The Impact of Trauma on Learning and the
Value of Trauma Informed Practices in Education

by

*Katherine M. Geeraert*

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We accept the Graduate Applied Project as conforming to the required standard.

______________________________
Dr. Sarah Bonsor Kurki, Graduate Applied Project Faculty Supervisor
Faculty of Education, Vancouver Island University

______________________________
Dr. David Paterson, Dean, Faculty of Education
Faculty of Education, Vancouver Island University

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Abstract

Childhood trauma is pervasive and can have a major impact on the developing brain. The impact of trauma has the potential to affect a child across cognitive, social, behavioural, and emotional domains. Although it may be difficult for an educator to pinpoint trauma as a precipitating factor in student behaviour, becoming trauma informed and understanding the role of trauma informed practices in education may empower educators to better understand and help affected students.

Schools can implement proactive trauma informed practices to mitigate the effects of trauma on youth and maximize student success. Trauma informed practices in education focus on establishing a safe, predictable environment, building positive, supportive relationships, and teaching emotional management and self-regulation. This project provides an overview of trauma, the effects of trauma on the brain and student learning, and describes trauma informed practices in education. As well, this project includes an index that educators may use to reflect on their current practices.

*Keywords:* trauma, cognitive, social, emotional, behavioural, learning, trauma informed practices, safety, relationships, self-regulation
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Dedication

This work is dedicated to my greatest teacher: my son. My wish is that all children be given the support and care they need to smile, laugh, and learn as effortlessly as he does.
# Table of Contents

Abstract .......................................................................................................................... ii  

Acknowledgements ........................................................................................................ iii 

Dedication ....................................................................................................................... iv 

Chapter One: Introduction ............................................................................................. 1  
  Introduction .................................................................................................................. 1  
  Trauma ......................................................................................................................... 1  
  Trauma and Learning .................................................................................................. 2  
  The Role of Resiliency ............................................................................................... 4  
  Personal Context .......................................................................................................... 5  
  Statement of Problem ................................................................................................. 7  
    Guiding Questions ..................................................................................................... 8  
  Contribution to Issue .................................................................................................. 9  
  Connection to Special Education ............................................................................... 10  
  Conclusion .................................................................................................................. 10  

Chapter Two: Literature Review .................................................................................... 11  
  Introduction ................................................................................................................ 11  
  What is Trauma? ........................................................................................................ 11  
    Trauma and Development ...................................................................................... 12  
  Trauma and the Brain ............................................................................................... 13  
  Hyperarousal ............................................................................................................. 14  
  Dissociation ............................................................................................................... 15
Conclusions.................................................................................................................................................. 41
References.................................................................................................................................................. 42
Appendix 1.................................................................................................................................................. 47
Appendix 2.................................................................................................................................................. 48
Appendix 3.................................................................................................................................................. 54
Appendix 4.................................................................................................................................................. 57
Chapter One

Introduction

Childhood trauma has an impact on the developing brain (Perry, Pollard, Blakley, Baker, & Vigilante, 1995), and subsequently affects how children thrive emotionally, behaviourally, socially, and cognitively (Perry et. al., 1995). This project focuses on how trauma affects children, what trauma informed practices in education look like, and introduces a tool with which educators may reflect on their own level of trauma sensitivity in the classroom and school. In this introductory chapter, the preliminary discussion focuses on defining trauma and discussing its effects on learning and resiliency while setting a personal context for this choice of study. The chapter concludes with a brief overview of the project and illuminates on its connection to the field of Special Education.

Trauma

Trauma is the physiological response to adverse life experiences. Trauma may occur following traumatic events such as: abuse, maltreatment, witnessing or being subject to violence, witnessing parental substance abuse, natural disasters, family member incarceration, living with a parent with an untreated mental illness, neglect, or death of a loved one (Bloom & Vargas, 2007). Trauma may be complex or acute in nature. Complex trauma refers to repeated traumatizing experiences, such as neglect or abuse, whereas acute trauma refers to surprising and unprecedented events such as natural disasters or major accidents (Bell, Limberg, & Robinson, 2013, p. 140). While both can be potentially damaging, chronic repeated trauma often leads to greater detriment to child development (Walkley & Cox, 2013, p. 123).
In the first few years of life, the relationships, environments, and temperaments that children are exposed to set the tone for how they see the world and interact with others. During this vital time in development, the brain organizes its structures (Perry, 2009). This organization includes the development of neural pathways from the lower brain to the rest of the brain; essentially building roads of communication from one area to the other. Just as love and attachment can nurture positive brain development, conversely, trauma can cause disordered brain development (Perry, 2009). Therefore, a long-term effect of untreated early childhood trauma is a disturbance in brain function. Repeated triggering of the stress response directly affects the patterns of neural pathways leading to a physiological state in which the brain is “…acting as if the individual is under persistent threat” (Perry, 2009, p. 244). Consider an experience in which you felt anxious, threatened, confused, or fearful – in that moment would you have also felt able to function at your best at work or in your family life? Consider feeling this way as a young child. Not surprisingly “…the impact of childhood trauma on biological, psychological, and social disorders can have devastating outcomes on a young person’s ability to learn in an educational setting” (Bruznell et al., 2016, p. 220).

**Trauma and Learning**

Trauma directly affects student learning, social emotional development, and overall well-being (Saigh, Yask, Oberfield, Halamandaris, & McHugh, 2002). In the classroom, trauma may be evident through a variety of externalizing and internalizing behaviours. Externalizing behaviours may include aggression, disobedience, argumentativeness, inability to play/interact appropriately with others, violent outbursts, hyperactivity, and/or defiance (Saigh et al., 2002). Examples of internalizing behaviours include social withdrawal, distrust, high anxiety, high sensitivity, shyness, mutism, inattentiveness, and/or distractedness. Subsequently, children with
trauma may experience challenges to academic, social, and emotional development, which may lead to a decrease in IQ and reading ability, lower achievement in classes, higher rates of school absence, and decreased rates of high school graduation (Jaycox et al., 2009). Trauma may impair an individual’s ability to problem solve, self-regulate behaviour, build relationships with others, and adapt to new and changing situations (Bruznell, 2016). As well, these struggles also make children more prone to retraumatization, a re-experiencing of intense trauma symptoms (Bell, Limberg, & Robinson, 2013, p. 140), when they are faced with day-to-day adversities. Untreated childhood trauma has been linked to the development of a myriad of physical and mental afflictions later in life, including addiction. (Bloom & Vargas, 2007). Unfortunately, identifying trauma as the root of a student’s behaviour or learning challenges at school may be difficult. This poses a conundrum for educators: how can we implement effective interventions to alleviate student struggles if we are unaware of the underlying causes?

When trauma affects a student’s social-emotional well-being, the symptoms of this may be misinterpreted as something more recognizable to an educational professional, such as Attention Deficit Hyperactivity Disorder or Oppositional Defiance Disorder, or anxiety or depression (Brunzell, Stokes, Waters, 2016). This is because children who experience or are exposed to trauma may exhibit their response to this trauma in a myriad of ways: through anxiety problems, depressive symptoms, dissociation, impairment in school functioning, decreased intellectual functioning and reading ability, lower grade point average and more days of school absence, decreased rates of high school graduation…and is related to behavioural problems, particularly aggressive and delinquent behaviour. (Jaycox et al., 2009, p. 52)
Essentially “(t)rauma fractures one’s sense of control, connection, and meaning” (Sitler, 2009, p. 120) which can be detrimental to social emotional well-being. This impact affects how a student functions within the classroom, creating a predictor for outcomes later in life (Perry & Daniels, 2016), as well-being in childhood is linked to a person’s success and long term health outcomes (Jones, Greenberg, & Crowley, 2015, p. 2289). “Success in school involves both social-emotional and cognitive skills, because social interactions, attention, and self-control affect readiness for learning” (Jones & Crowley, 2015, p. 2283). In other words, our success and well-being are connected to our social-emotional health. As teachers, we are often in a position to affect the social-emotional well-being of our students. For many students who are coming to school from an unstable, neglectful, or abusive home, the classroom may be the most consistent, caring, and compassionate place in that child’s life (Bruznell et al., 2016). It may not be necessary for the educator to be aware of a student’s trauma in order to make an impact on their well-being and development at school: building relationships and establishing the school as a safe place by setting consistent expectations creates a space in which all students are socially and emotionally supported in their learning.

The Role of Resiliency

Our reactions to unpredictable and traumatic experiences depend largely on our aptitude for resilience, or, our “ability to recover from or adjust easily to misfortune or change,” (Merriam-Webster). This aptitude hinges on our relationships and sense of safety from infancy onwards. Though it is often said that children are inherently resilient, this is a myth (Perry et al., 1995). Resiliency isn’t something that we are equipped with at birth – it is something we are shown – something we learn through support, love, and care (Perry et al., 1995). While we all encounter adverse experiences in our lives (to varying degrees of extremity), our resiliency
building skills are largely rooted in the support, care, trust, and bonds of attachment that we have in our lives (Gray Smith, 2012, p. 10). When we have a network of support that empowers us to learn from our struggles, we also learn to develop greater resiliency (Gray Smith, 2012, p. 10). Therefore, resiliency is something learned through the relationships that enable us to be empowered in overcoming adversity. The development of this aptitude for resiliency begins in the first few years of life; consistent nurturing tells the infant that they are safe and supported, this empowers them to take risks in learning new things - to fail, find encouragement, and to persist. Contrariwise, however, neglect and maltreatment can strip away one’s ability to develop an aptitude for resiliency. How can educators empower children to build resiliency? Establishing compassionate, positive relationships amongst staff, students, and administrators is key to fostering resiliency in students as it allows students to trust in the support of their school community (Harvey, 2007). From a platform of trust and understanding amongst the school community, educators can further foster resiliency in students by teaching self-regulation, by maximizing student participation and involvement in activities, by bolstering student self-confidence and competence, and by promoting positive attitudes such as optimism, gratitude, and determination (Harvey, 2007).

