



Looking Through a Trauma Sensitive Lens

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Overview and Objectives

Information and specific examples will be shared regarding trauma, self-awareness, relationships, belief systems, responsibility, regulation, and self-care.

- Define various forms of trauma
- Explore personal beliefs and perspectives around trauma
- Define relationship strategies for building positive connections
- Review strategies with a focus on resilience
- Identify personal needs when working with students who have experienced trauma
- Establish strategies for self-care and grace

Resources

Fostering Resilient Learners: Strategies for Creating Trauma Sensitive Classroom, Kristin Souers

Relationship, Responsibility, and Regulation: Trauma Invested Practices, Souers and Hall

The Deepest Well: Healing Long-term Effects of childhood Trauma, Nadine Burke Harris

The Body Keeps the Score, Bessel Van Der Kolk

Building a Trauma-Informed Compassionate Classroom, Jennifer Bashant

Morgart, K., Harrison, J.N., Hoon, A.H., Jr and Wilms Floet, A.M. (2021), Adverse childhood experiences and developmental disabilities: risks, resiliency, and policy. *Dev Med Child Neurol*, 63: 1149-1154.

The Spectrum of Trauma Practices

Trauma Inducing: a setting that lacks safety and is actively unsafe for students/adults

Trauma Indifferent: a setting that does not take childhood trauma into account in its policies and practices

Trauma Informed: a setting where stakeholders have acquired some knowledge about childhood trauma and are versed in related strategies

Trauma Invested: a setting where stakeholders have consented to act on their knowledge, truly working together to enhance safety across the board

Trauma is a Continuum

war, torture, rape, natural disaster, divorce, poverty, serious illness, abuse
Definitions focus on the IMPACT of the event, not the nature of the event.
We all respond to trauma differently.

“Trauma is an exceptional experience in which powerful and dangerous events overwhelm a person’s capacity to cope.” (Rice & Groves, 2005)

Trauma and Development

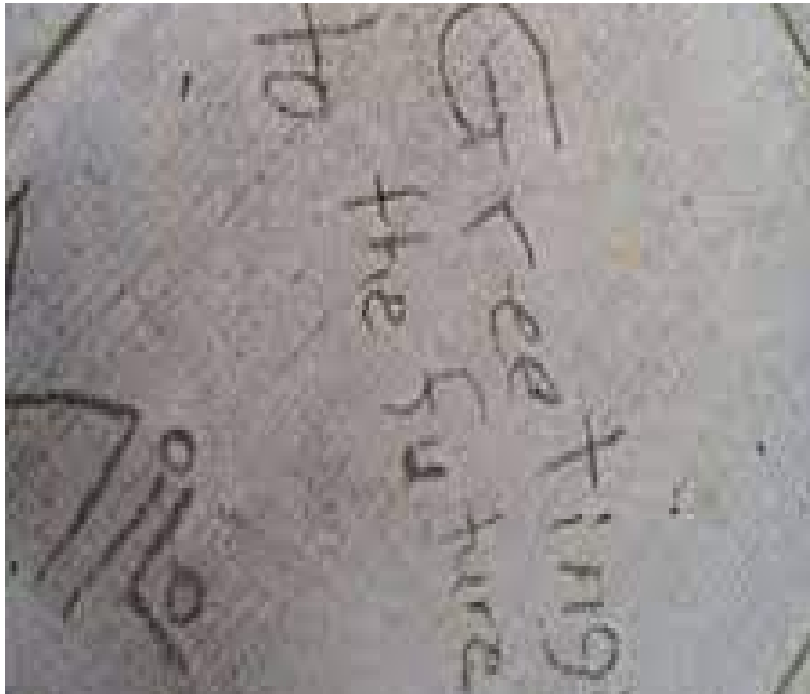
Given a confusing event, children have a need to give meaning to what is happening to them by creating a narrative or story. **When there is no clear explanation, they make one up.**

The intersection of trauma and the developmentally appropriate egocentrism of childhood often leads a little kid to think, **“I made this happen”**.



Children are like wet cement.

Whatever falls on them makes an impression. -Haim Ginnot



ACEs: Adverse Childhood Experiences

Vincent Felitti and Robert Anda (Felitti et al, 1998)

Medical doctors

Collaborative project between Centers for Disease Control and Department of Preventive Medicine

17,000 subjects, middle class San Diego, 70% college educated, 70% Caucasian

Explored the relationships between children's emotional experiences and subsequent mental and physical health as adults

Strong correlation and more prevalent than previously thought, regardless of income, race, or access to health care.

