

Becoming a Trauma-Informed School

February 17, 2022

Training series session #2:

Embracing the Paradigm Shift

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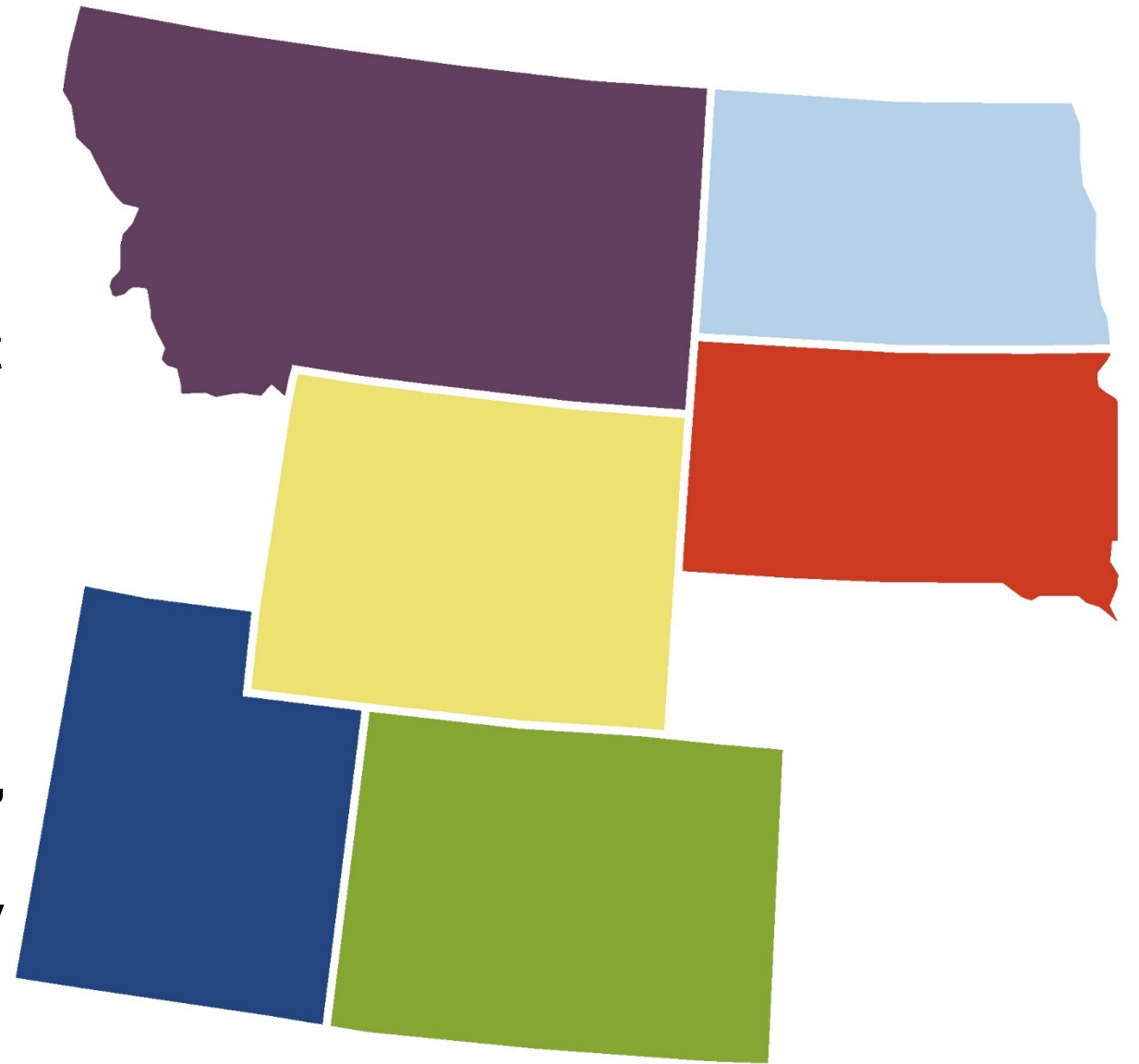
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The Mountain Plains Mental Health Technology Transfer Center

The Mountain Plains Mental Health Technology Transfer Center (Mountain Plains MHTTC) provides training and technical assistance to individuals who serve persons with mental health concerns throughout Region 8 (Colorado, Montana, North Dakota, South Dakota, Utah and Wyoming).

