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Pre-Referral/Referral

The Impact of Trauma on Students:

Trauma is defined as an 'event outside normal human experience'. These events are generally emotionally painful and distressing, and overwhelm a person's ability to cope, leaving him/her powerless. Feeling powerless is an important concept when trying to understand trauma – especially as you apply it to trauma in children. Many think of trauma as the result of a specific "event". But early childhood trauma is just as likely (more so actually) to fall into the realm of chronic traumatic stress, especially in situations where children are exposed to repeated neglect, abuse and maltreatment. While most of the public recognizes war, physical violence, rape, natural disasters and sexual abuse as potentially traumatizing experiences, few recognize the significant impact that long-term neglect or repeated verbal abuse and poor early childhood care can have on a child's emotional health and their neurological development." [Early Childhood Trauma] It can include and is not limited to the perceived threat or harm to one's self as well as others the individual knows or sees. Trauma can cause long lasting changes to both the structure and function of the brain. In turn, these changes can have far-reaching effects with regard to students' performance in school. The most commonly observed areas of impacted functioning include:

Cognitive/Neuropsychological	**Academic**
Trauma can impact the hippocampus (responsible for emotion and memory), the cortex (responsible for higher order functions), the connection between the two hemispheres, and the amygdala (responsible for detecting and dealing with threats, e.g. fight or flight). Trauma can result in observable increases in irritability, excitability, impulsivity and reduced functions of sections of the brain responsible for learning and behavior.	Trauma can impact a student's ability to read, write, speak, think, solve abstract problems, pay attention, process instructions, regulate emotions, and perform executive function skills.
Behavioral	**Social-Emotional**
Students with trauma histories may exhibit higher rates of behaviors that are typically perceived as disrespectful, disruptive, aggressive, lazy, insubordinate, or threatening to authority and order. These behaviors are not willful, purposeful, or directed at a single individual, rather these behaviors often reflect a set of automatic, adaptive, learned responses to a history of chronic stress. Students may exhibit learned helplessness and appear to have given up, or appear to not be trying on assignments, tasks, tests, or even social situations.	Emotional dysregulation is one of the most significant impacts of trauma. Students can experience a range of emotional reactions such as numbness, sadness, anger, hopelessness, irritability, disorientation, detachment, fear, anxiety, and instability. Trauma can lead to two extreme emotional states, feeling too much (i.e., overwhelmed) or feeling too little (i.e., emotional numbing).

Trauma-Sensitive Practices in Schools:

By applying trauma-sensitive practices, schools can be powerful mitigating forces when it comes to lessening the impact of Trauma and Adverse Childhood Experiences (ACEs) and trauma on student performance. In addition to explicitly teaching resilience and coping skills, educators can provide protective factors for students by:

- Recognizing that students lack skills in social/emotional regulation and are not intentionally misbehaving
- Emphasizing skill-building for missing or lagging skills, rather than shaming students for a lack of these skills
- Disciplining, not punishing, students
- Providing these supports relationally. Safe relationships are the mediator of growth from trauma.

Effective trauma-sensitive schools place a heavy emphasis on building resilience in all students. They adopt school-wide approaches to addressing trauma at every level, and do not focus only on those students already identified as having trauma histories (Rossen, 13). Establishing school as a safe, positive place for all students should be a priority, and it is important to involve *all* staff (administration, lunchroom staff, bus drivers, Para educators, nurses, playground monitors, etc.)

Multi-Tiered System of Supports (MTSS) is a framework for enhancing the adoption and implementation of a continuum of evidence-based practices to achieve important outcomes for every student. The MTSS framework builds on a public health approach that is preventative and focuses on organizing the efforts of adults within systems to be more efficient and effective. MTSS helps to ensure students benefit from nurturing environments and equitable access to universal instruction and supports that are culturally and linguistically responsive, universally designed, and differentiated to meet their unique needs.

MTSS Tier 1 – is commonly identified as the core instructional program provided to all students by the general education teacher in the general education classroom. Processes and procedures are intended for all students and all staff. Schools can become more trauma-sensitive by setting school policies that create a physically and emotionally safe environment for students. This includes adults in the school modeling emotional regulation.

