

Trauma in the Elementary Classroom

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PROJECT SUMMARY

This capstone project is a professional development (PD) curriculum that will help teachers answer the question, *what can individual teachers do to facilitate the success of traumatized elementary school students in their classrooms?* It is designed for elementary educators who work with a high volume of disadvantaged students. By disadvantaged, I mean students of color and students living in poverty. These students are at increased risk of ACEs, and are more likely to live with trauma (Maguire et al., 2020; Rawls, 2011). Therefore it is especially important that their teachers be trauma informed.

The first component of the project is the literature review, which covers trauma's impact on the body and brain, strategies for supporting traumatized students, the effect students' trauma may have on school communities, and the relationship between trauma-informed practices and culturally responsive teaching. By reading this review, any teacher can become an expert on trauma, and will be qualified to implement this professional development curriculum at their school.

The curriculum itself consists of four sessions to be implemented over four months. The resources are organized by session, with each session containing a written lesson plan for the facilitator and handout for participants. Sessions 1-3 also include powerpoint presentations, and Session 4 includes a google form which assesses the value of the PD.

Session 1 focuses on developing teachers' background knowledge about the impact of trauma on the body and brain, the role of parental attachment in childhood trauma, secondary and organizational trauma, and the relationship between poverty, trauma and oppression. A powerpoint and presentation script are included.

Sessions 2-4 lead teachers through a process of inquiry. During Session 2 they will discuss, in both small and large groups, the impacts of trauma they observe in their classrooms.

They will diagnose their own needs for trauma-informed practices. In Session 3 they will generate potential solutions by brainstorming trauma-informed practices in their small groups, and compiling their ideas with the rest of the schools' on one document. Next, they will return to their small groups to devise an implementation plan for the single practice they feel will be most useful to their classroom. They will implement it throughout the next four weeks, and reconvene in Session 4 to reflect on the experience, as well as determine next steps.

The facilitator, likely a teacher at the school who has read the literature review, will serve as coach and expert, disseminating background knowledge in session 1 and guiding teachers through their process of inquiry across sessions 2-4. While small groups are collaborating, the facilitator will circulate and listen in, offering support and suggestions as they feel appropriate. When the whole group is convened, they will moderate the discussion and compile responses on a master document. The facilitator will also devote at least fifteen minutes of each session to modeling trauma-informed practices. Explanations and scripts for these activities are included.

This curriculum will be maximally effective if the entire school experiences it together. Having the entire school present creates the opportunity to build collaborative infrastructure that can persist between and beyond formal meetings. This opportunity is maximized if grade level teachers are seated in their teams, with specialists, special education, english language support, and interventionists forming teams of their own. The research question focuses on the actions of individual teachers, but Bloom & Sreedhar (2008) show us that secondary trauma can organize entire schools, and so a trauma-informed culture must intentionally re-organize them. This PD can serve as an opportunity to begin reorganizing a school's culture.

LITERATURE REVIEW

Introduction

What can individual elementary school teachers do to facilitate the success of traumatized students in their classrooms?

First, teachers can work to understand the neurological and behavioral impacts of trauma, in order to recognize trauma within their classrooms, and can strive to empathize with students who display evidence of trauma. The first subsection of this chapter discusses the impacts of trauma. The second subsection deals with the relationship between parental attachment and childhood trauma in order to contextualize these impacts.

The third subsection focuses on resilience and the characteristics that insulate students from traumatic experiences and/or help them recover. Subsection four deals with trauma-informed practices that can cultivate resilience and help close the gaps between traumatized students and their peers. However, these practices are rendered ineffective if school becomes another source of trauma in a child's life. With this in mind, the fifth subsection discusses the importance of avoiding retraumatization.

The penultimate subsection focuses on the ways trauma can spread within school communities. Secondary, or vicarious, trauma is a very real burden for teachers, and it must be addressed if they are to continue teaching effectively (Blitz, Anderson, et al., 2016; Blitz, Yull, et al., 2020; Bloom & Sreedhar, 2008). Intergenerational trauma is another burden our students may carry (DeAngelis, 2019). This burden, like so many others, is disproportionately carried by communities who have historically struggled and continue to struggle against oppression (DeAngelis, 2019). The final section discusses the traumatic impact of institutional racism and its implications for teaching.

Impacts of Trauma: The Body and The Brain

Childhood trauma transforms us, not just emotionally or behaviorally, but physically (Perry, 2009; van der Kolk, 2003, 2005). It inhabits our bodies, and alters our brains. The following section will explore what is known about these physical and neurological impacts, and discuss their implications.

The depth of the relationship between childhood trauma and quality of life was not clear to western scientific and medical communities until 1998, when The Adverse Childhood Experience (ACE) Study was published (Bloom & Sreedhar, 2008). This study, with its extensive questionnaire and incredibly large sample size, revealed a dose-response relationship between ACEs and a whole range of health problems. These included substance abuse, sexually transmitted diseases, obesity, depression, suicidality, heart disease and cancer (Felitti et al., 1998). Trauma, it turned out, is bad for your health.

The other major finding of the ACE study was the wide prevalence of ACE's in the population. The ACE study surveyed 8,056 adults in San Diego, 6,432 of whom were white, and 6,040 of whom had completed at least some college (Felitti et al., 1998). More than half of respondents had experienced at least one category of ACEs. One fourth had experienced two or more (Felitti et al., 1998). Other research has corroborated these findings: According to the Center for Disease Control [CDC] (2020) reports that about 61% of adults report experiencing at least one kind of ACE, and 1 in 6 report experiencing multiple kinds. One must keep in mind that this measures the varieties of abuse individuals have experienced, and does not measure the extent of that abuse (CDC, 2020).

Felitti (1998) concluded that the relationship between ACEs and a shortened life span was behavioral. Exposure to ACEs resulted in “social, emotional and cognitive impairment,” which led to the adoption of unhealthy coping mechanisms such as drug abuse and reckless sexual activity, which in turn created chronic health problems and decreased life expectancy (p.

256). It suddenly became clear that ACEs, which include exposure to all varieties of abuse, violence and addiction, can lead to lifelong struggles with mental illness (Felitti et al., 1998). This revelation created opportunities for further research on the nuances of trauma's behavioral, emotional and neurological effects, (Bloom & Sreedhar, 2008).

Areas of the brain impacted by trauma include the amygdala, hippocampus, brain stem, midbrain, prefrontal cortex, and corpus callosum. Traumatized children can also experience altered hemispheric lateralization, a process that occurs when the entire left half of the brain becomes significantly underdeveloped (van der Kolk, 2003). Early traumatic experiences also manifest within the parasympathetic and sympathetic nervous systems (van der Kolk, 2003). The neurological significance of ACEs, therefore, cannot be understated.

Brains develop in a “use-dependent fashion” (Perry, 2009, p. 243). This means that experience shapes our neurology, especially when we are very young (Perry, 2009). The neural pathways we use the most develop the strongest, and our brain organizes itself based on the tasks we ask it to perform. So when a child experiences regular and prolonged periods of extreme stress, their brain adapts to what it perceives as normal, (Perry, 2009; van der Kolk 2003, 2005). “The end effect is an alteration in the baseline activity and reactivity of the stress response systems in the traumatized individual” (Perry, 2009, p. 244). Traumatized children live their lives in a state of hypervigilance, constantly on edge, always expecting danger. This fear is not necessarily conscious. It manifests through an elevated heart rate, chronic muscle tension, difficulty sleeping, and an inability to relax. Hyper-aroused children may be irritable and hyperactive. They are often diagnosed with ADHD. Or they may be numb, spaced out, incapable of engaging with anything, because everything is threatening (van der Kolk, 2003).

With chronic hyperarousal comes an oversensitive fight-flight-freeze response. The amygdala becomes trigger happy. It becomes prone to misinterpreting innocent stimuli as

threatening, and so the fight-flight-freeze response is triggered easily, frequently, and usually, unnecessarily (van der Kolk, 2003). The fight-flight-freeze response displaces our much slower rational cognition with an instinctual survival response (van der Kolk, 2003). This can be life saving when, say, swerving to avoid an accident on the freeway. But when no true danger is present, it is excessive, irrational, and sometimes dangerous. Children in this state may throw furniture, bolt, scream, or become violent (van der Kolk, 2003).

When children cannot think, they cannot learn. Without help, they do not learn that their reactions are disproportionate. They become stuck within their own hypervigilance, and their unnecessary fight-flight-freeze reactions can continue into adulthood (van der Kolk, 2005).

Victims of trauma also experience cognitive impairment related to memory, learning, and executive functioning. This is because the brain develops sequentially, “from the bottom up, from the least (brainstem) to the most complex (limbic, cortical) areas” (Perry 2009, p. 242). Although these distinct regions of the brain develop at different times and serve different functions, they are interconnected. “The organization of higher parts of the brain depends upon input from the lower parts of the brain,” (Perry, 2009, p. 242). Therefore, disruption to the limbic system, which includes the amygdala and is responsible for moderating one’s flight-flight-freeze response, has serious implications for the development of the cerebral cortex (Perry, 2009). “Having controllable stress reactions seems to be essential for the development of central nervous system connections that promote neural inhibitory mechanisms and long-range planning (executive function), generally, to coordinate cognition, emotion regulation, and behavior” (van der Kolk, 2003, p. 310).

As a result, traumatized children tend not to understand the relationship between their feelings, behavior and experiences. “They lack a good sense of cause and effect and of their own contributions to what happens to them ... they act instead of plan and show their wishes in their

behaviors” (van der Kolk, 2005, p. 405). Combine this with their overactive fight-flight-freeze response, their general inability to regulate their own internal states, and their cognitive delays, and it becomes extremely difficult to learn from new experiences. Instead, the stage is set for trauma reenactments. Children may communicate the nature of their traumatic experiences through play. They also, however, repeat traumatizing behaviors simply as a result of their poor self-regulatory skills and tendency to overreact to unfamiliar stimuli (van der Kolk, 2005). It does not help that, often, these behaviors have been normalized for them through continuous interaction with an abuser (Wareham et al., 2009).

