

The Trauma-Informed Lens: What does it take to develop resiliency in students?

The Trauma-Informed Lens: *What does it take to develop resiliency in students?*

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The Trauma-Informed Lens: What does it take to develop resiliency in students?

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Online Series Hosted by CEC Pioneers:

*Students Exposed to Trauma, Maltreatment & Neglect:
Getting the Healing Going and the Learning Happening*

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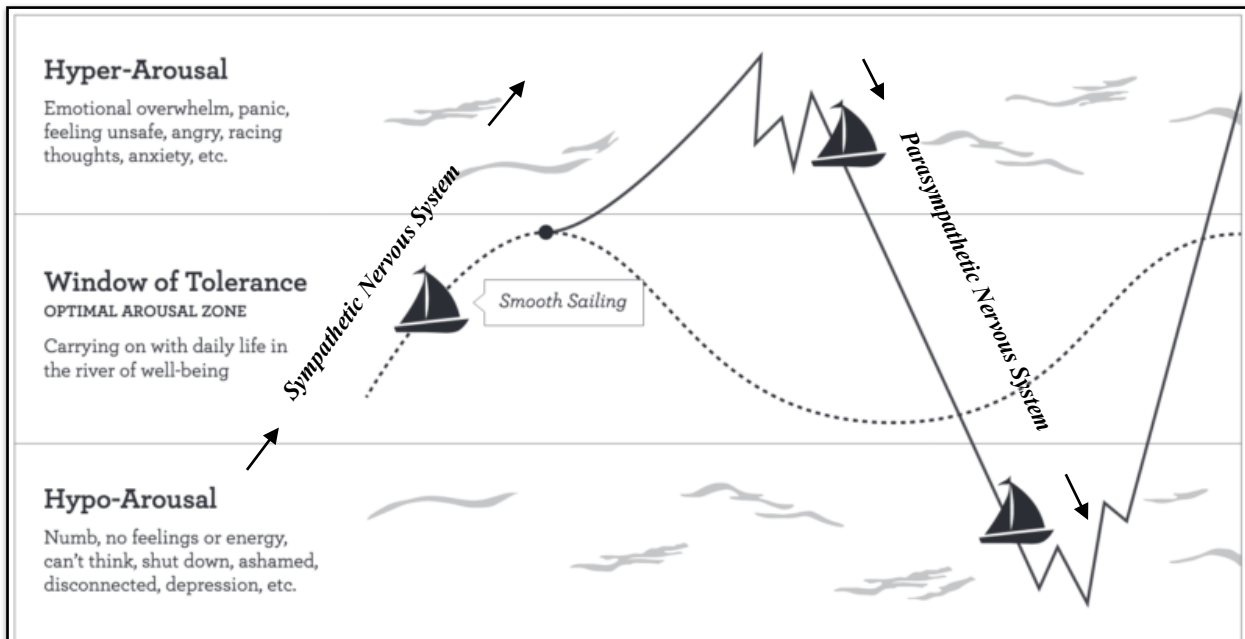
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Window of Tolerance / River of Wellbeing

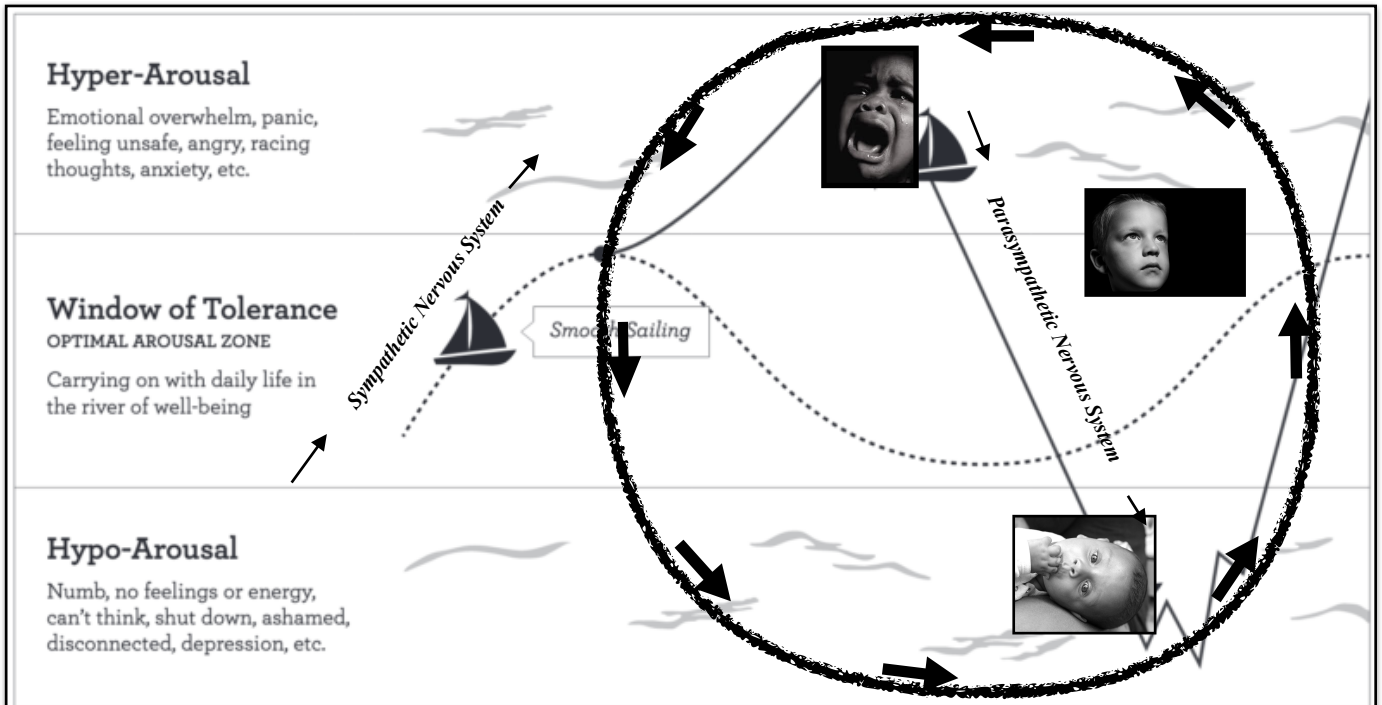


- The Window of Tolerance / River of Wellbeing is a representation of the **Autonomic Nervous System (ANS)** - **Sympathetic arousal increases activation/energy, Parasympathetic decreases (down regulates) activation/energy.**
- Inside the Window / River (dotted line) the **ANS is operating at optimal health.** Our arousal levels fluctuate up and down in accordance with external circumstances and internal biological needs/factors. Inside the Window / River we are regulated enough **to think and feel at the same time.** This helps us orient and respond appropriately to the moment we are in.
- The **solid line going up represents the Sympathetic Nervous System** going into hyper-arousal (outside the Window/River). In hyper-arousal there is a great deal of stimulation (feelings, sensations, emotions) but **thinking is unproductive.**
- The **solid line going down** represents the **Parasympathetic Nervous System down regulating beyond the Window / River** into hypo-arousal. In hypo-arousal there is little-to-no feeling/sensation and little-to-no thinking.
- One important way that we regulate (down and up) is through contact with other people. A healthy relational climate affects arousal. In early life, this way of regulating is *crucial* to 1) biological development, 3) physical health, 4) mental/emotional health, and 5) cognitive functioning.
- Trauma (i.e., big traumatic events and/or an absence of enough human-to-human support with regulation) tends to create cyclical states of hyper- and hypo- arousal. Trauma survivors spend too much time outside the Window / River.

