

Hurricane Harvey Recovery: Preparing Educators to Address Trauma Using Virtual Role-Play Simulations



Today's Presenters

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Disclosures

Glenn Albright and Jennifer Spiegler report that they have an employment agreement with Kognito, the company that developed the *Trauma-Informed Practices for K12 Schools* simulation.

Janet Pozmantier has no conflicts to disclose.



Agenda

- MHA of Houston: Responding to Hurricane Harvey
- Partnering to Create and Deploy Online Trauma-focused PD for Houston Area Educators
- Simulation Demo
- Kognito Learning Model
- Impact – Study Outcomes
- Q & A

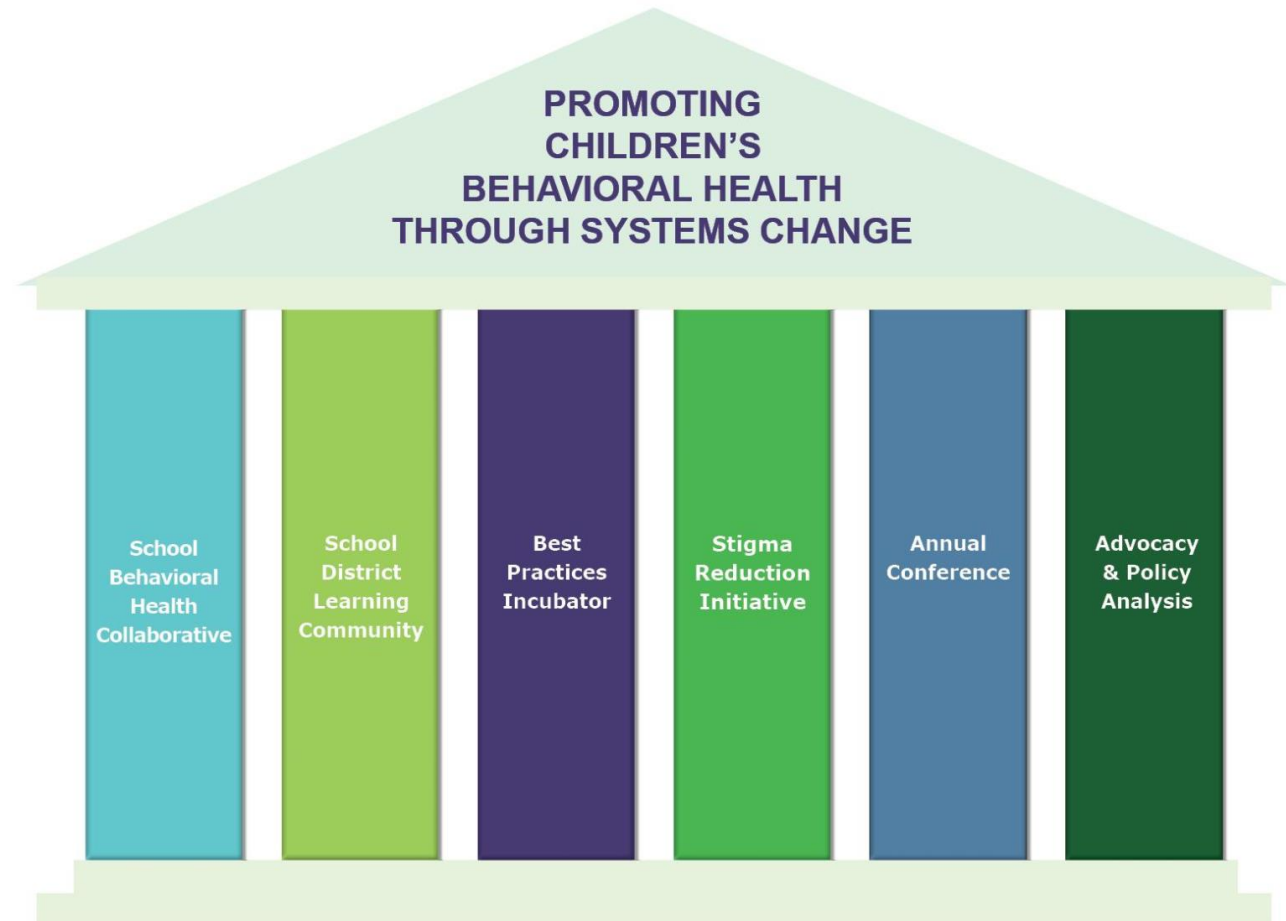
Center for School Behavioral Health at Mental Health America of Greater Houston

Educator, parent and student
toolkits, PSAs and more at:

[www.mhahouston.org/
emotional-backpack-project](http://www.mhahouston.org/emotional-backpack-project)



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Hurricane Harvey Houston, Texas – August, 2017



Kognito and UNICEF to the rescue!

