Specialized Training in Early Childhood Education

Wednesday, June 20, 2018

Developed by the Mississippi Department of Education in partnership with North Mississippi Education Consortium

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Early Childhood Instructional Specialist/ 619 Coordinator

Kristi Gary
Office Coordinator
Week 1
Monday, June 18
Jill Dent
Office of Early Childhood
Mississippi Department of Education
*Early Childhood Guidance and Best Practices*
*Executive Function and Self-Regulation*

Laura Dickson
Office of Early Childhood
Mississippi Department of Education
*CLASS Overview Training*

Teresa Laney
Office of Special Education
Mississippi Department of Education
*SPED Early Language Development*

Tuesday, June 19
Gena Puckett & Monnie Vail
The Graduate Center for the Study of Early Learning
University of Mississippi
*Moving Forward*

Cathy Grace
The Graduate Center for the Study of Early Learning
North Mississippi Education Consortium
University of Mississippi
*Read Right from the Start - The Power of Language Part I & II*
*Equipping the Classroom on a Shoe String Budget*
*Use of Learning Centers*

Wednesday, June 20
Pam Schiller
Author and Curriculum Specialist
Schiller Educational Resources
*Nurturing Social and Emotional Intelligence*

Pam Myrick-Mottley
Early Childhood Consultant
*Trauma Sensitive Classroom*
Thursday, June 21
Pam Myrick-Mottley
Early Childhood Consultant
*Using Conscious Discipline to Support a Trauma Sensitive Classroom*

Friday, June 22
Laurie Weathersby and Jayda Brantley
Office of Intervention Services
Mississippi Department of Education
*MTSS Instruction*

Jen Cornett
Office of Intervention Services
Mississippi Department of Education
*Gifted*

Melissa Banks
Office of Elementary Education and Reading
Mississippi Department of Education
*#tech4littles*

Sandy Elliott
Office of Student Intervention Services
Mississippi Department of Education
*Supporting English Learners*
Week 2

Monday, June 25
Brittany Herrington
REACH-MS
The University of Southern Mississippi
*Behavior Challenges: Proactivity Counts*

Nicole Briceno
Mississippi Early Childhood Inclusion Center
The University of Southern Mississippi
*Reaching and Teaching All Children in the Inclusive Classroom*

Tuesday, June 26
Shenikia Robinson and Darna’ Robinson
Atlanta Speech School
Read Right from the Start
*Empowering Children’s Lives Through Language*

Wednesday, June 28
Kenya Wolff and Burhanettin Keskin
Early Childhood Education
The University of Mississippi
*Working with Diverse Families Lee Anne Grace Barnes*

Lee Anne Grace Barnes
Tupelo School District
*Utilizing Music to Foster Early Literacy*

Thursday, June 29
Lydia Boutwell
Office of Early Childhood
Mississippi Department of Education
*Schedules, Standards, and Planning...Oh My!

Laura Dickson
Office of Early Childhood
Mississippi Department of Education
*STEAM
Pulling it All Together*

Friday, June 30
Limeul Eubanks
Office of Secondary Education
Mississippi Department of Education
*Collages Inspired by Eric Carle*
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<th>Monday 06.18</th>
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<td>PAM SCHILLER Nurturing Social and Emotional Intelligence</td>
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<td>PAM MOTTLEY Using Conscious Discipline to Support a Trauma Sensitive Classroom</td>
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Nurturing Social and Emotional Intelligence

Pam Schiller, Ph.D.

S-M-I-L-E

It isn’t any trouble just to s-m-i-l-e
It isn’t any trouble just to s-m-i-l-e
So smile when you’re in trouble
It will vanish like a bubble
If you only take the trouble just to
S-M-I-L-E!

G-r-i-n- grin
L-a-u-g-h
Ha-ha, he-he or ho-ho or all mixed up
Current Trends Among Children
Ages 2 to 18

- Depression (1.22 million to 3.22 million in last decade)
- Use of antipsychotic drugs (5 fold in decade)
- Eating disorders (7 million girls)
  - Overweight (1 in 2 children)
  - Obese (1 in 5)
- Cutting (2 million girls each year)
- Sleep deprivation (67% miss 1 to 2 hours per night)
- Children are being diagnosed with anti-social personality disorder.
- 18 school shooting since January 1, 2018.

