12-2015

Creating Trauma Focused Educational Milieus

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Chaos, threat traumatic stress, abuse and neglect are bad for children. These adverse experiences alter a child's developing brain in ways that result in enduring emotional behavioral cognitive social and physical problems......and if adverse experiences alter the developing brain and result in negative functional effects, can therapeutic experiences change the brain in ways that allow healing, recovery and restoration of healthy functioning? ...Yes matching the correct therapeutic activities to the specific developmental stages and physiological needs of the maltreated or traumatized child is a key to success
– (Perry, 2006. p.29).

Children and youth who have experienced developmental trauma can be successful in their various life spaces if we - the adults who support them: administrators, teachers, special education teachers, lunch room monitors, Educational Assistants and Child and Youth Care (CYC) practitioners - are cognizant of the need and benefits of creating trauma sensitive if not informed educational milieus. This is especially important if those of us supporting children don't always have the history of each child in the classroom or the child that we meet in the busy hallway. If all adults supporting children learn more about the impact of trauma on learning, trauma informed strategies and practices can be implemented.

A class action suit on behalf of five students and three teachers in the Compton Unified School District in Compton, CA, was filed by Public Counsel, the nation's largest pro bono law firm, and Irell & Manella LLP. The civic law suit demands that Compton schools incorporate proven practices that address trauma, in the same way public schools have adapted and evolved in past decades

to help students who experience physical or other barriers to learning – Aces Too High News, 2015a

At Lincoln High School in Walla Walla, Washington, after implementing a trauma informed discipline practice, suspensions decreased in number to one hundred and thirty five from the previous year of seven hundred and ninety eight. Fifty expulsions decreased to thirty. Additionally only three hundred and twenty out of school referrals were required instead of the six hundred required in the previous academic year. These numbers indicate that setting up school environments differently not only has impact on individual students but also on the overall school community. The principal of this school stated that:

A trauma-informed approach addresses the whole student, stepping away from punitive traditional approaches that research tells us don't work. This is very hard work, but the right thing to do for all kids. We can't claim that we reach 100% of our kids, but we can claim that we love each student unconditionally. – Aces Too High News, 2015b).

Brain research now informs us that if children/youth with prior experience of threatening situations are not currently experiencing stress or threat in the moment, their brains behave as if they are (Perry, 2006; Schore, 2003; van der Kolk, 2005b). The new 'normal' for these children is to be self-protective. Therefore, this child might not be able to verbalize "I am feeling anxious" or "out of sorts" especially if their trauma experiences began pre-language development. Hence, they may not even know the words to explain their experiences or internal working model. Also, we know that,

Traumatic experiences are cumulative. If one generation does not heal, problems are transmitted to subsequent generations. In some form, this cultural trauma affects every Native person. It sculpts how we think, how we respond emotionally. It affects our social dynamics and, at the deepest level, impacts our spirituality. Intergenerational trauma has wounded us deeply. Not a day that goes by in which I do not think about some dynamic related to intergenerational trauma. There were times in my

life that I wondered "Is there something wrong with me? Is there something wrong with us? What did we do to cause all of this to happen?" The truth is there is nothing wrong with Native people; we are perfectly normal people responding to an abnormal history – Brokenleg, 2012, p.10

Most recently, another example of cumulative harm has been researched and documented in the grandchildren's genes of Holocaust survivors. This intergenerational impact has resulted in diagnosed mental health presentations. – Thomson, 2015

This means that we need to attempt to stop the inheritance and continuation of trauma experiences. Having established the importance and positive impact of using a trauma informed lens, this article will review various trauma informed approaches that can be applied to the educational milieu. These being: The three pillars of trauma informed care: safety, supervision and support (Bath, 2008); elements of a therapeutic milieu (Burns, 2006); and the 4 S's of trauma focused care (Fraser,

2012), These three models each strive to adapt the life spaces in which children live, work and play so all children are set up for success. Commonalities found in these models will be discussed in relation to specific case examples from educational practice milieus.

