

WE Teachers Introductory Module

Trauma-Informed Classroom



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IN COLLABORATION WITH



WE Teachers

WE Teachers is a free program for teachers across America, providing resources and training to support them in addressing critical social issues their students are facing today. It ensures that teachers have access to educational tools and training they need to support themselves and their students for future success.

Mental Health America

Mental Health America (MHA) is a community-based non-profit dedicated to promoting mental health and providing support to Americans living with mental illness. Founded in 1909, the organization is a leader in addressing mental health across the nation. MHA is committed to serving all Americans by promoting mental health as a critical part of wellness, providing prevention services, early identification and intervention for those at risk, and integrated care, with recovery as their main goal.

Walgreens

A heartfelt thank you to our partner, Walgreens, for helping bring WE Teachers to life. Walgreens knows that at the heart of every community are our unsung heroes—teachers. That's why they've partnered with WE to develop a program that provides free tools and resources to teachers nationwide to help them address the changing needs of their classrooms, like funding and addressing critical social issues.

WE

WE is a movement that empowers people to change the world through a charitable foundation and a social enterprise. WE Schools, our service-learning program, is our way of supporting educators who share our belief in the power of service-learning. Participating teachers will foster broader academic discussions via the interactive nature of service-learning and, through our resources, enable students to learn about local, national and global issues and become agents of change.

We want a world where all young people feel empowered to pursue their dreams and reach their full potential. Currently partnered with 18,000 schools and groups, we are engaging a new generation of service leaders and providing resources for a growing network of educators.

The free and comprehensive library of WE Schools lesson plans are designed to be adapted to meet the needs of any partner school, regardless of students' grades, socioeconomic backgrounds or learning challenges. Skills development through the WE Schools program also increases academic engagement and improves college and workplace readiness. This unique program supports educators and students with the resources and strategies to achieve success. Learn more at [WE.org](https://www.we.org).

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Rationale

As educators, the responsibility to create a safe and welcoming space for students falls on us. Knowing that students come from different backgrounds, experiences and exposure, we need to inform ourselves on how we can create a space that ensures all our students are heard, understood and provided with a space they can be nurtured in and grow in.

Trauma exists in many forms and it is common for students to experience it, which greatly impacts their daily lives, especially in the classroom. Taking this into consideration, it is imperative that we educate ourselves on what trauma is, how we can identify trauma, how to support students and ultimately create a trauma-informed classroom.

Essential Questions

1. What information, tools and resources do educators require to create a trauma-informed classroom?
2. Why is it important to ensure that educators have the information, tools and resources to develop a trauma-informed classroom?

Objective

Provide the framing of trauma and a resource to set up the trauma-informed classroom.

- What is trauma?
- Stress and coping mechanisms
- Key times to identify when kids show signs of trauma
- Early identifiers

Learning Goals

During this module, educators will:

- Learn about what trauma is and how it exists within students and/or the classroom
- Explore how to identify trauma within a student
- Discover the general importance of developing a trauma-informed classroom and its benefits

Facts and Statistics

- The Adverse Childhood Experiences (ACEs) Study, an observational study of the relationship between trauma in early childhood and morbidity, disability and mortality in the United States, demonstrated that trauma and other adverse experiences are associated with lifelong problems in behavioral health and general health.¹
- More than 6 in 10 American youth have been exposed to violence within the past year, including witnessing violence, assault with a weapon, sexual victimization, child maltreatment and dating violence. Nearly 1 in 10 was injured as a result of violence.²
- Predicted costs to the health care system from interpersonal violence and abuse range between \$333 billion and \$750 billion annually, or nearly 17 to 37.5 percent of total health care expenditures.³
- A lifetime history of sexual abuse among women in childhood and adulthood ranges from 15 to 25 percent.⁴ An estimated 5 percent of males under the age of 18 experienced sexual victimization in the past year.
- In 2008, a RAND study found 18.5 percent of returning veterans reported symptoms consistent with PTSD or depression.⁵
- Racially motivated violence and discrimination can be traumatic and has been linked to PTSD symptoms among people of color.⁶
- LGBTQ people experience violence and PTSD at higher rates than the general population.⁷ The transgender community experiences more than twice the national rate of violence, including violence within the home.⁸ LGBTQ youth also have greater odds of exposure to adverse childhood experiences (ACEs) and have been exposed to greater numbers of ACEs than their non-LGBTQ counterparts.⁹
- For those who access public mental health, substance abuse and social services, as well as people who are justice-involved or homeless, trauma is an almost universal theme.¹⁰
- Between 75 and 93 percent of youth in the juvenile justice system have experienced some degree of trauma.¹¹



Definitions and Context

Understanding Trauma

Trauma is the response we have to experiencing or witnessing an event (or series of events) that threatens our life, our safety or our personal integrity.