In total, one-third of our children are now diagnosed with some significant mental or physical disorder.

Social-Emotional Intelligence

- Social development covers the broad range of skills people use to relate to, play with, learn from, and teach others. Social skills are important for survival and for a good life.

- Healthy emotions allow people to express and constructively manage the full range of human feelings, to postpone gratification, to find constructive outlets for negative emotions, and to understand and appreciate how others feel. Healthy emotions lead to self satisfaction and joy.
The Social-Emotional Intelligence Model

<table>
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<th>Emotional Intelligence</th>
<th>Social Intelligence</th>
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<td>Self-awareness</td>
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<td>- Primal empathy</td>
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<td>- Empathy accuracy</td>
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<td>- Attunement</td>
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<td>- Social cognition</td>
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<td>Self-management</td>
<td>Relationship management</td>
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<td>- Self-presentation</td>
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<td>- Influence</td>
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<td>- Concern</td>
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Neuroscience

- Safety and Stimulation
- The role of experience and repetition
  - Mirror Neurons
  - Spindle Cells
- Timing: Windows of Opportunity
- Intentionality
- Human Interactions
Safety and Stimulation

- Humans are intrinsically wired to attend to their physical safety and emotional security first and foremost. It is next to impossible for anyone to learn when he or she feels threatened.

- Children need stimulation to grow, develop, and learn but over stimulation causes the brain to either shut down or lose the ability to sort and classify incoming data.

Reducing Early Simulation

- **Smell:**
  - Use fragrance free cleaning products, laundry products
  - Place an article of clothing from mommy close to baby.

- **Sight**
  - Shield baby from bright lights.
  - Experiment with vary wattage of light bulbs (dimmers)

- **Touch**
  - Keep clothing loose and soft.
  - Cut tags from clothing.
  - Swaddle newborns.
  - Experiment with different holding positions.
  - Offer gentle massages.

- **Sounds**
  - Vary pitch and tones of voice.
  - Use Shhhhh-shhh.
  - Keep volumes low.
Windows of Opportunity

<table>
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<tr>
<th>Window</th>
<th>Wiring Opportunity</th>
<th>Greatest Enhancement</th>
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<td>Emotional Intelligence</td>
<td>0 - 48 months</td>
<td>4 - 8 years</td>
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<td>Trust</td>
<td>0 –14 months</td>
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<td>Impulse Control</td>
<td>16 –48 months</td>
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<td>Social Development</td>
<td>0 -48 months</td>
<td>4 years to puberty</td>
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<td>Attachment</td>
<td>0- 12 months</td>
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<td>Cooperation</td>
<td>36-60 months</td>
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<td>Thinking Skills</td>
<td>0 - 48 months</td>
<td>4 years to puberty</td>
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<td>Cause and Effect</td>
<td>0 –16 months</td>
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<td>Problem-Solving</td>
<td>16 - 48 months</td>
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<td>Motor Development</td>
<td>0 - 24 months</td>
<td>2 years to puberty</td>
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<td>Literacy Foundation Skills</td>
<td>0 - 24 months</td>
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<td>Early Sounds</td>
<td>4 - 8 months</td>
<td>2 - 7 years</td>
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<td>Vocabulary</td>
<td>0 - 24 months</td>
<td>8 mos. –10 yrs.</td>
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<td>2-5 years</td>
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The Role of Experience

- Experience wires the brain.
- Repetition strengthens the wiring.
- 85% of the brain is wired at age 3.
- 95% of the brain is wired by age 5.
Mirror Neurons

- Mirror Neurons:
  - reflect back the actions of other.
  - fire as we watch others.
  - make emotions contagious.
  - Help us know the intent of others.

“When you smile the whole world smiles with you.”