We belong to the Technology Transfer Center (TTC) Network, a national network of training and technical assistance centers serving the needs of mental health, substance use and prevention providers. The work of the TTC Network is under a cooperative agreement by the Substance Abuse and Mental Health Service Administration (SAMHSA).



Land Acknowledgement Statement

Today, the University of North Dakota rests on the ancestral lands of the Pembina and Red Lake Bands of Ojibwe and the Dakota Oyate - presently existing as composite parts of the Red Lake, Turtle Mountain, White Earth Bands, and the Dakota Tribes of Minnesota and North Dakota. We acknowledge the people who resided here for generations and recognize that the spirit of the Ojibwe and Oyate people permeates this land. As a university community, we will continue to build upon our relations with the First Nations of the State of North Dakota - the Mandan, Hidatsa, and Arikara Nation, Sisseton-Wahpeton Oyate Nation, Spirit Lake Nation, Standing Rock Sioux Tribe, and Turtle Mountain Band of Chippewa Indians.



The MHTTC Network uses affirming, respectful and recovery-oriented language in all activities. That language is:

STRENGTHS-BASED
AND HOPEFUL

INCLUSIVE AND
ACCEPTING OF
DIVERSE CULTURES,
GENDERS,
PERSPECTIVES,
AND EXPERIENCES

HEALING-CENTERED AND
TRAUMA-RESPONSIVE

INVITING TO INDIVIDUALS
PARTICIPATING IN THEIR
OWN JOURNEYS

PERSON-FIRST AND
FREE OF LABELS

NON-JUDGMENTAL AND
AVOIDING ASSUMPTIONS

RESPECTFUL, CLEAR
AND UNDERSTANDABLE

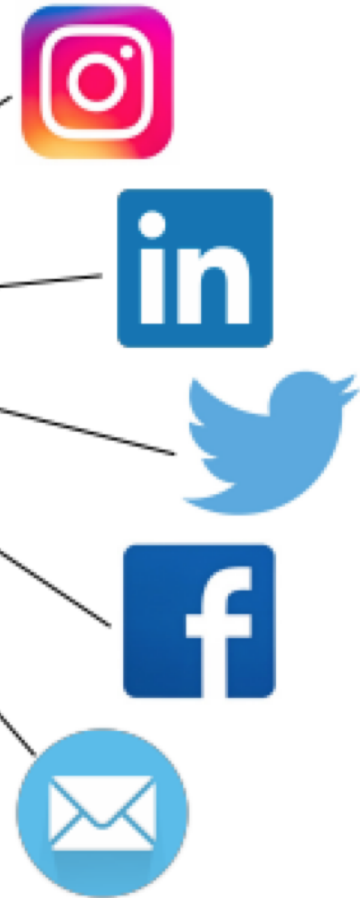
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SCAN ME



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Welcome!

Why this training is important to me:

- Over 15 years of practicing in school-based health centers in Early Childhood Education, K-12 and at College level & currently own private practice for Trauma Resolution in Wheat Ridge, Colorado
- I have observed and supported the impact of acute and/or chronic stress over the life-span
- I believe in racially and socially equitable environments and acknowledge the systemic and institutionalized disparities that contribute to experiences of trauma
- I believe that the wellness of our caretakers is foundational to the quality of our care to others.
- It's take a community and a positive relationship with time and longitudinal impact in order to pace ourselves in our work.

Training Details

Thursdays: 2/3, 2/17, 3/3, 3/17, 3/31, 4/14/22 between 10:00-11:30 am MST

1. Learn what Trauma is, what it looks like, and how to respond in a supportive way
2. Learning the key components of what it means to be “Trauma-Informed” within a host environment focused on academics
3. Identify logistical and operational elements of implementation of a trauma-informed approach to supporting public education
4. Developing relevant metrics for measuring progress and success in School-Based Trauma-Informed practices.

Expanding the Definition of Trauma:

- Too much too fast, too little too late – and of course, both at once or in sequence
- Trauma is getting through something without the experience being integrated with body (somatic experiences), brain (cognitions), and heart (affect/feelings)
- Trauma is ***RELATIVE*** to each person based on existing capacities, capacity to regulate and integrate following the trauma, and supportive relationships (co-regulation).
- It's not about WHAT happened it's about the IMPACT of what happened; It's not the story it is how the story is experienced

What is the Stress Response?

