When Trauma Enters the Classroom

Addressing trauma in our schools

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Overview of presentation

Agenda

- Introduction-5 minutes
- What do you know about trauma and the characteristics of trauma?5-7 minutes
- Can you Ace the ACE (Adverse Childhood Experiences)-5 minutes
- What is Trauma? Types of Trauma/Definitions of Trauma-5 minutes
- Prevalence of Childhood Trauma-5 minutes
- Activity #2-Trauma examples-5 minutes

source: Trauma Sensitive School Training
Overview of presentation 2

Agenda

- Common Responses to trauma- 5 minutes
- Triggers-3 minutes
- What is the impact of Exposure to Trauma-5
- What does this mean for schools-5-7
- Activity #3-putting trauma lenses on -5-7 minutes
- Activity #4-Creating trauma-sensitive solutions-5-10 minutes
- Activity #5-Where do we begin-5 minutes
- School-Based Initiatives-3-5 minutes
- Professional Development-5 minutes

source: Trauma Sensitive School Training
Activity #1

What do you know about trauma and ACE (adverse childhood experiences)?

Please take 3 minutes to write everything you know about Trauma?

Complete the ACE questionnaire (Handout)
Identifying Trauma in your environment

1 in 5 adults report 3 or more adverse childhood experiences.

Now think about the ACE as it relates to students at your school

Also think about how your ACE score causes you to relate to students at your school

Definition of Trauma

The three “E’s” of trauma

Trauma refers to an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects.
Types of Trauma

- **Natural disasters**: Hurricanes, fires, floods
- **Human-Caused disasters**: Accidents, wars, environmental disasters, acts of terrorism
- **Community violence**: Robberies, shootings, assault, gang-related violence, hate crimes, group trauma affecting a particular community
- **School Violence**: Threats, fights, school shootings, bullying, loss of a student or staff member
Types of Trauma 2

- **Family trauma**: Abuse, neglect, experiencing or witnessing domestic violence, incarceration of family members, family substance abuse, sudden or expected loss of a loved one

- **Refugee and Immigrant trauma**: Exposure to war, political violence, torture, forced displacement, migration and acculturation stressors, fears of deportation

- **Medical Trauma**: Pain, injury and serious illness, invasive medical procedures or treatments

- **Poverty**: Lack of resources, support networks, or mobility, financial stressors, homelessness
Types of Trauma 3

The term **complex trauma** refers to exposure to multiple traumatic events from an early age, **and** the immediate and long-term effects of these experiences over development.
Types of Trauma 4

**Historical Trauma:** “The cumulative emotional and psychological wounding across generations, including the lifespan, which emanates from massive group trauma” – Maria Yellow

Examples of Historical trauma:
- American Indian and Alaska Native Communities
- Communities of Color
- Holocaust Survivors
- Japanese-American survivors of internment camps
- LGBTQ communities
Types of Trauma 5

**Racial Trauma:** Potentially traumatic experiences resulting from direct experiences of racial harassment, witnessing racial violence toward others, and experiencing discrimination and institutional racism.
Prevalence of Childhood Trauma

Statistics

Young children exposed to five or more significant adverse experiences in the first three years of childhood face a 76% likelihood of having one or more delays in language, emotional or brain development

60% of adults report experiencing abuse or other difficult family circumstances during childhood

26% of children in the United States will witness or experience a traumatic event before the age of four

2% of all children experienced sexual assault or sexual abuse during the past year, with the rate at nearly 11% for girls between the ages of 14-17

Nearly 14% of children repeatedly experienced maltreatment by a caregiver, including nearly 4% who experienced physical abuse.

In one year, 39% of children between the ages of 12 to 17 reported witnessing violence, 17% reported being a victim of physical assault and 8% reported being the victim of sexual assault.

More than 60% of youth age 17 and younger have been exposed to crime, violence and abuse either directly or indirectly.

Prevalence of Childhood Trauma 3

Groups at increased risk of exposure to trauma:

- Youth of color ages 12 to 19
- African American youth living in urban, low-income communities
- American Indian/Alaska Native children and youth
- Children and youth with disabilities
- Refugees
- Children and youth who are homeless and living in poverty
- LGBTQ children and youth

## Types of Trauma

### Acute
- Accident
- Natural disaster
- Single act of violence or terrorism
- Sudden unexpected loss

### Chronic
- Prolonged family or community violence
- Long-term illness
- Chronic bullying
- Chronic poverty and related stressors
- Exposure to war, torture, or forced displacement

### Complex
- Physical, emotional and sexual abuse within caregiving systems
- Ongoing neglect by caregivers
- Witnessing domestic violence
- Other forms of chronic violence without support

### Historical & Racial
- Systemic oppression of particular groups across generations
- Racism
- Discrimination
- Harassment
Activity #2: Types of Trauma

On your handout labeled Activity #2, it lists the various types of trauma by category: acute, chronic, complex, historical and racial. Fill in the fourth column with examples of different types of trauma experienced by the students at your school.
Common Responses to trauma

Young Children

• Fear, anxiety, worry
• Changes in sleeping and eating
• Thinking brain goes off-line. Emotional brain activates fight or flight response
• Thinking brain shuts off the alarm and helps us to calm down.
• An experience becomes traumatic when it overwhelms our system for responding to stress
• The emotional brain continues to sound the alarm and send messages to fight or flee, even after the threat has passed.
• Regressing behaviors (loss of speech, wetting the bed)
• Reenacting aspects of the traumatic event in play
Common responses to trauma 2

