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## CHAPTER 2

# CLASSROOM BASICS FOR STUDENTS EXPOSED TO TRAUMA

As noted throughout Chapter 1, one in every five students has been challenged by exposure to multiple adverse childhood experiences, or ACEs (Centers for Disease Control and Prevention, 2020; Felitti & Anda, 2009; Quirk, 2023; Reinberg, 2021), and these data suggest that virtually every public school classroom includes at least one of these students. Therefore, teachers and clinicians must be prepared to deal effectively with students exposed to multiple traumas. This involves many things, but initially, teachers must prepare their classes to receive these students. Further, both teachers and the kids themselves, as their age allows, need to understand trauma and how trauma impacts students. Such understanding can be critical to any efforts to improve the children's mental health, as well as academic performance. The relatively new term *trauma-informed* is used to describe teachers and school faculties who have received some training in trauma awareness, and schools in which students are taught to prepare for, survive, and emotionally deal with trauma (Adams, 2014; Cole et al., 2005; Lippman & Schmitz, 2013; Simmons-Duffin, 2018). To get an immediate picture of a trauma-informed school, we suggest that readers review one of the brief YouTube videos on schools preparing themselves for trauma, and several we recommend may be found on the companion website for this book (<https://traumahelpnow.com>).

This chapter begins with brain functioning, because that discussion will help teachers and clinicians understand more about the needs of students exposed to multiple ACEs. This includes information on how to prepare students at

various ages to understand how their brain functions and how trauma may impact their brain functioning. This instruction will, of necessity, be age dependent, but in many schools even primary-grade children are taught a bit about brain functioning and how trauma may impact the brain. Such knowledge can assist even very young children to explore and to some degree self-regulate their emotions, moods, and behaviors.

Both the remainder of this chapter and the next two chapters will focus on preparing the classroom for students exposed to multiple ACEs. Finally, every remaining chapter in this book will focus on one specific intervention that will help teachers, clinicians, and in many cases parents address the needs of these children and teens. Each of these emphases is a critical focus of the trauma-informed school: knowing the indicators of various traumas, preparing classrooms appropriately, teaching about brain functioning, and implementing targeted intervention strategies focused on helping children individually begin to master their personal issues.

## TRAUMA AND BRAIN FUNCTIONING

Beyond recognizing trauma indicators, the next step in becoming a trauma-informed school is developing understanding of brain functioning and how childhood trauma may impact brain functioning (Craig, 2017; Perry, 2014). The human brain is a marvelous instrument and is wonderfully designed to change itself throughout life. Further, each change is either genetically or environmentally driven, so it is clear that a child's brain will, to a large degree, reflect the world in which the child has been raised (Doidge, 2007). If the child's world is characterized by violence, verbal threats, abuse, unpredictability, fear, and other ACEs, their brain will reflect that by altering the development of the neural systems involved in the stress, aggression, and fear responses (Chemtob, Novaco, Hamada, Gross, & Smith, 1997; Craig, 2017; Eller & Hierck, 2021; Perry, 2000). In short, some children's brains have literally become "wired by trauma," and this can result in different-sized brain regions for some students who experience repeated trauma.

Of course, brain development and brain functioning go hand in hand, and both begin in the womb. Further, human brains are even more sensitive to, and reactive to, their environment at young ages. The fact that some very young

children are frequently exposed to trauma will alter brain development, which in turn will impact both brain functioning and behavior at early ages and, in most cases, many years later (Doidge, 2007; Lebow, 2021). For example, the amygdala is an area in the lower brain that interprets sensory data, and seeks threats in order to protect the young child. This is the primary brain area that hosts the survival instinct of “fight, flight, or freeze,” and for children exposed to repeated trauma, this area becomes much larger and generally much more active. Because it is one of the earliest brain areas to develop, it is impacted by early trauma, even prior to the full development of other brain areas. Thus, children exposed to multiple ACEs from an early age typically engage the fight, flight, or freeze response much more frequently than do other children.