D. Siegel, 1999

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Introduction to Dissociation



Up, Down, Turn-Away / Tune-Out

Cycles of conscious and unconscious (habitual and autonomic) attempts to regulate increase over time. Long after the circumstances that created the cycle have passed (i.e., childhood trauma, maltreatment and neglect), the cycle of 'dissociation' continues.

Van der Hart, Nijenhuis & Steele, 2006

Master List: Signs of Trauma and Dissociation in Children/Youth

Terminology:

- **Soft Signs:** Symptoms marked with a bullet point only indicate ‘Soft Signs’ of trauma and dissociation in children/youth. ‘Soft Signs’ *may or may not* be trauma related. Consider the possibility of trauma and dissociation if/when a child exhibits ‘Soft Signs’ which are *beyond* what is genetically, developmentally, situationally, or culturally explainable/appropriate. Soft Signs typically come in clusters, with more than one presenting at a time.
- ***Hard Signs:** Symptoms marked with an asterisk (“*”) indicate a ‘Hard Sign’ of trauma and dissociation in children/youth. ‘Hard Signs’ are *strong* indicators that significant trauma and dissociation are present. Symptoms marked with an asterisk (“*”) indicate that a medical exam is needed to rule out organic or biological causes first. If there are no underlying organic or biological causes for the symptom(s), the child/youth will need psychological services. You will want to bring the student and their symptom(s) to the attention of the school psychologist, counselor, principle, and/or your support team to get help with next steps. Hard Signs typically come in clusters, with more than one presenting at a time.

*** Hard Signs of trauma and dissociation in children/youth (strong indicators)**

Master List: Signs of Trauma and Dissociation in Children/Youth

Signs: Behavioral

[Consider the possibility of trauma and dissociation when a child exhibits **behavioral responses** which are beyond what is genetically, developmentally, situationally, or culturally explainable/appropriate. Be aware that behavioral symptoms of trauma typically come in clusters:]

- Accident prone
- ***Acts young for their age when not in pretend play (baby talk/unusual sounds, soiling/wetting self, thumb sucking, curling in fetal position, clumsy gait, loss of knowledge (e.g., names of toys, people) or acquired abilities)**
- Addictions (in pre-teens and teens)
- Argumentative
- Bolting/Fleeing
- Bragging, boasting
- Bites fingernails
- Bullies, teases, mean to others
- Bullied by others year after year
- Changes in eating habits
- Chatting and/or touching neighbors during quiet/focused time
- Cheating
- Clinging to adults
- Complains “No one loves me!”
- Compulsions (licking lips, hand washing, etc.)
- Consequences do not change child’s behavior
- Creates social drama
- Cries a lot
- Demands attention
- Destroys things (their own and/or others’)
- Delayed speech development
- Disobedience, breaking-rules
- Disturbed by changes in routine
- Eating disorders (in pre-teens and teens)
- ***Extreme changes in relationship(s) with family member(s)**
- ***Extreme, uncharacteristic behavior fluctuations (i.e., temporarily behaving like a different person: for example changes in voice, facial expressions, body posture, handwriting, language ability, basic preferences, etc.)**
- Falling asleep
- Fidgeting: noise making, getting up, can’t sit still, chewing non-edible items (sleeves, pencils, etc.)
- Flailing
- Hangs out with other kids who get in trouble
- Hoarding
- ***Imaginary playmates reported as real**
- ***Imaginary playmate reported as unfriendly/unkind**
- Impulsivity
- Inability to slow down
- Lying
- Need for control
- Nervous movements (i.e., twitching, picking)
- Not liked by other kids
- Overly mature
- Perfectionistic
- Physically attacks others
- Plays with genitals in public
- Poor eye contact
- Racing/pressured speech
- ***Refers to self as an animal when not in pretend play**
- ***Refers to self in 3rd person or plural (e.g., own name, “She/He, “We”)**
- Refuses to talk
- Rocking head or body
- School avoidance
- Screaming
- Secretive
- Self harming
- Sets fires
- Sexualized: acting-out, compulsions, play
- Showing off, clowning
- ***Skills & abilities are inconsistent**
- ***Smears/plays w/ bowel movements**
- Social isolation
- Stealing
- Struggles to complete tasks
- Swearing or obscene language
- Suicidal ideation
- Threatens people
- Timid, overly shy
- Truancy
- Underachieving academically
- Wanders away
- Won’t share
- Vandalism

*** Hard Signs of trauma and dissociation in children/youth (strong indicators)**

Master List: Signs of Trauma and Dissociation in Children/Youth

Signs: Emotional

*[Consider the possibility of trauma and dissociation when a child exhibits **emotional responses** which are beyond what is genetically, developmentally, situationally, or culturally explainable/appropriate. Be aware that emotional symptoms of trauma typically come in clusters.]*

- Anger/aggression (toward self or others)
- Anxiety (general)
- Avoidant of interaction
- Avoidant of vulnerability
- Chronic loneliness/isolation
- Chronic shame
- Depression
- Difficulty being alone
- Difficulty feeling close
- Difficulty making/keeping friends
- Difficulty with respecting boundaries (student-to-student and/or student-to-teacher)
- Difficulty with setting boundaries (student-to-student)
- Day dreaming
- Distracted
- Easily overwhelmed
- ***Extreme mood changes with or without apparent cause (e.g., very sudden happy to sad, happy to mad)**
- Emotionally needy of teacher's or peer's attention
- Fears
- Fear of breaking rules or being "bad"
- ***Feeling one's mood has a "mind of it's own"**
- Frequent conflict with others
- Hopelessness
- Inability to relax
- Invisible (to teacher and to other students)
- Jealous
- Lack of guilt
- Lack of motivation
- Mood swings and/or chronic irritability
- Nightmares
- Numb/detached
- Overwhelming emotions
- Painful or severe indecision
- Panic attacks
- Phobias
- Self-hatred
- Separation anxiety
- Resistant to following instructions and/or class-structure

