Karyn Purvis Institute of Child Development presents

TBRI® & Trauma-Informed Classrooms

TBRI® & Trauma-Informed Classrooms

Trust-Based Relational Intervention

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Developed by the Karyn Purvis Institute of Child Development at
Texas Christian University

Dear Educator,

Welcome to TBRI & Trauma-Informed Classrooms Training, a four-part seminar that utilizes Trust-Based Relational Intervention.

This program is intended to be an introduction to providing trauma-informed care in schools. If you would like additional training or materials please see the resources located in this guide and on the Karyn Purvis Institute of Child Development's (KPICD) website (www.child.tcu.edu).

You can use this training in a variety of ways. One option is to load the videos on a lab computer that your school's staff can access at their leisure. Another way is to view the sessions as a group, either over one day or viewing one or two sessions over several days. If you are viewing this training in a group setting, we have provided suggested schedules on page three of this guide.

It is our deepest desire that schools everywhere would be equipped to help children who have experienced trauma. Thank you for taking a step in helping us reach this goal. We hope that TBRI & Trauma-Informed Classrooms inspires hope, creativity, and a passion for helping children from hard places in the classroom and beyond.

For the Children,

Casey Call
Assistant Director, Karyn Purvis Institute of Child Development

TBRI® & Trauma-Informed Classrooms
Table of Contents

Casey Call, Ph.D.

Dr. Casey Call is the Assistant Director at the Karyn Purvis Institute of Child Development (KPICD). She serves in various capacities at the Purvis Institute including research, training, and outreach connected to Trust-Based Relational Intervention®(TBRI®). Casey also teaches, advises, and mentors TCU students in the Child Development undergraduate and graduate programs. Casey is a Licensed Professional Counselor Supervisor and is a registered Circle of Security® Parent Educator. She has also received training in Theraplay® Level One and in scoring the Strange Situation Protocol.

Casey earned her B.S. in psychology from the University of North Texas in 1997 and then worked as a milieu therapist in the in-patient psychiatric unit at Children's Medical Center of Dallas before returning to school. She earned a M.Ed. in Elementary Education from TCU and worked as an elementary school teacher in Coppell and Ft. Worth. After teaching for several years, Casey returned to TCU to earn her M.Ed. in Counseling and then worked as a middle school and high school counselor in Birdville I.S.D. Through these experiences in the education field, Casey developed a passion for teaching, learning, and improving educational systems.

Captivated by the work of the Karyn Purvis Institute of Child Development, Casey returned to TCU once again and earned her M.S. and Ph.D. in Developmental Psychology under the direction of Drs. David Cross and Karyn Purvis. Through her work at the KPICD, Casey combines her passions of serving children and families from hard places and bringing trauma-informed interventions into systems of care.

Sarah Mercado

Sarah Mercado is a Training Specialist with the Karyn Purvis Institute of Child Development (KPICD). As training specialist, Sarah's main focus is instructing professionals working with children who have experienced trauma in Trust-Based Relational Intervention® (TBRI®). TBRI®, a holistic, attachment-based, and trauma-informed intervention designed to meet the complex needs of vulnerable children, offers practical tools for caregivers to help those in their care reach their highest potential.

Sarah earned her Bachelor's Degree from Sweet Briar College in Virginia. She began her career as a direct care staff working with adolescent boys living in a Residential Treatment Center (RTC). After serving in the RTC for several years, she shifted her focus to foster care, where she was Regional Director for a foster and adoption agency.

Sarah spent 20 years serving youth and families within residential and foster care settings as a direct care worker and trainer before beginning her work with the Purvis Institute in May 2016. Sarah lives near Austin, TX with her husband, AJ, and their two daughters.

Suggested Schedules

One Day

Time	Topic
8:30-9:00	Registration/Sign-in
9:00-10:15	Trauma & the Brain: The Impact of Trauma at School
10:15-10:30	Break
10:30-11:45	Empowering Our Students: Meeting Physical Needs
11:45-12:45	Lunch
12:45-2:00	Connecting in the Classroom: Creating Relationships that Matter
2:00-2:15	Break
2:15-3:45	Correcting Behavior: Rethinking Classroom Management
3:45-4:15	Implementation & Evaluation

4 Sessions over several days

Time	Topic
Day 1 (2-3 hours)	Trauma & the Brain: The Impact of Trauma at School
	Implementation & Evaluation
Day 2 (2-3 hours)	Empowering Our Students: Meeting Physical Needs
	Implementation & Evaluation
Day 3 (2-3 hours)	Connecting in the Classroom: Creating Relationships that Matter
	Implementation & Evaluation
Day 4 (2-3 hours)	Correcting Behavior: Rethinking Classroom Management
	Implementation & Evaluation

Recommendations For Leading This Training:
- Allow plenty of time for processing, breaks, and planning.
- Provide water, snacks, and fidgets for participants.
- When looking at where to make changes, start by acknowledging what you are already doing well.
- Make a plan for implementation. Start by asking simple questions such as: who, what, when, where, and how.
- An easy way to start to implement the tools in this training is to ask participants to try one new thing each week and report back on how it went.

General Discussion Questions:

If your time for discussion is limited, here are some general questions to guide a brief discussion after each session.
- How would you summarize this section in 3-5 sentences?
- What is your greatest takeaway?
- What are we already doing well?
- If there were no restrictions or limits, how would we implement this principle?
- What would be tricky to implement?
- What do we need to make this work?
- What can we do tomorrow? Next month? Next semester? Next year?

Supplementary Videos & Resources:

In our live trainings we love to use current videos to enrich our content and enhance learning. Due to copyright constraints, we are unable to embed the videos in this training. If you wish to include these videos, we have provided the links to access them. We recommend you pull up the link in your internet browser before the training begins, then play them at the end of the session if time allows.

Trauma and the Brain: The Impact of Trauma at School

Session 1
Trauma & the Brain: The Impact of Trauma at School

Supplementary Videos & Resources:

ACEs video
https://vimeo.com/139998006

Paper Tigers Trailer
https://vimeo.com/110821029

Got Your ACE Score?
https://acestoohigh.com/got-your-ace-score/

ACEs resource
https://acestoohigh.com/
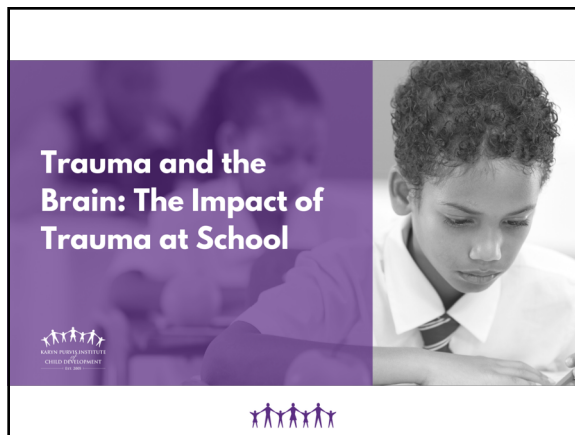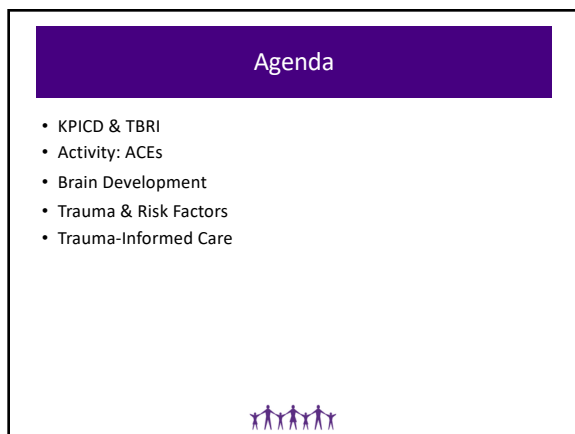
Discussion Questions:
- What are ACEs? Why are they important?
  - Adverse Childhood Experiences
  - Put children at higher risk for behavioral, mental, and physical health problems
- What are the risk factors for trauma?
  - Prenatal risks – drugs, alcohol, violence, depression
  - Perinatal risks – loss of oxygen, C-section
  - Postnatal risks – NICU, loss of caregiver
  - Maltreatment – sexual, emotional, and physical abuse
  - Neglect – instrumental and nurturing care
  - System effects – socioeconomic status, race
  - Natural or man-made – hurricane, fire, car accident
- What are the three pillars of trauma-informed care?
  - Safety
  - Connection
  - Coping (regulation)
- What does it mean to shift to a trauma lens?
  - To see the need behind the behavior
- What are the four skills needed for meaningful relationships?
  - Give nurturing care
  - Receive nurturing care
  - Be autonomous self
  - Negotiate needs
- How many of our students are affected by trauma?
  - What are we already doing for them?

