

# THE SHIFT to Trauma-Informed



<https://developingchild.harvard.edu/media-coverage/take-the-ace-quiz-and-learn-what-it-does-and-doesnt-mean/>

# CHILDHOOD TRAUMA:

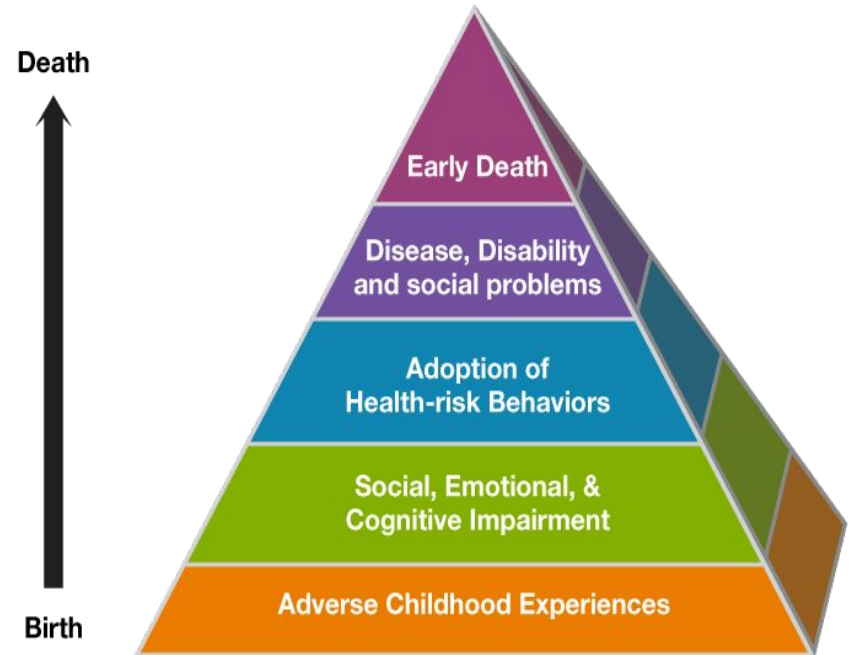
The CDC states that ACEs (Adverse Childhood Experiences) is **THE #1** public health crisis facing our nation.

- The *higher the ACE score*; the more **exponential** it's negative impact across every health marker  
(rate of cancers, COPD, rate of STD transmission, addiction, mental health issues, criminal behavior, suicide).

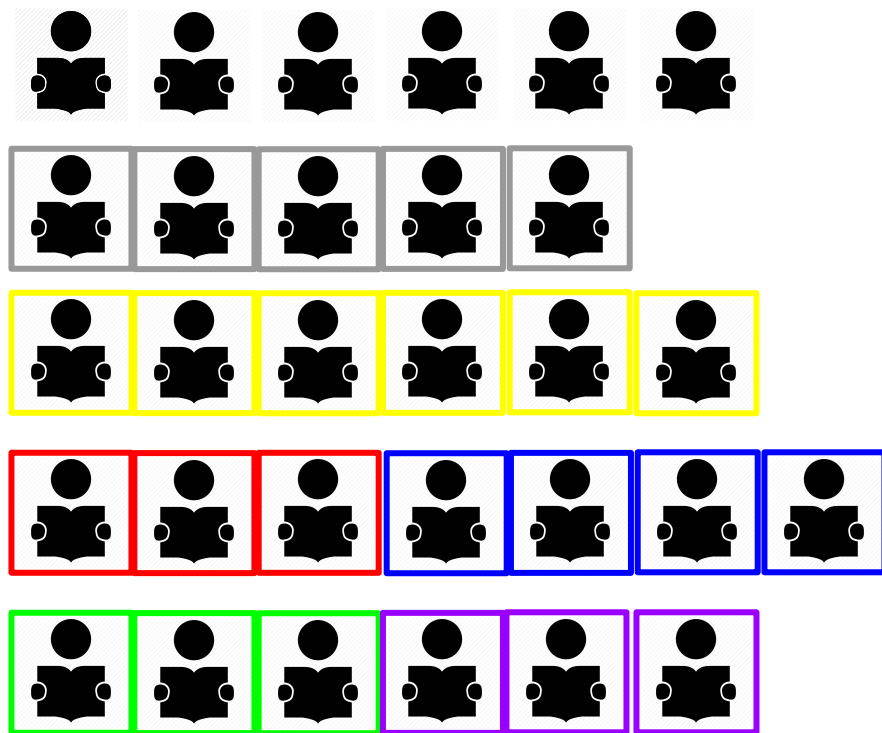
## Resources:

~ Dr. Nadine Burke-Harris TED talk:

<https://www.youtube.com/watch?v=95ovIJ3dsNk>



# ACE implications / Avg WA Classroom:



## KEY:

- ACE score of 0
- ACE 1
- ACE 2 \* Behavior impacted
- ACE 3 \*\* WA state average
- ACE 4 \*\*\* AMS estimated average
- ACE 5
- ACE 6+

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**IS**  
**A**  
**BRAIN**  
**ISSUE**  
*Not*  
**A behavior**  
**issue.**

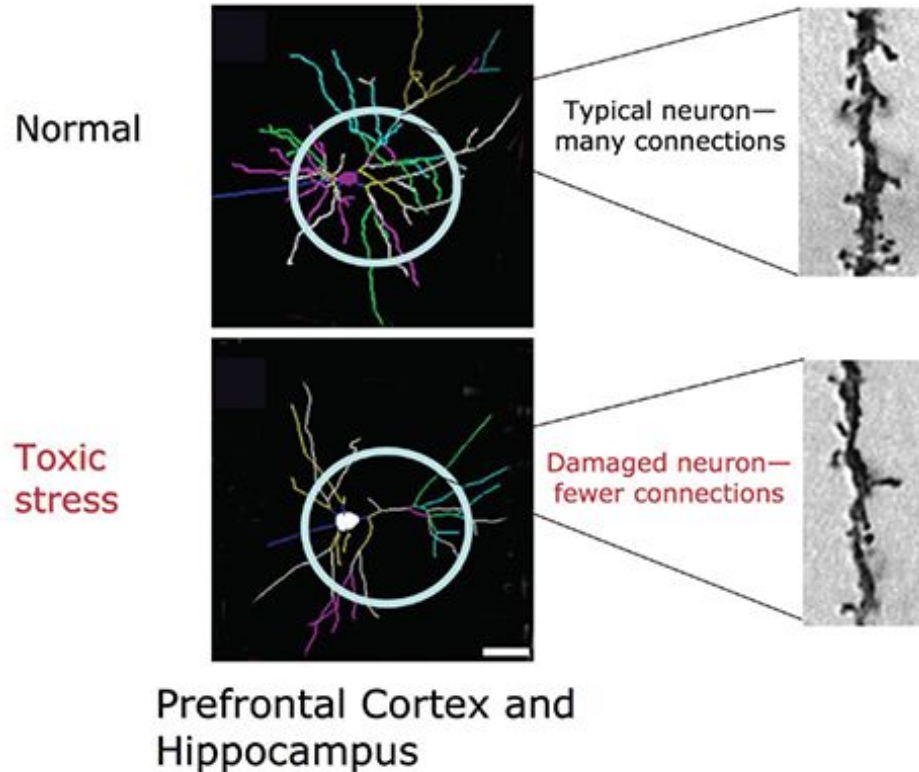
## Toxic Stress can impact children in the following ways:

- Causes children to live in **fight, flight** or **fright** (freeze) mode.
- Short attention span
- Struggle learning; fall behind in school
- Respond to world as constant danger
- Distrustful of adults
- Unable to develop healthy peer relationships
- Feel failure, despair, shame and frustration



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## Persistent Stress Changes Brain Architecture



# National Data Report Similar Findings:

- Increased access to and use of *prescription drugs*
- Increased *self harm; suicidal ideation*
- Increased *violence* in schools; school shootings
- Increased *bullying via social media*
- Increased *sexualization*; access to and distribution of pornography
- Increased levels of *depression and anxiety* among teens

**ACEs +**

**Trauma-Impacted Brains +**

**Toxic Stress**

**= Maladaptive Behaviors**



***“Creating a trauma-informed school isn’t about teachers becoming therapists. It’s about intentionally creating an environment that focuses on **relationship, trust, and emotional safety.**” - Forbes, LCSW***



# #1: PD for all adults @ AMS

- The #1 protective factor for any student is the frequency and amount of unconditional, positive, adult relationships.
  - Caseloads of highest need students across office staff
  - **3:1** Positive to Negative; **Connection before correction**
  - Responsive vs reactive classroom mgmt strategies
  - Increase **support IN class** to prevent student sent outs; huge decrease in last two years
  - Admin and Counselors greeting kids in the morning
  - Admin and Counselors interacting with students @ end of day
  - Staff / family community movie nights (“Paper Tigers”)
  - Coffee with Principal - themed presentations





