

# *Trauma Informed Education*

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## **INTERDISCIPLINARY INSIGHTS**

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- Blueprint Studios. (2012). Once upon a Mountain Trailer. <https://www.youtube.com/watch?v=nulVTEe9y9s>

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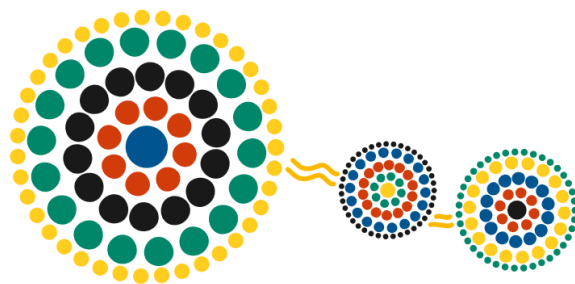
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We celebrate the continuous living cultures of First Nations Australians and acknowledge the important contributions Aboriginal and Torres Strait Islander people have and continue to make in Australian society.

The University respects and acknowledges our Aboriginal and Torres Strait Islander students, staff, Elders and visitors who come from many nations.





# *Accessibility Information*

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## **ACCESSIBILITY ASSESSMENT**

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It is our hope that by being transparent on our current books, we can begin the process of making sure accessibility is top of mind for all authors, adopters, students and contributors of all kinds on all our open text

projects. As such, we welcome any feedback from students, instructors or others who encounter the book and identify an issue that needs resolving.

## ACCESSIBILITY CHECKLIST

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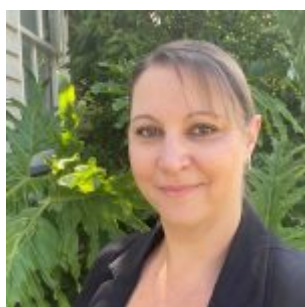
## About the Editors



**Dr. Govind Krishnamoorthy** is a clinical psychologist and senior academic at the University of Southern Queensland. He has over 15 years of experience in child and youth mental health services in both private and public settings. Govind's research focuses on improving equity and access to mental healthcare for priority groups of children, youth and their families. Govind is the developer of Trauma Informed Behaviour Support. This novel mental health program promotes trauma-informed care in education and healthcare settings. He coordinates several innovative industry partnerships to promote mental health in children, youth and their families.



**Dr Kay Ayre** is a lecturer in Early Childhood Studies in the School of Education at Edith Cowan University Western Australia. Kay has a background in early years teaching and behaviour support spanning 30-plus years. Kay's research focusses on children's challenging behaviour, positive behaviour support, and trauma-informed practice. Kay is the co-developer of Trauma Informed Behaviour Support.



**Ms Dayna Schimke** is a psychologist working in Private Practice in Queensland. She has worked in both not-for-profit and private settings in both QLD and ACT in various roles and has over 15 years of experience supporting children, young people and families with complex needs. Ms. Schimke is passionate about helping young people, and adults heal from complex trauma. She supports and advocates for trauma-informed practices in education to help young people feel safe, connected, and experience

positive and successful school environments.

## *Foreword by Dr. Emily Berger*

It is with great pleasure that I write this foreword for the book: *Trauma-Informed Education: Interdisciplinary Insights*. The book is a collection of interviews by Dr. Govind Krishnamoorthy and Dr. Kay Ayre with childhood trauma and trauma-informed practice experts. As an emerging field of practice and research, the book is timely in bringing together interdisciplinary views and the expertise of experienced practitioners. I have been very fortunate to work with numerous dedicated and highly knowledgeable researchers, practitioners, and teachers. Dr. Krishnamoorthy and Dr. Ayre are among those I consider leaders in trauma-informed practice. Through their work on trauma-informed behaviour supports, Dr. Krishnamoorthy and Dr. Ayre have pioneered the way we think about trauma-informed practice in schools, both in Australia and internationally. This book is another example of their influence and significant contribution to trauma and trauma-informed practice.

Edited by Ms. Dayna Schimke, an experienced psychologist in the area of child maltreatment, this book includes international experts, together with contemporary research and resources. The conversational and accessible language in the chapters provides an engaging introduction to how we support children exposed to trauma. Within these conversations, you will find insights guiding the future of research and practice in trauma-informed education. While the book is primarily designed for educators, the information provided is invaluable for researchers, health practitioners and policymakers. As evident in the interdisciplinary discussions in the book, inclusive education for students exposed to trauma is the responsibility of everyone. We all have a part to play in working together to provide the highest level of care for children, youth, and families exposed to trauma.

The narratives in the book acknowledge the complexities and challenges of today's classroom, while illustrating practice and research-informed ways for educators to practice trauma-informed care. Significant highlights from the book include chapters on the background of trauma-informed practice, how trauma affects children's development and school functioning, and, notably, how teachers can support students exposed to trauma. The book provides many practical strategies for teachers to support the needs of students in their classrooms. The interviews provide examples from teachers' everyday interactions with students and how they can apply trauma-informed approaches to improve student outcomes. In addition, the interviews challenge the reader to think of trauma-informed practice as more than just brain breaks and sensory tools. The whole-of-school perspectives of this book are essential to ensure the ongoing success and sustainability of trauma-informed care in schools. These ideas in this book elevate the discourse about trauma-informed education by challenging the current assumption and paradigms of the role of schools in the growth and wellbeing of children.

Finally, I commend the authors for making this an open educational resource – freely accessible to anyone wanting to learn about trauma-informed practices. Trauma-informed education is, at its heart, about educational equity. Its mission is to mitigate social, psychological, economic, and political forces that maintain the educational disparities between children, families, and educators. The design and dissemination of this book as a free resource reflects these values.

Thank you to the book's editors and experts for sharing their wisdom and insights. I hope the stories, theories, and research spark your curiosity. There is much work to be done to improve the education and wellbeing of children. I hope this book inspires you to join us in this mission.

**Dr. Emily Berger, PhD**

Senior Lecturer, Trauma-Informed Researcher, and Registered Psychologist  
Monash University

# Introduction

If you are reading this book, you are likely motivated to make a difference in the lives of children. If you have been a disciple of trauma-informed practices, you would know that loss, grief, emotional pain, and fear in childhood affect one's life. Equally, acts of compassion and support linger in our memories, providing us hope in the darkest times. While it may seem simple and obvious to support a struggling student, the realities of such tasks highlight the challenging and complex nature of such acts. Schools respond to the complex needs of students exposed to traumatic and adverse experiences as part of an interconnected system of care. These systems of care include health care, child welfare, juvenile justice, housing, and a variety of other community services. Legislation around the world increasingly mandates interorganisational collaboration and attention has turned to considering how educators and professionals of other disciplines and services interact. As demands on educators to meet the diverse needs of students continue to grow, the challenge of providing an inclusive educational environment places a significant burden on educators. Educators are required to be informed about various learning and mental health concerns facing children in the school environment.

Such requirements necessitate interdisciplinary collaborations – both within a school and with those in other services and sectors. Attitudinal and systemic barriers have long kept educational institutions siloed from other child services, with recent policy and legislative changes enabling such interdisciplinary partnerships to occur more readily. The conversations in this book demonstrate the complex interplay between the impact of trauma on our brains and nervous systems (biology) and our thoughts and behaviours (psychology). We are learning that trauma impacts how we interact in relationships, organisational systems, and communities (sociology), how we make meaning of the world, and how we understand our purpose (philosophy). The willingness to be curious and continually learn is essential to inclusive education. Respecting and accepting another's perspective and the consistent and critical exchange of ideas is a hallmark of productive interdisciplinary collaboration.

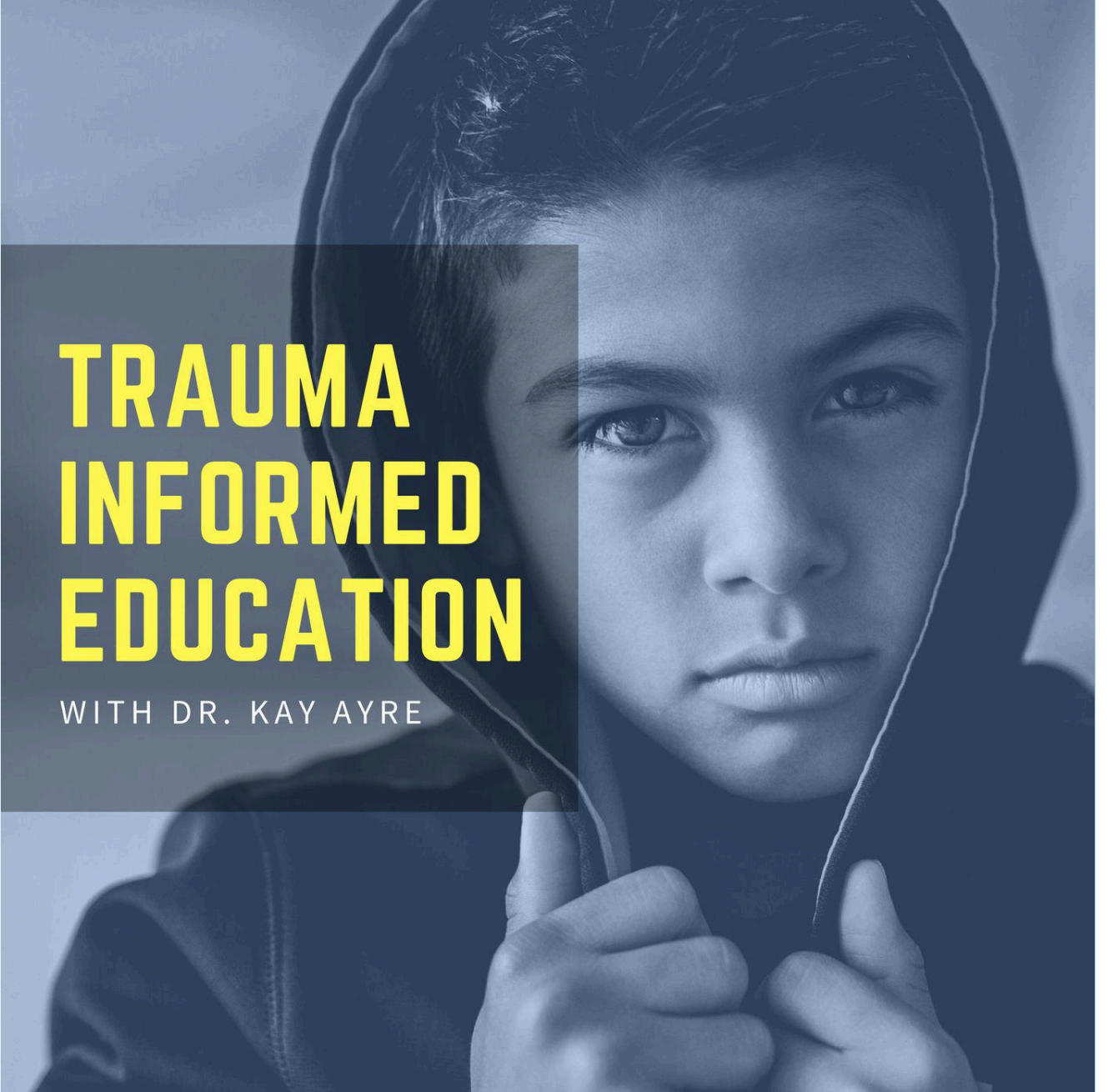
The prioritisation of 'coming together' requires practitioners to actively seek opportunities to meet and collaborate with those from other disciplines. The emergence of digital technologies – through video communication software and podcasts – has enabled us to leverage the wisdom and resources of a range of practitioners worldwide in disseminating and co-creating interdisciplinary resources. Such efforts of interdisciplinary joint work with interactions between diverse community members represents increasingly sophisticated levels of interdisciplinary boundary crossing.

We hope reading this book offers you a space for reflection and learning. Ultimately, however, the book is a call to action. It is an invitation to examine the state of your schools and decide what kind of education you want for the children in your community. It is a call to re-examine what we have long assumed to be true about how education is structured and delivered. Advocacy and innovation in education mirror the efforts of the traumatised child – as educators attempt new practices and risk a state of vulnerability and uncertainty in the hope of new learning and growth. The conversations in the book highlight how thinking and acting to support the complex needs of students can instigate social change, one interaction at a time.

## Trauma Informed Education Podcast

This open text is based on conversations originally captured in the *Trauma Informed Education* podcast and licensed

under a CC BY-NC-SA 4.0 licence. The podcast with each interviewee is hosted at the end of each chapter for you to listen to at your leisure.

A young person with dark hair, wearing a dark hoodie, is looking directly at the camera with a serious expression. Their hands are clasped in front of them, holding the edges of the hoodie. The background is a soft, out-of-focus blue-grey.

# TRAUMA INFORMED EDUCATION

WITH DR. KAY AYRE



# Helping Traumatised Children Learn with Dr. Dave Ziegler

### Dr. Dave Ziegler



Dr. Dave Ziegler is a psychologist and founder and director of Jasper Mountain, a world-renowned healing facility for children aged three to 12. Located on more than 90 acres of beautiful forest, Jasper Mountain hosts a residential treatment facility, an integrated school, an assessment and crisis centre, and a foster care programme. Jasper Mountain has consistently achieved remarkable outcomes for some of the USA's most severely traumatised children for over 30 years. Dr. Ziegler is the

author of several books, including *Raising children who refuse to be raised*, *Achieving success with impossible children*, *Traumatic experience in the brain*, and *Beyond healing: A neurological reparative therapy*.

Click or scan the QR code to learn more about Dr. Ziegler's work.



**Dr. Ziegler:** I began my career as a family therapist in Arizona, down in the desert, a long way from the forest in Oregon. While family therapy brought much value to many families, there was a group of children we couldn't reach. They had serious issues that went beyond what we could do in a outpatient, community clinic. Meeting once or even twice a week was not enough. Some colleagues and I decided to set up a centre that would be a place of healing and learning for these children. To see if there was a way that we could get to the most severe kids and help them. We didn't want these kids to become society's casualties through criminal justice or drug and alcohol issues. So in the last thirty-five years, I have worked with the most severe kids at our centre in Jasper Mountain.

## CHALLENGES FOR TRAUMATISED CHILDREN AT SCHOOL

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**Dr. Ayre:** In your paper, 'Optimum learning environments for traumatized children', you write about some reasons why traumatised children don't do well at school. What are the biggest challenges for these students to succeed at school?

**Dr. Ziegler:** I never want to understate how difficult it is for a teacher with a classroom of these young children



who all learn differently . The children come from different backgrounds, and trying to get them to move to the next step on the academic ladder is difficult. Even more challenging is when some kids in the classroom have a trauma history. Trauma gets in the way of learning as it changes the brain and how children process information. It changes the ability of children to be vulnerable, an essential aspect of learning. It teaches children that they can't trust some adults, or maybe they can't trust any adults. There is a close connection between learning disabilities and complex trauma as they often come together, impacting learning.

**I never want to understate how difficult it is for a teacher with a classroom of these young children who all learn differently.**

Trauma activates the fight or flight response. When symbols or recollections of trauma come up in the academic setting or classroom, children will either fight or act out, or they will flee, which is sometimes to go into their own space. Many teachers consider these children to be daydreamers or, what we call in psychology, dissociators. It's simply the way that the brain is handling reminders that come up in the classroom or triggers that are related to their trauma.

Our schools are not designed to help children with significant trauma learn because you have to approach how you teach them differently. If we do not reach these children through education, they continue with their learning disability, and they perceive education as not particularly useful. Their brains are designed for survival, and they are focused on survival. Learning about language, arts, history, and math – it is a stretch to have a traumatised child feel like that information is important to them. They're concerned about how they can be safe tonight from their alcoholic parent. How can I keep Uncle Charlie from coming into my room and sexually abusing me this weekend? Those are the critical things to traumatised kids.

The traumatised brain does not want to be vulnerable. It does not want to be hurt again, yet you cannot learn without vulnerability. You cannot learn without making mistakes, which is a difficult challenge for kids with trauma.



#### Optimum Learning Environments for Traumatized Children

In Dr. Ziegler's article, he writes about how trauma and learning in school do not mix well together. This is not to say that trauma does not result in significant learning for the child. The child learns not to trust, learns to be anxious around adults, and learns to be vigilant of the motivations of others. What a child learns from trauma negatively impacts learning in an academic setting. If the goal is for a child to come into an academic setting ready to learn, ready to emotionally experience the enjoyment and excitement of discovery, then the effects of traumatic experience will hinder learning in a variety of ways.

Click or scan the QR code read about read the rest of the article [PDF].



## TRAUMA INFORMED EDUCATION

**Dr. Ayre:** What is your education model at Jasper Mountain, and how has it been designed to be trauma-informed?

**Dr. Ziegler:** You have to teach these kids differently. If you want to reach them, these are some of the factors we have found to be very helpful at Jasper Mountain.

First of all, the educational process is very active rather than passive. Many times in classroom settings, the children are given a desk, they sit at their desks, they're told to be silent, to raise their hand, and they're told to do their work. We do the opposite. We have a very active process where the children are physically up and about and active in the classroom. They go to learning centres throughout the room. Every half an hour or so,

we stop the process, and we might put on some music, do some dancing, get very active and then stop and go back to the learning process. It's a dynamic thing that most children are very used to doing.

We try to remove negative stress in the classroom. Too often in our schools, we have a competitive setup where we might say, "let's see who can do the best job on this maths test or spelling test". This produces stress for all children, but sometimes for some children, it's positive stress, which can be a significant motivator for learning. Negative stress isn't a motivator for learning, so we try to eliminate any negative stress. Negative stress will produce a fight or flight response for kids that have trauma.

**We want an expressive environment where we want kids to express their opinions.**

We want an expressive environment where we want kids to express their opinions. We want them to draw things, to write, and to sing. The environment has to be fun. In my learning many years ago, the goal was not to make learning a fun process. I believe that not only do children learn more when they're having fun, I think

adults learn more when they're having fun.

We also need to be very careful about the adult-mediated activity. It doesn't take very long for a child to take a risk and try to give an answer or try to do something they're not very good at, and if they're made fun of, that immediately stops. We need adults to be right there, onsite, and help this to be a positive process. We don't want children taking advantage of other children and making them feel bad.

The situation must be predictable, so we have our schedules on the board, and the kids know what's coming next. We try to give them a five-minute warning when there's a transition. Kids with trauma do a lot better when they can predict that here comes a change to maths, or we're going to go to lunch next, or we're going to go out for recess.



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Kids also need to have more successes than failures. Too often, when you don't know something, you will make lots of mistakes learning. We have to build in elements that kids will be successful in some ways because none of us will continue to do something we continue to fail at. The classroom also needs to be based on relationships. It has to be between the individual and the teachers. What we do in our classrooms is we have no more than ten children. They're all traumatised kids, but ten children in a classroom with three teachers. One of the teachers is a certified special education teacher with a master's degree. The other two teachers are teachers' aides, or what we call their direct care staff. There are also staff who are part of treatment teams trained in mental health. We have both mental health and academics in the classroom simultaneously.

**We have both mental health and academics in the classroom simultaneously.**

Now, in regards to competition. Competition can motivate kids to learn, but it can also stop the process cold. What traumatised kids need is what I call 'even competition'. Even competition means there is a winner, and there can be a loser which can teach us about life, but every child has an equal chance of winning. The fastest child will win if we go out and have a race. If we have a test on maths, the child that's the smartest will win.

You have to change that competitive process so all children have a chance of winning, or we have found they will simply not compete. We put much more emphasis on cooperation rather than competition. We want children to learn together, and we want them to teach each other. We want some of the children who are a little bit older, who may be more skilled, to help some of the younger children. One of the best ways to learn something is to teach someone else. These are some of the different approaches to education or learning that we use to really change the environment in the classroom so that it's conducive for traumatised children to learn.



**Once Upon a Mountain: Documentary on Jasper Mountain [3:00 mins]**



One or more interactive elements has been excluded from this version of the text. You can view them online here:  
<https://usq.pressbooks.pub/traumainformededucation/?p=342#oembed-1>

To learn more about the Jasper Mountain facility and Dr. Ziegler's work, check out the documentary, 'Once Upon a Mountain'. Melbourne based film-makers follow Dr. Ziegler, the facility staff and youth as they engage in the educational programs at the facility.

Click or scan the QR code to watch the trailer or rent the documentary.



**Dr. Ayre:** How do you manage teaching different age groups? Are children grouped according to traditional grade levels?

**Dr. Ziegler:** Years ago, when we started our school in 1989, I wanted to return to the one-room schoolhouse where everybody learned together. We managed to do that for several years, but when our numbers started getting up to 80 children, we couldn't teach that number of children in one room anymore. The modern school is like the way Henry Ford built motor cars. We're assembly lines. We think in first grade, we're going to teach them this. In second grade, we're going to put the tyres on. In third grade, we'll put the muffler on, and in fourth grade, we'll have the engine. It makes much more sense to have older children learn with younger children. Younger children then see the modelling from the older children, and we don't have these 'age ghettos', where all children are the same, working through the years of schooling. What we do, is we combine children by abilities rather than age. So, you could have a much younger child with an older child if their ability in reading or maths or language arts were similar. We combine the children by ability groups rather than simply ages.

## UNSCHOOLING THE EDUCATIONAL ENVIRONMENT

**Dr. Ayre:** You write about the need to 'unschool' educational environments to avoid triggering memories of school failure. What do you mean by this?

**Dr. Ziegler:** When I say we need to unschool educational environments, we need something vastly different than a traditional school for traumatised children. Children who have experienced trauma perceive school as the place they go where they look stupid. They feel stupid, and they perceive teachers are there to point out all their mistakes and make them feel worse. That doesn't have anything to do with what good teachers are doing in the classroom.

We need to give these kids a new perception of what happens in school. That school is a resource where you will learn what you need to succeed in life, and a teacher is somebody who is a resource person to meet your goals. When I talk about the unschool, I'm saying

**When I say we need to unschool educational environments, we need something vastly different than a traditional school for traumatised children.**

that school needs to look different, it needs to feel different, and it needs to be different. The education process needs to fit the child rather than the child fitting into the educational process.

All children learn a little bit differently. We need to spend the time to find out how individual children learn and then build a fun, exciting, active process around them so that they can be successful. Our ultimate goal is to instil a genuine love of lifelong learning, and we don't just want children to get up to their grade level or succeed in their testing. We want them to be excited about learning. There is nothing that should be easier than getting a child to get excited about learning. Yet, somehow in our educational process, we have turned off a lot of children. Learning is not as much fun, and it's not exciting anymore.

*Dr. Ayre: I would suggest many teachers would feel the same way.*

*Dr. Ziegler: Yes. If we do not have excited, happy teachers, we don't have excited, happy students.*



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## CHALLENGES FOR EDUCATORS

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*Dr. Ayre: What challenges do the educators face at Jasper Mountain when working with students in a trauma-informed way?*

*Dr. Ziegler: We set our vision and goals pretty high. We have 80 children in our school, and every day they come in from about twenty-four different school districts from around the United States. They almost always are the most challenging child in their school district. If you have a school district of fifteen thousand children and you have the most challenging child, try to imagine that same child with 79 peers who are the most challenging child in their school. So right off the bat, there are some real challenges which is why we have a high adult-to-child ratio. This helps the teachers to be able to not only handle the behaviour but also to give individualised attention to children, that's important.*

*I've mentioned children all learn differently. Even if you have ten kids in your classroom, it's pretty challenging to figure out how these ten kids are going to best learn. To figure that out in a way that fits into a structure, within the day, and where we want to go as a group is tricky for teachers. You want an active educational process and an active environment, but you don't want chaos. There's a balance between children being up and moving around and doing things and dancing, listening to music and then stopping and doing some math facts, etcetera. Chaos will work against the traumatised brain and make it even more difficult to engage and learn.*

*Our teachers struggle with the fact that education is secondary to the children's healing at Jasper Mountain. Teachers are not used to hearing that. They're used to believing the most important thing in their classroom is the educational activity. With our children, they have to understand that sometimes it takes them six months, sometimes the whole school year, to prepare these children to learn and grow. We must start with where they are, which is often needing to heal the wounds that have been produced by trauma in other settings, including in other school settings. Almost all of our children have failed universally. They've failed in school, at home, and then in our environment, they succeed, sometimes for the first time.*



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The other challenge is to transition them back into public school settings where they may encounter the same factors that produced the failure, to begin with. How we transition them back from this very conducive environment into a much less responsive, fun, and exciting environment is all important. Fortunately, if done right, we can make that transition and have them get up to speed, return to a public school, and succeed, but only once they're healed in our environment.