Further, childhood trauma may impact the young brain even before language is developed, and thus, these children during the later school years are less than capable when it comes to expressing themselves about certain fears, behaviors, events, or situations that they perceive as related to an earlier traumatic insult (Cole et al., 2005; Craig, 2017; Osofsky, 2019). Also, either the right or the left hemisphere of the brain may be differentially impacted by childhood insult (Craig, 2017). This may add to the inability of a child to answer certain questions like “Why did you do that?” or “What’s wrong?” simply because that child’s language had not yet been developed when their brain was first repeatedly exposed to trauma. Hasn’t virtually every veteran teacher been confronted with a situation in which a child was asked a question along these lines, only to be confronted with a child who is, seemingly, incapable of answering? This frequently results when the left hemisphere (where language is typically localized in the brain) is impacted by trauma prior to the development of language (Craig, 2017; Osofsky, 2019).

While extensive understanding of brain functioning is not a reasonable expectation for teachers or school counselors, having some insight into how a traumatized child’s brain may respond can help these professionals understand why children do what they do, particularly when their responses seem to be far outside the norm (Craig, 2017; Eller & Hierck, 2021). To illustrate several possible impacts of trauma on children’s brains, Box 2.1 presents some examples of traumatic brain insults and later behavior patterns that might logically be associated with them.

### Box 2.1 Brain trauma and related school behaviors

Examples of childhood trauma	Aberrant classroom behaviors
Child suffers physical abuse to left hemisphere before age 2 when language develops. Neural connections associated with violence are made before child can speak.	Child hits another kid in Grade 4, and teacher asks, “Why did you do that?” Child cannot answer. They have no verbal memory to answer (Craig, 2017). For that child, hitting may be a preverbal response, based on how the brain was impacted before language developed.
Child is exposed to sexual abuse from age 5 until 14. Neural connections develop that connect physical proximity with fear and pain.	Anytime someone is behind or near them, child flinches or shows fear. Child may hit or show aggression whenever someone gets too close.
Child is in a car accident that damages the hippocampus, which increases the stress hormone glucocorticoid. This might kill the brain cells associated with memory connections.	Child might hear screaming car tires, or a car horn, and jump under the desk for safety, not realizing the real threat is long past (Lebow, 2021).
Child is fearful of abuse at home. Sympathetic nervous system is highly activated, resulting in an elevation of hormones associated with stress, and possible lack of sleep.	Child frequently seems tired and falls asleep in class nearly every day. They are hard to wake up (Lebow, 2021) and may be terrified of sleeping at home.

## TEACHING STUDENTS ABOUT THE BRAIN

Of course, in addition to ensuring that teachers know a bit about brain functioning and how trauma may impact thinking or behavior, trauma-informed teachers are teaching the fundamentals of brain functioning to children from the lower elementary years through high school (Craig, 2017; Lebow, 2021). This instruction can empower children to correctly understand events that they may otherwise perceive as threats, and thus, they will begin to respond differently in the classroom. This instruction is likely to help decrease aggression and overt violence in some children over time. Several general understandings about brain functioning can help in this regard, and each is described in this section.

## The Three-Part Brain and Brain Function

Using the concept of the brain's three major functional areas, teachers should initially teach children a bit about how their brains function, how trauma may impact their brains, and how those brain functions impact their own thoughts and behaviors (Craig, 2017; Lebow, 2021). A simple explanation of brain functioning is the triune brain, presented in Box 2.2. Although this model of brain functioning has recently been challenged as somewhat inaccurate or overly simplistic (Steffen, Hedges, & Matheson, 2022), it has become the most frequently used model for explaining basic brain functions to children and teenagers.

### Box 2.2 The triune brain

The **reptilian brain** (the term *lizard brain* is often used with younger children) refers to the lower level of the brain and brain stem, and this innermost part of the brain matures first. This is a brain component that humans have in common with reptiles, and while reptiles do not have other higher-functioning brain areas, mammals do. Still, this brain section is responsible for survival instincts, aggression, and automatic body processes (e.g., heart beating and breathing without having to think about it). Most sensory data are initially analyzed by this part of the brain, and this survival mechanism allows for responses to perceived danger even prior to a rational “thought” of danger in other brain areas. In fact, this brain area always searches for danger (as do reptiles) and, when any threat is perceived, essentially takes over our emotions, our body, and our behavior completely. In evolutionary terms, this helped ensure our survival. Most aggressive behavior and all instinctual behavior stems from this brain component.

