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## Trauma-Informed Leadership

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# Trauma-Informed Leadership

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According to recent data, over 34 million students have experienced at least one or more types of serious childhood trauma. As a result, current and prospective school leaders urgently need to develop trauma-driven skills and abilities in order to create safe schools for all students and raise academic outcomes. This teaching case study raises issues related to trauma experienced among students and its impact on students and school improvement. The author discusses one case in a fictitious district that is representative of the kind of traumas many other American schools face. I also provide additional resources for practitioners.

Keywords: Educational leadership, trauma informed leadership, trauma-savvy practices, PK-12 education

Recent available data indicated that over 50% of the nation's children have experienced at least one or more types of severe childhood trauma, amounting to 34,835,978 children nationwide (The National Survey of Children's Health, n.d.). According to the Centers for Disease Control (CDC), 15% of all girls ages 14-17 have been sexually assaulted; 33% of students have been bullied; 60% of students 17 years or younger have experienced violence, and abuse; 30% of students in inner-city schools have witnessed a stabbing or shooting; and 16 million children live at or below the poverty level with six millions of these children being under the age of six (The National Survey of Children's Health, n.d.). The National Center for Child Traumatic Stress Network (NCCTSN) aims to increase access to services and raise the standard of care for children and their families who have experienced trauma (The National Center for Child Traumatic Stress Network, n.d.). NCCTSN urges schools to play a key role in addressing the needs of traumatized children. As a result, current and prospective school leaders need to develop skills and abilities to create trauma-informed schools where all students feel safe, welcomed, and learn (Nealy-Oparah & Scruggs-Hussein, 2018). School leaders also need to provide their teachers professional development on trauma-informed practices. In this teaching case study, the author presents issues related to trauma experienced among students with the hope that current and future school leaders understand the impact trauma has on students and school improvement.

The word trauma can be polarizing because it has different meanings depending on the context. For example, people may, knowingly or unknowingly, associate trauma with Post Traumatic Stress Disorder (PTSD). However, according to the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-V), PTSD has a specific definition (American Psychiatric Association, 2013). For the purpose of this teaching case study, the author uses this

definition: “Trauma is any experience that leaves a person feeling hopeless, helpless, fearing for his/her life, survival, or safety.” (Starr Commonwealth, 2019). In a recent conversation, Mrs. Hart, Director of Professional Training and Coaching at Starr Commonwealth, insisted that the experience of trauma can be real or perceived (Personal Communication, March 28<sup>th</sup>, 2020).

Trauma is, in some instances, the consequences of incidents of mass violence. For example, during the 2018-2019 school year, 6% of all tracked incidents involved a shooting (George, 2019). Trauma can also be caused by experiencing or living the consequences of natural disasters such as wildfires, tornadoes, or floods that happen across the United States every year (Crepeau-Hobson, 2018). In addition, trauma can be experienced through illness, parents wanting to pick up children from schools when they do not have custody, sexual assault, safety and injury happening in schools, poverty, bullying, cyber bullying, and invisible disabilities (Nealy-Oparah & Scruggs-Hussein, 2018). The challenge with identifying trauma in students is that the root of the trauma may not be visible to the naked eye.

Trauma can also be experienced by refugee and immigrant students and their families. They may not feel that they belong in their host countries or they may have lived traumatic events in their home countries. There are about 66 million people displaced from their homes worldwide (United Nations High Commissioner for Refugees, 2018). Of these, 23 million are considered to be refugees with over half under the age of 18 years old. These migrations of people imply that many school age children start or continue their education in their host country, bringing with them their national and tribal cultures, languages, and experiences (United Nations High Commissioner for Refugees, 2018). In the United States, twenty five percent of the students speak a language other than English at home and the majority of these students are learning English as a second language in school. In California, almost half of the school-age

children speak a foreign language at home. In Texas, Nevada, New Jersey, New York, and Florida, these students represent one-third of the student population (Zeigler & Camarota, 2018). Refugee students may come from war-affected areas and experience difficulties integrating in their host country because of language differences and religion. They may carry trauma resulting from being child soldiers, experiencing sexual abuse, witnessing death in their families, and having lived in refugee camps with a dearth of food, education, and basic hygiene (Wells, 2010; Kugler, 2017). Sullivan and Simonson (2016) stated that 40% to 50% of refugee students have one or more mental disorders, which is twice more than American students.

