

Trauma-informed schools: Some lessons from the field

Christopher Blodgett, Ph.D.



Where is practice currently?

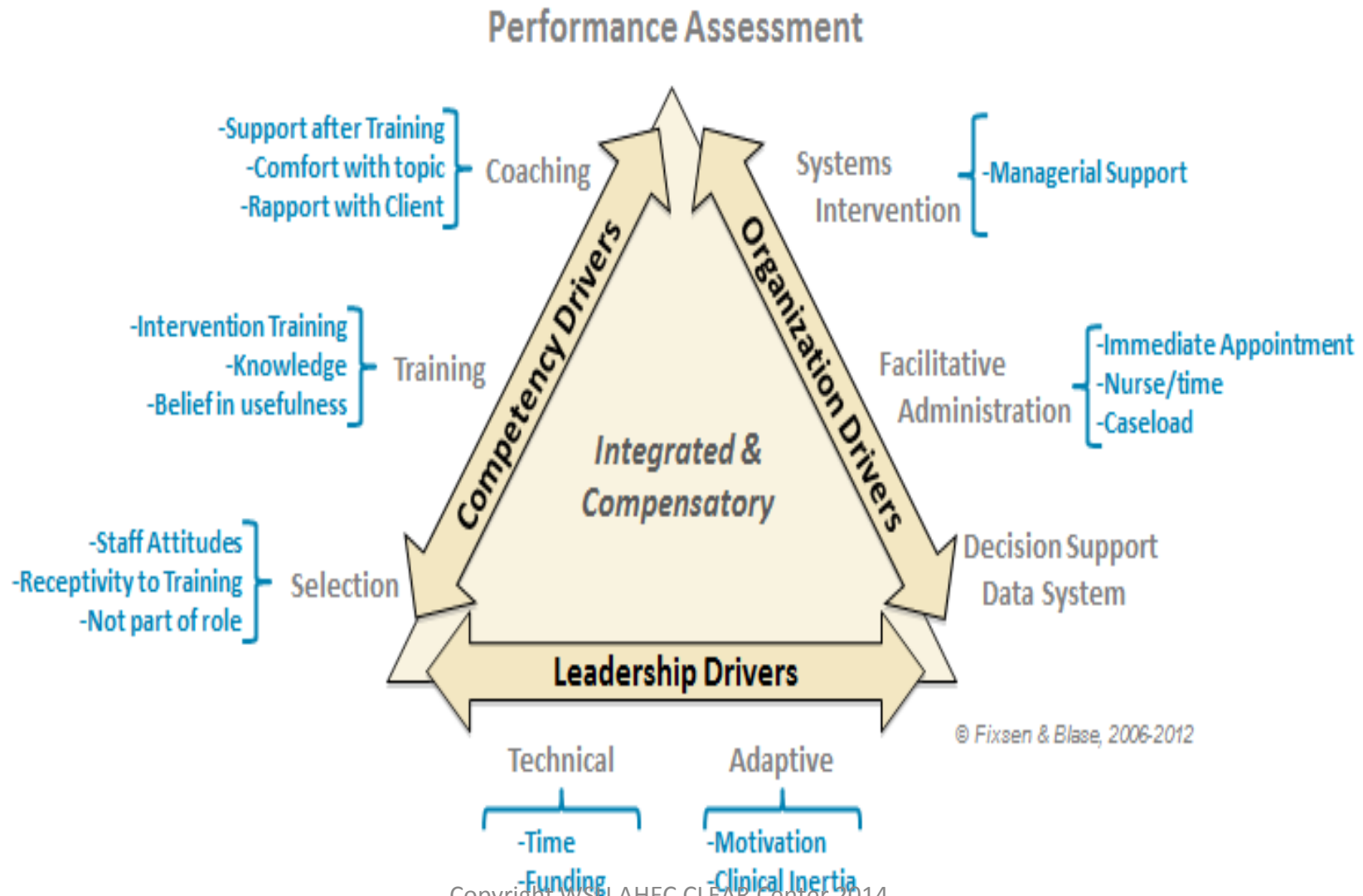
Trauma-informed schools

- ▶ Local and self-organized
 - Self-guided strategies
 - Massachusetts Advocates for Children
 - Neurosequential Model in Education
- ▶ Mental health in schools
 - CBITS
 - Trauma-informed EBPs
- ▶ Formal and systems-focused interventions
 - Sanctuary
 - CLEAR
 - Turnaround for Children