**Personal Context**

As an educator, I seek to make space for each of my student’s individuality, to empower them to explore and inquire through their unique lens, and to provide an environment in which they can thrive in learning and well-being. My over-arching interest in education as a whole, and what has really drawn me to become a special education teacher, is the importance I see in advocating for the social-emotional well-being of students. As a teacher in training I noticed that discussion around understanding student social-emotional challenges and guidance in fostering
social emotional health and well-being was greatly lacking in our education program, however, from the moment I stepped foot in a classroom I quickly recognized that it is vital to student success that educators be aware of these concerns. Since that time, I have strived to emphasize the importance of each individual’s social-emotional well-being as an essential starting point in the classroom. In fact, this has been the driving force in how I structure each lesson and engage in each interaction with my students; when students are clear-headed and calm, they can focus, and in this focus they are ready to learn. Practices that I utilize to bolster student focus and engagement are centered on helping students see their potential, assisting them in finding their confidence, and facilitating activities that enable them to feel strength in their individuality.

While living in a coastal town in Fukushima, Japan in 2011, I survived a major earthquake, tsunami, and battled with the psychological effects of a subsequent nuclear disaster along with the staff and students at the high school I worked at. As the details of my experience involve so many people – colleagues, students, friends – I will not expand on the particulars as to protect their privacy. I could not and would not ever speak for anyone else who experienced these events, but I do believe that it is important to share my experience in setting the context for this topic of study. Sharing a story such as this starts an important conversation around trauma, resiliency, and recovery. After the initial disasters in Japan came many aftershocks, many terrifying news stories, and many moments of uncertainty. I remember a sense of my reality being completely overhauled – what was would never be the same again. I was rattled to my core by many questionable moments in which I saw the sense of safety that my parents had lovingly instilled in me from childhood completely vanish. I remember believing that I was at the end of my life but in that conclusion I was awash with a feeling of simple gratitude for the trust and security I was able to have through my life and travels. How fortunate I felt then, to realize that
my metaphorical safety net was strong and secure well into my adult life. Afterwards though, the devastating impact of such an event meant that it would take me years to reclaim a concrete sense of a “tomorrow”. Still today I am unable to express the utter uncertainty that I felt on that first day and the days, months, and years that directly followed. The overwhelming feelings of confusion, anxiety, shame, and guilt that follow trauma are impossible to describe, and are impossible to reason with. Through all this, however, I was very fortunate – I knew care, compassion, love, structure, stability, and safety – I was resilient: that meant that one day I would be able to truly feel stable earth under my feet.

Resiliency and recovery, unfortunately, is not always the reality for everyone who endures a traumatic experience or multiple traumatic experiences. Sadly, not everyone has a fundamental platform of compassion, trust, and resilience from which to explore the world. I am an educator today because there are students who need this fundamental support. Every child deserves compassion, patience, and care; every child deserves to feel safe and supported. In stumbling upon the term “Trauma Informed Education” in 2016, I felt an instant connection with the research. In Trauma Informed Education, the application of trauma informed practices in education, I discovered a pedagogy that supports the development of support, structure, compassion, safety, and relationships (Brunzell et. al, 2016). The value of these concepts is increasingly building momentum through current discourse in education and psychology, which I hope will lead to greater support for struggling students.

**Statement of Problem**

Studies show us that childhood trauma affects brain development (Perry, 2009); for our students this impact manifests in behavioural, cognitive, physical, and emotional domains. Around the globe, as many as one in three people witness or are subject to one or more traumatic
events during childhood (Rinne-Albers et al., 2013, p. 745). Childhood trauma is pervasive, and the effects of trauma left unnoticed can reverberate throughout a child’s life. Educators are in a very unique position from which they can observe and witness a child’s actions and behaviours, as well as choose how to respond to these behaviours. This response works to form the relationship between the student and educator – something that can have a very meaningful impact on a child’s life. A study by Decker, Dona, and Christenson (2007) on the value of relationships between at-risk youth and teachers found that, “the quality of the student–teacher relationship can either support or deter resiliency for at-risk students” (p. 107). In other words, a teacher can either foster positive behavioural change or prevent it based on their interactions with the students.

Given that behavioural evidence of trauma can easily be disguised as or be comorbid with other afflictions such as AD/HD, ODD, or Depression (Brunzell, Stokes, Waters, 2016), teachers may not necessarily be able to identify a connection between trauma and behaviour. They can, however, watch for behavioural warning signs and act as an advocate for the student. In schools in British Columbia there is no consistent guidance on how to assist children living with trauma, outside of referral to counselors, or possibly with evidence of neglect or abuse; referral to the Ministry of Child and Family Services.

Guiding Questions. As educators, how can we best support students living with trauma on a daily basis? These students are in our schools; we spend the majority of their day with them. How can we best impact them in a way that may alleviate and work towards reversing affects of trauma? How do we ensure that they walk through the school doors everyday to continue their education? How do we ensure that they recognize the school as a safe place, and know that they are cared for, they are supported, and that they are valued?
Contribution to Issue

Educators are able to structure their practice in a way that is accommodating to all students, inclusive of those suffering from trauma. Trauma informed educators can empower their students by constructing an environment that is safe, by building supportive relationships, and by teaching emotional self-regulation. Therefore, my contribution to the field of Special Education is the development of a workshop that builds on knowledge and perspective around trauma and trauma informed practices, and facilitates an appreciative inquiry informed reflection on current practices.

The overarching goal of this workshop, which includes an info-session on trauma and its affect on learning, is to communicate the importance of implementing proactive school wide trauma informed practices. An integral piece of the workshop is a reflective self-assessment of educators’ and schools’ levels of trauma sensitivity. Rather than dictating how current practices should be changed, culled, or reorganized, the goal of this work to give educators the opportunity to learn about trauma informed practices while reflecting on how trauma informed their current practices are; educators do not need to walk away with the weight of implementing major change surrounding a rigid structure, but rather may walk away with a broader perspective on the importance around building a safe and truly inclusive school. Informed by appreciative inquiry, practitioners focus on what is already working in terms of building safe, supportive environments for their students and can reflect on how to further develop these practices. This workshop does not present a new framework; it shares information and expresses how educators already have the tools they need to support their students. Through this reflection, educators may become inspired by their unique role in creating a safe, positive, compassionate learning environment in which all students can thrive.
Connection to Special Education

Inclusion, “…the principle that all students are entitled to equitable access to learning, achievement and the pursuit of excellence in all aspects of their education,” (British Columbia Ministry of Education, 2016), is a central theme in Special Education in British Columbia. “Equitable access” suggests that students are met where they are at across all domains of development, and are given the tools they need to thrive in the school setting. By this definition, trauma informed practices fit into an inclusive school model as these practices support all students in finding success in their education, particularly those who may be affected by trauma and struggling from behavioural, cognitive, emotional, and/or social difficulties. According to Bilias-Lolis, Gelber, Rispoli, Bray, and Maykel (2017), “…all efforts toward inclusion should exist within a larger schoolwide commitment to foster academic and socioemotional resiliency of all learners” (p. 1234).

Conclusion

This chapter discussed major issues around the impact of childhood trauma and shared how the effects of trauma may arise in the classroom. While there is a lot of information surrounding the impact of trauma on children, development, and learning, an understanding of proactive trauma informed practices in schools is not yet widespread. This applied project seeks to emphasize the need for and understanding of proactive trauma informed practices in schools.
Chapter Two

Literature Review

Introduction

In exploring how educators can implement proactive trauma informed practices, it’s important to first understand what trauma is, how trauma affects children, and what these effects may look like in a classroom. To be proactive, it’s important to note that “…as teachers [and educators], we may be unaware that a student has experienced psychological trauma. Therefore, we need to teach in supportive ways” (Sitler, 2009, 120). While educators cannot know of or eliminate all possible triggers that may lead to retraumatization, they can build on their awareness of the impact of trauma and create environments that foster safety and support for students. “[A] trauma informed approach [is] one that realizes the impact of trauma, recognizes the symptoms of trauma, and responds by integrating knowledge about trauma policies and practices and seeks to reduce retraumatization,” (Weed Phifer & Hull, 2016, p. 202). While in many cases referrals to outside services and interventions are necessary for the effective recovery of a child with trauma, educators are with these children on a daily basis and can play an integral role in their recovery by helping students “…feel safe, connected, and supported” (Bell, Limberg, & Robinson, 2013, p. 142). This literature review will delve into how trauma affects children and how trauma informed practices impact student engagement, improve self-regulation, and build relationships while ensuring that students feel safe and cared for.

What is Trauma?

Childhood trauma is pervasive and can have wide ranging detrimental affects (Zakszeski, Ventresco, & Jaffé, 2017). As discussed in the first chapter, trauma is how the mind and body internalize a traumatic experience. Examples of traumatic experiences include “physical abuse,
domestic and community violence, motor vehicle accidents, chronic painful medical procedures, and natural disasters” (Walkley & Cox, 2013, p. 123). Essentially, any “…experience in which an individual feels horrified, terrified, or helpless” can lead to trauma. (Jaycox et. al., 2009, p. 51)

**Trauma and Development.** Early childhood experiences shape the development of our emotional, social, behavioural, and cognitive patterns and traits (Perry, Polland, Blakely, Baker, & Vigilante, 1995). At the same time, these experiences establish our ability to be resilient; what we learn about people and the world during infancy and early childhood pre-determines how we will respond to adversities later on (Perry, Polland, Blakely, Baker, & Vigilante, 1995). The stability of the child’s home environment, which establishes the child’s baseline sense of safety, emotional regulation skills, and attachment to primary caregivers, determine a child’s response to traumatic events. If there are caring, supportive adults that can help the child through traumatic events, the impact of these events is lessened (Perry, 2009). Sadly, in cases of maltreatment and neglect, the home environment and relationship with caregivers is the source of the trauma. According to Dr. van der Kolk (2005) “…most trauma begins at home; the vast majority of people (about 80%) responsible for child maltreatment are children’s own parents” (p.402).

