



**Center for
Childhood
Resilience**

Resilient Kids. Stronger Communities. Brighter Futures.

 Ann & Robert H. Lurie
Children's Hospital of Chicago®

Building Trauma-Sensitive School Settings and Practices

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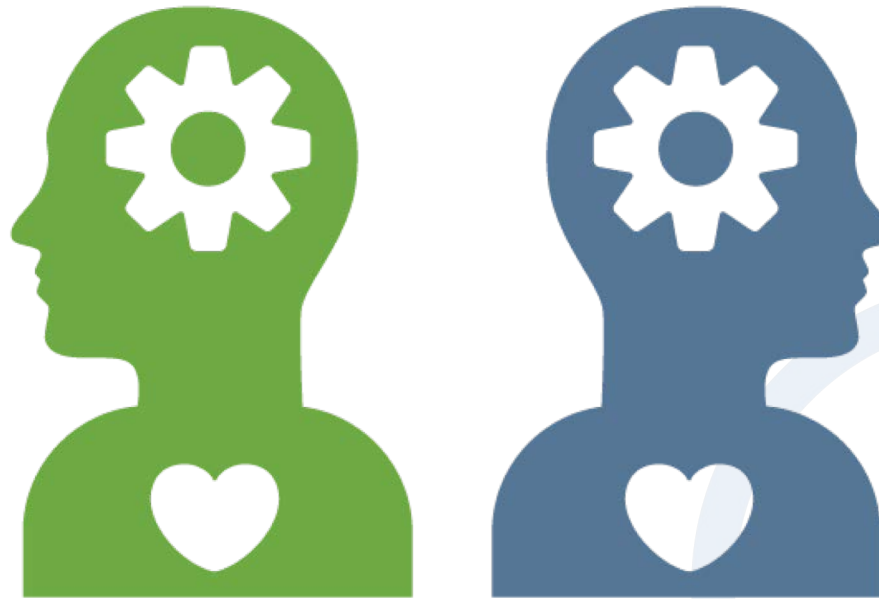
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Acknowledgements

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(U.S. Department of Education)

What Does it Mean to be “Trauma-Informed?”



It's all about a shift in perspective!

Youth Voice: Video & Discussion



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
 - Beliefs about self
 - Beliefs about adults and authority figures
 - Beliefs about the world
- How can we repack this backpack?
- How can we make our clients feel:
 - Safe?
 - Capable?
 - Likeable/Lovable?



Components of Trauma-Informed Care



The Vision & Plan for Building a Trauma-Sensitive School



The Vision

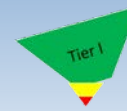
- Leadership & staff on board
- Safety for all students
- Holistic support for all students
- Connections for all students
- Teamwork & shared responsibility
- Anticipate & adapt



The Plan

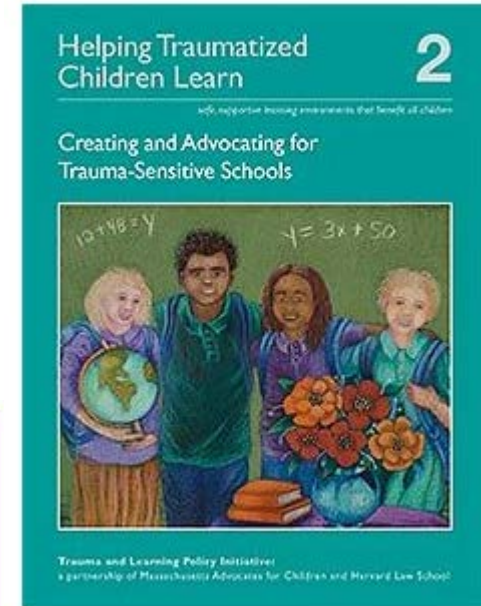
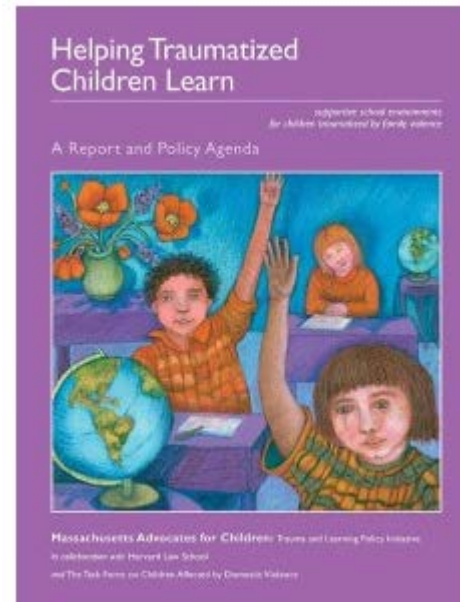
1. School-wide Infrastructure, Procedures & Culture
2. Staff Training
3. Classroom Instruction for Traumatized Students
4. Alternative Strategies for Traumatized Students
5. Linkage with Behavioral Health Professionals

Building a Trauma-Sensitive School



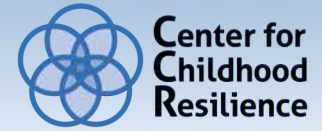
Trauma and Learning Policy Initiative

- 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



The Trauma-Informed Perspective:

What do you have to give up? What do you gain?



