

Trauma-Informed Coaching As Part of A Trauma-Informed School

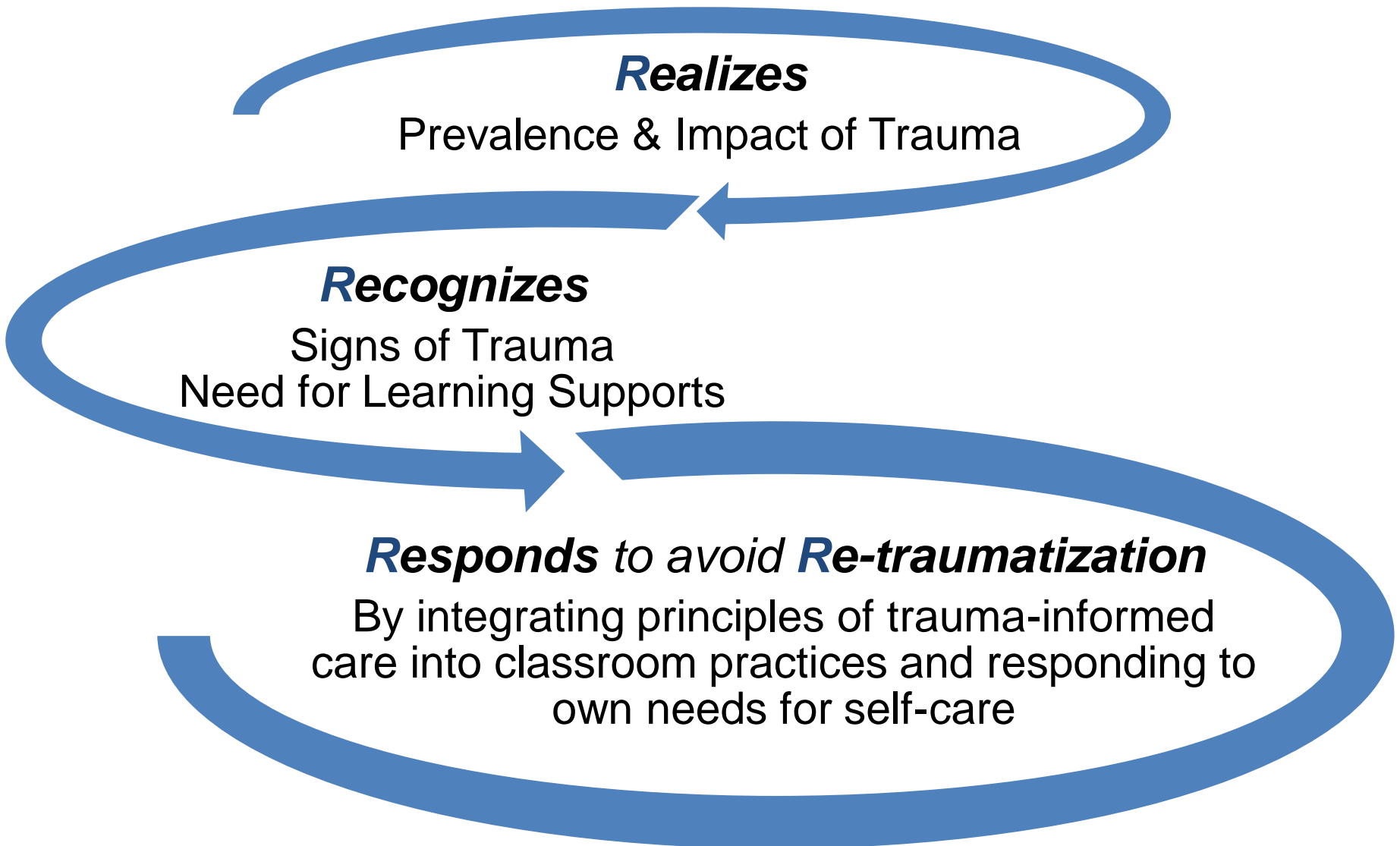
**Safe Schools NOLA Project
Tulane University**



Icebreaker

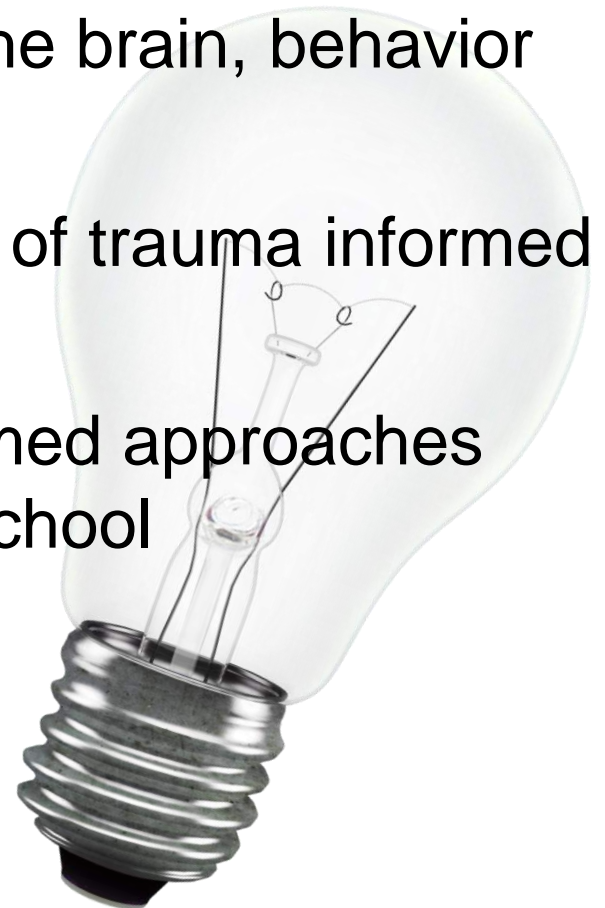


What is a Trauma-Informed School?



Learning Objectives

- Create a common understanding of the prevalence of trauma
- Recognize how trauma impacts the brain, behavior and learning
- Define and apply 6 key principles of trauma informed care within the school setting
- Build consensus for trauma informed approaches across various settings within a school





Stacy Overstreet & Courtney Baker, *Principal Investigators*
Kathleen Whalen, *Project Director*

School Partners



Samuel J. Green Charter School
 Arthur Ashe Charter School
 Phillis Wheatley Community School
 Firstline at Live Oak



Schaumburg Elementary
 SciTech Academy

Organizational Partners



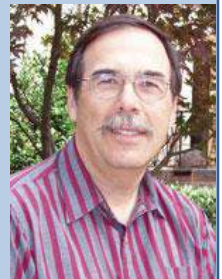
**Children's
Bureau**
of New Orleans



Nat'l Consultants



**Pamela
Black**
 Trauma
 Sensitive
 Education



Al Farrell
 VCU Clark-Hill
 Institute
 for Positive Youth
 Development



**Sarah
Owens**
 University of
 Missouri



Luella Provenza, Chief Strategy Officer

Vision

All youth achieve their potential because they have a coach trained in positive youth development.

Mission

We recruit, train and support youth sports coaches to transform the lives of youth, their programs and their communities.

National Partners

- Girl Scouts of America
- Girls on The Run
- Boys & Girls Club of America

Local Partners

- Firstline Schools
- Einstein Schools
- New Orleans Science & Math High School
- Boys & Girls Club

Numbers at a glance

- Cities: 10
- Coaches per year: ~ 300 - 350
- Program Partners: ~ 300
- Youth Served: ~ 75,000

Frameworks for Trauma-Informed Schools

SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach

Prepared by
SAMHSA's Trauma and Justice Strategic Initiative
July 2014

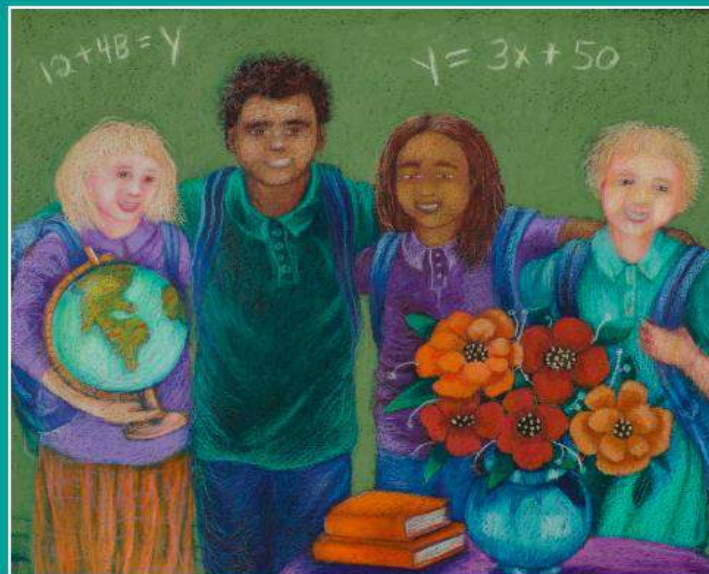


Helping Traumatized Children Learn

2

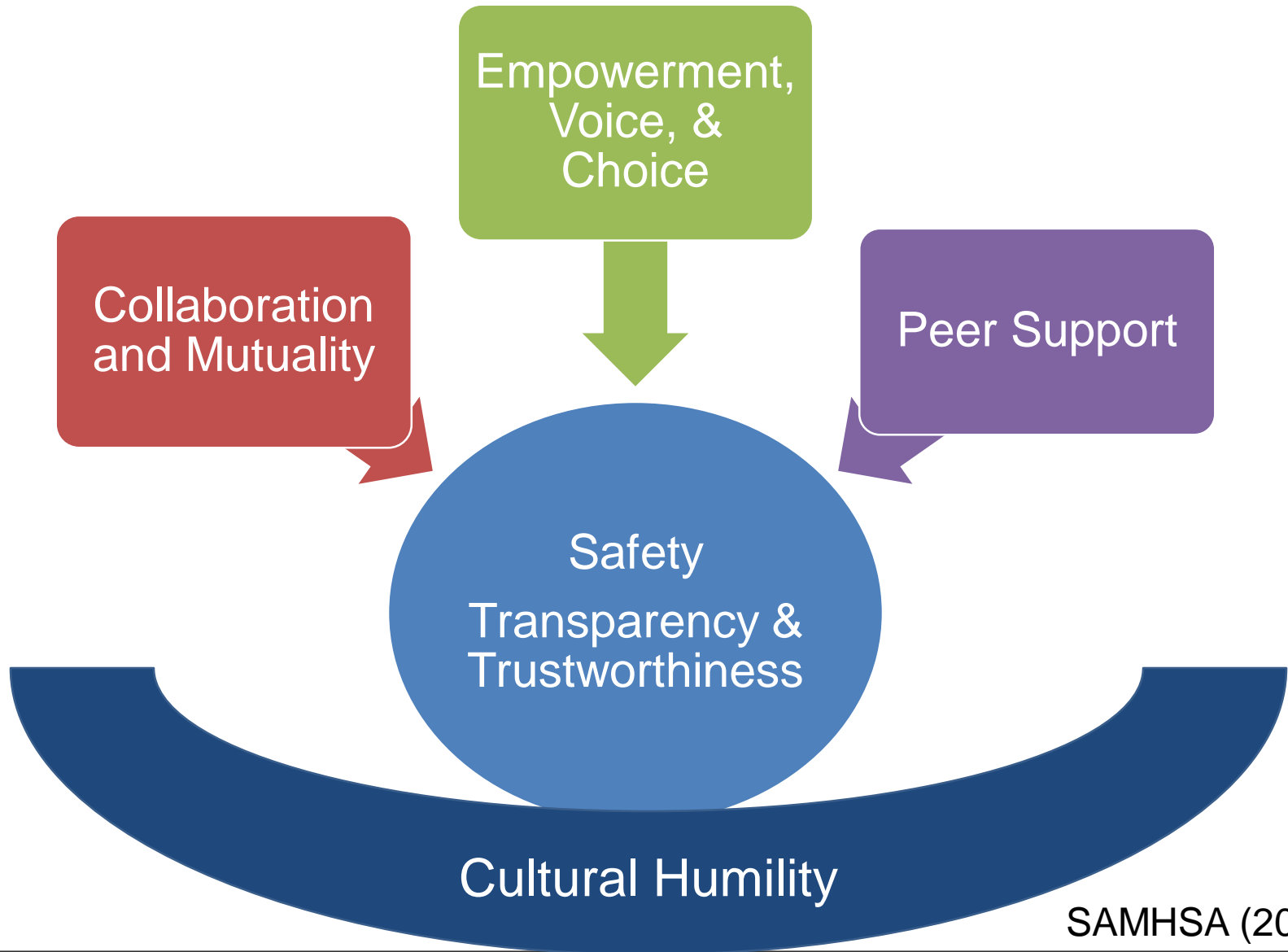
safe, supportive learning environments that benefit all children

