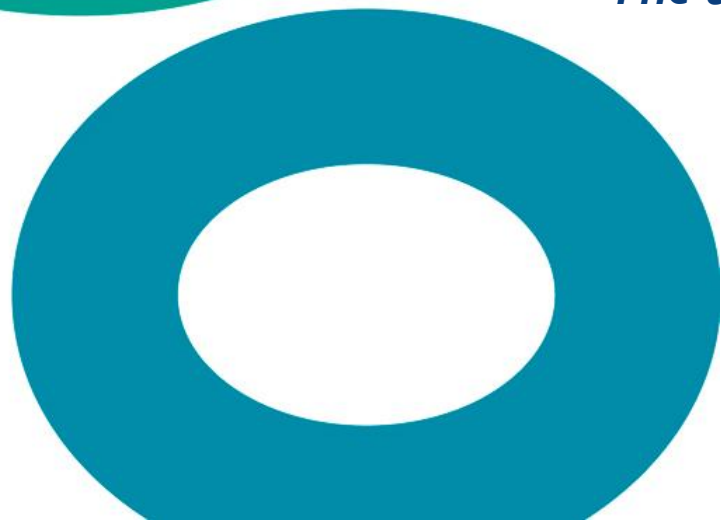




# WELCOME!

## Understanding and Using Trauma-Informed Teaching Practices

*The Journey Toward Becoming Trauma Informed*



### July 28, 2017

9:00 am - 12:00pm

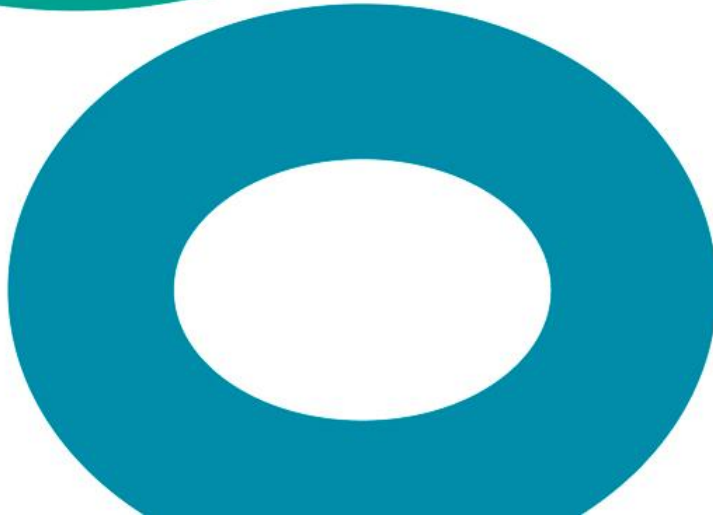


# HOUSEKEEPING

- Wi-Fi
- Restrooms



@IngenuityChgo

A large teal speech bubble graphic on the left side of the slide, containing the text '@IngenuityChgo'.



# Reginald Harris

## MSW, LSW, CTP

Lead Social Worker/Coordinator, BrightLife Transitional  
Living Program - Lighthouse Youth Services

Mental Health Therapist, Central Clinic Child and Family  
Treatment Center

[Reginald.j.harris@gmail.com](mailto:Reginald.j.harris@gmail.com)

512.517.6381



# Welcome & Introductions

Nicole Upton

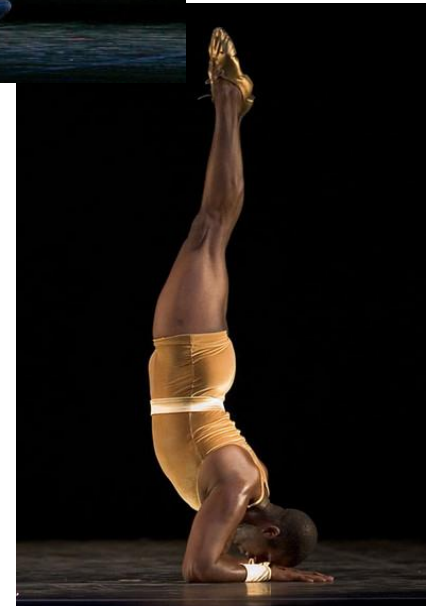
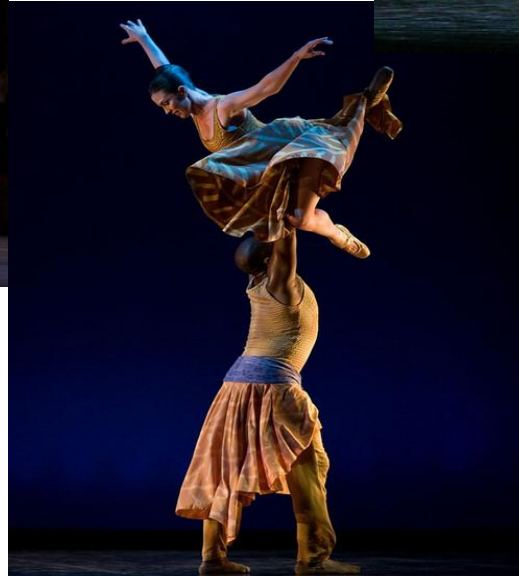
Director of Partnerships & Professional Learning  
Ingenuity



