Creating Trauma Sensitive Schools

Yale-Bridgeport GEAR UP Partnership Project

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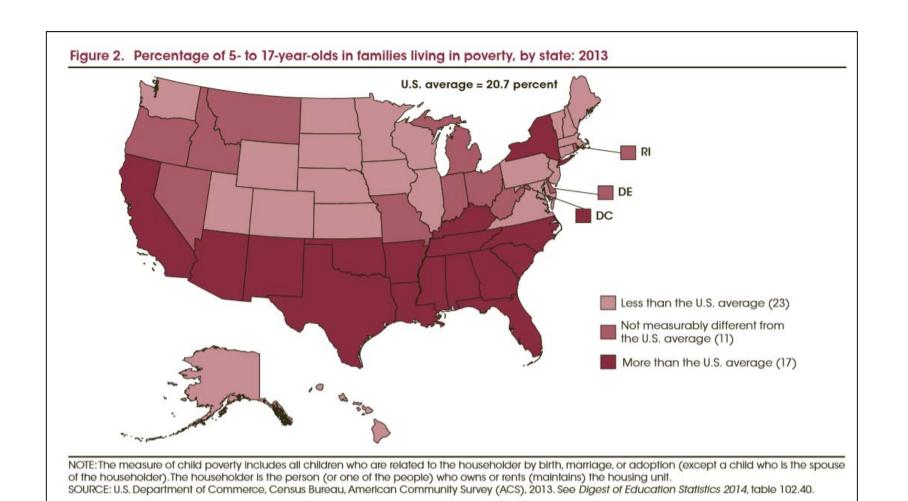
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Session Overview

- 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.

Families living in Poverty



Children Living in Poverty

National Average

- 21 percent of children aged 5 to 17 live in poverty
- Approximately 16 million children and adolescents

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 percent 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 Insufficiency

Food Insecurity Housing Instability

Neighborhood Stress

Domestic Violence

School Violence

Sexual Abuse

Natural Disasters

Community Violence

Paper Tigers Video Trailer



How do you measure adverse life experiences? What is the link between adverse life experiences and health?

Survey of Adverse Life Experiences

While you were growing up, during your first 18 years of life:

1. Did a parent or other adult in the household **often** ...

Swear at you, insult you, put you down, or humiliate you

OR

Act in a way that made you afraid that you might be physically hurt?

2. Did a parent or other adult in the household **often** ...

Push, grab, slap, or throw something at you?

OR

Ever hit you so hard that you had marks or were injured?

Finding your ACE Score...

3. Did an adult or person at least 5 years older than you ever...

Touch or fondle you or have you touch their body in a sexual way?

OR

Try to or actually have oral, anal, or vaginal sex with you?

4. Did you **often** feel that ...

No one in your family loved you or thought you were important or special?

OR

Your family didn't look out for each other, feel close to each other, or support each other?

Finding your ACE Score...

5. Did you **often** feel that ...

You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you?

OR

Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?

6. Were your parents **ever** separated or divorced?

Finding Your ACE Score...

7. Was your mother or stepmother:

Often pushed, grabbed, slapped, or had something thrown at her?

OR

Sometimes or often kicked, bitten, hit with a fist, or hit with something hard?

OR

Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?

8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?

Finding Your ACE Score...

9. Was a household member depressed or mentally ill or did a household member attempt suicide?

10. Did a household member go to prison?

Finding Your ACE Score...

Now add up your "Yes" answers: _____

This is your ACE Score

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

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

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









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

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 (e.g., diabetes, hypertension, depression, obesity).

Trauma Impacted Youth

Can have difficulty with:

- Managing "big" emotions
- Chronic irritability/anxiety that interferes with problem solving
- Memory
- 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

Phases of Acting out Behavior

Phase 1: Classroom Calm

- On Task
- Following Rules
- Initiates Positive Behavior
- Socially Appropriate

Phase 2: Classroom Triggers

- Conflict
- Provocations
- Pressure
- Frustration

Phase 3: Rising Agitation

- Non-Directed/Unfocused
- Off task/On task
- Out of Seat
- Talking with Others

Phases of Acting Out Behavior...