*** Hard Signs of trauma and dissociation in children/youth (strong indicators)**

Master List: Signs of Trauma and Dissociation in Children/Youth

Signs: Cognitive

[Consider the possibility of trauma and dissociation when a child exhibits **cognitive symptoms** which are beyond what is genetically, developmentally, situationally, or culturally explainable/appropriate. Be aware that cognitive symptoms of trauma typically come in clusters:]

- Cognitive struggles and perceptual shifts:
 - *Feeling 'in a fog' to the point of being unaware of being in one's own body
 - *Feeling markedly younger, or older, than one's chronological age
 - *Feeling one's sense of self shifts markedly
- Does not recall or recognize:
 - *Own handwriting
 - *Own schoolwork/homework
 - *Parents, teachers, friends, etc.
 - *Sexualized behaviors
 - *Past traumatic events
 - *Non-traumatic significant events (e.g., birthdays, trips, sports, hobbies)
- Frequent confusion
- Memory problems
 - *Cannot remember what happened during an angry episode
 - *Cannot remember whole months or years of life (after age 4 or 5)
 - *Cannot remember assignments that one has completed
 - *Cannot remember experiences that others report having happened
 - *Momentary lapses in consciousness or shutdown states
- Negative/anxious rumination
- Negative beliefs about self/others
- Obsessions
- Racing thoughts

Signs: Physical

[Consider the possibility of trauma and dissociation when a child exhibits **physical symptoms** which are beyond what is genetically, developmentally, situationally, or culturally explainable/appropriate. Be aware that physical symptoms of trauma typically come in clusters:]

- Accident prone
- Change in appetite: lack of, or overeating
- Chronic exhaustion/fatigue
- Chronic hunger
- Constipation
- *Conversion symptoms (physical/sensory problems w/out neurological cause: paralysis, numbness, blindness, deafness, seizures)
- Dizziness, lightheaded
- *Eyes roll back, eyes flutter
- Falling asleep in class
- *Flashbacks where present and past are confused
- Glazed or blank look
- *Incontinence
- Insomnia
- Other body disturbances without medical cause or physical injury
 - Breathing problems
 - Frequent headaches, stomachaches, nausea or throwing up
 - *Loss of movement or weakness (e.g., temporary paralysis in legs/arms)
 - *Not feeling any pain
 - *Pain (arms, legs, feet, genitals, etc.)
 - *Pseudo seizures
 - *Severe sleep abnormalities (e.g., sleepwalking, difficulty being aroused/wakened, sleeplessness, personality shifts upon waking from deep sleep, night terrors)
 - Rashes

*** Hard Signs of trauma and dissociation in children/youth (strong indicators)**

Master List: Signs of Trauma and Dissociation in Children/Youth

Signs: Sensory

*[Consider the possibility of trauma and dissociation when a child exhibits **sensory responses** which are beyond what is genetically, developmentally, situationally, or culturally explainable/appropriate. Be aware that sensory symptoms of trauma typically come in clusters.]*

- *Depersonalization (i.e., feels disconnected from body or self, outside of body, body parts feel numb)
- *Derealization (i.e., world/surroundings feels unreal, separate, blurry, or as if seen through a tunnel)
- *Feeling markedly younger, or older, than one's chronological age
- *Hears voices or sounds others don't hear
- *"Lost time": inability to account for hour/day/week/year
- *Reports feeling strange or "not like myself"
- *Sees ghosts or other imaginary entities that interact
- *Sees or smells things others don't see/smell
- *Sense of oneself as divided
- *Sudden and/or extreme physical sensation with no known source (i.e., extreme cold, "spiders are on my skin!", sharp internal pain, etc...)
- *Vivid imaginary friends and the belief that they can "take over" or influence behavior
- Vivid imaginary friends that are negative

*** Hard Signs of trauma and dissociation in children/youth (strong indicators)**

Master List: Signs of Trauma and Dissociation in Children/Youth

History Checklist

History of exposure to:

[Consider the possibility of trauma, dissociation and dis-regulation when you know a child has been exposed to one or more of the experiences below. It's normal for children to require nurturing adult care and/or professional care in the aftermath of such experiences.]

- Birth trauma (premature birth, other/ additional complications)
- Bullying (in-person and/or cyber, at home and/or at school)
- Chronic medical illness
- Community violence
- Criminal violence
- Exploitation (in-person and/or cyber)
- Discrimination
- Displacement
- Divorce
- Domestic violence
- Family separation (deportation, removal from home, adoption overseas or domestic, abduction, etc.)
- Hate crime(s)
- Homelessness
- LOSS (death of caregiver or other significant relationship, removal of caregiver, adoption, abduction, abandonment)
- Medical trauma
- Natural disaster
- Neonatal exposure to drugs, alcohol, and/or violence
- Neglect
- Parental history of addiction
- Parental history of extreme and/or prolonged emotional distress
- Parental history of chronic illness or serious medical condition
- Parental history of mental illness
- Physical abuse
- Poverty
- Sexual: assault, abuse, violation
- Sibling history of chronic illness or serious medical condition
- Significant accident injury (to self and/or other family member(s))
- War

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Signs of Maltreatment

Signs: General

[Consider the possibility of maltreatment when a child and/or parent exhibits the following:]

Child

- Shows sudden changes in behavior or school performance
- Has not received help for physical or medical problems brought to the parents' attention
- Has learning problems (or difficulty concentrating) that cannot be attributed to specific physical or psychological causes
- Is always watchful, as though preparing for something bad to happen
- Lacks adult supervision
- Is overly compliant, passive, or withdrawn
- Comes to school or other activities early, stays late, and does not want to go home
- Is reluctant to be around a particular person
- Discloses maltreatment

Parent

- Denies the existence of—or blames the child for— the child's problems in school or at home
- Asks teachers or other caregivers to use harsh physical discipline if the child misbehaves
- Sees the child as entirely bad, worthless, or burdensome
- Demands a level of physical or academic performance the child cannot achieve
- Looks primarily to the child for care, attention, and satisfaction of the parent's emotional needs
- Shows little concern for the child

Parent and Child

- Touch or look at each other rarely
- Consider their relationship entirely negative
- State consistently they do not like each other

Signs: Physical Abuse:

[Consider the possibility of physical abuse when a child or parent exhibits the following:]

Child

- Has unexplained injuries, such as burns, bites, bruises, broken bones, or black eyes
- Has fading bruises or other noticeable marks after an absence from school
- Seems scared, anxious, depressed, withdrawn, or aggressive
- Seems frightened of his or her parents and protests or cries when it is time to go home
- Shrinks at the approach of adults
- Shows changes in eating and sleeping habits
- Abuses animals or pets
- Reports injury by a parent or another adult caregiver

Parent

- Offers conflicting, unconvincing, or no explanation for the child's injury or provides an explanation that is not consistent with the injury
- Shows little concern for the child
- Sees the child as entirely bad, burdensome, or worthless
- Uses harsh physical discipline with the child
- Has a history of abusing animals or pets