Tier 1: Maintain a school wide focus

• Whole school staff training on what it means to be trauma-informed
  ○ Heart of Learning and Teaching Book Study
  ○ SMART Center Return to School 6.2.20 final
• Whole school safety and prevention programming
  ○ School wide Positive Behavior Intervention Support - 2 comprehensive resources for implementing with a **trauma informed approach**:
  • Guide for Implementation
  • Integrating a Trauma-Informed Approach within a PBIS Framework
  ○ Schoolwide Zones of Regulation
  ○ RULER Approach
  ○ Character Strong
  ○ Trauma-sensitive discipline across building
  ○ Collaborative Problem-Solving strategies/dialogues
• Whole school trauma programming
  ○ Treatment and Services Adaptation Center
• Classroom-based strategies
  ○ Calming center, sensory/calming toolbox, safe spaces, Mindfulness Activities, Class meetings
  ○ Student-directed coping skills

- Community context
  - School/community collaboration
  - School-based health centers
- Staff self-care
  - Mindful activities
  - Group yoga
  - Supportive supervision and access to services to address vicarious trauma, secondary traumatic stress, or counseling through an Employee Assistance Program (EAP)

MTSS Tier 2 - Interventions are implemented **in conjunction with tier 1 instruction**, and are designed to address the challenges of groups of students with similar difficulties or behaviors across similar settings. Sample interventions could include, but are not limited to:

Tier 2: Additional Targeted Supports

- Parent/caregiver education to help adults understand how children are affected by trauma
- Classroom supports to help teachers differentiate instruction and behavior management
- Check-In Check-Out (CICO)
- 2x10 Relationship Building
- Adult or Peer Mentoring
- Trauma-informed Small Group interventions to teach students emotional regulation, coping, stress management, and problem-solving strategies, e.g., Bounce Back, Cognitive-Behavioral Intervention for Trauma in Schools, Support for Students Exposed to Trauma, other Social Emotional Learning materials:
  - PEERS® social skills (6-12), Mind Up (K-8), Why Try (6-12) preferred Middle School use only, Zones of Regulation (K-12)

MTSS Tier 3 - Students receiving Tier 3 support **continue to receive Tier 1 instruction and Tier 2** support, as well as additional team-based strategies to address their specific/individual needs. Sample interventions could include:

Tier 3: Intensive Targeted Supports

- Wraparound Supports and interventions that involve multidisciplinary teams from the school, mental health, the family and other systems, as appropriate
- Trauma-sensitive Functional Behavior Analyses (FBAs) coupled with Function-Based Behavior Intervention Plans to teach individual students alternative, appropriate methods to meet their needs
  - Environmental interventions that identify students' triggers and develop strategies to reduce and address them
  - Individual interventions to teach students emotional regulation, coping, stress management, and problem-solving strategies
- Trauma-focused Cognitive Behavioral Therapy
- Safe, sensory break room with individualized plans and teaching of mindfulness and coping skills relationally

Data Analysis:

Interventions to support students who are impacted by trauma should include progress monitoring as well as enough data points to determine intervention effectiveness. An effective progress monitoring tool should be **brief**, **sensitive to growth**, and should **match the intervention** implemented. Progress monitoring should be used to help teams make data-based decisions regarding student outcomes. Data should have clearly defined decision rules (cut scores, exit criteria) for remaining in or moving out of Tier 2 and beyond (responsiveness vs. unresponsiveness).

When analyzing data as a Multidisciplinary Team, make sure to include someone knowledgeable about the impact of trauma such as a school social worker, school psychologist or school counselor. It is also critical to include parents as participating members of the multidisciplinary team during each step of the MTSS process.

Ultimately, educators should stay focused on uncovering students' strengths and needs, and should look for patterns and trends in data that strengthen school wide efforts to promote a more trauma-sensitive culture.

Evaluation

For students who have a prolonged impact of trauma and are unable to access and make adequate progress in the general curriculum, even with general education interventions & supports, the team should consider the impact of trauma as a disability and should consider a comprehensive special education evaluation. Take emphasis off weeding out trauma vs. disorder, and focus on identifying and addressing all the areas related to the suspected disability.

Additional evaluation considerations:

- The assessment measures/tools do not change, but consider the impact of trauma on the student's test performance and include a cautionary statement.
    - Sample statement: *Children who have a history of trauma may experience difficulty with focus, sustained attention, persistence with difficult tasks, lowered tolerance of academic activities, etc. Therefore, the results may not depict an accurate representation of the student's true ability. Results should be interpreted with caution.*

Determining Special Education Eligibility

"Trauma" does not have a specific special education category. Students with suspected trauma histories, who are diagnosed with or are demonstrating features consistent with PTSD, anxiety, or depression, or students misdiagnosed with ODD/ADHD. Something that is disproportionately impacts BIPOC communities, they may meet criteria for special education under the eligibility categories of Emotional Behavioral Disability or Other Health Impairment. For young children who have experienced trauma, the team may consider the eligibility category of Developmental Delay. *For the purpose of this resource, the disability categories of emotional/behavioral disability, other health impairment, and developmental delay will be explored. The evaluation team is encouraged to evaluate in all areas of suspected disability and consider all eligibility categories as appropriate to the specific student and their individual needs. Students impacted by trauma can experience impacts in any area of functioning as a result of brain development impacts.*

- Must meet all three-prongs of special education eligibility, as outlined by OSPI
  Eligibility for Special Education
    1. Does the student have a disability?
    2. Does the disability adversely affect the child's educational performance?
    3. Does the child require specially designed instruction (SDI) to receive a free, appropriate public education?