## #2: Trial In Class - Integrating Meditation

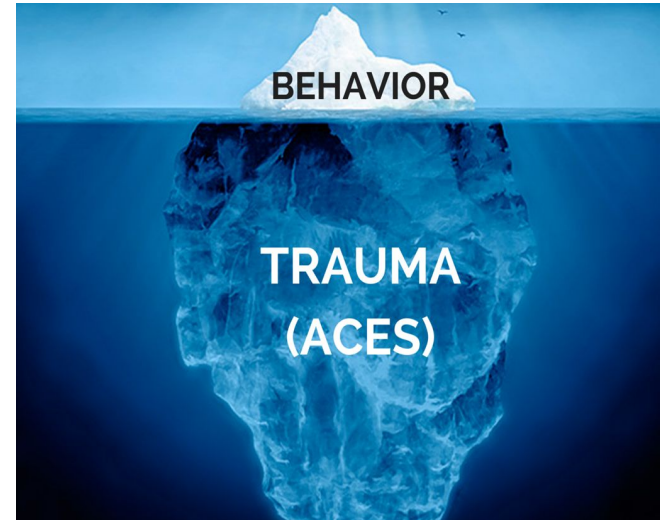
- A brain in stress can't learn and a student with high ACEs (or active ACEs) must be taught tools for rewiring out of the Amygdala.
  - AMS site license for **Headspace**
  - 13 Teachers integrating meditation 2x/week in their 5th period classes; Collecting data
  - 15 AMS teachers participated in a trauma-informed 6 week, on their own mindfulness class
  - 3 Teachers using their own mindfulness practices.
  - Piloting high anxiety small group meditation pullout



# #3: Repair and Reteaching > discipline

Behavior is INFORMATION; the attempt (at times, maladaptive) to have a need met. Behavior is the DOOR IN to understanding student trauma.

- Shifting interactions from “what did you do?” to “why?”
- Students sent to office complete **restorative justice questionnaire** to help unpack incident
- Office referrals always include conversation and partnership
- Using open ended questions to access **ACE data**
- Consequence is aimed at **repair** and rejoining community
- “Discipline” is often THE best gateway to **intervention**



## #4: Peer Mediation

**The most impactful tool we have is student to student interaction. Peer mediation is student trained peers helping deescalate and problem solve with students in conflict.**



# #5: Community Circles

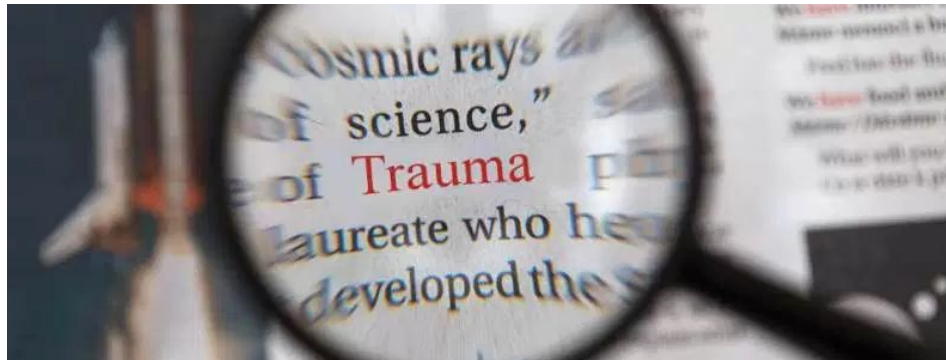
The most frequently used culturally-responsive and trauma informed practice used in classrooms.

- Focus on ***student voice and accountability***
- Establishment and maintenance of the class ***community***
- Priority ***classroom management*** strategy
- Also fundamental for ***staff meetings***



# #6: Evaluating “best practices” systemically

- Every data indicator proves that the traditional school model is **not** working - Therefore, **how we DO school** must evolve to reflect the brain research of childhood trauma.
  - Shifting from TO students/families = to WITH students/families
  - Alternatives to suspension
  - PD around equity and institutional racism; evaluating bias in data
  - Community; The social-emotional need to belong
  - Authentic collaboration with CHS therapists, social workers, outside agencies



# THE SPEED BUMPS?

- Traditional punitive model of **blame/shame**
- Adults as **empowering vs power over**
- **Push in vs. pull out \***
- TSS demand **high quality, professionally collaborative staff**
- One of the most formative comments from debriefing with a teacher this year, “**we are not teaching kids anymore, we are helping raise them.**”
- ***Staff trauma support; Compassion fatigue***
- The ***staffing*** to support strategic interventions:
  - **Counselors 1:400**
  - **Dean 1:831**
  - **2 CHS therapists: 15 slots (waiting list)**
  - **Trauma specialists** that support changes to systemic practices



# WAYS TO SUPPORT:

- *Opportunities to partner schools with community resources*
- *Increased staffing; funding for strategic trauma informed interventions*
- *Identifying your own ACE score and the protective factors that were in place for your own life; Then - providing resources and opportunities for those protective factors to become part of school life*
- **Police, fire departments, EMTs, business owners, parents, teachers, cafeteria workers, bus drivers, AND students learn about the impact of trauma on brain development**
- **The destruction of all cell phones :)**
- **Review mental health policies for teens**

