

CHILDHOOD TRAUMA: WHAT IT IS, AND HOW TO HELP OUR STUDENTS

HEAL

By

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To my sweet Momma

Thank you for your love, support, and guidance. You are unwavering in your encouragement for me to be the best version of myself. I am a strong, resilient, capable, independent, feeling woman because of the example you set for me. I am grateful to you, and for you, on a daily basis. Thank you for lifting me up when I couldn't lift myself.

To my dear ones: Noah, Sam, and Maddie

You, sweet children, are the ones who shaped me and raised me into the momma I am today. Because of you, I am patient, kind, content, fulfilled, and know unconditional love. You are my guiding light, my true North. You three make me proud on a daily basis; I hope to have made you as proud of me as I am of you. If there ever comes a day where you think you can't do it, remember, I believe in you. Thank you for believing in me when I didn't.

To Bobby

You came into all of our lives and made something beautiful even more wonderful. Thank you for teaching me to be patient in times of great unrest. I am more comfortable walking through the uncomfortable because of you. Thank you for loving me as your own.

To all my students

Thank you for coming into my classroom and being fully yourselves. You are the reason for this work, and the pull that gets me out of bed every day.

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“First the pain, then the waiting, then the rising.”

-Glennon Doyle Melton

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CHAPTER ONE

Introduction

In this chapter, I describe background information, both personal and professional, that is guiding this Capstone Project. The information given provides important background information as to how I came to this project. I provide the rationale as to why this research is pertinent and necessary. I state the main question that will guide this work.

Background Information

I returned to Hamline University eight years after beginning my Master's degree. I initially enrolled in Hamline as a twenty-three-year-old. I had recently graduated from St. Kate's, with a double major in Elementary Education and Spanish, and I was in my first year of teaching. I was also a single parent to a delightful one-year-old. Throughout two years of graduate school, I struggled to maintain everything: raising a child, working full-time, and attending graduate school. I was terrified of the capstone project, and did not pursue my final semester of school. In the ensuing eight years, I worked at an inner-city school in Saint Paul, a charter school 30 minutes north of the Twin Cities, finally landing at an immersion program in a first-ring suburb.

I married; my then husband and I bought two homes, had two more children, and then we divorced. My (now ex-) husband had an affair. As his friendship with a co-worker shifted from friendship into romance, I watched on the sidelines as the man I loved stopped choosing me, stopped choosing our children, and stopped choosing the

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life we had built together. Realizing that I deserved better, as did my children, we divorced.

This was not the only time I had experienced trauma in my life. As a child, my parents divorced, and my father later decided to abandon his role in my life. My mother was in an abusive relationship, one that nearly ended her life. Being raised by a single mother, there were moments where she struggled to support us. As she furthered her graduate education, our life improved. It is from my mother that I learned to be strong and resilient in the face of trauma. After my divorce, as I worked through my own trauma, attempting as best I could to leave it at home, I started wondering about the trauma children in my classroom experience. If I was struggling as an adult to process this one traumatic experience, what was it like for my students who experience worse trauma, on a consistent basis?

Rationale

Trauma has been ever-present in my classroom. There have been students with one or both parents in jail; physically, mentally, and/or emotionally abusive homes; parents addicted to drugs; or parents who would neglect their children, locking them in their rooms with no food, water, or electricity. Numerous students have gone through homelessness, neglect, physical, emotional, and verbal abuse; sometimes many of these things all at once. In my experience, because of the trauma my students had lived through, or were currently experiencing, education quickly became of secondary importance. Survival was what my students were focused on. They could not grow as learners because their home life was so uncertain.

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Three particular students opened my eyes to the effects childhood trauma has on elementary-aged children. The first student was in my classroom in my first year of teaching. She was new to the school, as was I. She and I quickly bonded as the new ones in our school, and I became an adult that she could trust. However, her trust in me became evident by the very physical way she would show her anger, trusting that I would be there to help her through it. She would run away, throw chairs, flip tables, and have full-on temper tantrums, kicking and pounding on the ground. As I worked with my student and her mother the best way I knew how, I learned that her mother was still in her teens, and her father had been in prison for the majority of her life. Her home life was very chaotic, and there were many moments when they were homeless, or did not have enough to eat.

Another student that comes to mind was in my classroom in my second year of teaching. I was at an inner-city school in the Eastside neighborhood of Saint Paul, Minnesota, and I was teaching a mixed-age classroom of second- and third-graders. This dear boy was taller and heavier set than his peers, and was one of the sweetest, funniest children in the classroom. He was very vocal, and participated a lot, but struggled to complete his work, and had difficulty with frustration when tasks became too tough. He was prone to shutting down when the stress of the school day got to be too much for him. This student regularly came to school in the same clothes from the previous days, and it became evident as the year progressed that he was not bathing regularly. As I got to know the family, I learned that his father had been killed, and his mother was struggling with a drug addiction; she was working on her recovery, but would occasionally relapse.

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The final student who led me to researching childhood trauma was another young boy. By eight years old, he'd experienced homelessness, food insecurity, physical and emotional abuse, both himself and his mother. While he was in my classroom, he went through the loss of a parent; his mother doused his father in gasoline and lit him on fire. This student had struggled to use coping mechanisms, and would struggle to make it through a school day without shutting down and closing himself off from the world around him.

Working with children who are in situations like this is emotionally exhausting, and can cause secondary trauma for teachers as well. As I worked with the students mentioned above, and all subsequent students who've experienced trauma, I have felt ill-equipped to give the students, and their families, the tools and guidance needed to be successful.

Capstone Research Question

For my capstone project, I decided to research *how can teachers and support staff address childhood trauma in the elementary classroom and larger elementary school environment?*

Since childhood trauma is ever-present in my classroom, and in the elementary school in which I teach, it is research that will guide my teaching for many years. The final project was a staff development. I presented information on trauma, community resources for teachers, and structured and tiered interventions (in-school, out of school, and in the community). Teachers know that our students experience trauma, or have

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experienced trauma earlier in their childhood. However, we receive very little professional development training into what we can do to serve and help our students.

Conclusion

In this chapter, I described personal and professional background information that is guiding this capstone project. I stated the main research question that will guide my research. I stated the rationale behind why this research is important.

In chapter two, I review literature around the topic of childhood trauma. I focus on childhood trauma, positive interventions, as well as trauma-informed classrooms, and how teachers can create positive classroom environments for children who have experienced trauma. In chapter three, I present my capstone project, which is a staff development to give teachers the tools and resources to address childhood trauma in the elementary school classroom, and larger elementary school environment. In chapter four, I provide my reflections and conclusions to the capstone project.

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CHAPTER TWO

Literature Review

Introduction

Chapter two presents a literature review around childhood trauma. Topics read include childhood trauma, positive interventions, and what classroom teachers and schools can do to create the best environment for traumatized students. Reading was conducted in-depth around each of these topics, in an effort to better understand childhood trauma, and what can be done to support students that come to school having experienced trauma. While this topic, or children's experience with trauma, is not new, it is still something that schools and communities struggle to address.

Childhood Trauma

Childhood is a time filled with rapid growth, mentally, physically and emotionally. Frazer (2014) described childhood trauma as a sudden or unexpected event that threatens a child's life or body, and gives the child feelings of intense terror, horror or helplessness. Frazer (2014) named a few examples of childhood trauma as: childhood sexual abuse, physical domestic abuse, neglect, natural disasters, man-made disasters, and life-threatening illness. Burke-Harris (2011) added additional examples to what constitutes childhood trauma. She named physical, emotional, and sexual abuse, as well as physical and emotional neglect, parent mental illness, parental substance abuse and dependence, and parental separation and divorce.

