

A photograph of a school desk. In the center, a black mesh pencil holder is filled with various colored pencils. To the right, a stack of several books is visible, with the top one having a green cover. The background is a dark, blurred chalkboard. The text "Trauma Informed Care in the School Setting" is overlaid in white, centered on the image.

# Trauma Informed Care in the School Setting

Lindsay DeGroot, MEd, LSC, LCPC, CCTP, CBE



# Overview

- What is Trauma and PTSD?
- Impacts of Trauma
- Trauma-informed Care
- Trauma-informed Education
- Trauma Stewardship



A close-up, circular crop of a person's face, focusing on the eye and cheek. A single tear is visible on the cheek, suggesting emotional distress. The background is white.

# What is Trauma?

---

- An experience or situation that overwhelms an individual's ability to adapt/cope
- Causes prolonged activation of the stress response system
  - HPA Axis
  - Overactive Amygdala
  - Prefrontal cortex (logical thinking brain) frequently offline
  - Limbic system (emotional brain) in survival mode
- Smaller window of tolerance and a decreased ability to cope with stress

# What is Trauma?

- **Subjective** and **Changing**
  - The definition of trauma is based on individual experiences and is constantly changing according to new data.
  - Researchers have many questions about the nature and experience of trauma. More questions than answers.
  - There have been many exciting recent breakthroughs in the neuroscience of trauma and trauma theory (especially PolyVagal theory and Interpersonal Neurobiology).
- **Protection** vs **Connection**
  - When we have experienced trauma, our brains tend to wire for *protection* rather than *connection*.
- **BIG T** & **little t**
  - Big T - Trauma is associated with a large traumatic event.
  - Little t - trauma is associated with (relatively) smaller traumatic events.
- **PTSD (Disorder)** vs **PTSI (Injury)**
  - There is an increasing trend within the psychological community to treat trauma-related symptoms/pathology as a form of “brain injury” rather than a “mental disorder.”
- **“Victim”** vs **“Survivor”**
  - Language matters. When you refer to someone as a survivor rather than a victim it can be much more empowering for that person.

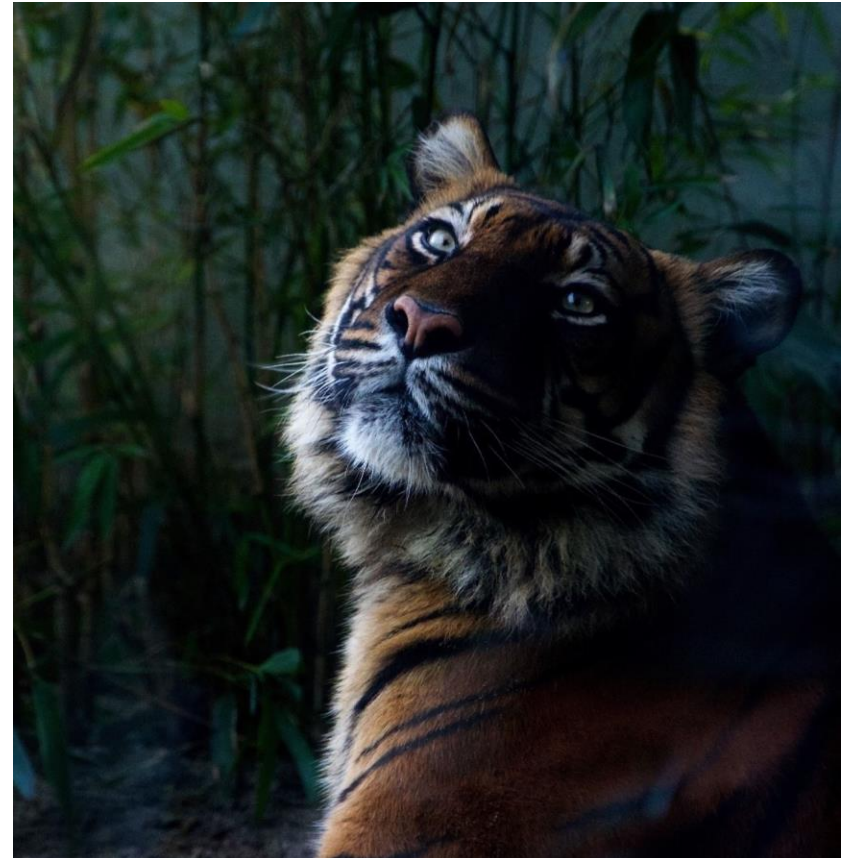




# PTSD & the DSM

---

- American Psychological Association (APA) are the authors of the DSM.
- The DSM is a human construct driven by personal visions, it can be problematic and pathologizing.
- Trauma is MUCH bigger than the way the APA defines it in the DSM.
  - Trauma is not a linear, objective disorder. It is far more subjective and nebulous in nature.
  - More work needs to be done in terms of definitions and diagnoses
  - C-PTSD (complex PTSD) does not exist in the DSM and can have very different symptomology presentation than classic PTSD





# PTSD

## PTSD Diagnostic Criteria per the DSM-5

- **Criterion A: *stressor***- The person was exposed to death, threatened death, actual or threatened serious injury, or actual or threatened sexual violence.
- **Criterion B: *intrusion symptoms*** – The traumatic event is persistently re-experienced in the following way.
- **Criterion C: *avoidance*** – Persistent effortful avoidance of distressing trauma-related stimuli after the stressful event.
- **Criterion D: *negative alterations in cognitions and mood***- Negative alterations in cognitions and mood that began or worsened after the traumatic event.