Complex trauma “describe(s) the experience of multiple, chronic and prolonged, developmentally adverse traumatic events, most often of a interpersonal nature and early-life onset. These exposures often occur within the child’s caregiving system and include physical, emotional, and educational neglect and child maltreatments beginning in early childhood” (van der Kolk, 2005, p. 402). This affects development in an extreme manner as “…chronic trauma interferes with neurobiological development and the capacity to integrate sensory, emotional and cognitive information into a cohesive whole” (van der Kolk, 2005, p.402). For a child’s brain to
develop healthy patterns, the child needs to be in a consistent loving environment; the absence of this can lead to developmental trauma. As Dr. Bruce Perry (2009) states,

Early developmental experiences with caregivers- the infant’s first exposure to humans – create a set of associations and “templates” for the child’s brain about what humans are. Are humans safe, predictable? Are they a source of sustenance, comfort, and pleasure? Or are they unpredictable and a source of fear, chaos, pain, and loss?...Relationships in early childhood, then, can alter the vulnerability/resilience balance for an individual child (p. 247).

Infancy and early childhood are crucial times for development, laying the foundation for how children will understand, interpret, and interact with the world around them.

**Trauma and the Brain**

The brain is most malleable during early childhood, and thus its development is influenced by our experiences and environment. Early childhood experiences, whether traumatic or positive, determine the organization and “functional capacity of the human brain” (Perry, 1995, p. 275). When the typical sequence of brain development is inundated with “…extreme, repetitive, or abnormal patterns of stress during critical or circumscribed periods of childhood brain development…[this] can impair, often permanently, the activity of major neuroregulatory systems, with profound and lasting neurobehavioural consequences” (Anda et. al, 2005, p.174). Later in life, the brain may still be impressionable, but not to the extent of that of an infant or toddler (Perry et al., 1995). How elements of the brain develop early on – in utero and in infancy – will affect how the rest of the brain organizes and functions (Perry, 2009, p.242). If connections are altered in lower parts of the brain that are developing during infancy, development of the rest of the brain will be affected. Thus, traumatizing events will have a
different impact on the developing brain depending on the age the child is subject to the trauma(s).

Early trauma affects the brain through decreased prefrontal cortex activity, which may lead to cognitive difficulties, problems managing emotions, and challenges with executive functioning (Bremner, 2006; Anda et al., 2005). Developmental trauma may also cause overactivity of the amygdala, leading to an easily triggered fear response (Bremner, 2006; Anda et al., 2005). Repeated triggering of the body’s stress response centre, the hypothalamic-pituitary-adrenal (HPA) axis, can habituate, leading to an overactive and dysregulated hormone response, which affects the hippocampus (Anda et al., 2005). Studies have shown that people with “early-abuse related” Post Traumatic Stress Disorder had hippocampal shrinkage (Anda et al., 2005, p. 175). According to Anda et al. (2005), “the hippocampus has the capacity to grow new neurons in adulthood (neurogenesis), but stress inhibits neurogenesis and memory function” (p. 175). The hippocampus benefits from an educational, supportive environment, while it suffers from a detrimental one (Anda et. al., 2005). Overall, according to van der Kolk (2005), “chronic trauma interferes with neurobiological development and the capacity to integrate sensory, emotional, an cognitive information into a cohesive whole” (p. 402).

Children who have suffered from developmental trauma may exhibit these effects through continued states of either dissociation or hyperarousal (Perry et al., 1995). Once these responses are triggered by an initial event, a dissociative or hyperaroused “state” may be reactivated by reminders of the primary trauma, invoking a similar physiological response, which over time may develop into a “trait”(Perry et al., 1995).

**Hyperarousal.** Hyperarousal is summed up as the fight or flight response. Symptoms of hyperarousal may include “…increased heart rate, blood pressure, respiration…a sense of
hypervigilance, and a tuning out of all non-critical information…these actions prepare the body for defence – to fight with or run away from the perceived or sensed threat” (Perry et al., 1995, p. 277). Essentially, when in a state of hyperarousal, the brain and body are caught in a re-experiencing of acute symptoms present during the primary traumatic event (Perry et. al, 1995). Over time, the strain of experiencing and re-experiencing these symptoms may materialize in the development of “…hyperactivity, anxiety, behavioural impulsivity, sleep problems, tachycardia, hypertension, and a variety of neuroendocrine abnormalities” (Perry et. al, 1995, 178).

**Dissociation.** Dissociation is the quiet sibling to hyperarousal – it is the freeze or surrender response (Perry et al., 1995). Perry (1995) states that, “Dissociation is simply disengaging from stimuli in the external world and attending to an “internal” world…[a dissociative response in children afflicted by trauma includes] numbing, compliance, avoidance…” (Perry et. al, 1995, p. 280-281). Dissociation in essence is giving up “the fight” - as a quiet disposition and compliance is characteristic of those in a dissociative state, these children often do not get the same response and attention as those in the hyperarousal state. Their behaviours are internalized rather than externalized, and so often their struggles may go unnoticed and therefore unaddressed (Perry et al, 1995).

**Clinical Classification.** There has been discussion on including a diagnostic classification of complex developmental trauma in the Diagnostic and Statistic Manual of Mental Disorders (Rahim, 2014), however, this has not yet occurred. Instead, often times the ailments that arise from trauma, such as depression or anxiety, are treated as isolated conditions rather than part of a whole. Without diagnostic criteria or classification, interventions may tackle symptoms, but it is improbable that the underlying issues would be addressed (Rahim, 2014, p. 550). This lack of classification, then, also prevents further attention being brought to the issue,
and through this attention, “…evidence-based treatment guidelines cannot be formulated” (Rahim, 2014, p. 550). Moreover, lack of a clinical classification may lead to developmental trauma sufferers not receiving the help they need, resulting in “…either those children will be diagnosed inadequately or incorrectly, or they will be rejected from the service and advised to seek help elsewhere” (Rahim, 2014, p. 552). Interestingly, “Posttraumatic stress disorder (PTSD) is not the most common psychiatric diagnosis in children with histories of chronic trauma” (van der Kolk, 2005, p. 405). Though, according to van der Kolk (2005), “the diagnosis of PTSD is not developmentally sensitive and does not adequately describe the effect of exposure to childhood trauma on the developing child (p. 405). In the school setting, the lack of a diagnostic category means that complex developmental trauma sufferers are not identified with a specific set of diagnostic criteria. Without specific criteria there are no specific interventions; educators are left without information and training on how to support these students. Instead, due to the breadth of cognitive, emotional, social, and behavioural symptoms related to complex developmental trauma, these children may be incorrectly assessed. Consequently, students may be receiving treatment and/or medications for afflictions that they do not directly suffer from (Brunzell, Stokes, and Waters, 2016), and as a result there may be further detriment rather than healing while the root cause of trauma goes untreated. As Watt (2017) states, “…the DSM and established assessment tools, more often than not, force providers to focus on symptoms without consideration of their causes” (p. 397). A greater focus should be made on how misdiagnosis may occur due to adjacent symptoms with other afflictions such as ADHD (Brunzell, Stokes, and Waters, 2016), and on how this may be understood and recognized in the school setting. Trauma informed practice in the field of education is a relatively new area of study that has not yet been deeply explored. To work towards addressing developmental trauma as an origin of student
difficulty, there needs to be work around setting specific criteria for diagnosis, as well as clear ministerial guidelines on the implications of these diagnosis’ within the realm of student services.

**Impact on Learning**

Symptoms of trauma can affect a student’s ability to achieve success in school. Moreover, “…exposure to trauma has been connected to lower grades, decreased IQ, and higher drop-out rates” (Bell, Limberg, and Robinson, 2013, p. 140). Given the prevalence of trauma, possibly affecting 1 in 4 students in Canadian schools (Alberta Education, 2018), educators should understand that evidence of trauma will resurface in their classroom. Symptoms of trauma recognizable to educators may be physical, emotional, behavioural, or cognitive in nature (Bell, Limberg, & Robinson, 2013, p. 142). As well, educators should be aware that trauma-related behaviours can be easily misinterpreted as something else. For example, children may have frequent complaints regarding physical aches, difficulty regulating emotions, exhibit either externalizing or internalizing behaviours, have an inability to focus, and/or struggle with skill development (Bell, Limberg, & Robinson, 2013). Symptoms such as those discussed above can lead to consequences in the child’s learning. While the educator may recognize the symptoms, they won’t necessarily connect the symptoms to trauma. According to Brunzell et al., (2016), close to 40% of students in the USA have been exposed to some form of traumatic stressor in their lives…many teachers are now faced with the challenge of educating trauma-affected students who present with a range of symptoms and behaviors including attention-deficit hyperactivity disorder, peer bullying, school refusal, conduct and oppositional defiance disorders, distracted or aggressive behavior, limited attentional capacities, poor emotional regulation, and/or hypervigilance (p. 63).
In recognizing symptoms, educators have the power to be a positive influence in their students' lives and create a support network for traumatized children to begin to recover (Bell, Limberg, and Robinson, 2013, 140) and find success in school. The more trauma informed that educators are, the better they will be equipped to respond to all students in a way that is safe, supportive, and compassionate. This approach would benefit all students’ ability to learn and grow, not just the students suffering from trauma. The key to really implementing trauma informed practice in the everyday school isn’t knowing every detail of every student’s personal history, it is to have a knowledge of trauma, its effects on learning, the myriad of symptoms that may be connected to it, and positive ways of working with students. According to Overstreet and Chafouleas (2016), “Preliminary evidence suggests that trauma-focused training delivered to service providers in clinical settings builds knowledge, changes attitudes, and fosters practices favorable to trauma informed approaches” (p. 2). Establishing a safe place in which students can thrive, building trust through positive relationships, and teaching emotional self-regulation are all major pillars of trauma informed care (Bath, 2008) and together can create a positive learning environment.

