



New Orleans, Louisiana  
Hilton New Orleans Riverside  
Jan. 31 - Feb. 3, 2016



# NCCEP/GEAR UP CAPACITY-BUILDING WORKSHOP

EXCEL • PROVE • MOBILIZE

## SKILL-BUILDING SEMINAR:

*The Significant Role of Social-Emotional Learning in  
Promoting Multiple Youth Competencies*

# Session Overview



We will:

- Discuss the role poverty and toxic stress has on students' healthy adjustment along cognitive, social-emotional, and behavioral domains of functioning.
- Share preliminary findings among a GEAR UP cohort that characterizes students' experience of adverse life events and its relation to academic performance
- Highlight student-centered and school-wide strategies for supporting and connecting with challenging students who may have a history of trauma.

# Stand Up If...



- Stand up if you are working with GEAR UP students who are living with:
  - an alcoholic or substance abusing parent (or other family member/caregiver)
  - a parent who has been diagnosed with a mental illness (e.g., depression)
  - a parent who is being abused physically/verbally at home

# Stand Up If...

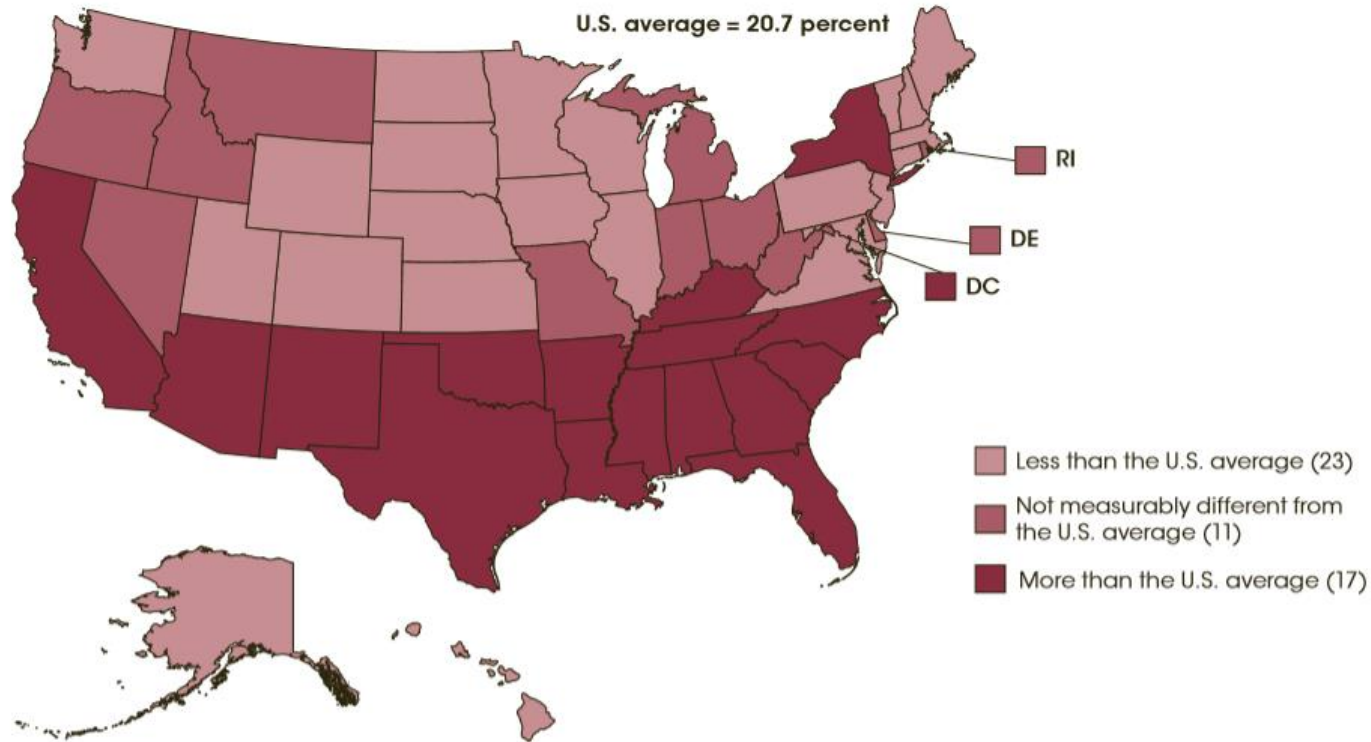


- Stand up if you have students who have:
  - Lost a parent to divorce
  - Lost a parent or other family member(s) to incarceration
  - Been removed from their home
  - Sexually assaulted
  
