Building Trauma-Sensitive School Settings and Practices

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May 4, 2018
These slides were developed in collaboration with:

- The Center for Childhood Resilience at Ann and Robert H. Lurie Children’s Hospital of Chicago
- Lansing School District 158
- Champaign Unit 4 School District, Special Education Department
- Chicago Public Schools’ Office of Social & Emotional Learning
- Bruce Perry, MD, The Child Trauma Academy
- Gene Griffin, PhD, Northwestern University
- Audrey Stillerman, MD, University of Illinois at Chicago
- Illinois Childhood Trauma Coalition
- Readiness and Emergency Management for Schools TA Center
- (U.S. Department of Education)
What Does it Mean to be “Trauma-Informed?”

It’s all about a shift in perspective!
Remembering Trauma

Presented by The Center for Child Trauma Assessment, Service & Interventions (CCTASI) Northwestern University Feinberg School of Medicine
The Invisible Backpack

Trauma affects how young people think, feel, and behave...

• The Invisible Backpack
  o Beliefs about self
  o Beliefs about adults and authority figures
  o Beliefs about the world

• How can we repack this backpack?

• How can we make our clients feel:
  o Safe?
  o Capable?
  o Likeable/Lovable?

Components of Trauma-Informed Care

Creating a Safe Environment

Building Relationships and Connectedness

Supporting and Teaching Emotional Regulation

Substance Abuse for Mental Health Services Administration, 2014
The Vision & Plan for Building a Trauma-Sensitive School

The Vision
• Leadership & staff on board
• Safety for all students
• Holistic support for all students
• Connections for all students
• Teamwork & shared responsibility
• Anticipate & adapt

The Plan
1. School-wide Infrastructure, Procedures & Culture
2. Staff Training
3. Classroom Instruction for Traumatized Students
4. Alternative Strategies for Traumatized Students
5. Linkage with Behavioral Health Professionals

Trauma and Learning Policy Initiative, Massachusetts Advocates for Children & Harvard Law School, 2013
Building a Trauma-Sensitive School

Trauma and Learning Policy Initiative

- Collaboration between Massachusetts Advocates for Children and Harvard Law School

- Advocate for “trauma-sensitive schools” where school-wide trauma sensitivity is a regular part of how a safe and supportive school is run

Trauma and Learning Policy Initiative, Massachusetts Advocates for Children & Harvard Law School, 2013
The Trauma-Informed Perspective: What do you have to give up? What do you gain?

**Traditional**
1. Challenging behaviors are the result of individual deficits (e.g. what’s wrong with you?)
2. Understands difficult behaviors as purposeful and personal
3. Focuses on changing the individual to “fix” the problem
4. Adults need to uphold authority and control with youth and families
5. Punitive discipline works
6. Support for youth exposed to trauma is provided by counseling professionals

**Trauma-Informed**
1. Challenging behaviors may be ways of coping with traumatic experiences (e.g. what’s happened to you?)
2. Understands difficult behaviors may be automatic responses to stress
3. Focuses on changing the environment
4. Adults need to offer flexibility and choice to youth and families
5. Positive reinforcement works
6. Support for youth exposed to trauma is the shared responsibility of all staff
1. School Infrastructure, Procedures & Culture

Create predictable & safe environments in all areas of the school

• Clear rules & consequences for misbehavior (e.g., PBIS)
• Consistent routines
• Adults are available & present

Develop caring, supportive relationships for all students

• Example: Student Roster “Check” Activity
Creating a safe environment

Activities structured in predictable & emotionally safe ways

- Offer consistent routines (e.g., morning meetings)
- Use visual calendars and schedules
- Provide clear rules & consequences for misbehavior
  - Allow young children to participate in the development of rules
- Avoid discipline practices that mirror or replicate young children’s prior traumatic experiences (e.g., yelling)
Creating a Safe Physical Environment

- Calm Safe Space in the classroom where students can calm themselves and reset
- Consider providing calming tools (e.g., stress balls)
1. School Infrastructure, Procedures & Culture

Consider trauma when reviewing data in school teams (Admin SWIS data meetings, PBIS Committee, LIST meetings, Grade Level Teams, etc.)