**Dr. Ayre:** So, the experiences and skills they take with them holds them in good stead when they're back in those very different environments?

**Dr. Ziegler:** Yes, it does, although one of the most important things that has to happen is that we need to change the child's perceptions about school. They're used to walking into school and believing that the teacher wants them to fail. Why else would they circle all their mistakes in red? Why would they give them bad grades if they didn't want the child to fail? Children misperceive, so we need to have them develop a new perception of school as something fun and interesting. As a place where you can learn about things you can use, and you have guides and resources called teachers that want to help you learn the things that you want to learn. With children transitioning back to regular school, we have found that if we've been able to alter those perceptions, the children make even more academic progress after leaving us than when they were with us. That tells me that the children plug back in with their peers in public education. They're excited about catching up and learning; having had some success, they're ready to have more success.

**Dr. Ayre:** Is there a time limit for the children who come to your programmes to transition back to public education?

**Dr. Ziegler:** We have six different programmes. I'll talk about the most intensive programme, which is our long-term residential programme. Children stay in that programme for an average of 14 months. We have found that with younger children, we can often get to a place of healing and growth quicker than with some of the older children. We don't have children in our setting longer than needed.

We use a variety of scales and standardised tests to assist with knowing when they're ready to transition out. When children can cope and engage themselves in families, in public school, and the community, that's when we know they're ready to transition. We want them to be able to do all those things successfully before they leave us. While they can't do that, we're working in our very intensive structured programme. We have the advantage that when children are in our residential programme, they go to our onsite school. We can also have children move on from the residential programme and continue in our onsite school, so we don't try to have all the transitions happen simultaneously. We have about half and half in our onsite school. Half the children attend from our residential programme and about half attend as a day student only. The length of time children are in our school varies. However, we generally like to have an entire school year to work on the misperceptions of school, build some successes, get the children excited about learning, and see that school can be a lot of fun.

**Dr. Ayre:** How do you bridge that gap for a traumatised child to return to Public Education successfully where the learning process looks and feels very different than it does at Jasper Mountain?

**Dr. Ziegler:** We build a relationship with the school and the teacher to whom the child will transition. We will meet with the school and the teacher and say we have a unique challenge for you. Teachers don't necessarily like a problem, but they do like a challenge. Teachers are receptive when I tell them, "I will help you succeed, you can rely on my team, and if you have a problem, you can call us, and we will assist you". Teachers can also see how this child has progressed in our setting and how things can improve. There's nothing quite like a teacher that takes on a challenging child and succeeds. We begin by transitioning the child back into the classroom one period and one hour at a time so that they have a foot in both worlds. Jasper Mountain teachers will go to the child's public school classroom, and we will continue to provide psychological help. We continue to be a backup during a crisis and build a team with the public school and the teacher. If we can do that and



connect to them, the teachers generally say, “yes, we will do our best”. If we all work together, we can begin to help both the child and the teacher see some successes.



### Transition Toolkit



We know routines and planning are key to always supporting students. This is especially true at times of change and transition. Here we provide a range of suggestions and ideas. Some will be specifically relevant to a primary or high school transition; others will be universal and relevant to any transition point for any students. Some ideas will be dependent on your child and their learning and development.

Click or scan the QR code to access resources to support transitions for students from the ACT Department of Education.



*“Image” by note thanun is in the Public Domain, CC0*

*Dr. Ayre: When you see that success, that’s the reason you do what you do. You only need to see one little glimmer of a step through the doorway today with a smile and it makes it all worthwhile.*

*Dr. Ziegler: That’s why we’re all in this business of helping children. To see learning happening in front of us and a future that can make a difference to children.*

Recently, I had a visit from a young man that I hadn’t seen in 18 years. Unannounced. He came to my office and said, “I just want to thank you”. He was one of the most traumatised children I have ever worked with. He said everything changed when he was here, and when he thinks of his childhood, he thinks of me and this place. He said, “You are my family, and I want you to know that I am a successful and happy adult”. That’s why we’re in this business! The importance of having fun, having success and being able to expect and predict what’s coming next are elements vital to teaching traumatised children.

Something not yet mentioned is the importance of disconfirmation. What I mean by disconfirmation is that we need to disconfirm not only the perceptions of the child about school, but their perceptions about themselves. We need to disconfirm their belief that they are not a good learner, are not successful, and are not a likeable child. Unfortunately, when we don’t disconfirm, many adults will do important things like hold kids accountable and have consequences for their behaviour. Through this, we confirm the child’s negative view of themselves. We will then never turn that child into a good learner. So the process of disconfirming is crucially important.

We also don’t see enough integration between academic and psychological support. Everywhere I go, I plead with people, have your educational people and have your psychologist, and your mental health people work together for children. What we do in our setting is, in real-time, integrate our treatment and our academics in one place. We bring it to the child rather than send them to a clinic and a school and give them unintegrated bits and pieces. The adults need to be working together to help these very traumatised children.

At Jasper Mountain, we focus not only on our treatment but also on the whole child. We want to touch their mind, their body and their spirit. We do a lot of physical things, and we do a lot of things in terms of their minds and their



*“Image” by Tim Mossholder is in the Public Domain, CC0*

healing, their trauma and their psychological treatment. We also address their spirit. We want children to feel a connection, the universal sense that we belong to something greater than ourselves. That could be belonging

**We want children to feel a connection, the universal sense that we belong to something greater than ourselves**

to a team, belonging to a family, or a classroom. We want our academic programme to touch the mind, body and spirit. Sometimes, for children to learn, we must prepare them and get them ready to learn. You always have to start with where the child is.

Although you have a curriculum that says this is step one, two and three, we're all going to move down this road together. But here is Susan or Charles in the classroom, not ready to learn because they are still fearful of the adults around them, of what's happening next, or of being vulnerable. We need to start and prepare the child to learn, and sometimes that may take some time before they're ready to take that first step academically. My experience has been that if we meet the needs of a particular child, we usually can't hold them back from learning. Sometimes we think we need to prod and push kids into learning, yet if we only understand that if we can get on the same page and understand where the child is coming from, they'll get excited about learning, so stand back because they're going to take off and they're going to learn whatever they can.

This young man that came into my office recently is a mechanic on a world-class aeroplane, and he has to know all the various manuals. He had to go to school for years, and this young man was standing there saying to me, "I learnt here how to learn, and now I am in a position where I make a real difference and teach others the skills I have". You could see the pride on his face. He came to us at age four and said he was likely never to do well in school, and now this young man is an expert on one of the most sophisticated aeroplanes in the world. I think that's why we have found that even after they leave our academic and treatment environment, the children grow exponentially in the first few months rather than deteriorate.

## STAFF WELLBEING

*Dr. Ayre: Given the nature and complexity of the children you teach and the effect that can have on staff, how do you look after your team and their wellbeing?*

*Dr. Ziegler:* We're the only non-profit, non-government organisation that I'm aware of that has a mission statement that says, "we are committed to the development of mind, body and spirit of our staff". The first thing we know about job satisfaction is that whatever we do works, and we feel like we're making a difference. I want you to consider, if you worked for me in one of my classrooms and you saw children coming in after having failed everywhere they had been in school, and now they're succeeding for the first time, how would you feel going home at night?

*Dr. Ayre: I'd feel absolutely delighted.*

*Dr. Ziegler:* Once a year, we ask all the staff in detail how they feel about their job. Universally, what they say back in terms of the things that are most important about working at Jasper Mountain, and I have people that have worked here for two and three decades and can't wait to come to work the next day, they universally say that making a difference in the lives of these kids, makes all the difference to them in terms of their own energy. Despite how hard it is and how much you have to give when you see that there is success, there's nothing like that to give you more energy and say, "well, I'm going to do it some more".

We provide our staff with excellent supervision, and research now indicates that your relationship with your supervisor and the support you get is all-important, as is the support you have with your peers. The second most important thing our staff say about working for us is that they work for a team of very committed individuals who want to make a difference. They don't want to let down the team. They want to do their part. One of the questions we ask all of our 135 staff is, "what are your plans for the future?" and 80 percent say they want to spend their entire careers at Jasper Mountain. I don't know how to respond to that. I'm so impressed that people would like to stick around and work and

**"let's get back at it and let's change some more lives"**

make a difference and be a part of this team. Along with working and living in one of the healthiest and most beautiful places in the US, those things all contribute to making a team of people that go home at night tired, maybe in tears, but they sleep well, then get up in the morning and say, “let’s get back at it and let’s change some more lives”.



### Caring for the Educator

We are all, at all times, both vulnerable and resilient. Educators and educational systems have an ethical duty to build resilience and reduce vulnerability in themselves and their colleagues as secondary traumatic stress is a health and safety issue. Click or scan the QR code to learn more about self-care and wellbeing in our book *Trauma informed behaviour support*.



## CHAPTER SUMMARY

- Trauma gets in the way of learning by changing the brain structure of children and how information is processed.
- Minimising sources of negative stress is vital in the classroom and may lessen the likelihood the stress response system of the child with trauma will be activated.
- Unschooling the educational environment for children with trauma is essential. School needs to look, feel and be different to traditional schools where these children have failed.
- Changing the child’s perception about school is important for the child to succeed when it comes time to transition back to a mainstream school.
- Teachers need ongoing coaching and support to learn they can teach a child with trauma successfully. It is important to have fun, success and be able to predict what’s coming next. These are vital elements for teaching traumatised children.



### Listen to the full interview on the Trauma Informed Education Podcast

Listen to our full interview with Dr. Dave Ziegler on our Trauma Informed Education Podcast [20:47]. Click or scan the QR code to start listening.



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An interactive H5P element has been excluded from this version of the text. You can view it online here:  
<https://usq.pressbooks.pub/traumainformededucation/?p=342#h5p-2>

# Educating Students with Blocked Trust with Dr. Kim Golding

Helping students feel safe is a hallmark of trauma-informed education. For some children, feeling secure in relationships is difficult. Well-intentioned teachers often lack the skills required to communicate and reinforce a sense of trust amongst these students. In this episode, we speak with Dr. Kim Golding about her book, *Working with Relational Trauma in Schools*.

### Dr. Kim Golding



Dr. Kim Golding received a doctorate in Clinical Psychology from Leicester University and has established and evaluated an integrated service for fostered and adopted children in Worcester, United Kingdom. The service provides support for foster, adoptive and residential parents, schools and a range of professionals around the children growing up in care or adoptive families. Dr. Golding has been trained and mentored by Dr. Daniel Hughes in using Dyadic Developmental



Psychotherapy and Practice. Based on what we understand about the attachment and trauma needs of children, this approach underpins the support offered to foster, adoptive and residential parents, schools and professionals through consultation, training and supervision. Dr. Golding's book, *Working with Relational Trauma in Schools*, written with Sian Phillips and Louise Michelle Bomber, explores how educators can easily use Dyadic Developmental Practice to help vulnerable students thrive.

Click or scan the QR code to learn more about Dr. Golding's work .

### Dr. Krishnamoorthy: How has your own experience of school influenced the work you do now?

**Dr. Golding:** I was a product of the grammar school system – a private school that typically selects its pupils based on academic abilities. My sister wasn't chosen to attend the same school, so I have a first-hand experience of how divisive the school system can be and how the effects of that stay with you for life. I also completed school, and she didn't. At the grammar schools, we were frequently told we were the elite of the elite. My sister had the opposite experience in a public school where she was repeatedly told she wasn't good enough. I'm the academic one of the family, and she's the creative one. She's always minimised that as a skill and her intelligence. The school system can do that to you in the early days. There's a lack of understanding of how children are experiencing the pressures of school systems and what that experience of passing or failing school means for students.

## TRAUMA, ATTACHMENT AND BLOCKED TRUST

*Dr. Krishnamoorthy:* How do you make sense of trauma and interpersonal trauma in your work? And how do you conceptualise the idea of Blocked Trust that you discuss in your book?

*Dr. Golding:* As we speak, the world has experienced a significant trauma impact over the last 12 months with the COVID-19 pandemic. The pandemic is a trauma outside of the family, and children experience the family as a source of protection. Children have their family members to help them feel safe. They feel connected with their family, and this connection allows them to manage what feels like a very unsafe situation for them. One way to think about trauma is as being outside of the family. We can also think about trauma originating from family relationships. When you think of trauma this way, you're taking away that sense of family protection. You're removing the people who can support you through these traumatic events. Who protects you if the trauma comes from within the parenting you experience? Who comforts you? Who can you turn to when in need? Who can you trust? Who's got your back?

Those people who should be there protecting you and comforting you are the ones that are scaring and frightening you. The experience for the child then is a profound sense of mistrust in the parenting they're experiencing, in the relationships that should be helping them to feel safe in the world. When that experience of trauma is pervasive, starting early in life, it becomes a block to trusting other relationships. Even if your parents are in a better position to keep you safe and protected later, or whether you're moving to alternative parents or moving out into the world and going into school, all relationships become a threat. That's what we mean by Blocked Trust. It has a biological substrate, and research shows that this sets in your nervous system. This is not just about learned behaviour. It's more profound than that – a deep sense of 'I can't find anyone to trust in the world, so I have to do this myself.'

**When that experience of trauma is pervasive, starting early in life, it becomes a block to trusting other relationships.**



## WHAT IS BLOCKED TRUST?



### Blocked Trust

Blocked Trust occurs when children have experienced abusive or neglectful relationships with their primary caregivers early in life, resulting in an inability to trust and experience safe relationships with others.

Click or scan the QR code read about addressing blocked trust in children in this resource from the Mental Health Foundation in Wales.



**Dr. Krishnamoorthy:** There's a lot of information about the development of attachment styles in children from safe and unsafe relationships with primary caregivers. What does blocked trust look like in the various types of insecure attachment that children experience?

**Dr. Golding:** If we think about attachment, we also have to think about intersubjectivity, two sides of a relationship experience that children need early in life. People who can offer you comfort at times of distress, a reciprocal relationship experience, and people who can share their experience of you and the experience of the world. Children learn about themselves and the world through their parent's eyes, which is the reciprocal part of the relationship experience. If we think about Blocked Trust, we must consider the impact on both people. The effect of attachment is that children develop an insecure attachment because they cannot feel safe. They don't have a source of comfort to turn to reliably. Hence, they find ways to adapt to that. Blocking trust with others is how children adjust to and develop an insecure attachment style. Children essentially find different ways to feel safe in the world because those relationships offer insecure patterns. For instance, if I feel wobbly, I turn to you, you might be less wobbly, but you're not available to me. Children will learn different ways of adapting when parents aren't available to comfort them. People will be familiar with avoidant attachment, where we become more self-reliant, and ambivalent attachment, where we become more attachment needy. Those are the two predominant styles of insecure attachment. The disorganised attachment style then takes avoidant and ambivalent attachment styles to a more extreme position. Additionally, suppose you're working hard to feel soothed in an attachment experience. In that case, you can't relax and enjoy the reciprocal relationships that may or may not be available to you to feel safe.



### What is Attachment?

Attachment theory attempts to explain attachment and attachment behaviour. Attachment behaviour is the observable action that the person does to be able to be physically close to the attachment figure and remain there. Attachment behaviour is evident throughout our life, and to know there is a significant 'attachment' person who will help us in times of need provides us with protection.

Learn more about trauma from our book *Trauma Informed Behaviour Support* by clicking or scanning the QR code.



## DYADIC DEVELOPMENTAL PRACTICE (DDP) AND PACE

**Dr. Krishnamoorthy:** How would you describe the Dyadic Developmental Psychotherapy approach on which your book is based?

**Dr. Golding:** Dan Hughes originally developed DDP in America (check the box below for a video about DDP). Dan is a Clinical Psychologist working with adopted and foster children and found the usual ways of providing therapy for these children weren't helping them. So, Dan developed his model based on the experience of children who've missed out on healthy relationship experiences early in life and finding ways of recovering that healthy relationship experience later in life or with foster or adoptive parents. The word Dyadic indicates that we can't work with children independently and must work with children and their parents within a safe relationship. Children need to work with safe parents to recover the relational experience they need for secure attachment and the trust that comes with that safe relationship. The 'Dyadic' in DDP represents the trust in the relational experience that the children didn't have early in life. The 'Developmental' within DDP is based on our understanding of child development. Helping children have a successful developmental pathway fundamental to the model. 'Psychotherapy' in DDP is because it is a therapy model with a therapeutic approach. Over time more and more professionals were being trained in the model who weren't psychologists but worked in Social Work, Residential Care, or Education which has prompted the name change to Dyadic Developmental Practice. There is now Dyadic Developmental Psychotherapy, Dyadic Developmental Parenting, and Dyadic Developmental Practice to highlight this is greater than just a therapy model. The therapy is still there, but around the therapy is a parenting model, and around that is a systems model that includes education systems. The goal is to bring the same principles into all the environments the children live in, with education and schools being an essential part of that environment.

PACE is the attitude that is central to and underpins the DDP model. It's an attitude based on what we offer healthy relationship experiences to our young children. Within those healthy relationship experiences in DDP, we offer children an attitude of Playfulness, Acceptance, Curiosity and Empathy. We're interested in their inner world and what's going on within them, what they're thinking and feeling. Imagine having a conversation with a baby. We have the words they don't have yet. All our words are about what's happening inside them, for example, "you're feeling happy today", "Oh, no, no, now you're upset".

We talk about what's going on internally and tend to do that naturally through infancy and toddlerhood. It tends to fade away after that, which is quite sad as we expect children to know by then they're in a world, and we don't need to make sense of it anymore. All children, and most adults, like to have our inner world made sense of by others. PACE, then, is an attitude that can apply to all relationships. Dan realised that if we're going to help children heal from relational traumas, then the PACE attitude is critical. Making sense of a child's inner world in a playful, accepting, curious and empathic way is essential to helping them feel understood. It's critical to assist them in learning to trust that others are reliable and can help them in their distress. When a child is distressed, good parenting



"Image" by Esi Grünhagen is in the Public Domain, CC0

feels like making the distress go away. To help a child, to help another colleague, another human, we must make them feel understood and heard. People want others to sit with them when it's uncomfortable. If you were expressing a level of sadness about a recent event to me, you don't want me to come in and say, "it'll be all right", "by next week, this will all be in the past", or "why are you worrying"? "What you want is someone to say that sounds tough, you're having a tough time right now, and I get it, and I think it's making you very worried." Then I feel a bit better because you get it, you understand. I feel better because I know someone else understands what I'm going through. That's at the heart of PACE. The PACE model is sitting compassionately with another person's experience. Within DDP, we talk a lot about slowing down, which we don't usually take the time to do. Slowing down looks like "let me listen to you", "let me hear and know your story". "Let me share

Slowing down looks like “let me listen to you”, “let me hear and know your story”.

what I’m hearing about your story and allow me to add a little to it with my curiosity into your story.”



Dyadic Development Practice

Click or scan the QR code to watch this interview of Daniel Hughes introducing Dyadic Developmental Practice from the Scottish Attachment in Action Conference [11:43].



**Dr. Ayre:** From a teacher’s point of view, unless a student is unsafe, we don’t always have to act immediately, which is hard to do. Just because something’s disrupting at the moment for you, you don’t have to jump in straight away and do something to “fix it”. The word therapy instantly brings up thoughts: “I’m not a therapist; I can’t do a therapeutic thing because I don’t have training in it”. You tend to quickly flick the responsibility outside your classroom because that’s not something you know how to do.

**Dr. Golding:** Teachers have a whole classroom of children that need educating, and it can feel overwhelming, and you ask yourself, “how have I got time to do this”? “You’re asking me to slow down, but I’ve only got so many hours in the day, and I’ve got so many children to attend to”. An important message here is that slowing down is just about saying, “have I understood or do I need to have a bit more understanding here”? That can happen with an acknowledgement to the child, such as saying, “you’re having a tough day, and I’m here”. That doesn’t have to take very long. I knew a primary school teacher who would just put a note on the desk if he noticed a child struggling that said, “I’ve noticed”, “I’m noticing you’re struggling today”. He often wouldn’t even have a conversation with the student. Slowing down doesn’t have to mean hours and hours of sitting and talking to a student.



Attachment, School and Learning

Students who have attachment difficulties engage in misbehaviour to cope by ‘getting’ control over people – adults and other children – through coercion, deception, and aggression (verbal, physical). These children may have learned to use such behaviours to get them access to preferred activities and objects and proximity to adults. Let us look at a framework of practice to support these students.

Learn more about trauma from our book *Trauma Informed Behaviour Support* by clicking or scanning the QR code.



## THE TWO HANDS OF TEACHING

**Dr. Golding:** Dan Hughes initially talked about two hands of parenting, and the two hands of teaching is an adaptation of that. The phrase ‘connection before correction’ is one of Dan’s phrases. The connection is the emotional connection with the person, and the importance of ensuring the relationship is there. Correction is about the doing. It isn’t about punishment but learning and teaching. It might be changing something I’m doing



**Correction is about the doing. It isn't about punishment but learning and teaching.**

because what I'm doing with you is not working; hence the correction is about action. The connection is my emotional relationship with you, which will help the doing happen more successfully. In schools, we have the connection, on the one hand, which includes warmth, empathy, nurturing, and curiosity about your internal experience. There is also the doing part. You hit your peer, which isn't an acceptable way of managing things. We need to think about how we can make sure that doesn't happen again and how we can help you repair the relationship with your peer. If we do that alongside the connection, the child will find it much easier to engage with and be less defensive. If students are less defensive, they're much more likely to learn from the experience where we're supporting them. We want a child to learn how to manage conflict with peers without hitting them or just going straight to the correction. If we go straight to discipline without connection, the child becomes defensive and starts feeling like they're bad. Children don't like feeling like they're bad, so they may go into shame. An experience of shame takes you away from learning about the world because it becomes very self-focused. Children can't learn when they're in a state of shame, they can't learn academically, and they can't learn how to resolve the conflict next time. Suppose we can put the second hand in there, connect with the child, and make sense of their experience of what got them so angry. In that case, we can work with the child to resolve the conflict experience. Remember that being angry is a feeling which is neither right nor wrong. We need to help the child understand and then empathise with that experience. Collaborative consequences[1], rather than coercive consequences[2] where the adult imposes a consequence on the child, are more effective in helping the child learn they can help make things better and repair relationships. This will help them learn how to deal with friendships and relationships in the real world as they grow older.

*Dr. Krishnamoorthy:* One of the things I found powerful about the PACE model is that the focus is always on the relationship rather than just the doing of calming someone down. The focus is always on understanding the child and providing them with the experience of feeling understood.

*Dr. Golding:* The relationship is more important than the goal. In de-escalation, you have a clear purpose of calming yourself down. Then life is easier for all of us. It's not an unreasonable goal, but we go a step further than that. My goal is to understand and get to know you. I'm hopeful that that will also help you calm down and make life easier for all of us. Then we talk about storytelling and finding the story or the narrative. I want to understand your experience here, so I'm not just going to come in to calm you down. I can do that, and there are techniques for doing that, but I'm going to do something additional. I want to help you calm down, but I also want to know you, and I want to know what's going on for you. I want to discover your story, the story of this moment, your story of this experience. I'll have a more profound empathy for you in understanding that story. When you receive empathy, you will feel more deeply understood, which will help the calming down process. It will also get your thinking brain working so we can figure out what went wrong and we can figure out what we could do another time. In that sense, it's much, much bigger than just de-escalation.

*Dr. Krishnamoorthy:* With de-escalation, we often fall into the trap of stepping into that control and coercion, whereas with PACE, it's about relationship building and care and concern for the child.

*Dr. Golding:* De-escalation, at its best, isn't about controlling people, but it is focused on using techniques and is goal orientated. PACE is much broader than that with its relational focus. The central element of DDP is that it's a relational model. The relationship is more important than anything else. The belief is if we understand our students and have a relationship with them, that will calm their nervous systems down and help them feel

**The belief is if we understand our students and have a relationship with them, that will calm their nervous systems down and help them feel safe.**

safe. It will support their emotional well-being, so they're in a much better learning state. We can then achieve our secondary goal of teaching them. This can sound a little strange to teachers. Why would teaching be a secondary goal? If we think about how we work as human beings, we learn when we're emotionally safe. If we're not emotionally safe, our nervous system puts us in a state to deal with the danger, not to learn. While we

have an overall goal to teach our children, our primary purpose must be to help them feel safe and emotionally

supported to learn. When they feel safe and emotionally invested, then we can achieve our goal of teaching them. Unfortunately, that's not often understood in the education system.