Experiencing trauma as a child leads to being at a higher risk of developing any number of mental health, physical, and/or behavioral difficulties (Cooper, 2010;

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Gershoff, Aber, Raver, & Lennon, 2007). Being exposed to violence, abuse, loss, and poverty create the type of neurophysiological stress response that can interfere with a child's ability to regulate their emotions and behavior by themselves (Cooper, 2010; Jaycox et al., 2012; Jensen, 2009). Burke-Harris (2011) stated that children are especially vulnerable to trauma because their brains are still developing, meaning that exposure to trauma is particularly toxic for children. The way that trauma affects the brain and body of a child is called toxic stress. Burke-Harris (2011) used the following analogy to explain toxic shock:

Imagine you're walking in a forest and you see a bear. Your body has a reaction in that moment, and you release lots of hormones, like adrenaline and cortisol, that will help you either fight the bear or run from the bear. That's called your fight or flight response. And when you have that response, it triggers the release of lots of different stress hormones in the body and other things that, if it happens only once in a while, is really protective. It can save your life. It activates you enough so that you're able to respond appropriately to the bear. But if that's repeated, like in the case of children who are growing up in a household where there's domestic violence, or children with a parent who has untreated mental illness, or if that bear is waiting for you when you're getting off the bus every day-all of those chemicals are released, all those stress hormones, and the system becomes dysregulated and it becomes health-damaging to the child. (p. 6-7)

Because of the way these children's brains have adapted to the trauma they have experienced means that they prepare to fight, flee, or dissociate from traumatic memories

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and/or high-stress situation. This tends to result in violent outbursts, fleeing the situation, and lack of engagement (Shonkoff et al., 2012). Numerous students who have experienced trauma do not always receive the support they need, and are instead labeled as difficult students (Garbarino, 2005). Typically, this type of behavior has been seen as defiant or showing a lack of respect, which led to zero-tolerance policies (Jensen, 2009). These zero-tolerance policies are ineffective in addressing challenging behaviors, because punitive and confrontational discipline can re-trigger internalized responses (Skiba et al., 2014). By incorporating trauma-informed approaches, schools can effectively meet the very diverse needs of their students (Copeland, Keeler, Angold, & Costello, 2007). Looking at these students from a trauma-informed lens, their outbursts or withdrawals are not seen as conscious defiance, but as social-emotional responses to being overwhelmed by feelings or stress, anxiety, or fear (Ko et al., 2008). Experiencing trauma as a child leads to problems in school, and can also lead to trouble with attachment to caregivers.

Childhood trauma attachment. The central premise of attachment theory is that the security of early child-parent bond will be reflected in the child's interpersonal relationships throughout their lifespan. According to Bowlby (1930) Attachment Theory described four basic characteristics that provide an understanding of and definition for how children attach to their caregivers. The four characteristics are as follows:

- 1) Safe Haven is the ability of the child to rely on their caregiver when they feel frightened, distressed, threatened, or in danger.
- 2) Secure Base is the good, reliable foundation provided by a caregiver.

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- 3) Proximity Maintenance describes how children will go out and explore the world, while knowing that they have a caregiver with whom they can discuss questions and concerns.
- 4) Separation Distress means that a child becomes upset and distressed when they are separated from their caregiver (Bowlby, 1930).

These four types of attachment are vital to understanding how children with childhood trauma attach to the people around them. Teachers tend to be viewed as caregivers in children's lives, and have an opportunity to be an adult with whom a child has a strong, safe attachment.

There are also four different types of attachment, and these include: secure, ambivalent-secure, avoidant-insecure and disorganized insecure attachments (Ellis, 1990). Understanding different types of attachment allows caregivers and teachers to understand children's reactions to them, and relationship with them. The following paragraphs will discuss the types of attachment. The first type of attachment is secure attachment.

Secure attachment. When attachment to caregivers is secure, children feel happy when their caregivers are around. They feel upset when the caregiver leaves. Even if the caregiver is separated from the child, those with secure attachment will understand that their caregiver will return soon (Ellis, 1990). The next type of attachment is called ambivalent attachment.

Ambivalent attachment. An ambivalent attachment is one where a child feels they cannot rely on their caregivers. A child who is ambivalently attached becomes very

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upset and sorrowful whenever he gets separated from his parent. The child may feel as though they cannot rely on their caregiver to meet their needs (Ellis, 1997). Avoidant attachment follows ambivalent attachment.

Avoidant attachment. Avoidant attachment is one where the child may keep away from their caregiver(s). Typically, this is caused by abuse or neglect at the hand of the caregiver(s). A child with avoidant attachment will tend to keep away from their caregiver(s) (Ellis, 1997). The final attachment discussed here is disorganized attachment.

Disorganized attachment. Disorganized attachment is described as no clear, or a mixed, attachment between the child and the caregiver. When the caregiver acts apprehensive one time, and reassuring another, the child tends to get confused. This causes a disorganized attachment (Ellis, 1995).

Secure attachment and trauma. According to Howe, Brandon, Hinnings and Schofield (1999) research studies have, for years, focused on feelings of security as a primal need. Related to this, a history of basic needs going unmet can have a negative effect on secure attachment, and can disrupt a healthy development in children.

Aspelmeier, Elliot, and Smith (2007) found that children with secure parental attachment are more able to effectively regulate their emotional arousal. In agreement with these findings, Howe (2005) found that a positive relationship with a caregiver reduces the risk of psychological problems after a trauma. Adding to this information, Sroufe, Egeland, and Carlson (1999) write that some of the possible positive effects of

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healthy attachment to caregivers is the capacity of emotional connectedness, the ability to build safe, secure relationships, and establishing a positive self-esteem.

According to Howe (2005) children who have experienced trauma, as well as unpredictable and unsafe behaviors at the hands of their caretakers tend to be at a higher risk for anxiety, fear, and anger. These behaviors also cause children to be at a disadvantage when dealing with long-term traumatizing effects.

Childhood Trauma and Socio-Emotional Development

According to Cook, Spanizzola, and Ford (2005) children who have been subjected to trauma typically experience imperfections in their development, especially in regard to social and emotional development. These developmental imperfections can be numerous, and can include difficulty or inability to make and sustain friendships; distance or oppositional behavior towards parents; difficulties in developing trust, intimacy, and affection. Children who have experienced trauma can lack certain emotions: empathy, remorse, and compassion. They typically may not trust caregivers, or expect that they will be protected by other people, and may develop feelings of being victimized in the future (Van der Kolk, 2005). Lieberman et al. (2011) found educational consequences as well, specifically attention-related and learning disabilities.

Ainsworth (1989) stated that children who have experienced trauma manifest disorganized attachments and that these children do not tend to view their caregivers as a reliable source of safety. Berry and Barth (1989) described children who have experienced trauma have learned skills that cause them to be cautiously self-reliant, and are described, at times, as manipulative and disingenuous in their interactions with others.

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One of the major challenges in parenting and working with children who have experienced trauma, according to Schofield and Beck (2005), is a distorted sense of security, which can be reflected in a child's poor interpersonal relationships across their lifespan. Even into adulthood, children who have experienced trauma are often described as shallow or emotionally unaware, and have difficulty forming close relationships, demonstrate a lack of resilience, and frequently, display antisocial behavior.

Positive Interventions

The Centers for Disease Control and Prevention (2014) found all children benefit from stable, safe, and nurturing relationships and environments. However, these types of environments are even more important to children who have experienced trauma.

Their presence and stability can help children recover from past trauma, and help them develop the skills to cope and thrive.

Lieberman (2004) stated that putting interventions into place include the presence and continuity of a nurturing caregiver, and a positive environment. Environments that promote safety and trust, self-regulation and social-emotional skills, and skills needed to succeed in school are ones that will positively benefit children who have experienced trauma.

According to Lieberman (2004), the presence and continuity of a nurturing caregiver are vital. The consistency allows for easier facilitation of teaching children to cope with trauma. Caregivers are more able to facilitate children's coping with trauma by helping them process events and give meaning to their experiences. This protects children from re-traumatization, and promotes self-regulation.

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Attachment theory provides a strong framework for understanding trauma, and the types of treatment that would be useful in helping children who have been abused. Prather and Golden (2009) state two alternative treatment models would be successful for previously abused children and their caretakers: rational cognitive emotive behavioral therapy, and trauma-based psychotherapy. These therapies can be given as an option outside of the classroom, but teachers can apply student learning from these therapies in the classroom itself.

