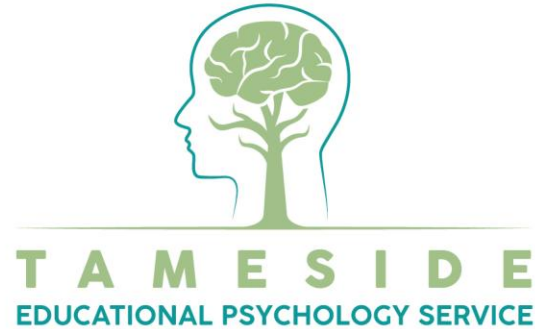




An Introduction to Trauma Informed Practice

our mission: Applying psychology collaboratively to facilitate change through hope and creativity.

Aims:

- Introduction to understanding Trauma
- How pupils who have experienced Trauma may present in a classroom
- Introduction to Key approaches to support pupils who have experienced Trauma

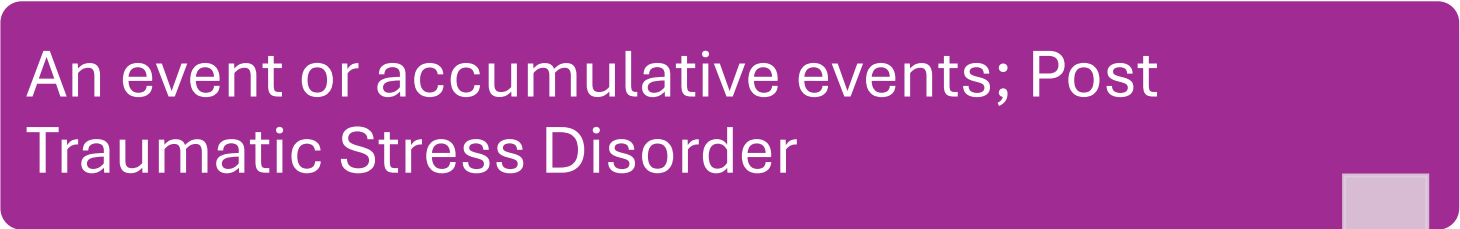
What is Trauma?

‘Trauma is often the result of an overwhelming amount of stress that exceeds one’s ability to cope and integrate the emotions involved with the experience. Trauma differs among individuals by their subjective experiences, not objective facts’ (SAMHSA, 2017)



Different understandings of Trauma

An event or accumulative events; Post Traumatic Stress Disorder



A series of negative early life experiences ; Developmental Trauma



Effects of repeated overwhelming and stressful experiences



Adverse Childhood Experiences

Traumatic events that can have negative, lasting effects on health and wellbeing



People with 6+ ACEs can die

20 yrs

earlier than those who have none



1/8 of the population have more than 4 ACEs

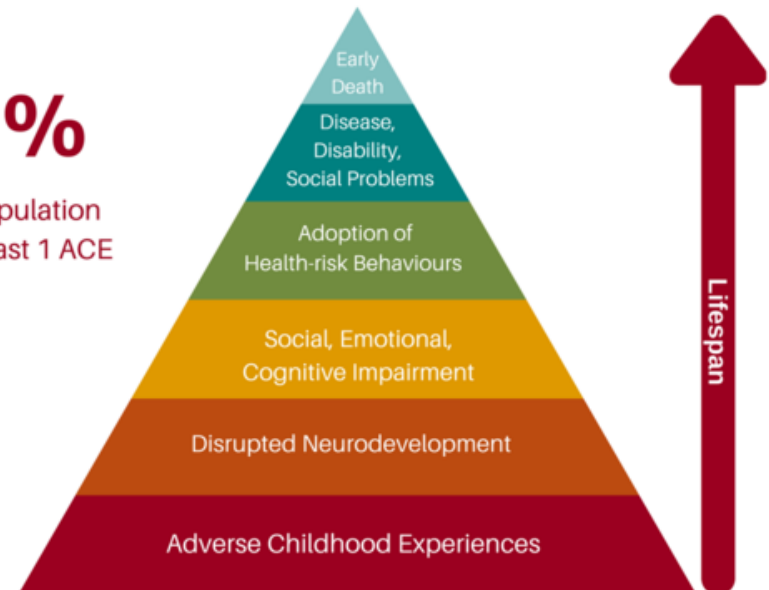
4 or more ACEs



“Adverse childhood experiences are the single greatest unaddressed public health threat facing our nation today”