- Stand up if you have students who are:
  - Homeless
  - Don't have enough food to eat
  - Bullied
  - Gang involved

# Families living in Poverty



**Figure 2. Percentage of 5- to 17-year-olds in families living in poverty, by state: 2013**



NOTE: The measure of child poverty includes all children who are related to the householder by birth, marriage, or adoption (except a child who is the spouse of the householder). The householder is the person (or one of the people) who owns or rents (maintains) the housing unit.

SOURCE: U.S. Department of Commerce, Census Bureau, American Community Survey (ACS), 2013. See *Digest of Education Statistics 2014*, table 102.40.

# Children Living in Poverty



- National Average
  - 21 percent of children aged 5 to 17 live in poverty
- Race/Ethnicity
  - 39% Black
  - 36% American Indian/Alaska Native
  - 32% Hispanic
  - 27% Pacific Islander
  - 21% 2 or more races

# Children Living in Poverty



- Household Structure
  - 45% of poor children reside in households headed by Mom
- Race/Ethnicity ('Mom Only' Household)
  - 55% American Indian/Alaska Native
  - 52% Black
  - 50% Hispanic
  - 47% Pacific Islander
  - 41% 2 or more Races
  - 36% White

# Adverse Life Experiences



- Economic stress
- Food insecurity
- Housing instability
- Neighborhood Stress
- Community Violence
- Domestic Violence
- Natural Disasters
- School Violence
- Sexual Abuse



# ADVERSE CHILDHOOD EXPERIENCES (ACEs)

Kaiser Permanente and CDC, 1998



## THE STUDY

- 17,000 mostly white, college-educated, employed adults were screened for 10 prominent childhood traumatic experiences as part of their routine healthcare at Kaiser. Each type of trauma was awarded one point.

## THE RESULTS

- 70% of participants experienced at least one type of trauma.
- ACE scores of 4 or more resulted in four times the risk of emphysema or chronic bronchitis; over four times the likelihood of depression; and 12 times the risk of suicide.
- ACE scores were directly related with early initiation of smoking and sexual activity, adolescent pregnancy, and risk for intimate partner violence.

Trauma and Resilience: An Adolescent Provider Toolkit;  
Adolescent Health Working Group 2013

# The Impact of Trauma on the Body



- Traumatic Events ‘trigger’ the body’s natural stress response



- Once triggered, we can only respond in two ways:

- Fight

OR

- Flight



# Spectrum of Trauma



- **Acute Trauma:** A single time limited event
- **Chronic Trauma:** Multiple traumatic exposures and/or events over extended periods of time
- **Complex Trauma:** Experiences of multiple traumatic events and the impact of exposure to these events (often occurring within the care giving system)
- **Toxic Stress:** Adverse experiences that lead to strong, frequent, or **prolonged** activation of the body's stress response system
- **Secondary/Vicarious Trauma:** Exposure to the trauma of others by providers, family members, partners or friends in close contact with the traumatized individual

Trauma and Resilience: An Adolescent Provider Toolkit;  
Adolescent Health Working Group 2013

# Trauma and the Developing Brain



- Trauma is a “neuro-developmental insult” and impacts the development of the brain
- When triggered into a trauma response over and over there are major multi-systemic impacts on the developing brain
- Brain architecture is “experience dependent” (*neuroplasticity*)

Nadine Burke Harris MD; Executive Director, Center for Youth Wellness from presentation at Adolescent Health Working Group, SF May 2013

# Implications of Toxic Stress



- Prolonged exposure to stressful life events interrupts the normal development of neurological functioning that in turn leads to problems in student learning.
- It also affects the development of cardiovascular, metabolic and immune systems that increase the likelihood of long-term medical conditions

# Survival Brain vs Learning Brain



- We all have normal alarm systems in our brain/body that let us know when we are under threat and mobilize us to fight, flee (flight) or freeze in the face of a threat.
- When youth experience continuous threats/trauma, the brain/body is put into a chronic state of fear, activating the “survival brain” (mid/lower areas of the brain).
- This can create an overactive alarm system in the developing brain. *A youth’s brain/body that develops within the context of trauma can be more easily triggered into survival brain by “trauma reminders” or “triggers” even when there is no actual threat.*

