

Creating a Trauma-Sensitive Classroom

Educator demonstrates an understanding of adverse childhood experiences (ACEs) and cultivates a classroom climate that fosters resilient learners.

Key Method

The educator demonstrates an awareness of the effects of adverse childhood experiences (ACEs) on learning and implements trauma-sensitive strategies that help students regulate their learning environment.

Method Components

Understanding Adverse Childhood Experiences

Adverse Childhood Experiences (ACEs) are potentially traumatic events occurring before the age of 18 that negatively impact a child's sense of safety, stability, or relationship with a parent or care giver. Children often face growing pains and difficult lessons, so to be clear, an ACE is more than a fight with a best friend or not being picked for a team. ACEs fall under three main categories:

- abuse (emotional, physical, sexual),
- neglect (physical, emotional), and
- household dysfunction (children witness violent behaviors, substance abuse, mental illness, divorce, death, or incarceration of a parent).

Recognition of ACEs in the healthcare industry resulted from a 1995-97 research study conducted by the Center for Disease Control (CDC) and Kaiser Permanente on 17,000 adults— mostly white, educated, middle to upper-class adults—that revealed almost two-thirds of study participants had experienced at least one ACE before the age of 18; more than one in five had an ACE score of 3 or higher. What caused the healthcare industry to take notice was not the prevalence of childhood trauma and adversity, but the link between ACEs and chronic health problems later in life. More recent data released from a study of over 200,000 diverse participants indicates the greater the number of ACEs, the greater the risk the child will develop heart disease, cancer, chronic lung or liver disease, diabetes, obesity, stroke, or mental illness as an adult. In terms of education, the higher a student's ACE score, the higher the likelihood the student will exhibit chronic absences, failing grades, disruptive behaviors, and suspensions.

How ACE Indicators Affect Learning

The human brain is wired for survival. When confronted with danger, the brain releases stress hormones—adrenaline and cortisol—that kick into overdrive so we can run faster or fight harder to protect ourselves. If faced with no other alternative, our brain tells us to freeze. However, our bodies are not designed to remain in the flight, fight, or freeze response for extended periods of time—only until the threat of danger has passed. Tragically, for children living in dysfunctional households where ACE indicators are a regular occurrence, the prolonged release of stress hormones can potentially result in permanent neurological changes to the child’s developing brain and immune system.

In her book *Fostering Resilient Learners: Strategies for Creating a Trauma Sensitive Classroom*, Kristin Souers borrows the phrases “upstairs brain” and “downstairs brain” from Dr. Dan Siegel, a professor at UCLA School of Medicine, to describe the limbic and prefrontal cortex areas of the brain. The upstairs brain (prefrontal cortex) enables us to think and reason; the downstairs brain (limbic area) controls arousal, emotion, and the flight, fight or freeze responses. Souers uses this analogy with students, parents, and educators to help them understand how extreme stress and adversity manifests in behaviors. When chronic stress or traumatic events cause students or teachers to enter their downstairs brains, their capacity to think and retain information is disrupted. The following chart from *Fostering Resilient Learners* provides a glimpse at how flight, fight, or freeze responses might look in terms of classroom behaviors:

Flight	Fight	Freeze
<ul style="list-style-type: none"> ● Withdrawn ● Fleeing the classroom ● Skipping class ● Daydreaming ● Seeming to sleep ● Avoiding others ● Hiding or wandering ● Becoming disengaged 	<ul style="list-style-type: none"> ● Acting out ● Behaving aggressively ● Acting silly ● Exhibiting defiance ● Being hyperactive ● Arguing ● Screaming/yelling 	<ul style="list-style-type: none"> ● Exhibiting numbness ● Refusing to answer ● Refusing to get needs met ● Giving a blank look ● Feeling unable to move or act

The information provided on ACEs is not to suggest that you can excuse or ignore inappropriate classroom behaviors, but rather than viewing these behaviors as acts of defiance, consider the possible motive behind the behavior might be a self-protective response to trauma. For learning to take place, both educators and students must be in their upstairs brains.