Children who were traumatized early in life probably developed nearly “automatic” behaviors concerning how to interact with the world and react to threats using mainly this brain region. That is because this region was more developed when the early trauma occurred. Thus, these kids tend to be much more aggressive than normal, and they tend to believe that such aggression is normal. They perceive threats virtually everywhere and typically respond with a “lizard-brained” fight, flight, or freeze response, and as a result, they may appear to misbehave much more frequently than other children. For students exposed to trauma, such behavior may have been optimal, in some ways protecting them from abuse, in the home environment.

The **midbrain** (limbic system or emotional brain) is the midlevel area of the brain, which processes emotions. The limbic system, associated with social and

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nurturing behaviors and mutual reciprocity, conveys sensory data. Older students might also be taught about the amygdala, the part of the limbic system that scans for threats and controls emotions by tagging senses, memories, emotions, and behavior together. In situations of perceived danger, the amygdala sends a “danger” signal to the lizard brain using the hormone cortisol. Then, that lower level of the brain takes over to ensure survival of the organism. Thus, in situations of perceived danger, the lizard brain effectively hijacks other brain functions, and higher-level functions such as rational thought or problem solving stop (Eller & Hierck, 2021). At that point, a child is in full “survival mode.” Children exposed to trauma constantly may be caught up in this hijacking and, as we’ve noted before, may perceive as threats many things that are not threats, thus activating the fight, flight, or freeze response and eliciting aggressive and/or defensive behavior.

The **forebrain and neocortex** (the term *smart part* may be used for younger children) is the most highly evolved part of the brain, and this brain region controls our language, thinking, cognitive processing, planning, decision making, reflection, reasoned judgment, and learning. Although functional from an early age, this part of the brain matures completely only in the young adult years (aged 22 through 24). Learning to use these brain functions in times of stress, fear, or perceived threat frees us from exclusive use of the reptile brain and generally helps us make better decisions. Thus, students should be taught to move away from aggressive behavior by using their “smart part.” For example, when verbally “attacked” by a classmate, even very young children can be taught to use their smart part to talk to themselves, saying, “I’m angry [or hurt], so I should take a deep breath and then leave this area instead of hitting back.” Thus, using the smart part helps that child avoid their lizard brain desire to fight back.

In teaching about these brain parts, teachers might point out that the reptilian (or lizard) brain controls our survival instincts—such as the famed fight, flight, or freeze response (Eller & Hierck, 2021). When children exposed to trauma seem more aggressive than their classmates, it is usually because their lizard brain has taken control. In the context of the classroom, we should teach all children that instead of being controlled by the lizard brain, we can use other sections of our brain—such as our forebrain and neocortex, or smart part—to “talk to ourselves” when we feel angry or anxious, and then we can often choose a better course of action. Even young kids can

understand that talking themselves out of being angry will help them get into much less trouble, and the following YouTube video provides an example of this instruction:



<https://bit.ly/3uKIDeG>

To read a QR code, you must have a smartphone or tablet with a camera. We recommend that you download a QR code reader app that is made specifically for your phone or tablet brand.

We urge teachers to use this video (or similar videos discussed on the companion website for this book: <https://traumahelpnow.com>) in their classrooms to teach children about brain functioning, from the primary grades and up.

## NEURONS THAT FIRE TOGETHER WIRE TOGETHER

Next, teachers should teach that habitual behavior stems from frequently repeated past experiences coupled with how a child responded to those experiences. One commonly noted wisdom used by brain researchers is the old adage “Neurons that fire together wire together!” That means that sets of neurons firing together will increase the likelihood of the same neuronal set firing together again (or “wiring together”). This frequent, repetitive pattern then forms a “go-to” brain response. Numerous previous experiences of the same type of situation elicit the same neurons firing together, or the same neuronal brain activity (Craig, 2017). Therefore, experiences of abuse (e.g., being hit or verbally attacked) will typically partner with (i.e., wire together) a behavioral response of either aggression or running away.

