Trauma-informed leadership in schools: From the inside-out

The foundation of being a trauma-informed leader is transformational "inside-out" work that heals adult trauma and develops social-emotional intelligence. How can we teach what we do not embody?

The schools we serve are often impacted by students who have high rates of trauma. Once you have an understanding and knowledge of trauma, especially how trauma affects the minds and bodies of young people, you may experience a paradigm shift from asking, "What's wrong with this student?" to one of asking, "What happened to this student?"

Students often come to school wounded, and we have to figure out how to best support them without re-traumatizing. Further, this information is critical for educators, so we can be more skillful in working with students who have been impacted by trauma. And we must process our own healing of trauma, so that we are not so easily triggered ourselves, re-creating a cycle of triggers that results in a poor culture-climate of the school community. Of course, along with understanding trauma, it is imperative to explore resilience strategies, so we can be responsive.

"Trauma" is defined as "a deeply distressing or disturbing experience." A more complete definition is: "Individual trauma results from an event, series of events or circumstances that is experienced by an individual as physically and emotionally harmful or life-threatening and has lasting adverse effects on the individual's functioning mental, physical, social, emotional or spiritual well-being." How did we get to that definition? The term "adverse childhood experiences" (ACE) came out of a landmark medical study from 1995 to 1997 of more than 17,000 White middle-class patients led by Dr. Vincent Felitti of Kaiser Permanente and Dr. Robert Anda from the Centers for Disease Control and Prevention.

The study originated out of an obesity clinic, but ended up revealing that aspects of obesity were directly related to trauma experienced during the first 18 years of life, categorized into three groups: abuse, neglect and family/household challenges. After deeper investigation, the study found that the higher one's ACE score, the more prone you are to indulge in health risk behaviors and developing major long-term health problems.

The CDC has deemed ACE a major public health issue, rightfully so, as we see the impacts of childhood trauma in our classrooms nationally. In addition, childhood

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trauma that goes unresolved in the adults in our educational system also impacts our classrooms.

Let's dig deeper into this fact: The higher your ACE score, the more prone you are to at-risk behaviors and developing major long-term health problems. Why? Because when students under consistent traumatic conditions become adults, often they will have a compromised immune and neurodevelopment system from a constant mindset of survival mode. Not able to discern what is safe, or not, they often develop unhealthy lifestyle habits as coping mechanisms, including overeating, drug addiction, suicide attempts and many others.

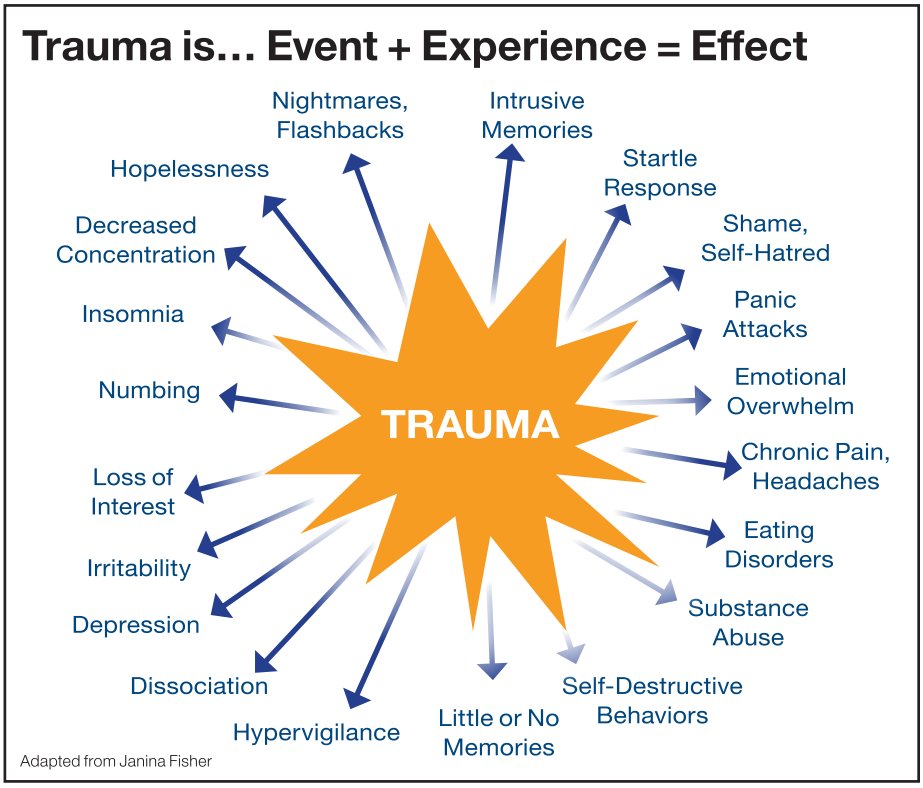
Does the student with a short temper or who just "flies off the handle" from the smallest thing come to mind? We invite you to look at the 10 questions of the ACE survey (page 16), and even take it yourself. Why these 10 traumas? The list is very intentional. There were about 60 types of occurrences, but these 10 stood out as norms of trauma, experienced and often ongoing, that damage emotional health and, thus, physical health.