Signs of Maltreatment

Signs: Neglect

[Consider the possibility of neglect when a child or parent exhibits the following:]

Child

- Is frequently absent from school
- Begs or steals food or money
- Lacks needed medical care (including immunizations), dental care, or glasses
- Is consistently dirty and has severe body odor
- Lacks sufficient clothing for the weather

- Abuses alcohol or other drugs
- States that there is no one at home to provide care

Parent

- Appears to be indifferent to the child
 - Seems apathetic or depressed
 - Behaves irrationally or in a bizarre manner
 - Abuses alcohol or other drugs
-

Signs: Sexual Abuse:

[Consider the possibility of sexual abuse when a child or parent exhibits the following:]

Child

- Has difficulty walking or sitting
- Experiences bleeding, bruising, or swelling in their private parts
- Suddenly refuses to go to school
- Reports nightmares or bedwetting
- Experiences a sudden change in appetite
- Demonstrates bizarre, sophisticated, or unusual sexual knowledge or behavior
- Becomes pregnant or contracts a sexually transmitted disease, particularly if under age 14
- Runs away

- Reports sexual abuse by a parent or another adult caregiver
- Attaches very quickly to strangers or new adults in their environment

Parent

- Tries to be the child's friend rather than assume an adult role
- Makes up excuses to be alone with the child
- Talks with the child about the adult's personal problems or relationships

Signs of Maltreatment

Signs of Emotional Maltreatment

[Consider the possibility of emotional maltreatment when a child and/or parent exhibit the following:]

Child

- Shows extremes in behavior, such as being overly compliant or demanding, extremely passive, or aggressive
- Is either inappropriately adult (e.g., parenting other children) or inappropriately infantile (e.g., frequently rocking or head-banging)
- Is delayed in physical or emotional development
- Shows signs of depression or suicidal thoughts

- Reports an inability to develop emotional bonds with others

Parent

- Constantly blames, belittles, or berates the child Describes the child negatively
- Overtly rejects the child

Adverse Childhood Experiences Study (ACEs)

The CDC-Kaiser Permanente Adverse Childhood Experiences (ACE) Study is one of the largest investigations into the correlation between childhood abuse/neglect and later-life health and well-being. The original **ACE Study** was conducted from 1995 to 1997 with two waves of data collection.

17, 500 Adults were interviewed about their exposure to Adverse Childhood Experiences (ACEs). Their answers were then correlated with their medical records.

The ACEs that were tracked included the following:

- 1) **Neglect:** Physical, Emotional
- 2) **Abuse:** Physical, Emotional, Sexual
- 3) **Parent Issues:** Domestic Violence, Incarceration, Mental Illness, Substance Abuse, Separation/Divorce

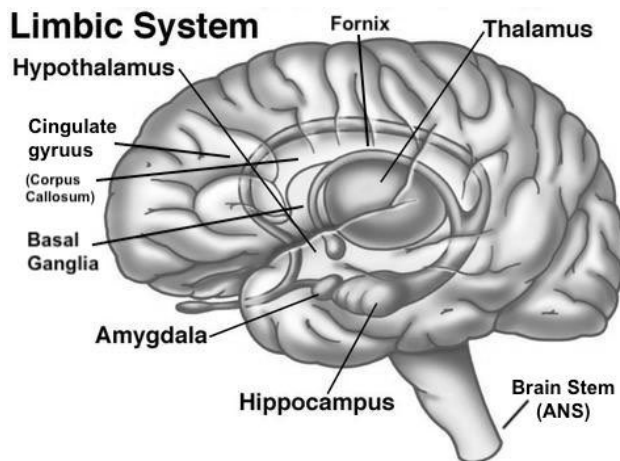
Data revealed that higher numbers of ACEs were correlated with much higher rates of deadly disease - including heart disease, lung cancer, stroke, COPD, diabetes, obesity, STDs, suicide attempts, and broken bones.

Elevated ACEs were also highly correlated with the risky behaviors including smoking, alcoholism, and drug use, as well as decreased graduation rates, lower academic achievement, and lost time from work.

The study concluded that ACEs have a lasting impact on health, behavior, and life potential.

Limbic Brain:

A collection of structures in the brain that are involved in processing emotion, memory, and learning



Limbic Brain Functions

Hippocampus:

- Memory
- Learning

Amygdala:

- Emotional Processes
- Emotional Memory
- Social Processing (reading faces)

Hypothalamus:

- Pleasure/Reward
- Controls Hormonal System
- HPA-Axis (major player!)

Basal Ganglia:

- Habits (Automatic action)

Thalamus:

- Relays sensory and motor signals to Cerebral cortex
- Regulates consciousness/sleep/alertness

Fornix:

- Episodic memory
- Ability to create new memories

Cingulate gyruus:

- Bi-lateral functions for processing emotions and regulating behavior:
- Coordinates Sensory Input w/ Emotions
 - Emotional Responses to Pain
 - Regulates Aggressive Behavior
 - Communication functions: speech/vocalization, emotional processing and vocalization of emotions

Chronic Autonomic Nervous System (ANS) dis-regulation affects the emotion, memory, and learning centers of the brain.

What do we do?

- 1. Practice using (and ‘honing’) your Trauma Lens!**
- 2. Develop an ‘Affect Regulation Tool Kit’**
- 3. Develop a Group/Class Climate that emphasizes the ‘Qualities and Conditions’ necessary for building a Positive Attachment Neural Network (i.e., “Internal Working Model of Positive Attachment”)**
- 4. Do all the Interventions/Strategies on yourself**

Took Kit (Starter): Affect Regulation

Your affect regulation tool kit will contain the exercises and interventions that work best for you personally, and for your classroom in any given year. Consider the strategies included here as a ‘starter kit’. Over time you will modify and add to this list, keeping in mind that many of the best ideas will likely come from your students! Include the whole class in the development of a robust, varied list of strategies for affect regulation. Ask them what works for them, and educate them about why it matters (see ‘Example Lesson’ on pg. 17).

All tools in your kit must be delivered in a neutral, non-judgmental, accepting tone. Judgement of arousal states increases defensiveness and will result in pushback and/or an increase in negative symptoms in your traumatized students. All students must feel invited, accepted, and safe around engaging in these strategies - without fear of judgement (i.e., there is no right or wrong) and without fear of negative consequence. In this way, *these strategies are not the same as traditional classroom management practices or discipline*. Encouragement and modeling of a non-judgmental attitude toward this material is necessary to instill in students a sense of self acceptance, emotional safety, openness, and engagement. The rewards for mastering acceptance and neutrality in the delivery of this content are profound; higher participation rates + the gradual development of awareness, compassion, and empowerment within and between each and every student.