Phase 4: Acceleration

- Focused behavior that is provocative, high intensity, and threatening
- Compliance with accompanying inappropriate behavior
- Avoidance and escape
- Verbal Abuse

Phase 5: De-escalation

- Teacher empathy/proximity
- Pre-arranged signal
- Emphasize student choices in simple language
- Avoid escalation responses like engaging in a power struggle or raising your voice

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.

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?"

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

What about Bridgeport?

- How does this phenomena manifest 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

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; 10th grade (2013-2014)

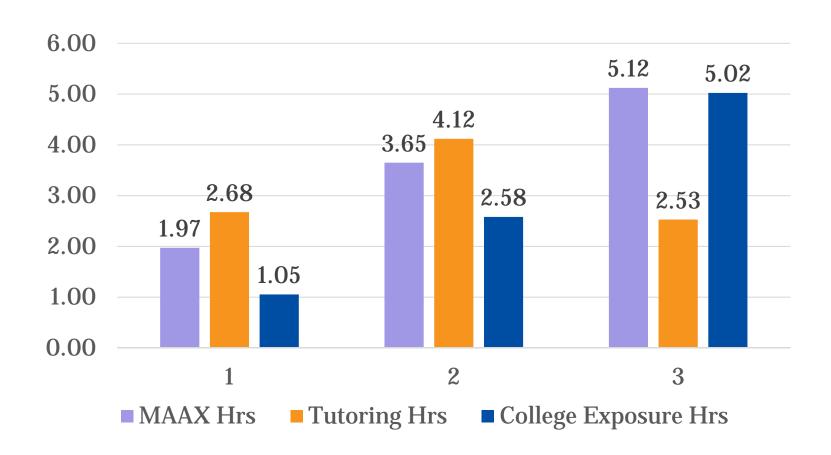
Study Sample

- Administered mental health survey to 10th 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%)

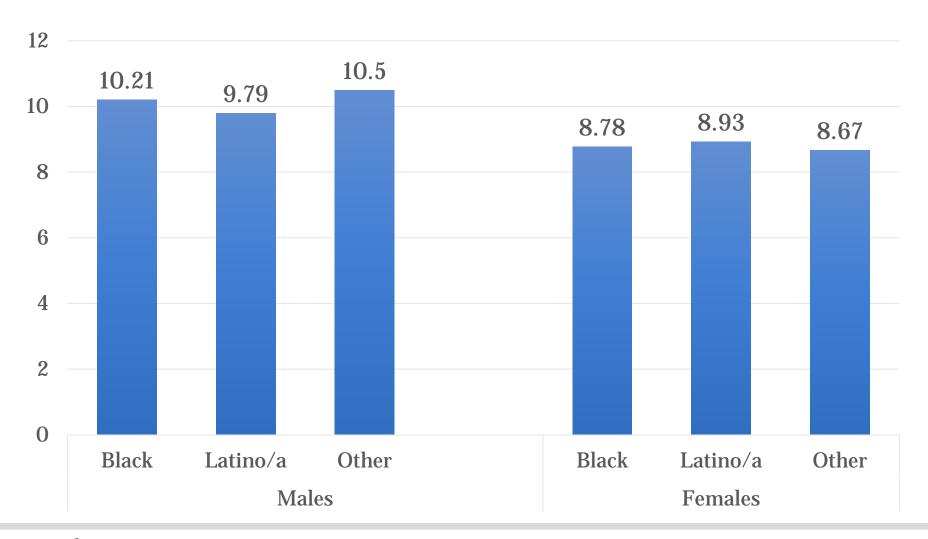
Risks and Protectors: Associations with Grades

	S1 Core GPA
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
LEQ Discrete Onset-Negative-Nonindependent	194**
Scale LEQ Discrete-Positive-Nonindependent Scale	.159**
SDQ Emotional Symptoms Scale	.010
SDQ Proscoial Scale	.216**