# In the Beginning...



Joffrey Ballet of Chicago  
Ballet Austin  
River North Chicago Dance  
Company  
Dances Patrelle



# Origin Story...













The body's adaptive instincts  
are often maladaptive for  
individuals living in  
contemporary society.



## Trauma defined:

Trauma is any experience that leaves a person feeling helpless, hopeless, or fearing for their life survival or safety. The experience can be REAL or PERCEIVED.

Trauma can be a one time exposure or chronic state of life.



# Types of Trauma

**Type 1 - Single exposure**

**Type 2 - One type of exposure that is repeated OR exposure to two different events**

**Type 3 - Cumulative Complex  
Trauma/Developmental Trauma Disorder**



# Developmental Trauma Disorder

(Bessel van der Kolk, Robert Pynoos, 2009)

2010 Proposed diagnostic category for DSM-5

Not accepted but remains under consideration

“Whether or not they exhibit symptoms of PTSD, children who have developed in the context of danger, maltreatment, and inadequate caregiving systems, are ill served by the current diagnostic system, as it frequently leads to: no diagnosis, multiple diagnoses, medication...”



# What does this mean?

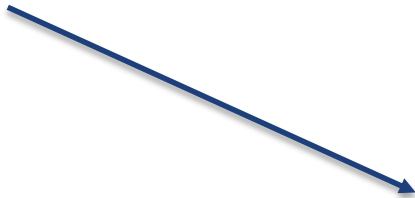
- poverty
- food insecurity
- hunger
- homelessness
- substance misuse
- substance abuse
- drug addiction
- domestic violence
- untreated mental health concerns in caregivers
- sexual abuse
- chronic illness
- neglect
- physical abuse
- community violence





# Trauma

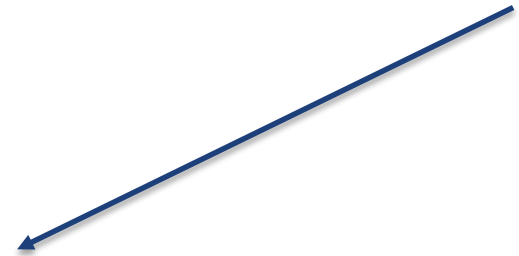
Adrenaline



Cortisol



ATTACK!







# Responses to Stress



Brief increases in heart rate,  
mild elevations in stress hormone levels.



Serious, temporary stress responses,  
buffered by supportive relationships.



Prolonged activation of stress  
response systems in the absence  
of protective relationships.



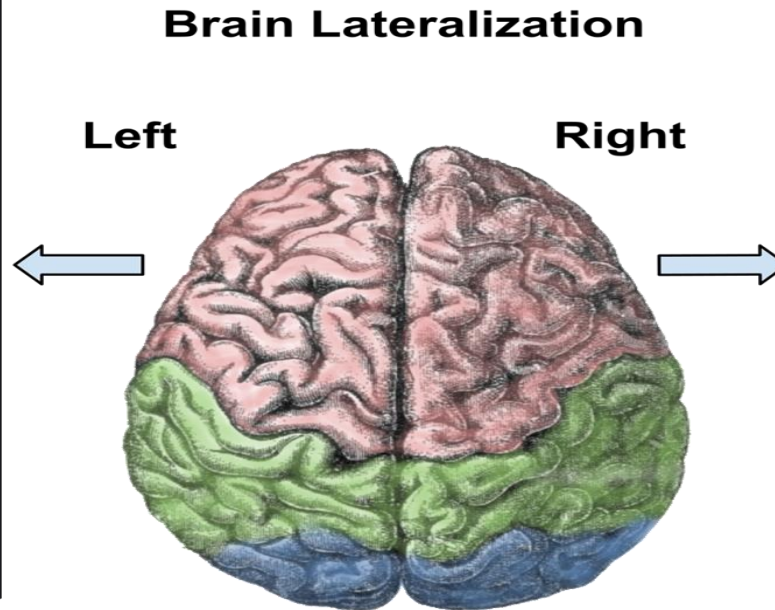
Center on the Developing Child  
HARVARD UNIVERSITY



