Unconditional Education: How the infusion of trauma-informed practice enhances PBIS

Unconditional Care: Unconditional Education

Who's in the room?

WHERE ARE WE GOING?

- Unconditional Education Model
- How Multi-tiered Systems of Mental Health Support and Trauma-Informed Practice Enhances PBIS
- How to use the Internal Working Model exercise to bring intention to intervention (PART II in Muses)

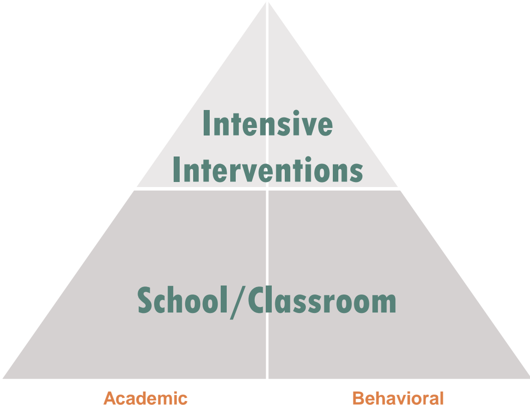
UNCONDITIONAL EDUCATION

AT THE HEART OF THE MATTER

School communities are responsible for doing whatever it takes to ensure that *ALL* students' needs are met within their community school

THE CHALLENGE

The traditional system is not serving the needs of our community…

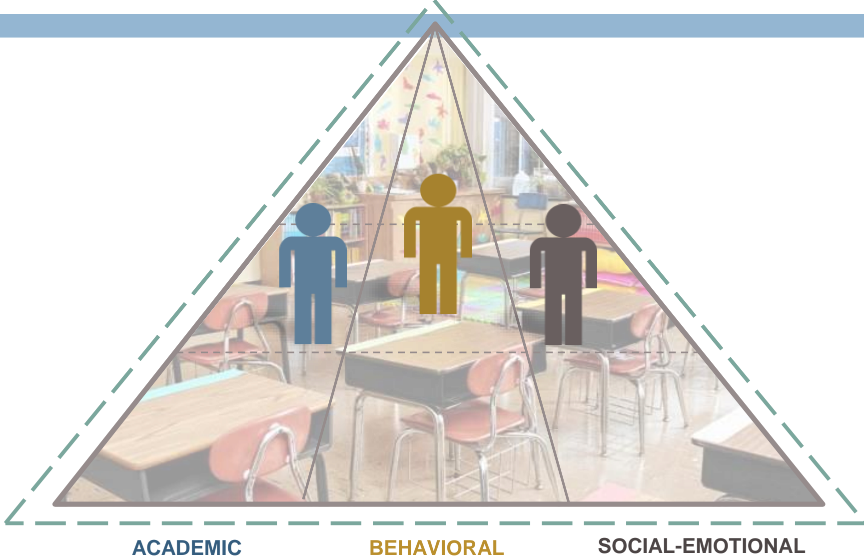


WHY NOT?

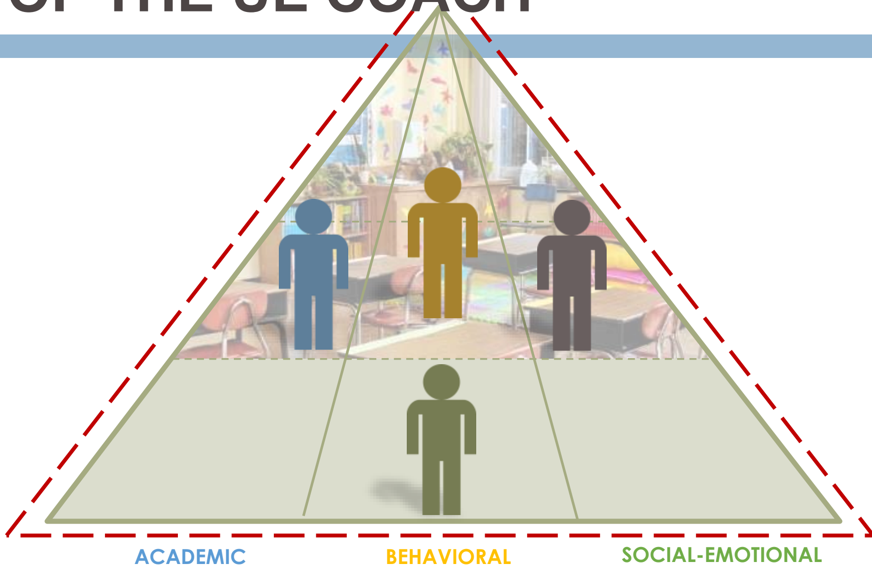
- Our schools are located in underserved neighborhoods where the majority of children are exposed to generational patterns of gang activity, crime, and community and interpersonal violence, and come to school manifesting symptoms of **chronic stress** and **trauma**.
- **61% of 5th** graders at one partner school have been exposed to trauma AND **meet the threshold on the symptom scale for moderate to severe PTSD**
- **Several lockdowns on school campuses each year,** due to violence in the immediate neighborhood