Still from video 'Brené Brown on Empathy'. All rights reserved. Used with permission from The RSA



Empathy and Coregulation

Click or scan the QR code to watch this interview of Brené Brown speaking about empathy and coregulation [2:53].



## PRACTISING IN THE MOMENT

**Dr. Golding:** The model starts with 'noticing'. Notice if something needs attention, and take immediate action to keep everyone safe. For example, if Billy and Joe are fighting, we must break up the fight for safety. The fast route we usually take then, what's the consequence here for fighting? Maybe it's detention after school or at lunchtime. That's the quick route of managing the children but with no connection. I've tried to show what the slow route looks like, which is more effective in emotion regulation. The next part of the process is to notice your reaction and focus on yourself. Ask yourself, how am I doing in this situation? Am I regulated enough to help these kids, or do I need to take care of myself first? If I need to take care of myself, can I hand the children over to someone else because these children need support right now? If I can't, can I at least take a breath,



have compassion for myself, focus on the children, and breathe? I can remind myself this is hard, and it's okay. I might struggle, but we'll get through it. Compassion for yourself can allow you to be more open and engaged

**Compassion for yourself can allow you to be more open and engaged with the children.**

with the children. Instead of saying, "what the heck is going on here"? You can now calmly say, "hey boys, you're having a hard time today. Let's figure out what's going on here". Then it's essential to think about emotion regulation for the children. Are they regulated? If they're not emotionally regulated, it's no

point in doing anything else because they're not in a state to receive it. We have to put our attention on regulation first. We might say, "come on, boys, we're going to go for a walk. I want one of you on either side of me, and while we walk, we'll think about what's going on". Walking and movement is doing something to help the regulation process. We know from occupational therapists that all sorts of things can help children regulate at a sensory and an emotional level.



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Once the children are calm, you can say, "Okay, you've had a hard time, let's figure this out", which is Dan Hughes' favourite phrase! Another vital part of this process is to not immediately say, "I want you to think about the other person and the impact on them". We need to start with ourselves first. If I'm talking to Billy, who was going for Joe, it's no good to be asking Billy what you think Joe's feeling right now. Billy will go straight into shame and defensiveness, thinking shuts down, and I've lost my opportunity to connect with him. Instead, starting with Billy, we ask something like, "what was going on for you"? "I wonder what made you so angry"? During this process, we must remember anger is just a feeling, and it's neither right nor wrong. It just is. We may say, "help me understand why you got so angry". When you understand, you give back with empathy, "that was hard for you when that happened".

Now the child is feeling like you get it. He's not feeling shame now, he's starting to feel a bit of guilt, and he's starting to feel some remorse. Billy then thinks, 'I didn't want to hurt Joe. He's my friend, and I don't know what to do about that, but I feel it. Now Billy's receptive to some ideas. If we move from shame to guilt, guilt allows remorse and the desire to make amends. So now Billy is in a receptive state. We can think about Joe. "Joe's upset with you. I don't want him to be upset with you. I wonder what we can do about that"?

The next part of the sequence is the action part. What are we going to do about this? Here, the collaborative consequence comes in. The adult takes some responsibility here as well. It might be that maybe you guys aren't ready to play together for half an hour. Perhaps you need a little more supervision or structure to play together? That's my responsibility as an adult to put that in place, but maybe there's something you can do that lets Joe know that you are sorry you upset him. Something that lets him know that you want to be friends. I wonder what that could be? And Joe might not be quite ready to hear it yet. Can you be patient with that?

That leads us to the relationship repair part of the sequence, which is the last part, where we help the child repair the relationship. It's also the adult's role to think about and ask if there is anything we need to do to repair the relationship. We can reflect and realise that at the beginning, I wasn't so PACE-ful. I can then acknowledge that I was initially frustrated with you boys, and that's down to me. I'm glad we managed in the end, though, and this is doing your repair of the relationship. Doing your part of the repair also shows children that repair is an excellent thing to do. We can always reach out and acknowledge we got something wrong. It's trying to capture PACE and the two hands mentioned earlier.



### Teaching in the Moment

Here is a full description of Dr. Golding's 'Teaching in the Moment' [PDF] framework – with prompts for each of the seven steps in the framework.

Click or scan the QR code to access the resource.



## TEACHER SELF-CARE

*Dr. Krishnamoorthy:* For teachers to be able to implement this framework, they would need to be feeling safe themselves. Regulated and calm but on some level safe in the environment they're in as well. Safe in the knowledge that colleagues and administrators have their back when needed.

*Dr. Golding:* Whole schools must use a consistent framework, so everyone supports everyone else in a very PACE-ful way. We can then build schools that are safe for everyone, including teachers and other staff. The well-being of the adults is critical to the well-being of the children. If we can't put well-being for adults in place, we're not going to get it right for the children. It's so important we look after the adults here. I've also got to look after myself because if we're not in a safe world, we all go into our defensive nervous systems, which never goes well for anyone.

**The well-being of the adults is critical to the well-being of the children.**

*Dr. Ayre:* Commonly, teachers tend to put themselves last. The children always come first, and teachers are not consciously thinking about themselves. Suppose you've got a school where everybody consistently supports each other and similarly responds to children. In that case, the mentality of 'this child is your problem because he's in your classroom' reduces. Everybody then takes on some responsibility for helping all students. It helps everybody to say we need great teachers with great well-being to be able to help each other and to help our students. Therefore, my priority as your colleague is ensuring you're okay.

*Dr. Golding:* The common phrase 'you put your oxygen mask on first, I can only support you if I look after myself' is relevant here. A story that helps define the importance of this is of the father in the desert. I don't know the story's author, but it's where a father and a son are walking in the desert, and they're lost. They can't find their way out. They've got one bottle of water between them, and the son is getting thirsty because it's scorching, and the son says to his Dad, "Daddy, can I have some water? I'm thirsty". The father says, "I'm so sorry, my lad, I'm going to drink the water". The son says, "but Daddy, that's not fair. I'm thirsty. Why are you drinking the water when it's like this"? The father says, "If I drink the water, I'll keep myself going, and I can find a way to get us out of this desert. If I give you the water, I won't be able to do that". That story shows us fundamental reasons why we take care of ourselves first.

## SOCIAL EMOTIONAL SCHOOLS

*Dr. Golding:* There's a school that I've supported in England called 'Nurture Learning'. It's a very small school, and it's for children who are failing in mainstream schools because of social-emotional difficulties. The school has a wonderful group of teachers who offer the children a PACE-ful experience. What we see are children who settle and flourish in school. There was once a young girl who was 14 or 15 when she came into that school, and she was having a tough time. She had a complicated upbringing with her parents. She had failed in mainstream school, and her learning was compromised. She was significantly underachieving. What

impressed me was how the staff could focus on her social and emotional support and how they didn't get preoccupied thinking they had to teach this girl academics. They knew this child wasn't in a place to learn right now. They felt able to give her the time and space she needed to feel safe in the school and to build relationships around her to improve her emotional well-being. Only after that were they able to see her start to flourish and move towards learning. She achieved the qualifications and all the things we wanted to put out at school. Without the initial focus on safety and her social-emotional well-being, she would never have achieved that learning.

There's a lot of preoccupation in schools, particularly for adolescents who need to get their Year 12 certificates or qualifications, on getting them to catch up if they've had disrupted learning. There's an ongoing debate with the government, who are pushing to use some of the school holidays to help these kids catch up academically. These kids are frightened. They're coming back to school after being confined to home. They have been told there's something perilously dangerous in the world, and now we're saying go to school and catch up with your learning. We're missing some steps here. We need social-emotional safety for our adolescence just as much as for our younger children. We need to help them integrate back into schools and their peer groups. If we attend to their social and emotional needs, they'll catch up because they learn when they're in the right emotional state. Humans have a thirst for learning and will achieve what they need to succeed. That isn't always understood.



"Image" by kellysikkema is in the Public Domain, CC0

**Humans have a thirst for learning and will achieve what they need to succeed. That isn't always understood.**

*Dr. Krishnamoorthy:* When we think about big groups of people, we don't often consider their social-emotional safety. People's mental health was not well regarded in the COVID-19 pandemic response. Interestingly, the social-emotional needs of people are never a key feature of how things are managed in society.

*Dr. Golding:* And that's understandable, the crisis came, and we had to deal with it quickly. Like in my model, the first thing you must do is attend to the immediate danger. There is a knock-on effect, though. For example, we know that adolescent suicides are increasing now, and mental health everywhere has been compromised. As we ease out of this pandemic, we must attend to this. It can be easy to say, "everything's normal again", "get the kids back into school, get them caught up on their learning, and they will be fine". It's not as easy as this. These kids have been through some awful trauma through this pandemic, whether it's touched them personally or whether they just watched it on the news and heard about it. We've all been affected by the trauma of this and some children in a very, very personal way. They've lost parents or family members, and this is an excellent example of working with massive trauma. We're going to help these children return to school, but we've got to do it safely, in an emotionally healthy way.

## CHAPTER SUMMARY

- Trauma can occur from influences outside of the family and from within family relationships.
- Blocked trust develops out of pervasive trauma early in life, which creates a block to trusting other relationships.
- PACE principles help promote the experience of relational safety between adults and children.
- Collaborative consequences are effective in helping a child learn they can make things better and repair relationships.

- If students are understood and have a relationship with teachers, their nervous system will calm, and this will help them feel safe at school. Then they can learn academics.
- The well-being of teachers is crucial to the well-being of children. Teachers need to feel supported and safe to implement relational frameworks with students.



#### Listen to the full interview on the Trauma Informed Education Podcast

Listen to our full interview with Dr. Kim Golding on our Trauma Informed Education Podcast [58:02].  
Click or scan the QR code to start listening.



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An interactive H5P element has been excluded from this version of the text. You can view it online here:

<https://usq.pressbooks.pub/traumainformededucation/?p=183#h5p-2>

# Trauma Informed Classroom Management with Betsy de Thierry

### Betsy de Thierry



Betsy de Thierry is the founding director of the Trauma Recovery Centre, a charity offering therapy and alternative education to children and young people impacted by trauma. Betsy is a psychotherapist with over 20 years of experience working with vulnerable children, young people and adults. She is also a trained primary school teacher. The combination of education and psychotherapy has led her to provide expertise in trauma support for children and families.



Betsy has authored seven books, including *Teaching the Child on the Trauma Continuum* and *The Simple Guide to Child Trauma: What it is and How to Help*. Her books are written mainly for teachers and caring adults supporting traumatised children, providing complex information in an easy-to-read and understandable format.

Click or scan the QR code to learn more about Ms. de Thierry's work.

**Ms. de Thierry:** When I completed my university training, you couldn't just be an educational psychologist. You had to complete five years in education first, which led me to teaching. Teaching was the best way for me to be with kids, help kids and get to know kids. I loved being a classroom teacher. I'd always try to work out how to help the kids that are troubled, misunderstood and not flourishing.

## THE TRAUMA CONTINUUM

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**Dr. Ayre:** In your book, *Teaching the child on the trauma continuum*, you write about the importance of thinking about trauma in terms of a continuum. Why is this important?

**Ms. de Thierry:** I think the continuum is vital. I sit in many conversations where teachers tell me that all their children are traumatised. How can I be pointing at one in particular? When speaking to educators, I often draw a line and say, 'let's look at the difference in terms of trauma symptoms, trauma experience and the child's environment'. For example, what is their parental situation? As we look at those three areas, we can have an informed discussion on how traumatised a child is. This leads us to match an appropriate intervention for their level of trauma. Over here in the UK, supporting the attachment relationship between children and adults has become quite a big deal. We have many attachment-aware initiatives that are brilliant for the first half of the trauma continuum. For the second half of the trauma continuum, students with more complex mental health concerns and severe behaviour difficulties, it's more complicated. The practices of support and intervention



for children on the second half of this continuum are often like band-aids over heart wounds. Heart wounds that need heart surgery. While many of these interventions are well intended, can lead to feelings of increased shame in educators. They may feel like failures that the intervention didn't work. This is why I am passionate about the second half of the trauma continuum and those children with complex trauma getting the response and appropriate intervention they need.

### Heart wounds that need heart surgery.



#### Podcast Book Club: Teaching the Child on the Trauma Continuum



As part of the Trauma Informed Education podcast, Dr. Ayre and Dr. Krishnamoorthy review the chapters of Ms. De Thierry's book, *Teaching the Child on the Trauma Continuum*. Listen in to the eight-part podcast mini-series to learn more about the trauma continuum [18:34].

Click or scan the QR code to start listening.

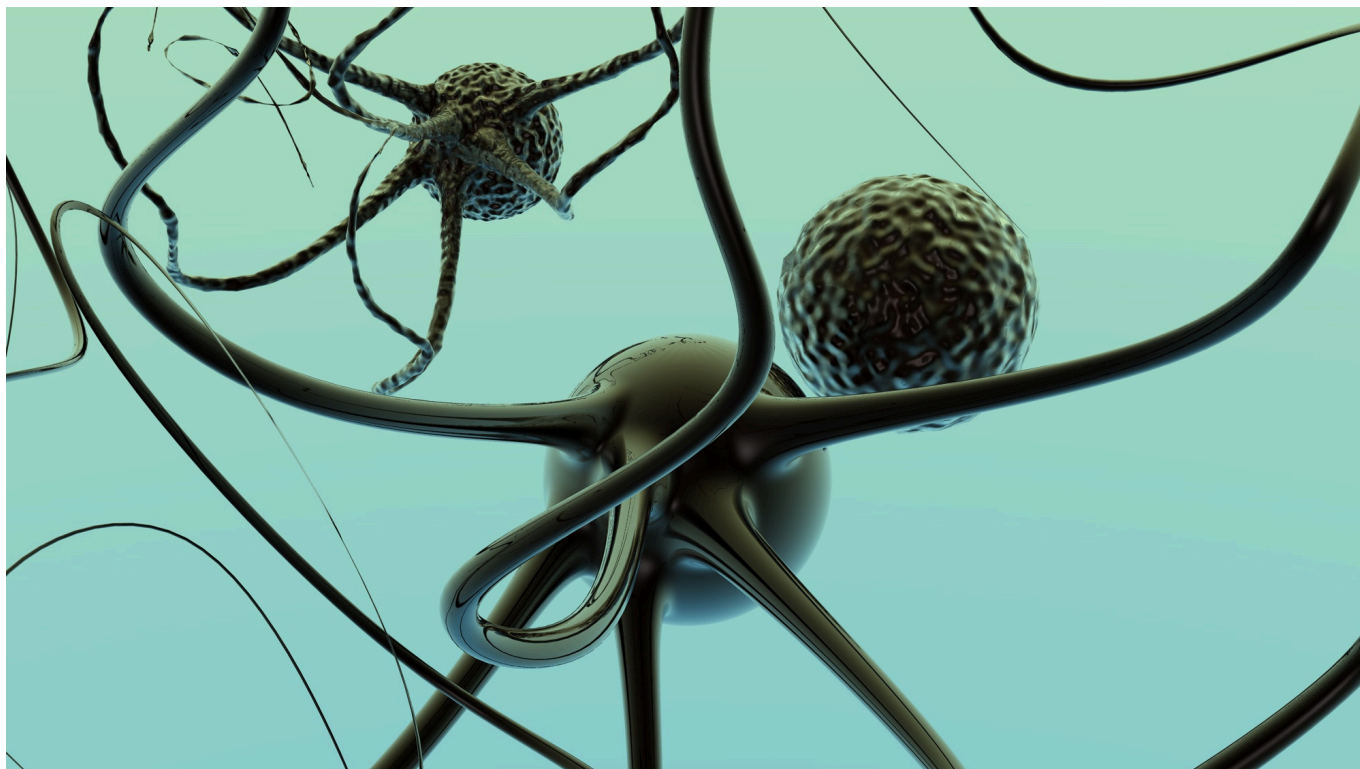
## IMPACT OF TRAUMA IN THE CLASSROOM

**Dr. Ayre:** Can you highlight how trauma affects the brain and body of children, and what this looks, sounds and feels like for a classroom teacher?

**Ms. de Thierry:** We recognise that trauma primarily impacts the body and the mind. Many classroom teachers would ask me, "can you just tell me what these children's triggers are"? "What are the things that will cause them to react in a way that's inappropriate or problematic"? I generally laugh and say, "do you know what your triggers are?"

I often tell people a story to help explain the difficulty in identifying 'triggers' in others. The story is of a little boy who went for a walk with his dog and ended up having his foot run over by a car. At the same time, he was carrying a banana milkshake that spilled everywhere. After the car ran over his foot, he ended up in the hospital, and it was all very traumatic for him. Many months later, the little boy was happily chatting in the lunchroom at school when somebody spilled a banana milkshake. His reaction was to run, just to run as fast as he could, while he also screamed and yelled as if the car was running over his foot again. The little boy is ten, and this embarrassed him. I explained that there was no cognitive sense for this little boy of when his foot was run over by the car. The trauma of the car running over his foot while drinking a banana milkshake will be entangled in his head. That means whenever he sees a spilled banana milkshake, he might get frightened as the trauma of his foot being run over will be activated.

That's an example of 'what wires together, fires together'. But for those teachers or this little boy, there was no cognitive understanding of this. Essentially, when this boy's foot was run over, the sensory neurones all fired off in his head simultaneously. The smell and sight of spilled banana milkshake, the sound of the car, the feeling of terror, the feeling of pain in his foot, the scent of the dog, all those senses and neurons would have fired off in his head at the same time. That's how they 'wired together', meaning they tangled together in the subconscious. The little boy could have equally screamed and yelled and had a trauma response if he'd seen a dog at the same time as having a headache because the sense of pain and sight and smell of the dog might have triggered a similar response, like a flashback of what happened to him when his foot was run over. The smell of banana milkshake was a sensory memory held in his subconscious, which remembered the accident, which then caused him to have a physiological response of pain, which we would call a flashback.



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#### The Science of Learning: Neurons that Fire Together Wire Together

Teaching to the brain's strengths is easier once you understand how the human brain acquires, retains, and retrieves information. This video from the State University of New York (SUNY) is a primer on the fundamentals of the neuroscience of learning [59:58]. You will learn the basics of how the human brain changes as we develop and as we learn new skills and concepts.

Click or scan the QR code to start listening.



**Dr. Ayre:** That makes it tricky for the teacher to identify the specific trigger. There's no logical sense to what's happening in front of them to try and help the child.

**Ms. de Thierry:** They are challenging for the teachers and tough for the kids. The kids don't know what's just happened and are freaked out themselves. They don't understand why they did what they did. Unless we teach children about the subconscious and how it works, they can feel terrified by themselves and their responses. The response from an adult at that point, whatever background the adult has, must be empathetic, kind, curious, and not furious. They need to be thoughtful, proceed with caution and reaffirm that what's just happened is okay. Let the child know you're not mad, and perhaps they've just had a response that related to their experience of trauma.

The first question teachers generally ask is, "why did you do that"? What the child is doing is looking to the adult and asking, "Why did I do this"? The problem is professionals will often question why their behaviour is escalating. If a child is screaming or having a temper tantrum publicly, running out and hiding under a table, or maybe hitting somebody or being aggressive, and afterwards thinks, "why did I do that"? And there's no adult to tell this child why they did it, and there's no one to explain that it's a response to fear. You might be

so frightened that your behaviour will escalate because you feel so powerless and terrified. So, adults must be kind, empathic and curious about the behaviour to help the child feel safe.

## DISSOCIATION IN CHILDREN

**Dr. Ayre:** One response to trauma is often dissociation. What are some of the behaviours or signs that are indicative of dissociation in children with trauma?

**Ms. de Thierry:** Many professionals here in the UK would refer to dissociation as glazing over and daydreaming. Some forms of dissociation are a normal adaptive behaviour, and it's something we all do when we're driving or watching a film or something. Dissociation is also a way of coping with unrelenting traumatic experiences. It's a form of shutting down and fragmenting. It's an internal system – a complex internal response to terror and powerlessness.

Essentially, it leads to confusion and chaos internally. In children under eight years old, this could present as occasionally glazing over or daydreaming. Dissociation presents differently at different times. For example, you could have an eight-year-old who is a maths-loving, typical little eight-year-old in one moment. The next moment, for no apparent reason (because we understand that triggers aren't logical), that same eight-year-old may be rocking in the corner, sucking her thumb like a baby and wetting herself. She may be very verbally articulate, wise, or mature for her age. Then the next minute says, "I've no idea what you're talking about. I've never wet myself, I've never been like a baby". That's the different presentations and ways of presenting her different parts or her different ego states.

I often talk to children about buckets. You have a muddy bucket and a shiny golden bucket. In the shiny bucket, you put all the happy things, the lovely moments, the stickers, the rewards, the friend saying, "I want to choose you." Then, in the muddy bucket, you put in all the stuff that's hard to deal with, the tough stuff, the things you feel pained by and you stick those in your muddy bucket. And if your muddy bucket is full, it begins to overflow. This overflow behaviour is being grumpy, irritable, a little bit spiky, sharp, or maybe aggressive.

When children have been significantly traumatised, they have one muddy bucket that gets too full and then leaks. The leaks are the behaviours that begin to cause the child to have less love, less nurture, and less kindness and empathy from others. Then they must use another bucket, and then another bucket, and another bucket, and each bucket holds different memories, experiences, feelings, and different ways of being.

I also use another metaphor, the daisy theory. I would say that each bucket is like a daisy petal. It's a different holding bay for emotions, memories, and experiences. We usually start with talking about the buckets. Then when somebody does begin to show tangible evidence that they're highly dissociative, we then do what I call the daisy with them. We've got hundreds of children around the country that we're doing the daisy with. We draw a Daisy, and the middle circle we will say is their apparently normal part<sup>1</sup> (ANP), which comes from the structural dissociation theory<sup>2</sup> of van der Hart, Nijenhuis and Steele<sup>3</sup>, that's their normal presenting part, the part that gets on with life. Then we will map out all their petals. They'll begin to acknowledge that maybe they've got a baby petal (or part of themselves) that sometimes, like the story I just told you, wets themselves and sucks their thumb for no reason. And maybe they've got an older petal (or part). A maths-loving petal, and maybe they've even got an aggressive petal, and perhaps a petal that is sad and possibly suicidal and desperate. Those kids will be aware of those parts somewhere in the middle of the dissociative continuum.



"Image" by 5598375 is in the Public Domain, CC0

1. The rational, grounded and present-oriented parts of an individual.
2. Posits personality is integrated over time and this integration can be disrupted by childhood trauma.
3. The haunted self: Structural dissociation and the treatment of chronic traumatised (2006).



When they get to the other end, the furthest end of the continuum, they won't be aware of those parts because they'll have a form of amnesia or memory loss. They'll not be aware that those parts exist. That's when kids are often told that they're lying, "Did you do that behaviour?" and the child will say "No" because they can't remember it. After all, it's a different part of them, and then they're told they're lying when they honestly can't remember.

An eleven-year-old boy was here a few years ago, and he was sexually abused from birth. He ended up showing some sexualised behaviour. Quite often in the classroom, he would suddenly put her hand up the teacher's skirt. This would generally make him feel terrified that he did it because it would shock him, and he'd end up having a big meltdown and losing the plot. By the time he managed to recover from the meltdown, and sadly they would often have to restrain him and do all sorts of unpleasant things, he'd be dragged to the head teacher's office. At the office, the head teacher would ask, "why did you put your hand up the teacher's skirt?" "Why did you do that?" And the child would stand there and say, "I have no idea what you're talking about. I didn't do that". And to an extent, he didn't do it. Another part of him did it. When this little boy understood what was happening to him, he had the language to explain to the adults around him that he took full responsibility for his behaviours. It's not a way to avoid that, but it's another part of him that has different responses and ways of responding to triggers, pain, and fear.



#### Trauma and the Nervous System

This video from the Trauma Foundation gives a basic introduction and overview of how trauma and chronic stress affect our nervous system and impact our health and well-being. The

content is based on the groundbreaking work of Stephen Porges and his Polyvagal Theory and is inspired and informed by the work of thought leaders Deb Dana, Vincent Felitti, Robert Anda, Gabor Mate, Dan Siegel and Peter Levine.

Click or scan the QR code to watch the video.



**Dr. Ayre:** Children need to be able to name their feelings and understand them. We keep handing out punitive consequences, and they do not work, and it is not fair for these children.

**Ms. de Thierry:** Punitive consequences cause more shame in children, which causes an escalation in in children behaviour resulting in children being even more socially withdrawn and isolated, which causes more trauma. The daisy theory is a way of helping children that feel very overwhelmed by their behaviours, emotions, and responses to contain them

in a way that feels normal and safe.

