	Strategies/Interventions
Elementary School	- Speak in a way that is concrete and straightforward. - Utilize visual aids, toys, arts and crafts, stuffed animals, etc. - Teach and promote feelings identification and support students to expand their emotional vocabulary (e.g. "How are you feeling today?" posters or other mood charts). - Provide direct guidance and social modeling. Examples: *Self-regulation chart*: Provide students with interchangeable squares where they identify and select a feeling card as well as several possible coping strategy cards. Educator guides student to consider which coping strategy would be most effective at the time and helps develop a plan to implement. *Calm down box*: An individual or classroom activity where educators guide students to create their "calm down" or "coping box," which would include several strategies they self-identified as being helpful. Possible items include: bubbles, fidgets, play-doh, stress balls, Legos, visual cue cards for deep breathing, word finds, coloring sheets, and stretch/exercise cards. *Personify stress, fear, or worry*: Consider arts and crafts projects that make abstract concepts, such as anxiety or anger, tangible (e.g. Worry Monster, Things that "Bug" You, Anger Dragon). *Planned breaks that encourage play*: Build in "coping time," throughout the day so students can learn the practice of taking breaks to regulate. Consider utilizing both "active" ways to de-stress (e.g. dance or shake the "sillies" out), while also incorporating silence, calm lighting, and soothing scents and textures.
Middle School	- Facilitate productive conversations about difficult topics including COVID-19 and race. - Use communication strategies that build upon students' expanding vocabulary, emotional consciousness and developing higher-order cognitive abilities. - Allow time for activities that provide self-reflection. - When possible provide opportunities for students to practice self-regulation. Examples: *Journaling:* This is an opportunity for students to express themselves. Educators can utilize prompts that encourage creativity or simply provide students the opportunity to

	write down their thoughts and feelings. Other formats may include students writing a "letter" to themselves, a personal hero, or someone they trust. • _Self-identify coping strategies:_ Consider utilizing games like "Coping Skill Bingo," or another [Coping Skill Checklist](#) where students can evaluate and test which coping strategies work the best. This gives students permission to try things out, fail, and try again, and reinforces the importance of diversifying their self-regulation strategies to span varying types and degrees of emotional distress. • _Mindfulness and meditation:_ Consider YouTube videos that lead students in [deep-breathing](#), [progressive muscle relaxation](#), and guided imagery. [Helpful visual aids](#) include Infinity Breathing, Star Breathing, or Leaf Breathing.
High School	• Throughout high school, the goal is for students to be able to independently identify and utilize effective self-regulation strategies. • Adult modeling and reinforcement is essential. • Emphasize the two-step process of problem-solving: first manage emotions and then consider reasonable solutions. • As applicable, normalize to students the process of seeking support from a mental health professional to address issues related to trauma (i.e. the underlying reasons for their need to self-regulate). • Engage youth in conversations about their thoughts and feelings. Examples: • _Size of my problem/size of my reaction:_ Assist students to identify appropriate or proportionate reactions to their stress. When they identify a problem, guide them to rate it on a scale of seriousness or significance. Assist them to challenge any beliefs that every problem is "the worst thing in the world," and reinforce the idea of varying degrees of stress. Students should work towards identifying appropriate reactions and effective coping strategies for each point on the scale, or varying sizes of problems. Consider displaying a [large poster](#) to this effect and referencing it in class. • _The ABCs of Behavior:_ Assist students to identify the triggers or antecedents to their dysregulation as well as the consequences. Work towards identifying an alternative, healthier way to respond to a trigger. • _Education on how the body responds to stress and trauma:_ Students should work towards understanding the ways their bodies respond and react to trauma, chronic stress,

| | and anxiety. Activities might include differentiating between <u>fight, flight, fear, and freeze</u> responses through social stories, or discussions and check-ins regarding physical symptoms of stress, such as changes in appetite, fatigue, headaches, stomach aches, etc. |
| | • *Focus on building healthy relationships between peers and conflict resolution*: During times of conflict in the classroom, assist students towards a healthy resolution. Guide them to consider alternative perspectives. Illustrate the idea that differing interpretations does not mean one is "right," or "wrong." Facilitate healthy communication by encouraging "I" statements (e.g., "I feel hurt because . . ." rather than "you hurt me . . .") and conflict resolution (e.g. <u>parts of an apology</u>, compromise). |