Trauma and Resilience: An Adolescent Provider Toolkit; Adolescent Health Working Group 2013

# Trauma Impacted Youth



## Can have difficulty with:

- Managing “big” emotions
- Chronic irritability/anxiety that interferes with problem solving
- Empathy
- Expressing concerns/needs in words
- Taking into account the wider context of a situation
- Appreciating how one’s behavior impacts other people
- Working in groups/connecting with others

*The Sanctuary Model: Designing and Implementing Trauma-Informed School Based Programs, The Sanctuary Institute*

# Trauma Triggers

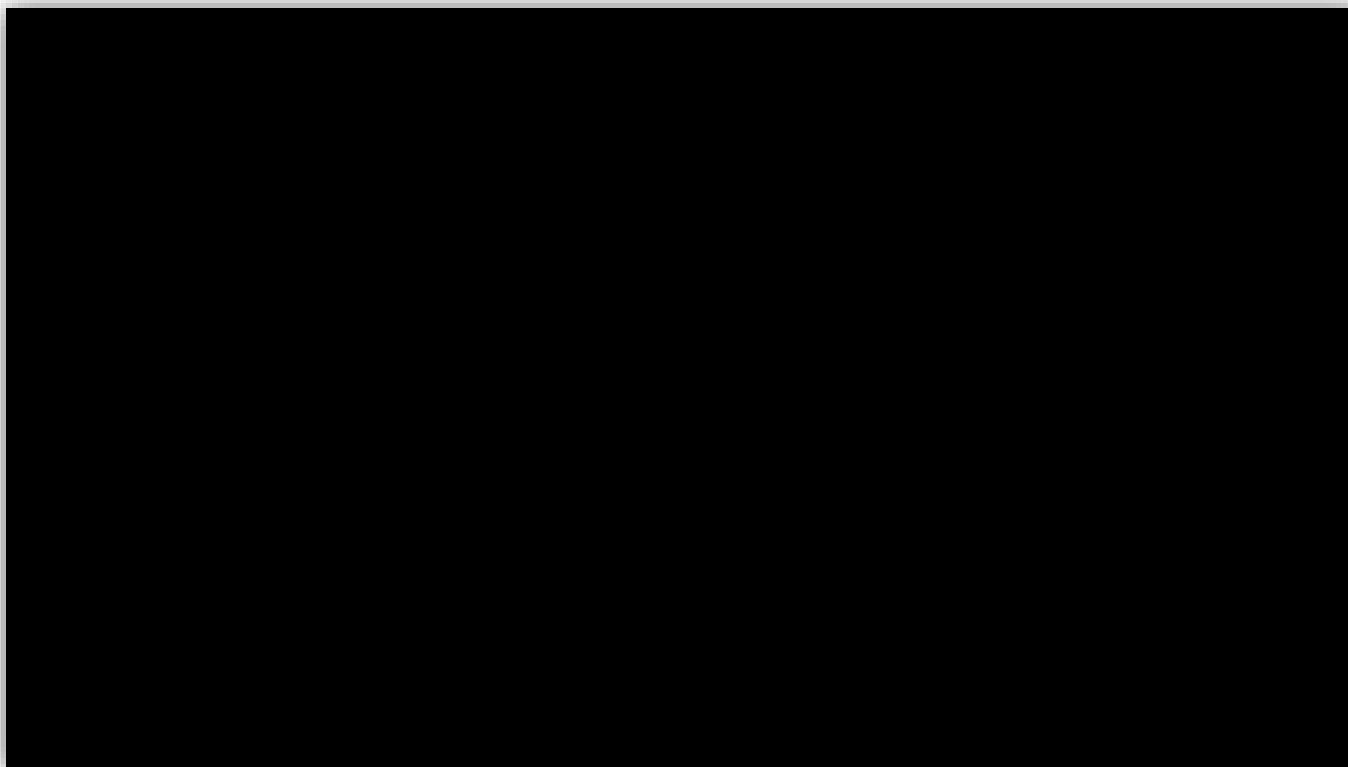


Trauma triggers activate the ‘survival brain”, causing youth to react as though the previous trauma event is happening in ‘here and now’.