Building Trauma Sensitive Classrooms

As an educator, you are in a strategic position to help change the trajectory for a student with a high number of ACEs. While you can't control what happens in a student's life outside the school setting, you can create a trauma sensitive learning environment that will allow students to become more resilient when faced with adversity and chronic stressors. The following are just a few key characteristics of trauma-sensitive classrooms. Be sure to dig deeper into the resources for more practical tips on creating a trauma-sensitive classroom.

1. Classrooms that are trauma sensitive provide **a safe, predictable environment** for students. Routines and procedures provide structure so students know what to expect. Routines don't have to be boring, only predictable. Teachers prepare students in advance when something out of the ordinary might disrupt the typical flow of class. Trauma-sensitive classrooms provide students with a "safe place" or "calming station" where the student can go to de-escalate a situation and practice self-regulation strategies. This area of the room can be a bean-bag chair or desk with objects like stress balls or coloring sheets that help regulate the student's emotions. The resource section includes several helpful videos for creating a safe space for students in your classroom.
2. In trauma-sensitive classrooms, the teacher and other adults work to establish **trusting and caring relationships** with students. The adults are aware of ACEs, and how they affect behaviors, so the adults first seek to control their own emotional responses (by remaining in their upstairs brains), and then they can support students as they manage their emotions. Adults in trauma-sensitive classrooms teach students how to show compassion and be empathetic toward others. They either become a "safe-adult" for the student or find someone in the school setting whom the student trusts and respects to assume the role of safe-adult.
3. Educators in trauma-sensitive classrooms teach and model **self-regulation strategies**. They explain to students how their brains react in stressful situations and ways to recognize and avoid "triggers" that send them to their downstairs brains. They make sure students learn to identify and label emotions and practice self-regulation strategies, such as breathing exercises or grounding techniques, that will help deescalate a situation and return students to their upstairs brain so they are ready to learn.

In summary, students who have experienced trauma need to experience calm—a calm teacher, a calm learning environment, and strategies that help calm their emotions. In

the words of Dr. Nadine Burke, “educators [can] deliver the daily doses of healing interactions that truly are the antidote to toxic stress.”

Supporting Rationale and Research

The Supporting Rationale and Research includes important resources for learning more about creating a trauma-sensitive classroom. As you interact with these learning materials, take time to reflect on your professional practice.

Research

Centers for Disease Control and Prevention. (2022). Fast facts: Preventing adverse childhood experiences. Centers for Disease Control and Prevention. The Center for Disease Control website provides a comprehensive look at adverse childhood experiences – facts, statistics, studies, and prevention strategies. [CDC Fast Facts: Preventing Adverse Childhood Experiences](#)

Trauma-informed Care Resources Guide - TCC. Crisis Prevention Institute. (2022). This resource guide provides information on trauma-related key concepts, guiding principles, and tips for prevention. [Trauma-Informed Care Resource Guide](#).

The following books served as inspirations for this micro-credential. These books are recommended reading for educators wanting a deeper understanding of the effects of trauma and learning.

Perry, B. D., & Winfrey, O. (2021). *What happened to you? Conversations on trauma, resilience, and healing*. Flatiron Books.

Sourers, Kristin and Hall, Pete. (2016). *Fostering Resilient Learners: Strategies for Creating a Trauma Sensitive Classroom*. ASCD.

Resources

11 Things You Can Do Right Now to Build a More Trauma-Sensitive Classroom. *This blog, excerpted from Building Trauma Sensitive Schools by Jen Alexander, is a **must read** for educators because it provides practical tips for small changes that will have a big impact on students affected by trauma.* [11 Things You Can DO Right Now to Build a More Trauma-Sensitive Classroom](#)

7 Things Every Teacher Should Know about the Physiological Impact of Trauma. This blog is another **must read** because Dyane Carrere, author of *The Reset Process: Trauma Informed Behavior Strategies*, shows educators how to respond to children

affected by trauma. [7 Things Every Teacher Should Know about the Physiological Impact of Trauma](#)

De-Escalate and Self-Regulate. These brief videos demonstrate how easy it is to create a safe space for students to de-escalate and self-regulate.