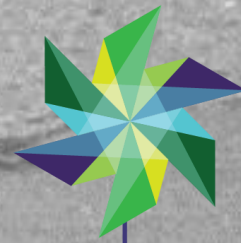


3 Days



And less than 2 weeks later . . .

Are the Kids Alright? Responding to Post-Harvey Trauma



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children first.

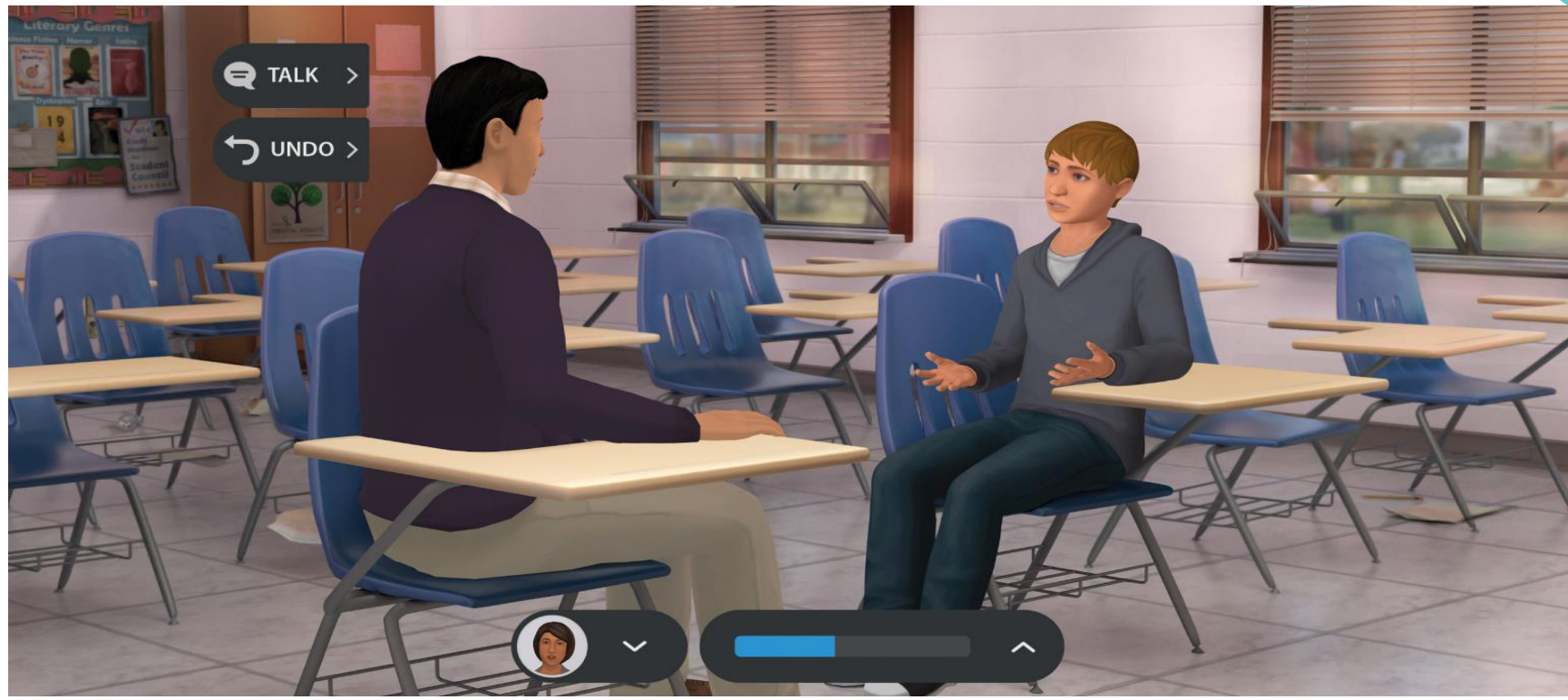




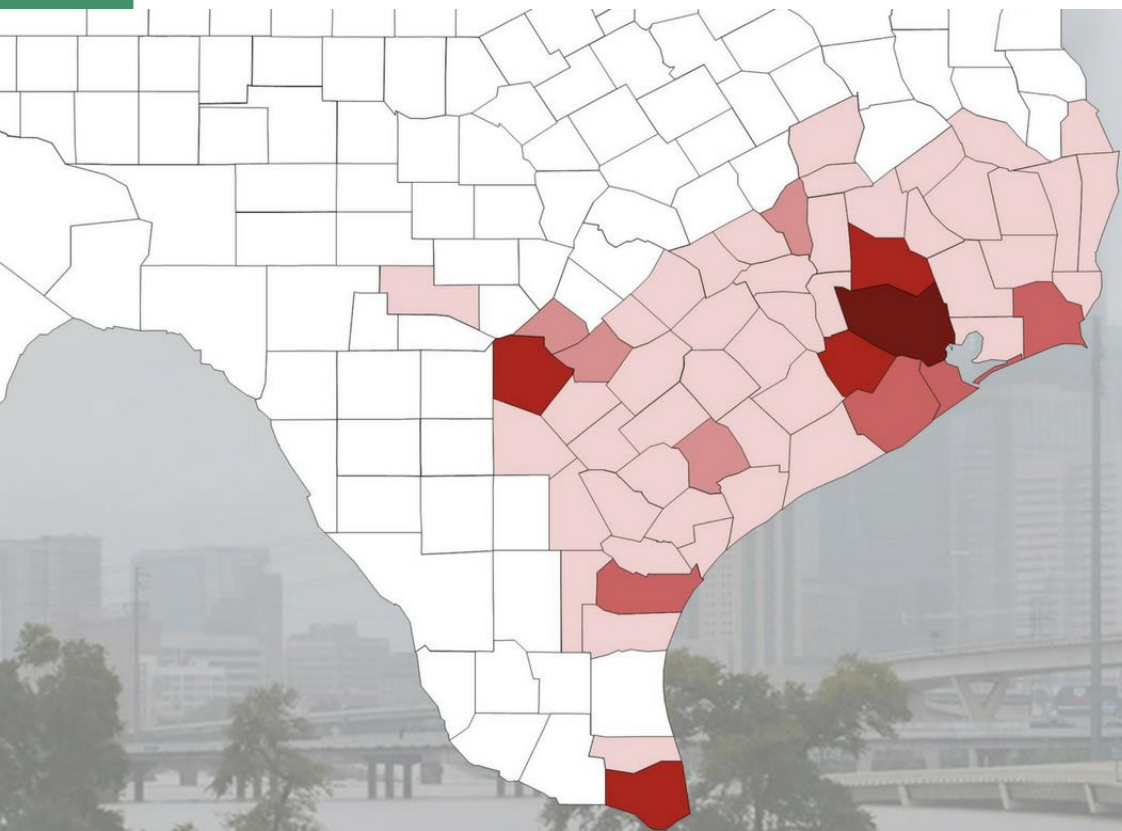
- 1. Training In Trauma-Informed Classroom Strategies and Mindfulness**
- 2. Trauma-Informed Therapeutic Group Sessions**
- 3. Online Mental Health Training**



Online Trauma Simulations for Educators



Texas Education Agency & American Red Cross



HURRICANE HARVEY

Nearly 3 million children affected



Hurricane Harvey took greatest toll on mental health, registry finds

By **Todd Ackerman** Updated 8:37 pm CST, Thursday, February 21, 2019



Hurricane Harvey's greatest lingering toll was on Houstonians' mental health, according to initial findings from a first-of-its-kind registry that surveyed people about the 2017 event's impact on their lives.

Nearly two-thirds of respondents to the registry, modeled on the one created in the aftermath of the 9/11 World Trade Center attacks, reported intrusive or unintended thoughts about the hurricane and its resulting flooding. That was a higher rate than physical symptoms reported by respondents.



Statistics: Trauma and Hurricane Harvey

- 35 million children and teens in the U.S. have experienced at least 1 type of childhood trauma
- Childhood and adolescent psychological trauma including those who have high adverse childhood experience scores have:
 - Profound long-term consequences on psychological and physical well-being
 - Neurophysiological brain development in response to traumatic experiences

Trauma-Informed Practices for K-12 Schools

Online Mental Health Simulations for Educators

- 3 role-play scenarios
- Online and self-paced
- 30-45 min to complete
- Developed with trauma experts Marleen Wong and Julie Kaplow
- Blended learning option – discussion guide included



