

Introduction to Trauma Informed Schools

Cynthia Guzmán

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Disclaimer and Funding Statement

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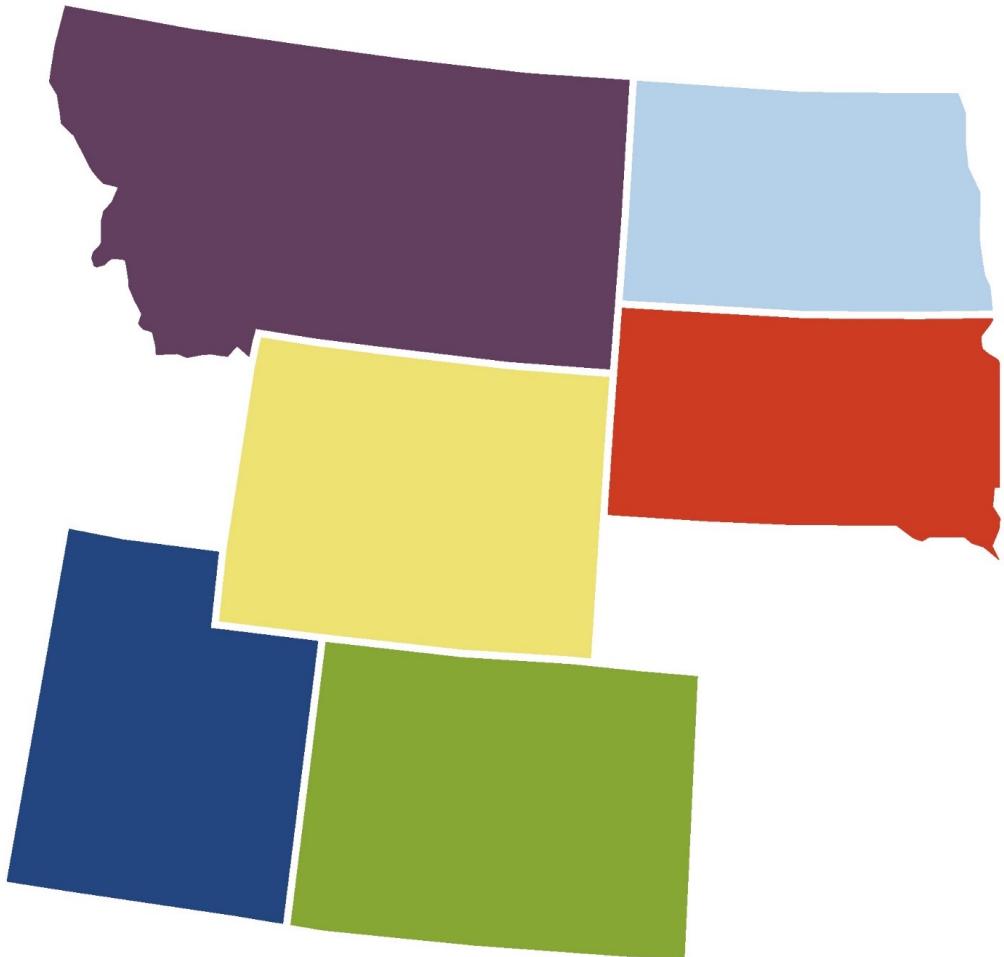
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The Mountain Plains Mental Health Technology Transfer Center