Emotional Behavioral Disability:

- **Criteria for Emotional/behavioral disability** (WAC 392-172A-01035):
  Considerations noted below came from the following document:
  Assessment, Identification and Educational Planning for Students with Emotional Disturbance

  (e)(i) Emotional/behavioral disability means a condition where the student exhibits one or more of the following characteristics over a long period of time and to a marked degree that adversely affects a student's educational performance:

  A. An inability to learn that cannot be explained by intellectual, sensory, or health factors.
     - *At the time of questioned eligibility, was/is the student unable to progress in learning due to social, emotional, or behavioral difficulties that could not be explained by sensory, physical health, or intellectual concerns?*
     - *If a student's grades or assessment scores drop, this may be suggestive.*
     - *A decline in academic or behavioral performance should prompt a school district to investigate and document the circumstances of the decline.*

  B. An inability to build or maintain satisfactory interpersonal relationships with peers and teachers.
     - *The student is unable to initiate or maintain satisfactory interpersonal relationships with peers and adults in multiple settings, at least one of which is educational.*

  C. Inappropriate types of behavior or feelings under normal circumstances.
     - *When considering "normal circumstances," one should take into account whether a student's home or school situation is disrupted by traumatic experiences, stress, recent changes, or unexpected events. However, such evidence does not preclude an eligibility determination.*

  D. A general pervasive mood of unhappiness or depression.
     - *The student's manifestation of unhappiness or depression must be pervasive, chronic, and observable in the school setting. This means that it must have become a protracted state that has persisted beyond the time usually expected for reactions to a specific traumatic event or situation.*
     - *Feelings of unhappiness or depression are considered natural reactions when they are the response to traumatic events. Such reactions need to be evaluated in the context of the situation in which they occur with special attention given to the intensity and duration.*

  E. A tendency to develop physical symptoms or fears associated with personal or school problems.
     - *Since it is common to manifest physical reactions to stress and tension in children who have experienced trauma, it is important to demonstrate that the physical symptoms and fears are excessive and chronic.*

  "...over a long period of time…:"
     - *The qualifier "a long period of time" is generally accepted in the legal and psychological community as constituting not less than six months and is intended to rule out the possibility that the student is experiencing a temporary decrease in the quality of his or her emotional functioning in response to an environmental stressor.*
     - *Examples of short-term responses to situational stressors would include reactions to traumatic events, such as death in the family, divorce, illness, birth of a sibling, a family move or financial crisis. In these types of situations, it is necessary to determine that the problems have continued beyond the expected time limits for normal adjustment.*

"...to a marked degree..."

- *Pervasive - Demonstrated across multiple domains (school, home, community) and with most individuals.*
- *Intense - Demonstration of negative behaviors in an overt, acute, and observable manner.*
- *The behaviors must be considered significant in rate, frequency, intensity, and/or duration. The problem behaviors must be more severe or frequent than the normally expected range of behavior for individuals of the same age, gender, and cultural group.*
  (ii) Emotional/behavioral disability includes schizophrenia. The term does not apply to students who are socially maladjusted, unless it is determined that they have an emotional disturbance under (e) (i) of this subsection.
- *Conduct a trauma-informed FBA and determine: what is the function of the behavior? This will help in determining EBD vs. social maladjustment.*

Criteria for Other Health Impairment (WAC 392-172A-01035):

(j) Other health impairment means having limited strength, vitality, or alertness, including a heightened alertness to environmental stimuli, that results in limited alertness with respect to the educational environment, that:

- *Students who have experienced trauma may demonstrate limited alertness or heightened alertness to environmental stimuli with respect to the educational environment.*
  (i) Is due to chronic or acute health problems such as asthma, attention deficit disorder or attention deficit hyperactivity disorder, diabetes, epilepsy, a heart condition, hemophilia, lead poisoning, leukemia, nephritis, rheumatic fever, sickle cell anemia, and Tourette syndrome; and
- *Students diagnosed with or demonstrating symptoms related to anxiety, depression, PTSD, or other mental health diagnosis may meet the criteria for other health impairment. Consider duration, intensity, and pervasiveness or the symptoms in determining eligibility for OHI, as you would for EBD. A diagnosis is NOT required to qualify for OHI.*
  (ii) Adversely affects a student's educational performance.