Intrusion	Avoidance	Cognition & Mood Changes	Arousal & Reactivity Changes
<ul style="list-style-type: none"> <li>• Involuntary &amp; recurrent memories</li> <li>• Traumatic nightmares</li> <li>• Flashbacks</li> <li>• Intense or prolonged distress after exposure to reminders</li> </ul>	Avoiding trauma-related <ul style="list-style-type: none"> <li>• Thoughts</li> <li>• Feelings</li> <li>• People</li> <li>• Places</li> <li>• Conversations</li> <li>• Activities</li> <li>• Objects</li> <li>• Situations</li> </ul>	<ul style="list-style-type: none"> <li>• Can't recall key features of event</li> <li>• Negative beliefs about self or world</li> <li>• Distorted blame</li> <li>• Persistent fear, horror, anger, guilt or shame</li> <li>• Diminished interest in activities</li> <li>• Feeling alienated</li> <li>• Inability to feel positive emotions</li> </ul>	<ul style="list-style-type: none"> <li>• Irritable or aggressive</li> <li>• Self-destructive</li> <li>• Hypervigilance</li> <li>• Exaggerated startle response</li> <li>• Problems with concentration</li> <li>• Sleep problems</li> </ul>

# PTSD

DSM-5 Diagnostic criteria for PTSD

[https://www.ncbi.nlm.nih.gov/books/NBK207191/box/part1\\_ch3.box16/](https://www.ncbi.nlm.nih.gov/books/NBK207191/box/part1_ch3.box16/)



# Types of Trauma

---

- Acute
- Chronic
- Intergenerational / Systemic
- Complex (C-PTSD)





# Complex Trauma

---

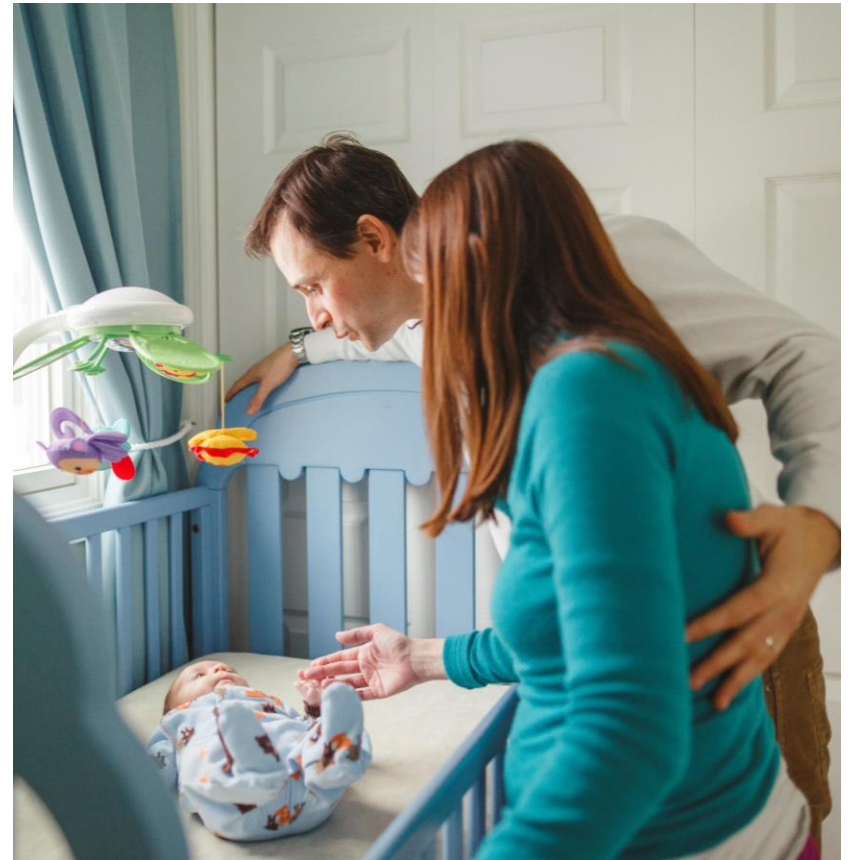
- Complex trauma describes both exposure to chronic trauma (usually caused by adults entrusted with the child's care) and the impact of such exposure on (i.e., the difficulties that arise as a result of adapting to or surviving these experiences).
- Children who have experienced complex trauma have often endured **multiple interpersonal traumatic events** from a very young age.
- Complex trauma has profound effects on nearly every aspect of a child's development and functioning.
- In complex trauma we also see multiple traumatic events (like chronic trauma), but the trauma is perpetrated by a trusted caregiver during childhood. There is also a deep sense of betrayal and loss of trust that accompanies complex trauma.