The three pillars of trauma informed care model stresses the importance of creating safety, increasing connections and managing emotions which some refer to as teaching emotional regulation.

Bath states that the "first imperative to working with traumatized children is to create a safe place for them" (Bath, 2008, p.19). He then states that in order to create safety there needs to be comfortable connections between the child and those they are receiving care from in their various life spaces.

In this article Bath cites van der Kolk, who reminds us that "the primary function of parents can be helping children modulate their own arousal by teaching them skills to help them modulate their own arousal" (1996, p. 185).

In the text *Healing Spaces* Michael Burns (2006) discusses five elements that need to be considered when creating a healing space for children and youth whatever the practice milieu. These elements include adults being mindful that we need to set up environments that are physically, emotionally, socially, culturally and ideologically safe.

Recent trauma research (Perry, 2006) confirms what we in the CYC community have known since the work of Trieschmann, Whittaker and Brendtro (1969). Young people respond well when they know what is coming. Predictability in a residential, classroom or program setting increases feelings of safety and allows children to begin to risk new tasks so they can experience mastery (Brendtro, Brokenleg & Van Bockern, 2002).

Looking at behavior from a trauma informed lens assists in helping children to connect thoughts/actions/ feelings. Fraser, 2012, identifies that structure is fundamental to creating a safe environment and notes that if caregivers do not provide structure in the environment that the children's behavior will create a reactionary structure. Also noted is that we can anticipate that changes in structure may create feelings of uncertainty, if not anxiety, and predispose self-protective behaviours in children (Fraser, 2012). Therefore, by creating a predictable struc-

ture and helping children understand the value of routine and predictability, we can also work to help children practice flexibility by then returning to structure as needed. For example, a CYC practitioner can help children recognize what elements in the classroom support their feelings of safety, but also help the children to prepare for class room changes by bringing these elements with them, or by practicing repetitive self-care strategies, such as focused breathing, or pre-visits to a new learning space. Without understanding how various structures impact children in the classroom, we can inadvertently set children up to react to environment changes that they are not expecting.

Unless caregivers understand the nature of trauma reactions "they are likely to label the child as 'oppositional,' 'rebellious,' 'unmotivated,' or 'antisocial'" (van der Kolk, 2005a, p.405).

Safety

All identified trauma focused models agree that creating safety will help children who have experienced developmental trauma, but it is likely that all children in the classroom will reap the benefits of trauma focused learning environments.

Young people respond well when they know what is coming.

The challenge to the practitioner in a trauma informed environment is to engage in supervision or rather be with the child in ways that are respectful of the child's larger social environment.

Supervision

Supervision (meaning how much a child/youth needs to have adult interaction, physical closeness and observation) is always contextual. It is not unusual for CYC practitioners to hear from other members of a school team that a specific child needs to become more independent in their ability to complete work, take responsibility for their learning or self-advocate to ensure their needs are being met.

However, developmental trauma also impacts attachment and this in turn has impact upon the child's emotional development. For example, a child who is 12 years of age chronologically may be operating at the emotional level of an 8 year old. These children may benefit from emotional age appropriate relationships and partnerships; meaning that for children who have experienced trauma, a trauma informed understanding of appropriate independence should inform supervision and expectations about the child's independence.

Additionally, children with trauma experiences may be so focused on survival that attention, executive functioning and processing speed become impacted if not impaired. These students may need help organizing themselves so that they have what they need at school and home in order to engage in educational or school based experiences. They may require additional supervision at key times of the day (recess or home time) to ensure that their knapsack has required books for homework completion and all paperwork for parent communication.

Support can of course take many forms. The challenge to the CYC practitioner in a trauma informed environment is to engage in supervision or rather be with the child in ways that are respectful of the child's larger social environment.

Support

It is important when working with children /youth that as CYC practitioners we don't practice in isolation. We require support in the form of regular supervision:

- peer CYC consultation
- multidisciplinary team consultation
- 1:1 meetings between CYC and Clinical supervisor

And training. These supports are paramount so we can implement evidenced based and promising trauma focused approaches and/or strategies.