Dr. Robert Block, the former President of the American Academy of Pediatrics

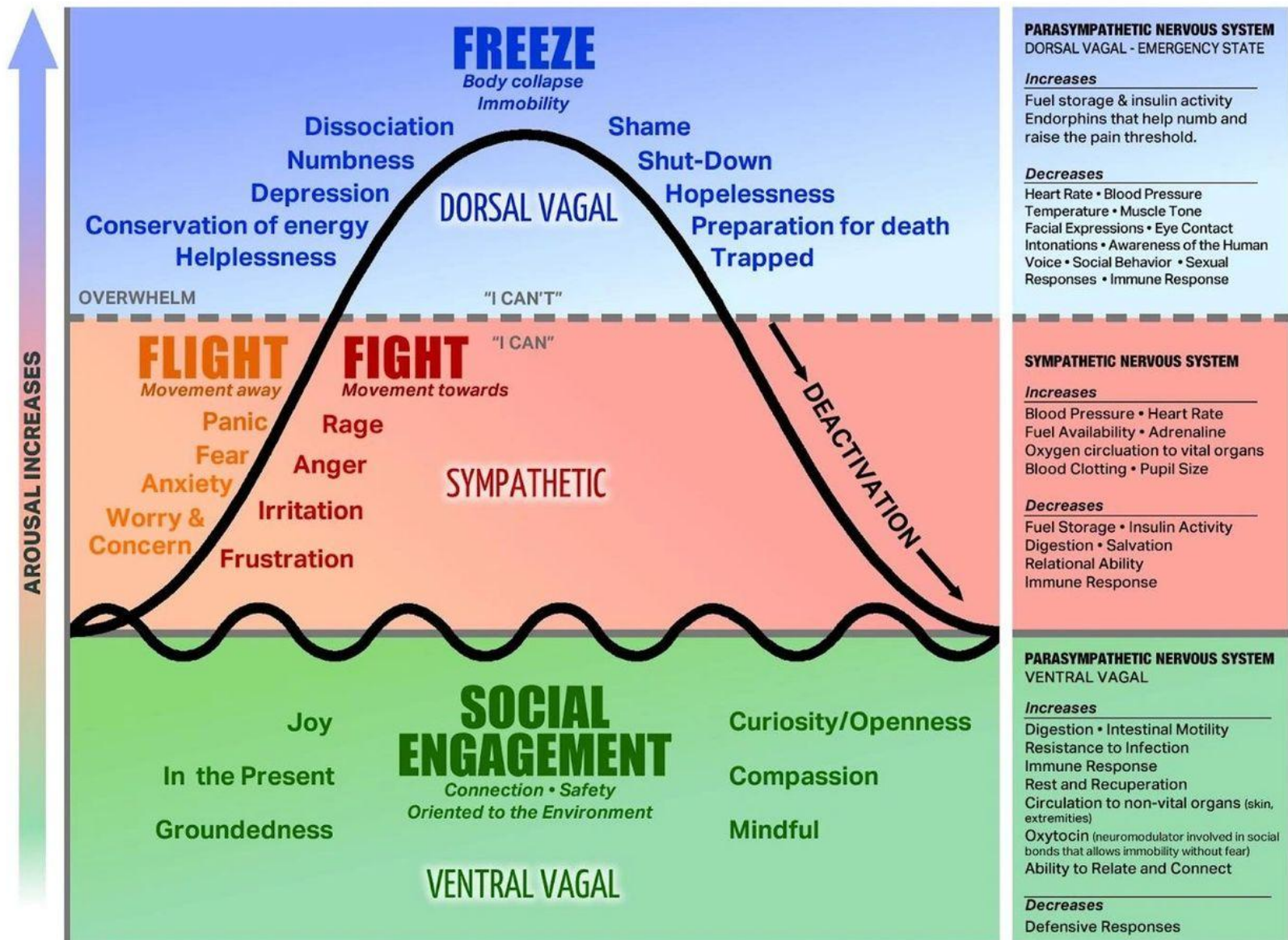
67%
of the population have at least 1 ACE