- Consider the role of trauma in learning when making decisions about school-wide/individual goals

Structure discipline practices in a way that does not replicate students’ prior trauma

- Implement Restorative Practices that focus on the importance of relationships and teach empathy, but still hold students accountable
Example: Restorative Language

1. What happened?

2. What were you thinking at the time?

3. Who or what do you think was impacted by this action?

4. What do you need to do to make things right?
Creating a Trauma-Informed Student Code of Conduct

CPS Case Study: Revised SCC 2012

• Building capacity for Restorative Practices
• Shift away from “Zero Tolerance”
• Emphasis on School Culture
• Investment in Social-Emotional Learning Specialists (NSELS) to conduct needs assessment and intervention
• Create metric for Supportive School
• Address issues of disparity in discipline practices (implicit bias training)
• Invest in training for School Security Officers (de-escalation)
• Practice ahead of state mandates related to discipline
2. Staff Training

Support staff by offering consultation & on-going professional development opportunities

• School-based trainings:
  • Youth Mental Health First Aid
  • Positive Behavior Facilitation (PBF)
  • Mindful Teacher, Mindful Kids
  • Therapeutic Crisis Intervention (TCI)
  • Restorative Practices
  • Other board credit courses on behavior (Functional Behavior Assessment)
3. Classroom Instruction for Traumatized Students

Organize instruction in predictable & safe ways

• Routines & structure help students know what to expect (e.g. PBIS)
  − Calendars or schedules in the classroom
  − Consistent daily morning routines (e.g. greetings, Morning Meeting)
  − Provide consistent positive and negative consequences; frame consequences as choices

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3. Classroom Instruction for Traumatized Students

Teach students to regulate emotions & behaviors

• Teach students feelings identification
  • Use formal curriculum (e.g., Second Step)
  • Post feelings words in the classroom
  • Read books that emphasize feeling identification

• Teach emotion regulation using coping tools & by modeling
  • Use formal curriculum (e.g., Mindful Practices)
  • Create “calm corner in the classroom”
  • Use art and music activities to encourage relaxation
  • Model good coping
### ACTIVITY: Feelings Grab Bag

<table>
<thead>
<tr>
<th>Feeling</th>
<th>Feeling</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sad</td>
<td>Proud</td>
</tr>
<tr>
<td>Happy</td>
<td>Disappointed</td>
</tr>
<tr>
<td>Mad</td>
<td>Confused</td>
</tr>
<tr>
<td>Scared</td>
<td>Ashamed</td>
</tr>
<tr>
<td>Shy</td>
<td>Embarrassed</td>
</tr>
<tr>
<td>Brave</td>
<td>Excited</td>
</tr>
<tr>
<td>Calm</td>
<td>Stressed</td>
</tr>
<tr>
<td>Surprised</td>
<td>Confident</td>
</tr>
</tbody>
</table>

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3. Classroom Instruction for Traumatized Students

- Relaxation Practice
  - Stress Ball Activity
  - Deep Breathing
  - Progressive Muscle Relaxation
3. Classroom Instruction for Traumatized Students

- Mindfulness Practice
  - Example: Mind Yeti by Committee for Children (Second Step)
Sensory Regulation

Trauma impacts sensory regulation

• Proactive regulating sensory activities can be built into the classroom daily routine (e.g. alerting activities such as jumping jacks)

• Calming activities:
  – Squeezing, breathing, yoga, meditation, lowering lights & reducing sounds

• Help connect internal states to sensory solutions
  – Label sensory sensations to help identify sensory inputs that will help
  – Use formal programs (e.g., “How Does Your Engine Run?”, “Zones of Regulation”
  – Resources on www.spdstar.org
Teach young children to problem solve

• Verbal assertion: Practice how to ask for what you need in a prosocial way
  – “Please give me my toy back.”
  – “It hurts my feelings when you say that. Please stop.”
  – “Can we take turns?”
  – “Leave me alone.”