Empathy
The Heart of Social-Emotional Intelligence

- Knowing the feeling of others
- Feeling what that person feels
- Responding compassionately

Scientist say that the more active a person’s mirror neuron system, the stronger their empathy.
Spindle Cells

- Spindle cells
  - make us socially aware and sensitive.
  - put the snap in snap judgments.
  - create our interpersonal intelligence.
  - position themselves in the brain during the first 4 months of life. How prolific they are depends on factors such as stress (for worse) and loving atmosphere (for the better).

Humans, apes and whales are the only animals with spindle cells.

Intentionality: Emotional Coaching

There is no such thing as a bad emotion. There are just inappropriate ways of handling negative emotions.
Parenting Approaches

- Dismissing: ignore emotions
- Disapproving: punish emotions
- Laissez Faire: accept emotions but fail to provide guidance
- Emotional Coach: accepts emotions and provides guidance

Emotional Coaching: Five Steps

1. Awareness
2. Connecting
3. Listening
4. Naming
5. Finding Solutions

Relationships play a major role in the wiring of social-emotional intelligence.

“Caregivers, parents and teachers, hold in their hands the chance to shape a child’s entire future. High on the list of priorities are the social interactions and emotional exchanges between caregiver and child.”

Bruce Perry, MD.
Texas Medical Center

Pet Scans of Three Year Olds
Characteristics of Social-Emotional Intelligence

- Exhibits self confidence.
- Expresses natural curiosity.
- Demonstrates intentionality.
- Exhibits self control.
- Relates to others.
  - Knows feelings of others and expresses concern.
- Communicates needs, desires and ideas.

Building Confidence

- Challenge children to the edge of their competency.
- Balance abilities and limitations.
- Be “fully present.”
- Keep physical space cozy.
- Avoid perfectionism.
- Provide opportunities for children to practice problem-solving. Embrace failure.
- Use encouragement as opposed to praise.
Encouragement versus Praise

**Findings:**
Extrinsic reward inhibits intrinsic motivation.

The brain functions optimally when stress is low and safe challenges are high.

**Applications:**
- Eliminate the use of stickers and privilege rewards.
- Be honest and sincere with compliments.
- Encourage children to critique themselves.
- Avoid comparisons.
- Focus on process instead of product.

Negative Impacts of Praise

- Too much praise burdens—it pressures children to live up to your expectations.

- Value-driven praise results in children equating good with pleasing others and bad with displeasing others. We raise people-pleasers instead of thinkers.

- If you praise for only completed tasks, you send a message that effort doesn’t matter.

Bottom line: You can’t build confidence from the outside.
Encouragement Strategies
Notice, Acknowledge, and Appreciate

- Notice and describe behavior.
  “Look at you. You finished the puzzle. That took determination.”
  “You did it. You came down the slide feet first and landed right in my arms.”

- Link actions to enjoyment and satisfaction instead of a tangible reward.

- Use encouragement especially when children make a poor choice.
  “I feel confident that you will find a better way.”

Nurturing Curiosity

- Set up an environment that allows children to “fall in love” with their world. Keep the environment safe for exploration.
- Accept the non-traditional.
- Consider ways to offer novelty.
- Provide interesting materials for exploration.
- Ask “what if” and other open-ended questions.
- Redefine failure as determination.
- Stimulate imagination. Encourage dreams.
- Follow the interest of the children.
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<td>Security</td>
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**Intentionality**

- **Offer choices.** Focus on **thoughtful choices**.
- **Discuss the difference** in what we want to do and doing the right thing.
- **Use the choices of literary characters** as a springboard for discussion.
- **Allow time** for focusing and reflecting.
- **Encourage persistence and commitment.** Insist on **finishing what is started**.
- **Encourage internal satisfaction**.
Self-Control

- Ensure physical needs are met. Provide a “safe place™.”
- Consider using agreements™ as opposed to rules.
  - Use clear, simple agreements. Hold boundaries.
  - Allow children to help set the rules.
- Be consistent. Be firm. Be fair.
- View behavioral challenges as teaching opportunities for all.
- Provide opportunities to practice patience.
- Have appropriate expectations.
- Use natural and logical consequences for inappropriate behavior.
- Ignore attention-getting behaviors.
- Offer limited choices.
- Avoid over-stimulation.
Calming Strategies for Preschoolers

