

**Prevention Series:  
Trauma-Sensitive Practices for Schools  
Educational Service Centers  
December 2020**

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### Today's Takeaways

1. Trauma Foundations
2. Trauma's Underlying Behavior
3. Strategies in an Academic Setting
4. Steps to Resilience in Action in all Settings



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### Ohio Prevention Education

- Partnership between the Ohio Departments of Education and Mental Health and Addiction Services
- \$20 million state budget investment for two Initiatives:
  - K-12 Prevention (ADAMHS)
  - K-12 Professional Development (ESC)
- How do you reach every student, every grade, every school?
  - Needs Assessment (Self-Assessment Survey) and Planning



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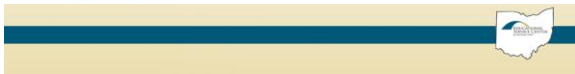
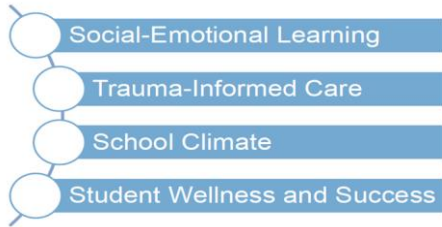
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# Aligning Preventive Education with Existing initiatives



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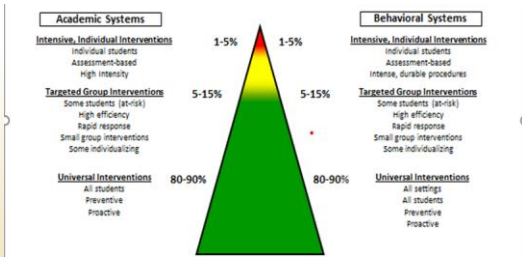
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# Academic and Behavioral Systems



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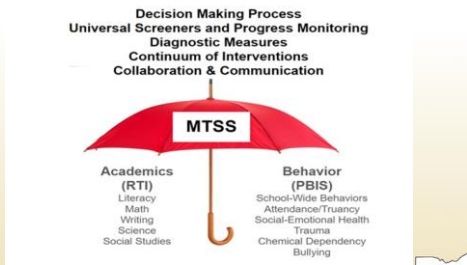
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# RTI + PBIS = MTSS



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Group Activity:  
When you think of "TRAUMA" ....  
what word or words come to mind?



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## Takeaway 1: Trauma Foundations

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### Definition of Trauma

American Psychological Association:  
an emotional response to a terrible event  
like an accident, rape or natural disaster

SAMSHA:  
an event, series of events, or set of  
circumstances that is experienced by an  
individual as physically or emotionally  
harmful or threatening and that has  
lasting adverse effects.

Australian Psychological Society:  
derived from the Greek term for 'wound'.  
Very frightening or distressing events may  
result in a psychological wound or injury - a  
difficulty in coping or functioning normally  
following a particular event or experience.



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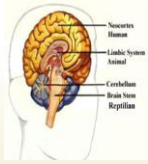
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# Brain Development



**Cortex** – Abstract thought, concrete thought, language

**Mid-Brain** – Motor regulation, arousal, appetite, sleep

**Limbic System** – Attachment, sexual behavior, emotional reactivity

**Brain Stem** – blood pressure, heart rate, body temperature

- Develops from the bottom up.
- Early childhood is period of greatest growth.
- At 80% of adult size by age 3.
- Streamlines connections over time.

- Thinking brain and emotional brain become better coordinated. Under constant threat:
- Emotional brain is over-reactive, constantly in survival mode.
  - Thinking brain is underdeveloped.



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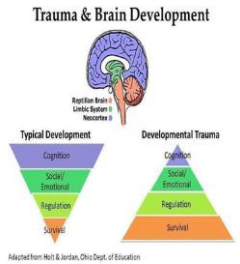
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- An experience becomes **TRAUMATIC** when it overwhelms our system for responding to stress.
- The emotional brain continues to sound the alarm and send messages to fight or flee, even after the threat has passed.