TBRI® & Trauma-Informed Classrooms

Trauma and the Brain: The Impact of Trauma at School

Agenda

- KPICD & TBRI
- Activity: ACEs
- Brain Development
- Trauma & Risk Factors
- Trauma-Informed Care

STAY CALM
NO MATTER WHAT

SEE THE NEED
BEHIND THE BEHAVIOR

MEET THE NEED
FIND A WAY

DON'T QUIT
IF NOT YOU, THEN WHO?

ACEs

OBESITY	DIABETES	DEPRESSION	SUICIDE ATTEMPTS
HEART DISEASE	CANCER	STROKE	COPD
STDs	SMOKING	ALCOHOLISM	DRUG USE

ACEs

- Measured
  - Physical, sexual, and verbal abuse
  - Physical and emotional neglect
  - A family member who is
    - Depressed or diagnosed with another mental illness
    - Addicted to alcohol or another substance
    - In prison
  - Witnessing mother being abused
  - Losing a parent to separation, divorce, or another reason

www.acestoohigh.com

ACEs

- Significant
  – Common
  – Cause onset of adult chronic disease
  – Don't occur alone
  – More ACEs, more risk for chronic disease
  – ACEs cost money
  – Toxic stress

www.acestoohigh.com

ONE
HOW THE BRAIN DEVELOPS

Trauma-Induced Changes

3 Year Old Children

Normal   Extreme Neglect

Bruce Perry, 2005

Complex Trauma

"The experience of
- multiple
- chronic and
- prolonged

developmentally adverse traumatic events, most often of an INTERPERSONAL nature"

Bessel Van der Kolk

Risk Factors

1. Prenatal Risks
2. Perinatal Risks
3. Postnatal Risks
4. Maltreatment
5. Neglect
6. System Effects
7. Natural or Man-Made Traumas

Bessel Van der Kolk

5 B's of Trauma

1. Brain
2. Biology
3. Behavior
4. Body
5. Beliefs

Bessel Van der Kolk

Trauma-Informed Care

- Safety
- Connection
- Coping

Bessel Van der Kolk

Shift to Trauma Lens

Willful Disobedience
"What's wrong with you?"

→

Survival Strategies
"What happened to you?"

Activity: Real World

What skills do our children/students need to make it in the real world?

Meaningful Relationships

Seek nurturing care

Autonomous self

Give nurturing care

Skills Needed for Meaningful Relationships

Negotiate needs

Regulation

External

Co

Self

Mentoring Regulation

- Engine plate
- Magic mustache
- Blowing soup

Teach calming techniques

Purposefully dysregulate

- Game
- Dance
- Activity

- Engine plate
- Floor push-up
- Water/snack

Practice calming techniques

PAPER TIGERS

_____

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STAY CALM
NO MATTER WHAT

SEE THE NEED
BEHIND THE BEHAVIOR

MEET THE NEED
FIND A WAY

DON'T QUIT
IF NOT YOU, THEN WHO?

_____

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Adverse Childhood Experiences (ACE)

Prior to your 18th birthday…

Questions	Score NO = 0 YES = 1
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?	
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?	
3. Did an adult or person at least 5 years older than you ever… Touch or fondle you or have you touch their body in a sexual way? OR Attempt or actually have oral, anal, or vaginal intercourse with you?	
4. Did you often or very often feel that … No one in your family loved you or thought you were important or special? OR Your family didn't look out for each other, feel close to each other, or support each other?	
5. Did you often or very often feel that … You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? OR Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?	
6. Was a biological parent ever lost to you through divorce, abandonment, or other reason?	

7. Was your mother or stepmother: 　　Often or very often pushed, grabbed, slapped, or had something thrown at her? OR 　　Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard? OR 　　Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?	
8. Did you live with anyone who was a problem drinker or alcoholic, or who used street drugs?	
9. Was a household member depressed or mentally ill, or did a household member attempt suicide?	
10. Did a household member go to prison?	

Now add up your "YES" answers: _____

This is your ACE Score.

Empowering Our Students: Meeting Physical Needs

Session 2
Empowering Our Students: Meeting Physical Needs

Supplementary Videos & Resources:

How Proprioception Affects Your Child's Learning, Focus, and Behavior video
https://vimeo.com/193122550

Brain Highways Resource
https://brainhighways.com/

Go Noodle: Movement and Mindfulness for Kids
https://www.gonoodle.com/

Discussion Questions:

- How does regulation develop?
  - External – Co – Self
- What do we already do to help our students regulate?
- How do we teach or mentor regulation?
- How can we structure transitions to make them predictable and less abrupt?
- How do we meet our students' physiological needs?
  - Hydration?
  - Food?
  - Touch?
  - Physical activity?
  - Sensory input?
- What are the three responses to too much or too little sensory input?
  - Fight
  - Flight
  - Freeze
- How do we meet our students' sensory needs during times when they need to alert or calm?
  - What else could we do?

Empowering Our Students: Meeting Physical Needs

Sarah Mercado

KARYN PURVIS INSTITUTE
of
CHILD DEVELOPMENT
— EST. 2005 —

Self Regulation

External

Co

Self

External Regulation

- During first year – early toddler
- The adult is solely responsible for meeting the needs of the child.
- Child is hungry, adult feeds.
- Child is cold, adult warms.

Co-Regulation

- Toddler and pre-school years.
- Child learns to identify needs and seek help.
- Child may identify hunger, adult will meet need.
- Adults and children work together to share regulation of child.

Self Regulation

- Caregivers are still in charge and responsible
- The child may identify a need and be able to meet the need.
- Child is hungry, they prepare a snack.
- Child is cold, they get a blanket.