These behaviors have extreme impacts on their interpersonal relationships. The significance of interpersonal relationships to creating, preventing, and healing trauma are discussed in the following section.

Relationships and Trauma: The Significance of Attachment

In the first few years of childhood the parent, or primary attachment figure, serves as a “psychoneurobiologic regulators” for the child (van der Kolk, 2003, p. 295). Parents not only protect their children from stressful stimuli, but soothe them when stressful stimuli is unavoidable. This is the mechanism through which children learn to regulate themselves (Honsinger & Brown, 2019; Perry, 2009; van der Kolk, 2003, 2005).

Trauma occurs when this system of co-regulation fails (Honsinger & Brown, 2019; Perry, 2009; van der Kolk, 2003, 2005). Perhaps the caregiver is the source of the trauma; are absent or neglectful; are themselves too dysregulated to soothe the child successfully; or are rendered impotent by the traumatizing event (Perry, 2009). Regardless, the child’s self regulatory skills are insufficient, and so they experience the elevated stress response that is so damaging (Honsinger & Brown, 2019; Perry, 2009; van der Kolk, 2003, 2005). When the traumatic experiences are ongoing, or frequent, children spend large periods of time experiencing an intense stress

response. Furthermore, the self-regulatory skills of children with insufficient attachment networks do not improve at a developmentally appropriate rate. This makes it even more likely that they will experience prolonged periods of extreme stress (Honsinger & Brown, 2019; Perry, 2009; van der Kolk, 2003, 2005). This has a wealth of neurological consequences, including chronic hyperarousal, an overactive fight-flight-freeze response, and cognitive impairment related to memory, learning, and executive functioning.

An additional consequence of an insufficient attachment network is that healthy relationships are never sufficiently modeled for the child. Often, trauma and neglect are all they know. They therefore organize their worldview around their trauma. They perceive it as normal, and constantly expect it to reoccur (van der Kolk, 2005). This expectation takes root within their nervous system, and is reflected in their constant autonomic hyperarousal (van der Kolk, 2005).

An insufficient attachment network also makes it difficult for traumatized children to create their own interpersonal connections. On one level, they simply don't know how. On another, they do not believe it is possible. "They organize their relationships around the expectation or prevention of abandonment or victimization. This is expressed as excessive clinging, compliance, oppositional defiance, and distrustful behavior" (van der Kolk, 2005, p. 407).

For the same reasons that weak relationships with caregivers can facilitate trauma, strong relationships with caregivers protect against it. This dynamic and other factors that protect against trauma are discussed in the following section.

Resilience: Insulation from Traumatic Experiences

Despite the crippling potential of ACEs and toxic stress, many individuals not only survive, but thrive in the face of such adversity. We call these people resilient. But what does resilience actually mean?

Gardner and Stephens-Piscecco (2019) simply define resilience “as both a general recovery and any improvement subsequent to an encounter with one or more risk factors” where risk factors are potentially traumatizing experiences (p. 195). This definition highlights the most important characteristic of resilience- healthy development in the face of adversity. However, it does not describe what healthy development looks like, which limits the utility of this definition.

Masten and Coatsworth (1998) define resilience as “manifested competence in the context of significant challenges to adaptation or development” (p. 206). They define competence, in turn, as “a pattern of effective adaptation in the environment, either broadly defined in terms of reasonable success with major developmental tasks... or more narrowly defined in terms of specific domains of achievement, such as academics, peer acceptance, or athletics” (p. 206). Crosby (2015) offers a similar perspective, defining healthy development as adapting to meet the demands of one’s role within the ecosystem, where the ecosystem is composed of the physical, cultural, social and institutional environment (p. 224).

It is important to note that competency is context dependent. Different cultures expect different developmental milestones, and an effective adaptation to the one environment is often ineffective in another (Masten & Coatsworth, 1998). Many of the behaviors of traumatized children display effective adaptation to the environment which produced the trauma. van der Kolk (2005) explains that children will “acclimate in any way they can to entrapment in abusive or neglectful situations” (p. 404). Hyperarousal is itself an adaptation to a chronic lack of safety, and being constantly alert may protect a child from an unreliable living situation. However, the deficits they experience in learning, memory, executive function, self-regulation and social skills are undeniable (Perry, 2009; van der Kolk, 2003, 2005).

van der Kolk (2005) defines development as “learning to master and ‘own’ one’s experiences and to learn to experience the present as part of one’s personal experience over time”

(p. 404). This sense of mastery refers to being in control, to the capacity to regulate one's physical and emotional state; and to the ability to process stimulation from the environment and make decisions about it. This definition of development, as described by van der Kolk, 2005, draws on Piaget's research around decentration and is more universally applicable than Masten and Coatsworth (1998), whose definition of competence is so context dependent (p. 206). However, I notice it does not touch explicitly on the traditional western developmental milestones which are so crucial to both academic and general success. Examples of the skills these milestones monitor include fine and gross motor coordination, speech, writing, critical thinking, abstract reasoning, empathy, and social skills (Masten & Coatsworth, 1998). These are the skills that are usually considered when discussing typical child development. One could consider these the tools necessary to accomplish van der Kolk 2005's development, or perhaps they are symptoms of it. Regardless, they remain crucial for traumatized children to master (Masten & Coatsworth, 1998), and are much more easily measured than a sense of mastery.

Resilience is a topic of great interest to those who work with traumatized children. We wonder if it can be nurtured—if we provide children with the tools to succeed in the face of toxic stress.

Masten and Coatsworth (1998) investigated what resilient children hold in common. Jennings (2019) synthesized their findings, and identified three major commonalities among resilient children: secure attachment networks, strong self-regulatory abilities, and good cognitive skills (p. 13).

Masten and Coatsworth (1998) found a correlation, but they warn the reader not to confuse this with causation. Are these children resilient because they have these characteristics, or do they have these characteristics because they are resilient? However, Perry's writing from 2009 on the sequential development of the brain suggests there is a causal relationship between

these three features. A secure attachment network leads to the development of strong self-regulatory abilities, which in turn facilitate the acquisition of good cognitive functioning (Perry, 2009). It makes sense that a smart, well-regulated child would achieve their developmental milestones in a timely manner, therefore displaying the competence by which Masten and Coatsworth (1998) identified resilient individuals.

One of the keys to resilience, therefore, appears to be effective, consistent, loving attachment figures. However, self-regulation and cognitive abilities should not be overlooked. These are two skills that trauma actively destroys (Perry, 2009; van der Kolk 2003, 2005). Bolstering them is therefore especially crucial when working with traumatized children.

An additional characteristic of resilient children is a sense of self-efficacy (Gardner & Stephens-Pisecco, 2019; Masten & Coatsworth, 1998). The sense that one can affect one's situation ties back to van der Kolk 2005's concept of mastery, to the sense of being in control of one's body, one's choices, and therefore able to influence one's situation (p. 404).

In conclusion, resilience is the ability to develop healthily despite exposure to traumatic events (Gardner & Stephens-Pisecco, 2019; Masten & Coatsworth, 1998). Resilient children tend to possess a sense of self-efficacy, secure attachment networks, strong self-regulatory abilities, and good cognitive functioning (Gardner & Stephens-Pisecco, 2019; Masten & Coatsworth, 1998). The causal links revealed by what is known of the neurobiology of trauma imply that secure attachment networks are the key to a resilient outcome (Perry, 2009; van der Kolk, 2003, 2005). However, because all of these qualities play a significant role in child development, and are especially challenging for traumatized children to develop (Perry, 2009; van der Kolk, 2003, 2005), none of them should be overlooked.

The next section will explore ways to nurture these qualities within the classroom. It will outline different ways teachers can support the development of resilience in their students.

Trauma Informed Practices: Fostering Resilience

Trauma and its attendant behaviors are extremely disruptive to the classroom, and are sometimes dangerous to staff and students. Traditionally, schools have punished students in order to incentivize appropriate behavior. Punishment often takes the form of suspension, both in and out of school. The most extreme behaviors are often criminalized, and handled by police.

This strategy of behavior management has troubling ethical consequences. It deprives students of instructional time, tells them that they are not wanted, and feeds the school-to-prison pipeline (Mowen & Brent, 2016; Noltemeyer et al., 2015). The impacts on students are extreme. There is a strong correlation between suspension, academic underachievement, and dropping out (Noltemeyer et al., 2015). Students who have been suspended are also more likely to be arrested (Mowen & Brent, 2016). Punishment strategies are especially problematic because, much like trauma, these negative impacts accumulate with the number of suspensions (Mowen & Brent, 2016). Experiencing multiple suspensions is common, because the strategy is ineffective--student behavior does not change, or perhaps escalates, resulting in in a cycle that exacerbates students' trauma instead of addressing it.

There is therefore a need for alternative practices, policies and attitudes to help set traumatized students up for success. RB-Banks and Meyer (2017) describe “specific interventions that fortify one’s ability to learn strategies for living with trauma” as trauma informed practices (TIPs) (p. 63). These interventions will be explored in this section.

Defining trauma-informed

To effectively implement trauma-informed practices, an organization must have a trauma-informed culture. Jennings (2019) offers a helpful explanation of what it means to be generally trauma informed. She explains that “when we realize that their behavior—especially, lack of self-control—is a symptom of the trauma, we can begin to understand them and provide

them with the support they need” (p. 13). Bloom and Sreedhar (2008) explain that being trauma informed means ceasing to ask, explicitly and implicitly, “what is wrong with you” and instead asking “what happened to you” (p. 51). Shifting from a deficit-based mindset to one that recognizes that toxic behaviors are a result of previous injuries allows educators to separate the behavior from the child, to recognize the needs and the distress the behavior is communicating, and to respond in constructive ways (Bloom & Sreedhar, 2008; Jennings, 2019). When this outlook is accepted and implemented throughout an organization, the changes are profound (Bloom & Sreedhar, 2008). Taking this perspective helps traumatized students feel valued, respected, and safe. “It is this trauma-informed culture that provides the backdrop for specific interventions, but in many cases it IS the treatment” (Bloom & Sreedhar, 2008, p. 51).

