

Welcome to Today's Supportive School Discipline  
Webinar Series Event!

# Transforming School Climate Through Trauma Informed Practices

This event will start at 3 p.m., EDT



## Q&A

If you have a question for the presenters, please type it in the Q&A Pod during the Webinar.

## Feedback Form

**STTAC** Office of Juvenile Justice and Delinquency Prevention  
State Training and Technical Assistance Center  
*Dedicated to helping States and communities improve outcomes for youth.*

**Stemming the School-to-Prison Pipeline: Applying Restorative Justice Principles to School Discipline Practices**

Please provide us with your feedback on today's Webinar by answering the questions below. The form should only take a few minutes to complete. Your participation is voluntary.

The following questions will ask you about your organization's restorative justice experiences and needs.

**1. How would you rate your organization's current capacity to use restorative justice alternatives to traditional school discipline practices?**

	Understanding what alternatives are effective	Knowing how to implement an effective alternative	Understanding how to evaluate whether the alternative is effective
We don't have any capacity in this area	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We don't have enough capacity in this area	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We have adequate capacity in this area	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We have excess capacity in this area	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other Capacity Strengths or Needs?(please specify)

**2. What kind of tools or supports would you like to have that you currently lack with regard to restorative justice alternatives to traditional school discipline practices?**

**3. Do any schools in your jurisdiction use restorative justice principles as the basis for your school's approach to student discipline?**

At the end of the presentation, an event feedback form will appear. Please provide feedback on this event so that we can better provide the resources that you need. All answers are *completely anonymous* and are not visible to other participants.

For assistance during the Webinar, please contact the State Training and Technical Assistance Center at [sttac@air.org](mailto:sttac@air.org).



# Federal Partners Welcome

## Linda Rosen

Member, Supportive School Discipline Working Group  
U. S. Department of Justice, Office of Juvenile Justice and  
Delinquency Prevention (OJJDP)



# SSD Webinar Series

- Increase awareness and understanding of school disciplinary practices that push youth out of school and many times into the justice system.
- Provide practical examples of alternative approaches that maintain school safety while ensuring academic engagement and success for all students.



# Available Technical Assistance



Office of Juvenile Justice and Delinquency Prevention's State Training and Technical Assistance Center (STTAC)

U.S. Department of Justice

<http://www.juvenilejustice-tta.org>



NDTAC's Supportive School Discipline Communities of Practice (SSDCOP)

U.S. Department of Education

<http://ssdcop.neglected-delinquent.org>



National Center on Safe Supportive Learning Environments (NCSSLE)

U.S. Departments of Education and Health and Human Services

<http://safesupportivelearning.ed.gov>



# Agenda

**1**

## Understanding and Addressing Trauma in the Lives of Those We Serve

Joan Gillece, Ph.D., SAMHSA National Center for Trauma Informed Care, SAMHSA Promoting Alternatives to Seclusion and Restraint through Trauma-Informed Practices

**2**

## Creating Trauma-Informed Schools for Improved Student Outcomes

Barb Trader, Executive Director, TASH

**3**

## Restraint and Seclusion: Hear Our Stories

Documentary Film, [StopHurtingKids.com](http://StopHurtingKids.com)



# Understanding and Addressing Trauma in the Lives of Those We Serve



**Joan Gillece, Ph.D.**

SAMHSA National Center for Trauma Informed Care, SAMHSA  
Promoting Alternatives to Seclusion and Restraint through  
Trauma-Informed Practices

# What is Trauma?

Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically and emotionally harmful or threatening and that has lasting adverse effects on the individual's physical, social, emotional, or spiritual well-being.





# The Three E's

- **Events** and circumstances
- The individual's **Experience** of these events or circumstances helps to determine whether it is a traumatic event
- The long-lasting adverse **Effects** on an individual are the result of the individual's experience of the event or circumstance



# Types of Trauma

Trauma that often results in serious mental health and substance use problems:

- Are interpersonal in nature: intentional, prolonged, repeated, severe
- Include sexual and physical abuse, severe neglect, and emotional abuse, witnessing violence , repeated abandonment, and sudden and traumatic loss
- Often occur in childhood and adolescence and may extend over an individual's life span



# The Three R's

A definition of trauma-informed incorporates three key elements:

- 1) **Realizing** the prevalence of trauma
- 2) **Recognizing** how trauma affects all individuals involved with the program, organization, or system, including its own workforce
- 3) **Responding** by putting this knowledge into practice



# Self-Inflicted Injuries

- People use self-harm because it helps them manage what feels unbearable in the moment.
  - There is a great deal of intensity behind the acts of self-injury.
- *Some* of the stressors leading to self-inflicted violence (SIV) include:
  - Profound despair, anguish, rage, or terror
  - Fear of losing oneself or being swallowed by traumatic flashbacks or re-enactments



# Dissociation

A mental process that produces a lack of connection in a person's thoughts, memories, feelings, actions, or sense of identity.