Regular support can do much to contextualize our own trauma histories, and provide us with ways to support ourselves through self-regulation. Other forms of support include connecting with other practitioners (our own therapists if required), employee assistance programs and participating with our professional associations and/or regulatory bodies. This type of support ensures we have access to consultation, direction and expertise. These also ensure that we are working in accordance to our Ethical Code (http://cyccb.org/ethics).

Commonality with the Three Models – SAFETY

Safety needs to be created in order for relationship building and learning to occur. Safety can be defined using Burn's (2006) elements of a therapeutic milieu.

Creating Physical Safety

Creating a classroom environment that is calming for all classroom members should pay attention to the total sensory environment, including visual stimuli, (lighting and colour), tactile opportunities, and olfactory sensation. The classroom can include positive calming smells such as vanilla or lavender (as long as there are

no children/adults with olfactory sensitivities).

There can be a quiet area like a tent or book nook where the child who is feeling anxious can go to calm down. A rocking chair is often well used so the children can seek vestibular sensory input (Fraser, 2011).Being aware of the impact of sound on children/youth is an important aspect of the physical milieu. Some children benefit from white noise in order to be able to focus and other children find such sounds as annoying. Drumming activities or a music station with rhythmic music that is presented at 60-100 beats a minute time (same cadence as a resting heartbeat) can be used as a proactive or calming down activity for some children.

The CYC practitioner in conjunction with the teacher can be aware of the responses to sounds/smells that the children/youth they work with have and adjust the environments accordingly. The human brain is amazing given that we pair experiences with sensory markers. If every time we go to Grandma's house we smell freshly baked cookies or butter chicken, these smells will remind us of Grandma and visits to her home. If going to Grandma's house was a positive experience, then smelling these smells can evoke the same positive feelings. However, if going to Grandma's house meant experiencing sexual abuse by another relative, then these smells can also trigger feelings of fear, anger, and/or anxiety. The connection to these feelings can happen so quickly that an observer does not understand why the individual has reacted for "no apparent reason".

It is therefore important to observe the children/youth in the life space and note their responses to sensory input. Also, creating the relationships where the children/youth can share how they are feeling about sensory experiences in the milieu can not only inform adults but also assist the child/youth to begin to self-advocate for their physical needs in the milieu.

Lastly, children may require warning when furniture is to be moved or students seating plans are to be changed. A predictable physical space assists children in feeling grounded in their now.

Creating Emotional Safety

When we hear the word safety, we often think of defining it as physical safety. Are floors clear of barriers? Is the space well lit? Are fire exits well marked and accessible? Emotional safety is just as important and, when created, provides learners with the ability to both remember and incorporate what is being taught.

Children who have experienced developmental trauma are usually highly skilled at 'reading the room' for potential threats, hence we who support them need to be self-regulated and self-aware of their potential impact in order to co-regulate with the child/youth (Bath, 2008; Schore, 2003.). We need to remember that our physical presence can be calming or anxiety provoking. Walking up behind a child with no warning, or walking towards a child abruptly can precipitate a trauma based reaction. If we are agitated, the child will assume that they have caused this agitation or that we will ultimately take out their agitation on them. This means that we need to engage in reflective practice, self-care and mindfulness so that we are in a place not only to self- regulate, but also to co-regulate with the children /youth with whom we are in relationship.. In other words, we can help the child to feel calm and safe if we are in calm, reflective state ourselves.

As CYC practitioners, we understand the power of rela-

Walking up behind a child with no warning, or walking towards a child abruptly can precipitate a trauma based reaction.

tionship and can model this for other members of the multi-disciplinary team. When we are 'in relationship' with others, we can assist them in feeling emotionally safe. We begin to read their cues and they ours. We know to check in during key time periods. We anticipate challenges during the day and empower the youth to verbalize those that they anticipate, so problem solving can occur in advance. The CYC practitioner recognizes that creating and maintaining emotional safety such as this takes time and many, many positive relational experiences to new relational templates (Perry & Szalavitz, 2006).