**Trauma Informed Practices in Education**

Trauma informed practices can refer to an array of techniques, frameworks, or interventions that are implemented to relieve symptoms of trauma. These practices can be implemented as a reactive or proactive measure. An example of a reactive Trauma Informed Practice is a school wide trauma symptoms assessment followed by pull out counseling in response to a community involved acute trauma such as a school shooting. An example of a proactive trauma informed practice is an ingrained school-wide focus on building a safe, supportive learning community by consistently responding to student behaviours and fostering healthy relationships amongst and between staff and students. Many teachers are likely
implementing these proactive measures but may not know that there are aligned with trauma informed care. Conversely, reactive trauma informed practices are implemented in connection with a specific event or series of events, and thus are easily categorized. A 2017 global review of school based Trauma Informed Practice program implementation found that the majority of programs implemented were reactive in nature – comparatively few were proactive (Zakszeski, Ventresco, & Jaffe, 2017). While it’s not always possible for educators to recognize behaviours as symptoms of trauma, implementing proactive trauma informed practices in schools can benefit all students inclusive of those suffering from trauma and alleviate symptoms by “…creat[ing] predictable environments in which students feel safe, secure, and supported” (Zakszeski, Ventresco, & Jaffe, 2017, p. 316). Employing trauma informed practice begins with first understanding the impact of trauma on development, cognition, emotions, and behaviour (Ministry of Children and Family Development, 2016). Secondly, trauma informed practices should strive to ensure children feel safe and have assistance in building self-regulatory skills (Ministry of Child and Family Development, 2016). From this knowledge and understanding, schools can consolidate a vision for adopting proactive school wide trauma informed practices that benefit students suffering from trauma. Howard Bath, (2008), specifically lists the three major pillars of trauma informed care that can be easily implemented as a proactive measure; establishing safety, building connections, and managing emotions. He asserts that “[these] elements…can be applied by anyone who has a role in caring for, teaching, or otherwise mentoring these [trauma affected] children and constitute the essential features of healing environments” (Bath, 2008, p. 21)

**Creating a Safe Environment.** A safe environment is one that is stable, caring, predictable and empowers children to have a voice (Bath, 2008, p. 19). “The defining experience
of any child who has experienced complex trauma is that of feeling unsafe” (Bath, 2008, p. 19); creating a safe place for children is the foundation of providing trauma-informed care. In situations where student behaviours warrant intervention by educators, the message should be consistent, compassionate, and communicative. Responding to behaviours with the intention of understanding the student and what is happening beyond the behaviour is key to establishing trust with students and letting them know that their school is a safe place, and that the adults in the school are there to support them. Unfortunately, often it is more likely that with the challenges of the busy school day educators may be more reactive to behaviours than communicative. According to Bath (2008), “The challenging behaviours of many traumatized children elicit controlling and even punitive responses from the adults who care for them. This phenomenon often creates unsafe environments for children” (p. 19). Moreover, these responses can negatively affect the development of positive relationships between students and educators. This presents a significant challenge for educators, as the complex behaviours stemming from trauma may potentially clash with the school’s code of conduct. According to Brunzell et al., 2016, “Managing disruptive classroom behaviours in a safe and supportive manner is a hallmark of trauma-informed teaching. Teachers should be prepared to address dysregulated students and defuse conflict through structure and consistency, encourage positive behaviours, set enforceable limits on unacceptable behaviours, determine logical consequences instead of punishment, and provide choices to allow student autonomy and control” (p. 67). It is not the aim of trauma informed practices to allow students to act as they please or do away with discipline, but rather create an environment in which everyone knows the expectations and guidelines and can feel safe, secure, and accepted within those guidelines (Brunzell et al., 2016).
Building Relationships & Teaching Emotional Regulation. Trauma, particularly in the case of complex developmental trauma, is marked by a lack of positive relationships that show consistent support, care, encouragement, and foster resiliency. Educators can further establish trust, stability, and safety for their students by fostering positive relationships based on compassion and communication. Building resilience hinges on “…positive connections with caring adults” (Bath, 2008, p. 20). According to Bath (2008),

…it appears that the brains of traumatized children have learned to associate adults with negative emotions which, in turn, lead to behaviours characterized by suspicion, avoidance, and/or outright hostility. The task for care providers and other mentors is to help restructure these associations so that children can develop positive emotional responses with some adults and can learn to accurately distinguish between those that threaten harm and those that do not (p. 20).

Improving relationships enables children to improve their ability to trust again, and through this trust they are better supported to develop skills and acquire knowledge in an educational setting. Development of emotional regulation is extremely important to children who have developmental trauma, as many of these children are prone to have immediate, dysregulated reactions to day-to-day adversities. After relationships are established, teaching self-regulation skills is a next step to encouraging positive outcomes in the classroom.

Shelble, Franks, and Miller examined the connection between emotional dysregulation and academic achievement in maltreated children. The study utilized a data set that included information on children aged 6-18 who were in the Florida welfare system – data from the Child and Adolescent Functional Assessment Scale (CAFAS) was used to determine academic performance and emotional dysregulation. They also examined different variables that affected
children, such as number of foster placements and time within the system. Through this study they concluded that, emotional regulation is connected academic resilience (Schleble, Franks, and Miller, 2010). According to Schelble, Franks, and Miller (2010),

Trauma may cause children to react to normal emotion-provoking situations in atypical ways, and exposure to unhealthy interactions may tax children’s developing emotional regulation processes…Emotional regulation difficulties have been shown to contribute uniquely to students’ academic performance…Students who can manage their emotions adequately are more likely to demonstrate normative abilities to pay attention to school work (p. 291).

This finding has important implications for educators, as it offers a possible proactive solution to alleviating students’ struggles through emotional management. Teaching self-regulation is imperative to student success; co-regulation is the most effective way to teach regulation of emotions (Bath, 2008). Essentially, co-regulation is teaching a child emotional management by managing your own emotions well – leading by example. Educators can also teach self-regulation by showing students how to become calm, and remain calm through adversity.

As, “the adoption of a trauma-informed approach can potentially impact the trajectory of emotional, behavioural, and social responses of trauma” (Weed Phifer & Hull, 2-16, p. 202), educators should implement trauma informed practices to maximize student success in school. How educators respond to symptoms plays a large role in student’s sense of safety and ability to adjust and progress in the classroom. Academic literature corroborates the need for the implementation of trauma informed practices in educational settings due to the prevalence of trauma and related symptoms amongst students (for instance, see Bruznell, Stokes, and Waters,
2016, and Perry and Daniels (2016) discussed below) however, to date there have been few studies conducted on the implementation of proactive trauma informed practices.

**Implementing Trauma Informed Practices in Schools**

In a trauma-informed practice pilot study, Perry & Daniels (2016) stated, “There is a proven link between healthy socio-emotional development and academic success” (p. 177). Perry & Daniels (2016) highlight a trauma-informed system as one that “…understands the widespread impact of trauma and potential paths to recovery; recognizes signs and symptoms of trauma from a systems perspective, and integrates trauma knowledge into policies, procedures, and practices…” (p. 178). Their pilot study looked at implementing trauma-informed practices at a public school and applied a mixed-methods approach to gathering data. Essentially, their study overviewed the following, “…[that] students requiring trauma-informed support are identified, schools implement systems to provide trauma informed services to students, and students learn skills in how to cope with current symptoms and how to respond to future stress…” (p.179).

Professional Development was given to staff to inform them on the effects and symptoms of trauma, as well as elements of trauma informed practices. Other elements of the pilot project included implementing a “Care Coordination”, a process that involved, “individualized, family-driven, and youth-guided collaboration to address the needs of families with complex challenges” (Perry & Daniels, 2016, p.179), which focused on heightening communication in an attempt to increase trust between families and the school (Perry & Daniels, 2016). The pilot project also provided clinical services that focused on building relationships between all administrators, staff, and students in the school. Essentially, they found that communication was able to open up through the workshops, providing a more open forum from which to establish trust and build relationships amongst staff and students. Perry & Daniels’ study concluded their discussion by
asserting that understanding the impact, signs, and symptoms of trauma as well as building knowledge around how to create a “…supportive, trauma-informed environment” is paramount to success with these initiatives (p. 185). Informing educators on trauma and its impact on the brain and learning is the first step towards intervention and positive change in the school setting.

The Trauma-Informed Positive Education (TIPE) approach, introduced by Brunzell, Stokes, and Waters, is a literature based approach that focuses on three domains: “repairing regulatory abilities, repairing disrupted attachment, and increasing psychological resources” (Brunzell, Stokes, and Waters, 2016, p. 71-74.) Within this approach they outline literature-based trauma informed and positive education centric classroom interventions that can be employed to address needs and bolster student success across these three domains. For example, in repairing regulatory abilities, educators support, “sensory accommodations…fidget toys…activity breaks…aerobic exercise included in the classroom timetable…consistent lesson and daily timetables…[and] mindfulness strategies” (p. 72). In terms of repairing disrupted attachment, the focus is on building strong attached relationships, emotional intelligence, [and promoting] play and fun” (p.72). Finally, the focus on increasing psychological resources works toward building gratitude, well-being, feelings of hope, resilience, and developing personal strengths (p.72-74). Brunzell, Stokes, and Waters (2016) state that “educational approaches are desperately required to address the complex needs of students struggling in classrooms due to their histories of trauma from abuse, neglect, family violence, or family home destabilization” (p. 63). In response to these behaviours, they suggest that most trauma informed practices in education work from a deficit perspective, in which the educator seeks to “repair” the student’s attachment and self-regulatory abilities. They insist that trauma informed practices should adopt a model that offers both a deficit-based perspective and a strength based perspective (Brunzell et
al., 2016). While the deficits based approach to trauma-informed education focuses on the necessity of “…repairing regulatory abilities and repairing disrupted attachment styles…,”(p. 68), a strength based approach is needed to allow students to “…build upon strengths toward well-being…” (Brunzell, 2016, p. 68). Teaching in a way that highlights student’s abilities builds confidence and fosters well-being, which could lead to a myriad of positive outcomes. For example, “[positive well-being] is linked to a constellation of positive outcomes, including effective learning, productivity, creativity, positive relationships, pro-social behaviour, health, and life expectancy…” (p. 68). Informed by positive psychology, “…the study of well-being, human strengths, and optimal functioning,” (Brunzell, Stokes, Waters, 2016, p. 221), the TIPE approach encourages educators to imbed co-regulatory practices and self-regulation practice in the daily classroom routine, while concurrently focusing on the development of strong relationships.

