Using the Trauma Sensitive Lens

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Learning Targets

• Participants will be able to define and understand the trauma-sensitive lens
• Participants will learn to evaluate existing strategies in their schools by applying this lens and determine what they want to start, stop or continue doing.
• Participants will learn how to improve current strategies to increase their effectiveness by using the trauma sensitive lens

Trauma-Sensitive Lens

• A lens through which we evaluate all student supports
• Drives not only what we do, but how we do it
• Focus is on the underlying need
• Is not one single program or practice but is embedded into culture, climate and way of being

Every Opportunity
https://youtu.be/VxwwtIXhewI
Setting the Stage

• False starts are not neutral
• Hot topic / “this too shall pass”
• Initiative and meeting fatigue

Step #1: Selecting team members

• Cross disciplinary: Not student services only
• Building leadership must be involved
• Consider starting with an established team
  - School mental health
  - PBIS tier one
  - BLT

Step #2: Aligning Initiatives

1. Create an inventory
   - Grants, programs, practices and initiatives
   - Include both behavioral and academic supports
2. Determine if it is a framework or a practice
3. Determine primary goal for each item
4. Re-organize based on common goals and outcomes
Step #3: Evaluate

- Are the practices and frameworks compatible? Are they redundant?
- Are they practiced with fidelity in all settings?
- Evaluate practices with Trauma Informed Care Values form and consider for Stop, Start, Continue, Change document

Step #4: Reevaluate Team

- Who is missing?
- How do we tie in initiatives?
- Is there a parent on our team?
- How is student voice represented?

Step #5: Agree Upon Values and Assumptions

Trauma-Informed Care Values
- Safety
- Trustworthiness
- Choice
- Collaboration
- Empowerment

Roger D. Fallot, Ph.D. and Maxine Harris, Ph.D., 2009
Step #5: Agree Upon Values and Assumptions

Shared Assumptions

1. Behavior is communication
2. "Kids do well, if they can." *Greene, R. PhD, Lost at School (2008)*
   
   Student challenges are most often an expression of:
   - Unsolved problems
   - Lack of skills
   - Unmet needs

Assumptions (continued)

3. What we choose to see, will be
4. All intervention should strive first to increase student capacity to succeed
5. We are seeking an effective intervention, not an appropriate consequence

Step #6: SSCC

- Stop
- Start
- Continue
- Change
Stop

- Any strategy that involves threat, fear, humiliation, or stigma (yelling, belittling, sarcasm, invading personal space)
- Punitive “thinking” spot – sitting in a corner, time out room, or other area with a negative association for students to think about their actions
- Use of restraint for compliance or punishment
- Insight, admission of guilt, or apology gained through punishment, isolation, or withdrawal of relationship(s)
- Solutions that do not involve student input or choice

Continue / Change: Case Scenarios

Possible Reflection Case Scenario #1

Reinforce TIC Values
- Predictable
- Consistent
- More positive than negative
- Fresh start
- Can move back up

Do not reinforce TIC Values
- No student choice
- Teacher-driven
- Peer stigma
- Not effective in changing behavior for some students
- Does not help student understand emotional states
Possible Reflection Case
Scenario #1

Reinforce TIC Values
• Student-driven
• Teaches skills
• Peaceful resolution is sought
• Has potential to encourage student community & belonging

Do not reinforce TIC Values
• Students feel targeted
• May be unsafe later
• Often falls short in practice of creating student community & belonging

Step #6: SSCC

• Stop
• Start
• Continue
• Change

Start
• What do we need to start doings
• Identifying gaps
• Looking at language
• Assessing balance
### Assessing Language: Students