www.70-30.org.uk
@7030Campaign

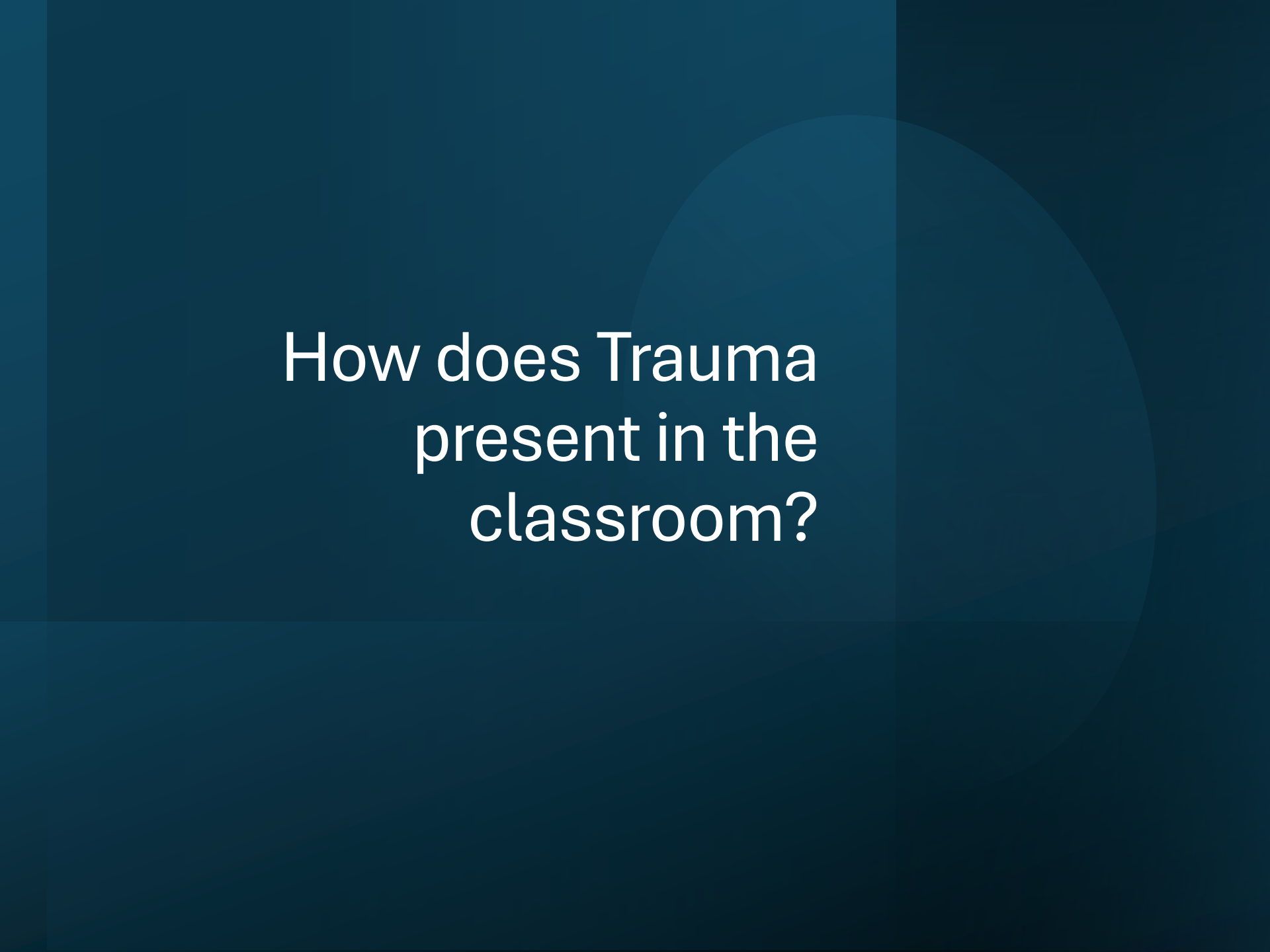
Where is
trauma
stored and
felt?





