

A Practitioner's Guide to Educating Traumatized Children

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Childhood trauma in our society

“*When we stand back and look at all the ways individuals fail to reach their full potential in our culture, trauma stands out as the most significant common factor across setting.* (ZIEGLER, N.D.)

The rates at which children in the United States are traumatized due to abuse, neglect, poverty, and violence have been studied for more than three decades—and unfortunately, they have not changed a great deal over the years. According to Mental Health Connection of Tarrant County (2013) and National Child Traumatic Stress Network (n.d.):

- Four of every 10 children in the United States said they experienced a physical assault during the past year, with one in 10 suffering an assault-related injury (Finkelhor, Turner, Shattuck, & Hamby, 2013).
- Two percent of all children have experienced sexual assault or sexual abuse, and the rate for 14- to 17-year-old girls was nearly 11 percent (Finkelhor et al., 2013).
- Nearly 14 percent of children have been repeatedly maltreated by a caregiver, including nearly 4 percent who were physically abused (Finkelhor et al., 2013).
- One in four children was the victim of robbery, vandalism, or theft during the previous year (Finkelhor et al., 2013).
- More than 13 percent of children have reported being physically bullied, and more than one in three said they had been emotionally bullied (Finkelhor et al., 2013).
- One in five children witnessed violence in his or her family or neighborhood during the previous year (Finkelhor et al., 2013).
- Sixty percent of adults have reported experiencing abuse or other difficult family circumstances during childhood (National Center for Mental Health Promotion and Youth Violence Prevention, 2012).
- Twenty-six percent of children in the United States witness or experience a traumatic event before age 4 (National Center for Mental Health Promotion and Youth Violence Prevention, 2012).
- Among 536 elementary and middle school students surveyed in an inner-city community, 30 percent had witnessed a stabbing, and 26 percent had witnessed a shooting (U.S. Department of Health and Human Services, 2011).
- Young children exposed to five or more significant adverse experiences in their first three years are 76 percent more likely to have one or more delays in their language, emotional, or brain development (U.S. Department of Health and Human Services, 2011).
- In one year, 39 percent of children age 12 to 17 reported witnessing violence, 17 percent reported being a victim of physical assault, and 8 percent reported being the victim of sexual assault (Finkelhor, Turner, Ormrod, Hamby, & Kracke, 2009).
- A longitudinal general population study of 9- to 16-year-olds in western North Carolina found that a quarter had experienced at least one potentially traumatic event in their lifetime—6 percent in the past three months (Costello, Erkanli, Fairbank, & Angold, 2002). In a continuation of this study, more than 68 percent of children and adolescents had experienced a potentially traumatic event by age 16. Impairments, such as school problems, emotional difficulties, and physical problems, were reported in more than 20 percent of these youth. For those who had experienced more than one traumatic event, the rate was nearly 50 percent (Copeland, Keeler, Angold, & Costello, 2007).
- In a nationally representative survey of 12- to 17-year-olds, 8 percent reported a lifetime prevalence of sexual assault, 17 percent reported physical assault, and 39 percent reported witnessing violence (Kilpatrick & Saunders, 1997).
- Among 2,248 middle and junior high school students in an urban school system, 41 percent reported witnessing a stabbing or shooting in the past year (Schwab-Stone et al., 1995).
- More than 60 percent of youth age 17 and younger have been exposed to crime, violence, and abuse either directly or indirectly; more than 10 percent reported five or more exposures to violence; and nearly half were assaulted at least once in the past year (Bell & Jenkins, 1993).

Some traumatic experiences occur once in a lifetime. Others are ongoing. Many children have experienced multiple traumas, and for too many, trauma is a chronic part of their lives. Some children show signs of stress in the first few weeks after a trauma but return to their usual state of physical and emotional health. Children who do not exhibit serious symptoms may experience some degree of emotional distress, however, which may continue or even deepen over a long period of time (Felitti et al., 1998).

According to Felitti et al. (1998), as the number of traumatic events experienced during childhood increases, so does the risk for serious health problems in adulthood, and people who experienced trauma in childhood are:

- 15 times more likely to attempt suicide
- 4 times more likely to become an alcoholic
- 4 times more likely to develop a sexually transmitted disease
- 4 times more likely to inject drugs
- 3 times more likely to use antidepressant medication
- 3 times more likely to be absent from work
- 3 times more likely to experience depression
- 3 times more likely to have serious job problems
- 2.5 times more likely to smoke
- 2 times more likely to develop chronic obstructive pulmonary disease
- 2 times more likely to have a serious financial problem

Traumatic life experiences

- Physical or sexual abuse
- Abandonment, neglect, or betrayal of trust (such as abuse from a primary caregiver)
- Death or loss of a loved one
- Caregiver having a life-threatening illness
- Domestic violence
- Poverty and chronically chaotic housing and financial resources
- Automobile accident or other serious accidents
- Bullying
- Life-threatening health situations and/or painful medical procedures
- Witnessing or experiencing community violence, including shootings, stabbings, or robberies
- Witnessing police activity or having a family member incarcerated
- Life-threatening natural disasters
- Acts or threats of terrorism (viewed in person or on television)

Source: National Child Traumatic Stress Network Schools Committee, 2008

Traumatized children in our schools

“*Trauma comes in many forms—from child abuse and life-threatening car accidents to any serious life event that overrides the child’s ability to cope with the experience. Children can experience trauma any time they do not feel safe and protected.* (ZIEGLER, N.D.)

There is nothing new about the presence of traumatized children in our schools; often without realizing it, teachers have been dealing with trauma’s impact for generations. What is new is that trauma researchers can now explain the hidden story behind many classroom difficulties that hamper our educational systems. The idea that school can moderate the effects of trauma is supported by research from both developmental psychologists and trauma experts. According to researchers and practitioners, at school, traumatized children can forge strong relationships with caring adults and learn in a supportive environment. Teachers play an important role by connecting traumatized children to a safe and predictable school community and enabling them to become competent learners (Cole et al., 2005).

Children’s early life experiences greatly influence their early development. Research indicates that because most brain development occurs when the brain is most “plastic,” that is, during a child’s early months and years, traumatic experiences—such as poverty, abuse, neglect, and violence—during those early years profoundly impact and limit brain development. Physiological changes to the developing brain in response to trauma cause cognitive losses and delays in physical, emotional, and social development, and they provoke emotional and behavioral responses that interfere with children’s learning, school engagement, and academic success (Harvard University, 2007).

For example, children who have experienced trauma find it challenging to pay attention and process new information, and some traumatized children develop sensory processing difficulties, which can hinder learning to read and write (Streeck-Fischer & van der Kolk, 2000). In a sample of high-risk children at a pediatric clinic in California, youth who were exposed to four or more adverse childhood experiences were 32 times more likely to have learning and behavioral problems than their peers with no adverse experiences (Burke, Hellman, Scott, Weems, & Carrion, 2011).

Another study found that 6- and 7-year-olds who have been exposed to violence and have suffered trauma-related distress score significantly lower on IQ and reading ability tests (Delaney-Black et al., 2002). In addition, maltreated children are more likely to be retained a grade, have irregular attendance, and be placed in special education (Shonk & Cicchetti, 2001). Children with higher exposure to violence also have lower GPAs and more absences than peers with less exposure to violence.