- Bring hands to the center of the body
- Stretch
- Listen to relaxation music
- Breath
- Exercise
- Release
- Talk to a friend

Brain Smart Strategies
Teaching Impulse Control

- Ensure that children feel safe.
- Treat the group as a family.
- Sing. De-stress every day and several times.
- Avoid over-stimulation.
- Set boundaries and keep them.
- Handle tantrums appropriately.
- Provide examples often. Acknowledge the behavior you desire.
- Use sign language.
- Model appropriate behaviors (hello, thank you).
- Develop humor.
Teach and Model Social Etiquette

- Discuss feelings as they pertain to both spontaneous and planned events that occur in the classroom.
- Express your feelings as appropriate.
- Teach and model basic rules of politeness.
- Teach verbal clues.
- Teach and model strategies for negotiating and resolving conflicts (Cooperative Problem-Solving).
- Model empathy. Teach empathy. Acknowledge empathy.
- Use “Wish You Well Rituals”™ for absent class members.
- Encourage an environment that reflects the classroom as a community of learners.

Encouraging Communication

- Build trust.
- Listen with interest. Be “fully present.”
- Expand vocabulary. Model vocabulary that shows compassion and empathy.
- Encourage appropriate language.
- Point out non-verbal (body language) communication.
- Treat “Show and Tell” as a springboard to oral reporting.
- Use sign language as a beginning with toddlers, reluctant speakers or second language speakers.
- Practice making eye contact and appropriate ways to greet others.
- Encourage children to use their “big voice.”
References

CHILDHOOD TRAUMA: EFFECTS ON YOUNG CHILDREN AND OUR CLASSROOMS

Mississippi Department of Education Pre-K - K Boot Camp
June 20 & 21, 2018
Pamela Myrick-Mottley, Presenter

LET’S DO A CHECK-IN.
What is your energy level? 1 - 10

What is your focus/attention level? 1 - 10
What is your emotional state? Grumpy, peaceful, fearful, sad, angry… 1 - 10

Activity: TAPS
The only thing harder than starting something new is changing something old.

Russell Ackoff
OUR FOCUS

• Define early trauma/adversity and what makes an experience traumatic.
• Become familiar with the Adverse Childhood Experiences (ACE) study.
• Overview of symptoms of complex trauma.
• Describe the relationship between brain development and early adverse experiences.
• Identify, explain and explore resilience building classroom strategies to counter the effects of trauma.

Sobering Facts

In 2015, an estimated 683,000 children were victims of child abuse.
• More than ½ (63.8 percent) were between birth and 8 years old.
• More than ¼ (27.7 percent) were younger than 3 years old
• An estimated 18.6 percent were between the ages of 3 and 5
• An estimated 17.5 percent were between the ages of 6 and 8

Almost 80 percent of these early traumas occurred at home and were perpetrated by the children’s own parents.

The victimization rate is highest for children under 1 year of age.

**TRAUMA**

A unique individual experience of a single event, or a series of events, or a set of enduring conditions, in which:

1. The individual’s ability to integrate his or her emotional experience becomes overwhelmed, or

2. The individual experiences a threat to life, bodily integrity or sanity.
“Traumatic” is often used to describe extraordinary events…
Events are not traumatic in and of themselves; they become traumatic when they exceed a person’s capacity to cope.

Susan E. Craig
“Trauma Sensitive Schools”

**TYPES OF TRAUMA**

1. Acute trauma is associated with a single event: a car accident, a natural disaster, a violent event…anything that threatens physical and emotional safety.

2. Chronic/Complex trauma refers to multiple and varied events that happen repeatedly and is often of an invasive, interpersonal nature.
**KINDS OF TRAUMA**

1. Sexual, physical, emotional abuse or assault
2. Neglect
3. Serious accident, illness or medical procedures
4. Victim or witness to domestic and/or community violence
5. Historical trauma (intergenerational assault on culture/well being)
6. School Violence
7. Natural and/or manmade disasters (war/terrorism/political violence/mass shootings)
8. Forced displacement (Refugees)
9. Traumatic grief or separation (death of a parent, primary caregiver, or sibling; abrupt/premature/unexpected death; abrupt/ indefinite separation from parent…)
10. System induced trauma (removal from home, multiple foster placements, sibling separation)

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**Defining Adversity or Stress**

- How do you define/measure adversity?