Students experiencing trauma can be the victims themselves. For example, students can experience abuse or neglect. Students can also witness trauma by seeing or hearing domestic violence, or they be related to someone who committed suicide or is ill. A student can be traumatized after a single exposure or because one type of exposure is repeated. Because 50% of the nation's children have experienced at least one or more types of severe childhood trauma (CDC, 2017), principals and administrators may have to shift their questioning from "What is wrong with this student?" to "What happened to this student?" How a school or district responds to trauma and creates safe environments can shape the educational and life experiences of students, adults, and stakeholders in the community.

This case study is organized in the following manner: First the author presents some contextual information. This background information is followed by the case itself, teaching notes, and a practical application of the knowledge gained on trauma-informed practices. Lastly, the author offers some additional resources for practitioners.

## **Background Information**

### **The Community**

The author used pseudonyms to describe the community, the school district, and the school itself,

The city of Auraville is located in the Northeastern part of the United States. The city is home to 190,000 people and has considerably evolved in the past 20 years. The population has increased because of a thriving manufacturing industry and because Auraville is within 20 miles of one of the country's largest cities that attracts a plethora of tourists. The West side of the city is considered the prosperous area with large housing, schools, and thriving businesses, while the east side is what people from the West side call "The less desirable part of town." Many refugees have called Auraville their host homes over the past 10 years and have settled in the east part because it is more diverse, less expensive, and has more resources for the newcomers. In West Auraville, most people are White, but in the East Auraville, 30% are African American, 20% are Syrian, 10% are Latino, and 40% are White.

Welcome Auraville is an initiative led by the city to welcome and assist immigrants and refugees. Auraville modeled this initiative after the success Welcome Dayton in Ohio received (Welcome Dayton, 2011). The goal of this program is to remove barriers to business development, increase participation in government, ease access to social services, and decrease the risk of employers taking advantage of new immigrants. The city offers English classes, sports events, health resources, mentorships, and helps families get settled. Free physical therapy is also offered to adults and children in need after a successful partnership with the local university.

## **Auraville School District**

The Auraville School District (ASD) serves 15,000 students from Kindergarten to High School. The district is led by Superintendent Masley, a native of Auraville and an active member of the community who went to school in the East side. The district receives a large amount of Title 1 monies because of the economic challenges the community faces. The school district has decided to focus its efforts on the schools located in the East side because those schools have less resources and students experience a higher level of trauma. Additionally, in the last three years, the superintendent noticed a consistent drop in learning outcomes. Based on the data, Mrs. Masley dedicated the next two budget cycles to implementing trauma-informed practices. As a result, she participated in trainings, visited schools, and formed a committee made up of teachers, parents, students, and administrators. The committee decided that the best approach to promoting the well-being of all students was to hire a mental health coordinator. In late October, the position was filled by a qualified candidate who was going to start to work with all schools as soon as he finished his orientation. The Superintendent also decided to budget for a director of safe schools for the following academic year.

