



Trauma Informed IEP's

Embedding Trauma Sensitive Practices into IEP Development

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Presentation Purpose

- Define trauma and identify types of trauma
- Understand key special education processes
- Understand the value of adding trauma sensitive practices to IEP's
- Identify ways to address trauma through informed IEP's

The Laws

- The Individuals with Disabilities Education Act
- Regulations Governing Special Education Programs in Virginia

Understanding Special Education

The Individuals with Disabilities in Education Act establishes a funding source for students identified as those with disabilities in the law. The funding source provides resources for Special Education.

Special education is defined as specially designed instruction, at no cost to the parent or parents, to meet the unique needs of a child with a disability

The FAPE Mandate

- School divisions have a duty to provide a free appropriate public education (FAPE)
- FAPE means special education and related services that:
 - Are provided at public expense;
 - Meet the standards of the Virginia Board of Education;
 - Include an appropriate preschool, elementary school, middle school or secondary school education in Virginia; and
 - Are provided in conformity with an individualized education program.

The Appropriate Education

- Board of Education of Hendrick Hudson Central School District v. Rowley, 553 IDELR 656 (U.S. 1983)
 - Appropriate has two elements
 - Procedural requirements in IDEA (follow the regs)
 - Substance- LEA provides an education that enables students with disabilities to make some progress

FAPE

- Endrew F. Supreme Court Decision-an education reasonably calculated to enable a child to make progress in light of the child's circumstances

FAPE

Keep in mind that if a student is experiencing trauma and it has an impact on student's education, the IEP team should address it.

What is Trauma

Under IDEA

- Trauma is mentioned in Part C Title 1 Section 365 which notes that a student may receive early intervention due to substantial case of trauma due to family violence

What is Trauma?

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

-SAMHSA

Types of Trauma

- **Acute Trauma**
A single, isolated event.
- **Chronic Trauma**
Experiences that are prolonged and repeated.
- **Complex Trauma**
Chronic exposure that begins early in life, often with caregiver, leads to short and long-term effects.
- **Historical Trauma**
Collective and cumulative trauma experienced by a group, across generations.

Impact of Trauma

- Trauma in early childhood can have a detrimental effect of the developing brain.
- Brain structures that regulate emotion, memory, and behavior can be smaller in size; decreased integration of brain hemispheres and irregular brain activity correlated with poor emotional control & aggression.
- Abnormally high levels of stress hormones.

Impact of Trauma

- The impact of trauma over the lifespan are neurological, biological, psychological and social in nature.
 - Changes in brain neurobiology;
 - Social, emotional & cognitive impairment;
 - Adoption of health risk behaviors as coping mechanisms (eating disorders, smoking, substance abuse, self harm, sexual promiscuity, violence); and
 - Severe and persistent behavioral health, health and social problems, early death.

How do Children React to Trauma

- Every child reacts to trauma differently
 - Reaction will depend on:
 - Developmental level
 - Premorbid functioning
 - Previous life experiences
 - Level of exposure to the trauma
 - Parental reactions
 - Subsequent changes in living situation

Protective Factors

Individual Protective Factors

- High IQ
- High grade point average (as an indicator of high academic achievement)
- High educational aspirations
- Positive social orientation
- Popularity acknowledged by peers
- Highly developed social skills/competencies
- Highly developed skills for realistic planning
- Religious beliefs

Protective Factors

Family Protective Factors

- Connectedness to family or adults outside the family
- Ability to discuss problems with parents
- Perceived parental expectations about school performance are high
- Frequent shared activities with parents
- Consistent presence of parent during at least one of the following: when awakening, when arriving home from school, at evening mealtime, or when going to bed
- Involvement in social activities
- Parental/family use of constructive strategies for coping with problems (provision of models of constructive coping)