Trauma affects children’s ability (or willingness) to form relationships with classmates and teachers; children who have experienced trauma may be distrustful or suspicious of others, leading them to question the reliability and predictability of their relationships. Additionally, research indicates children who have been exposed to violence often have difficulty responding to social cues, and they may withdraw from social situations or bully others (van der Kolk, 2003). Further, children who have been physically abused have been found to engage in less intimate peer relationships and tend to be more aggressive and negative in peer interactions (Margolin & Gordis, 2000).

In addition, students who have experienced trauma may distrust their teachers because authority figures failed to keep them safe in the past, and they may view teachers’ rules and consequences as punishment—thus increasing the potential for retraumatization while increasing the likelihood that these children will be repeatedly subject to school discipline and exclusionary practices (Streeck-Fischer & van der Kolk, 2000).

Trauma-sensitive schools

“*A trauma-sensitive school is one in which all students feel safe, welcomed, and supported and where addressing trauma’s impact on learning on a schoolwide basis is at the center of its educational mission. An ongoing, inquiry-based process allows for the necessary teamwork, coordination, creativity, and sharing of responsibility for all students.* (COLE, EISNER, GREGORY, & RISTUCCIA, 2013)

Over the past 30 years, researchers have built a strong evidence base for the “trauma-informed” approaches the medical and judicial systems have implemented. Based on that evidence, educators are becoming more sensitized to students’ past and current experiences with trauma, and they are developing their own approaches to help break the cycle of trauma for their students, as well as prevent retraumatization. Accordingly, educators are beginning to recognize and support traumatized students by engaging them in learning and supporting their success in school rather than punishing them (McInerney & McKlinton, 2014).

Creating a trauma-informed school climate requires the entire school community—certified and classified staff members, administrators and front office staff members, counselors and nurses, bus drivers and janitorial staff members, cafeteria and yard-duty staff members—to deepen its shared understanding of trauma’s impacts on learning and agree to a schoolwide approach. All staff members must work together as a team with a sense of shared responsibility for the physical, social, emotional, and academic safety of every student. Along those lines, when students’ needs are addressed holistically, the staff works together to help traumatized students improve their relationships, regulate their emotions and behavior, bolster their academic competence, and increase their physical and emotional well-being (Rodenbush, 2015).

As the instructional leader and chief administrator, the principal must initiate and guide all schoolwide activities designed to create the necessary climate and cultural changes in the school community. According to Wolpov, Johnson, Hertel, & Kincaid (2009), the roles and functions the principal must undertake to spearhead these changes include:

- Helping the school community anticipate and adapt to the ever-changing needs of students and the surrounding community
- Collaborating with all student support service providers to ensure students’ needs are being identified and addressed appropriately
- Involving parents in student education and behavioral incidences whenever possible
- Being aware of the emotional well-being of staff members and knowing when to offer support
- Fostering consistent self-care among staff members to avoid burnout
- Mandating suspected child-abuse reports when indicated
- Connecting students to the entire school community and providing them with multiple opportunities to practice newly developed skills throughout the school

Trauma-informed approaches are holistic and require a paradigm shift at both the staff and organizational level because they reshape a school’s culture, practices, and policies. Choosing a trauma-informed approach requires an entire school community to shift its focus to understanding what happened to a child rather than fixating on and punishing a child’s behavior outside the context of life experience. To be trauma informed, as with other child- and family-serving organizations, schools must be sensitive to the signs of trauma and provide a safe, stable, and understanding environment for students and staff members (Huang et al., 2014). The primary goals are to prevent re-injury or retraumatization by acknowledging trauma and its triggers

and to avoid stigmatizing and punishing students (Ford & Courtois, 2013). According to Huang et al. (2014), trauma-informed school discipline policies:

- Balance accountability with an understanding of traumatic behavior
- Teach students school and classroom rules while reinforcing that school is not a violent place and that abusive discipline (which students who have experienced trauma may be accustomed to) is not allowed at school
- Minimize disruptions to education with an emphasis on positive behavioral supports and behavioral intervention plans
- Create consistent rules and consequences
- Model respectful, nonviolent relationships

Trauma-informed communication processes must support school-based efforts to address the educational and psychosocial needs of students who have witnessed violence and experienced trauma and whose behavior interferes with learning. Massachusetts mandated its Department of Education undertake a systemic approach to incorporating trauma awareness and trauma-informed practices in the state's school systems. By law, Massachusetts schools are required to implement trauma-informed communication procedures and protocols that respect student confidentiality; involve open communication and relationship building with families; and ensure ongoing monitoring of new policies, practices, and trainings (Mass. Gen. Laws, 2014).

School systems not engaged in developing trauma sensitivity are not structured to support struggling students in a holistic way, nor do they have the knowledge base to recognize the needs of those students or help them (Cole et al., 2013). However, once educators are trained to understand the effects of trauma on their students, they realize taking a whole-school approach is the only way to confront the challenges traumatized children face. Transforming into a trauma-sensitive school is a long, gradual process, but once the focus has shifted, there is an immediate change in school culture from reactive to proactive (for example, the staff stops responding punitively to students' challenges and behaviors). As the culture shifts toward trauma sensitivity, teachers feel more aware, as well as empowered to intervene constructively. They realize that supporting students socially, emotionally, and behaviorally will only improve their ability to focus on academics (Redford & Pritzker, 2016).

As a result of this cultural shift, teachers, administrators, and school staff members begin to engage in the kind of teamwork, collaboration, flexibility, and creativity that lead to a deep understanding of the impact of trauma on learning. They soon understand that to support students socially, emotionally, and behaviorally requires the belief that intelligence is developed, not fixed, and that in spite of their life experiences, traumatized students can learn self-efficacy and social-emotional skills. To cultivate this "growth mindset," traumatized students must be taught to explore and learn within the context of their own life experiences so they can begin to repair relationships, engage with protective caretakers, and become empowered on their own behalf (Cole et al., 2013).

The Compassionate Schools Initiative—which has been adopted by state education agencies across the United States—seeks to keep students engaged and learning, and it targets students who are chronically exposed to stress and trauma. The initiative is designed to build resiliency in these students by creating and supporting a healthy climate and culture within the school community, allowing all students to learn. According to Wolpov et al. (2009), the 10 principles that guide the Compassionate Schools Initiative involve:

1. Training and supporting all staff members to educate traumatized children
2. Encouraging and sustaining open and regular communication within the community
3. Developing a strengths-based approach to working with students and peers
4. Ensuring compassionate and effective discipline policies (that is, restorative practices) are in place
5. Weaving trauma-sensitive strategies into school improvement planning
6. Providing tiered support based on the needs of identified individual students
7. Creating flexible accommodations for diverse learners
8. Giving access, voice, and ownership to the staff, students, and community members
9. Using data to identify vulnerable students
10. Determining outcomes and strategies for continuous quality improvement

Trauma-sensitivity training must involve the entire school community so every adult can recognize the symptoms of traumatization. Children react differently to trauma; according to the National Child Traumatic Stress Network Schools Committee (2008), school staff members should be aware of the following signs of possible trauma:

- Expressions of fear and anxiety
- Changes in behavior, such as:
 - Decreased ability to concentrate
 - Increased or decreased activity levels
 - Regressive behaviors
 - Withdrawal from family, peers, and extracurricular activities
 - Anger and irritability
 - Changes in school performance
- Increased complaints of headaches, stomachaches, and other somatic symptoms
- Increased absences
- Difficulty responding to redirection and authority

When schools implement a trauma-informed approach, they adopt a framework for providing consistent social, emotional, and behavioral supports to their students—and they integrate these protocols into everything they do. Evidence-based, trauma-informed, and trauma-specific approaches provide traumatized children and their school community with strategies for regulating emotions and controlling anxiety vital to everyday functioning (Interagency Working Group on Youth Programs, 2013).