Traumatic events can include violence, war or natural disaster. They can also include abuse or neglect, whether it's physical or emotional. People who witness violence or abuse can experience trauma as well.

In addition to trauma experienced individually, trauma experienced by previous generations can have significant effects on younger generations, such as with the families of some Holocaust survivors.¹² Adverse Childhood Experiences may have lasting effects that span from parent to child. Studies have found that higher parental ACEs predicted poorer child health status and higher child ACEs.^{13, 14}

Trauma is a serious issue which happens as a result of physical, sexual or emotional abuse, neglect, violence, war, loss, disaster, and other emotionally harmful experiences.¹⁵ Like individuals, communities can be traumatized as well.

Impact of Trauma on Development

While many people who experience a traumatic event are able to move on with their lives without lasting negative effects, others may have more difficulty managing their responses to trauma. Trauma can have a devastating impact on physical, emotional and mental well-being.

Trauma affects the developing brain and body and alters the body's stress response mechanisms. Emerging research documents the relationship between traumatic events, impaired brain function and immune system responses. Trauma induces powerlessness, fear, hopelessness and a constant state of alert, as well as feelings of shame, guilt, rage, isolation and disconnection.¹⁶

Unresolved trauma can manifest in many ways, including anxiety disorders, panic attacks, intrusive memories (flashbacks), obsessive-compulsive behaviors,

post-traumatic stress disorder, addictions, self-injury and a variety of physical symptoms.¹⁷ Trauma increases health-risk behaviors such as overeating, smoking, drinking and risky sex.

Unaddressed trauma can significantly increase the risk of mental and substance use disorders, suicide, chronic physical ailments and premature death.

Trauma can be especially impactful to children whose brains and personalities are still developing and who may not have the full range of coping mechanisms or understanding to process traumatic events. Children may lack the ability to protect themselves or lack protection from others.

Trauma can cause permanent changes in the structure and chemical activity in the brain, which can be more significant in children's brains because they are still developing. Trauma impacts the parts of the brain that are responsible for learning, problem-solving, emotional regulation and responding to environmental threats. The impact to these parts of the brain place children at risk for developing many mental health conditions, like depression, anxiety, psychosis or addiction.

The impact of trauma as a reaction to stressful events often depends on the magnitude of the event and how long the traumatic experiences are sustained. A single event, like a car crash or witnessing the death of a parent, can have a lasting impact, as can long-term, sustained stressful situations, like childhood neglect or emotional abuse. Long-term, sustained traumatic experiences are more likely to result in physiological changes to the brain.

Toxic stress is also related to trauma and impacts long-term health, especially when experienced over time. Stress is a normal reaction to hard events. But children who face long-term sustained adversity, like trauma, have prolonged stress reactions. These also impact the total health of children over their lifetime.

Causes of Childhood Trauma

Abuse and Neglect

- **Physical Abuse.** Examples of physical abuse include biting, slapping, punching, kicking, strangling, pulling hair, threatening with knives, guns or other weapons, throwing items like shoes at children, or forcibly restraining them (not letting them leave a room by standing in the way). Not all signs of physical abuse are obvious, like large bruises, as abusers may hide the signs.
- **Verbal or Emotional Abuse.** Examples include name-calling (“You’re an idiot”), telling a child they are worthless, excessive guilt-tripping or blaming for problems, gaslighting (pretending things didn’t happen to make the child question reality).
- **Sexual Abuse.** Examples include unwanted kissing or touching, taking sexual photos, oversexualizing children in dress, asking children to touch them.
- **Physical Neglect.** Neglect occurs when a family setting fails to provide basic needs to children, such as safe housing, a place to sleep, food, clothing, supervision and health care. Examples of physical neglect include not watching children (leaving them in front of the TV or by themselves for hours at a time), forcing children to sleep on the floor, sending children out in the winter without coats and failing to bring a child to a doctor for a long period of time.
- **Emotional Neglect.** When a child experiences emotional neglect, they do not receive the love and care that a family should provide. Examples include never being held or comforted by parents or other family members, having their problems discounted and ignored, among others.

Household Challenges

The ACEs study and literature is one of the defining resources on childhood trauma. ACEs describe types of abuse or traumatic experiences that put children at risk for poorer outcomes later in life. Any experience that results in toxic stress is likely to have long-term consequences. Here are other examples of trauma covered by the ACEs study:

- Experiencing emotional, physical, and sexual abuse or neglect.
- Experiencing domestic violence in the household.
- Not having basic needs (food, clothing, housing) met.
- Criminal justice involvement in the household.
- Addiction to substances in the household.
- Mental illness in the household.
- Loss of a parent through divorce, death or abandonment.