# Trauma Response

## Thinking Brain

- Analytical thought
- Detail Oriented Perception
- Ordered Sequencing
- Rational Thought
- Verbal
- Cautious
- Planning
- Math/Science
- Logic
- Right Field Vision
- Right Side Motor Skills



## Sensing Brain

- Intuitive Thought,
- Holistic perception
- Random Sequencing
- Emotional Thought
- Non-verbal
- Adventurous
- Impulse
- Creative Writing/Art
- Imagination
- Left Field Vision
- Left Side Motor Skills



# Trauma Response

## How Trauma Impacts Left Brain

- Trauma has no language, no words to describe.
- Unable to reason
- Can't think things through
- Can't make sense of what happened
- Learning, processing, focusing is impaired

## How Trauma Impacts Right Brain

- Trauma memory is stored here
- No words to describe, only sensory memories - sights, sounds, touch, smell, taste
- Iconic symbolization (Images)
- Affect
- Emotional dysregulation
- Easily activated



# Trauma and Brain Development

Stress response system consistent activation creates ingrained pathways in the brain

Prefrontal cortex development affected and executive functioning impaired

- self control, impulse control, memory, reasoning, organization
- **Working Memory**
- **Inhibitory Control**
- **Cognitive or Mental Flexibility**

(Center on the Developing Child Harvard University, 2011; National Public Radio 2012; Shonkoff 2012)



# Trauma, Brain Development, Executive Functioning

**Working Memory:** capacity to hold and manipulate information in our heads over short periods of time; helps with social interactions, such as planning and acting out a scene, taking turns in group activities, or easily re-joining an activity after an interruption

**Inhibitory Control:** filters thoughts and impulses so we can resist temptations, distractions, and habits and to pause and think before we act; makes possible selective, focused, and sustained attention, prioritization, and action.

**Cognitive or Mental Flexibility:** capacity to nimbly switch gears and adjust to changed demands, priorities, or perspectives.

(Center on the Developing Child Harvard University, 2011)



# Trauma is a Sensory/Body Experience

“Trauma resides not in the event itself, but rather in a person’s nervous system.”

Dr. Peter Levine





# The Amygdala: Let's Talk About It!

Smoke detector!

Shuts down parts of the brain  
not needed to react for safety.

You're probably not going to  
gain a deeper understanding of  
Ulysses whilst running for your  
life.







# Adverse Childhood Experience (ACEs) Study

Dr. Vincent Felitti, Kaiser Permanente, and CDC, 1998

## THE STUDY:

17,000 mostly white, college-educated, employed adults were screened for 10 prominent childhood traumatic experiences as part of their routine health care at Kaiser. Each type of trauma was awarded one point.

## THE RESULTS:

70% of participants experienced at least one type of trauma.

ACE scores of 4 or more resulted in four times the risk of emphysema or chronic bronchitis; over four times the likelihood of depression; and 12 times the risk of suicide.

ACE scores were directly related with early initiation of smoking and sexual activity, adolescent pregnancy, and risk for intimate partner violence.

(Trauma and Resilience: An Adolescent Provider Toolkit; Adolescent Health Working Group 2013)



# ACE Survey

1. 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 5 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 \_\_\_\_\_



## ACE Survey

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 \_\_\_\_\_



## ACE Survey

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 \_\_\_\_\_



# ACE Study Findings

Over 20% experienced 3 or more categories of trauma which we call Adverse Childhood Experiences (ACEs).