Adapted by Ruby Jo Walker from: Cheryl Sanders, Steve Hoskinson, Steven Porges and Peter Levine

rubyjowalker.com

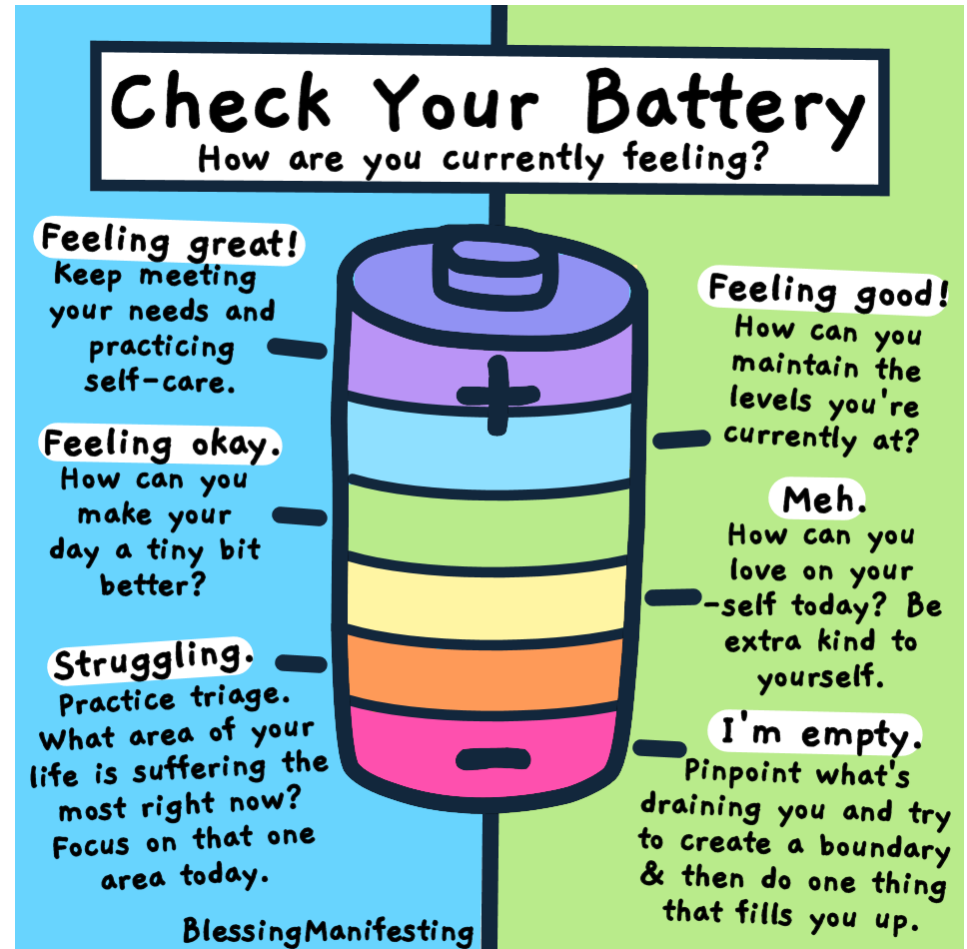


How does Trauma
present in the
classroom?