Rational Cognitive Emotive Behavioral Therapy

According to Bandura (1969) “the process of behavior change involves substituting new controlling conditions or stimulus patterns for those that have regulated a person's behavior” (p. 199). This view of behavior is true for children that have experienced trauma; they are able to control their behavior, and thus, they are able to overcome the abuse and change their behavior.

Rational emotive behavior therapy, which is also known as REBT, is a type of cognitive behavioral therapy. This type of behavioral therapy has been identified as helpful for children who have experienced trauma. This therapy was developed by Albert Ellis, and according to Ellis (1991) is focused on changing irrational beliefs.

According to Ellis (1997) REBT has three major steps:

- 1) to identify underlying irrational thoughts, patterns, and beliefs
- 2) gain insight into beliefs
- 3) challenge problematic beliefs

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The first step in REBT is to identify irrational feelings, thoughts, and beliefs. Typically, these lead to some type of psychological distress. With these beliefs, it becomes much more difficult to respond positively and in a healthful way. These rigid expectations tend to lead to disappointment, regret, and anxiety. Ellis (1991) stated that these are usually stated in absolutes, and that the most common beliefs include:

- 1) Excessive anger over people's mistakes or transgressions
- 2) Needing to be competent and successful in all a person does, in order to be seen as valued and worthwhile
- 3) Thinking that life will be happier by avoiding difficulties and challenges
- 4) Feelings of lack of control over one's own happiness, and that joy is dependent on outside factors

Once the irrational feelings are identified, the second and third steps of REBT are to challenge the beliefs. Ellis (1997) found that the beliefs need to be disputed in very direct ways, and that these methods tend to get very confrontational. Once identified, facing irrational thought patterns can be challenging, sometimes even more than the act of identifying the thought process. REBT is focused on using cognitive strategies to help clients, but it also focuses on targeting the emotional responses that accompany problematic thoughts. Ellis suggested (1991) that journaling, meditation, and guided imagery are helpful tactics to use during REBT.

Trauma-Based Psychotherapy

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Trauma-focused therapy is a type of cognitive behavioral therapy. It is a type of therapy that addresses the emotional and mental health needs of children, teens, adults and families who have survived childhood trauma. According to Gillies, Taylor, Gray, O'Brien, and D'Abrew (2013) this type of therapy is sensitive to children who have post-traumatic stress disorder and mood disorders that results from abuse, violence, and grief. This type of therapy usually incorporates caregivers, and can operate like family therapy. TF-CBT is a therapy that can be provided in many places: outpatient mental health clinic, group home, community center, hospital, or in-home setting (Gillies, Taylor, Gray, O'Brien, and D'Abrew, 2013). These therapies can also be provided in a school setting, meaning that children who have experienced trauma can receive this training during their school day.

Teachers and school staff are increasingly becoming more aware of the role that trauma and chronic stress play in childhood learning and development. Despite that knowledge, they tend to feel uncertain about how to support and guide children as they struggle (Alisic, 2012).

Schools that have successfully met these challenges have done so by creating caring and collaborative environments, school-wide, where all students are fully and completely included, and leadership is shared, versus being from the top down (Ciuffetelli, Parker, Grenville, & Flessa, 2011). Putting these factors in place, while combining them with trauma informed practices can help schools establish safe and consistent learning environments.

Trauma-Informed Classrooms

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Students come into the classroom with varied experiences. Trauma is one that copious amounts of children experience. Addressing childhood trauma in today's urban classrooms is no small feat. The 2011-12 National Survey of Children's Health (2017), found that nearly 35 million children in the United States are living with emotional and psychological trauma. In line with that survey, twenty-six percent of children in the United States experience or witness a traumatic experience before the age of four (Frazier, 2014). Of course, children with emotional and psychological trauma will eventually come to school. When schools are more equipped to look at students through a trauma-informed lens, then those schools are better equipped to serve their students. Being a well-equipped school is defined as a school that "is able to serve both the educational needs of the students, as well as their social-emotional needs" (Phifer and Hult, 2016). Addressing trauma happens in classrooms and school where staff put trauma-informed practices into place.

In a classroom setting, trauma-informed practices include both social-emotional development, and problem-solving skills. Optimally, these should be provided by classroom staff who have developed strong relationships with students. It is the responsibility of all school staff to support building children's resilience, by teaching them coping skills, and helping children positively process their emotions, and giving them hope for future (Baum, Rotter, Reidler, & Brom, 2009). When students are taught both coping skills, and self-management skills, it will result in fewer classroom disruptions that interfere with learning (Bath, 2008; Ko et al., 2008).

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Setting up a trauma-informed classroom. Trauma-informed classrooms are ones that provide a safe, nurturing, and consistent environment while giving children control over some aspect of their school day. These types of classrooms have teachers who: remain calm, use a low voice volume, and slow speech; set limits; front-load information, schedules, and/or changes in routine with their students; and respect personal physical boundaries (Child Advocates). Trauma-informed classroom teachers can also support teaching problem solving techniques and grounding activities as a way to help children cope.

National Child Trauma Stress Network (2003) uses SOS as a way to teach children to cope with trauma reminders:

STOP Stop your body and take deep breaths

ORIENT Look around and notice your surroundings

SEEK HELP Use a grounding technique to help calm down

The following are grounding techniques listed as extremely helpful to children who have experienced trauma, and are ones that can easily be incorporated into the home and school setting:

- Rocking in glider
- Stomping feet
- Breathing techniques
- Music
- Clapping hands
- Walking/running

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- Jumping rope
- Stretching
- Tossing ball (large)
- Drumming
- Cold/hot Drink
- Shaking out feet/hands
- Petting/holding a pet
- Humming
- Looking at fish in a tank
- Blowing bubbles
- Playing with a favorite toy (Child Advocates, n.d.)

Breathing techniques, exercise, meditation, and mindfulness are other tools that can be used and taught in a trauma-informed classroom. Incorporating positive self-talk and a growth mindset are other valuable tools to put in place in the trauma-informed classroom. These tools are ones that children can incorporate into their daily lives as they get older to help them cope with, and overcome, the trauma they have experienced (Child Advocates, n.d.).

Mindfulness. Mindfulness is “a mental state achieved by focusing one's awareness on the present moment, while calmly acknowledging and accepting one's feelings, thoughts, and bodily sensations, used as a therapeutic technique” (Mindfulness, n.d.). Mindfulness is increasingly being introduced in schools, and it has a positive effect on children’s coping strategies and their responses to everyday challenges. Preparing

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children for life requires an educational environment that not only supports children's success academically, but also socially-emotionally (Maynard et al. 2015). Schools are places for both academic learning, as well as places where children can experience positive social-emotional development (Schonert-Reichl et al. 2015). Mindfulness can play an important role in health, mental well-being, competence, and supporting children's ability to cope with daily stresses and challenges. This is especially essential in a trauma-informed classroom, as children who have experienced trauma tend to react stronger to stress and unexpected changes. Those things can be triggers (Kuyken et al. 2013). Mindfulness in school has a positive effect on social-emotional learning, mental health, and resiliency.

Growth-mindset. Mindset are the attitudes and beliefs about one's own abilities like intelligence. Dweck (2006) used the terms *fixed* and *growth* mindset to describe attitudes and beliefs adults and children have about their learning and intelligence. Typically, people with a fixed mindset believe that they were born with their abilities, and cannot grow or change in those abilities. Students who have a growth mindset tend to believe that their abilities are changing, and can develop and improve over time with effort and practice. According to Dweck (2006), a person's mindset influences their learning behaviors. Students who operate with a fixed mindset believe that their intelligence is unlikely to change, and therefore they are less likely to embrace challenges and are more likely to give up. If a student believes their intelligence can be improved, then they are more likely to put in extra time and effort into their learning. When students believe their intelligence can be improved, they are more willing to put extra

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time and effort into their learning. Creating a learning environment based in growth mindset gives children an opportunity to learn to work through frustration in order to build strong work habits that will lead to academic achievement and success. Growth mindset in a trauma-informed classroom gives students an opportunity to see their situation as ever-changing versus fixed, and gives them an opportunity to learn strategies to cope and work through difficulty to find success.