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Traditional

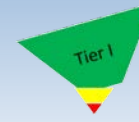
1. Challenging behaviors are the result of individual deficits (e.g. what's wrong with you?)
2. **Understands difficult behaviors as purposeful and personal**
3. Focuses on changing the individual to "fix" the problem
4. **Adults need to uphold authority and control with youth and families**
5. **Punitive 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

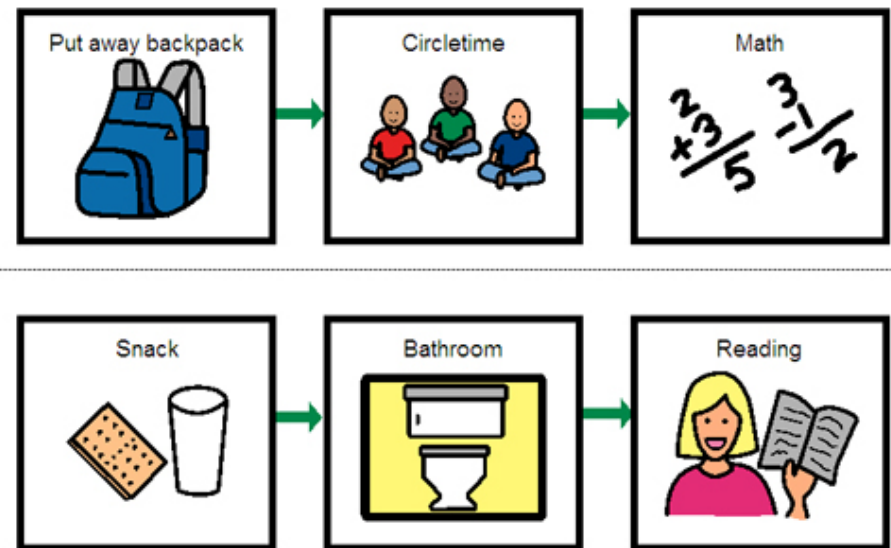
- Example: Student Roster “Check” Activity

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)

Morning Schedule

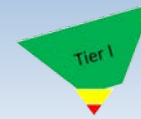


Creating a Safe Physical Environment

- 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



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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?*

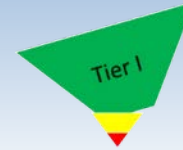


Creating a Trauma-Informed Student Code of Conduct

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

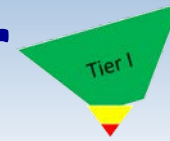
2. Staff Training



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)

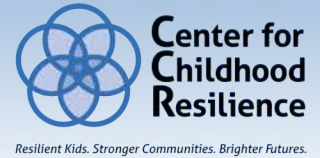
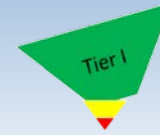
3. Classroom Instruction for Traumatized Students



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

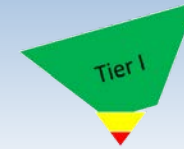
3. Classroom Instruction for Traumatized Students



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

3. Classroom Instruction for Traumatized Students

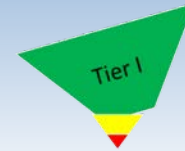


ACTIVITY: Feelings Grab Bag

Sad	Proud
Happy	Disappointed
Mad	Confused
Scared	Ashamed
Shy	Embarrassed
Brave	Excited
Calm	Stressed
Surprised	Confident



3. Classroom Instruction for Traumatized Students



- Relaxation Practice
 - Stress Ball Activity
 - Deep Breathing
 - Progressive Muscle Relaxation



Squeeze Lemon With Hands



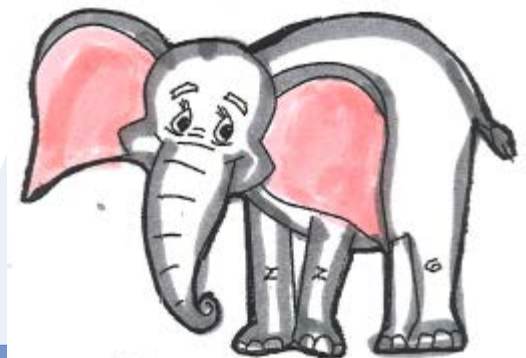
Bite the Jaw Breaker



Squeeze Through Fence



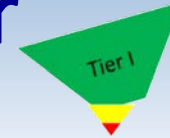
Feet in Mud Puddle



Baby Elephant... Tighten Stomach



3. Classroom Instruction for Traumatized Students



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



Sensory Regulation

Trauma impacts sensory regulation

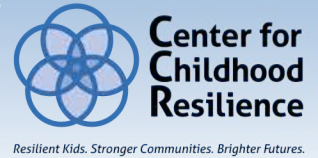
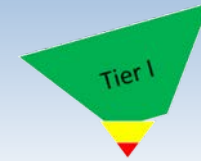
- Proactive regulating sensory activities can be built into the classroom daily routine (e.g. alerting activities such as jumping jacks)
- Calming activities:
 - Squeezing, breathing, yoga, meditation, lowering lights & reducing sounds
- Help connect internal states to sensory solutions
 - Label sensory 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