Protective Factors

Peer and Social Protective Factors

- Possession of affective relationships with those at school that are strong, close, and prosocially oriented
- Commitment to school (an investment in school and in doing well at school)
- Close relationships with non-deviant peers
- Membership in peer groups that do not condone antisocial behavior
- Involvement in prosocial activities
- Exposure to school climates with the following characteristics:
 - Intensive supervision
 - Clear behavior rules
 - Consistent negative reinforcement of aggression
 - Engagement of parents and teachers

Trauma Related Symptoms

Multiple traumatic experiences raise the risk for :

Depression/Anxiety

- Social withdrawal
- Feelings of loneliness, guilt, low self-worth
- Sad, nervous, fearful
- Difficulty concentrating
- Changes in sleeping or eating patterns
- Unexplained physical symptoms, i.e., headaches and stomach aches, not due to a medical condition

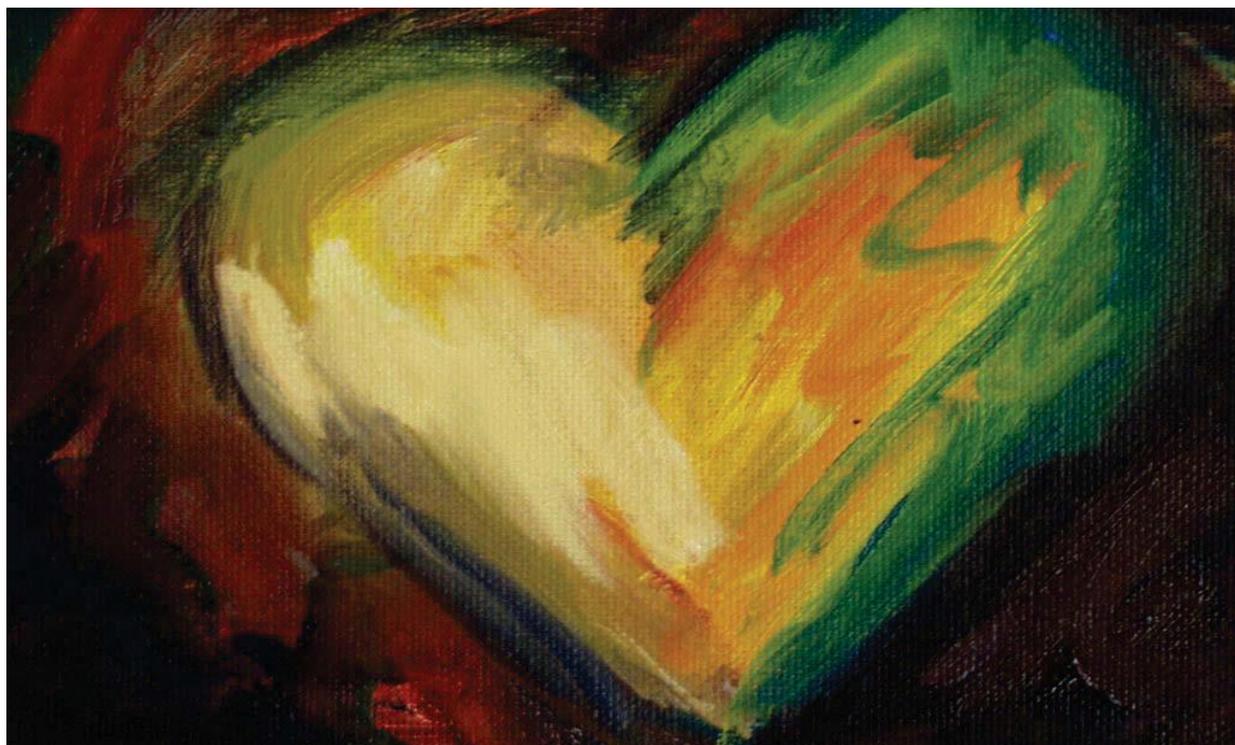
Conduct/Oppositional Behaviors

- Physical aggression
- Destruction of property
- Substance use
- Running away from home