## **Auraville Elementary School**

Auraville Elementary School (AES) is in eastern Auraville. It serves 450 students from Kindergarten to 5<sup>th</sup> grade. Students at AES are 50% African-American, 15% Syrian, 5% Hispanic, 5% Asian, and 25% White. Out of the 450 students, 175, or 25%, are identified as having learning disabilities and are on an IEP. 100% of the students are economically disadvantaged and receive free breakfasts and lunches. On the state test, 70% of the students failed in Mathematics, Sciences, English Language Arts, and Social Studies. AES serves 30% of students who are English as a Second Language (ESL) learners. These students are refugees

coming from Syria, the Republic of Congo, or Haiti. Based on a 'Life Event Checklist' the principal created to learn more about her students and through conversations with the families and the mental health coordinator, it seemed that many of her ESL students have experienced trauma because they have witnessed the loss of family members, experienced violence, hunger, and disrupted schooling. There are 18 full time teachers, three special education teachers, one assistant principal, two janitors, two cooks, and two secretaries at AES. The 18 teachers have between 1-25 years of experience. The teachers are committed to their school and community, but they get discouraged by the academic results, the rampant poverty, the discipline issues, and the increasing number of children bearing some kind of trauma.

### **The Principal**

Mrs. Garner has been the principal at AES for three years. She used to have a dual assignment; she taught art part-time and was vice principal at the middle school. Mrs. Garner grew up in West Auraville and made it her life commitment to work in the East part of town. She is dedicated and loved by teachers, students, and parents. In recent years, she admitted having difficulties handling increasing discipline issues and decreasing academic outcomes. She is excited about the vision of Superintendent Masley and admits not knowing much about trauma-informed leadership and savvy practices.

### **The Case**

Mrs. Garner faces various challenges. She has been tasked to improve student learning outcomes while also ensuring the well-being and safety of all students, teachers, and stakeholders. This year during the Kindergarten enrollment, the parent of a little boy asked to speak to the principal privately. Mrs. Garner loves the Kindergarten open house days because she gets to know her incoming class and receives some of the best hugs. When the parents



introduced the little boy to the principal, they said: “Principal Garner, this is Chloe.” Mrs. Garner tried to hide her surprise. To break the odd silence, the parents explained, “He wants to be called Chloe and he only plays with dolls and girls. Can your school handle that and protect our child? Also, will you let her wear a dress?” Mrs. Garner responded enthusiastically, “Of course, we would love to have Chloe join us and we will make sure her educational experience is a good one.” While parents had heard that before, they did their best to smile as they were leaving the office.

September came and the children seemed happy to be back at AES. Teachers were thrilled too, and the climate of the school was positive. In the Kindergarten class, Chloe seemed to adapt well. She smiled a lot, enjoyed the outdoor activities, and appeared to have a positive relationship with her teacher. Mrs. Garner had always spent a lot of the time in classrooms observing instruction. When she was in the Kindergarten class, she always paid extra attention to Chloe. She often talked to her and checked in with the parents to make sure she was enjoying her time at AES. It was in early November that the Kindergarten teacher and yard supervisor reported some changes in Chloe’s behaviors. Chloe loved peanut butter and jelly sandwiches and bananas. She ate the same thing every day for lunch. The teacher noted that Chloe was not eating lunch anymore and when asked why she was not eating she would simply reply: “I am just not hungry and my belly hurts.” Alerted by this sudden change, Mrs. Garner contacted the parents who also said that they had noticed a change in appetite and mood. Mrs. Garner asked her KG teacher to keep detailed data on Chloe’s appetite and mood. She also asked the teacher and yard supervisor to look for changes in the way Chloe played. Data from September-October indicated that Chloe played well with others. However, recent data showed that Chloe often played alone or stayed close to adults in the yard.

Mrs. Garner grew increasingly concerned and her worry level rose when she spoke to Chloe. Mrs. Garner simply asked Chloe why she did not play with her friends Sandrine and Mary. Chloe responded:

They always make fun of me because they say I am not a girl. They say I should not play with dolls and should not dress in skirts. Also, when I had a play date at Sandrine's house, her dad laughed when he saw me and said that boys should dress like boys and act like boys. He also told my mom in front of me that I was not welcome back at his house and that he thought I was going to be a girl when he agreed to the play date.