- Huge **individual variability**
  - Perception of adversity or stress (subjective)
  - Reaction to adversity or stress (objective)

- National Scientific Council on the Developing Child (Dr. Jack Shonkoff and colleagues)
  - Positive Stress
  - Tolerable Stress
  - Toxic Stress

*Based on the REACTION (objective physiologic responses)*
**Defining Adversity or Stress**

**Positive Stress**
- Brief, infrequent, mild to moderate intensity
- Most normative childhood stress
  - Inability of the 15 month old to express their desires
  - The 2 year old who stumbles while running
  - Beginning school or daycare
  - The big project in middle school
- **Social-emotional buffers** allow a return to **baseline**
  (responding to non-verbal clues, consolation, reassurance, assistance in planning)
- Builds motivation and resiliency
- Positive Stress is **NOT** the **ABSENCE** of stress

**Toxic Stress**
- Long lasting, frequent, or strong intensity
- More extreme precipitants of childhood stress **(ACEs)**
  - Physical, sexual, emotional abuse
  - Physical, emotional neglect
  - Household dysfunction
- **Insufficient social-emotional buffering**
  (Deficient levels of emotion coaching, re-processing, reassurance and support)
- Potentially permanent changes and long-term effects
  - **Epigenetics** (there are life long / intergenerational changes in how the genetic program is turned **ON** or **OFF**)
  - **Brain architecture** (the mediators of stress impact upon the mechanisms of brain development / **connectivity**
What is epigenetics and how does that relate to historical and generational trauma?

• We believe the DNA we are born with never changes.
• Epigenetic research (the study of how social and other environments turn our genes on and off) indicates that toxic stress can actually change how our genes function, which can lead to long-term changes in all parts of our bodies and brains. What’s more, these changes can be transferred from generation to generation.
• Epigenetics means “above the genome” and refers to changes in gene expression that are not the result of changes in the DNA sequence (mutations).

To best support young children, teachers/caregivers must understand the influence of early attachment patterns and the neurobiology of the early years. This knowledge can help teachers to have understanding and compassion for ALL children—especially in children’s most challenging moments.
CRITICAL LINK: Trauma affects attachment

- Complex/chronic events almost always occur with a primary caregiver and they interfere with the child's ability to form secure attachment.

- Attachment is the basis for child's safety, emotions, learning, identity, coping, etc.

- Insecure attachments create significant risks for children, and likelihood of multiple disabilities across a lifetime.

- The earlier the maltreatment, the greater the impact on attachment. Conversely, if trauma or adversity occurs after child has securely attached to primary caregiver, less impact results.

The interactive influences of genes and experiences shape the architecture of the brain. The chronic and ongoing nature of toxic stress changes brain architecture.

Chronic toxic stress = Brain shutdown to protect itself. The brain continues working but rate of growth slows and creates a vulnerability to anxiety, depression and hypervigilance.

The younger the brain the more damaging the effects of toxic stress. Prenatal and early childhood brains are incredibly vulnerable to stress hormones which may predispose an infant to being difficult to soothe and cause long-term changes such as learning, memory, attention, impulse and emotional control deficiencies.

Brains are built from the bottom up. The Autonomic Nervous System (ANS) is online at birth.
What makes an experience traumatic?

- Overwhelming, very painful, very scary
- Fight or Flight activated
- Threat to physical or psychological safety
- Loss of control
- Unable to regulate emotions

Exactly What Happens in the Body during a Stress Response Episode
The hippocampus puts a potential threat in context. It is underdeveloped in children who experience trauma because it is underused. Even when not in the presence of danger, children who have experienced trauma may respond as if they are in danger because the hippocampus is unable to override the stress response.
Physical Effects of Trauma on the Brain

- The adaptive brain becomes a maladaptive brain. The brain operates in a hypervigilant state.

