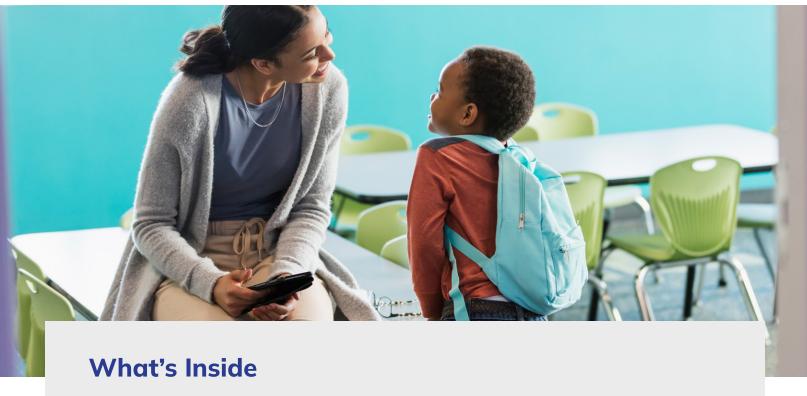
Trauma-Informed Care for Educators



- Key Trauma-Related Concepts
- 6 Guiding Principles to a Trauma-Informed Approach
- Tips to Prevent Vicarious Trauma
- De-escalation Preferences Form



Experiencing trauma can change the way a person perceives the world.

Trauma can come in many forms, and whether caused by a single event or by a repeated exposure, that experience and perspective shapes the way a person feels, thinks, and behaves. Trauma can happen to anyone—as educators, you may encounter both students and colleagues that have been impacted.

Understanding the definition of trauma and increasing your awareness of the specific trauma a person has experienced will help you better understand not only how they've been impacted, but how to respond appropriately to their behavior as well.

As you sharpen your understanding of their experience, you are strengthening your relationship and making future interventions that much more successful. That level of trust is critical to trauma-informed care—in and out of the classroom—and allows you to communicate effectively while calming escalating behaviors.

This resource will give you:

- A deeper awareness of key trauma-related concepts.
- A greater understanding of trauma's effects on behavior.
- 6 Guiding Principles to a Trauma-Informed Approach.
- Tips for understanding and preventing vicarious trauma.
- A De-Escalation Preferences Form to use with students and colleagues.
- Resources to explore trauma-informed care further.



Defining Terms

Trauma

An emotional response to a terrible event like an accident, rape or natural disaster. Immediately after the event, shock and denial are typical. Longer term reactions include unpredictable emotions, flashbacks, strained relationships and even physical symptoms like headaches or nausea.

Trauma-Informed Care

A framework of thinking and interventions that are directed by a thorough understanding of the profound neurological, biological, psychological, and social effects trauma has on an individual—recognizing that person's constant interdependent needs for safety, connections, and ways to manage emotions/impulses.

Triggers

Signals that act as signs of possible danger, based on historical traumatic experiences which lead to a set of emotional, physiological, and behavioral responses that arise in the service of survival and safety (e.g., sights, sounds, smells, touch). Triggers are all about a person's perceptions experienced as reality. The mind/body connection sets in motion a fight, flight, or freeze response. A student or colleague who is triggered will experience fear, panic, upset, and agitation.



Trauma Types

Traumatization occurs when internal and external resources are inadequate for coping. There are three main classifications of trauma.

Acute trauma results from exposure to a single overwhelming event.

- Examples: Rape, death of a loved one, natural disaster.
- *Characteristics:* Detailed memories, omens, hyper-vigilance, exaggerated startle response, misperceptions or overreactions.

Chronic trauma results from extended exposure to traumatizing situations.

- Examples: Prolonged exposure to violence or bullying, profound neglect, series of home removals.
- Characteristics: Denial and psychological numbing, dissociation, rage, social withdrawal, sense of foreshortened future.

Complex trauma results from a single traumatic event that is devastating enough to have long-lasting effects.

- Examples: Mass casualty school shooting, car accident with fatalities involved, refugee dislocation.
- Characteristics: Perpetual mourning or depression, chronic pain, concentration problems, sleep disturbances, irritability.

The Effects of Trauma on Behavior

Think about the distinct types of trauma noted above, and the characteristics commonly associated with each. As an educator, you may encounter students who become easily startled, begin withdrawing, or even show uncharacteristic outbursts. You may also notice a colleague exhibiting similar behaviors.