Demo

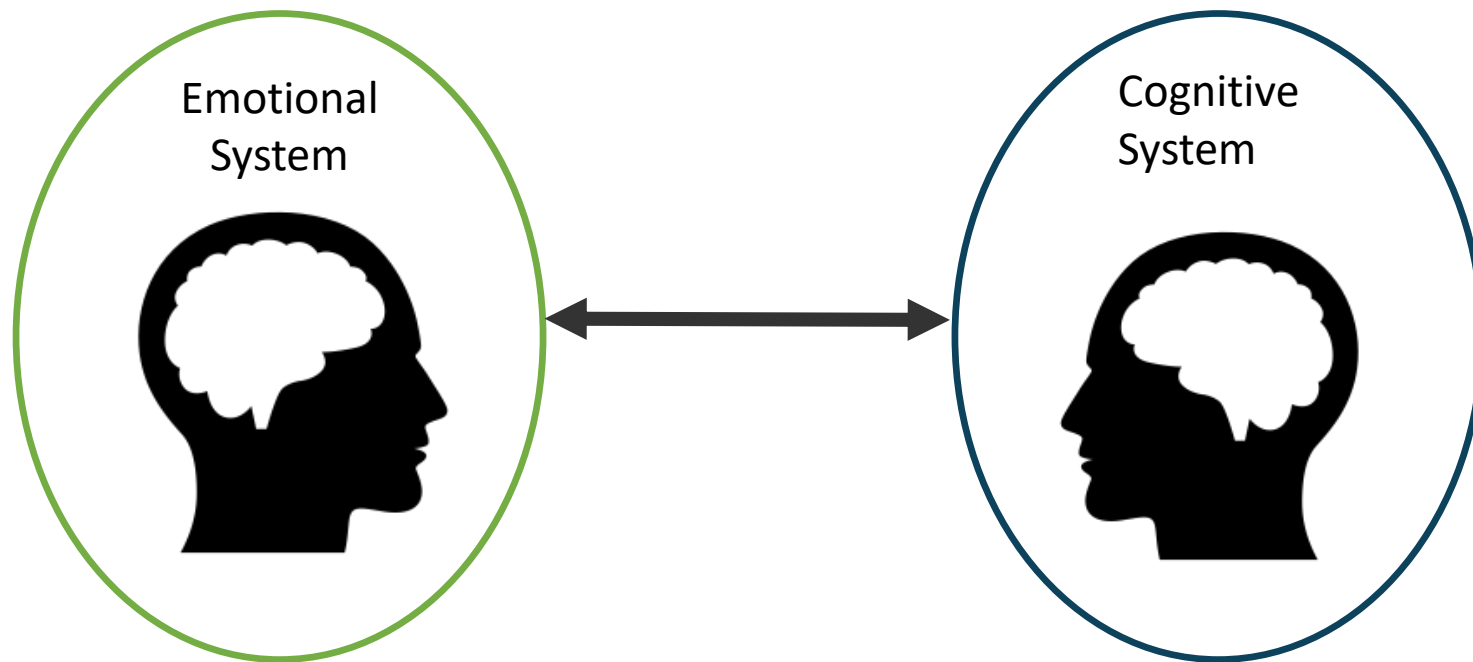
To request a full-length demo of this program, please contact Jennifer Spiegler
jennifer@Kognito.com



Underlying Learning Methodologies for Teaching Effective Gatekeeper Skills



Difficult Conversations Can Be Hard



Rapid judgments, large amounts of information synthesized at once or faced with imminent threat

Slower, rule-governed deliberation

To manage challenging conversations the cognitive system needs to monitor & regulate the emotional system.