Consider that most of the students we serve have a very high ACE score, and on average, more than 60 percent of adults in our nation have a score of 3-4. These students and these adults are part of our schools.

It is important to highlight that everyone responds to trauma very differently. For example, during the 9/11 tragedy, PS 234 elementary school was near the World Trade Center, and first grade student Noam Saul witnessed the first passenger airplane hit the building. Within 24 hours, he drew a picture of what he witnessed: the airplane slamming into a building, fire, firefighters, and people jumping from the windows.

At the bottom of his picture he had drawn a trampoline and explained that the next time people have to jump they will be safe. That is how he experienced it, and this was his adaptive response. It showed how his brain actually processed the event and his trauma.

He showed no signs of trauma. His brain understood that there was a safety-net for these people. There were other children who were completely traumatized by seeing the same thing. What is traumatic for some does not have to be traumatic for all.



There are several spectrums of trauma, "compassion fatigue" in education being one of them. For the sake of this article, we will explore only a few. "Acute trauma" is one single event, whereas "chronic trauma" is repeated events of the same type or multiple occurrences of varied trauma.

Either way, trauma has a huge impact on the body. This is how it plays out: The traumatic event releases cortisol (often referred to as a stress-hormone), which impacts the adrenal system and places the child in a state of "amygdala hijack" – constant survival mode – a state of anxiety and readiness to be in a challenging situation that he is struggling to navigate. If the trauma is chronic, then this bio-response happens repeatedly, and over time the body's systems become taxed and inoperative or cease to develop in a young body optimally.

On a neuroscience level, this impacts the prefrontal cortex of the brain. All the student thinks about is navigating the threat, unable to think about other things, much less focus on learning. Here, it is important to note that the threat can be real or impending.

This is a key reason that many students have trouble being able to trust adults, as the adults in their lives may be causing "vicarious trauma" – trauma being experienced from someone in the family, such as a parent who is suffering from illness, mental health conditions or being abusive – all causing wounds for the student who continues to be injured through re-traumatization and is not given time to heal. The adults closest to them are not providing security; thus trusting a "safe adult" is not a reality or comfortable.

For us as instructional leaders and teachers, this means that we must have the social-emotional intelligence to create schools and classrooms that are physically, socially and emotionally safe for students.

What is critical to keep in mind is that when we are talking about statistics, data and children, the ACE study was done on adults. Adults are moving through life with these traumas in a lot of ways that go unhealed. Then we go into systems – our schools – and we bring our traumas with us. At the same time, we are working with kids who are traumatized and other adults who are traumatized. We are in a whole system, working within a sphere of trauma that is reverberating. It's a cyclical condition, primed for triggers and re-traumatization for adults and students alike.

The foundation of being a trauma-informed (TI) leader is transformational

"inside-out" work that heals and develops social-emotional intelligence. How can we teach what we do not embody? There is authenticity required before creating a TI school or TI classroom. If we are not embodying it, then we cannot bring it into our classroom.

What is imperative is that we recognize our own triggers. We have to explore and examine those triggers in order to heal, so that we show up more whole to our work. Often, the way we behave is a result of our triggers and trying to avoid them.

So whatever is triggering, then that's where you want to start to explore. Why is that a trigger for you? Where does it stem from? Where do you feel it in your body? This connects to neuroscience as we look at the amygdala in the brain, which is basically the reactivity center. To put it simply, it governs your sense of emotional balance. If you can have less reactivity, then the better you are at being more balanced and present – a calming presence in your classroom, in your school, in your life.

So, students are coming to school with trauma. What can we do? Research shows the following are common triggers for students, along with some trauma-informed responses:

• Unpredictability. Students who have suffered chronic trauma seek predictability, that is why school can feel like a good place for them. It is often predictable, but our classrooms are not when there is poor classroom management. Quality classroom management – along with school-wide norms and expectations that are followed by all staff – supports a predictable environment.

• Transitions. Classroom transitions are deeply significant, and we know this is connected to "unpredictability." Often we see teachers explain directions while kids are moving. That's when disruptive behavior starts because they are trying to navigate their safety. It is imperative that teachers make students aware of what the day's session will involve. Remind students of what is coming next, and have a smooth transition from one activity to the next, such as warning students "there are two minutes left, and then we will…"

• Sensory overload. This connects tightly with the above two. Overall, students get too much stimulus that is unpredictable. For example, kids are experiencing a variety of behaviors from other students in the classroom, due to a lack of teacher-control. That results in emotional sensory overload (distressing) and the possible feeling of a threat to physical safety.