Chloe was in tears, screamed and even started to hit Mrs. Garner. Chloe was angry and seemed deeply hurt. Mrs. Garner was not sure how to address this situation other than comforting Chloe the best she could. She asked her: "Do you go to your teacher when Sandrine says those things?" This question startled Chloe and she quickly answered: "No! I do not think she likes me. She always takes the side of Sandrine and Mary." Upset, the principal pursued by calling the physical education teacher who was on yard's duty that day and asked him to spend time with Chloe while she placed the call. Chloe's parents immediately came to pick her up. Greatly concerned, the mother said:

Mrs. Garner, I know you mean well, but your school is not safe for our child and her teacher does not seem to care. She never calls us. I think she never wanted Chloe in her class and she certainly does not understand our child. She is harsh on Chloe and never has positive feedback for her. I think she would rather punish Chloe like sending her to the office then understanding why Chloe acts up. I wonder how many children are suffering in silence at AES.

Disturbed by the facts and the parents' words, the principal scheduled a meeting with Superintendent Masley to explain the situation. In her career as a teacher and administrator, Mrs. Garner learned that help seeking was a crucial quality to have as a principal. She knew that she needed help from senior principals, administrators, teachers, and other stakeholders to educate the children at AES. Seeing Chloe's distress reminded her that she urgently needed to be trained on trauma-informed practices so that she could make that a priority for her school. She knew that neither her nor her teachers had been appropriately prepared to tackle the current emotional needs of her students. The principal shared with the superintendent: "In my last three years as a principal, I have witnessed more students being affected by their parents' divorce, violence, bullying, and homelessness and I do not know what to do and my teachers do not either."

Mrs. Masley responded with support, encouragement, and additional money for immediate training. The superintendent agreed that the mental health coordinator would spend time at AES talking to different stakeholders, observing classrooms, and looking at data. After being in the school for a week, the mental health coordinator came to a faculty meeting to share his observations and offer some possible trainings. The data showed that 10% of the students were bullied in some way or another by classmates and sometimes even by teachers. He said:

You have to realize that bullied students act up because no one pays attention to them otherwise and they do not feel safe at school. These students want to have a voice and they do not know how to have it other than causing what is perceived as troubles. So, we punish them by sending them to the office or by missing recess, but in fact, they just need our attention, love, respect, and trust. Bullied students are not the problems here. The problem is that we do not have trauma-informed practices in place to provide them with a safe environment. How can Chloe learn, for example, when her friends are denigrating

her? All she thinks about is that fear she feels of not being able to be herself. All she cares about is the negative attention that is on her. So, she withdraws, stops eating, and starts acting up. Please realize that bullying is one way to cause traumas, but there are many others.

The team discussed participating in trainings on trauma-informed practices and asked the mental health coordinator for additional resources (Appendix A). The team was also charged to revise current policies on bullying and the dress code while also revising gender biased classroom management practices. Following the initial training, the teachers realized that some of their practices were inappropriate. One teacher had an “aha” moment and shared:

I cannot believe that all these years, I have asked my girls to line up with the girls and the boys to line up with boys! I also gave princess stickers as rewards for my girls and dragons for the boys. I guess I perpetuated the feeling of being unsafe for students who might have a different sexual orientation than the one God gave them and for students who may never have had to line up in their life because they did not attend school.

Following the training, the PE teacher started to teach his classes wearing pink shoes and attire. He was a proponent of trauma-informed practices and wanted to make sure the students felt safe with him because he had had a traumatic childhood as a homeless student. He knew what it was like to be called “smelly” or to be made fun of because he was “skinny, always late, and did not have good grades.” He had teachers who were oblivious to his emotional needs. As a child, he promised himself that he would become a teacher and would always be an advocate for children who experience hardships and traumas. Chloe felt a special connection to him since the day the principal had asked the PE teacher to spend time with her. He spent a lot of time with Chloe in the yard daily. He always gave Chloe a high five when he saw her and would stop his activities

to ask her how her day was going. The PE teacher realized that he could have an influence on students and other teachers if he modeled caring, respecting, and building strong relationships with students. As expected, his action did not come unnoticed. Parents talked about him wearing pink shoes at school and him using his attire as a teaching moment to talk with students about friendship, trust, and bullying.