Creating and Advocating for Trauma-Sensitive Schools



Trauma and Learning Policy Initiative
a partnership of Massachusetts Advocates for Children and Harvard Law School

6 Key Principles of Trauma Informed Schools





RELATIONSHIPS



CULTURE



GROWTH MINDSET

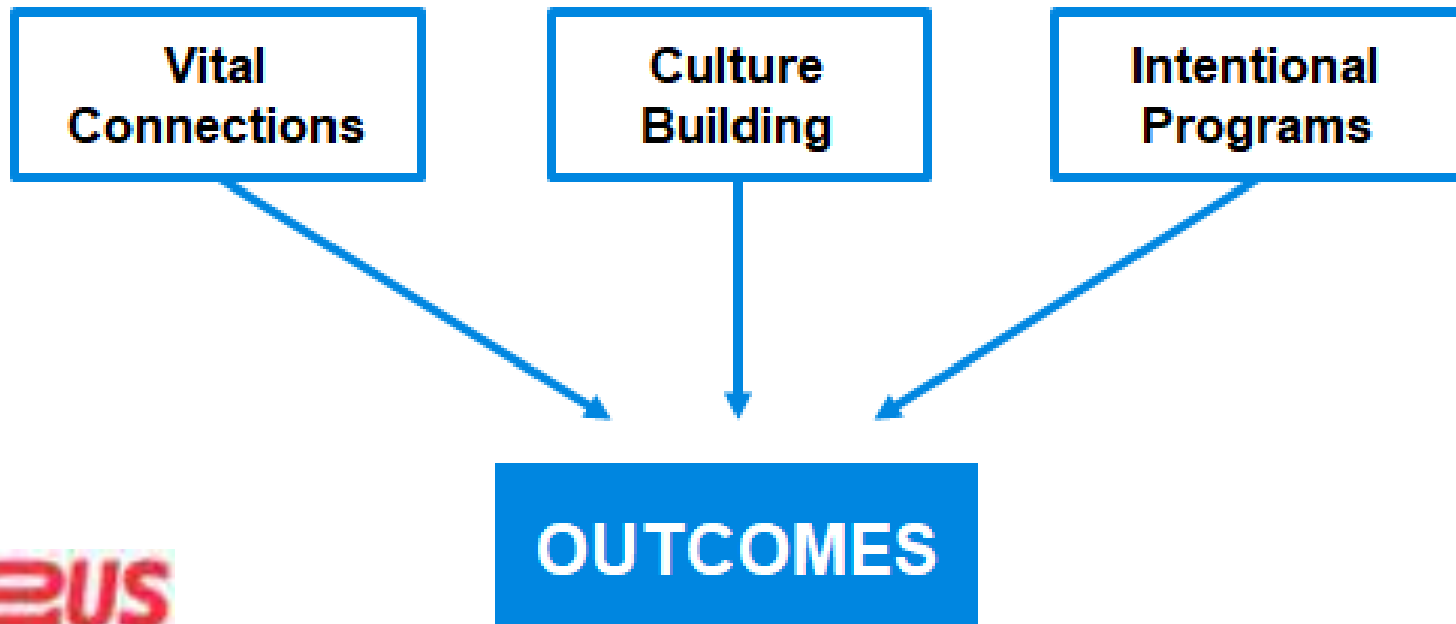
HEAL

GROW

THRIVE

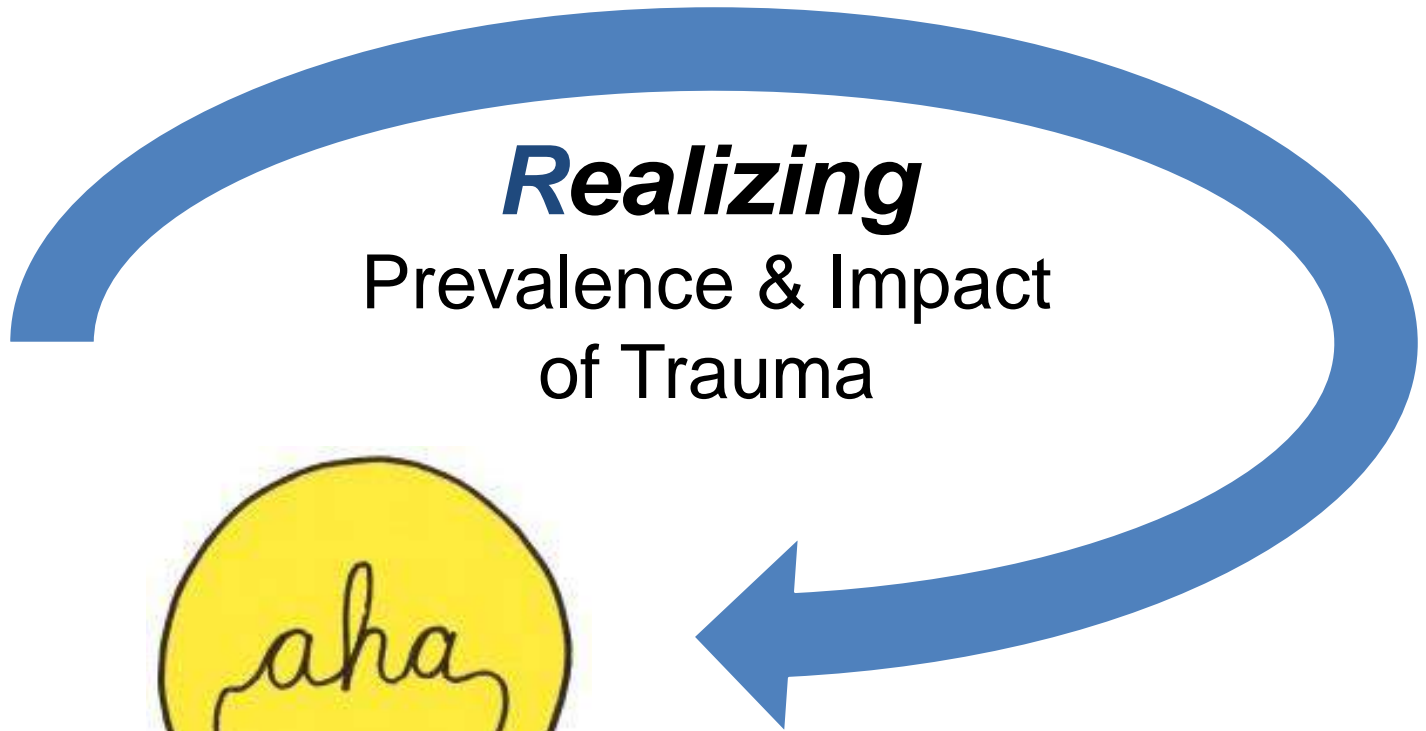
**UP2US
SPORTS**

How Behavior Change Typically Happens In Our Programs



Realizing

Prevalence & Impact
of Trauma



Our Lens for Student Behavior

Caleb is a student at your school. This morning during first period, his teacher, Ms. Jones, asked him for his homework and Caleb did not have it—for the second time this week. Ms. Jones loudly scolded him and took away his recess as a consequence. Ms. Jones started a math lesson and Caleb refused to open his book. Mr. Jones told him if he had done his homework he would understand the lesson and then told he would get a zero and make it up at recess.



Adapted from J. Dorado, UCSF HEARTS
Child & Adolescent Services, UCSF/SFGH

Our Lens for Student Behavior

Later that morning Caleb's class had PE. Ms. Jones told Caleb he was lucky; she was only letting him go to PE because she had a meeting. As they were walking into the gym, Caleb's classmate accidentally bumped him and Caleb responded by punching him in the stomach. The PE coach pointed at Caleb and gruffly told him to go sit on the bleachers away from the other kids. Instead, Caleb began yelling and ran out of the gym, throwing another student's backpack on the way out.



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Child & Adolescent Services, UCSF/SFGH

Our Lens for Student Behavior

Later that day, Ms. Jones is still frazzled by her stressful morning with Caleb. She and the PE coach are talking to a fellow teacher about their problems with Caleb.

What are some typical labels she might use to describe him?



Lazy

Unmotivated

Troublemaker

Disrespectful

Oppositional

Aggressive



Adapted from J. Dorado, UCSF HEARTS
Child & Adolescent Services, UCSF/SFGH

Our Lens for Student Behavior

“When teachers and administrators are confronted with students who find it hard to concentrate, manage their emotions, or deal calmly with provocation...they see them as kids with behavioral problems who need discipline.”

-- Paul Tough

*...and we may find ourselves asking:
What is wrong with this kid?*



A Trauma Lens for Student Behavior

What happened to Caleb before school?

Caleb, his mother and 8-year-old brother recently moved in with his maternal grandmother and 5 of his cousins because his mother is struggling with depression and recently lost her job. Two nights ago, his grandmother had a heart attack and had to be hospitalized. Caleb's mother expects him to keep the household running because most days she doesn't have the energy to get out of bed. Caleb hasn't slept much the past two nights, terrified by seeing his grandmother taken away in an ambulance and anxious about what will happen with her and his mother. Caleb arrived to school late, tired, and hungry.



A Trauma Lens for Student Behavior

Later that day, Ms. Jones is still frazzled by her stressful morning with Caleb. She and the PE coach are talking to a fellow teacher about their problems with Caleb.

What are some of the things she might use to describe Caleb's behavior?



Sad

Overwhelmed

Stressed Out

Traumatized

Distressed

Depressed



A Trauma Lens for Student Behavior

“When teachers and administrators are confronted with students who find it hard to concentrate, manage their emotions, or deal calmly with provocation...*[they need to see them]* as children who, because of a lifetime of stress, haven’t yet developed a healthy set of self-regulation mechanisms.”

-- Paul Tough



...and then we are more likely to ask:
What has happened to this kid?
What do they need?

A Trauma Lens for Student Behavior

The goal is to shift our perspective from

“What’s wrong with that student?”

To

“What has happened to that student?”

and

“What do they need?”