Vicarious trauma. Vicarious trauma, which at times is called compassion fatigue, is a term that is associated with caring for those who have experienced trauma (Figley, 1985). It is believed that teachers experience this because of the work they do. Vicarious trauma is the emotional residue left over when working with a population that has experienced trauma, and helping children work through their pain, fear, and terror (Figley, 1985). Typically, vicarious trauma has a similar effect on teacher's brains as it does on student's brains: the brain emits a fear response, which releases cortisol and adrenaline. This causes an increased heart rate, blood pressure, respiration, and releases a flood of emotions. This biological response also manifests physical and mental symptoms as well. Despite this, teachers are not taught how to address how trauma affects their personal lives. In order to fully create trauma-informed classrooms and schools, teachers need to be able to process through their own trauma.

There are simple but effective teachers can incorporate into their daily lives that can support them in processing the vicarious trauma they experience in their classroom.

Talking it out. By confiding and sharing with a therapist, partner, or colleague, teachers are creating bonds that reduce professional isolation. It can be helpful for

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teachers to see that they are not alone in dealing with certain struggles in the classroom.

Talking with colleagues also provides opportunities to problem-solve, and come up with other strategies that could work in supporting certain students.

Building coping strategies. When students act out in the classroom or other areas of school, it is important to have a toolbox of coping skills, to address many different types of behavior that can come up. This allows for the teacher to respond appropriately, and continues giving the student a safe environment in order to process their feelings. Strategies include counting to five, visualizing a calming place, or responding with the opposite action; speaking quietly and calmly, despite wanting to yell. Another helpful strategy is to reflect on the school day, and nothing when the difficult times occur. If there are consistent patterns that are difficult, changing the schedule or adding movement activities can be incredibly helpful.

Creating coming home rituals. While it can be incredibly difficult to leave work at school when the day ends. However, becoming more adept at this is a very helpful way to address vicarious trauma. These rituals can happen before leaving work, on the commute home, or upon arriving home. Chatting with coworkers, writing a to-do list for the following day, listening to podcasts or calming music or driving in silence are all helpful strategies (Minero, 2017).

No matter what strategies teachers choose to incorporate in their personal and work lives, being purposeful about addressing vicarious trauma is a necessary part of the profession.

Conclusion

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Chapter two described important literature related to defining childhood trauma and the repercussions on childhood development. It also described interventions for children who have experienced trauma, as well as effective therapies. Finally, chapter two described a trauma-informed classroom, as well as some interventions that can be put into place to support students who have experienced trauma.

Chapter three describes the Capstone project presentation: the setting for the presentation, the audience, timeline, and partnership. Chapter three also gives an in-depth description of the presentation itself, as well as the steps necessary to plan such a presentation.

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CHAPTER THREE

Project

The purpose of this project was to plan and provide a professional development on best practices for teaching students who have experienced trauma. The final project was a staff development that occurred over the course of the 2019-2020 school year. I presented information on trauma, community resources for teachers, and structured and tiered interventions that will be beneficial to my school community. The training was for elementary educators, and school support staff, in an effort to provide them with tools, resources, and learning. It answered the guiding question: *how can teachers and support staff address childhood trauma in the elementary classroom and larger elementary school environment?*

Setting

The setting in which this training took place was an elementary school media center. The school was a K-6 elementary school, and housed both an immersion program and traditional elementary program. The school was in a first-ring suburb. There were approximately 600 students. It had a 75% free- and reduced-price lunch population. Students were with their main classroom teacher during the majority of the day, and spent 30-45 minutes at a specialist daily.

Audience

The training was for K-6 elementary teachers and support staff who deal with trauma directly or indirectly. Classroom teachers attended with the support staff that they work with regularly. Special education, cafeteria, custodial, and front office staff also

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attended. Because trauma is found to some extent in every school community, this training is applicable to more than this particular school.

Timeline

The training took place on multiple dates throughout the 2019-2020 school year. The trainings began during opening week, and continued for two additional sessions throughout the school year. In order to create the professional development, I worked with the principal, social worker, and school psychologist. I was the lead on this project, and used their input and guidance to ensure that the professional development plan was truly be beneficial and tailored to staff needs. I also wanted to ensure that I answered the guiding question for my work. I sent out a staff survey at the beginning of the planning stages (appendix B), so that I could hear feedback from staff on what, specifically, they feel they need in order to deal with students who have experienced trauma. When I asked the staff what they needed, I asked for feedback on behavioral issues that are prevalent in the classroom, and what sort of support would be beneficial. Once I received that feedback, I worked to ensure that the training provided the resources necessary, so that those tools can be implemented in their classroom.

Partnership

The training was provided by myself, the social worker, and the school psychologist. I was involved in this presentation as a lead teacher in our building. One of my roles as a lead teacher in our school was to assist with professional development. After I approached our principal with the ideas for this project, he suggested that I take

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on a lead role in this specific training, since I was the one who had come to him with the idea.

Our school social worker was involved because she has provided many prior professional development trainings on student mental health, mindfulness, and many other topics relevant to student health and teacher mental health. She was a strong presenter, and had a deep knowledge for community resources that could be brought in for our families. She was aware of the trauma the students experienced, and was able to help structure the presentation so that it was tailored specifically to the school population. Our school psychologist was a phenomenal resource as well. She was another person within the building who dealt quite a bit with student and family trauma, and was a wonderful support as I planned and presented the training. She could also speak to the repercussions of trauma, on a deeper level. Additionally, she worked with a different population than our social worker, and was able to advocate for what types of trauma would be relevant to include in the presentation, as well as what types of resources teachers can recommend to children and families.

Project description

The three sessions provided information through a Powerpoint presentation, handout, small-group work, resource list, and community resources. The handout and community resources were something that teachers and staff members could take with them, to use in their classroom and to share with families. There was a sign-in, so that teachers were given inservice credits, and another opportunity provided for teachers to leave questions for future trainings.

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Session one (appendix A) introduced childhood trauma, and what childhood trauma consists of. It included repercussions on childhood development. There were specific percentages around the type of trauma specific to our building. I used a Powerpoint presentation (appendix A), and a note-taking handout (appendix D). While many teachers understood that the school population experienced trauma, many were unaware of what that trauma looks like emotionally, mentally, and physically. They were not be aware of certain situations, and how that can be triggering for students who have experienced trauma. Providing a definition, an understanding of the trauma that our specific students have experienced, as well as a description of the behaviors that they may see was beneficial.

Session two introduced classroom strategies that teachers can employ (appendix A). These strategies were ones found through my literature review, as well as ones that have been found effective in trauma-informed classrooms. They were presented through examples and explanation, and there was a small-group time to practice the strategies. These strategies were ones that can be used while teaching, in setting up classrooms, and in handling students who have outbursts when their past trauma has been triggered. Any relevant resources were made available as well. Giving the teachers and school staff an opportunity to learn and practice these strategies in a safe environment ensured that when the time comes to employ them in their classrooms, they feel more comfortable and confident with the strategies (appendix G).

Session three introduced community resources that are available to families (appendix A and E). Many community resources already in place at school came in and

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presented to the staff, so this part of the presentation was an opportunity for outside resources to come in and present the resources they have available. There was a time for teachers to ask questions to become familiar with these resources. As well, I prepared a contact sheet that the teachers can use with the families, in order to quickly and discreetly share resources with them.