• When this does not work, ask an adult for help.
  – Highlight this in story-telling
  – Praise children for coming to you to solve a conflict
**SEL Curriculum**

- **Elementary SEL programs recommended by CASEL:**
  - 4Rs
  - Caring School Community
  - I Can Problem Solve
  - PATHS
  - Responsive Classroom
  - Second Step

- **Middle School SEL programs recommended by CASEL:**
  - Facing History and Ourselves
  - Lion’s Quest, Skills for Adolescence
  - Second Step
  - Student Success Skills

- **High School SEL programs recommended by CASEL:**
  - Facing History and Ourselves
  - Student Success Skills
PATHS Classroom Curriculum

Teach young children to regulate emotions & behaviors

Example skill:

This is how I DO TURTLE!
1. Wrap my arms around me.
2. Tell myself to stop.
3. Take a long, deep breath.
4. Say what the problem is and how I feel.

Courtesy of Mark Greenberg
Calm Classroom Curriculum

www.calmclassroom.com

SOURCE: CCTASI at Northwestern Feinberg School of Medicine
4. Alternative Strategies for Traumatized Students

Be an advocate for youth by connecting students to services that build on their skills, talents and passions.

- Connect students to sports, art, music, drama, community organization, clubs, etc. to develop students’ sense of competency and self-efficacy
  - Local examples:
    - Extra curricular activities
    - After-school clubs (teacher-led)
    - Community programs
    - Boys & Girls Club
    - YMCA
    - Champaign Rec
5. Linking with Behavioral Health Professionals

Follow protocols to refer students for SEL or mental health supports

• Connect with teams such as the GLTs, LIST Team, or Administrators/Social Workers

Offer trauma-competent evidence-based services for prevention, early intervention, treatment & crisis intervention

• School-based interventions (e.g., Check In Check Out, Bounce Back, Anger Coping, Peer Mediation, Small Group Second Step)
• Community mental health professionals
How Can I really tell . . . If a child is negatively impacted by trauma?

By conducting a screening to determine if a child is impacted by trauma

By referring the family for a comprehensive trauma-assessment conducted by a trained mental health professional.
Screening for Trauma: Benefits

• Creating a framework for understanding a child’s needs

• Determine if there is a need for more in-depth assessment or referral to treatment

• Educational – helps us communicate concerns to family members and referral sources

• Shared common language and practice across child serving systems
When should a referral be made for additional help?

- Reactions are severe (such as intense hopelessness, fear, or avoidance)
- Reactions go on for a long time (more than one month)
- Reactions interfere with a child’s functioning

At minimum assessment should include:
- Gross motor skills
- Fine motor skills
- Cognition
- Speech and language function
- Self help abilities
- Emotional well being
- Coping skills
- Relationship to guardians
- Caregiver capacity
- Trauma symptoms
Trauma-Focused Evidence-Based Interventions School-Age

Individual & Family
• Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)
• Eye Movement Desensitization Reprocessing (EMDR)
• Prolonged Exposure Therapy for Adolescents (PE-A)

Group Interventions (Community and Schools)
• Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS) & Adaptations
• Cognitive Behavioral Intervention for Trauma in Schools (CBITS)
• Bounce Back

Trauma-Focused Interventions for Young Children

• **Parent Child Interaction Therapy (PCIT)**
  – Parent training intervention that focuses on improving the parent/caregiver-child relationship and on increasing children’s positive behaviors.