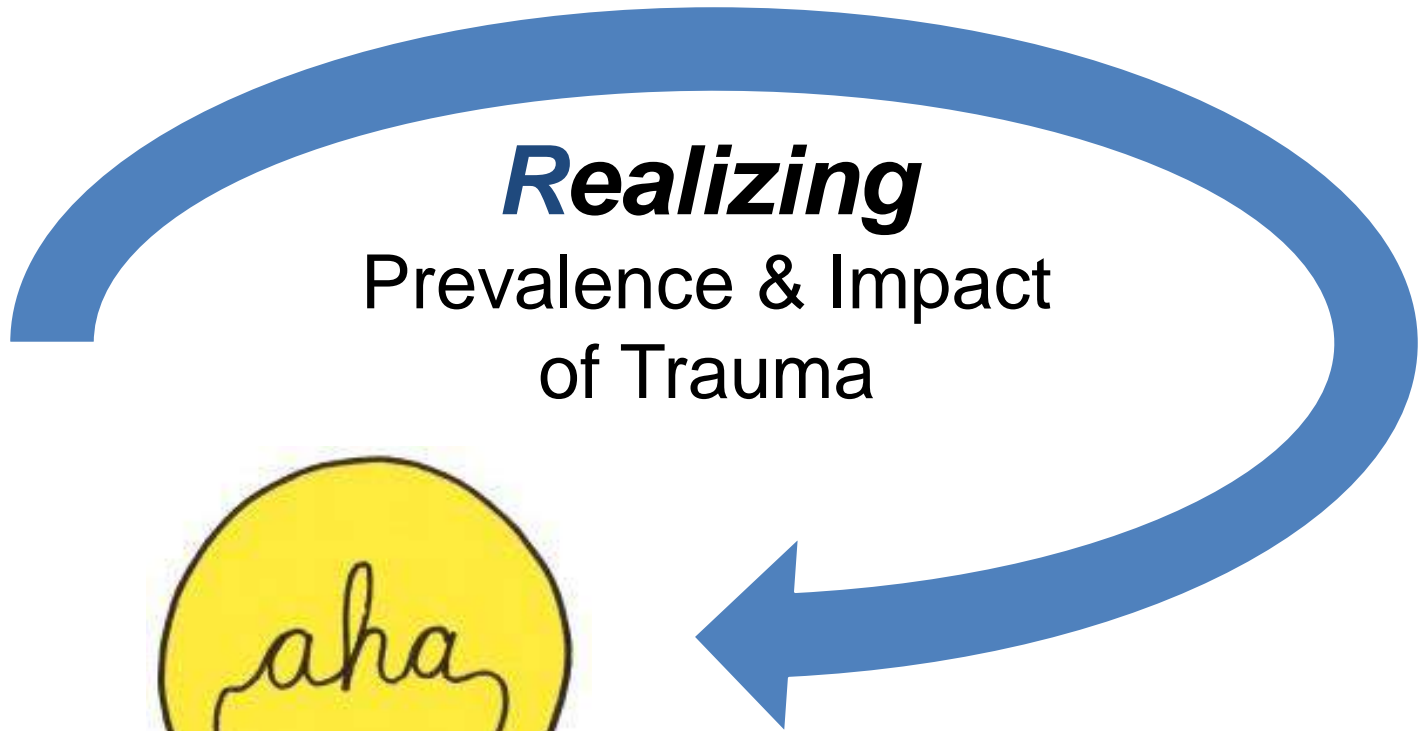


How does using a trauma lens affect our reactions to student behavior?

Is it possible to use a trauma lens and still hold students accountable?

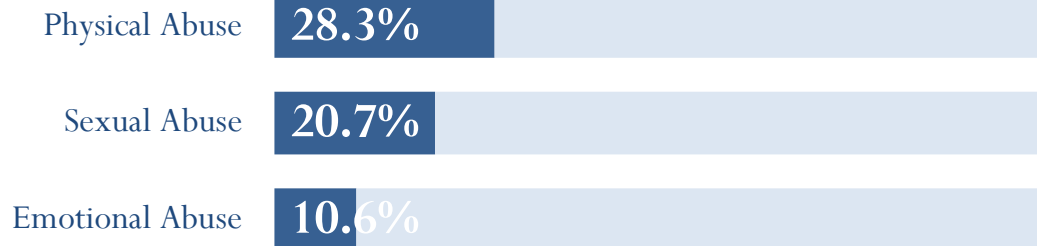
Realizing

Prevalence & Impact
of Trauma



Why Do We Need a Trauma Lens?

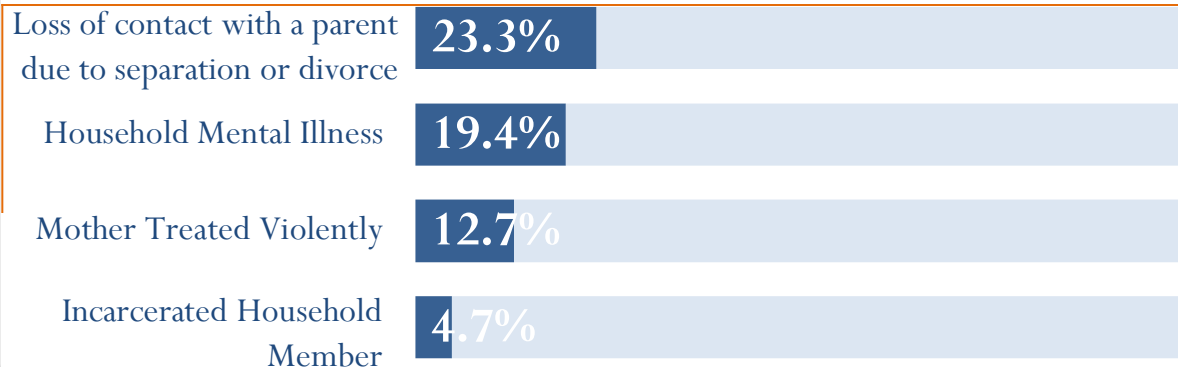
ABUSE



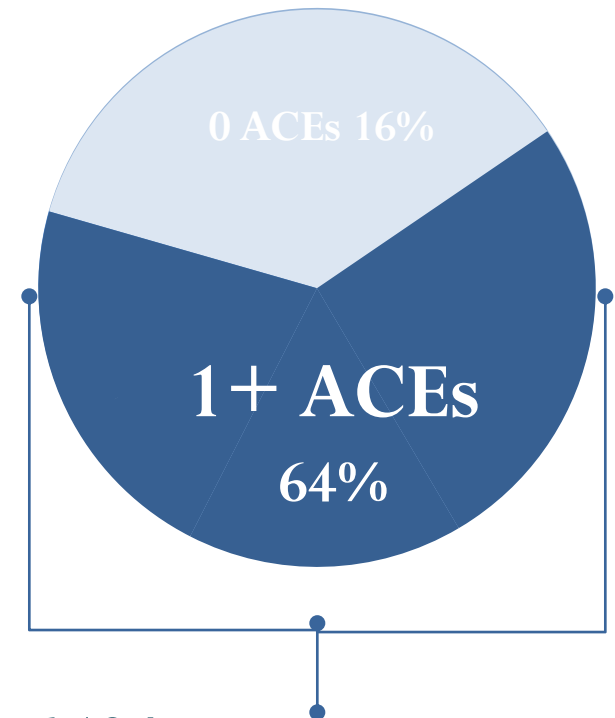
NEGLECT



HOUSEHOLD DYSFUNCTION



Of 17,000 ACE study participants:



64% have at least 1 ACE

Urban ACES

					5%
With	<ul style="list-style-type: none"> • Ho stab 				5%
Felt	<ul style="list-style-type: none"> • Wh trat 				5%
Uns	<ul style="list-style-type: none"> • Did neig coul 				3%
Exp	<ul style="list-style-type: none"> • Ho 				%
Live	<ul style="list-style-type: none"> • Were you ever in foster care? 				%



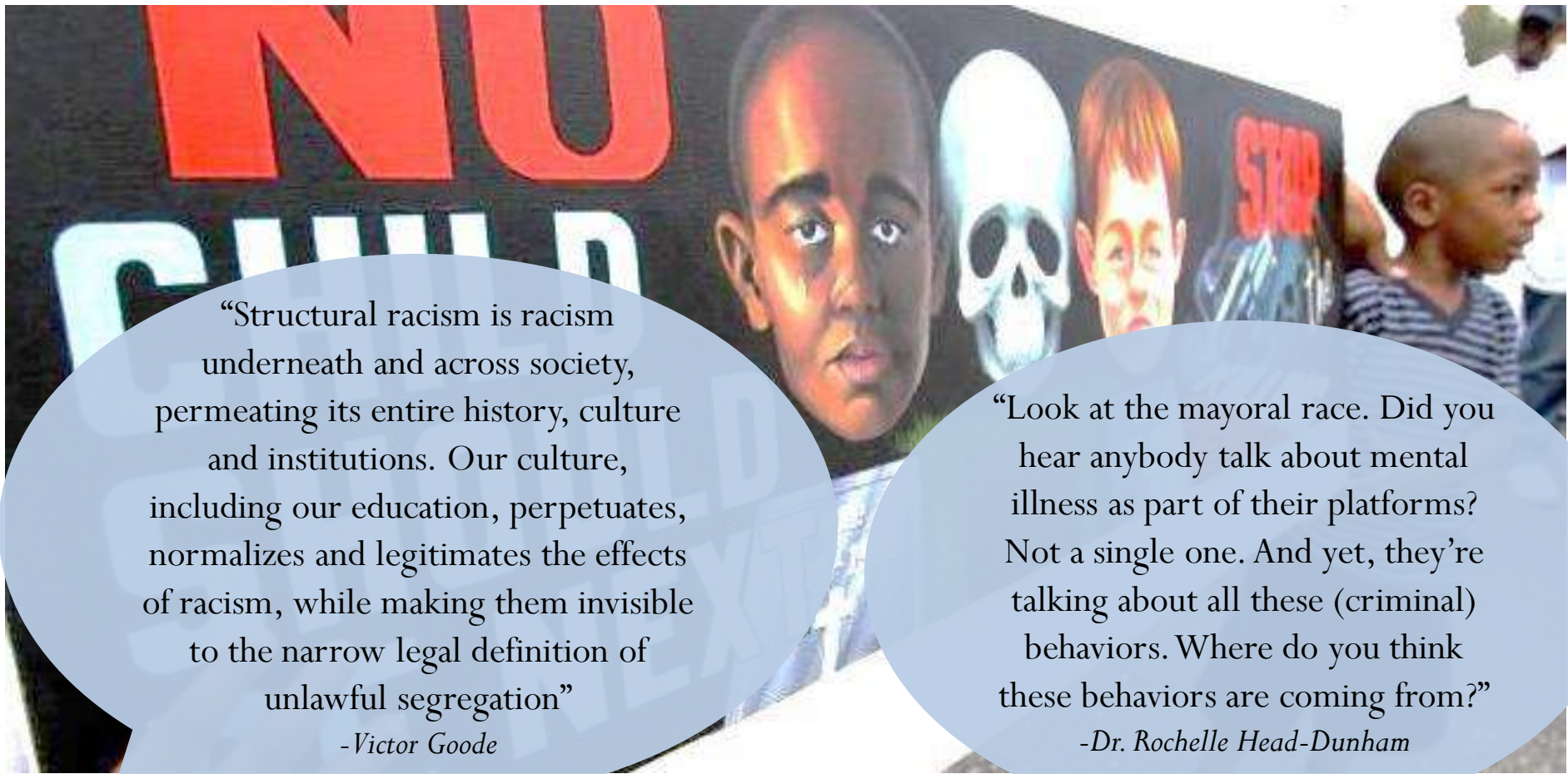
A Trauma Lens for Student Behavior

Over the course of his childhood, Caleb's family has struggled with severe poverty and there have been times when he has gone to bed hungry. Caleb and his family have also experienced other traumatic events. When Caleb was 5, his Uncle was shot and killed by a stray bullet; two years ago, his teenaged cousin was shot while breaking into a home in the East. Lately, three older boys from the neighborhood have been harassing Caleb to show "he's one of them" by shoplifting from the corner store and experimenting with alcohol. Although Caleb is trying to resist, the boys' threats of retaliation are getting scarier and scarier.



