WHAT IS TRAUMA?
Trauma is the “psychological, emotional response to an event or an experience that is deeply distressing or disturbing” (Center for Treatment of Anxiety and Mood Disorders). These traumatic events can be any “frightening, dangerous, or violent event that poses a threat to a child’s life or bodily integrity” or the witnessing of an event that threatens the safety of a loved one (National Childhood Trauma Stress Network). Exposure to these traumatic events alters a child’s brain development and can have lasting impact on a child’s well-being.

Examples of traumatic events include:
- Physical, sexual, or psychological abuse or neglect
- Natural and technological disasters or terrorism
- Family or community violence
- Loss of a loved one
- Family substance abuse
- Refugee and war experiences
- Serious accidents or life-threatening illness
- Military family-related stressors

Reactions to trauma can include:
- Intense and ongoing emotional upset
- Depressive symptoms or anxiety
- Behavioral changes
- Difficulties with self-regulation
- Problems relating to others/forming attachments
- Loss of previously acquired skills
- Attention and academic difficulties
- Nightmares
- Problems sleeping or eating
- Physical symptoms, such as aches and pains

Prevalence:
- Twenty-six percent of children in the United States will witness or experience a traumatic event before they turn four years old (National Center for Mental Health Promotion and Youth Violence Prevention, “Childhood Trauma and Its Effect on Healthy Development,” July 2012).
- More than 10% of youth age 17 and younger reported five or more exposures to violence (Bell, C.C. & Jenkins E.J. (1993). “Community Violence and Children on Chicago’s Southside.” Psychiatry, 56 (1): 46-54)
- 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 their language, emotional or brain development (Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services, Resources for Child Trauma-Informed Care: samhsa.gov/children/awareness-day/2018/resource-list-traumatic-stress)

TRAUMA-INFORMED SCHOOLS
Trauma-informed schools understand the educational impacts of trauma, and are safe, supportive environments, where students form positive connections with adults and peers and learn to regulate their emotions.

Core attributes of a trauma-informed or trauma sensitive school can include the following:
- A shared understanding among all staff.
- The school supports ALL children to feel safe physically, socially, emotionally and academically.
- The school addresses students’ needs in holistic ways, taking into account their relationships, self-regulation, academic competence, and physical and emotional well-being.

SPECIAL EDUCATION SERVICES
TRAUMA-INFORMED SCHOOLS

- National Childhood Trauma Stress Network
  nctsn.org
- Child Trauma Academy
  childtrauma.org
- Trauma Statistics
  recognize trauma.org

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- The school addresses students’ needs in holistic ways, taking into account their relationships, self-regulation, academic competence, and physical and emotional well-being.
The school explicitly connects students to the school community and provides multiple opportunities to practice newly developing skills.

When implementing trauma-informed instruction, remember:

1. It is a brain issue, not a behavioral issue.
   Our job is to teach students how to regulate, not just how to behave. Incorporate regulatory activities into the culture of the classroom and support students in their ability to practice and learn these coping techniques. Explicitly teach students how to identify feelings and emotions as the first step in self-regulation and practice regulatory strategies, such as mindfulness and meditation.
   - Mindfulness in Classrooms: mindfulschools.org/resources/explore-mindful-resources
   - Guided Meditation for Schools: calm.com/schools
   - Zones of Regulation: zonesofregulation.com/research.html

2. Discipline is to teach, not to punish.
   Discipline should happen through the context of relationship, and consequences should allow students to remain in school and foster the building of trust and safety. Once students are able to identify their own emotions, explicitly teach self-regulation and coping skills such as deep breathing, asking for a break, or taking a drink of water. Explicitly teach students the five core competencies of social emotional learning (SEL) and incorporate these competencies into the general classroom environment.

3. Allow the student to de-escalate and regulate before solving the issue at hand.
   Problem solving and logical reasoning are not possible when a child is feeling threatened or has escalated. Designate a quiet space where a student can feel safe de-escalating, and wait until they are calm to discuss the situation. Ensuring that students feel physically and emotionally safe in the environment increases the likelihood of their ability to regulate more independently. For more information on de-escalation techniques, visit the resources listed below.

4. It is never about the current issue. It goes much deeper.
   Think about what is really driving the student’s behavior. Listen and value the student’s voice, ask how you can help, and respond with empathy. Remember that the behavior has been developed through exposure to traumatic events, as a way to keep the student safe. When confronted by inappropriate student behavior, use empathy and reflection to strengthen your own skills. For more information on how to engage with students who have experienced trauma, please refer to these resources:

- Collaborative for Academic, Social, and Emotional Learning (CASEL): casel.org/what-is-sel
- Trauma and Learning: tramasensitiveschools.org/trauma-and-learning/the-solution-trauma-sensitive-schools
- Trauma-Informed Schools: traumainformedschool.us/resources.html
TRAUMA-INFORMED DISCIPLINE PRACTICES

Discipline practices that demonstrate adult control can push students into a heightened “brain state,” where logical reasoning is no longer possible, and the child uses learned behaviors of self-preservation and survival.

Brain States:
1. Calm
2. Aroused
3. Alarmed
4. Fearful
5. Terrorized

Re-Traumatizing Practices:
- Verbal reprimand/yelling
- Loss of recess/confinelement
- Seclusion from peers
- Suspension

Trauma-Informed Practices:
- Listen to the child
- Allow student to take responsibility
- Utilize consequences that teach new patterns of behavior

CHILD TRAUMA ACADEMY FREQUENTLY ASKED QUESTIONS

Questions for Students
In order to improve relationships with your students and demonstrate empathy, consider asking your students the following questions either as a group or individually.

1. What are some emotions you feel today?
2. What is something you can do to calm your emotions?
3. Are you hurting today? If so, describe what is hurting?
4. Is there something you would like your teacher or someone else to know today?
5. Is there something you need from your teacher today?

Questions for Teachers
In order to better empathize with students, use the following questions to reflect on your own practices.

1. How am I feeling today? What can I do to regulate myself, so I can be prepared to teach my students?
2. Have I set clear expectations for my classroom?
3. What is the emotional tone of my classroom?
4. Have I greeted all my students by name today?
5. Have I had at least one positive interaction with each student today?
6. Is there a student who needs extra attention or support today?

RESOURCE BOOKS
- The Trauma-Informed School by Heather Forbes
- Reaching and Teaching Children Exposed to Trauma by Barbara Sorrels

The contents of this handout were developed under a grant from the U.S. Department of Education. However, the content does not necessarily represent the policy of the U.S. Department of Education, and you should not assume endorsement by the federal government.