- 11% experienced emotional abuse.
- 28% experienced physical abuse.
- 21% experienced sexual abuse.
- 15% experienced emotional neglect.
- 10% experienced physical neglect.
- 13% witnessed their mothers being treated violently.
- 27% grew up with someone in the household using alcohol and/or drugs.
- 19% grew up with a mentally-ill person in the household.
- 23% lost a parent due to separation or divorce.
- 5% grew up with a household member in jail or prison.



# ACE Study Findings

The presence of 3 or more ACES increases the likelihood of the following:

- 2x more likely to smoke
- 7x more likely to become an alcoholic
- 6x more likely to have sex before age 15
- 2x more likely to have cancer/heart disease
- 4x more likely to have emphysema/bronchitis/depression
- 12x more likely to attempt suicide



Let's talk about it!

Epigenetics is the study of changes in organisms caused by modification of gene expression rather than alteration of the genetic code itself.

**Epigenetics Controls Genes:** Certain circumstances in life can cause genes to be silenced or expressed over time. In other words, they can be turned off (becoming dormant) or turned on (becoming active).





“Compassion is not a relationship between the healer and the wounded. It is a relationship between equals. Only when we know our own darkness well can we be present with the darkness of others. Compassion becomes real when we recognize our shared humanity.”

Pema Chodron



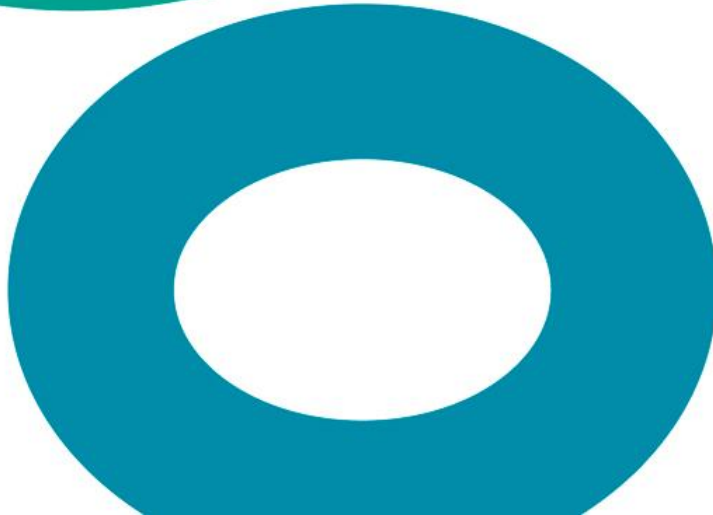
# There is Hope!

Becoming trauma informed

Brain adaptability/building neuronal pathways

Sensory based interventions - ART MATTERS!