• Feeling disrespected/called-out. Students seek safety and respect from caring adults. It is critical to not put a student "on the spot" or create a situation where he/she can feel shame or embarrassment. It is best to pull a student aside and be discreet, use a caring tone when correcting, and give time for the student to self-correct, so he or she feels empowered and autonomous, i.e. "more in control."

• Confrontation. Confrontation – verbal or proximal – immediately threatens a student's sense of safety, especially if trusting an adult is already an issue. First, verbally,

confrontation has a harsh-tone, which triggers the amygdala to question or anticipate if a harsher "threat to safety" is coming. A proximal confrontation could mean standing too close to a student when correcting, getting in their face/space, and even moving your hands/arms too much while correcting the student. It is always best to think "de-escalation" in terms of words, tone and body language when working with students who may be impacted by trauma.

The eight Rs

TI leadership gives you a lens to create a trauma-sensitive environment (TSE). There are eight Rs in creating a TSE. The first four Rs are about how adults need to be responsive: realize, recognize, respond and resist re-traumatizing.

As adults, we need to realize that, "Oh, some of my students have been exposed to trauma." Once you realize that, then you recognize it by your more responsive actions, then you will not have the amygdala hijack reaction and be so easily triggered, leading to a negative interaction with a student. You will be able to self-regulate in the moment and respond appropriately. Most importantly, resist re-traumatizing the student by utilizing the shared strategies and de-escalating a situation. Remember that students are not in the same space of awareness and adult maturity.

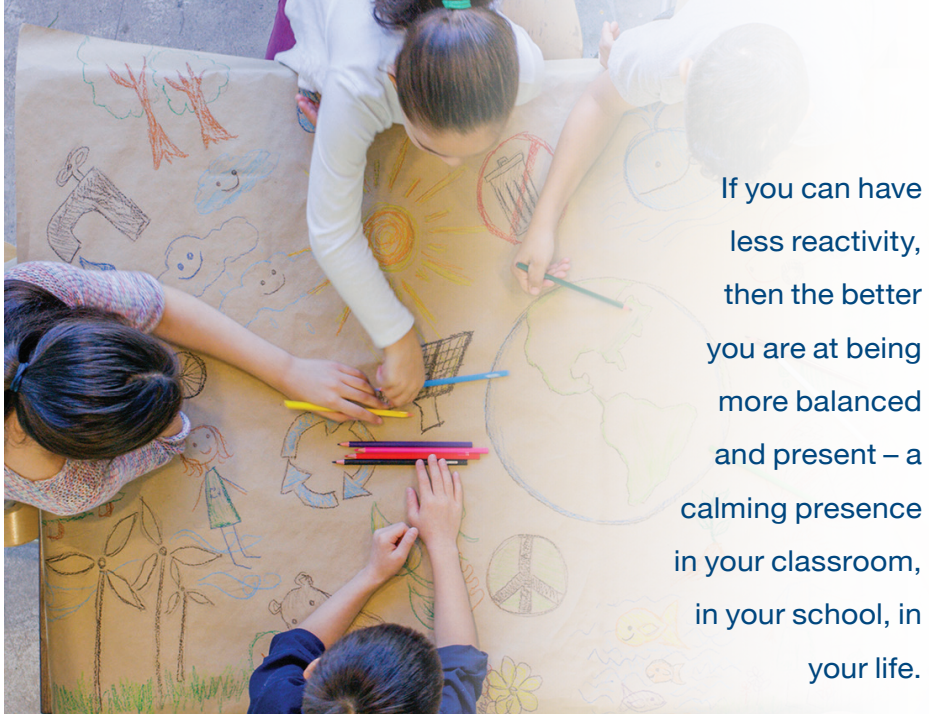
The second set of four Rs are the adult behaviors needed for a TSE:

• Routines – links to predictability and classroom management. Plus, if home is not a safe place, then the student can have a safe adult relationship at school. Adults need to teach routines because often students who have experienced trauma in the home do not have routines – or the routines are not healthy.

• Rituals – some type of ritual that helps students feel special, calm and connected; maybe it's meditation, maybe it is circle time.

• Relationships – A healthy connection to a caring adult is essential to healing and resilience. Plus, a healthy connection models a healthy relationship for a child and helps to rewire the brain for positive connection.

• Regulation – Often, traumatized students do not have the tools to self-regulate. Adults need to model that: "You know what I do when I'm upset? I start to breathe and just let myself calm down or I go to a quiet place for a few minutes."



If you can have less reactivity, then the better you are at being more balanced and present – a calming presence in your classroom, in your school, in your life.

Lastly, the research shows that there are five key elements to creating and sustaining trauma-informed leadership and a trauma-sensitive environment:

1) Adults must adaptively change behaviors, assumptions and beliefs.