# Attachment & C-PTSD

---

- Nature vs. Nurture: Healthy Attachment is all about Nurture
- Temperament (nature) and Attachment (nurture) are independent
- In every culture, the blueprint for healthy relationships are contingent on healthy relational interactions with our primary caregivers
- The infant's neural pathways are informed by their relationship with their primary caregiver and their ability to co-regulate
- We experience psychological *injury* in relationships, and we experience psychological *healing* through relationships
- C-PTSD and disrupted attachments can lead to trouble with relationships, trust, and connection
- ***Connection vs Protection***



# Prevalence

---

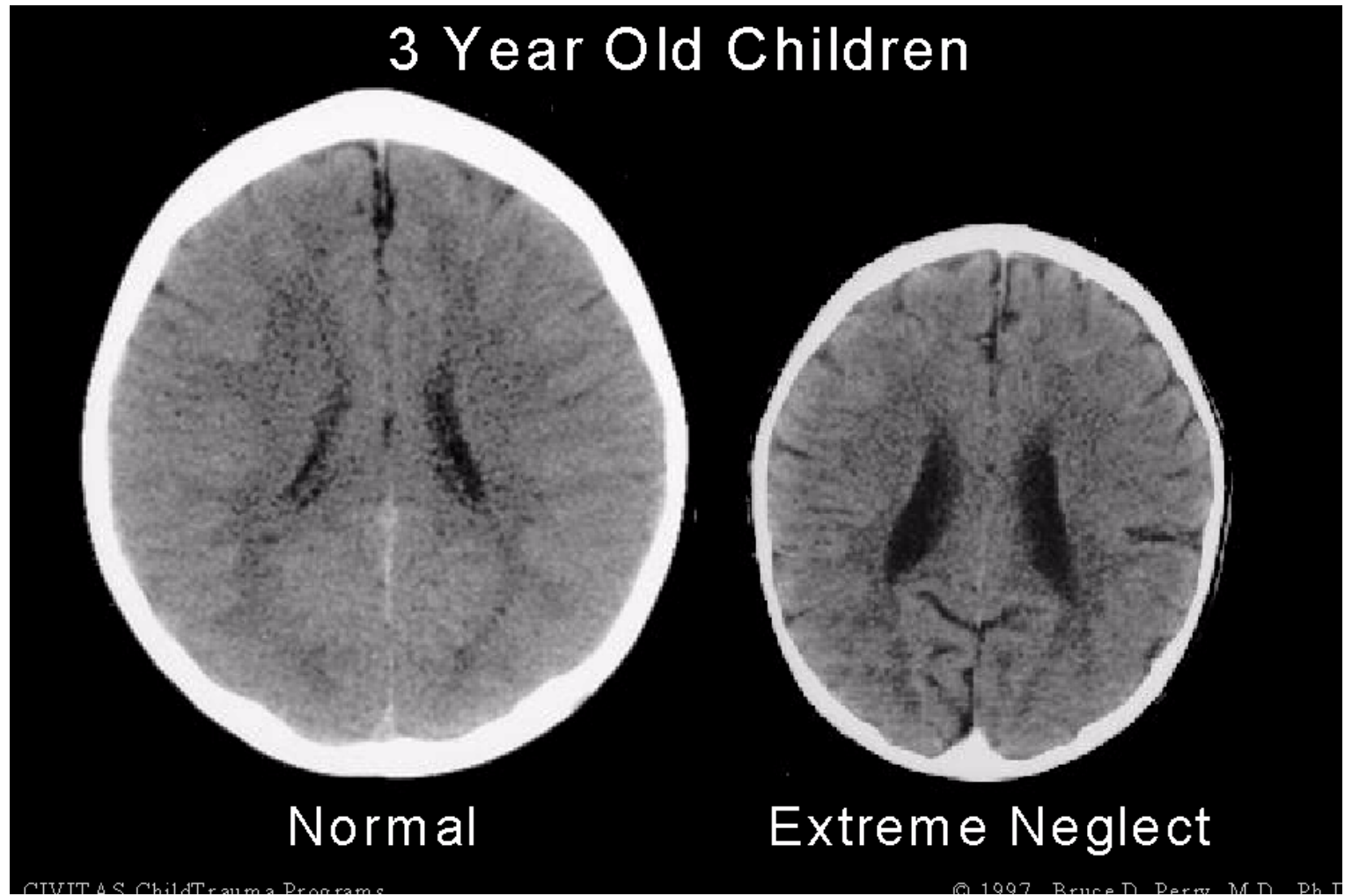


- One in five Americans are sexually abused as children
- In a single year, approximately 61% of children experienced direct exposure to at least one incident of violence, crime, or abuse.
- 44% or more of children experience or are a witness to a traumatic event before the age of 6
- One in six children attending public schools endure complex trauma, and more than 50% of public school students have experienced at least one traumatic or adverse childhood experience
- **For students who have mental health-related needs, only one in five will receive the services required to address them**