Trauma can cause permanent changes in the structure and chemical activity in a child’s developing brain.

Other Types of Trauma

While abuse, neglect and household challenges are the 10 major components of the ACEs study, there are other types of trauma that children can experience, including:

- **Accidents or disasters.** Car accidents, plane crashes, hurricanes, tornadoes or other disasters can cause trauma in children.
- **Household challenges affecting other family members.** The original ACEs study focused on domestic violence against a mother or a stepmother, but children can also be affected by witnessing violence against a father, sibling, grandparent or other family member.
- **Relationship trauma.** As children get older and engage in relationships, they may experience emotional, physical or sexual abuse, stalking, or other types of abuse from romantic partners.
- **Responses to community or world events.** Acts of violence (such as school shootings) or political issues (such as conflicts over immigration policy or transgender rights) can impact children.
- **Other events.** A number of other things can cause trauma, including community violence, bullying, cyberbullying, separation from caregivers and more.

Warning Signs of Trauma

How do you know if someone in your classroom is experiencing trauma? Some of the symptoms are signs of unhealthy coping mechanisms. But others are patterns of behavior.

Not all of these patterns of behavior mean that a student is experiencing trauma. A student who has frequent absences from school may have a sick family member, but they aren't actively experiencing trauma—they just don't have a ride.

Here are some symptoms of abuse and neglect¹⁸:

- Changes in behavior. Changes in behavior can be normal, as children are forming personalities, especially around puberty. But sudden or unexpected changes that impact school performance—such as dropping grades or disrupting the classroom—should be of particular concern. Sudden changes in mood, like withdrawing, reduced communication or a sudden rise in fear reactions, are also important, even if the student's academic performance doesn't change.
- Poor school performance.
- Inattention in the classroom (due to poor sleep, change in routine and brain changes associated with trauma).
- Frequent tardiness or absence.
- Not wanting to go home or fear of bringing information to parents.
- Unexplained or frequent injuries, such as bruises or limps, or clothes worn out of season.
- Sexual behavior or knowledge that is not appropriate for age.
- Poor hygiene, weight problems or dirty clothes.

Common Responses to Trauma

It is common for children who experience trauma to close off, lie about their traumatic experiences and even protect the individuals who hurt them. Children who are exposed to violence do not have the resources or experiences to develop healthy communication, treatment of others or know how to deal with their emotions. Children who grow up with toxic stress and trauma are more likely to engage in acting-out behaviors, withdrawal or even bullying other children. As trauma goes undetected and untreated, children are likely to cope with their trauma with activities that are more commonly used by adults, such as substance use. Adolescents are particularly vulnerable to using substances or cutting (non-suicidal self-injury) to cope with their emotional experiences.

Differences by Age

Early childhood trauma is trauma that affects children between the ages of zero and five. During the earliest years of human life (0–3), children are forming bonds with other humans through attachment. Early years are also important because of the enormous amount of brain development that happens during this time. Experiencing trauma from ages zero to five places children at higher risk for poorer outcomes by the time they start school.

If a child has a healthy and protective home environment in early childhood and experiences trauma later (like a natural disaster or witness to violence), the protective factors in early childhood help mitigate the risks associated with trauma exposure.

Younger children may not verbally express any concerns about trauma. Rather, it is common for younger children to have difficulty sleeping, develop learning disabilities or have frequent stomach/headaches as a result of trauma. Adolescents who experience trauma may be more able to verbally communicate about their traumatic experiences. However, adolescents are more likely to turn to peers to cope with or disclose trauma as compared to turning to school staff.

Special Populations

Other populations have special considerations when it comes to trauma.

LGBTQ (lesbian, gay, bisexual, transgender and queer) youth experience trauma at higher rates than their straight or cisgender peers. Cisgender refers to people whose gender matches their sex that was assigned at birth.

Homeless children have higher rates of trauma for a number of reasons. More than 90 percent of the mothers of homeless youth experienced sexual assault over the lifespan. These experiences put children at greater risk of violence, witnessing violence or losing family members. Many household and individual types of trauma can impact homeless children.

Students who use substances are more likely to have experienced traumatic events and mental health problems. And students who experience trauma are more likely to turn to substance use as a coping mechanism.



Protective Factors and Building Resiliency

Resiliency is the ability to withstand and adapt to life's stressors, including the effects of trauma. The more resilient an individual is, the better equipped they are to handle the curveballs that life throws.

Resiliency is not an automatic protection. It is possible for children to have high resiliency and still experience trauma, mental illness or other chronic conditions.