Effectiveness

The staff development I planned served as a way to teach school support staff and classroom teachers how trauma presents itself, and what the best practices are for supporting and guiding student who have experienced trauma. The effectiveness of this training was evaluated by participant feedback (appendix C), as well as my own reflection. I used the feedback to ensure that I met my project goal, and ensured that the questions on the feedback form gave me a solid answer into if I had answered my guiding question. I was truly interested in knowing what was effective for the teachers in the training, and what tools they feel will be beneficial to them. I also asked if they feel better prepared to address the trauma they see in their classroom, as to ensure that I reached my own goal of providing a training that answers this guiding question: *how can teachers and support staff address childhood trauma in the classroom and larger school environment?* The survey at the beginning ensured that the training is tailored to teacher needs, but was planned with my own guiding question at the forefront. Also, due to the feedback received from the survey, staff development leaders and I were able to tailor additional trainings to meet specific needs.

Summary

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The purpose of this project was to plan and provide a professional development on best practices for teaching students who have experienced trauma. I presented information on trauma, community resources for teachers, and structured and tiered interventions that will be beneficial to my school community. The training was for elementary educators, and school support staff, in an effort to provide them with tools, resources, and learning around supporting and engaging with students who have experienced trauma. It answered the guiding question: *how can teachers and support staff address childhood trauma in the classroom and larger school environment?* I provided resources; handouts; gave teachers an opportunity to engage with their team and support staff in an effort to practice positive interventions that they can put in place in their classrooms; and used a Powerpoint presentation for each of the three sessions. Teachers and support staff who are trained in dealing with trauma are better able to support student and family needs.

Conclusion

In this chapter, I described the rationale behind the capstone project. I gave information on the project, who it is geared toward, the timeline, audience, and setting for the presentation itself. I shared steps that I took in planning and implementing the professional development, as well as shared how I will ensure that I am providing an effective training.

In the following chapter, I share my conclusions from preparing the capstone project. I give my conclusions on preparing the literature. Finally, I discuss any limitations on the scope of this work.

CHAPTER FOUR

Conclusions

In beginning this Capstone project, my goal was to answer the question *how can teachers and support staff address childhood trauma in the elementary classroom and larger elementary school environment?* This chapter summarizes my learning around this topic, and restates helpful strategies for classroom teachers and school support staff. I revisit the literature review, focusing on new learning, or topics that I found extremely beneficial. I state limitations I see from my work, and provide reactions to the capstone project process itself.

Learning

Reading deeply into the topic of childhood trauma was extremely beneficial, both personally and professionally. Understanding the impact of trauma on growth and development, as well as learning the way trauma manifests itself in times of stress and struggle will be learning that I will take back into my classroom. Reading that being exposed to violence, abuse, loss, and poverty create the type of neurophysiological stress response that can interfere with a child's ability to regulate their emotions and behavior by themselves (Cooper, 2010; Jaycox et al., 2012; Jensen, 2009) was something that I had not previously realized, nor did I fully grasp the severity of said issue. When Burke-Harris (2011) wrote that children are especially vulnerable to trauma because their brains are still developing, meaning that exposure to trauma is particularly toxic for children, I was taken aback at how much trauma will have long-term effects on the children in our schools. Understanding the effect trauma has on our students is

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something that has altered my teaching already. Another topic of interest to me was the toll of trauma on teachers.

Vicarious trauma is something that I have always joked about, when struggling to manage difficult student behaviors. The effect vicarious trauma has on school staff and classroom teachers is something discussed daily in my work. My stress presented itself in short-tempered responses, and dreams filled with particular students. I knew there was additional stress, but never realized it had a name, nor effective strategies to manage it. While I have always known that more difficult classes tend to take a toll on classroom teachers and school support staff, I had not grasped just how deep this effect was. I found it helpful to read strategies that teachers can incorporate both during the school day, and once the school day has ended. One strategy that I have found beneficial already is having a very specific and purposeful decompression time at the end of the school day. Minero (2017) wrote that chatting with coworkers, writing a to-do list for the following day, listening to podcasts or calming music or driving in silence are all helpful strategies. The most effective strategy for me has been writing a to-do list for the following day, and listening to calming music on my commute home. It has already made noticeable and positive changes for my work.

Literature Review

When considering the information that was gathered, a few topics stand out. As someone who always needs to know the ‘what next, how to we fix this?’ of any problem, the strategies to use in setting up a trauma-informed classroom were powerful. Also beneficial was understanding cognitive-behavioral therapy, and that it could be

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incorporated in the school setting in an effort to help students. Finally, having an in-depth understanding of how trauma affects childhood socio-emotional development were informative and timely.

Child Advocates (n.d) wrote that trauma-informed classrooms have teachers who: remain calm, using a low voice volume, and slow speech; set limits; front-load information, schedules, and/or changes in routine with their students; and respect personal physical boundaries. Trauma-informed classroom teachers can also support teaching problem solving techniques and grounding activities as a way to help children cope. Also informational was reading grounding techniques that can easily be incorporated into the classroom; music, breathing, and calming bottles are ones that have already proven extremely helpful. These are strategies that I share frequently, as well as incorporate into my own classroom.

Trauma-focused therapy is a type of cognitive behavioral therapy. It is a therapy that addresses the emotional and mental health needs of children, teens, adults and families who have survived childhood trauma. It also happens to be a strategy that can be incorporated into the school social worker's or school psychologist's office with relative ease, meaning that children can receive helpful treatment during their school day.

Cook, Spanizzola, and Ford (2005) wrote that children who have been subjected to trauma typically experience imperfections in their development, especially in regard to social and emotional development. These developmental imperfections can be numerous, and can include difficulty or inability to make and sustain friendships; distance or oppositional behavior towards parents; difficulties in developing trust, intimacy, and

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affection. Children who have experienced trauma lack certain emotions: empathy, remorse, and compassion. Reading this was difficult at first, but provided a window into what traumatized children might be missing, and what additional supports they may need in the classroom.

Capstone project reactions

Preparing a professional development was intimidating at first. Having not prepared a professional development prior to this, the weight and importance of the presentation was not lost on me. It is vital work needed to support students in my building. However, preparing the presentation after completing the literature review portion of the capstone was much easier than I had initially imagined.

Limitations

One of the limitations of this project is that it is only applicable in an elementary setting. This information, project, and research is geared toward elementary children, and elementary school teachers and support staff. The repercussions of childhood trauma is visible for older children, but this work will not reach teachers at that level. The project was created with resources and information focused on younger students. Some parts of the project can be altered for older children, but it would take additional time and effort that teachers may not have. The community resources and grounding activities are ones that are applicable for children of any age. Another limitation is that schools are vastly different, and professional development funds, time, and resources vary from school to school, and district to district.

Summary

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In this work, my goal was to answer the question *how can teachers and support staff address childhood trauma in the elementary classroom and larger elementary school environment?* The aim of this chapter was to summarize my learning around this topic, and will restate helpful strategies for classroom teachers and school support staff. I revisited the literature review, focused on new learning, or topics that I found extremely beneficial. I stated limitations I saw from my work, and provided reactions to the capstone project process itself.

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Appendix A

CHILDHOOD TRAUMA

Presentation 1: Definition, and building-specific experiences.

WHAT IS CHILDHOOD TRAUMA?

CHILDHOOD TRAUMA IS A SUDDEN OR UNEXPECTED EVENT THAT THREATENS A CHILD'S LIFE OR BODY, AND GIVES THE CHILD FEELINGS OF INTENSE TERROR, HORROR OR HELPLESSNESS. A FEW EXAMPLES OF CHILDHOOD TRAUMA ARE: CHILDHOOD SEXUAL ABUSE, PHYSICAL DOMESTIC ABUSE, NEGLECT, NATURAL DISASTERS, MAN-MADE DISASTERS, AND LIFE-THREATENING ILLNESS. ADDITIONAL EXAMPLES TO WHAT CONSTITUTES CHILDHOOD TRAUMA: PHYSICAL, EMOTIONAL, AND SEXUAL ABUSE, AS WELL AS PHYSICAL AND EMOTIONAL NEGLECT, PARENT MENTAL ILLNESS, PARENTAL SUBSTANCE ABUSE AND DEPENDENCE, AND PARENTAL SEPARATION AND DIVORCE.

