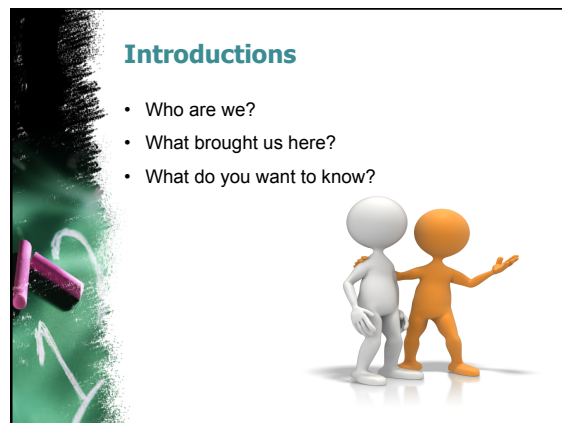


Bridging Clinics and Classrooms: Creating Trauma Informed Educational Communities


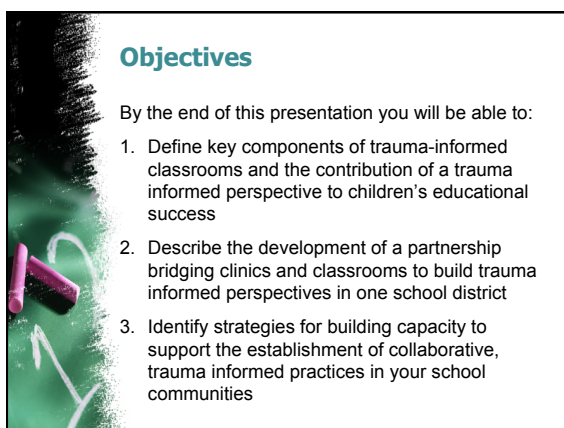
**20th Annual Conference on
Advancing School Mental Health
New Orleans, LA**

Jeanne Felter, PhD, LPC
Michelle Gorenberg, OTD, OTR/L
Philadelphia University



Introductions

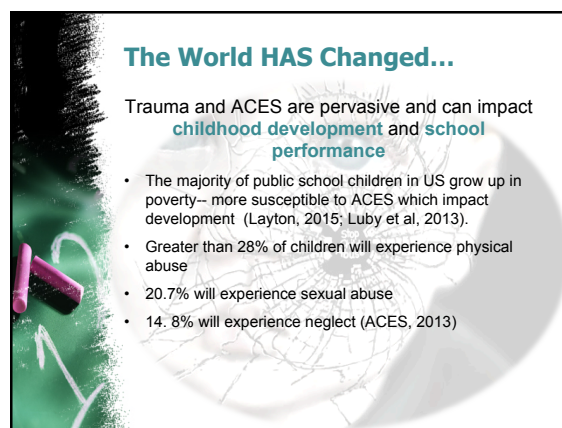
- Who are we?
- What brought us here?
- What do you want to know?

Objectives

By the end of this presentation you will be able to:

1. Define key components of trauma-informed classrooms and the contribution of a trauma informed perspective to children's educational success
2. Describe the development of a partnership bridging clinics and classrooms to build trauma informed perspectives in one school district
3. Identify strategies for building capacity to support the establishment of collaborative, trauma informed practices in your school communities



The World HAS Changed...

Trauma and ACES are pervasive and can impact **childhood development** and **school performance**

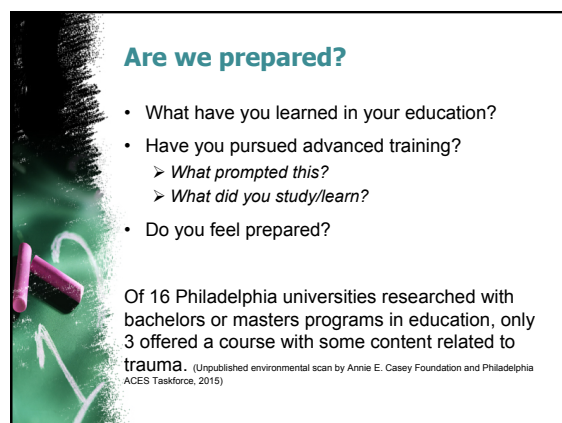
- The majority of public school children in US grow up in poverty-- more susceptible to ACES which impact development (Layton, 2015; Luby et al, 2013).
- Greater than 28% of children will experience physical abuse
- 20.7% will experience sexual abuse
- 14.8% will experience neglect (ACES, 2013)



Toxic Stress from Adverse Childhood Events....