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# Triggers

- Reminders of past traumatic experiences that automatically cause the body to react as if the traumatic event is happening again in that moment.
- Responses can appear confusing and out of place and be misunderstood by others.



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## Common Responses to Trauma

### Young Children

- Fear, anxiety, worry
- Changes in sleeping and eating
- Difficulty separating from caregivers
- Regressed behaviors (losing speech, wetting the bed)
- Reenacting aspects of the traumatic event in play
- Feelings of guilt, shame, and self-blame
- Headaches, stomachaches
- Nightmares, disrupted sleep
- Difficulty concentrating
- Angry outbursts, aggression, and withdrawal
- Over- or under-reactions to situations in the environment (e.g., sudden movements, loud noises, physical contact)



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## Common Responses to Trauma

### Adolescents

- Concerns about how others will view them after the event
- Shame, guilt, responsibility, embarrassment
- Withdrawal from family, peers, activities
- Avoid reminders of the event
- More intense mood swings
- Decline in school performance
- Increase in risk-taking behaviors (e.g., alcohol/drug use, sexual behaviors, fights, self-harm)



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## Prevalence of Childhood Trauma

Groups at increased risk of exposure to trauma include:

- Youth of color ages 12 to 19;
- African American youth living in urban, low-income communities;
- American Indian/Alaska Native (AI/AN) children and youth;
- Children and youth who have disabilities;
- Refugees;
- Children and youth who are homeless and living in poverty; and
- LGBTQ children and youth.



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## Risk and Protective Factors

### Individual Factors

- History of previous exposure to trauma
- Age of exposure
- Gender
- Cognitive ability
- Self-efficacy
- Biological factors (e.g., flexibility in thinking, emotional regulation)

### Environmental Factors

- Nature of the traumatic event
- Proximity to the traumatic event
- Culture and ethnicity
- Level of social support
- Quality of parent-child relationships, parent mental health, and parental history of trauma
- Health of the broader community




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## ADVERSITY IN EARLY CHILDHOOD

**“High levels of stress during pregnancy should be categorized as potentially “toxic”, indicating that they might have long-term consequences for human development that are similar to the adverse impacts of significant neglect or abuse in early childhood”.**

Study Title and Authors: Richardson, HN, Zorrilla, EP, Mandyam, CD, Rivier, CL (2006). Exposure to repetitive versus varied stress during prenatal development generates two distinct anxiogenic and neuroendocrine profiles in adulthood. *Endocrinology* 147:2506-2517.

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## Effects of Trauma

### Physical Challenges

- Problems with balance (e.g. uneven gait)
- Movement coordination problems
- Lack of hand/eye coordination
- Delays in growth and development (e.g. “failure to thrive”)
- Unexplained physical pain
- Sleep disturbances, night terrors, or altered sleep pattern

### Mood & Emotional Challenges

- Difficulty describing feelings
- Feelings are experienced as overwhelming, with limited ability to modulate
- Depression, anxiety, and numbness are common
- Lack of affect




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## Effects of Trauma

### Cognition:

- Problems with attention and concentration
- Difficulty retaining new information
- Short term memory problems
- Limited autobiographical memory
- Poor self-image and self-esteem
- Persistent intrusive thoughts and images, sometimes resembling hallucinations

### Attachment & Attunement:

- Struggles to empathize with others
- Difficulty identifying others' feelings through verbal or visual cues *OR* extreme sensitivity to others' feelings perceived through these cues
- Isolation, or trouble developing safe, trusting relationships
- Unhealthy physical boundaries (touch aversion, sexual or social permissiveness)




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## Takeaway 2: Trauma's Underlying Behavior