Interventions

Interventions for traumatized youth should follow a sequence that mirrors the sequential development of their brains (Brunzell et al., 2019; Kinniburgh et al., 2005; Perry, 2009; van der Kolk, 2003). First, school staff must create both environments and relationships that foster well-regulated behavior. Once the child feels safe, staff can begin working intentionally with the child to develop self regulatory skills (Perry, 2009). After regulation comes relationships. The traumatized child can begin to play with other children, and to engage meaningfully with caretakers. This presents opportunities to develop relationship skills and to pursue a sense of mastery through cooperative activities (Perry, 2009; van der Kolk, 2003). The more difficult cognitive work follows. In a therapeutic context this involves consciously processing their traumatic event. In school, it means engaging with the curriculum in more challenging ways and developing a growth mindset (Brunzell et al., 2019; Kinniburgh et al., 2005; Perry, 2009; van der Kolk, 2003).

Honsinger and Brown (2019) draw directly on Perry to apply this same process to a smaller scale: that of a teacher's response to an individual incident. They suggest that teachers regulate first, relate second, and reason third. They explain that "once regulated the teacher will be able to relate to the student, identify and validate feelings, and then move into problem-solving or reasoning with the student" (Honsinger & Brown, 2019, p. 141).

Cultivating Safety

Traumatized children are highly sensitive to external stimuli, and are likely to interpret anything unfamiliar as threatening (Perry, 2009; van der Kolk, 2003, 2005). It is therefore crucial that classrooms be predictable spaces, with consistent schedules, expectations, rituals, and routines. Rules should be consistently enforced, and have fair and predictable consequences (Fink & Halpern, 2019; Gardner & Stephens-Pisecco, 2019). Within this structured environment, however, it is also important to give students choice. Making simple choices gives traumatized children a sense of control, for which they are desperate. This helps them feel safe (McConnico et al., 2016; Perry, 2016).

Self Regulation and Social Emotional Learning

Self-regulation and social skills can and should be taught explicitly. Social-Emotional Learning (SEL) is a powerful tool within the trauma-informed educators kit (Crosby, 2015; Gardner & Stephens-Pisecco, 2019; Pawlo et al., 2019). Pawlo et al. (2019) explains:

"SEL programs provide systematic frameworks for identifying, discussing, and practicing age-appropriate social and emotional skills. Over time, they provide both educators and students with language and strategies they can use to address specific behavioral and emotional challenges related to issues such as perspective taking, empathy, emotional regulation (including stress management), and the role of emotion in the problem-solving process" (p. 39).

Traumatized students will often struggle to master these skills, which makes supporting them consistently and explicitly even more crucial (Perry, 2009; Pawlo et al., 2019; van der Kolk, 2003, 2005) SEL can also “teach nonviolent conflict-resolution and decision-making skills,” as well as feelings-identification, both of which are deeply beneficial for traumatized students (McConnico et al., 2016; Pawlo et al., 2019; van der Kolk, 2005).

Various trauma-informed SEL strategies include teaching lessons which explicitly teach social skills such as feelings identification, sharing, turn-taking, active listening, including classmates in play, and conflict resolution (Committee for Children). SEL also works to develop self awareness, empathy, and the ability to consider multiple perspectives (Committee for Children). Creating a calm-down corner, and stocking it with a variety of calming sensory experiences can help teach self-regulation and adaptive coping (McConnico et al., 2016). School communities may work to establish cultural norms that highlight students strengths, including non-academic strengths such as musical, artistic or athletic ability (Pawlo et al., 2019). Mindfulness practices are also a powerful form of SEL, with the potential to help traumatized students manage their extreme stress responses when implemented in a culturally responsive way (Duane et al., 2021). SEL curricula can also help students “build a toolbox of strategies for when they are in crisis,” which they can access as needed (Duane et al., 2021, p. 8). These “tools” consist of a variety of strategies to “notice, observe, and understand their emotions when triggered,” and to find a sense of calm (Duane et al, 2021, p. 8).

Teacher student relationships

Just as crucial, if not more so, than the environment is relationship. Even in a safe and structured classroom, traumatized children will struggle with self-regulation. A responsive, or sensitive, teacher will be able to assist these students in regulating themselves (Jennings, 2019; McConnico et al., 2016). According to the CLASS framework, a model of student-teacher

interactions that was developed by Bob Pianta and has been extensively validated (Jennings, 2019), teacher sensitivity “encompasses teachers’ responsiveness to students’ needs and awareness of students’ level of academic and emotional functioning (Hamre et al., 2010, p. 31). A sensitive teacher anticipates students’ distress and acts to ameliorate it. “She recognizes and acknowledges the students’ emotions and provides comfort and individual support when needed,” (Jennings, 2019, p. 17). This level of attentiveness can go a long way toward keeping a traumatized student well regulated.

Jennings (2019) further explains that teachers and classmates can serve as “alternate attachment figures” (p. 12). She explains:

This is not to say that teachers become their surrogate parents and that their peers become surrogate siblings... but they can serve a similar function by helping trauma-exposed kids develop new models of relationships and new models of the self in relation to others (Jennings 2019, p. 12).

They do so by modeling strong interpersonal skills. This seems simple enough, but when faced with constantly disruptive behavior, it can be difficult for teachers to avoid reacting from a place of frustration. Many teachers neglect to follow their own rules, often behaving towards their own students in ways they would consider unacceptable between two children (Fink & Halpern, 2019; Jennings, 2019; Khalid, 2019). When teachers raise their voices, speak disrespectfully, take things from students' hands, or use their body language to intimidate, they are modeling bullying, and often recreating student’s traumatic histories (Jennings, 2019).

If teachers are to model prosocial behaviors, they need to form relationships with their students based on cooperation, not coercion. This does not require sacrificing one’s authority, or role as a disciplinarian. What it does require is that teachers regulate their own emotions effectively, (Khalid, 2019). It also requires an acknowledgement of the student’s autonomy. If

one or two quiet, calm, kind reminders do not successfully redirect a student, instead of issuing a harsh command, a teacher may offer a choice between the desired behavior and a negative consequence (Fink & Halpern, 2019; Perry 2016). Fink and Halpern (2019) suggest that teachers follow every choice with the phrase “I hope you decide to *desired behavior*” (p. 34). This gives the child a sense of control, and positions the teacher as an advocate for the child instead of an adversary, without sacrificing accountability or authority.

Loss of the teacher’s affection, however, is never an appropriate consequence.

Unconditional positive regard is necessary to build a safe and reliable bond through the excessive fight-flight-freeze reactions, the trauma reenactments, and the self-protective antagonistic behaviors so many traumatized children exhibit (Crosby, 2015; Honsinger & Brown, 2019; van der Kolk 2003, 2005). Traumatized children constantly expect their trauma to recur. Because most adults in the past have harmed or abandoned them, these children expect their teachers to eventually do the same. As a result, they may cling tightly, or they may push teachers away preemptively (van der Kolk, 2005). Additionally, students’ disruptive and sometimes dangerous fight-flight-freeze reactions are completely out of their control (Perry 2009, van der Kolk 2003, 2005). If they are going to feel safe, they need to know that their teachers love them no matter what happens, no strings attached (Shevrin Venet, 2021). Speaking, thinking and acting in such a way that demonstrates that teachers do not believe that students’ behavior detracts from their worth, communicates this (Shevrin Venet, 2021).

Student to student relationships

Peer relationships can be just as crucial as student-teacher relationships. Peers have a massive impact on the classroom climate and play an important role in the modeling of positive relationships (Gest et al. 2014; Hamre et al. 2010; Jennings, 2019). Furthermore, interpersonal competence is an aspect of healthy development (Kinniburgh et al., 2005; Masten & Coatsworth,

1998). Positive peer interactions help develop social skills, cooperation, problem-solving and empathy (Harris & Meltzer, 2015) and contribute to students' academic motivation and overall enjoyment of school (Gest et al. 2014; Harris & Meltzer, 2015). Positive peer interactions can also provide the kind of attention-consuming fun that calms children's hyperarousal, and builds toward a sense of mastery (Van der Kolk 2003, 2005).

Teachers have the power to influence peer-relationships within their classroom (Gest et al., 2014; Jennings, 2019). This support is crucial for traumatized students. Jennings (2019) explains "because trauma interferes with the development of relationship skills and emotion regulation, they often find themselves in conflict with peers, either victims or perpetrators of bullying" (p. 12). Van der Kolk (2005) elaborates on this dynamic. He explains "other people are sources of terror or pleasure but are rarely fellow human beings with their own sets of needs and desires" (p. 405). Therefore, traumatized students especially need positive peer contact, but have an especially difficult time creating it independently. A trauma-informed teacher will actively work to help these students cultivate constructive relationships with other children.

Simply being more aware of the social dynamics in ones' classroom is beneficial for students (Gest et al., 2014; Jennings, 2019). Gest et al. found "Teacher attunement to classroom friendship and victimization patterns, when combined with responsive teaching, was associated with more positive changes in school bonding/motivation" (p. 107). Responsiveness was measured by the CLASS framework, focusing primarily on "Positive Climate, Teacher Sensitivity, Quality of Feedback, and Instructional Learning Formats" (Gest et al., 2014). So, if teachers have the skills to provide quality emotional care for their students, their awareness of the social dynamics in their classroom can be a powerful predictor of the extent to which students enjoy coming to school and are motivated to learn.

More active strategies for supporting positive peer to peer relationships include managing student aggression and promoting prosocial behavior. These strategies include intentionally limiting opportunities for aggressive behavior, creating and enforcing firm limits around aggressive behavior, and helping aggressive students develop alternate behaviors (Gest et al., 2014). Another strategy is mitigating status extremes by creating multiple routes to status in the classroom, such as providing a variety ways for children to receive recognition from the teacher, or by structuring the classroom environment to deemphasize social status altogether (Gest et al., 2014). Teachers may also support isolated students by teaching them skills that support formation of friendships, and by creating opportunities for them to connect with others (Gest et al., 2014). Other vetted strategies for improving peer relationships include peer-assisted learning strategies (PALS), cooperative learning groups, peer mentoring, limiting materials and toys present so that students have opportunities to practice sharing, and peer-mediated intervention, where peers are trained in strategies to help their classmates develop prosocial skills (Harris & Meltzer, 2015).