We understand that in the implementation of these strategies, many obstacles and stressors are likely to arise. Your own use of the affect regulations tools yourself will be your best teacher and support. However, additional resources can be extremely helpful and may include:

- 1.** Connecting with other teachers and staff who are aware of and using this information.
- 2.** Sharing this information with a school counselor and/or support staff for help with those students who struggle the most with the strategies.
- 3.** Educating parents (where and when appropriate) about this content and partnering with them to help those students who struggle with the strategies.

Took Kit (Starter): Affect Regulation

Cognitive [Tools for affect regulation]: Psycho Education

Accurate information is both normalizing and highly regulating!

Example Lesson:

STEP #1: Didactic [Goal: Setting the stage for a trauma-informed classroom]

‘The Window of Tolerance’ / ‘The River of Wellbeing’ (or come up with your own metaphor)

“The ‘River of Wellbeing’ runs between the banks of “hyper arousal” and “hypo arousal” (developmentally appropriate language used to explain the neuroscience)

- **Inside the ‘River of Wellbeing’:** *General Characteristics*
 - Thinking/Feeling at the same time, Playful/Social, Collaborative, Calm, Enthusiastic/Excited, Relaxed/ Restful, Compassionate, Curious, Productive, Laughter (gentle to medium)
- **Outside / ‘on the banks’ of the River of Wellbeing:** *General Characteristics*
 - Hyper-arousal: Rage, Anger, Irritation, Tension, Racing Thoughts, Panic, Pain, Fear, Anxiety, Worry, Scanning, Dread, Euphoria/Mania
 - Hypo-arousal: Embarrassment, Shame, Humiliation, Numbness, Shut-down, Exhaustion, Depression, Paralysis, Helplessness, Hopelessness, Raised pain threshold
- **How we go “outside” the River of Wellbeing:** *General Information*

“Many things contribute to going outside the River of Wellbeing. Here are a few examples”:

 - Witnessing or being part of arguments, violence, confrontations, threats
 - Lack of sleep, physical illness
 - Sensory overload (loud noises, bright lights...)
 - Lack of food and/or presence of hunger
 - Being too alone and/or Feeling invisible
 - Worrying about the wellbeing/safety of people you care about
 - Worrying about your own safety
 - Feeling rejected, unwanted, or unliked
 - Feeling or knowing that something is ‘wrong’, ‘unjust/unfair’ with no one to go to for help
 - Being asked/told to do an overwhelming task
 - Not knowing how to manage a social situation
 - Unknown reason! (*“There is always a reason! It’s time to put on our detective hat!”*)

STEP #2: Student Engagement [Goal: Growing the capacity for self observation/awareness]

Verbal Engagement: Discussion

- When do you know you are in your River of Wellbeing (body sensations, emotions, thoughts)?
- When do you know you are on the bank of hyper-arousal (body sensations, emotions, thoughts)?
- When do you know you are on the bank of hypo-arousal (body sensations, emotions, thoughts)?
- What helps you come back in your River (from each bank)? (*Make a class list and have it up on the wall*)
- How do you help yourself come back into the River? (*Make a class list and have it up on the wall*)
- How can the group/class help you come back into the River? (*Make a class list and have it up on the wall*)
- What pops you out of your River? (*Add to the list of examples above - ‘How we go outside the River’*)
- How can you tell when other people are on the banks of hypo- or hyper-arousal? What do you see/hear (body language, voice, volume, speech)?
- What are good ways to help/manage yourself when you notice other people going outside their River? (*Make a list covering many different scenarios and potential solutions*)

Non-Verbal Engagement: Visual Tool

An image of the River of Wellbeing is created and displayed on the classroom wall. Students place a small image of themselves on the display, locating where they are in the River of Wellbeing at that moment (hyper-aroused, hypo-aroused, or in-the-River). This activity can happen at any point during the day when some self-observation would be helpful, or whenever the teacher could benefit from having this information (i.e., before/after transitions such as recess, the beginning of school, before the start of a challenging subject/class, etc.)

Took Kit (Starter): Affect Regulation

Somatic [Tools for Affect Regulation]

TIP: Below are some ideas to start with. It is important to have some of your own up/down regulation tools, AND to brainstorm with your class. Put a large list of group-generated strategies up on the wall. Be interested in what works for your class and for each child.

Down Regulating: Calming through the Senses

- Butterfly Hug (Tactile): Wrap arms around your front, placing hands on opposite shoulders. Slowly tap one shoulder and then the other, alternating right and left. Repeat for approximately 30-50 taps.
- Self Massage (Tactile): Gently stroke - up and down - the area behind your ears (calms the vagus nerve).
- Singing/Humming (Auditory): Strike a single vocal tone and hold the tone (either mouth open or closed). Ask the class to match the tone with their voices. Continue toning all together, taking breaths whenever needed and then rejoining, for 30-45 seconds. Provide the option for eyes open or closed during this time. (Singing/humming activates muscles in the back of the throat which calms the vagus nerve. The vagus nerve is associated with the parasympathetic arm of the ANS).
- Orientation (Visual): Very *slowly* rotate your head from side to side, keeping the eyes moving with the head and looking straight ahead. Notice what is right in front of you as the head gently, slowly rotates from left to right and the from right to left. (Brings awareness into the present moment, orienting to safety in the present moment, which is calming to the nervous system.)
- Scent (Olfactory): Have students slow down and smell (or imagine smelling) down-regulating scents (e.g., lavender, chamomile, rosemary, jasmine).
- Movement (Kinesthetic): Down-regulating Yoga poses (Shavasana/Corpse Pose and/or Child's Pose (see below))

[Down Regulating Yoga Poses]



Corpse Pose



Child's Pose

[Up Regulating Yoga Poses]



Warrior Pose



Sun Salutation

Up Regulating: Energizing through the Senses

- Body Tapping (Tactile): Gentle, quick tapping using finger-tips on head, neck, and face. Teacher demonstrates tapping on one area, class repeats. Call-and-response style..
- Call-Response Rhythm (Auditory): Teacher creates a simple rhythm with clapping, foot stomping, and/or vocal sounds. Students repeat back the rhythm. Rhythms gradually grow in complexity. Teacher can pass the leadership to students who want to lead!
- Orientation (Visual): Teacher asks class to locate 4 red items in the room, to say the name of each item in their mind's eye (not out loud) before moving on to find the next red item. Once everyone has located their 4 red items, Teacher asks everyone to locate 4 white items, etc... (try mixing up the number of items you are asking people to locate, i.e., 4 red, 6 white...).
- Scent (Olfactory): Have students smell (or imagine smelling) up-regulating scents (e.g., peppermint, lemon, orange peel, cinnamon).
- Movement (Kinesthetic): Up-regulating Yoga (Warrior Pose, Sun Salutation (see above))
- Movement (Kinesthetic): Power Postures
 - Power Posture #1: Stand tall with legs apart, fists on hips
 - Power Posture #2: Stand tall with legs apart, arms up and out with fists
 - Biggest Self Pose: Stand tall, so that your body matches the felt-sense of the very best in you

Took Kit (Starter): Affect Regulation

Imaginal/Visualization [tools for Regulation]

- **Environment:** 'Just Right Place' (Following a high energy activity or time, have students get comfortable and then read the following script gently/slowly, asking them to follow along in their mind's eye - eyes open or closed, whichever is most comfortable for each student). Feel free to adapt this script to fit the developmental needs of your class.