School-Age Children

- Fear, anxiety, worry
- Feelings of guilt, shame, and self blame
- Headaches and stomach aches
- Nightmares, disrupted sleep
- Difficulty concentrating
- Angry outbursts, aggression and withdrawal
- Over or under reactions to situations in the environment (e.g. sudden-movements, loud noises, physical contact)
Triggers

• Reminders of past traumatic experiences that automatically cause the body to react as if the traumatic event is happening again in that moment
• Responses can appear confusing and out of place and be misunderstood by others
Common Responses to trauma 2

Adolescents

- Fear, anxiety, worry
- Concerns about how others will view them after the event
- Shame, guilt, responsibility, embarrassment
- Withdrawal from family, peers, activities
- Avoid reminders of the event
- More intense mood swings
- Decline in school performance
- Increase in risk-taking behaviors (e.g. alcohol/drug use, sexual behaviors, fights, self-harm)
Triggers 2

Youth

- Loud noises
- Physical touch
- Threatening gestures
- Authority figures and limit setting
- Chaos or uncertainty
- Particular spaces (e.g. bathrooms or secluded areas)
- Changes in routine
- Witnessing violence between others, such as peer fighting
- Emergency vehicles
- Certain smells
- Particular times of year (e.g. anniversary of a loved ones death)
Triggers 3

Parents

- School environment
- Shame and embarrassment
- Confusion in meetings
- Fear of other system involvement
- Interactions with staff who they know or who remind them of someone connected to a past traumatic experience
- Situations that trigger feelings of helplessness and loss of control
Common responses to triggers

• **Fight responses**: yelling, swearing, posturing, aggressive behavior
• **Flight responses**: running away, refusing to talk, avoidance, substance use
• **Freeze responses**: spacing out, appearing numb, disconnected, confused, or unresponsive
Activity #3: Putting your trauma glasses on (Handout)
What trauma looks like at school

As we have learned reactions to trauma looks like many different things. In some children it may appear like an attention issue, in others it may appear that a student is lazy, or resistant. Some students may exhibit lethargy or other psycho-somatic symptoms (e.g. complain of stomach ache, headache, etc.)
Activity #4: Creating Trauma Sensitive solutions (Handout)

Scenario #1: Maria is a 13-year-old eighth grader. She most often appears disconnected and disinterested. She fidgets, avoids eye-contact, mumbles when adults ask her questions, and mostly doesn’t appear to care about anything. She seems to understand the material and sometimes does well on assignments but refuses to engage with others during the school day. Teachers complain that she often puts her head down and attempts to sleep during class. This gets increasingly frustrating for adults who keep prompting Maria to sit up and engage. These power struggles frequently end with Maria either leaving the classroom or putting her head down for the remainder of the period.
Activity #4: Creating Trauma Sensitive solutions 1

**Scenario #2**: Jamie is a sophomore in high school and is constantly in trouble at school. He has a very short fuse and will quickly become aggressive when adults call him out on his behaviors and set limits. Jamie is particularly confrontational toward male staff. His pattern is often to begin by challenging a teacher during class—either questioning what they are doing or refusing to participate. From there, things often escalate, as Jamie becomes loud, paces around his desk, and is eventually ordered to leave the classroom. Once in the hallway, he becomes disruptive to other classrooms and has a lot of difficulty calming down.
Activity #4: Creating Trauma Sensitive solutions 2

**Scenario #3:** Joshua is a kindergarten student. He acts out in the classroom throwing chairs and books. He also crawls around on the floor during circle time. He yells out at the teacher while she is trying to do circle time. As the teacher tries to redirect him, he begins to cry loudly and hits the teacher. When the teacher tries to restrain him, he becomes more violent and kicks the teacher. He then runs out of the classroom.
Activity #5: Where do we begin? (Handout)

How do we begin to address Trauma at the micro level
• Classroom Level
• School Level
• District level
• Community Level
School-Based strategies

- Professional development with the staff on identifying trauma
- Best practices from teachers who have developed good relationships with students who are experiencing trauma
- Develop relationships with community mental health agencies
- Introduce the topic of Trauma to your parents through various parent workshops
- Introduce mindfulness to parents
- Introduce Mindfulness to students and staff
- Implement other staff wellness activities
- Develop a Trauma-informed strategic plan
Professional development

- Introduce at the beginning of the year
- Develop a team (could be in conjunction with school leadership team/PLC/ and IR & S committee)
- Plan for staff and parents simultaneously
- Plan the calendar for the entire school year
- Base topics around community happenings (e.g. health fairs, National Mental Health Month, Holiday blues, stress relief initiatives)
- Encourage parent attendance by offering give-aways and incentives
- Schedule a minimum of 4 staff/teacher and 4 parent workshops
Resources

PROGRAMS/CURRICULA

- The Second Step Program: Skills for Social and Academic Success (PK-8th grade)
- BounceBack program – www.bouncebackprogram.org
- Acестoohigh.com
- Positive Discipline

BOOKS

- Allison Morgan, MA OTR, RYT. Educate 2B: Tools for Engaged Learning and Living (Mindfulness)
- Bessel Van Der Kolk, MD. The Body Keeps The Score: Brain, Mind, and Body in the Healing of Trauma
References

Bessel Van Der Kolk, MD(2014). *The Body Keeps The Score: Brain, Mind and Body In the Healing of Trauma, New York: Penguin Books*

Bornstein, David. “Schools that Separate the Child from the Trauma. *New York Times, November 13, 2013*

Cole, Susan. “Understanding Trauma’s Impact on Learning”. *School Administrator, February, 2019, 2(76).*


“Mindfulness won’t save us, fixing the system will. *ASCD Education Update, Vol. 61 (5), May, 2019*
Thank You!

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