Felt Safety

Being vs. Feeling Safe

Felt Safety

- Predictability
- Routines
- Rituals
- Transitions

Transitions

- Daily Transitions
- Life Transitions

Transition Formula

1. Attention
2. Mention
3. Distract
4. Act

Group Transition

Physiological Strategies

- Hydration
- Blood Sugar
- Healthy Touch
- Physical Activity
- Sensory Diet

Hydration

Blood Sugar

Snacks or meals every 2 hours

Physical Activity

- Every 2 hours
- Do not take away recess
- Go Noodle

Sensory Processing

Sensory Seeking Behaviors

- **Frequently spins, jumps, swings**
- **Frequently wants bear hugs/enjoys being tightly wrapped**
- **Prefers loud environments**
- **Frequently fidgets/wiggles**

Sensory Seekers

Sensory Defensive Behaviors

- **Refuses to eat certain foods**
- **Refuses to wear certain articles of clothing or clothing with tags**
- **Refuses to get hands dirty**
- **Dislikes loud noises/covers ears**
- **Dislikes bright lights/covers eyes**

Sensory Defensive

Response

Fight	• Hitting, Kicking, Yelling
Flight	• Running away, Changing Subject, Distracting
Freeze	• Whining, Clinging, Zoning Out

What is it??

Behavior or Sensory??

Sensory Diet - Oral

Calming
- Sweet gum
- Chewing straws rhythmically
- Sucking or blowing
- Chewy foods
- Warm temperatures (hot tea)

Alerting
- Spicy or sour gum
- Frozen or hot foods
- Crunchy foods
- Mint/citrus/
- Peppermint/Caffeine

Sensory Diet - Olfactory

Calming
- Vanilla
- Sweet
- Natural Scents
- Family Body Odor

Alerting
- Peppermint
- Strong Perfumes (musk)
- Synthetic scents
- Strangers Body Odor

*only lasts as long as input is present, most primitive and strongest reaction

Sensory Diet - Touch

Calming
- Deep touch
- Under Armor
- Neutral warmth
- Cloth Upholstery
- Fidgets

Alerting
- Light touch
- Extreme temperature (cold)
- Rough textures (paint)
- Vinyl/leather upholstery
- Velcro

*Lasts up to 2 hours after input ceases

Sensory Diet - Proprioception

Calming

- Pushing/pulling, heavy work
- Bear Hugs (side are acceptable)
- Predictable touch
- Jumping up and down on trampoline

Alerting

- Jumping Jack Star
- Hopping
- Jumping
- Running Erratically

*Lasts up to 4 hours after input ceases

Sensory Diet - Vestibular

Calming

- Slow movement
- Rhythmic movement
- Rocking
- Upside down position

Alerting

- Spinning/rotating
- Fast movement
- Jumping
- Fast Position Changes

*lasts up to 6 hours after input ceases

Crash and Bump

Connecting in the Classroom: Creating Relationships that Matter

Session 3
Connecting in the Classroom: Creating Relationships that Matter

Supplementary Videos & Resources:

Inspiring America: Teacher Shares Personalized Handshake with Every Student/NBC Nightly News (Mr. White)
https://youtu.be/QLym8XovaCA

Top 20 Mindfulness Apps for Kids
https://mindbe-education.com/top-20-mindfulness-apps-kids/

Discussion Questions:

- How do we engage with our students?
  - What do I do well?
  - Where can I improve?
- What does mindfulness mean? Why is it important?
  - Complete attention in present moment
  - Stay calm and emotionally present during a child's distress
- Do I model mindful strategies in the classroom?
  - Do I stay calm under stress?
  - Do I practice calming strategies?
  - Am I present?
- How are we promoting mindfulness in our school?
  - What else can we do?
- How could we use nurture groups or a part of nurture groups in our classrooms?
  - Rules?
  - Check-in Question?
  - Band-Aids?
  - Activity?
  - Feeding?
  - Closing?

Connecting in the Classroom: Creating Relationships that Matter

Casey Call, PhD

KARYN PURVIS INSTITUTE
of
CHILD DEVELOPMENT
EST. 2005

Agenda

- Engagement Strategies
- Mindfulness Strategies
- Nurture Groups

Engagement Strategies

- Eye Contact
- Healthy Touch
- Voice Quality
- Behavior Matching
- Playful Engagement

Engagement Strategies

INSPIRING AMERICA

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Engagement Strategies

Which are your strengths?

Which are your opportunities for growth?

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Engagement Strategies

Professional Development Plan

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Mindfulness Strategies

(Image: person doing yoga tree pose on a rock by a river)

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Mindfulness Strategies

(Image: profile of human head with brain illustration)

Amygdala © iStock/janulla

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Mindfulness Strategies

GoNoodle

Settle Your Glitter

HEADSPACE

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Nurture Groups

Seek nurturing care

Autonomous self

Give nurturing care

Skills Needed for Meaningful Relationships

Negotiate needs

Nurture Groups

External

Co

Self

Six Parts

Nurture Groups

- ☐ Rules
- ☐ Check-in
- ☐ Band-Aids®
- ☐ Activity
- ☐ Feeding
- ☐ Closing
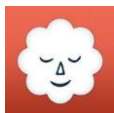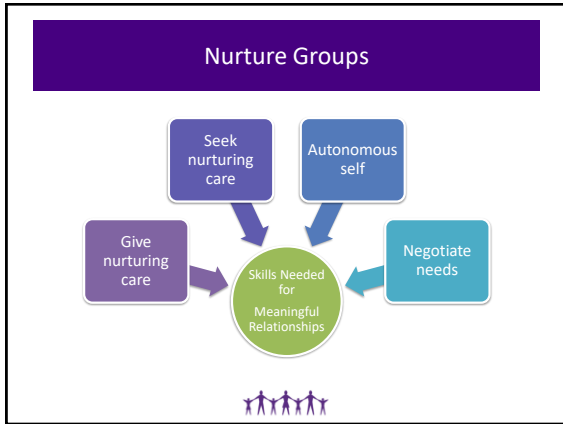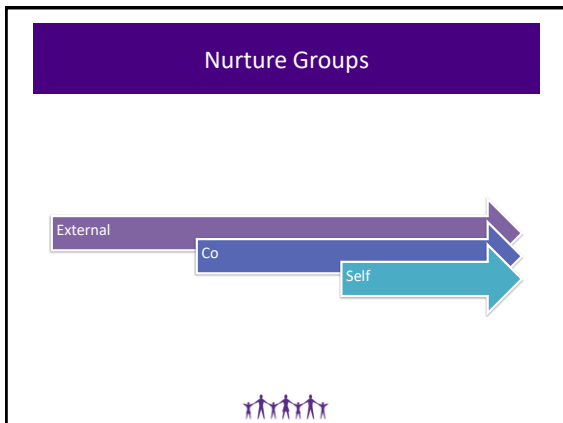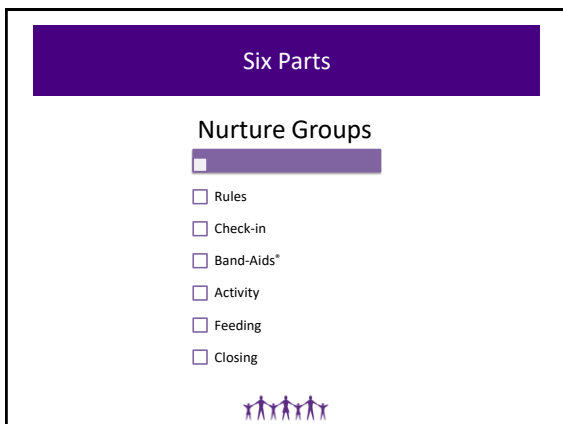
Rules

- Stick Together
- No Hurts
- Have Fun

From Theraplay

Check-in

- Magic Feather
- Surface level questions → deeper questions
- Children can pass or say "No, thank you."

