Understanding How Trauma Impacts A Developing Brain and Body

Exposure to trauma in a child, especially if it is chronic, repeated or severe, can impair healthy brain development, causing cognitive delays and difficulty with emotional regulation and impulse control. Research tells us that youth exposed to just two forms of childhood trauma, or Adverse Childhood Experiences, are much more likely to be suspended, chronically absent or failing a grade. However, as the brain can be hurt by trauma, it can be healed through positive, safe and nurturing relationships with adults. What happens to a child is only part of the story, how adults rally around the child to create a safe and positive support network predicts the child’s outcome.

Much like adults, when students feel unsafe, their brains focus on safety and survival. A fearful or anxious brain sees the world as safe or not safe, and is focused on concrete, in-the-moment, reactionary thinking. A fearful brain cannot think ahead into the future, anticipate consequences for its actions, or exhibit empathy for others. A fearful brain reacts to any stressors and triggers in the moment. It cannot learn new things.

For students to learn, they need to feel safe and their brains need to be emotionally regulated. Implementing the universal approaches of a trauma-informed classroom will help ALL students feel safe and supported and will help all students stay emotionally regulated so learning can happen.
Why Handle With Care?
The goal of Handle With Care is to help youth exposed to traumatic events feel safe and supported and better able to learn and succeed in school. When law enforcement officers are called to a scene and a child is present, they will submit a Handle With Care referral into the school’s Safe 2 Say system, appearing as an “event.” Schools will communicate these referrals with appropriate staff according to their Safe 2 Say protocols.

Law enforcement will not share any details of the event with school personnel. And while not all police contact is connected to violence, the result can still be a traumatic experience for the student (i.e. drug overdoses, arrest of a parent/caregiver, a car accident, etc.). Staff should NOT ask the child what happened, as this could re-traumatize the student. If a student voluntarily discloses any details about the event and staff has concerns, please notify the school counselor and/or SAP team.

What do I do if I receive a Handle With Care referral for one of my students?

**OBSERVE** your student’s behavior and appearance. Is the child acting differently?

**LOOK** for signs of distress (fatigue, hunger, disheveled, agitated, anxious, afraid, easily angered, sad, wearing baggy, ill-fitting or dirty clothes, avoiding eye contact, zoned or spacing out, hyperactive, running away, afraid to leave a parent or caregiver, extra clingy with school staff, complaining of headaches, stomach aches or body pains).

**RESPOND** with kindness, not judgment.

If you observe no changes, no classroom modifications or school supports may be needed at that time. Signs of trauma may not appear immediately following a traumatic event. It may take days, weeks or months for symptoms of trauma to manifest. When signs are identified, follow the existing process for referring students to school-based supports.

If the child demonstrates changes in appearance, attitude or behavior:

**ASK** the child how they are feeling, give them words to express how they are feeling (having a hard time focusing, feeling anxious, tired, sad, etc.).

**ASK** if they would like to see the nurse (nap, change of clothes, healthy snack) or visit the school counselor (talking further about their feelings, mentoring, etc.).

**REMIND** them it’s ok not to feel ok and that it’s good to talk about their feelings, listen to how their body is feeling, and talk to helping adults.

**CONSIDER** how best to support the child’s learning and growth in the classroom knowing their young brain may be locked in fight, flight or freeze mode (e.g. don’t ask them for homework, allow to skip a test or quiz, provide tutoring to catch up afterwards, etc.).

**DO NOT** ask the student what happened the night before, this could re-traumatize the child!

Implement Universal Trauma-Informed Classroom Practices (Tier 1):

- Focus on building safe, trusting relationships with each child
- Promote student choice: how you greet them (hug/high five/fist bump), how they sit for story time/group time, if they can stand or walk around in the classroom while they think or listen, where their desk is placed, etc.
- Use active listening techniques to help students feel heard, valued and their feelings validated (“wow, sounds like you’re feeling…”)
- Limit triggers in the physical space: cluster tables into small groups, allow some students to have a desk separate from the cluster if it makes them feel safer
- Be fair and be consistent with consequences for inappropriate behavior; build clear expectations with students, remind students of these expectations frequently, focus on restorative practices to discipline that maintain the relationship, teach healthy coping skills and build empathy
- Promote predictability and routines: frequently communicate processes and schedules with students and follow set routines; anticipate changes to routines and talk through these events with students (fire or safety drills, police officer visiting, assemblies, etc.)
- Teach emotional regulation and healthy coping skills (mindfulness, breathing, grounding, etc.) as part of daily classroom instruction
- Provide a safe space for students to go when they need extra time to emotionally regulate: like a peace corner in the classroom (a bean bag chair, blanket, coloring books, stress balls, music with headphones, calming manipulatives)
- Encourage the promotion of staff self care and wellness as well. Adults can’t model emotional regulation if their emotional tanks are running on empty (staff mindfulness, yoga, walking clubs, a calm-down space for staff to emotionally regulate, etc.)