***This list serves as recommendations, considerations, and inspiration. It is not intended to be exhaustive[28]

c. Different Roles of School Personnel
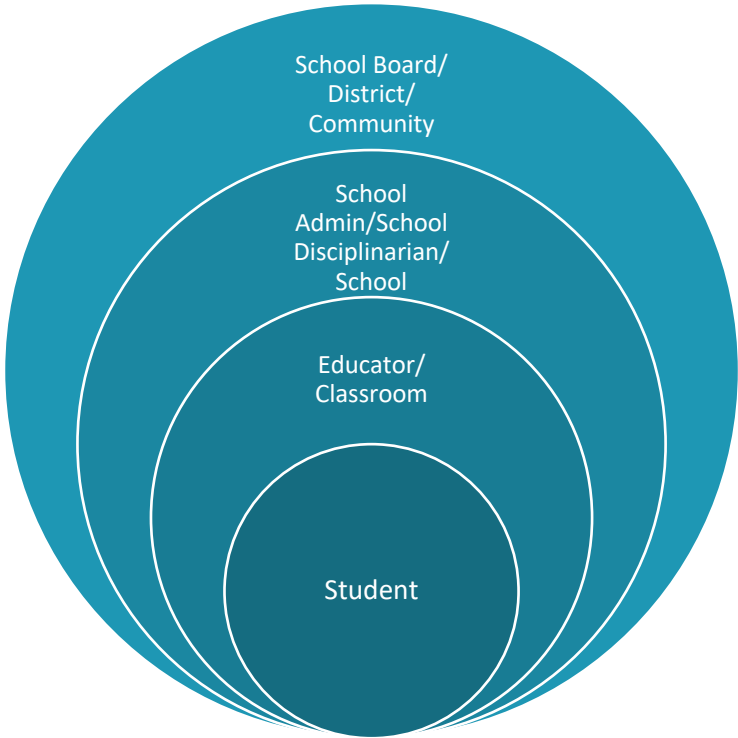
[28] JEN ALEXANDER, BUILDING TRAUMA-SENSITIVE SCHOOLS: YOUR GUIDE TO CREATING SAFE, SUPPORTIVE LEARNING ENVIRONMENTS FOR ALL STUDENTS, 8-9, 37-110, 117-136 (2019); CAELAN SOMA & DEREK ALLEN, 10 STEPS TO CREATE A TRAUMA INFORMED RESILIENT SCHOOL, 36-65 (2017).

School-based trauma-informed practices are guided by several fundamental principles, including:

- There is no such thing as a bad student.
- Trauma experience trauma in different, unique ways.
- Be curious about what motivates students' behaviors.
- Stress and trauma interfere with learning.
- School is an opportunity for students to develop and strengthen resiliency.
- It is the responsibility of the entire school community – not just one staff or one department – to guide the student through healthy social, emotional, and intellectual/academic development.
- School systems, structures, and policies can contribute and exacerbate student trauma.

Providing trauma-informed care does **not** require that each adult dive deep into details of a student's history. Doing so can be overwhelming to school staff and re-traumatizing for the student. Instead, trauma-informed care involves personnel utilizing strategies and interventions that promote emotional and physical safety, resiliency, healthy student-adult relationships, and opportunities to develop social and emotional skills. It also involves ensuring cultural responsiveness and equity in school culture and climate, systems, structures, and policies.

School-based, Trauma-Informed Care

Does:	Does NOT:
Requires all staff are trained to understand trauma, symptoms, and impact.	Require or encourage staff to dig deeply into the causes or sources of stress and trauma.
Recognize the importance of staffs' ability to develop their own social and emotional competencies. A trauma-informed school will encourage and support staff as they become aware of their own biases that may interfere with developing healthy, supportive relationships with students. Staff must consistently practice and model self-regulation.	Assume that adult behavior and mindset have little or no impact on student development and behavior.
Emphasize the development of students' resiliency through:	Equate student achievement and success with proficiency in every characteristic of resiliency