RESULTS

- 67% had at least one ACE
- 12% had 4 or more ACE
- People with 4 or more had 2 times the rate of heart disease and cancer and 3 and a half times more chronic obstructive pulmonary disease (COPD)

WHAT WE KNOW

- Trauma and risky behavior
- Trauma and heart disease, cancer, obesity, asthma, failure to grow, sleep disorders

Adverse Childhood Experiences

Initial 8 ACEs

- Substance abuse in the home
- Parental separation
- Mental illness in the home
- Witnessing domestic violence
- Suicidal household member
- Death of parent or loved one
- Parental incarceration
- Experiences of abuse or neglect

What about...

- Natural disaster
- Criminal behavior in the home
- Terminal or chronic illness
- Military deployment
- Homelessness
- Victimization

ADVERSE CHILDHOOD EXPERIENCES – ACEs

What are Adverse Childhood Experiences (ACEs)?
ACEs are potentially traumatic events that occur in a child's life:



Physical Abuse



Emotional Abuse



Sexual Abuse



Domestic Violence



Parental Substance Abuse



Mental Illness



Suicide or Death



Crime or Imprisoned Family

Causing lifelong medical, mental & social suffering



americanspcc.org
The Nation's Voice for Children
*Center for Disease Control

Current Data

Current data on how many children and adolescents experience ACEs are limited. This hinders understanding how often ACEs occur, tracking ACEs changes over time, focusing prevention strategies, and measuring community prevention effort success. (Center for Disease Control)

MN Surveillance activities include:

- Continuing to include ACEs information on the 2022 Minnesota Student Survey to provide state and local ACEs estimates for Minnesota students in grades 5, 8, 9, and 11.
- Partnering with [Minn-LInK](#), a research project investigating the effects of policies, practices, and programs on Minnesota families, to combine county and city data from multiple sources, including Child Protective Services, the Minnesota Department of Education, and the Minnesota Department of Human Services. These data will be used to develop indexes to understand how social determinants of health impact ACEs and associated risk and protective factors in each county.

Adverse childhood experiences and developmental disabilities: risks, resiliency, and policy.

Harrison, Hoon, & Floet (2021)

A fundamental question change from ‘What is wrong with you?’ to ‘
What happened to you?’

Modern neuroscience has extended the understanding that human life has no precise beginning or end, with both genetic changes and actual cells persisting through generations. Furthermore, adverse events in life, beginning even before conception, during in utero development, and into childhood can have deleterious consequences on physical and mental health in adulthood.

Adverse childhood experiences and developmental disabilities: risks, resiliency, and policy.

Harrison, Hoon, & Floet (2021)

Maltreatment of children with disabilities is higher than for the general pediatric population. Neglect is the most common form of maltreatment, as is true for typically developing children. At the highest risk for all types of maltreatment are children with behavioral disorders.

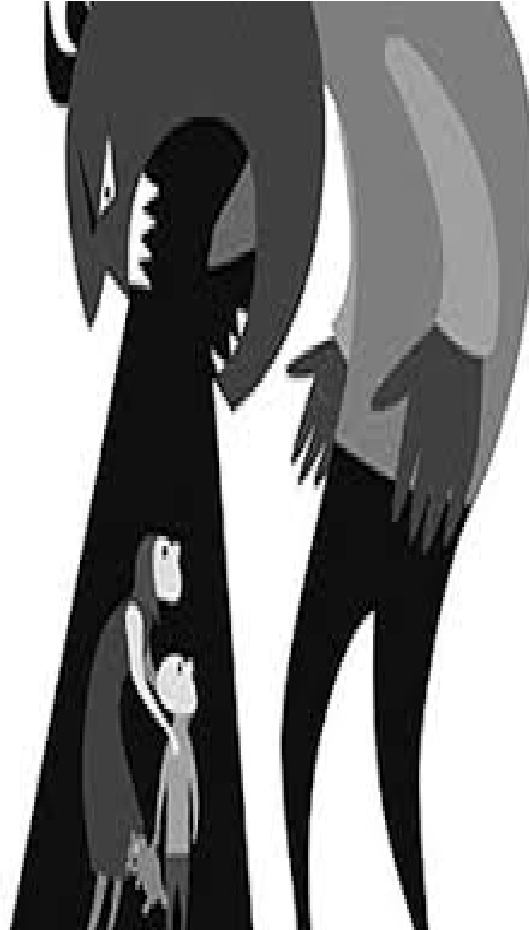
Stress Response...you are walking in the woods

Your amygdala sounds the alarm:

- Release stress hormones! Adrenaline! Cortisol!
- Heart pounds, pupils dilate, airways open up, blood is sent to your skeletal muscles, shuts down your thinking brain
- Stress thermostat called feedback inhibition that triggers stress response to turn off



But what if your stress looked like this...