Collaborative for Academic, Social, and Emotional Learning

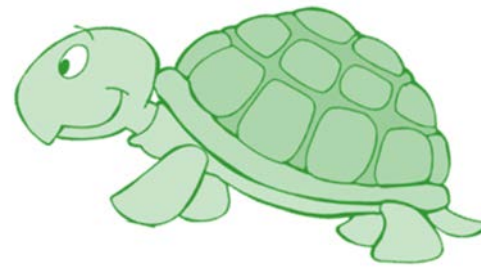
PATHS Classroom Curriculum

Teach young children to regulate emotions & behaviors

Example skill:

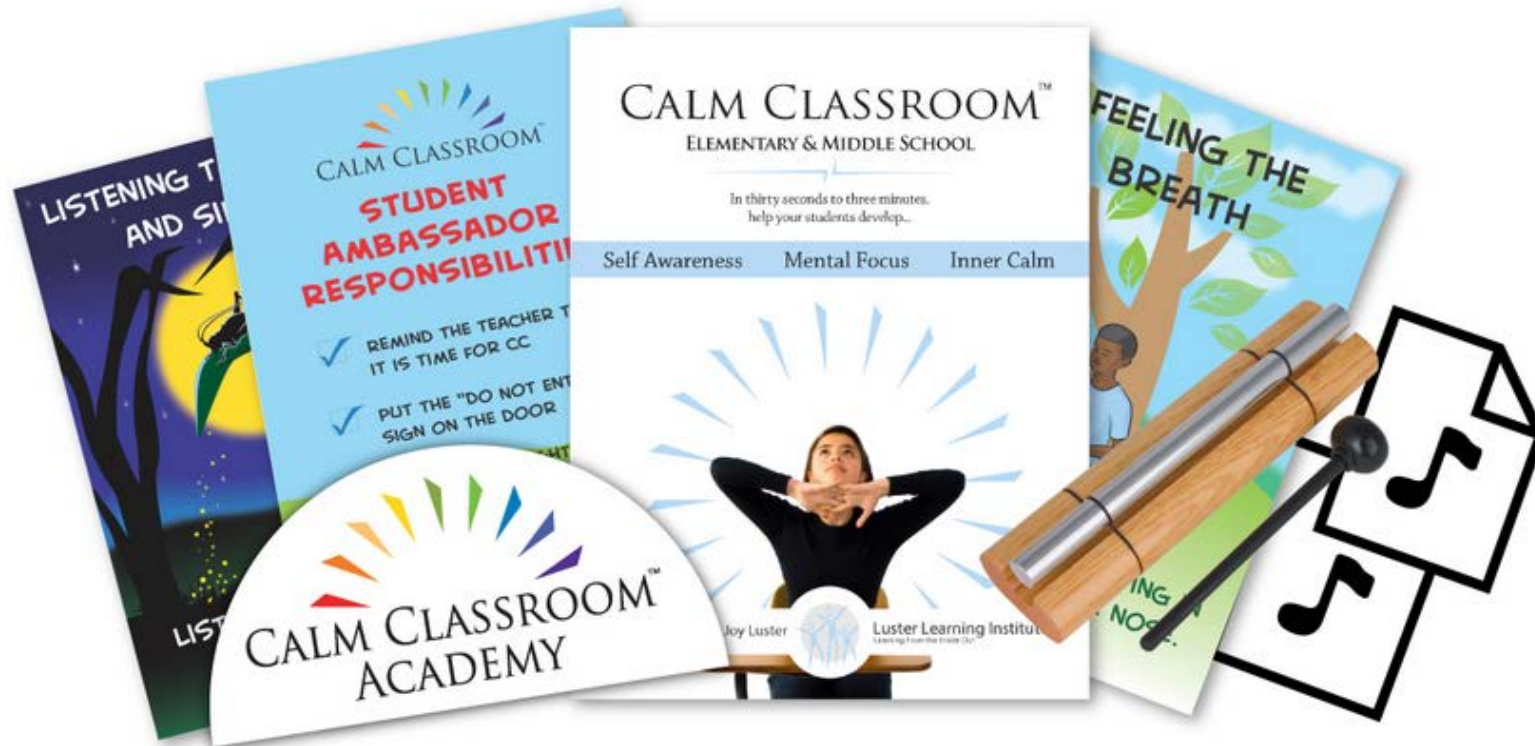
This is how I DO TURTLE!

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.



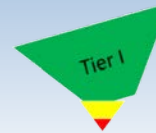
Courtesy of Mark Greenberg

Calm Classroom Curriculum



www.calmclassroom.com

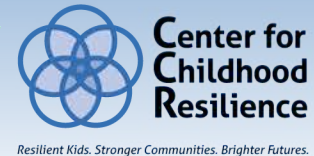
4. Alternative Strategies for Traumatized Students



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

SOURCE: Adapted from Child Welfare Trauma Training Version 2.0 NCTSN (2013).