Although most schools are vigilant in watching for signs of abuse and reporting it, there is often little training on exposure to other trauma. According to a survey by the National Child Traumatic Stress Network Schools Committee (2008), few schools have protocols to routinely obtain trauma histories or trauma-related information on transfer students—and children often transfer schools following traumatic experiences (Taylor & Siegfried, 2005). Creating a standardized annual screening procedure that directly or indirectly assesses students for trauma is one way to obtain historical information. If the screening uncovers an experience of trauma, further assessment and referral to specialized services should occur. Also, schools should be aware of any children already involved in the social services system, as it is likely these children are experiencing or have experienced trauma (McInerney & McKlindon, 2014).

When schools recognize children who have been exposed to trauma and create an environment that allows them to feel safe, they significantly reduce behavioral problems and eliminate dispensing such disciplinary measures as detentions, suspensions, and expulsions. When school staff members know a child's triggers and respond quickly and appropriately, punitive action becomes unnecessary (McInerney & McKlindon, 2014).

Questions guiding a multi-tiered approach to trauma-informed practices

1. In what ways does the entire school community support a healthy, safe, and compassionate school climate?
2. What are the discipline policies in the district?
3. What kinds of positive behavior interventions are implemented to support all students?
4. How do we determine the trauma history of our students?
5. How do we recognize that in trauma-informed school environments, all children are supported, regardless of trauma history?
6. What approaches are in place to address the behavior of traumatized students at the school?
7. What kinds of supports are in place for facilitating the social-emotional learning of traumatized students?

Source: Kaufman, 2013

The discipline policies at a school or district will require review by the entire school community. Children understand and internalize a great deal of what is going on around them, and traumatized children experience disciplinary actions very differently from their peers who have not been traumatized. Further, disciplinary actions can lead to judgments by all involved parties. For example, sending a child to detention for an hour is similar to sentencing a criminal to a certain amount of time in prison. This policy often leads to conscious or unconscious labeling of the child as “bad,” by both staff members and students. Working with children where they are emotionally, intellectually, and developmentally acknowledges that their behavior is a product of their experiences, good and bad.

When students have behavioral issues, it is effective to take them aside and privately ask them, “What can we learn from this?” Doing so reframes behavioral incidents as learning opportunities that can help students improve relationships and gain a sense of their place in the classroom. Helping children reassess how they see themselves after an incident and giving them the opportunity to change as a result allows them to experience themselves as just one of the students in the classroom. According to the Education Law Center of Pennsylvania & Disability Rights Network of Pennsylvania (2010), the following revisions should be made to school discipline policies:

1. Avoid exclusionary school discipline practices that push away students who are already traumatized. Expulsion and detention send messages of rejection that will likely retraumatize children.
2. Develop school discipline policies that offer alternatives to out-of-school suspensions.
3. Implement schoolwide positive behavioral supports.
4. Approach discipline with the mindset that children are always doing the best they can.
5. Any time discipline is needed, the first response should always be de-escalation and redirection.
6. Form relationships with parents/caregivers and families; they can be valuable allies and almost always have a child’s best interest at heart.
7. Instead of “criminalizing,” speak to the school counselor to investigate why a student has acted out.
8. Promote consistency and safety when enforcing school discipline policies.
9. Work to prevent behavioral problems by following a plan of learning, reassessing, and re-integrating.

Schools are often regarded as an ideal entry point to mental health services for children; by developing partnerships with local mental health services providers, schools can help connect students to additional supportive services. Some school systems have even considered developing their own school-based mental health services (Ko et al., 2008). Schools and school systems must determine which trauma-informed model is appropriate, and they should consider offering trauma-informed care cross multiple systems to increase the opportunities for cross-system learning and collaboration (McInerney & McKlindon, 2014).

Traumatized children in the classroom

“*Teachers like to tell students that if they work hard, they will succeed—that it is in their control to pay attention, do their homework, and perform well in class. But those assumptions aren’t necessarily true for children growing up in high-stress environments, such as those living [with trauma].* (REDFORD & PRITZKER, 2016)

Teachers expect children to come into an academic environment ready to both learn and emotionally experience the enjoyment and excitement of discovery. However, many effects of trauma often block a child’s ability to learn in the classroom.

Children and adolescents are overwhelmed by the way their brains and bodies react to prolonged stress or trauma. Traumatized youth will do anything to survive—not because they want to but because they need to. They shut down their feelings and push away memories of pain. They stop relying on relationships to protect themselves. They stop trusting and believing in others. Even after the stressful or traumatic situation has ended, children’s brains and bodies continue to react as if the stress is continuing. They become self-protective. They spend a lot of their energy scanning their environment for threats. Their bodies act as if they are in a constant state of alarm. Their brains are endlessly vigilant. All this leaves little space for learning (Australian Childhood Foundation, 2010).

Because traumatized children often externalize their difficulties via emotions and behaviors, they find themselves in constant trouble and subject to behavioral sanctions. One extreme example is children who attempt to get expelled to avoid the stressful challenges inherent in being in a classroom every day. Another extreme example is children who internalize their difficulties by pretending to be sick, not coming to school, or dropping out. Along those lines, some children sit quietly, seemingly daydreaming, when they are actually dissociating and not aware of the lesson (Tobin, 2016).

In addition, traumatized children are hypervigilant. This trait helps them survive chaotic settings in which their basic needs are not being met—but it is not a functional skill in school. Hypervigilant students seem to be highly distractible, but they are actually focusing intently on aspects of the environment that just do not happen to be part of the learning plan. For example, a child in class who is watching the nonverbal messages of a larger boy might not be hearing the lesson because he is worrying about his safety during recess (Ziegler, n.d.).

Traumatized children also have serious self-regulation deficiencies. Often considered the most pervasive result of trauma, the lack of self-regulation causes these children to



lack the inner understanding, inner strength, or desire to monitor their own emotional and behavioral reactivity. These deficiencies can cause intense emotional expressions in response to challenges in the classroom (Putnam, 2006).

Additionally, many traumatized children have difficulty with an essential aspect of educational advancement: putting what they learn into context. To sustain learning, students must be able to integrate the many facts, figures, and ideas they learn during the school day into understandable and usable information. Traumatized students are often described as “Not seeing the forest for the trees,” as they can connect the dots but cannot see that the connected dots eventually form a horse (Rodenbush, 2015).

Finally, traumatized children have difficulty trusting others. Lack of trust often results in a child misreading the motivations of both other students and teachers. For example, some traumatized children believe a difficult learning task was specifically designed to harm them or that when they are chosen second rather than first, it is a statement of how the teacher values or believes in them. With peers, traumatized children frequently presume negative motivations, even when it is not the case. Misreading the intentions of others makes it very difficult to be socially and emotionally successful (Gregorowski & Seedat, 2013).