For example, imagine a complex set of perhaps a million or two million neurons firing together each time a child is physically hit prior to the age of 2. Trauma early in life will typically cause some delay in language development (Osofsky, 2019; Rosenthal, 2021), so at that age the child will have virtually no expressive language and limited cognitive thought processes. Nevertheless, the lizard brain—the only brain part close to maturity at this point—is learning behavioral responses to being hit. Those neuronal firings might dictate a nonverbal thought in the child’s brain that goes something like this: “I’ve been hit—I should run away or hit back!” Of course, that single thought can easily mutate into something like “I might be hit; I should hit back now!” Each of these thoughts would take place in the lowest level of



the child's brain—the survival level or the lizard brain. Still, if that child was exposed to repeated physical violence at a very young age, then that particular neuronal set may well be so strongly connected (i.e., wired together) that the child displays the same aggressive and/or hitting behavior whenever they feel threatened in any way in the classroom many years later. This is why many students exposed to multiple traumas are so aggressive.

Alternatively, for some students, their particular neuronal wiring may have paired the abuse they experienced with a neuronal response of “hide” or “run.” Those children will manifest behaviors of quiet withdrawal, extreme shyness, and, in some cases, extremely poor social skills.

Constant, frequent violent trauma yields consistent brain responses, and often, consistent violent experiences and those brain responses become hardwired over time. The resulting aggression (or extreme withdrawal) can easily show up many years later, when a child is 10 or 15, in response to any perceived threat, whether real or imagined! In many cases, the child's aggression or withdrawal will seem to be entirely out of proportion to the circumstances. Teachers must understand that troubled kids do not need to actually be hit for that set of neuronal connections to fire. Rather, the child merely needs to *perceive* a possible threat of violence, and they will then begin one or another set of these neuronal responses. Any perceived threat may elicit this reaction from such a child.

Again, when a child, particularly a child widely exposed to trauma, feels threatened, the lizard brain takes total control, shutting down other brain functions and shifting the brain and body into a reactive, fight, flight, or freeze mode (Lebow, 2021; Osofsky, 2019; Perry, 2014). This scenario can, and often does, lead to out-of-control behaviors in the classroom. For this reason, teachers simply must strive to teach children exposed to trauma to use the smart part of their brain and thus activate other, higher brain functions, which can then be activated whenever a threat is perceived.

## Neuroplasticity

Neuroplasticity is the concept that brain connections are malleable over time. Thus, an injured brain can “heal” itself; it is “plastic” and can, with practice, develop new neuron connections to represent more mature responses and more advanced learning (Doidge, 2007; Osofsky, 2019). In short, brains can “unlearn” old neuronal firing patterns created at earlier ages, and make new ones, a feat that was once thought impossible! Indeed, it was once believed

that neuronal connections, once established, were virtually fixed for life, but brain research over recent decades has helped scientists discard that antiquated notion (Doidge, 2007; Lebow, 2021). Brain functions are amazingly malleable, and new learning, represented by new neuronal connections (i.e., new sets of neurons wired together), can be developed at any point throughout life. This is a very optimistic reality, particularly for students exposed to repeated trauma.

For children and adolescents exposed to drug addictions, childhood trauma, or other ACEs, this rewiring of the brain can be a long, arduous task. Still, it should be stressed that brains can and do recover from many types of traumatic insult (Doidge, 2007; Lebow, 2021). New neural connections can be formed, and new behaviors in response to threats or perceived threats can be learned. This aspect of brain research should be emphasized strongly to children exposed to trauma, because the concept of neuroplasticity represents the hope of new behavioral habits; that is, children exposed to trauma can learn new brain connections that allow them to function in a more mature manner (Doidge, 2007). We simply must let students of trauma know that choosing to use the “smart part” of their brains will strengthen their more mature neuronal connections over time, and this will help them stay in control of themselves much better, be happier generally, and thus stay out of trouble. This is the very essence of brain-based, self-regulation of behavior.

### Teach What Trauma Does to a Brain

In an age-appropriate way, trauma-informed teachers should teach these kids about how trauma impacts their own brains. As one might imagine, this must be done with great sensitivity because this will involve initially teaching children that their brains are “wired” somewhat differently from the brains of other students. For children who have been repeatedly traumatized, teachers should, carefully and with great sensitivity, help them understand that their brains are, to a degree, “programmed” for aggression and violent behavior, and that this is quite different from other children. Teachers must let students exposed to trauma know that this “wiring based on trauma” probably explains why they sometimes feel different, or maybe even why they seem to get into trouble at school more often than other kids. In this discussion, teachers and clinicians should quickly emphasize the good news that students *can* learn to use their smart part and thus develop increased control over their own moods and emotions.

