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**Guide to Developmental Trauma for Schools,
Teachers and Parents.**



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1. What is Trauma?

Traumatic events and **loss** are common in people's lives. **Trauma** refers to a situation in which the subject has experienced danger or harm, either physically or psychologically. **Psychological trauma** can also occur when an individual witnesses a criminal or violent act, e.g. a child who witnesses domestic abuse. Trauma may be a one-off, e.g. rape, or it may be ongoing, e.g. continuous humiliation. Trauma can also be specific to one individual, like the death of a loved one, or to a group, like the effects of the Covid 19 pandemic or forced migration due to war.

Whether or not **Post-Traumatic Stress Disorder (PTSD)** develops will depend on the severity of the trauma, the age of the subject and the degree to which the individual is capable and supported in dealing with the aggravating or extenuating circumstances.



Image: 1

Some people who experience **trauma** can overcome it relatively easily, while others develop **PTSD**. In the latter case, therapy is necessary, with or without drug treatment, depending on the individual case. In a WHO study of PTSD in 21 countries, more than 10% of respondents reported witnessing violence (21.8%) or experiencing interpersonal violence (18.8%), accidents (17.7%), exposure to war (16.2%) or trauma related to a loved one (12.5%). And an estimated 3.6% of the world's population has suffered from PTSD (WHO, 2013).

The types of support on offer for **PTSD** include **psychological first aid**, **stress management** and helping affected people to **identify** and strengthen **positive coping methods** and **social supports**.

In addition, referral for advanced treatments such as **Cognitive-Behavioural Therapy (CBT)** or a new technique called **Eye Movement Desensitisation and Reprocessing (EMDR)** is considered beneficial for PTSD sufferers. These techniques help people notice and reduce vivid, unwanted and recurrent recollections of traumatic events. More training and supervision are recommended to make these techniques more widely available.

2. What is different about Developmental Trauma?

Developmental Trauma is different because it happens during early childhood whilst a child's brain and body are still developing.

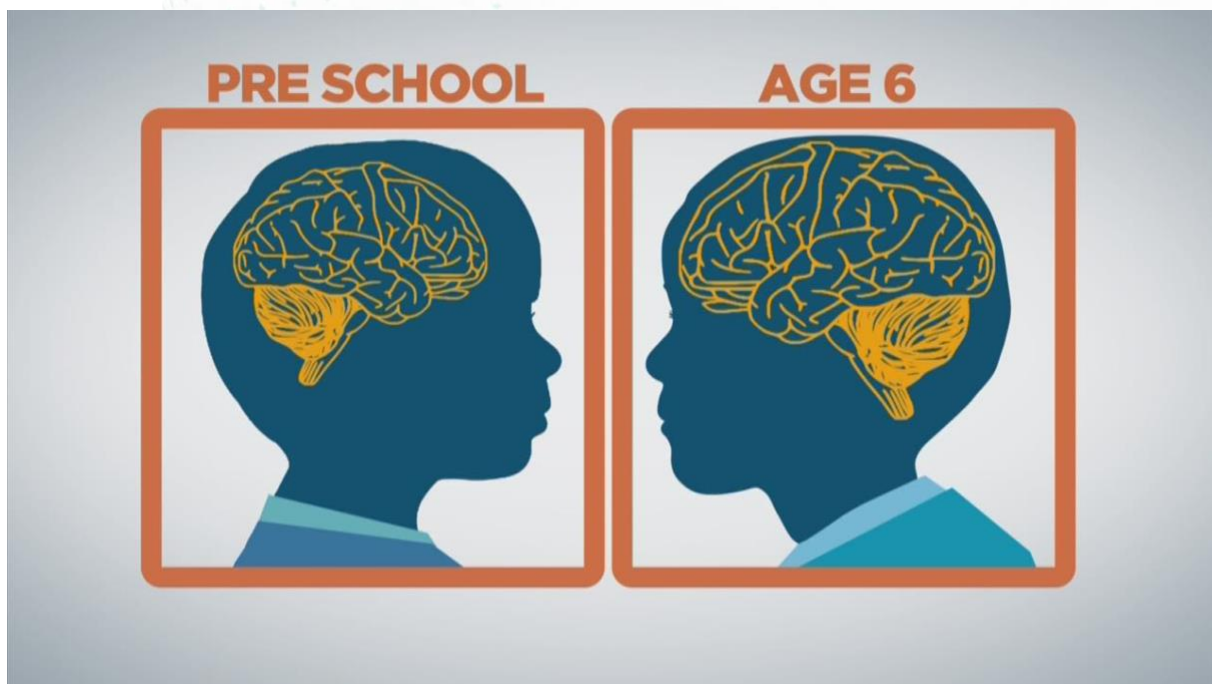


Image: 2

Children experience tremendous brain development between birth and seven years old. And how their brain develops is shaped by their earliest experiences which have a lifelong impact on their mental, physical and emotional health.

As babies and children grow and develop, learn to walk, talk, communicate, remember, express their emotions and learn and interact with others and the world around them, they are constantly taking in new information from people closest to them and their environment.

This information is critical to the development of a healthy brain and nervous system and the formation of active neural pathways.

“Neurons that fire together wire together”. Daniel Hebb

Neural pathways are the connections that form between the brain cells or neurons, of which the adult human brain has 100 billion of them. Whenever you have a thought, learn a new skill, perform an action or express your feelings, neural pathways are made. The more we repeat these thoughts, actions and feelings, the stronger the neural pathways. Healthy brain development and strong neural pathways are the neurobiological basis for our behaviour and our habits. Thus, when a child has had to form a neural pathway to cope with adverse experiences physically or psychologically in childhood, these neural pathways are often disadvantageous in later life beyond the traumatic circumstance. In a simplified sense, consider a child who has learned to duck under a table when shells are dropped in a war zone who, in later life, might find themselves repeating this action in a restaurant when a car backfires outside. In addition, how out of place that might seem when the environment is a restaurant.