- [Calm Down Centers: Creating a Safe Classroom Environment for Your Students](#)
- [How to Create a Safe Space in Your Classroom](#)
- [Teaching Self-Regulation by Modeling](#)

Childhood Trauma and Its Lifelong Health Effects More Prevalent Among Minorities. This report from NPR discusses the most recent and largest research study on ACEs and their effects. [Childhood Trauma and Its Lifelong Health Effects More Prevalent Among Minorities](#)

How Childhood Trauma Affects Health Across a Lifetime. In this TED Talk, pediatrician Nadine Burke Harris describes the effects of Adverse Childhood Experiences on adult health outcomes. [How Childhood Trauma Affects Health Across a Lifetime](#)

Getting Started with Trauma-Informed Practices. This video, by Edutopia, is a great introduction to help educators get started with trauma-informed practices. [Getting Started with Trauma-Informed Practices](#)

Name it to Tame it. In this video, Dr. Dan Siegel explains how to regulate a person in their downstairs brain so they can move upstairs to rational problem solving. [Dan Siegel: Name it to Tame it](#)

School Personnel Can Help Students Heal from Trauma. The American Federation of Teachers provides a useful infographic to help begin creating a trauma-informed community in your school. [School Personnel Can Help Students Heal from Trauma](#)

De-Escalation Preferences Form. This is a resource included in the Trauma-Informed Care Resource published by the Crisis Prevention Institute specifically for educators. The full resource guide is linked in the Research section of the micro-credential. Use this form to consider ways you might modify the De-escalation Preference Form to use with students in your classes. [De-Escalation Preferences Form](#)

What is Your ACE Score and What Does it Mean? Understanding the Consequences of Childhood Trauma. This easy-to-read graphic is a guide to determining your ACE score and what it means in terms of increased risks for certain diseases or mental illnesses. [What is Your ACE Score and What Does it Mean?](#)

Submission Guidelines and Evaluation Criteria

This micro-credential is divided into three areas: Overview, Artifacts and Evidence, and Reflection. To earn this micro-credential, you must receive “Passing” on Parts One and Three, and “Yes” on all criteria in Part Two.

Part One. Overview

Read the Overview criteria carefully to ensure a thorough understanding of the expectations for a “passing” submission.

Prompt: Because of the sensitive nature of adverse childhood experiences, educators are often unaware of specific ACE indicators occurring in a student’s life and healthcare professionals do not recommend administering ACE screeners in schools; however, often signs and triggers are present.

In a written response, describe the demographics of your class(es) and characteristics prevalent in your school and/or community culture that might contribute to students having ACEs. Based on your “educator instincts,” what do you believe about students you teach who experience adverse experiences or toxic stress? What behaviors do these students exhibit that make you suspect ACE indicators?

This submission is scored either “passing” or “not passing.”

Passing: Earner includes a response to each part of the prompt; total response should be at least 350-words and provide adequate detail to help the scorer understand the context for your submission.

Part Two. Artifacts and Evidence

Read the Artifacts and Evidence submission requirements carefully to ensure a thorough understanding of the expectations for a “Yes” on each task.

Task 1: Create a Safe-Space

Create a safe space in your classroom for students who need to de-escalate and self-regulate. Submit a written description (200-word minimum) that includes:

- The location of the space in your room
- The objects available to help students self-regulate
- The process for allowing students to access the space
- Considerations or rationales that guided the design of the space

Upload 2 – 4 pictures or a short video (less than 60 seconds) of the safe-space along with the written description for this task.

Please submit the written description and pictures or short video with the titles “Task 1 Written Description” and “Task 1 Safe-Space” as evidence for Task 1.

Task 2: Brain Lesson

Create and teach an age-appropriate lesson that explains to students how the limbic area and prefrontal cortex of the brain function. You may use the upstairs/downstairs analogy or devise your own. Evidence for Task 2 must include one “A” selection and one “B” selection:

- A. Video recording of you teaching the lesson (15 minutes or less)
- A. Slide deck presentation of the lesson with detailed presentation notes for each slide presented to students
- B. Audio recording of students’ discussion during or following the lesson that demonstrates their understanding of how their brains react to extreme stress and possible steps students might take to enable learning to take place
- B. Formative assessments for three students that demonstrate each student’s understanding of how their brains react to extreme stress and possible steps students might take to enable learning to take place

Please submit the evidence for the A selection and the B selection with the appropriate titles “Task 2 Video or Slide Deck” and “Task 2 Audio or Formative Assessment” as evidence for Task 2.