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

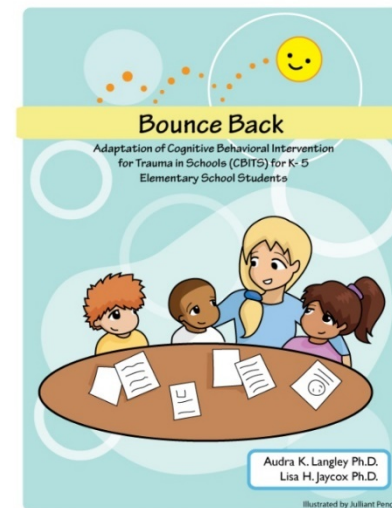
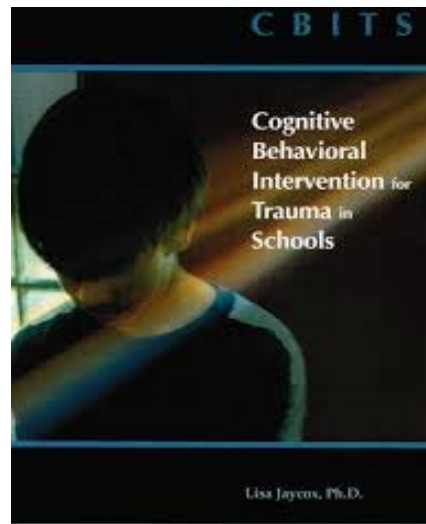
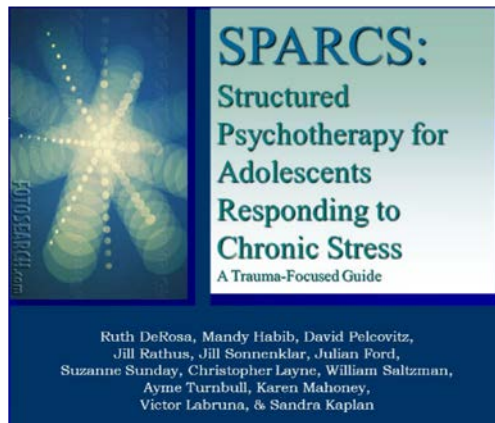
Trauma-Focused Evidence Based Interventions in Schools

Group Interventions:

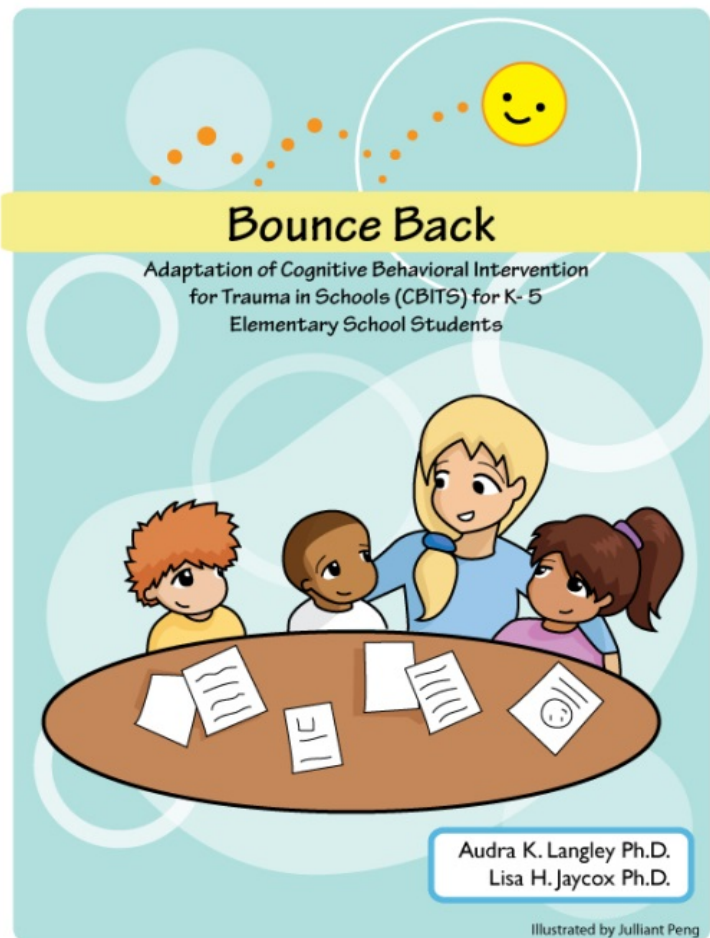
- Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS)

School-Based Group Interventions:

- Cognitive Behavioral Intervention for Trauma in Schools (CBITS)
- Bounce Back



Bounce Back

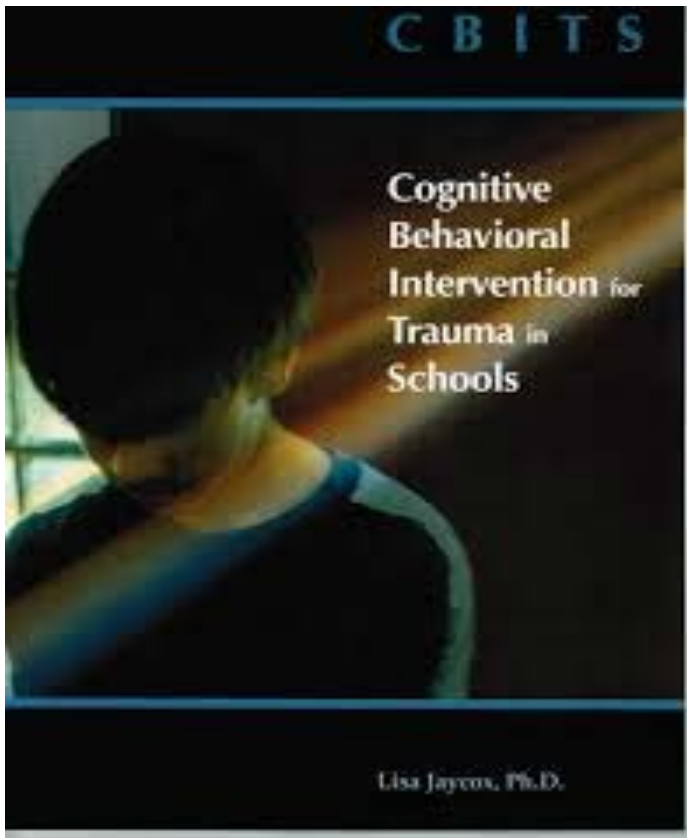


- Impact of trauma on elementary school students
- Build resilience to help students bounce back
 - 10 Group Sessions—CBT Skills
 - 2-3 Individual Trauma Narrative Sessions
 - Parent invited to 3rd
 - Parent Education
 - Weekly letters to parents
 - Teacher Education
 - Weekly emails to teachers
 - In-person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

Bounce Back Website: <http://bouncebackprogram.org/>

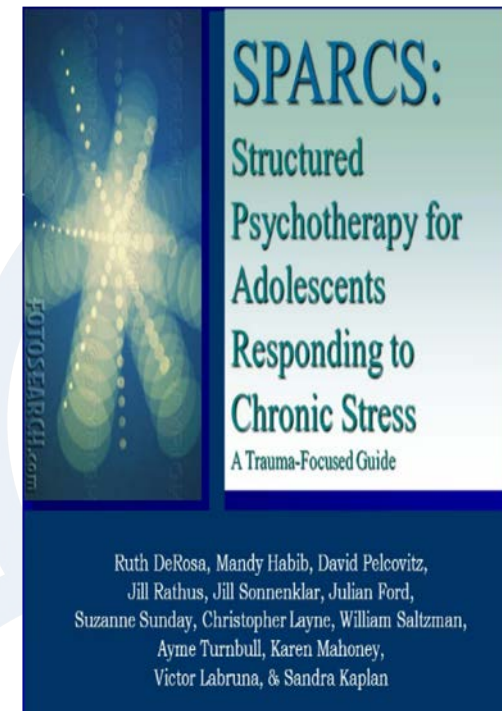
Audra Langley, Ph.D. alangley@mednet.ucla.net

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

- 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



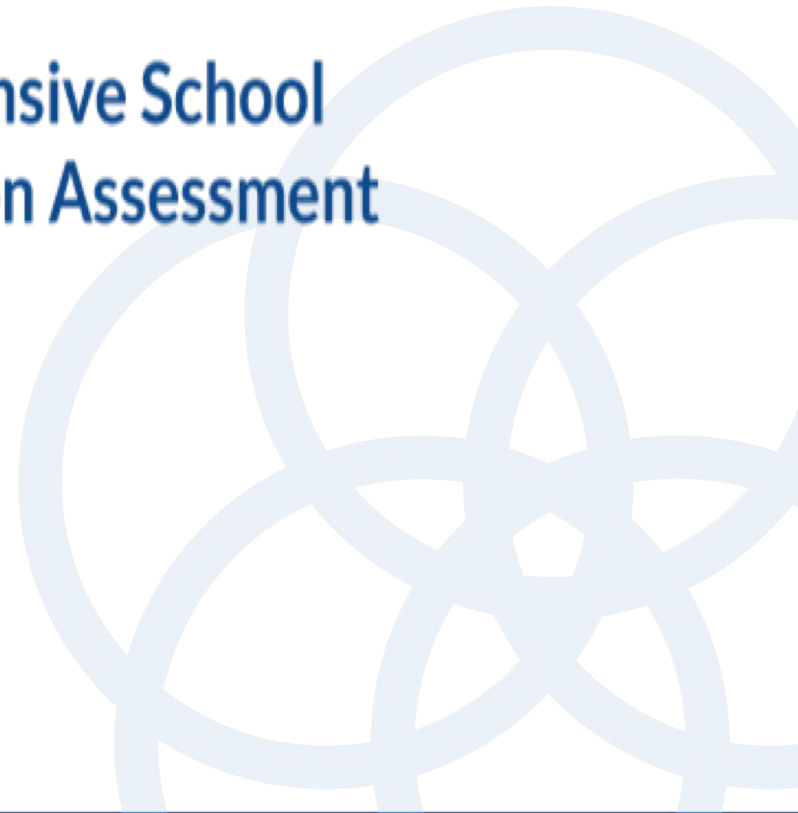
Treatment and Services Adaptation Center for Resiliency, Hope, and Wellness in Schools