Developmental Trauma is different because children under the age of 7 do not have the linguistic or cognitive capacity to process adversity.

Children under the age of 7 do not possess the cognitive capacity due to a lack of life experience to understand and make sense of adversity. For the most part, they have, at best, a limited understanding of what, for example, a war is or why a global pandemic has shut down their school. And they lack the linguistic capacity to articulate the effects of adversity on the world around them but also on themselves. It is common for children who experienced adversity under 7 to have no or limited recall of the traumatic event or events. Frequently a child's lack of recall can be erroneously interpreted by caregivers as an indication that the child has escaped the lasting psychological effects of the adverse circumstances. Sadly, this is not the case. The traumatic event or events make an unconscious imprint on the child's nervous system because the child was present and not miraculously absent from the traumatic environment. Behavioural patterns that helped the child survive can be triggered later in life without the individual's conscious awareness when the body registers that circumstances similar to past traumatic events may reoccur. And it is important to remember that these similarities may be tenuous at best.

Developmental trauma is different because it is chronic and complex. The changes it creates in a child's brain development have long-lasting negative impacts on their health and well-being.

Developmental Trauma refers to ongoing and repeated experiences of psychological, emotional, and or physical harm or neglect that happen during critical periods of a child's development as a result of, e.g., physical, emotional or sexual abuse, including bullying and

cruelty; abandonment and/or separation; birth complications, prolonged illness and/or bereavement; domestic and community violence; addiction by parent/caregiver; forced migration and fleeing from disaster, poverty and war.

When a child experiences such prolonged toxic stress within their immediate environment, the brain activates its survival mode, otherwise known as the Sympathetic Nervous System and stress hormones are released. The Hypothalamic Pituitary and Adrenal (HPA) hormone axis in their body is over-activated, and their body is in heightened stress response as their safety and survival are being threatened. As a result, cortisol levels, the stress hormone, is higher in the blood, which can result in long-term changes in inflammation and immunity. Studies have shown associations between toxic stress, changes in brain structure and increasing risk of immune system dysfunction, mood disorders, diabetes, high blood pressure and cardiovascular disease.



Image: 3

When a child is exposed to overwhelming stress, and their parent or carer does not help reduce this stress or is, in fact, the cause of the child's stress, the child experiences **Developmental Trauma**. This affects the way a child thinks, feels, the beliefs they hold about themselves and how they behave. It can lead to long-term mental health problems such as depression, anxiety, addiction and PTSD. Evidence increasingly shows that children who suffer **Developmental Trauma** or multiple adverse childhood experiences and toxic stress are more likely to learn less in school, have difficulties forming strong attachments with others and are less healthy in later life.

Developmental trauma is different because parents, carers and/or teachers who are developmentally trauma-informed can help children re-regulate themselves to feel safer, calmer and learn.

A child suffering from **Developmental Trauma** who can find positive and consistent interactions with parents, caregivers and /or teachers who are responsive to their emotional and physical needs for love and understanding, care and attachment, comfort, safety and protection, exploration, learning and play, shapes that child's brain and can benefit from what is known as neuroplasticity and redeveloped healthy neural pathways. It lays the foundation for a child who thrives and learns, develops socially and emotionally and can build healthier relationships in the future with themselves and with others.



Image: 4

3. What does it mean to be Trauma Aware?

Every educational institution must be **Trauma Aware** as trauma-triggered students cannot learn. Ideally, educational institutions need to be **Trauma-Informed**.

There are **five stages** to becoming **Trauma-Informed**:

- **Pre-trauma Aware**
- **Trauma Aware**

- **Trauma Sensitive**
- **Trauma Responsive**
- **Trauma Informed**



Image: 5

Each of the above terms indicates how much trauma knowledge a person has as a concept and of its consequences on the human psyche. (Kosta, 2020)

Pre-trauma Aware is when an individual, organisation or institution has no knowledge of trauma and its consequences on human behaviour.

To be **Trauma Aware** means an individual, organisation, or institution possesses a basic fundamental knowledge of the effects of **trauma on human behaviour**. Meaning they are aware **traumas** and **traumatic experiences** happen, what **traumatised behaviour** looks like and how the associated behaviours manifest in real life.

To be **Trauma Aware** means an individual, organisation, or institution understands that no matter how long ago the **trauma** or **traumatic experience** occurred, the impact of trauma can be so intense that the traumatised person can re-experience the traumatic event repetitively

throughout their life and in the case of **Developmental Trauma**, frequently without conscious awareness.

To be **Trauma Aware** means an individual, organisation, or institution considers the effects of not just **trauma on the individual** but **the trauma history of the community groups** they come from.

According to the **Social Ecological Model** (Bronfenbrenner, 1979), trauma at an individual level cannot be addressed and understood without considering other factors on a community level, such as accessibility to education and employment opportunities.

To be **Trauma Aware** means an individual, organisation, or institution practises viewing concerning student behaviour from the perspective of the cultural and economic factors which might impact on it.

To be **Trauma Aware** means an individual, organisation, or institution can gradually start to consider the **sequel of possible impacts** and **environmental triggers** which preceded the unwanted or unusual student behaviour. And then cross-reference with what they know about the student's personal and community trauma history.

Educators can **change the life outcomes** of traumatised students by being **Trauma Aware** and **observing** and **noting** the patterns associated with students' unwanted or unusual behaviour. They notice commonalities in environmental or seasonal circumstances which affect a student or group of students and report them to the school council and parents. This creates opportunities for mitigating to be taken action because trauma-triggered students can't learn.