- Common triggers:
  - Unpredictability
  - Sensory overload
  - Feeling vulnerable, overwhelmed, or frustrated
  - Confrontation



# Paper Tigers Video Trailer



# What about Bridgeport?



- How does this phenomena manifest itself with students with whom we engage in Bridgeport?
  - Anecdotal observations from staff
  - Examination of student service utilization data
  - Data gathered on struggling learners and their academic performance

# The City of Bridgeport



- Bridgeport lies within affluent Fairfield County
- Per capita income of residents: \$19,000 annually
- Educational attainment: approximately 13 years
- > 65% of households headed by single mothers

# Bridgeport Public Schools



- Mid-sized urban public school district
- Serves over 20,000 students PK-12
- Diverse in racial and ethnic composition
- Over 59 different languages spoken
- 5 comprehensive high schools; 19 K-8 schools



# Core Program Components



- Professional development for teachers
- Professional development for school counselors
- Academic enrichment and support programs
- Parent workshops
- Community Partnerships

# Study Aim



- To characterize our GEAR UP cohort along dimensions of risk and protective factors; and
- To determine how risk factors were associated with school performance and engagement in GEAR UP services.
- Data are reported on:
  - 2018 cohort; 10<sup>th</sup> grade (2013-2014)

# Study Sample



- Administered mental health survey to 10<sup>th</sup> graders at end of 2014-2105 School Year
  - **Life Events**
  - **Strengths and Difficulties**
  - Responses to Stress
  - Social Behavioral
- Life Events Questionnaire: n=360 (32%)
- Strengths and Difficulties: n=426 (38%)

# Method: Strengths & Difficulties Scale



Scale	Sample Question
<b>Conduct Problems Scale</b>	<i>I get very angry and often lose my temper</i>
<b>Emotional Symptoms Scale</b>	<i>I am often unhappy, depressed or tearful</i>
<b>Hyperactivity Scale</b>	<i>I am constantly fidgeting or squirming</i>
<b>Peer Problems Scale</b>	<i>Other children or young people pick on me or bully me</i>
<b>Prosocial Scale</b>	<i>I try to be nice to other people. I care about their feelings</i>



# Method: Life Events Questionnaire



Scale	Sample Question
<b>Chronic-Negative-Independent</b>	<i>A member of my family developed severe emotional problems.</i>
<b>Chronic-Negative-Non-independent</b>	<i>I became involved with drugs or alcohol during this past year.</i>
<b>Discrete Onset-Ambiguous-Independent</b>	<i>I have a new brother or sister who was born during this past year.</i>
<b>Discrete Onset-Negative-Independent</b>	<i>At least one parent became seriously ill or was injured.</i>
<b>Discrete Onset-Negative-Independent</b>	<i>My parents divorced.</i>
<b>Discrete Onset-Negative-Non-independent</b>	<i>During this past year I became pregnant/got someone pregnant</i>
<b>Discrete-Positive-Non-independent</b>	<i>I had at least one outstanding personal achievement this past year.</i>