Thanks to the physical education teacher, Mrs. Garner realized that she needed to involve parents in the change process. She formed a committee. The committee was composed of teachers, parents, community members, and university professors. The committee was tasked to learn and put in writing trauma-informed practices. At the first committee meeting and after hearing the teacher reflecting on the lining up process, one parent suggested, “Why don't we give students the choice to line up however they want as long as they are quiet? I did that accidentally when I was a teacher and it worked well!”

The situation at AES is serious. It is urgent that Mrs. Garner and her teachers understand the effect trauma has on students’ psychological and emotional health as well as the impact it has on their learning. Mrs. Garner and her team are dedicated to learning what they do not know about trauma-informed practices. The following teaching notes provide a framework that current and future school leaders can use to serve students who have experienced or perceive they have experienced trauma.

### **Teaching Notes**

In this case study, the school principal encountered various challenges related to learning and implementing trauma-informed practices among teachers and students. The following Teaching Notes will help current and future school administrators further their understanding on these key concepts.

“Trauma does not discriminate. It has no bounds, it happens in all communities, all cultures, and all settings” (Souers & Hall, 2018, p.18). Childhood trauma refers to traumatic experiences that happen from birth to age 17. While understanding the causes of trauma is key, it is critical that educators comprehend that students and adults can experience trauma in various ways. For example, one could lose appetite, engage in fights, take drugs, or become frequently ill (Adams, Blumenfeld, Castaneda, Hackman, Peters, & Zuniga, 2010). When students experienced trauma, they often feel continued heightened state of alertness, stress, or persistent fear for his/her safety. Childhood trauma often impacts learning and behavior. Trauma impacts students’ ability to process information, follow teachers’ directions, recall what was heard, and retain information (Souers & Hall, 2018). In this case, Chloe was stressed because her friends suddenly did not accept her for who she was and heard the comments made by Sandrine’s father. She expressed her distress by withdrawing to herself, losing her appetite, and having mood swings.

Trauma-informed schools adopt a mindset in which educators are curious rather than all-knowing and ask questions such as “What happened or what is happening in this student’s life? What are his/her strengths?” Trauma-informed schools foster the possibility of well-being by restoring and nurturing resilience despite other adversities in their lives (Starr Commonwealth, 2019). Educators understand the impact stress and trauma have on children’s bodies and their ability to regulate emotions, behavior, and ultimately learn. These schools are more than standardized tests; they enhance social and emotional learning. These schools avoid consequences such as time-outs and suspensions because they understand that exclusionary practices encourage the child to withdraw and reinforce the message that they are bad.

According to Souers and Hall (2018), the first step to help students with traumas is to build a safe environment. Safety refers to physical and emotional safety. Maslow (1943)

introduced his Hierarchy of Needs, which explain that, besides our basic physiological needs, human beings need to feel safe to be happy, learn, and succeed (see Figure 1). The third tier of Maslow's pyramid has to do with the need to be included: our human need to be social. These first three needs are crucial to be content and succeed. In schools, the first three tiers determine a student's opportunity and ability to learn. In this case study, the principal seeks to create a safe environment for all students by learning and using trauma-informed practices.

Figure 1. Maslow Hierarchy of Needs (McLeod, 2020).



Souers and Hall (2018) suggested that schools adopt the three Rs as part of a trauma-invested framework when developing safe environments. The 3 Rs consist of relationships, responsibility, and regulation. Relationships are meaningful connections between students and teachers. Students who have an unmet need for relationships require the teacher to be close in proximity, seek out the teacher often, have mood swings, crave a simple touch, and use personal words such as I hate or like you. Trauma-invested strategies to meet this relationship need

include greeting, smiling, asking questions, listening, saying the student’s name, using kind words, and giving hugs or handshakes, etc. Other strategies include whispering wishes such as “I have a wish for you today, I wish that you...” or offer a tangible object with students in need of relationships such as a stuffed animal or a card (Souers & Hall, 2018). In this case, the PE teacher was an advocate for Chloe. He spent time with her daily and she felt comfortable around him.