Band-Aids (younger)

Band-Aids (older girls)

Band-Aids (older boys)

Activity

- Engine plate
  - Magic mustache
  - Blowing soup

Teach calming techniques

Purposefully dysregulate

- Game
- Dance
- Activity

- Engine plate
  - Floor push-up
  - Water/snack

Practice calming techniques
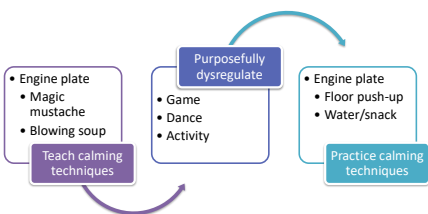
Engine Plates

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Activity

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Feeding

Feeding

Closing

- Any Transitional Activity
  - Hand Hug
  - High Fives
  - Round of Applause
  - Yeah!

Closing

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STAY CALM
NO MATTER WHAT

SEE THE NEED
BEHIND THE BEHAVIOR

MEET THE NEED
FIND A WAY

DON'T QUIT
IF NOT YOU, THEN WHO?

child.tcu.edu

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TBRI® Connecting Principles *(Meet attachment needs)*

Mindfulness
Bringing one's complete attention to the present moment
Self-Awareness
- Based upon how you were cared for, identify the thoughts, beliefs, and behaviors you bring to relationships, e.g., stress behavior, physical affection
- Realize how these thoughts, beliefs, and behaviors influence your relationships
- Identify personal triggers - What causes you to "flip your lid?"
- Practice regulating yourself during times of stress, e.g., deep breathing, taking a walk
- Staying calm and emotionally present during a child's distress, allows you to
  - Think flexibly
  - Creatively solve problems
  - Model compassion and calmness
  - Co-regulate with child

Adult Attachment Interview (AAI)
- Semi-structured clinical interview to assess adult's state of mind regarding attachment
- Classification predicts caregiving style

Attuned to the Child
- Sensitive caregiving – attuned to child's cues, e.g., jaw clenching, shallow breathing
- Seeing the need beneath the child's behavior
- Meeting the need

Engagement
Nurture healthy connections and facilitate secure attachments
Healthy Touch
- Chin prompt
- Hand on Shoulder
- High fives
- Fist bumps

Eye Contact
- Changes brain chemistry
- "I love seeing your eyes!"
- "Are those eyes orange?"

Voice Quality *(Crisis Prevention Institute, Inc.)*
- Tone
- Volume
- Cadence

Behavior Matching
- Sitting the same way as child
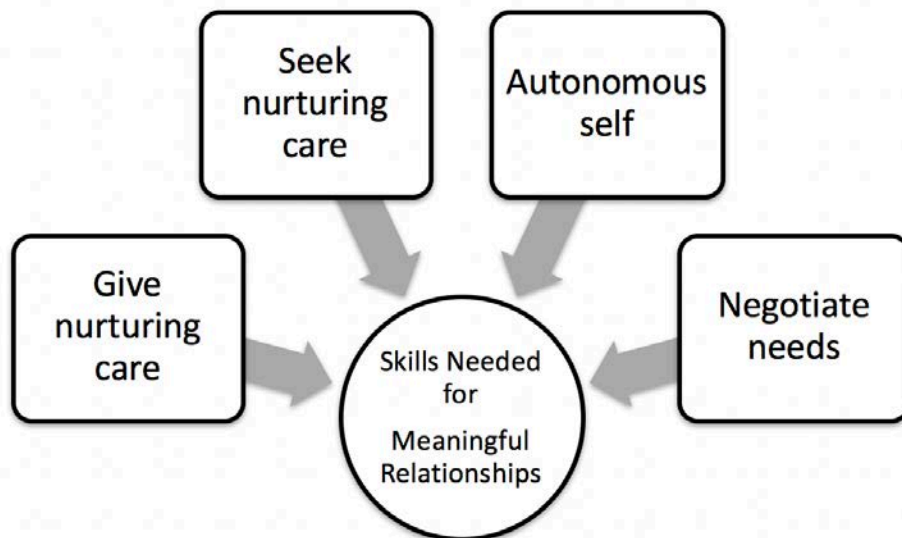- Choosing the same color toy/sticker as child

Playful Interaction
- Playing games
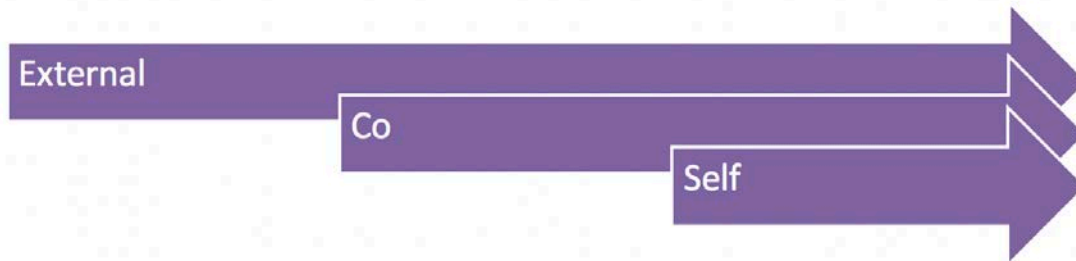- Not being afraid to be silly
- Using imaginative play
- Disarms fear

Nurture Groups

☐ Rules

☐ Check-in

☐ Band-Aids®

☐ Activity

☐ Feeding

☐ Closing

Meaningful Relationships (Cassidy, 2001)

Self-Regulation

External
Co
Self

Mentoring Self-Regulation

- Engine plate
  - Magic mustache
  - Blowing soup

Teach calming techniques

Purposefully dysregulate

- Game
- Dance
- Activity

- Engine plate
  - Floor push-up
  - Water/snack

Practice calming techniques
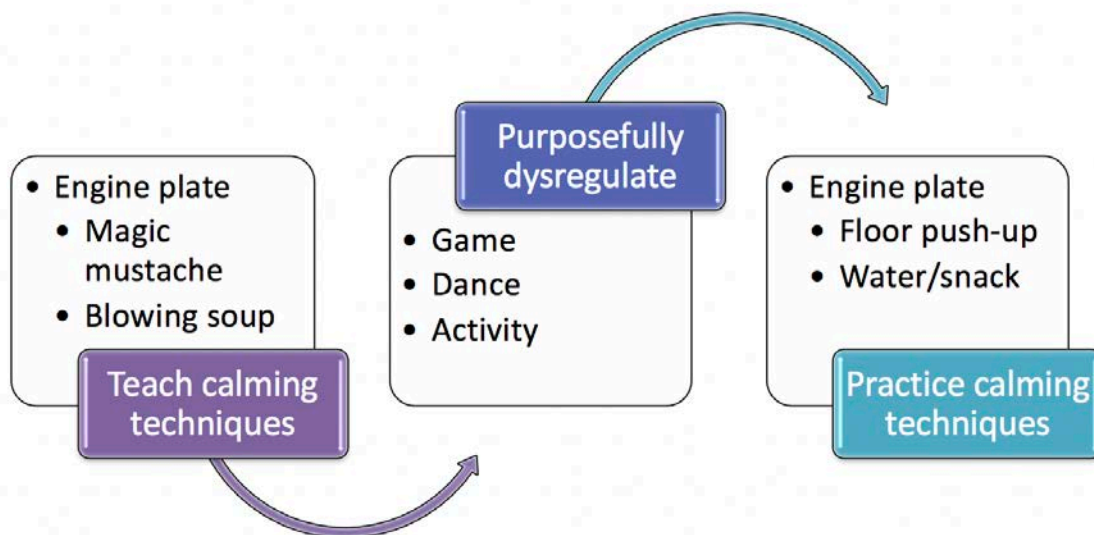
Nurture Group Lesson Plan