Adapted from J. Dorado, UCSF HEARTS
Child & Adolescent Services, UCSF/SFGH

Beyond Individual Trauma Exposure: Adverse Community Experiences



“Structural racism is racism underneath and across society, permeating its entire history, culture and institutions. Our culture, including our education, perpetuates, normalizes and legitimates the effects of racism, while making them invisible to the narrow legal definition of unlawful segregation”

-Victor Goode

“Look at the mayoral race. Did you hear anybody talk about mental illness as part of their platforms? Not a single one. And yet, they’re talking about all these (criminal) behaviors. Where do you think these behaviors are coming from?”

-Dr. Rochelle Head-Dunham

Beyond Individual Trauma Exposure: Adverse Community Experiences

PARENTAL INCARCERATION

More than 5 million U.S. children have an incarcerated parent.



1 in 8
POOR
CHILDREN



1 in 9
BLACK
CHILDREN



1 in 14
ALL
CHILDREN

SOURCE: Child Trends' analysis of the National Survey of Children's Health

Janet Loehrke, USA TODAY



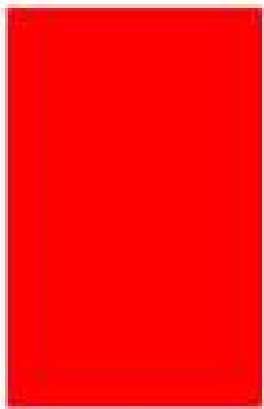
Beyond Individual Trauma Exposure: Adverse Community Experiences

3X

more likely to be killed by
police than white people.

99%

of cases in 2015 have **not** resulted in any
officer(s) involved being convicted of a crime.

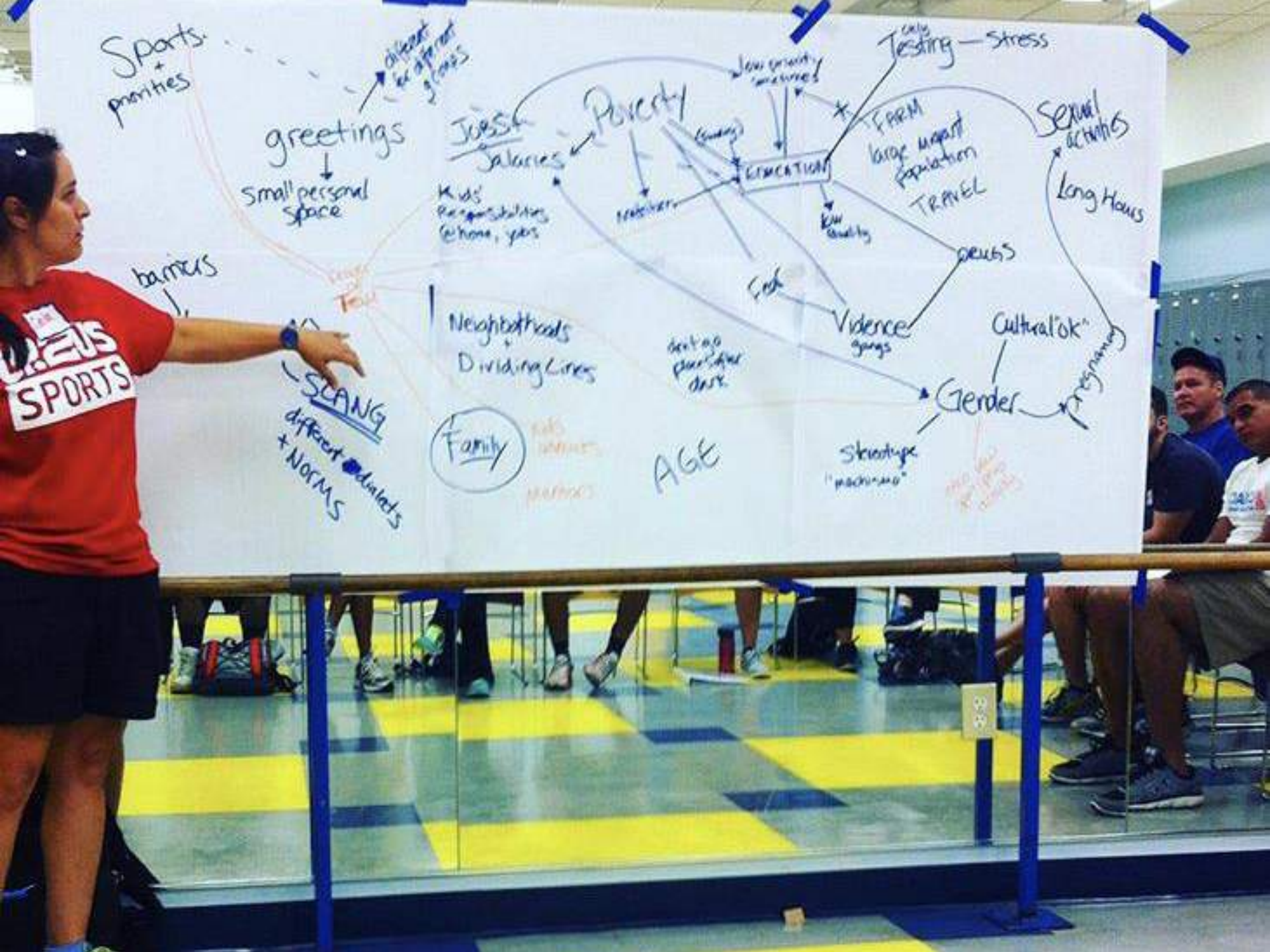


Police Killings per 1 million population

Black White



No Criminal Charges Officer(s) Charged Officer(s) Convicted





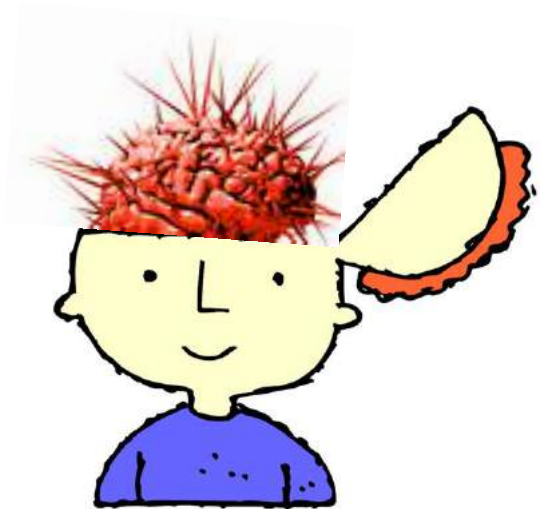
What are your initial reactions?

What thoughts or feelings came up during this section?

Recognizing

Signs of Trauma & Need
for Learning Supports

**Neurobiological
Effects of Trauma
Exposure**

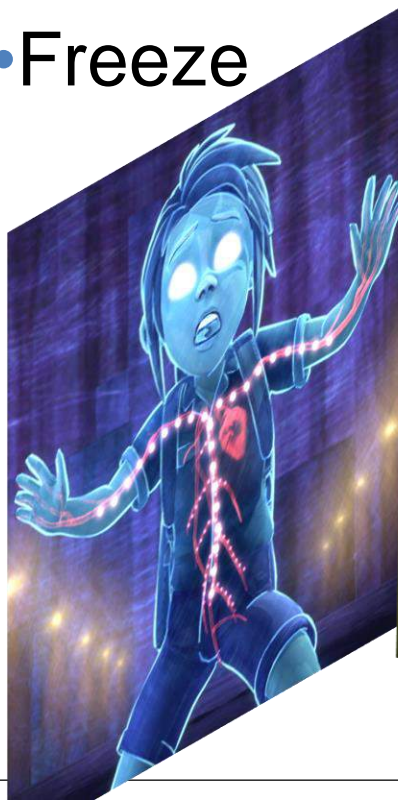




Nadine Burke Harris, MD
Pediatrician
CEO, Center for Youth Wellness
San Francisco, CA

