Foundations in Leading, Developing, & Supporting Trauma-Sensitive Schools

Central Office Administrators Conference

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Under the Surface

Today

- School Mental Health 101

- Trauma-Informed Schools

- Missouri
  - Local best practices

- Action planning
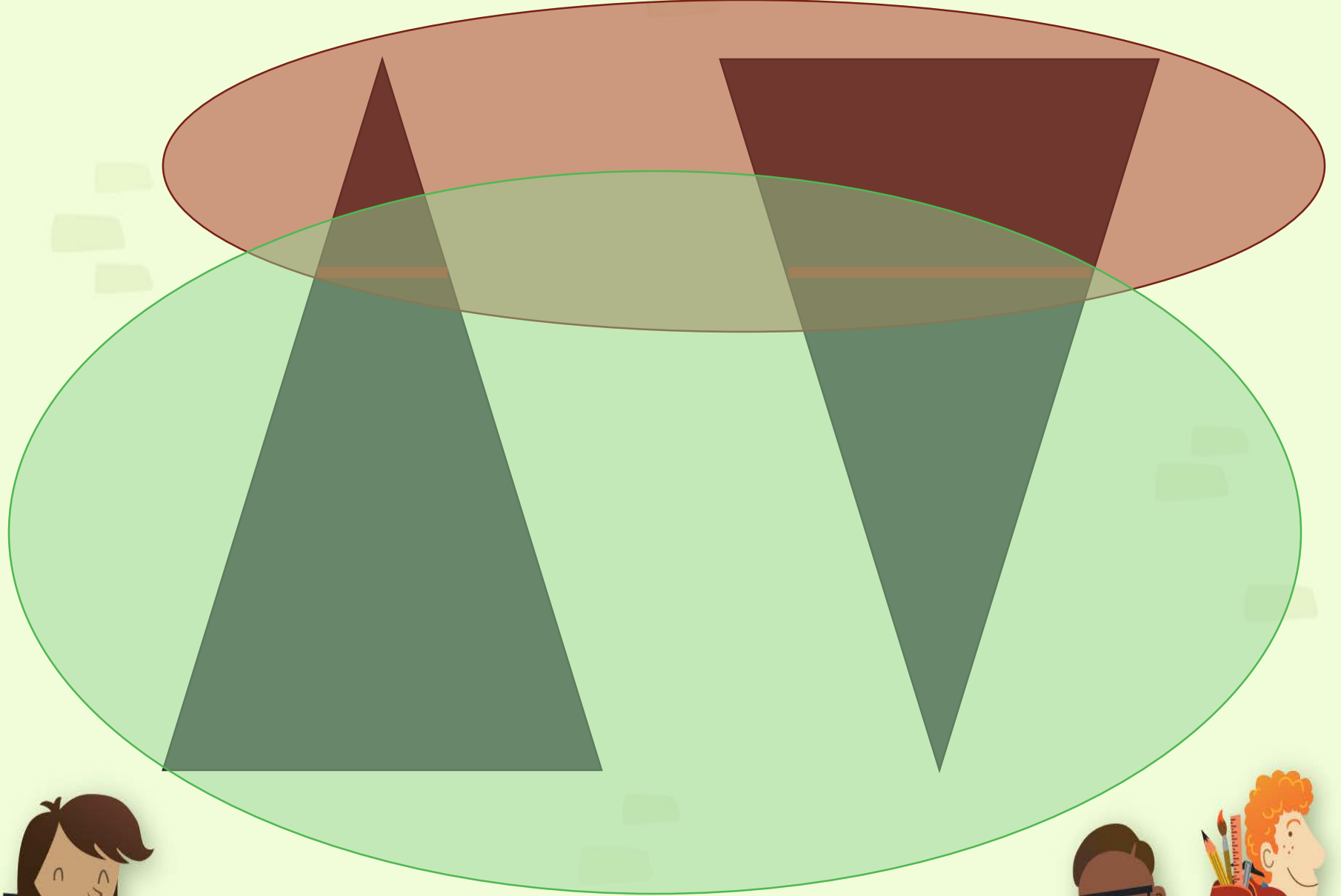
- Q & A

- **Resources!!!**

Who here has mental health?

Mental health is defined as a **state of well-being** in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.

~World Health Organization

School Mental **Health** OR School Mental **Illness**?

Effective & efficient School Mental Health Programs **do not exist** without community involvement

School Mental Health

- Comprehensive system of mental health services and programs

- Full continuum of mental health promotion, prevention, earlier intervention, intervention, and recovery

- *Emphasizes shared responsibility and funding*

- *School-based and school-linked*

- Services for all students

- Wellness for all members of the school community

- Meaningful engagement of families and youth

- Culturally-relevant best practices

- **Continuous quality improvement**

Why Trauma-Informed Schools?

Looks Like, Sounds Like

- School Counseling
- PBIS
- Restorative Justice
- Leader in Me
- Character Education
- "Soft skills"
- Suicide Prevention
- Employee Wellness

Value-add

- Neuroscience
- School Community
- Whole Community
- Legislative focus
- $$$$$
- Stigma
- Secondary!!!
- Lifelong

SAMHSA (2014)

Individual 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.

What are the myths about trauma?

- Only "really bad" events count as trauma.

- Other children have had the same experience and they're fine.

- Bad parenting caused these children to act out.

- With enough love and support, they'll grow out of it.

ADVERSE CHILDHOOD EXPERIENCES
— *looking at how ACEs affect our lives & society* —
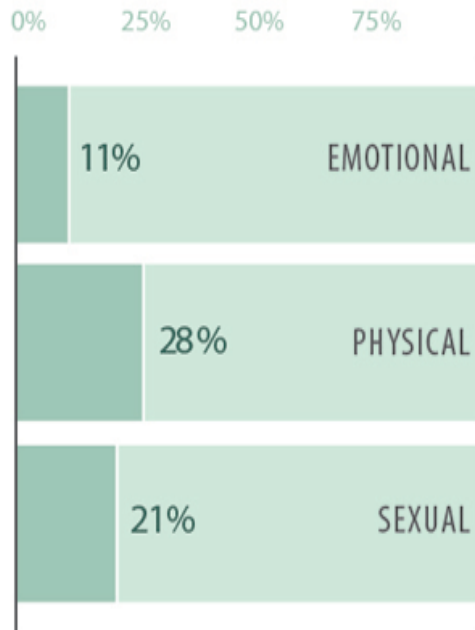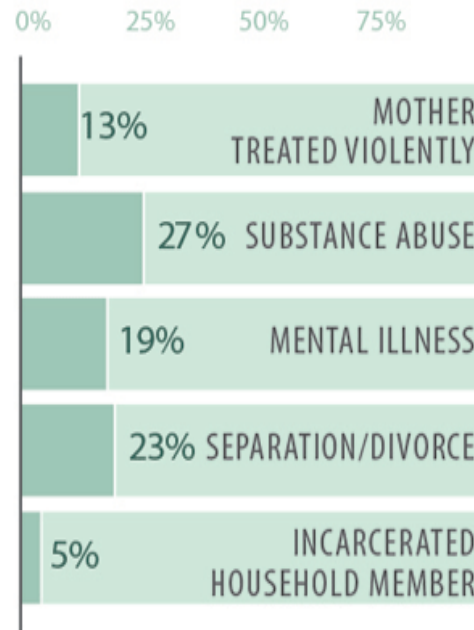
1 2 3 4