- When you feel super stressed, whether you face a real threat or perceived threat, your body experiences a collection of changes known as your stress response, or your **FIGHT-FLIGHT-FREEZE-FAWN** response.
- Your stress response is the collection of physiological changes that occur when you face a perceived threat that requires more than you have available to successfully cope.
- These situations are known as stressors or triggers.



HYPERAROUSAL

Use mindfulness,
grounding, Breath work

Overreactive, unclear thought,
Emotionally distressed

Can't calm down

WINDOW OF TOLERANCE

The body is in its optimal state, Can access both
reason and emotion, Mentally engaged

Shutting Down

Depressed, lethargic,
numb, unmotivated

Use mindfulness, breath work,
physical activity

HYPOAROUSAL



Hyper-arousal

- Exaggerated startle reaction
- Outbursts of anger
- Extreme vigilance
- Irritability
- Feelings of panic and anxiety
- Insomnia
- Reduced tolerance for pain
- Fatigue



- Difficulty concentrating
- Constantly being “on guard”
- Headaches
- Gastrointestinal complaints
- Immune system problems
- Dizziness
- Chest pain
- Or other physical discomforts

Hypo-arousal

- Helplessness
- Inability to set boundaries
- Tired
- Automatic obedience
- Appear life-less
- Non-expressive
- Numb



- Lack of motivation
- Lethargic
- Dulled capacity to feel significant events
- Emotional constriction
- Isolation

Regulated

- Able to think logically
- Able to think clearly
- Able to make conscious choices
- Able to make eye contact
- Display a wide-range of emotional expression
- Feel “grounded”



- Able to notice breathe
- Sleep cycles are stable
- Calm, poised
- Internal awareness of both mind and body
- “in the body”
- Able to communicate verbally in a clear manner

What This Means for you as a school practitioner?

You will now notice these arousal states in your students, family members, friends and yourself!

What FLIGHT, FIGHT, or FREEZE Looks Like in the Classroom:

FIGHT	FLIGHT	FREEZE
<ul style="list-style-type: none">• Acting out• Behaving aggressively• Acting silly• Exhibiting defiance• Being hyperactive• Arguing• Screaming/Yelling• <i>LOOK FOR CLENCHED FISTS</i>	<ul style="list-style-type: none">• Withdrawing• Fleeing the classroom• Skipping class• Daydreaming• Seeming to sleep• Avoiding Others• Hiding or wandering• Becoming Disengage• <i>LOOK FOR WIGGLY</i>	<ul style="list-style-type: none">• Exhibiting numbness• Refusing to answer• Refusing to get needs met• Giving a blank look• Feeling unable to move or act• <i>LOOK FOR A "FROZEN LOOK" OR COMPLETE</i>

Responding to Trauma

- The Goal: *is to widen our windows of tolerance NOT to eliminate stress or trauma (let's not advocate the unachievable 😊).*

Responding positively and learning to manage our stress response, means:

Learning our triggers and addressing them; Avoiding them, mitigating them, befriending them as needed.

How do we widen our windows of tolerance?

Widening our windows of tolerance by consciously tracking ourselves under stress and responding to our self-care and body needs.
Reminding ourselves that we “got this!” and literally telling our brains we can handle it even though it is uncomfortable

All we can do is make the best decisions we can with the best information we have at that time and place. And learn how to rebound, reinvent, and regroup. Remember—people who seem to move through life with confidence aren't confident about the outcome of a decision; they're confident that they can deal with the outcome, good or bad.

~ Stephanie Bond



FIRST
ATTEMPT
IN
LEARNING

“All symptoms of dys-regulation arise out of misperceptions of the events in our lives. When we change our perceptions, we change the symptoms in our nervous system. It is wise to master the art of how to change our perceptions and how to manage the symptoms that arise in our bodies to help return us to a more regulated state.”

Lisa Dion, LPC, RPT-S

Being a Trauma-Informed School Means:

There is **RECOGNITION** and **ACCEPTANCE** that trauma and the frequent prevalence of ACES (adverse childhood experiences) exist and have direct impact on the adult experience and student's capacity to learn and families' capacities to support their children.