Acute Stress Response

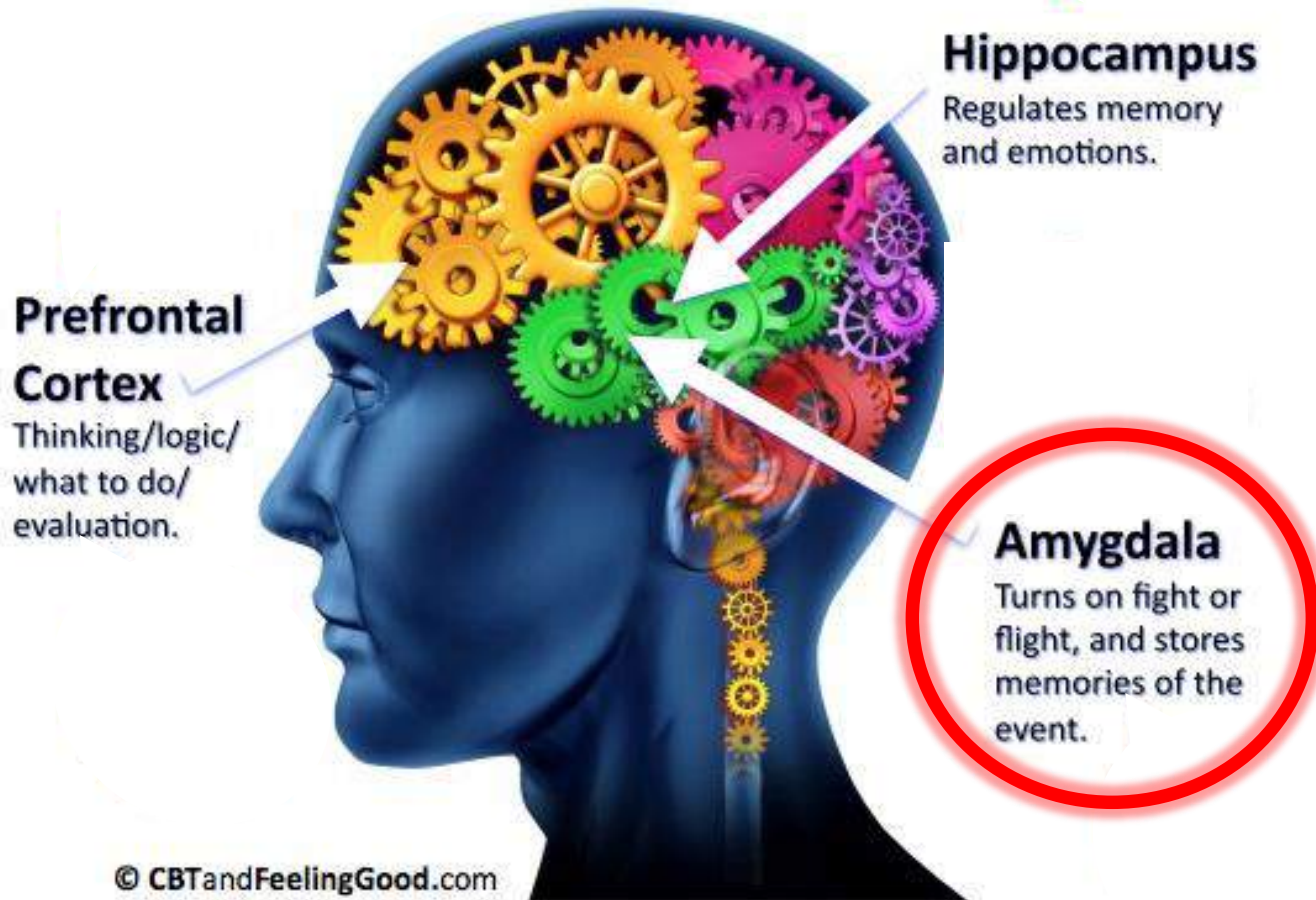
- Fight
- Flight
- Freeze



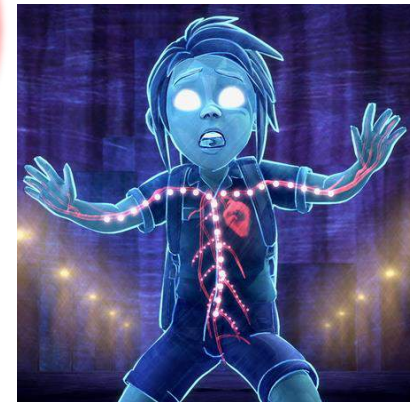
Breaking Down the Brain



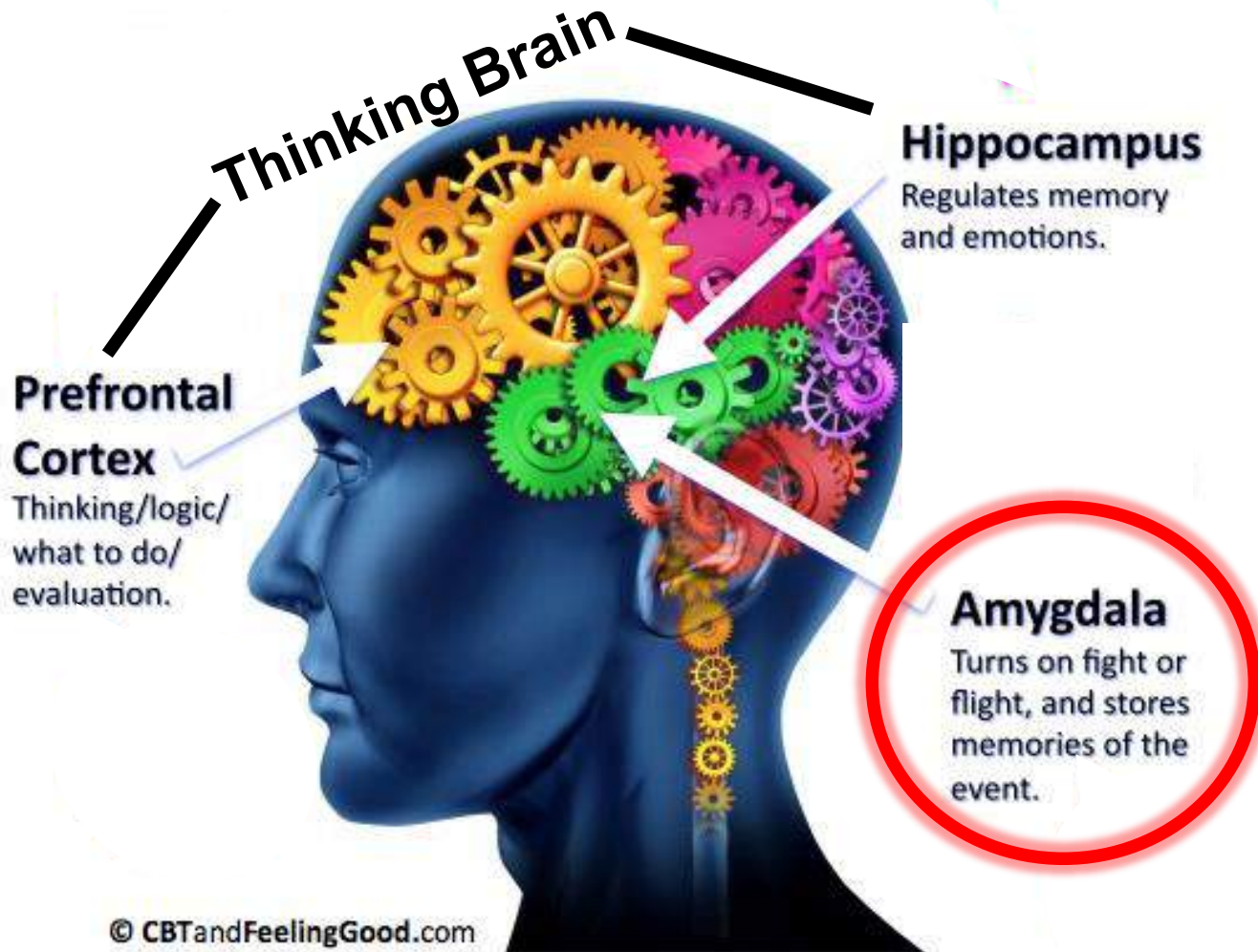
Acute Stress Response



Survival Brain



Acute Stress Response



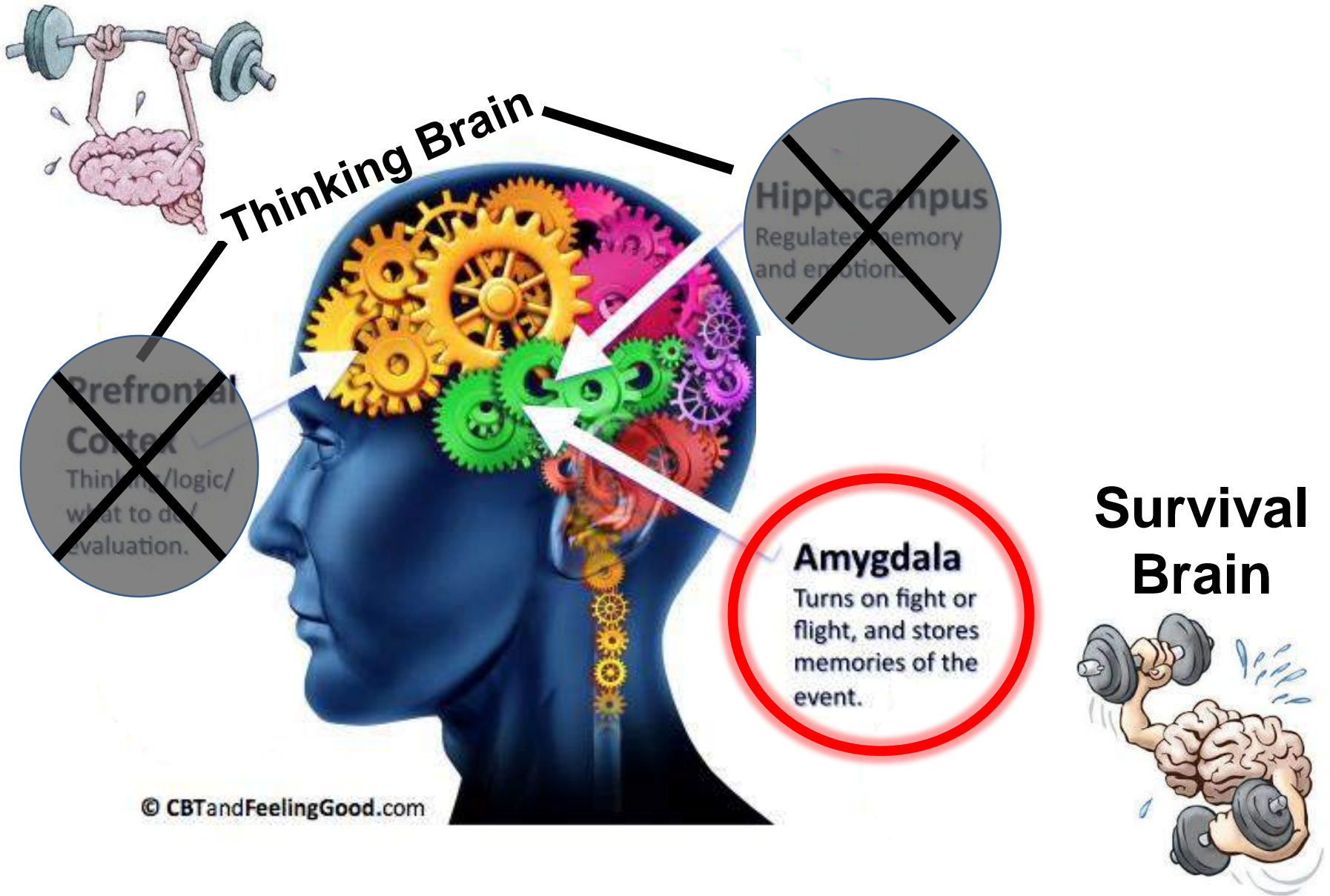
Survival Brain



Effects of Chronic Trauma



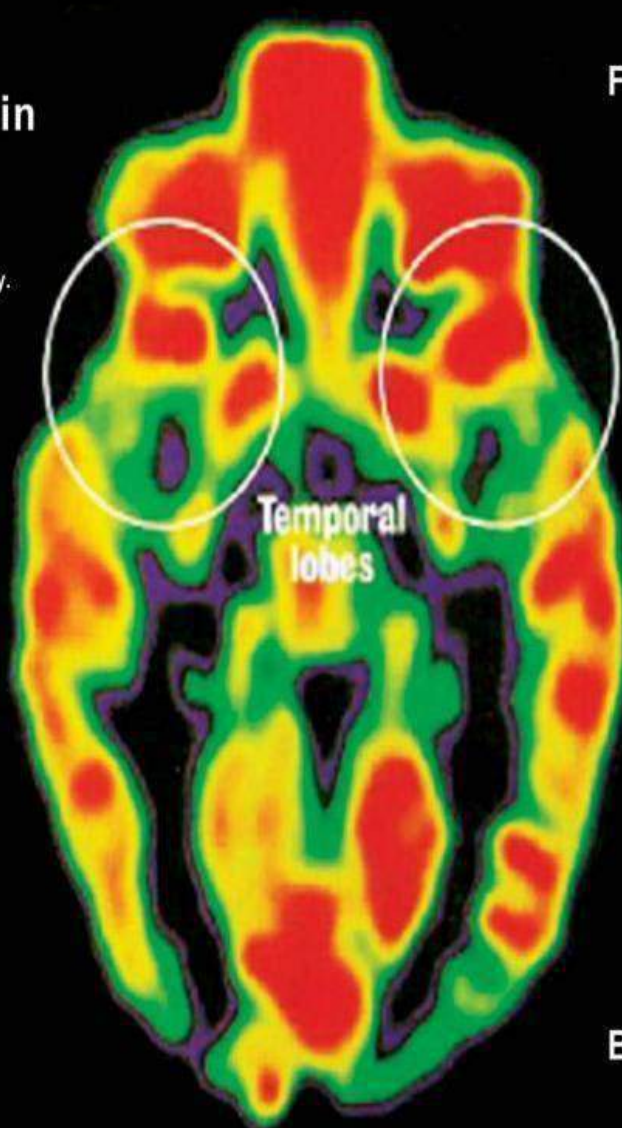
Effects of Chronic Trauma



Effects of Chronic Trauma

Healthy Brain

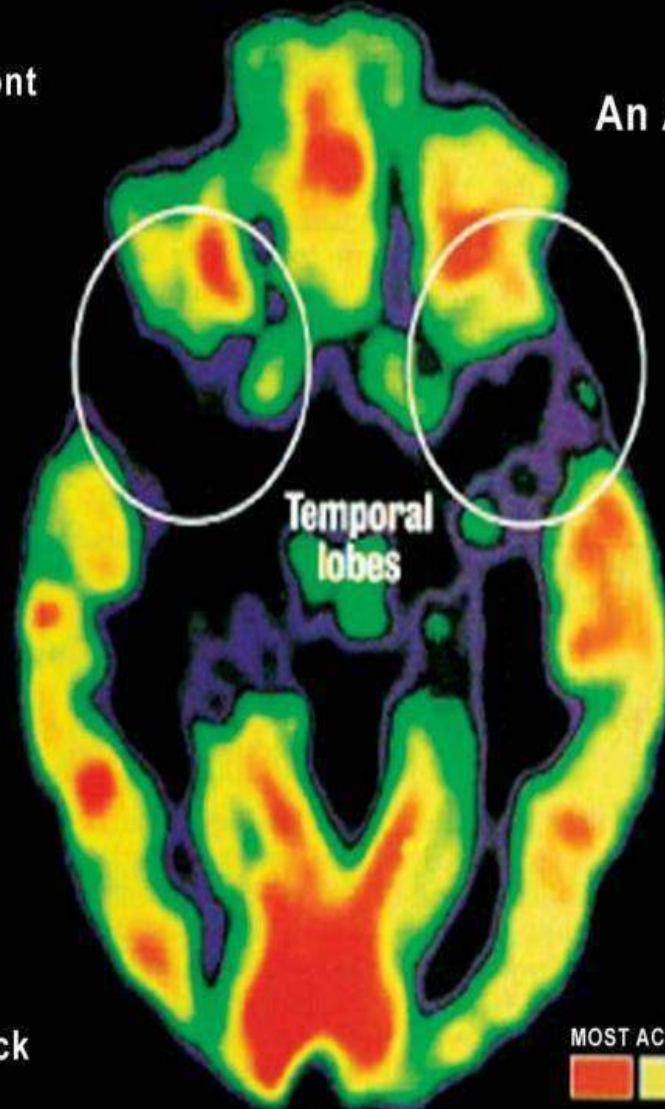
This PET scan of the brain of a normal child shows regions of high (red) and low (blue and black) activity. At birth, only primitive structures such as the brain stem (center) are fully functional; in regions like the temporal lobes (top), early childhood experiences wire the circuits.



Front

An Abused Brain

This PET scan of the brain of a Romanian Orphan, who was institutionalized shortly after birth, shows the effect of extreme deprivation in infancy. The temporal lobes (top), which regulate emotions and receive input from the senses, are nearly quiescent. Such children suffer emotional and cognitive problems.



Back

MOST ACTIVE LEAST ACTIVE

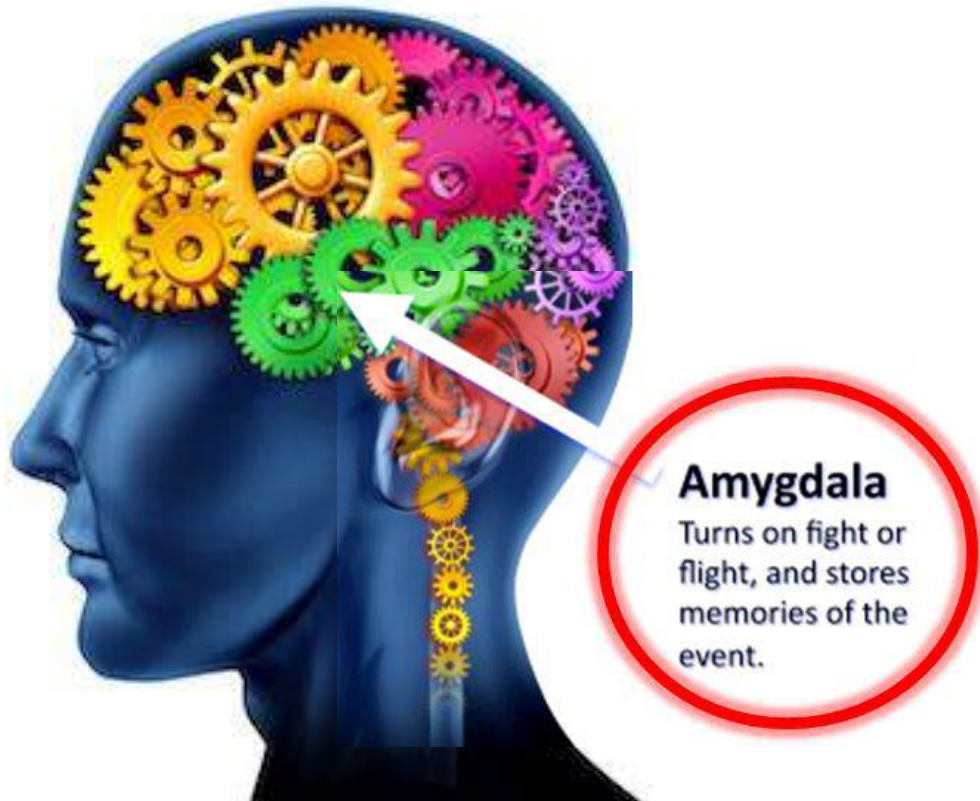
Biological Adaptations to Chronic Trauma: Hypervigilance



“A highly sensitive stress-response system constantly on the lookout for threats can produce patterns of behavior that are self-defeating in school: fighting, talking back, acting up, and, more subtly, going through each day perpetually wary of connection with peers or teachers.”

-- Paul Tough, 2016

Biological Adaptations to Chronic Trauma: Trauma Triggers



Possible Triggers

Yelling or Fighting

Isolation

Physical Touch

Loud Noises