Moving Toward Mastery

Once a traumatized child is sufficiently regulated, they can begin developing skills that require higher levels of cognitive functioning, as well as improving cognitive functioning itself (Brunzell et al., 2019; Kinniburgh et al., 2005; Perry, 2009; van der Kolk, 2003, 2005). In a school setting, this means engaging with academic challenges (Brunzell et al., 2019; Kinniburgh et al., 2005). Additionally, Brunzell, Stokes and Waters (2019) describe the final step of their developmental model of trauma informed education as “increasing psychological resources” (p. 602). This means developing a growth mindset, habits around goal setting, and techniques for focusing effectively and working productively to accomplish those goals. They also emphasize character education, which helps students identify strengths within themselves and work toward

living their values (Brunzell et al., 2019). Kinniburgh et al. (2005) describes this step as focusing on “developmental competencies,” (p. 429). These competencies stretch across the interpersonal, intrapersonal, cognitive and emotional domains, and encompass the skills children ought to have mastered by their age. Examples include problem solving, executive functioning, language skills, academic proficiency, relationship skills, emotion identification, and communicating feelings (Kinniburgh et al., 2005).

Permeating all this difficult academic, social and intrapersonal work is the quest for mastery- the feeling of being in control of one’s body, one’s choices, and one’s situation that is the end goal of development (van der Kolk, 2003, 2005). The keys to achieving this are a positive self-concept and strong sense of self-efficacy. As such, it is crucial that students are given opportunities to experience success, and that these successes are identified, celebrated, and reflected upon (Brunzell et al., 2019; Crosby, 2015; Gardner & Stephens-Pisecco, 2019; Kinniburgh, 2005; McConnico et al., 2016). Sometimes this requires redefining success, and often it involves co-creating goals that are both attainable and challenging (Kinniburgh et al., 2005).

Avoiding Retraumatization: Permitting Healing

All of this beautiful, grueling, arduous work can be destroyed if school becomes another source of trauma in a child’s life. This is a very real risk. Because they demonstrate so many extreme and disruptive behaviors, traumatized children often experience punitive or retaliatory behavior from teachers and caregivers that mimic their traumatic histories (van der Kolk, 2005). Traumatized kids are especially sensitive to these negative reactions, because their overactive stress responses and the fact that they normalize their traumatic experiences leads them to expect their trauma to recur. Even slight reminders cause them to relive their traumatic pasts, and their trauma is thus reinforced (Perry, 2009; van der Kolk, 2003, 2005).

It is therefore crucial that schools take steps to avoid retraumatizing the children they are attempting to help. Treating students with patience, respect, and kindness is key (Fink & Halpern, 2019; Jennings, 2019). This is easier said than done. Traumatized children are driven to reenact their trauma. This means that their behavior can be both intentional and extremely distressing (van der Kolk, 2005). It may also, consciously or unconsciously, remind teachers of trauma they have experienced.

Separating Behavior from the Student

Separating the behavior from the student is one means of avoiding retraumatization. Habitually using language that communicates displeasure with the behavior, but not with the student, can over time reassure traumatized children that the attachment bond is not in danger, even when they are acting out. Shifting one's mindset in this way facilitates unconditional positive regard, and insulates the student-teacher relationship from frustration with repeated misbehavior. This helps prevent teachers from overreacting in the moment.

Consequences Over Punishment

Thankfully, corporal punishment is no longer widespread in schools. However, non-physical methods of punishment can still cause students significant distress, trigger power struggles, and erode student-teacher relationships (Fink & Halpern, 2019; Honsinger & Brown, 2019). A more trauma informed approach is to shift from punishment toward consequences (Blitz, Yull et al., 2020; Fink & Halpern, 2019). Punishment is an attempt to intentionally cause students discomfort in order to stop a behavior. Consequences, on the other hand, "are used to encourage student understanding," (Fink & Halpern, 2019, p. 58). They teach students that their behavior will have a predictable result. They are reasonable, and delivered privately and respectfully. Additionally, they are related to the behavior, and therefore encourage reflection by students on the relationship between the behavior and its consequence, (Fink & Halpern, 2019).

Punishments will not stop the disruptive behavior of traumatized students. In fact, it may exacerbate it. Consequences, however, help teach responsibility and self-regulation (Blitz, Yull, et al., 2020; Fink & Halpern, 2019). They thus preserve accountability while lowering the risk of retraumatization.

Positive Behavioral Interventions and Supports

Honsinger and Brown (2019) also recommend the use of School Wide Positive Behavioral Interventions and Supports (SWPBIS) to prevent retraumatizing students. They argue that SWPBIS is trauma informed because it is “proactive rather than reactive,” (Honsinger & Brown, 2019, p. 142). It relies heavily on positive reinforcement, which involves celebrating students' successes as well as building on their strengths. It also involves explicit instruction of expectations and self-regulatory skills. These practices are highly beneficial for traumatized students, (Honsinger & Brown, 2019).

If we want school to be a place of safety and healing, we must avoid dealing further damage to our most vulnerable students. Traumatized students cannot relax their hypervigilance enough to begin learning self-regulatory skills if they are being retraumatized regularly. Therefore it is essential that teachers moderate their reactions to disruptive behavior, and respond with disciplinary practices that are helpful, instead of hurtful.

Teachers' Trauma

Trauma is endemic to our society, (Bloom & Sreedhar, 2008; CDC, 2020; Felitti et al., 1998). Teachers are no exception. Highly disruptive behavior may trigger teachers' own trauma response and cause an aggressive overreaction. Teachers must take steps to consciously address their own trauma to avoid overreacting (Bloom, 1995). Teachers must also recognize trauma reenactments and other disruptive behaviors for what they are: symptoms of past abuse and indications of an unmet need. When teachers operate from a trauma-informed perspective, they

show more empathy and are less likely to react in damaging ways (Bloom & Sreedhar, 2008; Jennings 2019, van der Kolk 2005).

Teachers are vulnerable to secondary trauma absorbed from their students, in addition to whatever primary trauma they carry from their personal life (Wolpow et al., 2009). This phenomenon and the importance of coping with it are discussed in the following section.

Proximity to Trauma: Impacts on Families, Communities and Organizations

Trauma impacts not only the individual who carries it, but those who care for them as well. It can spread through families and communities, passing behaviorally and genetically from one generation to the next (DeAngelis, 2019). Professional caregivers who work with traumatized children, such as teachers and doctors, can absorb the trauma of their charges (Blitz, Anderson et al., 2016; Bloom & Sreedhar, 2008). These second hand trauma behaviors can shape entire organizations (Bloom & Sreedhar, 2008). The following section details these effects, and their implications for the classroom setting.

Secondary and Organizational Trauma

Many teachers carry trauma related to their own adverse childhood experiences. However, teachers may also absorb the trauma of their students, especially if they work with many traumatized children over an extended period of time (Blitz, Anderson et al., 2016; Wolpow et al., 2009). This is called secondary trauma, and it is commonly observed in teachers, as well as healthcare professionals (Blitz, Anderson et al., 2016; Bloom & Sreedhar, 2008; Wolpow et al., 2009).

Secondary trauma can pervade entire organizations, which will then exhibit a “trauma-organized culture,” (Bloom & Sreedhar, 2008, p. 49). Traumatized organizations “can become reactive, change-resistant, hierarchical, coercive, and punitive,” much like the traumatized individuals they are attempting to serve (Bloom & Sreedhar, 2008, p. 49).

When schools and their teachers fail to manage their own secondary trauma, they become ineffective at serving traumatized youth. They tend toward harsh punishments that retraumatize students, break down relationships, and exacerbate problematic behaviors. Their rigid, hierarchical nature precludes the formation of significant relationships, and makes meeting the unique needs of a traumatized individual impossible (Blitz, Anderson, et al., 2016; Blitz, Yull, et al., 2020; Bloom & Sreedhar, 2008; Wolpov et al., 2009). To be trauma-informed requires operating from a place of empathy and flexibility. Secondary trauma pushes schools and teachers to operate from a place of self-protectiveness and fear.

In this way, schools can experience a cycle of trauma much like families do. As the emotional burden of managing students' trauma wears down staff members, they become more likely to re-traumatize their students, whose behaviors worsen, increasing the staff's load of secondary trauma. Breaking this cycle requires awareness of the trauma carried by both students and staff, and of the relationship between trauma and behavior. It requires that staff care for themselves, and for each other (Bloom & Sreedhar, 2008).

Intergenerational Trauma

Often, trauma is passed down from parent to child. Traumatized individuals are driven to re-enact their trauma, (Bloom & Sreedhar, 2008; van der Kolk, 2005). Children living with traumatized parents therefore possess significantly higher risk of exposure to ACEs. However, behaviors which stem from trauma may be learned from a family or a culture, even if one has never experienced a traumatic event firsthand. This is called intergenerational trauma (DeAngelis, 2019).

DeAngelis (2019) explains that the impacts of intergenerational trauma “are not only psychological, but familial, social, cultural, neurobiological and possibly even genetic as well” (p. 2). From a psychological perspective, trauma-based behaviors and attitudes, such as suspicion

of others or unwillingness to ask for help, may be consciously or unconsciously taught by parents to children (DeAngelis, 2019). Parents may teach their children that the world cannot be trusted, and thus pass on their hyperarousal and fear-based coping mechanisms (DeAngelis, 2019).

Epigenetics is a mode of trauma transmission that we are just beginning to understand (DeAngelis, 2019). Epigenetics are “environmentally driven molecular processes that can turn genes on or off” (DeAngelis, 2019, p. 7). Traumatic events can initiate changes to an individual’s genome, and these changes can then be passed on through sexual reproduction (DeAngelis, 2019). For example, “Holocaust exposure had an effect on FKBP5 methylation that was observed in exposed parents as well in their offspring” (Yehuda et al., 2016, p. 372). Methylation is an epigenetic mechanism, and the FKBP5 gene is associated with PTSD and major depression (Yehuda et al., 2016). Trauma alters an individual’s genetic code, and therefore alters the genetic makeup of their children (DeAngelis, 2019; Yehuda et al., 2016).