# Risks and Protectors: Associations with Grades



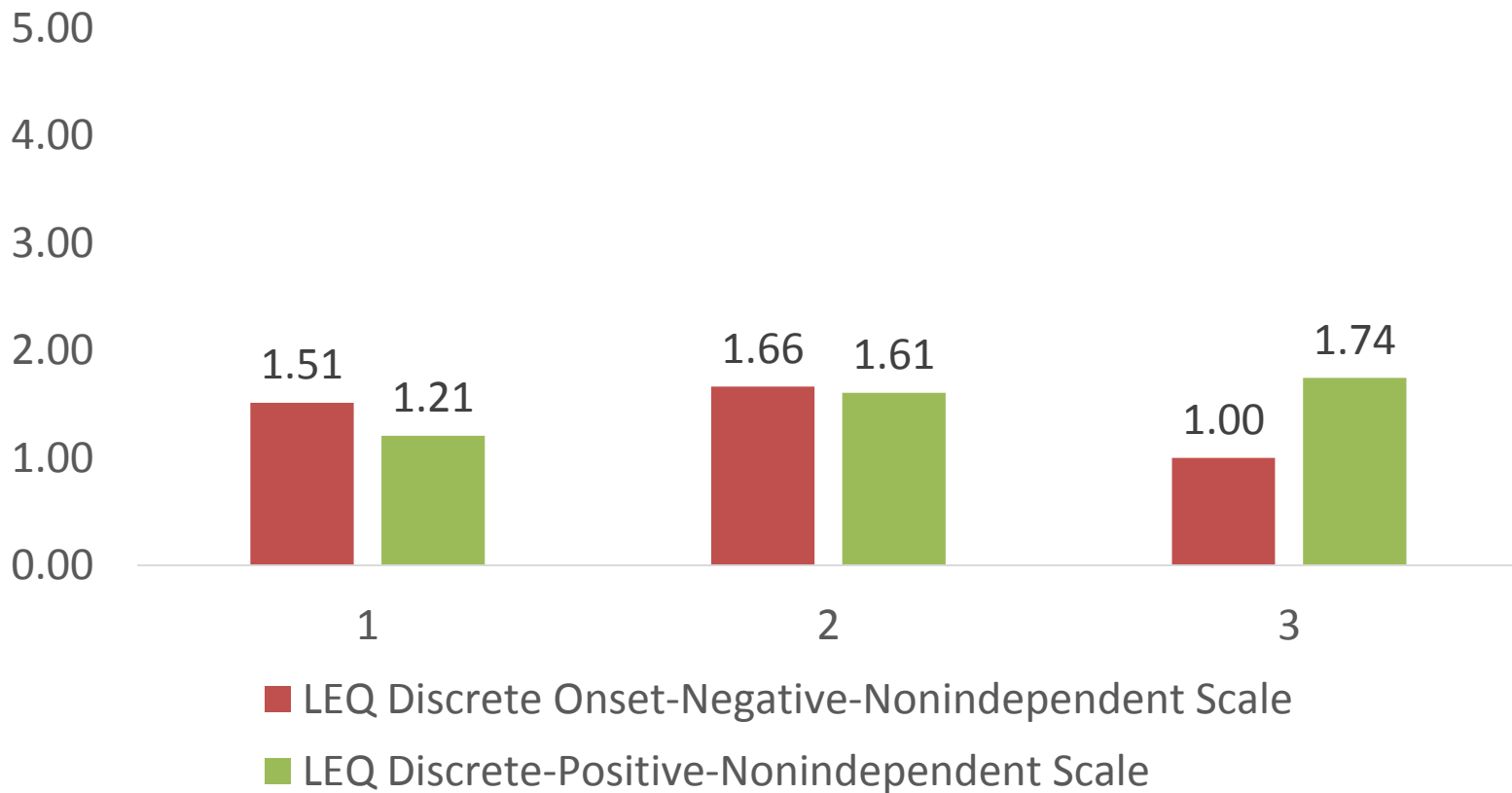
	<b>S1 Core GPA</b>
LEQ Chronic-Negative-Independent Scale	.023
LEQ Chronic-Negative-Nonindependent Scale	-.073
LEQ Discrete Onset-Ambiguous-Independent Scale	-.098
LEQ Discrete Onset-Negative-Independent Scale	-.083
<b>LEQ Discrete Onset-Negative-Nonindependent Scale</b>	<b>-.194<sup>**</sup></b>
<b>LEQ Discrete-Positive-Nonindependent Scale</b>	<b>.159<sup>**</sup></b>
SDQ Emotional Symptoms Scale	.010
<b>SDQ Prosocial Scale</b>	<b>.216<sup>**</sup></b>