Learning Model

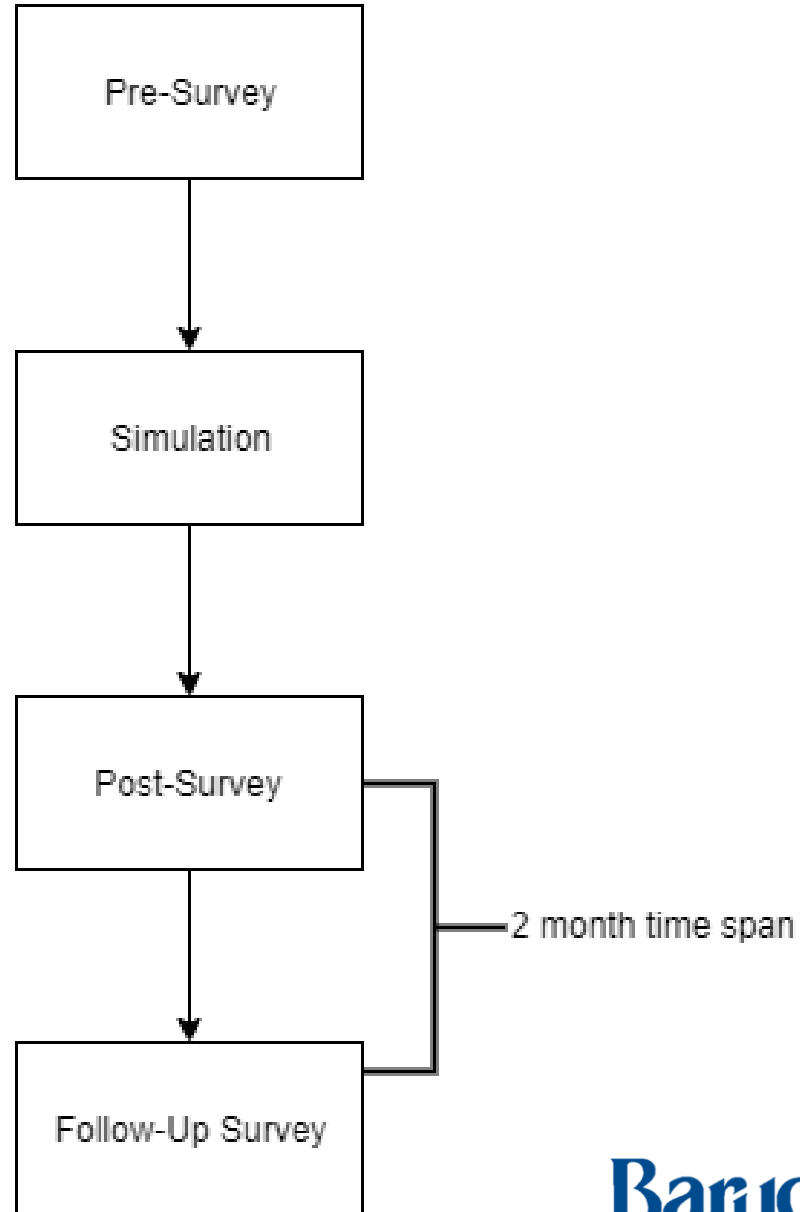
- Evidenced-Based Communication Tactics Drawn From Components of Neuroscience, Social Cognition, Adult Learning Theory and Applied Game Mechanics
- Motivational Interviewing
 - Providing affirmation
 - Asking open-ended questions
 - Reflective listening
 - Summarizing client statements
- Emotional Regulation
- Mentalizing or Theory of the Mind
- Empathy
- Empathic Accuracy or Cognitive Empathy

Why Virtual Humans?

- Instructional Benefits:
 - Safe to self-disclose, experiment
 - Increase in engagement, openness
 - Decrease in transference reactions
 - Decrease social evaluative threat
- Other benefits:
 - Personalization of experience
 - Reach geographically dispersed areas
 - Support multiple languages
 - Reduce costs of updates



Study Design



Measures

Attitudinal measures: Self Efficacy, Understanding & Stigma (7 items: pre- to post- to follow-up)

- I know:
 - how to recognize students' warning signs of psychological distress or trauma.
 - how to talk with a distressed student about mental health support services.
 - how to teach students activities to manage their stress and emotions.
 - communication strategies to help a distressed student feel safe
- I understand trauma informed approaches in teaching.
- Students who disrupt my class do NOT care about learning.
- I do not take it personally when a student makes a disparaging remark towards me.

Measures

Changes in behavior (Pre- to follow-up)

In the past two academic months, approximately how many students have you:

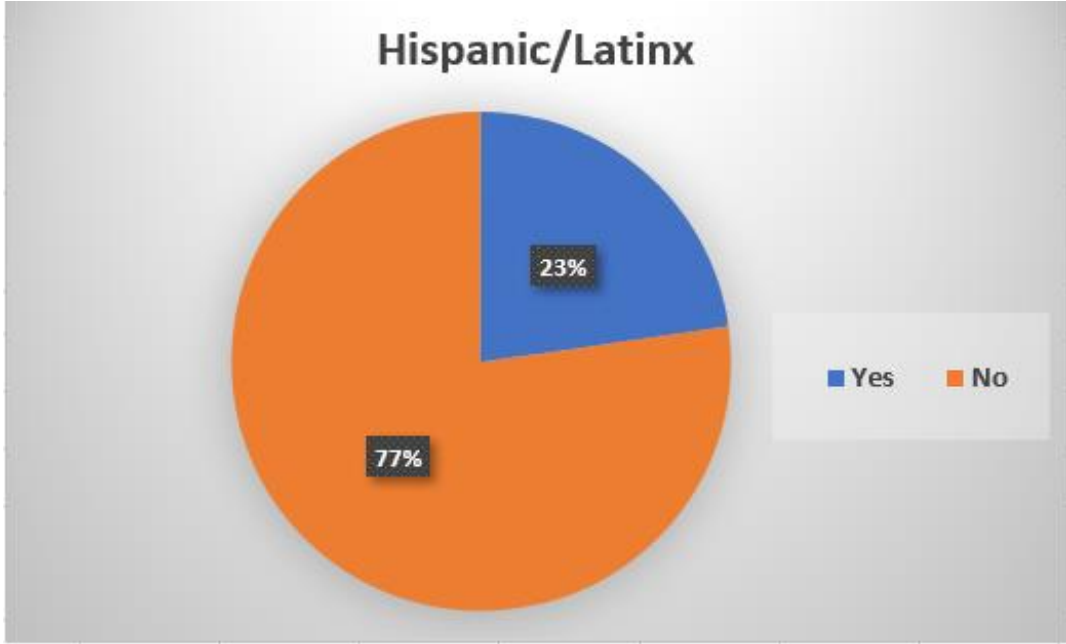
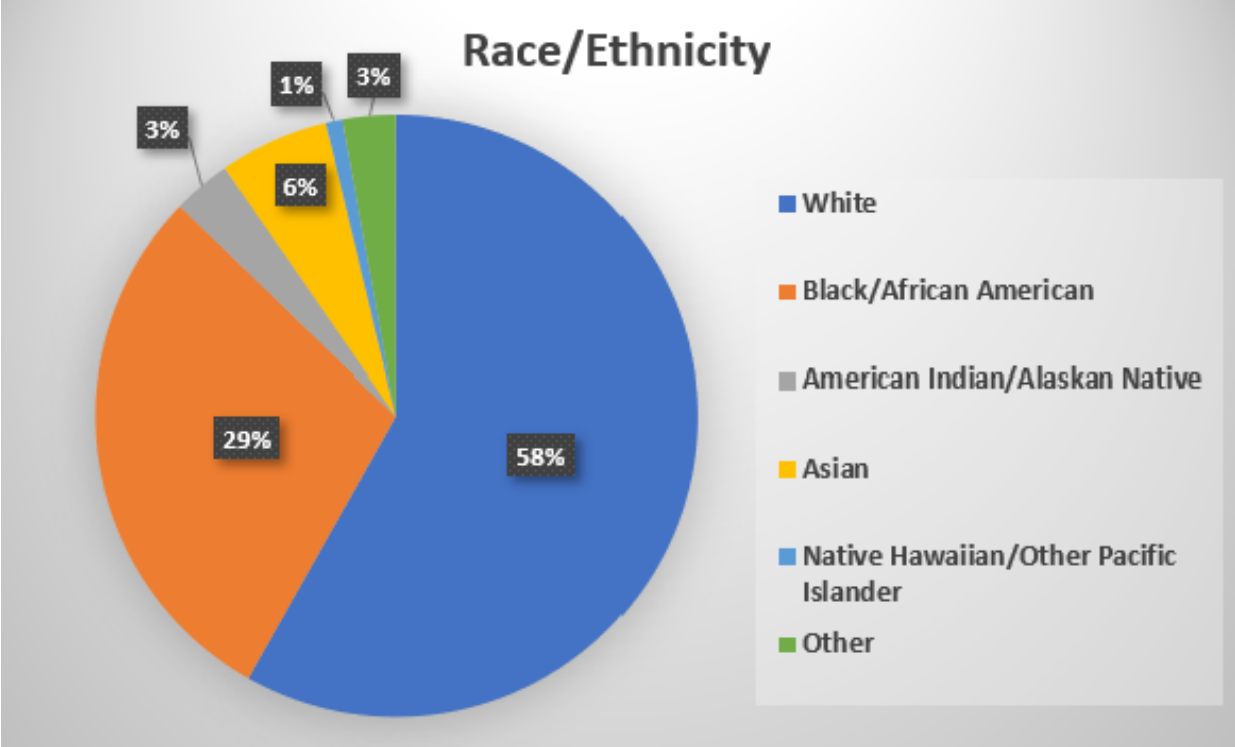
- Been concerned about due to their psychological distress or trauma?
- Approached to discuss your concerns about their psychological distress or trauma?
- Discussed a referral to support services?
- Students approached to gather more information (elementary only)
- Parents approached to discuss concern (elementary only)
- Parents informed about mental health support services (elementary only)