More than their story...change your focus

- Learn their story as a means to understanding their behavior
- We see the story's effects, even if we don't know the story
- **Monitor the effect** of the event instead of preoccupation with details of the event



How trauma affects the brain

Fight, Flight, Freeze Fawn

Brain shifts from development to stress mode

Early brain sensitive to chronically elevated levels of stress hormones

High levels toxic

Affects: learning, memory, mood, relational skills, executive functioning

How does it look in the classroom?



FLIGHT	FIGHT	FREEZE
Withdrawing	Acting out	Exhibiting numbness
Fleeing classroom	Behaving aggressively	Refusing to answer
Skipping class	Acting silly	Refusing to get needs met
Daydreaming	Defiant	Blank look
Avoiding others	Hyperactive	Feeling unable to act or move
Wandering	Arguing	
Disengaged	Screaming/yelling	

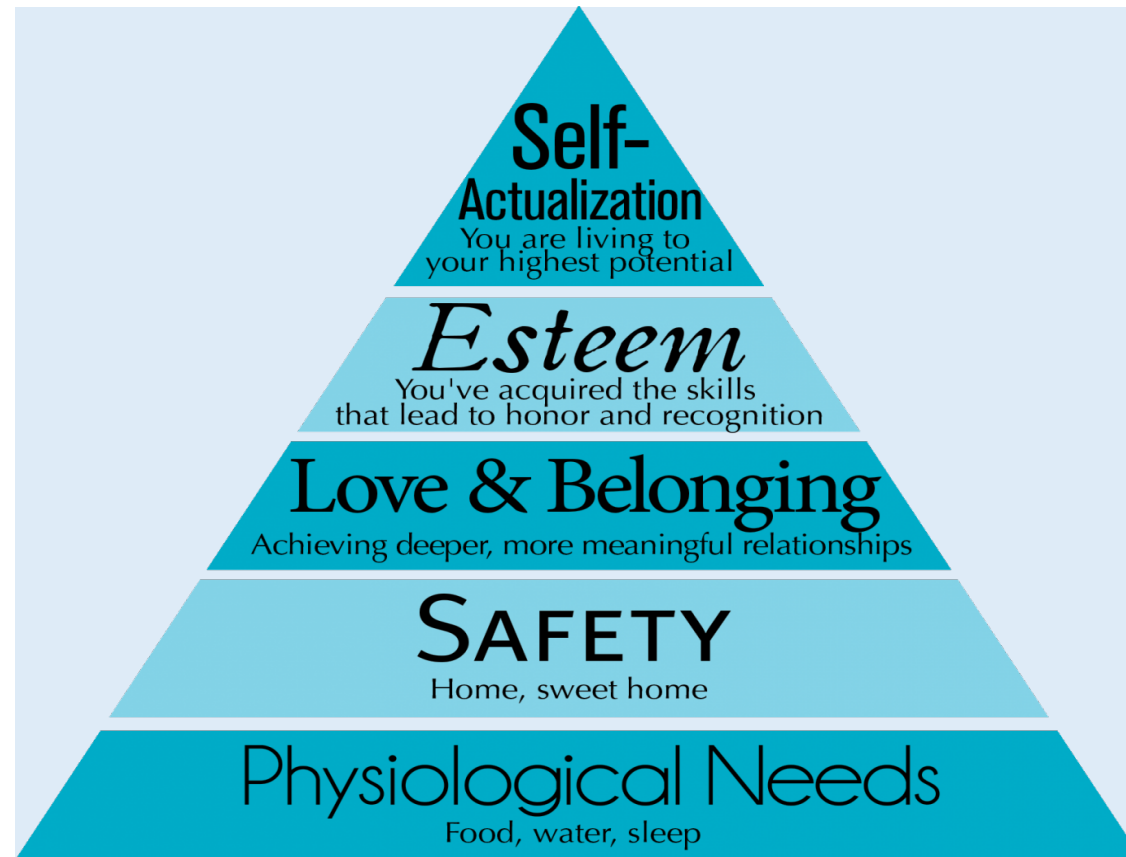
Scenario and Typical Staff Responses (scenario in book p. 28)

1. Offer one more chance to get started, if not, send her to classroom next door
2. Invite her to your classroom at lunchtime to talk
3. Send them to the office
4. Leave them alone
5. Arrange a parent meeting asap

Typical thought process behind staff responses...