Another trauma-informed strategies teachers should consider is the use of time-ins rather than time-outs (Table 1) (Starr Commonwealth, 2019). In time-ins, the adult uses practices that help the student regain a regulated state whereas in time-outs, the student is left on his/her own to regain a regulated state. In the same way, in time-in students are empowered and accepted whereas in time-outs they are rejected.

Table 1

*Time-Ins versus Time-Outs (Starr Commonwealth, 2019)*

Time In	Time Out
Kids act out because they NEED attention	Kids act out because they WANT attention
Time together	Time apart
Give attention, connection	Withdraw attention, disconnect
Opportunity to learn	No opportunity to learn
Adult is there to help child regain a regulated state	Child is left to regain regulated state on their own
Growth, empowerment, acceptance	Punitive, shame, rejection

Responsibility refers to a sense of self-worth, efficacy, and competence. Students have an unmet responsibility need when they crave control, seek predictability, have been hurt or let down by others, engage in negative self-talk, and avoid work they are afraid they cannot do well.



Trauma-invested teachers and schools will use the following strategies to develop responsibility in students. They will use the word yet instead of negative phrases. For example, “You are not quite there yet, but I can see that you are understanding this better.” It is also important to provide clear rubrics and expectations, set up goals with students, and create action plans which teachers follow up regularly. Teachers should also allow students to choose where to work. Not all students work best at a table and assigned seating if a student cannot seem to find a space where he/she feels safe and comfortable. Finally, teachers should assign jobs to teach responsibility and grit, use positive self-talk, and show students that they are competent (Souers & Hall, 2018). At AES, the Kindergarten teacher did not seem to foster a sense of responsibility for Chloe.

Regulation is the ability to manage emotional and behavioral responses. Students who struggle with regulation have challenges with transitions, fidget constantly, shut down (by hiding under a desk, for example), and are on an emotional roller coaster. Trauma-invested strategies include playing soothing music, providing weighted pencils or lap pads, offering a stress ball or a worry stone, letting students choose where to work, and keeping students hands busy by allowing them to draw, etc. Another effective trauma-informed strategy is the use of a comfort corner. A comfort corner is a cozy space in the classroom where a child has a safe space to deescalate and reset if he/she is upset or was triggered by something or someone. Finally, brain breaks are helpful. Brain breaks can include meditating and using mindfulness practices such as breathing exercises, practicing yoga, moving around the room, and switching seats. These students should also drink water throughout the day (Souers & Hall, 2018). Because AES had not previously focused on trauma-informed practices, the teachers were not equipped to manage the students’

emotional and behavioral reactions when triggered. For example, Chloe did not have a comfort corner or any way to calm herself down.

Childhood trauma is pervasive. Often times, educators do not know which of their students have experience trauma and the degree of the traumatic experience. Because educators cannot stop or control trauma, it is the principal's obligation to create cultures of safety for every child. Trauma-informed educators understand that students often have unmet needs related to relationships, responsibility, and regulation. For each of these needs, there are strategies that can help students feel safer and help them focus on learning.

### **Conclusion**

The situation at AES is not solved. Mrs. Garner still has a lot to learn about trauma-informed practices in order to create a safe environment and the appropriate conditions for her students' learning. This teaching case study highlights how crucial it is for educational leaders and teachers to become educated on trauma in order to serve all students. This case study is relevant, and its solutions are pertinent to many districts in the United States because trauma is pervasive in schools.

### **The Challenge**

Next, current and prospective educational leaders have the opportunity to reflect on the case study and implement the new knowledge gained related to trauma-informed leadership.

Using the teaching notes, please answer the questions and complete the activity.