Kids may respond either negatively or favorably to this type of lesson, and clearly this can be a very sensitive topic. Because this knowledge can potentially hurt or embarrass some children, this matter must be managed very carefully. We recommend that teachers and clinicians teach the entire class about brain functioning and then offer additional instruction to children exposed to trauma privately, in one-to-one situations. Teachers must use extreme caution here, but with that need for caution noted, it is, nevertheless, very important to hold such a discussion. Many students exposed to trauma know very well that they frequently have different responses and perspectives from their peers, and that will not typically come as a surprise to them. In fact, many of these students are already wondering, “Why am I different? Is something wrong with me?” Thus, this discussion may yield a very positive answer to those questions, and often makes these children feel better about themselves.

In working with both traumatized kids and adults, we have heard this same question quite often, and providing an accurate, scientific answer very often puts these individuals at ease. Again, this discussion must heavily emphasize the “good news” that brains can and will learn to rewire themselves as they increasingly experience safe, peaceful life situations and develop self-regulation over their moods and emotions. In fact, for some kids exposed to multiple ACEs, this discussion can be the very moment that turns their life around. A teacher or clinician can begin this discussion on trauma impacting the brain, by saying something like the following:

Because of what you’ve gone through in life, you might see things differently than some other people, and this might cause your brain to react differently. Sometimes you might be more likely to fight or get angry than others, because that is what your brain is used to doing. Your lizard brain may have learned early that hitting back helped protect you at home, even though it doesn’t work at school. That might be the reason you get into trouble a lot. Still, your brain is always changing and responding to the circumstances in your life, just like it should.

The good news is that, as things get more and more peaceful for you here in school, you will learn to control your lizard brain feelings without hitting someone when you are angry. This can happen by learning to talk to yourself, take a deep breath, and then leave the situation. Your brain can learn to do that when you are angry or when your feelings get hurt. You know that you are safe here at school, and in fact, I think your brain is doing that right now, so all in all, your brain is doing just great! I’m proud of you for that!

When the question “Why am I different?” or “Why am I angry all the time?” is handled in that fashion, most students will understand that they can learn to behave in a way in which they do not feel such persistent aloneness or constant anger, and consequently they won’t get into trouble as frequently. For many students, this is nothing less than a critical lifeline to a much-improved life!

## WHAT ELSE DO TRAUMA-INFORMED SCHOOLS DO?

At this point, we’ve mentioned several things that schools should do to become trauma-informed schools:

- ▶ Preparing teachers to understand the warning signs for various types of childhood trauma
- ▶ Ensuring that teachers are informed about the impact of childhood trauma on behavior
- ▶ Helping teachers teach kids about traumatized brains, with great care and sensitivity
- ▶ Assisting teachers to set up their classrooms with students exposed to ACEs in mind
- ▶ Ensuring that teachers teach challenged kids that they can control their moods and emotions

In addition to these practices, trauma-informed schools tend to practice teaching approaches that are more appropriate for children exposed to trauma than are traditional classrooms (Craig, 2017). A few of these teaching tips are described in the following section, and many others are included in subsequent chapters.

### Offer Students Choices

As noted previously, having some sense of control is critical for students exposed to trauma, and teachers can foster a sense of control over one’s environment by offering choices whenever possible. Teachers have long realized that providing choices of assignments helps elicit more compliance and harder work from many students. However, for children exposed to multiple traumas, who very often sense that they have little control overall, such choices can have a much more positive impact (Perry, 2014). Choices of seating, of peer buddies in class, or among assignments, as well as other choices in school, will tend to

increase a child's sense of self-control and typically will result in improved behavior in the classroom (Perry, 2014).

Perry (2014) also recommends structuring disciplinary consequences as choices for kids exposed to trauma. When a child is noncompliant, the teacher should frame the ensuing consequence as a choice to be made by the student. The teacher might say something like “You have a choice. You can choose to do what I have asked, or you can choose to lose five minutes of your recess time [or another negative consequence]. What would you like to choose?” Framing the interaction as a choice gives the student some sense of control, even in a situation requiring some discipline, and it might even help defuse a negative situation.