- Leads to changes in neurodevelopment
- Produces symptoms of dysregulation, hyper-arousal, sensory sensitivity, avoidance and dissociation
- Impacts cognition, memory and visual processing
- May lead to inattention, aggressiveness with other children, academic and social challenges at school

(National Center for Mental Health Promotion and Youth Violence Prevention, 2012)



Are we prepared?

- What have you learned in your education?
- Have you pursued advanced training?
 - What prompted this?
 - What did you study/learn?
- Do you feel prepared?

Of 16 Philadelphia universities researched with bachelors or masters programs in education, only 3 offered a course with some content related to trauma. (Unpublished environmental scan by Annie E. Casey Foundation and Philadelphia ACES Taskforce, 2015)

Our Corner of the World

- Philadelphia University
 - Trauma Counseling MS Program
 - Occupational Therapy MS Program
 - Faculty and Community-Based Clinicians
 - Collaborative effort to establish a university affiliated clinic
 - Goals:
 - Serve children, families and communities impacted by trauma and adverse childhood events
 - Provide training to build capacity for trauma competent health professionals



Our Corner of the World....

- Suburban Philadelphia Elementary School
 - 388 students in K-5
 - Title 1 School
 - 72 students receive ESL supports
 - 48% of children get free or reduced lunch (Family of 4 Income < \$31,525)
 - 80 students referred to SST during 2014-15
 - 8% of student
 - 2 restraints/year over the last 2 years
 - 3 students receive 1:1 supports
 - Mean teacher age = 41.61 years
 - Mean years teaching = 12.44

Our Corner of the World.....

Some challenges faced:

- Increasing rates of poverty
- Increasing rates of children exposed to adverse childhood events
- Increasing rates of children with challenges to attention and behavior
- Scarcity of resources
- Language barriers when trying to work with families
- Additional training for faculty
- Stigma

What is already in place:

- After school programs to support children in Reading and Math
- After school program for Homework Help
- Responsive Classroom Curriculum
- Community partnerships

Begin at the Beginning.....

- Locating Resources and Building Bridges
- Asking for Help
 - Goals:
 - Support teachers
 - Serve students and families



Small Steps for Big Impact

- Understanding the challenges
- Building relationships
- Building capacity
- Building knowledge
- Shifting paradigms



Objective

par·a·digm shift

noun

a fundamental change in approach or underlying assumptions.



Keys for Trauma Informed Schools and Classrooms

- SAFETY precedes learning
- FEAR overrides cognitive capacities
- BEHAVIORS communicate brain states
- ENVIRONMENT & ACTIVITIES can calm
- RELATIONSHIPS can heal
- NON-VERBALS are powerful
- TEAMWORK and shared responsibility are vital
- CONNECTIONS within the school and with community providers and systems are required

Adapted from NCTSN: Child Trauma Toolkit for Educators (2008)

REFRAME

CHANGING ATTITUDES

INJURED!

CHANGING THE FUNDAMENTAL QUESTION

It's not "What's wrong with you?"
It's "What happened to you?"

What will promote brain's health and allow healing and healthy development?

Heitman, 1991

Part 1: Introduction to Trauma

1. Open a conversation – better understand the strengths, challenges and perspectives of faculty & admins
2. Define trauma and adverse childhood events
3. Understand the impact of trauma on physical and emotional health and well-being

WHAT? Defining Trauma with the 3Es

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 threatening and
- that has lasting adverse **effects** on the individual's functioning and physical, social, emotional, or spiritual well-being.

(www.SAMHSA.gov)

What are ACEs?

| ABUSE | NEGLECT | HOUSEHOLD DYSFUNCTION | Describe recurring behavior(s) | What have you tried? (teacher's response) | Impact of your response on student's behavior | What do you know about history or current circumstance? |
|-----------|-----------|-----------------------|--------------------------------|---|---|---|
| Physical | Physical | Marital Stress | | | | |
| Emotional | Emotional | Substance Abuse | | | | |
| Sexual | | Parental Divorce | | | | |

Source: Centers for Disease Control and Prevention
Child Welfare Information System

Pyramid of Needs:

- Physiological needs:** food, water, warmth, rest
- Safety needs:** security, safety
- Belongingness and love needs:** affection, affection, family, friends
- Esteem needs:** prestige and feeling of accomplishment
- Self-actualization:** realizing one's full potential, including creative activities
- Self-fulfillment:** needs

WHY? Trauma & Behavioral Health

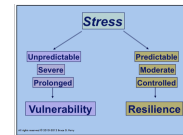
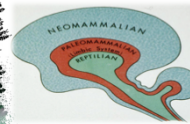
Trauma