Noncognitive factors

The trauma associated with neglect, violence, and relationship disruption changes the trajectory children’s lives. It undermines children’s self-confidence and eats away at their self-esteem. It can also make them feel worthless and unlovable, and it reinforces their vulnerability. These children are often labeled as disruptive, defiant, and poor learners who are at high risk of disconnecting from school (Australian Childhood Foundation, 2010).

In the classroom, children’s trauma symptoms are frequently misunderstood and misdiagnosed as attention deficits, learning disabilities, and emotional/behavioral conduct problems (Downey, 2007). Some researchers argue trauma-informed behaviors are important coping mechanisms a child developed to survive extremely stressful experiences and that focusing on eliminating these behaviors may be damaging—especially in the context of ongoing trauma (Teicher et al., 2003). Therefore, educators working with traumatized children must understand the key developmental pathways that may be affected by childhood trauma and develop strategies that support resilience through these pathways (Perkins & Graham-Bermann, 2012).

Table 1. The impact of trauma on academic performance and social relationships

Impacts on academic performance	Impacts on social relationships
Reduced cognitive capacity	Need for control (causing conflict with teachers and other students)
Sleep disturbance (causing poor concentration)	Attachment difficulties (making attachment to school problematic)
Difficulties with memory (making learning harder)	Poor peer relationships (making school an unpleasant experience)
Language delays (reducing capacity for listening, understanding, and expressing)	Unstable living situation (reducing learning and capacity to engage with a new school)

Source: Downey, 2007

There is a direct correlation between students’ success in school and their social-emotional skills, which develop from a child’s special and primary emotional and social bonds. Secure attachments to primary caretaking adults are the primary source of a child’s

values and beliefs, and they become the main model for appropriate social interactions; secure attachments provide the initial template for all future relationships (DeGregorio & McLean, 2013).

Early patterns of attachment inform the quality of children's information processing throughout their lives. Children learn to regulate their behavior by anticipating their caregivers' responses to them—the more disorganized the parent, the more disorganized the child. And if a parent or caregiver is emotionally absent, inconsistent, violent, intrusive, or neglectful, the child learns to not rely on the external environment to meet his or her needs. When educators recognize student behaviors that are consistent with disorganized attachment, they can better understand the context for students' behavior and help them repair their damaged sense of connection (Rodenbush, 2015). More information about the impact of trauma on cognitive skills is in Appendix C.

Children and adolescents can—and do—recover from the debilitating effects of trauma. But to recover, they need adults in their lives who understand and respond to their unique needs. They need teachers skilled at helping them adapt and change in response to their environment. They also need to learn the necessary life skills for healing and growing beyond childhood trauma. This learning can occur only in the kind of school environment in which noncognitive qualities, such as grit, curiosity, self-control, optimism, and conscientiousness, are likely to flourish (Tough, 2016).

There is general agreement in the literature that noncognitive abilities are actually life skills that can be learned, but there are more questions than answers about how they can be taught. Teaching math or reading requires the teacher to have particular content knowledge and pedagogical skill, but it is not clear what knowledge and skills are required to teach the attitudes, behaviors, and strategies that research has shown facilitate success in school and life (Gutman & Schoon, 2013).

Trauma-informed classroom practices

“*Trauma-informed educators recognize students’ actions are a direct result of their life experiences. When their students act out or disengage, they don’t ask them, “What is wrong with you?” but rather, “What happened to you?”* (HUANG ET AL., 2014)

The foundation for effective trauma-informed classroom practice is the teacher’s grasp of how trauma impacts student behavior, development, relationships, and survival strategies.

A trauma-informed teacher never forgets that students bring their entire lives into the classroom every day, and on some days, students will be in active trauma response. When teachers working with traumatized children understand the developmental pathways trauma affects, they can support resilience through these pathways (Perkins & Graham-Bermann, 2012).

Three critical pathways educators can most effectively support are a child’s need for positive attachment, development of non-cognitive competencies, and capacity for self-regulation. Educators support the development of these pathways by implementing repetitive, predictable, and nurturing strategies (Tobin, 2016).

Along those lines, trauma-informed teachers institute and maintain a daily routine that is consistent and predictable. They conduct daily check-ins and checkouts with all students, and they greet all students every time they come face to face to demonstrate how a caring adult would pay attention to and care about them. By expressing unconditional positive regard, trauma-informed teachers help traumatized students develop perhaps their first positive attachment; these students must be able to trust their teachers and school community to consistently care about and appreciate them, regardless of how well they perform in school (Dods, 2013).

In addition to maintaining a consistent schedule and classroom structure students can count on, trauma-informed teachers model flexibility when faced with unexpected changes to their routine. These teachers also help traumatized students recognize their progress by providing ongoing positive feedback and always highlighting their strengths (Rodenbush, 2015).

Further, trauma-informed teachers do not tolerate any side talk, whispering, or gossip, and they model integrity and trustworthiness by never discussing students’ private issues at home or at school in the classroom. And by developing and following a consistent home-school communication plan, trauma-informed teachers stay informed about stressors or crises that occur outside of school, and they know how prescribed medications are affecting their students’ moods and behaviors.

According to Wolpov et al. (2009), these six principles should guide interactions with students who have experienced trauma:

1. **Always empower, never disempower:** Trauma-informed teachers avoid struggles with students; classroom discipline is necessary, but it should be done in a way that is respectful, consistent, and nonviolent. Students who have experienced trauma often seek to control their environment to protect themselves, and their behavior will generally deteriorate the more helpless they feel.
2. **Express unconditional positive regard:** Trauma-informed teachers, as consistently caring adults, have the opportunity to help students build trust and form relationships. Even if a student acts out and expresses hatred for or cruel judgments of the teacher, the response must always be unconditional positive regard: “I’m sorry you feel that way. I care about you and hope you’ll get your work done.”
3. **Maintain high expectations:** Trauma-informed teachers set and enforce limits in a consistent way that provides high expectations for all students. Maintaining consistent expectations, limits, and routines sends the message that the student is worthy of continued unconditional positive regard and attention. In addition, consistency in the classroom helps students differentiate between the arbitrary rules that led to their abuse and the purposeful ones that assure their safety and well-being.

4. **Check assumptions, observe, and question:** Trauma-informed teachers talk with students and ask questions instead of making assumptions, as trauma can affect any student and manifest in many ways. Trauma-informed teachers also make observations to students about their behaviors and then fully engage in listening to the response.
5. **Be a relationship coach:** Trauma-informed teachers assist traumatized students from preschool through high school in developing social skills, as well as cultivating and supporting positive relationships with their parents/caregivers. In addition, trauma-informed teachers routinely teach students how to get along with their classmates, which sets the tone and demeanor in the classroom.
6. **Provide guided opportunities for helpful participation:** Trauma-informed teachers model, foster, and support ongoing peer “helping” interactions, such as peer tutoring and support groups, to provide traumatized children with the opportunity to practice academic and social-emotional skills.