CHILDHOOD TRAUMA

REPERCUSSIONS

HIGHER RISK OF DEVELOPING ANY NUMBER OF MENTAL HEALTH, PHYSICAL, AND/OR BEHAVIORAL DIFFICULTIES.

NEUROPHYSIOLOGICAL STRESS RESPONSE THAT CAN INTERFERE WITH A CHILD'S ABILITY TO REGULATE THEIR EMOTIONS AND BEHAVIOR BY THEMSELVES. CHILDREN ARE ESPECIALLY VULNERABLE TO TRAUMA BECAUSE THEIR BRAINS ARE STILL DEVELOPING. PARTICULARLY TOXIC FOR CHILDREN.

REPERCUSSIONS

ADAPTATION TO TRAUMA MEANS THAT CHILDREN ARE PREPARED TO FIGHT, FLEE, OR DISSOCIATE FROM TRAUMATIC MEMORIES AND/OR HIGH-STRESS SITUATION. THIS TENDS TO RESULT IN VIOLENT OUTBURSTS, FLEEING THE SITUATION, AND LACK OF ENGAGEMENT.

CHILDHOOD TRAUMA

SITE-SPECIFIC TRAUMA

ABUSE

NEGLECT

HOUSING INSECURITY

DIVORCE

CHILDHOOD TRAUMA

Classroom strategies

CHILDHOOD TRAUMA

STRATEGIES:

IN A CLASSROOM SETTING, TRAUMA-INFORMED PRACTICES INCLUDE BOTH SOCIAL-EMOTIONAL DEVELOPMENT, AND PROBLEM-SOLVING SKILLS.

TRAUMA-INFORMED CLASSROOMS ARE ONES THAT PROVIDE A SAFE, NURTURING, AND CONSISTENT ENVIRONMENT WHILE GIVING CHILDREN CONTROL OVER SOME ASPECT OF THEIR SCHOOL DAY.

SOS AS A WAY TO TEACH CHILDREN TO COPE WITH TRAUMA REMINDERS:

STOP STOP YOUR BODY AND TAKE DEEP BREATHS

ORIENT LOOK AROUND AND NOTICE YOUR SURROUNDINGS

SEEK HELP USE A GROUNDING TECHNIQUE TO HELP CALM DOWN

STRATEGIES

BREATHING TECHNIQUES, EXERCISE, MEDITATION, AND MINDFULNESS ARE OTHER TOOLS THAT CAN BE USED AND TAUGHT IN A TRAUMA-INFORMED CLASSROOM.

INCORPORATING POSITIVE SELF-TALK AND A GROWTH MINDSET ARE OTHER VALUABLE TOOLS TO PUT IN PLACE IN THE TRAUMA-INFORMED CLASSROOM.

STRATEGIES

STOMPING FEET

ROCKING IN GLIDER

BREATHING TECHNIQUES

MUSIC

CLAPPING HANDS

WALKING/RUNNING

JUMPING ROPE

STRETCHING

TOSSING BALL (LARGE)

DRUMMING

COLD/HOT DRINK

SHAKING OUT FEET/HANDS

PETTING/HOLDING A PET

HUMMING

LOOKING AT FISH IN A TANK

BLOWING BUBBLES

PLAYING WITH A FAVORITE TOY

CHILDHOOD TRAUMA

MINDFULNESS

MINDFULNESS IS "A MENTAL STATE ACHIEVED BY FOCUSING ONE'S AWARENESS ON THE PRESENT MOMENT, WHILE CALMLY ACKNOWLEDGING AND ACCEPTING ONE'S FEELINGS, THOUGHTS, AND BODILY SENSATIONS, USED AS A THERAPEUTIC TECHNIQUE. MINDFULNESS CAN PLAY AN IMPORTANT ROLE IN HEALTH, MENTAL WELL-BEING, COMPETENCE, AND SUPPORTING CHILDREN'S ABILITY TO COPE WITH DAILY STRESSES AND CHALLENGES. THIS IS ESPECIALLY ESSENTIAL IN A TRAUMA-INFORMED CLASSROOM, AS CHILDREN WHO HAVE EXPERIENCED TRAUMA TEND TO REACT STRONGER TO STRESS AND UNEXPECTED CHANGES. THOSE THINGS CAN BE TRIGGERS

GROWTH-MINDSET

CREATING A LEARNING ENVIRONMENT BASED IN GROWTH MINDSET GIVES CHILDREN AN OPPORTUNITY TO LEARN TO WORK THROUGH FRUSTRATION IN ORDER TO BUILD STRONG WORK HABITS THAT WILL LEAD TO ACADEMIC ACHIEVEMENT AND SUCCESS. GROWTH MINDSET IN A TRAUMA-INFORMED CLASSROOM GIVES STUDENTS AN OPPORTUNITY TO SEE THEIR SITUATION AS EVER-CHANGING VERSUS FIXED, AND GIVES THEM AN OPPORTUNITY TO LEARN STRATEGIES TO COPE AND WORK THROUGH DIFFICULTY TO FIND SUCCESS.

COMMUNITY RESOURCES

-WILDER FOUNDATION

-WOMEN'S ADVOCATES

-REGIONS HOSPITAL-PEDIATRIC TRAUMA UNIT

-LUTHERAN SOCIAL SERVICES OF MINNESOTA

-MINNESOTA ASSOCIATION FOR CHILDREN'S MENTAL HEALTH

-NATIONAL CHILD TRAUMATIC STRESS NETWORK

VICARIOUS TRAUMA

VICARIOUS TRAUMA, WHICH AT TIMES IS CALLED COMPASSION FATIGUE, IS A TERM THAT IS ASSOCIATED WITH CARING FOR THOSE WHO HAVE EXPERIENCED TRAUMA. IT IS BELIEVED THAT TEACHERS EXPERIENCE THIS BECAUSE OF THE WORK THEY DO. VICARIOUS TRAUMA IS THE EMOTIONAL RESIDUE LEFT OVER WHEN WORKING WITH A POPULATION THAT HAS EXPERIENCED TRAUMA, AND HELPING THOSE CHILDREN WORK THROUGH THEIR PAIN, FEAR, AND TERROR. TYPICALLY, VICARIOUS TRAUMA HAS A SIMILAR EFFECT ON TEACHER'S BRAINS AS IT DOES ON STUDENT'S BRAINS: THE BRAIN EMITS A FEAR RESPONSE, WHICH RELEASES CORTISOL AND ADRENALINE. THIS CAUSES AN INCREASED HEART RATE, BLOOD PRESSURE, RESPIRATION, AND RELEASES A FLOOD OF EMOTIONS. THIS BIOLOGICAL RESPONSE ALSO MANIFESTS PHYSICAL AND MENTAL SYMPTOMS AS WELL. DESPITE THIS, TEACHERS ARE NOT TAUGHT HOW TO ADDRESS HOW TRAUMA AFFECTS THEIR PERSONAL LIVES.



COMMUNITY
RESOURCES

Appendix B

QUESTIONS RESPONSES Total points: 0

Please help us plan a professional development that will address staff need around supporting children who've experienced childhood trauma.

I have students in my classroom who are currently experiencing trauma.

Yes

No

I have students in my classroom who have experienced trauma in their past.

Yes

No

I feel able to support students when they experience behavioral struggles, due to the trauma they've experienced.

1 2 3 4 5

Not at all. Completely.

I can identify strategies to make my classroom more trauma-informed.

Strongly disagree

Disagree

Neutral

Agree

Strongly agree

Appendix C

QUESTIONS RESPONSES Total points: 0

Childhood Trauma Professional Development- Post-Training Information

Form description

I feel able to support students when they experience behavioral struggles, due to the trauma they've experienced.

1 2 3 4 5

Not at all. Completely.

I can identify strategies to make my classroom more trauma-informed.