10th Grade Mean Service Hours by GPA Tertile

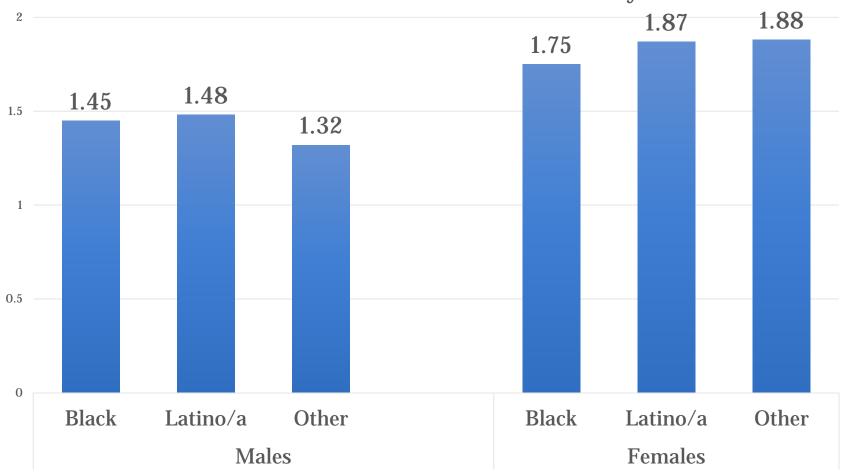


GEAR UP Service Hours



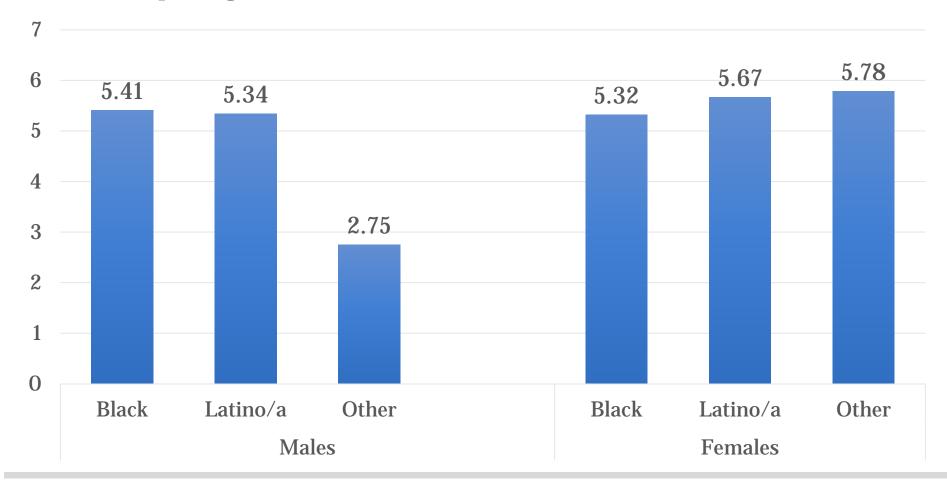
Emotional Symptoms (SDQ)

- Sample: I have many fears, I am easily scared.
- 0=Not true, 1=Somewhat true; 3=Certainly true



Total Stress

- Number of negative life events
- Sample: *I got into trouble with the law.*



What do we do?

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

Trauma Sensitive School Mini-Survey

- On a scale from 1 to 5, how severe is toxic stress in your school and or community?
- How does your schools respond to trauma exposed students?
- Do you feel your GEAR UP schools are equipped to address the issue of Toxic Stress?
- How many of your GEAR UP schools currently implement trauma informed strategies?

Envisioning a Trauma Sensitive School

- Sense of UrgencyGrow a Coalition
- Engaging Leadership
- Establish a Steering Committee
- Reach out to District

1

Why create a Trauma-Sensitive School? 2

How do we know we are ready?

- Engage whole staff in shared learning
- Survey staff
- Identify TS priorities
- Assess staff readiness

- Evaluate outcomes
- Assess progress toward TS sensitivity
- Sustain schoolwide TS learning community

4 Are we becoming a TS school?

3 What actions will address staff priorities

- Identify TS action steps to address staff priorities
- Develop a school wide Action Plan
- Plan for assessment

The Trauma Sensitive School

- The 'ARC' Model:
 - Build secure Attachments between the adolescent and caregiver
 - Enhance self-Regulatory capacities; and
 - Increase Competencies across multiple domains
 - National Child Traumatic Stress Network (NCTSN)