- These “adaptations” appear as behavior problems in “normal” environments such as school.

- The “feeling” brain and “survival” brain dominate the “thinking” brain.

- Normal developmental processes are interrupted, and students may exhibit internalizing or externalizing behaviors.
Activity: Safe Place Drawing

KEY POINTS!

• STRESS AND TRAUMA ARE PRIMARILY A NON-COGNITIVE PHENOMENA.

• THE ENERGY OF TRAUMA IS HELD IN THE BODY!

• TRAUMATIC MEMORIES ARE POORLY FORMED AND DIFFICULT TO NARRATE VERBALLY.
So…we think we know childhood adversity.

Children have for generations faced trauma, abuse, neglect, violence and fear. Parents have been absent, inattentive, getting arrested, getting sick, and getting divorced forever as well. We know that many of those children will engage in risky, maladaptive behaviors such as substance abuse in search of relief from their situation, or to keep a door closed on the past. We love a good “pulled themselves up by their bootstraps” story and we have embraced the idea that people who are smart enough, strong enough, energetic enough will rise above their adversities through the force of their own will and resilience to be successful.

These stories, “paint an incomplete picture of what childhood adversity means for the hundreds of millions of people… who have experienced early life stress. More often they (these stories) take on moral overtones, provoking feelings of shame and hopelessness in those who struggle with the lifelong impacts of childhood adversity. There is a huge part of the story missing.”

Nadine Burke Harris
“The Deepest Well”
The Adverse Childhood Experiences Study (ACES) is Helping To Tell an Expanded Story About Childhood Adversity!

• ACE Study is the largest study of its kind to look at the health and social effects of adverse childhood experiences over a lifespan.

• Originally conducted by Kaiser Permanente 1995-1997 (Non-profit, managed care organization) and currently ongoing through Centers for Disease Control and Prevention.

• 17,000 HMO members were surveyed on their past history abuse, neglect and family dysfunction as well as their current behaviors and health status.

• Participants were middle class Americans from San Diego, 70% white, 74% attended college, average age 57, split evenly between men and women. (Not an impoverished or at-risk population.)

• Continued ongoing monitoring of participants to update morbidity and mortality data.

Three Types of Aces
### Prevalence of ACEs by Category for CDC-Kaiser ACE Study Participants by Sex, Waves 1 and 2.

<table>
<thead>
<tr>
<th>ACE Category</th>
<th>Women (N = 9,930)</th>
<th>Men (N = 7,970)</th>
<th>Total (N = 17,870)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ABUSE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emotional Abuse</td>
<td>13.1%</td>
<td>7.6%</td>
<td>10.6%</td>
</tr>
<tr>
<td>Physical Abuse</td>
<td>27%</td>
<td>29.9%</td>
<td>28.3%</td>
</tr>
<tr>
<td>Sexual Abuse</td>
<td>24.7%</td>
<td>16%</td>
<td>20.7%</td>
</tr>
<tr>
<td><strong>HOUSEHOLD CHALLENGES</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mother Treated Violently</td>
<td>13.7%</td>
<td>11.5%</td>
<td>12.7%</td>
</tr>
<tr>
<td>Household Substance Abuse</td>
<td>29.5%</td>
<td>23.8%</td>
<td>26.9%</td>
</tr>
<tr>
<td>Household Mental Illness</td>
<td>23.3%</td>
<td>14.8%</td>
<td>19.4%</td>
</tr>
<tr>
<td>Parental Separation or Divorce</td>
<td>24.5%</td>
<td>21.8%</td>
<td>23.3%</td>
</tr>
<tr>
<td>Incarcerated Household Member</td>
<td>5.2%</td>
<td>4.1%</td>
<td>4.7%</td>
</tr>
<tr>
<td><strong>NEGLECT</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emotional Neglect</td>
<td>16.7%</td>
<td>12.4%</td>
<td>14.3%</td>
</tr>
<tr>
<td>Physical Neglect</td>
<td>9.2%</td>
<td>10.7%</td>
<td>9.9%</td>
</tr>
</tbody>
</table>

Note: Collected during Wave 2 only (N=6,629). Research papers that use Wave 1 and/or Wave 2 data may contain slightly different prevalence estimates.