- Strongly disagree
- Disagree
- Neutral
- Agree
- Strongly agree

CHILDHOOD TRAUMA

Appendix D

Childhood Trauma Training - Session #1

New Learning	
Questions	
Resources	
What I Need Next	

CHILDHOOD TRAUMA

Appendix E

Community Resources Contact Sheet

Wilder Foundation
451 Lexington Avenue South
Saint Paul, MN 55104

Women's Advocates
588 Grand Avenue
Saint Paul, MN 55102

Regions Hospital
640 Jackson Street
Saint Paul, MN 55101

Lutheran Social Services of Minnesota
2485 Como Avenue
Saint Paul, MN 55108

Minnesota Association for Children's Mental Health
23 Empire Drive, Suit 1000
Saint Paul, MN 55103

National Child Traumatic Stress Network
<https://www.nctsn.org/>

Appendix F

Creating Trauma-Sensitive Schools to Improve Learning

Positive Behavioral Intervention and Supports (PBIS): http://rti.dpi.wi.gov/rti_pbis

Creating Trauma-Sensitive Schools to Improve Learning:

http://sspw.dpi.wi.gov/sspw_mhtrauma

Integrating mindfulness into school:

<http://www.mindfulschools.org/resources/room-to-breathe/>

Calmer Classrooms: A Guide to Working with Traumatized Children:

http://www.ocsc.vic.gov.au/downloads/calmer_classrooms.pdf

Child Trauma Toolkit for Educators:

http://www.nctsn.org/nctsn_assets/pdfs/Child_Trauma_Toolkit_Final.pdf

Creating Sanctuary in Schools:

<http://www.sanctuaryweb.com/Documents/Sanctuary%20in%20the%20School.pdf>

Helping Traumatized Children Learn:

<http://www.massadvocates.org/download-book.php>

The Heart of Learning and Teaching Compassion, Resiliency and Academic Success:

<http://k12.wa.us/CompassionateSchools/HeartofLearning.aspx>

Websites for educators

The Impact of Trauma on Learning: <http://www.sch-psych.net/archives/001169.php>

The Language of Trauma and Loss: <http://westernreservepublicmedia.org/trauma/>

National Child Traumatic Stress Network: <http://www.nctsn.org>

School Mental Health Project: <http://www.smhp.psych.ucla.edu/>

Appendix G

MINDFULNESS ACTIVITIES FOR CHILDREN**MINDFUL BREATHING FOR KIDS**

Sit quietly in a chair with both feet on the ground and your hands in your lap. Allow yourself to feel centered in the chair. Bring all of your attention to the act of breathing. Start to notice the breath as it enters your body through your nose and travels to your lungs. Notice whether the inward and outward breaths are cool or warm, and notice where the breath travels as it enters and leaves.

Also notice the breath as your lungs relax and you breathe in through your nose. Don't try to do anything with your breathing – simply notice it, pay attention to it and be aware of it. It doesn't matter if your breathing is slow or fast, deep or shallow; it just is what it is. Allow your body to do what it does naturally.

You will start to notice that each time you breathe in, your diaphragm or stomach will expand... and each time you breathe out your diaphragm or stomach will relax. Again, don't try to do anything – just be aware of the feelings in your body as you breathe in and breathe out. If you find that thoughts come into your mind, this is okay. Don't worry, just notice the thoughts, allow them to be, and gently bring your awareness back to your breath.

Start this exercise initially for 2 minutes, building up daily. You can also do this exercise lying down in bed if you have difficulty sleeping. It is simply a way of allowing you to have more mindful and conscious awareness of your body and its surroundings, its breathing and its capacity to relax. When our breathing relaxes our muscles relax.

MINDFUL WALKING – For KIDS

1. Start off by getting your feet grounded and connecting to the earth and placing your hands close to your heart in prayer pose. This exercise is a quiet exercise where there is no talking, no touching others, and no running into things. Stand in a tall and strong but also comfortable and relaxing position, with your feet hip-width apart.
2. Make sure your shoulders are relaxed. Take a few deep breaths like you learned to do today. Let your arms relax down by your sides or placed in front of you.
3. Notice what is going on around you. What do you hear, smell, and see?

CHILDHOOD TRAUMA

4. Notice how your feet feel on the ground. Try moving your weight around a little to see how it feels. Lean forward and backward, then side to side. Then find the center—the place where you are balanced and most strong.
5. Lift your foot slowly off the ground. Place your foot back down on the ground heel first. Start walking forward by stepping on the ball of your foot. Continue walking heel to toe. Slowly moving forward one step at a time. You can walk a short path in any room and then turn around and walk back to where you started. Remember there is no touching others during this exercise.
6. Start to notice how your feet feel as you walk. What is the sensation like in your heels? In your toes?
7. If your mind starts to wander while you are taking your walk, that's no problem. Just notice where it is wandering to and then gently bring it back to how your body is feeling during your walk.
8. As you turn, notice what it feels like. What does it feel like to make your body turn?
9. After a few moments, start to notice what walking feels like in the rest of your body. What happens in your legs and hips when you walk? What about your arms? Can you feel walking in your neck and your face?
10. When you are about to finish your mindful walk, come back into the prayer pose just like you started. Take a deep breath and send a thank-you thought to your feet.

Adapted from Walking Meditation for Kids (Harper, J.C., 2013).

<http://www.eomega.org/learning-paths/body-mind-spirit-mindfulness/walking-meditation-for-kids>

CHILDHOOD TRAUMA

Appendix H

LESSON PLAN: Presentation #1

Central Focus: Professional development on best practices for teaching students who have experienced trauma.

Learning Objectives: Understanding the definition of childhood trauma, an understanding of the trauma that school's specific students have experienced, as well as a description of the behaviors that they may see was beneficial.

Presentation description: Session one will introduce childhood trauma, and what childhood trauma consists of. It will include repercussions on childhood development. There were specific percentages around the type of trauma specific to our building. While many teachers understood that the school population experienced trauma, many were unaware of what that trauma looks like emotionally, mentally, and physically. They were not be aware of certain situations, and how that can be triggering for students who have experienced trauma.

Assessments: None for this session. Pre-assessment will have been given ahead of time.

The image shows a screenshot of a survey interface. At the top, there are tabs for 'QUESTIONS' and 'RESPONSES', and a 'Total points: 0' indicator. The survey text reads: 'Please help us plan a professional development that will address staff need around supporting children who've experienced childhood trauma.' There are three questions with radio button or scale options:

- Question 1: 'I have students in my classroom who are currently experiencing trauma.' with radio buttons for 'Yes' and 'No'.
- Question 2: 'I have students in my classroom who have experienced trauma in their past.' with radio buttons for 'Yes' and 'No'.
- Question 3: 'I feel able to support students when they experience behavioral struggles, due to the trauma they've experienced.' with a 5-point scale from '1' to '5'. Below the scale, it says 'Not at all.' on the left and 'Completely.' on the right.
- Question 4: 'I can identify strategies to make my classroom more trauma-informed.' with radio buttons for 'Strongly disagree', 'Disagree', 'Neutral', 'Agree', and 'Strongly agree'.

Instructional Resources and Materials:

PowerPoint presentation

Note-taking handout

CHILDHOOD TRAUMA

Childhood Trauma Training - Session #1

New Learning	
Questions	

CHILDHOOD TRAUMA

Resources	
What I Need Next	

Slides Needed:

CHILDHOOD TRAUMA

WHAT IS CHILDHOOD TRAUMA?

CHILDHOOD TRAUMA IS A SUDDEN OR UNEXPECTED EVENT THAT THREATENS A CHILD'S LIFE OR BODY, AND GIVES THE CHILD FEELINGS OF INTENSE TERROR, HORROR OR HELPLESSNESS. A FEW EXAMPLES OF CHILDHOOD TRAUMA ARE: CHILDHOOD SEXUAL ABUSE, PHYSICAL DOMESTIC ABUSE, NEGLECT, NATURAL DISASTERS, MAN-MADE DISASTERS, AND LIFE-THREATENING ILLNESS. ADDITIONAL EXAMPLES TO WHAT CONSTITUTES CHILDHOOD TRAUMA: PHYSICAL, EMOTIONAL, AND SEXUAL ABUSE, AS WELL AS PHYSICAL AND EMOTIONAL NEGLECT, PARENT MENTAL ILLNESS, PARENTAL SUBSTANCE ABUSE AND DEPENDENCE, AND PARENTAL SEPARATION AND DIVORCE.