1. Offer one more chance to get started, if not, send her to classroom next door
Expectation that they can pull themselves together
2. Invite her to your classroom at lunchtime to talk
Willingness to connect and help person underneath the behaviors
3. Send them to the office
Requires immediate consequence and through discipline you can change behavior
4. Leave them alone
Low expectation for academic and personal growth
5. Arrange a parent meeting asap
Needs more help than you can provide

Culture of Safety



Are we creating a physically and emotionally safe environment?

We often use assumptions to help us manage or make sense of a situation. We use them to enhance our understanding of something or affirm our beliefs about an event or person.

Our assumptions can become barriers for students who are in desperate need of help.

“Spoiled and entitled”

“Had a rough life”

“Just wants attention”

Systems of Meaning

Looking at behavior through 3 explanatory lens:

Lack of safety or unmet need-brain is designed for survival (limbic area)

Actual brain development-many children have not developed fully due to trauma, genetics, toxic stress, negative environmental exposures, pre and postnatal care.

Impacted systems of meaning-interpretations based on past experiences, what we have been taught to believe, and thoughts influenced by others

Systems of meaning, continued

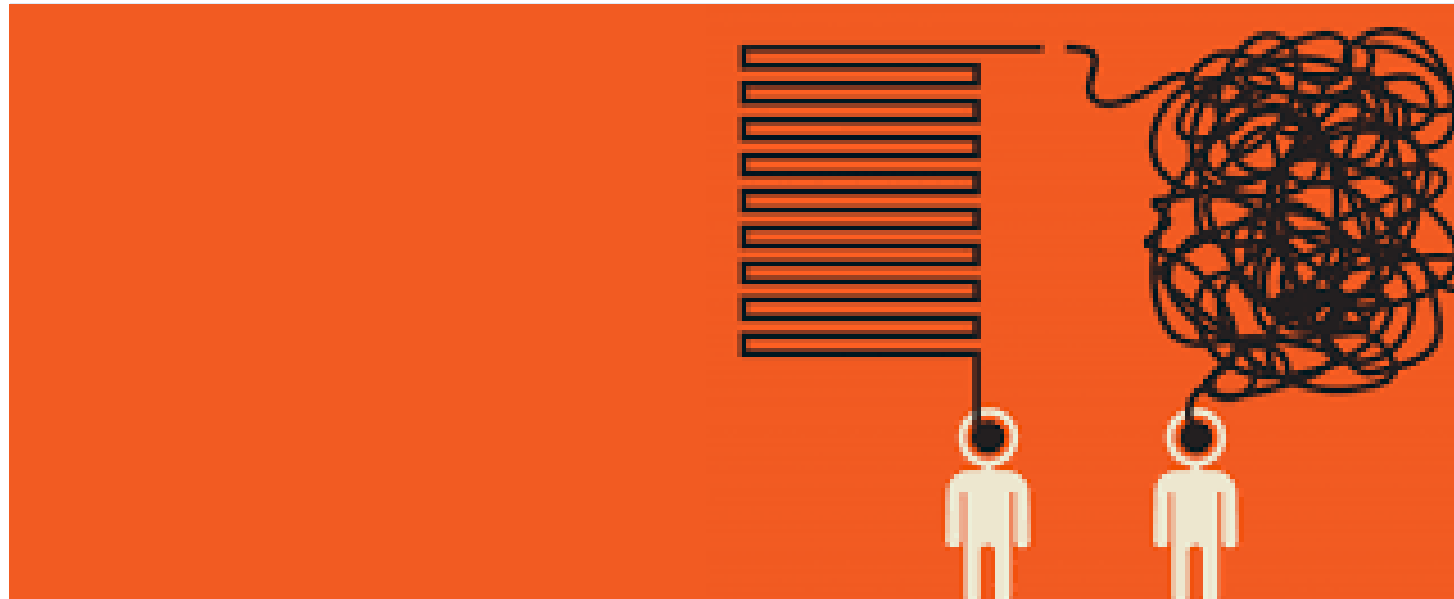
- Not always conscious of this process because it's become automatic
- Implicit bias
- We access our systems of meaning when in a state of stress and become dysregulated
- Keep doing the same thing over and over
- We are human
- Positive and negative

(examples p.34-38 RRR)

What are your systems of meaning telling you?