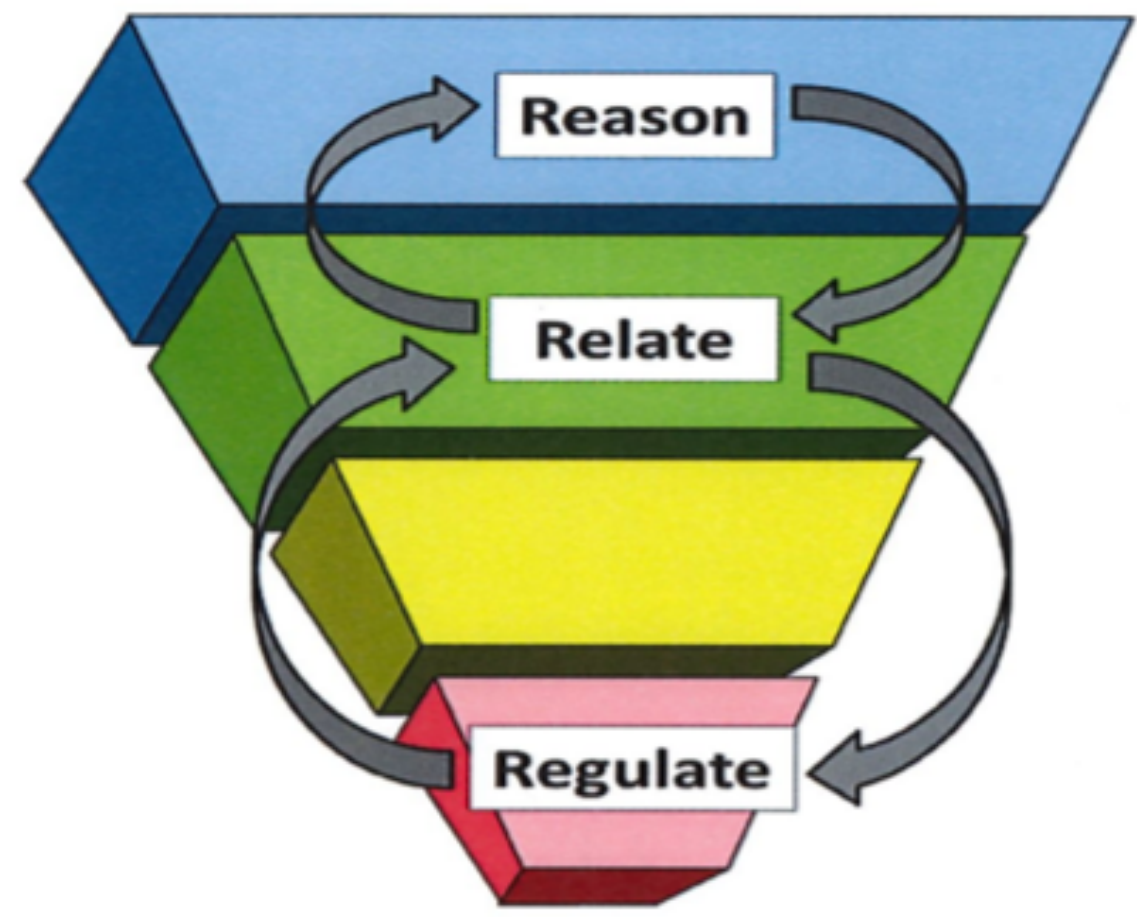
The school embodies a focus on **UNDERSTANDING THE IMPACT OF TRAUMA and SAFETY**. Trauma is relative to each person and that through strengths-based relationship building and an intentional focus on **FEELING SAFE**, students' abilities to learn, increases.

A Trauma-Informed school **RESPONDS** to trauma in a *strategic* manner, based on scientific understandings, that support trauma resolution rather than sensationalizing trauma or minimizing trauma to create the *behavioral outcomes* that ADULTS want to see.

Becoming a Trauma Informed School: Step #1

A School that desires to be Trauma - Informed must
understand and practice the
Neurosequential Model of Therapeutics
by Bruce Perry, Ph.D

State Dependence: The developing brain organizes in response to the pattern, intensity, and nature of sensory and affective experiences of events during childhood. One of the most essential elements of understanding traumatized children is that all humans process, store, retrieve, and respond to the world in a state dependent fashion. When a child is in a persistent state of fear, the primary areas of the brain processing information are markedly different than those from a child reared in a safe environment.