Garfat (2001) discusses the power of doing with or doing together with children/youth instead of doing to or doing for. "The worker functions in rhythmic harmony (Freeman, 1993: Baizerman, 1993) with the youth in their joint context. Self, other, context and intervention are intricately entwined for the benefit of the young person" (Garfat, 2001, paragraph 18).

Creating Cultural Safety

Trauma touches individuals of all genders and ages, from all cultures, religions and economic standing. Essentially, no matter what the social location of the child is, trauma can impact their life spaces in a small way or debilitating way. Intergenerational trauma impacts not only individuals, families and groups, but also entire cultural groups.

For example, the recently released Canadian report entitled Honouring the Truth, Reconciling for the Future complied by the Truth and Reconciliation Commission of Canada (2015) chronicles what has been hidden and not spoken about regarding intergenerational trauma and Canadian First Nations' communities. As CYC practitioners we need to be aware of the impact of trauma but also the resiliency and healing approaches that various groups and communities hold. Where possible, it is advisable to consult and engage cultural experts so that interventions are culturally appropriate. "Too many Canadians know little or nothing about the deep historical roots of these conflicts (referring to residential schools and removal, relocation and cultural assimilation of an entire generation of young people from their family homes and communities). This lack of historical knowledge has serious consequences for First Nations, Inuit, and Métis peoples, and for Canada as a whole (Truth and Reconciliation Commission, p. 8)". The report goes on further to state that;

Ceremonies also reach across cultures to bridge the divide between Aboriginal and non-Aboriginal peoples. They are vital to reconciliation because of their sacred nature and because they connect people, preparing them to listen respectfully to each other in a difficult dialogue. Ceremonies are an affirmation of human dignity; they feed our spirits and comfort us even as they call on us to re-imagine or envision finding common ground – Truth and Reconciliation Commission, p. 319

It is paramount that as CYC workers we create, contribute and advocate for milieus that are representative of all those who are part of the milieu, focusing on the strength and resiliency contributions of each of these peoples. It is also essential that we honour and respect the knowledge and wisdom of young people and their families as experts in this regard.

Creating Ideological Safety

We assume, too, that children will not only respect the

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authority of adults but also seek them out for support because of their status and/or role. Even if our intention is to support a young person as they acquire and practice the skills of self-advocacy, we forget that, despite our best intentions, being able to self-advocate requires that the young person approaches relationships with adults feeling that they will be heard and assisted. If the child's attachment experiences (Bowlby & Winton, 1990) have taught them that adults are unfair, unavailable or abusive, the child's first inclination is to problem-solve independently because, through previous experience with care givers, the child has come to understand that relationships with adults are anxiety provoking, or insecure and unpredictable.

Young people with these attachment formations may well believe that they can only depend on themselves. Our adult attempts to support the child's problem-solving is often unsuccessful because the child mistrusts adult relationships. Previous adult relationships have produced unpredictable or undesirable outcomes. Further, as the child may never have experienced positive change through self-effort, or may not equate past success to their own skills, they may hold

themselves as helpless to affect change. Therefore they may continue a cycle of anxiety, and self-predicted 'failure' which we as adults may label as demonstrating a lack of responsibility. If we are able to remember to meet each child where they are at in terms of their relationship history, we may enable children with prior trauma experience to gradually access and relate to supportive adults as allies, and to interact with 'authority' in different ways.

Many children with trauma experiences believe that their past experiences were deserved. This may be based on a belief that past behavior warranted experienced abuse. Shame can be a powerful emotional state for many children.

An educational milieu that is able to support and encourage children/youth in understanding their strength and courage has the potential of not only building resiliency in the child, but also in the community. This approach can help challenge the cognitive distortions that many trauma survivors incorporate into their internal working models. Helping children move from victim to survivor thinking can be supported by creating and maintaining long term relationships in the school milieu.