CDC's Veto Violence

TYPES *of* ACES

The ACE study looked at three categories of adverse experience: **childhood abuse**, which included emotional, physical, and sexual abuse; **neglect**, including both physical and emotional neglect; and **household challenges**, which included growing up in a household were there was substance abuse, mental illness, violent treatment of a mother or stepmother, parental separation/divorce or had a member of the household go to prison. Respondents were given an **ACE score** between 0 and 10 based on how many of these 10 types of adverse experience to which they reported being exposed.
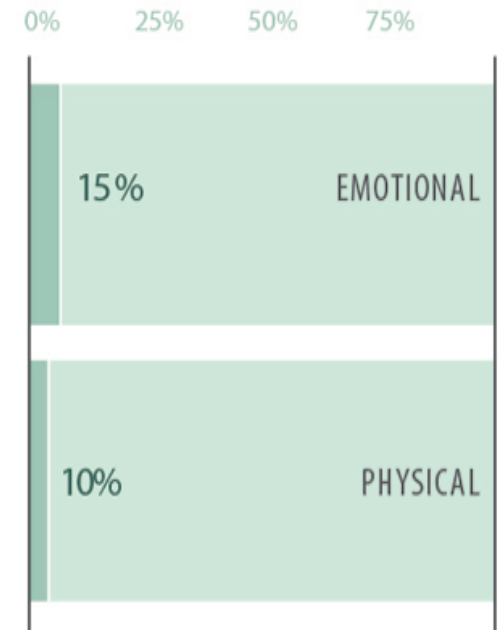
ABUSE

11%	EMOTIONAL
28%	PHYSICAL
21%	SEXUAL

HOUSEHOLD CHALLENGES

13%	MOTHER TREATED VIOLENTLY
27%	SUBSTANCE ABUSE
19%	MENTAL ILLNESS
23%	SEPARATION/DIVORCE
5%	INCARCERATED HOUSEHOLD MEMBER

NEGLECT

15%	EMOTIONAL
10%	PHYSICAL

HOW COMMON ARE ACES?

of ACES

ZERO	36%
ONE	26%
TWO	16%
THREE	9.5%
FOUR OR MORE	12.5%
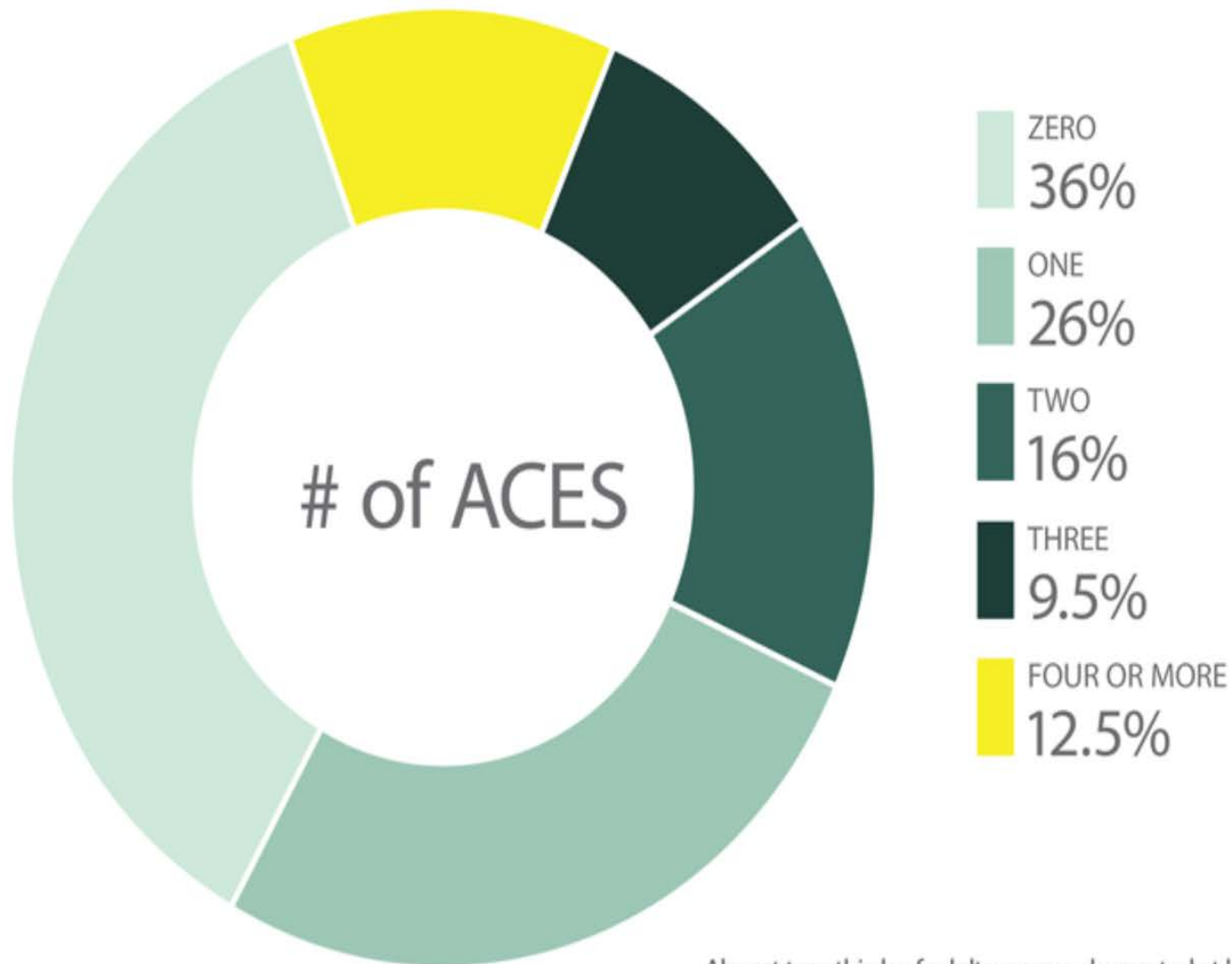
Almost two-thirds of adults surveyed reported at least one Adverse Childhood Experience – and the majority of respondents who reported at least one ACE reported more than one.
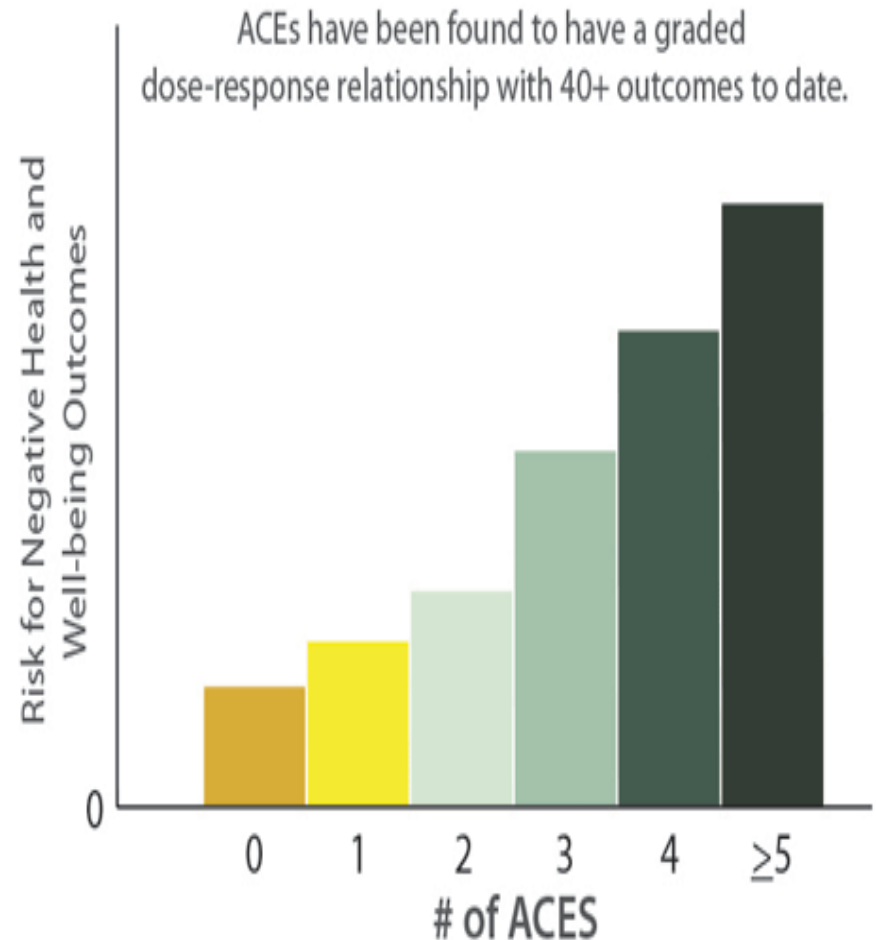
ACES can have lasting effects on....