Learning activities can present traumatized children with many cognitive challenges that may arouse their trauma-informed stress responses. Teachers can provide traumatized students with structured learning supports to help them re-engage in learning activities and reduce stress. DeGregorio and McLean (2013) offer practical strategies to address learning challenges, including:

- Help children break down tasks into small, manageable steps
- Repeat information or provide written instructions
- Establish routines through planning and prompting next steps
- Use visual cues and reminders to help children monitor their behavior
- Scaffold tasks by allowing children to work alongside classmates in cooperative groups

In addition, trauma-informed teachers help students appreciate the opportunities every new day offers for a start fresh, and they consistently model high expectations and hopes for each student’s achievement. According Rodenbush (2015), regardless of lesson content or context, trauma-informed teachers consistently:

- Design interventions that increase students’ sense of self-worth
- Target behavioral supports that enhance students’ sense of trust
- Draw connections between students’ behaviors and their natural consequences
- Construct paths to academic achievement that promote trust in future accomplishments
- Maintain consistent routines
- Model emotion management and relationship skills
- Cultivate calming strategies for the body and mind that support thinking and engagement

Ziegler (n.d.) constructed a framework for conceptual and practical applications of learning approaches and environments that enable traumatized students to succeed rather than fail. He proposed that the conceptual framework takes into consideration everything known about educating traumatized students. Combining research evidence from various fields of inquiry, he concluded there are 14 elements critical to effective trauma-informed classroom practice:

1. **Expressive learning:** Children learn best by doing—not listening or even watching. Traumatized children bring to the classroom many fears and emotions, as well as poorly self-regulated excitement and activity levels. Expressive learning channels mental, emotional, and behavioral energy into learning.
2. **Predictable structure:** The optimal learning environment for a traumatized child must have comforting structures that signal to the child that safety is assured, adults are appropriately in charge, and students can focus full time on being interested learners in their own childlike fashion.
3. **More successes than failures:** When individuals try a new task, they may fail many times before they master it. Traumatized students learn to give up trying long before they reach mastery, and they soon refuse to even try new tasks for fear of failure. Teachers must ensure traumatized children experience many more successes than failures both in small and large ways.

4. **Adult-mediated peer interaction:** School staff members must monitor the communication style of students in and out of the classroom. Any negative, teasing, bullying, or demeaning communication will be threatening to traumatized children, who experience it as a lack of physical or interpersonal safety.
5. **External cognitive structure:** Teachers must help traumatized students overcome their brain deficits by providing the meaning, planning, and connections they are incapable of understanding for themselves. In addition, teachers must help these students through the mental processing steps necessary to develop higher-order reasoning.
6. **An “unschool” setting:** Most traumatized children have been enrolled at and withdrawn from several schools, and most of their experiences were negative. Traumatized children shut down when there is rigidity, regimentation, rules and regulations posted everywhere, or severe restrictions on their movement and activity. Because their brain filters new experiences through negative memories, it may be helpful to shed the trappings of previous school experiences. Consider what a child feels when walking into a new “school” environment. Is it colorful? Is the energy inviting? Are there interesting objects? Is the space expressive? The “unschool” should look different, feel different, and be different from anything the child has experienced.
7. **Encouragement through relationship:** Traumatized children need social support but do not know how to ask for or accept it. Teachers cannot wait until a student is receptive to relationship; the adult must meet the child much more than halfway. Having a reliable relationship with a safe adult provides much of what a traumatized child needs to begin opening up to the risks of learning and trying new tasks.
8. **Teaching to the child’s individual learning style:** Every child has an optimal learning style, and teachers must identify the one specific to each traumatized child to help him or her overcome hurdles to learning. Multidimensional instructional approaches are most effective with traumatized students.
9. **Even competition:** Competition can be a learning tool—if it is even and not overdone. Even competition ensures each competitor has an even chance of winning. Outcomes that are predictably determined may be fair, but they are not even, so they will not be a positive learning experience for a traumatized child.
10. **Internalized goal setting:** At first, trauma-informed teachers will support traumatized students’ mental reasoning, but they work toward the children setting reachable internal goals for themselves. It is the teacher’s job to ensure students’ goals are reachable and successfully accomplished before setting more. Children who have been set up in life as failures seldom have experience with winning a competition or accomplishing a goal. Not knowing how to handle the experience of being a “winner,” they will need help learning how to be a good winner and how to feel and express pride in their accomplishment.
11. **Enjoyment and fun:** The two primary jobs of children are to learn and have fun. It is optimal to do both at the same time; learning strategies that are not enjoyable for a traumatized child will not be sustainable.
12. **Variety of activities and help with transitions:** The most effective learning environments address many interests and offer various activities. Traumatized children are poor self-regulators, and in a high-energy environment, they will require teacher support for expressing even positive emotional responses. They will also require help preparing for and initiating transitions from one activity to another.
13. **Choices in areas of the child’s interests:** Children will invest more in learning about what interests them, especially when they have some role in choosing what they study. Using creative approaches, teachers can interest a student in nearly any subject. An optimal learning environment encourages students to pursue chosen interests.
14. **Cooperative group efforts that promote teamwork:** Traumatized children live in their own solitary world, so constructing positive social experiences for them is critical. Group learning is a powerful and important way for children to gain social success and support. However, traumatized children will not initiate or even willingly participate in group-learning opportunities. When placing traumatized students in these situations, teachers must closely monitor the group’s activities, encourage every child to participate, and ensure successful outcomes for the children by supporting their process throughout the experience.

Trauma-informed teachers engage their students in a variety of noncognitive activities, including dance, song, music, sports, breathing, and meditation exercises, to help them manage and process their trauma (Brunzell, Waters, & Stokes, 2015). By encouraging students to draw and write in their journals, teachers provide safe ways for students to understand and express their thoughts and feelings without the pressure of verbal expression. Further, trauma-informed teachers get students out of their seats to engage in physical activities that release some of the trauma-related tension they hold in their bodies. Doing so teaches students to use exercise as a natural mood regulator. Engaging students in creative play also helps them access their internal experiences and express them in a way that is cathartic and consistent with who they are. In addition, teaching students to become aware of thoughts, feelings, and internal sensations through mindfulness connects them to their environment and to those around them by engaging them in the moment (Gregorowski & Seedat, 2013).

In many ways, social success is the most important achievement traumatized students can attain in school. It is at school that children usually have their first opportunity to develop a self-image outside of their family, as well as where they begin to understand how to interact with others and the larger world. A student's success in school largely stems from his or her ability to get along with both classmates and teachers, as well as form supportive relationships. If this first journey into the larger world outside the family ends in failure and conflict, a child's worldview turns negative. The most important social learning opportunities in school happen during recess and lunch and while passing others in the hall. It is in these settings that traumatized children find the most difficulty but with the support of the entire school community, they can also find a great deal of promise for success (Ziegler, n.d.).

When a student acts out via a traumatic stress response during class, trauma-informed teachers remain calm and reassuring. They ground the student in the present by engaging him or her through his or her senses. Trauma-informed teachers also speak in a positive tone, asking the student to get in touch with his or her immediate needs. If a student is experiencing sensory overload, these teachers provide a quiet, safe space while always remaining in the student's line of sight (Cole et al., 2005). Throughout these kinds of experiences, trauma-informed teachers place themselves at the student's level to gently communicate care and support. To get through the stress of a full-blown traumatic stress response, these teachers never hesitate to enlist support from administrators, other school staff members, and law enforcement as needed.