Best practice



**THANK  
YOU!**



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**BREAK**

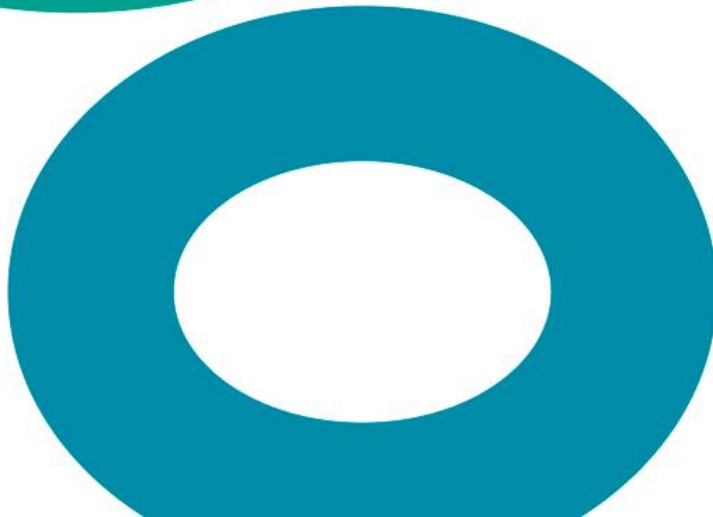


# **WELCOME!**

## **Practical Tactics and Strategies for Managing Student Behavior**

### **July 28, 2017**

**1:00 pm - 4:00pm**



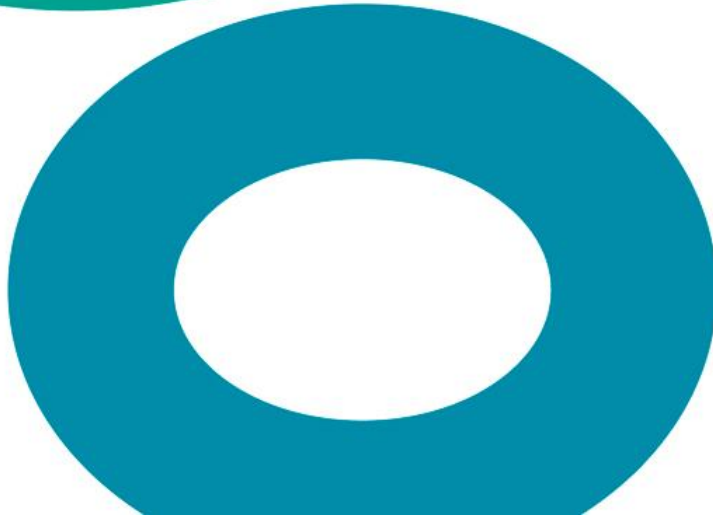


# HOUSEKEEPING

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- Restrooms



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# Welcome & Introductions

Nicole Upton  
Director of Partnerships & Professional Learning  
Ingenuity





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Treatment Center

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## Session Description

Setting appropriate boundaries, managing effectively, and handling incidents should be non-authoritarian and non-punitive. The idea of a “safe space” has many implications for the management of student behavior. How can arts education programs and teaching artists help students support each other? How can a teaching artist better align with school expectations of classroom management and discipline, where appropriate? How can teaching artists become aware of the challenges of implicit racial, cultural, and gender biases that may exist among themselves and colleagues, as well as their effects on the classroom environment?



## Let's unpack!

Setting appropriate boundaries, managing effectively, and handling incidents should be non-authoritarian and non-punitive. **YES! Trauma informed care 101**

The idea of a “safe space” has many implications for the management of student behavior. **I agree!**

How can arts education programs and teaching artists help students support each other? How can a teaching artist better align with school expectations of classroom management and discipline, where appropriate? **Viewing behavior through a trauma informed lens is a great start!**

How can teaching artists become aware of the challenges of implicit racial, cultural, and gender biases that may exist among themselves and colleagues, as well as their effects on the classroom environment? **Through exploring the way trauma related behaviors are often viewed as pathologies of race, especially in AA boys and men.**



What do you think is the most important mental health diagnosis amongst the students you work with?

Attention Deficit Hyperactivity Disorder (ADHD)



# ADHA - Attention Deficit Hyperactivity Disorder

Inattention	Hyperactivity/Impulsivity
Inattention to details/mistakes	Fidgeting, squirming
Difficulty sustaining attention	Frequent wandering
Does not listen to when spoken to	Running or climbing excessively in inappropriate situations
Does not follow through/finish work	Difficulty playing or engaging in leisure activities quietly
Difficulty organizing tasks or activities	Frequently <i>on the go</i> , appears to be driven by a motor
Frequently loses items necessary for tasks or activities	Excessive talking
Easily distracted	Blurts out answers before question is completed
Forgetfulness in daily activities	Interrupts/Intrudes



# ADHA Diagnosis

1. 6 symptoms in either inattention or hyperactivity/impulsivity group for at least 6 months to a degree that is *maladaptive* and/or inconsistent with development
2. Have the presence of some of these symptoms before the age of 7
3. Significant impairment from the symptoms in at least two settings (usually home and school)



# Posttraumatic Stress Disorder

Re-experiencing	Avoidance	Arousal
Flashbacks	Dissociation	Cognitive Dysfunction
Intrusive Thoughts	Detachment/Numbing	Hypervigilance
Images	Not wanting to talk about it	Attachment Reaction
Traumatic Dreams	Diminished Interest	Startle Responses
Difficulty Sleeping	OCD-like behavior	Sleep Difficulty
Physiological Reactions - Headaches, etc.	Phobic-like behavior	Irritability
	Self-harm	Aggression
	Substance Abuse	Assaultive-like behavior



# Posttraumatic Stress Disorder Diagnosis

1. An experience of one or more in the re-experiencing category; three or more symptoms in the avoidance category, and two or more symptoms in the arousal category
2. Symptoms must be present for a month or longer
3. Symptoms must be present for at least four weeks after traumatic event.