Health (obesity, diabetes, depression, suicide attempts, STDs, heart disease, cancer, stroke, COPD, broken bones)

Behaviors (smoking, alcoholism, drug use)

Life Potential (graduation rates, academic achievement, lost time from work)

ACEs have been found to have a graded dose-response relationship with 40+ outcomes to date.

Risk for Negative Health and Well-being Outcomes

# of ACES

0   1   2   3   4   ≥5

*This pattern holds for the 40+ outcomes, but the exact risk values vary depending on the outcome.

ACES CAN HAVE LASTING EFFECTS **ON** BEHAVIOR & HEALTH...

Simply put, our childhood experiences have a tremendous, lifelong impact on our health and the quality of our lives. The ACE Study showed dramatic links between adverse childhood experiences and risky behavior, psychological issues, serious illness and **the leading causes of death**.

HOW ACEs AFFECT OUR LIVES

BEHAVIORS

- LACK OF PHYSICAL ACTIVITY
- SMOKING
- ALCOHOLISM
- DRUG USE
- MISSED WORK

PHYSICAL & MENTAL HEALTH

- SEVERE OBESITY
- DIABETES
- DEPRESSION
- SUICIDE ATTEMPTS
- STDS
- HEART DISEASE
- CANCER
- STROKE
- COPD
- BROKEN BONES

0   1   2   3   4 +   ACE SCORE
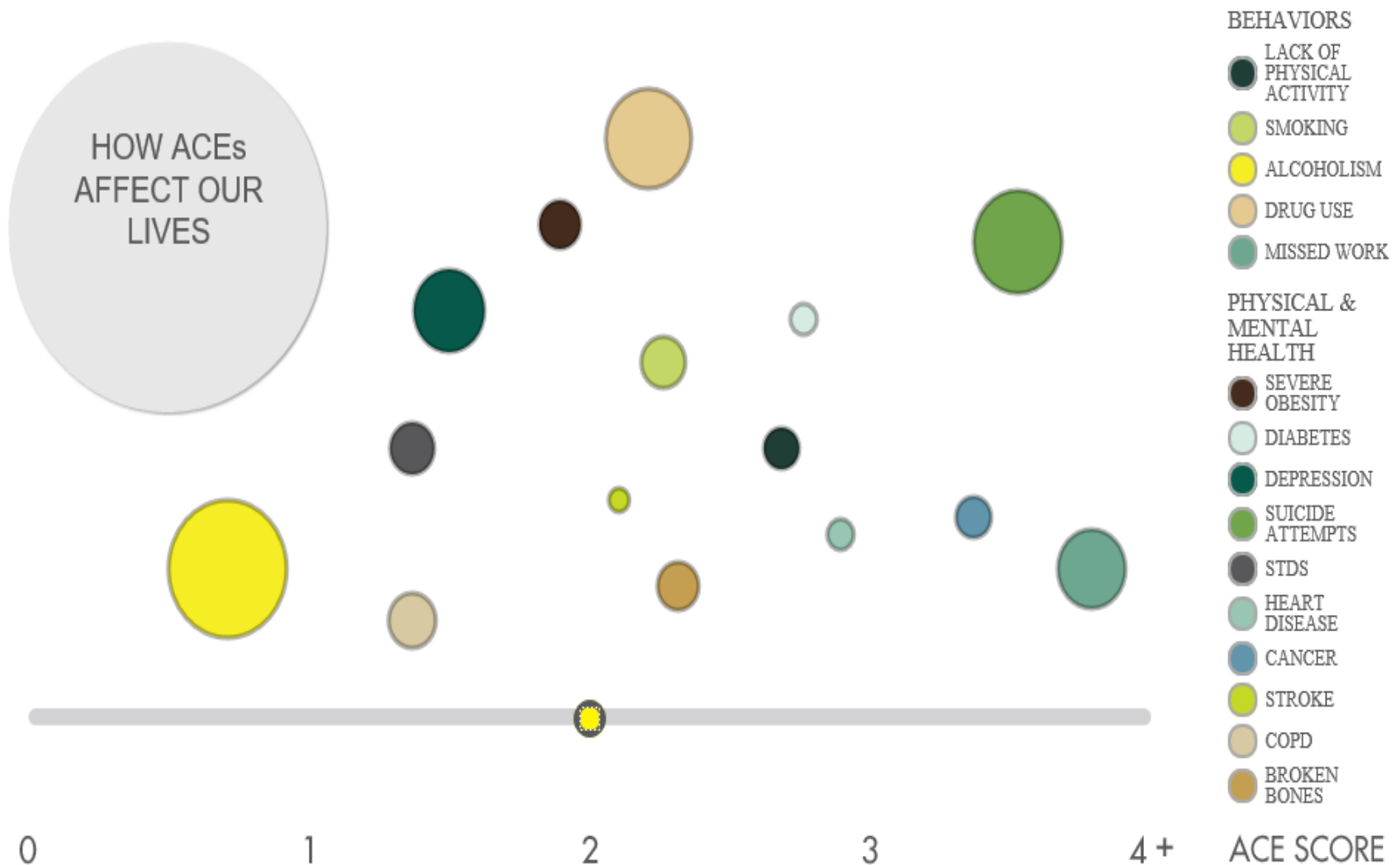
*Having an ACE score of zero does not imply an individual could not have other risk factors for these health behaviors/diseases.