Intergenerational trauma has been observed in a variety of communities in America, including native and black Americans (DeAngelis, 2019). DeAngelis (2019) explains that there are “broad effects among children and grandchildren of survivors of massive cultural oppression” (p. 4). Trauma is therefore unevenly distributed in American society, especially because the oppression DeAngelis observes is ongoing, and students will therefore carry trauma that is personal as well as cultural and generational (DeAngelis, 2019). The relationship between trauma, race, culture and social justice is explored in the following section.

Social Justice: Why Race and Culture Matter

Opportunity is distributed unevenly in the United States of America along racial lines, with white individuals receiving extra privileges while blacks, indigenous people, and people of color (BIPOC) must contend with the barriers created by institutional racism (Carter, 2007; Kirkinis et al. 2018). Carter explains “racial stratification and systemic racism have been and continue to be endemic and ingrained in all aspects of American life: in customs, laws, and

traditions” (2007, p. 13). The traumatic impacts of these systems of oppression are explored in the following section.

Oppression Creates Trauma

The experience of oppression is more than just difficult or stressful- it is traumatizing (Carter, 2007; Carter et al., 2013, 2020; Williams et al., 2018). Race based traumatic stress, a phenomenon identified by Carter in 2007, causes some of the same symptoms as Post-Traumatic Stress Disorder and/or Developmental Trauma Disorder, a term coined by van der Kolk (2005) to describe the distinct symptoms of young children exposed to disrupted attachment patterns and chronic stress, as described in Section 1. Experiences of racial discrimination can take root in the body- producing hyperarousal or hypervigilance, as well as somatic symptoms such as muscle tension, headaches, elevated heart rate, sweating and sleep disturbances (Carter, 2007; Carter et al., 2013, 2020; Williams et al., 2018). It can create emotional dysregulation, especially depression, anger and anxiety, as well as cause dissociative episodes (Carter, 2007; Carter et al., 2013, 2020; Williams et al., 2018). Individuals struggling with race-based traumatic stress develop the expectation that their trauma will recur (Carter, 2007; Carter et al. 2013; Williams et al., 2018). They may be suspicious of other people, or feel alienated from them (Williams et al., 2018). They may suffer from intrusive thoughts, or flashbacks of the traumatic event (Carter 2007, Carter et al. 2013, 2019). These individuals also tend to use avoidance as a coping mechanism. They may forget or deny distressing memories, avoid any reminders of the traumatic event(s), or distract themselves from negative memories and emotions (Carter, 2007; Carter et al., 2013; Williams et al., 2018). Substance abuse is a common form of avoidance (Carter, 2007; Carter et al., 2013). If it walks like a duck, and it talks like a duck, and it flies like a duck... it’s trauma.

The effects of racial discrimination accumulate over time. This is especially true of microaggressions, which may seem inconsequential individually, but can do significant damage over the course of a lifetime (Carter, 2007; Williams et al., 2018). Microaggressions are just as closely correlated to trauma symptoms as major discriminatory events on the Trauma Symptoms of Discrimination Scale, a tool created by Williams et al. (2018) to measure race-based traumatic stress. In fact, “as an individual’s experience of subtle mistreatment in the form of microaggressions increases so does the predictive relationship with trauma symptoms” (Williams et al., 2018, p. 2).

Kirkinis et al. (2018) accumulated further evidence of the relationship between oppression and trauma in a comprehensive literature review. They reviewed twenty-eight empirical studies which included specific measures of both racial discrimination and trauma in adults (Kirkinis et al., 2018). They “found consistent patterns of associations, with 70% of associations (n = 31) as positively significant: (Kirkinis et al., 2018, p. 10). They describe this finding as “moderate to strong, positive associations between racial discrimination and trauma,” and also note that several symptoms of race-based traumatic stress (e.g. hypervigilance, avoidance, intrusive thoughts, depression, physical symptoms; Carter et al. 2013) overlap with symptoms of PTSD” (Kirkinis et al., 2018, p. 13).

That is not to say that PTSD, developmental trauma disorder, and race-based traumatic stress are identical. Differences exist, although they are still being parsed within the literature (Carter 2007, 2013; van der Kolk, 2005). However, it is not the job of teachers to concern themselves with students’ clinical diagnosis. What teachers need to understand is that BIPOC students may be carrying trauma stemming from experiences of oppression, and act accordingly.

Oppression Creates Poverty

Oppression erects barriers to social and economic progress for people of color. They are more likely to experience poverty, and to experience it at a high concentration, which in turn makes them more likely to experience ACEs (Maguire-Jack et al., 2020; Quillian, 2012; Rawls, 2010). For example, poverty increases risk of exposure to violence and abuse (Rawls, 2010).

Caregivers struggling to meet basic needs are less available to regulate and nurture their child, and are often dysregulated themselves (Blair et al., 2011). This leaves their children vulnerable to the disruptions of attachment that so powerfully contribute to trauma (van der Kolk 2003, 2005). The constant struggle to survive also creates high levels of stress within the child that accumulate over time. This can alter childrens' physiological stress response (Blair et al., 2011). Blaire et al. (2011) do not use the term trauma, but they explain that “experience can alter stress physiology in a cumulative fashion to provide short-term benefits to physical and psychological functioning in unsupportive environments but that ultimately prove injurious to health and well-being in the long term” (p. 845). This is the same idea of use-dependent development described by Perry (2009) in Section 1, and the resultant impacts on childrens' bodies and brains (hyperarousal) are also identical (Blair et al., 2001; Perry, 2009; van der Kolk, 2003). They therefore show that the toxic levels of stress created by poverty are traumatic.

Since BIPOC individuals are at greater risk of poverty than white people (Maguire-Jack et al., 2020; Quillian, 2012), they are also at a greater risk of poverty-induced trauma.

Intergenerational Impacts

BIPOC individuals in America have been surviving oppression for centuries (Carter, 2007; DeAngelis, 2019). They therefore carry not only their own trauma, but the trauma of their ancestors (DeAngelis, 2019; Yehuda et al., 2016). It is passed down genetically, behaviorally, and culturally (DeAngelis, 2019; Yehuda et al., 2016).

Implications for Teaching

A students' trauma cannot be effectively addressed unless their oppression is addressed (Duane et al., 2021; Skiba et al., 2011). In fact, if the issue of race is ignored, schools become agents of oppression and thus retraumatize their students (Duane et al., 2021; Skiba et al., 2011). Skiba et al. state "the fact of racial/ethnic disproportionality in school discipline has been widely and, we would argue, conclusively demonstrated (2011, p. 104). Black and latinx students receive harsher punishments than their white peers for similar infractions, and are much more likely to be suspended or expelled (Skiba et al., 2011). They are also much more likely to be disciplined for subjective infractions, specifically disobedience or disrespect (Skiba et al., 2011). Less easily measured, but just as significant, are the continued presence of microaggressions in classrooms where race and culture are not actively considered (Duane et al., 2021). Although almost always unintentional, these microaggressions and unfair disciplinary practices accumulate over time, and do significant damage to our students (Duane et al., 2021; Mowen & Brent, 2016; Noltemeyer et al., 2015; Skiba et al., 2011).

We cannot help students develop resilience if we are burdening them with additional traumatic experiences. Furthermore, students cannot feel safe, valued or respected unless the full spectrum of their identities is acknowledged and accepted (Duane et al., 2021). Creating the sense of safety and depth of connection required to support traumatized students in the classroom therefore requires a culturally responsive approach, in which students feel that all aspects of their identities are seen and valued.

Conclusion

The question remains: *What can individual elementary school teachers do to facilitate the success of traumatized students in their classrooms?*

There are as many answers as there are students. However, a few key strategies shine through. Teachers can educate themselves about the impacts of trauma on their students' bodies and brains. They can comprehend the importance of attachment to childhood development, and situate themselves as alternate attachment figures, capable of helping children co-regulate their emotions (Jennings, 2019).

Teachers can help their students develop resilience through the implementation of trauma-informed practices. These will be structured sequentially (Brunzell et al., 2019; Kinniburgh et al., 2005; Perry, 2009; van der Kolk, 2003;). First, teachers must create safe, structured, and predictable environments (Perry, 2009). Once students feel safe, social-emotional learning curricula can teach them to regulate their emotions and reactions (Perry, 2009). As students become better regulated, teachers can help them develop positive relationships with their peers through direct management strategies and by modeling respectful behaviors (Gest et al., 2014; Jennings, 2019; Perry, 2009; van der Kolk, 2003). When students are safe, regulated, and connected, they can begin stretching themselves academically, developing a growth mindset, and moving towards mastery (Brunzell et al., 2019; Kinniburgh et al., 2005; Perry, 2009; van der Kolk, 2003).

Schools must take care to avoid retraumatizing their students, whose explosive fight-flight-freeze reactions and startling trauma-reenactments can elicit large reactions from adults (van der Kolk, 2005). Behavior management systems should be supportive, instead of punitive (Blitz, Yull et al., 2020; Fink & Halpern, 2019; Honsinger & Brown, 2019). Additionally, teachers must take care to manage their own trauma to keep from overreacting (Bloom, 1995). This includes the secondary trauma they absorb from their students, which can permeate the entire school (Bloom & Sreedhar, 2008; Wolpow et al., 2009).

Trauma spreads through generations as well as through communities (DeAngelis, 2019; Yehuda et al., 2016). BIPOC populations carry a disproportionate amount of intergenerational trauma (DeAngelis, 2019), in addition to trauma created by structural oppression (Carter, 2007; Carter et al., 2013, 2019; Williams et al., 2018), and the poverty oppression creates (Blair et al., 2011; Maguire-Jack et al., 2020; Perry, 2009; Quillian, 2012; Rawls, 2010; van der Kolk, 2003). Teachers must therefore integrate anti-racism and cultural responsiveness into their trauma informed practices.