Sequence of Engagement: The order in which we engage a child, relative to state dependence and which are of the brain is dominant in the processing of information. This is related to the predictably escalating and de-escalating behavior as related to the arousal continuum. Critically important to this process is a staff member's ability to stay attuned to the child's state and to shift our interventional approach to match. Be mindful that this is not a linear process, but a circular rhythm requiring staff members to shift in approach dependent on the child's presentation.

Challenge

Relationships

Success

Engagement

Safety

Adaptive Response	REST	VIGILANCE	FREEZE	FLIGHT	FIGHT
Predictable De-escalating Behaviors <i>(behaviors of the teacher or caregiver when a child is in various states of arousal)</i>	Presence Quiet Rocking	Quiet voice Eye contact Confidence Clear simple directives	Slow sure physical touch "Invited" touch Quiet melodic words Singing, humming music	Presence Quiet Confidence Disengage	Appropriate physical restraint Withdraw from class TIME!
Predictable Escalating Behaviors <i>(behaviors of the teacher or caregiver when a child is in various states of arousal)</i>	Talking Poking Noise Television	Frustration, anxiety Communicate from distance without eye contact Complex, compound directives Ultimatums	Raised voice Raised hand Shaking finger Tone of voice, yelling, threats Chaos in class	Increased or continued frustration More yelling Chaos Sense of fear	Inappropriate physical restraint Grabbing Shaking Screaming
Regulating Brain Region	NEOCORTEX Cortex	CORTEX Limbic	LIMBIC Midbrain	MIDBRAIN Brainstem	BRAINSTEM Autonomic
Cognition	ABSTRACT	CONCRETE	EMOTIONAL	REACTIVE	REFLEXIVE
STATE	CALM	ALERT	ALARM	FEAR	TERROR

State-Based Adult Responses

Adaptive Response	Rest	Vigilance	Freeze	Flight	Fight
State	Calm	Alert	Alarm	Fear	Terror
Predictable De-escalating Behaviors <i>(behaviors of the teacher when a child is at various states of arousal)</i>	<ul style="list-style-type: none"> Be consistent in routines Preset changes in routine in advance Maintain a quiet environment Frequent communication/engagement Consistent time prompts 	<ul style="list-style-type: none"> Provide support with challenging tasks Rocking Frequent communication/engagement Simplify directions/provide single step directions Non-threatening voice tone/body language 	<ul style="list-style-type: none"> Encourage the child to take a break from the frustrating task Empathize with the child's frustration Encourage the child to use a self-regulation strategy (e.g., deep breathing) Reduce stimulation Adjust expectations 	<ul style="list-style-type: none"> Confidence; Neutral affect and body language Simple, single step directions Providing the child a calm presence until they are able to regain some control (co-regulation) Contact additional supports to help the child Minimal verbal engagement 	<ul style="list-style-type: none"> Get additional support Remove other bystanders from the area Neutral affect and body language One step directive TIME!
Predictable Escalating Behaviors <i>(behaviors of the teacher when a child is at various states of arousal)</i>	<ul style="list-style-type: none"> Chaotic/Noisy environment Long periods of unstructured time Over-stimulating multimedia Excessive talking; Too little variation in activity 	<ul style="list-style-type: none"> Communicating from a distance Loud tone of voice Contingency based consequences Complex/Compound directives Sarcasm Negative or angry affect 	<ul style="list-style-type: none"> Excessive talking Too many people becoming involved Staring Pushing expectations Not being flexible Contingency based consequences 	<ul style="list-style-type: none"> Reminding them of the rules or expectations Moving closer to the child Contingency based consequences Adults showing anger, fear, and/or anxiety Negative or loud tone of voice Stating consequences Complex directives 	<ul style="list-style-type: none"> Yelling Screaming Grabbing Inappropriate touch
Regulating Brain Region	Neocortex Cortex	Cortex Limbic	Limbic Midbrain	Midbrain Brainstem	Brainstem Autonomic

Co-Regulation

- Using the state of one's own regulation to modulate the heightened state of arousal of another person.
- To do this effectively, we need to be keenly self-aware of our own state of arousal and how our presence is communicating calm, support and safety via our verbal and non-verbal presentation.