**Punitive consequences cause more shame.**



*"Image" by NikolayFrolochkin is in the Public Domain, CC0*

## ATTUNEMENT

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**Dr. Ayre:** What key strategies can you suggest for teachers who support trauma-affected students?

**Ms. de Thierry:** The key is being attuned<sup>4</sup>. As a trainer, I have to attune to the people I'm training. I have to notice when they start to look tired and need a break. Or when I haven't let them talk enough to digest what they're learning. I have to notice if it's near lunchtime and they're hungry. I have to notice when maybe they've taken up too much information, and they need to get into groups and go outside and chat. As a trainer, that's what keeps them listening, and if I'm not attuned to them, I'll have half of them asleep in the room and not listening. Being attuned as a trainer is vital as I can be responsive in the room. I would argue that that's precisely the same as being a teacher.

When you attune, you're aware when one child in the corner is just staring out the window. You're attuned that there's a little gaggle of girls being nasty to each other. If you're aware, even with 30 plus students, you know what's happening, and you pick up the vibe in the room. I think as an attuned teacher, you can respond to that. You can go "let's all jump up and do our spaghetti wiggle. We can do regular brain gym exercises, physical exercises that cause the endorphins to run again and break the tension, boredom, hard work, or whatever is going on to let you change the atmosphere". When you can attune to the needs of your students, you've got a happy class, so I would argue that attunement is the most essential skill to develop. Many schools say, "give me the strategies," and I'll be like, "not until you understand attunement". Strategies on their own won't be successful if you're not attuned to your students. Many of the strategies only work in attuned relationships.



Attunement in the Classroom

4. Aware of, attentive or responsive to others.

Attunement helps children to feel safe with us and is the building block of secure attachment. Discipline tools should be used with attunement. From this perspective, non-violent discipline methods are not good or bad in themselves, rather, they should be evaluated according to how well they fit with the needs and signals of the child.

Check out this video from Peace Discipline that discusses the concept further [13:48].

Click or scan the QR code to start watching.



## CHALLENGES FOR STUDENTS AT SCHOOL IMPACTED BY TRAUMA

**Dr. Ayre:** What have you noticed is the biggest challenge for students experiencing traumatic stress at school?

**Ms. de Thierry:** The biggest challenge is that children are dependent on peer relationships and a relationship with a trusted adult. Yet very often, their behaviours are the very thing that pushes them away from having a relationship. The frustration and conflict of knowing deep inside that they're desperate for friends and to please their teacher. They're desperate to have that sense of satisfaction that the teacher is pleased with them. They also know they're doing the behaviour that pushes children away so they won't be invited to birthday parties. They are frustrated with their teachers and think their teachers just don't like them. We know that relationships are the key to healing from trauma, the key to recovery. Yet, they're the very thing that children struggle with most.

Dyslexia wasn't understood well when I was training as a teacher. We weren't really trained on it and didn't understand it at the time. I used to think it meant those students with dyslexia weren't intelligent. There was no notion then that you could have highly intelligent

**We know that relationships are the key to healing from trauma, the key to recovery.**

people like Einstein, who also had dyslexia. Now we know that if we help children with dyslexia, we can see them become like Einstein, we can see them become some of our creative geniuses. We need to give them extra support in one area to allow them to excel. I would love trauma to become the same, for it to be obvious and for teachers to acknowledge and use the trauma continuum to see where the kids sit on it to know what intervention might be appropriate. Let's then provide that intervention now.



*"Image" by truthseeker08 is in the Public Domain, CC0*

If we can work out how to appropriately intervene when a child has been traumatised and help them recover,

we will change communities. We will transform families and we will reduce the pressure on the mental health system. We will change the pressure on the criminal justice system. We will literally change the world if we can crack the question of 'how to help a child recover from trauma.' We know that one-on-one support and early intervention when the kids are seven or eight will cost us financially for a couple of years. Still, we know long term it will save money. It will save money in terms of their ability to contribute positively to society as they grow into adults, which will likely reduce anti-social behaviour due to unhealed trauma. This will then minimise the use of, and impact on, our mental health and criminal justice systems. This is money worth spending on early intervention while students are at school. I think if we can crack that, then I'll be happy!

## THERAPEUTIC MENTORING ROOMS

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**Ms. de Thierry:** The Therapeutic Mentoring Rooms concept came from having run the Trauma Recovery Centre charity in the United Kingdom. There we would see about one hundred children who were coming in for therapy or intensive education in one of our centres each week. I realised that some of the children coming for treatment each week were being sent in taxis that our local government paid for. It seemed very un-trauma informed to me that these little vulnerable kids were being put in taxis with unknown taxi drivers, sometimes driving an hour to our centre for an hour of play therapy. Whilst it's brilliant therapy, and the kids benefitted from it, I found it very disturbing that they were in a taxi for two hours, often with an adult they didn't know.

To make the whole process trauma-informed, I thought, 'why don't I train people in the school to be trauma-informed and deliver therapeutic support to these kids?' I developed a 14-day course called the Therapeutic Mentoring Certificate. To support the implementation of these practices, we started therapeutic mentoring rooms. In some mainstream schools, it's a physical room set up like our therapy rooms with giant colourful beanbags and sensory kits. They don't look like classrooms at all. The therapeutic mentors who have completed the 14-day certificate work with the children there in a different way from us as therapists. We have trauma-informed therapists who go into the school six times a year and, after completing comprehensive assessments, will devise treatment plans for the most traumatised children that the therapeutic mentor will then implement. We also offer the therapeutic mentors' clinical supervision' – a chance to debrief and learn from their experiences that week. This occurred every six weeks to support them in implementing the support plans.

One example is a little eight-year-old boy who came for therapy one hour a week. This cost the local government hundreds of pounds a week. So instead of continuing this, we got the child to have breakfast with the therapeutic mentor each day for an hour. At breakfast, the mentors and children could just play – with playdoh for example – and chat about how he's doing. In that hour, the therapeutic mentor would also implement activities that a therapist had written in his treatment plan.

If there were any problems or anything complicated arose, then the therapeutic mentor could talk to us as we were providing ongoing support. We see fantastic outcomes this way. Children that were going to be excluded are no longer excluded. Children are building on the relationship they've already got with a member of staff within the school, and they don't have to travel out for therapy to learn how to build relationships as it's happening right there as part of their education.

## CHAPTER SUMMARY

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- The trauma continuum looks at three areas of a child's life, their trauma symptoms, trauma experience and their environment. The trauma continuum can help to identify and match appropriate interventions to each child's need.
- Triggers in children at school can be difficult to identify by teachers and the children themselves. A teacher's response to a trigger and a trauma behaviour needs to be empathetic, kind, gentle and curious.

- Children can suffer memory loss and amnesia as a form of dissociation in response to trauma and may not remember certain behaviours enacted when triggered.
- Attunement is a key skill for teachers to develop to manage various children's needs in a classroom.



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### Listen to the full interview on the Trauma Informed Behaviour Podcast

Listen to our full interview with Ms. Betsy De Thierry on our Trauma Informed Education Podcast [31:37]. Click or scan the QR code to start listening.



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<https://usq.pressbooks.pub/traumainformededucation/?p=684#h5p-2>



# Teaching Self-Regulation with Ms. Leah Kuypers

### Ms. Leah Kuypers



Ms. Leah Kuypers earned a Bachelor of Science degree in Occupational Therapy from the University of Wisconsin, Madison, a Graduate Certificate in Autism and a Master of Arts in Education from Hamline University in St. Paul, Minnesota. Leah created and write The Zones of Regulation (2010), a concept designed to teach regulation. In addition she has authored and co-authored regulation tool card decks, apps, storybooks and a game to complement The Zones of Regulation learning. She has

practised as an occupational therapist and specialist in school and clinical settings specialising in regulation and social learning. She provides training and consultation to districts, professionals and caregivers on self-management and the Zones of Regulation programme around the world.

Learn more about Ms. Kuypers's work by clicking or scanning the QR code.



**Ms. Kuypers:** As an occupational therapist working in schools, I saw a huge need to support students with their ability to self-regulate. I supported many students on my caseload who needed help with their sensory regulation. I was finding I would show up to a classroom, and the teacher would push a student out the door to me, saying, "he needs to calm down". I would bring them to my sensorimotor room and get them to this just right level of arousal.

As I brought the student back, the teacher would say, "we're five minutes into maths. Catch up to problem six". This makes the student upset and dysregulated because they missed the first five minutes of maths. The teacher then looks at me with an expression of "now what are you going to do?". I'm often left looking at the teacher like, "I'm not sure?". Many of us at the school were unsure of what to do in these situations. This helplessness would often lead to a culture of relying excessively on punishment. If students couldn't quickly comply with the demands from the teacher, they were escorted out of the classroom, or they exploded, and then there were punishment and consequences. There wasn't any teaching on how to help the student have a more adaptive, prosocial response to stressors in the school environment.

When I was getting my Master's in Education and a Graduate Certificate in Autism, it was through the coursework and applying the coursework to my caseload that I started thinking, "how can we do this differently?", "how can we look beyond teaching a student a lesson to truly teaching them a self-regulation lesson?".

## SELF-REGULATION & EMOTIONAL CONTROL

*Dr. Krishnamoorthy:* How do you explain the idea of self-regulation to teachers?

*Ms. Kuypers:* Self-regulation is an umbrella term that covers other groups of complex skills like self-discipline, self-control, anger management, and emotional control. It also includes regulating our level of arousal or alertness. For example, some of us immediately wake up to the alarm and hit snooze. This shows a very low level of arousal or alertness. Some of us are startled by the alarm, which is a heightened arousal level. And some of us lie in bed, thinking about our day and planning. That's just a more grounded, organised level of arousal or alertness.

We need to constantly adjust this level of arousal and how we reveal our emotions. We need to do this in a way that's adaptive to the social context and in relation to the goals or the tasks we're trying to achieve in the environment. For many students, those goals or tasks are just getting through the work and moving on in their daily schedule. It often includes having fun, pleasing parents and teachers, and having friends to eat lunch with and play with. We make many adjustments to how we express those innate emotions and manage that level of arousal to move more smoothly through our day.

*Dr. Krishnamoorthy:* It almost seems foundational to manage our arousal and emotional expression before we can do any higher-level cognitive learning.

*Ms. Kuypers:* It's such a foundational skill, and you're not going to be in a place for learning and taking on that challenge of academics, turning that information into knowledge if you're not in this calm, regulated, grounded state. I see an increasing number of schools understanding the value of this and wanting their students to achieve high-level academic scores. They're putting the work in and building the self-regulation skill set to give their students success. The research is backing this up too. It's been exciting to see the pendulum swinging and more research showing the value of self-regulation.

**you're not going to be in a place for learning and taking on that challenge of academics, turning that information into knowledge if you're not in this calm, regulated, grounded state**



### Self-Regulation: The Fundamentals

We depend on executive functions and emotion management daily—did you know these skills can be taught? Research shows that students with better self-regulation skills have higher academic achievement, are more likely to get along with others, and are better able to build and maintain strong relationships. Learn more by watching this brief video from the Committee for Children [2.22]. Click or scan the QR code to start watching.



*Dr. Krishnamoorthy:* When did you realise that sensory regulation strategies were effective and made a difference to students?

*Ms. Kuypers:* I had a kindergarten student who came from a home environment where he had a parent who was incarcerated. He was raised by a single mother and had a brother with a disability. We knew there were illicit drugs in the home, and he had a cognitive impairment. We worked on making a routine and helping the family understand his emotions first.

As we were working through and using the Zones of Regulation framework with him, he put his picture into the red zone to show he was in this heightened state of arousal. The red zone is where emotions are at their max. He then put himself into a time-out, and that wasn't something we were teaching with the red zone. This was an 'aha' moment when I saw a student who could barely go through the ABCs or spell his name but could recognise his emotional state. He could recognise he was furious at that moment. What typically happened

when he's angry is he ended up in time-out. So he let us know he was in that heightened state and put himself in time-out. We wrote a different ending to this routine teaching him red zone tools he could use instead of timeout, like deep breathing and taking a break.

I began noticing that students have this 'little bit of control when they're in that super heightened state and the red zone. With that little bit of control evident, we could help these students diverge from, or change, their

**With that little bit of control evident, we could help these students diverge from, or change, their typical expression of those heightened states.**

typical expression of those heightened states. In that heightened state, their expression may be running, fleeing out of a building, aggressive, destroying something, or whatever disruptive behaviour is protective for the child. We can teach them to recognise when they're in that heightened state and that they can have a different ending or outcome. They can have a calm, quiet place, but they don't associate

anything punitive with the heightened state. When we reduce the shame of being heightened, children can learn helpful, effective strategies to manage.

By the end of the year, this student would identify he was in the red zone and participate in yoga independently at his spot. This student had been previously going into a time-out, out of the classroom. He'd had behaviour reports for disruptive and aggressive behaviour. Sometimes his behaviour led to a locked seclusion situation. He was going to time-out multiple times a day. After the intervention, he was sent to time-out perhaps once a week, if that. He was also doing yoga instead. That was a pivotal place where I thought, "okay, I think this has something of value."



#### Self-Regulation Strategies: Feel Your Best Self

Feel Your Best Self (FYBS) is a unique partnership between the Collaboratory on School and Child Health (CSCH) and the Ballard Institute and Museum of Puppetry at the University of Connecticut. The collaboration was initiated during the COVID-19 pandemic to address the emotional challenges schools, children, and their caregivers faced. Pairing collective expertise in educational psychology and puppetry, the team designed fun, engaging ways to learn simple strategies to calm yourself, catch your feelings, and connect with others. The initial response was overwhelmingly positive, with the project evolving synergistically into the complete FYBS toolkit.

Click or scan the QR code to access all the free FYBS resources.



## ZONES OF REGULATION

**Ms. Kuypers:** The Zones of Regulation is a framework for thinking, and it comes packaged up in a curriculum. This is a systematic approach to classifying all the different feelings and states, levels of arousal, and energy.

The curriculum has four zones that help us make this abstract, emotional world more systematic. Essentially what we're feeling inside, we're giving or assigning to a zone. Once we can recognise our emotions and the corresponding zone, we can identify tools that support regulating that zone.

The **red zone** is that very heightened level of arousal, those intense, overwhelming emotions. Sometimes red zone emotions can be positive but intense like when we're elated our sports team won the state championship, it's a big, exuberant experience.

The **yellow zone** is elevated emotions. Emotions have intensified, but there's some cognitive control in the yellow zone. Some feelings in this zone might be worried, silly, excited, wiggly, irritated, or overwhelmed.

The **green zone** is when we're more controlled, an organised state where we might be happy, calm, and focused.

Then there's the **blue zone**. The blue zone is the lower arousal levels, those down, feelings like sad, sick, tired, or bored.

This systematic approach to emotional awareness and regulation gives a visual structure and helps ease communication. As part of the curriculum, we learn about our emotions, and we talk about what zone it falls into. Then when we do get in those less regulated states, we can point to the zone we're in or use the colour to identify the zone and efficiently communicate our emotions to others. This allows the adults to co-regulate with the student and support them in finding the tools that help regulate that emotion.



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#### The Zones of Regulation: Free Resources



The Zones of Regulation provides a common language and compassionate framework to support positive mental health and skill development for all while serving as an inclusion strategy for neurodiverse learners, those who have experienced trauma, and have specific needs in terms of social, emotional, and behavioural development. Click or scan the QR code to access the free resources from the Zones of Regulation website.

**Dr. Krishnamoorthy:** What's good about the zones is that it's a helpful tool for all students. It covers the spectrum of students without singling out just the challenging students.

**Ms. Kuypers:** We all work on emotional regulation all the time. Emotional regulation is an ongoing life skill for all of us. There's not an adult among us who doesn't have some reflection after they've been dysregulated and thought, "that didn't work out so well for me. I need to work on that." The reality is that we get stressed and overwhelmed as adults. We get angered and worried and don't always manage those emotions as well as we want to.

**Emotional regulation is an ongoing life skill for all of us.**

The zones are something that I initially designed for my students who had special needs – those with neural

biological impairments. I think the reach is far beyond just those students, though, because all students are learning this, and many adults are using it. I find many adults familiar with the framework talk in the colours of the zones to their colleagues. They'll say, "I'm in the yellow right now" or "oh, I was getting close to the red zone" it's just simple language, and it's a way to co-regulate even as adults.

## KEY STRATEGIES

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**Ms. Kuypers:** The programme works a lot at helping students build emotional awareness in a very user-friendly way. I find the colours and language around the zones make it tangible for people to implement, use and adapt to their cognitive style. There are four colours, and many students find it simple and easy to grasp. Teachers, therapists, and parents also use it as it feels approachable for them.

We're not going to be able to use a tool to regulate ourselves if we don't first have the awareness that we're in a less regulated state. A lot goes into building that self-awareness and recognising when we're dysregulated and moving into a different zone.

**It intends to help students understand that all these emotions are human nature and that we will experience these different emotions.**

Another positive is that the zones are intended to be used without judgement. There's no shaming, no penalties associated with one zone or another, and it's not a behavioural approach where you get points if you stay in this zone or lose points in that zone. It intends to help students understand that all these emotions are human nature and that we will experience these different emotions. Therefore, we share all these

different zones are okay. It's our job to work on recognising our zone or feelings and find healthy ways to manage them.

## BARRIERS TO IMPLEMENTATION

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**Dr. Krishnamoorthy:** What barriers have you come across for the teachers and the schools when they attempt to adopt a framework like this?

**Ms. Kuypers:** Teachers have so much on their plate already, and they have increased pressure to have high-performing test scores from their students that it can feel like this is one more thing they must be doing. If teachers set aside a little time upfront each day to teach, the zones can then just be embedded into the conversations in the classroom. This helps remove the added pressure of it being something extra to teach.

The zones framework helps stressed teachers manage their classrooms as it gives a visual structure to support the students learning. Teachers can overlay the zones in their academic instructions. Students can use the characters they're reading about, and discuss what zone they may fall in, and what tools would help them move between the zones. Also, if they're teaching written expression, they could choose a topic on the zones and have the students do their written expression around that topic.





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The zones framework offers teachers a way to build student self-regulation, which helps move that burden away from the teacher's shoulders. The students can build responsibility in their self-regulation in a non-punitive and non-shaming way. It does take some time upfront to put the framework in place in the classroom, including displaying visuals. Allowing routine time to practise the tools, just five minutes from your daily schedule, means you will spend much less time managing student conflicts in the classroom as the students can regulate themselves. Teachers can then use the zone's framework to support their students in doing more self-regulation versus teacher-imposed regulation.

**Dr. Krishnamoorthy:** A common dilemma we've likely encountered is where teachers feel students with lots of difficulties get a lot of extra support – while other students miss out. Some teachers find that hard to keep things fair with the other students who don't require as much support.

**Ms. Kuypers:** The zones framework tries to support kids in finding individualised tools that work for them. Each student has many opportunities for individualising tools within the framework because we want the students to be empowered to use those tools. I often found myself saying, you need to take a break, you need to calm down because I thought that was what the student needed. That only worked about half the time, though. Instead, I learned the students needed to build that self-awareness of what they needed and what worked for them. That said, some students' tools may involve a little more than others. They might need more time with their tool or more resources for their strategy to succeed. I also find that the tools we initially work for a student are often only a starting point. We can still stretch those students to be working towards finding more adaptive strategies that are less disruptive to the classroom or their learning.

For example, taking a break and using a calming corner is a tool. This is much less disruptive than lashing out at another student or destroying property in a school environment. It's a step in the right direction. We also want students at their desks learning. Our aim over time might be to stretch that student to get to where he can just put his head down to regulate rather than leave his desk. To go from a student destroying a classroom to putting their head down to regulate is sometimes too big of a leap at once. So we've got to work towards that incrementally. It can be encouraging for some teachers to see that when we weigh our options up, taking a break in a calming space, albeit slightly disruptive, is much better than destroying a classroom.



#### Social-Emotional Learning and Differentiation

The 2016 Daryl Dugas article, 'Group Dynamics and Individual Roles: A Differentiated Approach to Social-Emotional Learning', describes a differentiated classroom management approach based on group dynamics that focuses on developing group norms and roles. By teaching students about the task and social-emotional roles and positive and negative roles, this approach provides venues for constructively talking about student misbehaviours. You may be able to access this article through your library.

## INCLUSIVE CLASSROOMS

**Ms. Kuypers:** Part of what we're teaching with the Zones framework is all the Zones are okay and we use tools to help us regulate it. Although in the green zone we're calm and regulated, we also have tools to support our



green zone. These tools can help maintain the organised sensory state associated with the green zone. Often they are proactive strategies rather than waiting until we've moved into the yellow, red, or blue zones.

What can we be doing to support that student in their green zone to keep them in a more regulated state for longer rather than wait until they're dysregulated? Can we find some green zone tools to support their sensory needs in the classroom so they can be engaged in the learning while supporting what they need to stay regulated?

The zones are also a proactive approach to regulation rather than a reactive approach. As students get older, they'll be at the helm of their self-regulation. They must gain that emotional regulation skill set, so it's not just us adults in the background trying to be the puppet master and have everything lined up so we can keep them in a regulated state.



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## DATA COLLECTION

**Dr. Krishnamoorthy:** How do you collect data or check to see if interventions are effective within the zones curriculum?

**Ms. Kuypers:** There is a self-regulation checklist that a parent can fill out pre- and post-interventions. There's also a student self-assessment that the students can complete too. In the book itself, there are a lot of opportunities for the students to be compiling data as they're self-monitoring. By reviewing that self-monitoring data, we want to see if their day has become more regulated, if they've increased their repertoire of tools, or if they're using their tools more frequently. By doing this, we can see if the intervention for the student is effective. Data recording is embedded into the lessons because self-regulation is a complex skill to measure.

Research shows there isn't an all-encompassing self-regulation tool available and that often we're measuring sub-skills of self-regulation. We can look at executive functioning, sensory processing, modulation and social cognition, which are all related to the ability to self-regulate. A standardised tool can measure deficits in those areas and determine how they retest over time. Still, it's hard to do when observing self-regulation to see what a child is thinking and what's happening inside. The students are often harder on themselves than I am when reporting on their self-regulation. For that reason, it's valuable to have the student self-monitoring and self-reporting the effectiveness of interventions when possible.

**it's valuable to have the student self-monitoring and self-reporting the effectiveness of interventions when possible**



### Using Data to Support Students

See how educators use data to inform student support in an American primary school. Learn more by watching this brief video from Edutopia [4:47]. Click or scan the QR code to start watching.



**Dr. Krishnamoorthy:** You mentioned giving measures to parents to complete. Have you had any experience with this from a school context and involving parents in the process?

**Ms. Kuypers:** It's important students don't go home just talking about colours as parents have no insight into the programme. They might ask their kids, "what do you mean you're in the red zone"? In the book, there are reproducible's, and there's a page for parents explaining the programme. A one-page visual can also be sent home for parents to display. There's also a glossary that can be sent home for parents to understand the terminology of the programme so they can support their kids with the zones too. I encourage schools to have a parent training night to welcome parents and give some information on the zones programme and what to expect.

Two apps can be used with the programme, which will help engage the students in the zones and help the parents understand what it's all about. One app is called the 'Zones of Regulation', and the other is called 'Exploring Emotions'. The apps are an excellent way to bridge the divide between school and home and help parents understand what the schools are working on. Then, as students work through the curriculum, we ensure we send home the work they're putting together so that it can continue to be compiled and extended at home.

## INDIVIDUAL PROGRESS

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**Dr. Krishnamoorthy:** What's your general advice to teachers with students for whom the strategies don't work immediately or as quickly as other students?

**Ms. Kuypers:** Self-regulation is a developmental skill, like learning to walk and talk. Hence, we must be mindful that many of our students will not be developmentally ready to jump from where they are to where you desire them to be quick. These students might be 10 to 15 years old chronologically. Still, developmentally, their self-regulation skills are that of a four-year-old. Because of that, they're not going to make that leap in progress in half a year like other students with more neurotypical self-regulation development.

Rather than working through a new lesson each week, we need to look at each student and see where they are in the curriculum. Do they need more time for the development of a particular skill? Are they demonstrating that knowledge? A lot of our students can spout or talk about that knowledge, they describe about the zones upside down and backward, but are they demonstrating those skills that we're trying to teach? If a student isn't showing a skill, to layer on another skill before they've mastered the original skill indicates we are moving too fast, and that student may become resistant. I encourage people to slow down and pace the instruction based on where the student's skills are. We can ask ourselves, "what are they absorbing and starting to demonstrate?" "What do we see emerging?" That should give us the clues that they're ready to add more to this and extend it another step. It's important to acknowledge that this takes time. There is a lot of effort, and teaching needs to be placed up front when the students are calm and regulated. This will lead to a payoff down the road when students become dysregulated. I caution people to think if you introduce this (The Zones), you will see the effects immediately. Rather, it takes time, practice and repetition to see results. Many students need more intense support and to go at a slow and steady pace to be successful.