# GPA by Life Events and Prosocial

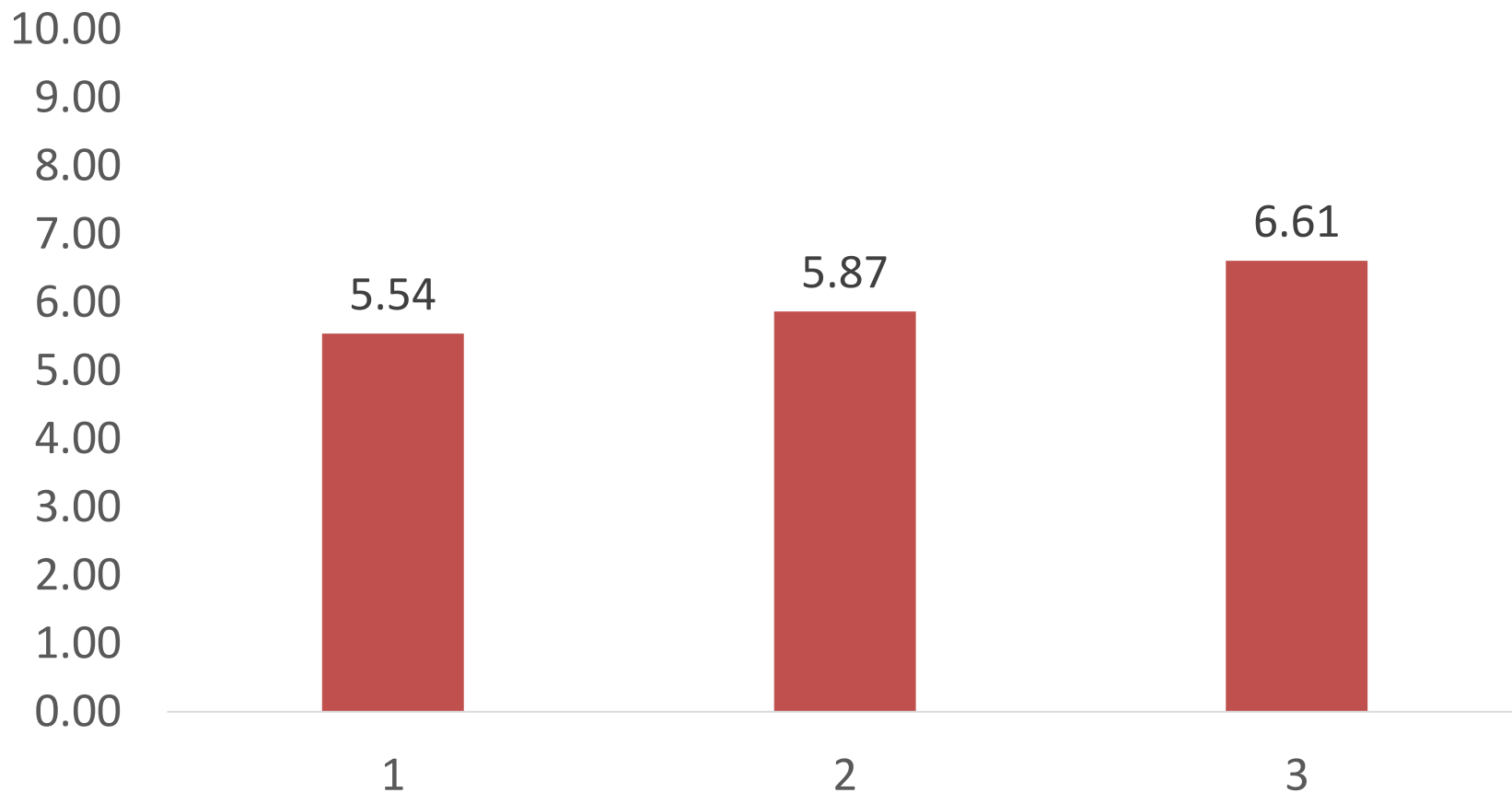


Percentile Group of Sem1 Core GPA		LEQ Discrete Onset-Negative-Nonindependent Scale	LEQ Discrete-Positive-Nonindependent Scale	SDQ Prosocial Scale
1	Mean	1.51	1.21	5.54
	N	43	39	48
2	Mean	1.66	1.61	5.87
	N	95	94	112
3	Mean	1.00	1.74	6.61
	N	134	129	141
Total	Mean	1.31	1.61	6.16
	N	272	262	301