✓ Supportive adult relationships ✓ Self-efficacy and perceived control ✓ Adaptive skills and the ability to self-regulate ✓ Sense of self-value and feeling they have something to offer others.	or social emotional competency. Students will have these in varying degrees and that's okay.
Understand that every behavior has an underlying meaning.	Require a "problem" to exist before students have access to trauma-informed services. Instead, trauma-informed care is built into the school infrastructure and is omnipresent regardless of behavioral issues.
Prioritize the development of social and emotional competencies that foster resiliency.	Insist or imply a student with signs of stress or trauma will "get over it." Honor and validate the student's experience.
Promote and foster school-wide connectedness and the development of supportive adult relationships.	Encourage a "just don't do it" approach to discipline.
Create safety through routines, structure, predictability, and equity.	Forgo opportunities for consistency even when faced with conflict, change, or stress.
Utilize restorative disciplinary practices that keep a student in school and work to rebuild damaged relationships and understand the motivation of the behavior.	Punish most behaviors by excluding a student from class, school, or extracurriculars.
Require ongoing examination of school systems, structures, and policies that may undermine or contradict a trauma-informed approach (e.g., inequitable and punitive discipline policies).	Assume the individual and/or one-on-one interventions with students are sufficient to providing trauma-informed care.

This list is non-exhaustive and should only be used as a reference

Administrators

The following are considerations for those in **school leadership** (e.g., Principal, Vice Principal, Dean).

1. **Train all educators, staff, and school personnel in childhood trauma, the signs and symptoms, and its impact on learning and development.**

Training is a fundamental component to implementing trauma-informed care. Educators and school personnel should know the impact trauma and chronic stress has on their classrooms

Consider:

- ✓ Routine training staff on understanding trauma and its impact on learning and behavior.

- ✓ Opportunities for quarterly "refreshers" where staff have can revisit previously covered material as well as actively participate in activities to learn specific classroom interventions.

- ✓ Make available to staff educational materials regarding recognizing the signs and symptoms of trauma, as well as informational guides, student worksheets, and handouts.

2. **Promote connectedness and resiliency within school staff**

Resiliency is the ability to achieve positive outcomes despite adversity. Although each experience is different, everyone is experiencing a pandemic for the first time and may find comfort in confronting difficulties together. School connectedness, or the belief by students that the adults and peers in their school care about them, is a significant protective factor against the adverse effects of trauma. Feeling connected and a sense of belong within the school community is the second-most important factor, after the family, that has been linked with improved student achievement as well as fewer drop-outs and mental health issues such as eating disorders and suicide. Schools can foster these feelings of connectedness by creating opportunities for educators, staff, and students to develop meaningful connections.

Consider:

- ✓ Offering opportunities for educators and school personnel to feel supported and a part of a larger community

  - o Team-building or community days, appreciation projects, support circles/groups, venues and space to vent frustrations and seek support.

- ✓ Provide educators and personnel with the opportunity to correct and learn.

- ✓ Promote school-wide connectedness by pairing students with an adult "mentor," and build in opportunities for a student and his or her mentor to develop a meaningful relationship.

3. **Prioritize social- emotional learning.**

To prioritize social emotional learning means to dedicate school time for students to learn to identify and manage their own emotions. Students would benefit from direct instruction of

emotional awareness and identification, as well as modeling and support by educators to utilize these strategies. With improved emotional and physical regulation, students can also increase their ability to concentrate on their academic material. An emphasis on social emotional learning has been shown to improve students' confidence in their ability to manage and react to stress, and consequently, can increase their time spent in class as well as their achievement.

Consider:

- ✓ Supporting educators as they adjust classroom instruction time to accommodate some emphasis on social emotional learning.
- ✓ Review and update school policies to align with a trauma-informed approach
- ✓ Model trauma-informed attitudes, behaviors, and interventions for staff and students.

School Disciplinarian

The following are considerations for those **responsible for identifying consequences or imposing discipline** due to rule-breaking and/or classroom disruption.

1. Shift away from punishment and reward

Shift away from consequences that are exclusionary in practice. Exclusionary practices include suspensions, frequent detentions, expulsions, time-outs, or any practice that removes a student from his or her daily routine for a period of time as a negative consequence to a behavior. Within a trauma-informed framework, student behavior is influenced by personal logic and past experiences. Exclusionary practices reinforce feelings of low self-worth, shame, rejection, and a reluctance to build relationships with adults, and these practices do not work towards addressing the underlying motivation for the behavior. With trauma-informed care, disciplinary practices should strive to keep students involved in class. Trauma-informed schools use discipline as opportunities to challenge a behavior and understand the student's thought process (personal logic) and underlying motivations

Consider:

- ✓ Restorative disciplinary practices that focus on repairing the relationships damaged by the behavior (e.g. peace circles, mediation)
- ✓ Offering opportunities to learn another way (social emotional skill building groups/homework)
- ✓ Guide students towards identifying their triggers or antecedents to the undesired behavior.
- ✓ Implement a "quiet" or "reset" room in the school as an identified place with predictable expectations for students to take a break away from a trigger without being punished.
  - o For a "quiet" room to be utilized safely and appropriately, consider ensuring it come with clear expectations and a conceptualization, on the part of the school, on how to

utilize safely. This is not a place to house disruptive students. An effective "quiet" room maintains the goal of reinforcing the process of taking time and space to regulate away from a stressor. When students are utilizing this space, consider requiring the use of a safe, approved coping strategy and modeling the appropriate way to ask to talk about thoughts and feelings.

- ✓ Reinforce the use of "anger safety plans," or other interventions where the student has identified his triggers and warning signs for an undesired behavior, as well as how adults can support him to de-escalate.

- ✓ Allow students access to sensory items (pillows, ear mufflers, play-doh, sand tray, rocking chair, sound machine, fidget toys, weighted blanket, word searches) to promote the use of distress tolerance skills.

- ✓ Rethink in-school suspension: sometimes students are not ready to talk or not ready to participate in a restorative practice. School staff might benefit from anticipating these circumstances and identifying a plan. Consider:

  - o Ensuring an adult is available to monitor the student and continue restorative conversation when the student is ready.

  - o If this continues into the next day, a team of school personnel might meet to facilitate a restorative conversation between those involved and work towards identifying a plan to better meet the student's needs.

- ✓ Welcome back: when a student spends time outside of the classroom (brief or prolonged), a trauma-informed educator will welcome and acknowledge the student's return and provide support if needed (e.g., stating "let me know if you need help getting caught up," pairing student with a buddy to get on track with his work, facilitate apologies).

2. Understand behavior and motivation

Trauma-informed educators are curious as to the underlying cause and reason for a behavior. Although adults and educators likely do not agree or condone the behavior, it is important not to judge a student's private logic and reasoning for acting out. Throughout the disciplinary process, if the adults continue to make efforts to try and understand the behavior, they validate the student talking about their stressors as well as normalize the process of receiving guidance and support to fix past mistakes. Remaining curious and open to the student's point of view distinguishes between feelings of guilt, a healthy emotion, where a student feels bad for doing something wrong, and shame, a toxic emotion, where a student feels they are the problem.

Teachers, Classroom Educators, Coaches, Support Staff

The following are considerations for those responsible for **providing classroom instruction** and/or have **frequent interaction with students.** These professionals are often responsible for behavioral management in their given context.

1. **Stressed brains cannot learn.**

Exposure to trauma and chronic, prolonged stress can impact the functioning of several regions in the brain responsible for learning and behavior. Such impact can include loss of cognitive function, social delays, as well as impairments in physical and emotional regulation, problem solving, memory, and concentration.

When a brain is in a constant state of stress or worry, it functions primarily in "survival mode." In survival mode, the brain is focused on carrying out the essential functions to maintain safety rather than allocating resources to higher order abilities such as abstract reasoning, considering alternative viewpoints, and long-term retention of information.

2. **For a student to achieve academic success, he or she must develop social and emotional learning skills within the classroom.**

As stated above, stressed brains cannot learn. Thus, untreated symptoms of trauma and chronic stress will interfere with classroom instruction, whether it is emotional and behavioral disruptions, poor memory, recall, and concentration or difficulty conceptualizing the material. Even the most competent teachers with the best intentions for academic instruction cannot simply "press through," these issues without there being an adverse impact on achievement.

Consequently, in order to achieve a goal of academic success, schools and classrooms must dedicate time to social and emotional learning. Social and emotional learning focuses on students developing the ability to recognize and manage their emotions, while understanding the ways their emotions influence their thoughts and behaviors. Students learn to recognize their bodies' reactions to stress (e.g. headaches, muscle tension, heart racing) and signs they are becoming overwhelmed. Most of all, with guidance of their staff and educators, they learn to regulate these reactions. Emotional regulation is essential to the development of higher order abilities, such as problem solving and interpersonal conflict resolution, where a student must respond to stressful situations beyond simply reacting to their feelings.