- During dissociation, certain information is not associated with other information as it normally would be.
  - E.g., During a traumatic experience, a person may dissociate the memory of the place and circumstances of the trauma from his/her ongoing memory, resulting in a temporary mental escape from the fear and pain of the trauma and, in some cases, a memory gap surrounds the experience.



# Post-Traumatic Stress Disorder (PTSD)

Symptoms of PTSD include:

- Intrusive re-experiencing
- Avoidance
- Arousal



# Intrusive Re-experiencing

- People with PTSD frequently feel as if the trauma is happening again.
- This may be called a flashback, re-living experience, or abreaction.
- The person may have intrusive pictures in his/her head about the trauma, have recurrent nightmares, or may even experience hallucinations about the trauma.



# Avoidance

- People with PTSD work hard to avoid anything that might remind them of the traumatic experience.
- They may try to avoid people, places, or things that are reminders, as well as numbing out emotions to avoid painful, overwhelming feelings.
  - Numbing of thoughts and feelings in response to trauma is known as "dissociation" and is a hallmark of PTSD.
  - Frequently, people with PTSD use drugs or alcohol to avoid trauma-related feelings and memories.





# Arousal

- Symptoms of psychological and physiological arousal are very distinctive in people with PTSD.
- They may be very jumpy, easily startled, irritable, and may have sleep disturbances like insomnia or nightmares.
- They may seem constantly on guard and may find it difficult to concentrate.
- Sometimes persons with PTSD will have panic attacks accompanied by shortness of breath and chest pain.



# *Facts on Traumatic Stress and Children with Developmental Disabilities*



## **Contents:**

- Federal Definition of Developmental Disability
- Incidence of Disability in the General Population
- Statistical Information Regarding the Incidence of Trauma for this Population
- Special Characteristics of the Population that May Influence the Incidence of Trauma
- Possible Reasons for a Higher Incidence of Mental Illness for Clients with Developmental Disabilities Than the General Population
- Suggestions for Modifying Evaluation and Therapy to Meet the Needs of this Population
- Special Diagnostic Considerations with Clients Who Have Developmental Disabilities
- Suggestions for Therapy



# Facts: Traumatic Stress and Children with Developmental Disabilities

- Individuals with developmental disabilities are at increased risk for abuse as compared to the general population
- Maltreatment among children with disabilities:

	Children without Disabilities	Children with Disabilities
Physical Abuse	4.5	9.4
Sexual Abuse	2.0	3.5
Emotional Abuse	2.9	3.5

- Individuals with disabilities are over four times as likely to be victims of crime as the nondisabled population.



## Facts: Traumatic Stress and Children with Developmental Disabilities (cont.)

- Sixty-four percent of the children who were maltreated had a disability:
  - The most common disabilities were behavior disorders, speech/language and other learning disability, and mental retardation.
  - The most common type of maltreatment was neglect.
  - Children with mental retardation were the most severely abused.
  - Children with communication disorders were more likely to be physically and sexually abused.
- Five million crimes are committed against individuals with disabilities each year in the United States.



## Facts: Traumatic Stress and Children with Developmental Disabilities (cont.)

- Individuals with disabilities are 2–10 times more likely to be sexually abused than those without disabilities.
- One of 30 cases of sexual abuse or assault of persons with developmental disabilities is reported as opposed to one of five in the nondisabled population.
- Even when the abuse is reported, the charges are rarely investigated when the victim is disabled.
- Victims typically have difficulty accessing appropriate services.
- Risk of abuse increases by 78 percent due to exposure to the "disabilities service system" alone.



## Facts: Traumatic Stress and Children with Developmental Disabilities (cont.)

- Immediate family members perpetrate the majority of neglect, physical abuse, and emotional abuse. Extra-familial perpetrators account for the majority of sexual abuse.
- Sexual abuse incidents are almost four times as common in institutional settings as in the community.
- Ninety-nine percent of those who commit abuse are well known to, and trusted by, both the child and the child's care providers.



# Special Characteristics

## The impact of trauma on the brain:

- Abuse and neglect have profound influences on brain development.
- The more prolonged the abuse or neglect, the more likely it is that permanent brain damage will occur.
- Not only are people with developmental disabilities more likely to be exposed to trauma, but exposure to trauma makes developmental delays more likely.