TABLE 2. Rates of suicide per 100,000 population, by sex, and ranked overall by Standard Occupation Classification (SOC) group — 17 states, 2012*

SOC code	Occupational group	Overall	Male	Female
45	Farming, fishing, and forestry	84.5	90.5	—†
47	Construction and extraction	53.3	52.5	—
49	Installation, maintenance, and repair	47.9	47.5	—
51	Production	34.5	39.5	10.8
17	Architecture and engineering	32.2	36.3	—
33	Protective service	30.5	34.1	14.1
27	Arts, design, entertainment, sports, and media	24.3	32.9	12.4
15	Computer and mathematical	23.3	32.8	12.5
53	Transportation and material moving	22.3	30.2	4.8

HOW *do* ACES AFFECT OUR SOCIETY?

LIFE EXPECTANCY

People with six or more ACEs died nearly **20 years earlier on average** than those without ACEs.

0 — 80 **YEARS**

6+ — 60 **YEARS**
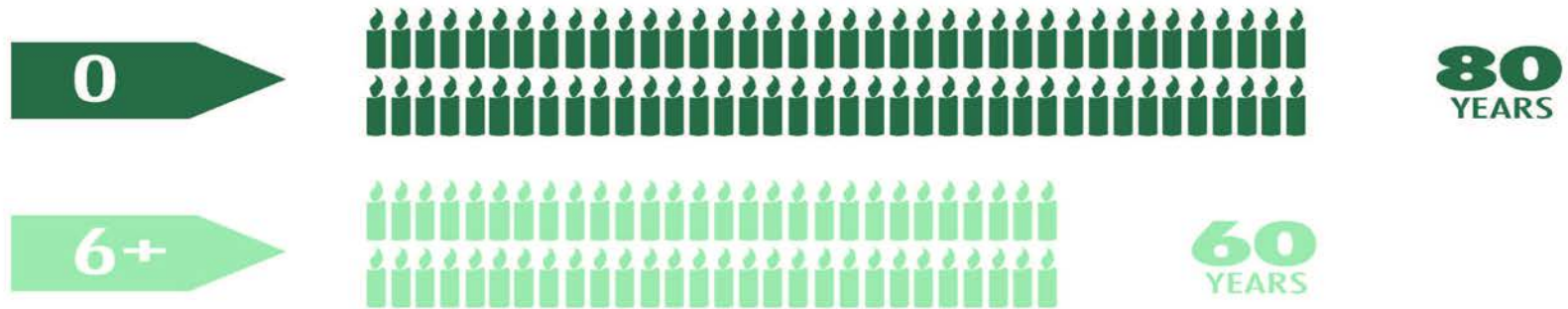
ECONOMIC TOLL

The CDC estimates that the lifetime costs associated with child maltreatment at **$124 billion.**

PRODUCTIVITY   **HEALTH CARE**   **SOCIAL**

$85 BILLION   **$25** BILLION   **$14** BILLION

Adverse Childhood Experiences (ACE), Overall Risk, Weighted Score by ZCTA, MHA 2016

High Risk
Med-High Risk
Moderate Risk
Med-Low Risk
Low Risk
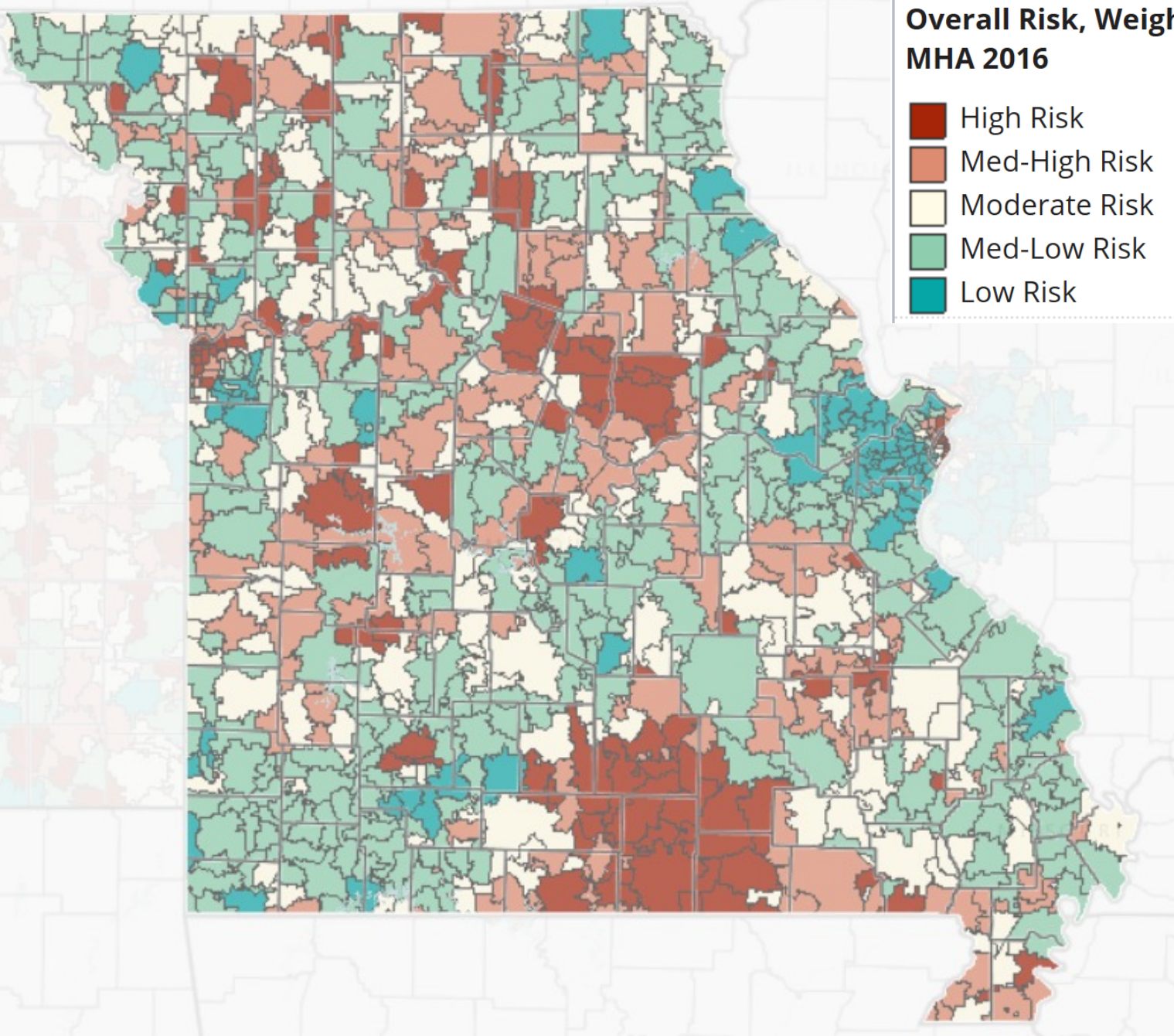
Access to Mental Health Care Providers, Rank by County, CHR 2016