1. **Rules**
   - Stick Together
   - No Hurts
   - Have Fun

2. **Check-In**
   - Use magic feather
     - Magic Feather:
     _____
   - Ask a question
     - Question:
     _____

3. **Band-Aids®**
   - Give & receive

4. **Activity**
   - Engine Check
   - Calming Techniques
     - Deep breathing, pressure points, chair sit-ups/pull-ups, weighted items, bubble gum, fidgets
   - Core Activity
     - Script/Life Skill/Life Value Term:
     _____
     - Notes:

5. **Feeding**
   - Give & receive

6. **Closing**
   - Celebrate group

Correcting Behavior: Rethinking Classroom Management

Session 4
Correcting Behavior: Rethinking Classroom Management

Supplementary Videos & Resources:

    TBRI Children's Books
    https://child.tcu.edu/resources/tbri-childrens-books/

    Life Value Terms (free printables)
    https://child.tcu.edu/tbri-life-values/

Discussion Questions:

- What does "chase the why" mean?
  - Search for the need beneath the behavior
- If I view a child's behavior as being willfully disobedient, what do I see?
- If I view a child's behavior as being a survival strategy, what do I see?
- How can we incorporate proactive teaching into our classrooms?
  - About relationships?
  - About regulation?
- What are Life Value Terms?
  - How could we use them?
- What are Behavioral Scripts?
  - How could we use them?
    - Re-do
    - Choices
    - Compromises
- Describe what it means to raise and lower the bar for a student.
  - Take into account the child's history and their present circumstances
  - Allow child to feel success
- How do I incorporate play and joy into my classroom?
  - What else can I do?
- What is a calming engagement plan?
  - List 5 things students can do in your classroom to calm themselves.

Correcting Behavior: Rethinking Classroom Management

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of
CHILD DEVELOPMENT
— EST. 2008 —

Chase the why…
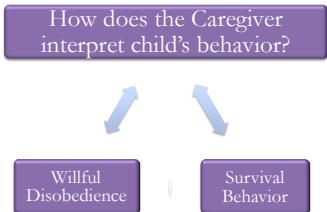
behind the child's behavior

AND

my response

Intervention Framework

How does the Caregiver interpret child's behavior?

Willful Disobedience

Survival Behavior

Willful Disobedience

ADULT Power Struggles **YOUTH**

Increase Frustration

Increase Resistance

Oppositional Behaviors

Enforces More Rules

Social Problems

Downward Spiral

Survival Behavior

ADULT Felt Safety **YOUTH**

Reduced Frustration

Awareness

Compassionate Understanding

Recognize Fears

Give Voice

Use Words

Upward Spiral
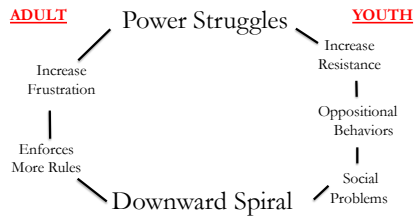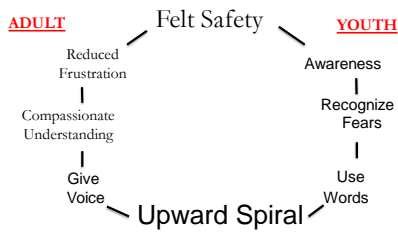
Is my response…

- Helping Regulation?

- Creating Connection?

- Disarming Fear?

[Slide 2]

Connected

Content

Changed Behavior
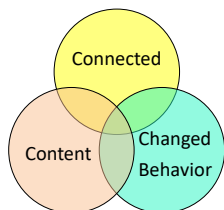
Proactive Teaching

- Life Value Terms

- Behavioral Scripts

Proactive Teaching

Proactive Teaching

Life Value Terms

- Accept No
- Our Actions have Consequences
- Use Your Words
- Focus and Complete Your Task
- With Permission and Supervision
- Gentle and Kind
- Listen and Mind
- Make Wise Choices
- No Hurts
- Show Respect

ACCEPT "NO"

TBRI

_____
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_____

our actions have

CONSEQUENCES

TBRI

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_____
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USE YOUR WORDS

TBRI

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FOCUS
& complete your task

WITH
PERMISSION

& SUPERVISION

GENTLE & KIND

LISTEN AND MIND

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MAKE CHOICES

from appropriate options

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NO HURTS

inside
or
outside

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SHOW RESPECT
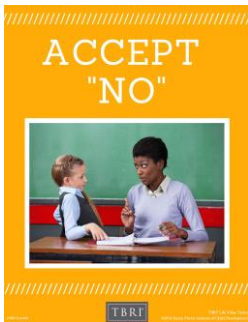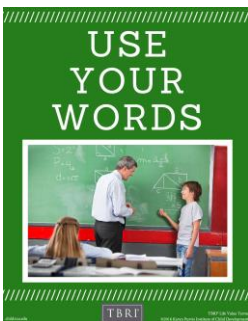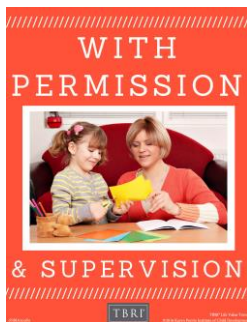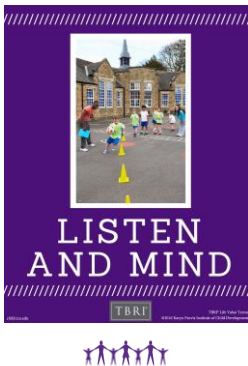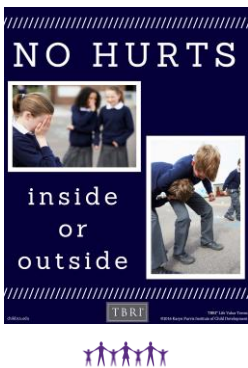
Behavioral Scripts

- Re-dos

- Compromises

- Choices

Re-do

- Give child experience doing the right way

- Creates motor memory for positive behavior

Choices

- Children need to learn to make good choices

- Must give 2 positive options

Compromises

chapter 5
TBRI® in Action

Making a Compromise

Compromise

Setting the Bar

- Keep in mind developmental age

- Set the bar for success and connection

- Raise it slowly.

_____

_____

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Playful Engagement

- Play disarms fear!!!

- Have fun with kids!

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Calming Engagement Plan

What are 3 things you need when _____?

- Weighted Blanket
- Wall Push
- Quiet Place

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Intersection Between Levels 3 and 4

_____

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_____

TBRI® Calming Engagement Plan

- Complete and practice during calm times.
- Choose an accountability partner to help remind you during times of stress to practice these strategies.

Things that make me mad	Things that make me sad	Things that make me ____

When I get mad, I can…	When I get sad, I can…	When I get _____, I can…

Things that alert me…	Things that calm me…

Creating a Trauma-Informed Classroom

Additional Resources

Creating Trauma-Informed Classrooms
https://www.adoptioncouncil.org/files/large/4b9294d4e0fc351

TBRI® Classroom Resources
https://child.tcu.edu/tbri-for-teachers/#sthash.fS3eJUPg.dpbs

KPICD YouTube Channel
https://www.youtube.com/channel/UCBW9RKLvTR5C46ey7gy3NuA/videos

> TBRI® An Overview: Putting the Pieces Together (37 minute)
> https://youtu.be/T43zJDgTNPA
>
> TBRI® Animates
> https://www.youtube.com/playlist?list=PL9WCXSvAXd6M9mHsdzO6rO2m9YgfHy0Pp

KPICD Website
https://child.tcu.edu

> Healing Families Videos
> https://child.tcu.edu/store/healing-families-dvds/#sthash.zdi63pU2.dpbs
>
> TBRI® 101: A Self-Guided Course in Trust-Based Relationships
> https://child.tcu.edu/tbri101/#sthash.8FB2tp7o.dpbs
>
> TBRI® For Teens
> https://child.tcu.edu/store/other-resources/#sthash.UULTeJ8v.dpbs

TBRI® Professional Development Plan

- Complete and refer to your goals throughout the semester.
- Set new goals in January for the second semester.