USC
Suzanne
Dworak-Peck
School of Social Work

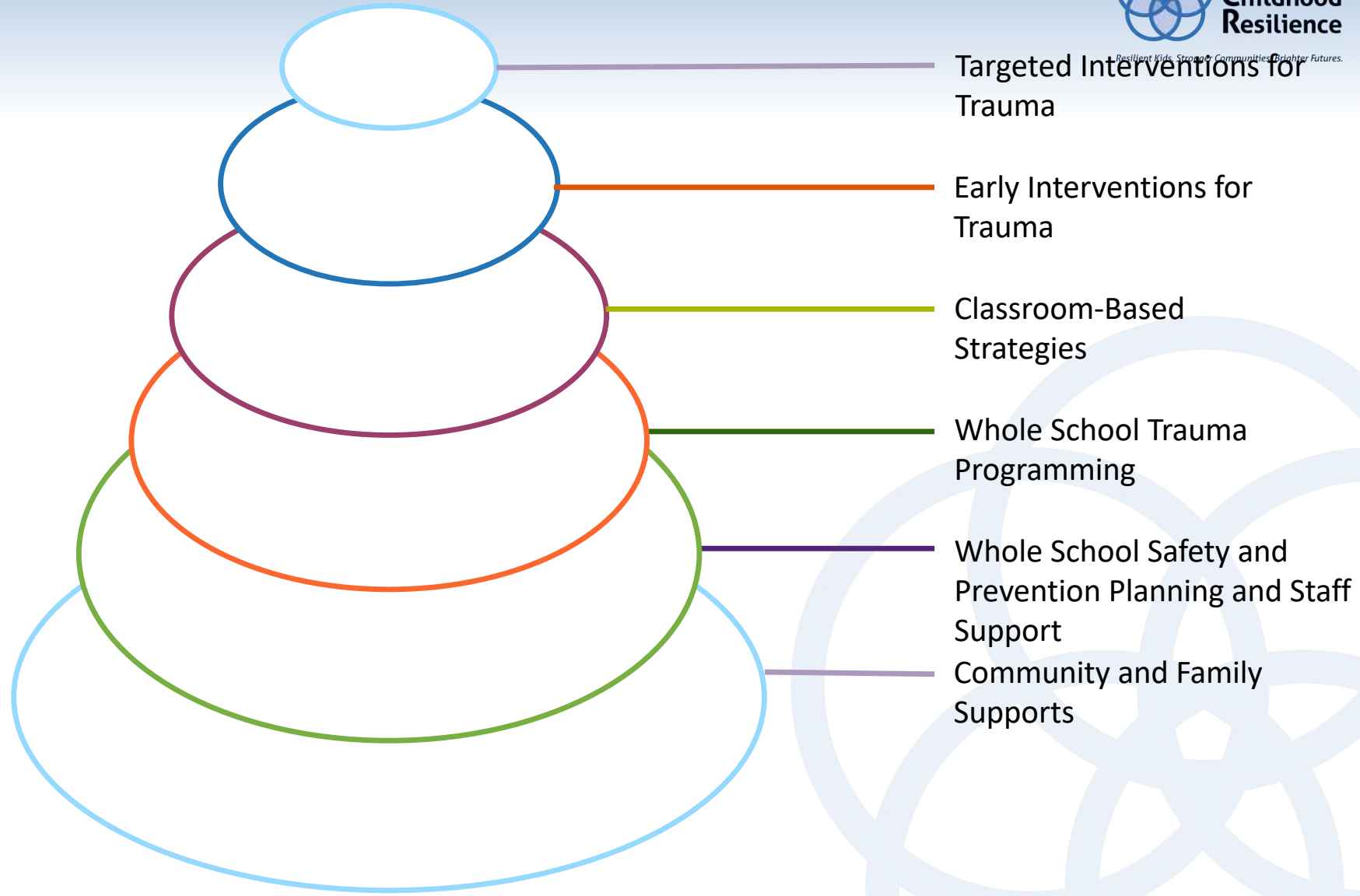




Trauma Responsive School Implementation Assessment



Key Components of a Trauma-Responsive School



Targeted Interventions for Trauma

Early Interventions for Trauma

Classroom-Based Strategies

Whole School Trauma Programming

Whole School Safety and Prevention Planning and Staff Support

Community and Family Supports

Sample Survey

Whole School Safety Planning

Page 1 of 1

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.

	1-Minimally comprehensive, only addresses immediate dangers	2	3	4-Very comprehensive
How comprehensive is your school's assessment of campus physical safety (e.g., conducted at an appropriate frequency, uses a structured checklist)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	1-Staff inconsistently watches students	2	3	4-Routine monitoring across entire campus
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?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

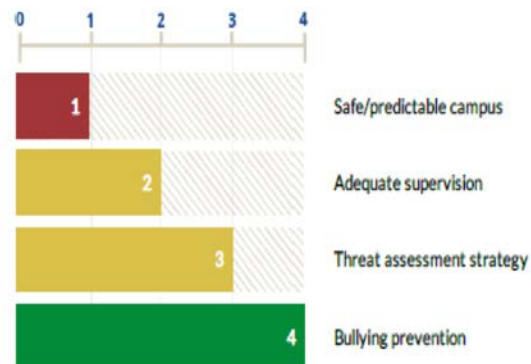
	1-No defined process	2	3	4-Clearly defined process
To what extent does your school have a clearly defined strategy to determine when a student may present harm to another student or staff?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Sample Report



OVERALL COMPOSITE SCORE: 2.50

Last Updated: October 2, 2017
Updated By: Roy Goulet



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.



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***

Who's Carrying?

Percentage of high school students who had a weapon at school in the past 30 days

STUDENTS WHO WERE...

