

Tenet #1: Be Trauma-Informed.

The Deeper Cut:

Imagine sitting anxiously in an emergency room after cutting your hand badly. You wrapped it tightly with a dish towel and rushed to the E.R. in a panic, but the blood is leaking through, dribbling on the floor. You're trying to fill out the paperwork, but your hand is throbbing and the blood loss is making you woozy. Overwhelmed, you shout out angrily: *"Can I PLEASE see a f—ing doctor? I'm bleeding to death here!"*

A stern nurse approaches and scolds you: *"Excuse me, but we don't accept that kind of language here! No doctor will want to help you if you can't behave better. And look at all that blood! If you can't be more hygienic, we'll ask to you to leave. We're trying to run a hospital here!"*

Just Symptoms of the Problem

Of course, a scenario like this would never take place in a modern medical facility. When a patient comes in with a serious illness or injury, emergency room staff are trained to respond quickly and skillfully. They understand that patients will often be distraught, and know how to calm and reassure them. Short tempers and messy blood aren't bad behavior, they're symptoms of an injury.

But how often do we subject emotionally injured and learning disabled kids to the sort of callousness described above? When they act up because of inflamed feelings of anger or fear, is this our reaction: *"Hey! We're trying to run a school here! If you can't control your behavior, if don't want to learn, we'll ask you to leave!"*

TACT2 Tenet 1

Be Trauma-Informed.
Don't expect emotionally-injured kids to react "normally" when stressed.



Trauma-exposed kids' misbehavior is often only a symptom of the problem. Learn to recognize kids' triggers and crisis patterns, then respond proactively. Provide stability to counteract anxiety, and reassurance to combat fear. Offer choices rather than forcing compliance.

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What is Trauma-Informed Care?

In the past two decades, the term "trauma-informed care" has become more common. But what does it actually mean, especially for schools that don't have an abundance of therapists and social workers on standby?

In the most literal sense, being trauma-informed means acting with knowledge of the traumas our youth have experienced, and an understanding of how that affects their behavior and learning.

It doesn't mean making excuses; it means looking for explanations. We still set clear expectations and enforce reasonable rules. But when we see a problem, we make a habit of wondering: "What's going on here?" rather than immediately demanding: "What are you doing?" Then we guide students toward making good choices rather than simply forcing them to comply with rules.

How Abuse Affects Kids

If you've been in the field for a while, you already know how being neglected, abused, or exposed to constant chaos can affect kids. You know they're easily triggered by frightening circumstances, and can overreact to unexpected changes. You know that they've often been controlled, punished or humiliated by caretakers, so they have difficulty trusting new adults. And you know that they are hypersensitive to criticism or embarrassment, so if you push too hard, they will often create angry power struggles or withdraw into anxious silence.

Five Principles of Trauma Informed Care

Traditional education and treatment approaches typically use a "one size fits all" strategy. If the square peg doesn't fit into the round hole, pound it harder or throw it away. Trauma-informed care is guided by five basic principles that recognize the emotional and physical realities of working with kids who've been through great adversity. These principles include:

1. Safety. Emotional security and physical safety are key to healing, learning, and growth, so we do everything possible to create an environment that feels safe to youngsters who have often experienced insecurity.
2. Trustworthiness. Trauma-exposed kids do better when they know what to expect from adults, so we do our best to be dependable, calm, and consistent.
3. Choice. When kids behave badly, traditional learning environments often use harsh consequences to assert control over them.

But we want kids to learn to make good decisions on their own, so we offer them the opportunity to make their own choices, and learn from natural consequences.

4. Collaboration. It is essential for abused and neglected kids to develop self-sufficiency and learn to advocate for themselves, so we involve them in the decisions that affect their lives. We do things with them, not for them, even when it would be easier to just do it ourselves.

5. Empowerment. Traditional environments focus on identifying and remediating weaknesses, but we choose a strength-based approach instead. We want kids to develop confidence and competence, so we encourage them to discover their aptitudes and grow their individual, familial, and cultural abilities.

Summary: The rates of high school dropout, chemical addiction, community violence, and incarceration among our high-risk young adults prove the folly of using traditional cookie-cutter approaches with trauma-exposed children and youth. When anger, withdrawal, and poor motivation stems from emotional injuries, adult-controlled, punishment-driven systems only exacerbate their core problems.

These youngsters need emotionally and physically safe learning environments, staffed by dependable, trustworthy adults who know how to build relationships with suspicious kids. They need to be encouraged, challenged, and inspired to make good choices, not just intimidated into forced compliance with rules.

Dr. Steve Parese is a former special educator, crisis counselor, and university faculty member, currently an international speaker and trainer. He is the author of the crisis intervention program "Therapeutic Aggression Control Techniques" (TACT2), in use since 1997 with thousands of staff around the nation. For more information, please connect by email at SBParese@aol.com, or visit the website at <https://www.tact2.com>.