Goals	How will success be measured?	Status? • *Complete* • *In progress* • *Not initiated*
1.		
2.		
3.		

SMART Goals are

- Specific
- Measurable
- Achievable
- Relevant
- Time-bound

(www.mindtools.com)

TBRI® for Teachers

Because millions of American school-aged children have experienced abuse, neglect or trauma, we have developed many resources to help educators create healing learning environments to meet the unique needs of these vulnerable children. While some of these resources are not geared specifically to a classroom setting, our hope is that anyone who works with children from hard places can glean insights about how trauma affects the brain and how to bring deep healing to the children they serve.

An electronic version of this handout is available at child.tcu.edu/tbri-for-teachers

Free Resources

TBRI Animate Videos

For someone who is brand new to TBRI, this is the perfect place to start. These short videos (just over 3 minutes!) give a broad overview of how trauma affects the brain and alters the ability for children to learn and develop in optimal ways. Our newest Animate emphasizes the importance of meaningful relationships.

The Connected Child - Chapter 4

Because fearful children are unable to learn, educators must be keenly aware of fear responses and how to disarm them. This chapter, available for free download, from The Connected Child (Purvis, Cross & Sunshine, 2007) provides insight about how to address-fear driven behaviors that may occur in the classroom.

TBRI in Schools YouTube Playlist

Our YouTube Channel features many helpful video resources, but we have created a playlist specifically for those who work in schools. This channel features three testimonies of TBRI savvy teachers and also a chapter about school from our video, Children From Hard Places & the Brain.

Creating Trauma-Informed Classrooms Article

Teachers certainly have to deal with difficult behaviors that arise in the classroom, and this article helps educators recognize fear-based responses that can look like misbehavior. This article features data from studies we have conducted in schools as well as helpful tips for teachers who are seeking to become more trauma-informed.

Teaching TBRI Life Values Printable

TBRI Life Values are helpful in encouraging youngsters toward optimal behavior through quick reminders or scripts. We created a free downloadable packet of the TBRI Life Values for teachers (or anyone!) to print off and use. Post them as signs in your classroom or pull a new one out each week as a teaching tool as you mentor your students toward the desired behavior.

KARYN PURVIS INSTITUTE *of* CHILD DEVELOPMENT
EST. 2005

All resources available at child.tcu.edu/tbri-for-teachers

TCU

TBRI® for Teachers

If you want to dig even deeper, check out some of the products in our store that are designed to deepen your understanding of Trust-Based Relationships. Research demonstrates that trauma-informed environments have the capacity to ameliorate the damaging impact of abuse and improve the long-term outcomes for children who have come from hard places. Our hope is that these materials will help teachers create learning environments that empower both educators and their students to find joy in the teaching relationship and joy in learning.

An electronic version of this handout is available at child.tcu.edu/tbri-for-teachers

Resources for Purchase

TBRI Pocket Guide

This convenient, pocket-sized guide is an ideal reference for caregivers and professionals seeking to use Trust-Based Relational Intervention to meet the needs of children and youth from "hard places." Topics include Giving Voice, Self-Regulating, and the Levels of Response. Designed to supplement more in-depth TBRI materials, the Pocket Guide is laminated, color-coded, and spiral bound to provide TBRI principles at a glance in a handy 5"x7" format can be used anywhere.

TBRI Tip Sheets

Our TBRI Tip Sheets are designed to serve as quick reminders of TBRI principles and skills. Offered in two different sizes – 8.5 in. x 11 in. thick, glossy stock, or 12 in. x 18 in. glossy poster – these sheets are perfect to pin on a bulletin board, post on a refrigerator, or hang in an office or classroom. We are pleased to offer the TBRI Basics set and also the TBRI Classrooms set. Purchase any design individually, or either set at a discount. We also offer packs of each individual TBRI Tip Sheet in bulk pricing.

Children From Hard Places and the Brain Video

This video explores the impact of trauma on a developing brain and explains how fear and chronic stress damage the structure, wiring, and chemistry of the brain. This puts children at risk for a lifetime of social, learning, and behavioral problems if there isn't intervention. Children from Hard Places and the Brain features experts Dr. Tina Payne Bryson, Dr. Karyn Purvis, and Dr. David Cross, and offers practical advice and tips for leading children of all ages – even teens – to new levels of healing. (1 Hour, 20 Minutes)

Trust-Based Parenting Video

This two-disc video offers a wealth of knowledge about trauma-based behavioral issues. Watch as Drs. Purvis and Cross coach families and caregivers through real-life, problem solving scenarios, and demonstrate proven, practical skills and strategies for applying TBRI Empowering, Connecting, and Correcting Principles to everyday life. Parents from around the world praise TBRI for giving them hope in times of crisis and lifelong solutions that can benefit the entire family. (~ 4 hours, also available in Spanish)

KARYN PURVIS INSTITUTE *of* CHILD DEVELOPMENT
— Est. 2005 —

All resources available at child.tcu.edu/tbri-for-teachers

TCU

Trust-Based Relational Intervention®
Principles, Strategies, & Practices

Principles	Strategies	Practices
Empowering	Ecological	*Creating a Safe Environment* Transitions, Rituals, Artifacts
	Physiological	*Preparing the Body* Hydration, Blood Sugar, Healthy Touch, Physical Activity, Rhythmic Activities, Sensory Milieu
Connecting	Mindfulness	Calm Presence, Attunement & Awareness, Flexible Responding, Creative Problem Solving
	Engagement	Valuing Eye Contact, Authoritative Voice, Behavioral Matching, Playful Interaction, Healthy Touch
Correcting	Proactive	Life Value Terms (e.g., Using Words, With Respect) Behavioral Scripts (e.g., Choices, Compromises, Re-dos)
	Responsive	IDEAL Response ® Levels of Response®

TBRI® Professional Development Plan

- Complete and refer to your goals throughout the semester.

Goals	How will success be measured?	Status? • *Complete* • *In progress* • *Not initiated*
1.		
2.		
3.		

SMART Goals are
- Specific
- Measurable
- Achievable
- Relevant
- Time-bound

Creating Trauma-Informed Classrooms

BY CASEY CALL, PH.D., KARYN PURVIS, PH.D., SHERI R. PARRIS, PH.D.,
& DAVID CROSS, PH.D.

Ending the summer and beginning a new school year is a source of both excitement and anxiety for most children. But amidst the thrill of choosing special school supplies, finding a distinctive backpack, and shopping for new clothes are anxiety-inducing questions such as: *Will I like my new teacher? Will I be in the same class as my friends?* While for most children this transition to a new teacher and a new class may present a mild challenge, for children with histories of trauma or harm, entering school may reactivate previous uncertainties, losses, fears, and terrors.