Teachers, it turns out, can do a lot to facilitate the success of traumatized students in their classrooms. That is a good thing, because as Blitz, Anderson et al. (2016) explain- “new approaches are needed to promote resiliency and student achievement by addressing the intersections of institutional bias, trauma, and the chronic stress often associated with poverty in the context of historical and structural oppression,” (p. 522). The following chapter is an attempt to disseminate some of these new approaches, by describing a professional development curriculum aimed at in-service teachers.

PROFESSIONAL DEVELOPMENT CURRICULUM

Session 1 Lesson Plan: Building Background		
<i>Context</i>	This first session is meant to develop participants' background knowledge on trauma, so that they can explore the impact trauma has on their classroom across the next three sessions.	
<i>Objective</i>	Participants will be able to describe the impact of trauma on a child's body, behavior and brain, as well the significance of secondary trauma, and the relationships between trauma and attachment, poverty and oppression.	
<i>Setting</i>	A space large enough for all participants, and furnished in such a way to facilitate note taking, as well as both small and large group discussion.	
<i>Materials</i>	digital projector and laptop, copies of handout, talking piece	
Lesson Sequence		
	<i>Facilitator's Role</i>	<i>Participants Role</i>
<i>Opening</i>	<p>First, the facilitator will support community building by running a connection circle. All participants should share their name, job description and what animal they would like to be.</p> <p>Designate one group to be the "watchdog group." Explain to all participants that the watchdog group's job is to stop the presentation and ask for clarification whenever they deem necessary.</p> <p>Distribute handout to all participants.</p>	<p>First, everyone will participate in a connection circle- share their name, job description and what animal they would like to be, and get to know other participants by listening to their answers.</p> <p>Participants return to their small group configuration.</p> <p>Attend to the role of the watchdog group. Accept the position if they are willing and if the facilitator requests it.</p>
<i>Learning Activities</i>	Follow the presentation script included in presenter notes section of ppt. Respond to questions as they arise.	Listen actively to the presentation. Stop the presenter periodically to ask questions. Take notes on handout if desired. Participate in embedded small and large group sharing opportunities.
<i>Closure</i>	Provide independent thinking	Consider independently what struck them the

	<p>time for participants to consider what struck them most during the presentation.</p> <p>Facilitate sharing in small groups. Move around the room to listen to various responses.</p> <p>Ask volunteers to share with the whole group if time permits.</p> <p>Communicate expectations for independent inquiry between sessions.</p>	<p>most during the presentation.</p> <p>Share in their small groups.</p> <p>Volunteer to share in large groups. Listen to other participants' responses.</p>
After the Session		
	<p>Be available by email to answer questions from participants.</p> <p>If time and budget allow, observe classrooms of participants or meet with them one on one to help them identify the ways trauma is influencing their classroom.</p>	<p>Between sessions, participants are responsible for observing and noting down the ways trauma impacts their classroom, or the school as a whole if that is more appropriate to their role. Their notes should be relatively specific, but concern overall trends within their classroom as opposed to describing individual instances. We will use these notes to brainstorm trauma informed practices that would help each individual classroom during the next session.</p> <p>Teachers should continue to seek and provide support to their small group members between sessions, and may collaborate on their “homework” if they so choose.</p>

[Session 1 Powerpoint Link](#)

Make a copy of this powerpoint in order to edit it.

Session 1 Handout

Copy the following two pages, add your contact information to the bottom, and print copies for all participants.

Impacts of Trauma- The body and brain both assume that trauma will recur

- Hyperarousal
 - Elevated baseline stress levels
 - Excessively sensitive fight/flight/freeze response
- Cognitive impairment
 - Entire neocortex is less active or underdeveloped
 - Hemispheric lateralization- emotional half of neocortex is larger than the logical half
 - Results in difficulties with memory, learning, decision making, inhibition, long range planning
- Re-experiencing- emotional brain relives their trauma and logical brain shuts down
- Reenactments
- Suspicion of other people and the unfamiliar
 - Inappropriate patterns of attachment (excessively distrustful or clingy)
 - Extreme difficulty coping with change
- Avoidance behaviors
 - Substance abuse
 - Become disconnected from own physical and emotional experience

Attachment and Resilience

- Caregivers co-regulate their children, which teaches children to regulate themselves
- Interrupted attachment is a major risk factor for trauma
- Healthy attachment is the most important contributor to resilience
- Children are more vulnerable to trauma because their brains are still developing

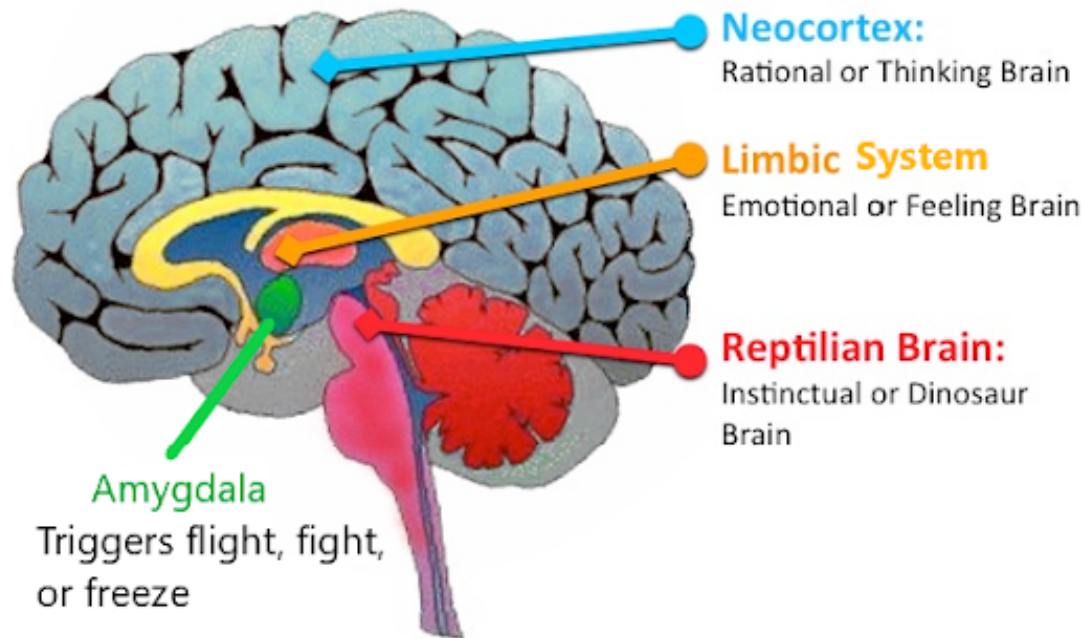
Oppression, Poverty and Traumatic Stress

- Oppression is literally traumatizing
- Oppression creates poverty, which is also literally traumatizing
- Trauma is transmitted intergenerationally through culture, modeled behavior and genetics
 - Oppressed groups carry a larger weight of intergenerational trauma than others
- Safety is necessary for healing, and culturally responsive practices are necessary to make children feel safe

Secondary Trauma

- Teachers can absorb trauma from their students, and begin displaying it themselves
 - We hurt when we see our students hurting
 - Managing trauma induced behavior is exhausting
- Organizational Trauma- when secondary trauma organizes an entire organization (school)
- Secondary trauma looks like
 - Rigidity (suspicion of others, and of change)
 - Reactivity
 - Emphasis on punishment over connection

The Triune Brain



Further Reading

- Blair, C., Raver, C. C., Granger, D., Mills-Koonce, R., & Hibel, L. (2011). Allostasis and allostatic load in the context of poverty in early childhood.
- Blitz, L. V., Anderson, E. M., & Saastamoinen, M. (2016). Assessing Perceptions of Culture and Trauma in an Elementary School: Informing a Model for Culturally Responsive Trauma-Informed Schools.
- Bloom, S. L., & Sreedhar, S. Y. (2008). The Sanctuary Model of Trauma-Informed Organizational Change.
- Carter, R. T., Kirkinis, K., & Johnson, V. E. (2019). Relationships Between Trauma Symptoms and Race-Based Traumatic Stress.
- DeAngelis, T. (2019). The legacy of trauma.
- Perry, B. D. *Principles of Working with Traumatized Children*
- van Der Kolk, B.,A. (2005). Developmental Trauma Disorder: Toward a rational diagnosis for children with complex trauma histories.
- Williams, M. T., Printz, D. M. B., & DeLapp, R. C. T. (2018). Assessing Racial Trauma With the Trauma Symptoms of Discrimination Scale.

Facilitator Contact Information

	feel? Is this a form of top down or bottom up regulation?	intentional breathing helps us regulate ourselves.
<i>Learning Activities</i>	<p>Show the fourth slide, and ask a volunteer to explain what is happening in the picture. (It is a power struggle).</p> <p><i>Ask: How many of you have been here in your classroom?</i></p> <p>Explain that we are going to practice a strategy to avoid the power struggle and empower traumatized children: phrasing consequences as a choice. Note that consequences should be logical and fair, never excessively harsh or embarrassing.</p> <p>Have teachers practice the sentence stem in their small groups in a variety of hypothetical situations, such as</p> <ul style="list-style-type: none"> ● Talking during teaching ● Arguing with your partner during a math game ● Cutting other people's projects <p><i>Ask the group: How might this practice be especially helpful for traumatized students?</i></p>	<p>Participate in the large group discussion. Describe the picture shown. Reflect on their own experiences with power struggles.</p> <p>Attend to the new strategy and take notes as desired.</p> <p>Practice using the sentence stem with their small groups</p> <p>Participate in the large group conversation. Draw on their background knowledge of trauma to describe how this practice could be helpful to traumatized students.</p>
	<p>Provide handout to participants and allow them to fill it out within their small groups. Float between groups and listen in. Support teachers in contextualizing their observations within a trauma informed lens.</p>	<p>Review the following questions in their small group, and make some notes about them.</p> <ul style="list-style-type: none"> ● Are there students in your class that exhibit "big behaviors?" Do these behaviors make more sense viewed through a trauma informed lens? How do these behaviors impact the rest of the class? ● Are there smaller behaviors from other students that make sense within a trauma informed lens? Even if the behavior does not stem from trauma, could a trauma informed intervention help correct it?