Impact of Trauma in School

- Academic problems in memory, language development, and writing
- Academic failure
- Apprehension or avoidance of people, situations or places
- Poor relationships with others or loss of relationships
- Difficulties with attention, impulsivity and self-regulation
- Chronic absenteeism
- Use of drugs or alcohol
- Disruptions in eating/sleeping/self-care

Trauma Affects the Whole Child



Role of Educators

We don't know what kinds of experiences our students have had when they come to school each day, so we need to approach **all** students in a trauma sensitive manner

If we assume that students' challenges in school are not related to trauma, then we miss a great opportunity to help

If we assume trauma may be playing a role, then we begin to pay attention to signs of trauma and ask the right questions

The steps we take to create a safe and trusting environment benefits everyone

Trauma Sensitive Thinking

- **Think:** lack of skill, **not** intentional misbehavior
- **Think:** building missing skills, **not** shaming for lack of skills
- **Think:** nurture, **not** criticize
- **Think:** teach, **not** blame
- **Think:** discipline, **not** punishment

Trauma Sensitive Classroom

Three Key Areas:

- Relationships
- Environment
- Classroom Practices

We're building protective factors

Relationships

“If children experience stress (trauma) but also have a warm, loving adult to support them, then that child will be able to respond to and recover from even the most difficult of circumstances.”

Melissa Bright, Research Scientist Univ. of Florida

Relationships

Strategies:

- Commit to greetings
- Learn about the student(s)
- Use student voice
- Appeal to the interest of students
- Have high expectations
- Speak with respect

Ways to Connect

Daily Connections - brief interaction between student and an adult.

Community Building circles - use a circle format to get to know one another in the classroom, discuss topics, have shared experiences.

Team building activities

One and done - in the first thirty days of school, demonstrate a single act of empathy (do a favor) for a different student each day.

Ways to Connect

Two by Ten - for ten days in a row, spend two minutes talking to a student about anything except school

Three in Thirty - ask enough questions in the first thirty days to learn three things about each student

Me Bag - have each student and teacher fill a bag with two or three items that represent who you are and then provide an opportunity for everyone to share

Environment

Create a welcoming space and reduce environmental triggers.

A trauma sensitive classroom:

- Provides a sense of safety
- Creates opportunities to interact with other students to develop and strengthen relationships
- Reduces sensory overload
- Includes a quiet space for students to go when they feel overwhelmed

Classroom Practices

- Classroom rules are aligned with school-wide expectations
- Classroom rules are observable, measurable, positively stated, clearly defined and prominently posted
- Teacher has a plan and schedule to actively teach classroom rules and expectations several times throughout the year

Consistency is key!

Trauma and The Special Education process

Prereferral

- A teacher or parent have concerns about a student's academic, behavioral, social/emotional progress
- Multidisciplinary team considers parent and teacher concerns
- Using a trauma lens the team should consider:
 - Student's past experience
 - Daily and cumulative experience of academic challenge
 - Relationships with peers, adults, and social isolation
 - Parental input

Manifestations of Trauma

- Anxiety, fear and worry
- Inattention or hypervigilance
- Angry outbursts
- Irritability with peers, teachers, events
- Increased somatic complaints
- Impulsivity
- Avoidance

Referral Teams

Consider the impact of trauma on the student's current behavior

- Duration of symptoms
- Behaviors relative to peers
- What classroom interventions have been tried?
- Relationships
- Are there additional classroom interventions that may help to reduce behaviors?