Resiliency is gained through exposure to experiences that are protective factors against trauma.

There are many protective factors that can help build resilience in children. They can come from the individual, family or the community and environment. Examples of protective factors that foster resilience are:

- Having at least one adult in childhood who made you feel loved or cared for.
- Exposure to attentive parenting the first three years of life and to structure, rules or appropriate expectations in the household.
- Having at least one trusted adult in their life.
- Experiencing and recognizing their own ability to accomplish goals.

- Experiencing and growing their ability to be independent.
- Recognizing that change is a reaction to actions and are not innate (working hard, not just being smart).
- The ability to try again and succeed after not being able to accomplish something.

If Trauma Is Identified for the First Time

Teachers and school administrators are sometimes the only other adults in a child's life (besides family) who can identify and protect children against untreated trauma.

- Follow your mandated reporter guidelines when you suspect child maltreatment. Each state has slightly different requirements and instructions available at www.childwelfare.gov/pubPDFs/manda.pdf. Your school or school district may also have a more robust policy.
- Use guidance and training from your school about how to balance maintaining a positive relationship with your student and their family, and ensuring the child is in a safe environment.
- Take the role of a supportive, nurturing and listening adult—without trying to fulfill the role of a therapist or detective.



Importance of Trauma-Informed Approaches

Trauma-informed approaches to care and support emerged over the past four decades. Learning about PTSD after the Vietnam War, multiple efforts to understand childhood trauma on a federal level and the groundbreaking ACEs study eventually led to the establishment of SAMHSA's National Center on Trauma-Informed Care (NCTIC). While NCTIC remains primarily focused on medical care settings, the principles of trauma-informed care apply to a variety of settings, including schools and criminal justice systems.

At its simplest, trauma-informed approaches mean that people are asking, "What has happened to bring you to feel and react the way you have?" and not "What is wrong with you?"

Trauma-informed approaches are critical because they have to be top-down and fully infused in an organization.

The six elements of trauma-informed care are:

- 1. Safety.** All individuals—not just children, but also the adults who work with them—should feel physically and psychologically safe. Consider what might make children feel safe in a school setting. Do metal detectors make students safe, or do they imply a lack of safety?
- 2. Trustworthiness and Transparency.** Decisions are conducted with transparency and communicated plainly. Are students told the reasons behind rule changes?
- 3. Peer Support.** In this case, peers are other people who have lived experience of trauma and recovery. Many schools have peer programs where students can connect with each other through counseling offices or other ways.
- 4. Collaboration and Mutuality.** The next two principles are about reducing the imbalance of power between an authority figure (like a doctor or a principal) and an individual (like a patient or a student). Collaboration and Mutuality focuses on respect and partnerships between all people. Do administrators make an effort to know students by their first names? Are support staff in cafeterias and janitorial roles treated with respect?

5. Empowerment, Voice and Choice. This step elevates the role of the individual, giving them back power to make decisions and play on their strengths. This is critically important for people who have experienced trauma because of how traumatic experiences take control away from the individual. Can students suggest ways for schools to improve?

6. Cultural, Historical and Gender Issues. To be trauma-informed, an organization has to both acknowledge cultural stereotypes and biases, and work to actively reduce them. They must also understand the different ways that trauma can impact different groups based on age, race, ethnicity, gender, LGBTQ status, immigration status and more.

Trauma-informed approaches to schools can help administrators, teachers, counselors and other educators better build and sustain classrooms that can help children who have experienced trauma. Teachers have major influence over children because of the time they spend with them.¹⁹

These approaches can include identifying triggers, or reminders of trauma, in a classroom setting; identifying signs and symptoms of children who are affected by trauma outside of the classroom; and building recovery and resiliency skills and good coping mechanisms.

In addition, it is important for teachers and school officials themselves to work in a trauma-informed environment. Burnout from stress and secondary traumatic response occurs in teachers. According to a five year study by the U.S. Department of Education, 10 percent of new teachers left the profession after one year, and 17 percent had left within the first five years.²⁰ Teacher turnover rates have also been found to be much higher in high-poverty schools and districts, where students may be more likely to experience trauma.²¹ Like counselors, social workers and other people who interact with students, teachers can experience compassion fatigue, which may impact their ability to do good work. Self-care strategies become important for both teachers and students.

Healing From Trauma and Building Healthy Skills

Healing from trauma requires addressing the traumatic experience and building skills that protect against trauma. Working through trauma can be done with a mental health professional and should include a family-based approach. It is helpful to have skills, and skills need to be reinforced in schools. Research on developing social and emotional learning (SEL) in the classroom shows it is good for all children and especially helpful for children who have experienced trauma. Children between ages 6 and 17 with high trauma risk who were taught resilience skills, such as staying calm and in control when faced with challenges, were over three times more likely to be engaged in school compared to peers with similar experiences who didn't learn those skills.²² Below are some factors to consider for your children during the early times of trauma recovery.