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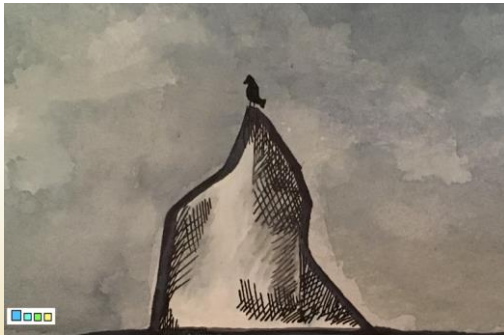
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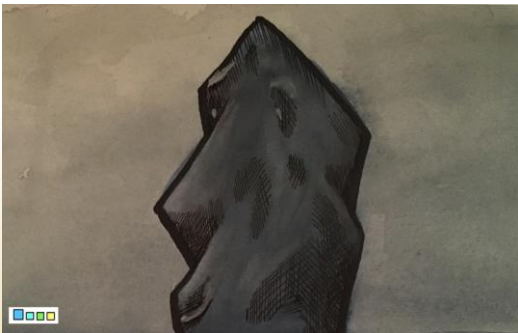
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I may have been prepared academically

I was not as prepared emotionally



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What I had to offer...  
did not match what schools valued.



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Far too often...

We work hard to make students a version of "normal".  
There is a persistent expectation to repair what is wrong so that the student can assimilate



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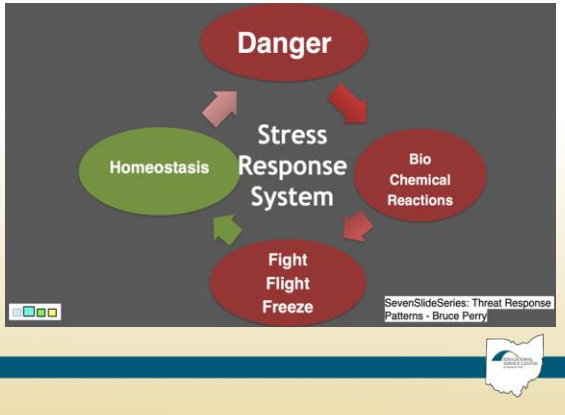
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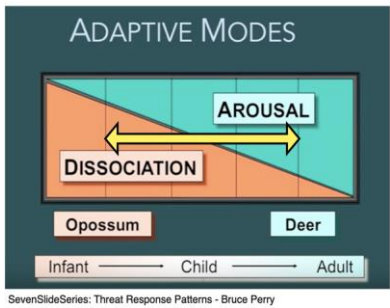
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What does this look like in school?

**Student A**

**The perfect student**

- Attentive
- Teachers pet
- Conscientious
- Perfectionist
- Hard on self when making mistakes

**Student B**

**The wallpaper student**

- Introverted
- Isolated
- Inattentive
- Forgetful
- Quiet

**Student C**

**The active student**

- Always moving
- Talkative
- Touches others
- Inattentive
- Impulsive



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Your actions are important when brains are prioritizing survival



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### Horticulturalists



"We need to make a rose into a good rose, rather than seek to change roses into lilies." Maslow



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### Teacher

Teachers have learning standards and lesson plans. - Success is achieved when students are successful at what schools decide is important. What do schools decide is important?



### Parent

Parents have dreams for children to be successful. Sometimes at any cost. What do parents decide is success?



### Therapist

A Therapist is trained to listen. To give unconditional positive regard. To not judge. What does a therapist decide is success?



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Communication

1.

Flexibility

You must create an environment where ALL students feel safe.

Calm

Routine

Predictability

Clear and fair expectations



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## STERN and CARING



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You must have a commitment to find the good in every person.

“You need to believe and advocate that the job of education is not to fix the kid.”

Jonathan Mooney (Normal Sucks)



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## MILIEU

An environment that values the power of every single human interaction



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3.

Stop removing students from classrooms.

Instead, change the environment to meet the needs of the student



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STOP trying to  
FIX students



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4.