- 1st Quartile (Top 25%)
- 2nd Quartile
- 3rd Quartile
- 4th Quartile (Bottom 25%)

CommunityCommons.org

COMMUNITY COMMONS Site-Wide Activity **Maps & Data** Hubs Channels ▾
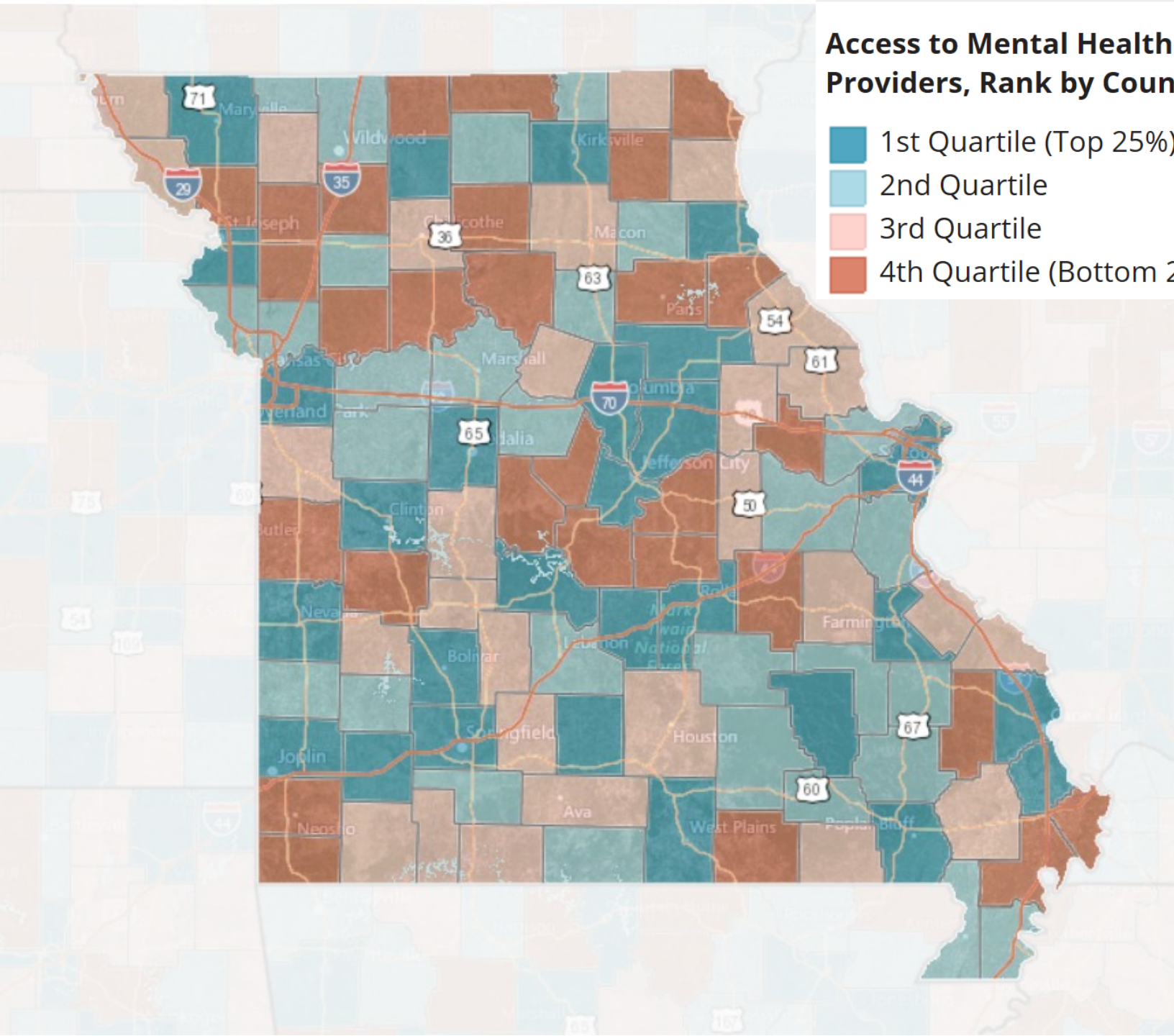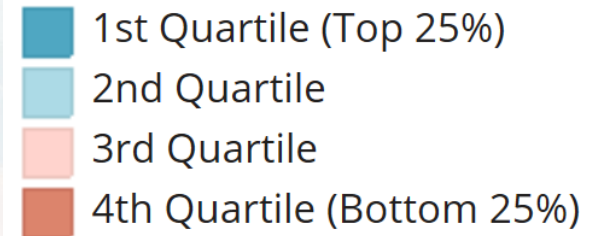
Enrich your community work with maps and data reports that can be shared and saved.

Make a Map

Map Gallery
Browse and open maps created by users of the Commons.

Data
Check out our data list or see what's new.

Build a Report

Community Health Needs Assessment
Identify assets and potential disparities in your county/region related to community health and well-being.

Vulnerable Populations Footprint
Find areas in your community with low educational attainment and high poverty.

Location Opportunity Footprint
Find areas of opportunity in your community. Map housing and transportation costs, school proficiency and availability of jobs.

Add Data Layers | Add Web Maps

SEARCH DATA

Enter a keyword or topic to find data

ACE

"ACE"

Search

BLACK RED BLUE RED
ORANGE PURPLE BLACK
YELLOW BROWN PINK
GREEN PINK GRAY
BLUE ORANGE GREEN
WHITE RED GREEN PINK
PURPLE ORANGE WHITE

Understanding Your Brain

THREAT!!!!