When we are regulated, we are more open to positive thoughts and less likely to access our systems of meaning.



Availability and Accountability



Walking a fine line

Making ourselves available to others AND holding others accountable

Availability: emotional investment, nurturing, encouragement, empathizing, being there for the students as they go through life

Accountability: insisting students meet standards for learning, behaving, and choices.

Clash between accountability and availability

What do we do?

Shuts down, refuses to learn, defiant

They are showing us the only thing they know.

Forced compliance does not teach accountability

Removal from the classroom or school does not induce learning

We are overwhelmed by their intensity and needs and at a loss as to how to respond

Students need to be held responsible for respecting themselves and others. We need to teach them how and show them another way.

Availability and Accountability, continued

Experiencing trauma **does not excuse** unsafe or harmful behavior

Healthy or not, ways of managing stress are learned patterns of behavior

CHANGE IS HARD!

Learning and practicing a different way is not easy or comfortable

Envisioning different means of seeing a caregiver in a new light takes a lot of courage

Out of Balance: Overly Sensitive

- Only see the trauma
- Provide empathy and availability
- Strictly relational
- Struggle holding students accountable for the way they manage their intensity
Don't jump in and save them
 - Empower them
- Teach them healthy ways to navigate through troubled waters
 - Have faith in their abilities



Too Focused on Accountability

- Ignore relational piece
- Regardless of adversity
- Expected to meet strict standard of behavior and self-management



Availability and Accountability, continued 2

Validate student feelings

Reassure them they are safe

After they are regulated-

- Help them see the big picture, not just the experience
- Explore what self-respect and respect for others looks like
- Explore alternative ways to manage intensity

CONTROL VS INFLUENCE

What can we actually control?

- Provide safe and predictable environment
- Provide caring, trusting relationship
- Help stay focused despite distractions

Sometimes the students crave control at school because only place they can get it

I can't...but I can...

I can't control that the student stole something out of my desk today, but I can control my emotional response to it and I can keep my door locked when I'm not in the classroom and I can talk to the student and determine why he thought stealing was a good option and I can influence him to take responsibility and I can teach them to see this from someone else's perspective.

I can't...but I can... continued

I can't control whether Oscar will come to class today, but I can control....

I can't...but I can... Continued 2

I can't control whether Janet will pass this test, but I can control...

I can't...but I can... Continued 3

I can't control whether Joe has experienced adversity and trauma at home, but I can control ...

Times of crisis and conflict

Healthy communication is difficult enough when dealing with our own defenses and triggers. Adding our students' experiences of trauma, trust issues, and past letdowns **magnifies** the challenge.

SELF AWARENESS

What shifts you and disrupts your flow?

TRIGGERS

Exhaustion

Previous bad experiences

Challenges to our belief systems

Preconceived notions

Fear

Student Behaviors and Attributes

Ideal Student	Least Favorite Student

Student Behaviors and Attributes, continued

Ideal Student	Least Favorite Student
Polite	
Helps others	
Participates	
Thanks me	
Turns work in	
Clean	

Student Behaviors and Attributes, continued 2

Ideal Student	Least Favorite Student
Polite	Spits
Helps others	Challenges me
Participates	Doesn't participate
Thanks me	Disrupts
Turns work in	Teases others
Clean	Not truthful

What can you do when you know it's coming?



What is your belief?

Look at the NEED, not just the behavior.

It's fundamental you understand the NEED.

Relational need: safe and consistent connection; triggered when not feeling connected

Emotional need: emotional regulation; triggered when feeling unsafe

Physical need: basic biological survival; triggered when HALT, sick, anxious

Control need: have a say and feel power; triggered when needing control

Identify the need behind the behavior (p. 52 RRR)

Clues a RELATIONAL need

Requires you to be in close proximity. You help with regulation

Seeks you out often. Looks for advice

Display dramatic mood swings. Needs 1-1 connection to soothe

Thrive from simple touch. Calms down with physical touch

Use personal keywords. Simple expressions to invite connection

Universal Trauma Invested RELATIONSHIP Enhancing Strategies

Say Good Morning

Smile

Ask questions

Listen

Say the person's name

Say something kind

Give hug, high five, handshake

Whisper wish "Did my wish come true?"