I am here with you

I am listening to you

Let's figure this out together



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"Fire can warm or consume,  
water can quench or drown,  
wind can caress or cut.  
And so it is with human  
relationships;  
we can both  
create and destroy,  
nurture and terrorize,  
traumatize and heal each other"  
Bruce Perry  
Please choose to #create -  
#nurture and #heal



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### Takeaway 3: Strategies in an Academic Setting

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### Creating a Trauma-Sensitive Classroom

#### Three Essential Components:

- You
- Relationship
- Environment/Safe Space



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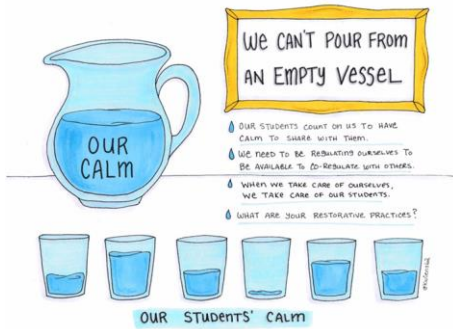
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### Creating a Trauma-Sensitive Classroom

“You”




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### Creating A Trauma-Sensitive Classroom

**You:** Teachers and staff first need to help themselves before they can help students.

1. Do you know what your life's mission is?
2. Why did you choose education?
3. With all it entails, why do you stay in the field?
4. What do you want to accomplish in your career and life?




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### Influence of Trauma on Staff

- Withdrawal
- Increased anxiety
- Chronic Fatigue/ Reduced energy and focus
- Poor attendance and/ or work performance
- Difficulty managing emotions
- Limited capacity to maintain positive relationships with students and parents.




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## Creating A Trauma-Sensitive Classroom

**Relationships:** Creating and maintaining positive relationships is crucial in developing a trauma sensitive classroom.



Activity: Think about ways you can create and foster positive relationships with students?



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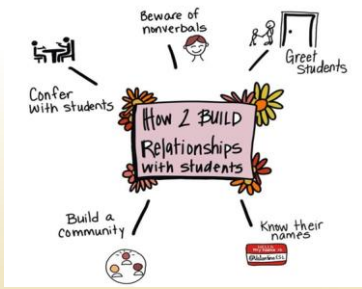
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## Relationships



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## Relationships

- Give them time to **VENT**
- Provide them **VALIDATION**
- Let them Experience **VICTORIES**
- Show them they are **VALUED**
- Remind them that they have a **VOICE**

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### Safe Space/Peace Corner

**Safe Space/ Peace Corner:** Students who have experienced trauma need to feel safe and comfortable in the classroom. Often, it is beneficial to have a safe space within a classroom.



[Safe Space Video](#)



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### Developing Positive Classroom Pride

- Display student work
- Positively reinforce students verbally
- Show off the class's achievements
- Speak to the accomplishments of all your students
- Be sincere in your pride in your students
- Look for opportunities for students to be proud in all areas
- Develop parental pride in student accomplishments
- Develop pride in improvement in addition to pride in excellence



56

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### How to Support Someone Who Has Experienced Trauma




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58

### A TRAUMA SENSITIVE CLASSROOM TIP

Some things we can remind ourselves of before responding to- not reacting to- a child who is "acting out"

- 1 I will take deep breaths to **calm** and **center** myself.
- 2 I am the adult and **captain** of this ship.
- 3 My student is doing the best that they can, given the skills and resources that they have in this very moment.
- 4 Their **prefrontal cortex** is not fully developed yet. (Won't be until they are in their mid-twenties!) Their brain is only 9 (or 4 or 7 or 13) years old.
- 5 Their Protective Brain (amygdala/ "primitive reptilian brain") is directing them right now.
- 6 I choose to respond with **kindness & compassion**, like the WARRIOR that I am.




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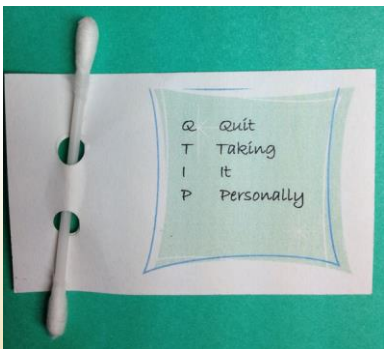
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## Triggers

Staff	Students
Feeling disrespected	Feeling disrespected
Personal space invaded	Personal space invaded
Challenging authority	Not being heard
Aggressive language	Feeling embarrassed
Desire to "win"	Desire to "win"



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## Ways to NOT escalate a student:

- Do not confront, mock, or embarrass in front of peers
- Do not use aggressive body language
  - Standing over while student is sitting or invading personal space
  - Standing squarely face to face
  - Do not chase
- Do not "threaten"
  - "I'm going to call an Administrator/Parent if you dont..."
  - "I'm going to make sure you get written up/suspended..."
- Do not use aggressive verbal communication
  - Listen. Just stop and listen. What are they telling you they need?
  - Use a quiet, calm voice.