Notably, the foundations to teach self-regulation skills in a classroom do not require any special skills or additional expertise. The foundation of these strategies largely exist in the natural inclinations and disposition of educators who enjoy working with their students. Adults know how to do many of these things naturally (e.g. taking a deep breath when feeling frustrated, slowing down thought process to walk through each step, stepping away from a problem and returning to it). In the classroom, they are both modeling these processes and bringing attention to them; they are normalizing concepts of stress and coping while also giving students the language necessary to describe them for themselves.

Consider the importance of the following:

✓ Providing a warm, responsive relationship with students by showing care and affection.

  o Recognizing and responding to signals from students that they are attempting to meet an emotional need. For example, recognizing when a student might need support or attention. Educators can recognize these things (e.g., "By shouting across the room, I see you want my attention") without necessarily giving in or rewarding undesired behavior ("I'd be more than happy to give you my attention when you meet the expectation of the classroom").

✓ Creating an environment of structure and consistency.

  o Structure makes students experiencing stress, anxiety, and other symptoms of trauma feel safe. Consistent, predictable routines and expectations provide clarity and promote emotional and physical security. Consistency is a natural way to reduce the stress response happening in the brain (survival mode) because consistency and predictability reduces the perception of uncertainty, chaos, or a potential threat of danger.

✓ Teach, coach, and guide the use of self-regulation skills.

  o Create instructional opportunities to learn coping strategies (e.g. "this week's coping skill," access to resources on coping, posters, etc.).

  o Guide, model, and remind students to utilize these strategies. Educators can demonstrate how these skills are utilized in real-tie by doing so themselves. They might also guide a student to recall and utilize one of his self-regulation skills during a moment of distress in the classroom ("It looks like you're becoming worked up, what's one thing we can do to calm down? I'll do it with you").

  o Point out and reinforce when students successfully use these strategies ("Nice job taking a deep breath there!" or "I'm proud of you for taking your space and rejoining the class once you were calm").

  o Normalize the learning process. Students will not be effective the first time. It may feel awkward to talk about or strange to participate in as a class, and that is natural. For many, these are new skills to talk about and practice openly with adults and peers. The more self-regulation becomes a part of the classroom routine and expectations, the more comfortable students will feel.

✓ Monitor your own feelings

  o It is normal and expected for educators and staff to have reactions to stress, trauma, and conflict, whether it is in the classroom or outside of school. Educators should practice paying attention to their own thoughts and feelings during these moments, so they are aware of their impact before responding to a student need. An educator should recognize when their interactions with students are impacted by their emotions and reactions to stress and utilize their own coping and self-regulation strategies so they can respond in a safe, compassionate way.

For many students, school is the primary, if not the only, environment in which they practice social skills and development. While in school, students learn, either explicitly or implicitly, how to handle stress, manage their feelings, deal with relationships, and resolve conflicts. Educators have a powerful opportunity to guide students towards learning healthy and productive skills that will facilitate long-term success.

Many educators share a valid concern: focusing on social and emotional learning takes valuable time away from academic instruction. In large part, this is true. Time spent educating students on self-regulation is time spent away from the lesson plan. It is imperative educators feel the support of their administrators so they feel able and equipped to utilize classroom time to address these social and emotional needs. Importantly, students who are experiencing the effects of trauma (poor concentration, decline in memory/recall, anxiety) are already struggling to internalize the material. Dedicating time to address their emotional wellness means they eventually improve their cognitive abilities to attenuate, learn, absorb, and think critically about their academic material.

3. **Trauma-informed interventions align with what educators and school personnel naturally do – reach and connect with students.**

Resiliency is the ability to achieve positive outcomes despite adversity. Students can learn resiliency through positive interactions and supportive adult relationships. A goal for a school-wide trauma-informed approach is to increase the number of positive interactions educators and staff have with students. Research in this area suggests a ratio of 5:1, or five positive interactions for everyone one negative interaction.

Notably, positive interactions are likely things many educators and staff do without much thought: noticing a student, waving, offer praise, and having a friendly conversation. Educators can build upon these natural inclinations by considering the following:

- ✓ Acknowledging student strengths: "That took a lot of patience to complete that difficult assignment – awesome job."
- ✓ Positive greetings: "Good morning! We missed you in class yesterday!"
- ✓ Gratitude for good behavior: "Thank you so much for cleaning the desks."
- ✓ Checking-in: "How are you doing?"
- ✓ Inquiring about hobbies and interests: "I heard your team had a game yesterday, how did it go?" "I saw your class posted artwork in the hall, which one is yours?"