Modeling a person-centered, strength-based approach creates a cultural shift in your interactions. Let's look at the student or colleague's behavior through a trauma-informed lens.

Questions to ask yourself include:

- What type of trauma could be at play here?
- What are some possible triggers? They could be obvious or subtle.
- How could you respond in a trauma-informed way?



6 Guiding Principles to a Trauma-Informed Approach in School

The CDC's Office of Public Health Preparedness and Response (OPHPR), in collaboration with SAMHSA's National Center for Trauma-Informed Care (NCTIC), drafted six trauma approaches for OPHPR employees regarding the role of trauma-informed care during public health emergencies.

When shaping a trauma-informed school, these six approaches can also serve as a foundation to creating a safe, healthy learning environment for both students and staff.

1. Safety

Ensure all the physical settings your students and staff will encounter throughout the school day provide a sense of safety. "Safety" also applies to interpersonal interactions, including both student-to-student and student-to-teacher. While teachers cannot always control how students interact with one another, they can control how they respond to escalated students.

A trauma-informed teacher will ensure they are <u>self-regulated</u> and in tune with how their behavior influences those around them; reinforcing a continuous sense of safety.

2. Trustworthiness and Transparency

As a school or district, your operations and decisions should be made based on trust and transparency. Following through on this philosophy and maintaining it with consistency will help build trust with both your students and staff.

A De-escalation Preferences Form is a key tool when establishing trust in school settings. Responses to the form's questions develop personalized strategies that are unique to your individual school and to the specific needs of each student. Understanding what triggers a student and subsequently, what will help rebuild rapport, is critical to helping that student feel safe and supported.



3. Peer Support

Peer support is critical for establishing safety and trust, fostering collaboration, and utilizing lived experience to promote recovery and healing. For students, encouraging open communication with teachers and their peers is critical to helping them feel they are not only supported, but heard. Peer Support is another area where De-escalation Preference Forms are key.

"Given the widespread scope and prevalence of childhood adversity and trauma, promoting trauma-sensitive school approaches has the greatest potential to positively impact all students, regardless of trauma history."

- NATIONAL ASSOCIATION OF SCHOOL PSYCHOLOGISTS

4. Collaboration and Mutuality

This concept highlights the idea that everyone in the school or district plays a role in providing trauma-informed care. Starting with your staff, the leveling of power differences across the entire school reinforces the idea that healing can happen within professional relationships and by sharing the role of decision-making.

Once your teachers make this connection, they'll naturally incorporate this approach into the way they carry out their lesson plans. Allowing students to feel like they can weigh in on decisions for the classroom—even in areas as simple as selecting the items for a reading corner—can greatly increase their sense of collaboration and mutuality.



5. Empowerment, Voice, and Choice

Your support is shown by recognizing, empowering, and building upon the strengths and experiences of those who have been impacted by trauma. Trauma-informed schools see success in the form of students' ability to build resilience, academic achievement, and lower suspensions (source: <u>ACES Too High</u>).

Adequate and appropriate hiring and development empowers educators to collaborate effectively and reduce the odds of burnout or vicarious trauma. It also ensures that students are met with consistency and continuity across the school climate, not just in one classroom or with one staff member (source).

6. Cultural, Historical, and Gender Issues

The concept asks your school or district to move past cultural stereotypes and biases; utilizing policies, protocols, and processes that respond to racial, ethnic, and cultural needs. This can be achieved by providing students and staff access to gender and religion-responsive services through groups or committees. Committees such as this also offer empowerment and peer support opportunities.

Source: CDC's Office of Public Health Preparedness and Response, in collaboration with SAMHSA's National Center for Trauma-Informed Care.



Educators Impacted by Vicarious/Secondary Trauma

Also known as compassion fatigue, vicarious/secondary trauma is a process through which one's own experience becomes transformed through engagement with an individual's trauma.

If your role finds you regularly interacting with students or colleagues impacted by trauma, such as that of a Guidance Counselor or School Safety Coordinator, you may be at a higher risk of compassion fatigue—that is, experiencing an impact from the trauma those in your care have experienced. It's important to be self-aware of the signs of compassion fatigue in your own behavior, but also in the behavior of your fellow educators.