Put yourself in the principal's shoes. What would you do?

### **Think, Pair Share Activity**

1. Think of a student in your school who has experienced trauma.

2. Think how your school could use the Life Events Checklist below (Starr Commonwealth, 2019) then complete it for the student you chose in step 1.

Life Events Checklist (Starr Commonwealth, 2019)

**Home**

- Death of a family member
- Domestic violence
- Abuse
- Neglect
- Separation/Divorce
- Incarceration of a parent or sibling
- Neighborhood violence
- Robbery or theft
- Abuse of drugs or alcohol by parent/guardian/sibling
- Illness of family member
- Fight with parent/guardian/sibling
- Utilities turned off
- Other: \_\_\_\_\_

**Personal**

- Family treatment
- Psychotropic medication
- Illness
- Cutting/Self Abuse

- Use of drugs or alcohol
- Eating disordered behavior
- Suicidal ideation
- Intense sadness
- Intense hopelessness
- Intense anger leading to harming someone else
- Other: \_\_\_\_\_

**School**

- Behavior problem
- Failing grade
- Fight/Bullying
- Victim of bullying
- Use of drugs or alcohol
- Skipped school or a class
- Death of a teacher or classmate
- Illness of a teacher or classmate
- Conflict with a teacher
- Conflict with a classmate
- Other: \_\_\_\_\_

**Social**

- Argument with friend
- Use of drugs or alcohol
- Car accident

- Witness to fight
- Witness to violence
- Trouble making friends
- Does not get along well with others
- Other: \_\_\_\_\_

3. In pairs, discuss the student you chose and the Life Events Checklist.
4. Write down how you could improve your practices and your teachers' in relation to the 3

Rs: relationships, responsibility, and regulation. Use the template below.

<b>Relationships</b>	<b>Responsibility</b>	<b>Regulation</b>	<b>Resources</b>

5. Share the practices related to relationships, responsibility, and regulation that you will implement at your schools.
6. Appendix A provides a list of additional resources. Research the resources that could help you implement the practices you chose and list those resources in the appropriate column.

## References

- Adams, M., Blumenfeld, W.J., Castaneda, C., Hackman, H.W., Peters, M.L., & Zuniga, X. (2010). *Readings for diversity and social justice (2<sup>nd</sup> ed.)*. New York: Routledge.
- American Psychiatric Association (APA). (2013). *Diagnostic and statistical manual of mental disorders (5<sup>th</sup> ed.)*. Arlington, VA: Author.
- Crepeau-Hobson, F. (2018). Overcoming the unexpected: Promote physical and psychological safety to speed recovery from a major crisis event. *Principal, 98*(2), 18-22.
- George, R. (Host). (2019, October 13). Rethinking teacher safety training: What works, what doesn't work [Audio podcast]. Retrieved from <https://podcasts.apple.com/us/podcast/rethinking-teacher-safety-training-what-works-what-doesnt/id1093613867?i=1000453495098>
- Kugler, E. G. (2017). Supporting families in a time of fear. *Educational Leadership, 75*(1), 26-32.
- Maslow, A. H. (1943). A theory of human motivation. *Psychological review, 50*(4), 370.
- McLeod, Saul (2020, March 20). *Maslow's hierarchy of needs*. Retrieved from <https://www.simplypsychology.org/maslow.html>
- Nealy-Oparah, S., & Scruggs-Hussein, T. (2018). Trauma-informed leadership in schools: From the inside-out. *Leadership, 47*(3), 12-16.
- Souers, K. V. M., & Hall, P. (2018). *Relationship, Responsibility, and Regulation: Trauma-Invested Practices for Fostering Resilient Learners*. Alexandria: ASCD.
- Starr Commonwealth. (2019). *Trauma-informed resilience-focused schools guidebook* [PDF

file].