Emotional costs and payoffs

“*There is an emotional cost to educators who work with traumatized children ...* (FIGLEY, 1995)

Trauma takes a toll on children, families, schools, and communities. It also takes a toll on teachers, who are among the first “outsiders” to learn trauma is affecting students and their families. Teachers receive some training in how to identify health issues and appropriate reasons to refer students to school counselors, as well as how to report abuse to the appropriate authorities, but most educators get little training in how to recognize the symptoms of trauma—and virtually no training on how to deal with its effects on themselves (Wolpow et al., 2009).

It is easy for a caring teacher to become overly identified and engaged with a student who has experienced a traumatic stress response. However, trauma-informed teachers learn to balance the appropriate display of empathy for the student with strong emotional boundaries. If a teacher begins to overly identify with a student, the teacher’s effectiveness in the student’s life is significantly decreased, which can harm both individuals. Paying attention to the balance between healthy empathy and over-identification is essential not only for the student but also for the health and well-being of the teacher. Self-care and self-awareness are critical to that balance (Rodenbush, 2015).

Any educator who works directly with traumatized youth is vulnerable to the effects of trauma—and susceptible to compassion fatigue or secondary traumatic stress. Teachers who work with traumatized children on a daily basis often begin to feel physically, mentally, or emotionally worn out, and they sometimes feel overwhelmed by their students’ traumas. The best way to deal with compassion fatigue is to prepare for its inevitability and recognize the signs early. According to the National Child Traumatic Stress Network Schools Committee (2008), signs of compassion fatigue among educators include:

- Increased irritability or impatience with students
- Difficulty focusing on lesson planning or classroom activities
- Decreased concentration
- Denial that traumatic events impact students by choosing to feel numb or detached
- Experiencing intense feelings, intrusive thoughts, or dreams about a student’s trauma that do not lessen over time

Educators need strength and courage to open their hearts to children’s suffering, but they also must understand their own feelings and show themselves compassion. Too often, educators judge themselves as weak or incompetent for having strong reactions to a student’s trauma. Compassion fatigue is not a sign of weakness or incompetence, however. Rather, it is the cost of caring (Figley, 1995). In addition, educators should consider that given the high rates of childhood trauma in our society, it is likely they might uncover their own unresolved traumatic experiences in dealing with their students’ trauma. Educators should seek professional counseling if they experience ongoing signs of compassion fatigue.

Self-care for affected educators means guarding against getting lost in the feelings of traumatized students, as well as maintaining perspective by spending time with children and adolescents who are not traumatized. Staying healthy and physically fit, engaging in fun activities, finding time for reflection, taking breaks during the workday, crying as needed, and finding things to laugh about will all help educators maintain balance.

Compassion fatigue is an occupational hazard for educators. No one who is privy to students’ trauma should carry the burden alone, and although educators must respect student confidentiality, they must also enlist their colleagues’ support. Working in teams and involving administrators in daily issues will provide the necessary support to continue doing this work without burning out (Figley, 1995).

The consensus among many state agencies and organizations that focus on helping traumatized children (Downey, 2007; Health Federation of Philadelphia, 2010; Wolpov et al., 2009) is that to remain effective and functional, educators who work with traumatized students on a daily basis should follow these recommendations:

- **Take care of yourself first:** Exposure to children's trauma is extremely stressful and can lead to vicarious trauma, as well as compassion fatigue. Teachers and administrators should identify self-care activities that help relieve stress (such as physical exercise, creative expression, and adequate rest) because by taking care of themselves first, they are in a better position to help their students without burning out.
- **Empower students:** By offering choices for participation and encouraging their sense of agency, educators help students feel some control over their lives. In addition, when students make positive choices and educators praise them for doing so, students begin forging a positive direction in their own lives.
- **Check in with students:** Educators should never underestimate the impact of sincerely asking a student, "What's going on?" This simple question can open up a dialogue and provide information educators need to better understand and meet students' needs. Along those lines, asking this question lets students know their teachers and the community care about them.
- **Prepare for significant anniversaries:** On a particular date or during a particular time of year, students will remember a traumatic experience, such as going into foster care or losing a loved one to violence. If a student shares this information with any member of the school staff, it is critical to check in with the student around the time of the anniversary to identify needs for additional support. Learning and behavioral challenges may arise during this time, and staff members should prepare to provide scaffolding.
- **Be sensitive to children's family structures:** Educators must recognize that students have different family settings, and they should consider changing their language accordingly (for example, saying "caregiver" instead of "parent"). Lesson plans should be constructed to maximize the inclusion of all students.
- **Identify mentors:** Connect students to adults who can provide them additional support.
- **Be sensitive to the prevalence of trauma in families:** Students' guardians may also be trauma survivors, so when working with them, it is important to recognize their experiences will influence how they interact with members of the school community. Educators must build trusting relationships with students' families and caregivers to make school a safe and collaborative environment for them, as well as their children.

Conclusion

Trauma undermines children's ability to learn, form relationships, and function appropriately in the classroom. To date, research has rarely considered the role of the teacher and school community in promoting resilience—even though schools are a significant community for children, and teachers are their primary role models in these communities. Educators and schools already have many of the skills and resources for helping traumatized children (Cole et al., 2005), and they can promote healthy development through a holistic focus on appropriate attachment, noncognitive competencies, and self-regulatory capacities (Alisic, 2011).

Current models of clinical treatment alone cannot address the needs of traumatized children; teachers and other mentors are essential to helping traumatized children re-establish normal functioning of their bodies' and brains' stress-response systems through intense and ongoing positive social interactions (Gaskill & Perry, 2012). Further, early interventions are much more effective for helping traumatized children than reactive services (Perry, 2009), and policy can aim to support teachers and schools in addressing the needs of traumatized children in classrooms.

Succeeding in school is an accomplishment that carries more weight for traumatized children because for them, school either confirms that the world is filled with unresponsive, threatening adults and peers, or it provides an opportunity to learn that some places are safe, stimulating, and even fun. And given the large number of traumatized children in our society, it is time to pay close attention to how educators facilitate their learning; one size does not fit all in education, particularly for traumatized children (Ziegler, n.d.). If teachers do not receive significant support to address trauma's impact on learning, traumatized children will continue to achieve below their academic potential, and teachers will burn out trying to help them (Cole et al., 2005).



Trauma-informed teachers and school environments benefit everyone—those whose trauma history is known, those whose trauma will never be clearly identified, and those who may be impacted by the behavior of traumatized students. Through trauma sensitivity, educators can ensure all children are given the opportunity to achieve at their highest levels, in spite of the trauma they may have experienced (Cole et al., 2005). What is needed in education is a synthesis of the substantial new information on trauma, brain development, treatments, and strategies so educators can develop a theory of learning and progressive academic strategies for teaching traumatized students (Ziegler, n.d.).

APPENDIX A

Guide to recognizing trauma

Many situations can be traumatic to children, regardless of age, but the effects of trauma can vary by age group (National Child Traumatic Stress Network Schools Committee, 2008).