## CHAPTER SUMMARY

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- The Zones of Regulation is a systematic approach to classifying different feelings, emotional states and levels of arousal.
- There are four Zones of Regulation:
  - Green zone – controlled, organised, calm, regulated, focused
  - Yellow zone – elevated, still have some cognitive control, worries, silly, wiggly, irritated
  - Red zone – very heightened, intense, overwhelming emotions, angry, elated
  - Blue zone – down, sad, tired, sick, bored.
- Emotional regulation is an ongoing life skill for children and adults.

- The zones framework bridges the gap between school and home to provide a consistent approach to emotional regulation.



#### Listen to the full interview on the Trauma Informed Education Podcast

Listen to our full interview with Ms. Leah Kuypers on our Trauma Informed Education Podcast [43:57]. Click or scan the QR code to start listening.



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An interactive H5P element has been excluded from this version of the text. You can view it online here: <https://usq.pressbooks.pub/traumainformededucation/?p=302#h5p-2>

### *Conscious Discipline with Dr. Becky Bailey*

We live in the age of the brain. With increasing research and knowledge about childhood trauma and its impact on the brain, we want to know how educators can put this science to use in the classroom. We had the privilege of speaking with Dr. Becky Bailey about her ground-breaking Conscious Discipline Program.

#### Dr. Becky Bailey



Dr. Becky Bailey is an award-winning author, renowned educator, and internationally recognised expert in childhood education and developmental psychology. She is the creator of Conscious Discipline, which has impacted an estimated 17 million children while inspiring and training more than 3.5 million educators and caregivers. Conscious Discipline is practised in over 73 countries with resource materials offered in 22 languages. Over 2.5 million of Dr. Bailey's top-selling books are in circulation. With over 35



years of experience working with the most challenging children, Dr. Bailey deeply believes we must transform the lives of adults first and children second.

Click or scan the QR code to learn more about Dr. Bailey's work.

**Dr. Bailey:** I've always been a teacher, though growing up, I initially thought I wanted to be a medical doctor. When I was getting my PhD, I interned at a toddler school. My experience at the toddler school spurred me on to learn about how the brain works and how we can use optimal environments and strategies to grow to our maximum potential. I've also had some trauma in my personal life, so that led me to want to be a teacher and work with marginalised children.

#### THE CONSCIOUS DISCIPLINE PROGRAM

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**Dr. Bailey:** I'll describe the program in two ways. The official academic description of the program is that it's a 'comprehensive brain-based self-regulation program' that combines social and emotional learning, school culture and discipline into a systemic whole. Now how I explain it to people in everyday language is that with Conscious Discipline, we're trying to help people of all ages, adults, and children, be disciplined enough to set and achieve their goals, despite distractions. That's my definition of discipline. It's not punishment. You're conscious enough to know you're off track and willing enough, which means you're loved, cared for adequately, and feel you belong enough to return to your path to living your highest values.

**Dr. Krishnamoorthy:** I'm curious about the way you explain discipline. It struck me that it taps into the concepts of persistence and grit. These attributes don't exist in isolation. You can persist in and have discipline



with things when you feel cared for, and someone takes an interest in your persistence with the task, in this case, emotional regulation.

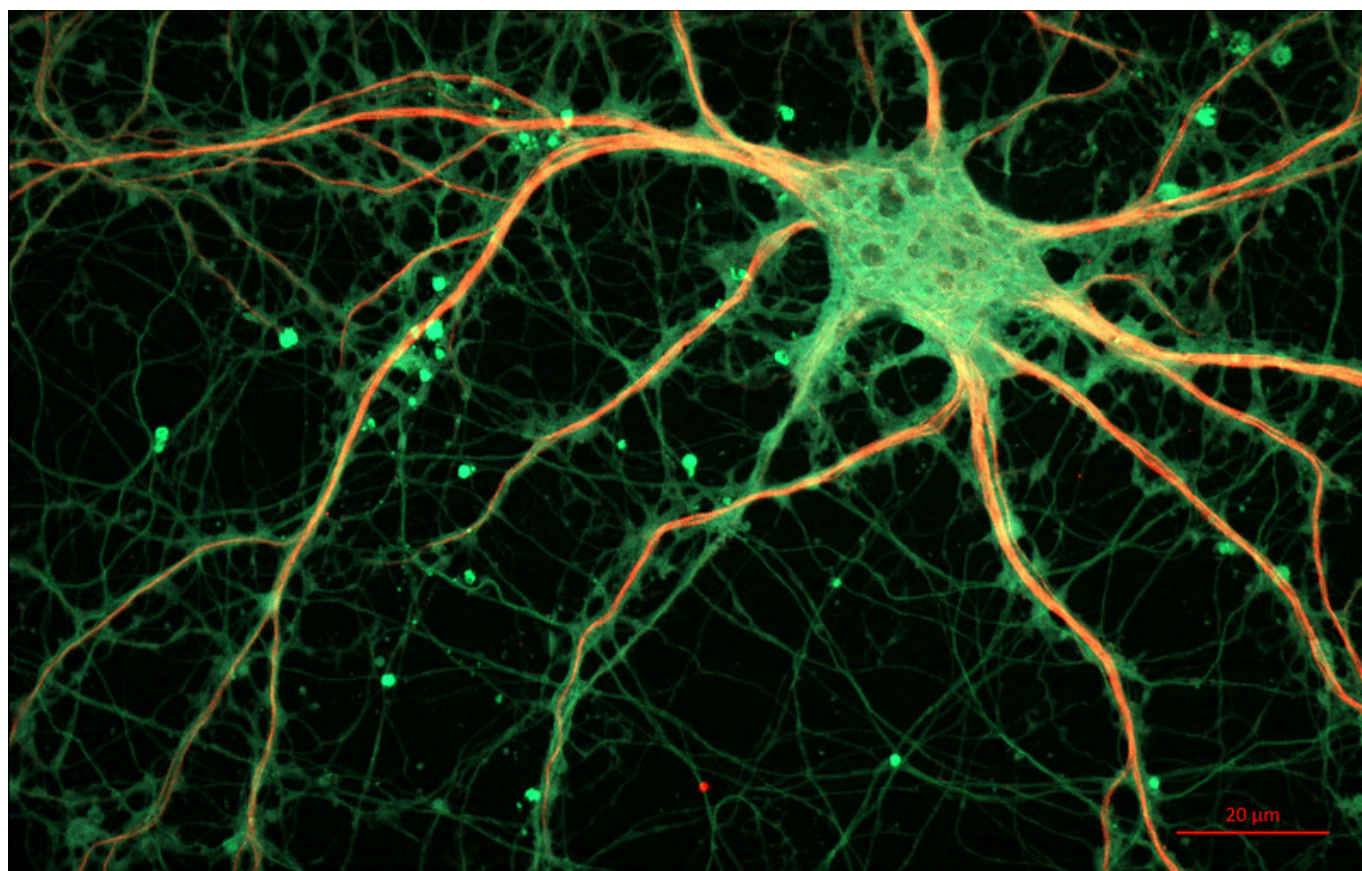
**Dr. Bailey:** I believe we need to have 'consciousness' to know you're going down the wrong path. For instance, you can persist, be vigilant, and be a serial killer. The 'consciousness' implies we have to have an 'integrated brain' to get to the higher centres of our brain; we need to have space and time for thinking and reflection. This thinking and reflection is the key to being 'conscious'.

**Dr. Ayre:** Traditionally, discipline is seen as punishment. discipline is usually seen as something done to people or children to extinguish a particular behaviour, not to help them learn. In thinking and reflecting, the element of consciousness is not incorporated into this view.

**Dr. Bailey:** Yes, you're right there. I like the quote, "discipline is not something you do to children; it's something you develop within them". Once you flip that definition, it's a whole different ballgame.

**Dr. Ayre:** Several countries and regions have discipline policies within their education systems that include terms like safe, supportive, and disciplined school environment. However, I'm not convinced that an explanation of this is adequately communicated or understood. It's usually assumed that all educators understand these concepts in the same way when they read them in policies, but this is often far from the truth.

**Dr. Bailey:** It's tough for people to change their thoughts about discipline. This change in thinking requires 'transformational change', which means people change their deep-seated beliefs about punishment resulting in a shift in how they believe it's effective. People may think that if I don't use punishment, I fail my duty as a parent or teacher. That's a very deep-rooted way people think about punishment and discipline in many countries and cultures. It's like it's almost in everyone's DNA.



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### Discipline and Child Brain Development

Daniel J. Siegel, M.D., the New York Times bestselling author of *Brainstorm*, and Tina Payne Bryson, PhD, are the pioneering experts behind *The Whole-Brain Child* who now explore the ultimate child-raising challenge: discipline. Learn more by watching this video of Dr. Siegel and Dr. Bryson discussing the link between a child's neurological development and the way a parent reacts to misbehaviour [6:10]. Click or scan the QR code to start watching.



## TRAUMA SENSITIVE PRACTICE

**Dr. Krishnamoorthy:** How would you define trauma-sensitive practices and describe this in the school context?

**Dr. Bailey:** If you understand how the brain works, what helps the brain develop optimally, and what inhibits its development, the question becomes how do we support optimal growth, even through trauma? Schools I see in the United States, regardless of the program they use, the ones with a better understanding of the brain and the emotional states we experience have a better understanding of how to manoeuvre from one emotional state to another. I don't think you can get to that understanding without being trauma sensitive. I believe that that's almost a by-product of being trauma-sensitive, even if it's unintentional.

Once you get a defensive brain, a brain geared for protection, instead of an engaging brain, many strategies are like trauma-sensitive practices in how to help a student drop that defence. Dropping those adaptive skills for that defensive brain are very similar regardless of the specific traumas the child has experienced. There are specific strategies you can use when you learn about traumas, but that starts to move into a mental health or psychology focus rather than a trauma-sensitive focus in education. A teacher needs this basic information about trauma all the time. It should be in every university and be bound together with education. My PhD is in education and developmental psychology, and I never could understand how we separated any of that to begin with, and that was back in 1970. I completed my PhD in 1979, so I was trying to combine things people hadn't thought about yet.

**Dr. Ayre:** What a challenging, groundbreaking perspective to question. Why separate education and developmental psychology in the first place? Even today, we still separate developmental psychology and education training.

**Dr. Bailey:** That's what led me to leave the university system. I thought we've got to go a different route in teaching children with trauma. Twenty years ago, 'trauma-sensitive' didn't exist in the United States. Sadly, I've also discovered that we have people following the money. For the last 15 years, I've been pushing a ball uphill regarding trauma-sensitive practices. Just in the previous five or six years, it's starting to catch on. Big educational companies are making kits, putting a little puppet in a couple of videos and showing a 30-minute presentation to teachers and staff about how we need to be respectful to children in schools. Then those same teachers are screaming at the children the next day to shut up and behave, so it's a difficult journey and, as mentioned, hard to change those deep-seated beliefs.

## BRAIN DEVELOPMENT

**Dr. Krishnamoorthy:** Are there any essential things you believe teachers should know about brain development in children, particularly in times of stress?

**Dr. Bailey:** In the Conscious Discipline program, I use a very simple brain model, yet accurate enough to teach how our brain works, especially under stress. Then I teach what 'safe enough' means from a teacher's perspective. Our brain needs safety, connection, and the ability to problem solve because we have social

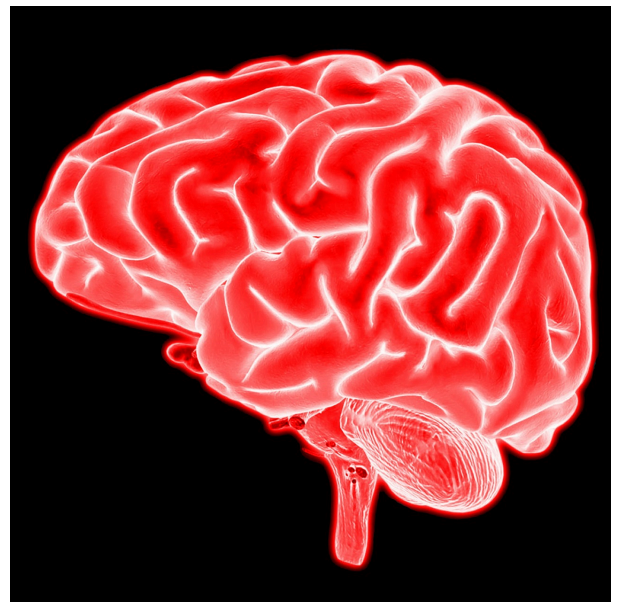


brains. When we work with typically developing children, in other words, with an engaged brain, teachers need to think about how to keep the student emotionally safe. We don't want teachers thinking about how to make the student behave but how to keep the student safe enough to learn.

Children with a defensive brain are generally unfamiliar with what 'safe' is as a concept and a feeling. They are unfamiliar with being 'safe' in any biological, neurological, or psychological way as their life has not been safe. If you imagine flipping the brain over, you can reach those kids by connecting with the emotional part of the brain. The goal is to build a relationship with the student with a defensive brain. To do this, you must develop a relationship with this student through their successes. The more you can notice their success or achievements, any achievements, including from activities outside the classroom they enjoy doing, like skateboarding or fishing. The more you use those activities to notice their success, it will help you get the connection with the student, and from that connection, build a relationship and move into safety. When we understand that a developing brain is geared to adapt to keep children safe, not to learn reading or writing, we can learn to flip it over to establish a connection. Our goal then becomes how do we reach a relationship resisted child who will push you away at any given time?

Children who feel like they are defending against life tell you through their behaviours that they're going to shut down or use their fight or flight response. We start with noticing anything they do successfully. Noticing means not judging, not saying, "you did this well", "you held that door open so Kevin could come in, way to be helpful". You must start with their name and then describe what they did, noticing the success. For example, you're very good at skateboarding; you draw beautiful pictures, let's hang them up and show everybody; what a great song you sang, you shared your talent with us by singing something that touched my heart. The noticing is the conscious part of it, helping the students become aware of their success. Once you can do that, you need to find something in common with the child to strengthen that relationship. It could be basketball, rugby, dogs, whatever it is that child enjoys, but you have to have it in common. You can't fake it. You can't say, oh, this student likes basketball, so now I'm going to study basketball at home and try to make a connection. You must find something you and that student have in common to make that connection. It's like when you go to a cocktail party, you're standing around, and you don't know anybody, and suddenly someone says, oh, I've been to Florida, and you say, oh my gosh, I live in Florida! That's where your defences drop, there's a breakthrough moment, and you connect with that other person. That's what you want to create with that student through that common interest.

The last thing I would tell teachers is once you make a connection through that commonality with the student, you must spend time with them in play where you can make eye contact and connect through touch. Teachers must be very present in that moment of play and create positive interactions with the child, including eye contact and touch. That's how we start changing that defensive brain through a safe relationship.



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**Teachers must be very present in that moment of play and create positive interactions with the child, including eye contact and touch.**

## CHAPTER SUMMARY

- Conscious Discipline is a 'comprehensive brain-based self-regulation program' that combines social

and emotional learning, school culture and discipline into a systemic whole.

- Thinking and reflecting is the key to being 'conscious'.
- Discipline is something to be developed in children; it's not punishment.
- Trauma-sensitive practices include being aware of how the brain typically develops, what inhibits brain development in children, and the various emotional states we experience.
- Teachers need to think about how to keep a student emotionally safe, not how to make a student behave, to get an engaged brain ready to learn academically.
- Students with trauma or a defensive brain often do not understand or know what feeling "safe" is.
- Disruptive students in classrooms who lose control offer an opportunity for all students in that classroom to regulate and learn social-emotional skills.
- Relationships between adults in charge of a family affect a child's ability to self-regulate more than the adult-to-child relationship itself. In schools, this means teachers and other staff must have positive relationships and support each other to regulate to affect the students in the school in the same way.



#### Listen to the full interview on the Trauma Informed Education Podcast

Listen to our full interview with Dr. Becky Bailey on our Trauma Informed Education Podcast [56:32].  
Click or scan the QR code to start listening.



## REFERENCES

Ayre, K., & Krishnamoorthy, G. (Hosts). (2018, September2). Conscious discipline with Becky Bailey [Audio podcast episode]. In *Trauma Informed Education*. Soundcloud. <https://soundcloud.com/trauma-informed-education/conscious-discipline-with-becky-bailey>



An interactive H5P element has been excluded from this version of the text. You can view it online here:  
<https://usq.pressbooks.pub/traumainformededucation/?p=242#h5p-2>

# Preventing Challenging Behaviours with Dr. Laura Riffel

Educators are among the most critical influence on a child. Still, it's no secret that managing behaviour issues in the classroom are what teachers struggle with most. Children's emotional and life challenges can create problem behaviours that may seem complex. But when a student's behaviours are monitored and evaluated correctly, educators can discover the appropriate intervention to modify the problem behaviour. The modifications made in a classroom can set a child up for success or failure. But are some children simply too challenging to respond to such classroom modifications?

### Dr. Laura Riffel



Dr. Laura Riffel has more than 40 years of experience. She has trained thousands of teachers, parents, counsellors, psychologists, administrators and even bus drivers on how to make data-based decisions to change behaviour. Dr. Riffel began her career volunteering at the school for the blind, which led to her love of children and special education. She has taught pre-kindergarten through to adults in general and special education. Now retired from public education, she presents seminars worldwide on

behaviour at the universal, targeted, and intensive levels.

Click or scan the QR code to learn more about Dr. Riffel.



## CHALLENGING BEHAVIOUR AND BEHAVIOUR SUPPORT

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**Dr. Riffel:** On reflection, there are two things in my career I'm most proud of. The first is a statewide program called the Behavioural Intervention Programme, where we had five full-time behaviour therapists. If you had a student who had challenging behaviour, you could contact us for free. One of our behaviour therapists would then come to your location and help you figure out the function behind the child's behaviour. Once the function was identified, the therapist would help you devise a plan to modify that behaviour. It didn't matter if you were a parent, a daycare centre, a school or a residential setting. We would come and support you in modifying that challenging behaviour. We could have served many more children than we did, but I had to keep the numbers manageable for the behavioural therapists doing that work. While my staff were out doing the Behavioural Intervention Program, I ran a day clinic for the children with the most severe behaviours, where we brought the kids into the clinic to work with them. We were very successful at being able to transition them back into their home or school and restabilise them after that transition. Then we would

reverse integrate a class around this highly trained team of teachers we had worked with to ensure the return transition was successful.

The second thing I'm very proud of is that my husband, I, and our whole family, chose to live with an adult who had autism. Let's call him Jay. Jay, wanted to live independently, and they needed housemates to make that happen. When my husband and I became empty nesters, and our kids were in college, we didn't like the empty nest syndrome, so we asked Jay's parents if we could live with Jay. We loved it so much that we decided to live with Jay until we needed to live in a nursing home. Unfortunately, Jay passed away in 2009 due to a sudden heart attack. He was the best teacher we ever had as he taught me what it's like to live with a disability and how to build a quality life for that person.

Another driving force was when I was in kindergarten. My mother had to take me to school every day and drop me off; one day, she didn't come back and get me, which was quite scary for a five-year-old child. Eventually, my grandmother came and picked me up, she was nervous and upset about something, and when we got home, my mom was crying. She kept repeatedly saying, "if only I'd said hold on". She was beside herself. What had happened was my mother had dropped me off that morning at kindergarten. As she was driving away, my little two-year-old brother opened up the car door as she was going around the corner, and she said the words, "don't let go". What my brother heard was "let go". We didn't have seatbelts or car seats in the fifties, so he just fell out of the car while she was driving.

My mother internalised this accident as her fault. She believed if she had said 'don't let go' differently, it might not have happened. It made her analyse her parenting, and she realised that kids don't hear the first word, like don't, stop, quit, etc., that are spoken. They hear the last words. From that point forward, my mother changed her parenting style, and she told us she wouldn't tell us what not to do, but here's what I want you to do instead. Years later as a teacher, I heard about this thing schools were trying called Positive Behaviour Intervention and Supports (PBIS), and they said, we're going to tell the kids what to do instead of what not to do, and that just made so much sense to me, and I jumped right on that bandwagon!



#### A Trauma-informed Approach to Positive Behaviour Support

Positive Behavioural Interventions and Supports (PBIS) provides an effective multi-tiered framework for incorporating the knowledge about childhood trauma into an established system of support, rather than focusing on trauma as a separate and perhaps competing initiative.

Following the Interconnected Systems Framework (ISF) process for integrating PBIS and school mental health into a single system (Eber et al., 2019), trauma-informed practices become part of one multi-tiered continuum of support, benefitting from the structures that contribute to efficiency and effectiveness. Learn more by watching this animation from the National Disability Services [6:24]. Click or scan the QR code to start watching.



## THE TEACH, IMPRINT, PRACTICE AND PRAISE (TIPP) METHOD

*Dr. Riffel:* We can't hold kids accountable for behaviours if we haven't taught them what those behaviours look

like, sound like and feel like. So I talk to people about what I term the TIPP (teach, imprint, practice, praise) method.

You have to Teach the behaviour you want to see. You can't just say, "be good". You've got to teach what you expect. For example, this is what I mean by being respectful, responsible and prepared or whatever your focus is. Then you have to Imprint it by modelling. That's the I in TIPP. So often, the schools that I work with will have the words up on the wall, be respectful to your teachers. Still, in the hallway, kids are overhearing things being said that are not very respectful about teachers or each other. We've got to imprint it by modelling what we want to see for the kids, and then we must practice it with them.

Practice is the first P in TIPP. If we want to talk about behaviour on the bus, we need to bring a bus out to the school and show them what that behaviour looks, sounds, and feels like on that bus.

Then the last P in my TIPP is to Praise approximations when you see them. Generally, people don't really like that one because they think kids should do it because they should do it. But how do you know what's extrinsic value or intrinsic value? If you are not extrinsically motivated to behave a certain way, you will unlikely internalise this behaviour or expectation. If you think about a baby learning how to walk, people clap and cheer, and the baby knows he's on to something and must keep doing it.

Once you learn to walk, you walk everywhere. Nobody claps or cheers because you internalised that that was an excellent way to get around. And you'll know that a child has internalised that value or behaviour because if you compliment them, they'll go, "oh, that's okay, it was just the right thing to do". When children move to internalise these behaviours, we call that the universal level.



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Then there are the kids who need 'booster shots' or tier-two interventions. These children need a reminder: "now remember, before we go out in the hallway, where do our hands and feet need to be?" Or maybe you have a secret signal with a student. For instance, I had a child who had ADHD and was very hyperactive. Sometimes his hyperactivity would be very disruptive to all the kids around him. He and I had a secret signal that if I tugged on my ear, he needed to check himself and ensure he wasn't bothering someone around him. Only he and I knew that secret signal, and he wasn't singled out because he needed extra support. It was like a tier-two intervention because his individual booster shot helped him. He got the universal support, everybody gets those, but on top of that, he also

had a little tier two booster shot. Teachers often do these things naturally and don't even realise they're doing a tier two intervention. Then there's a minimal number of students who need those tier three interventions that are more intensive.

We once made a video with a student of what 'raising your hand' and 'waiting to be called on in class's sounds like and feels like. In this example, we included the parents and asked them to show the video at home before the student came to school each day, and then we gave him booster shots during the day and little reminders of what he needed to do. Then at night, when the child goes home, the parent might ask, "how did you do today remembering to raise your hand and waiting to be called on"? Another intervention, for that example, might include the teacher wearing a bright red bracelet on their wrist. Every time they want students to raise their hands, the teacher holds up their hands with that bright red bracelet. Previously though, they've taught that child in private to tune in to that red bracelet.

**Dr. Ayre:** What a great visual reminder for students. It doesn't single any child out. You've taught the student previously to tune in to it.