Brunzell, Stokes, and Waters completed a qualitative action research study on the implementation on TIPE in a flexible learning setting. Teachers were asked to journal on how students were affected by changes in the classroom (Brunzell, Stokes, and Waters, 2016, p. 224). The study took place over the first 13 weeks of the school year, intending to “represent the first developmental TIPE task of a teacher with a new group of students at the start of the academic year: establishing a regulated classroom of strong student (self-)management to set clear expectations for safe and successful learning,” (p. 226). In their study they focused on four sub themes: Rhythm, self-regulation, mindfulness, and de-escalation. Rhythm included, “…proactively using rhythm in the form of “brainbreaks”, applying rhythm as a form of triage intervention to address heightened or resisting students, and specifically focusing on heart rate as a rhythmic form of body regulation” (p. 226). They found that, “…rhythm as a form of
intervention can frame student-teacher interactions to better decrease the arousal response, build stamina for learning, and nurture the body’s capacity for sustained concentration” (pp. 227-228). Aiming at teaching self-regulation, students were taught about their own stress response and were given tools to help regulate their emotions throughout the school day while recognizing their readiness for learning (p. 228). The teachers found that their students came to employ tools learned during these lessons without prompting and that these lessons positively influenced the students’ readiness to learn (p. 230). They also focused on mindfulness activities, such as mindful breathing, visualizations, and calming activities, which, “teachers felt…had great potential for some of their students with severe regulatory challenges – once they were able to get student buy-in and establish safe and respectful routines” (p. 230). Finally, they focused on “de-escalation” wherein, “teachers assisted students to de-escalate by specifically learning about de-escalation, creating and using de-escalation maps, and designing individualized safety plans with and for students” (p. 231), thereby empowering students to eventually identify what they need and how to ask for it. Through the reliability of a rhythm based schedule, and lessons on self-regulation, mindfulness, and de-escalation, as shown in this study of the TIPE model implementation, students can become empowered to find their voice and speak out for what they need. Proactive trauma informed practices, those that foster safety, self-regulation, and relationship building, can be implemented in a whole school model, not just in specialized learning environments such as that in the TIPE study. Moreover, whole school programs, such as mindfulness initiatives and regular “brain breaks”, have the potential to benefit the well-being of all staff and students.

Trauma informed practices address behaviours through a safe, stable, and compassionate approach (Brunzell et al., 2016). Implementing these practices relies on an understanding that
student success is connected to safe, structured environments, self-regulation, positive relationships, resiliency and the ability to thrive against adversity. When looking at school conduct, behaviour, and achievement, the whole child must be considered – not just the behaviour or test mark that is plainly seen. A trauma informed lens doesn’t simply see a behaviour problem as the product of a “problematic” child, but rather the by-product of that particular child’s experiences (Brunzell et al., 2016). Trauma informed practices ensure that school personnel are educated and aware of how to best support students in a way that will help them feel secure, safe, and cared for (Brunzell et al., 2016). Many children suffering from trauma have been subject to extremely unpredictable, unstable situations and may lash out when their environment again becomes even slightly unpredictable or seemingly unstable. Implementing trauma informed practices is not about lenience, but rather consistency and reliability in how issues are approached in the school. Regulation is taught through co-regulation in which a teacher creates opportunity for the student, guided by teacher proximity and calm disposition, to express their frustrations and explore their feelings in a calm and controlled manner (Brunzell et al., 2016). Essentially, in this way, teachers model how to become calm by staying calm themselves. In implementing trauma-informed practices in education, the goal is to help build trust, stability, and success for the child who has been burdened with trauma. The message is: it is never too late for attachment to develop, for self-regulation to be learned, for confidence to be built, and for trust to be established (Brunzell et al., 2016).

**Limitations on the Implementation of Trauma Informed Practices**

Unfortunately, as with all change in thought and approach, without consistency it is difficult to commit school wide or district wide changes – all must be on board to truly commit to change (Crosby, 2015). Schools may adopt policies “officially”, but unless all staff agree that
the new theory or approach falls in line with their idea of best practices, it is impossible to truly
make systemic change. Beyond getting staff to adopt trauma-informed practices in a consistent
manner, another concern may be that the approach improperly implemented would lend more to
leniency rather than stability. Moreover, to truly teach through co-regulation, the educator must
be a very emotionally regulated person. Not every educator responds to students in the same
manner. Co-regulation requires a degree of flexibility and patience; many educators’ methods
may be too rigid and reactionary to accommodate these practices.

**Best Practices in British Columbia**

All teachers should adhere to their individual school and district’s mandate for best
practices when dealing with students who may be at-risk. The British Columbia Ministry of
Education provides guidance on teaching students with exceptionalities, however, there is no
specific literature on trauma informed interventions. The Ministry of Child and Family Services
has published *Healing Families, Helping Systems: A Trauma Informed Practice Guide for
Working with Children, Youth and Families* (2016), which provides action plans for those who
are working with children and families who suffer from trauma and can be applied in schools.

According to the BC Ministry of Education’s *Safe, Caring and Orderly Schools Information for
Administrators*, “…B.C. schools work to develop positive and welcoming cultures and are
committed to providing good environments for learning. Schools work to prevent problems
through community building, fostering respect, inclusion, fairness and equity” (BC Ministry of
Education, 2018). This mandate covers pillars of trauma informed care, however, does not
include the most vital piece: understanding the nature of trauma and its impact on child
development and student learning. The more that educators understand around trauma, the more
likely it could be, in the absence of specific interventions, that proactive trauma informed practices would be implemented in educational settings.

**Current Project**

In the absence of ministry mandates promoting the implementation of trauma informed practices in BC schools, this project has been created as an educational tool for all those working in schools, as well as an opportunity to reflect on their current practices in the school in terms of how “trauma-sensitive” they are. This project is a workshop composite of a power point illuminating on trauma and its effects on children and proactive trauma informed practices. As well, as a contribution to the field of Special Education, this project provides a reflective self-evaluative index for educators to use in reviewing their own level of trauma sensitivity in their practice and for evaluating the school’s level of trauma sensitivity. As a whole, this tool provides schools with a starting point from which to recognize the need for proactive trauma informed practices while empowering each educator in emphasizing trauma informed practices as an integral part of an inclusive learning environment.

**Conclusion**

This chapter reviewed current knowledge around trauma and its affect on the developing brain, and discussed the need for trauma informed practices in schools. While there is ample knowledge around trauma and its effects on learning, there have not been many longitudinal studies to date on the impact of implementation of specific trauma informed programs in schools. What is known, however, is that utilizing trauma informed practices based in establishing safety, building relationships, and emotional regulation, can have the potential to lead to positive outcomes for children. Becoming informed on trauma and its impact on youth is the first step
that educators can take towards generating positive change for students who may be suffering from trauma.
Chapter Three

Project Overview and Implementation

Introduction

This chapter will provide an overview of the project scope and materials as well as an outline of the intended delivery model. The project is composite of a workshop as well as an evaluative index for use by educators. The workshop will provide an opportunity for educators to learn about the connection between trauma and learning. Rather than specify steps on instructing “how-to” implement a specific framework, this workshop utilizes an appreciative inquiry informed approach: educators self-reflect on how “trauma informed” their current practices and schools practices are, and students are given the opportunity to reflect on how safe and supported they feel in their school. Through the evaluative index, educators are encouraged to recognize efforts they are already making in supporting students while considering ways in which they may further bring trauma informed practices to the forefront.

Overview

This project is an approximately 3 hour workshop intended to empower educators – teachers, educational assistants, administrators, and counselors – to implement trauma informed practices in an informal, proactive manner. It is my intention that the workshop will effectively inform educators of the need for trauma informed practices and show them how naturally these practices can be implemented into daily education. Part of the workshop involves creating space for educators to evaluate their own practice and their school’s practice in regards to their current style of interaction with students to see what level of trauma informed strategies are already being used. In this way, it is an appreciative inquiry informed workshop where participants can look at what is already happening in terms of trauma informed practices, and how approaches
may be bettered going forward. Rather than being given a new intervention or framework to implement, they explore ways in which they have already implemented trauma informed practices through their commitments to safety, relationships, and self-regulation while taking the opportunity to consider ways in which they may become a more trauma-informed educator.

**Defining Appreciative Inquiry.** Appreciative Inquiry was developed at Cape Western Reserve University by David Cooperrider and Suresh Srivastva in the late 1980s as “an ethnographic method for examining the life of an organization” (Ryan, Soven, Smither, Sullivan, & VanBuskirk, 1999, p. 164). Originally designed for use within organizations and typically used to gather and analyze quantitative data, it was first used in schools in 1993 through a study that sought to inquire into comparative school culture and school effectiveness (Ryan et al., 1999). Through their study, they identified that Appreciative Inquiry “provides input about ‘what we are doing well’ and ‘what we may want to do more of’ as opposed to ‘what we are doing wrong’” (p. 167). Essentially, Appreciative Inquiry nurtures the strengths of the school practices at hand rather than focusing on the deficits. Many professional development opportunities in education focus on replacing or revolutionizing practices; Appreciative inquiry informed professional development allows educators to see the value in their current work, and become inspired to further develop what is already working for them.

**Implementation**

It is intended that with the support of this thesis, a teacher of inclusive education (may also called a special education teacher, or a student services teacher), a school counselor, or an administrator could be empowered to deliver this workshop.