Educators can make **critical contributions** to rehabilitating traumatised students by enabling school communities to note the connections between how the student feels towards their inner self (the limiting belief they hold) as a consequence of Developmental Trauma (conception to seven years of age).

A **Trauma Sensitive School** refers to a safe and respectful environment which succeeds in its mission whilst enabling **trauma-surviving individuals to build caring relationships** and **self-regulate their emotions** and **behaviours**. A **Trauma Sensitive School** prioritises students' physical health and well-being.

Trauma Responsive means an individual, organisation, or institution that looks at every aspect of its programming, environment, the language it uses and the values it holds with its staff and associates to assess how to better serve students who have experienced trauma.

Trauma-Informed means an individual, organisation, or institution realises the widespread impact of trauma and understands paths for recovery. And recognises the signs and symptoms of trauma in patients, families, and staff. They integrate knowledge about trauma into policies, procedures, and practices and work actively to avoid re-traumatization.



Image: 6

This illustration by Ellis and Dietz called **The Pair of ACEs Tree** above shows how **Developmental Trauma**, otherwise known as **Adverse Childhood Experiences**, is interconnected with the **Adverse Community Environment** a child is exposed to. The **Mi Window Project** highlights how the necessity to migrate is often connected to many casualties highlighted in the **Adverse Community Environment** by **The Pair of ACEs Tree**.

Being **Trauma Aware** is basic competence for successfully negotiating life and building resilience in ourselves and others. It makes interpersonal relationships easier and is especially useful for professionals like **Educators** who connect with diverse groups of people with diverse life experiences. It is paramount that they know and exemplify how to respond to trauma using methods like a **Neurosequential Model of Therapeutics**, **Regulate, Relate and Reason**, which is designed based on current **Neuroscientific Research** on how the brain operates when triggered into **Survival Mode**. All Educational Institutes must aspire to be **Trauma-Informed**.

4. What are Parasympathetic or Nervously Regulating Activities?

Parasympathetic or Nervously Regulating Activities are activities which help us stay in or return to a **Parasympathetic or Nervously Regulated State**, the calm and relaxed nervous state necessary for learning to occur.



Image: 7

The **Parasympathetic Nervous System** is part of the nervous system we use when we are calm, relaxed, digesting food and able to retain new information like the educational lessons provided at school.

When we are in a **Regulated Nervous State or Parasympathetic Nervous System**, we are said to be in our **Window of Tolerance**. In this state, **both sides of the human brain are active**.

The **Sympathetic Nervous System** is the part of the **Human Nervous System** we use when in a **Dysregulated Nervous State**. It is **highly reactive** and **designed by nature** to help us **escape danger, avoid pain and stay alive** in a manner best suited to our size.

The **Sympathetic Nervous System** of people with **Developmental Trauma** can become triggered **without their conscious awareness** to survive as a child would when their **unconscious mind perceives that a past danger or threat could reoccur**.

Nervously Dysregulated Students cannot learn, and **Nervously Dysregulated Teachers** cannot teach because they do not have access to the part of the brain, the **Cortex**, which retains learning.

When we are in a **Dysregulated Nervous State**, we are said to be **right-brain dominant**, which means predominantly using the right side of our brains.

Activities which cause **bilateral stimulation** of the brain or use both sides of the brain can return a nervously dysregulated person to a regulated nervous state where they can learn.

Some examples of **Parasympathetic** or **Nervously Regulating Activities** are activities



Image: 8

- **Bilateral Stimulation** - Moving an object, for example, a pen or pencil from right to left (x 10) and following it with your eyes without moving your head
- **Tapping** - alternating between tapping right and left; toes, feet, knees, legs or shoulders

- **Drumming and Walking**
- **Following your finger** - Follow your finger with your eyes from left to right while rolling it around in a circle to end up where you began.
- **Breathing exercises** - The **4-7-8 breathing technique**, also known as the “relaxing breath,” involves breathing in for 4 seconds, holding the breath for 7 seconds, and exhaling for 8 seconds.
- **Belly breathing** - Breathing into the belly and out again consciously.
- **Tongue breathing** - Breathing in for 4 through a rolled tongue and out through the nose for 8 counts.
- **Havening** - Hugging yourself by holding the arm between the shoulder and the elbow and rubbing upwards from elbow to shoulder five times.
- **Guided meditation** - Tuning into the present and the body to notice **sounds, textures, sights, sensations, and smells.**
- **Water Play** - Allowing the use of a spritz of cold water to the face, submerging hands in water, playing with water and water beads
- **Bubbles** - Blowing bubbles or popping bubble wrap.
- **Singing**
- **Playing and Listening to Music**
- **Movement** - **Dance, Yoga, Exercise, Walking, Jogging, Jumping** on a trampoline, **Swinging** in a hammock and **Rocking** in a rocking chair
- **Tactile Play** - Using putty, slime and sand.
- **Arts and Crafts** - Painting, Drawing, Colouring, Sculpting, Knitting etc.
- **Playing Games** - Keep the balloon in the air, Tennis, Table Tennis or the Hokey Pokey (<https://www.youtube.com/watch?v=YzSJBowPECY>)
- **Spending time in nature** - Looking at plants and trees, gardening, walking and learning in nature

5. How should Parasympathetic Activities be used in School, the classroom and the home?

All school communities need to prioritise the **Nervous Regulation** of their members. Incorporating and promoting the use of **Parasympathetic Activities** throughout the **school community, school day, the classroom and for homework.** Doing so will **increase students'**

capacity to learn because nervously dysregulated students cannot access the part of the brain used for learning. They must be taught to understand what it means to be **nervously dysregulated** or **triggered** and to **nervously regulate** themselves.