	<p>Gather the large group and have a reporter share their groups' findings. Bridge from reporting answers to a large group discussion.</p>	<ul style="list-style-type: none"> • Are there nonacademic skills that many students in your class are struggling to master? • Are there times when you overreact or react too quickly? Do you have specific triggers- a student or a behavior? <p>Report their findings to the large group. Bridge to a large group discussion as they react to other groups observations.</p>
<i>Closure</i>	<p>Have participants turn to their small groups and share one key takeaway from today's session.</p> <p>Explain that the next session will focus on brainstorming trauma informed practices that could benefit your classroom, and picking one to implement. Instruct participants to brainstorm some potential interventions before the next session.</p> <p>End the session by taking five deep breaths together. Give participants the choice between volcano breathing or pretzel breathing.</p>	<p>Turn to their small groups and share one key takeaway from today's session.</p> <p>Note the expectations for the next session.</p> <p>Take five deep breaths together.</p>
After the Session		
	<p>Be available by email to answer questions from participants.</p> <p>If time and budget allow, observe classrooms of participants or meet with them one on one to help them implement their trauma-informed practice, or tweak their implementation plan.</p>	<p>Continue observing the impact of trauma on their classroom or their student population. Begin brainstorming trauma informed interventions that might benefit their group. Write down a few ideas to bring to the next session. Ask colleagues or the facilitator for support as needed.</p>

[Session 2 Powerpoint Link](#)

Make a copy of this powerpoint in order to edit it.

Session 2 Handout

Are there students in your class that exhibit “big behaviors?” Do these behaviors make more sense viewed through a trauma informed lens? How do these behaviors impact the rest of the class?

Are there smaller behaviors from other students that make sense within a trauma informed lens? Even if the behavior does not stem from trauma, could a trauma informed intervention help correct it?

Are there nonacademic skills that many students in your class are struggling to master?

Are there times when you overreact or react too quickly? Do you have specific triggers- a student or a behavior?

Session 3 Lesson Plan: Brainstorming Trauma Informed Practices

<i>Context</i>	This is the third session out of four, conducted approximately one month after the second session. Participants explored the impacts trauma has on their classroom and school in the previous session, and spent the following month brainstorming potentially helpful trauma informed practices.. They are therefore entering the session with some ideas of specific practices that could benefit their students.
<i>Objective</i>	Participants will identify a trauma informed practice that might benefit their students, and create an implementation plan for it.
<i>Setting</i>	A space large enough for all participants, and furnished in such a way to facilitate note taking, as well as both small and large group discussion.
<i>Materials</i>	Handouts, mindful movement script and visuals, digital projector, laptop computer, google document shared with all participants, paper and pencils for participants

Lesson Sequence

	<i>Facilitator's Role</i>	<i>Participants Role</i>
<i>Opening</i>	<p>Ask participants to write down one word describing how they are currently feeling.</p> <p>Lead the attached session of mindful movement. Use included visuals to support.</p> <p>After, the facilitator will ask participants how they are feeling, and if their feelings changed since before the exercise.</p> <p>Ask: <i>Why would I include this activity in a workshop on trauma-informed teaching practices?</i></p> <p>Within or through this discussion, highlight that mindful movement combines bottom-up and top-down regulation of the brain: it soothes the brainstem and autonomic nervous system through breath and movement,</p>	<p>Write down one word describing their current state of being, and keep it to themselves.</p> <p>Participate in the session of mindful movement, attending to the impact it has on their physical and emotional state.</p> <p>Share their current feelings, and reflect on the impact that mindful movement had on their state of being.</p> <p>Activate their prior knowledge about trauma to consider how mindful movement is a trauma informed teaching practice. They will share their reflections with the large group.</p>

	<p>while also engaging the neocortex in active reflection on one’s physical, mental and emotional state. This makes it incredibly useful for all people, but especially traumatized children. It can also be applied independently when children gain proficiency, and therefore builds self-regulatory capabilities.</p>	
<i>Learning Activities</i>	<p>Move participants through the process outlined to the right, tracking time and giving instructions at appropriate intervals. Float between groups and listen in. Offer support with brainstorming and problem solving as needed.</p> <p>Support groups in adding their practices to the google document. Type for them, or help them access the document to type for themselves.</p> <p>Moderate the large group discussion.</p> <p>Prompt participants to return to small groups. Again, float between groups and listen in. Offer support with brainstorming and problem solving as needed.</p>	<p>Review the learning from session 2. Share their continued reflections about how trauma impacts their classrooms in their small groups.</p> <p>Then, pivot to brainstorming trauma-informed practices that could benefit each others’ classrooms.</p> <p>Aggregate their ideas in a google document that will be accessible after the workshop. If they have access to their laptop they can type their ideas themselves, or the facilitator may type for them.</p> <p>Share a few of their potential TIPs with the large group.</p> <p>Choose the TIP that is best suited to your students. Return to small groups to devise an implementation plan. Write it out on the handout provided.</p>
<i>Closure</i>	<p>Lead participants in taking 5 deep breaths together. Model fingertip breathing technique- make a ball by touching your fingertips together. Make the ball grow as you inhale by moving your fingertips apart. Shrink on the exhale by bringing them closer until they touch again.</p> <p>Conduct a thumb poll: do you feel ready to implement your TIP?</p>	<p>Take 5 deep breaths together. Mimic the fingertip breathing technique.</p> <p>Honestly respond to the thumb poll.</p>

	<i>If your thumb is down, do you know who you can ask for help?</i>	Identify a colleague and the facilitator as individuals they can ask for support.
After the Session		
	<p>Be available by email to answer questions from participants.</p> <p>If time and budget allow, observe classrooms of participants or meet with them one on one to help them implement their trauma-informed practice, or tweak their implementation plan.</p>	<p>Follow their implementation plan! Work to overcome obstacles encountered. Ask for support from colleagues and facilitators as needed. Reflect on the experience and the TIP's efficacy. Make some notes to bring to the following session.</p>

[Mindful Movement Visuals Powerpoint](#)

Make a copy of this powerpoint in order to edit it.

Mindful Movement Script

Citation: Goldstein, J. Mindfulness Exercises for the Classroom. North Texas Center for Mindfulness.

Let's invite a little calmness to our bodies and clarity to our minds with this body scan mindfulness practice. For the next 5 minutes (or alternate length of time), I will guide you through a body scan mindfulness practice. The only direction is to focus your attention on the region of your body that I am guiding you to. If your mind becomes distracted or drifts off, that is ok. That is what our minds do. When you notice this has happened, focus your attention back on my instructions. We will begin by finding a comfortable seated position. Try scooting to the front of your chair, placing your feet flat on the floor, and growing your spine tall towards the sky. If this is not comfortable for you, find any comfortable way to sit. Find a comfortable position for your hands by placing them in your lap or resting them on the desk. (Alternate phrasing if guiding students from a lying down position: Let's begin by finding a comfortable lying down position on our backs. Explore for a moment whether it feels better to lay your legs flat on the ground or to bend your knees while placing your feet flat on the floor. Find a comfortable position for your arms by either resting them alongside your body, perhaps with your palms facing up, or by placing your hands on your belly.) Allow your eyes to close if you feel comfortable, or simply allow your eyes to relax.

Start to become aware of your breath flowing in and out of your body. Notice when you are breathing in, and notice when you are breathing out. Find where you feel the movement of the breath most in your body. You may feel it most in your belly filling full of air like a balloon on the inhale and deflating on the exhale, you may feel it most in your lungs moving out on the inhale and falling back on the exhale, or you may feel the breath most in the nostrils with the cool air flowing in on the inhale and the warm air flowing out on the exhale. (Spend about 30 seconds on the breath for a 5 minute body scan.)

Guide your attention up from the breath to the top of your head. Simply becoming aware of where the top of your head is located within your body. Observe what you feel. Perhaps you feel tingling, temperature, or lightness. Whatever sensations are arising for you right now is ok. There is no wrong way to feel during the body scan. Now, bring your attention to your forehead. Notice what you feel. Do you sense looseness or relaxed sensations or do you feel any tightness, tension, or aches? If you feel tension, see what happens as you just breathe and rest your attention on your forehead? (Pause for 10 seconds). Did your tension relax? If not, that's ok too. Just becoming aware that the tension is there is beneficial for your health. Maybe that is your body telling you, you need to drink more water or get more sleep at night. Now direct your attention to your eyes. Just notice how your eyes feel. (Pause for 5 seconds) Now, shift your attention to your cheeks exploring what sensations are arising here. Can you sense temperature? (Pause for 5 seconds) Bring your focus to your nose. Feel the air flowing in and out of the nostrils as your breath for a moment. (Pause for 5 seconds) Direct your attention to your lips for a moment (Pause for 5 seconds), and then your chin. (Pause for 5 seconds) Rest your awareness on your jaw. What do you notice about how your jaw feels? Does your jaw feel clenched, tense, or tight? If so, just breathe and notice what happens to your jaw. (Pause for about 10 seconds). Does your jaw feel more relaxed? Whatever you are experiencing is perfectly ok.