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**

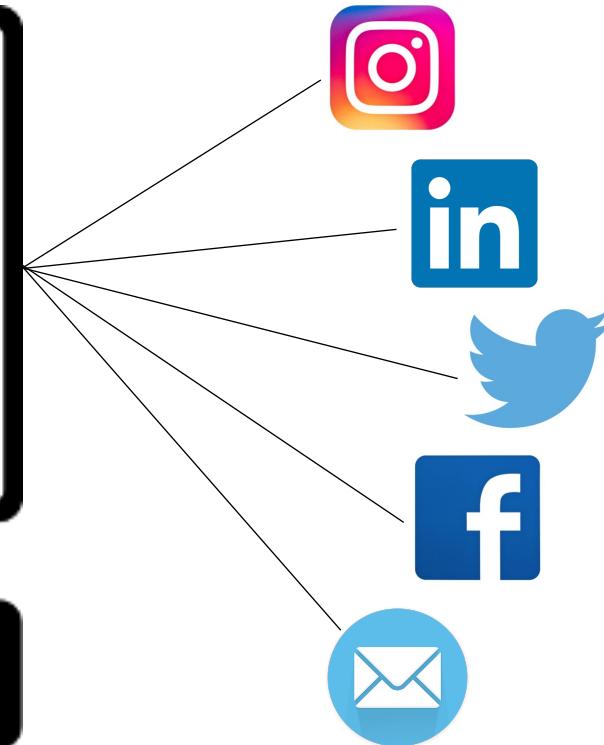
**NON-JUDGMENTAL AND
AVOIDING ASSUMPTIONS**

**RESPECTFUL, CLEAR
AND UNDERSTANDABLE**

**CONSISTENT WITH
OUR ACTIONS,
POLICIES, AND PRODUCTS**

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SERIES:
TRAUMA INFORMED
SCHOOLS WITH AN
INDIGENOUS
PERSPECTIVE

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INTRODUCTION TO TRAUMA INFORMED SCHOOLS

DR. CYNTHIA E. GUZMÁN



- Trained in New Mexico
- Clinician, Administrator, Grant Writer, Supervisor and Consultant in Native Country for over 15 years
 - Tribal Programs
 - IHS Clinics
 - 638 Clinics
 - Tribal Schools
- Established the first and only case management program for SMI/SED on a tribal reservation in New Mexico to date.
- Co-own consulting firm to advance healthcare in tribal communities
- Formerly sat on the CMS Tribal Technical Advisory Group - Behavioral Health subgroup
- Most importantly, lover of red chile stew, fry bread, and all things feast.

Cynthia E. Guzmán, PhD, MSCP

LICENSED PSYCHOLOGIST & CONSULTANT

LAND ACKNOWLEDGMENT

I acknowledge I am on stolen land of the original peoples of New Mexico- the Pueblos, Navajo, and Apache. I honor the land itself and those who remain stewards of this land throughout the generations. I acknowledge the inherent wisdom of the indigenous ancestors, elders, communities, and the gifts they have shared with me. Indigenous peoples have persisted despite ongoing colonialism, racism, genocide, and will continue to persist.