A Schoolwide Approach: The Flexible Framework

The Flexible Framework that has **Six** Essential Elements:

- 1. Schoolwide Infrastructure and Culture
- 2. Staff Training
- 3. Linking with Mental Health Professionals
- 4. Academic Instruction for Traumatized Children & Youth
- 5. Nonacademic Strategies; and
- 6. School Policies, Procedures, and Protocols

MA Advocates for Children & Harvard Law School

Element 1: Schoolwide Infrastructure & Culture

A. Building Administrator

- -Engage staff in strategic planning
- -Identify ways to integrate TS routines into existing school practices

B. Weave TS Approaches into the Fabric of the School

- -Strategic planning
- -Assessment of staff training needs
- -Confidential Conferencing of trauma exposed youth
- -Review school polices with an understanding of trauma
- -Develop a community-liaison team
- -Ongoing evaluation

C. Identify and Address Barriers

The Prevention Pyramid: Levels of Intervention

Universal Programs

Target general population groups without reference to those at particular risk

Selective Programs

Target those at higher-than-average risk for any problem

Indicated Programs

Target those already engaged in high-risk behaviors

Element 2: Staff Training

A. Partner with Parents and Other Caregivers

- -understand (domestic) violence and its effects on development
- -understand the legal context
- -communication strategies

B. Supporting Staff

- -identify needs that teachers need to assist them in the classroom
- -understand the role of the teacher and mental health professional
- -build on teachers' competencies and leverage school resources

C. Teaching Students

- -create an environment where students feel safe
- -teach students how to regulate emotion
- -maintain high expectations for achievement
- -build upon students' strengths

Element 3: Linking with Mental Health Professionals

- A. Clinical Support for School Staff
 - -Confidential discussions
 - -Opportunities to reflect
 - -Learning how to react to traumatized students
 - -Teaching behavior management techniques
 - -Role play communication with parents who also may be traumatized
- B. Accessing Mental Health Resources for Families and Students
 - -Make the referral with the family
 - -Build relationships with the parent/caregiver
 - -Build relationships with the mental health provider(s)

Element 4: Academic Instruction

A. Overarching Teaching Approaches

- -Islands of competence
- -Predictability and Safety
- -Timing of lessons and activities
- -Transitions without trauma
- -Written plans to address gaps in learning
- -Positive behavioral supports

B. Language-based Teaching Approaches

- -Use multiple ways to present information
- -Process specific information
- -Identify and process feelings

Element 5: Non-academic Strategies

A. Build non-academic relationships with students

- -Create opportunities to relate to students authentically
- -Implement programs that support students' development of non-cognitive skills and social-emotional development

B. Extracurricular Activities

-Encourage students' participation in activities that promote positive youth development (e.g., service learning experiences, clubs, leadership development programs, and athletics)

C. Exposure Experiences

-Provide opportunities for students to be exposed to people, places, and activities that will allow them to experience life in new ways

Element 6: School Policies, Procedures, & Protocol

A. Discipline

- -Balance accountability with understanding of traumatic behavior
- -Teaching traumatized students the 'rules'
- -Minimize disruption of education
- -Create uniform rules and consequences
- -Model respectful, nonviolent relationships

B. Communication

- -Exercise confidentiality with regard to students and families
- -Communicate with families of traumatized children
- -Know how to file an abuse and neglect report

C. Safety Planning

-Disclosing student record information

Element 6: School Policies, Procedures, & Protocol...

- C. Safety Planning (continued)
 - -Transfer of student records
 - -Help families select safe schools
 - -Support the enforcement of court orders
 - -Connect families to health care providers
 - -Connect families to community resources
- D. Collaboration with the Community
 - -Appoint a school-community liaison
 - -Connect with legislators, funders, and policy makers

A Recap of Things to Consider...

- What proportion of our student body is affected by prolonged exposure to toxic stress?
- What type of training does our team need to increase their knowledge, awareness and skills to promote a culture of support for students exposed to trauma?
- What strategies can we employ to promote a culture of sensitivity to trauma exposed youth in our school?
- What community partnerships can we establish to support students living in toxic environments?

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

Our Training Model: Social & Emotional Learning

Recruitment

- In depth, 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
 - Weekly Supervision

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

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