

Trauma-Informed Education for Students in Foster Care

What is trauma?

SAMHSA's Concept of Trauma- The Three "E's" of Trauma:

- Event(s)
- Experience of the Event(s)
- Effect

Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being.

60% of students have experienced some form of trauma in their lifetime. 



Students in foster care have experienced a minimum of 2 trauma events:



The event(s) that led to the out-of-home placement.



The removal from the home environment.

Trauma Recovery

Children's brains are malleable. Under the right circumstances, young people CAN recover from trauma. Foster care education stakeholders can promote recovery by promoting:

Trauma-informed learning environments

Safety

Healthy relationships with trusted adults

Opportunities to connect with peers

Sensitivity to cultural, historical, and gender issues

Collaboration and mutuality

Mentorship, parent/community collaboration and partnerships.

Empowerment, voice, and choice

Peer support

Trustworthiness and transparency



Crosswalk of Mental Illness Symptoms and Trauma Symptoms

Mental Illness

Attention Deficit/Hyperactivity Disorder

Oppositional Defiant Disorder

Anxiety Disorder (including Social Anxiety, Obsessive Compulsive Disorder, Generalized Anxiety Disorder, or Phobia)

Major Depressive Disorder

Overlapping Symptoms

Restless, hyperactive, disorganized, and/or agitated activity difficulty sleeping, poor concentration, and hypervigilant motor activity

A predominance of angry outbursts and irritability

Avoidance of feared stimuli, physiologic and psychological hyperarousal upon exposure to feared stimuli, sleep problems, hypervigilance, and increased startle reaction

Self-injurious behaviors as avoidant coping with trauma reminders, social withdrawal, affective numbing, and/or sleeping difficulties

Trauma Type

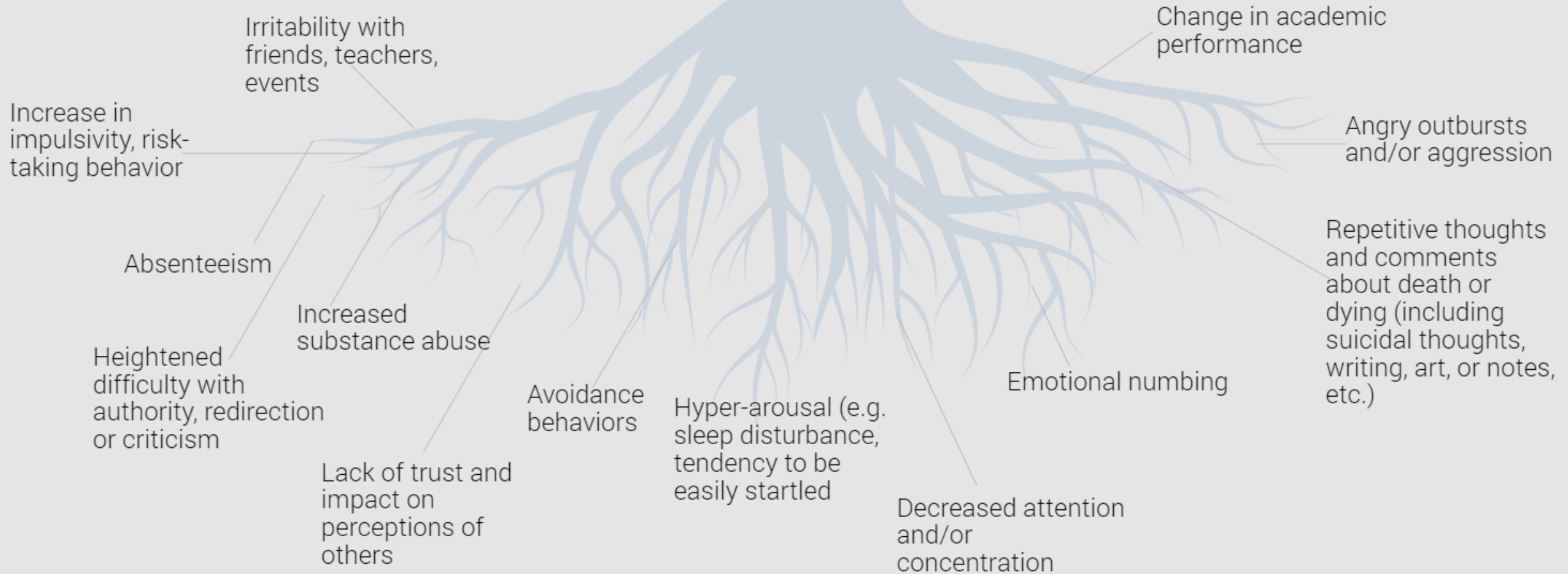
Childhood Trauma

Childhood Trauma

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Childhood Trauma

Symptoms that may be associated with a trauma history.