# People with Developmental Disabilities Are:

- Trained to be compliant to authority figures
- Dependent on caregivers for a longer period of time for more types of assistance than a nondisabled child, and they are dependent on a larger number of caretakers
- Often unable to meet parental expectations
- Isolated from resources to whom a report of abuse could be made
- Sometimes impaired in their ability to communicate
- Sometimes impaired in their mobility
- More likely than other children to be placed in residential care facilities





# People with Developmental Disabilities Are (cont.):

- Sometimes more credulous and less prone to critical thinking than others, which may result in it being easier for others to manipulate them
- Often not provided with general sex education, and caregivers may feel that people with developmental disabilities are asexual, although:
  - For people with mild to moderate mental retardation, sexual development and sexual interest occur at approximately the same age as the normal population
  - Precocious puberty is 20 times more likely to occur in persons with developmental disabilities than in the normal population
- Viewed negatively by society, which may label them as “bad” because they are different or may view them as less than human



# People with developmental disabilities may also experience:

- Cognitive and processing delays that interfere with understanding of what is happening in abusive situations
- Feelings of isolation and withdrawal due to their differences, which may make them more vulnerable to manipulation because of their increased responsiveness to attention and affection.



# Incidence of Mental Illness May Be Higher for Clients with Developmental Disabilities

- It is more difficult to cope with normal life stressors given the limited resources the client has available.
- There is increased vulnerability to abuse in the home, since these children are often very difficult to raise and place a high level of strain on the family.
- These children are more vulnerable to abuse in the community because of their poor judgment and lack of self-protective skills.
- An additional stressor for the higher functioning clients is awareness of their intellectual deficits. They have many grief and loss issues associated with their functioning problems.
- People with developmental disabilities experience greater difficulty in getting help for mental illness due to communication and processing problems.



# Examples of Trauma-Informed Approaches

- Telling people what you are going to do before you do it
- Recognizing a flashback and managing it with words instead of action
- Seeing trauma responses as adaptations rather than manipulations



# Essential Components of Trauma-Informed Approaches

1. Triggers
2. Early Warning Signs
3. Strategies



# 1. Identify Triggers

For example:

- Particular time of day/night
- Particular time of year
- Contact with family
- Other



## 2. Identify Early Warning Signs

## 3. Identify Strategies



# Conclusions

- Response to traumatic stress is learned behavior, mediated by the brain and the social environment.
- Traumatic stress brings the past to the present.
- The survival response impacts the mind, body, behavior, and speech “... *the amygdala leads a hostile takeover of consciousness by emotion.*”



**“The truth about childhood is stored up in our bodies and lives in the depths of our souls.**

**Our intellect can be deceived, our feelings can be numbed and manipulated, our perceptions shamed and confused, our bodies tricked with medication, but our soul never forgets.**

**And because we are one, one whole soul in one body, someday our body will present its bill.”**

**- Alice Miller**







I've learned that people will  
forget what you said,  
people will forget what you did,  
but people will never forget how  
you made them feel.

~Maya Angelou

# Contact Information

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703-682-5195



# Creating Trauma-Informed Schools for Improved Student Outcomes



**Barb Trader**

Executive Director, TASH

[www.TASH.org](http://www.TASH.org)



# What's The Problem?

- Seven year old Sammy
- Second day at school
- Gets scared, throws some noodles
- Put in four-point prone restraint
- Entire cafeteria of children and staff witness
- *Sammy has a disability*
- *Sammy also has a severe cardiac condition*



Why did this happen?

# Main Points

- There are no “bad kids”
- Punitive (aversive) practices do not work
- Positive practices can be planned for and learned – by anyone
- Positive practices *work*:
  - *Teach appropriate behavior*
  - *Upgrade school culture*
  - *Lead to academic future and success*
  - *Raise staff morale*



# Aversives in the Headlines

- Georgia 8<sup>th</sup> grader's suicide in seclusion room spurs lawsuit
- 7-year old arrested at school
- Child found in gunnie sack at end of school day
- Parents protest "Scream Rooms" in Connecticut
- Child dies after restraint for not leaving basketball court
- 5-year old handcuffed and taken to police station
- Special education student taped to chair
- Block Island officials defend room in school basement
- Parents frantic; son spends night in jail
- Pittsburgh teacher accused of abusing special needs student



# Jerry's Story, 7 years old

“The principal kept recording me and taking pictures of me and I didn't want her to but she wouldn't stop. I crawled under a table to get away from her, but she just kept recording me under the table. I tried to hide inside the refrigerator, but she kept coming after me. She thought it was fun. She wanted to show the police.”