Task 3: Self-Regulation Strategy

Select a trauma-sensitive strategy that will best support the students you teach who may be affected by chronic stress or ACEs. Provide links, if applicable, and citations (MLA or APA) to three sources that explain and support the evidence-based science behind the selected strategy or provide compelling evidence for its use. You may use a strategy discussed in the micro-credential, one from an article or video in the Research and Resource section of the micro-credential, or one you discover through your own research. However, your three sources **must be in addition to** those provided in the Research and Resource section of the micro-credential.

In a written response (200-word minimum), describe the strategy by explaining:

- the research that supports the strategy
- the steps required for implementation

- the potential benefits to students you teach

Please submit the written response with the title “Task 3 Strategy and Sources” as evidence for Task 3.

Artifacts and Evidence Scoring Guide

Tasks	Not Yet	Almost	Yes
Task 1: Create a Safe-Space	Earners do not submit the required evidence as described in Task 1.	Earners submit the written description of the safe-space that partially addresses the bulleted items as described in Task 1 or the response is less than the 200-word count. OR Earners submit less than 2 pictures of the safe-space or does not submit a video of the safe space.	Earners submit the written description of the safe-space that addresses all bulleted items as described in Task 1 and the response meets or exceeds the 200-word count. AND Earners submit 2 or more pictures or a video (60-seconds or less) of the safe-space.
Task 2: Brain Lesson	Earners do not submit the required evidence as described in Task 2.	Earners submit both of the “A” tasks or both of the “B” tasks instead of one “A” task and one “B” task. OR Earners submit a slide deck presentation designed for students without the detailed presenter notes for each slide. OR	A. Earners submit a video recording that shows the earners teaching a lesson that explains the role of the prefrontal cortex and limbic areas of the brain <i>in age-appropriate language</i> . OR A. Earners submit a slide presentation designed for students with detailed presenter notes for each slide that explains the role of the prefrontal cortex and limbic areas of the brain <i>in age-appropriate language</i> . AND

		<p>Earners submit evidence that contains inaccurate information.</p> <p>OR</p> <p>Earners submit an audio recording of students' discussion or student work samples that do not demonstrate any understanding of the upstairs brain/downstairs brain.</p>	<p>B. Earners submit an audio recording of students' discussion that demonstrates their understanding of a brain ready to learn vs. a brain in flight, fight, or freeze mode.</p> <p>OR</p> <p>B. Earners submit three student work samples that demonstrate their understanding of a brain ready to learn vs. a brain in flight, fight, or freeze mode.</p>
<p>Task 3: Self-Regulation Strategy</p>	<p>Earners do not submit the required evidence as described in Task 3.</p>	<p>Earners submit a written description of a trauma-sensitive strategy that partially includes research supporting the strategy, steps for implementation, its benefit to students, and MLA or APA citations for sources that validate the strategy as evidence-based.</p> <p>OR</p> <p>The three MLA or APA citations are not in addition to those provided in the Rationale and Research section of this micro-credential.</p>	<p>Earners submit a written description (at least 200-words) of a trauma-sensitive strategy that includes research supporting the strategy, steps for implementation, its benefit to students, and three MLA or APA citations for sources that validate the strategy as evidence-based.</p> <p>AND</p> <p>The three MLA or APA citations must be in addition to those provided in the Rationale and Research section of this micro-credential.</p>

Part Three. Reflection

Read the Reflection criteria carefully to ensure a thorough understanding of the expectations for a “passing” submission.

Prompt: Describe the impact of the learning presented in this micro-credential on you as an educator.

- What will you do as a result of your learning to support students who may experience adverse childhood experiences?
- What additional steps or supports might you need to create a trauma-sensitive learning environment in your classroom or school?

This submission is scored either “passing” or “not passing.”

Passing: Earner includes a response for each part of the prompt (300-word minimum). Responses should clarify and further explain how earning this micro-credential has impacted your professional practice and student outcomes.