Early research from our lab assessed the neurotransmitters of at-risk adopted and foster children during the summer, and then again during the early weeks of school. Not surprisingly, data showed a dramatic shift of 53% in the stress chemical adrenaline, in addition to a drop of 13% in the calming neurochemical GABA. These shifts were associated with an increase in anxious and withdrawn behaviors. Additionally, a spike of 40% in PEA (beta-phenylethylamine) was associated with thinking and learning problems during the initial weeks of school. (For more information, see Purvis, Mittie, Kellermann & Cross, 2011, "Neurotransmitter Levels in At-Risk Adopted Children," *Adoption Factbook* V, page 491.)

This type of stress reactivity is a hallmark of children with histories of harm, putting them on a crash course for academic, behavioral, and relational challenges. Educators often identify these children as their behavioral "frequent flyers," who take significant time from instruction

for behavioral management. Tragically, these children are often sidelined from the academic setting, and too often become those who drop out of school or end up in alternative educational settings. They are in desperate need of academic settings that are trauma-informed and can meet their unique challenges and needs induced by histories of harm.

Over the past 16 years, our Institute of Child Development has created a research-based intervention, Trust-Based Relational Intervention® (TBRI®), which has been used in various settings to improve outcomes for vulnerable children. TBRI® is holistic, trauma-informed, and evidence-based. We began with implementation with families; in recent years, we have turned to the needs of children and teachers in an academic environment, with stunning results.

An Oklahoma elementary school—labeled the "worst school in the state" due to receiving the lowest test scores in Oklahoma for two successive years—implemented TBRI® with tremendous success. Data documented an 18% decrease in incident reports and a 23% decrease in referrals for the top ten most frequently referred students. In Missouri, working with an alternative high school, we noted a dramatic shift in the thinking of the school's leadership team, as evidenced by their decision to move from using three sterile eight-foot square "cell blocks" to isolate disruptive teens, to using a behavioral management system that taught students to self-regulate through the use of calming aids, such as a sensory room. Finally, in a Texas charter school serving a residential facility for 200 at-risk youth, graduation rates increased from 74% to 95%, and overall school referrals decreased 99.4% during the second year of TBRI® implementation. (For additional information on TBRI®, see Purvis, Parris & Cross, 2011, "Trust-Based Relational Intervention: Principles & Practices," *Adoption Factbook V*, page 497.)

Academic outcomes were dramatically altered in each of these schools, as educators and administrators began to recognize the impact of past neglect and trauma on previously abused children's behavior and capacity to learn. To put it simply, educators in these schools began to see the children and youth they were serving through a "trauma-lens." They began to recognize the impact of trauma, the hidden risk factors, the role of fear in behaviors, the unique physical needs of their students, the ability to learn proactively, and—perhaps most importantly—the power of nurturing relationships in the classroom.

Recognize the Impact of Trauma

Successfully implementing trauma-informed classrooms requires understanding of the dramatic impact of trauma on all development

systems. Recent advances in neuroscience have documented previously unknown alterations in brain development, brain chemistry, and brain activity as a result of abuse and trauma. Only in the past six years have scientists documented changes to biological structures, including alterations in expression of the DNA, attributable to early histories of harm.

In our work, we often refer to at-risk children as those who have come from "hard places." Not only are there changes in the brain and the biology, there are also tragic changes in the belief systems of these children. Because trusted adults harmed them, they are often confused about how to make and keep friendships, how to interact with peers and adults, and how to figure out whom to trust. For many educators, reframing their students' behaviors as *survival strategies* rather than *willful disobedience* creates a dynamic shift in classroom interactions and behavior management.

Recognize the Risk Factors

Vulnerability in children from hard places can be attributed to six primary risk factors. Parents and educators are often stunned to realize the broad nature of these risks.

The first and most profound risk factor is prenatal stress. If the child's mother experiences hardship of any kind during pregnancy, her developing infant will bear neurochemical marks of her stress. Research documents the fact that anxious or depressed mothers give birth to infants who have higher levels of stress chemicals as well as alterations in brain activity. An additional prenatal risk is substance exposure, which is believed to be present in 80% of children in the foster care system (Dicker & Gordon, 2004). Prenatal substance exposure induces sweeping changes in brain development, and is associated with a plethora of cognitive and behavioral aberrations.

Another risk factor is birth trauma, which can, for example, cause minor brain hemorrhages that ultimately effect learning and behavior. A third risk factor is hospitalization in the early years of development. Medical procedures designed to save the life of a prematurely born infant, for example, comprise medical trauma. Surgeries, NICU care, and hospitalizations after accidents or during serious illnesses all impact development in ways similar to any other type of harm. In sum, "medical trauma" comprises trauma and bears a resemblance in impact and outcome to many other types of trauma.

The last three risk factors are more commonly recognized than the first three, and include abuse, neglect, and trauma. Abuse and neglect are common themes in the lives of children who are fostered or adopted.

Physical abuse, sexual abuse, and emotional abuse are common among those removed from their biological families. Another major risk factor is neglect, which is the daily fare of children adopted from orphanages and from many domestic environments. While neglect may seem less impactful then abuse, in many ways it can be more damaging. The message of abuse is "I don't like you"; the message of neglect is "you do not exist."

Most teachers will never know the full backstory of vulnerable children in their classrooms. However, insightful teachers will bear in mind that these experiences might have been the daily standard for children from hard places, and these past experiences cast a shadow over their thoughts and actions in the classroom.

Trauma can also include multiple foster placements, separation from biological siblings, loss of biological family, acrimonious divorce, a prior adoption dissolution, unwelcome moves to new cities or schools, natural disasters, and much, much more. For too many vulnerable children, varying risk factors compounded, one on top of another, exposing them to a broad range of risks and harms, creating deeper and deeper complexity in their needs.

By recognizing all of these potential risk factors, educators are often able to "reframe" behavioral and learning challenges. For example, a child who was adopted at birth but has significant problems in school might have experienced prenatal stressors, including potential substance exposure, which could be the source of these problems. Armed with such knowledge, educators are able to create more comprehensive plans for teaching children with a variety of needs.

Recognize the Role of Fear in Behavior

The amygdalae comprise a set of almond-sized nuclei in the brain that regulate *fight*, *flight*, *and freeze* responses, and are active and "online" even during pregnancy, creating aberrations in behavior for some children even if they were adopted at birth. The amygdalae are hyper-responsive in children coming from hard places (Perry, 1994), causing them to remain in a constant state of reactivity, inducing vigilant scanning of the environment to assess for potential threat. Because they are investing their energy in feeling safe, regions for learning are "offline," creating tremendous impediment to acquiring new knowledge. Simply put, fearful children can't learn.

Informed teachers can begin to disarm the amygdalae and help children feel safe by structuring the classroom so that it isn't over-stimulating

By recognizing potential risk factors, educators are often able to "reframe" behavioral and learning challenges.

(e.g., not too cluttered or loud). They can learn behavioral intervention strategies that don't exacerbate trauma. They can partner with the fearful child in ways that help him overcome his fears.

Another powerful way to disarm fear in children is to "give voice." Children who feel heard feel safe. Giving voice can be done many ways—by giving undivided attention, for example, or by offering choices, compromises, or behavioral "re-dos." (For additional resources about giving voice to vulnerable children, see "The Healing Power of 'Giving Voice,'" *Adoption Advocate* No. 61, retrieved from www.adoptioncouncil.org/publications/adoption-advocate-no-61.html.)

Recognize Unique Physical Needs

Harkening back to the impact of trauma, trauma-informed environments will need to make proactive accommodations for children coming from hard places.