Co-Regulation Relies Upon Our Capacity to Self-Regulate

- **Step One:**
 - Practice OVER TIME tracking your body sensations to become familiar with how you react
- **Step Two:**
 - Acknowledge your arousal state by checking in with your body.
 - How is your breathing?
 - Does any part of your body call your attention?
 - What sensations do you feel?
- **Step Three:** Make a choice
 - **INTENTIONALLY** engage in a chosen movement or sensory experience. That is once you choose something to do; Continue to pay attention to your body and its sensations.

Start with Focusing On You!

- Getting acquainted with your own nervous systems is where we start
- Prepare: Some of us may find that becoming aware of our nervous systems can create OVERWHELM as perhaps we have a lot of unresolved trauma experiences of own “stuck” in our bodies. To help manage this:
 - Interrupt thoughts about the value of your body’s sensations – they are just sensations and they will shift with time. They do not carry meaning unless you assigned it. Ex. Your head hurting does not mean you are dying, the discomfort in your gut does not mean you should quit your job. Work to simply notice the sensation without assigning a value to that sensation.
 - Utilize your coping skills for alleviating new discomfort: Take a break, take a walk, listen to music, get a hug. You are capable of responding to your body needs.
 - Slow down, Take a PAUSE if overwhelmed and its okay for now to distract from discomfort until the flooding passes. Tap in- Tap out as many times as you need.

Let's "Take Five":

- Our Five Senses:
 - ❖ Touch
 - ❖ Smell
 - ❖ Hearing
 - ❖ Taste
 - ❖ Sight
- A grounding exercise to help with orientation and come into a state of mindfulness

How does this translate to the school environment?

We need to embrace and facilitate a

Paradigm Shift

Current State for Educators:

- Children need to be held accountable for their behaviors!
How else will they learn?
- It's not fair to all of the other students in the class when one or two students disrupt learning for everyone
- I just need to be told what strategies will work, I am happy to do them....
- I really care about my students, but I am not their parent!
- All of my kids are fine....except that one (or 5)!
- My students are NOT following my directions, I am just about ready to walk!



Needs are never in conflict...

Current State

Our current State reflects a misnomer we have all been taught; That we have a problem if my need conflicts with yours.

Ex. Student needs activity and release while Teacher needs student's attention and calm in the classroom.

New Thought

Needs are never in conflict.

Think about it. The student needs what s/he needs, and the teacher needs what s/he needs.

These are individual and emotional truths.

The CONFLICT arises dependent upon the strategies we opt to use....

Trauma Informed

Looking at behavior challenges as an UNMET NEED gives us the opportunity to think through our strategies to find the best compromises.

Ex. The student can be taught what physical movement is acceptable in the classroom environment (yoga in the corner, wall push ups, using a specified wiggle zone, listening to music, fidget toys, etc.)

The Dominant Paradigm Has Taught Us Our Strategies:

- Most of us are very familiar with the dominant paradigm because we grew up in it! The dominant paradigm is modeled every day in the world around us. ***It conditions us to believe children need punishment, threats, rewards, etc. in order for them to survive and be successful.*** The dominant paradigm approach is present in our homes, schools, sports and after-school programs, public spaces and especially the court system.
- We often hear people complain that “today’s children don’t get enough discipline!” What does that mean? Even though the word discipline comes from a Latin word meaning instruction or knowledge, when people talk about “not enough discipline” they mean that children are not being punished enough. ***Disciplining a younger human being in the dominant paradigm means training through punishment.***

What Drives the Dominant Paradigm?

MINDSETS

- Perception that children “should know” how to behave “right.”
- Perception that the home environment is where children should learn about feelings and behavior
- Perception that academics is separate from behavior
- Perception that the student has behavior issues ON PURPOSE
- Perception that challenging behavior NEEDS to be consequenced for the student to LEARN.
- Adults are RIGHT and children are WRONG

What *Drives*
the Dominant
Paradigm?