Situations that can be traumatic

- Physical or sexual abuse
- Abandonment
- Neglect
- The death or loss of a loved one
- Life-threatening illness in a caregiver
- Witnessing domestic violence
- Automobile or other serious accidents
- Bullying
- Life-threatening health situations
- Painful medical procedures
- Witnessing or experiencing community violence (e.g., shootings; stabbings; robberies; or fighting at home, in the neighborhood, or at school)
- Witnessing police activity or having a close relative incarcerated
- Life-threatening natural disasters
- Acts or threats of terrorism (experienced in person or viewed on television)
- Living in chronically chaotic environments in which housing and financial resources are not consistently available

What you might observe in preschool children

Note: Young children do not always have the words to express what has happened to them or how they feel. Behavior is a better gauge, and sudden changes in behavior can be a sign of trauma.

- Separation anxiety or clinging to teachers and primary caregivers
- Regression in mastered stages of development (e.g., baby talk or bed-wetting/toileting accidents)
- Lack of developmental progress (e.g., not progressing at the same level as peers)
- Re-creation of the traumatic event (e.g., repeatedly talking about, “playing” out, or drawing the event)
- Difficulty at naptime or bedtime (e.g., avoiding sleep, waking up, or nightmares)
- Increased somatic complaints (with physical symptoms, such as headaches, stomachaches, or overreacting to minor bumps and bruises)
- Changes in behavior (e.g., different appetite, unexplained absences, angry outbursts, decreased attention, or withdrawal)
- Under- or overreaction to physical contact, bright lighting, sudden movements, or loud sounds (e.g., bells, slamming doors, or sirens)
- Increased distress (e.g., unusually whiny, irritable, or moody)
- Anxiety, fear, and worry about their safety, as well as the safety of others
- Worry about the recurrence of the traumatic event
- New fears (e.g., fear of the dark, animals, or monsters)
- Statements and questions about death and dying

What you might observe in elementary school students

- Anxiety, fear, and worry about their safety, as well as the safety of others (e.g., clingier with a teacher or parent)
- Worry about recurrence of violence
- Increased distress (e.g., unusually whiny, irritable, or moody)
- Changes in behavior:
 - Increase in activity level
 - Decreased attention and/or concentration
 - Withdrawal from others or activities
 - Angry outbursts and/or aggression
 - Absenteeism
- Distrust of others that affects how they interact with both adults and peers
- A change in ability to interpret and respond appropriately to social cues
- Increased somatic complaints (with physical symptoms, such as headaches, stomachaches, or overreaction to minor bumps and bruises)
- Changes in school performance
- Re-creation of the traumatic event (e.g., repeatedly talking about, “playing” out, or drawing the event)
- Under- or overreaction to physical contact, bright lighting, sudden movements, or loud sounds (e.g., bells, slamming doors, or sirens)
- Statements and questions about death and dying
- Difficulty with authority, redirection, or criticism
- Re-experience of the trauma (e.g., nightmares or disturbing memories during the day)
- Hyperarousal (e.g., sleep disturbance or a tendency to be easily startled)
- Avoidance behaviors (e.g., resisting going to places that remind them of the traumatic event)
- Emotional numbing (e.g., seeming to have no feeling about the traumatic event)

What you might observe in middle school students

- Anxiety, fear, and worry about their safety, as well as the safety of others
- Worry about recurrence or consequences of violence
- Changes in behavior:
 - Decreased attention and/or concentration
 - Increase in activity level
 - Change in academic performance
 - Irritability with friends, teachers, or events
 - Angry outbursts and/or aggression
 - Withdrawal from others or activities
 - Absenteeism
- Increased somatic complaints (with physical symptoms, such as headaches, stomachaches, or chest pains)
- Discomfort with feelings (e.g., troubling thoughts of revenge)
- Repeated discussion of the traumatic event and focus on specific details of what happened
- Under- or overreaction to physical contact, bright lighting, sudden movements, or loud sounds (e.g., bells, slamming doors, or sirens)
- Re-experience of the trauma (e.g., nightmares or disturbing memories during the day)
- Hyperarousal (e.g., sleep disturbance or tendency to be easily startled)
- Avoidance behaviors (e.g., resisting going to places that remind them of the traumatic event)
- Emotional numbing (e.g., seeming to have no feeling about the traumatic event)

What you might observe in high school students

- Anxiety, fear, and worry about their safety, as well as the safety of others
- Worry about recurrence or consequences of violence
- Changes in behavior:
 - Withdrawal from others or activities
 - Irritability with friends, teachers, or events
 - Angry outbursts and/or aggression
 - Change in academic performance
 - Decreased attention and/or concentration
 - Increase in activity level
 - Absenteeism
 - Increase in impulsivity or risk-taking behavior
- Discomfort with feelings (e.g., troubling thoughts of revenge)
- Increased risk for substance abuse
- Discussion of traumatic event and reviewing of details
- Negative impact on issues of trust and perceptions of others
- Under- or overreaction to physical contact, bright lighting, sudden movements, or loud sounds (e.g., bells, slamming doors, or sirens)
- Repetitive thoughts and comments about death or dying (e.g., suicidal thoughts; writing, art, or notebook covers about violent or morbid topics; or Internet searches)
- Heightened difficulty with authority, redirection, or criticism
- Re-experience of the trauma (e.g., nightmares or disturbing memories during the day)
- Hyperarousal (e.g., sleep disturbance or tendency to be easily startled)
- Avoidance behaviors (e.g., resisting going to places that remind them of the traumatic event)
- Emotional numbing (e.g., seeming to have no feeling about the traumatic event)

According to Mental Health Connection of Tarrant County (2013), it is important to note that some children, if given support, will recover within a few weeks or months from the fear and anxiety caused by a traumatic experience—but some children will need more help over a longer period of time to heal. They also may need continuing support from family, teachers, or mental health professionals. Anniversaries of the events or media reports may act as reminders to the child, causing a recurrence of symptoms, feelings, and behaviors.

APPENDIX B

The making of a trauma-informed school

The following is an adapted interview transcript (Rojas, 2013).

The Community Health Advocates School was created based on the needs of our community. The Los Angeles Unified School District invited teachers, community members, business owners, and any other interested groups to write proposals for the use of a new campus that was being planned. During that time, two teachers from our staff worked on a larger design team to develop the entire campus.

When the planning team surveyed our community of South Central Los Angeles, they discovered that the community had historically experienced much trauma and that there was a great need for healing. As the team continued to talk to the families and young people, nonprofit organizations, and churches that have had an impact in the community, they recognized a definite need to not only educate young people about the issues that have plagued the community historically but also to empower them so that they could someday become the community's social workers, teachers, counselors, and therapists. This is how the Community Health Advocates School began—out of the expressed needs of the community.

We are part of the “zone of choice” within the Los Angeles Unified School District that includes the three schools of this campus. The school community selects curriculum based on its needs and interests and also seeks out students who might be a good fit. We present our schools to the eighth-graders at our feeder middle school who are our incoming ninth-graders. It is a student-centered presentation where students learn about the focus of each school. The eighth-graders, with the help of their guidance counselor and their parents, rank these schools in their order of preference, and the district does its best to accommodate their first choice. During “open enrollment,” students not living in our “zone” can elect to come here. Also, students who are experiencing problems at their home school can request transfer to our school.

The Community Health Advocates School is a trauma-informed school. The school staff understands the community where our students are coming from and their needs. We understand that they've experienced certain traumas in their lives, certain events that were usually out of their control that have had a negative impact on them. By the time they get to us in ninth through 12th grade, they have learned to cope with trauma in ways that are not healthy for them. Our intention is to avoid retraumatizing them by working with them. Instead of pushing them to drop out of school or kicking them out of school, we help them plan for their lives. We ask them, “What kind of a plan are we going to create for you, knowing what you've been through, so that you can be successful?”