• **Attachment, Self-Regulation and Competency (ARC)**
  – Intervention with youth and families who have experience multiple and/or prolonged traumatic stress

• **Child Parent Psychotherapy (CPP)**
  – Evidence-based model of treatment for children age 6 and younger who have experienced trauma or witnessed violence
  – Local training available which includes an 18 month Learning Collaborative host by an endorsed trainer
  – Childhood Trauma Research Project (http://childtrauma.ucsf.edu/)
Trauma-Focused CBT (TF-CBT)

- Short-term (12-20 sessions) therapy for children ages 3-18 who have been impacted by trauma, typically delivered in a clinic setting.

- An empirically supported intervention based on learning and cognitive theories.

- Reduces children’s negative emotional and behavioral responses, and to correct maladaptive beliefs and attributions related to abusive experiences.

- Provides support and skills to help parents cope effectively with their own emotional distress and to respond optimally to their abused children.

- Training is web-based for certification but recommend in person training also.

Group Interventions:
• Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS)

School-Based Group Interventions:
• Cognitive Behavioral Intervention for Trauma in Schools (CBITS)
• Bounce Back

Bounce Back

- Impact of trauma on elementary school students
- Build resilience to help students bounce back
  - 10 Group Sessions—CBT Skills
  - 2-3 Individual Trauma Narrative Sessions
    - Parent invited to 3rd
  - Parent Education
    - Weekly letters to parents
  - Teacher Education
    - Weekly emails to teachers
  - In-person training available

Bounce Back Website: http://bouncebackprogram.org/
Audra Langley, Ph.D. alangley@mednet.ucla.net
Cognitive Behavioral Intervention for Trauma in Schools (CBITS)

- Includes 10 group sessions
- Recommended for grades 3 - 12
- Skill Areas of the Intervention:
  - Psychoeducation and Relaxation
  - Realistic and Helpful Thinking
  - Exposure to Stress or Trauma Memory
  - Social Problem Solving
- Includes 1-3 Individual Sessions
- Parent Education
- Teacher Education
- Online & In-person training

(Jaycox, 2004)
SPARCS

- 16 session manually guided group treatment
- Present-focused, strength-based approach to addresses problems in daily functioning
  - No trauma narrative
- Cognitive-behavioral principles combined with Dialectical Behavior Therapy and Trauma & Grief Components Therapy
  - Knowing why they behave & feel the way they do
  - Enhancing resilience with tools for coping with
  - current & future stressors
  - Developing self-regulatory, problem-solving, and communication skills
Implementation Tools for Schools & Districts
Treatment and Services Adaptation Center for Resiliency, Hope, and Wellness in Schools
Trauma Responsive School Implementation Assessment
Key Components of a Trauma-Responsive School

1. Whole School Safety and Prevention Planning and Staff Support
2. Whole School Trauma Programming
3. Classroom-Based Strategies
4. Early Interventions for Trauma
5. Targeted Interventions for Trauma
6. Community and Family Supports
7. Whole School Safety and Prevention Planning and Staff Support
Sample Survey

**Whole School Safety Planning**

Whole school safety planning is a comprehensive approach to creating a school campus where students feel safe and secure. Please answer the following questions about your school’s safety policies and programs.

<table>
<thead>
<tr>
<th>Question</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>How comprehensive is your school’s assessment of campus physical safety (e.g., conducted at an appropriate frequency, uses a structured checklist)?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1-Minimally comprehensive, only addresses immediate dangers</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2-Staff inconsistently watches students</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>To what extent are students routinely supervised in a developmentally appropriate way across campus (including lunch rooms, hallways, playgrounds) recognizing that strategies vary by elementary, middle, and high school?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1-No defined process</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>To what extent does your school have a clearly defined strategy to determine when a student may present harm to another student or staff?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Sample Report

OVERALL COMPOSITE SCORE: 2.50

0 1 2 3 4

Safe/predictable campus
Adequate supervision
Threat assessment strategy
Bullying prevention

Based on your responses, this is a progressing domain for your school. Because your score indicates you have many of the building blocks/foundational steps for this domain in place, there are a number of next steps you can take to further enhance your school’s programming in this area. Please refer to the Whole School Safety Planning Guide, which will allow you to determine which next steps are appropriate for your school and will provide you with resources to take these next steps.