Follow-up Only

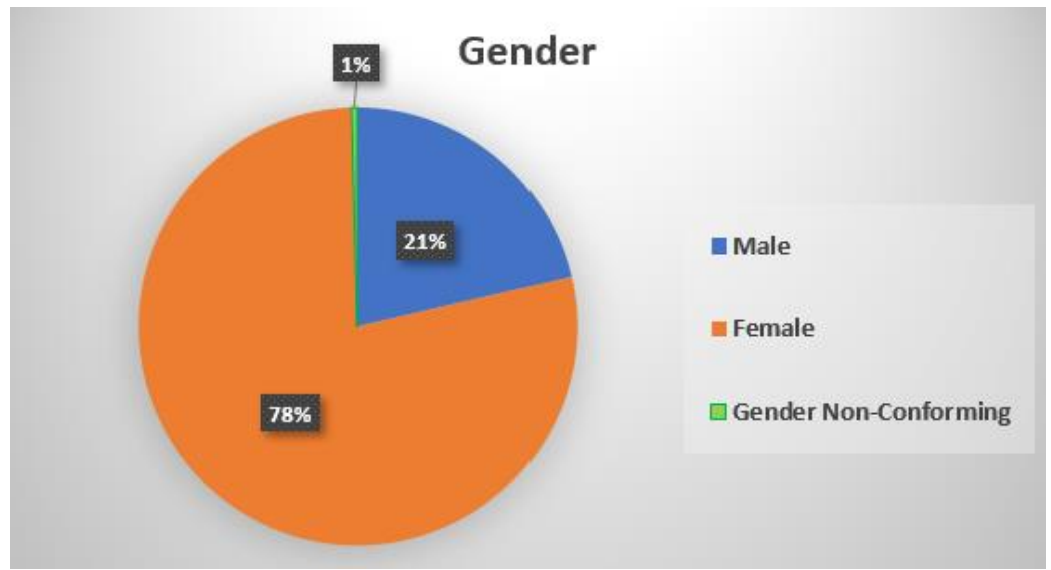
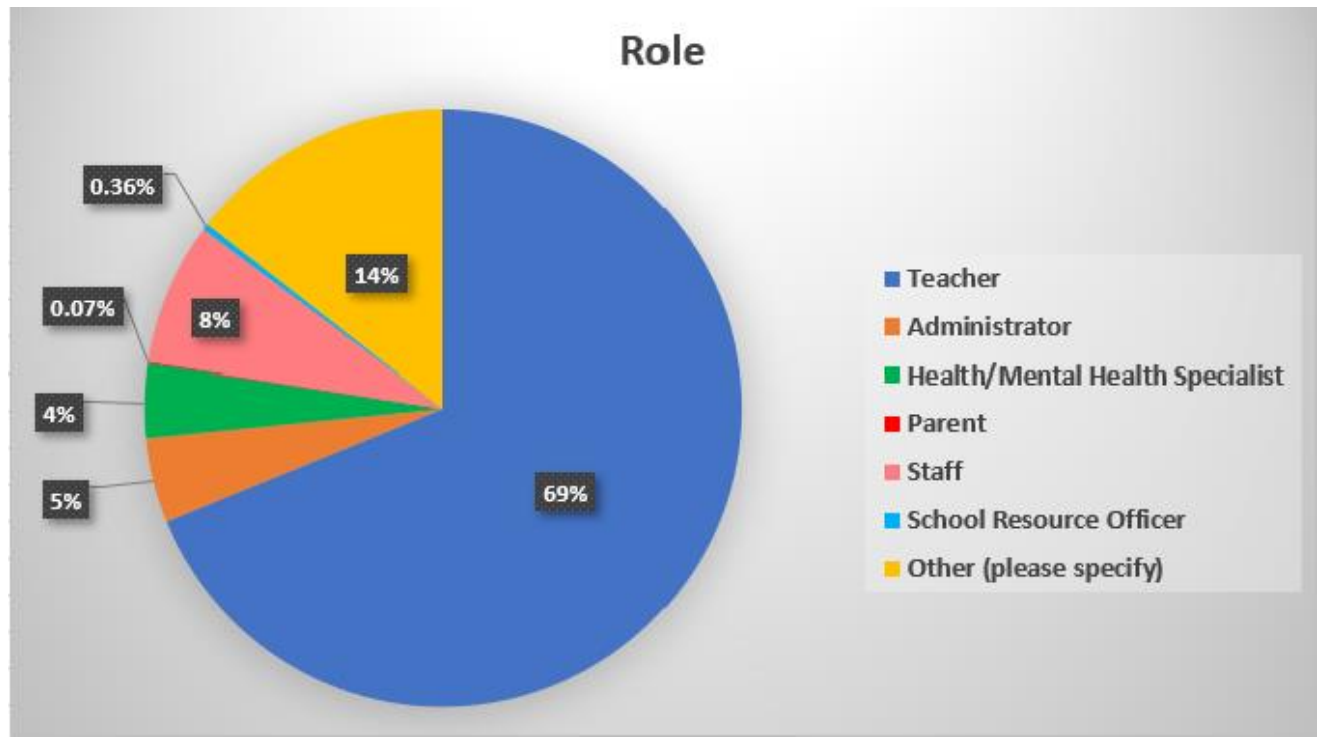
As a result of this simulation there has been an increase in the number of:

- Students that I identified that might have been traumatized
- Students referred to support services due to my concerns
- Parents I talked to regarding signs their child may be traumatized
- My conversations with other teachers/staff about trauma informed teaching

Demographics (n = 773)



Demographics cont.