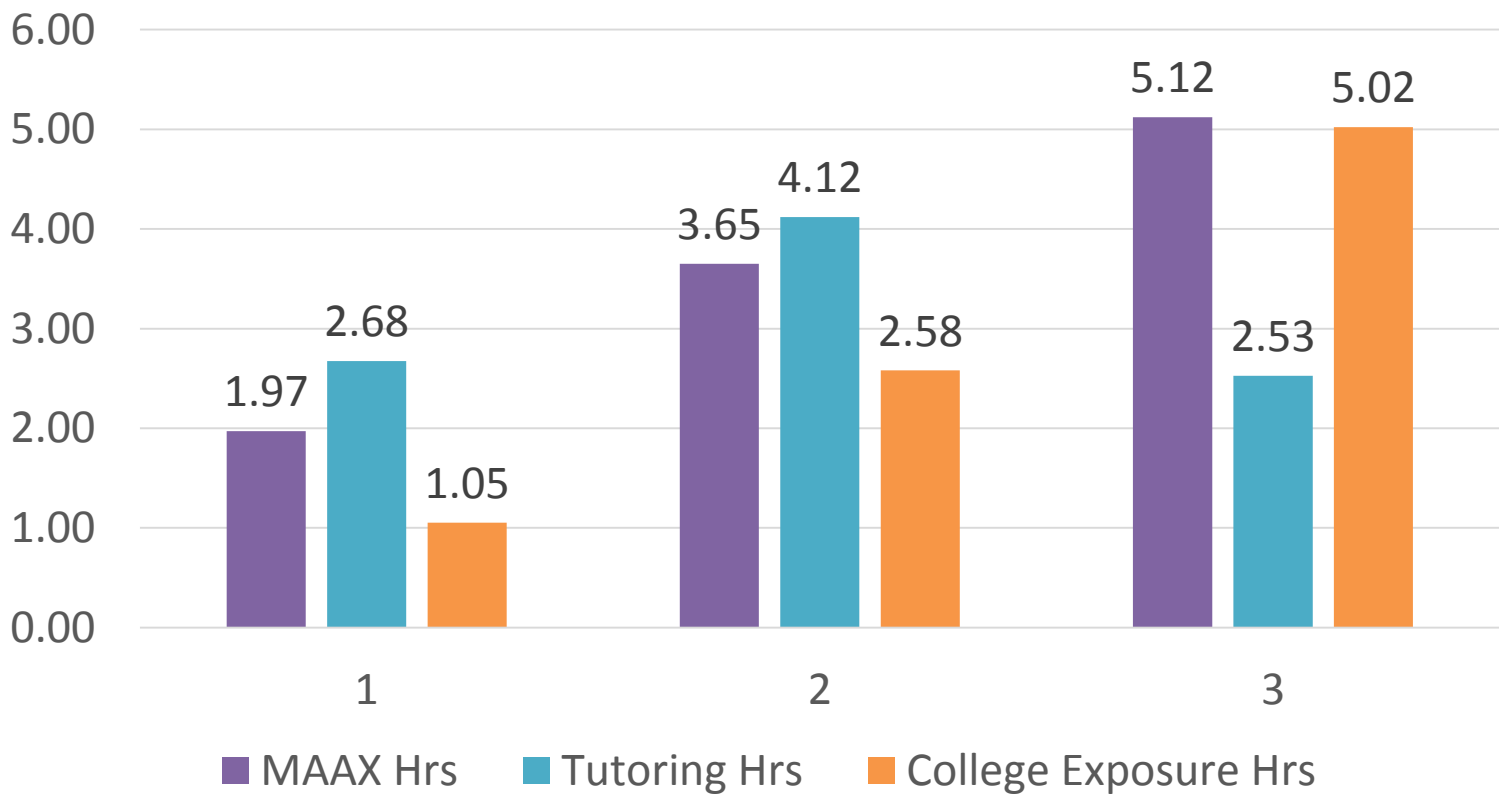
# LEQ by GPA Tri-Tile



# SDQ Prosocial Scale by GPA Tri-Tile



# 10<sup>th</sup> Grade Mean Service Hours by GPA Tri-Tile



# 10<sup>th</sup> Grade Mean Service Hours by GPA Tri-Tile



Core GPA	Total GU Hrs	Advising Hrs	MAAX Hrs	Tutoring Hrs	College Exposure Hrs	Educational Field Trips Hrs	Summer programs Hrs	Workshops Hrs	Other Service Hrs
1	10.33	0.36	1.97	2.68	1.05	0.46	3.34	0.04	0.16
2	24.30	0.65	3.65	4.12	2.58	0.95	10.90	0.11	0.93
3	39.18	0.75	5.12	2.53	5.02	1.70	22.03	0.16	1.30