Signs of Compassion Fatigue:

- Reduced sense of efficacy at work.
- Concentration and focus problems.
- Apathy and emotional numbness.
- Isolation and withdrawal.
- Exhaustion.
- Jaded, bitter pessimism.
- Secretive addictions and self-medicating.

Risk Factors for Compassion Fatigue:

- Being new to the field.
- Having a history of personal trauma or burnout.
- Working long hours and/or juggling several learning environments.
- Having inadequate support systems.



De-escalation Preferences Form

This form is a guide to help you gather information and develop personalized de-escalation strategies. Person-centered, trauma-informed de-escalation strategies are powerful prevention tools to help you avert difficult behaviors, and avoid restraint and seclusion. Use this form to develop strategies that are unique to your environment and to the students and colleagues you're surrounded by.

Name:	
Date:	
hard time. Have any of the following eve	gs that can help you feel better when you're having a er worked for you? We may not be able to offer all these ther to figure out how we can best help you.
☐ Listening to music.	Playing a computer game.
Reading a newspaper/book.	Using ice on your body.
☐ Sitting by the nurses' station/	Breathing exercises.
principal's office, etc.	Putting your hands under
Watching TV.	running water.
Talking with a peer.	Going for a walk with staff.
Walking the halls.	Lying down with a cold facecloth.
Talking with staff.	Wrapping up in a blanket.
Calling a friend.	Using a weighted vest.
Having your hand held.	Voluntary time out in a quiet room.
Calling your therapist.	Voluntary time out (anywhere specific?):
□ Getting a hug.	
Pounding some clay.	
Punching a pillow.	□ Other:
☐ Physical exercise.	
Writing in your diary/journal.	



2. I	s there a person	who's been helpful to you when you've been upset?
Ţ	□ Yes	□ No
ľ	lf you are not abl	e to give us information, do we have your permission to call and speak to:
1	Name:	Phone:
Ţ	□ Yes	□ No
ļ	If you agree that	we can call to get information, sign below:
!	Signature:	
	J	
		of the things that make it more difficult for you when you're already upset? llar "triggers" that you know will cause you to escalate?
C	☐ Being touched.	
C	Being isolated.	
C	Door open.	
C	People in unifo	rm.
C	Loud noise.	
Ę	⊒ Yelling.	
Ę	□ A particular tim	ne of day (when?):
Ę	A time of the ye	
C	☐ Specific scents	ear (when?):
	- N I	
	Not naving con	(please explain):
	Not naving conOthers (please	(please explain):trol/input (please explain):



. Have you eve	er been restrained?	,	
□ Yes	□ No		
When:			
Where:			
	be what happened:		
Do you have	a preference regai	ding the gender of staff a	ssigned to respond during a crisis?
□ Femal	e staff	☐ Male staff	☐ No preference
Is there anyt	hing that would as	sist you in feeling safe her	e? Please describe:



Additional Trauma Resources from CPI

At Crisis Prevention Institute, the *Care, Welfare, Safety, and Security*SM of your students and colleagues is our top priority. Beyond our training programs for <u>educational professionals</u>, we want to ensure you're armed with the knowledge and confidence you need to handle any challenges that come your way throughout the school year. The following blogs will help you learn more about incorporating trauma-informed practices.

How Trauma-Informed Schools Help Every Student Succeed

Review how trauma-informed practices in schools can lead to a safer, more resilient student body, staff, and community.

Our Nervous Systems and Trauma-Informed Teaching

Settled adult bodies produce settled student bodies: Prioritize emotional connection as a key element of trauma-informed teaching in upcoming school years.

What is Trauma-Informed Teaching and a Trauma-Responsive School?

In trauma-informed teaching and a traumaresponsive school, social and emotional learning occur throughout the day, creating a culture of safety and connection.

Introduce Felt Safety to Your School

Encouraging teachers and students alike to express what they need to achieve felt safety can help school leaders create cultures of belonging and connection.

Behavior is Communication: A Deeper Dive

Educators know that behavior is communication. But do you know what's beneath the behavior as you interact with your students all day long?

<u>CPI Training Helped Me Address</u> Student Trauma

Teachers have an important role to play in dealing with student trauma. CPI training can help you make a lasting, positive impact in children's lives.

Caring for Students Exposed to Negative Peer Behavior

When students see negative peer behavior, don't ignore it. Help them understand what's behind the behavior and start creating cultures of felt safety.