Guide your attention to your neck. Breathe and investigate what feelings you notice there. (Pause for 5 seconds) Now move your focus to your shoulders (Pause for 5 seconds), your upper arms (Pause for 5 seconds), your elbows (Pause for 5 seconds), your lower arms (Pause for 5 seconds), and now your hands. Investigate what sensations you feel on your palms. Are you feeling any tingling, temperature, or moisture? Or do you feel something else? (Pause for 10 seconds. Bring your attention around to the backs of the hands. Notice the knuckles and the finger nails. (Pause for 5 seconds) Glide your attention back up your arms and shoulders, around your neck, and into your back. What do you notice about the way your back feels? Just breathe and observe. (Pause for 10 seconds) Shift your attention to your heart. How does your heart feel? Can you feel your heartbeat? If not, that's ok too. (Pause for 5 seconds) Direct your awareness to your lungs. Notice how your lungs and ribs move with the breath. (Pause for 5 seconds) Now, rest your attention on your belly. Feel how the belly moves with the breath. (Pause for 5 seconds). Now bring your attention to your upper legs. Can you feel the backs of your thighs resting on the chair/floor? (Pause for 5 seconds). Now rest your attention on your knees for a moment. Notice the kneecaps, the sides of the knees, the backs of the knees. (Pause for 5 seconds) Bring your attention to your lower legs. (Pause for 5 seconds) Settle your attention on your feet. What sensations do you feel

in this moment? Can you feel your socks and shoes around your feet? Can you feel your feet/heels resting against the ground? (Pause for 5 seconds) Now, with a big inhale, expand your attention to include your entire body. Simply notice how your entire body feels in this one moment. Start to become aware of your rhythm of breath again watching inhalation turn to exhalation and exhalation turn to inhalation. (Instruct students to attend to the breather the remainder of the 5 minutes). Now, gently open your eyes and bring a little movement to your body. Perhaps circling your wrists and ankles or wiggling your fingers and toes or taking a fully body stretch with arms reached up overhead.

Now we are going to stand up and move our bodies. Find some space where we will not bump into anyone when stretching our arms out to the sides and in front of us. (Ensure that students have enough space before beginning) We will begin in Mountain pose with our feet facing forward about hips width apart and our arms slightly away from our body with our palms turned forward. Grow your spine tall to the sky. Close your eyes for a moment and connect to your breath. Notice when you are breathing in and notice when you are breathing out. (Pause for about 10 seconds) As we practice mindful movement, focus your attention on how it feels to move your body moment to moment. Investigate what muscles you feel stretching and what feels good to your body. It is very important that you listen to your body. If something I am guiding you to do does not feel good for your body, you can skip it and quietly focus on your breath in Mountain pose. Bring your focus to how it feels for your feet to be connected to the earth below you. Open your eyes. On an inhale, raise your shoulders towards your ears, and on an exhale, lower your shoulders back down. (Repeat 2 more times) Now, roll your shoulders in circles going backwards. (Pause for about 10 seconds) Reverse the direction of the circles. (Pause for about 10 seconds) Allow your shoulders to rest in Mountain pose now. Close your eyes for a moment and notice where your attention is being drawn to within your body. Perhaps it is your shoulders, neck, or arms. Open your eyes, and on an inhale, flip your palms up and circle them up to the sky bringing palms to touch overhead, and on an exhale, turn your palms down while floating your arms back to your sides. (While saying this, demonstrate side sweeping your arms up to the sky bringing palms to touch overhead and then lowering your arms back by your sides. Flow through this movement for approximately 20 seconds) Now reach your arms up to the sky and grab your left wrist with your right hand. Take an inhale, and on an exhale, bend over to the right making a banana or crescent moon like shape with your body. (In this side body stretch, both hips and shoulders should be facing forward) Remember to breathe. On an inhale, raise your arms back up to the sky grabbing your right hand with your left wrist, and on an exhale, bend over to the left making this same banana or crescent moon like shape. (Spend about 5 seconds on each side) On an inhale, reach your arms back up to the sky, and on an exhale, make cactus arms (Making field goal post shaped arms where the arms are out the side with elbows bent at 90 degrees). On an inhale, reach the arms back up to the sky, and on an exhale, make cactus arms. One more time, as you inhale, reach your arms to the sky, and as you exhale, find cactus arms. Reach your arms back up to the sky as you inhale, and lower your arms back to your sides in Mountain pose as you exhale. Step your feet out so they are a little wider than hips width apart and bring your arms out to a "T". Turn your right foot out to the right side wall and

keep your left foot facing forward. Take an inhalation, and on an exhalation, bend your right knee as we find the Warrior II pose. Perhaps try looking over your right hand towards the right side wall. (Look up this pose online for assistance if needed. In Warrior II, the knee should not bend past the toes. If this happens, that means one should step out a little farther with the front foot.) As you inhale, straighten your right knee, turn your right foot back to the front wall, and turn your left foot to the left side wall. Inhale, and as you exhale, bend your left knee into Warrior II. Look over your left hand to the left side wall if that feels good for your neck. (Spend about 10 seconds in each pose.) On an inhale, straighten your left knee, turn your left foot forward, and step your feet closer together into Mountain pose again. Now as you inhale, move your arms out to a “T” and bring the sole of your right foot to the inside of your left leg for the Tree pose. You can explore with resting the ball of your right foot on the ground, placing it on your lower left leg, or resting the right foot on the inner thigh. Do not place your foot against the side of your knee to keep your knee safe. Maybe you try extending your arms to the sky. Don’t worry if you are wobbling around. However you are experiencing the Tree pose is great! Focusing your eyes on a fixed point ahead of you can help with balance. Also, remember to breathe! On your next exhale, bring your right foot to the ground and re-center yourself for a moment by reconnecting to the breath. Now, as you breathe in, bring your left leg into the Tree pose. (Allow for about 10- 20 seconds in each pose.) Let’s close our mindful movement practice with spending a few moments with our breath as we stand in Mountain pose. Feeling the in breath turn to the out breath and the out breath turn to the in breath.

Session 3 Handout

Describe the trauma informed practice you chose.

When will you implement it? How often?

What materials do you need?

What barriers might you encounter? How will you respond?

How will you assess its effectiveness?

Who can you ask for support?

What are some other TIPs that might compliment this one?

Session 4 Lesson Plan: Reflection and Next Steps

<i>Context</i>	This is the final session of professional development. Participants spent the previous month implementing the trauma informed practice they chose at the previous session. Tonight they will reflect on the experience, and plan how they will continue to integrate trauma informed practices in their teaching going forward.
<i>Objective</i>	Participants will reflect on their implementation of the TIP, and plan how to continue integrating TIPs into their teaching after the PD ends.
<i>Setting</i>	A space large enough for all participants, and furnished in such a way to facilitate note taking, as well as both small and large group discussion.
<i>Materials</i>	talking piece, handouts and writing utensils for all participants

Lesson Sequence

	<i>Facilitator's Role</i>	<i>Participants Role</i>
<i>Opening</i>	<p>Greet every participant warmly by name as they enter the room.</p> <p>Display and read aloud the words “unconditional positive regard.” Ask a volunteer to define the phrase. (Answer: thinking well of a student regardless of their behavior). Have participants turn to a neighbor and discuss why unconditional positive regard would be crucial for working with traumatized individuals.</p> <p>Reconvene the group and ask volunteers to share their thoughts.</p> <p>Explain the following: <i>A trauma-informed culture is a necessary prerequisite to trauma-informed practices. Kids know if you don't like them, no matter what you do or say, and if you don't like them, then they won't trust you. So in a trauma-informed culture, we move from asking “what's wrong with you?” to asking “what</i></p>	<p>Enter the room, greet the facilitator and sit down.</p> <p>Attend to or offer the definition of unconditional positive regard. Turn to a partner when instructed and explain why this would be crucial for working with traumatized individuals.</p> <p>Participate in a full group discussion of the same topic.</p> <p>Attend to the significance and nature of a trauma-informed culture.</p>

	<i>happened to you?” We differentiate between the individual and their illness.</i>	
<i>Learning Activities</i>	<p>Provide the handout to participants and allow them to discuss the questions within their small groups. Float between groups and listen in. Offer guiding questions or your own observations as it seems helpful.</p> <p>Moderate the large group discussion.</p> <p>Prompt participants to flip the handout over and discuss the next set of questions. Float between groups and listen in. Offer guiding questions or your own observations as it seems helpful. Support teachers in identifying potential next steps for deepening their trauma-informed practice.</p> <p>Moderate the large group discussion.</p>	<p>Discuss the following questions in their small group. Refer to their handout for guidance.</p> <ul style="list-style-type: none"> • What aspects of your implementation plan went well? What did not go well? • How did the intervention impact your classroom? Will you continue it? • What surprised you about this process? <p>Return to the large group. One reporter shares what the group discussed. Listen to the learnings of other groups. Respond to their thoughts as time allows.</p> <p>Turn your handout over. Discuss the next set of questions in your small group.</p> <ul style="list-style-type: none"> • What do you want to hold on to once this class finishes? • What do you want to learn more about? • Write down 2-3 next steps for deepening your trauma informed practice. Identify someone who can support you. <p>Return to the large group. A different reporter summarizes what the group discussed. Listen to the learnings of other groups. Respond to their thoughts as time allows. Edit their list of next steps as desired.</p>
<i>Closure</i>	<p>Facilitate a connection circle by gathering participants in a circular shape, providing a talking piece, and sharing the norms of the circle. The norms are that everyone will listen deeply, withhold judgement, and respond as honestly as you are comfortable.</p> <p>Share the prompt: <i>What was the most impactful part of this</i></p>	<p>Form a circle. Attend to the circle’s norms and the prompt..</p>

	<p><i>process?</i></p> <p>Begin passing the talking piece and listen deeply to participants responses.</p> <p>Thank participants for their work across the four sessions. Ask participants to fill out the google form assessing the PD.</p>	<p>Pass a talking piece around and share what the most impactful part of this process was. Listen deeply to others' responses.</p>
After the Session		
	<p>Send out the assessment form via email.</p> <p>Remain accessible by email.</p>	<p>Complete the assessment form.</p> <p>Follow the next steps they outlined on their handout. Seek support from their coworkers, administrators, and the facilitator as necessary.</p>

[Link to PD Assessment Google Survey](#)

Make a copy of this form. This will allow other individuals who use this project to use the same google survey without viewing another schools' answers. Then, send the link to all participants in the PD directly after session 4. This provides an opportunity for participants to give feedback on the utility and efficacy of the PD.

Session 4 Handout: Reflecting on The Trauma Informed Practice

What aspects of your implementation plan went well? What did not go well?

How did the intervention impact your classroom? Will you continue it?

What surprised you about this process?

Planning Next Steps

What do you want to hold on to once this class finishes?

What do you want to learn more about?

Write down 2-3 next steps for deepening your trauma informed practice. Identify someone who can support you.

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