**Dr. Riffel:** Students need environmental cues to help them, and we could use various things. For example, they could wear a watch that vibrates every 15 minutes, which reminds them to check in on themselves. They

**We can't hold kids accountable for behaviours if we haven't taught them what those behaviours look like, sound like and feel like.**



could use a tracking sheet where they make a tally of the things they're working on, for example, each time they're out of their seat or wandering around. Nobody else knows that the student has this plan to help them be successful. Environmental cues are everywhere. For example, when we board a plane, no matter how many times we've flown before, the flight attendant stands in the middle of the aisle and holds up a seat belt and says, "you insert the flat end into the buckle, to release the seat belt you lift the buckle". The first time I heard that I thought, well, that's ridiculous, that's a seat belt. Then after they go through that little spiel about the seatbelt, they say they cannot take off until everybody has their seatbelt fastened. The flight attendant then walks down the aisle, leans over and says, "please buckle your seat belt" or "I'm sorry that your building's burning down, but you need to get off your telephone, so we can take off". Such different levels of support, they're alive and well everywhere. At school, we talk about different levels of support, and if you start looking at the world around you, they're alive and well everywhere you go. It's no surprise that children need help and support as they learn, while adults in the world need the same intensive support.



### Trauma-Informed Social Emotional Learning

Social and emotional learning is about learning how to control & express feelings, manage friendships and solve problems. Children who have developed social and emotional skills and it easier to manage themselves, relate to others, resolve conflict, and feel positive about themselves and the world around them. This guide is designed to be a comprehensive collection of trauma-informed SEL strategies, activities and resources.

Click or scan the QR code to access the free resource.



## THINKING FUNCTIONALLY ABOUT BEHAVIOUR

*Dr. Ayre:* What key elements of thinking functionally about behaviour are essential for teachers to know and utilise in their classroom?

*Dr. Riffel:* We first need to help everybody understand that they don't need to do something immediately unless a child is in danger. We need to learn how to take a deep breath and think about that behaviour. That's the hardest thing in understanding and learning what to do. We know this behaviour is happening for a reason. It's communication. This student is communicating something to me somewhere, and somehow, someone has taught them, usually inadvertently, that this behaviour has a particular payoff. It's like learning the child's secret code and figuring out what this child wants.

**We need to learn how to take a deep breath and think about that behaviour.**

What I teach to teachers, and even to veteran teachers who've been teaching for a long time, is that there are three things that children might be trying to get. Firstly, they might be trying to get attention. Secondly, they might be trying to get access to a preferred item or a preferred activity. Lastly, they might be trying to gain sensory input. Sensory input is something we don't talk much about at the service level, and it's enormous with us as adults and with children. Often when you are teaching college classes, you'll look out and see people giving themselves proprioceptive input (see video below to learn more about proprioception and sensory modulation). That is, they are fidgeting and fiddling with things, or they're doodling on their paper to be able to sit and pay attention effectively. We must understand that we haven't taught kids how to get that sensory input in a socially appropriate way. Those are the things that kids are sometimes trying to get.

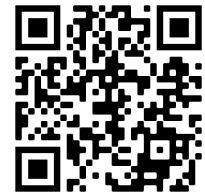




### The Proprioceptive System and Sensory Modulation

Proprioception is the process by which the body can vary muscle contraction in immediate response to incoming information regarding external forces, by utilizing stretch receptors in the muscles to keep track of the joint position in the body. Proprioception, also often referred to as the sixth sense, was developed by the nervous system as a means to keep track of and control the different parts of the body.

Click or scan the QR code to watch a video from Brain Highways explaining the proprioceptive system [4:36].



Children also communicate through behaviour things that they might be trying to avoid, such as schoolwork. It might be because the work is too tricky or because they are dealing with something emotional and cannot take on new information at the moment. They might be trying to avoid attention. Usually, this attention is from the adults because they will ask them to do something they might not feel comfortable doing. They also might be trying to avoid other children, and that might be because their mom doesn't do laundry as frequently as most moms do. They had to wear dirty clothes; they know they smell a little and don't want to get around other kids because they smell. It's like playing detective, and we're always trying to decipher what a child's behaviour is telling us.

Children can also have challenging behaviour because they're trying to avoid emotional or physical pain, especially young children or children who don't use words. They don't have enough words to explain the pain they're feeling. They don't want shirts that say mom and dad had a huge fight last night, or we got kicked out of our apartment, and our furniture is on the front lawn, and I don't know where I'm sleeping tonight.

The last thing children might be trying to avoid is too much sensory input. I always find it amazing how many people are bothered by noise. We'll talk about different little noises, and I get teachers to imagine hearing that one noise that drives you over the edge but ten times louder. For some children, too much noise can make it difficult to attend, concentrate and learn, so they may try to avoid situations or environments that are overly noisy. I often hear from teachers that children are just behaving in a particular way to get attention. I want to tell you that it is vital for everybody to remember that it's true that children do want attention, but we need to understand why. As a society, we've decreased time spent together in the same space by about 63 per cent. During the 1950s, we frequently sat at the dining room table as a family. Only rich people had television sets then, and if they had a TV, they only had one, so we had a lot of face-to-face time with our family. We played outside more, hugged each other more, and dug in the ground like we were searching the other side of the world and all those physical play activities. As a result, we made and received eye contact with others and got their attention.



"Image" by Denise Perrier is in the Public Domain, CC0

In today's society, we'll go to a restaurant to eat, and eight people will sit together at a table. Yet you look over, and all eight people look at their phones rather than interacting. Kids are desperate for eyeballs and attention. If we give them attention before they start seeking it, we'll avoid the problematic behaviours children

use to gain the missing attention. This is the proactive part that I want teachers to utilise in their classrooms.

I've found with the teachers that I've worked with, if you stand at your door and greet your students every hour or every time they come back to class at the elementary level, every hour for secondary, I tell them to do TUMS (touch, use their name, make eye contact, smile).

Consistently throughout the day, we need to Touch, give them a high five or a handshake; Use their name in a positive way, for instance, "how is P.E. Charmaine?" or "glad to see you today, Ferris", this shows that you've taken an interest in them; Make eye contact, give it on the front side in a positive way; and then Smile. Because we're so busy thinking, sometimes we don't think about what we're doing with our faces. Sometimes our faces don't look very friendly, and kids get most of their information about us from our body language. We need to make sure we're smiling most of the time. Teachers who have done this have found 45 to 72 percent fewer disruptions in their classroom, supporting the notion of giving eyeballs or attention on the front side. We've timed it, and it takes about three minutes, and it's worth the three minutes.

When you think about how long the disruption of children seeking your attention stops learning, that three minutes is time well spent. The older the kids are, the more critical it is to give that attention straight away. Most teenagers' primary mode of communication is texting, so they're not getting the face-to-face feedback and attention they need for their development. So you see, if we put iPad holders on baby strollers, they will not get the face-to-face feedback they need for early development. Imagine what that's going to do to those kids' brains by the time they're teenagers.

If I could only share one piece of advice with teachers, that would be to be proactive. What's the function of the behaviour? And what can you put in place before that behaviour has a chance to happen? I think greeting them at the door will make a world of difference.

**If we give them attention before they start seeking it, we'll avoid the problematic behaviours children use to gain the missing attention.**



#### Observing Behaviour and Thinking Functionally

Thinking functionally about disruptive student behaviour assumes that behaviour is maintained by something in the environment where the behaviour is happening. To find out why or the function, we examine the antecedents, the behaviour, and the consequences. That is, we watch or observe the behaviour directly and document the A, B and C of that disruptive behaviour.

Click or scan the QR code to learn more from the *Trauma Informed Behaviour Support* book.



## IMPLEMENTATION

**Dr. Ayre:** I've witnessed several teachers who have seen the value in this form of behaviour support. But when the school is not supportive, the teachers try to implement these practices in isolation. What advice do you have for teachers in this situation?

**Dr. Riffel:** It is tough to implement behaviour support in isolation, but I tell teachers that success sells. For example, I know of a fourth-grade teacher who supports PBS, yet her school is not buying into it too much. She did everything she knew she was supposed to do. She created expectations for her classroom, taught them, imprinted them by modelling, practised with the kids, and praised it. Now it's later in the year,

**It is tough to implement behaviour support in isolation, but I tell teachers that success sells.**

and her kids are all still following the expectations. For example, they're supposed to walk on a specific side of the hall, and they're supposed to have their hands a certain way, they're supposed to stop at the stop signs when they get to corners and look both ways before they cross the hallway; they're not supposed to go inside the classroom until the teacher sends them in, that way kids aren't inside a classroom without adult supervision. All the other teachers' kids are running in the classrooms, past stop signs in the hall, and generally not following the rules. Yet, at a grade level meeting, another fourth-grade teacher asked, "how come your kids are doing what they're supposed to be doing and ours aren't?" and this teacher said, "let me tell you about PBS". She's been able to sell it to the other fourth-grade teachers, and now it's starting to catch on.

Teachers now see the value in taking the time to do these things rather than saying, "I shouldn't have to do that. Kids should just know how to behave". To those teachers, I ask, "how's that working out for you?" If it's working, go ahead, but if it's not working, why not try doing what you see is working well? Remember, success sells. You just plug along, do what you know is right, and let your kids be the shining example. When I was teaching a class, I used to tell my kids it was a secret. They couldn't tell anybody else, but the principal liked me better than everybody, so he always gave me the best kids. The kids just walked around like little angels because they thought they were the best fish in the school!

**Dr. Ayre:** And the kids think they're all special and chosen. That's great!

**Dr. Riffel:** It probably wasn't very nice because they were out on the playground thinking they were better than everyone else. But it did help change their attitude because I told them, "I expect you to be role models, and kids will rise to that occasion." When the other teachers see that, they'll want to buy in, which used to happen in the behavioural intervention program often. We would come in and help with one student. We would support the teachers in looking at the data and determining the behaviour's function. Once that student's behaviour changed (and everyone in the school knew this kid because of his behaviour), suddenly, I'd get five referrals from that school. They saw the success and what that one teacher did by collecting the data and changing things up. That's when I would call the principal and ask if I could come in to do an all-day training on functional behaviour assessment and teach the whole staff.

**Dr. Ayre:** It makes sense to empower all the teachers and upskill everyone at once.

**Dr. Riffel:** Yes! So just remember, success sells. That's how you'll get the whole school's buy-in.

## BEHAVIOUR SUPPORT FOR UNSAFE BEHAVIOURS

**Dr. Ayre:** As teachers, we sometimes neglect to look at ourselves and the contribution of our behaviour and we may project all the blame onto the child for the problematic behaviour.

**Dr. Riffel:** It's very easy for me to come in and sit back and say the teacher's part of the problem. So I try to be very delicate in how I see it. It's like we don't notice things about our kids as they are growing up. You didn't notice how tall they were getting until some distant Aunt visited that hasn't seen them for months and months. They say, "oh my gosh, you've grown like a weed," and suddenly, you look at your child, and you're like, "oh my gosh, you're right"! But you're there day to day and don't notice it happening. That same thing happens in the classroom. We don't realise that some of our actions are causing us pain.

For example, we got a referral for a little girl who was burping the alphabet. While not the worst thing in the world, it was very obnoxious. It made you feel ill and was disruptive to the whole class. The teacher who referred her said she does it all day, every day, and there was no rhyme or reason to it. We came in and took ten days of data and found that every time there was a transition, this little girl started burping the alphabet. It happened 20 times in 10 days. About twice a day.



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**We don't realise that some of our actions are causing us pain.**

And every 19 out of 20 times, the teacher ran over and gave her attention every time she burped. Now the attention was a little bit different each time. Sometimes the teacher would be directive, sometimes, she'd offer her choice, but it was always the teacher giving her some attention. When we showed the data to the teacher, I said, "let's think proactively. How can you give the girl attention on the front side to stop that burping behaviour"? After some thought, we made the little girl Vanna White, and we made her the host of a daily schedule in the classroom. Vanna White is in a game on TV in the United States, and she's a model who gets paid millions of dollars to turn the letters over in the game. We made this little girl the spokesperson for the daily schedule. It made the teacher pull her over and tell her what they were doing next before the transition, so the little girl would get up and then flip the schedule. She'd flip what was finished backwards and then say, "class, it's time for reading. Please open your reading books to page 147". That gave the little girl a replacement behaviour that got her attention on the front side. She only burped one more time, and I believe just to test the water a little bit.

We also told the teacher if she burps, ignore it, look the other way, and give attention to another student. Then as soon as she's quiet, give her attention.

Another example of teachers causing their own pain is when I worked with a school when I ran the day clinic. We had a child who, from age three to 11, who had autism and intellectual disabilities and didn't use words to communicate, jumped up and down for hours a day screaming. At the end of four hours, he would go horizontal with his mouth open and bite. Every time he did that from three to 11 years old, so for eight years, the school called mom and said, "Mom, come get your child". What they did without realising it was to cause their own physical pain. Somebody got bit every day. They inadvertently taught the child that if you scream for four hours and bite somebody, you get to go home, and that's exactly where this child wanted to be. When we brought him into the clinic, we padded ourselves up so that he couldn't hurt us, and I taught everybody in the clinic how to avoid bites and how to block a bite. We wore arm pads on our arms, and most women had been bitten in the chest area as that was his height and that's the area he would come for, so we had an umpire vest under our clothes, and shin guards on our arms, and we could put our arm up so that he would bite our thickly padded arm, and we just acted as if nothing happened. We gave him no attention at all. Then I told mom, "go get a job. I promise you I will never call you to come to get this child because of biting or behaviour for any reason". I said, "I'll call you and tell you good things, but I'm never going to contact you and ask you to come to get your child". He stopped biting within three weeks and wasn't showing that behaviour anymore. He caught on quickly that that behaviour doesn't pay off anymore. He ended up doing all the same work as all the moderate students. He really was quite brilliant. The teachers had just caused their own pain by sending him home and accidentally creating a pattern.

**They inadvertently taught the child that if you scream for four hours and bite somebody, you get to go home, and that's exactly where this child wanted to be.**



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## KEY CLASSROOM STRATEGIES

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**Dr. Ayre:** Are there any key strategies you would recommend for teachers to use with students whose behaviour would be red zone behaviour in that tertiary level?

**Dr. Riffel:** The most effective strategy is to think proactively. When you get home at night, go through the behaviours that happened and think about these three things I call the triple T's: 1) Trigger – What was the *trigger* that set that behaviour in motion? A lot of times, we don't think there is one. If we reflect on an incident, we can often identify a trigger. We need to know that trigger so we can intervene before the trigger occurs next time; 2) Target behaviour – What is the behaviour you want to target for change? We used to call this the 'bad' behaviour and the 'problem' behaviour. The truth is, though, that makes you think negatively about the child. Thinking negatively about the child sometimes makes you think you want the child to disappear, when in fact, we don't want the child to disappear, we want the behaviour to disappear. I call this the trigger in the target; 3) ImpactT – in a way, it is the consequence of the change we want. The word consequence confuses people because they think of consequences as punishment rather than the impact of something. So those are my triple Ts. What were they wanting, or what were they getting out of having this behaviour? Sit down at the end of the day, and if you can write those three things down, you can proactively put a plan in place that'll be effective.

**Thinking negatively about the child sometimes makes you think you want the child to disappear, when in fact, we don't want the child to disappear, we want the behaviour to disappear.**

You need to put three things in place when considering a plan for any student, and I call them the triple Rs. The first thing that you have to do is *revise the environment* to set the student up for success. That might be the red bracelet you wear or some little secret code you've set up in the background. It might be a particular worksheet you give the student where you give them double what you want them to do. You then tell them they can only do half, so they have some autonomy over which problems they do. They're the proactive environmental strategies that you might implement to help the student succeed.

The second R stands for *replace, replace the behaviour*. We can't just say don't, stop, quit, or no. We've got to teach students what we want them to do instead. For example, teaching a student that when you're feeling all bouncy, and you feel like you need to get up and run around the room, here's a stretchy band we're going to put on the two front legs of your chair. Please put your feet on it and bounce your feet when you feel the need to get up and run around. This gives the student some replacement behaviour that will help them proactively with what they need or want to do or provide the input they seek.

The last R is to *reframe our response*. This one's the hardest to do and the one we hate the most. Suppose we haven't taught the student a replacement behaviour. In that case, we can't be angry with them for running around the room because we haven't taught them what to do instead. If teachers could use the triple T and triple R approach to intervention, it would help those kids in the red zone, which in turn will help you go home at night feeling much more relaxed. I like to tell teachers, let's take one behaviour and focus on that. If you can get that one behaviour under control, what happens is a lot of the other behaviours disappear.

**Dr. Ayre:** It's like a domino effect.

**Dr. Riffel:** It really is, so don't try to focus on all eight behaviours that you want to change. What is the one behaviour that would make your life better if it went away? Start your journey in helping the student there – small goals and small steps quickly lead to big changes.

## CHAPTER SUMMARY

**Small goals and small steps quickly lead to big changes.**

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- Students can't be held accountable for behaviours if we haven't taught them what those behaviours look like, feel like and sound like.
- TIPP method is used to Teach, Implement, Practice and Praise when teaching new behaviours.

- Behaviour is communication. Students may be trying to get to something or away from something, or seeking sensory input by using problematic behaviour.
- Use TUMS as a proactive means of giving attention; Touch, use their name in a positive way, make eye contact & smile.
- Be aware of accidentally reinforcing problematic behaviour.
- Use the Triple Ts to think about behaviour; What was the Trigger? What is the Target behaviour for change? What is the Impact or the change you want to see?
- When considering a plan for change, use the Triple Rs; Revise the environment; Replace the behaviour; Reframe your response.



#### Listen to the full interview on the Trauma Informed Education Podcast

Listen to our full interview with Dr. Laura Riffel on our Trauma Informed Education Podcast [47:57]. Click or scan the QR code to start listening.



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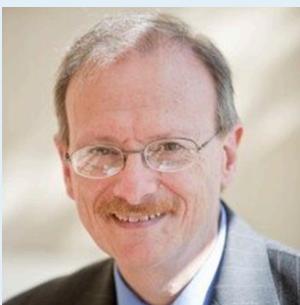


An interactive H5P element has been excluded from this version of the text. You can view it online here:  
<https://usq.pressbooks.pub/traumainformededucation/?p=273#h5p-2>

# Trauma Informed Social-Emotional Learning with Professor Maurice Elias

There have long been debates on the inclusion of social-emotional skills in the school curriculum. Some say life skills and competencies are the responsibility of parents and carers. In contrast, others advocate for the education of the whole child. The pressures of adhering to curriculums and preparing for standardised testing has meant educators have had to be creative in meeting students' different learning and social needs. Is this possible, or are we asking too much of our teachers?

### Professor Maurice Elias



Professor Maurice Elias works in the Department of Psychology at the Rutgers School of Art and Science in Piscataway, New Jersey. Professor Elias has worked in the area of prevention, school-based preventative intervention, and social competence promotion. He was integral in setting up the Rutgers social, emotional, and character development lab, which is dedicated to conducting research in public, private and religious schools. These labs were constructed to help build children's skills for facing the tests

of life and not a life of tests. Professor Elias is the author of several books, including *Promoting social-emotional learning: Guidelines for educators*; and *The other side of the report card: Assessing students' social, emotional, and character development*.

Click or scan the QR code to learn more about Professor Elias' work .



**Prof. Elias:** My training is as a clinical psychologist. In my work, primarily with children and families, I noticed the importance of social-emotional factors in everything that happens. I was drawn increasingly toward the prevention side of things. I also found myself very interested in what happens when kids are in school. This is where kids spend such a vast proportion of their lives. It seemed to me that many of the difficulties that kids were encountering and the routes to improving their lives took place in schools. About 40 years ago, I devoted my career to working directly in schools and understanding how schools promoted kids' social-emotional needs. My early career work was with kids with severe behavioural and emotional difficulties. Again, these are the kids whose social-emotional competencies are critical.

When I was doing a practicum placement during my training in graduate school, I would sit in the staff room, and no one would notice me or talk to me. Still, I could hear everything they were saying. It was like I had a Harry Potter cloak of invisibility, and everyone was complaining about 'if the school would do this and if only the school would do that. If only the school had been doing this'. Listening to everything they were saying, I would often think that there was no reason these things can't happen. Then as I was seeing clinical

cases, it became clear how often kids were being ill-served by what was happening in their schools and, of course, sometimes in their homes and communities. That experience drew me much more working toward strengthening schools to be a positive influence on the lives of children.

## IMPORTANCE OF SOCIAL-EMOTIONAL SKILLS AND COMPETENCIES

*Dr. Krishnamoorthy:* How do you define social-emotional skills and competencies, and why do you think they're important for teachers and schools to work on?

*Prof. Elias:* I view social-emotional competencies to be a lot like oxygen in that they are essential for life. We are social beings, and virtually everything we do involves other people. We are not islands of independence; therefore, we exercise our social-emotional skills from birth. From the moment kids learn how to cry – to get their parent's attention – all the way through to the end of life. Our ability to interact with other people is an essential life skill. We need to learn to manage and recognise our emotions, work in groups, and be good problem solvers. These are things that are foundational to being a human.

One analogy that I like to talk about is reading. Of the many critical academic skills, I think we would agree that if you don't know how to read, your life will be far more difficult than otherwise. My analogy is that if you don't know how to read people, your life will be far more difficult than it otherwise could be. So, I view social-emotional competencies as integral to life's success.

*Dr. Krishnamoorthy:* We hear a lot from teachers and others who attend our training, asking 'when did social-emotional skills become the work of teachers?' Shouldn't this be the work of parents and families? How would you respond to this?

*Prof. Elias:* If we reflect on the teachers that we valued most, that were most influential on us growing up, we will mostly conclude that the social-emotional aspects of those teachers made the difference to us. When I think about why we go into education, the answer is typically not to help kids get test scores perfect but because we want to touch the lives of children. We want to touch their hearts and souls and help make their lives better. To do that, we must address their social-emotional well-being. Some teachers may not feel that way, and I quite honestly feel bad for their students, but it's not an either/or, it's a both. We can improve our student's academic competencies and skills while not losing sight of the human element that will enable them to use their skills for good.

**it's not an either/or, it's a both. We can improve our student's academic competencies and skills while not losing sight of the human element that will enable them to use their skills for good.**

**I view social-emotional competencies to be a lot like oxygen in that they are essential for life.**



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One of the things we've done in our most recent work is to understand that skills and virtues need to be considered together in our work. Our work as educators is not values neutral. In fact, we only want to have smart kids who want to do good. Theodore Roosevelt, former President of the United States, once said that to educate someone in mind but not in morals is to create a menace to society. I think that's a very

exceptional quote. I tell people that in the United States, our typical school year is 180 days. Kids spend maybe six or seven hours daily in school and with teachers. Kids spend at least, an average, of perhaps an hour a day interacting with their parents. So I ask, “who’s most invested in kids being decent, pleasant companions”? And the answer is, it should be teachers. If I spend 180 school days with you, I don’t want you to be miserable.

What we find in the data is that your instructional time increases as you develop the kid’s social-emotional skills in the classroom. You have an increased positive atmosphere for deeper discussion. You get better listening, better questioning, and better thinking. So, teachers should not feel that somehow parents have the province for creating decent human beings. It’s a collective enterprise. I tell school administrators that even if you hate children and only want high test scores, you should still be interested in their social-emotional competence because if they don’t have that, it’s tough for them to excel academically.

I think we have to acknowledge that social emotional skill development is not a meaningful part of most teachers’ training and preparation, so we can’t be naive and think that just because it’s important, you can just do it. That’s not the case. Teachers need guidance and support to do this. Not tremendously, because teachers mostly know kids. They know about child development and have wonderful pedagogical techniques. Mobilising all that in the service of social-emotional skill learning and building positive character takes support and some resources. I don’t want folks to think that somehow, they should just do it. But it is something that taking the time to do and learn has tremendous payoffs.

**Our work as educators is not values neutral. Theodore Roosevelt, former President of the United States, once said that to educate someone in mind but not in morals is to create a menace to society.**



#### Fundamentals of Social-Emotional Learning

Click or scan the QR code to learn about the fundamentals of social and emotional learning from the Collaborative for Academic, Social and Emotional Learning (CASEL) [25:09].



## THE VALUES, VIRTUES AND CHARACTER FRAMEWORK

*Dr. Krishnamoorthy: Why is it important to be explicit about your values as a teacher?*

*Prof. Elias:* In past years, our work has focused on school environments – primarily urban environments and with children of colour. We also focused on children from families living in poverty. Poverty is itself a chronic source of trauma. Some of these kids have experienced intense violence; they have incarcerated parents, and there’s a whole litany of detrimental things. We have found that when these kids walk into the school building, they are not first interested in finding out about the great books or in hearing about the ancient history of something.

They are looking to walk into an environment in which they are welcomed. Where they are valued and cherished. We have seen that the concept of positive purpose is an essential anchor in working with traumatised kids.