PERCENTAGE CARRYING
A WEAPON



Not bullied

5%

Bullied

9%

Bullied and
in a fight at school

23%

Bullied and
threatened or injured with a weapon

28%

Bullied,
in a fight at school, and
threatened or injured with a weapon

46%

Bullied,
in a fight at school,
threatened or injured with a weapon, and
missing school because they felt unsafe

61%

Bullied,
in a fight at school,
threatened or injured with a weapon,
missing school because they felt unsafe, and
had something stolen from them

72%

*Exponential Not
Additive: Increase in Risk
of Weapon Carrying by
Adolescents Who
Themselves are Frequent
and Recurrent Victims of
Bullying. Shapiro &
Adesman , 2014*

N = 15,000

Note: Risk factors in the left hand column (fought at school, threatened, etc.) refer to events that occurred in the past year.

Source: "Exponential, Not Additive, Increase in Risk of Weapons Carrying by Adolescents Who Themselves Are Frequent and Recurrent Victims of Bullying." Lana Shapiro and Andrew Adesman, Cohen Children's Medical Center of New York, 2014.

Mother Jones

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)
- United Educators Checklist for K-12 Schools Implementing a Student Threat Assessment Process
- (www.EduRisk.org)
- Virginia Model for Student Threat Assessment



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)

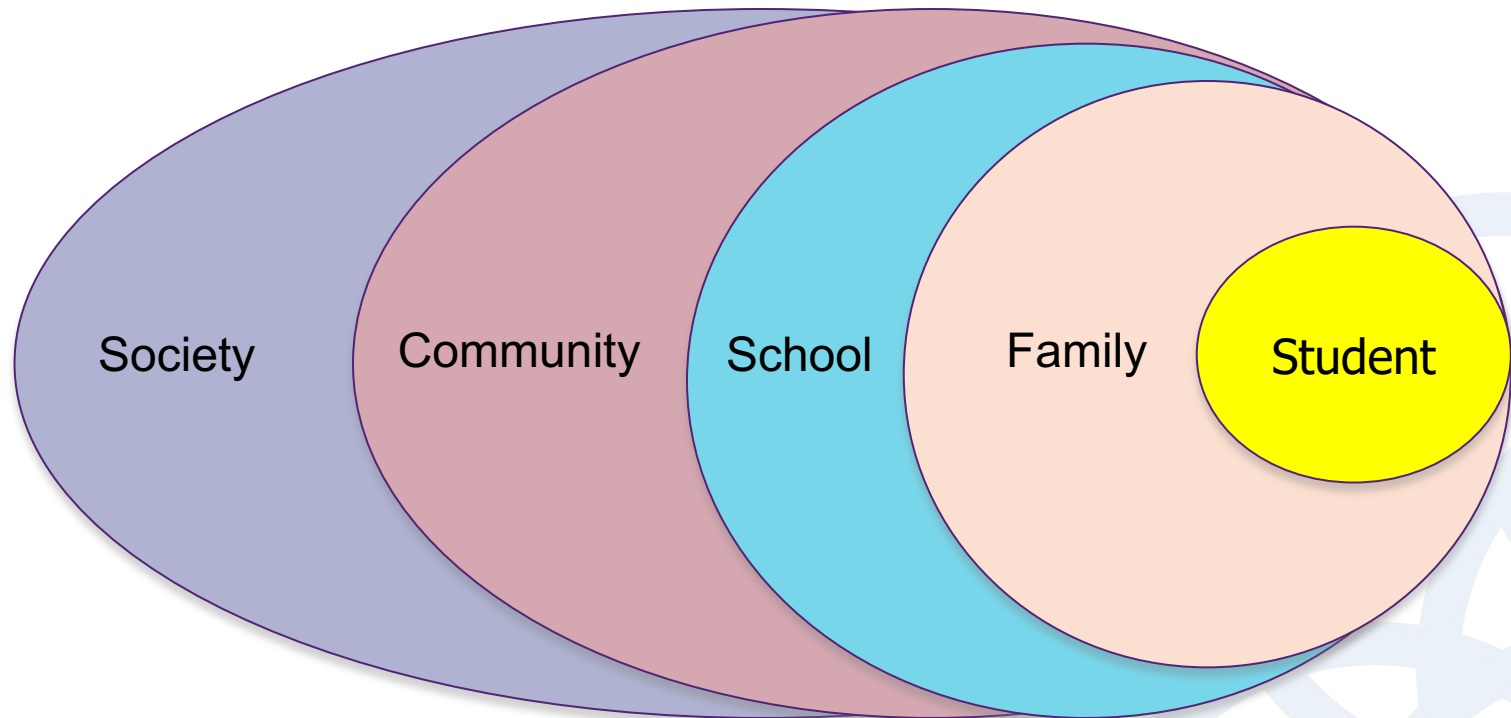
Misperceptions vs. Scientific Evidence

- **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*

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



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
- Lisa Madigan: www.IllinoisAttorneyGeneral.gov

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

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 Principles 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

SELF-CARE: Compassion Satisfaction & Compassion Fatigue

Compassion Satisfaction

*Pleasure one derives from being able to do his or her work effectively.
Pleasure and satisfaction derived from working in helping, care-giving 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**