Presence of symptoms in the first 4 weeks after the event is considered normal





Symptom Overlap (Weinstein et al, 2000)	ADHD	PTSD
Hypervigilance	X	X
Inattention	X	X
Detachment	X	X
Irritability	X	X
Anger Outbursts	X	X
Distracted	X	X
Restless	X	X
Impatient	X	X
Impulsive	X	X
Limited sense of future	X	X
Difficulty Concentrating	X	X



# Is it Trauma or ADHD

- Abused children have activity levels that are similar to children with ADHD (Load & Teicher, 1994)
- Stress/Trauma might worsen a pre-existing disorder (ADHD) or move a child from a subclinical syndrome to a disorder



# Development Trauma Disorder

(Bessel van der Kolk, Robert Pynoos, 2009)

2010 Proposed diagnostic category for DSM-5

Not accepted but remains under consideration

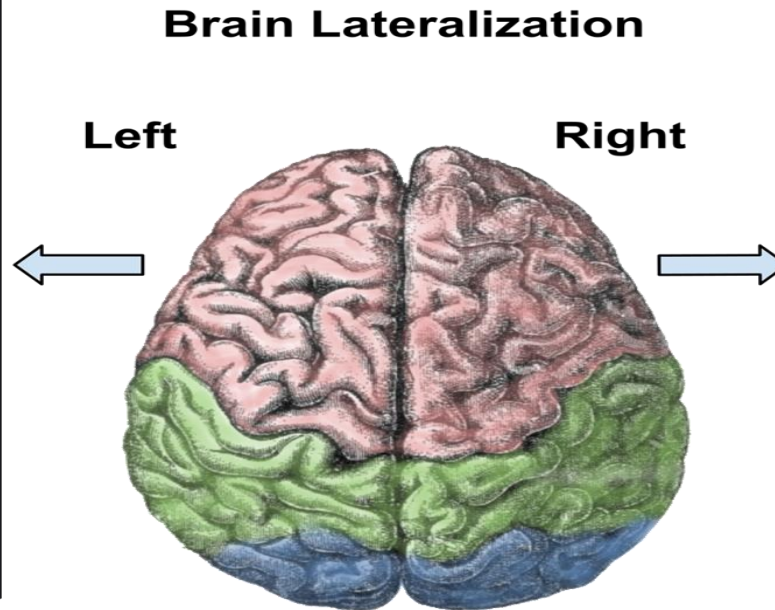
“Whether or not they exhibit symptoms of PTSD, children who have developed in the context of danger, maltreatment, and inadequate caregiving systems, are ill served by the current diagnostic system, as it frequently leads to: no diagnosis, multiple diagnoses, medication...”



# Trauma Response

## Thinking Brain

- Analytical thought
- Detail Oriented Perception
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- Rational Thought
- Verbal
- Cautious
- Planning
- Math/Science
- Logic
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## Sensing Brain

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- Holistic perception
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# Trauma Response

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- Affect
- Emotional dysregulation
- Easily activated



# Trauma Response

Traumatize children's behavior can be....

- Can be perplexing
- Prompted by internal states not fully understood by the children themselves
- Can be ambivalent, unpredictable, and demanding



# Trauma Response

## Traumatized children...

Typically are doing things to make people reject them - to prove to themselves that their low self-esteem is accurate.



## Private Logic/Schemas

**Private logic** is the beliefs and convictions an individual uses to evaluate themselves and others, and to assess what is required of them. These particular thoughts and beliefs are not usually grounded in awareness.

**Schemas** are the collections of an individual's private logic that forms patterns of thoughts and behaviors. These schemas help classify information input, and influences the way an individual perceives a situation, themselves, their actions, and the actions of others.





# Private Logic/Schemas

Private logic and schemas determine our behavior. They provide a framework and context for understanding and responding to events that occur in our lives. They determine how we view ourselves , friends, family, peers, and the world around us.



Trauma is an experience.



Understand and BELIEVE the link  
between private logic/schemas  
and behavior



# Trauma Informed Framework

“Compassion is not a relationship between the healer and the wounded. It is a relationship between equals. Only when we know our own darkness well can we be present with the darkness of others. Compassion becomes real when we recognize our shared humanity.”

Pema Chodron



# Trauma Informed Framework

Prevention!

Prevention!

Prevention!