Complementary efforts

- ▶ Social emotional learning
 - RULER
 - PBIS
 - CASEL as a key resource
- ▶ Restorative practices

National Implementation Research Network Model



Resilience- Ordinary miracles

➤ Belief

- Hope
- Self-efficacy
- Sense of purpose (grit and growth mindset)

➤ Skills

- Emotional regulation/tolerance for change
- Relational skills
- Executive function

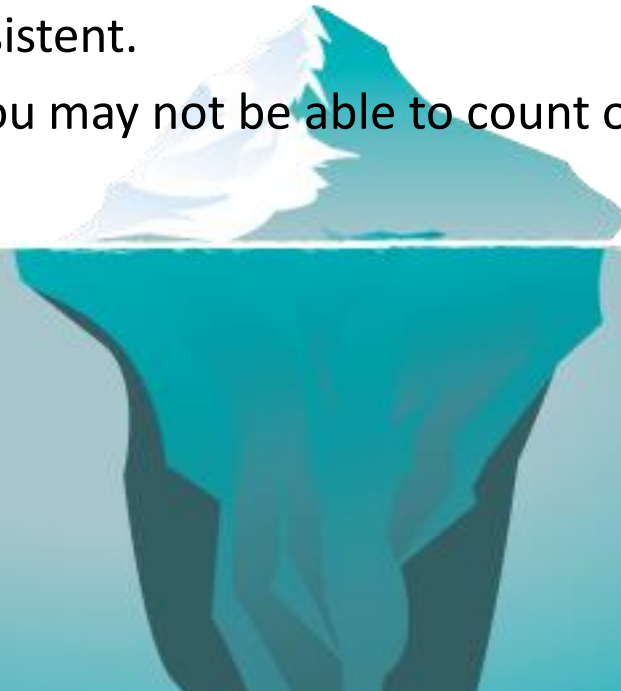
➤ Environment

- Social support
- Forgiving, repairable settings
- Access to the social and material resources for adaptation



Moving from the 'what' to 'how' as the framework for action

- Complex Trauma- A mental health concept we can adapt to guide how we respond across systems
- Toxic stress and biology
- The 'complex' in complex trauma risk:
 - Early exposure at times of critical development
 - Multiple risks
 - Unpredictable and persistent.
 - Who you love is who you may not be able to count on.



Understanding Systems of Meaning

The Assumption of Danger

- ▶ Common *triggers* for children who have experienced developmental trauma
 - ▶ Perception of a lack of power
 - ▶ Unexpected change/transitions
 - ▶ Feeling shame
 - ▶ Feeling vulnerable or frightened
 - ▶ Feeling threatened or attacked
 - ▶ Intimacy and Positive attention



Need Fulfillment Strategies

- ▶ In the absence of sensitive and consistent responses from a caregiver a child will develop their own strategies
- ▶ Common need fulfillment strategies
 - ▶ **Emotional/Relational needs**
 - Emotionally Demanding behavior (whiny, interrupting, dramatic)
 - Seeking negative attention
 - Poor interpersonal boundaries
 - Attempt to control the environment “lying or manipulative”
 - ▶ **Mastery**
 - ▶ **Physical Needs**
 - Physical nurturance-seeking behavior (Sexualized behaviors, poor physical boundaries)
 - Hoarding or stealing food, clothing, objects



- Tier 1
 - Strong social emotional learning practice
 - Professional skills development in individualization of instruction and classroom management
- Tier 2
 - Planning with assessment of developmental trauma as part of the decision tree
 - Brief psychosocial education and support services
- Tier 3
 - Formal mental health treatment services
 - Ideal of integrated MH services over co-located services
- Key student self-management goals across tiers