2) Adults must focus on student engagement with positive school-wide plans linked with positive classroom management.

3) All school staff need to be involved in the professional development and reflection process around TSE.

4) High quality, relevant instruction to engage students is essential to learning.

5) School leaders must create an environment where it is safe for adults to share and reflect on beliefs and practices.

All school staff need to be involved with professional development and reflection processes around social-emotional learning (SEL), around creating TSE. School leaders have to create environments where it's safe for adults to share, be vulnerable, speak their truth, heal and have difficult conversations. We must create our work environment to be a safe place to reflect on the beliefs and the practices we engage in for those we serve.

We are creating our school culture. We have to get out of our comfort zone in that area. We so often make students who can't relate to us adapt to us and our ways, when we can't relate and connect to them and their ways.

While research has provided those five key elements, we are advocating for a sixth: We have to partake in the healing work that results in greater adult capacity building of social-emotional intelligence. Again, it starts from within, from the inside-out.

Also, we are asserting that teacher and administrator preparation programs need to engage in SEL, and that this work be part of professional development, because we have to engage in our own unhealed traumas and social-emotional learning as adults. Again, we cannot teach what we do not embody.

Trauma-informed leadership is not about changing the students, it's about changing adult behaviors. It's not a curriculum, it's a mindset and a way-of-being. There's a lot of self-work that has to go into that before we implement with efficacy.

Resources

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• Australian Childhood Foundation: Protecting Children. (2010). "Making Space for Learning: Trauma Informed Practice in Schools." Retrieved from www.theactgroup.com.au/documents/makingspaceforlearning-traumainschools.pdf.

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Adverse Childhood Experience (ACE) Questionnaire:
Finding your ACE Score

While you were growing up, during your first 18 years of life:

1. Did a parent or other adult in the household often …
Swear at you, insult you, put you down, or humiliate you?
or
Act in a way that made you afraid that you might be physically hurt?
Yes/No **If yes enter 1** _____

2. Did a parent or other adult in the household often …
Push, grab, slap, or throw something at you?
or
Ever hit you so hard that you had marks or were injured?
Yes/No **If yes enter 1** _____

3. Did an adult or person at least five years older than you ever…
Touch or fondle you or have you touch their body in a sexual way?
or
Try to or actually have oral, anal or vaginal sex with you?
Yes/No **If yes enter 1** _____

4. Did you often feel that …
No one in your family loved you or thought you were important or special?
or
Your family didn't look out for each other, feel close to each other, or support each other?
Yes/No **If yes enter 1** _____

5. Did you often feel that …
You didn't have enough to eat, had to wear dirty clothes and had no one to protect you?
or
Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?
Yes/No **If yes enter 1** _____

6. Were your parents ever separated or divorced?
Yes/No **If yes enter 1** _____

7. Was your mother or stepmother:
Often pushed, grabbed, slapped or had something thrown at her?
or
Sometimes or often kicked, bitten, hit with a fist or hit with something hard?
or
Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?
Yes/No **If yes enter 1** _____

8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?
Yes/No **If yes enter 1** _____

9. Was a household member depressed or mentally ill or did a household member attempt suicide?
Yes/No **If yes enter 1** _____

10. Did a household member go to prison?
Yes/No **If yes enter 1** _____

Now add up your "Yes" answers: _____ This is your ACE Score

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fects health across a lifetime." Video Podcast retrieved from https://www.ted.com/talks/nadine_burke_harris_how_childhood_trauma_affects_health_across_a_lifetime?language=en.

• Center for Disease Control and Prevention website. "Adverse Childhood Experiences," www.cdc.gov/violenceprevention/acestudy.

• Dong, M., Anda, R.F., Felitti, V.J., Williamson, D.F., Dube, S.R., Brown, D.W. and Giles, W.H. (2005). "Childhood residential mobility and multiple health risks during adolescence and adulthood: the hidden role of adverse childhood experiences." Archives of pediatrics and adolescent medicine, 159(12), 1104-1110.

• Downey, L. (2012). "Calmer classrooms: A guide to working with traumatised children." Child Safety Commission, Victoria, Australia.

• Felitti, V. (speaker). (2015, October). Bigthink. "How childhood trauma can make you a sick adult." Video retrieved from http://bigthink.com/experts/vincent-felitti.

• Cole, S. et al. (2013). "Helping Traumatized Children Learn, Vol. 2." Massachusetts Advocates for Children and Harvard Law School.

• Trauma and Learning Policy Initiative, Harvard Law School, Education Law Clinic (2016, September). Advocacy strategies, including providing support to schools to become trauma-sensitive environments.

• Van der Kolk, B. (2014). "The body keeps the score." New York: Viking.

• Wolpow, R., Johnson, M.M. and Hertel, R. (2009). "The heart of learning and teaching." Washington State Office of Superintendent of Public Instruction.

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