*Keeping both you and the students you work with in a relaxed, focused state.*

*You are working to address the sensory experience, helping the students feel*

***SAFE AND SUPPORTED.*** *You are working to*

*help your student return to* ***THEIR BASELINE.***



Attuned

Working to become aware of your students' **NON VERBAL**

**SIGNALS**: *body language, tone of voice, emotional state. These signals tell you how much and what types of activity and learning the student can currently handle.*

*Remember, students affected by trauma often experience both life and their trauma in the right brain, the sensory part of the brain, rather than in the "thinking/learning" left brain. Consequently, it is helpful to lean to connect with the students who have experienced trauma on an emotional, sensory level before moving to a cognitive level.*



Present

*Pervasive **MISTRUST** of others is a key characteristic of children who have experienced trauma. Despite their*

*wariness, these children need to and, with support, can form **SECURE***

**RELATIONSHIPS** *with loving adults. Forming supportive*

*and caring relationships is key to working with children who have experienced trauma!*





Predictable

*Provide your students with* **ROUTINE,**

**STRUCTURED,** *and* **REPEATED**

**POSITIVE** *experiences that they need to thrive. Children who*

*have experienced trauma view the world as scary and unreliable. Being predictable in your actions and routines will help children feel safe.*

*Begin and end on a positive note!*



# Don't allow your student's emotions escalate your own emotions!

*As hard as it may sometimes be, remaining in control of your emotions and of your expression of them is critical to working with children of trauma. When children lose control and become angry, frustrated, overly excited, or scared, our own emotions can spiral out of control as well. When this happens, we can escalate the situation and trigger further trauma responses in children.*



# Break the Cycle!

*When we don't respond to traumatize children in a trauma informed manner we reinforce the traumatic experience and cause our students to feel broken, othered, and not important.*



# Break the Cycle!

## Recognize classroom triggers

- Conflict
- Being provoked
- Pressure
- Frustration
- Yelling/noise
- Power struggle

## Prevention

- Remove from trigger
- Redirect
- Anticipate and intervene before behavior escalates
- Notice signs of distress
- Connect with students
- Pre-arranged signal between staff and student
- Rehearse de-escalation techniques/plans/signals



# Trauma Informed Framework

## *Pop Quiz!*

*Which of these two questions is a trauma informed question?*

*A. What's wrong with you?*

*B. What happened to you?*



# Trauma Informed Framework

*Pop Quiz!*

*B. What happened to you?*

Why is this question trauma informed?



# Trauma Informed Framework Checklist

- ✓ *Don't have a behaviorist mindset*
- ✓ *Don't take behavior personally*
- ✓ *Do look for strengths*
- ✓ *Do look for opportunities and solutions*
- ✓ *Understand that kids who act out don't feel safe*
- ✓ *Understand that behavior is communication*
- ✓ *Listen to the behavior and be curious about it*



**Take A Break!**





# Case Studies

Calm

Attuned

Present

Predictable

Don't allow students to escalate  
your emotions

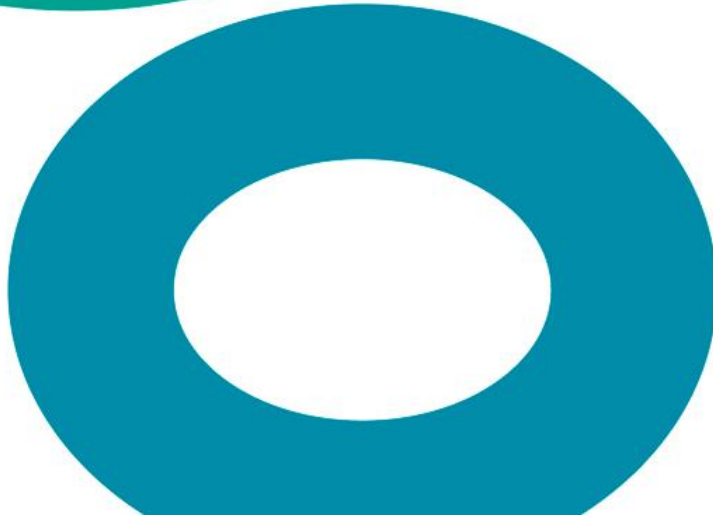
**Trauma informed  
inquiry/Engagement:**

What happened to you?

I can see you feel  
terrible/angry/sad.

Can I place my hand on your  
shoulder/hug you?

Let's take a walk.



**THANK  
YOU!**



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