WE NEED A NEW TRIANGLE!

TRANSFORMING THE APPROACH



ROLE OF THE UE COACH



PHILOSOPHICAL SHIFTS

TRADITIONAL APPROACH

- Services and service providers are siloed and separate
- Special Education staff and Clinicians are responsible for providing interventions to students

UNCONDITIONAL EDUCATION

- Services and service providers are integrated and coordinated
- Expert staff work to build the capacity of the entire community to provide interventions with students

In schools impacted heavily by trauma, mental health knowledge must be transferred to the whole community

IN A RECENT NATIONAL STUDY

- **89%** of teachers reported that they felt schools should be involved in addressing mental health needs, yet only **34%** reported that they had the skills to do so.
- Teachers expressed a desire for training in recognizing and understanding mental health issues, coaching on classroom management strategies, and guidance on working effectively with families

Reinke, W., Stormont, M., Herman, K., Puri, R., & Goel, N. (2011). Supporting Children's Mental Health in Schools: Teachers Perceptions of Needs, Roles, and Barriers. School Psychology Review, 26, 1-13.

Trauma-Informed Education

- **Recognition of the prevalence** of trauma
- **Recognition of the connection** between trauma history and the child's problems/behaviors: aggression, defiance, absenteeism, learning differences
- **Attention to triggers** that may be present in the school environment that can be activated in the course of the day (**resisting re-traumatization**)
- **Responding** by putting this knowledge into practice

PREVALENCE

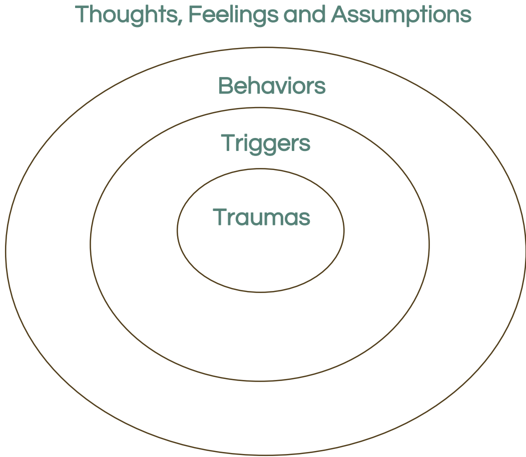
Prevalence

- **60%** of adults report experiencing abuse or other difficult family circumstances during childhood. (1)
- **26%** of children in the United States will experience or witness trauma before the age of 4. (1)
- Nearly **14%** of children repeatedly experienced maltreatment by a caregiver, including nearly 4% who experienced physical abuse. (2)
- **2%** of all children experienced sexual assault or sexual abuse during the past year, with the rate at nearly 11% for girls aged 14 to 17. (3)
- **1 in 5** children witnessed violence in their family or the neighborhood during the previous year. (2)
- Young children exposed to five or more significant adverse experiences in the first three years of childhood face a **76%** likelihood of having one or more delays in their language, emotional or brain development. (4)
- In 2014, **61% of Cox 4th grade students** reported exposure to at least one traumatic event AND met criteria for moderate to severe PTSD.

CONNECTION BETWEEN TRAUMA HISTORY AND CURRENT BEHAVIOR

Understanding Trauma

- **Inner Ring-** Examples of trauma that your students have experienced
- **2nd Ring-** Student triggers?
- **3rd Ring-**What behaviors do you observe?
- **Outer ring-** What thoughts, feelings and assumptions do these behaviors bring up for you?