- **Frontal Lobe**
  Executive Center
  Planning, prioritizing, organizing, reason, logic, impulse control, empathy

- **Limbic System**
  Emotional Center
  Memory, learning, emotions

- **Brain Stem**
  Survival Center
  Fight, flight, freeze (attack or defend)

www.consciousdiscipline.com

*assured*communications™
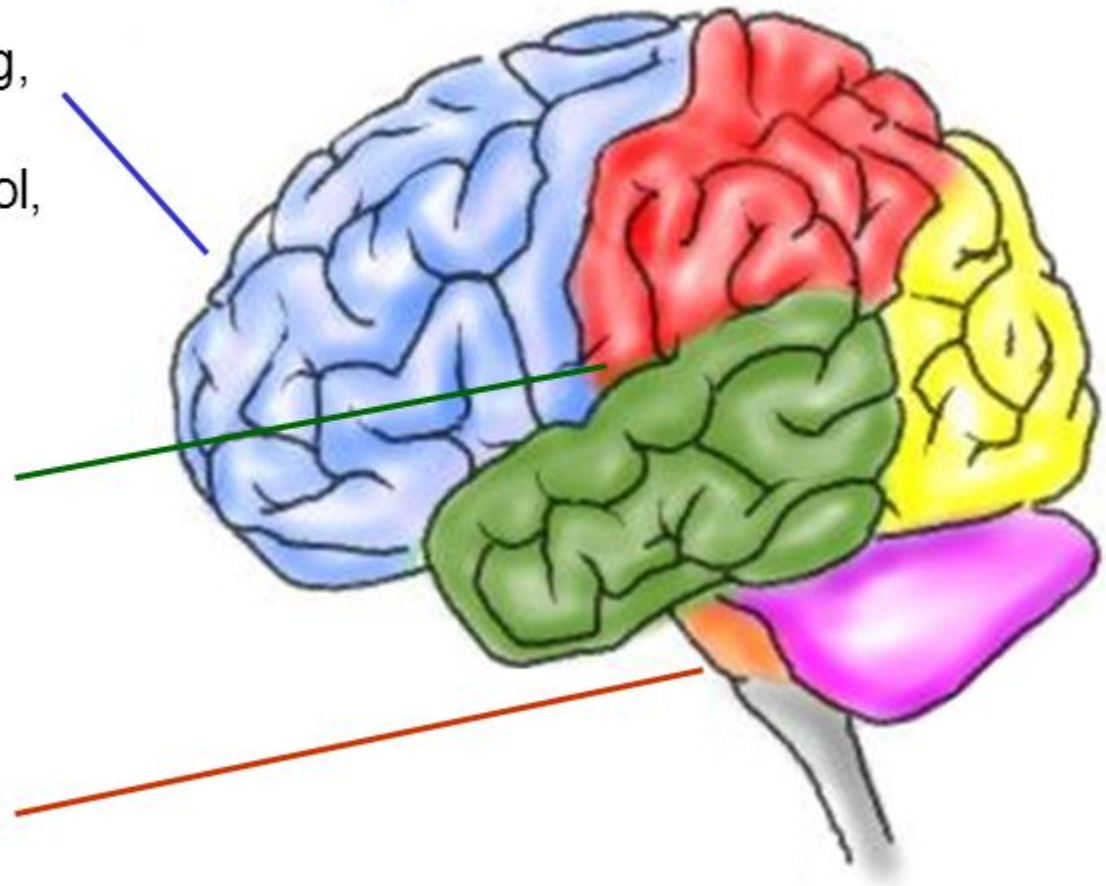
The Missouri Model
Trauma-Informed Framework

The Missouri Model: A Developmental Framework for Trauma-Informed

Trauma Aware
- Awareness & Attitudes

Trauma Sensitive
- Knowledge, Application, & Skill Development

Trauma Responsive
- Change & Integration

Trauma Informed
- Institutionalized

WHAT'S WRONG WITH YOU?

What happened to You?

Common View v. Trauma-Informed View
(Review Tool from WI Dept of Public Instruction)

Common View	Trauma-Informed View
Views negative behavior solely as student choice. Utilizes punitive consequences to motivate students (shame, blame, guilt, rejection, isolation or deprivation).	Views students as wanting to do well but possibly 1) lacking the necessary skills to get their needs met or 2) having developed misunderstood patterns of behavior in response to challenges. Considers students may have a negative world view that influences their interactions.
Characterizes student challenges in negative language (acting out, uncontrollable, manipulative, naughty, defiant). Communicates an expectation of failure.	Characterizes student challenges in constructive language (in need of emotional regulation, calming strategies or skills).
Refers to the student with a label (e.g., "Tier 3" or "EBD").	Eliminates the use of labels and uses richer language to describe the student (e.g., Lance does well with his peers when he receives assistance on the playground).
Utilizes an authoritarian approach.	Uses a collaborative approach.
Punishes or minimizes the importance of the student's coping strategies.	Recognizes that behavior is communication and searches for the function of the behavior. Strives to support the student meeting the function of the behavior in positive and productive ways.
Does not take the whole student into account (strict focus on academics only, reduced capacity for genuine warmth or concern, prioritizes task completion exclusively).	Recognizes student academics, behavior, social-emotional learning, health, and family and community wellness as connected and works to integrate support from a whole student perspective.
Does not teach expectations to the student and assumes the student should already know.	Teaches and re-teaches expectations in school. Understands that teaching is not simply telling. Differentiates instruction for both academic and behavioral expectations.
Creates systems by which the student must demonstrate he/she is worthy of intervention or must qualify for services (e.g., special education).	Promotes systems that are integrated (not "siloed") and a culture where all students get what they need to be successful, regardless of whether they qualify for services or not.
Prioritizes the needs of the school or staff over the needs of the student.	Fosters a student-centered environment.
Uses professional "insider" language or jargon.	Uses language that can be understood by students and families considering comprehension level, language skills, and native language.

Five Guiding Principles

Safety—The environment and interpersonal interactions promote a sense of physical and emotional safety for all

Choice—Activities and behavior requests provide students with choices and control

Collaboration—Collaborations maximize support for students and families

Trustworthiness—Trusting relationships built with students and families (maintaining appropriate boundaries) increase self-worth

Empowerment—Capitalizing on students' strengths and providing opportunities for helping others builds resilience

Pilot Grove C-4 School District

- Elementary School – Pre-K through grade 6
  - 146 students

- Secondary School – Grades 6 through 12
  - 134 students

- 38% Free/Reduced Lunch Population

- 26 teachers, 8 paraprofessionals, 1 school counselor, 3 administrators

- Our school is a rural school and we are all housed in one building. The community is an agriculture based community with limited mental health resources.

My district needed…

- School staff voiced a high need for behavioral interventions.

- School-wide interventions and strategies.

- Student population shows an increasing number of intensive behaviors.

My district responded by…

✓ A grant was written through the MU Partnership for Educational Renewal. The focus of the grant was to increase our collective knowledge around universal and targeted supports for our entire student population.