- 90% of alcoholic women were sexually abused or suffered violence
- 80% of those in psychiatric hospitals experienced physical or sexual abuse as children
- Boys who experience or witness violence are 1000 times more likely to commit violence
- 75-93% of juvenile detainees reported having experienced some degree of trauma
- 50% of all outpatient mental health patients
- 66% in SA treatment report childhood abuse or neglect

Part 2: Reframe: Mental Health as Brain Health

- Review the definitions of trauma, adversity and stress
- Distinguish stress leading to resilience versus vulnerability (toxic stress)
- Discuss the impact of toxic stress on the developing brain
- Identify classroom behaviors that may result from toxic stress
- Present a new strategy for approaching challenging behaviors in the classroom

Reframe



| Increase | Decrease |
|--|---|
| <ul style="list-style-type: none"> ✓ Size of amygdala (increased interpretation of stimuli as fearful) ✓ Sympathetic NS (fight/flight/freeze) ✓ Startle response ✓ Cortisol levels (stress hormones) ✓ Inflammation ✓ Blood pressure, resting heart rate, respiration ✓ Weight gain ✓ Trembling/shaking ✓ Kindling of HPA axis (takes less stress to trigger a stress response) | <ul style="list-style-type: none"> ✓ Hippocampal volume (learning and memory) ✓ Corpus callosum volume (smaller, fewer connections, less integration) ✓ Cortex/ Brain volume (smaller brain) ✓ Short-term memory ✓ Verbal recall ✓ Parasympathetic NS (calming system) ✓ Ability to form social attachments ✓ Ability to regulate mood and affect |

Stress & Brain Health

- ◆ Brain Health impairment occurs as a result of the interaction of **genes** and **environment**
- ◆ "Toxic Stress" increases the likelihood of **Brain Health problems** that can emerge in childhood and adulthood
- ◆ While some children demonstrate resilience in the face of chronic adversity and stress, most experience ongoing difficulties with **emotion regulation, adaptability, social skills, and self-concept**

Behaviors we see...

| Age 0-5 | Age 6-11 | Age 12-17 |
|---|--|--|
| <ul style="list-style-type: none"> • Fear of being separated from parent • Crying, whimpering, screaming • Immobility and/or aimless motion • Trembling, excessive clinging, frightened facial expressions • Regressed behaviors (thumb-sucking, bed-wetting, fear of darkness, etc...) • Self-soothing (rocking, head-banging) | <ul style="list-style-type: none"> • Extreme withdrawal • Disruptive behavior • Inability to pay attention • Regressed behaviors • Nightmares/ sleep problems • Irrational fears • Irritability • School refusal • Anger outbursts • Fighting • Somatic complaints • Poor academic engagement (school work suffers) • Depression, anxiety, feelings of guilt, emotional numbing | <ul style="list-style-type: none"> • Flashbacks • Nightmares/ sleep problems • Emotional numbing • Avoidance of reminders • Depression • Substance abuse • Problems with peers • Anti-social behavior • Withdrawal/ isolation • Physical complaints • Suicidal ideation • School problems • Confusion • Guilt • Revenge fantasies |
| Resembles Attachment disorders, Autism/ PDD | Resembles Attachment Disorders, ADHD, ODD, Autism/PDD, Depression, Bipolar, Psychosis | Resembles ADHD, ODD, Autism/PDD, Depression, Bipolar, Borderline, Psychosis |

Regulate

Reason

Relate

Perry, B.D. (2006)

Part 3: Reframe Stress and the Brain's Reactions to Day-to-Day Sensations

1. Discuss the impact of stress on the brain's ability to interpret sensory information
2. Describe the 7 senses and impacts on behavior and learning
3. Recognize sensory impacts of day-to-day environments, activities and interactions
4. Identify potential challenges to sensory processing and behavioral manifestations at school
5. Discuss strategies for creating sensory-sensitive classroom environments

SOME KEY CONSIDERATIONS

- Sensory processing and preference is unique to every person
- Cumulative nature of sensation
- More is not always better
- Adaptive Responses are Key
- Just-Right Challenge

The Shift.....