CHILDHOOD TRAUMA

REPERCUSSIONS

HIGHER RISK OF DEVELOPING ANY NUMBER OF MENTAL HEALTH, PHYSICAL, AND/OR BEHAVIORAL

DIFFICULTIES.

NEUROPHYSIOLOGICAL STRESS RESPONSE THAT CAN INTERFERE WITH A CHILD'S ABILITY TO REGULATE THEIR

EMOTIONS AND BEHAVIOR BY THEMSELVES. CHILDREN ARE ESPECIALLY VULNERABLE TO TRAUMA BECAUSE THEIR

BRAINS ARE STILL DEVELOPING.

PARTICULARLY TOXIC FOR CHILDREN.

REPERCUSSIONS

ADAPTATION TO TRAUMA MEANS THAT CHILDREN ARE PREPARED TO FIGHT, FLEE,

OR DISSOCIATE FROM TRAUMATIC MEMORIES AND/OR HIGH-STRESS SITUATION. THIS

TENDS TO RESULT IN VIOLENT OUTBURSTS, FLEEING THE SITUATION, AND LACK OF

ENGAGEMENT.

SITE-SPECIFIC TRAUMA

ABUSE

NEGLECT

HOUSING INSECURITY

DIVORCE

CHILDHOOD TRAUMA

LESSON PLAN: Presentation #2

Central Focus: Professional development on best practices for teaching students who have experienced trauma.

Learning Objectives: Giving the teachers and school staff an opportunity to learn and practice best practice strategies in a safe environment.

Presentation description: Session two introduced classroom strategies that teachers can employ. They were presented through examples and explanation, and there was a small-group time to practice the strategies. These strategies were ones that can be used while teaching, in setting up classrooms, and in handling students who have outbursts when their past trauma has been triggered.

Assessments: None for this session.

Instructional Resources and Materials:

PowerPoint presentation

Slides Needed:

CHILDHOOD TRAUMA

STRATEGIES:

IN A CLASSROOM SETTING, TRAUMA-INFORMED PRACTICES INCLUDE BOTH SOCIAL-EMOTIONAL DEVELOPMENT, AND PROBLEM-SOLVING SKILLS.

TRAUMA-INFORMED CLASSROOMS ARE ONES THAT PROVIDE A SAFE, NURTURING, AND CONSISTENT ENVIRONMENT WHILE GIVING CHILDREN CONTROL OVER SOME ASPECT OF THEIR SCHOOL DAY.

SOS AS A WAY TO TEACH CHILDREN TO COPE WITH TRAUMA REMINDERS:

STOP STOP YOUR BODY AND TAKE DEEP BREATHS

ORIENT LOOK AROUND AND NOTICE YOUR SURROUNDINGS

SEEK HELP USE A GROUNDING TECHNIQUE TO HELP CALM DOWN

STRATEGIES

BREATHING TECHNIQUES, EXERCISE, MEDITATION, AND MINDFULNESS ARE OTHER TOOLS THAT CAN BE USED AND TAUGHT IN A TRAUMA-INFORMED CLASSROOM.

INCORPORATING POSITIVE SELF-TALK AND A GROWTH MINDSET ARE OTHER VALUABLE TOOLS TO PUT IN PLACE IN THE TRAUMA-INFORMED CLASSROOM.

CHILDHOOD TRAUMA

STRATEGIES

STOMPING FEET

ROCKING IN GLIDER

BREATHING TECHNIQUES

MUSIC

CLAPPING HANDS

WALKING/JOYNTING

JUMPING ROPE

STRETCHING

TOSSING BALL (LARGE)

DRUMMING

COLD/POW DRINK

SHAKING OUT FEET/HANDS

PITTING/MOULDING A PUT

REMINDING

LOOKING AT FEEL IN A TANK

BLOWING BUBBLES

PLAYING WITH A FAVORITE TOY

MINDFULNESS

MINDFULNESS IS "A MENTAL STATE ACHIEVED BY FOCUSING ONE'S AWARENESS ON THE PRESENT MOMENT, WHILE CALMLY ACKNOWLEDGING AND ACCEPTING ONE'S FEELINGS, THOUGHTS, AND BODILY SENSATIONS, USED AS A THERAPEUTIC TECHNIQUE. MINDFULNESS CAN PLAY AN IMPORTANT ROLE IN HEALTH, MENTAL WELL-BEING, COMPETENCE, AND SUPPORTING CHILDREN'S ABILITY TO COPE WITH DAILY STRESSES AND CHALLENGES. THIS IS ESPECIALLY ESSENTIAL IN A TRAUMA-INFORMED CLASSROOM, AS CHILDREN WHO HAVE EXPERIENCED TRAUMA TEND TO REACT STRONGER TO STRESS AND UNEXPECTED CHANGES. THOSE THINGS CAN BE TRIGGERS.

GROWTH-MINDSET

CREATING A LEARNING ENVIRONMENT BASED IN GROWTH MINDSET GIVES CHILDREN AN OPPORTUNITY TO LEARN TO WORK THROUGH FRUSTRATION IN ORDER TO BUILD STRONG WORK HABITS THAT WILL LEAD TO ACADEMIC ACHIEVEMENT AND SUCCESS. GROWTH MINDSET IN A TRAUMA-INFORMED CLASSROOM GIVES STUDENTS AN OPPORTUNITY TO SEE THEIR SITUATION AS EVER-CHANGING VERSUS FIXED, AND GIVES THEM AN OPPORTUNITY TO LEARN STRATEGIES TO COPE AND WORK THROUGH DIFFICULTY TO FIND SUCCESS.

CHILDHOOD TRAUMA

LESSON PLAN: Presentation #3

Central Focus: Professional development on best practices for teaching students who have experienced trauma.

Learning Objectives: Session three will introduce community resources that are available to families.

Presentation description: Many community resources already in place at school came in and presented to the staff, so this part of the presentation was an opportunity for outside resources to come in and present the resources they have available. There was a time for teachers to ask questions to become familiar with these resources. As well, I prepared a contact sheet that the teachers can use with the families, in order to quickly and discreetly share resources with them.

Assessments: Post-assessment

QUESTIONS RESPONSES Total points: 0

Childhood Trauma Professional Development-Post-Training Information

Form description

I feel able to support students when they experience behavioral struggles, due to the trauma they've experienced.

1 2 3 4 5

Not at all Completely.

I can identify strategies to make my classroom more trauma-informed.

Strongly disagree

Disagree

Neutral

Agree

Strongly agree

Instructional Resources and Materials: Community resource handout

Community Resources Contact Sheet

Wilder Foundation
451 Lexington Avenue South
Saint Paul, MN 55104

Women's Advocates
588 Grand Avenue
Saint Paul, MN 55102

CHILDHOOD TRAUMA

Regions Hospital
640 Jackson Street
Saint Paul, MN 55101

Lutheran Social Services of Minnesota
2485 Como Avenue
Saint Paul, MN 55108

Minnesota Association for Children's Mental Health
23 Empire Drive, Suit 1000
Saint Paul, MN 55103

National Child Traumatic Stress Network
<https://www.nctsn.org/>

Slides Needed:

COMMUNITY RESOURCES

-WELDER FOUNDATION

-WOMEN'S ADVOCATES

-REGIONS HOSPITAL-PEDIATRIC TRAUMA UNIT

-LUTHERAN SOCIAL SERVICES OF MINNESOTA

-MINNESOTA ASSOCIATION FOR CHILDREN'S MENTAL HEALTH

-NATIONAL CHILD TRAUMATIC STRESS NETWORK