About Whole School Safety Planning

Whole School Safety Planning includes procedures and activities for monitoring and maintaining physical safety on a school campus. Your school’s Whole School Safety Planning score comprises your ratings on four indicators: (1) your assessment of the safety and predictability of your school campus; (2) implementing a standardized approach for adequate staff supervision of students across public spaces; (3) establishing and following a clearly defined process to determine when a student represents a harm to other students or staff; and (4) staff training in bullying prevention.

Last Updated: October 2, 2017
Updated By: Roy Goulet
Deeper Dive on Threat Assessment
According to the CDC from the Youth Risk Behavior Survey

- Approximately 750,000 high school students report that they have carried a weapon to school in the past 30 days (gun, knife, or club)
- Of that 750,000 total, 200,000 report themselves also to be victims of bullying
- A study found the likelihood of weapon-carrying grew exponentially with additive risk factors... Youth Risk Behavior Survey
Exponential Not Additive: Increase in Risk of Weapon Carrying by Adolescents Who Themselves are Frequent and Recurrent Victims of Bullying. Shapiro & Adesman, 2014

<table>
<thead>
<tr>
<th>STUDENTS WHO WERE...</th>
<th>PERCENTAGE CARRYING A WEAPON</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not bullied</td>
<td>5%</td>
</tr>
<tr>
<td>Bullied</td>
<td>9%</td>
</tr>
<tr>
<td>Bullied and in a fight at school</td>
<td>23%</td>
</tr>
<tr>
<td>Bullied and threatened or injured with a weapon</td>
<td>28%</td>
</tr>
<tr>
<td>Bullied, in a fight at school, and threatened or injured with a weapon</td>
<td>46%</td>
</tr>
<tr>
<td>Bullied, in a fight at school, threatened or injured with a weapon, and missing school because they felt unsafe</td>
<td>61%</td>
</tr>
<tr>
<td>Bullied, in a fight at school, threatened or injured with a weapon, missing school because they felt unsafe, and had something stolen from them</td>
<td>72%</td>
</tr>
</tbody>
</table>

N = 15,000
Implications

• A correlational relationship between H.S. bully victimization and weapon-carrying may exist
  – Not causal. Bully victimization is not seen to cause weapon-carrying
  – Likelihood may increase with multiple risk factors

• Base rate problems prevent advancing the correlation to identifying “school shooters”

• The overwhelming number of bullying victims will neither arm themselves nor shoot anyone
Tools for Implementing Threat Assessment Procedures

### Strategies

1. Create Safe School Climate*
2. Adopt SEL Curriculum*
3. Form a Threat Assessment Team
4. Transmit Information to Team
5. Assess Reported Information
6. Intervene and Manage

* Youth report much more likely to report concerns about self and peers when trust adults

### Resources

- National Association of School Psychologists ([www.nasp.org](http://www.nasp.org))
- Virginia Model for Student Threat Assessent

![Center for Childhood Resilience Logo](image)
Bullying Prevention
Bullying & Cyberbullying Prevention

**Strategies**

1. Create Safe School Climate*
2. Implement universal SEL Curriculum *
3. Adopt Bully-Free Zone (Clearly state and operationalize the expectations for respect in the school & classroom community)
4. Establish clear consequences that are restorative and trauma-informed*
5. Add cyber bullying and off-site behavior to code of conduct for sport teams & activities

**Resources**

- National Association of School Psychologists (www.nasp.org)
- www.netsmartz.org
- www.ikeepsafe.org
- www.cyberbully.org
- www.safekids.com and www.safeteens.com
- www.staysafe.org