Models such as the Circle of Courage (Brendtro *et al*., 2002) or the Wheel of Resiliency (Henderson, 2007) champion the importance of making long term commitments and the importance of consistency in supporting children to make this difficult transition. In addition, training models such as the Developmental Audit can be helpful to include all team members in multi-disciplinary settings to focus on strength based approaches. Of course this approach is not new to the CYC field (Brendtro & Shahbazian, 2004), but despite our professional awareness of the importance of being strength based, we can do more to support practitioners and team members from all disciplines who may be in relationship.

Practice Example: Corina

Corina had observed her father shot in a drive by shooting while standing at the front entrance of her apartment building. She heard a screeching car before she heard the gun shot. She then saw people running around yelling. She was told that the shooters were male. Her mother had disappeared a year before and her grandparents resided many hundreds of kilometers away. She had spent much time living with grandparents and

then her mother before residing with her father, but ended up being placed in foster care after her father's death given there were no local relatives who could provide care.

Corina appeared settled in her current foster home and enjoyed the other children who resided there. She had been placed in three other homes before her current home where she has now resided for two years.

Corina's school experience was another matter. She attended little school before coming to her current foster home and had received many prior suspensions. Three foster placements also meant moving to three different schools.

She hid under desks and was non-verbal. She didn't appear to be able to read nor attempted to ever draw or write. She hummed and rocked a lot especially when eating food that she enjoyed. When particularly anxious she twirled a pencil between her fingers but it had to be a pencil of a specific width or it wasn't self-soothing for her.

The Autism Support team had completed a classroom assessment and a referral was made for a speech and language assessment. Though she presented in ways that some queried to be symptoms consistent with an autism presentation, the team felt strongly that her trauma history was impacting her current functioning.

Her foster family moved to a new city the following August but in the previous June met with the new school staff to advise them of Corina's strengths and needs. Corina was provided a school tour. When she began school the following September, teachers were coincidentally in labour negotiations so phone calls home or other 'extras' were discouraged by the teacher's union.

In this new school she hid in the classroom closet daily for almost a month and no phone call was made home to advise her foster parents of this concern. Her school record wasn't initially requested from the previous school board. However, when it finally arrived, important assessments completed by the previous board were not in the file, given these were considered to be the previous school board's property. The teacher continued not to engage with the foster family and later when a school meeting did occur, the teacher made a comment about the challenges of Black children living with Caucasian families. The foster parents did not address the teacher's apparent biased, if not oppressive, belief system and instead attempted to rein-

force their appreciation for all that the school was doing to support Corina.

Possibilities of a More Trauma Informed Milieu to Support Corina

Many changes needed to be made in order to set Corina up for success but also to support the teacher and the other adults who would support Corina. Corina's foster family attempted to plan for the school move by setting up a school meeting and tour for Corina. Some schools are not open to such a process until the child is actually registered. However, advance planning as well as exposure to the environment is extremely important for children who have trauma backgrounds. Some schools also provide children with social story books that introduce school staff as well as the learning spaces. Video tours are especially helpful in this regard. Advance meetings serve to begin collaborative relationships so the child has their team of adults sharing common language, goals and strategies. Follow up conversations serve to remind adults in the educational milieu that behavioural responses may be directly linked to a trauma response.

Sometimes when we experience a child refusing to complete an expectation, we make an assumption that they are challenging our authority and being defiant. Sometimes the child/youth doesn't know how to explain (or doesn't feel safe to explain) that they are afraid to complete the established expectation.

Practice Example: Artyon

When Artyon was found by the police, it became apparent that he was locked in a bedroom for at least two years. His extended Canadian family did not register him in school, let him play outside or even interact with the family members. He was provided meals and a place to urinate in the bedroom. He spoke little English and was quite withdrawn when placed in his foster home during summer break. He was subsequently registered in school the following September. Even though there was concern that sharing his history would breach his confidentiality, his therapist recommended that adult caregivers needed to have a context for his anticipated behavioral presentation.