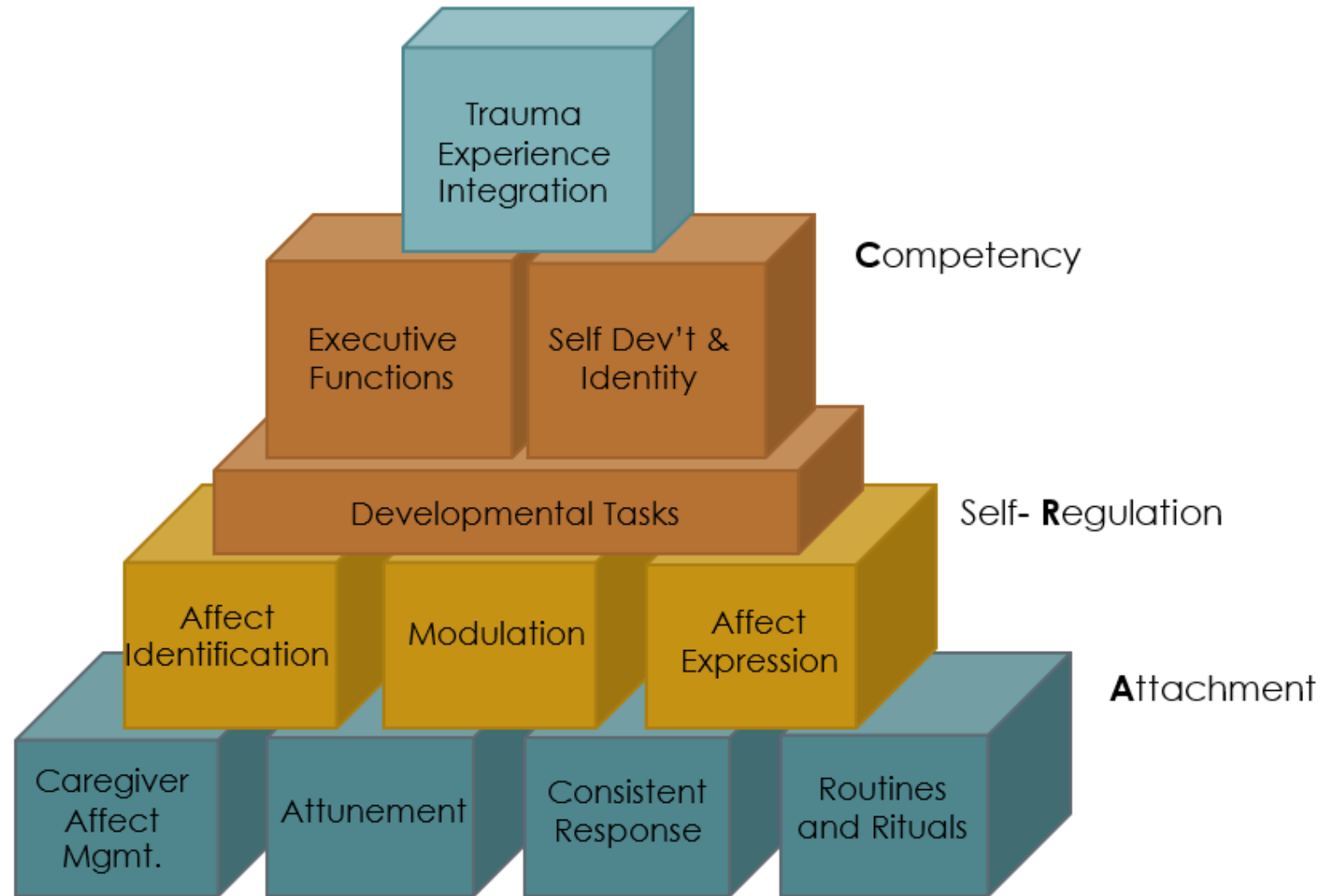
**Multi-tiered systems of support and
trauma-informed care**

CLEAR CA Professional development and coached practice as the scaffold

- 
- CLEAR's PD approach
 - Persistent, brief, and cumulative
 - Creating a shared approach and shared language (ARC and other trauma principles)
 - Creating space to reflect
 - Case-based skills building
 - Coaching to support individual and building practice
 - Pivoting from training to demonstration and practice
 - Critical role of leadership creating room to reflect, practice
 - Early adopters and spread of effect
 - Staff ownership and the Professional Learning Community