Unexpected Changes

Shame and Failure

Time of Year (anniversaries)

A Trauma Lens for Student Behavior

Caleb's Survival Brain in Action

What happened to Caleb when he got to school?

Caleb is a student at your school. This morning during first period, his teacher, Ms. Jones, asked him for his homework and Caleb did not have it—for the second time this week. Ms. Jones loudly scolded him and took away his recess as a consequence. Ms. Jones started a math lesson and Caleb refused to open his book. Mr. Jones told him if he had done his homework he would understand the lesson and then told he would get a zero and make it up at recess.



- Fight
- Flight
- Freeze

A Trauma Lens for Student Behavior

Caleb's Survival Brain in Action

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- Fight
- Flight
- Freeze

Trauma Triggers in the Classroom

What other types of behaviors might you see when a student has been triggered?

Fight

- Acting out
- Being aggressive
- Exhibiting defiance
- Being hyperactive
- Arguing
- Screaming/yelling

Flight

- Withdrawing
- Fleeing the classroom
- Seeming to sleep
- Avoiding others
- Hiding or wandering
- Becoming disengaged

Freeze

- Zoning out
- Refusing to answer
- Staring blankly
- Freezing in place

Hypervigilance in the School

How do we **recognize** the signs of trauma and the need for behavioral supports?

- **Difficulty managing emotions**

- Unpredictable emotional reactions.
- Easily frustrated, overwhelmed.
- Difficulty calming themselves.

- **Dissociation**

- Spacing out, daydreaming.
- Not paying attention.

- **Difficulty managing behaviors**

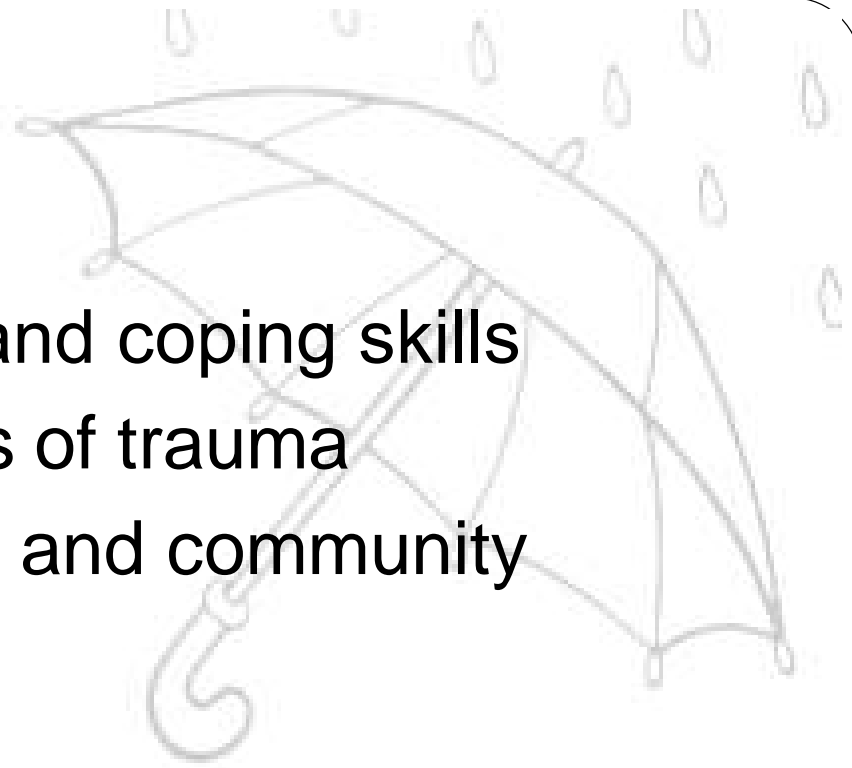
- Lack impulse control.
- Easily “set off.”