**Smart Phone App:**
- Knowbullying (SAMHSA)
Misperceptions vs. Scientific Evidence

- Misperception: Bullying is an epidemic
  - *Scientific Evidence: Bully rates haven’t changed over time*
- Misperception: Bully–suicide link
  - *Scientific Evidence: Bullying is only one of many predictors*
- Misperception: Students who bully are young criminals
  - *Scientific Evidence: Students who bully are diverse in their outcomes*
- Misperception: Students who bully need to be punished
  - *Scientific Evidence: Ignores group phenomena*
- Misperception: Students who bully come from dysfunctional families
  - *Scientific Evidence: “Good kids” get involved in bullying*

- Adapted from Espelage 2014
Effects of Being Bullied

• Lower self-esteem
• Depression and Anxiety
• Absenteeism and lowered school achievement
• Thoughts of suicide
• Illness (headaches, sleep problems, abdominal pain, tension)

• Increasing awareness that intense bullying can invoke a trauma response and symptoms similar to other types of traumatic experiences

• These symptoms and effects can persist into adulthood
Social-Ecological Perspective

Society
Community
School
Family
Student
School Climate: Risk Factors

- Lack of supervision in areas of the school
- Lack of attachment to peers and adults in the building
- Negative, critical relationships
- Lack of clear and consistent expectations and consequences

-adapted from Espelage & Swearer, 2003
School Climate: Bullying Prevention

• Increase supervision
  – Know your hot spots
  – Know what to look for

• Have clear anti-bullying policies and procedures

• Recognizing risk factors for being victimized & means of bullying
  – Who are our kids bullying and how/where are they doing the bullying?

• Engage families

Adapted from Second Step Bullying Webinar
Note about the research on Bullying Prevention

• Merrel et al. (2008)
  - Meta-analysis: Prevention programs focusing narrowly on bullying have small to negligible effects on decreasing rates of bullying

• Most schools’ bullying prevention efforts are not successful because they fail to address the overall school climate & culture (Swearer, Espelage, & Napolitano, 2009).
Goals for Prevention: Universal Approach

• Most powerful antidotes for bullying:
  – Strong sense of self
  – Being a friend
  – Having at least one good friend that will stick with you
  – Being able to successfully join a group

Social-Emotional Learning Skills!
Cyberbullying: The Perfect Storm

Culture of Behavior that typically occurs “off radar” for adults and Technology that is more accessible to students than to most adults!
Navigating the Technological World:

Dangers and thrills await; just like a Riding a bike

Need Adults to teach and monitor
Access to Technology

- Percentage of students with cell phones in schools: near 100% for high school/middle school
- Percentage of students aged 12-17 using the internet: 87%
- Percentage of teenagers using the internet at a friend or relatives house: 87%
- January, 2007: Number of people who visited most popular networking website for children: 25 million; 2nd: 11.3 million
- Percentage of teenagers reporting receiving an unwanted sexual solicitation online: 13%
- Number of children who admitted they consider meeting face-to-face with someone they meet on internet: 1 out of 3

Frequency of Cyber-bullying

A study of 1500 Internet-using teens:

• Over 1/3 of youth reported being victimized
  40% of victims were disrespected,
  18% were called names
  over 12% were physically threatened
  about 5% were scared for their safety.

• Only 15% of victims told an adult about the incident

• over 16% of teens admitted to cyber-bullying others

Hindua and Patchin, 2005
Adults Must Understand:

Good Kids can say and do mean things

Easy for fun to slide into dangerous and/or mean electronically
Risks too Great, Exposure too Likely

Can’t wait for a problem; must take a Universal Approach to Cyberbullying and Internet Safety
Educate kids about the risks of electronic communication

Many students do not understand that once something is posted/sent, they lose control of the audience who may read it.

Would I be OK if this text were printed on a 6 foot billboard in front of my school?

What if my grandmother, little sister or principal reads this?