**When you've experienced trauma, it's as if your moorings have been ripped away.**

When you've experienced trauma, it's as if your moorings have been ripped away. It's as if the ground under your feet is not stable. It's the fact that when you go home, you don't know what's going to happen, but you suspect it's not going to be good. Then when you come into the school. If you also don't know what's going to happen and you've come to expect it's not going to be good, this leaves you in an awful place mentally. We want our kids to feel that they've come to a school where their sense of positive purpose is recognised, valued and supported. You support a positive purpose in part by building kids' social-emotional competencies. Still, the question then is toward what end? We've identified five virtues that we believe are essential for trauma-informed education.

The first virtue is 'optimistic future mindednesses'.

We've got a lot of kids who've lived in a trauma context. We're worried that another trauma will happen, or they're in a context of chronic trauma like poverty and have no sense that things will get better. When we've done surveys of some of these kids, we found in one middle school that we work in that 50 percent of the kids said that they don't believe they're going to have a healthy, happy life in the future. If I don't believe I will have a healthy, happy life in the future, I won't be too motivated to learn calculus, chemistry, or anything else. We have to help kids develop this optimistic future-mindedness. This is more than just a growth mindset. This is willing to see themselves in the future positively, and that's not a simple thing. It is vital.

The second virtue is 'compassionate forgiveness and gratitude'. We've got a lot of kids we work with who've had bad things happen to them in their life, and they blame people for it. I don't blame them for blaming people for it, but they hold grudges. Holding a grudge is the surest way of keeping yourself stuck in the situation you're in. Compassionate forgiveness and gratitude are about giving the kids the virtue of being able to accept what's happened, as bad as it is, and to be able to move on. If our kids can't move on, then they sit in our classes, consumed with thoughts of revenge and an 'oh, poor me' mindset. We need to teach kids about forgiveness, the power of forgiveness, and the power of gratitude to open up their hearts.



"Image" by Gerd Altmann is in the Public Domain, CC0

**We want our kids to feel that they've come to a school where their sense of positive purpose is recognised, valued and supported.**





"Image" by Pete Linforth is in the Public Domain, CC0

Once these kids can forgive and open their hearts a little, we must engage them in the third virtue, 'generosity'. It may seem paradoxical, but we have found that many of our traumatised kids come to feel that they have very little value. They are also the recipients of a lot of remediation. I don't know about you, but when I get up in the morning, I don't open up my window, take a deep breath of fresh air and say, oh, I can't wait to have remediation experiences today. This is not what I'm looking forward to, but this is the life of many of our kids. So we ask the question, how do we help our kids feel generous? How do we help them feel that they have something to offer? They are motivated to learn and improve their social-emotional skills and academic knowledge when they think they have something to offer. So helpful generosity is another very essential virtue.

The fourth virtue is 'constructive creativity'. Our kids who are traumatised need to be able to think out of the box. In fact, when you look to the future, the future belongs to the creative thinkers. The innovators. We need them to think creatively and nurture their creativity. We need them to develop that sense that I may not have these traditional skills, but I have something to offer.

The fifth and final virtue of 'responsible diligence'. This is not simply grit. It's more than grit. Responsible diligence is the idea that our kids will set goals and work toward them despite setbacks. We want our kids to be responsibly diligent. The sad truth is that our troubled kids often have to work twice as hard to get half as far. This is sad and unfair, but it's the reality. If they're not imbued with encouragement to keep going despite difficulties, they will probably not persist. We need them to be able to persist. Hence, from our perspective, a set of virtues is required for kids to achieve a positive purpose, which motivates them to develop their skills. This is particularly the case with kids who are involved in both acute and chronic forms of trauma.



#### Social and Emotional Learning and Character Education

Learn more about the theoretical and empirical foundations of Prof. Elias's Values, Virtues and Character framework in this article. Click or scan the QR code to read the paper, 'Social and emotional learning, moral education, and character education: A comparative analysis and a view toward convergence'.

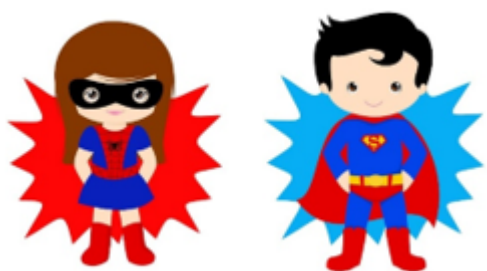


*Dr. Krishnamoorthy:* I'm interested to understand how this gets taught and what it looks like. Can you give an example of how this looks in the classroom? And does this influence disciplinary action? One of the problems we often have is that schools and teachers can be overly accommodating to students' difficulties. The students then do not have very challenging learning experiences. Or it goes the other way where teachers have unrealistically high expectations, and it becomes and feels very punitive to the student.



**Prof. Elias:** This links back to the issue of bullying, where we expect individual students to somehow stand up for bullying when they see it. This is an unrealistic expectation unless it's the norm unless we create a whole school that is designed to be a supportive learning organisation. When that happens, it's easier for the classroom to reflect those norms. When that doesn't happen, then the classroom is, in essence, creating a normative island that becomes a little harder to sustain.

All learning is cumulative. The key for the individual teacher is to be very clear about the positive, supportive classroom norms and identify and exercise the student's strengths. This is where we have high expectations, which are not inappropriate. Still, the problem is that we set high expectations for the areas where kids need the most assistance, which is not helpful. Then when we are lenient in the areas where the kids are weakest, that's not helpful because we need our kids to excel. Working through our kids' strengths allows us to have areas where we set high expectations so kids can feel competent. Then when they feel competent, they can take on the challenges of the areas where they're not so good.



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Similarly, having low expectations of the kids doesn't do them any favours. We do have to recognise that we can't expect them to go from point A to point Z without all the intervening steps. We must be thoughtful about how we scaffold our expectations for the kids. Part of this is the incentive systems that our teachers must operate under. Sometimes they may feel, not inappropriately, that they're being asked to do miracles. They're being asked to move children along in developmentally impossible ways, as opposed to moving them along like a relay race, where the key to success is not just how fast each person runs but how well they pass the baton. If you don't pass the baton successfully every time, you will not win the race, no matter how fast each person is. The same thing is true in education. For teachers, it's easier when the school has a climate that's positive and supportive and reflective of the same values that they would

like to have incorporated within their individual classrooms. In most countries I've ever been to, there are schools that people say, "Gosh, that's a great school". When you go into one of those schools, you feel the climate, you feel the warmth, you feel the support, you feel the camaraderie. If you analyse it, you'll see that they are attending to the kid's virtues, character and social-emotional competencies. They may not be doing it with an explicit curriculum, but when you take out the magnifying glass, you see all the signs are there.



#### **Positive School Climate: Eidsvold State School**

The leadership of one small school took steps to implement a whole-school change of practice to build positive student and community wellbeing and along the way significantly enhanced learning outcomes. Eidsvold State School is a small rural Prep to Year 12 school located in the North Burnett Regional Shire in Queensland. The school is co-ed and has a high Indigenous English Language or Dialect (IELD) population with 52% of students identifying as Indigenous. The Wakka Wakka, Wulli Wulli and Goreng Goreng language and cultural groups are represented in the Eidsvold community.

Click or scan the QR code to learn more in this case study provided by the Student Wellbeing Hub.



## **DIFFERENTIATING SOCIAL-EMOTIONAL SKILLS ACROSS STUDENTS**

**Dr. Krishnamoorthy:** How can you deliver social-emotional curriculums in a differentiated manner?

*Prof. Elias:* My colleagues and I have a book on assessing social, emotional, and character development. It's not simple, yet we expect teachers to do this all the time. When teachers implicitly or explicitly sign report cards, they include information about the kids' social-emotional competencies. This is why the data shows that long-term success is better predicted by report card grades than test scores. Report card grades implicitly and sometimes explicitly include qualities and characteristics about the kind of person the student is.

Let's say I'm a middle school or high school teacher, and I've got a kid I see an hour a day. Perhaps I'm an elementary school teacher, and I've got kids I see maybe five hours a day. How can I not learn about their social-emotional skills? If we give teachers a template that breaks down social-emotional skills for them, including the primary areas of emotion recognition, self-control, emotion management, awareness of others, empathy, problem-solving, and ability to work in groups. If we broke that down developmentally, teachers would indeed be able to develop nuances for the kids. They would then be able to see what these students need to work on.

Teachers are fantastic. Teachers are fantastic because they get to know the students, and they make differentiations on many levels. They don't make more precise and explicit social-emotional differentiations because they've rarely had a framework for it. If given a framework for it, they can do it, but they're already doing it implicitly. When teachers form groups of kids

### Teachers are fantastic because they get to know the students

in workgroups, they often think those kids get along well. I don't want to have these kids in the group because these kids never listen to anybody. I need to have a kid who listens, I need to have a kid to cooperate, so we need a helpful child with these other students. I've got an inclusion class, so I'm going to have some of my kids with the best social skills paired up with some kids with fewer social skills. Teachers are doing this stuff all the time. They just need a little more guidance and support.



#### Activating Strengths and Virtues in Children

This video from the VIA Strengths Institute highlights some simple strategies for parents and other adults to activate character strengths and virtues in children. Click or scan the QR code to watch the video [4:37].



## ADVANTAGES OF INCLUSION TO SOCIAL-EMOTIONAL LEARNING

*Dr. Krishnamoorthy:* We often hear that the most problematic students demand so much time and energy from the teachers and the school. What are your thoughts about inclusion, particularly for the kids we need to be trauma-informed for?

*Prof. Elias:* There is a saying that is used in some schools, in essence, that we are all responsible for each other. I believe that is a value and a virtue. If I have kids coming into my class who are having problems, I need to be having conversations with all my class about how we help each other. This is where the strength part comes in. I don't want kids coming in who are included to somehow be seen as a deficit.

I have a very close colleague, Timothy Shriver, who works with International Special Olympics. Tim Shriver says that we need to not use the term disabilities but use the term different abilities. Every child has different

abilities. Every child has things they are not so good at, and they have things that they are good at. That needs to be part of the conversation when that kid comes in.

I work with a programme in Highland Park, New Jersey, where they had an influx of kids who were diagnosed with Autistic Spectrum Disorder. They taught all students in the school about Autism. They helped the kids understand what Autism is, its symptoms, and what it looked like when kids had difficulty. They learnt what self-stimming behaviours were and why kids were doing repetitive talking or were not talking at all. They learnt how to support those kids. And for years, they've had an exemplary and award-winning programme. It's summarised in an article called 'To Reach for the Stars', written by Trina Epstein. That article talks about the fact that inclusion is the keyword, and the question is, 'how do we all include one another regardless of circumstances?'

**we need to not use the term disabilities but use the term different abilities**



### To Reach for the Stars

Click or scan the QR code to learn more about the article 'To reach for the stars', by Trina Epstein and Prof. Elias.

The article may be available through your library.



When kids have experienced personal life trauma, that's something that people need to know about and talk about. When there's community-wide trauma, and it's all shared, that can be easier because we're all included in that trauma. Regardless, the point is, how do we provide a safe, supportive, caring and helpful environment for everyone that walks in that door in our classroom? And how do we see every one of those kids as a potential asset for what we're doing rather than a liability? Not someone who will take away my instructional time. If you're attending to me because of my competencies, you're using my assets in the classroom, then I'm not going to cause you too much trouble. As we make kids more hopeful and generous, they will exhibit fewer behaviour problems, and that's the link to the discipline.

One of the things we've started is the Academy for Social-Emotional Learning in schools. We've done this for the reasons alluded to earlier: many teachers want to get better at these things but don't have places to go to do that. The Academy is an online certificate programme where teachers and counsellors, psychologists,

**As we make kids more hopeful and generous, they will exhibit fewer behaviour problems, and that's the link to the discipline.**

social workers, and all student support service providers can come to develop their expertise in delivering social-emotional and character development to their classrooms. As well as building a positive classroom, culture and climate. We have many educators from many countries who have come together to build skills in delivering social-emotional

learning in schools. We find that this shared international learning environment is just wonderfully enriching. Kids are kids all over the world, and teachers are teachers all over the world. We share this common set of goals and problems that we can solve together. We also have a similar certificate programme for school leaders because, as I was talking about earlier, the task of creating a welcoming, positive school culture and climate, a school of social-emotional competence and character. We feel that without that kind of support, we're making pronouncements to teachers, but we're not helping them to walk the talk. And we want people to be able to walk the talk.

## CHAPTER SUMMARY

- Social-emotional skills are essential life skills and are used by humans from birth.
- The most influential teachers we remember are generally those that expressed well developed social-emotional skills. Teachers can improve students' academic scores and their social-emotional skills, it doesn't have to be either/or.
- The five virtues essential for trauma-informed education: optimistic future mindedness, compassionate forgiveness and gratitude, generosity, constructive creativity, and responsible diligence.
- Creating a school-wide culture of warmth and responsiveness to social-emotional needs is essential to kids' success at school and staff wellbeing. Long term success is better predicted by report card grades as teachers are including elements of kids' social-emotional learning and capacity at an implicit level.



**Listen to the full interview on the Trauma Informed Education Podcast**

Listen to our full interview with Prof. Maurice Elias on our Trauma Informed Education Podcast [43:58]. Click or scan the QR code to start listening.



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An interactive H5P element has been excluded from this version of the text. You can view it online here:

<https://usq.pressbooks.pub/traumainformededucation/?p=432#h5p-2>

# Creating Sanctuary in Schools with Professor Sandra Bloom

For many of us advocating for trauma-informed practices, we may find ourselves isolated in schools that are stressed, under-resourced and punitive. In these systems, compassionate and thoughtful strategies to help students may face strong opposition and cynicism. What can be done to change such schools? We reached out to speak with psychiatrist Dr. Sandra Bloom. Dr. Bloom's work on helping educational and health systems through trauma-informed leadership is ground-breaking and vital. Our discussion highlights critical issues facing our educational systems today and may shed light on ways to better care for our students and our teachers.

### Dr. Sandra Bloom



Dr. Sandra Bloom is a psychiatrist and professor at the Dornsife School of Public Health at Drexel University in the United States of America. She is the president of Community Works, an organisational consulting firm committed to developing non-violent environments. Dr. Bloom is also the director of the Sanctuary program, an inpatient psychiatric program for treating trauma-related emotional disorders. Dr. Bloom's first book, *Creating Sanctuary*, tells the story of understanding the connections



between a wide variety of emotional disturbances and the legacy of child abuse and other forms of traumatic exposure. In more than 350 programs, considerable numbers of staff are now trained in Dr. Bloom's Sanctuary Model, which is currently being used in various settings, including several schools.

Learn more about Dr. Bloom's work by clicking or scanning the QR code.

### *Dr. Krishnamoorthy:* How has your own experience of school influenced the work you do now?

**Dr. Bloom:** I went all the way through school at the same school district. It was called Lower Moreland – it's in a suburb of Philadelphia in the United States. It was like growing up in a small town, in a small school. It was a very natural, democratic environment where teachers were interested in the kids. The kids came from middle-class families, mostly in brand new suburbs – post-World War 2. The social norm was that you helped others in the whole community and the school community. There were 100 kids in my graduating class, so it was small enough that everybody knew everybody. When a problem arose, it was noticed and addressed. Yet there weren't many problems in those days. There was a stable economic situation for families. People had jobs. I was utterly unaware that violence existed. I did not learn about violence until I got out into the world. That was a real blessing that I didn't think about such things until I saw the enormous contrast between other people growing up.



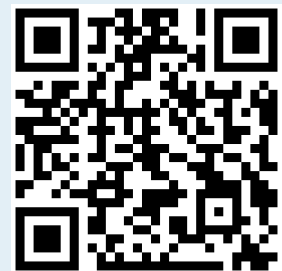
As an adult, I learned that Sociologists have come up with Dunbar's number (see the box below for more information), which says that humans and our systems deteriorate after about 160 to 170 people. Since then, I have thought about all of the educational system's problems, and we could probably solve all of them by just stopping to try and save money by getting bigger schools and instead returning to small schools where there are communities where children can learn how to be citizens. That has influenced a lot of my work in this field and continues to do so.



#### Dunbar's Number

Proposed by anthropologist Robin Dunbar (1992), 'Dunbar's number' refers to a concept that limits the number of people with whom one can maintain stable social relationships—relationships in which an individual knows who each person is and how each person relates to every other person. The proposed number is said to lie between 100 to 250 people and is commonly cited as 150 people (Dunbar, 1993).

Learn more by watching this TED talk [15:17 mins] by Robin Dunbar. Click or scan the QR code to start watching.



## DEFINING TRAUMA

**Dr. Krishnamoorthy:** Given your expansive knowledge in this area, how do you explain what trauma is?

**Dr. Bloom:** When this field started, it was clear that trauma meant people had experienced a real threat to their life or witnessed a threat to life, or death and dying and other horrible things. That remains one of the definitions of trauma, but because we don't have one word in English that embraces what we're talking about, particularly to children, we use the word trauma as a shorthand to also represent chronic stress, toxic stress, relentless stress, and traumatic stress. With that caveat, I define trauma as "when the brain and body are overwhelmed, our physiology is overwhelmed by an experience that causes suffering." In response to suffering, people often get derailed, their development gets derailed, the way they cope or try to cope derails them further, and we end up with complex problems. This suffering and attempt to cope isn't necessarily directly due to the trauma itself, but due to the adaptations that children and adults make to deal with their disordered physiology and brain regulation.



#### What is childhood trauma?

More than 20 years ago, Lenore Terr (1992) defined childhood trauma as the impact of external forces that "[render] the young person temporarily helpless and [break] past ordinary coping and defensive operation". Terrasi and de Galarce (2017, p. 36) suggest that complex trauma is "the cumulative effect of traumatic experiences that are repeated or prolonged over time".

Learn more about trauma from our book *Trauma Informed Behaviour Support* by scanning the QR code.



## ADOPTING A PUBLIC HEALTH APPROACH

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*Dr. Krishnamoorthy:* You mention that defining trauma has become increasingly complex. How do you see this complexity and resulting suffering in services and systems working with children?

*Dr. Bloom:* We know from the Adverse Childhood Experiences study (ACEs study ; see the box below for more information) and all of the follow-up research that most of the population will experience a traumatic event in their lifetime. Most of the population have been, or will be, exposed to at least one ACE. A substantial minority have been, or will be, exposed to four or more ACEs. We have to address this. It's a public health emergency that affects the whole community.

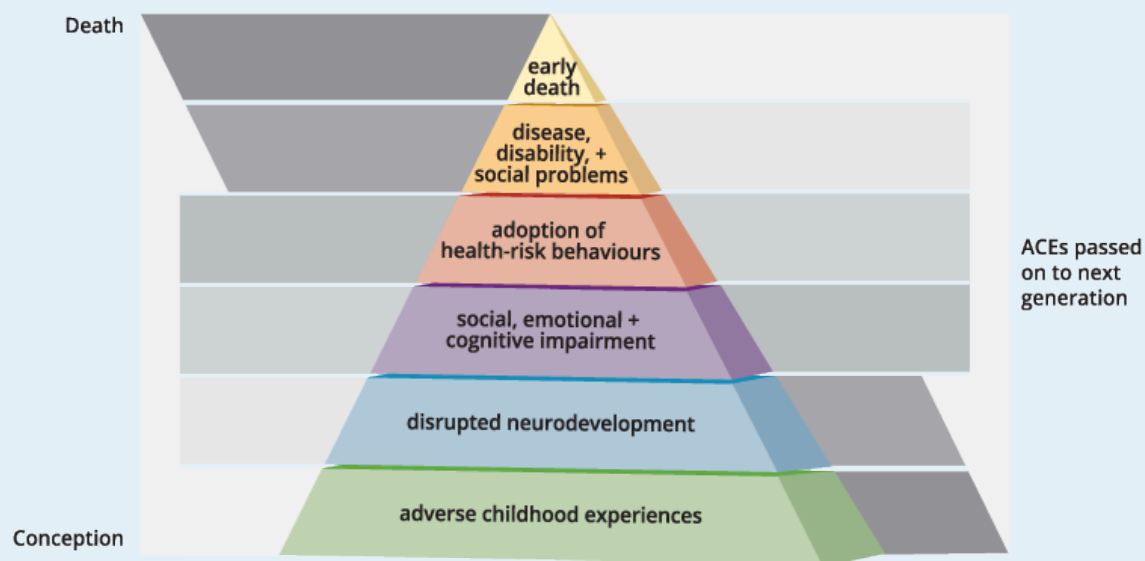
It can't be a band-aid approach to meeting the needs of specialised, at-risk groups. These are community-wide concerns that have a multi-generational impact. This is why we need a public health approach to trauma. We must understand and spread knowledge about what we've learned so that everybody understands these concerns. Everyone in an organisation and community must understand the impact of trauma, from the staff, administrators, teachers, children, and their family members.

Let me give you an example of what I mean by a public health approach. A public health response is that we've made laws to ensure seat belts are in every car. Will everybody have a car accident? Thankfully no but will enough people be in danger and at high risk of having a car accident? Yes. So everybody has to wear seat belts. We need that kind of measure in place around the issue of trauma and adversity for the same reasons. Everybody's at risk of experiencing trauma. Even if you've had a perfect childhood, you will interact with people who have had a difficult time growing up, and their distress will emotionally impact you. Being repeatedly confronted and affected by such pain and distress in others and within yourself may lead you to develop unhelpful coping skills. This is especially true in professions such as education. In this way, large groups of people may be impacted by the pain and distress of those in need.

This is why trauma-informed practices are critical for organisations and whole systems. We can't pretend that this stuff isn't real any longer. It's very real, and anybody that works in any kind of workplace knows that, in the long-term, stress kills.



**Adverse Childhood Experiences**



*ACE Intergenerational Transmission Pyramid from conception to death, adapted from ACE Interface master Trainer Program licensed under a CC-BY 3.0 licence.*

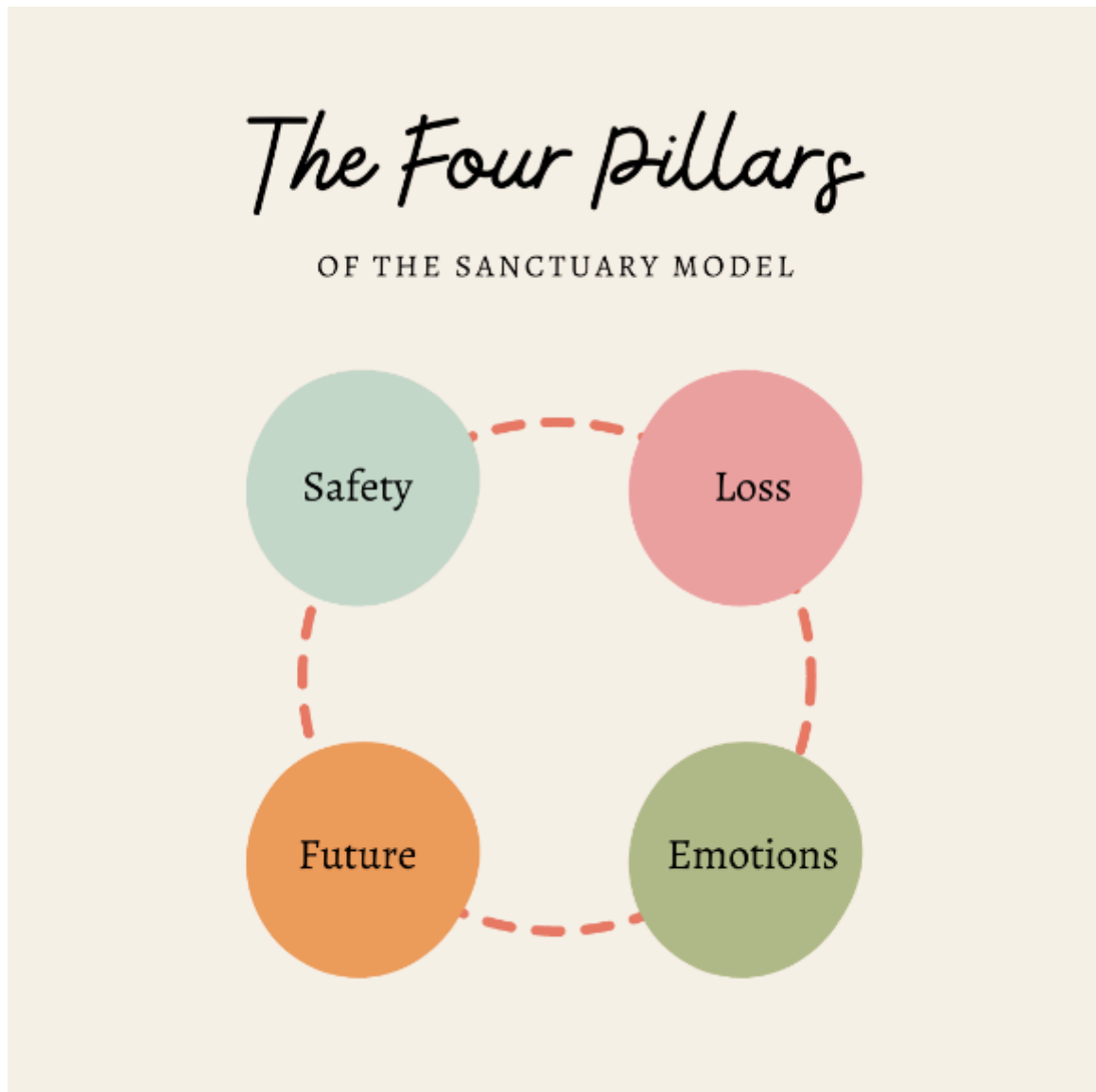


Scan the QR code to watch this video from the movie 'Resilience' [4: 59 mins] from director James Redford – outlining the findings of the ACEs study.