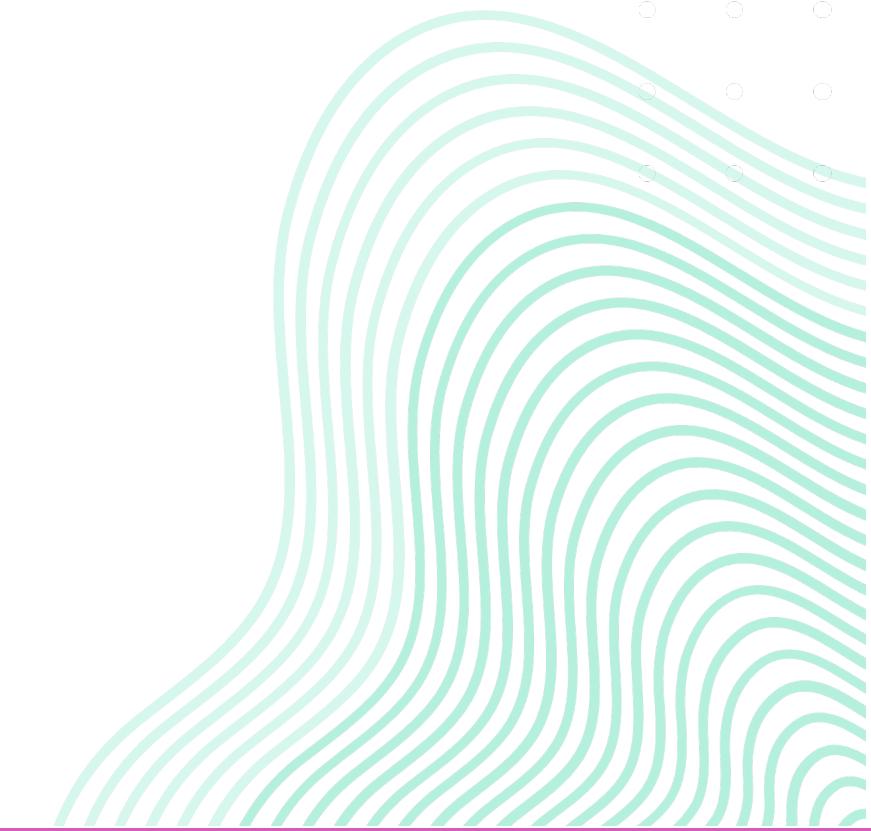


AGENDA

- Introductions
- Elements of a Trauma Informed School
- What is Trauma?
- Signs & Symptoms of Trauma
- Impact of Trauma
- Closing



- 1.Identifying and assessing traumatic stress.
- 2.Addressing and treating traumatic stress.
- 3.Teaching trauma education and awareness.
- 4.Having partnerships with students and families.
- 5.Creating a trauma-informed learning environment (social/emotional skills and wellness).
- 6.Being culturally responsive.
- 7.Integrating emergency management & crisis response.
- 8.Understanding and addressing staff self-care and secondary traumatic stress.
- 9.Evaluating and revising school discipline policies and practices.
- 10.Collaborating across systems and establishing community partnerships.



ELEMENTS OF A TRAUMA INFORMED SCHOOL

HOW DO WE DEFINE TRAUMA?



Trauma results from exposure to an incident or series of events that are emotionally disturbing or life-threatening with lasting adverse effects on the individual's functioning and mental, physical, social, emotional, and/or spiritual well-being.

Acute trauma results from a single incident.

Chronic trauma is repeated and prolonged such as domestic violence or abuse.

Complex trauma is exposure to varied and multiple traumatic events, often of an invasive, interpersonal nature.