### ACE Score Prevalence for CDC-Kaiser ACE Study Participants by Sex, Waves 1 and 2.

<table>
<thead>
<tr>
<th>Number of Adverse Childhood Experiences (ACE Score)</th>
<th>Women (N = 9,930)</th>
<th>Men (N = 7,970)</th>
<th>Total (N = 17,870)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>34.5%</td>
<td>38.0%</td>
<td>36.1%</td>
</tr>
<tr>
<td>1</td>
<td>24.5%</td>
<td>27.9%</td>
<td>26.0%</td>
</tr>
<tr>
<td>2</td>
<td>15.5%</td>
<td>16.4%</td>
<td>15.9%</td>
</tr>
<tr>
<td>3</td>
<td>10.3%</td>
<td>8.5%</td>
<td>9.5%</td>
</tr>
<tr>
<td>4 or more</td>
<td>15.2%</td>
<td>9.2%</td>
<td>12.5%</td>
</tr>
</tbody>
</table>

Note: Research papers that use Wave 1 and/or Wave 2 data may contain slightly different prevalence estimates.


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### ACEs Identified Health Risks

**Behavior**
- Lack of physical activity
- Smoking
- Alcoholism
- Drug use
- Missed work

**Physical & Mental Health**
- Severe obesity
- Diabetes
- Depression
- Suicide attempts
- STIs
- Heart disease
- Cancer
- Stroke
- COPD
- Broken bones
Summary of ACE Study Findings

1. They are common…nearly two-thirds (64%) of adults have at least one.

2. They cause the onset of chronic disease.

3. ACEs occur in clusters…if you have one, there’s an 87% chance that you will have 2 or more.

4. The more ACEs you have, the greater the risk for chronic disease…

5. Childhood adversity contributes to most of our major chronic health, mental health, economic health and social health issues.

6. It doesn’t matter which ACEs a person has, the harmful consequences are the same.
Trauma Impacts the Whole Child

It is through the securely bonded relationship with primary caregivers that we learn to:

- Regulate emotions
- Develop trust in others
- Freely explore our environment
- Understand ourselves and others
- Understand that we can impact the world and others
**Trauma Impacts Worldview**

- Nurturing, stable attachments with adults
- Belief in a predictable/benevolent world; generally good things will happen to me
- Feeling positive self-worth/others will see my strengths
- Optimism about the future
- I can positively impact the world

- Basic mistrust of adults/inability to depend on the world
- Belief that the world is an unsafe place, bad things will happen and they will be my fault
- Assumption that others will not like me
- Fear and pessimism about the future
- Feelings of hopelessness and lack of control

**Trauma Impacts Learning**

- Organizing narrative material
- Cause & effect
- Perspective taking
- Attentiveness
- Regulating emotions
- Executive function
- Engaging in curriculum
ACE and School Performance

Traumatized children are:
• 2.5 times more likely to fail a grade in school
• Score lower on standardized tests
• More likely to have struggles with receptive and expressive language
• More frequently placed in special education

ACE SURVEY SAMPLES

While you were growing up, during your first 18 years of life:

1. Did a parent or other adult in the household *often or very often*...
   Swear at you, insult you, put you down, or humiliate you?
   or
   Act in a way that made you afraid that you might be physically hurt?

   Yes   No   If yes enter 1 ______

2. Did a parent or other adult in the household *often or very often*...
   Push, grab, slap, or throw something at you?
   or
   Ever hit you so hard that you had marks or were injured?