# The Impacts of Trauma

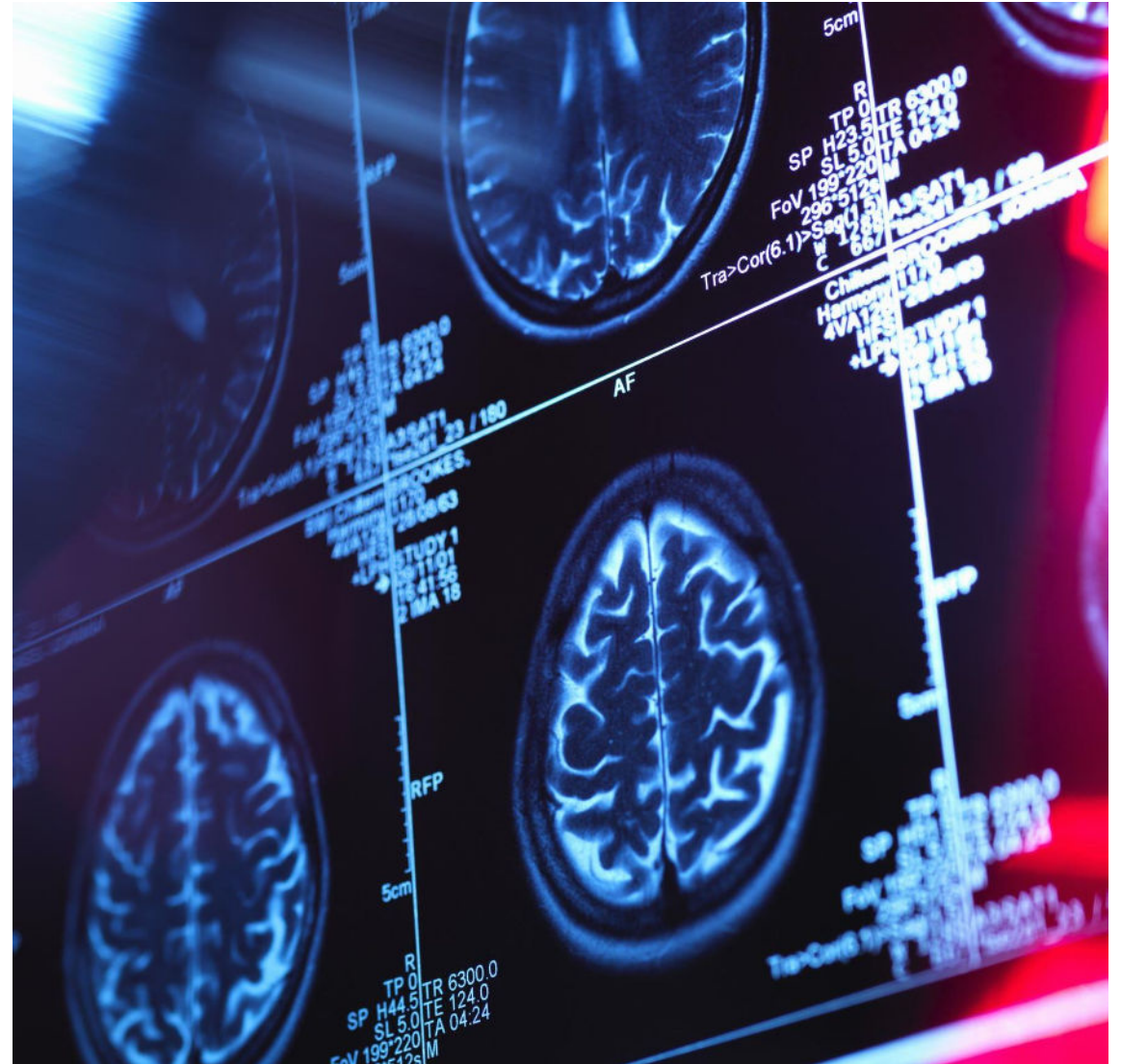
---



# Impacts of Trauma

Impacts of Trauma are:

- Neurological
- Biological
- Psychological
- Social



# Impacts of Trauma

## Neurobiological Effects of Trauma:

- Disrupted neuro-development
- Difficulty controlling anger-rage
- Hallucinations
- Depression – other MH disorders
- Panic reactions
- Anxiety
- Multiple somatic problems
- Sleep problems
- Impaired memory Flashbacks
- Dissociation

## Health Risk Behaviors:

- Smoking
- Severe obesity
- Physical inactivity
- Suicide attempts
- Alcoholism
- Drug abuse
- 50 + sex partners
- Repetition of original trauma
- Self injury



# Impacts of Trauma

## **Disease and disability:**

- Ischemic heart disease
- Cancer
- Chronic lung disease
- Chronic emphysema
- Asthma
- Liver disease
- Skeletal Fracture
- Poor self-rated health
- Sexually transmitted disease
- HIV/AIDS

## **Serious Social Problems:**

- Homelessness
- Prostitution
- Delinquency, violence, criminal
- Inability to sustain employment
- Re-victimisation: rape, violence
- Compromised ability to parent
- Negative alterations in self-perceptions and relationships with others
- Altered systems of meaning

A decorative graphic on the left side of the slide features several white paper cutouts of human figures of various sizes, holding hands in a line. The background behind them is a soft, out-of-focus green. The figures are positioned on the left, with the largest one in the foreground and smaller ones receding into the background.