Consider

- Consider other Supports
 - How can we build practices into the classroom that reduces the presence of the behaviors?
 - Engaging the student in conversation
 - Encouraging collaboration with others
 - Assisting in identifying trustworthy person in the school

Special Education Process

- Referral
 - A student may be referred if suspected of a disability
 - Teacher, parent, doctor etc.
 - Team meets to determine
 - If a child should be evaluated
 - What kinds of evaluations should be conducted

Meeting Preparation

- Provide clear communication about the meeting topic, its attendees and the families roles and rights
- Discuss any questions the parents have before the meeting
- Inform the parent about parking and transportation
- Have referring source discuss concerns with parent prior to the meeting

Meeting Considerations

- Encourage parental input
- Be respectful and open-minded about cultural differences and non-traditional caregivers
- After meeting, clarify plans for following up and give opportunities for questions
- Maintain ongoing conversation

Evaluation

If the team determines additional evaluations are needed

- Consent required
- Considered parent's input
- Trauma Tip- IDEA and VA regs contemplate parents FULL participation. Consider the impact of traumatic stress on parents and caregivers who may have traumatic experiences of their own. Thus prepare for the meeting with this mind.

The Evaluation

Assessments and Evaluations

- Nondiscriminatory
- Technically sound
- No single measure or assessment

Evaluator should be knowledgeable about the individual when conducting evaluations/assessments and interpreting results

Trauma Informed Evaluation

Build Rapport

Consider Practitioner and Educator perceptions at the point of referral and how student feels about them

Consider Potential Triggers:

- Anniversary Date
- Events occurring at or outside of school

Trauma Informed Evaluation

Actual measures don't change but...

Consider the impact of experiences on the student's test performance

Integrate the student's strengths as well as resiliency factors into your report

The report should aim to be sensitive to trauma history by using language that removes judgement and writer bias

Eligibility

- Keep in mind that no specific special education category represents a “trauma” classification. For students diagnosed with or demonstrating features consistent with PTSD, they may meet criteria for special education under the classification of Emotional Disability or Other Health Impaired

Special Education Eligibility categories

Other Health Impaired

- Heightened alertness or diminished alertness
- Impaired ability to manage and organize materials and assignments
- Impaired ability to follow directions or initiate and complete a task

Emotional Disability

- Poor relationships
- Physical symptoms/anxiety
- Depression

Student is found Ineligible

- **If child is found ineligible the team should provide the parent with PWN**
- **Consider eligibility for a 504**

The IEP

The IEP contains several required parts

- Present levels of performance
 - Include strength and weaknesses accurately to make teachers/providers sensitive to student needs
 - This does not mean providing unnecessary details about the student's history
 - Parent's concerns should be considered and documented

Accommodations and Services

Accommodation: An adaptation or modification to the environment (including general education) or to instruction that enables a student with a disability to participate in educational programming.

Services: Specialized instruction provided through direct services, indirect service or a combination.

Related Services: Support that is required to assist a child with a disability to benefit from special education. Speech, O.T., P.T.

Accommodations and Services

Trauma tip-

consider services and accommodations that..

- Increase predictability
- Provide opportunities to build peer supports and relationships
- Consider movement and sensory opportunities
- Provide a safe and supportive environment
 - Examples advance notice of fire drills, sitting close to a trusted peer, pass to see a trusted adult

IEP Considerations

- What identifying skills need to be taught?
- How is the student approaching the world and their school environment?
- How can we reduce or prevent triggers?

Goals

- Goals should be academic (standards based) and functional as appropriate
- Behavior goals or a behavior intervention plan should be included if behavior impedes student's learning or the learning of others.

IEP Considerations

Self-regulation

Emotional self-regulation or emotion regulation is the ability to respond to the ongoing demands of experience with the range of emotions in a manner that is socially tolerable and sufficiently flexible to permit spontaneous reactions as well as the ability to delay spontaneous reactions as needed.

Students with trauma histories can appear to have exaggerated **fight or flight** responses (extreme reactivity, hyperstartle responses, hypervigilance, aggressiveness, literal and figurative running away, etc.) If a student feels that there is no safe or effective outlet, they may present with an exaggerated or chronic **freeze response** (lack of concentration, depression, lethargy, feelings of things being unreal, etc.)