The **Mi Window Project** is named after Dr Dan Siegel's **The Window of Tolerance** concept <https://www.youtube.com/watch?v=TNVlppGz0zM> **Mi** (migrant's) Window. **The Window of Tolerance** uses the idea of what is inside and outside a window to simplify how the human nervous system, the **Autonomic Nervous System** (ANS), works. Inside the window frame represents the section of the ANS used when we are relaxed and calm, the **Parasympathetic Nervous System** and what is outside the window frame represents the **Sympathetic Nervous System**, the part of the ANS used **when we are triggered** into survival mode and on high alert. In this triggered state of high alert, emotions are felt more intensely.

When a member of the school community is identified as exhibiting **nervously dysregulated** or as showing **trauma-triggered behaviour, fighting** or **attempting to leave, pleasing and appeasing others, spacing out** and **appearing detached from the reality around them**, offering the individual the opportunity to choose a **Parasympathetic Activity** of their choice will help them **nervously regulate** and **learn again**.

The **Mi Window project** recommends using **Dr Bruce Perry's Neurosequential Model of Therapeutics**, which respects the hierarchy of how the human brain nervously regulates. https://www.youtube.com/watch?v=TpsK_fY2BpQ

Educators must first help the nervously dysregulated individual **Regulate** or feel safe by allowing them to select a **nervously regulating, Parasympathetic Activity** (detailed examples were given in the last section). Once they have engaged in this activity and appear less agitated, then the educator can **Relate** or connect with the individual, and finally, once the connection has been rebuilt, then and only then should they attempt to **Reason** with the individual.

The **Mi Window project** recommends teaching students to identify emotions. Identifying one's own emotions as they present is the first step to recognising when one has left one's Window of Tolerance. One simple exercise is to engage with and place images that represent emotions in a prominent place in the classroom. Doing so will help students identify different emotion types, and it is also recommended to create opportunities for students to reference these emotions to express how they feel.

The **Mi Window project** recommends promoting the use of **Mindfulness** and **Meditation** as a daily habit in the school, classroom and home.

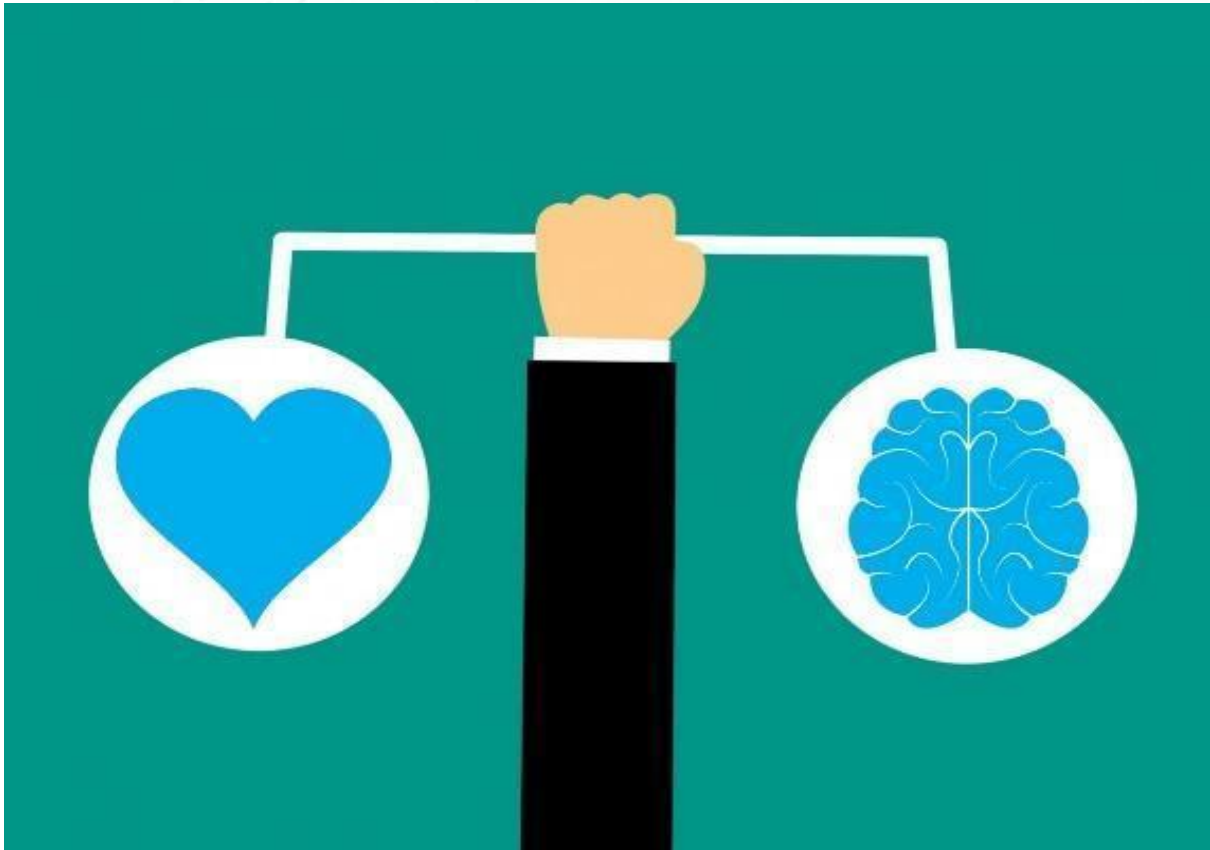


Image: 9

Mindfulness has been proven to develop the prefrontal structures of the human brain, known as the Cortex, that facilitate both the modulation of emotions and the maintenance of emotional balance. The very part of the brain which effectively goes offline when an individual is **nervously dysregulated** or **trauma triggered**.