- **Linkage to Services.** Getting connected to services is helpful or necessary for recovering from trauma but can be disruptive to school performance. Children who are connected to mental health care are likely retelling stories of their traumatic experiences. It is also common for children who had exposure to trauma to be connected to or referred to Child Protective Services. The mental challenge of processing trauma or the disruption of family life can interfere with school. Experiencing trauma and being connected to services can be overwhelming and make a child feel powerless. The extent to which children are given choices and feel that they are in control of their environments can help reduce the negative consequences of traumatic experiences.
- **Feeling Safe and Staying Calm.** Children exposed to trauma have rewired responses to normal stressors and struggle to feel safe even when the setting is safe. Children in treatment will learn how to change their stress responses, which includes being aware of their heart rate and their breathing. Teachers can reinforce coping skills by teaching all children breathing exercises or reminding children to take deep breaths (from their belly) and count to bring their physical reactions down. Children may need some space and time to "ground" themselves. It's best to check in with children and ask how they want to do this. Do they want to sit quietly at their desk, or go to a quiet space? How do they want to signal that they are having a hard time?
- **Learning Emotional Regulation.** Learning to identify and appropriately respond to emotions is important and challenging for all children. It is especially hard for children who have experienced trauma. One skill that can be used in a classroom setting is the HALT method, which teaches children to pause and identify their underlying feelings. Children and adults are asked to identify if their feelings and behaviors are related to being Hungry, Angry, Lonely or Tired. Recognizing when those feelings or urges are present and handling them can go a long way to reducing a stress or trauma response. A healthy snack, a nap (if permitted) or the ability to go to a quiet place and unwind can also help.

Between 75 and 93 percent of youth in the juvenile justice system have experienced some degree of trauma.

A Trauma-Informed Classroom

The key to creating a trauma informed classroom is encouraging safety. Safe classrooms are predictable. They provide an environment where children are respected, listened to and actions are treated appropriately.

Building an overall safe classroom

- Increase predictability in classrooms. Having routine agendas with clearly communicated expectations builds predictability that fosters safety. Preparing students for sudden changes in curriculum or school events can reduce negative emotional reactions (or triggers) related to change.
- Develop rules that are clear to all students and encourage safe and respectful behavior.
- Have students define the kinds of environments they want. Children can discuss how to build learning environments that build respect, listening and are bully-free, where children can learn to express frustration and anger in a respectful way and support one another when facing challenging feelings.
- Encourage the development of good relationships between students. Group projects and games are a good way to help. If there are students who have a harder time making friends or joining groups, it can help to mix up groups or seating arrangements to create new groups.
- Develop a relationship with each of your students and check in with students you know have experienced trauma and may be connected to services.
- Modeling calm responses to disruption is critical. Children exposed to violence have witnessed inappropriate responses to negative feelings and have not had chances to positively respond to conflict. When disruption occurs, if children react negatively to one another or display disruptive classroom behaviors, it is important for teachers to have neutral reactions and communicate proper expectations for behaviors and boundaries.
- Incorporating social and emotional learning (SEL) or positive behavioral interventions and supports (PBIS) in schools can develop strategies and classroom management activities that protect and support all students, and especially students with trauma exposure.

With administrators

- Advocate for the inclusion of social and emotional learning in your school's overall curriculum. If you have time, you can volunteer to help implementation. Implementing an SEL curriculum in one class has positive rippling consequences for the entire school.²³
- Ask your school to implement specific, evidence-based practices to reduce bullying, substance use or violence.
- Eliminate the use of punitive disciplinary practices disproportionately on children of color, which can hamper academic achievement and heighten their risk of involvement with the justice system. These policies can also risk worsening behavioral health outcomes, as students who face disciplinary actions are more likely to experience trauma and other behavioral health conditions.²⁴ In place of punitive, zero-tolerance policies, school administrators should introduce restorative policies that emphasize counseling and conflict resolution practices in response to student behaviors.

The key to creating a trauma informed classroom is encouraging safety.

Personal Self-Care

Self-care can help you with compassion fatigue, burnout-related stress and vicarious trauma.

Burnout is a state of chronic stress, often caused by overwork. Signs of burnout include physical and emotional exhaustion, difficulty concentrating, sleep problems, cynicism or pessimism, and loss of personal efficacy, or feeling trapped or hopeless about changing one's life or job circumstances.