## Veronica's Story, 19 years old

“Whenever I had a ‘meltdown’ (sensory overload induced tantrum common to children with my disorder), I would be restrained, my arms pinned behind my back, and then tossed into one of these horrible seclusion rooms. I would cry for what seemed like – and sometimes was – hours, wondering when I would be let out. This went on for the two and a half years. I attended a school for children with special needs and behavioral issues. 7+ years later, I still can’t think about it without shuddering. I was a wreck when I left that place.”

“The worst part I remember was feeling like nobody cared – like I was just some freak that nobody knew or cared if I were shut away.”



# Tony's Story, 10 years old

“I think when the principal thinks of me, she just thinks that I'm a bad kid. Why did I have to leave my school? Why did the principal call the police?”



# Dwayne's Story, 15 years old

“I was handcuffed and put in the back of a police car while other students watched. I was taken to the police station. I was released to my mom at 11 p.m. that night. No charges were ever filed. I never hurt or threatened anyone. I never hurt any property. I tried to stand up for myself and was considered ‘mouthy’.”





## Brianna's Story, 2<sup>nd</sup> Grade

“One morning, I got mad and said I wasn't going to school. When you have problems with talking, you just say 'no' in the loudest and easiest way possible. I have friends and I know children who have just fought back. Violence by children with severe disabilities is almost always in response to abuse.”



# What is Expected By The Individuals with Disability Education Act (IDEA)?

- Presumption in favor of positive interventions
- Requirement for functional behavioral assessment (FBA)
- Requirement for evidence-based practice
- Requirement that students receive Free and Appropriate Public School Education



# Office of Civil Rights, Department of Education

*“No other issue holds greater promise for equality than education.”*

U.S. Department of Education (ED) Secretary, Arne Duncan

- Students with disabilities are two times more likely to receive one or more out-of-school suspensions, with 13 percent of IDEA students having been suspended compared to 6 percent of non-IDEA students.



# ED Office of Civil Rights Data Collection – Spring 2012

- 12% of all students have disabilities, yet nearly 70% of students restrained have disabilities
- 44% of all students with disabilities restrained are African American, yet they comprise 21% of all students with disabilities



# The Root of Challenging Behavior

- Communication of:
  - Pain or discomfort
  - Frustration
  - Anxiety
  - Threat
  - Non-understanding
  - Distrust/fear
  - Root cause may be medical

Find out “why?”



# Underlying Motivations

- Survey of Private Schools, Emotional Behavioral Disorders (EBD)

Faulty Beliefs + Lack of Training = Aversive Practices

Aversive practices of any kind are a *failure* of an educational plan, not a plan





# Toby

- What works?
  - Sitting in the back seat
  - Let me approach you
  - Taking the stairs
  - Letting me squash things
  - Using the city bus
- What doesn't work?
  - Sitting in the front seat
  - Getting in my face
  - Not giving me time and space
  - Being too pushy







# Jose

- What works?
  - Treat me with respect
  - Having choices
  - Working every other day
  - Having things to look forward to
  - Having a variety of support people
  - Jose's in charge
  - Leave when I get mad
- What doesn't work?
  - People touching my stuff
  - People telling me what to do
  - Treating me like a "kid"
  - Having the same support people more than 3 days in a row
  - Not taking my diabetes medications



# School Successes

- Montgomery County Schools (Virginia)
  - Commitment to create a different culture and end use of aversive strategies
  - Took on a process for change
  - Developed shared vision and structure
  - Vision: inclusive, positive classroom environments



# Montgomery Schools – Change Structure

- Staff training emphasis on prevention
- Inclusive classes, modeling from classmates
- Effective evidence-based practices: Positive Behavioral Supports and Interventions (PBIS), including functional behavioral assessments (FBAs) and behavioral intervention plans (BIPs)
- Planning for each student
- Coaching from in-house PBIS expert
- Data-based decision making



*“Inside these walls...we discover through the power of positive reinforcement, each child will find success.”*



<http://centennial.coe.lehigh.edu/>



# Centennial School Outcomes

- School year (SY) 1997-98
  - 1,064 restraints
  - No data on seclusion
- SY 1998-99
  - 327 restraints
  - 15,744 minutes of seclusion
- SY 1999-2000 to 2011
  - **0 restraints**
  - **0 minutes of seclusion**



# Cost of Aversive Practices

- Lost learning time
- Loss of student, parent, community trust
- Student trauma, injury, death
- Witness trauma
- Teacher trauma, injury
- Lost staff time, low morale, high worker's compensation expenses|