-“Think Before You Post” Campaign
Cyber-bullying is Against the Law

- In the U.S., it is now a **federal crime** to anonymously "annoy, abuse, threaten, or harass any person" via the internet or telecommunication system.
- Punishable by fine and/or up to two years imprisonment

from Wikipedia
Illinois Attorney General Internet Use: Recommendations

• Sample Contracts to print out and sign on website
• Follows 7 key principals with “I will” statements for child and parent to sign regarding online behavior and internet use

• Adapted from Child Safety on the Information Superhighway by Lawrence J. Magid

http://illinoisattorneygeneral.gov/cyberbullying/index.html
Illinois Attorney General 7 Key Principals of Internet Safety

• Never post personal information on line
• Don’t put strangers on your buddy list
• Don’t post potentially embarrassing images of yourself online
• Remember anyone can read blogs
• Communicate only with family and friends
• Tell your parents if you receive anything that makes you feel uncomfortable
• THINK BEFORE YOU POST any information about yourself online
Impact of Trauma on Caring Adults & the Importance of Self-Care
Compassion Satisfaction

Pleasure one derives from being able to do his or her work effectively. Pleasure and satisfaction derived from working in helping, caregiving systems

Compassion Fatigue

The experience of being physically, mentally, or emotionally worn out, or feeling as if you are carrying young people’s traumas “too much alone.”
A-B-Cs of Self-Care

• **Awareness**
  - Determine how you are feeling, what your stress level is and whether your behaviors are consistent with who you want to be

• **Balance**
  - Balance among different types of activities including work, personal, family life, rest and leisure

• **Connections**
  - Building social connections and supportive relationships with co-workers, friends, family and community

**SOURCE:** Adapted from Think Trauma Training NCTSN (2012). © 2017 Ann & Robert H. Lurie Children’s Hospital of Chicago All rights reserved.
Awareness: Indicators of Stress

Physical
- headaches, stomachaches, lethargy, sleep disturbance

Cognitive
- trouble concentrating, preoccupied by young person’s trauma

Emotional
- feeling numb or detached, increase in anger, sadness, prolonged grief, anxiety, depression

Personal
- isolation, cynicism, mood swings, irritability with spouse and family

Workplace
- avoidance of certain children, tardiness, missed appointments, lack of motivation

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Balance & Connection: Self-Care Strategies

Physical
- Sleep Well, Eat Well, Dancing, Exercise, Yoga

Emotional
- See Friends, Cry, Laugh, Praise Yourself, Humor

Personal/Spiritual
- Self-Respect, Pleasure Reading, Say ‘No’, Smile, Solitude, Prayer, Meditation

Workplace
- Take Breaks, Set Limits, Peer Support, Get Supervision, Use Vacations

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Self-Care Strategies & Plan
HANDOUT & ACTIVITY

• Physical Self-Care
• Psychological Self-Care
• Emotional Self-Care
• Spiritual Self-Care
• Workplace or Professional Self-Care
• Balance

Professional & Organizational Self-Care

• Encourage staff to take breaks, including planning to take vacation time throughout the year
• Maintain regular supervision meetings
• Make time to check-in on co-workers’ compassion fatigue
• Creating space for people to say “no” if they are feeling overwhelmed
• Arrange group lunches or other meetings with coworkers
• Maintain healthy, appropriate boundaries
• Know role limits
# Professional Quality of Life Scale (ProQOL)

When you [help] people you have direct contact with their lives. As you may have found, your compassion for those you [help] can affect you in positive and negative ways. Below are some questions about your experiences, both positive and negative, as a [helper]. Consider each of the following questions about you and your current work situation. Select the number that honestly reflects how frequently you experienced these things in the last 30 days.