✓ Developed a Mental Health Leadership Team that consisted of 7 teachers, 2 administrators, and the school counselor

✓ District self-study by Dr. Maras, Dr. Weston, and Daniel Rector

✓ Train-the-Trainer Model

Year 1 Implementation

- ✓Initial training for Mental Health Leadership Team
- ✓Full day in-service training for staff on the basics of trauma
- ✓Problem solving process introduced
- ✓Problem solving teams implemented

Year 2 Implementation

✓Training for Mental Health Leadership Team

✓Full day in-service training for staff on functions of the brain, emotional intelligence, and mindfulness

✓SAEBRS screening and processing data

✓Check and Connect Training (K-12)

My district is learning…

- ✓ The implementation of this initiative is a **process** that is centered around building relationships.

- ✓ The process is not a quick fix and will take time.

- ✓ Initially some staff were offended because they felt we did not know their story.

- ✓ More difficult to develop at the secondary level.

- ✓ The focus is only on the problem kids.

Contact Information

Pilot Grove C-4 Schools
107 School Street
Pilot Grove, MO 65276
660-834-6915

Ashley Groepper, Superintendent
agroepper@pilotgrove.k12.mo.us
Randy Glenn, Secondary Principal
rglenn@pilotgrove.k12.mo.us
Lindsay Leonard, Elementary Principal
lleonard@pilotgrove.k12.mo.us
Gay Baer, School Counselor
gbaer@pilotgrove.k12.mo.us

Fulton 58 School District

- 2300 students

- 192 certified staff

- 5 buildings + PreK program

- 53% Free/Reduced Lunch Population

- Part of 4-year grant from Missouri Foundation for Health focused on rural school mental health (ends Nov 2018)
  - Strengthening internal processes
  - Tweaking systems
  - Connecting to additional resources

Youths Not Enrolled in School, Not High School Graduates, and Not Employed, Percent by Tract, ACS 2011-15

Over 6.0%
4.1 - 6.0%
2.1 - 4.0%
Under 2.1%
No Population Age 16-19 Reported
No Data or Data Suppressed
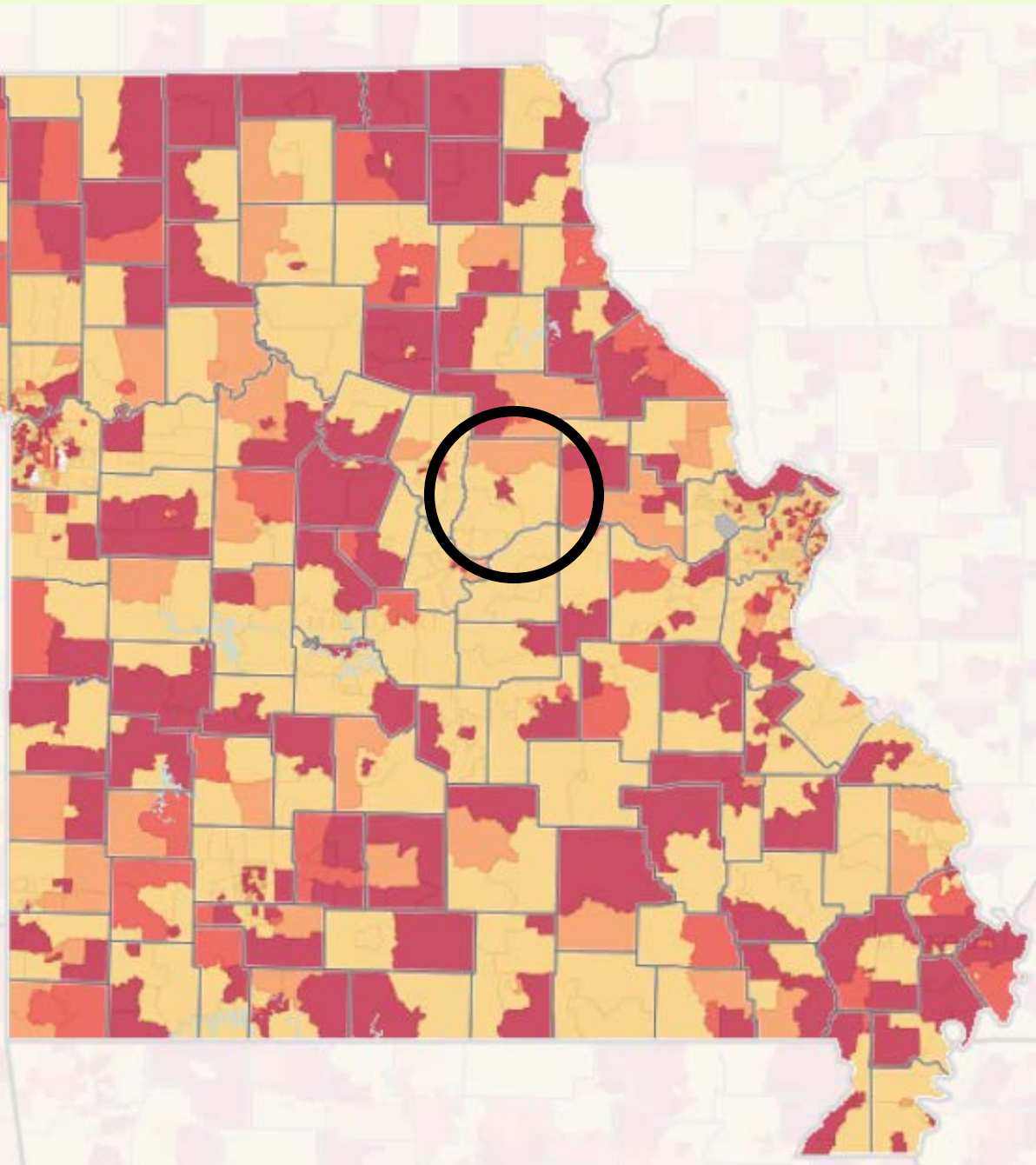
Fulton 58 Contact Information

- Dr. Jacque Cowherd, Superintendent
  - jcowherd@fulton58.org

- Dr. Ty Crain, Assistant Superintendent
  - tcrain@fulton58.org

- Ms. Debbie Harris, Student Services Coordinator
  - dharris@fulton58.org

Trauma-Sensitive School Checklist

1 Not at all in place	2 Partially in place	3 Mostly in place	4 Fully in place

- ✓ No gold medals
- ✓ Don't recreate the wheel
- ✓ Don't know? Who might know?
- ✓ Fully in place
  - ✓ **Policy, procedures, people, & process**
  - ✓ *Embedded in continuous improvement process*
- ✓ Note your "ah ha"

School-wide Policies & Practices

School contains predictable and safe environments (including classrooms, hallways, playgrounds, and school bus) that are attentive to transitions and sensory needs.

Leadership (including principal and/or superintendent) develops and implements a trauma-sensitive action plan, identifies barriers to progress, and evaluates success.