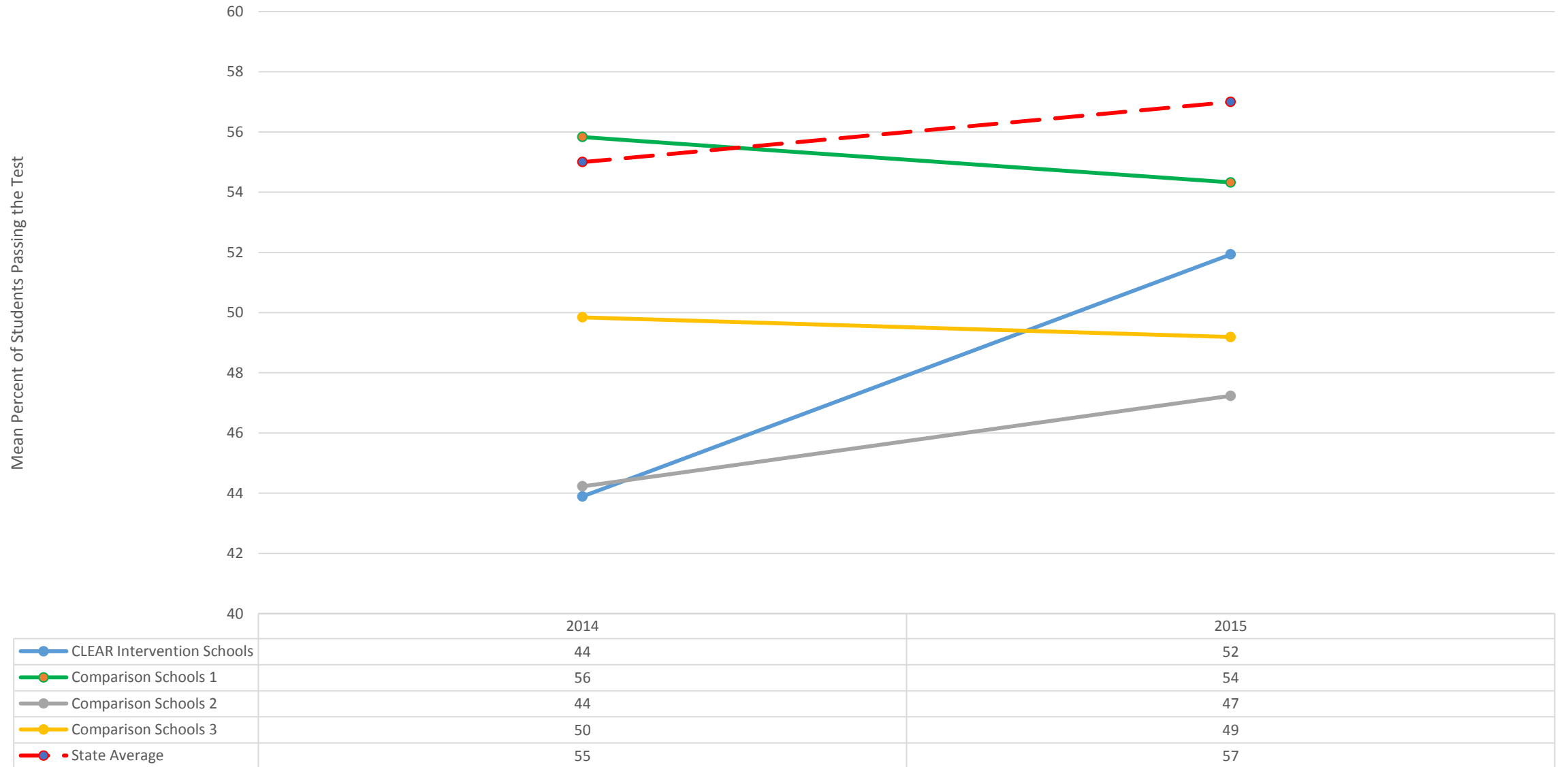


The ARC Model



Blaustein & Kinniburgh, 2010; Kinniburgh & Blaustein, 2005

CLEAR School English Language Arts Standardized Test Results Compared to Three Matched Groups





Opportunities and risks in trauma-informed practice

- An enhanced lens on needs and interests of children and adults
- Enhanced metrics for assessing progress and compliance
- Improve match to services
- Emphasizing resilience building plans and responsiveness
- Schools as agents of community change
- Creating a new form of stigma and presuming disorder based on history
- Challenge of addressing disproportionate risk in diverse populations
- Reinforcing a presumption of lowered or little capacity for change
- Risk that addressing trauma could result in self-incrimination in an adversarial process