Planning for successful lives means carefully considering the kinds of classes we offer and helping students create a pathway of study from ninth through 12th grade that includes learning about mental and behavioral health. They learn about the professions intended to support them, take field trips, and participate in internships and externships. We bring community partners onto our campus so that they can present to the students—and also work collaboratively with them on projects, including research.

Really, it's all about hiring and training staff members to understand our students' needs and the trauma they experience in our community—and to work with them in a different way that leads to their success.

APPENDIX C

Evidence of the impact of trauma on noncognitive skills

According to Gutman and Schoon (2013), there are indications noncognitive skills have an impact on positive outcomes for young people, but so far, causal evidence of the impact on long-term outcomes is limited to this: Noncognitive skills are associated with positive outcomes for children and adolescents; several factors, such as self-control and school engagement, are correlated with academic outcomes, financial stability in adulthood, and reduced crime.

Less is known about how far it is possible to develop a child's noncognitive skills through intervention or whether such changes lead to improved outcomes—especially in the long term. In addition, no single noncognitive skill predicts long-term outcomes. Rather key skills are interrelated and need to be developed in combination with one another.

Evidence is strongest in relation to skills underpinning academic outcomes:

- For children, their expectations of success and perception of ability, as well as the extent to which they value an activity, all influence their motivation and persistence leading to improved academic outcomes—especially for low-achieving students
- Effective teaching, school environment, and social-emotional learning programs at school can play an important role in developing key noncognitive skills
- Outside of school, service learning and outdoor challenge activities tend to have low to medium effects on many cognitive and noncognitive outcomes

The following are areas that warrant further study:

- Leadership, coping skills, and engagement with school can be promoted in young people, but there is no experimental evidence yet that improvement has a substantial causal effect on other outcomes
- Some noncognitive skills, including grit and self-control, correlate strongly with outcomes but appear to be more akin to stable personality traits than to malleable skills
- There are gaps in the evidence because many studies define and measure noncognitive skills in disparate ways, assess them in isolation, and focus on short-term outcomes. Future research should explore how skills can be transferred between areas of a young person's life and how far changes can be sustained in the long term.

APPENDIX D

The impact of trauma on academic skills

The following information is from Rodenbush (2015).

How does trauma impact language and communication skills?

- When in a state of hyperarousal, a traumatized student cannot attend to or process information
- In survival mode, language becomes a tool for getting things accomplished or needs met—not for articulating thoughts and expressing feelings
- Traumatized students have had little exposure to adults who encourage expressing ideas or feelings, as well as limited experience tending to complex communications

How does trauma impact a student’s ability to organize narrative material?

- If a traumatized student is living in chaos, it significantly affects his or her ability to bring linear order to narrative material
- If the development of sequential memory is delayed and the ability to learn information sequentially is impaired, traumatized children will have difficulty with organizing information in a sequence
- Bringing coherence to a collection of random events is most easily accomplished in an environment marked by consistent, predictable routines and reliable caregivers

How does trauma impact a student’s ability to understand cause-and-effect relationships?

- Children develop understanding of cause-and-effect relationships during the sensorimotor period through an active exploration of the world around them
- Children living with trauma may suffer from physical restriction and unrealistic parental expectations that inhibit their exploration of the world
- Trauma damages children’s sense of object constancy, causing them to lack a sense of predictability in their environment

How does trauma impact a student’s ability to take another’s perspective?

- When a child learns to not express a preference before assessing the mood of the parent, he or she cannot fully develop a sense of self
- Children unable to define the boundaries of the self can have difficulty making independent choices, articulating preferences, and gaining perspective
- If stress from trauma interferes with normal playtime, it seriously impairs the ability to take the role of the other or to appreciate another person’s point of view

How does trauma impact a student’s attentiveness to classroom tasks?

- He or she has fear and anxiety about his or her own safety, as well as others’ safety, which chronically occupies his or her thoughts
- He or she may actually be focused on “interpreting the teacher’s mood”
- He or she might dissociate from the immediate environment and not process the information the teacher is presenting
- Many traumatized children are diagnosed with attention-deficit/hyperactivity disorder due to symptoms of anxiety and hypervigilance to danger

How does trauma impact a student's ability to regulate emotions?

- Feelings of fear, anxiety, irritability, helplessness, anger, shame, depression, and guilt are often difficult for traumatized children to identify and express verbally
- Often, traumatized children do not have a choice in how they react to people or situations
- Traumatized children may overreact to perceived or real provocation in the classroom or on the playground

How does trauma impact a student's executive functioning?

- Trauma damages the prefrontal cortex portion of the brain, which is responsible for executive functioning; traumatized children have deficits in related skills required for academic success, including:
 - Working memory
 - Problem solving
 - Planning
 - Set maintenance
 - Reasoning
 - Flexibility



APPENDIX E

Trauma-informed resources

National resources

- *The National Child Traumatic Stress Network* (<http://www.nctsn.org/>) provides resources for a variety of audiences, including school personnel. “Child Trauma Toolkit for Educators” (http://www.nctsn.org/sites/default/files/assets/pdfs/Child_Trauma_Toolkit_Final.pdf); information about responding to a school crisis, school safety, the effects of trauma, disaster response, and service interventions; and a list of web resources are available.
- *The National Center for Trauma-Informed Care* (<https://www.samhsa.gov/nctic>) is operated by the Substance Abuse and Mental Health Services Administration (SAMHSA). The website provides information on trauma-informed care, links to models that could be adapted for implementation by schools, and information on training and technical assistance support.
- *The Safe Start Initiative* (<https://safestartcenter.wordpress.com/>) is operated by the Office of Juvenile Justice and Delinquency Prevention. It works to prevent and reduce children’s exposure to violence and expand understanding of evidence-based practices.

State resources

- Massachusetts Advocates for Children
Helping Traumatized Children Learn: A Report and Policy Agenda. http://www.massadvocates.org/documents/HTCL_9-09.pdf
- Massachusetts Advocates for Children
Helping Traumatized Children Learn II: Creating and Advocating for Trauma-Sensitive Schools. <http://www.traumainformedcareproject.org/resources/HTCL-Vol-2-Creating-and-Advocating-for-TSS.pdf>
- Washington State Office of Superintendent of Public Instruction
The Heart of Learning and Teaching: Compassion, Resiliency, and Academic Success. <http://www.k12.wa.us/compassion-ateschools/pubdocs/TheHeartofLearningandTeaching.pdf>
- Wisconsin Department of Public Instruction
Creating Trauma-Sensitive Schools to Improve Learning. <http://dpi.wi.gov/sspw/mental-health/trauma>
- Children’s Defense Fund—Ohio & Policy Matters Ohio
Addressing children’s trauma: A toolkit for Ohio schools. <http://mha.ohio.gov/Portals/0/assets/Initiatives/TIC/Addressing%20Children’s%20Trauma%20A%20Toolkit%20for%20Schools.pdf>
- Michigan Department of Health & Human Services
Trauma Informed Care Toolkit. http://www.michigan.gov/mdhhs/0,5885,7-339-73971_4911_4912-342561--,00.html

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