

# Providing Trauma-Informed Care in Schools

A TIP SHEET FOR CLINICIANS FROM THE DC COP

In January 2020, the DC School Behavioral Health Community of Practice (CoP) held a meeting focused on strategies and techniques for implementing trauma-informed practices in schools. This tip sheet captures the key strategies that were shared.

## KEY DEFINITIONS

- **Traumatic event:** a frightening, dangerous, or violent event that threatens a child's life or bodily integrity.<sup>1</sup>
- **Trauma:** exposure to an incidence or series of events that are emotionally disturbing or life-threatening. Trauma can have lasting adverse effects on an individual's functioning and mental, physical, social, emotional and spiritual well-being.<sup>2</sup> It is the subjective experience and response to an event, not the event itself.<sup>3</sup>
- **Adverse childhood experiences (ACEs):** potentially traumatic events that occur in childhood or aspects of a child's environment that undermine their sense of safety, stability, and bonding -- such as experiencing violence, abuse or neglect; witnessing violence; substance abuse or mental health problems in a household member; or instability due to parental separation.
- **ACEs and trauma negatively impact academic performance** and are linked to mental illness, chronic health issues, and substance use that can persist through adulthood.<sup>4</sup>

## WHAT CAN CLINICIANS DO TO IMPLEMENT TRAUMA-INFORMED PRACTICES WITH STUDENTS?

- Build meaningful connections with students, such as through individualized greetings
- Support consistent routines and structure
- Understand and recognize signs of trauma exposure in preschool, elementary, middle and high school students as well as potential student triggers
- Model practices for breathing, body relaxation and self-regulation
- Maintain composure when interacting with students in crisis
- Take time to care for your own well-being

## HOW CAN CLINICIANS SUPPORT SCHOOL LEADERS, TEACHERS AND STAFF?

- Conduct professional development and provide them with tools and resources
- Provide in-the-moment feedback to create opportunities for growth and learning
- Promote staff wellness and self-care
- Model trauma-informed practices for others to follow
- Prepare to help school leaders, teachers, and staff recognize and mitigate the effects of secondary traumatic stress

## HOW CAN CLINICIANS AND EDUCATORS OVERCOME SPECIFIC CHALLENGES IN THE IMPLEMENTATION OF TRAUMA-INFORMED PRACTICES IN SCHOOLS?

- Practice collaborative problem-solving techniques, such as the [Consultancy Protocol](#) or the [Fishbowl Activity](#).
  - The Consultancy Protocol is a structured process for solving a problem of practice by inviting team members to discuss and explore the problem through a series of structured questions
  - The Fishbowl Activity is a form of dialogue that stimulates discussion among a large group by organizing participants into inner and outer circles
- Develop a small community of practice among practitioners and colleagues within the school
- Conduct weekly problem-solving meetings among staff to discuss challenges

## WHAT ARE DC SCHOOLS AND CLINICIANS DOING TO IMPLEMENT TRAUMA-INFORMED PRACTICES IN SCHOOLS?

- Partnering with [community organizations](#) for additional support
- Collaborating with teachers
- Supporting teachers and [providing opportunities for self-care](#)
- Creating safe spaces for students
- [Restorative practices](#)
- Morning check-ins with students
- Being intentional throughout the day to take time to focus and debrief about trauma
- School clinician and teachers working together to be aware of student triggers and determining ways to avoid them

## PREVALENCE OF ADVERSE CHILDHOOD EXPERIENCES (ACEs)

- In DC, caregivers report that one out of five children (21%) have experienced two or more ACEs.<sup>5</sup>
- Studies have shown that the experience of four or more ACEs marks the threshold where the risk of negative physical and mental health outcomes becomes very high.
- Studies have shown that an accumulation of ACEs significantly increases the likelihood of experiencing negative physical and mental health outcomes.
- Similar to national statistics, the most common ACEs in DC are economic hardship and parental separation/divorce, but DC families report significantly more neighborhood violence than the national average.<sup>5</sup>

## ADDITIONAL RESOURCES

- [6 Ways for Educators to Avoid Compassion Fatigue](#), Lesley University
- [Addressing Disruptive and Noncompliant Behaviors](#), Iris Center
- [Creating Trauma-Informed Classrooms](#), National Council for Adoption
- [Trauma-Informed Classrooms](#), National Council of Juvenile & Family Court Judges
- [Educator Resource: The First Book Trauma Toolkit](#), First Book
- [Trauma-Sensitive Remote Learning: Keeping Connections Strong](#), Trauma Learning Policy Institute
- [National Child Traumatic Stress Network Resources](#)

## SOURCES

- 1 [About Child Trauma](#)
- 2 [What is Trauma?](#)
- 3 [What Makes an Event Traumatic for a Child?](#)
- 4 [Preventing Adverse Childhood Experiences](#)
- 5 [America's Health Ranking](#)