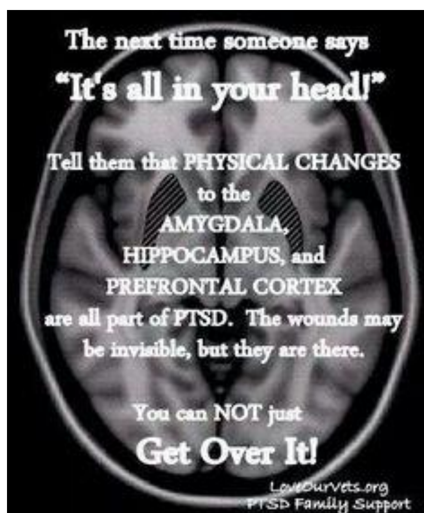


Connection

	Academic Failure	Severe Attendance Problems	Severe School Behavior Concerns	Frequent Reported Poor Health
3 or More ACES N=248	3	5	6	4
2 ACES N=213	2.5	2.5	4	2.5
1 ACES N=476	1.5	2	2.5	2
No Known ACES N=1,164	1	1	1	1

Spokane Elementary School ACE Study, Christopher Blodgett Ph.D.

Brain Becomes Hardwired to See Danger!



What does Trauma look like?

- Anxiety, worry about safety of self or others
- Preoccupation with violence (in talk, play, or interest)
- Irritability, moodiness
- Inability to stay focused or to pay attention
- Withdrawal from people or activities
- Angry outbursts, aggression
- Absenteeism
- Distrust of others
- Change in ability to read, interpret, respond to social cues
- Drug use
- Change in school performance
- Over- or under- reacting to stimuli (i.e. loud noises, touch, sirens, lighting, sudden movement)
- Somatic complaints
- Difficulty with authority, redirection, or criticism
- Thoughts or statements about death or dying
- Hyperarousal (i.e. tendency to be easily startled, to fidget, etc)
- Emotional numbing

What does Trauma look like?

- ADHD
- Oppositional Defiant Disorder
- Conduct Disorder
- Depression
- Anxiety
- Substance Abuse
- Bipolar Disorder
- Psychosis NOS
- Intermittent Explosive Disorder
- Undifferentiated Somatoform Disorder

Without a diagnosis of Developmental Trauma Disorder, these kids will receive an average of 3-8 co-morbid Axis I and Axis II diagnoses!

- VAN DER KOLK, D'ANDREA AND SPINAZZOLA

What does Trauma look like?

- A confusing succession of treatment attempts aimed at addressing a small aspect of the symptom picture
- Treatment that is focused on trials of medication
- Multiple treatment providers acting in isolation

…AND NOTHING IS WORKING!!!

PBIS: First step to coming up with a solution is to define the problem with precision:
Who, what, where, when, <u>WHY?</u>

10 minute Break

Part Two starts at 2:10!

MUSE: 8th floor

TRIGGERS and the INTERNAL WORKING MODEL

If you are lucky enough to grow up in an essentially benign setting ….

- **Then you have certain beliefs about:**
  - Safety
  - Your ability to control your own outcomes
  - The motivations and intentions of others
  - Your own essential goodness as a person
  - Your ownership of your own body
  - Your capacity to control your own thoughts
  - Your ability to control your own emotional states

Key Concepts

Invitations:

- How is the child "inviting" you to respond?
- What does is seem like he/she wants you to do?

Internal Working Model:

- A child's core beliefs about him/herself, relationships, and the world.

Disconfirming Stance:

- An effort to correct unhelpful beliefs the child has about him/herself, the world, or relationships.

RESPONSE and the DISCONFIRMING STANCE

Trauma-informed approaches ask "What happened to you?" **not** "What's wrong with you?"

Working with an Individual Student

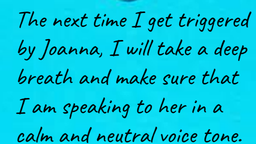
This upcoming exercise was developed in response to a request from teachers for specific "strategies" to use for students who have experienced trauma.

Internal Working Model Exercise

Use Internal Working Model worksheet to develop interventions for a student.

Closing Commitments

What's **<u>one thing</u>** you will do in your classroom/school to demonstrate trauma-informed care?



QUESTIONS?

RESOURCES

National Child Traumatic Stress Network:

www.nctsn.org

Positive Behavioral Interventions and Supports:

www.PBIS.org

www.PBISworld.com

Ted Talk with Nadine Burke Harris:
http://www.ted.com/talks/nadine_burke_harris_how_childhood_trauma_affects_health_across_a_lifetime