Criteria for Developmental Delay (WAC 392-172A-01035):

(d)(i) Developmental delay means a student age three through eight who is experiencing developmental delays that adversely affect the student's educational performance in one or more of the following areas: physical development, cognitive development, communication development, social or emotional development or adaptive development and who demonstrates a delay on a standardized norm referenced test, with a test-retest or split-half reliability of .80 that is at least:

(A) Two standard deviations below the mean in one or more of the five developmental areas; or
(B) One and one-half standard deviations below the mean in two or more of the five developmental areas.
(ii) The five developmental areas for students with a developmental delay are:
(A) Cognitive development: Comprehending, remembering, and making sense out of one's experience. Cognitive ability is the ability to think and is often thought of in terms of intelligence;
(B) Communication development: The ability to effectively use or understand age-appropriate language, including vocabulary, grammar, and speech sounds;
(C) Physical development: Fine and/or gross motor skills requiring precise, coordinated, use of small muscles and/or motor skills used for body control such as standing, walking, balance, and climbing;
(D) Social or emotional development: The ability to develop and maintain functional interpersonal relationships and to exhibit age appropriate social and emotional behaviors; and

(E) Adaptive development: The ability to develop and exhibit age-appropriate self-help skills, including independent feeding, toileting, personal hygiene and dressing skills.
(iii) A school district is not required to adopt and use the category "developmentally delayed" for students, three through eight.
(iv) If a school district uses the category "developmentally delayed," the district must conform to both the definition and age range of three through eight, established under this section.
(v) School districts using the category "developmentally delayed," for students three through eight may also use any other eligibility category.
(vi) Students who qualify under the developmental delay eligibility category must be reevaluated before age nine and determined eligible for services under one of the other eligibility categories.

- Trauma can impact development across domains. Please refer to the Pre-Referral/Referral section of this document for an outline of developmental implications.

- If the student is NOT eligible for special education and does NOT meet all three prongs of special education eligibility, consider making informal individualized trauma-informed modifications and accommodations or document needs through a 504 plan.

Meeting and Evaluation Report Considerations:

Meetings are an integral opportunity for creating trust between school personnel and families. This trust is often essential to a student's well-being and success in the school environment. The more parent/guardians trust school personnel, the more they will feel open to sharing sensitive information. Evaluation reports are another area that requires trust. School personnel should be clear when requesting information about the student and should ask permission before documenting sensitive issues in a report.

- Parents of children who have experienced trauma have experienced like trauma and/or share feelings associated with that trauma. Parents should be supported and allowed the opportunity to take a lead in talking about their experiences. Any potential conversation or report relating to trauma should be clarified with the parent before the meeting.
- Review with parent why including and discussing trauma is important and how it relates to the topic of special education eligibility.
- Consider if it is best for the child to be present at the meeting when history of trauma is being discussed. If the child is present, consider and speak to the presence of the child during the meeting, to avoid the potential of revisiting trauma. Focus on highlighting strengths and areas to grow in and making a supportive and constructive meaning for the student and family in understanding their child.
- Provide notification prior to meetings that include who will be at the meeting, the purpose of the meeting, what will be discussed, along with a draft copy of the report for parent to review.
- Understand that trauma within a family can affect many factors of availability and work diligently with family members to complete meetings and collect information in environments accessible to and considered safe by the family. Consider allowing multiple modes of meeting attendance – video conference, phone, in-person, etc.
- Integrate the student's strengths as well as resiliency factors into the report and when sharing results at the meeting. Consider resiliency factors and how we can help strengthen them:
    - Connections at home/school
    - Sense of safety at home/school
    - Presence of healthy role models
    - Coping mechanisms
    - Healthy relationships
    - Faith based beliefs/cultural supports
    - Positive community connections

- The report should aim to be sensitive to trauma history by using language that removes judgement and writer bias.
- It is the obligation of the report to present information that can inform positive transformations in service delivery. It is very important to avoid assumptions of trauma or the effects that trauma may have, could have, and are having on a student's behavior or achievement.

Trauma Informed IEP & Implementation

Present Levels:

Present Levels of Performance

WAC 392-172A-03090: Definition of individualized education program

(1) The term IEP means a written statement for each student eligible for special education that is developed, reviewed, and revised in a meeting in accordance with WAC 392-172A-03095 through WAC 392-172A-03100, and that must include:

(a) A statement of the student's present levels of academic achievement and functional performance (PLAAFP), including:

(i) How the student's disability affects the student's involvement and progress in the general education curriculum (the same curriculum as for nondisabled students); or

(ii) For preschool children, as appropriate, how the disability affects the child's participation in appropriate activities;

- Additionally, for those students whom we believe to be impacted by trauma, the PLAAFP must consider the reason behind the behaviors being described and the purpose they serve in meeting the student's needs.
- The PLAAFP must be intentionally worded to guide the IEP team away from judgement of the student's performance to a focus on the skill deficit that is being illuminated by the student's behavior. What are the behaviors telling us about what the student needs? Since trauma affects a student's memory, attention span, self-regulation, problem solving skills and ability to retain information, the team must actively consider a student's deficits in each of these areas in order to address the gaps that trauma has caused in the student's learning patterns. Once the PLAAFP has been developed to draw a clear picture of each of these gaps, measurable annual goals can be developed to help the student overcome or learn new strategies to get around the gaps that trauma has created in their learning behaviors.
- This shift will require the evaluation and IEP teams to move away from a focus on compliance and adherence to academic standards and toward a consideration of the student's history and current needs or circumstances. The focus of the wording in the PLAAFP must be about why the student behaves in certain ways and not about what those behaviors are.