Image: 10

Here is a mindful practice of regulating emotions. Please note this is not recommended for use with an individual who is actively trauma-triggered unless they select to do it but as a daily habit to build an individual's emotional regulation capacity:

1. Sit.
2. Take three deep breaths in for a count of 4, and hold for a count of 7 and out for a count of 8.
3. Notice the air temperature going in and out of the nostrils, e.g. cold in and warm out
4. Recognise how you feel and notice the emotion, tired, happy etc..
5. Accepting that is how you feel, that is how it is, and it is how you feel, and that is okay.
6. Giving ourselves affection (self-compassion), for example, hugging (self-hug).
7. Make a conscious decision to let go or release the emotion.
8. Time some time to reflect on how you felt and to act or not, depending on the circumstances.

Mindfulness is a great tool that promotes positive self-care, understood as an attitude or state of mind in which a person accepts themselves, acting and leaving room for personal growth and development. Thus helping us live within our **Window of Tolerance** or **Parasympathetic** or **Nervously Regulated** nervous state and able to enjoy a pleasant, engaged and meaningful life.

6. What is a Trauma-Informed School?

*A **Trauma-Sensitive School** is one in which all students feel safe, welcomed and supported and where addressing trauma's impact on learning on a schoolwide basis is at the centre of its educational mission. (Trauma Learning and Policy Initiative, 2013)*



Image: 11

Trauma-Informed Schools support individuals who suffer from **trauma** or **mental health problems** and whose **behaviour acts as a barrier to learning**. **Trauma-Informed Schools** and **Educators** aim to ensure a **safe** and **engaged learning atmosphere** which **supports students' mental and physical health**.

A **Trauma-Sensitive** focus in education fosters a school climate where students feel **safe** and **trust in their connections with adults** and **peers** in a positive manner and can

consequently have the best possible chance to learn. A **Trauma-Sensitive** focus in education recognises schools and school communities' unique opportunities to heal trauma survivors. When schools become **Trauma-Sensitive**, they strive to ensure that all students receive the support they need to succeed.

Trauma-Informed care has become a focus for child-serving professions and services over the last several decades, including **Educators** and **Educational Systems**. A **Trauma-Informed School** is one in which **all students feel safe, welcomed and supported** and where it is understood that **trauma-triggered or nervously dysregulated students cannot learn**. This a neuroscientific fact that requires action from Schools and School Communities if the objective of schools to educate the students in attendance is to be achieved. **Trauma-Informed Schools** recognise that **nervously dysregulated students** need to be able to choose **Parasympathetic** or **Nervously Regulating Activities** so they can emotionally **Regulate** and feel safe enough to **Relate** or connect with their **Educators** and **peers** and ultimately reflect on behaviour, **Reason** they may have exhibited, which challenges the teachers capacity to teach and their and their peers capacity to learn.

In a **Trauma-Informed School**, trauma's impact on a student's capacity to learn is clearly understood schoolwide and is at the centre of its educational mission. It is a place where an ongoing, inquiry-based process allows for the necessary teamwork, coordination, creativity and sharing of responsibility for all students and where continuous **Trauma Awareness** learning for **Educators** and **Students** is a top priority.