**Participants.** The workshop is intended as a school-wide professional development in which all educators may attend, as consistency amongst educators is key in optimizing the
success of trauma informed practices. In this way, it could give the school community as a whole the opportunity for a reflection on current practices. However, the workshop is inclusive of all those working with school-aged children and could also be used on an individual basis as a learning tool and tool for reflection. Therefore, there is no maximum nor minimum amount of participants.

**Workshop Procedure.**

1. The workshop begin with a short quiz, Appendix 1, to give participants an opportunity to orientate themselves with the topic by reviewing ways in which they may already know about trauma and trauma informed practices. At the start of the power point presentation, the presenter will review the True and False answers and then given participants the opportunity to share their ideas for the written questions, if they please.

2. A power point presentation, will be delivered to inform on trauma, its affect on learning, and trauma informed practices in schools. Participants will be given a note sheet, Appendix 2, with the information from the power point – they also use these to answer a question at the outset of the presentation: *As an educator, what am I doing to support students who may be suffering from trauma?* At the end of the note sheet there is a short list of helpful online resources that participants may access for more information on trauma informed practices in education. Three discussion questions are imbedded in the power point. At this point, participants will be asked to stand and find a partner to discuss this
question with for 5 minutes. They do not need to record any information, however, in a discussion led by the presenter, they will have opportunity to share their input with the whole group. This gives the participant an opportunity to move about, connect with another participant, and engage with the material. The presentation will conclude with an overview of Appendix 3, the *Trauma Informed Practices – Index for Educators*, and instructions on how it may be used in a practical manner to guide future practice in classrooms and schools.

3. Following the presentation, participants will be given an opportunity to fill out Appendix 3, the *Trauma Informed Practices – Index for Educators*, and will be asked afterwards to again reflect on the question posed to them at the outset of the workshop, *As an educator, what am I doing to support students who may be suffering from trauma?*

All information in the quiz (Appendix 1), power point, and the *Trauma Informed Practice – Index for Educators* (Appendix 3) are constructed from knowledge explored in the Introduction and Literature Review. The section below uses a colour coding system to categorize items from the *Trauma Informed Practice – Index for Educators* as being connected to Safety, Relationships, or Self Regulation. On the practical index, which will be given to participants, each item is categorized numerically – the legend for this is provided to the participant and is shown following the colour coded chart below.
Coding of the *Trauma Informed Practice – Index for Educators* (Appendix 3)

As stated in the literature review, establishing safety, building strong relationships, and teaching self-regulation are three major themes of trauma informed practice. As such, each numbered statement on the *Trauma Informed Practice – Index for Educators* (Appendix 3) falls under one or more of these categories. A colour coding system is shown below to formally categorize each statement: establishing safety in purple, building strong relationships in blue, teaching self-regulation in green, and statements that cover more than one category are in red.

<table>
<thead>
<tr>
<th>establishing safety</th>
<th>building strong relationships</th>
<th>teaching self-regulation</th>
<th>multiple categories</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I attempt to connect with each of my students regularly</td>
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<td></td>
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<tr>
<td>2. I integrate activities that encourage a sense of community</td>
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<td></td>
<td></td>
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<tr>
<td>3. I integrate activities that encourage a sense of belonging</td>
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<tr>
<td>4. I encourage students to include others</td>
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<tr>
<td>5. Classroom routines are predictable</td>
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<td></td>
<td></td>
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<tr>
<td>6. School routines are predictable</td>
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<tr>
<td>7. The guidelines for acceptable behaviour in classrooms are clear and consistent</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>8. The guidelines for acceptable behaviour in the school are clear and consistent</td>
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<tr>
<td>9.</td>
<td>I give positive reinforcement for positive behaviours</td>
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<tr>
<td>10.</td>
<td>Accommodations to the class environment are available for students</td>
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<td></td>
</tr>
<tr>
<td>11.</td>
<td>Sensory tools are available for students (for example, fidgets)</td>
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<td></td>
</tr>
<tr>
<td>12.</td>
<td>I regularly model positive emotional management</td>
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<td></td>
</tr>
<tr>
<td>13.</td>
<td>Breaks for movement are available and encouraged throughout the day</td>
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<td></td>
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<tr>
<td>14.</td>
<td>I contribute to a calm environment</td>
<td></td>
<td></td>
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<tr>
<td>15.</td>
<td>Students are given opportunity to make choices in their learning output</td>
<td></td>
<td></td>
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<tr>
<td>16.</td>
<td>I implement activities that bolster self-confidence</td>
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<td></td>
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<tr>
<td>17.</td>
<td>Students are given opportunity to demonstrate and share their academic competency in a variety of ways</td>
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<td></td>
</tr>
<tr>
<td>18.</td>
<td>The learning environment is a welcoming place for everyone</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19.</td>
<td>The school as a whole is a welcoming, safe place for everyone</td>
<td></td>
<td></td>
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<tr>
<td>20.</td>
<td>The school’s hallways are safe and positive for everyone</td>
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<td></td>
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<tr>
<td>21.</td>
<td>The school administration is supportive of staff members</td>
<td></td>
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<tr>
<td>22.</td>
<td>The whole school staff are connected and work as a team</td>
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</table>
23. The school has community building activities throughout the year

24. The school as a whole seeks to be inclusive of all students; inclusive practices are imbedded in the school culture

25. Students are aware of support services available to them

26. It is evident that students in the school have multiple staff members that they are connected to

27. I recognize when my student’s are struggling

28. I notice when a student’s behaviour is different than usual

29. I know the school’s referral policy for at-risk students

30. I work collaboratively with colleagues (counsellors, teachers, support staff) to maximize support for students

Trauma Informed Practice Categorization Legend

<table>
<thead>
<tr>
<th>Establishing safety</th>
<th>2-4, 21, 22, 26</th>
</tr>
</thead>
<tbody>
<tr>
<td>Building Relationships</td>
<td>16, 17, 24, 26-28, 30</td>
</tr>
<tr>
<td>Teaching Self Regulation</td>
<td>11-15</td>
</tr>
<tr>
<td>Multiple Categories</td>
<td>1, 5-10, 18-20, 25, 29</td>
</tr>
</tbody>
</table>

The purpose in categorizing each item is to show how they are linked to core concepts of trauma informed practices in education. While many educators will answer yes to many of the statements on the list, they may come to see how their current practices are already focuses on
providing support for children who may be suffering from trauma. As well, they may have the opportunity to reflect on how they or their school may further develop their proactive trauma informed practice.

**Conclusion**

This chapter gave an overview on the workshop and it’s implementation. It is the goal of the workshop that educators recognize their vital role in implementing proactive trauma informed practices in the everyday routine via a focus on establishing safety, building relationships, and facilitating learning in emotional management.
Chapter Four

Final Thoughts

Introduction

This chapter concludes the paper by providing reflections on this work and by giving recommendations for future practice.

Reflection

While setting a personal context for this topic of study in the introductory chapter I wrote, … I have strived to emphasize the importance of each individual’s social-emotional well-being as an essential starting point in the classroom. In fact, this has been the driving force in how I structure each lesson and engage in each interaction with my students; when students are clear-headed and calm, they can focus, and in this focus they are ready to learn. Practices that I utilize to bolster student focus and engagement are centered on helping students see their potential, assisting them in finding their confidence, and facilitating activities that enable them to feel strength in their individuality. (p.6)

Having completed this work, the validity of these statements speaks to me even more than it did when I first wrote these words. This work has helped me to embolden my dedication to student success by creating safe and supportive learning environments, building strong relationships, and teaching emotional management and self-regulation skills. Moreover, I acknowledge that dedicating a teaching practice to trauma informed support can make a difference in a student’s learning, sense of self, and social emotional well-being, which has the potential to foster a positive shift in a student’s life trajectory.

Creating this project and paper was an engaging yet laboured process. It is difficult to read such emotionally taxing material without being affected by it. However, with each article I was
reminded of a past student, a discussion with a colleague, an opportunity to invoke positive
change through compassionate teaching such as that encouraged by trauma informed practices.
Through these reminders, I felt inspired to continue working through the literature and create
something that may compel other educators to reflect on their work and check in with how they
are supporting their students. The project, as stated in previous chapters, is meant as an
opportunity for educators to see what is already working for them. This workshop is an
opportunity for appreciative professional development: educators can take a moment to learn
about a concept they may have not yet known about or considered, then reflect on how these
ideas may connect to their current practice. The more we learn, the more we understand, the
more empowered we are to initiate change.

Recommendations

Currently there is no ministry policy or protocol on trauma informed practices in
education in British Columbia. As well, I was unable to find any Canadian studies on this topic.
Much of the literature used in this project was from the United States or Australia where various
avenues and pilot studies for implementing trauma informed practices in education are well
underway. The first step for British Columbia would be an established protocol by the Ministry
of Education on trauma informed practices in education followed by professional development
on these protocols. We are already supporting our students in so many ways, however, as shown
in the literature review, sometimes we are treating the symptoms rather than the underlying issue.
If teachers are better trauma informed, they will be more empowered to help students find the
support they need. If schools are felt to be safe places, children will learn to build trust. If
educators build strong relationships with their students, these students will be more likely to find
the path to recovery. If students are taught emotional management and self-regulation they will
find greater success in education, relationships, and in the future. Trauma informed practices will benefit the whole school by encouraging a cohesive, safe, compassionate community.

**Conclusion**

Through the application of proactive trauma informed practices in schools, students suffering from trauma can find safety and support. This may lead to greater success and overall well-being for all students, making trauma informed practices truly inclusive. Perhaps in the near future, ministerial protocol will be developed that specifically addresses the lack of literature and understanding on trauma informed practices in education in British Columbia. While awareness builds around the impact of trauma on learning and development, there should also be growing investment in educator training to help these students. Greater empowerment for change can influence more consistent, compassionate, and patient trauma informed education, which will not just help the individual, but may effectively benefit our society today and in the future.
References


Contemporary School Psychology, 20, 63-83.


