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Empowering people of many races, cultures, and ethnic backgrounds to live and work in peace.

Trauma-Informed Care: Empowering students to excel by meeting their needs holistically

MORE's three programs

- Basic Needs
- Education
- Social Services/Mental Health

Why Trauma-Informed Care?

*In the general population **61% of men and 51% of women** reported exposure to at least one lifetime traumatic event, with the majority reporting more than one traumatic event (Kessler, et al, 1995).

Four Case Studies

	Behaviors/Signals	Trauma	Response
A	Unwillingness to participate in classroom activities, rolling eyes, thumping books on the table, refusal to do independent work, always opting for a side table rather than joining the group		
B	Inability to focus, interruptions, inability to make significant academic progress, negative comments on self worth, exhaustion		
C	Inappropriate topics of discussion, inappropriate laughter, loud, inability to make significant academic progress, arguments/fighting with other students		
D	Difficulty focusing, heightened emotions, fatigue, difficulty sleeping, irritability		

Trauma-Informed Care: An Organizational Culture

What is trauma?

What is Trauma-Informed Care?

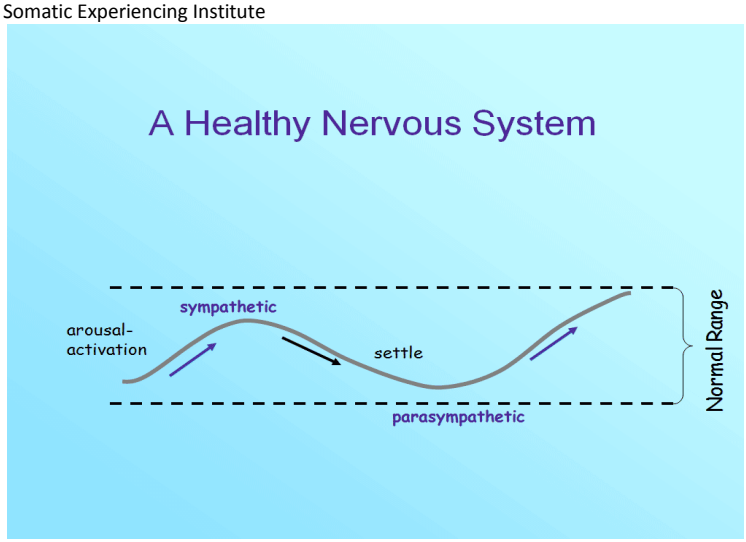
Why Trauma-Informed Care?

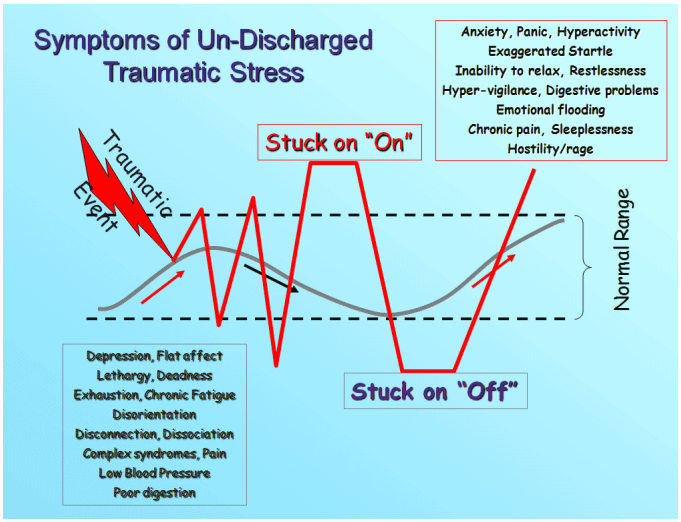
Types of Trauma

What types of trauma do you think ABE/ESL learners have experienced?

Effects of Trauma

Somatic Experiencing Institute





What are some effects of trauma?

How do trauma's effects impact learning?

How can a school mitigate the impact of trauma on learning?

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Think about each of the categories. What could you do to meet students' needs in each area?

	What Hurts*	What Helps*	Action Plan
Relationships	• Interactions that are humiliating, harsh, impersonal, disrespectful, critical, demanding, judgmental	• Interactions that express kindness, patience, reassurance, calm, acceptance and listening • Frequent use of words like "please" and "thank you."	
Physical Environment	• Congested areas that are noisy • Poor signage that is confusing • Uncomfortable furniture • Separate bathrooms • Cold/non-inviting colors and décor	• Areas that are comfortable and calming • Privacy when needed • Furniture that is clean and comfortable • No "wrong door" philosophy – we are all here to help • Integrated bathrooms • Warm décor that displays a positive, hopeful message	
Policies and Procedures	• Rules that always seem to be broken • Focus on organizational needs rather than client needs • Documentation with minimal involvement of clients • Many hoops to go through before a participant's needs are met • Language and cultural barriers	• Sensible and fair rules that are clearly explained (focus on what you CAN DO more than on what you CAN'T DO) • Transparency in documentation and service planning • Materials and communication in the person's language • Continually seeking feedback from participants	
Attitudes and Beliefs	• Asking questions that convey "there is something wrong with the person" • Regarding a person's difficulties only as **symptoms** of a mental health, substance use or medical problem	• Asking questions for the purpose of understanding what harmful events may contribute to current problems • Recognizing that **symptoms** may be a person's way of coping with trauma or are adaptations	

*National Council for Community Behavioral Health Care; www.TheNationalCouncil.org