- **Problems with cognition**

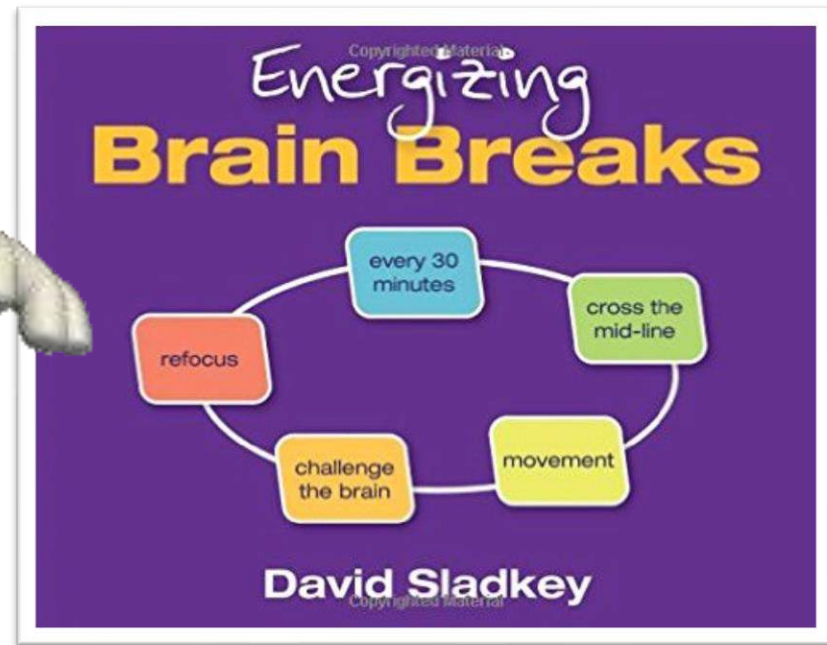
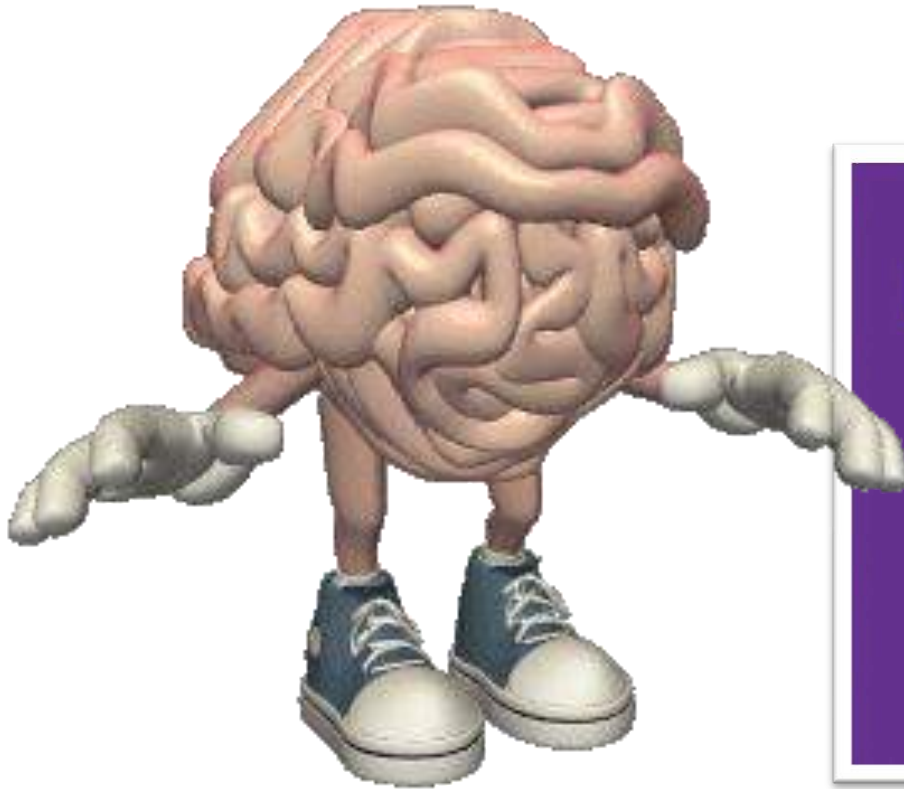
- Difficulty problem solving.
- Trouble thinking through consequences.
- Learning & memory problems.

Protective Factors

- Child's internal resources and coping skills
- Context and circumstances of trauma
- Response of family, school and community
- Characteristics of the child
- Social Support
- Age



BRAIN BREAK



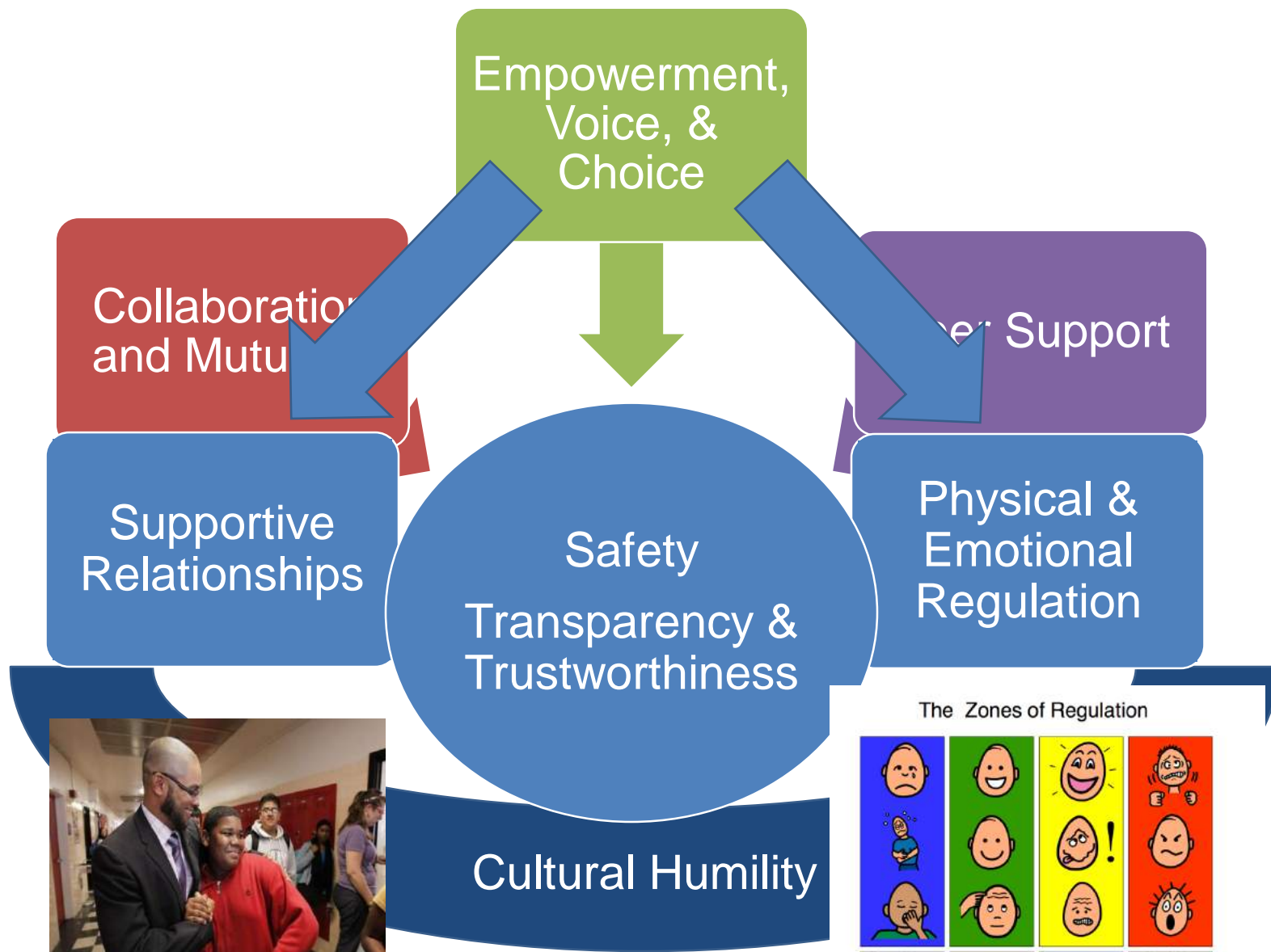


Responding to avoid Re-traumatization

By integrating principles of trauma-informed care into classroom practices and responding to own needs for self-care

6 Key Principles of Trauma-Informed





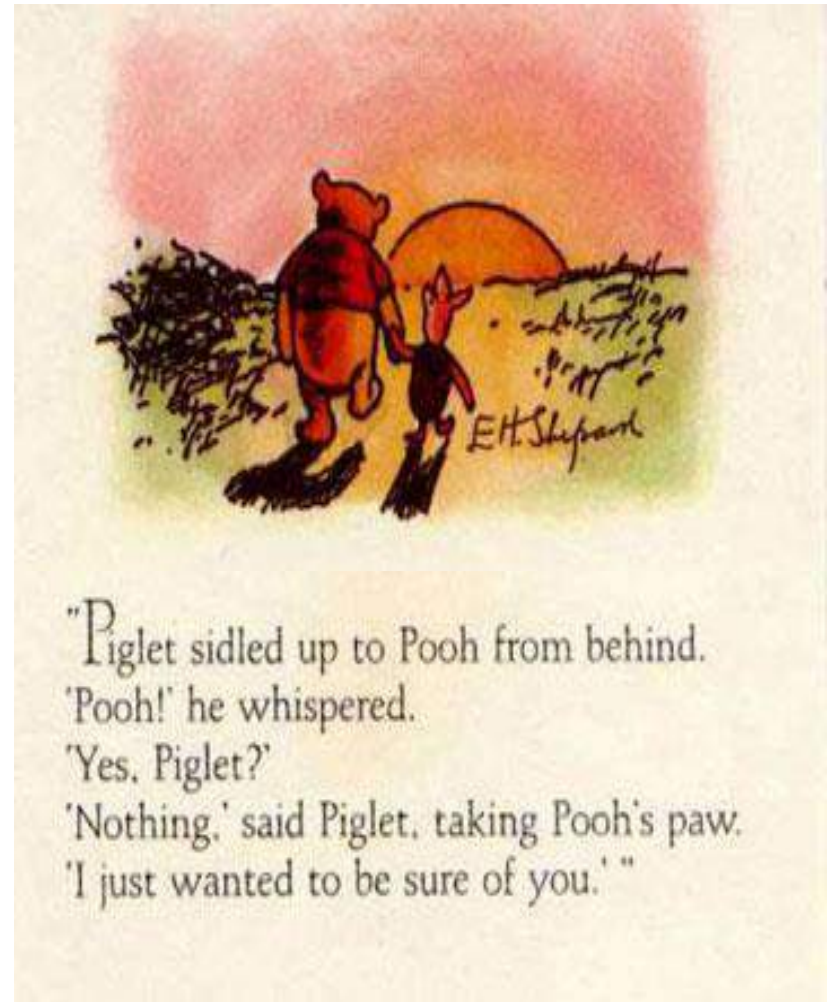
The Zones of Regulation

Blue Zone	Green Zone	Yellow Zone	Red Zone
sad sick tired	happy calm feeling ok focused ready to learn	frustrated worried silly/wiggly excited too nervous or tired	mad/angry terrified yelling/hitting related

Safety
Transparency &
Trustworthiness

Supportive Relationships

Am I *safe* enough
and *healthy* enough
each day? (NOTE-
The video plays
from the picture.)