He began Grade 5 even though his academic functioning was unknown. By Christmas he was functioning at a Grade 3 math level and by year end was almost working on math at a Grade 5 level. Reading and writing skills in English were emerging. He also began to play with children in the recess yard with the support of his CYC *worker nearby.*

Possibilities of a More Trauma Informed Milieu to Support Artyon

How does a child who doesn't appear to have a working knowledge of a language and who has been isolated from others excel at such a rapid pace? This is what the school did.

Immediately upon arriving at his new school, a CYC worker began to build a relationship with Artyon. With the support of this relationship, Artyon was able to accomplish classroom routines and then as he began to interact tentatively with peers, the worker began to step sideways in order to assume an observational role - gradually being able to check in with him periodically and regularly at consistent intervals during the day. A recess buddy was assigned to Artyon. His foster family and school agreed that the only homework to be done at night was reading. His classroom was monitored for noise level as he was adapting to being with others in community settings. He was engaged in weekly therapy where the therapist helped him and his foster family to understand how the brain develops and reacts to stressors. Progressive muscle relaxation and mindfulness strategies were taught to all family members and practiced daily.

Artyon and his foster siblings engaged in role plays about how to handle conflicts in the classroom and recess yard or how to advocate for something when Artyon felt worried, angry or anxious at school. He began to use words such as limbic system in conversation with his teachers! Importantly, there was an initial and consistent recognition by everyone supporting Artyon, that their priority was to work together to create a safe environment for Artyon, recognizing that if he could feel safe in the environment and experience a sense of belonging (Brendtro *et al*., 2002) that this would provide a foundation for healing, and eventually cognitive development and academic progress.

Practice Example: Paulo

Maritza received a phone call from the school to come to retrieve her son Paulo as he is swearing in the new special education room. She inquires who the caller is and is introduced to the new special education teacher who is

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not the teacher Paulo was introduced to last June when he was in Grade 1. The teacher went on to say that she picked Paulo up at his classroom and took him to the new special education room. He became quite agitated and when she invited him to go to the principal's office he began to swear and hide under chairs after he threw a few of them. The school was recommending a parent withdrawal for the rest of the afternoon.

Maritza went to the school and brought Paulo back home. He was offered a bath, story and foot rub.

Possibilities of a More Trauma Informed Milieu to Support Paulo

Maritza contacted the school and requested a meeting with the principal and Special Education teacher. She asked for his Individual Education Plan to be available as well as the letter from his therapist and his CYC report from last year.

At the school case conference, Maritza pointed out that Paulo was set up to react because he was taken from his class by someone he had not met before and taken to a room with older students at a time he was not expecting. The room was also new and had no windows. When he became agitated, the safety plan was not followed. Ms. Butler (the Spec Ed Teacher) indicated that she did not know that these were issues for Paulo. Maritza interjected that these were not issues for Paulo, but issues for the school given they had not followed his safety plan.

The teacher then asked what Paulo's consequence was at home and appeared surprised that mom replied he wasn't consequenced. Maritza went on to explain that when Paula was in a heightened state of stress (as he was when she had picked him up) she followed the treatment plan which was to help Paulo calm himself down. She reminded the school team, that when Paola is upset, it is not helpful for him if she talks with him or asks him questions. Instead she used reflecting skills and repeated familiar language and messaging such as, "I bet that it is hard to feel scared at school. What can you do at home right now to feel like you are more in control?"

Maritza then reminded the school team that Paulo required introductions to feel safe. She suggested that if the regular teacher was to be away, a team designate could inform her by phone so she could help prepare Paulo before he leaves. In addition she suggested a planned meeting to welcome Paola at the school door to remind and reassure him that the supply teacher is a colleague of the principal and knows how to help kids to feel safe. Finally, Maritza reminded the team that Paulo is more likely to cope well when he is aware of why he is being withdrawn from class and why, and if he is cordially introduced to the other children in the room before he has to interact with them.