"Bring to mind an environment that is just right for you. This is a place that is ideal for you in every way. It has the 'just right' temperature, the 'just right' sounds (or silence), the 'just right' smells and the 'just right' vibe. If you have experienced a place like this before that you remember (a favorite spot in nature or a favorite indoor place), you can picture that place and notice its very best qualities. Then enhance those qualities to make them even more right for you. For example, make the ocean even more blue and warm, or the chairs even more cozy and soft. And if there is not a place like this in your life, make it up. This is an imaginary place. Because it is imaginary, you can change it in any way you want, and you can keep changing it until you have it exactly right. This is a place where you feel completely comfortable, relaxed and spontaneous. There is nothing required of you here. There are no demands. There is no hurry. When you can see this place, do this:

1. *Look around and notice what you see (colors, quality of the light, what moves and what's still). Quietly in your mind, name 3 things you can see.*
2. *Listen to the sounds (far away sounds and close by sounds). Quietly in your mind, name 3 sounds.*
3. *Picture yourself touching the area around you with your fingers and palms. Go slowly. Take your time. Quietly in your mind, name the texture and temperature of 3 things you can touch.*
4. *Smell the smells. Notice the obvious smells as well as the subtle ones. Quietly, in your mind, name 3 smells.*

Now spend a few moments in this place, being aware of all your senses. While you are there, notice what you can see, hear, touch, and smell. Breathe in all that this place has to offer you, paying attention to the quality of your thoughts and emotions. Notice how going to this place in your mind helps connect you to positive feelings and sensations on the inside. These positive feelings and sensations are available to you at any time. You can use your 'Just Right Place' to get there, whenever you are in need. And now, slowly begin to come back to the here-and-now. As you come back, see if you can stay in touch with, or bring with you, those good feelings and sensations you experienced in your 'Just Right Place'."

- **Relational (Resource-Helper Figures):** Feel free to adapt this script to make it developmentally appropriate for your class.

"Image an Animal, Something-from-Nature, or a 100% Kind Being who knows exactly what is happening for you right now and what it is that is needed for your wellbeing. When you can picture that Animal, Something-from-Nature, or Kind Being nod your head. [Pause until everyone nods.] In your mind's eye, look into the eyes of your Resource-Helper and notice they are looking back. Breathe in their gaze. Notice the vibration of your Resource-Helper. Breathe in their vibration. Now notice that they are also breathing and breath together. Notice that they might come a little closer and know just the right distance or closeness to be with you. Now, listen and see if you can hear the message that they are carrying that is just for you. Breathe in that message. Now thank them in whatever way feels right to you. Notice how being with your resource-helper can connect you to positive feelings and sensations on the inside. These positive feelings and sensations are available to you whenever you need. Remember that you can connect to your Resource-Helper at any time to get there. And now, slowly begin to come back to the here-and-now. As you come back, see if you can stay in touch with, or bring with you, all the good feelings and sensations you experienced while you were with your Resource-Helper."

Took Kit (Starter): Affect Regulation

****Breathing [tools for Regulation]:**

Research shows that using the breath is the quickest and most effective way to affect the autonomic nervous system. At first it can feel awkward to use the breath in this way, but this improves with practice. For best results it's important to practice breathing skills/techniques while calm (within the Window of Tolerance). Practicing while calm helps the body learn to locate slow breathing when hyper-arousal states emerge. In other words, breathing practices help the whole body work better at remaining in the Window of Tolerance, even under duress.

“Diaphragmatic breathing is a form of slow, deep breathing in which the diaphragm contracts on the inhale and relaxes on the exhale. This kind of breathing stimulates the vagus nerve and activates the relaxation response of the Parasympathetic Nervous System.” - UCLAHealth.org <https://www.uclahealth.org/medical-services/gastro/wellness/wellness-approaches/relaxation-therapies>

TIP: Below are some simple exercises to start your exploration of breath as an affect regulation tool. It is important to have some ‘breathing tools’ in your repertoire. Feel free to expand on these as your knowledge/experience grows, AND to brainstorm with your class about ways they might know about using the breath to regulate.

- **Older Students: Body Awareness w/ Breath** - “Notice the belly expanding as you inhale, and softening down on the exhale.” Or, “Notice the sensation in your nostrils as you breath in and out”.
- **Younger Students: Guided Imagery w/ Breath** - “Imagine there are chocolate chip cookies baking and you can smell them! Breath in the delicious smell through your nose... then breathe it out. Then, breathe in the cookie smell again...”
- **Older and Younger Students: Prolonged Exhale w/ soft Breath Sound** - “Breathe in through your nose and do a long, slow, prolonged exhalation through the mouth. Make a whispered “Haaaaaaa” sound, or a quiet “Sssssssss” sound as you exhale.”

Relational [tools for Regulation]

Relational tools are exercises designed to grow safe relational connection amongst students. When students feel connected to their teachers and peers, it helps them stay in their Window of Tolerance. Try the exercise below to strengthen student-to-student relationships within the class:

Step #1: Divide the class up into dyads, randomly.

Step #2: Assign three questions for each dyad to engage with (NOTE: developmentally appropriate, safe topics of conversation can be generated by the teacher or from products like “Chat Pack”)

Step #3: Once in dyads, instruct students to take turns being the ‘Asker/Listener’, and being the ‘Sharer’. The ‘Asker/Listener’ asks each question one at a time, while the ‘Sharer’ gets to answer each question without interruption. The teacher prompts the ‘Asker/Listener’ in the following way, *“When you are listening, you are allowing your partner to talk while you remain open, non-judgmental, and curious about what they have to say. The more we listen and get to know and understand one another, the more connected we can feel - even when we have differences.”*

Step #4: Have each dyad talk/share for 5 min. (+/-) before switching roles. When all dyads have completed the first round, pause the class and ask for a moment of quiet. In the quiet, the teacher prompts the ‘Asker/Listener’ to reflect: *“Asker/Listener, please take a moment to reflect within yourself on what your partner shared with you. Notice if there is anything new you learned about them today? Did they say anything that surprised you? Then, turn to your partner and thank them for sharing with you.”*

Step #5: Switch roles. Repeat the pause + asker/listener reflection at the end of the second round.

Sample Questions:

1. Do you have a favorite place? If so, what is it like and what do you most like about it?
2. If you could have any pet or companion (of any species) in the world, what would it be and why?
3. If you could meet any person in the world - from the past or from now - who would it be and why? Would you want to keep them all to yourself, or introduce them to your friends/family?