# ACEs Study

---

- The ACEs (**Adverse Childhood Experiences**) study was done by Kaiser Permanente and the CDC in the 1990's in Southern California.
  - Over a ten-year study involving 17,000 people
  - Looked at effects of adverse childhood experiences (trauma) over the lifespan
  - Largest study ever done on this subject
- ACEs, are potentially traumatic adverse events that occur in childhood (0-18 years).
- The major finding of this study was that ACEs are linked to chronic health problems, mental illness, and substance abuse in adulthood. **ACEs can also negatively impact education and job opportunities.**

# The 10 ACEs Categories

Emotional Abuse

Physical Abuse

Sexual Abuse

Emotional Neglect

Physical Neglect

Loss of parent to divorce or death

Domestic Violence in the home

Substance abuse in the home

Mental Illness in the home

Loss of a family member to prison

Adverse Childhood Experiences

## How **Knowing** About **ACEs** HELPS

Dr. Burke Harris describes one woman's reaction to learning about ACEs:

"These are tears of pure, unadulterated joy." "Why joy?" ... "Because I understand now why I am this way. I understand why my siblings are this way. I understand why my mother raised us the way she did. I understand that I can break this cycle for my children and I understand that I'm not a victim, I'm a survivor." p. 178

*Nadine Burke Harris, MD The Deepest Well p 178*

**Educate Your Doctor**

Free Downloadable **ACEs Fact Sheet**

Veronique Mead, MD, MA  
Chronic Illness Trauma Studies.com

Dr. Nadine Burke-Harris: author of The Deepest Well

- Creation of 7 additional categories



A hand is shown from the bottom, holding a glowing, golden orb. The background is a soft-focus sunset with a rainbow arching across the sky. The overall mood is warm and hopeful.

# Trauma-Informed Care

A better way to view people and their symptoms

# Trauma-Informed Care

---

For the purposes of identifying trauma and its adaptive symptoms, it is much more useful to ask:

***“What HAPPENED to this person” rather than “What is WRONG with this person”***





# Imagine a place that...

---

- Asks “What happened to you?” instead of “What is wrong with you?”  
*Non-pathologizing*
- Understands past trauma can be triggered by experiences in the present
- Leaves a person feeling supported and valued vs judged
- Three pillars of TIC that have been identified across the literature: **safety**, **connection**, and **emotional regulation**. These pillars create a culture of resiliency & empowerment



# Trauma-Informed Care

---

- Trauma-Informed Care (TIC) is an organizational approach in the human service field that assumes that **an individual is more likely than not to have a history of trauma.**
- Trauma-Informed Care recognizes the presence of trauma symptoms and acknowledges the role trauma may play in an individual's life- **including staff.**
- On an organizational or systemic level, Trauma-Informed Care changes organizational culture **to emphasize respecting and appropriately responding to the effects of trauma at all levels.**
- When service systems operating procedures do not use a trauma-informed approach, the possibility for triggering or exacerbating trauma symptoms and **re-traumatizing** individuals increases.





# Trauma-Informed Care

---

## The 4 R's:

- **Realizes** the widespread impact of trauma and understands potential paths for recovery
- **Recognizes** the signs and symptoms of trauma in clients, families, staff, and others involved with the system
- **Responds** by fully integrating knowledge about trauma into policies, procedures, and practices
- **Resists** re-traumatization

(SAMHSA)



# Trauma-Informed Care

---

## Core Principles of TIC:

- **Awareness:** Everyone knows the role of trauma and its prevalence
- **Safety:** Ensuring physical and emotional safety
- **Trustworthiness:** Maximizing trustworthiness, making tasks clear, and maintaining appropriate boundaries
- **Choice:** Respect and prioritize consumer choice and control
- **Collaboration:** Maximizing collaboration and sharing of power with survivors
- **Empowerment:** Prioritizing consumer empowerment and skill-building



# Trauma Informed Education



Implementing Trauma-informed Care in School Systems





# Impact of Trauma on Students

---

- Smaller brain size and structures and fewer neural connections impact memory and learning
- Higher baseline of arousal and quicker into fight/flight/freeze decrease ability for emotion regulation
- Increased behavioral issues and “problematic” behaviors
- Dissociation (not paying attention)
- Increased mental health diagnoses
- Lower self esteem
- Focus on survival vs future orientation





# Impact of Trauma on Students

---

- Sleep problems
- Memory
- Reduced cognitive capacity
- Decreased ability for concentration
- Strained relationships
- Negative alterations in cognition and mood
- Behavioral coping skills (reactive, impulsive, aggressive) as an attempt at self-protection
- Misinterpretation of classroom encounters