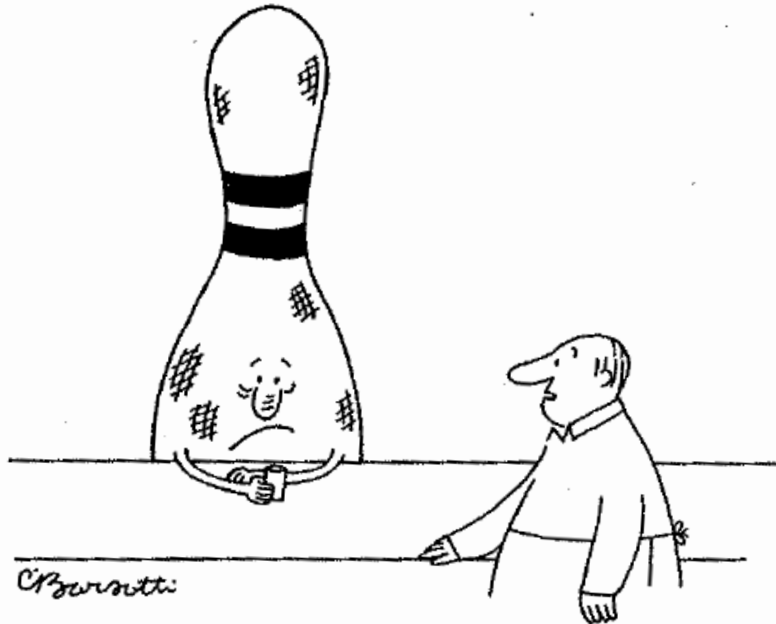
- Balance among different types of activities including work, personal, family life, rest and leisure

- **Connections**

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



Awareness: Indicators of Stress



"Have you ever considered another line of work?"

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

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



Self-Care Strategies & Plan HANDOUT & ACTIVITY

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



Self-Care Plan

Things I can do to take care of myself...

Physical

1. _____

2. _____

Emotional

1. _____

2. _____

Personal

1. _____

2. _____

Workplace

1. _____

2. _____

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)

COMPASSION SATISFACTION AND COMPASSION FATIGUE (PROQOL) VERSION 5 (2009)

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.

1=Never 2=Rarely 3=Sometimes 4=Often 5=Very Often

- _____ 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.
- _____ 21. I feel overwhelmed because my case [work] load seems endless.
- _____ 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.

Professional Quality of Life Scale (ProQOL)

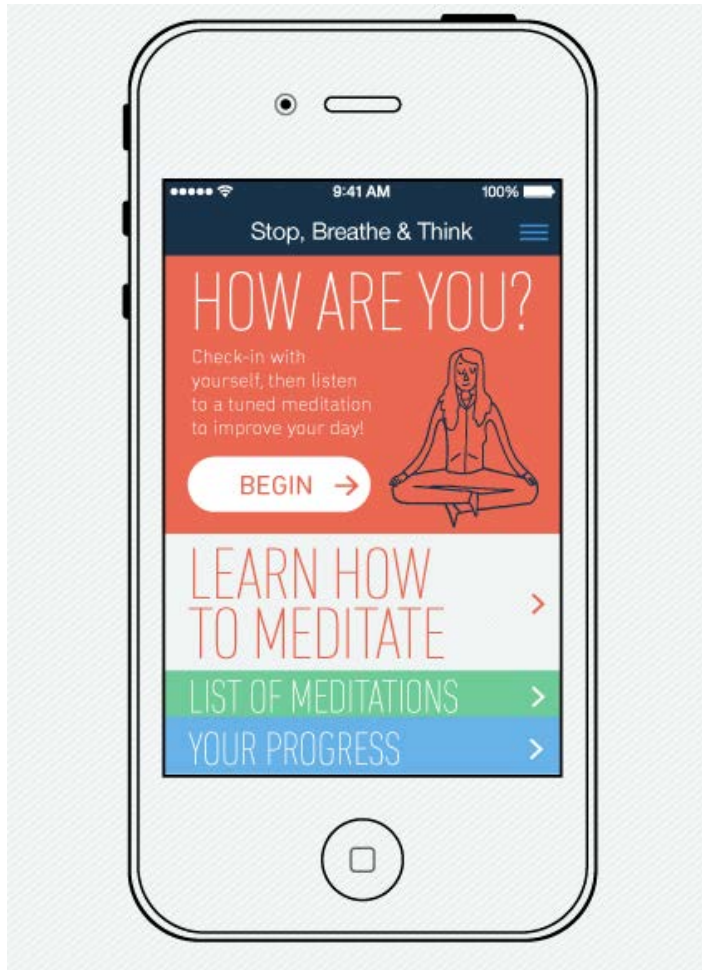
Provider Resilience App



[Google Play & Apple Store](#)

<http://t2health.dcoe.mil/apps/provider-resilience>

Stop, Breathe & Think App



<http://stopbreathethink.org/>

Creating Healing School Communities

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

Creating Healing School Communities

School-Based Interventions
for Students Exposed to Trauma



Catherine DeCarlo Santiago,
Tali Raviv, and Lisa H. Jaycox

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.org/nctsn_assets/pdfs/Child_Trauma_Toolkit_Final.pdf

Helping Traumatized Children Learn

<http://traumasensitiveschools.org>

Self-Compassion

www.self-compassion.org

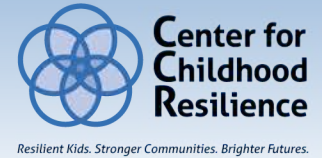
Trauma Stewardship Institute

<http://traumastewardship.com/the-trauma-stewardship-institute/>

Creating Healing School Communities: School-Based Interventions for Students Exposed to Trauma

<http://amzn.to/2EsBnZ7>

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Illinois Childhood Trauma Coalition

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