Vicarious trauma is often experienced by therapists, counselors and others who provide social support to people who have experienced trauma. It is an emotional reaction in which the listener empathetically engages with someone who has experienced a traumatic event and are traumatized themselves by hearing and relating to the event and feeling the negative emotions the trauma survivor experienced.

Mental Health America's *Live Your Life Well* program introduced 10 evidence-based tools to help reduce stress. These steps are:

- 1. Connect with others.** You can connect with others through peer groups, clubs or volunteer programs. You can also find social groups using websites like Meetup or Facebook Events, where you can filter by interests.
- 2. Stay positive.** You can stay positive by fostering optimism, practicing gratitude and avoiding negative thinking. Journaling about positive future outcomes or gratitude is a habit that can help. There are many tools to avoid negative thinking, like confronting unhealthy self-talk or problem-solving.
- 3. Get physically active.** Exercise decreases stress, anger and tension and boosts mood. If you haven't been active in a while, you should consult a physician before starting an exercise program. You will want to find an exercise program you like, which can be anything from hiking to dancing to going to the gym.
- 4. Help others.** You're already in a profession that has you helping others every day, so you may not want to volunteer other time on a regular basis. Doing a nice thing for a stranger or calling a friend you haven't spoken to in a long time are ways to help others.
- 5. Get enough sleep.** It's almost always easier said than done—getting enough sleep (usually about seven to nine hours in adults). The National Sleep Foundation has multiple resources on getting enough sleep at www.sleepfoundation.org/sleep-solutions/sleep-tools-tips.
- 6. Create joy and satisfaction.** You can do this by watching funny movies, doing hobbies or creative supports, or spending time with someone you love.
- 7. Eat well.** Eating well boosts energy, counteracts the impact of stress and affects mood-related body chemicals. It can also be hard to do when you're on the run or have to wake up early or work long hours. What works for everyone can be different, but there are some things (lots of healthy fruits and veggies, healthy snacking and limiting alcohol) that are consistent across most diet plans.
- 8. Take care of your spirit.** You don't have to be religious to take care of your spirit, although churches and other religious institutions can provide social connection and other benefits. Meditation, deep breathing, mindfulness and self-reflection are all agnostic ways of taking care of a spirit.

Resources

More information on the 10 tools is available at www.mentalhealthamerica.net/live-your-life-well.

In addition, the American Psychological Association has an APA Teacher Stress Module. This also includes ways for friends and partners to support careers and new teacher tools, available at www.apa.org/education/k12/teacher-stress.

The Compassion Fatigue Awareness Project also has resources for addressing compassion fatigue at www.compassionfatigue.org/index.html.

9. Be resilient.. When you're dealing with hard times, staying resilient is important. You can journal, shift your thinking, make a to-do list or rely on friends for emotional support.

10. Get professional help when you need it. You may already have a mental health issue, or you may develop one later in life. There's no shame in getting help. Therapy can provide you with a set of tools and approaches to help you manage your mental health. There are also many medications available. Technology is also creating new ways to engage with self-care. If you think you are impacted by a mental health condition, try a screen at screening.mentalhealthamerica.net.

Materials and Resources

- The Raising Healthy Children (RHC) program trains elementary school teachers, parents and students to mitigate disruptive or aggressive behavior and increase protective factors at home and in the classroom, especially for children referred for academic or behavioral problems. The program has been found to have long-term benefits, including higher academic performance, commitment to academics and social skills for involved students. www.sdr.org/rhcsunmary.asp
- The Promoting Alternative Thinking Strategies (PATHS) program was created to reduce aggressive and problematic behaviors universally among elementary school-aged children, while promoting resilience and positive behaviors such as exercising self-control, reducing stress, expressing and identifying feelings, and using steps for interpersonal problem-solving.²⁵ www.pathstraining.com/main/
- Another strategy to promote behavioral health involves integrating trauma-responsive practices in the education system. Such interventions include Mental Health First Aid trainings for teachers, administrators and other educators to more effectively support students with behavioral health needs, and universal depression screenings for students to combat mental health stigma. www.mentalhealthfirstaid.org/success-stories/even-teachers-need-taught/
- Harvard's EASEL Lab has resources on Social and Emotional Learning. easel.gse.harvard.edu/



Activity 1: Trauma Knowledge Self-Assessment for Teachers

Instructions:

Mark the answers below as true or false.