# Impacts on Staff

---

- Secondary Trauma, Compassion Fatigue, and Vicarious Trauma
- Compassion Fatigue or Vicarious trauma refers to the “covert cognitive changes that occur following cumulative exposure to another person’s traumatic materials”
- Shared trauma exists when students and counselors (and other educators) experience the same trauma (e.g., COVID-19, school shootings), which can increase the risk of vicarious trauma

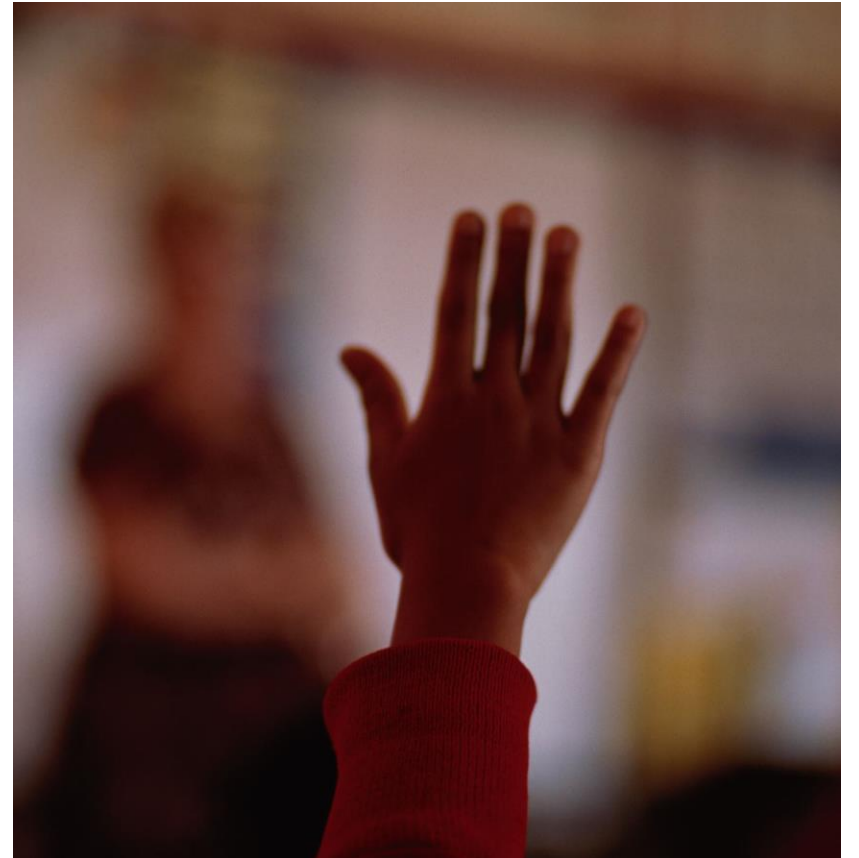


# Trauma-informed Educators

---

These seven elements create the culturally responsive, trauma-informed educator identity framework. The TIC knowledge and skills required for educators consist of:

1. Knowledge of social, emotional, cognitive, and physical impacts of trauma
2. Knowledge of trauma-informed classroom and school-wide practices
3. Knowledge of culturally responsive practices
4. Knowledge of social/emotional learning practices
5. Understanding one's own identity and values
6. Practicing self-care
7. Engaging in ongoing critical reflection about one's role in the school



# Trauma-informed Educators

---

- Reflect on their identity, positionality, power, and privilege.
- Consider different types of trauma including:
  - Historical (trauma that impacts entire communities)
  - Racial (trauma from one's experience with racism and discrimination)
  - Systemic (environments and institutions that engender trauma)
- Examine power dynamics between students and staff. This is critical for those who work with students of color, as educators may have implicit biases based on their cultures, values, and experiences that may reinforce systems of oppression.





# Trauma-informed Educators

---

- Realize healing happens in relationships
- Promote choice, control, and empowerment
- Engage in cultural awareness
- Have a holistic view
- Utilize a collaborative approach
- Understand the link between SEL and academic success
- Recognize that all “problem behaviors” are communication of an unmet need
- Provide physical and emotional SAFETY



# Trauma-informed Educators

---

- Build connection and trust
- Provide unconditional positive regard
- Check their assumptions
- Do not engage in power struggles
- Engage in Collaborative Problem Solving
- Provide a clear and consistent routine
- Provide ample warnings for transition times, anticipate & support for difficult transitions
- Offer developmentally appropriate choices
- Promote and teach emotion regulation skills
- Manage their own feelings, stay regulated and composed
- Utilize positive behavioral guidance strategies





# Possible Trauma Triggers in the Classroom

---

Trauma-informed educators recognize and minimize potential triggers in the classroom such as:

- Loud chaotic environments
- Physical touch
- Authority figures
- Limit setting
- Uncertainty in expectations and transitions
- Emergency responders and police (resource officers)
- Situations that leave students feeling hopeless, vulnerable, or lacking any control