General and special educators consider the role that trauma may be playing in learning difficulties at school.

Discipline policies balance accountability with an understanding of trauma.

Support for staff is available on a regular basis, including supervision and/or consultation with a trauma expert, classroom observations, and opportunities for team work.

Opportunities exist for confidential discussion about students.

School participates in safety planning, including enforcement of court orders, transferring records safely, restricting access to student-record information, and sensitive handling of reports of suspected incidents of abuse or neglect.

On-going professional development opportunities occur as determined by staff needs assessments.

Classroom Strategies & Techniques

Expectations are communicated in clear, concise, and positive ways, and goals for achievement of students affected by traumatic experiences are consistent with the rest of the class.
Students' strengths and interests are encouraged and incorporated.
Activities are structured in predictable and emotionally safe ways.
Opportunities exist for students to learn and practice regulation of emotions and modulation of behaviors.
Classrooms employ positive supports for behavior.
Information is presented and learning is assessed using multiple modes.
Opportunities exist for learning how to interact effectively with others.
Opportunities exist for learning how to plan and follow through on assignments.

Collaborations & Linkages with Mental Health

Policies describe how, when, and where to refer families for mental health supports; and staff actively facilitate and follow through in supporting families' access to trauma-competent mental health services.

Access exists to trauma-competent services for prevention, early intervention, treatment, and crisis intervention.

Protocols exist for helping students transition back to school from other placements.

Mental health services are linguistically appropriate and culturally competent.

Staff has regular opportunities for assistance from mental health providers in responding appropriately and confidentially to families.

Family Partnerships & Community Linkages

Staff uses a repertoire of skills to actively engage and build positive relationships with families.
Strategies to involve parents are tailored to meet individual family needs, and include flexibility in selecting times and places for meetings, availability of interpreters, and translated materials.
All communications with and regarding families respect the bounds of confidentiality.
School develops and maintains ongoing partnerships with state human service agencies and with community-based agencies to facilitate access to resources.
When possible, school and community agencies leverage funding to increase the array of supports available.

Next Steps

- Share with your district (who are your people?)

- Don't forget self-care

- Leverage existing initiatives & resources

- Don't do it alone

- **Invest in finding the right tool for the job**

- *Share what you learn*

Maybe they're doing the best they can…

Thank you!!

- Melissa Maras, Ph.D.
- MelissaMaras@Gmail.com
- @MissouriThrive
- @MelissaMaras
- MarasMe@Missouri.Edu
- (573)884-9733

Resources

- Adverse Childhood Experiences at the CDC https://www.cdc.gov/violenceprevention/acestudy/

- Childhood Trauma: Changing Minds https://changingmindsnow.org

- Missouri Department of Mental Health https://dmh.mo.gov/trauma/

- Bruce Perry's ChildTrauma Academy http://childtrauma.org

- Treatment and Services Adaptation Center http://traumaawareschools.org/

Resources

- The National Child Traumatic Stress Network http://www.nctsn.org

- The Search Institute

-   http://www.search-institute.org

- The Substance Abuse and Mental Health Services Administration (SAMHSA)

-   http://www.samhsa.gov

- The Trauma and Learning Policy Initiative https://traumasensitiveschools.org/about-tlpi/successes/

- Wisconsin Department of Public Instruction http://dpi.wi.gov/sspw/mental-health/trauma

Resources

- Calmer Classrooms: A Guide to Working with Traumatized Children http://www.ccyp.vic.gov.au/childsafetycommissioner/downloads/calmer_classrooms.pdf

- Helping Traumatized Children Learn: Supportive School Environments for Children Traumatized by Family Violence http://www.massadvocates.org/download-book.php

- The Heart of Teaching & Learning: Compassion, Resiliency & Academic Success http://www.k12.wa.us/CompassionateSchools/HeartofLearning.aspx

Resources

- *Fostering Resilient Learners: Strategies for Creating Trauma-Sensitive Classrooms*, ASCD (2016)

- *Supporting & Educating Traumatized Students: A Guide for School-Based Professionals*, Oxford University Press (2013)

- *Trauma-Sensitive Schools: Learning Communities Transforming Children's Lives*, Teachers College Press (2016)

Resources

- The UCLA Center for Mental Health in Schools is one of two nationally-funded training and technical assistance centers focused on school mental health. Their School Mental Health Project hosts a searchable clearinghouse for a variety of resources (go to http://smhp.psych.ucla.edu/).

- The Center for School Mental Health is the other national training and technical assistance center focused on school mental health. You can visit them here http://csmh.umaryland.edu/index.html (scroll down to the bottom of the homepage for additional resources). Also visit the separate site they host (http://www.schoolmentalhealth.org/) that links to other sites and resources. You may also find their FAQs helpful (http://www.schoolmentalhealth.org/About-Us/Frequently-Asked-Questions-FAQs/).

- SchoolSocialWork.net is a free online resource and community dedicated to supporting the professional practice of school social workers and other school mental health professionals. Visit this "resource of resources" at https://www.schoolsocialwork.net/.

- Teach Resiliency is a collection of mental health tools and resources developed by educators for educators. They provide feasible and actionable best practices for teachers (for example, check out their "Tough kids tip sheet" https://www.porticonetwork.ca/web/teach-resiliency/-/tough-kids-tip-sheet?template=teacher_resource). Visit their site here https://www.porticonetwork.ca/web/teach-resiliency/about.

- Learn more about the science of childhood trauma and how schools and communities can help at https://changingmindsnow.org/. Scroll down to access free videos and toolkits. The National Child Traumatic Stress Network has other great resources for trauma (http://www.nctsn.org/).

What's Your ACE Score?

[This questionnaire is provided for illustrative purposes only. You are not required to complete this questionnaire. Please carefully consider your audience and available resources before asking anyone to disclose past or present personal experiences.]

Prior to your 18th birthday:

1. Did a parent or other adult in the household often or very 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? **No___ Yes ___**
2. Did a parent or other adult in the household often or very often… Push, grab, slap, or throw something at you? or Ever hit you so hard that you had marks or were injured? **No___ Yes ___**
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 Attempt or actually have oral, anal, or vaginal intercourse with you? **No___ Yes ___**
4. Did you often or very 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? **No___ Yes___**
5. Did you often or very 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? **No___ Yes ___**
6. Were your parents ever separated or divorced? **No___ Yes ___**
7. Was your mother or stepmother: Often or very often pushed, grabbed, slapped, or had something thrown at her? or Sometimes, often, or very 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? **No___ Yes ___**
8. Did you live with anyone who was a problem drinker or alcoholic, or who used street drugs? **No___ Yes ___**
9. Was a household member depressed or mentally ill, or did a household member attempt suicide? **No___ Yes ___**
10. Did a household member go to prison? **No___ Yes __**

Now add up your "Yes" answers. **This is your ACEs Score**.

Reference: https://acestoohigh.com/got-your-ace-score/