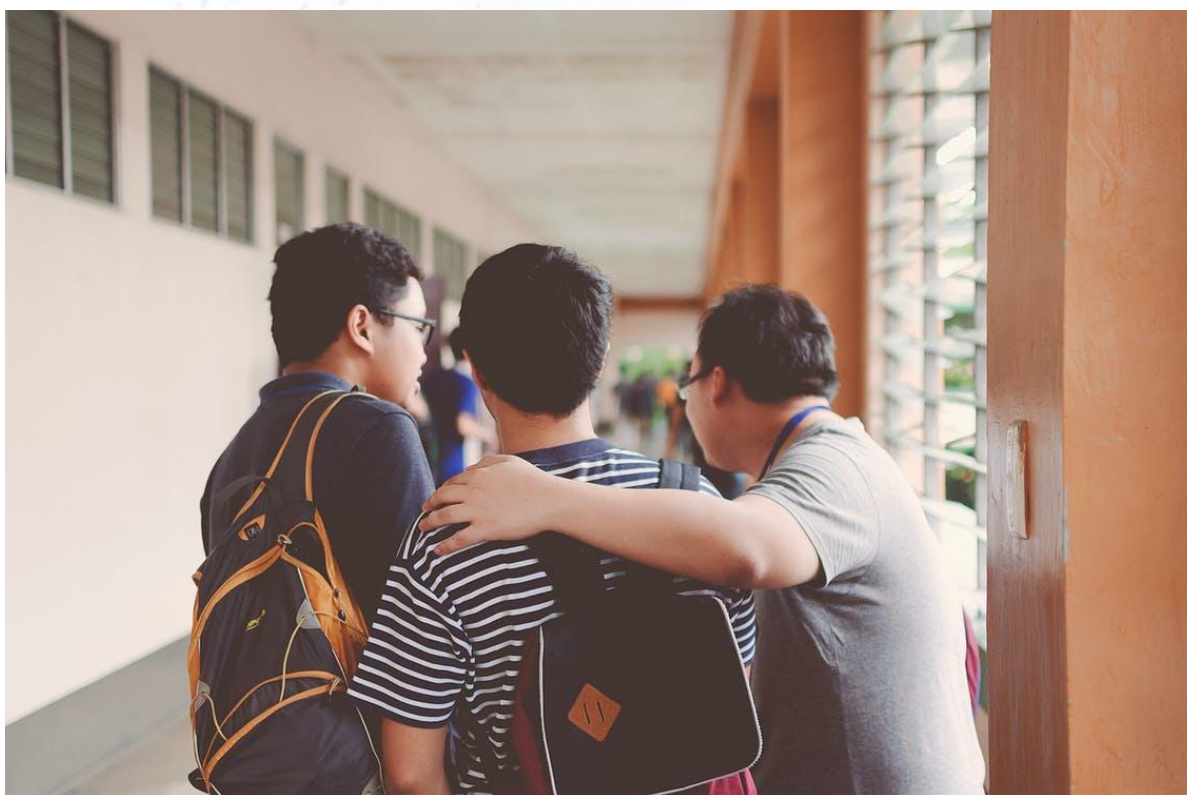


Image: 12

Trauma Informed Schools

1. Recognise the prevalence of trauma and adversity among students, families and staff and the impact on learning and school functioning.
2. Embrace a holistic approach to supporting students, teaching and learning.
3. Are guided by a multidisciplinary and diverse team of trauma-informed champions drawn from all sectors of the school community, with strong commitment and support from leadership.
4. Embed trauma-informed practices into existing frameworks, structures and teams, and recognise the need for a trauma-informed, safe and supportive school culture and climate to support trauma-informed delivery of educational services and supports.
5. Rely on school and community data to measure, monitor and assess needs and use that data to change and drive decisions and planning.
6. Clearly articulate goals and a plan.

7. Utilize a structured process for implementation and evaluation. As schools move to become trauma-informed, preparation and planning are critical to supporting successful implementation and sustainability.

7. What does Trauma Triggering in School, the Classroom and the Home look like?

*“Traumatized children don’t have the **context** to ask for help,” notes Dr Rappaport, a school consultant and associate professor of psychiatry at Harvard Medical School. “They don’t have a model for an adult recognising their needs and giving them what they need.”*

“Kids who have never developed that early template that you can trust people, that you are lovable and that people will take care of you, need support to form that kind of relationship.”
Jamie Howard, PhD



Image: 13

Individuals who have experienced trauma and have experienced **traumatic disruptions** to their **sense of safety** can become triggered into using the **survival strategies** they used in the past **without their conscious awareness**. For example, if **an individual's sense of personal safety** was threatened by the presence of domestic violence in their household, then witnessing two adults shouting (and this hypothetically could occur on the way to school or outside the home) could trigger them into a **freeze** or **dissociated state**. If this was the state, they used in the past to avoid becoming a target of violence. And often, the connections between the traumatic circumstances of the past and the **present-day circumstances are tenuous at best**, but for the trauma survivors, they **feel physically equally real**. A good rule of thumb for spotting a **freeze** or **dissociated state** is to consider whether the individual quite literally seems **mentally absent from their body**.

Individuals who have been **neglected** or **experienced a traumatic disruption** to their **trust in connection with their attachment figures** can become triggered into using the **survival strategies** they used in the past in a similar vein **without their conscious awareness**. For example, suppose **an individual's sense of trust in connection with their attachment figures** was damaged due to **a period of forced separation** or **a caregiver suffering from depression** when a teacher (an attachment figure) reprimands them, or they perceive that let down a teacher or peer (also an attachment figure). In that case, it can trigger the individual into a **fawn state** where they feel unconsciously compelled to go into hyper-drive trying **please and appease** the teacher or peer to prove their value or worth and **to prevent the possibility of losing the connection**. Sadly, the reality is the connection is not under threat at all. The trauma-triggered individual just perceives it as such. However, the anxious behaviour the individual engages in when triggered to prevent the loss of connection may become overwhelming or an annoyance to the recipient and may, conversely, damage the connection sometimes irrevocably. Manifesting the exact opposite of what the individual wanted. A good rule of thumb for spotting **fawn state / please and appease** behaviour in the school, the classroom and at home is to consider whether the activity the individual is actively engaged in is in conflict with their own needs.

**It is important to note that both examples above should be taken as examples only. A person who has experienced domestic violence could just as easily be triggered into a fawn / please and appease state as a freeze / dissociate state. The survival response, whether freezing, fawning, fighting or flighting (running away), was simply the best decision for the individual to survive the particular set of circumstances they experienced based on the age of traumatisation.*

Hypoaroused states / Down Regulating States of **freezing** and **fawning / pleasing and appeasing** left unnoticed and unaddressed with a Parasympathetic Activity lead to the **Hyperaroused States/ Upregulating States** of **fighting** (running away) and **fighting** arise. In all of these states, students become overwhelmed, they can't learn, and an overactive stress response disrupts their social and academic progress.



Image: 14

What You Can Do:

School communities can help to collectively **recalibrate** or at least **reduce the triggering of past protective trauma responses** in their communities by striving to be **Trauma Sensitive**. School communities must remember that **trauma triggering is the present-day manifestation of past suffering** and must be treated as such. School communities are full of potential healing attachment figures for traumatised individuals. They are uniquely placed to heal traumatised members through the culture of how they respond as a group to traumatised behaviour by being **Trauma Aware** and empathetic when connecting with each other. Creating a collaborative culture where school children learn to name, notice and discuss emotions will help traumatised individuals begin the journey of articulating the emotion which underpins

their trauma triggered. However, it is important to remember that if being in a crowded hallway evokes a post-traumatic fear response for an individual, they have no frame of reference for the fact that other people do not find being in a crowded hallway as fear-provoking. It is quite likely they believe that is what hallways feel like for everyone when crowded. The simplest way to prevent the triggering is to remove the source, so for this profile individual, it might be to find them an alternate route to class or time to access that hallway.