Trauma and Learning

- ✓ Children and youth who have a trauma history may have difficulty learning in a traditional school or classroom environment.
- ✓ A student experiencing a trauma response is not retaining information or learning in that moment.
- ✓ Developing a trusting and safe relationship with students in foster care helps the student regulate in the midst of a trauma response and assists in recovery.
- ✓ Students in foster care have a history of trauma and have a significantly lower graduation rate than their non-foster peers.
- ✓ Addressing gaps in learning and taking a trauma-informed approach sets students up for a more successful learning environment.



"Dysregulated children in school will not learn."
-Dr. Bruce Perry

3 Year Old Children

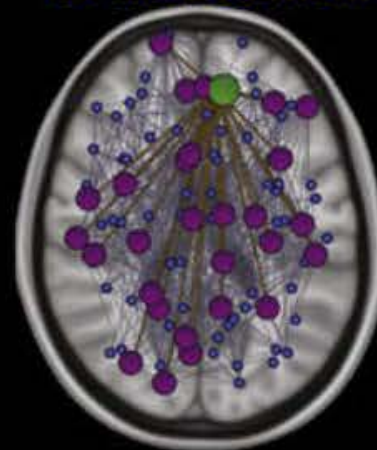


Normal



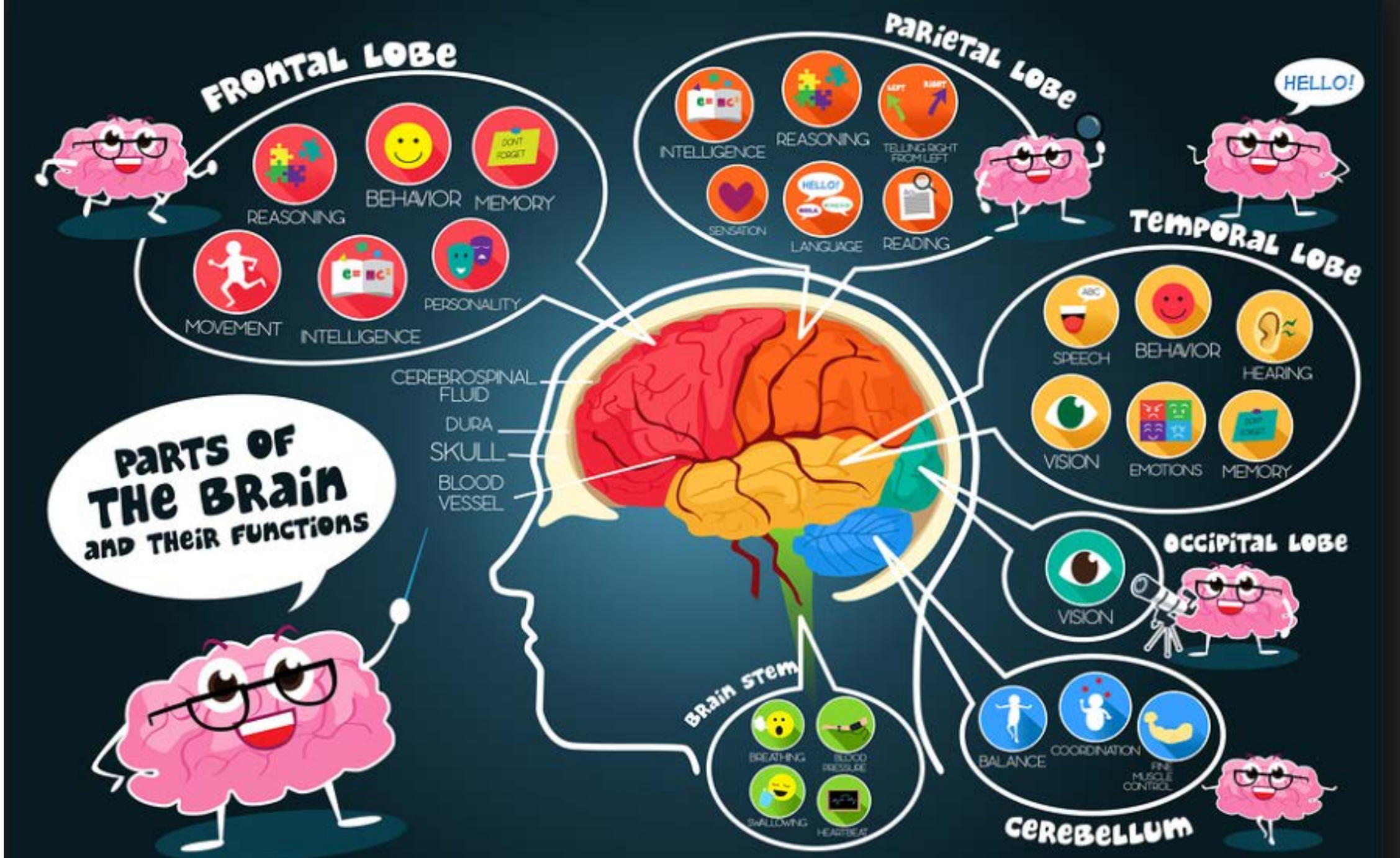
Extreme Neglect

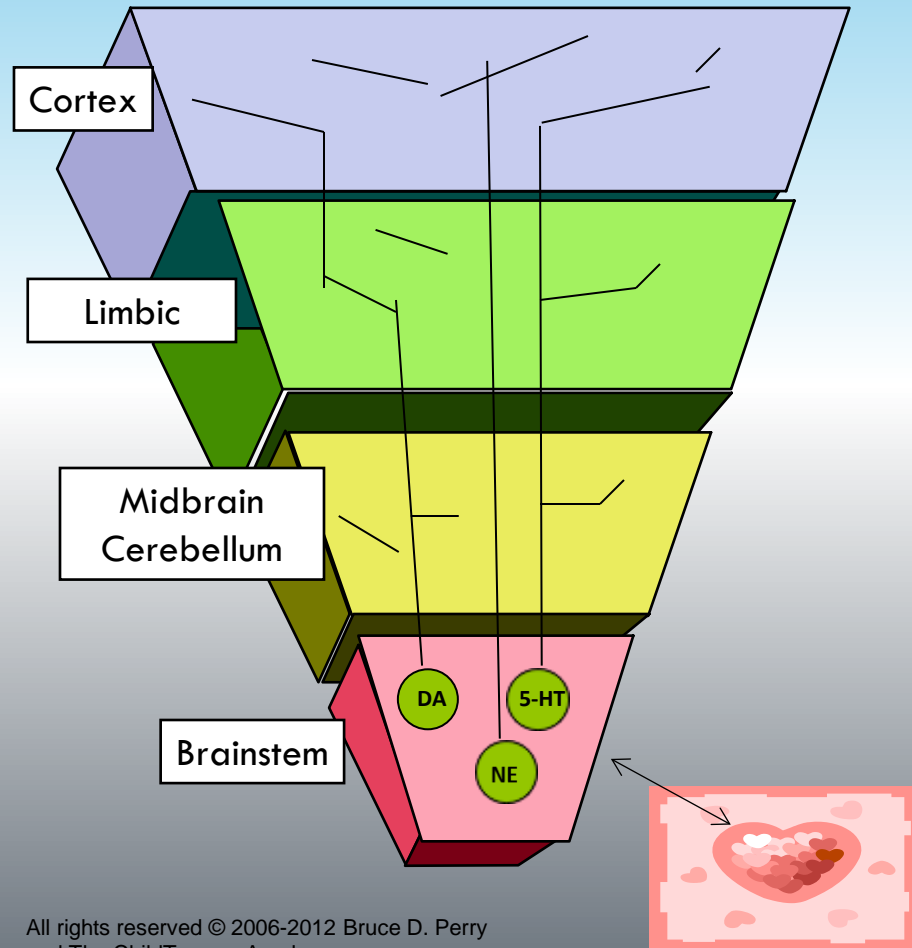
No Maltreatment



Maltreated





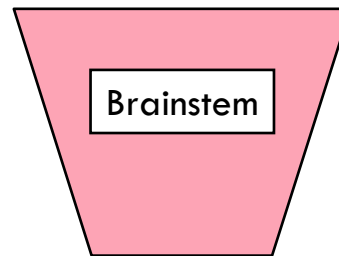


- Abstract thought
- Concrete Thought
- Affiliation/reward
- "Attachment"
- Sexual Behavior
- Emotional Reactivity
- Motor Regulation
- "Arousal"
- Appetite/Satiety
- Sleep
- Blood Pressure
- Heart Rate
- Body Temperature