For example, glutamate, a neurotransmitter that is commonly elevated in children with histories of harm, is more active when children are dehydrated. This creates significant issues behaviorally, because glutamate is associated with aggression, violence, and seizures. By simply making water bottles accessible to children during school hours, glutamate levels can be controlled (Boudaba, Linn, Halmos, & Tasker, 2003). Insulin receptors are altered by chronic stress and prenatal exposure to alcohol, resulting in variations in blood sugar that are associated with dips in learning and behavior. Having snacks at times of day when children's blood sugar may be low (e.g., mid-morning between breakfast and lunch; mid-afternoon between lunch and dismissal) can keep blood sugar from dropping too low and significantly improve behavior and learning (Benton, 2007; Benton & Stevens, 2008; Gailliot et al., 2007; Kaplan et al., 2004).

Finally, a majority of children with histories of harm are reactive to sensory input. Being prepared to meet these unique needs is critical. For example, in music class, if the sounds are too loud—or in art class, if the finger painting project is tactilely aversive—children can be permitted to choose an alternative activity, thereby disarming their fear and earning their trust.

Recognize the Power of Connection

In his seminal article "The Three Pillars of Trauma-Informed Care," Howard Bath identifies three pillars: Safety, Connection, and Emotional Regulation. He notes that Connection is the central pillar, without which

trauma-informed care cannot occur (Bath, 2008). If children feel safe and connected to their teachers, they will be able to learn. Teachers can set the stage for connection and, with it, learning, by looking into the eyes of her students with "soft eyes," using a warm, welcoming voice, and greeting her students at the door each morning. As Bath writes, "Safety itself depends on the development of the second pillar of trauma-informed care—comfortable connections between traumatized children and their care providers and mentors. Positive relationships are necessary for healthy human development, but trauma undermines these life-giving connections. Although the importance of positive relationships has long been recognized, there is now good scientific evidence from human services that these are the critical ingredients in healing and growth."

The first pillar Bath identifies, Safety, is closely tied to Connection. In optimal child development, the capacity to feel safe is associated with having a trusted adult that will meet their needs and offer protection. Bath writes: "[C]onsistency, reliability, predictability, availability, honesty, and transparency are all carer attributes that are related to the creation of safe environments for children. Including the child in decision-making is also important, as is the provision of knowledge about their circumstances (where appropriate). Bruce Perry (2006) places considerable emphasis on ensuring that children have appropriate power and control over their circumstances where it is developmentally and practically possible." Another consideration in creating safety, according to Bath, is meeting children's needs and "the absence of punitive and/or controlling responses from adults."

The final pillar of Trauma-Informed Care is Emotional Regulation. In optimal child development, it is the adult who regulates physical and emotional needs. Among children coming from hard places, regions of the brain for self-regulation have been impaired. Teachers who understand this alteration in brain development can begin to reframe misbehavior as a cue from the child that they need the teacher's presence and guidance to help them regulate. According to Bath: "There are many approaches to the teaching of self-regulation skills. For example, some traumatized children have not had the benefit of parental figures who have taught them how to calm themselves down. These children may need adults who are willing to 'co-regulate' with them when their emotions run wild, rather than relying on coercive approaches. The basic skills of active listening have a central role, especially the reflective skills which promote the labeling of feelings."

Conclusion

A burgeoning body of research documents the fact that children who feel safe with their teachers have lowered levels of the stress chemical

If children feel safe and connected to their teachers, they will be able to learn.

cortisol and higher levels of learning. Insightful, informed teachers who understand and recognize the unique needs of their students coming from hard places have the capacity to open the doors of learning to them, and to become partners in creating safe, nurturing trauma-informed classrooms—the gateways to satisfying outcomes for their students.

Appendix: TBRI® Principles and Strategies for Trauma-Informed Classrooms

The foundation for both TBRI® and the Three Pillars of Trauma-Informed Care is relationships. Students must feel connected in order to feel safe, and it is this safety that gives them the capacity to learn. A Trauma-Informed Classroom (TIC) is an environment where children from "hard places" can be successful, involved learners. Following is a list of TIC strategies:

- Reframe students' behaviors as *survival strategies* instead of *willful disobedience*.

- Recognize developmental risk factors (prenatal stress, birth trauma, early hospitalization, abuse, neglect, and trauma) and their contribution to students' behaviors. Use this information to respond to the underlying *need* of the behavior instead of the behavior itself.

- Nurture relationships with students and between students.
  - » Make eye contact using soft eyes when speaking with students or making a request.
  - » Encourage healthy positive touch into the classroom routine, such as handshakes, high fives, and fistbumps.
  - » Take an interest in students' lives. For example:
    - Ask questions.
    - Listen.
    - Incorporate a journaling activity in class. Read and respond to entries.
    - Recognize emotional states; e.g., when a student looks like they are upset or angry.
    - Have a check-in question at the beginning of each class; e.g., "On a scale of 1 to 10, my stress level is a ___" or "The best gift I ever received was _____."

- Create an environment where students feel safe. Children from hard places need predictable environments.
  - » Physical environment should be organized and not overwhelming in terms of lighting, colors, materials.

» Establish and practice routines for classroom procedures; e.g., what to do when entering the classroom, how to ask a question, where journals go, etc.

» Post a classroom schedule and give warnings if it is going to change.

» During daily transitions, provide warnings leading up to the transition; e.g., "Five minutes until we go to lunch," "Three minutes until we go to lunch," "One minute until we go to lunch."

» Give students a voice in the classroom and allow it to be heard.

- *Give undivided attention.* Make eye contact and extend a handshake when students enter the classroom.

- Offer *choices*, such as allowing students to complete assignments in the order they choose.

- Make *compromises*, such as extending a deadline to Monday so students can have the weekend to complete a group project.

- Practice behavioral *re-dos*, such as having a student "try it again" if they use disrespectful words.

• Address students' physiological needs.

» Allow water bottles and snacks in the classroom.

» Encourage physical movement, such as allowing students to get up and walk around or to stand up while they work.

» Understand students' sensory needs and provide tools to accommodate for these needs, such as:

- Noise-cancelling headphones

- A quiet place to work

- Soft background music

- Weighted items (lap pad, blanket, vest, etc.)

- Fidgets (squeeze balls, velcro under the desk, etc.)

- Bubble gum

- Soft or natural lighting

• Practice self-regulation skills.

» After a cognitively challenging task, practice deep breathing or other self-regulation techniques.

» Purposefully plan an activity that will excite students; e.g., freeze tag, water balloon toss, science experiment. Then practice self-regulation or calming techniques.

» Help students identify their level of alertness.

- Be proactive.
    - » Teach skills and behaviors before they are needed or required.
        - - Teach and practice calming or self-regulation techniques *before* exciting or stimulating activities; e.g., deep breathing, pressure points, chair sit-ups, pushing down the wall, weighted items, fidgets.
    - » Help students identify their feelings by using a feelings check during class. Say, "If you are feeling *embarrassed/anxious/bored/ etc.*, give me a thumbs-up; if not, give me a thumbs-down. If you aren't sure, you can turn your thumb sideways."
    - » Practice labeling emotions and make plans for dealing with them; e.g., have student list three things she can do when she feels *sad/ mad/scared/etc.* Practice the plans.

- Have fun!
    - » Students' brains are primed for learning when they are engaged in a joyful activity.
    - » Play review games and throw a prize to the student with the correct answer.
    - » Have dramatic readings, mini-concerts, or theatrical performances that meet learning objectives.
    - » Improve a sense of classroom community by incorporating team-building exercises into your curriculum.
    - » Take dance and motor breaks.

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