The 'Dysregulated State' of the Teacher & Educational Community

- Perception that curriculum expectations preclude time in the classroom for social emotional learning and strategies
- Perception that as adults we are always regulated ourselves and do not need to intentionally attend to our stress state needs
- Perception that rewards and consequences are effective and final

The Trauma-Informed Paradigm:

Adults practice and model the expectations they have of their students

Adults PARTNER with their students rather than using POWER over approaches (rewards and consequences designed to meet teacher need vs. student need)

Adults are human and need to work their own stress rather than letting it leak out into the classroom community

Adults facilitate connection and understanding over outcomes.... The positive outcome of the process will happen on its own and over time.

The Trauma-Informed Paradigm:

Adults practice self-compassion instead of defense and blame

Adults believe teaching includes emotions and regulation

What Drives the Trauma-Informed Paradigm Shift?

- New neuroscience that informs us better about why we do what we do and what we need to positively increase our capacities to meet those needs
- Social Change: Families are different today; social influence AND expectations are different today. Ex. Now that we talk about emotions and feel emotions ~ We need to learn about what they are telling us and what to do with them!
- What we have done in the past no longer works ~ Behavior challenges are increasing not decreasing
- We need our students better positioned to LEARN rather than needing to spend their time REACTING

Current State with Trauma Lens:

Dominant Paradigm

- Children need to be held accountable for their behaviors!
How else will they learn?

Trauma-Informed Paradigm

- Children will learn (in a regulated state) via the REPEATED PROCESS of reflecting on the CONNECTION between their unmet need, what they did to TRY to meet it, reviewing *without shame or judgement* whether it worked and learning new more adaptive options. *Shame and punishment shuts this learning process down*

Current State with Trauma Lens:

Dominant Paradigm

- It's not fair to all the other students in the class when one or two students disrupt learning for everyone

Trauma-Informed Paradigm

- The classroom with challenging behavior is a microcosm of the reality of life. We will all (children and adults) be faced with dealing with challenging people and the other students **NEED** the model of how they can respond to challenges too. It can translate to relationships with siblings, peers, and down the road co-workers!

Current State with Trauma Lens:

Dominant Paradigm

- I just need to be told what strategies will work, I am happy to do them.....

Trauma-Informed Paradigm

- The strategies won't work unless until you apply them to yourselves first. Compassion for others requires self-compassion too!

Current State with Trauma Lens:

Dominant Paradigm

- I really care about my students, but I am not their parent!

Trauma-Informed Paradigm

- Parent or teacher, the behaviors and needs exist. It takes a village. We must position ourselves to learn the approaches that help meet students' needs so LEARNING actually occurs
- Make it easier on yourself

Current State with Trauma Lens:

Dominant Paradigm

- All of my kids are fine....except that one (or 5)!
- My students are NOT following my directions, I am just about ready to walk!

Trauma-Informed Paradigm

- It is YOUR classroom or a classroom community that you have the power to influence?
- For every one child who acts out there are other children who are hurting and keep it inside.
- The expectation that children AUTOMATICALLY listen and follow directions is a form of *child-ism*. How are we teaching this expectation?



The real test is not whether you avoid this failure, because you won't. It's whether you let it harden or shame you into inaction, or whether you learn from it; whether you **choose to persevere.**

– Barack Obama



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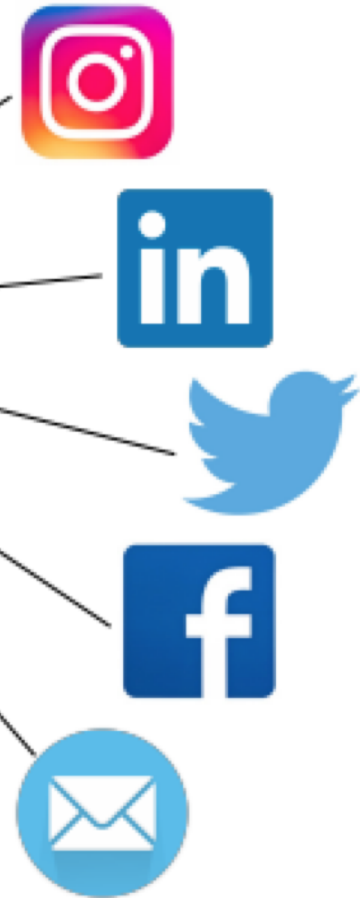
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MHTTC

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Funded by Substance Abuse and Mental Health Services Administration

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