Immediate responses to traumatic events

Focus on **Regulation**

- MAKE THE CONNECTION
- Have a calming and reassuring voice (from everyone in the office)
- Reassure safety
- Reduce power differential with body language
 - Meet the student where they are
 - Be aware of your tone of voice, posture, place in the room, and body language
- Be patient and comfortable in silence
- Grounding techniques
 - Deep breaths
 - Orient to the room
- Helpful strategies
 - Validating
 - Reassuring
 - Accepting



After the student is regulated

Reassure connection:

Empathy and understanding

Validation

Deep reflective listening

Curiosity

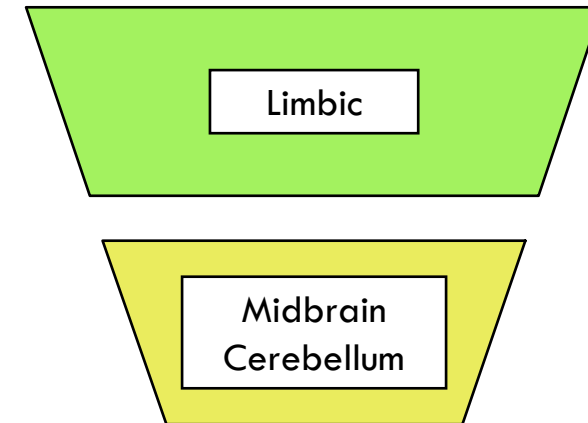
Emotion-focused perspective

Expressing passion

Non-judgmental

Non-threatening

Identify possible triggering cues



Regulating after the immediate crisis is over

Connect about the event:

Rebuild the relationship

- Continued empathy and connection

Review what happened in terms of the child's experience, then help the child review from others' perspectives

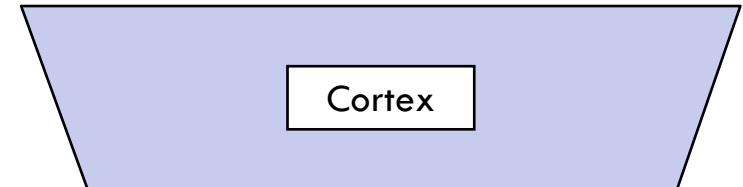
Talk about potential coping skills for the future

Adjust expectations if needed and challenge solutions

Reinforce safety

Find humor

Make a plan for the future



Immediate responses to traumatic events

What NOT to do:

Excessive questioning

Lecturing

Giving or appealing to logic

Asking to make a better choice

Comparing

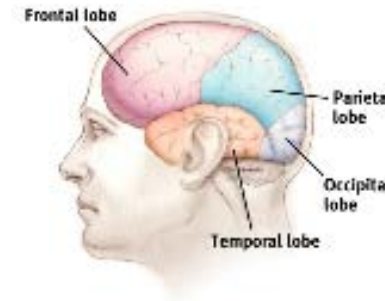
Promising a reward

Ignoring

Threatening

Minimizing

Getting angry



Strategies that rely on the frontal lobe will not work because the child has difficulty accessing that part of the brain.

Dr. Bruce Perry's Six Core Strengths for Children: A Vaccine Against Violence

01

Attachment: being able to form and maintain health emotional bonds and relationships

02

Self-regulation: containing impulses, the ability to control primary urges as well as feelings such as frustration

03

Affiliation: being able to join and contribute to a group

04

Attunement: being aware of others, recognizing the needs, interests, strengths, and value of others

05

Tolerance: understanding and accepting differences in others

06

Respect: finding value in differences, appreciating worth in yourself and others



For more information on the Six Core Strengths, visit the "Meet Dr. Bruce Perry" page at <http://teacherscholastic.com/professional/bruceperry>

Not Trauma-Informed

**What is wrong with
this child?**

VS.