## THE SANCTUARY MODEL

**Dr. Krishnamoorthy:** Could you tell us about the Sanctuary Model and the model helps implement trauma-informed care in organisations and systems?

**Dr. Bloom:** The Sanctuary Model is an organisational approach that evolved from my original work running a psychiatric inpatient unit for adults and adolescents for over 30 years. We learned from our patients what it meant to help people who experienced trauma. We learned upfront, close and personal about the lived experience of these adults. Through caring for them, we learnt how to facilitate an environment that helped those experiencing distressing emotions related to a history of trauma and adversity.



*The Four Pillars of the Sanctuary Model. Image by the University of Southern Queensland, licensed under a CC BY-NC-SA 4.0 licence.*

We then applied those learnings and created a conceptual framework that we could teach other people. This framework centres on a set of values that are critical in creating a milieu or environment that keeps people safe. We use various tools to help people cope with the distressing emotions on a day-to-day basis.

Every school is a community, so schools are apt to have trauma-informed systems. Every school has a climate, every classroom has a climate, and there's been a wealth of research about the importance of school climate for learning and classroom management.

The Sanctuary model is a newer articulation of longstanding ideas in healthcare and education that keep getting lost. It goes back hundreds and hundreds of years. We keep forgetting, and we have to rediscover it. Today we can integrate this knowledge through the emerging research on how trauma and adversity affect the brain and the body. So that's what makes it so important and helpful for schools. You don't have to think about this as 'Oh, a brand-new flavour of the month.' It's well grounded in longstanding educational principles of how we must treat children to encourage learning.

It's as simple as this: stressed kids can't take in new information, and neither can stressed adults. This means that administrators have to take care of the staff, so that the staff can educate the kids. Suppose there's lots of conflict among the staff or between the staff and administration. In that case, the teachers will be too stressed to pay attention to what the stressed children need to calm, regulate, and learn. This is all part of what we mean by trauma-informed education.

**It's as simple as this: stressed kids can't take in new information, and neither can stressed adults.**



### The Sanctuary Model

The Sanctuary Model is a trauma-informed organisational change intervention developed by Sandra Bloom and colleagues. Based on the concept of therapeutic communities, the model is designed to facilitate the development of organisational cultures that support the victims of traumatic experience and extended exposure to adversity.

Click or scan the QR code to read about the framework and its implementation [PDF].



## ALIGNING PRACTICE WITH CORE VALUES

*Dr. Krishnamoorthy: Why is it that we veer away from those core values? Does it have something to do with the experience of stress or our outlook on our work?*

*Dr. Bloom:* I'll start with the big picture. Our educational system has been afflicted by our unidimensional emphasis on money. If money and financial success are the only value, then it trumps everything else. And that's what we've got happening here. Everything is sacrificed to the 'God of money'. This has a corrupting influence on everybody. Even the most well-meaning people must try to align with what the next person in the hierarchy says about the factor that trumps everything else: "Yeah, that's all good. That's well-meaning. Yeah, it'd be nice if we could do that, but we can't afford it." It becomes difficult for people with a clear moral compass to challenge that moral infringement because they feel extraordinary levels of moral distress. Sometimes it's so distressing that you start to ignore it completely. You get two selves, one responding to the power needs of those in control of the purse strings. The other self, more genuinely you, says, "I know this is wrong, but I'm too scared, I'm too intimidated, or I'm too threatened to be able to do anything about it." I think that's why articulating a value system consistently becomes so critical that it should be a primary leadership role.

Leaders should be speaking the values and walking the talk. What happens too often is that the value system gets put on the shelf, away from our daily decisions. Every single decision we make should include the test of whether it's a good decision. Does this support or undermine the values that we say are important? If our purpose is to educate underprivileged children, who needs to learn things? We live in an increasingly inequitable society, what will we as adults do about that? How are we going to speak truth to power? How are we going to resist without becoming annihilated? It's really about money, and it's about power. It comes down to our education systems being in a moral crisis.

So, what can the individual do? Individuals alone are very vulnerable. We must figure out how to work together, collectively. In an individualistic culture, that's a tough sell. But there is little hope unless we move in that direction. Schools are collective bodies. Schools can mobilise power within their community if they speak with one voice.

## THE S.E.L.F. FRAMEWORK

*Dr. Krishnamoorthy:* You have a lovely framework in the sanctuary program, the S.E.L.F framework. How can you use that to help children with their recovery from trauma?

*Dr. Bloom:* S.E.L.F stands for Safety, Emotions, Loss, and Future. We think of it as a compass. It guides professionals to begin thinking about how to help another. For instance, a teacher is confronted by a distressed child who is chaotic and profoundly dysregulated. Where does the teacher start? You're supposed to be educating this kid, and this child is too hyper-aroused to be able to teach them anything. They're disrupting everybody else in the classroom. How do you even begin to think about where to start? And that's where S.E.L.F comes in.

You start work with a child around identifying the safety issues. When we talk about safety, we talk about the four domains of safety, physical, psychological (within self), social (with others) and moral safety (safe within a system of values that are dear to you). You help a child think through all of their problems as safety issues. Underneath the S.E.L.F framework is a fundamental shift in mental models. S.E.L.F is saying, "This child in front of me, it isn't a matter of whether they're sick or bad, it's that this is an injured child." And we need a framework within which to think about an injured child. The first step is, how do I help you get safe in the world? That's the S in S.E.L.F.

It would help if you took responsibility for you being safe, and I'll help you as much as possible. We have to help you develop abilities to calm yourself down. You have to be safe with yourself, meaning you have to make the connection that what you're doing is hurtful to you and your self-esteem. You have to be safer with other kids. You need to understand that when you get upset other kids catch it, and then the whole classroom gets out of control, and that's not safe for me as your teacher.

The E is for emotions, recognising and regulating our emotions. We know that stressed people can't manage their emotions very well, and emotions are critical for education. Emotions direct our attention to what's important. A child dealing with violence cannot direct their attention to reading, writing, and arithmetic. It's impossible; their brain doesn't work that way. It's part of our evolutionary heritage as humans. It becomes critical for teachers to develop skills to help children calm and become emotionally intelligent about their self-regulation. Children can then help each other in the classroom regulate their emotions. To do that, you must know what emotions you have the most problems regulating. To help a child recognise: "I'm okay until I pick up Johnny's anger, and then I get scared, and when I'm afraid, I can't think." That is the conversation the teacher could have. Okay, what can you do? What can we help you figure out to do when you get afraid so that you can be less afraid?



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Loss is the L which recognises that all change involves some loss. We don't think about that much because we don't like a loss. But people don't resist change; we resist loss. Therefore, if you help a child to see that if you make a change, you will have to give up something, you are honouring that child's loss. If you're going to use exercise to help yourself calm down, it's going to take time, and you'll have to give up time playing your video games. Are you willing to make that commitment to improve your emotion management skills? In this sense, all change requires loss for kids and adults. We then ask, why should we change? Well, because we envision a future, that's where the F comes in.

We want something and will have to give up something in return. So we have to have a clear vision of what we want.

When you're challenging a child to make a change and manage their emotions to get safe, no human being will do that unless they have a vision of why. What would that feel like? What will it feel like for a student to not to have me discipline them all the time? Can they imagine taking a math test and getting an A plus? Can they imagine that happening even though they failed every math test this semester?

You may start with a teacher using S.E.L.F and you can start anywhere in the framework. It might start with asking where are we trying to get to? You may say "I need to talk with you, Johnny, because this is what I see happening, and I'm worried about you. But let's start with the idea that everything works, everything you and I are going to plan, it works, and you are successful. What does that look like to you? Give me an example of something you've been successful at before. Now you can imagine the future goal, and then we'll link the goal back to where we are now". This organises the chaos in the teacher-student relationship.

When using the S.E.L.F framework, many people miss the L – the loss. We don't calculate what the person will have to give up. That's important to consider with traumatised people. What's at stake if they stop using the unhealthy habits they've used to cope? They have to sit with unimaginably terrible feelings, and we're not good at understanding that. We need empathy for their experiences and emotions to help them figure out what to do and learn to improve it. In this way, S.E.L.F is a powerful and straightforward tool, yet simultaneously complex.



#### The S.E.L.F Framework

S.E.L.F. is a problem-solving framework that represents the four dynamic areas of focus for trauma recovery. It offers a trauma-informed way of organising conversations and documentation for clients, families, staff, and administrators by moving away from jargon and towards more simple and accessible language.

Click or scan the QR code to learn more from this resource from the Mackillop Institute.



**Dr. Krishnamoorthy:** I like how you frame unsafe or oppositional behaviour as a coping strategy for those who are traumatised. Could you say more about this?

**Dr. Bloom:** We learned this from our patients, many of whom were self-mutilating or self-harming. We tried all kinds of punitive strategies to get them to stop self-harming. Of course, it was a complete failure. Until we understood that the cutting was how they were coping with feelings that felt worse. We couldn't expect them to give up an effective coping skill unless we could replace it with something healthier and just as effective. That's how we learned to approach these kinds of problems entirely differently.

Oprah talked about this last year on a TV program she had. She said, "This revolutionary approach, it's not

‘what’s wrong with you?’. We’ve stopped asking that question. Now we ask the question, ‘what happened to you?’. It was my friend Joe Foderaro, a social worker in 1991, who said that in a team meeting. When you see that problem behaviour, you must start with: I wonder what that’s about? Why would somebody react that way? What happened that could produce that outcome or behaviour? How can we figure out how to redirect that behaviour into more positive, self-affirming, creative, and educational channels? Unless you get that original shift, you don’t get anywhere. You just end up trying to punish people who are already profoundly punished for doing their best at coping.

## SYSTEMS UNDER PRESSURE

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*Dr. Krishnamoorthy:* We often hear from many teachers who don’t feel supported by their leaders and colleagues to work in a trauma-informed manner. What early warning signs can people pick up on when an organisation or a system is under stress and perhaps not functioning the way it should be?

*Dr. Bloom:* The only antidote that we have to the effects of trauma is social support. For example, if you go into a staff room in a school, and there’s a lot of hostility and tension, we pick that up instantaneously. Those are signals of danger. There’s likely little social support in that environment. Other indicators of systems under stress include chronic conflicts that are not resolved; there are no conflict management strategies routinely in place; a lack of training on the impact of stress and trauma on the teachers, students or their families; a punitive environment where the reaction to the breaking of rules or episodes of violence is to punish students or adults. If you’re interviewing for a job, and pick up on these signs, don’t go there.

There are also authoritarian leadership principles. Authoritarianism is a disaster for human groups unless they are in an acute crisis. In an acute crisis, it’s a good strategy to use. After that, the only thing that is going to be effective is democratic processes. Other warning signs include a lot of secrecy, which often indicates communication problems exist within the system; how many violent incidents have there been? And how many times are students pushed out of the classroom and punished for their problems? Has that been rising or decreasing? Is it being addressed, and how? How are behaviour problems at the school addressed? What are the expectations of teachers? Is there any support for teachers? What happens if you’re having a difficult time with a child? Are there people in the school who are called in when there’s any kind of emergency, not just as police, but as real helpers? Is there attention being paid to the students and teachers?

These are things you see in an environment that’s becoming increasingly sick. Remember that organisations are like organisms. They are living, adaptive, complex systems. It becomes a worry when everybody’s reaction to a stressful situation is to try to make a new rule, and the accumulation of rules is a very clear indicator that social norms are eroding. Pay attention to the social norms of the system. Positive social norms will include bringing people within the system together, talking about the rising level of incidents, and talking about what’s going on with our group and what’s going on collectively.

It’s not just seeking out a new rule or a new person to punish to ‘fix’ the system, it will never work. But that’s what we do over and over again, and I’ve seen that happen in all kinds of organisations, and I’ve definitely seen that happen a lot in schools where the attitude is, these kids are out of control, so we need more punishment, and they need more consequences.

It’s always called consequences, and there are always consequences for everything that we do. You want the consequences to be deliberately designed for that group or that student that’s going to get you more of what you want that student to be. If you apply the same consequences to everybody, it makes no sense. It makes the system incredibly stupid because one student will be breaking a rule because they’re pushing the limits of authority to see what they can get away with and find where the limit is. Yet another student will be breaking the rule because it’s a coping skill that they’ve learnt to deal with terrible stuff that’s going on at home. Now, if you consequence those two students, in the same way, you’ve totally missed the point.

It’s really important that people who run organisations are able to identify when their systems are getting sick. Just like we identify the signs of the flu or a cold within ourselves, we go in for a check-up to help us recover and heal our bodies. Systems are living bodies, they can get well and heal and recover from stress, but

not if you ignore the symptoms. You're describing that the system had adapted to a sick way of functioning. That's what whole communities do, and that's what entire societies do. We adapt to sick, inhumane conditions and then wonder why things are so messed up. Well, they're sick, ill, and dysfunctional, and it's time that we were willing to stake our claim around knowing what health an organisation is in. How does a healthy organisation function? What is a healthy school? Let's get out there and say it. Those of us who have been in lots of systems, get us all together, and we'll have no trouble talking about and voicing it. But it's not talked about, and we don't think about it. We do this when we as individual human beings are sick. We know how bad it feels to feel sick, and we know what it feels like to feel well. We need to be doing that at an organisational level too.



#### Trauma-informed Organisational Change and Support

Crisis-driven organisations sacrifice communication networks, feedback loops, participatory decision making and complex problem-solving under the pressures of chronic stress and in doing so, lose healthy democratic processes and shift to innovation and risk-taking resulting in an inability to manage complexity. This requires leadership buy-in and immersion in the change process, an increase in transparency, and deliberate restructuring to ensure greater participation and involvement.

Learn more about trauma-informed organisational change from our book *Trauma Informed Behaviour Support* which you can access by scanning the QR code



## RESTORING SANCTUARY

**Dr. Krishnamoorthy:** Let me play devil's advocate for a bit. I can hear some of the educational leaders reading this saying, "Well, that's very nice for you, Sandy, but we've got parents at our door complaining, we've got disruptive students, teachers threatening union action, and we don't have an endless resource of money." So what are these practices that make for a healthy organisation?

**Dr. Bloom:** What you're describing is a failure of imagination. It begins with a vision of what could be possible if we were committed to it. Then you want to mobilise collective action to achieve that goal. What's happening here because of the ACEs study is that various local communities are organising around, knowing we have all of these problems; What would it look like for our community to be healthy? What would the outcomes be? How would we know? And then they move back into what would we need to have that happen?

Money is food to an organisational body, just like food is nutrition for humans. But it isn't everything; you need more than food to be healthy. There's a lot of work any community, including a school community, can do about getting better nutrition. This isn't just about getting money, but organising the way money is spent, looking at where the funding goes, and how to mobilise our families. How do we mobilise the children as resources for creating the healthier environment that we're all imagining? That means you must include students and parents in that imagining process. It can't just come from the people that work in the school; it has to include all of the stakeholders.

There are now group methods to begin the imagining process. You get large groups of people together to start the creative process, which helps to make a value space rather than criticism and negativism. The point of conflict then is to figure out how to satisfy all those opposing forces. The best system humans have come up with to do that thus far is Democracy. It isn't perfect, it's messy, it's hard, and it's time-consuming, but humans will support what they've helped to create.

Therefore, if you want to make a change, you have to get all the stakeholders to talk to each other after setting up some basic standards for how people work and conduct themselves in the group. I teach a lot, and every class I do, online or in-person, begins with the students deciding what kind of safe environment they want. All students must have a safety plan outlining their responsibility in managing emotions. There are simple things that, even in large groups, you can do to begin the process of reclaiming the territory so that we can build collective skills and intelligence, which is really our only hope.



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## TEACHER BURNOUT AND SELF-CARE

**Dr. Krishnamoorthy:** Self-care and burnout. There are many complexities to the issue, but I wanted to get your thoughts about how individual teachers can think about their self-care and advocate in a way that's sustainable for them to continue being in the profession.

**Dr. Bloom:** We use a tool called a wellness plan. It's a commitment that every individual makes to take care of themselves. To try and achieve a better balance between work and home to maintain healthy wellbeing and mental health. It's part of serving the organisation that, as educators, social service, and healthcare providers, we're the only tools we have. We have nothing else except our beingness, so we must keep that shiny. It's tough because we do emotional labour all the time.

We're picking up other people's emotions, and emotions are contagious. It's effortless to get dragged down when you're seeing dozens of really distressed people. Because of this, you have to do things to leave work at work. Make a ritual transition on your way

**We have nothing else except our beingness, so we must keep that shiny.**

home where you cleanse yourself and do whatever works physically, psychologically, socially, morally, spiritually, and politically for you. Commit to implementing those things as part of your job responsibility to keep yourself healthy and balance your work and family life. Technology has produced significant problems for people. Some organisations are beginning to implement rules about prohibiting email responses at certain times of the day and on weekends. Having rules about the use of technology is essential, otherwise you will drown in it. When is work ever done? When can you put it away when there are still emails to answer? People can help themselves by having internal rules. Still, the more the organisation supports these rules, the easier it becomes for people to follow through on self-care. It's helpful if you can share your self-care plan with your teammates so that when somebody sees you escalating, they can say, "Hey, why don't you go take a walk, and

I'll fill in for you". Those simple acts of social support mean a great deal. As does having a sense of humour. Being able to laugh and also celebrate our successes are essential for positive wellbeing at work. There's a lot we can do as individuals, and there's even more, we can do at an organisational level to keep our equipment and people shiny and healthy.

## TRAUMA IN FIRST NATIONS PEOPLE

*Dr. Krishnamoorthy:* I want to touch on trauma in First Nations People. We do some work with some of our Indigenous communities here in Australia. In terms of trauma, they're often the people who are significantly affected. Some of the issues are historical injustices and structural inequalities that contribute to their intergenerational trauma. I often think people feel overwhelmed and dispirited because their trauma is so significant.

*Dr. Bloom:* Let me preface this by saying I have a lot of experience working with our African-American communities, less with our native communities. From my experience, working with these communities is that so much of the historical injustice is about an assault on people's identity and a long-term multi-generational assault on people as being okay, healthy, normal, and creative human beings. It erodes a sense of community identity. The knowledge we have now about trauma and adversity is that by its very nature, these are normalising conversations. It says, "You're not sick, you're not bad, you are injured."

In the case of historical injustice, you have been injured, and your ancestors have also been injured. Despite that, you are a survivor and managed to thrive within the present constraints. You must validate that normality with people to help change that negative identity. I think that's the beginning of the educational process around trauma and adversity. It normalises these terrible things that people do and how they feel. It says, 'I can understand this because of what you've been through. Now, can I help you in some way to find outlets that are positive and creative that will help you thrive even more? Because you've already survived, you're here, and you're living'. I think political analysis is crucial. When I started working in residential treatment with kids, I had this fantasy that we would help those children go from being 'sick and disabled' to being political and social activists. And that we would create an army of kids who understood what had happened to them, how they had survived it, and what they needed to do to help the rest of the population.

Interestingly, I had an early experience in a high school that again dealt with a plague of adolescents who died by suicide. I was part of a group of adults and students who were brought together to create a task force to address the question 'how are we going to manage this suicide cluster'? Interestingly, the counsellor who picked the students was a wise guy. He was intelligent and well-informed and understood the issues of trauma and adversity. The students he chose to be a part of this task force to help explain to the adults what was happening with adolescents were all students who had been in treatment. They had all been in substance abuse facilities and knew how to talk to adults.

They had learned how to talk about their emotions. They were experienced adolescents, and I thought it was so fascinating the power they had to be the translator to the rest of the adult community about what was going on.

**That was my fantasy about the most disturbed kids: if we handle this correctly, the kids will turn into our greatest strengths.**



### Research Supporting First Nations Students with a Trauma Background in School

First Nations students are disproportionately exposed to trauma. However, limited research has explored teachers'



experiences in response to trauma affected First Nations students. Jenna Miller and Emily Berger's study aimed to explore teachers' experiences of supporting First Nations students with a trauma history.

Click or scan the QR code to learn more about this study. This article may be available through your library.



## CHAPTER SUMMARY

- Trauma can be defined as when the brain and body are overwhelmed, our physiology is overwhelmed by an experience that causes suffering.
- Everybody's at risk of experiencing trauma. A public health approach to understanding and managing the impact of trauma is essential in beginning to limit the multi-generational, community wide impact.
- The Sanctuary Model is a trauma-informed organisational change framework that centres on a set of values that are critical in creating an environment that keeps everyone safe.
- The four pillars of the Sanctuary Model include Safety, Emotions, Loss and Future.
- Unsafe or oppositional behaviour needs to be understood as effective coping skills for traumatised people who are trying to cope with feelings that feel worse than self-harming behaviours.
- Organisations are living, adaptive, complex systems that are susceptible to becoming sick, and not functioning well, when under pressure.
- A wellness plan is critical to maintain overall positive wellbeing for staff and to enable staff to have a healthy balance between work and home life.



### Creating Presence

*Creating Presence* is an online organisational and clinical approach for trauma-informed, trauma-responsive and trauma-resilient organisations created by Dr Sandra Bloom.

Click on or scan the QR code to learn more



### Listen to the full interview on Trauma Informed Education Podcast

Listen to our full interview with Dr. Sandra Bloom on our Trauma Informed Education Podcast [1:08:16].

Click on or scan the QR code to start listening.



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— An interactive H5P element has been excluded from this version of the text. You can view it online here:  
<https://usq.pressbooks.pub/traumainformededucation/?p=125#h5p-2>

## *Conclusion by Dayna Schimke*

Schools can be a place of sanctuary or a place of fear and dread for the traumatised child. Danger may take many forms – the threat of a suspension, the mocking tone of a peer's comments or the potential to appear weak or incompetent. Such experiences are perceived as a disruption or disappointment to some children but as a life threat to others. The scholars in the preceding chapters have discussed how our bodies and brains are engineered for survival. The acknowledgement of these perceptions among students, and the need for the facilitation of physical and psychological safety is the challenge of trauma-informed educators.

How can teachers support our most vulnerable children? Small gestures, skilful accommodations, and tactful communication. Small victories in class turn into successful days. Small celebrations that become enjoyable weeks. While success at school is often measured in grades and rewards, there is much learning that occurs in the day-to-day interactions at school that is often overlooked. Children are constantly learning about their world, their emotions, their bodies, and their relationships. In this way, the experience of education is more than the prescribed curriculum. The experience of education is the experience of the school community.

A whole school approach is fundamental to the success of creating a culture where not only children with trauma are well understood and supported, but teachers' well-being and self-care are also supported. Trauma-informed education is about resisting the re-enactments of control and coercion at all levels – from students, their families, and with staff. All successful educational leaders understand the risks of allowing systemic pressures to undermine the autonomy and flexibility of teachers. Children with complex needs require agile educators – those who have a deep understanding of their students and the role of pedagogy in helping them achieve learning. A repeated message throughout the book is that educators require the support of the whole school community for trauma-informed practice to be embedded successfully.

I hope that reading these stories has inspired you to learn and embed trauma-informed practices into your daily teaching. I hope you've become moved to understand the traumatised child and change the relationships you have with your most vulnerable students – to be unrelentingly genuine, compassionate and, most importantly, hopeful.

I want to thank you for allowing yourself time and space to read this book. Learning is an act of great vulnerability and bravery, and teaching is a wonderful act of care. You are the most important resource for the future of our children. Thank you for all that you do for your students.

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Registered Psychologist



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