Some additional considerations when developing PLAAFP statements:

- Include any available information regarding the traumatic event experienced by the student or relevant diagnoses from outside professional sources.
- Always include information about the student's strengths whether they seem relevant to the behaviors being addressed or not. This should include growth on previous goals and an objective measurement of the

student's skills. A strengths based approach in developing measurable annual goals will give the student greater confidence in working on their skill deficits.

- Data is vital to developing an effective PLAAFP and must include information from previous years as well as the current year in order to give perspective and demonstrate the impact of the traumatic event. Historical information about the student helps the team to build a clearer picture of the needs the student is experiencing as the team can consider what has changed over time. It is also helpful to include a discussion on which strategies were shown to be effective and which failed as well as how long effective strategies were put in place before the student demonstrated growth in that area.
- It is important to get information about the student from multiple sources. Parent and student input are absolutely necessary as well as general education teachers, past and present. Also ensure that related service providers, paraeducators and other school staff contribute to the overall picture of the student.
- Consider all aspects of the student's school life. Past or present incidents of bullying or harassment, parent report of behaviors or adversity during homework completion, playground behavior and behavior on the bus may all be relevant to developing a plan that will comprehensively address the student's needs.

Example statements:

- "Student regularly acts out in anger during instruction", can be modified to, "Student lacks the ability to self-regulate independently when frustrated, resulting in verbal/physical outbursts and disruptions to learning."
- "The student's attention-seeking behavior results in frequently interrupting the teacher", can be modified to, "Student frequently seeks regulatory assistance through maladaptive communication", or "Student relies on direct attention from teacher to help regulate during instruction."

Measurable Annual Goals (IEP Goals):

IEP Goal Examples

Principles to consider before writing IEP and goals:

- Always empower; avoid further trauma, disempowerment and attempts to control behavior
- Provide safe, predictable, nurturing environments and relationships; these are the foundation on which to build skills and success
- Write developmentally appropriate goals: consider student's developmental functioning and accept it despite age and grade;
- Approach with the belief that students want to be successful; if they are not, there is a barrier to remove/teach to;
- Treat behavior as any area of learning: find student's "zone of proximal development" or range of demonstrated success and start there;
- Always value the needs of the student and address them without dismissing them;
- Teach emotion and physiological regulation skills to improve self-control, attention, study skills, and behavioral, social, and/or emotional challenges. Draw on sensory and body as well as regulation scales and relationships.

Areas to Focus:

- Teach children to realize their zone of proximal development
- Teach children coping and self-regulation skills

- Build child's sense of success in school setting, and actual successful functioning in any area, academic or nonacademic

Things to Consider & Things to Avoid:

Things to consider	Things to avoid
❑ Compassion and understanding ❑ The child wants to be successful, build skills to support their success ❑ Focus on one skill in a goal ❑ Acknowledge and build on child's current developmental abilities; begin where the child is demonstrating some level of skill ❑ Teach appropriate skills the child needs to get needs met ❑ Behavior is communication and a reflection of development, needs, and skills ❑ Attention seeking behavior can also be connection seeking behavior ❑ Building self-regulation and coping skills to address issues such as: attention, engagement, work-production, aggression, fleeing ❑ The "zone of proximal development" or "window of tolerance" to develop appropriate expectations of behavior, work, and academic functioning	❑ Seeing behavior as willful, defiant and personal or a power struggle ❑ Trying to resolve all problems/behaviors at the same time ❑ Focusing on typical or desired age-appropriate behavior ❑ Requiring compliance; punishing maladaptive behavior and invalidating child's needs without teaching how to meet them ❑ Viewing attention seeking behavior as an undesirable or noncompliance behavior ❑ Writing a goal with a simple compliance demand assuming self-regulation and coping skills are present ❑ Expecting to force students to demonstrate perseverance/work/behavior they are not currently able to demonstrate, possibly resulting in undesired/inappropriate behaviors

The Why:

- Building a child's sense of success in the school setting, and actual successful functioning in any area, academic or nonacademic will result in positive change
- Teach children to realize their zone of proximal development, to promote self ownership/reliance
- Teach children coping and self-regulation skills to learn to handle life situations
- These are social emotional life skills

Goal Examples:

Goal #1

- **Old goal**: Student will reduce classroom interruptions to gain teachers attention from 10 times per day to 5 times per day based on teacher collected data.
- **New goal**: Given direct instruction from the teacher on how to request teacher's attention by raising their hand and waiting for teacher to respond, student will increase their use of hand raising from 20 percent of opportunities to 50 percent of opportunities during the school day.