Trauma-Informed

What **happened to
this child?**

Trauma-Informed School Systems

Individual Level

- *1:1 Interactions
- *Individual plans/supports/interventions
- *Mentorship, parent/community collaboration and partnerships

Classroom Level

- *Trauma-informed teachers
- *Well managed classrooms
- *Trauma-informed learning strategies
- *Coaching/support
- *Re-focusing tools for all students

School Level

- *Trauma-informed school environment
- *Training for ALL school staff on trauma-informed practices
- *Appropriate school counselor to student ratios
- *Restorative Justice discipline practices
- *PBIS
- *Partnering with human services

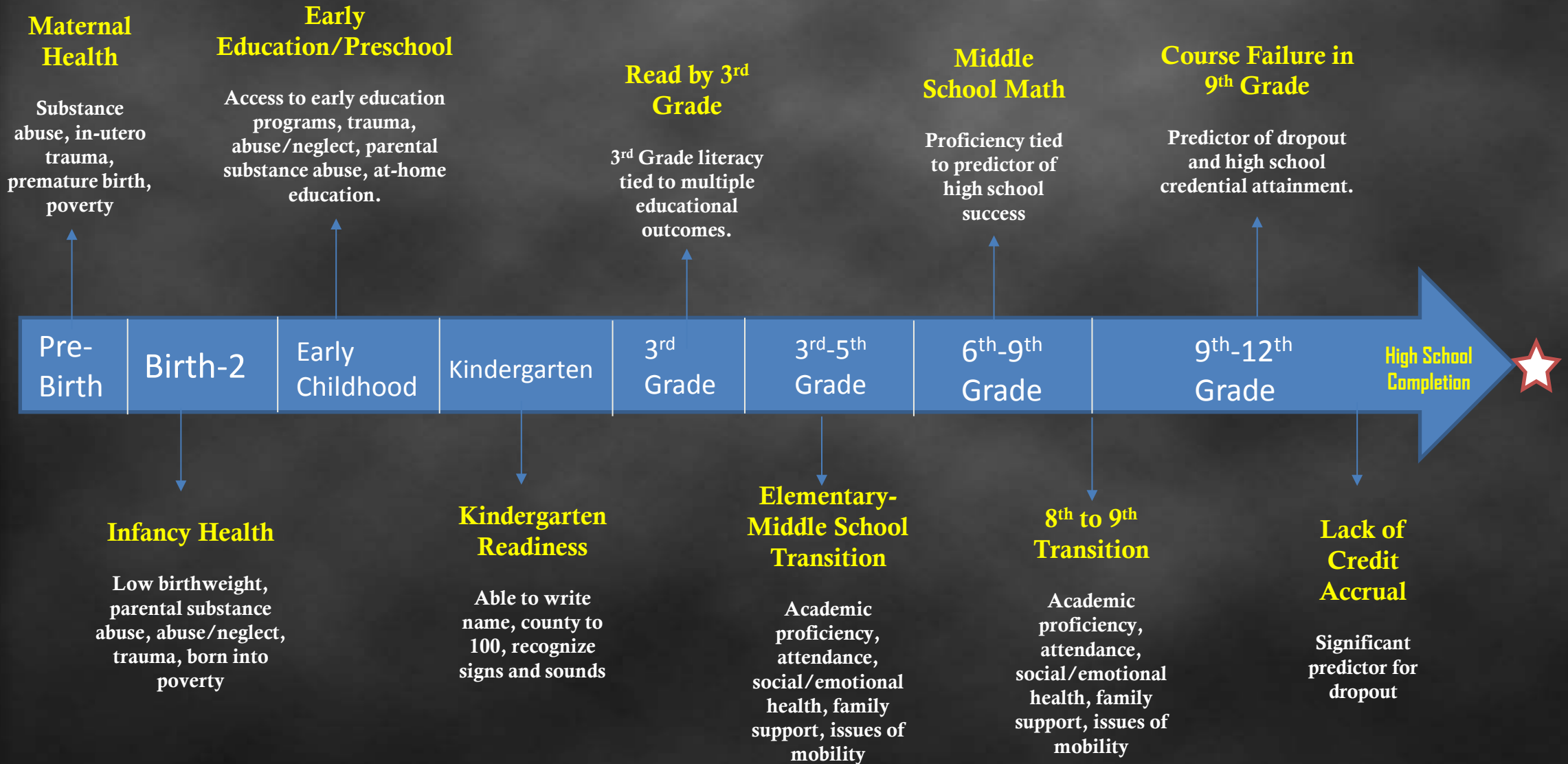
District Level

- *Universal trauma-informed practices and informed policies
- *District-level Restorative Justice practices
- *Asset & Trauma screeners
- *District-wide professional development



Educational Milestones

Key Considerations/Impact



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