Historical trauma is multigenerational trauma due to oppression and colonization



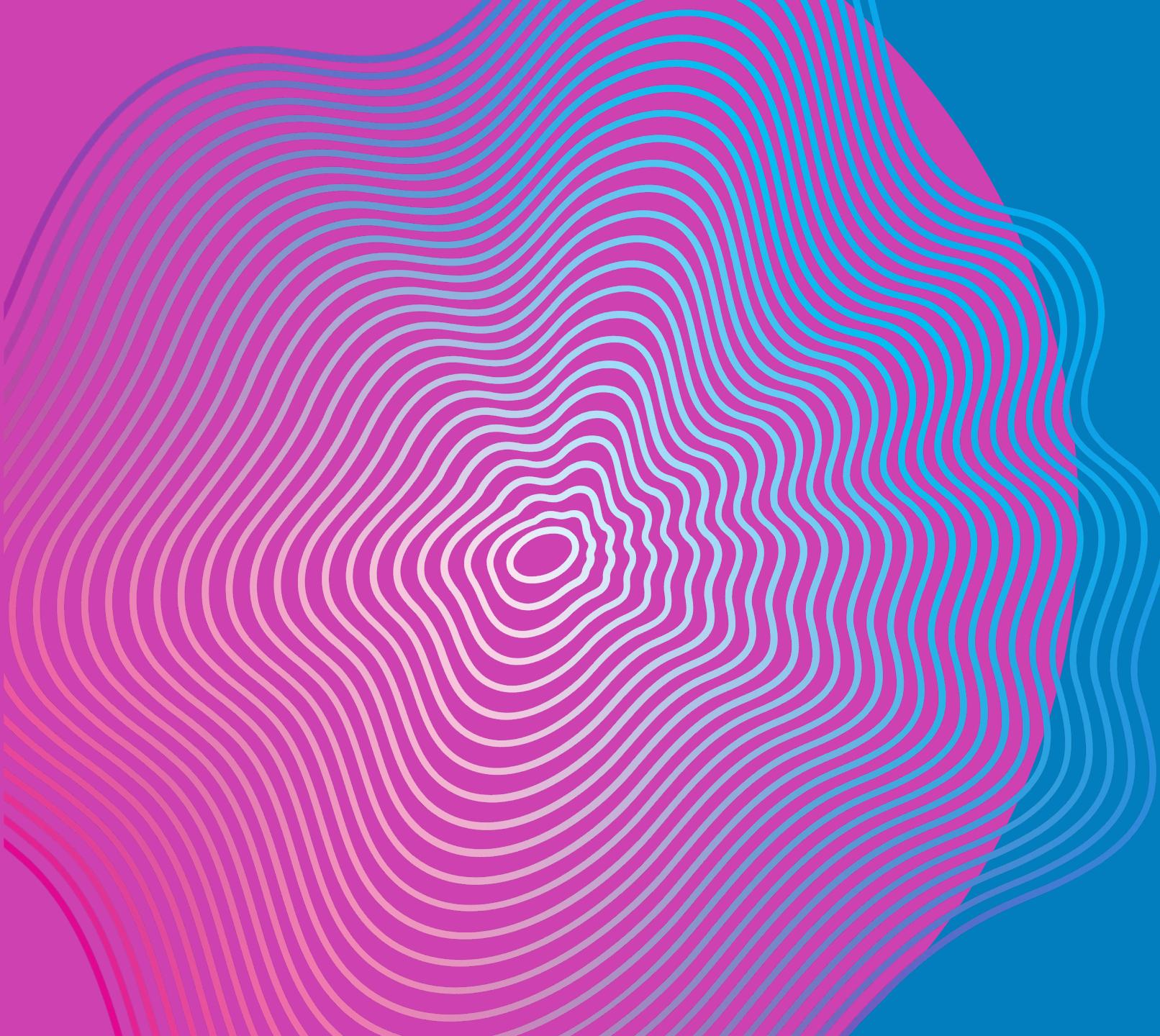
SIGNS & SYMPTOMS

OBSERVABLE SHIFTS

- Extreme alertness, also sometimes called 'hypervigilance'
- Self-destructive behavior.
- Difficulty sleeping and concentrating.
- Mood swings.
- Irritability or having emotional outbursts.
- Panicking when reminded of the trauma.
- Being easily upset or angry.
- Finding it hard to concentrate – including on simple or everyday tasks.

**IF WE KNOW OF A STUDENT EXPERIENCING
THESE THINGS, WHAT MIGHT WE NOTICE IN
THE CLASSROOM?**





LONG TERM EFFECTS OF TRAUMA

CULTURALLY SAFE RESPONSES

What would be appropriate in your communities?

Who would be involved?

How much input can the child have?

Are there any unspoken rules that influence how we react to challenging behaviors in children?

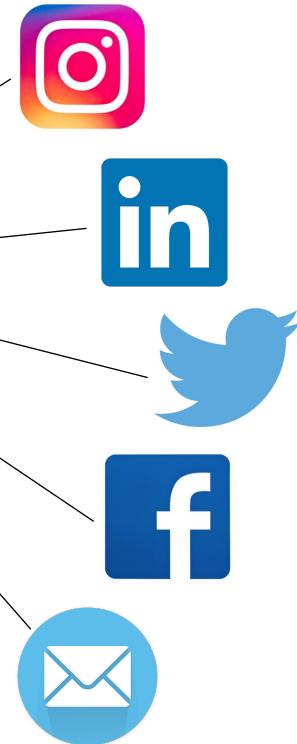
Are there any unspoken rules about how we deal with bad events in our home, family or community?

The background features a dynamic, abstract design. On the left, a series of concentric, wavy lines in shades of pink and yellow radiate from the center. A diagonal band of blue with similar wavy patterns cuts across the middle. In the top right corner, a grid of small white dots is arranged in a staggered pattern.

**QUESTIONS?
COMMENTS?
FEEDBACK?**

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Introduction to Trauma Informed Schools

THANK YOU!