- Difficulties with attention and filtering out distractions
- Poor Emotional Regulation
- Overwhelm, shutting down, zoning out
- Difficulties processing new information
- Difficulties with transition and change
- Over-dependence on adults
- Running away
- Not remembering emotional/physical outbursts
- Restless, fidgety
- Friendship difficulties
- Change
- Reacting negatively to neutral social cues
- Poor organisation
- Memory difficulties.....

Self-care

- Be aware of secondary trauma
- Self-care is essential for you to be present to support children and young people



What works to support children who have experienced trauma: key components of trauma-informed care



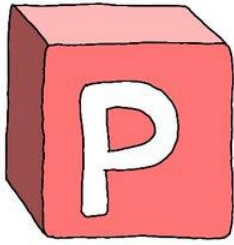
RELATIONSHIPS



CREATING A SENSE OF
SAFETY AND SECURITY

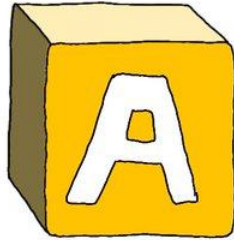
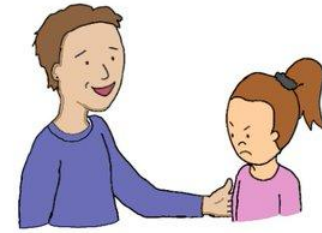


TEACHING EMOTIONAL
REGULATION



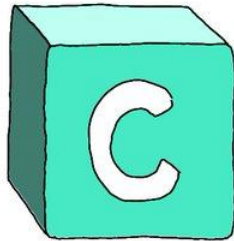
Playfulness

- Playfulness in interactions can diffuse conflict and promote connection
e.g. Maintaining a relaxed 'lightness' and can involve making a joke (though this has to be done carefully)



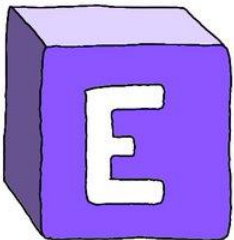
Acceptance

- Accepting needs and emotions that drive behaviour (not necessarily the behaviour) without judgement



Curiosity

- Being curious to where a behaviour has come from (in your head or out loud...)