Statements:

1. Trauma is an overreaction to a stressful event.
☐ True ☐ False
2. Trauma looks the same in every student.
☐ True ☐ False
3. Disruptive behavior in the classroom is always a result of trauma.
☐ True ☐ False
4. It is normal to show some signs of distress after a traumatic event, like crying for no apparent reason or difficulty sleeping.
☐ True ☐ False
5. Certain types of trauma are more legitimate than others.
☐ True ☐ False
6. It's not possible to eliminate all potential triggers for all people.
☐ True ☐ False
7. People who experience a serious traumatic event will need lifelong help.
☐ True ☐ False
8. Only a psychologist can help a student address trauma.
☐ True ☐ False

Answers:

1. (F) Trauma is not an overreaction to a stressful event; it's an expected reaction. Some people's resilience and protective factors, like having a loving and supportive family, will help reduce their response. But even people with strong family connections and resilient personalities can develop disorders or issues after experiencing trauma.
2. (F) Every person has a different set of experiences, a different personality and a different support system. For example, some people respond to trauma with reckless or aggressive behavior, while others detach and isolate themselves. A student who suddenly withdraws and a student who suddenly starts acting out may both have trauma.
3. (F) There are other explanations for disruptive behavior. However, you should consider the impact of trauma when a student acts out, especially if it's a new behavior for that student. Responding with compassion and trying to understand why the student is acting out are the difference between a trauma-informed classroom and one that is not.
4. (T) Just like with grief, there is a period after an event (or series of events) where sadness, shame, fear and guilt are normal. If someone cries at a funeral, we don't immediately assume they're suffering from depression—sometimes negative emotions are expected. It's when these responses go on for long periods of time or impact functioning that they become an issue.
5. (F) This can be a dangerous line of thinking. It is certainly different to survive a plane crash than to survive a divorce. It is also different to experience a single traumatic event versus a long-sustained trauma, like with child abuse or neglect. But what really matters is what the individual needs to heal and thrive. It's no one's place to elevate one type of trauma over another.
6. (T) There are things we can do to create a trauma-informed classroom, like not raising our voice or yelling. But some triggers are unavoidable, like an anniversary of a death, a news story or a scent that reminds someone of an abusive parent. In these cases, all we can do is react compassionately and understand why a trigger is upsetting.
7. (F) Not everyone needs lifelong help in response to a serious traumatic event. Some people heal on their own, and some people improve after short-term treatment. Trauma does not fundamentally break someone forever, but trauma-informed classrooms can help heal and support all students.
8. (F) Multiple types of providers (psychologists, child and adolescent psychiatrists, doctors, counselors, and nurses) can provide direct medical treatment in response to traumatic diagnoses. But teachers serve an important role in supporting students in all areas of their lives.



Activity 2: “What happened to you?” Trauma-Informed Worksheet

Instructions:

Read each student scenario and reflect on how other educators, students or administrators might interpret what’s going on. Then try to apply a trauma-informed lens. What might have happened to that student that caused that behavior? How does imagining this change or inform your approach to working with that student? Note that not every student who has an issue is experiencing trauma, but applying a trauma-informed lens can create healthier environments for everyone. We also think it is important for teachers to inform the student’s parents/guardians if they are noticing a change in behavior, as the family may not be aware or may not have noticed. Possible answers have been filled out.

Example Worksheet:

Student Scenario	If you weren’t using a trauma-informed lens, what are some things you might assume about this student?	Using a trauma-informed lens, what are some things that might be going on with that student?	What are some ways you might be able to help?
Joe is a 12-year-old in seventh grade. He started off the year as an okay student—usually B or C work. But lately he’s been getting Ds, if he submits his work. He hasn’t been turning in some assignments at all. You asked him to bring home his latest F to a parent to sign it, and he brought it back in. But it’s clear that the signature was forged by Joe.	Joe is lazy. Joe doesn’t care about his education anymore. Joe needs to repeat seventh grade. We need to have an immediate session with his parents.	Joe may be struggling with an issue outside of the classroom. Joe may be afraid to take his poor grades home to his parents because of a disruptive home life.	Have a conversation with Joe about why he thinks his grades are slipping. Ask Joe if he brought it to his parents and if there would be anything wrong with calling them in for a conference.
Liz is a 14-year-old girl who is a freshman in high school. While her grades haven’t changed, her personality is changing rapidly. She has lost a lot of weight, is starting to wear heavy makeup and has been caught recently making out with another student in a locker room.	Liz is just a 14-year-old girl who is going through puberty. Liz is acting out because social media has pressured her to. Liz is promiscuous.	Liz may have been exposed to some kind of sexual trauma or abuse at home. Liz may be responding to pressure from boys.	Talk to the school counselor or nurse about the change in behavior.
Damien is an eight-year-old in third grade. Recently, whenever someone raises their voice in the classroom, Damien puts his hands over his ears and puts his head on his desk.	Damien is overstimulated. Damien can’t handle loud noises. Damien has a hearing problem.	Loud noises may remind Damien of something.	Ask Damien what bothers him about the noise.