# Classroom Strategies to Increase Safety

---

- Create a calm zone or a calming corner
- Clear and predictable routines
- Plan (and provide warnings) for changes and transitions
- Clear rules and expectations with consistency in enforcement
- Respectful language and tone
- Strengths-based approach
- Praise and reinforce desired behaviors
- Promote student choice and a sense of control
- Offer support when needed
- Check personal assumptions
- Use the least restrictive methods of behavior correction first





# Classroom Management & School Discipline

---

- Least invasive forms of intervention first
- Focus on cooperation vs compliance (connection → cooperation)
- Positive, respectful, and restorative
- Avoids isolation and retraumatization
- Respects confidentiality
- Is aware of possible triggers and seeks to minimize



# Least Restrictive Methods First

---

Use the least invasive/restrictive strategies for classroom management first

1. Non-verbal: tap on desk, eye contact, proximity
2. Positive group correction: check yourself, tracking
3. Anonymous individual correction: “we’re still missing 2 friends!”
4. Private individual correction: get down on their level, use respectful language/tone
5. Quick correction & redirect attention: limit focus time on 1 child
6. Consequence: as a last resort, fits the behavior, appropriate



# School-based Strategies to Help Students

---

- Increase emotional vocabulary
- Focus on SEL
- Understand physiological manifestation of emotion
- Understand context and triggers
- Teach coping skills (learn when regulated)
  - Breathing
  - Progressive Muscle Relaxation
  - Journaling
- Strengthen executive functioning
- Build self worth and future orientation



# The Classroom Environment

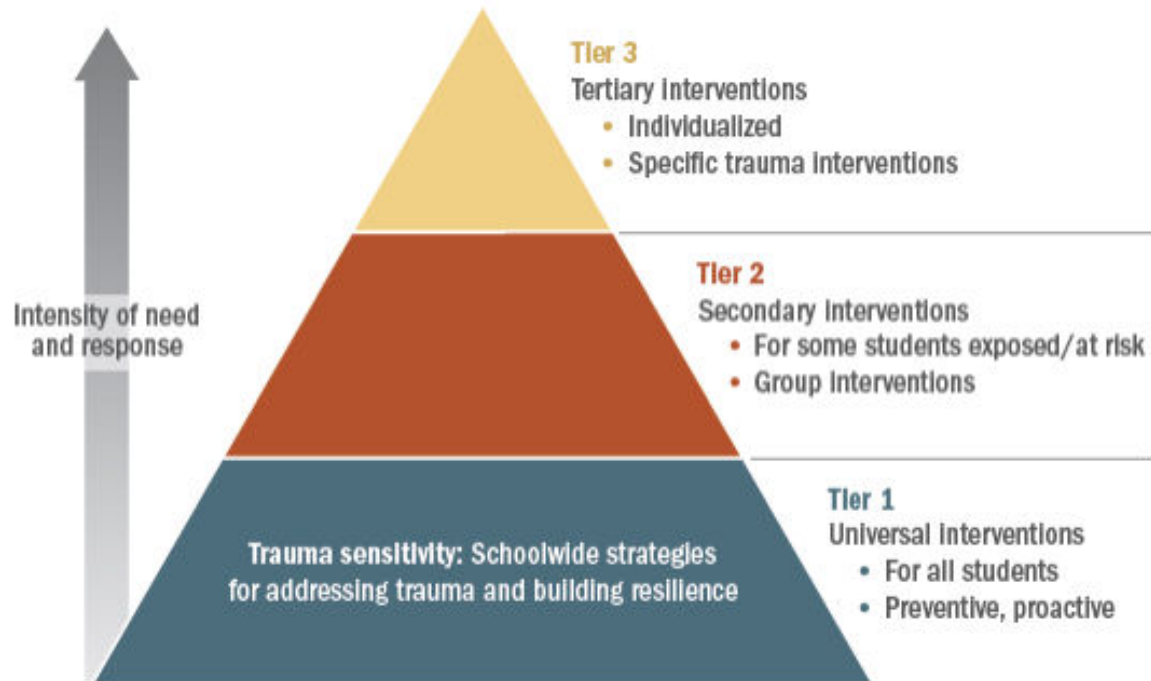
---

- “Homey”
- Opportunity for personal space
- Soft lighting
- Smells
- Seating (crowded?)
- Noise
- Calming atmosphere



# The 3 Tiers of Trauma-informed Education

Multi-tiered Approach to Addressing Trauma In Schools



(American Institutes for Research, 2018)

Multi-tiered trauma-informed approaches include 3 levels of approaches and interventions

- Tier 1 forms the foundation of the system and provides universal supports
- Tier 2 offers supports targeted to specific groups
- Tier 3 provides intensive individualized supports.