Goal #2

- **Old goal**: Student slaps and hits other students on the playground when they are angry. They will keep their hands to themselves from 0 percent of the time to 100 percent of the time during recess.
- **New goal**: Given direct instruction from the teacher, student will use their voice to communicate needs and frustrations with their friends on the playground, increasing their verbal communications from 30 percent to 60 percent of playground interactions.

Goal #3

- **Old goal**: Student will improve reading skills from 1st grade skills to 2nd grade skills as measured by teacher collected data.
- **New goal**: When provided instruction and strategies for identifying the key details in a text, student will identify characters, settings and major events of a story from 10 percent of opportunities given to 60 percent of opportunities given as measured by teacher designed assessment.

Goal #4

- **Old goal**: Student will stay on task, complete multiple step directions and not bother their peers during class when given direction by staff.
- **New goal**: When given an activity timer and direct instruction from staff, student will work on their assignment in class until timer is concluded, increasing their time on task from 2 minutes to 7 minutes as observed by staff.

Accommodations:

Trauma Informed Accommodations

How does Trauma Impact Students?	What does that behavior look like?	Accommodation to support development of new skill/strategy	How is this Trauma Informed?
Brain functioning: Chronic stress, hyperactive amygdala, increased adrenaline: Fight or Flight holding pattern	• Unable to process busy, noisy environments such as assemblies, lunchroom, passing in hallways between classes • A student bumps into someone, interprets it as attack, responds with verbal or physical aggression • Student shuts down or becomes defiant over work they seemingly have the skills to do	• Alternate environment for assemblies (go to library, study hall room with small group and teacher) • Alternate/preferred seating in cafeteria (near door, out of main walkway, students able to eat outside, in classroom) • Leave class 3 minutes early to avoid busy passing time • Reduce stressors/demands in environment based on individual, i.e., less transitions, a break after a less structured time, increase structure, reduce amount of work, provide relational support	• Builds opportunities for students to re-group, decrease stress, build opportunities for self-regulation, build advocacy skills to identify potential triggers, provides relational support, provides work/stress demand within a window of functioning student can manage, provides tools to support increasing that window of functioning to allow access to cognitive and academic skills
Impacts executive functioning: Being able to process, plan, organize, retain information, perform multiple step tasks	• Student can't focus on test, becomes frustrated, crumples paper and leaves class • Student can't find homework, missed instructions and did not complete assignment, embarrassed to ask for instructions again and/or, yells at teacher	• Break assignments into small sections • Provide visual support, graphic organizer for assignments and/or directions • Guided notes • Extra copies of assignments in classroom for all students to access	• Supports opportunities for building organization skills • Creates embedded opportunities for students to catch up when missing assignments due to outside factors in respectful, equity based framework

	• Student cannot focus on or remember directions • Student has challenges generating written work independently without structure due to multiple step nature; or, working out other multiple step or multi-day tasks	• Digital copies of assignments, allow digital submission	

How does Trauma Impact Students?	What does that behavior look like?	Accommodation to support development of new skill/strategy	How is this Trauma Informed?
Behavior: Chronic stress increases "startle" reflex and Fight or Flight behaviors. Students may demonstrate learned helplessness, inability to predict/ control how they will react when escalated	• Unwilling to try assignment as they are sure they will fail • Develops plan with teacher on how to react when triggered but not able to follow plan when trigger occurs	• Visual supports, social stories to teach emotional regulation skills, support safety plan • Pre-teach in small group settings new skills • Errorless learning, guided notes for acquiring new academic tasks • Create safe space that student can access when not escalated as well (can complete assignment in swing) • Embedded break/ sensory activities throughout day	• Reduces need for fight or flight behaviors • Builds opportunities for successful learning opportunities • Supports emotional regulation skill repertoire
Social Emotional: Emotional Dysregulation impacts student's ability to demonstrate appropriate emotional reaction to situations	• Student states that they are overwhelmed • Under reaction to social situations • Easily becomes upset over small situation • High -drama	• Check in/ check out system throughout the day which includes self-monitoring system for emotional regulation • Alternate work location if student has identified increased stress levels • Embed stress reduction activities throughout the day (component of school wide PBIS system)	• Builds opportunities for student to self-monitor stress levels, identify triggers, and identify alternate emotional regulation strategies. • Embedded stress reduction activities decrease overall stress levels in students which increase successful opportunities for students to utilize alternate coping strategies. (It's hard to use our words when angry, but when we are at baseline, we can use words, actions for problem solving)