By doing these things, educators are fostering connections with their students and also modeling healthy social behavior. Modeling healthy social behavior assists students to have more positive interactions among their peer group. Belonging to positive peer group is another way to promote resiliency, as it can lead to increased feelings of self-efficacy, motivation, achievement, and attendance.

Consider:

- ✓ Classroom meetings: educators take the time in class to form a circle and introduce topics of conversation. These can be opportunities to get to know each other, provide compliments/appreciations, share successes and individual interests, recognize similarities and differences among each other, offer support, and implement other trauma-informed and social-emotional learning interventions.

Educators and staff are also already attuned to keep their students physically and emotionally safe. For students suffering from the effects of prolonged stress and trauma, they might worry excessively about the future or that which is unknown. There are many points throughout a school day where a student may be unsure about what is going to happen and consequently, may avoid it, act out to get out of it, or quietly suffer through it. These times typically surround points of transition where there is a higher degree of unpredictability: riding the bus, walking in the hall, changing classrooms, lunch, and gym.

A trauma-informed approach would work on multiple levels (school-wide, classroom, and individual) to be aware of and work to decrease the levels of stress and anxiety surrounding these periods. With proper training, educators and staff become aware of the impact of uncertain and lack of structure and can adapt accordingly. For example, a teacher who sees students after lunch might incorporate a five-minute cool down or relaxation exercise at the start of class to reduce residual feelings of anxiety

d. Other possible areas of school-wide policy changes

School administrators may also implement school-wide policies to preemptively address challenges faced by students dealing with trauma.

Consider:

- ✓ Equip school mental health staff with the appropriate training and resources to properly identify signs and symptoms of trauma that warrant further, clinical intervention

- ✓ Design a curriculum around students' lived experiences, which could provide opportunities for students to engage more deeply with content while providing the time and space for students to process recent events

- ✓ Schedule substantial review sessions to address the learning gap that will possibly have been produced due to remote learning

- ✓ Create a non-discriminatory grading policy that provide cushion for students still adjusting to the consequences of the pandemic.

- ✓ Actively seek parent engagement and collaboration by hosting information sessions and community gatherings, and soliciting parent feedback on topics related to discipline, safety, and school climate.

Whether classes resume via remote instruction or in person, educators should be prepared to identify indicators of trauma, understand age appropriate responses, and take proactive measures to address student needs. Schools should invest in training all educators, staff, and school personnel in childhood trauma, its signs and symptoms, and its impact on learning and development. Being trauma-informed also includes:

- Promoting connectedness and resiliency within school staff

- Prioritizing social-emotional learning

- Shifting away from punishment and reward systems and towards restorative practices

- Understanding the motivation and meaning behind students' behavior

- Creating space for educators and school staff to foster connections and develop positive interactions with students

- Implementing school-wide policy changes to preemptively address challenges faced by students who have experienced trauma

While these practices serve the needs of students and staff, disability laws may also require accommodations for students affected by trauma. At a time of widespread grief and loss, investing in trauma-responsive practices can benefit nearly everyone in the educational community. A trauma-sensitive school embraces a climate and culture that is openly aware of the prevalence of trauma within the school community and considers the impact of trauma on all aspects of a students' learning experience. Trauma-informed practices that are built into the school's infrastructure and atmosphere can transform the way that educators connect and engage students.

Imagine this: You are a fifth-grade teacher who, despite the seemingly endless amount of challenges and obstacles, have successfully been leading remote learning classes. There is one student, however, who is repeatedly disruptive, loud, and refuses all instruction. As a *trauma-informed educator*, you take a breath. You validate your *own* feelings – that the student's behavior can be frustrating and upsetting to you– and you question the root of this behavior. You explore possible root causes and compare them to what you have learned about trauma. If need be, you might seek support and consultation from other trauma-informed colleagues and brainstorm creative and healthy ways to address the behavior and strengthen your relationship with this student. These steps may require some time and adjustments. This time and attention might help heal a student without even knowing her wounds. By utilizing the knowledge, awareness, perspectives, and interventions that come with being trauma-informed, you guide this student towards academic success, ensuring her past experiences do not inhibit her future potential.