Teacher Efficacy Scale
(Tschannen-Moran, M., & Woolfolk Hoy, A. 2001)

- 24 item, self-report likert scale
- measures teacher's beliefs about their ability to effectively engage students in the classroom
- three domains: engagement, classroom management, and strategies

- Open-ended questions examined teacher's awareness of trauma and sensory integration

Results: Teacher Efficacy Scale

- Overall, teachers rated their teaching efficacy in the average to above average range
- Most teachers felt more confident about classroom management than engagement.
 - *Teachers are well prepared to set up classroom environments and provide structure and rules for students*
 - *However, teachers were less confident in their ability to calm dysregulated students*

Teacher Efficacy Subscales

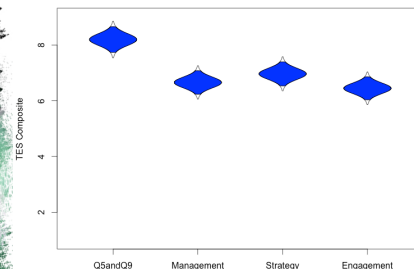


Figure 1. Plots of the 95% confidence intervals for the Teacher Efficacy Subscales, along with two items held out from the Management Subscale. The blue "cat's eye" represents the middle 95% of the distribution of means and the tails are represented in white.

The Shift....

Q2. What are some reasons that students in your classroom exhibit difficult behaviors?

Routines at home (lack of), academic difficulty, basic needs not being met

Overstimulation, sensory (difficulties), trauma

Unable to focus during group lessons, youngest student in class, language barrier

Neglect, poverty, divorce

The Shift....

Q4. List some strategies you have used to manage difficult behaviors in your classroom.

Parent teacher daily communication log, loss of recess, action apology

Organized movement, weighted book bag, time-in

Ticket reward system, behavior chart

More brain breaks, using sensory activities to transition from one activity to the next

Logical consequences, behavioral charts, classroom management chart

Movement with music

One participant's response...

"People can assume that a child is misbehaving or not trying when in reality they're trying to keep calm or socially present themselves. They can be over/under stimulated and ready to flip out and not understand why, which can make communicating the way they feel difficult. Also, we are all not the same, so others tolerance has a huge impact on how we view a child's learning/behavior. We end up creating a reality that really might not be true for them"

Next Steps

- Building New Bridges
 - *Building Bridges to Higher Education*
 - Building capacity in MS programs at PhilaU
 - Inter-professional Training – classroom, clinic and schools
 - *Building More Bridges to K-12 Education*
 - Joint training and in-servicing
 - Broaden school staff involved
 - Student training/service learning

Take Home Messages – You have the tools

1. Grow where you are. Little steps can have big impacts.
2. Expand your networks and consider new partnerships
 - *In your own school – Do you know how others might be involved?*
 - *Universities*
 - *Hospitals*
 - *Local Experts*

Take Home Messages

The #1 Tool in your Toolbox is Knowledge!

1. Acknowledge that the world has changed
 - *Needs demand advanced skills for teachers and all school professionals*
 - *Be open to different frameworks, partnerships*
2. Create a Community of Learners
 - *Pursue training yourself*
 - *Involve others in your training*
 - *Learn from, support and challenge each other*
 - *Reach Out AND Reach In*

Now You Try....

- In groups, discuss the take home messages
- Consider the potential members of your own learning community.
 - *Within your school*
 - *Within your community*
 - *Broader circles*
- What would you want to learn first?
- Who would you ask?
- Brainstorm around you first steps.

QUESTIONS?



References

- Atchison, B. (2007). Sensory modulation disorders among children with a history of trauma: A frame of reference for speech-language pathologists. *Language, speech and hearing services in schools*, 38, 109-113.
- Cole, F. S., Eisner, A., Gregory, M., & Ristuccia, J. (2013). Creating and advocating for trauma-sensitive schools: Helping traumatized children learn. Safe, supportive learning environments that benefit all children. Boston, MA, Massachusetts Advocates for Children retrieved from <http://traumasensitiveschools.org/tipi-publications/>
- Luby, J., Belden, A., Botteron, K., Marrus, N., Harms, M.P., Babb, C., Nishino, T., Barch, D. (2013). The effects of poverty on childhood brain development: The mediating effect of caregiving and stressful life events. *JAMA Pediatrics*, 167, 1135-1142.
- Tschannen-Moran, M., & Woolfolk Hoy, A., (2001). Teacher efficacy: Capturing an elusive construct. *Teaching and Teacher Education*, 17, 783-805.
- Warner, E., Koomar, J., Lary, B., & Cook, A. (2013). Can the body change the score? Application of sensory modulation principles in the treatment of traumatized adolescents in residential settings. *Journal of Family Violence*, 28(7), 729-738

- Warner, E., Koomar, J., Lary, B., & Cook, A. (2013). Can the body change the score? Application of sensory modulation principles in the treatment of traumatized adolescents in residential settings. *Journal of Family Violence*, 28(7), 729-738
- Williams, M.S. & Shellenberger, S. (1996). *How does your engine run? A leader's guide to the Alert Program for self regulation*. Albuquerque, NM: TherapyWorks, Inc.