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## DE-ESCALATION techniques for defusing meltdowns

1. DON'T YELL TO BE HEARD OVER A SCREAMING CHILD
2. AVOID MAKING DEMANDS
3. VALIDATE THEIR FEELINGS, NOT ACTIONS
4. DON'T TRY TO REASON
5. BE AWARE OF YOUR BODY LANGUAGE
6. RESPECT PERSONAL SPACE
7. GET ON YOUR CHILD'S LEVEL
8. USE A DISTRACTION
9. ACKNOWLEDGE YOUR CHILD'S RIGHT FOR REFUSAL
10. REFLECTIVE LISTENING
11. SILENCE
12. BE NON-JUDGEMENTAL
13. ANSWER QUESTIONS + IGNORE VERBAL AGGRESSION
14. MOVEMENT BREAK
15. AVOID THE WORD "NO"
16. DECREASE STIMULATION
17. DEEP BREATHING EXERCISES
18. CALMING VISUALS



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### Takeaway 4:

## Steps to Resilience in Action in all Settings

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## Shared Language

We define **TRAUMA** as.... a human experience that disrupts, threatens or harms the safety, security and stability of an individual, group, collective and/or culture that is beyond the capacity to master at the time.

We define **RECOVERY** as...the ability to safely and consistently regain control over health and healing.

We define **RESILIENCE** as...the practice of building our capacity to feel more safe, secure and stable in times of adversity and relentless stress through connection and purpose

**MetroHealth** | Center for Health Resilience

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COVID PANDEMIC  
EXISTING TRAUMA & STRESS  
+ RACISM/OPPRESSION  
POLITICAL/ECONOMIC UNCERTAINTY  
**T R A U M A**



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## Vicarious Trauma & Compassion Fatigue

PHYSICAL	COGNITIVE	EMOTIONAL	BEHAVIORAL
Impaired Immune System	Lowered Concentration	Anger	Withdrawal
Fatigue	Apathy	Guilt	Hyper Vigilance
Sleep Disturbance	Rigid Thinking	Numbness	Elevated Startle Response
		Helplessness	



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## RESILIENCE

- PERSONAL
- COLLECTIVE
- SYSTEMIC
- CULTURAL



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PAUSING WITH PERMISSION	EMOTIONAL ATTUNEMENT	CONSCIOUS CONNECTION
SHARING LIVED EXPERIENCES	HOLISTIC HONORING	CAPACITY BUILDING



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### Upcoming Prevention Series Trainings

- January 20, 2021 from 11:30 - 1:00 PM
  - Introductory Strategy Building in Restorative Practice
- March 16, 2021 from 11:00 - 12:30 PM
  - Strategies & Considerations: Aligning School Programs within a Multi-Tiered Framework
- May 6, 2021 from 11:30 - 1:00 PM
  - QPR & Suicide Prevention Coaching



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Thank you for participating in the Prevention Education Professional Development Training.

Thank you to the partners in developing this training.




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### Resource Links

- [Peace Corner: Creating Safe Space for Reflection YouTube Video](#)
- [Covid is Collective Trauma Podcast \(Katie Kurtz - MetroHealth\)](#)
- [MetroHealth: Community Trauma Institute Workshop Series Overview](#)
- [NCTSN: Trauma-Informed Care/Secondary Traumatic Stress](#)
- [Ohio Department of Education: Prevention Education](#)
- [SAMHSA: Understanding Child Trauma](#)




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