<file:///Users/KT54/Downloads/TraumaInformed%20Resilient%20School%20Guidebook.pdf>

Sullivan, A. L., & Simonson, G. R. (2016). A systematic review of school-based social-emotional interventions for refugee and war-traumatized youth. *Review of Educational Research, 86*(2), 503-530.

The National Survey of Children's Health. (n.d.). Retrieved from

<https://www.childhealthdata.org/learn-about-the-nsch/NSCH>

The National Child Traumatic Stress Network (n.d.). *National center*.

<https://www.nctsn.org/about-us/structure-and-governance/national-center>

United Nations High Commissioner for Refugees (2018). Figures at a glance. Retrieved from

<http://www.unhcr.org/en-us/figures-at-a-glance.html>

Welcome Dayton. (2011). *Immigrant friendly city*. Retrieved from

<http://www.welcomedayton.org/wp-content/uploads/2012/01/Welcome-Dayton-immigrant-friendly-report-final.pdf>

Wells, R. (2010). Children of immigrants and educational expectations: The roles of school composition. *Teachers College Record, 112*(6), 1679-1704.

Zeigler, K., & Camarota, S.A. (2018). Almost half speak a foreign language in America's largest

cities. *Center for Immigration Studies* [PDF file]. [https://cis.org/sites/default/files/2018-](https://cis.org/sites/default/files/2018-09/zeigler-language-18_1.pdf)

[09/zeigler-language-18\\_1.pdf](https://cis.org/sites/default/files/2018-09/zeigler-language-18_1.pdf)

## Appendix A

### *Additional Resources*

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Marccenter.org

Nobully.org

Starr Commonwealth: starr.org

Eschoolsafety.org

GenderSpectrum.org

Childtrauma.org

Creatingtraumasensitiveschools.org

Traumaawareschools.org

Nasponline.org (The National Association of School Psychologists)

Podcast: “Working with Trauma in Schools” by Jessica Minahan (ascd.org/ELpodcast)

Article: What’s Love Got to Do With It? By Rita Platt (Educational Leadership, Vol. 77, No. 2)

Australian Childhood Foundation: Protecting Children. (2010). “Making Space for Learning: Trauma Informed Practice in Schools.” Retrieved from

[www.theactgroup.com.au/documents/makingspaceforlearning-traumainschools.pdf](http://www.theactgroup.com.au/documents/makingspaceforlearning-traumainschools.pdf)

Downey, L. (2012). “Calmer classrooms: A guide to working with traumatized children.” Child Safety Commission, Victoria, Australia.

Article: “Trauma-informed leadership in schools: From the inside-out” by Shawn Nealy-Oparah and Tovi C. Scruggs-Hussein

Book: Trauma-Sensitive Schools: Learning Communities Transforming Children’s Lives, K-5 by Susan Craig

Child Trauma Toolkit for Educators from the National Child Traumatic Stress Network ([https://www.nctsn.org/sites/default/files/resources//child\\_trauma\\_toolkit\\_educators.pdf](https://www.nctsn.org/sites/default/files/resources//child_trauma_toolkit_educators.pdf))



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Book: One Minute Interventions from the National Institute for trauma and Loss in Children (2008)

Book: More One Minute Interventions from the National Institute for Trauma and Loss in Children (2013)

Trauma-Informed, Resilience-Focused behavior Support Plan for Children and Adolescents (<https://store.starr.org/Course/view/starr-behavior-support-plan-for-clinical-1>)

Courageous Classrooms: Skill of the Week (<https://starr.org/courageous-classrooms-skill-of-the-week/>)

Mind Body Skills (<http://projects.hsl.wisc.edu/SERVICE/courses/whole-health-for-pain-and-suffering/M8-Mind-Body-Skills-I.pdf>)

Healing the Experience of Trauma Program, including resilience manual and journal (<https://store.starr.org/Course/view/healing-the-experience-of-trauma-program-1>)

Book: Brave Bart – A story for traumatized and grieving children (1998)

Book: Brave Bart and the Bully (2012)