Accommodations Bank

Presentation and Instruction
Group activities for students to be small (no more than 5 students)
Have student use organizer to keep track of assignments
Learning assignment broken down into smaller assignments and chunked so student can see end of assignment
Engage in students interests and provide materials such as a book when teaching lesson
Student seated next to/near teacher
Give students information about upcoming schedule changes
Provide opportunities to build peer supports and relationships
Give student information about upcoming content in advance
Clearly defined, taught, and displayed classroom rules
Allow use of headphones, fidgets during instruction
Increase predictability
Look at use of breaks
Allow use of digital reading options, reading tracker, access to audiobooks
Visual supports for assignments
Adjust expectations to complete assignments to accommodate the student's attention span or factors as home that may create a barrier at work completion
Alternate location for testing, test corrections
Setting
Student will be seated in the back of the room behind other students near door or with back to a wall
Student allowed to sit on fitness ball when doing assignments
Consider movement and sensory opportunities
Provide safe and supportive environment (notice of emergency drills, sit by trusted peer, pass to see trusted adult)

Incorporate deep breathing exercises into daily classroom activities
Allow student to stand at times
Allow area for student to de-escalate/ take break that includes self-directed activities
Consider allowing remote learning when student's symptoms prevent him from attending school
Arrange the physical classroom that defines boundaries, designating where different types of activities will take place to ensure safety of all students
Provide students with personal space when working in group
Place the student next to a peer or teacher that the student feels comfortable with
Inform the student and the student's family when there will be a substitute in the classroom, consider an alternate learning space if needed on those days with a familiar teacher
Alternate location, set table to eat at in the cafeteria, may be close to a door, wall, classroom with small group of students
Classroom rules aligned with school wide PBIS, are observable, measurable
Timing and Scheduling
Extended time on assignments
Students given frequent breaks during the day
Identify and reduce/prevent triggers (recess, bell schedule, transitions/hallways, long school breaks)
Plan predictable and clearly defined transitions
Prior knowledge for fire drills, evacuation, intruder drills for student
Provide the student with visual, daily schedule
Develop alternate plan for potential triggers
Prepare the student prior to any change in routine to the best of your ability. Have an alternate plan in place with additional supports for unexpected changes.

Response/ Staff Interactions
Identify trusted adult
Increase levels of non-contingent reinforcement (12:1)
Establish nonverbal cue between teacher and student for behavior monitoring
Provide peer assistance in notetaking and ask the student questions to encourage participation and discussion
Have alternate assignments and/or activities prepared. Embed choice and preferred activities into assignment
Intentionally set up opportunities to strengthen positive peer/social interactions
Commit to daily greetings, use respectful voice
Avoid response cost measures (losing points, taking away a token, earned reinforcer)
Other Related Strategies
Establish a school and home behavior management plan
Provide a student at a glance profile for all staff working with student which includes triggers, preferences, supports, identified alternate work locations, etc.
Check in/Check out system with preferred adult in preferred location

APPENDIX:

Listed below are trauma screening questionnaires that are appropriate for children and adolescents. Some screeners are specific to COVID-19, but most are broad PTSD screeners. Some are parent/caregiver screeners, some are teacher ratings, some must be administered by a qualified mental health professional, and some are self-assessments.

Child and Adolescent Trauma Screen (CATS) - Youth Report
Graduate Strong - Resources for Educators Related to Trauma Sensitive Schools
The Regulated Classroom: "Bottom Up" Trauma-Informed Teaching©
Applying a Trauma-Informed Framework to the IEP Process: From Referral to Development (2020, Rosen,E. and Bateman D.)
UCLA Brief COVID-19 Screen for Child/Adolescent PTSD © (istss.org)
SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach
Creating Trauma-Informed Learning Environments
Child Trauma Toolkit for Educators
Coping in Hard Times: Fact Sheet for School Staff Teachers, Counselors, Administration, Support Staff
Understanding the Intersection Between Cyberbullying and Trauma
Trauma and Intellectual and Developmental Disabilities (IDD) Toolkit
Mental Health Brochures and Fact Sheets, by Mental Health Disorder (National Institute of Mental Health (NIMH))
Other Mental Health Resources by Topic (NIMH)

The following is just one example of a trauma-informed pre-referral form for special education:

TRAUMA-SENSITIVE MULTI-DISCIPLINARY TEAM REFERRAL FORM

CONFIDENTIAL

Student name: _____ Date_____

Grade: _____ School: _____

Referring Staff Member: _____

Before submitting a referral for a special education evaluation, school-based multidisciplinary teams should *first consider the impact of the following factors*: English language proficiency, medical history, culture, school and home environment, and educational history (including a review of attendance, grades, frequency of moves, behavior/discipline referrals, and school-based interventions).