<table>
<thead>
<tr>
<th>Traditional View</th>
<th>Trauma Informed View</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acting out child</td>
<td>Emotionally dysregulated child</td>
</tr>
<tr>
<td>Anger management problems</td>
<td>Scared / fight, flight, freeze response</td>
</tr>
<tr>
<td>Willful and naughty</td>
<td>Adaptive patterns of behavior</td>
</tr>
<tr>
<td>Manipulative</td>
<td>Seeking to get needs met</td>
</tr>
<tr>
<td>Uncontrollable</td>
<td>In need of skills to self-regulate</td>
</tr>
<tr>
<td>Off task/ not paying attention</td>
<td>Hypervigilant or dissociative adaptations</td>
</tr>
<tr>
<td>Pushing buttons</td>
<td>Negative template or worldview</td>
</tr>
<tr>
<td>In need of consequences to motivate</td>
<td>In need of effective intervention to heal</td>
</tr>
</tbody>
</table>

### Assessing Language: Parents

<table>
<thead>
<tr>
<th>Traditional View</th>
<th>Trauma Informed View</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-compliant, disrespectful</td>
<td>Scared, seeking control</td>
</tr>
<tr>
<td>Lazy</td>
<td>Feels helpless</td>
</tr>
<tr>
<td>Uncaring, disengaged</td>
<td>Overwhelmed, disenfranchised</td>
</tr>
<tr>
<td>Manipulative</td>
<td>Seeking to get needs met</td>
</tr>
<tr>
<td>Angry</td>
<td>Survival adaptation</td>
</tr>
<tr>
<td>Delayed/ “slow”</td>
<td>Dissociative</td>
</tr>
<tr>
<td>System distrust</td>
<td>Historical trauma</td>
</tr>
</tbody>
</table>

### Assessing the Balance of Strategies
Impact on the Brain

- Review of Module 3
  - Information from our environment comes in low
  - If there is danger, the "thinking" brain shuts down, allowing the "doing" brain to act
  - Brain changes in a use dependent way; repeated exposure to traumatic stress causes changes in brain structures, neuro-chemistry & genetic expression
  - Cortical modulation is impaired

Adaptive Response

<table>
<thead>
<tr>
<th>Brain Areas</th>
<th>Rest</th>
<th>Vigilance</th>
<th>Freeze</th>
<th>Flight</th>
<th>Fight</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary</td>
<td>Rest</td>
<td>Vigilance</td>
<td>Resistance</td>
<td>Defiance</td>
<td>Aggression</td>
</tr>
<tr>
<td>secondary</td>
<td>Rest</td>
<td>Avoidance</td>
<td>Compliance</td>
<td>Dissociation</td>
<td>Fainting</td>
</tr>
<tr>
<td>Brain Areas</td>
<td>Cortex</td>
<td>Limbic</td>
<td>Midbrain</td>
<td>Brainstem</td>
<td>Autonomic</td>
</tr>
<tr>
<td>Cognition</td>
<td>Abstract</td>
<td>Concrete</td>
<td>Emotional</td>
<td>Reactive</td>
<td>Reflex</td>
</tr>
<tr>
<td>Mental State</td>
<td>CALM</td>
<td>AROUSAL</td>
<td>ALARM</td>
<td>FEAR</td>
<td>TERROR</td>
</tr>
</tbody>
</table>

Types of Strategies

- Emotional and Physical Regulation (Module 9)
- Relational (Module 10)
- Cognitive (Module 11)
- Operant (Module 11)
We need more…

Future Trainings:

One day introductory training and advanced training
Train the trainer

http://www.sainta.org/trauma-informed-care/training/

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• Professional Development on mental health and trauma
• Teacher consultation regarding student needs
• Coaching and consultation on school wide implementation of trauma sensitive schools

References

• Child Trauma Academy (Dr. Bruce Perry), http://childtrauma.org
• National Center for Trauma Informed Care, http://mentalhealth.samhsa.gov/nctic/
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• Affective Neuroscience: The Foundation of Human and Animal Emotions, J.P. Panksepp
• Bessel van der Kolk, http://www.traumacentre.org
• Dr. Robert Anda, (ACE Study), ACE Interface
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  http://www.massadvocates.org/helping_traumatized_children_learn
• The Heart of Learning & Teaching Compassion, Resiliency & Academic Success
  Wolpow, Ray; Johnson, Mona M.; Hertel, Ron; Kincaid, Susan D. 2009
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