Trauma-Sensitive Schools

A trauma-sensitive school is one in which all students feel safe, welcomed, and supported and where addressing trauma’s impact on learning on a school-wide basis is at the center of its educational mission.

(Trauma and Learning Policy Initiative, 2016)
www.traumasensitive schools.org

Framework includes:

- Leadership
- Professional Development
- Access to resources and services
- Academic and nonacademic strategies
- Policies, procedures, and protocols
- Collaboration with families

5 Core ideas

1. Many students have traumatic experiences
2. Trauma can impact learning, behavior and relationships
3. Trauma-sensitive schools help children feel safe so they can learn
4. Trauma sensitivity requires a whole-school effort
5. Helping traumatized children learn should be a major focus of education reform

SYMPTOMS OF TRAUMA: AGES 6-12
Every child has difficulty concentrating or gets angry sometimes. The following symptoms may indicate the child has experienced a traumatic event if they are excessive or interfere with the child’s functioning.

- Unusually high level of anger/excessive temper
- Aggression towards family and others
- Verbal abuse towards others
- Overly bossy or controlling
- School problems
• Difficulty concentrating
• Suicidal thoughts or actions
• Stomachaches, headaches and other physical complaints
• Withdrawal from friends and family
• Fear of being separated from caregiver
• Acting out in social situations
• Imitating the traumatic event
• Fear of adults who remind them of the trauma
• Eating problems such as loss of appetite, low weight or digestion issues
• Nightmares
• Sleeplessness
• Irritability
• Inability to trust others or make friends
• Lack of self confidence
• Loneliness
• Confusion
• Drug or alcohol use
• Clinginess
• Sexual knowledge beyond the child’s age
• Overreaction to situations
• Re-creation of the traumatic event during play
• Hoarding of food

SYMPTOMS OF TRAUMA: AGES 13-18
Every adolescent has problems at school or gets angry sometimes. The following symptoms may indicate the child has experienced a traumatic event if they are excessive or interfere with the child's functioning.

• Unusually high level of anger
• Aggression towards family and others
• Verbal abuse towards others
• Overly controlling
• School problems
• Difficulty concentrating
• Suicidal thoughts or actions
- Drug or alcohol use
- Associating with negative peers or adults
- Risky behaviors, including sexual behaviors
- Unhealthy romantic relationships
- Self harm
- Panic attacks
- Shame
- Flashbacks
- Hostility
- Hoarding of food
- Overly self-reliant
- Running away
- Starting fights
- Trouble relating to peers
- Defiant
- Mistrustful
- Inability to see a future (expects to die young)
- Alienated
- Stomachaches, headaches and other physical complaints
- Withdrawal from friends and family
- Acting out in social situations
- Avoidance of situations that remind the child of the trauma
- Eating problems
- Nightmares
- Sleeplessness
- Irritability
- Inability to trust others or make friends
- Poor self esteem
- Loneliness
- Confusion
Core Components of Response and Interventions

- Facilitative and empathy skills (to engage students)
- Risk screening (to identify high-risk students)
- Identify trauma reactions and types of intervention (to match students to appropriate interventions)
- Systematic assessment, case conceptualization, and referral for outside treatment as needed (school counselor assessment for identified students)
- Engagement/addressing barriers to services
- Psychoeducation about trauma and trauma reaction (to strengthen coping skills)
- Teaching emotional regulation skills (to strengthen coping skills)
- Maintaining adaptive routines (to promote positive adjustment)
- Parenting skills and behavior management (to improve parent-child relationships and to improve child behavior)
- Specific individual and group counseling techniques/interventions (school counselor intervention to reduce trauma-based stress reactions for identified students)
- Teaching safety skills (to promote safety)
- Advocacy on behalf of the student (to improve student support and functioning)
- Teaching self-management skills (to maintain helpful skills over time)
- Monitor student progress and adjust intervention accordingly