<table>
<thead>
<tr>
<th>1 = Never</th>
<th>2 = Rarely</th>
<th>3 = Sometimes</th>
<th>4 = Often</th>
<th>5 = Very Often</th>
</tr>
</thead>
</table>
1. I am happy. |
2. I am preoccupied with more than one person I [help]. |
3. I get satisfaction from being able to [help] people. |
4. I feel connected to others. |
5. I jump or am startled by unexpected sounds. |
6. I feel invigorated after working with those I [help]. |
7. I find it difficult to separate my personal life from my life as a [helper]. |
8. I am not as productive at work because I am losing sleep over traumatic experiences of a person I [help]. |
9. I think that I might have been affected by the traumatic stress of those I [help]. |
10. I feel trapped by my job as a [helper]. |
11. Because of my [helping], I have felt "on edge" about various things. |
12. I like my work as a [helper]. |
13. I feel depressed because of the traumatic experiences of the people I [help]. |
14. I feel as though I am experiencing the trauma of someone I have [helped]. |
15. I have beliefs that sustain me. |
16. I am pleased with how I am able to keep up with [helping] techniques and protocols. |
17. I am the person I always wanted to be. |
18. My work makes me feel satisfied. |
19. I feel worn out because of my work as a [helper]. |
20. I have happy thoughts and feelings about those I [help] and how I could help them. |
22. I believe I can make a difference through my work. |
23. I avoid certain activities or situations because they remind me of frightening experiences of the people I [help]. |
24. I am proud of what I can do to [help]. |
25. As a result of my [helping], I have intrusive, frightening thoughts. |
26. I feel "bogged down" by the system. |
27. I have thoughts that I am a "success" as a [helper]. |
28. I can't recall important parts of my work with trauma victims. |
29. I am a very caring person. |
30. I am happy that I chose to do this work.
Provider Resilience App

Google Play & Apple Store

http://t2health.dcoe.mil/apps/provider-resilience
Stop, Breathe & Think App

http://stopbreathethink.org/
Creating Healing School Communities
Catherine DeCarlo Santiago, PhD; Tali Raviv, PhD; and Lisa H. Jaycox, PhD.

Creating Healing School Communities provides school mental health providers with the necessary trauma-informed tools to help them intervene on behalf of struggling students and create a beneficial educational environment. Using the Multi-Tiered System of Supports (MTSS) model, the authors provide a practical overview of evidence-based interventions at different levels and show how school staff can work together to help students overcome trauma and excel.

*Disclaimer: The Center for Childhood Resilience does not receive royalties from the sale of this book*
For More Information on CBITS & BB

• Cognitive Behavioral Intervention for Trauma in Schools, Lisa Jaycox, Ph.D. Rand Corporation: 2004

• CBITS Website: www.cbitsprogram.org

• Bounce Back Website: http://bouncebackprogram.org/

• Audra Langley, Ph.D. alangley@mednet.ucla.net

• National Child Traumatic Stress Network (www.nctsn.org)
Additional Resources

Professional Quality of Life Measure
http://www.proqol.org/

Compassion Fatigue Awareness Project
www.compassionfatigue.org
patricia@compassionfatigue.org

National Child Traumatic Stress Network
www.nctsn.org

Stop, Breathe and Think App
http://stopbreathethink.org/

Provider Resilience App
http://t2health.dcoe.mil/apps/provider-resilience

Child Trauma Toolkit for Educators
http://www.nctsn.net/nctsn_assets/pdfs/Child_Trauma_Toolkit_Final.pdf

Helping Traumatized Children Learn
http://traumasensitiveschools.org

Self-Compassion
www.self-compassion.org

Trauma Stewardship Institute
http://traumastewardship.com/the-trauma-stewardship-institute/

Creating Healing School Communities:
School-Based Interventions for Students Exposed to Trauma
http://amzn.to/2EsBnZ7
Colleen Cicchetti, Ph.D.  
ccicchet@luriechildrens.org

For more information, visit  
www.childhoodresilience.org  
Email: ccr@luriechildrens.org

Illinois Childhood Trauma Coalition  
www.lookthroughtheireyes.org  
Email: ictc@luriechildrens.org