APPENDIX 1

What do I know about Trauma & Trauma Informed Practices?

*Please circle T for true or F for false to answer each question*

1. The younger children are, the more vulnerable they are to trauma. T/F
2. Emotional Trauma does not impact physical health. T/F
3. Trauma amongst youth is very common. T/F
4. Emotional regulation affects students’ success in school. T/F
5. Secondary trauma* can be a concern for educators. T/F

*secondary trauma is when the person helping a traumatized person experiences trauma related symptoms

*Please write down as many ideas you can think of in the boxes below:

<table>
<thead>
<tr>
<th>What is trauma?</th>
</tr>
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<tbody>
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<td></td>
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</table>

<table>
<thead>
<tr>
<th>These are ways that trauma may affect student learning:</th>
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<tbody>
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<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>How educators can make students feel safe:</th>
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<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>
APPENDIX 2

Power Point Hand Out & Note Sheet

As an educator, what am I doing to support students who may be suffering from trauma?

What is Trauma?

- the body and brain's reaction to a traumatic event
  - can trigger the "fight or flight" mechanism in the brain leading to a physical and mental hypervigilant state (racing thoughts, quick pounding heart beat, shortness of breath, foggy mind)

- Trauma can be experienced after single or multiple events

- Extent of trauma depends on the frequency, severity, and the individuals aptitude for resiliency

Traumatic Events

- examples include physical, mental, emotional, and sexual abuse, violence, substance abuse, natural disasters, family member incarceration, living with a parent with an untreated mental illness, neglect, and death.
### Trauma & Brain Development

- Neurosequential model of therapeutics – the brain operates from the bottom up
- Brain Stem: primitive brain: regulates body temperature, heart rate, blood pressure
- Mid Brain: fine motor skills, appetite, sleep, relies on brainstem
- Limbic Brain: trigger for impulses and emotions – emotional reactivity, attachment
- Cortical Brain: abstract and concrete thought processes
- The brain stem and mid brain must be stimulated before higher thinking processes can be accessed. This is done through somatosensory activities: patterned, predictable activities that integrate rhythmic movement can ready the brain for learning.

### Trauma & Learning

- may affect attention, concentration, problem solving, memory, self-regulation
- may lead to heightened anxiety, self doubt, lower self confidence, low aptitude for resiliency

These affects may lead to:
- lower GPA
- poor school attendance
- suspensions and expulsions related to “acting out”
- decreased rates of high school graduation
- lower readability
- decreased IQ

### Visibility in the Classroom

**Physical**
- Frequent complaints of aches and pains when an assignment is given.
- Student appears hypervigilance: “on edge” and is easily startled.
- Often late and/or poor school attendance
- Drastic weight change
- Drastic change in appearance
Visibility in the Classroom (continued)

<table>
<thead>
<tr>
<th>Behavioural</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Temper tantrums/inability to control anger</td>
<td></td>
</tr>
<tr>
<td>• Avoids social interaction</td>
<td></td>
</tr>
<tr>
<td>• Talks about risk-taking behaviour (ie. Having sex, using drugs)</td>
<td></td>
</tr>
<tr>
<td>• Acts in attention seeking ways (through either positive or negative behaviours)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Emotional</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Sudden mood swings</td>
<td></td>
</tr>
<tr>
<td>• Overwhelmed by new assignments</td>
<td></td>
</tr>
<tr>
<td>• Unwillingness to work with others/distrustful</td>
<td></td>
</tr>
<tr>
<td>• Lack of self-confidence – refuses to participate in discussions/presentations</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cognitive</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Consistently unfocused</td>
<td></td>
</tr>
<tr>
<td>• Poor skill development</td>
<td></td>
</tr>
<tr>
<td>• Does not complete work</td>
<td></td>
</tr>
<tr>
<td>• Demonstrates poor memory</td>
<td></td>
</tr>
<tr>
<td>• Dissociation – frequently “spacing out”</td>
<td></td>
</tr>
</tbody>
</table>

Trauma Informed Practices

- Whole school approach that proactively responds to trauma by:
  - Establishing Safety
  - Developing Self Regulation Tools
  - Building Strong Relationships
  - Develop communication & trauma awareness amongst school staff
  - Increase teacher communication with home
  - Contact outside resources when applicable
Roles in Implementing Trauma Informed Practices

**School**
- Provides a predictable, safe, calm environment
- Sets expectations for student behaviour
- Communication is clear, predictable, and consistent
- Promotes shared responsibility and connectivity in the school community
- Provides professional development for teachers and school staff
- Provides information about school culture and practices to parents, teachers on call, and visiting professionals

**Teachers & Support Staff**
- Understand trauma and its effect on development
- Uphold predictable, consistent school-wide expectations and consequences
- Give clear positive reinforcements for positive behaviours
- Provide opportunities for students to learn self-regulation strategies

**Students**
- Learn self-regulation strategies
- Understand the structure, culture, and expectations of the school community
- Given opportunity to build healthy relationships with adults and peers
- Enabled in social-emotional learning

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<table>
<thead>
<tr>
<th>Safety</th>
</tr>
</thead>
<tbody>
<tr>
<td>• A safe environment is stable, caring, predictable, and empowers children to have a voice</td>
</tr>
<tr>
<td>o Build consistent routines</td>
</tr>
<tr>
<td>o Predictable environment and tone</td>
</tr>
<tr>
<td>o Respond to student behaviour in a supportive manner</td>
</tr>
<tr>
<td>o Set clear boundaries and expectations for expected behaviours</td>
</tr>
<tr>
<td>o Encourage connections with multiple staff members</td>
</tr>
<tr>
<td>o Make adaptations to amplify student self confidence, growth, and strengths</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Relationships</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Positive relationships are ones that show consistent support, care, encouragement, and foster resiliency</td>
</tr>
<tr>
<td>o Foster trust through positive behaviour support</td>
</tr>
<tr>
<td>o Be predictable, consistent, and reliable</td>
</tr>
<tr>
<td>o Use humour to lighten environment</td>
</tr>
<tr>
<td>o Find ways to connect to each student</td>
</tr>
<tr>
<td>o Listen</td>
</tr>
<tr>
<td>o Encourage children to safely take academic risks</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Self-Regulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Self-regulation and emotional management skills empower students towards academic and social success. Students can use tools in the classroom to self-regulate:</td>
</tr>
<tr>
<td>o Use of fidgets</td>
</tr>
<tr>
<td>o Brain breaks</td>
</tr>
<tr>
<td>o Movement breaks</td>
</tr>
<tr>
<td>• Co-regulation is another effective way to teach self-regulation</td>
</tr>
<tr>
<td>o Teacher models emotional management skills</td>
</tr>
<tr>
<td>o Show students how to be calm</td>
</tr>
<tr>
<td>o Use deep breathing techniques, mindfulness, visualization</td>
</tr>
</tbody>
</table>
As an educator, what am I doing to support students who may be suffering from trauma?

Helpful Online Resources

Canadian Self Regulation Initiative  www.self-regulation.ca
Child Trauma Academy  www.childtrauma.org
National Child Traumatic Stress Network  www.nctsn.org
Helping Traumatized Children Learn  www.traumasensitiveschools.org
Trauma Center  www.traumacenter.org
Mindful Schools  www.mindfulschools.org
APPENDIX 3

Trauma Informed Practice – Index for Educators

How trauma informed is my practice? How trauma informed is our school?

Complete the following by circling the answer that best describes your typical practice as an educator. This index is intended as a way to check-in with your level of trauma sensitivity. This index can be taken at any point in the year as a quick tool for reflection.

The index is not intended as a scoring tool, but as a reflective tool.

Circle the answer that applies  

<table>
<thead>
<tr>
<th></th>
<th>Y = Yes; N = No; U = Unsure</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I attempt to connect with each of my students regularly</td>
<td>Y N U</td>
</tr>
<tr>
<td>2. I integrate activities that encourage a sense of community</td>
<td>Y N U</td>
</tr>
<tr>
<td>3. I integrate activities that encourage a sense of belonging</td>
<td>Y N U</td>
</tr>
<tr>
<td>4. I encourage students to include others</td>
<td>Y N U</td>
</tr>
<tr>
<td>5. Classroom routines are predictable</td>
<td>Y N U</td>
</tr>
<tr>
<td>6. School routines are predictable</td>
<td>Y N U</td>
</tr>
<tr>
<td>7. The guidelines for acceptable behaviour in classrooms are clear and consistent</td>
<td>Y N U</td>
</tr>
<tr>
<td>8. The guidelines for acceptable behaviour in the school are clear and consistent</td>
<td>Y N U</td>
</tr>
<tr>
<td>9. I give positive reinforcement for positive behaviours</td>
<td>Y N U</td>
</tr>
<tr>
<td>10. Accommodations to the class environment are available for students</td>
<td>Y N U</td>
</tr>
<tr>
<td></td>
<td></td>
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<tr>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>11. Sensory tools are available for students (for example, fidgets)</td>
<td>Y</td>
</tr>
<tr>
<td>12. I regularly model positive emotional management</td>
<td>Y</td>
</tr>
<tr>
<td>13. Breaks for movement are available and encouraged throughout the day</td>
<td>Y</td>
</tr>
<tr>
<td>14. I contribute to a calm environment</td>
<td>Y</td>
</tr>
<tr>
<td>15. Students are given opportunity to make choices in their learning output</td>
<td>Y</td>
</tr>
<tr>
<td>16. I implement activities that bolster self-confidence</td>
<td>Y</td>
</tr>
<tr>
<td>17. Students are given opportunity to demonstrate and share their academic competency in a variety of ways</td>
<td>Y</td>
</tr>
<tr>
<td>18. The learning environment is a welcoming place for everyone</td>
<td>Y</td>
</tr>
<tr>
<td>19. The school as a whole is a welcoming, safe place for everyone</td>
<td>Y</td>
</tr>
<tr>
<td>20. The school’s hallways are safe and positive for everyone</td>
<td>Y</td>
</tr>
<tr>
<td>21. The school administration is supportive of staff members</td>
<td>Y</td>
</tr>
<tr>
<td>22. The whole school staff are connected and work as a team</td>
<td>Y</td>
</tr>
<tr>
<td>23. The school has community building activities throughout the year</td>
<td>Y</td>
</tr>
</tbody>
</table>
24. The school as a whole seeks to be inclusive of all students; inclusive practices are imbedded in the school culture | Y | N | U
25. Students are aware of support services available to them | Y | N | U
26. It is evident that students in the school have multiple staff members that they are connected to | Y | N | U
27. I recognize when my students are struggling | Y | N | U
28. I notice when a student’s behaviour is different than usual | Y | N | U
29. I know the school’s referral policy for at-risk students | Y | N | U
30. I work collaboratively with colleagues (counsellors, teachers, support staff) to maximize support for students | Y | N | U