A **Trauma-Informed Teacher** or **Parent** can help the children understand the difference between making a mistake, an externality and holding a **limiting belief** about themselves that they are “a bad kid.” Saying something like, “Is this one of those times when **you’re feeling** (not are) **like** a bad kid? That must be hard. I’m here for you,” often works better than challenging children to see themselves differently. **Trauma-Informed Teachers** or **Parents**, importantly, must never force a traumatised individual to talk about trauma. When individuals choose to talk about their trauma, they must not be pushed to discuss it further, and they must always lead the conversation. Failing to respect that talking about traumatic circumstances must be led by the traumatised individual will lead to trauma-triggering.

Certain Verbal and Nonverbal Communication

An educator's body language is extremely important when regulating a traumatised student. Get down to their eye level, be present but not intrusive, don't break their personal space and go if they ask you to leave their space. Even speaking in an overly stern or raised voice can trigger trauma responses in students, and don't presume you will know about every student's traumas. The teacher can even trigger a student when they reprimand someone else. This can lead to **Nervous Dysregulation** or **Triggering** and challenging behaviour, which prevents learning.

What You Can Do:

In a **Trauma-Sensitive** school, the staff understand that they will not help students by trying to intimidate them into doing things. Instead, educators know that creating an environment **where the student feels safe** or **nervously regulated** is what contributes to positive change. If students feel safe, then educators can connect with them, build relationships, and then effectively teach. Being positive with students and setting limits with empathy will also be helpful. Instead of thinking, “What’s wrong with this kid” “How can I manage or even control this kid’s behaviour?” Think, “How can regulate and connect with this student and help them

recognise what helps them stay or return to a nervously regulated state?” Soon you will find yourself relying less on your “teacher voice” and more on trust and respect.



Image: 15

Besides connecting with students who have been traumatised and helping them build missing skills, experts emphasise the importance of giving them as much positive attention as possible. In this sense, teachers and parents should make positive attention fast, predictable and efficient. It is important to remember positive attention includes not only praising children for desired behaviour but expressing warmth, kindness and consistency of behaviour and being present.

8. How should School Management, Educators and Parents respond to Developmental Trauma Triggering in School, the Classroom and the Home?

School Management, Educators and Parents should respond to Developmental Trauma Triggering in **School, the Classroom** or the **Home** by enabling themselves to identify the nervous dysregulated survival strategies; **freeze, fawn / please and appease, fight and flight**.

In a **freeze state**, one is spaced out and mentally absent. In a **fawn state / please and appease**, one is **people pleasing**, meeting the needs of others and disregarding one's own, often, this lack of self-protection leads to being bullied or taken advantage of. In a **fight state**, one is aggressive and verbally or physically combative. In a **flight state**, attempting to flee the situation often leads to truancy or running away.



Image: 16

School Management, Educators and Parents should respond to Developmental Trauma Triggering in School, the Classroom or the home by applying Dr Bruce Perry's **Neurosequential Model of Therapeutics**, which is a therapeutic model designed using a neurobiological approach which respects the hierarchy of the human brain.

School Management, Educators and Parents should respond to Developmental Trauma Triggering in School, the Classroom or the Home in the following order **only**.

First, **REGULATING** the nervous system of the triggered individual, only then attempt to **RELATE**, communicate or connect with them and finally, once these two steps have been followed, only then try to **REASON** with them.

School Management, Educators and Parents should remember that Developmental Trauma triggering and its associated behaviours, **freeze, fawn / please and appease, fight and flight**, are **unconscious behavioural patterns** meaning that the individual does not know their behaviour has changed. Their nervous system is attempting to protect them from danger or hurt from another time. It feels real.

Therefore attempting to obtain a **REASON** for the nervously dysregulated person to justify their behaviour is likely to be unfruitful.

School Management, Educators and Parents should respond to Developmental Trauma Triggering in School, the Classroom or the home by guiding or accompanying the developmentally trauma-triggered individual to **REGULATE** their dysregulated nervous system by engaging in a **Parasympathetic** or **Nervously Regulating Activities** of their choice. Details of examples of **nervously regulating activities** can be found on **Pages 7 and 8** of this guide.

School Management, Educators and Parents respond to Developmental Trauma Triggering in School, the Classroom and the Home only if they are confident they themselves are nervously regulated as **a dysregulated individual cannot nervously REGULATE a dysregulated individual.** This might mean getting the help of another adult who feels nervously regulated or using some of the nervously regulating activities found on **Pages 7 and 8** of this guide, for example, **Breathing exercises** or **Havening**.

School Management, Educators and Parents should bear in mind when responding to Developmental Trauma Triggering in School, the Classroom and the Home that when the behaviour of individuals with Developmental Trauma is most challenging, this person behaves like this because they suffered in early life.



Image: 17

9. What is Parental PTSD?

Post-Traumatic-Stress-Disorder (PTSD) is a mental health condition that develops in response to experiencing or witnessing a distressing event involving the threat of death or extreme bodily harm. Examples of traumatic events that can trigger PTSD include sexual assault, physical violence, and military combat. PTSD can also occur in the wake of a motor vehicle accident, a natural disaster (e.g., fire, earthquake, flood), a medical emergency (e.g., having an anaphylactic reaction), or any sudden, disruptive incident.