### **Emphasize Organizational Thinking**

The child exposed to trauma quite often tends to be more disorganized than others in general (Adams, 2014; Craig, 2017; Lebow, 2021). For many deeply injured kids, the chaos and/or violence of their childhood probably seemed totally out of their control and entirely haphazard. For most of these kids, there was no development of any sense of cause and effect, or any ability to predict violence, in their chaotic home. For this reason, children exposed to trauma may not grasp these organizational concepts as quickly or as easily as other children (Craig, 2017).

Craig (2017) emphasizes the need to teach organizational skills, and the ability to internally organize knowledge. Of course, these same practices are, in most cases, best practices for all students, but they are more important for students exposed to repeated trauma. Teaching activities that stress organizational concepts such as estimation, prediction, patterns, or cause and effect, as well as reflective thinking at the end of a lesson, should be used whenever possible. Students need to develop the ability to understand and order knowledge internally, and this will take more work with kids exposed to trauma than with others (Craig, 2017).

### **Use Questions That Stress Organization and Brain Functioning**

Also, the teacher may emphasize such organizational thinking even when no specific prediction or estimation activity is planned, merely by using appropriate question strategies (Craig, 2017). In a history lesson, for example, the teacher might ask about cause and effect or motivation by saying something like “Why do you think George Washington decided to cross the Delaware River and attack the British on Christmas Day? What did General Washington hope to accomplish

with that attack, and did he succeed?” These questions should elicit the type of cause-and-effect thinking that students exposed to trauma need, since Washington’s crossing did result both in a badly needed Patriot victory and in the reenlistment of many soldiers in his army.

Further, Craig (2017) suggests that once we teach kids about brain functions, we should emphasize brain functions throughout our academic lessons. In the preceding example, the teacher could continue the questioning about Washington by saying, “Okay, when General Washington decided to go ahead with that attack, did he make that decision quickly and impulsively, with his lizard brain, or did he think about it and make a smart part decision? What part of his brain helped him make that decision to attack that night?” Teachers can then point out that Washington, if nothing else, was quite deliberate in his actions in that instance, and he carefully considered the need for a victory to motivate the population and to encourage his soldiers to reenlist.

### Teach Using Movement

In response to the emphasis on brain-compatible instruction over the last two decades, the importance of movement has been stressed for classrooms across the grade levels (Bender, 2012; Sousa, 2009). Movement has long been recommended as a teaching tool in elementary classes, and many examples are provided in the literature. Thus, most teachers today are using movement to represent academic concepts in the curriculum from kindergarten through elementary school. Further, numerous proponents have provided examples of movement-based instruction in middle and high school classes (Bender, 2012; Sousa, 2009).

However, in this context, we must point out that children exposed to trauma tend to respond very positively to movement-based instruction (Craig, 2017). Movement can have a calming effect for these students. Thus, movement-based teaching will help children who tend to be overly stressed anyway to relax more easily in the school environment.

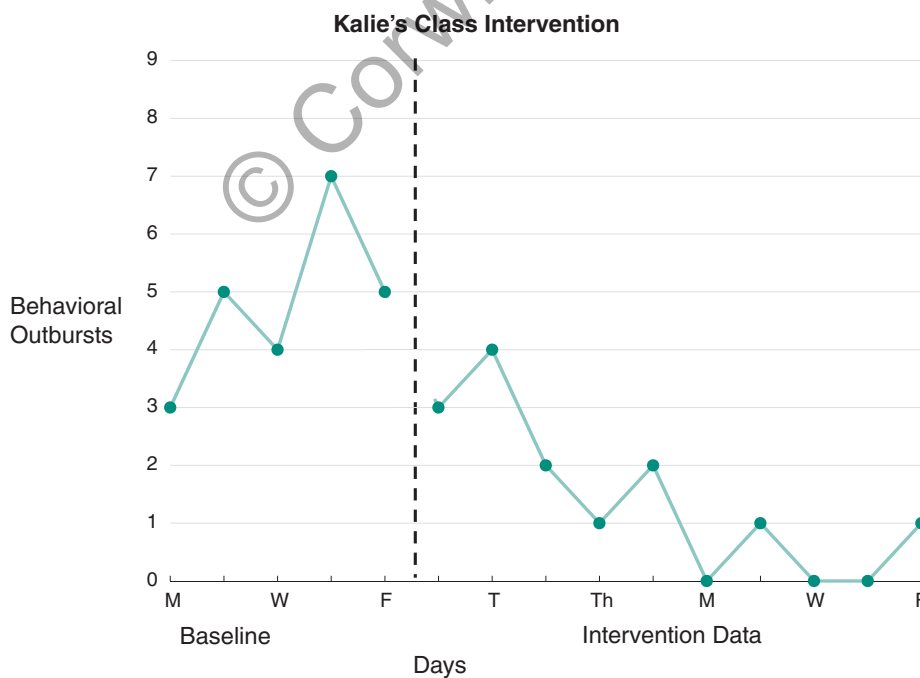
### CASE STUDY: KALIE’S AGGRESSIVE OUTBURSTS