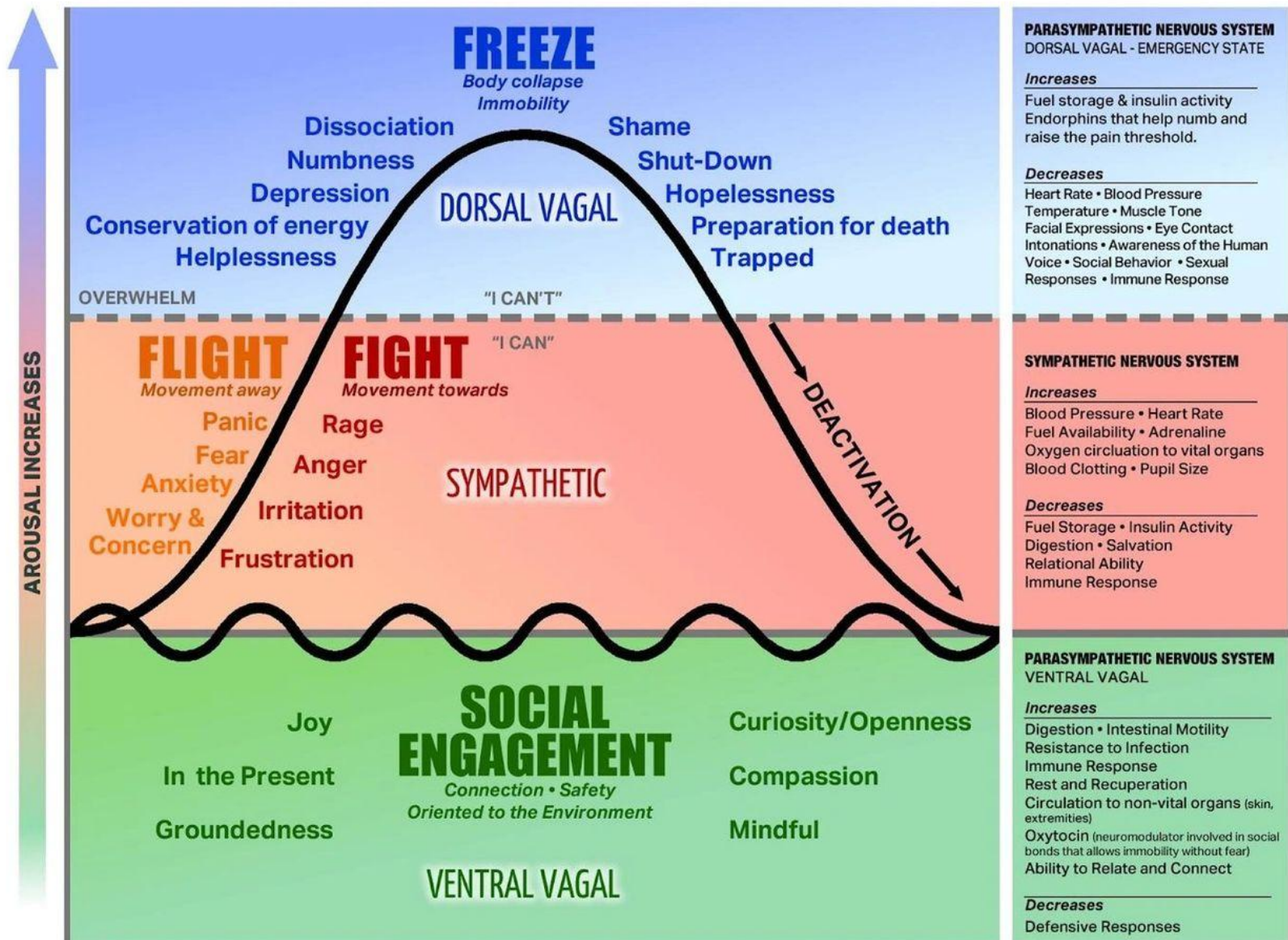


Empathy

- Really connecting with how they are feeling and showing compassion



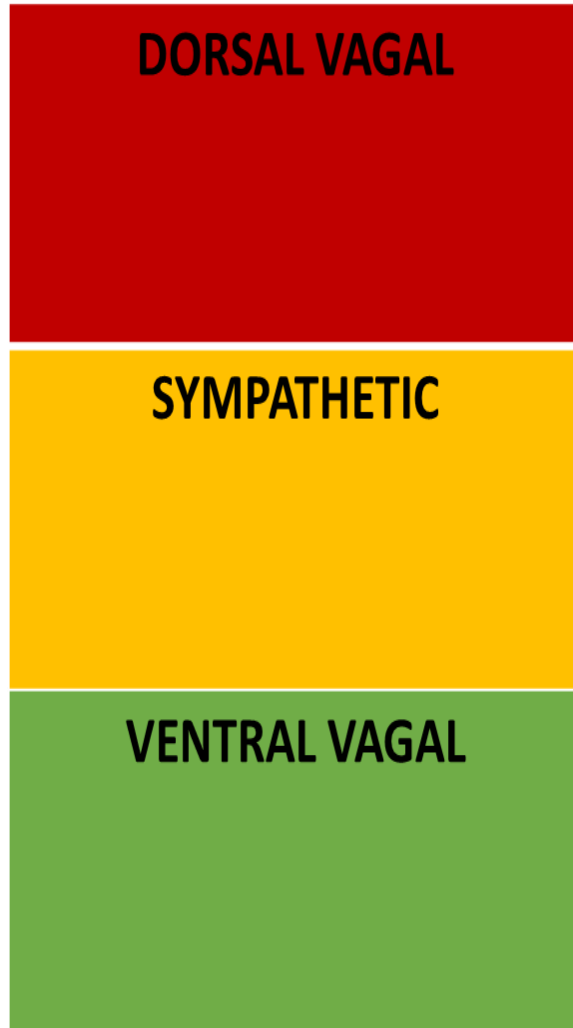
P.A.C.E is an approach developed by Dr Dan Hughes aimed at supporting recovery from developmental trauma. However, it can be a useful attitude to adopt with anyone who is emotionally dysregulated