## Cost of Aversive Practices (cont.)

- Negative media attention
- Culture of punishment, hostility between students and school personnel
- Legal costs due to process, lawsuits
- Managing incident reporting, responding to inquiries about incidents
- And more





# Department of Education Restraint and Seclusion (R&S) Resource Document

<http://www2.ed.gov/policy/seclusion/restraints-and-seclusion-resources.pdf>



# ED 15 Principles

1. Every effort aimed at prevention
2. Never use mechanical restraint
3. Use R&S only in emergencies – danger of bodily harm
4. Policies apply to all students – not just those with disabilities
5. Never used for punishment
6. Never used in a manner which restricts breathing/causes any kind of harm



## ED 15 Principles (cont.)

8. Recurring incidents require review and change of behavior plan
9. Planned intervention must be relevant to cause of problem behavior
10. On going training for all personnel
11. Each use of restraint and seclusion must be monitored by an education leader
12. Parent must be informed of all laws and school policies



## ED 15 Principles (cont.)

13. Parents should be notified as soon as possible following each instance of use
14. Policies regarding the use of R&S should be reviewed regularly and updated
15. Each incident involving the use of R&S should be documented in writing and with specific data that supports prevention in future



# At the School Level – Keys to Prevention Success

- Leader commitment to change – there are no bad kids! Behavior is communication!
- Clear policies aligned with ED's 15 Principles
- All staff buy-in for change, facilitated through education and communication; set goals together
- Support from skilled external (university) or internal staff (PBIS coordinator or lead teacher)



## Keys to Success (cont.)

- Get to know kids. Find out what they need (e.g., functional behavioral assessment, behavioral intervention plan)
- Meet routinely with teachers and monitor progress, celebrate!
- Be accountable to community and report progress
- When each new student arrives, gain info, get to know, and plan in advance for support
- Keep at it!



# What Are We Doing?

- Advocating for federal legislation
- Supporting states as they work on legislation
- Training professionals and parents
- Developed “*Restraint and Seclusion: Hear Our Stories*”
- <http://stophurtingkids.com>





Equity, Opportunity and Inclusion for People with Disabilities

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## Progress

TASH has promoted equity, opportunity and inclusion for more than 36 years.

Help us build a brighter future that supports the rights and needs of every individual.

## Get Involved

[Become a member](#)

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## Stay Connected



## Take Action

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## Latest News

[SWIFT Center brings together States, Districts, and School for Inaugural Professional Learning Institute](#)  
July 16, 2013

[Vermont Department of Disabilities Seeks Division Director](#)  
July 11, 2013

[Send a Tweet to Congress!](#)  
July 10, 2013

[LEAD Center publishes third issue of its quarterly e-newsletter LEAD On!](#)  
July 2, 2013

[TASH Members Present at National Conference on Health Disparities, Race, Ethnicity and Disability](#)

[See all news](#)

## Features and Events

### TASH Conference Registration is Now Open!

The 2013 TASH Conference will be held December 11-14 at the historic Hilton Chicago in Downtown Chicago, Ill. The TASH Conference brings together advocates and professionals from across the U.S. and abroad to learn about best practices in the disability field, share information and experience, and develop lasting relationships and networks. Attendees receive access to: – [...]

### Take Action: Contact Your Member of Congress

Every student deserves to learn and grow in a safe, supportive environment, yet each day children across the U.S. continue to be subjected to restraint and seclusion abuse. We can do more to protect our kids, and we can start by advocating for federal policy that puts an end to restraint and seclusion abuse. As [...]



Support TASH through the Combined Federal Campaign

Simply choose number **97580** on your form to advance the right to a choice-driven, community-based life for all people, regardless of their barriers or support needs.





**STOP  
HURTING  
KIDS**

[www.StopHurtingKids.com](http://www.StopHurtingKids.com)

Join the campaign to end  
restraint and seclusion  
abuse in schools

[THE CAMPAIGN](#) [ABOUT RESTRAINT & SECLUSION](#) [TAKE ACTION](#) [RESOURCES](#) [THE FILM](#) [BLOG](#)

“The use of restraint and seclusion can have very serious consequences, including, most tragically, death. Furthermore, there continues to be no evidence that using restraint or seclusion is effective in reducing the occurrence of the problem behavior.”

– Arne Duncan, U.S. Secretary of Education



### Students Should Be Safe in School

Each day, children are at risk of being injured and traumatized by the use of restraint and seclusion procedures in schools across the United States. These procedures offer no therapeutic or educational value, and have been shown to produce emotional trauma, physical harm and even death. Join in calling for an end to restraint and seclusion in schools.

### Join the Campaign

Sign up to join the campaign

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