Kalie was living in a foster placement, and had been for the previous two years, because her family home was dominated by her mother’s ongoing drug addiction. Like many fourth graders who have been exposed to repeated trauma, Kalie demonstrated high levels of aggression, cursing, and occasional violence in class. Ms. Haygood, her teacher, believed that Kalie used aggression whenever she felt a

loss of control or threatened, which, because of her background, was virtually every day. Ms. Haygood had already taught the class a bit about their brain functioning as described previously, so, in addition, she decided to implement an intervention for Kalie based on increasing the choices Kalie could make in assignments or other choices that she could offer Kalie during the school day. First, Ms. Haygood discreetly counted the violent outbursts, cursing episodes, and aggressive statements toward others made by Kalie. These data are presented in Figure 2.1.

As a second step, Ms. Haygood identified several choices that she could offer Kalie each day, based on variations in assignments, using the computer to complete work when possible, or choices of where to sit when doing a work period. Next, Ms. Haygood selected three other students who had manifested some mild behavior problems and explained to the class that she wanted to do an experiment with those four students. The experiment would involve how choices in the class might help students concentrate on their work better and behave better. Ms. Haygood then told the students that if the experiment worked, she would begin offering assignment choices and other choices to all the students as much as possible. This “multiple students” approach, and the promise that all

**Figure 2.1 • Violent or aggressive outbursts**



students might ultimately benefit, prevented any potential individual identification of Kalie as the target student for the experiment.

As the experiment progressed, Ms. Haygood found that with only minimal planning, she could develop varied assignments and offer options to the four students in the experiment. In many cases, the same differentiated assignments worked for all four students. However, she tallied only the aggression of Kalie, and as the data in Figure 2.1 indicate, the aggressive behaviors of Kalie decreased over the next few days. This was an important success for Kalie, and this intervention provided behavioral data that Ms. Haygood could share with Kalie's foster parents to show that her instruction was having a positive impact on Kalie's behavior.

While each author of this book has been a teacher and is very cognizant of the time constraints of teachers, we still are very strong advocates of teachers doing simple interventions such as this that include simple, discrete counts of specific behavioral outbursts in the classroom. Only data such as these will show parents, foster parents, counselors, principals, other teachers, and the students themselves that progress is being made in curbing behavioral problems that can stem from trauma. In fact, sharing successful intervention results with children is strongly recommended, as this shows those children that they can learn to control their own behavior. In short, intervention data such as these are critical in dealing with these children, so we urge teachers to implement various interventions and then use these data to show the progress of students exposed to trauma. Many more case study examples are presented in this book.

## SUMMARY

Becoming a trauma-informed school is step one in meeting the needs of kids exposed to trauma. As shown in the previous chapter, children and adolescents exposed to trauma will have varied and unique needs that simply cannot be met in traditional classrooms because traumatized brains are, literally, wired differently. To make any inroads with these deeply injured kids, schools simply have to do more, and faculty must strive to become trauma informed and implement appropriate teaching ideas and individual interventions. Although many techniques may be used that are effective with these students, this chapter has presented only a brief overview of the ideas that can be utilized. Later chapters in this book will focus on additional teaching tips and strategies for teachers to implement in their efforts to adequately meet the needs of these kids exposed to trauma.



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