Parents and guardians should be informed of and involved in all steps of the pre-referral process.

Areas of concern (please describe in detail):

☐ Behavioral concerns	
☐ Social concerns	
☐ Emotional concerns	
☐ Family concerns	
☐ Academic concerns	
☐ Other concerns	

To your knowledge, has the student experienced either acute or ongoing trauma or other adverse experiences that may be contributing to his/her/their current challenges? (e.g., ACES) ☐Yes ☐No

TRAUMA-SENSITIVE MULTI-DISCIPLINARY TEAM REFERRAL FORM

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If yes, please select any of the following behaviors that you have observed:

☐ Nightmares or intrusive thoughts	☐ Talks excessively
☐ Anxious, fearful or irritable mood	☐ Gets out of seat and/or moves constantly
☐ Jumpy or easily startled	☐ Interrupts and blurts out responses
☐ Avoids reminders of trauma	☐ Inattentive, distractible, forgetful
☐ Aggressive	☐ Disorganized, makes careless mistakes
☐ Difficulty concentrating	☐ Angry towards others, blames others
☐ Sexualized play or behaviors	☐ Argumentative and defiant
☐ Sad, depressed or irritable mood	☐ Worries excessively
☐ Hopelessness, negative view of the future	☐ Difficulty sleeping
☐ Low self-esteem, negative self-statements	☐ Restless and on edge
☐ Diminished interest in activities	☐ Specific fears or phobias
☐ Low or decreased motivation	☐ Clingy Behavior

How often is the behavior occurring? (e.g., several times per day; 1-2 times per week, etc.)
For how long have these behaviors/symptoms been observed? (e.g., one week, one month, six months)

Please select the student's protective/resilience factors

☐ Community/Society
- ☐ Community norms of shared responsibility for supporting parents and families
- ☐ Access to basic needs and specialized services (health care, social services)
- ☐ Adequate housing
- ☐ Parental employment

☐ Relational (Family/Peers)
- ☐ Parent or guardian with nurturing parenting skills
- ☐ Supportive family environment
- ☐ Friends/supportive peers
- ☐ Positive relationships with extended family
- ☐ Engagement in social institutions and/or extracurricular activities
- ☐ Caring adults outside the family who can serve as role models or mentors

☐ Individual
- ☐ The ability to ask for help when needed/good communication skills
- ☐ Problem solving skills
- ☐ Hopefulness
- ☐ Self-efficacy; sense of competence
- ☐ Stress management skills
- ☐ Good social skills; the ability to get people to like them

TRAUMA-SENSITIVE MULTI-DISCIPLINARY TEAM REFERRAL FORM

CONFIDENTIAL

To your knowledge, what specific, trauma-sensitive, research-based interventions have been implemented? Please include who implemented the intervention, when, how many times per week, for how long, etc. Also consider whether the challenge is a problem with skill Acquisition (can't do), skill Fluency (trouble doing independently), or skill Generalization (doesn't do in all settings).

***For Social/Emotional/Behavioral concerns, please describe the targeted replacement behavior and goal.**

***For Academic concerns, please describe the duration of the intervention as well as expected growth.**

Please include baseline data (at least 3 data points), progress monitoring data (at least 6 data points), and the method of data collection.

Was the intervention *effective*? ☐Yes ☐No

- Keep improvement/progress in mind; effective interventions don't necessarily lead to a "cure" of behaviors/symptoms, but rather a reduction in the amount or severity of behaviors/symptoms.
  - If the student is demonstrating sufficient/expected progress as a result of the intervention, continue with appropriate supports, interventions and progress monitoring.

TRAUMA-SENSITIVE MULTI-DISCIPLINARY TEAM REFERRAL FORM

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If yes, how was effectiveness determined?

Was the intervention *ineffective*? ☐Yes ☐No

- If it was ineffective, how was lack of effectiveness determined? (Please attach/provide data).
- If the intervention was determined *ineffective*, was it changed, modified or adapted to meet the student's needs? How? (Please describe).

Was the *modified* intervention effective or ineffective? Please provide data and method of determination.

Is the student receiving supports outside of school? (e.g. therapy or tutoring) Please describe.

Despite targeted interventions, do the student's behaviors and/or symptoms continue to adversely impact his/her/their educational performance? If so, the team should consider a referral for a special education evaluation in order to determine the presence of a disability.

- Examples of sample reports can be found in the book "Applying a Trauma-Informed Framework to the IEP Process: From Referral to Development" by Eric Rossen, Ph.D., NCSP and David F. Bateman, Ph.D.

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