ARC MODEL

Attachment:

- Affect Management
- Attunement
- Consistent Response
- Rituals

Regulation:

- Affect Identification
- Modulation
- Expression

Competency:

- Executive Functions
- Self-Development & Identity



Make Time at the Right Time



FORMAL

- Planned
- Designed
- Scheduled

**UR2US
SPORTS**



INFORMAL

- Unstructured
- Down time
- In-between time
- Before and after time

Four Types of Vital Conversations

Sensitive History



Anything that relates to an important part of a young person's story

Reframing



Seeing an experience from a new, more positive/realistic perspective

Problem-Solving



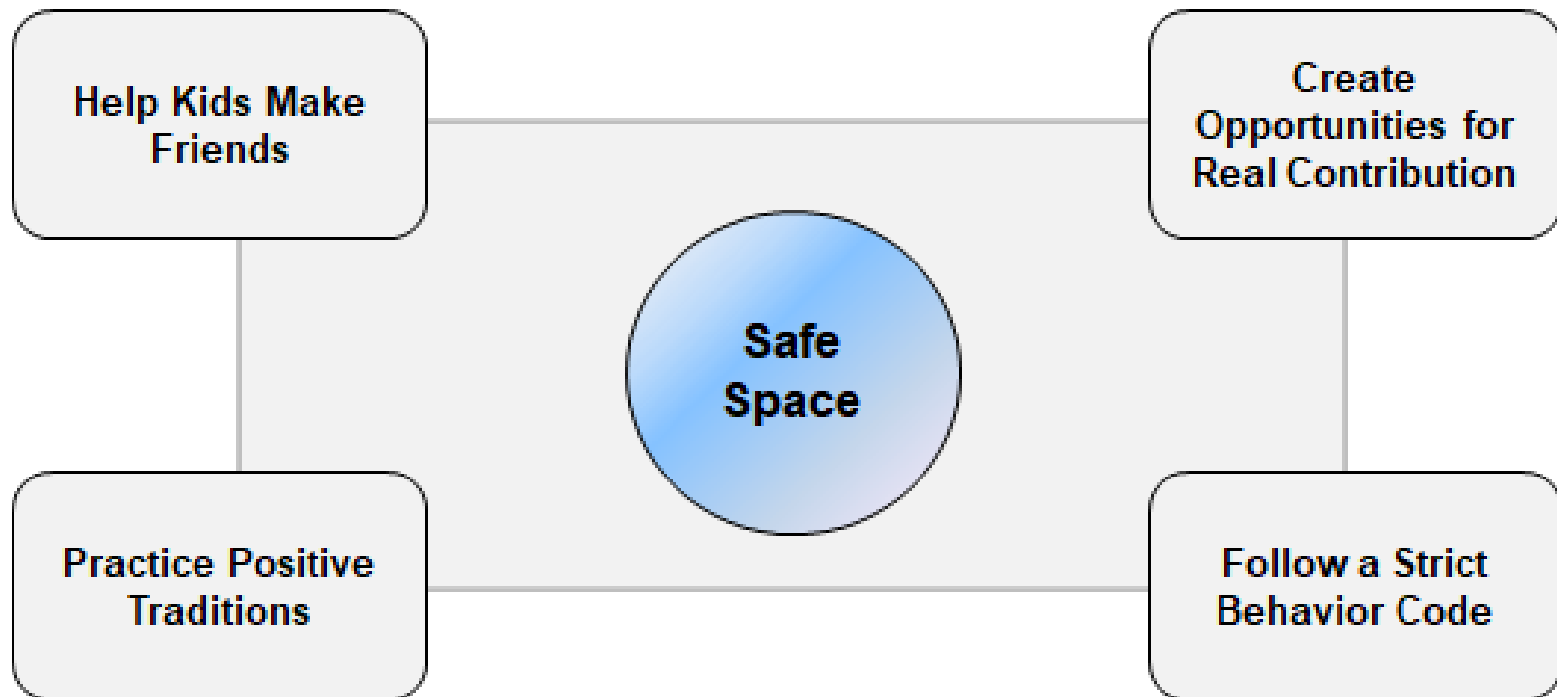
Situations where a solution, decision or list of options is needed

Feedback



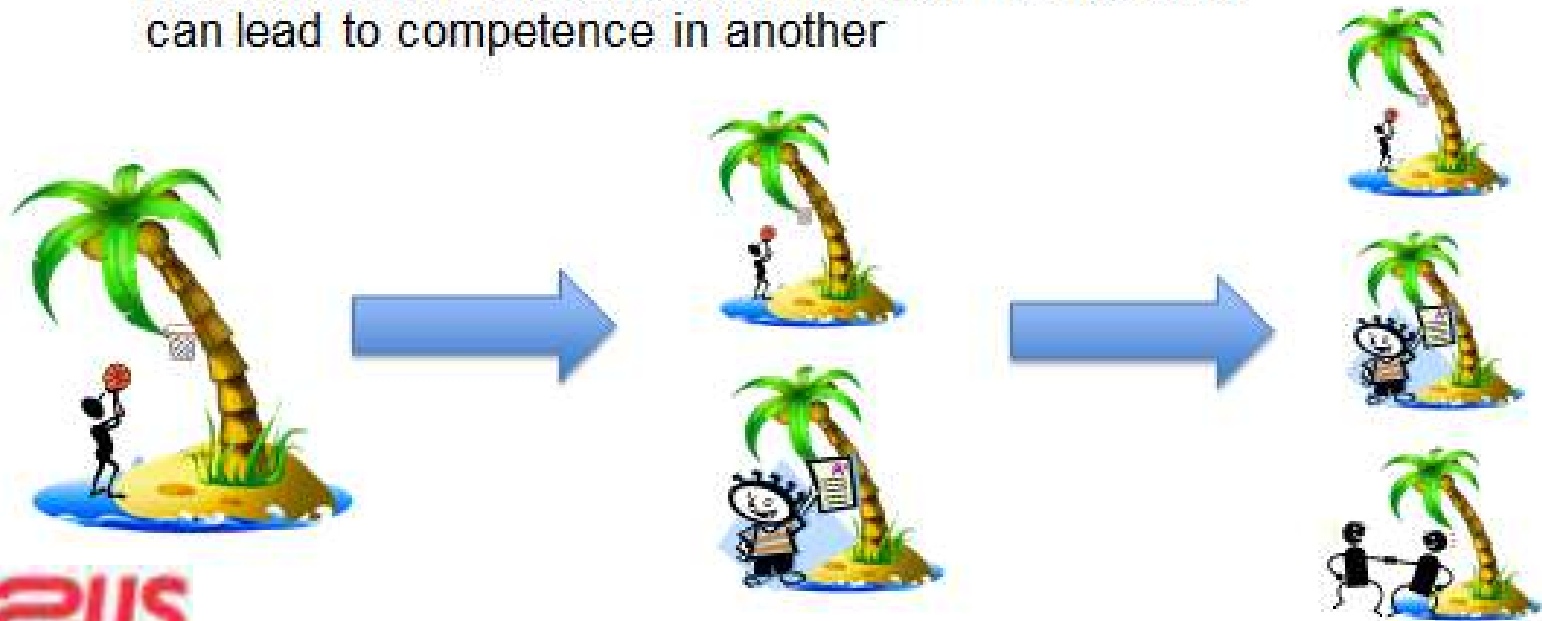
Intentionally offering your critique, advice and commentary

Building Powerful Team Culture



Islands of Competence

- Areas where young people feel confident and proud.
 - Developmental cascades: competence in one area can lead to competence in another



Trauma-Sensitive Coaching Technique #1

Look
and
Listen



Trauma Sensitive Coaching Technique #2

Ask
GOOD
Questions

Powerful (Trauma-Sensitive) Coaching Questions

- How do you feel?
- What do you see out there?
- What were you thinking when you made that choice?
- What are your options? What other options do you have?
- What would you do next time?



**Stop and Think
Questions
(AKA- Watermelon or
GROWTH
Questions)**

The *Praise Technique* for Providing the *Evidence*

T

Tell It

"This is what you did."

L

Label It

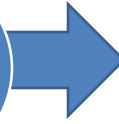
"This is what it's called."

C

Celebrate It

"This is how I feel."

Safety
Transparency &
Trustworthiness



Attachment & Relationships



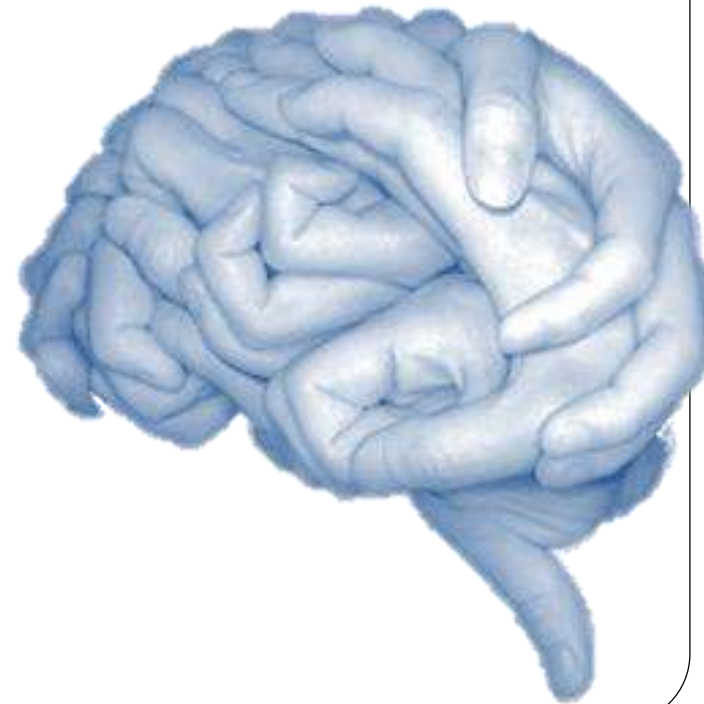
- Attachment patterns develop early in life based on the interactions with caregivers
- Attachment styles (secure or insecure) affect a person's sense of connectedness, safety, trust, and their beliefs about self
- Insecure attachment and interpersonal trauma exposure (abuse, neglect) can lead to relationship challenges



Supportive Relationships

Supportive social relationships can:

- Communicate to students that they are safe and that they belong in the academic community.
- Help students turn down their survival brain.
- Model safe, trusting relationships.
- Reduce negative psychosocial outcomes.



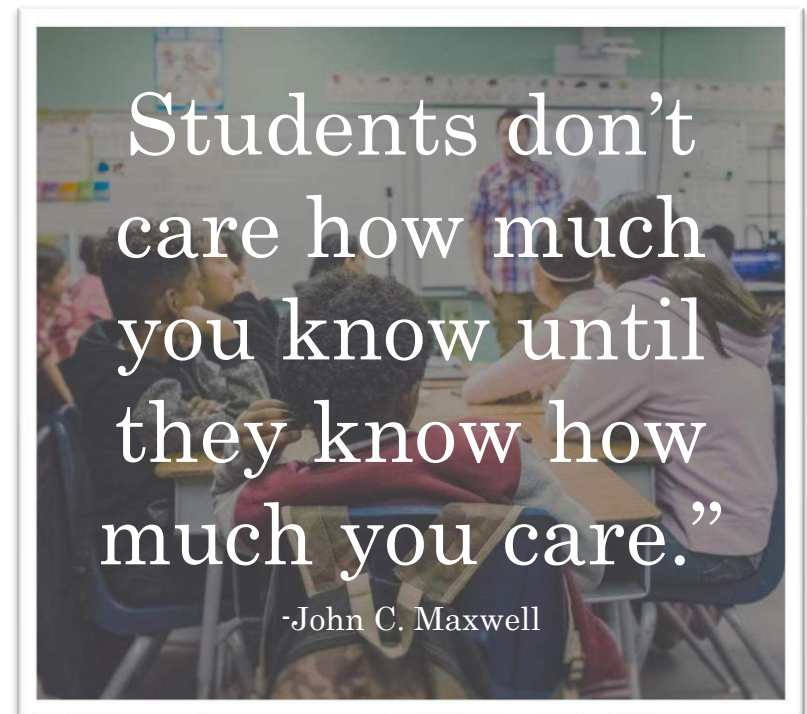


(NOTE – if we have time perhaps we can re-work this.)

What are some of the ways that you try to build positive relationships with your students?

Share with table.

Share out with group.



Safety
Transparency &
Trustworthiness



Supportive Relationships MODEL & TEACH

Empowerment,
Voice, & Choice

- Affirming student's individuality & strengths (i.e. shout-outs, awards, parent phone calls)
- Provide guided opportunities for meaningful student participation (i.e. student jobs, centers, class rituals)

Collaboration
and Mutuality

- Restorative questions
- Coach students in relationship skills

Peer Support

- Community building activities (Morning Meeting, Advisories, Valor Circles, Kagan Team builders)
- Mentor teachers/buddy teachers

Thank You!

Kathleen Whalen, LCSW-BACS, MEd

Luella Provenza, MSc