IEP Considerations

Self-regulation

- Increase predictability (e.g. fire drills)
- Reduce or prevent triggers
- Provide movement and/or sensory opportunities
- Identify a “safe” place
- Teach calming behaviors
- Teach alternative behaviors
- Identify “trusted” adult and allow pass to see

Identify and alter aspects of the environment that may contribute to dysregulation

IEP Considerations

Social skills

- Teach specific skills
 - Conflict resolution
 - Initiating conversation
 - Taking turns
 - Accepting criticism
- Build peer supports and relationships
- Provide opportunities for the student to assist others

Be intentional and specific

Least Restrictive Environment

To the maximum extent appropriate children with disabilities should be education with their nondisabled peers

- Continuum of alternative placements

Least Restrictive Environment

Defining LRE

Continuum of Alternative Placements



Least Restrictive Environment

- Students should only be placed in more restrictive environments when the nature or severity of the disability is such that education in a regular class with supplementary aids and services cannot be achieved satisfactorily.
- Consider trauma informed strategies to make inclusion more feasible.

Special Education and Discipline

“A student with a disability shall be entitled to the same due process rights that all students are entitled to under the Code of Virginia and the local educational agency’s disciplinary policies and procedures.”

– Virginia Regulations at 8 VAC 20-81-160 A.

Regulations

School personnel may consider any unique circumstances on a case-by-case basis when determining whether a change in placement... is appropriate for a child with a disability who violates a code of student conduct.

- 2006 IDEA implementing regulations at 34 C.F.R. §300.530(a)

Removals

Are considered a change in placement:

- A removal of a student from the student's current educational placement for more than 10 consecutive school days;
- Series of short-term removals that constitute a pattern

Pattern

School personnel must consider:

- Whether series of removals exceed 10 school days in school year;
- Whether the child's behavior is substantially similar in nature;
- Proximity of the suspensions to one another;
- Length of each suspension; and
- Total number of days

Isolated, short-term suspensions for unrelated instances of misconduct may not be considered a pattern.

» 8 VAC 20-80-68.B.2.a.

11th Day Syndrome

When the short-term removal does not equate to a pattern/change in placement...The school division shall provide services to the extent determined necessary to enable the student to:

- Continue to participate in the general curriculum; and
- Progress toward meeting the goals set out in the student's IEP.

For a Change in Placement:

Parent receives notification of decision to change placement and procedural safeguards.

MDR must be held within 10 school days of decision to change placement.

- MDR includes participation from parents and relevant members of IEP team

MDR Process

IEP Team Considers:

- All relevant information in student's file including:
 - Evaluation and diagnostic results;
 - Relevant information supplied by the parent;
 - Observations of the student; and
 - The student's IEP and placement.



MDR Process

IEP team determines:

- If the conduct in question was caused by or had a direct relationship to the child's disability; or
- If the conduct in question was the direct result of the LEA's failure to implement the IEP.

MDR Process

If the IEP team determines deficiencies in the implementation of the IEP, the LEA must take immediate steps to remedy those deficiencies through the IEP process. Remember that regardless of disability categories, all student's needs that impact education should be addressed in the IEP, this includes issues surrounding trauma

Provision of Services

If there is no manifestation of disability

- Student may be removed from current placement which could include long-term suspension or expulsion.
- Services are to be provided to the extent necessary to:
 - Enable the student to participate in the general curriculum; and
 - Progress toward meeting IEP goals.

Provision of Services

When there is manifestation of disability

- The student *may not* be removed long-term.
- The student must be returned to pre-discipline placement unless IAES placement or IEP team agrees otherwise.
- It is absolutely inappropriate to deny a student an education because they are having suicidal ideations. The team must meet to discuss the best way to address these behaviors

VDOE Professional Development Opportunities

- Virginia Tiered Systems of Supports
 - Tier 1 implementation enhancement with a focus on trauma-sensitive practices
- Annual Mental Health in Schools Conference
- Office of Student Services offering regional professional development in collaboration with the Department of Behavioral Health and Developmental Services (DBHDS)
- Youth Mental Health First Aid
 - <https://vtss-ric.org/initiatives/youth-mental-health-first-aid/>

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