Work as a team

Offer tangibles

RESPONSIBILITY

A sense of self-worth, efficacy, and competence.

Living in chaos and stress lead children to learn early on to doubt themselves and blame themselves for their circumstances.

Students from families with trauma are constantly driven to cue off their environment to determine whether it's safe or unsafe, healthy or unhealthy—an external focus that has deprived them of the opportunity to pay attention to their internal states and gain insight into how they might be influencing their environment.

This hinders their development of responsibility.

They lack the ability to self-reflect and gain insights into their own attitudes and behaviors.

Cues to an unmet RESPONSIBILITY need

Crave control. Students who believe external influences are in charge, who feel their lives are out of control, who attempt to regain a sense of control and predictability.

See predictability. Many students cue off of their environment. Seek safety in predictability.

Have fractured interpersonal relationships. Students that have been let down by humans. Safe way to establish trust and relationship.

Engage in negative self-talk. Lacks self-esteem.

Uses the exit strategy. Avoid tasks. Escape behaviors. Haven't built a connection between the value of a goal and perseverance...yet.

Universal Trauma-Invested RESPONSIBILITY Developing Strategies

Say YET

Provide clear expectations and rubrics

Set goals, create action plans, monitor progress often

Let students choose where to work

Assign seating

Teach grit

Assign jobs

Forecast changes

Attend to cause and effect

Use positive self talk

REGULATION...most essential

The ability to take in stimuli and manage emotional and behavioral responses accordingly.

Regulated students can access reason in their upstairs brain.

Cause and effect connection

Cues to unmet REGULATION needs

Tough transition times.

Fidget constantly. Quick to agitate

Shut down. Freeze

Flips their lid suddenly. Slightest incident can be trigger

Be on an emotional roller coaster. Wild fluctuations

Universal Trauma-Invested REGULATION-Establishing Strategies

Weighted pencil

Weighted lap pad

Soothing music

Stress ball or worry stone

Play catch

Let them choose where to work

Keep their hands busy

Offer brain breaks

Regulation

When incorporating regulation strategies and tools, do not attempt anything that will send YOU to your lizard brain.

Start slow and partner with your students to identify what you can all consent and commit to.

Communicate the purpose.

Explain the why.

Consent is essential.

Example: p. 159 RRR

Resilience (Harrison, Hoon, & Floet, 2021)

Resilience in children can be defined as ‘the process by which the child moves through a traumatic event, utilizing various protective factors for support, and returning to “baseline” in terms of an emotional and physiologic response to the stressor’.

Resilience, an essential component in effectively overcoming ACEs, can be considered a trait, outcome, or process.

As a process, it includes both internal and external factors that can redirect a negative experience or series of stressful events into an outcome of positive personal development.

Resilience and Coping Skills (Harrison, Hoon, & Floet, 2021)

Coping skills are essential for successfully overcome stressful or traumatic events.

Children have two types of coping strategies that can be examined in relation to ACEs, problem-focused and avoidant emotion-focused coping.

Problem-focused coping concentrates on resolving the problem. It can be evaluated using three subscales: positive reinterpretation and growth; active coping; and planning. A favorable outcome of problem-focused coping is that the problem is successfully resolved while promoting competence and self-efficacy.

Resilience and Coping Skills, continued

(Harrison, Hoon, & Floet, 2021)

The second strategy, **emotion-focused coping**, is an avoidant strategy. This uses strategies such as denial, venting, or behavioral disengagement to diminish the negative affective response to the stressor.

This might diminish the immediate negative effects for the individual, however it is temporary and the problem is unresolved.

This type of coping helps in the moment or the immediate future.

Resilience and Relationships (Harrison, Hoon, & Floet, 2021)

Safe, stable, and nurturing relationships during childhood are important protective factors, which can diminish long-term physical and mental health problems in adulthood.³³ The external support of having an adult who helps to make the child feel safe is an effective protective factor that may build resilience and ultimately help mitigate the impact of ACEs.

Not Perfect. Enough.

- Human beings are complicated
- Emotions are dynamic influences
- Trauma brings variable needs
- Every day is different
- **Practice what we preach**
- Good role modeling
- Healthy way to live





Thank you!

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