Trauma Informed Practice Categorization Legend

<table>
<thead>
<tr>
<th>Establishing safety</th>
<th>2-4, 21, 22, 26</th>
</tr>
</thead>
<tbody>
<tr>
<td>Building Relationships</td>
<td>16, 17, 24, 27-29</td>
</tr>
<tr>
<td>Teaching Self Regulation</td>
<td>11-15</td>
</tr>
<tr>
<td>Multiple Categories</td>
<td>1, 5-10, 18-20, 25, 30</td>
</tr>
</tbody>
</table>
APPENDIX 4

Presentation Slides
Proactive Trauma Informed Practices

By: Katherine M. Geeraert
Agenda

- Workshop Goals Overview
- Quiz
- Presentation
- Trauma Informed Practices Index
- Concluding Discussion
Workshop Goals

- To provide an understanding around proactive Trauma Informed Practices that may be implemented on a school wide basis
- To inform on trauma, its affect on youth, and educate on how it may appear in the classroom
- To look at current practices through an “appreciative inquiry” lens: *What is already working? What could be added?*
T/F Answers

1. True - The brain develops hierarchically; the earlier the trauma occurs, the more likely it is to impact multiple domains. (Perry, 2009)

2. False – Based on a study of 17,000+ participants, The Adverse Childhood Experiences Study (ACES) correlated childhood trauma with long term physical outcomes. (Felitti et. al., 1998)

3. True – According to Alberta Education and the National Traumatic Stress Network, 1 in 4 students are affected by Trauma (2018)

4. True – Managing emotions and easily adapting to daily changes/adversities is connected to focus and academic success. (Schelble, Franks, & Miller, 2010).

5. True - Hearing stories of trauma can cause emotional strain on child care practitioners; stress management and self-care is imperative. (National Child Traumatic Stress Network, 2018)
As an educator, what am I doing to support students who may be suffering from trauma?

Write down your answer at the top of your note sheet: We will return to this question again at the end of the workshop.
What is Trauma?

- Trauma is the brain & body’s response to a traumatic event.
- Trauma can be experienced after single or multiple events
- How trauma manifests depends on the frequency, severity of the incident(s), as well as the individuals aptitude for resiliency
- Trauma heightens a child’s risk of poor functioning in behavioural, cognitive, social, and emotional domains


Examples of Traumatic Events

Examples include:

- Physical, mental, emotional, and sexual abuse
- Witnessing violence in or outside the home
- Substance abuse in the home
- Natural disasters
- Family member incarceration
- Living with a parent with an untreated mental illness
- Neglect
- Death of a loved one

Discussion Break

- How would you know if a child in your schools suffered from trauma?
Trauma & Brain Development

- Trauma affects the brain differently depending on the age of the victim.

- The brain is most malleable from the prenatal period through infancy; trauma during this period can cause disorganized, disordered functioning in the brain.

- From the fetal period on, our main areas of the brain develop hierarchically from the bottom up – if a lower part is affected, this will affect communication with high parts of the brain.
  - In other words, disorganized functioning in the lower brain can cause disorganized functioning in other parts of the brain.

Four Distinct Regions

- Brain Stem: regulates body temperature, heart rate, blood pressure
- Diencephalon: relays sensory information to other parts of the brain
- Limbic System: trigger for impulses and emotions – emotional reactivity, attachment
- Cortex: abstract and concrete thought processes

Regulating the Brain

- Stimulating the brainstem & diencephalon helps regulate the individuals’ physical and emotional regions.

- This can be done through *somatosensory* activities: patterned, predictable activities that integrate rhythmic movement
  - Examples include: yoga, drumming, repetitive movement, deep breathing activities

- These activities can reduce trauma-related symptoms (such as hyperactivity, anxiety, etc.) and prepare an individual for learning

Effects of Trauma

- inattentive/withdrawl or hyperactive/hyperaroused
- lack of concentration
- poor problem solving
- poor memory
- poor self-regulation & emotional management
- heightened anxiety
- increased self-doubt
- lower self-confidence
- distrustful of others

Trauma & Learning

Effects of trauma may lead to:

- lower GPA
- poor school attendance
- suspensions and expulsions related to “acting out”
- decreased rates of high school graduation
- lower readability
- decreased IQ

To help students suffering from trauma, is it necessary that these students be identified?
Visibility in the Classroom

- Children suffering from trauma may have symptoms in any or all of the following domains:
  - Physical
  - Behavioural
  - Emotional
  - Cognitive

Physical Visibility

- Frequent complaints of aches and pains when an assignment is given.
- Student appears hyper vigilant: “on edge” and is easily startled.
- Often late and/or poor school attendance
- Drastic weight change
- Drastic change in appearance

Behavioural Visibility

- Temper tantrums/inability to control anger
- Avoids social interaction
- Talks about risk-taking behaviour (i.e., having sex, using drugs)
- Acts in attention seeking ways (through either positive or negative behaviours)

Emotional Visibility

- Sudden mood swings
- Overwhelmed by new assignments
- Unwillingness to work with others/distrustful
- Lack of self-confidence – refuses to participate in discussions/presentations

Cognitive Visibility

- Consistently unfocused
- Poor skill development
- Does not complete work
- Demonstrates poor memory
- Dissociation – frequently “spacing out”

Discussion Break

- How do you think educators can be proactive in supporting student suffering from trauma?
Trauma Informed Practices

- A whole school approach, **proactively** responding to trauma by:
  - Establishing Safety
  - Developing Self Regulation Tools
  - Building Strong Relationships
  - Developing communication & trauma awareness amongst school staff
  - Increasing teacher communication with home
  - Contacting outside resources when applicable


Roles in Implementing Trauma Informed Practices

**School**
- Provides a predictable, safe, calm environment
- Sets expectations for student behaviour
- Communication is clear, predictable, and consistent
- Promotes shared responsibility and connectivity in the school community
- Provides professional development for teachers and school staff
- Provides information about school culture and practices to parents, teachers on call, and visiting professionals

**Teachers & Support Staff**
- Understand trauma and its effect on development
- Uphold predictable, consistent school-wide expectations and consequences
- Give clear positive reinforcements for positive behaviours
- Provide opportunities for students to learn self-regulation strategies

**Students**
- Learn self-regulation strategies
- Understand the structure, culture, and expectations of the school community
- Given opportunity to build healthy relationships with adults and peers
- Enabled in social-emotional learning

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Safety

- A safe environment is stable, caring, predictable, and empowers children to have a voice...
  - Build consistent routines
  - Predictable environment and tone
  - Respond to student behaviour in a supportive manner
  - Set clear boundaries and expectations for expected behaviours
  - Encourage connections with multiple staff members
  - Make adaptations to amplify student self-confidence, growth, and strengths


Relationships

- Positive relationships are ones that show consistent support, care, encouragement, and foster resiliency
  - Foster trust through positive behaviour support
  - Be predictable, consistent, and reliable
  - Use humour to lighten environment
  - Find ways to connect to each student
  - Listen
  - Encourage children to safely take academic risks


Self-Regulation

- Self-regulation and emotional management skills empower students towards academic and social success. Students can use tools in the classroom to self-regulate:
  - Use of fidgets
  - Brain breaks
  - Movement breaks

- Co-regulation is another effective way to teach self-regulation
  - Teacher models emotional management skills
  - Show students how to be calm
  - Use deep breathing techniques, mindfulness, visualization


Trauma Informed Practices Index

- This index is a tool for reflection not criticism
  - Recognize what is already working
  - Recognize where help may be needed
  - Take action to maximize student support

- I created this index based on current research around trauma informed practices, as shared in this presentation.

- Each item on the index is colour coded based on which category of trauma informed practice the item falls under:
  - Safety (Purple)
  - Relationships (Blue)
  - Self-Regulation (Green)
  - Multiple category (Red)
Practical Use A

- The index could be completed by the whole staff. Information may be collected by your administrators or learning community to use as a starting point with where to focus in terms of proactive trauma informed practices.

- Indexes collected could be overviewed to compare what seems to be categorically present and what may need more attention.
Practical Use B

- Use this tool for your own personal practice – complete an index at the beginning of the school year, halfway through the year, and at the end of the year.

- Comparing multiple indexes may give insight into how your practice has evolved in becoming more trauma informed in a proactive manner.

** an unmarked copy will be left with the Special Education department at your school to make additional copies if needed for reflection later in the year**
Steps for Using the Index Today

1. Take 15 minutes to complete the index.

2. Review your results: Note that the questions are designed so that any “Yes” answer confirms that a proactive trauma informed practice is already present.

3. Take a moment to answer the question we started out with today:

   What am I doing to support students who may be suffering from trauma?
Conclusion

- Proactive trauma informed practices can be implemented through regular classroom and school wide routines.

- Understanding trauma and its impact on youth is imperative to working with children suffering from the effects of trauma.

- Educators should continuously strive to look at current practices through an “appreciative inquiry” lens, asking: *What is already working? What could be added?*
References