# Discussion



- Discrete events that directly involve students:
  - Of all life event measures, these had strongest association with grades
  - Negative AND positive events had associations with grades in expected direction
  
- Prosocial behavior correlated with grades
  - In expected positive direction
  - Strongest correlation of all life event and strengths and difficulties scales
  - Suggestive of the importance of fostered environments that promote such skills



# The Genius of Mother's Study



- Phase 2: Qualitative Study
  - Designed to explore the phenomenological experience of mother's raising adolescents to determine what stressors they are experiencing, how they manage those stressors and to what extent stress impacts mental- and physical health outcomes, parenting practices, parent-adolescent relationship, and psychological adjustment among their children.
- Phase 3: Mother – Teen Dyad (Study)
  - We examine how stress impacts the relationship between economic hardship and individual and family functional domains. The goal is to inform the design a family focused intervention to reduce stress increase adaptive coping, and improve mental health and behavioral health outcomes among GEAR UP families.



## Reactions & Reflections

# What do we do?



How do we 'mend' children's overtaxed stress response system?

# A Trauma Informed Approach (School)



- Uses the recognition that certain behaviors are related to traumatic experience to drive a new set of practices at school with young people who exhibit these behaviors.
- Shifts from a model that asks, **“What is wrong with you?”** to one that asks, **“What happened to you?”**
- A new question emerges: “How can we shift the school environment and classroom practices to respond more effectively to your needs?”

# Trauma Informed Consequences



- Make an effort not to exclude student from school.
- Shape behavior by helping youth recognize the impact of their actions on themselves and their community.
- Build youth's capacity to manage strong emotions.
- **Invest great energy, creativity and resources up-front in order to support young people's long-term success.**
- **Take the long view and understand that behavior change is slow and incremental.**

# School wide efforts aligned with trauma informed care:



- Social, Emotional, & Academic Learning (SEAL)
- Positive Behavioral Interventions and Supports (PBIS)
- Restorative Justice
- Mindfulness Practices
- School health or wellness centers
- RULER
  
- Any organized, structured, ongoing and intentional effort that partners with teachers to:
  - Take the extra time to respond to student needs instead of punishing behaviors that are simply symptoms of these needs

# Our Training Model: Social & Emotional Learning



*Social and emotional learning (SEL) is the process through which children and adults acquire and effectively apply the knowledge, attitudes and skills necessary to understand and manage emotions, set and achieve positive goals, feel and show empathy for others, establish and maintain positive relationships, and make responsible decisions.*



**Source:** Collaborative for Academic, Social, and Emotional Learning (CASEL)

# Essential Components of SEL Programs



- Strong partnerships between parents & teachers
- Safe and orderly school and classroom environments
- Caring relationships between teachers & students
- Engaging teaching approaches
- Maintaining high expectations for academic performance

Collaborative for Academic, Social & Emotional Learning, 2003



# Program Components (cont'd)



## Student Academic Enrichment & Support Programs

- Classroom-based Affective Education (MAAX)
- Individual Academic Advising
- Small Group Seminars and Workshops
- Tutoring Services
- Mentoring
- Service Learning
- After School & Saturday Programs
- Accelerated Summer Program
- GEAR UP Resource Rooms

# Our Training Model: Social & Emotional Learning



- Recruitment
  - Three part interview process
  - Individuals interested in human services related disciplines (e.g., mental health counseling, social work, psychology)
  - 90 day probation period
- Training Strategy
  - Theoretically Driven
  - Didactic
  - Focus on Family Systems & Counseling Techniques (e.g., Motivational Interviewing)
  - Focus on Positive Youth Development & Youth Leadership
  - Reflective

# Questions



- What strategies that we can employ to promote prosocial behavior in schools?
- What partnerships need to be established to support students living in toxic environments?
- What type of training does your team need to increase their knowledge, awareness and skills to promote a culture of support for students?
- How might you engage the larger community to support you in your efforts to support trauma affected students?

# Where to Turn



- Helping Traumatized Children Learn (Vol. 1)
- Creating and Advocating for Trauma Sensitive Schools (Vol. 2)
  - written by Massachusetts Advocates for Children (*Trauma & Learning Policy Initiative in collaboration with Harvard Law School*)
- National Geographic: The Science of Stress

# Thank You



Thank you for attending this workshop session.

For more information please contact

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