# Non-Trauma-Informed

---

- Lack of education on trauma
- Pathologizing: over-diagnosis of ADHD, ODD, and conduct disorders
- Focus is on rule enforcement and compliance
- Behavior seen as intentionally provocative
- Labeling: *“manipulative, needy, attention-seeking”*





# Problems Associated with a Controlling Culture

---

- Focus is on staff, not the student
- Addressing a problem is built around staff and school convenience
- Rules become more important as staff knowledge about their origin erodes
- The student's compliance and containment are mistaken as actual learning of new skills and/or real improvement



## Problems Associated with a Controlling Culture

- Minor violations often lead to control struggles
- Fosters a belief that privileges (rights) must be earned
- Reinforces a need to control students
- Poorly trained staff who bully people into compliance are not identified or disciplined
- These same staff may be rewarded for maintaining safety or creating a “quiet” classroom





# ASCA Position

---

- The *ASCA Standards for School Counselor Preparation Programs* outlines the need for school counselors to be able to describe the various aspects of human development and the “impact of environmental stressors and societal inequities on learning and life outcomes” (Standard 1.3).
- School counselors are also expected to provide crisis response services (Standard 2.2) and counseling (Standard 2.3) to address the needs of all students, including those who have experienced trauma.





# Trauma Informed Schools

---

- Identify and address trauma in a culturally responsive manner, schools to create more responsive and effective learning environments.
- Emphasize continuous data gathering by working with stakeholders and utilizing assessments to improve outcomes.
- CDC (2020) explains on its website, TIC is “not accomplished through any single technique or checklist. It requires constant attention, caring awareness, sensitivity, and possibly a cultural change at an organizational level.”



# Trauma-informed Schools

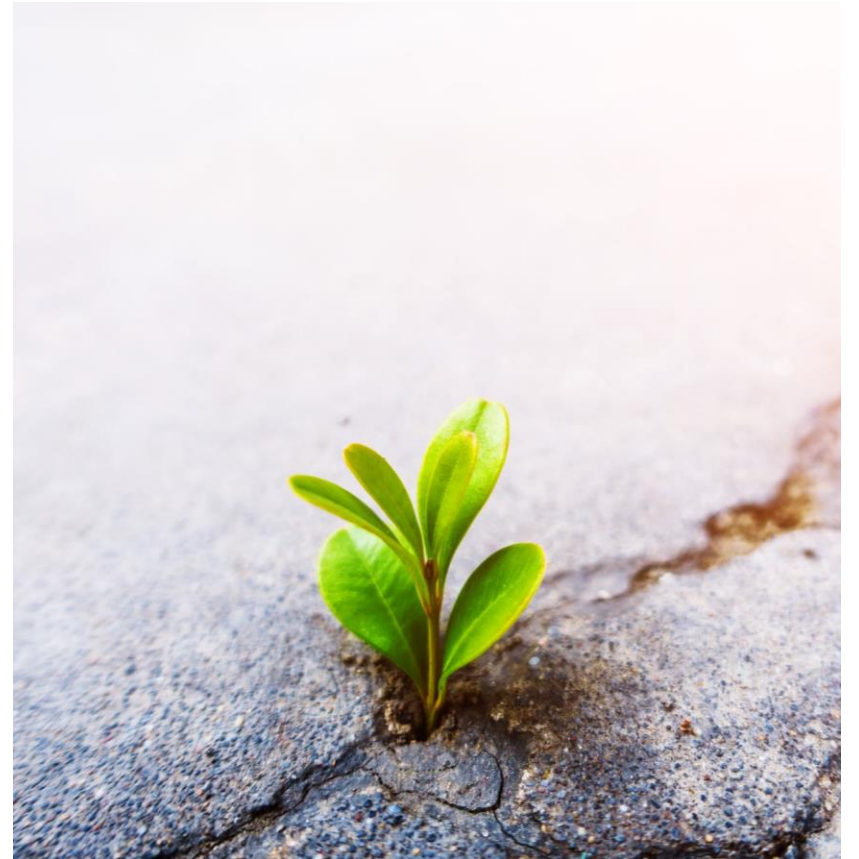
---

- Increases safety for all
- Improves the social environment in a way that enhances relationships for all
- Cares for the caregivers
- Increases the quality of services
- Reduces negative encounters and events
- Creates a community of hope and health
- Increases success and satisfaction at school for *BOTH* educators and students

# Post-Traumatic Growth

---

- Survivors of trauma who strengthen their abilities to find wisdom that allow them emotional growth in relationship with others are often referred to as experiencing post-traumatic growth.
- Post-traumatic growth is reflected in the following:
  - Strengthening of relationships/sense of connection
  - Increased sense of personal strengths
  - Awareness of increased possibilities in life
- Re-wire the brain for CONNECTION vs PROTECTION
  - This takes **safety** and healthy positive **relationships**
  - Validation, unconditional positive regard, and non-judgment





# Trauma Stewardship

---

Be trauma-informed!

These are ways you can contribute to trauma stewardship and promote trauma-informed care within your school:

- Acknowledge that vicarious trauma is real
- Be present in the trauma (*yours and your students'*)
- Prioritize self-care
- Recognize the difference between self-care and “checking out”
- Create systems that promote self-care and trauma stewardship



# What Does It Look Like??





# What Does It Look Like??





# What Does It Look Like??





# What Does It Look Like??





# Thank you

Please email  
[ldegrootcounseling@gmail.com](mailto:ldegrootcounseling@gmail.com)  
for more trauma-informed education  
resources and a list of references