Through the lens of trauma, this is an example of a child not feeling safe in the school environment, particularly due to the changes that in many schools are simply 'part of the day'. Paulo's situation demonstrates that when a child feels safe, they are more able to respond to stress in a logical, calm manner as the frontal cortex part of the brain is functioning well. If we are not feeling safe, however, our brain may be flooded with stress hormones and we are making decisions with our limbic system. This is not the most rational part of the brain in the moment.

Next Steps

As CYC practitioners, we are in a unique position to not only support children who have experienced trauma in educational milieus but also to lead the way by advocating

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for trauma informed practices in other settings, training and programs.

In Edmonton, Alberta, at the Balwin Elementary School, 350 staff and students begin their day with a few minutes of "quiet" The principal reported that not only are suspensions down 90 % but "teachers are kinder and more patient with students" (Aldous, 2015).

At Agnes Taylor Public school in Brampton, Ontario, Principal Dave Yaciuk shares that his school team believes that:

School is about academics and citizenship. We teach children how to be successful members of society. We are, however, facing a number of challenges or barriers to their learning. Children won't learn when they are cold, so we provide winter clothing. Children won't learn when they are hungry, so we provide breakfast and lunch. We also provide vision and dental screening to ensure children are healthy and have proper vision. Another barrier to learning is mental health. Anxiety, depression, anger management and attention issues and trauma experiences are

just a few of the many challenges facing our students. Our school must be a resource to support the community. To address this issue we have implemented several new school initiatives. To support the overall community we participate in a Mental Health Week in which we organize a large Mental Health Fair at the nearby secondary school. This annual event has two important parts. The first part is key note speakers who provide insight and strategies for parents. The second is a resource fair in which 35 organizations from all over the area set up tables and show parents the numerous resources that are available. Educating parents and showing them where they can go for help is a key part in addressing this issue. We also address individual child and family issues with the support of our Social Worker and other school resources. Another strategy is our whole school mindfulness approach. We have begun with two new initiatives. The first initiative is meditation. The staff is being taught basic breathing techniques

which they will teach to their students. We will then implement school-wide meditation (two five minute sessions each day) which should calm the students, reduce anxiety and improve behaviour and learning. The second initiative is yoga. We will be introducing yoga to the students and have groups of 100 students participate in yoga classes as another method to improve overall mental health. These initiatives will support mental health, reduce bullying and improve learning. Meditation and yoga training will also be provided to parents at evening workshops to encourage the support and continuation of these initiatives at home. Through a mindfulness approach, resource fair and ongoing family supports we will work to address the mental health needs of our students and families – personal communication, Yaciuk, 2015

Schonert-Reichi *et al* found after a randomized trial of the use of mindfulness in a school setting that:

Giving children, mindfulness attention training in combination with opportunities to practice optimism, gratitude, perspective-taking, and kindness to others can not only improve cognitive skills but also lead to significant increases in social and emotional competence and well-being in real-world settings of regular elementary classroom – Schonert-Reichi, Oberle, Lawlor, Abbott, Thomson, Oberlander & Diamond, 2015. p.65

Accessing research about the successful implementation of trauma focused interventions could be helpful to CYC practitioners who are advocating for trauma informed change to programs and spaces. Specific practices related to:

- *Mindfulness*
- *coping skills for dysregulation, including anxiety*
- *an emphasis on restorative practices rather than punitive consequences*
- *prevention and self-care*
- *and the introduction of parent psycho-education programs to understand brain functioning*

impacted by adverse childhood experiences,

are all helpful search topics for practitioners looking to become more trauma informed in their work. Of course, in CYC practice, the most central element in trauma informed work is "when having trusting relationships with children and families, school personnel serve as advocates for families to identify and utilize resources" – Walker & Walsh, 2015. p. 69..

Resources for CYCs and School Communities

www.childtraumacademy.com

http://traumasensitiveschools.org/about-tlpi/

http://mha.ohio.gov/Portals/0/assets/Initiatives/TIC/SchoolsandTraumaInformedCareTipSheets/Why%20Schools%20Need%20to%20Be%20Trauma%20Informed.pdf

http://www.nctsn.org/resources/topics/creating-trauma-informed-systems

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