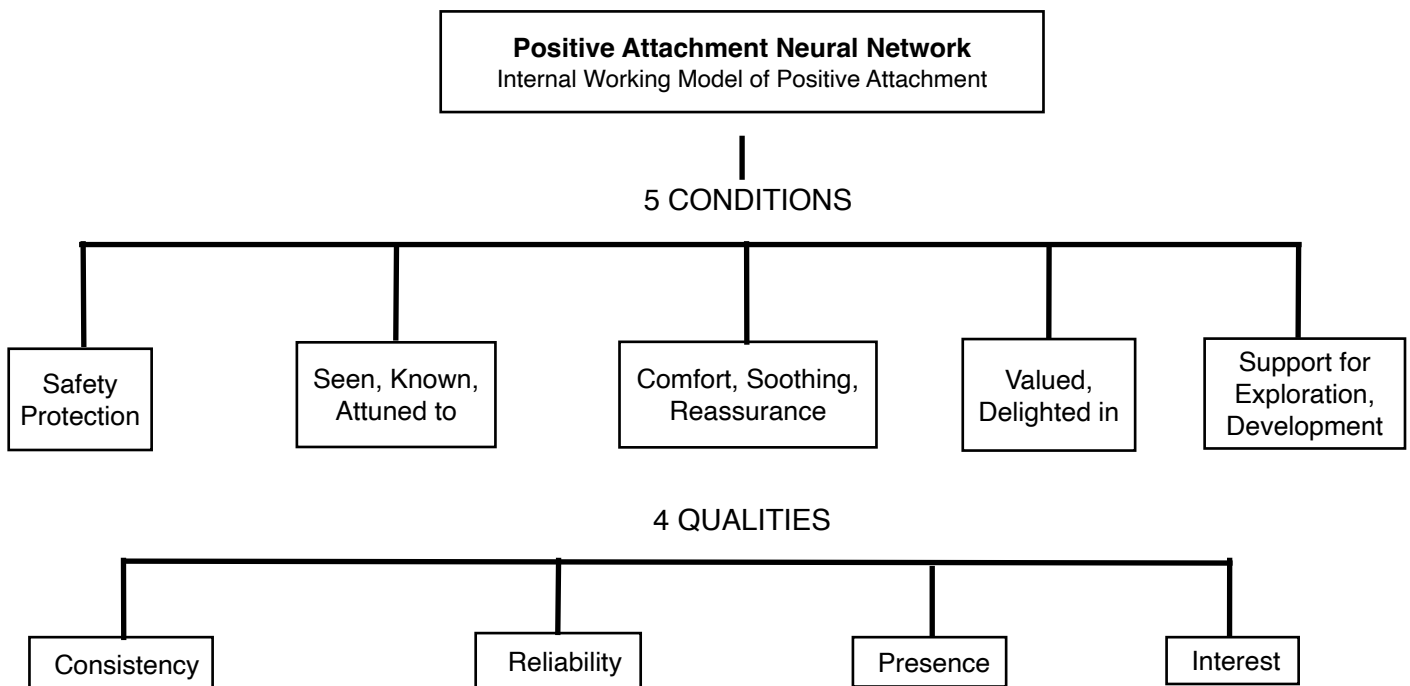
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Tool Kit (Starter): Class Climate

Know and grow the 'Qualities and Conditions' necessary for enhancing Positive Attachment!

Attachment research has established 4 QUALITIES and 5 CONDITIONS that are necessary for creating positive relational attachment between people. Your efforts at cultivating these qualities and conditions in the classroom creates - through neural plasticity - a more robust affect-regulation system in students. Teachers are influential adult attachment figures for children and youth. Your relational tone, intention, and behavior affects the neurobiology, and particularly the attachment system, of your students.

A *good-enough* relational environment, focused on establishing the qualities and conditions below, creates the conditions for, 1) more robust affect regulation in students, 2) positive cognitions/beliefs about self, others, and the world, and 3) healthy Limbic Brain functioning, a necessary condition for learning. **Remember:** when students are regulated (i.e., calm and engaged within their River-of-Wellbeing/Window-of-Tolerance), they are optimized for learning. The goal is to intentionally establish a class climate where the 4 QUALITIES and 5 CONDITIONS flourish between the teacher and each student, between the teacher and the class-as-a-whole, and between/amongst the students.



Reference: Daniel P. Brown & David S. Elliot (2016). [Attachment Disturbances in Adults: Treatment for comprehensive repair](#)

Tool Kit (Starter): Class Climate

Safety/Protection:

- **Boundaries/Norms:** *Clear boundaries around physical and emotional safety are established. Rules/Norms of physical and emotional safety are stated verbally and posted visually: For example, “We are gentle and respectful of personal space”, “We use respectful words to communicate with one another and express ourselves”, “We are thoughtful of our classroom space/supplies, as well as one another’s belongings”, etc.*
- **Conflict Repair/Resolution Process:** *Conflict is normalized and a resolution process is clearly spelled out, communicated, and followed by the teacher. Teacher makes clear the ‘protocol’ for seeking safety/protection (i.e., when to seek help and who to go to), as well as the process students can expect for resolution and repair of conflicts within the classroom.*
- **Inclusive Iteration/Improvement Process:** *Teacher establishes a developmentally appropriate structure for students to participate in improving safety and class norms. For example: An anonymous ‘feedback’ box and/or open group discussions. Establishing boundaries, norms, and conflict resolution processes as subject to improvement enhances engagement and investment.*

Seen/Known/Attuned to:

- **Teacher-to-Student:** *Teacher establishes structured and unstructured moments to recognize/acknowledge each student individually. One-on-one interactions as well as moments in front of the group are required. No one is left out.*
- **Teacher-to-Group:** *Teacher models within the group an inclusive, non-judgmental, accepting attitude toward gifts and challenges in all students equally. Talents are recognized as strengths, challenges as places to work and grow. Class culture of mutual support is fostered. 2-3 times a year teacher acknowledges and praises the ‘Group as a Whole’ for its strengths and growth over time.*
- **Student-to-Student:** *Students are acknowledged for expressing attunement to one another (i.e., helping one another, praising one another, appreciating one another). Teacher intentionally fosters a mutually supportive culture by naming when it happens between peers.*

Comforted, Soothed, Reassured:

- **Teacher-to-Student:** *Teacher models good listening skills (listening without interruption, accurate reflection, accurate and empathic naming of emotions, soft vocal tones, non-reactive, patient) one-on-one with students on an as-needed basis.*
- **Teacher-to-Group:** *Teacher models good listening skills and reassurance in front of the group.*
- **Student-to-Student:** *Teacher verbally acknowledges students for emulating reassuring, soothing behavior amongst one another.*

Valued, Delighted-in:

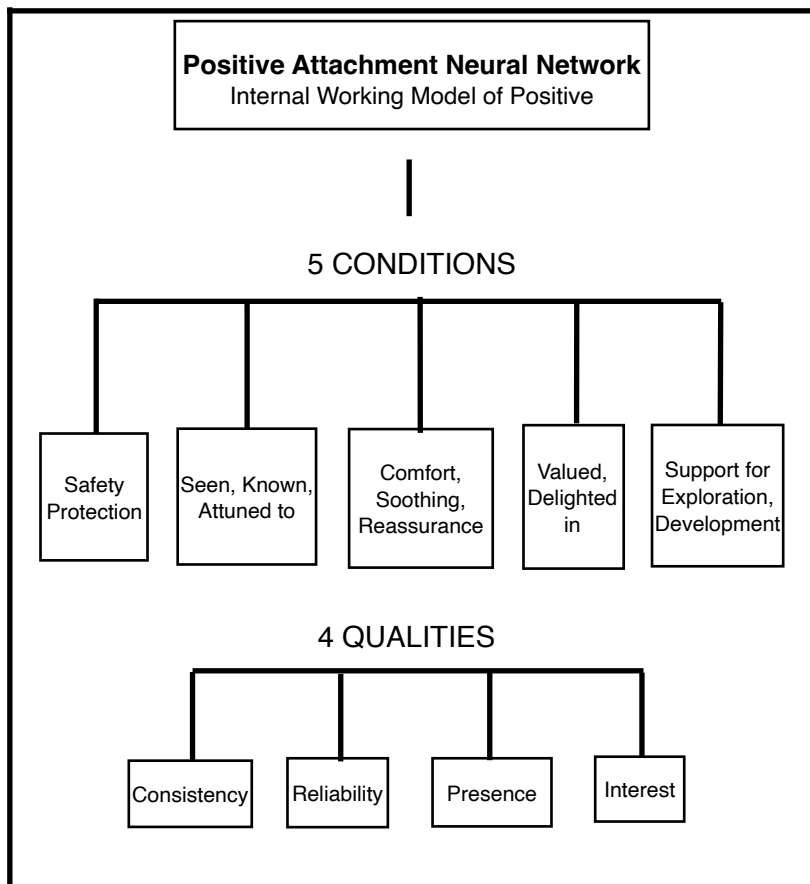
- **Teacher-to-Student:** *Teacher expresses spontaneous, genuine delight in each students’ (non-performative) uniqueness or “way of being”. One-on-one moments are particularly impactful.*
- **Teacher-to-Group:** *Teacher expresses genuine delight in the group-as-a-whole in front of the group.*
- **Student-to-Student:** *Teacher verbally acknowledges when students are enjoying/delighting-in one another.*

Tool Kit (Starter): Class Climate

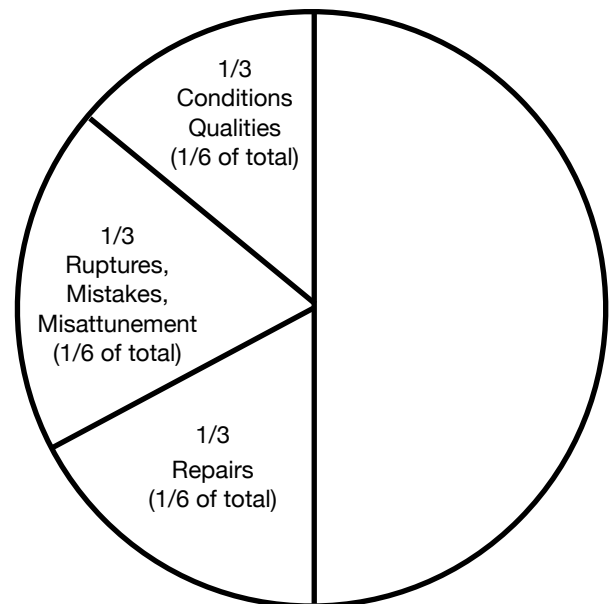
Supported for Exploration & Development:

- **Teacher-to-Student:** Teacher intentionally expresses excitement one-on-one when a student takes a personal risk in an area that is either 1) challenging or 2) of particular importance to the student. Teacher expresses belief in student's abilities, and offers guidance/wisdom only when asked. The message is, "I enjoy watching you grow! I believe in you. I am here if you need me."
- **Teacher-to-Group:** Teacher fosters culture of open, positive feedback around personal growth. For example, modeling praise and/or encouraging 'cheers' when student(s) reach for something outside their comfort zone - regardless of outcome. Teacher acknowledges, models and normalizes the "human exploration and development process". They too, even as an adult, are continuing to learn and grow. For example, the teacher can acknowledge when certain things are hard for them, and when they are making progress!
- **Student-to-Student:** Teacher verbally acknowledges when students begin emulating this behavior amongst each other (i.e., supporting one another for taking healthy risks, regardless of outcome).

REMEMBER: Developing Class Climate is not about perfection! It is about 'good enough'! Failures and repairs are necessary for a healthy relational climate to develop.



"Good Enough" = 30%-50% of the time



Teacher Preparation

1. Learn about trauma
 2. Learn and be curious about how it applies to you
 3. Get help with healing/symptoms
 4. Engage in the Interventions/Strategies yourself
-

Resources for Further Learning:

- Trauma Recovery Handbook for Survivors, by Rachel Walker (2020): [TraumaRecoveryStore.com](https://www.traumarecoverystore.com)
 - Midnight: The New Science of Personal Transformation, by Daniel Siegel (2010)
 - The Deepest Well: Healing the Long Term Effects of Childhood Adversity, by Nadine Burke (2019)
 - Healing the Fragmented Selves of Trauma Survivors, by Janina Fisher (2017)
 - The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma, by Bessel van der Kolk (2015)
 - Healing from Trauma: A Survivor's Guide to Understanding Your Symptoms and Reclaiming Your Life, by Jasmin Lee Cori (2008)
 - The Courage to Cure the Soul, Leah Clark (1988)
 - Healing Developmental Trauma, Lawrence Heller and Aline Lapierre (2015)
 - Healing Your Attachment Wounds, by Dianne Poole Heller (2017)
 - Introduction to the Internal Family Systems Model, by Richard Schwartz (2001)
-

Resources for Treatment:

- **EMDR Therapist Directory:** <https://www.emdria.org/find-an-emdr-therapist/>
- **Internal Family Systems (IFS) Therapist Directory:** https://ifs-institute.com/practitioners?country=All&us_state=All&state=All&city=&field_acceptphone_value=All&keyword=&field_contact_information_note=&page=110
- **Sensory Motor Psychotherapy Therapist Directory:** <https://sensorimotorpsychotherapy.org/therapist-directory/>
- **Internal Society for the Study of Trauma and Dissociation (ISSTD) Therapist Directory:** <https://isstd.connectedcommunity.org/network/network-find-a-professional>

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The Trauma-Informed Lens: What does it take to develop resiliency in students?

NOTES

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