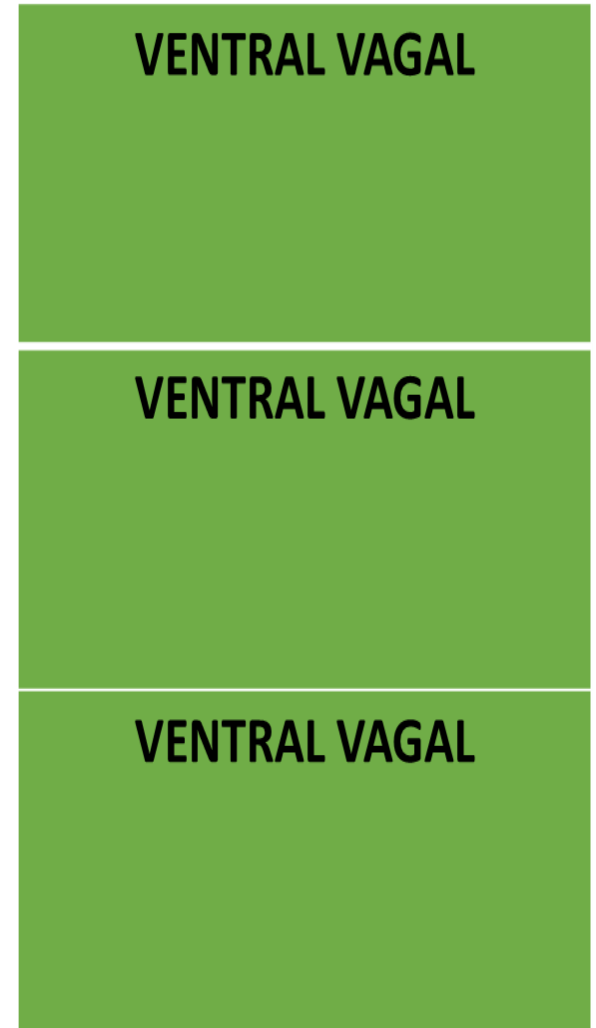
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Co-Regulation



PACE
Playfulness, Acceptance, Curiosity
and Empathy





DOs AND DON'Ts OF A TRAUMA-INFORMED COMPASSIONATE CLASSROOM



1 CREATE A SAFE SPACE

Consider not only physical safety but the children's emotional safety as well.

2

ESTABLISH PREDICTABILITY

Write out a schedule and prepare children for transitions. It helps create a sense of security and safety.



3 BUILD A SENSE OF TRUST

Follow through with your promises and in situations where changes are unavoidable be transparent with your explanations.

3

4

OFFER CHOICES

Empower students and offer "power with" rather than "power over" strategies.



5 STAY REGULATED

Help your students (and yourself!) stay in the "Resiliency Zone" to promote optimum learning. Have regulation tools ready to help students bumped out of the zone into either hyperarousal (angry, nervous, panicky) or hypoarousal (numb, depressed, fatigued).

5



There's really only one **DON'T**
Let's not punish kids for behaviors that are trauma symptoms.