   Yes   No   If yes enter 1 ______
Adult Trauma Symptoms

- Anxiety and Panic Attacks
- Excessive Self-blame
- Eating Disorders
- Innate Belief in Our Badness
- Black and White Thinking
- Numbing, Dissociation
- Inability to Tolerate Feelings
- Addictions/Distractions
- Sexually Acting Out
- Crisis Orientation
- Perfectionism
- Intense Unexplained Fears
- Self-harm
- Intrusive Thoughts
- Suicidal Thoughts
- Role of Rescuer, Victim, Persecutor

Symptoms of Trauma in Children

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Separation anxiety/clinginess towards teachers and caregivers</td>
<td>Regression to previously mastered stages of development</td>
</tr>
<tr>
<td>Increased distress (whiny, irritable, moody)</td>
<td>Re-creating the traumatic event</td>
</tr>
<tr>
<td>Regression to previously mastered stages of development</td>
<td>Anxiety about the safety of self and others</td>
</tr>
<tr>
<td>Difficulty at naptime or bedtime, nightmares</td>
<td>Increased somatic (bodily) complaints (headaches, stomachaches, over-reacting to minor bumps and bruises).</td>
</tr>
<tr>
<td>Anger, rage, excessive temper</td>
<td>Heightened startle response</td>
</tr>
<tr>
<td>Bossy and controlling</td>
<td></td>
</tr>
<tr>
<td>Difficulty focusing/learning</td>
<td>Unreasonable new fears</td>
</tr>
<tr>
<td></td>
<td>Statements and questions about death/dying</td>
</tr>
</tbody>
</table>
ACEs are not destiny, and early trauma does not have to dictate a life story.

The ACE score is meant to offer guidance. It tells you about one type of risk factor among many. It doesn’t directly take into account your diet or genes, or whether you smoke or drink excessively — to name just a few of the other major influences on health. It doesn’t reveal the supportive, accepting, loving connections you’ve had with others throughout your life.
ACE scores don’t tally the positive experiences in early life that can help build resilience and protect a child from the effects of trauma. Having a grandparent who loves you, a teacher who understands and believes in you, or a trusted friend you can confide in may mitigate the long-term effects of early trauma.

So, what we now know about childhood adversity is…

“It literally gets under our skin, changing people in ways that can endure for decades. It can tip a child’s developmental trajectory and affect physiology. It can trigger chronic inflammation and hormonal changes that can last a lifetime. It can alter the way DNA is read and how cells replicate, and it can dramatically increase the risk for heart disease, stroke, cancer, diabetes—even Alzheimer’s. …after having “transcended” adversity in amazing ways, even bootstrap heroes find themselves pulled up short by their biology.”

Nadine Burke Harris
“The Deepest Well”
This research pokes big ragged holes into the long-held belief that if a child who’s failing will just work harder, she or he will achieve success!

One out of every 4 children attending school has been exposed to a traumatic event that can affect learning and/or behavior. (www.NCTSN.org)

Are these students in your classrooms? Are you currently intentionally creating supportive environments to soothe them, teaching them healthy coping strategies and fostering resilience skills?
Activity: The Invisible Suitcase


A classroom should be more than just a nice place to LEARN for students; it should also be a safe place to HEAL and a healthy place to GROW.

- Joe Martin a.k.a.
TheEducatorMotivator.com
Through intentional actions and practices, educational professionals can have a powerful influence on mitigating the effects of trauma experienced by children who are in our schools and classrooms. What matters most in helping young children process and cope with physical, emotional and psychological trauma is having caring adults whom children trust and rely on to offer them unconditional love, support and encouragement.

It is important to recognize that trauma most often occurs in relationship and it is in relationship that healing and recovery will occur.
What can be done at school to help a traumatized child?

- Create a classroom environment that provides children with positive experiences related to safety, connection and problem-solving. Provide a safe place for children to talk about what happens in their lives.
- Teach self-regulation skills (self-calming techniques).
- Teach and maintain consistent daily routines.
- Increase the level of support and encouragement offered to children. Avoid judgement.
- Reframe how you perceive children’s behavior.
- Give children choices when appropriate to help restore some sense of control and order to their lives.
- Be sensitive to events, transitions, cues in the environment that might reactivate traumatic/stressful responses.
- Understand that children may reenact an event in play. Help them work through the memory rather than being frozen in the stressful moment.
- Set clear, firm limits to guide appropriate behavior. Utilize natural and logical—rather than punitive—consequences.