Student Scenario	If you weren't using a trauma-informed lens, what are some things you might assume about this student?	Using a trauma-informed lens, what are some things that might be going on with that student?	What are some ways you might be able to help?
Tim is an 11-year-old in sixth grade. All your sixth graders have to change for gym class. Recently Tim has refused to change in the locker room.	Tim is self-conscious about his body. Tim is a coward.	Someone may be bullying Tim in the locker room. Tim may have physical issues he doesn't want other students to see.	See if there's another way for Tim to change into gym clothes.
Jackie is a six-year-old in first grade. Other students complained that during recess, Jackie has been trying to touch their private areas. Another student said that Jackie is frequently running around without her shirt on.	Jackie is acting out. Jackie has boundary issues with other students.	Jackie may be experiencing sexual abuse.	Definitely involve a counselor or an administrator and express those concerns. Monitor Jackie's physical closeness in the classroom.
Taylor is a 16-year-old junior in high school. She is a transgender teen girl who was assigned male at birth. Your administration was very supportive, and while there were a few incidents of bullying, the school came down with swift punishments. Yet Taylor is no longer participating in group activities and is still picked last.	Taylor has psychological damage. Taylor is causing drama.	Taylor may not have a supportive family or home life. Other students may be bullying Taylor on social media, like Instagram or Snapchat. Taylor may be bothered by many recent changes removing transgender protections in schools.	Ask Taylor how her relationships with her classmates are going.
Todd is a nine-year-old in fourth grade. He's part of the gifted program. He has always been a bright kid, and that hasn't changed. But you notice that he is starting to smell when he comes into the classroom, and other kids are making fun of him. You tell them to stop and keep them in at recess. But Todd seems sad and ashamed.	Nine-year-old boys hate showers. Todd's parents don't care about him.	Todd could be experiencing neglect or poverty. Todd's parents are no longer in the picture. Todd might be homeless.	See if there is a way to get Todd to the nurse to see if there are other issues. See if there are local resources for clothes for kids.
Rachel is a 17-year-old senior in high school. She lost her friend Jennifer to suicide eight months ago. The entire school and community have been devastated. Rachel still cries frequently, and her grades have dropped. She frequently mentions Jennifer. She accused the school of not doing enough to help Jennifer on social media and was disciplined with detention.	Rachel is overdramatic. Rachel is a troublemaker.	Rachel may be experiencing grief or loss. Rachel may have similar issues to Jennifer.	Talk to the school counselor about your concerns.

Worksheet:

Student Scenario	If you weren't using a trauma-informed lens, what are some things you might assume about this student?	Using a trauma-informed lens, what are some things that might be going on with that student?	What are some ways you might be able to help?
Joe is a 12-year-old in seventh grade. He started off the year as an okay student—usually B or C work. But lately he's been getting Ds, if he submits his work. He hasn't been turning in some assignments at all. You asked him to bring home his latest F to a parent to sign it, and he brought it back in. But it's clear that the signature was forged by Joe.			
Liz is a 14-year-old girl who is a freshman in high school. While her grades haven't changed, her personality is changing rapidly. She has lost a lot of weight, is starting to wear heavy makeup and has been caught recently making out with another student in a locker room.			
Damien is an eight-year-old in third grade. Recently, whenever someone raises their voice in the classroom, Damien puts his hands over his ears and puts his head on his desk.			
Tim is an 11-year-old in sixth grade. All your sixth graders have to change for gym class. Recently Tim has refused to change in the locker room.			
Jackie is a six-year-old in first grade. Other students complained that during recess, Jackie has been trying to touch their private areas. Another student said that Jackie is frequently running around without her shirt on.			

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<p>Taylor is a 16-year-old junior in high school. She is a transgender teen girl who was assigned male at birth. Your administration was very supportive, and while there were a few incidents of bullying, the school came down with swift punishments. Yet Taylor is no longer participating in group activities and is still picked last.</p>			
<p>Todd is a nine-year-old in fourth grade. He's part of the gifted program. He has always been a bright kid, and that hasn't changed. But you notice that he is starting to smell when he comes into the classroom, and other kids are making fun of him. You tell them to stop and keep them in at recess. But Todd seems sad and ashamed.</p>			
<p>Rachel is a 17-year-old senior in high school. She lost her friend Jennifer to suicide eight months ago. The entire school and community have been devastated. Rachel still cries frequently, and her grades have dropped. She frequently mentions Jennifer. She accused the school of not doing enough to help Jennifer on social media and was disciplined with detention.</p>			

Appendix A: Sources

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