Image: 18



Children whose parents are suffering from PTSD symptoms show a statistically significant increase in behavioural problems such as withdrawal, somatic complaints, thought problems, delinquent and aggressive behaviour, anxiety/depression, attention deficit and problems in social relations. Children whose parents are suffering from PTSD symptoms also show a statistically significant increase in behavioural problems such as

- Withdrawal
- Somatic complaints
- Feeling physically sick, weak or in pain
- Thought problems
- Delinquent and aggressive behaviour
- Anxiety/depression
- Attention deficit
- Problems in social relations
- Internalization

10. How is Parental PTSD linked to Developmental Trauma?

Everyone has heard of the terrible 2's when a child reaches the age of 2 and suddenly begins to assert their own desires and desires, which are in contrast to those of their parents and caregivers. This stage in a child's development happens because prior to the age of 2, a child does not differentiate itself as separate from its mother or primary caregiver. There is one being in the eyes of a child. Therefore when a child's mother or primary caregiver experiences trauma separate from or with a child less than two, that experience is their experience. The shared experience is registered in the child's unconscious mind, whereas the mother or primary caregiver will have some degree of conscious recall of trauma or traumatic period. The child will also establish limiting beliefs about themselves to cope with the traumatic circumstance psychologically, for example, 'I am unwanted' or 'I am useless' etc.

Hence when a mother or primary caregiver suffers PTSD and becomes triggered later in life, the child's nervous system unconsciously recognises that behaviour in the mother or primary caregiver, it can also become triggered without the conscious awareness of either. When the cause of a student's behaviour seems completely unexplainable, **Developmental Trauma** under two and **Parental PTSD** should be considered a causality.

Life-threatening events such as car accidents, fires, sudden illness, traumatic death in the family, crime, abuse or violence in the community can cause trauma. During their Development Period, children's language is still developing, and do not have the words to communicate what they feel or the capacity to make sense of adversity, so it is important to look for other clues in their behaviour and the way they play to understand if the trauma has had an effect.

11. What can Schools, Teachers and Parents do if they want to know more about Developmental Trauma?

The **Mi Window Project** has a range of many useful tools and documents for Schools, Teachers and Parents, which are all available from the project website, www.miwindow.org to learn more about Developmental Trauma.

These tools and available documents include;

Online Digital Database of Developmental Trauma Awareness resources and Parasympathetic (Nervously Regulating) Activities for Learning

Developmental Trauma Training Curriculum and Theoretical and Pedagogical Basis

Developmental Trauma eLearning Course with Developmental Trauma Awareness Certification

Entry-level set of Guides to Developmental Trauma for Schools, Teachers and Parents

The My Map illustrated animation and worksheets for Primary School Students

The My Window of Calm Guide

There are many ways that teachers, parents and those involved in the day to day running of schools can access further information about Developmental Trauma in the modern age. Although there are specific training courses available, there is also much which can pro-actively be achieved by research, visiting trauma-informed websites as well as accessing a range of teacher toolkits which have been made available. Clearly, it is important that all parents, teachers and other interested adults in a school are aware of the overarching issues when dealing with situations involving Developmental Trauma in their centre.

Key areas for the primary understanding of the subject include:

- Who can suffer Developmental Trauma?
- What is Developmental Trauma?
- The seven areas of impact we see in children who have experienced Developmental Trauma. These can be mapped onto the order in which the brain develops, in other words, from the bottom of the brain (the brainstem) up to the top (the cortical brain). They are as follows:
 1. **Sensory Development**
 2. **Dissociation**
 3. **Attachment Development**
 4. **Emotional Regulation**
 5. **Behavioural Regulation**

6. Cognition

7. Self Concept & Identity Development

Mental health is also a key element in understanding the nature of Developmental Trauma, including sensory/somatic; attachment; emotional regulation; behavioural regulation; self-esteem; dissociation; cognitive problems.



Image: 19

Practical strategies are key in helping parents, teachers, and carers intervene in situations.

These involve the use of the following techniques:

- Survival/Self Care
- Safety & Mastery
- Regulation of Emotions
- Calming or Alerting the Brainstem Repair
- Connection
- Going Backwards To Go Forwards
- Understanding and accepting that all behaviour is communication.
- Working towards the right balance of nurture and structure for your family
- Share this information with friends, family and school
- Seek help as early as possible
- What therapy or support works best and why?

Some of the key messages from various sources include the following guidance:

- Relationships and feeling safe are the first step to a young person managing their trauma
- Not every strategy will work for every child. Tailor your approach to each student.
- Students who have experienced trauma still need clear boundaries and routines
- Students need a safe space and trusted adults in order to regulate their emotions
- Self-care and recognising your limitations are vital when working with young people who have experienced trauma



Image: 20

References & Additional resources:

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14. <https://www.elc-pa.org/wp-content/uploads/2015/06/Trauma-Informed-in-Schools-Classrooms-FINAL-December2014-2.pdf>

15. <https://www.betterhealth.vic.gov.au/health/healthyliving/trauma-and-children-two-to-five-years#common-preschooler-reactions-to-trauma>

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Image Resources:

Image 1: https://img.huffingtonpost.com/asset/5cf7c11f240000550b857846.jpeg?cache=bJV1dwr798&ops=1778_1000

Image 2, 4, 11, 12, 19 & 20: Pexel free use.

Image 3: www.freepik.com

Image 5: Pexel free use

Image 6: Ellis, W., Dietz, W. (2017) A New Framework for Addressing Adverse Childhood and Community Experiences: The Building Community. Resilience (BCR) Model.

Image 7: Pexel free use

Image 8: Pexel free use

Image 9: <https://pxhere.com/es/photo/1439803>

Image 10: Mi Window Project's My Map Animation

Image 13: Pexel free use

Image 14: Pexel free use

Image 15: Pexel free use

Image 16: Pexel free use

Image 17: Pexel free use

Image 18: fizkes - stock.adobe.com

YouTube Video Resources

[Childhood Trauma and the Brain | UK Trauma Council](#)

[How a child's brain develops through early experiences, NSPCC](#)

[How stress affects our brain, NSPCC](#)