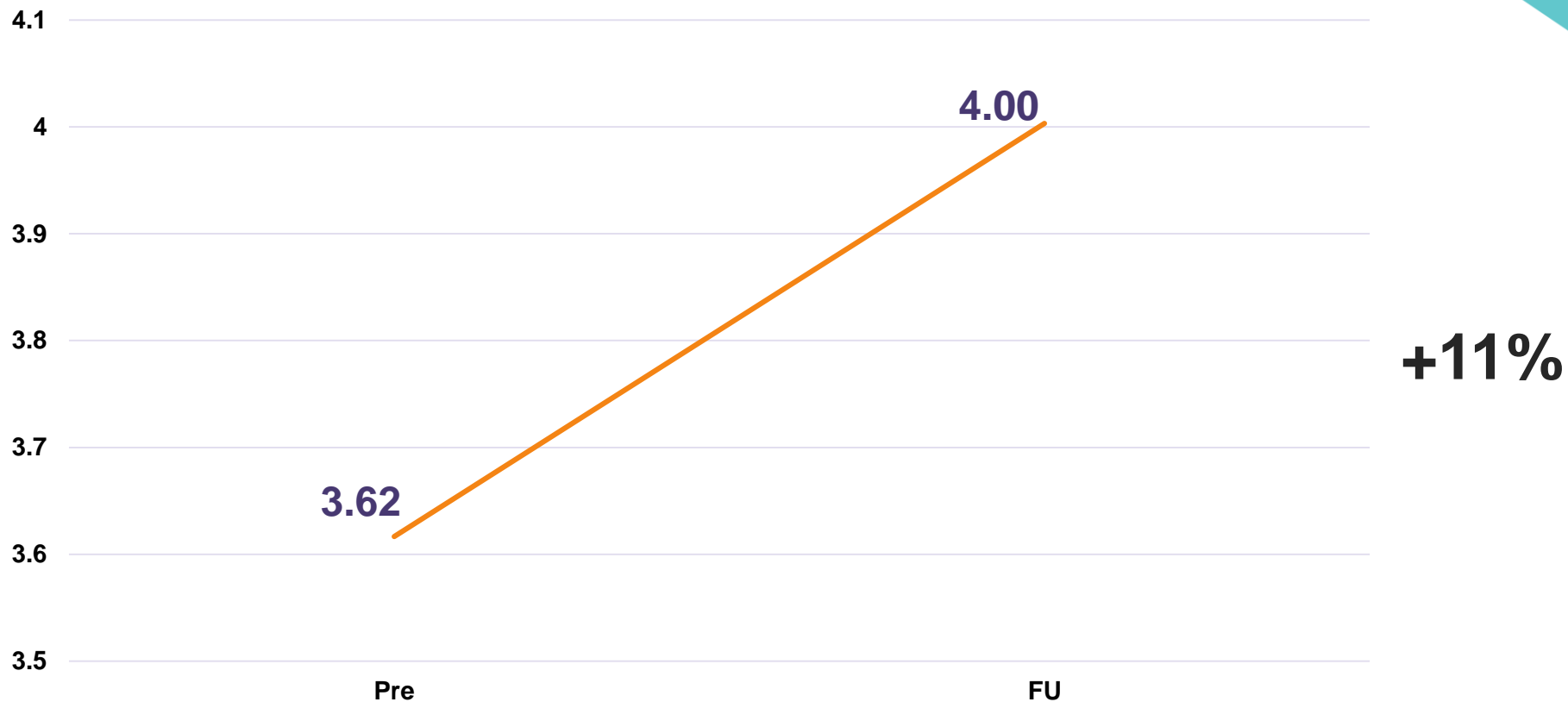


Level 1 Composite Measures (Grades K-12)

- 91% rated simulation as “excellent”, “very good” or “good”
- 95% of participants said that the scenarios were relevant to their work with students
- 94% indicated that they would recommend the simulation to a colleague

Level 2: Self-Efficacy and Understanding Composite Measures K12

(n = 773, p<.01)

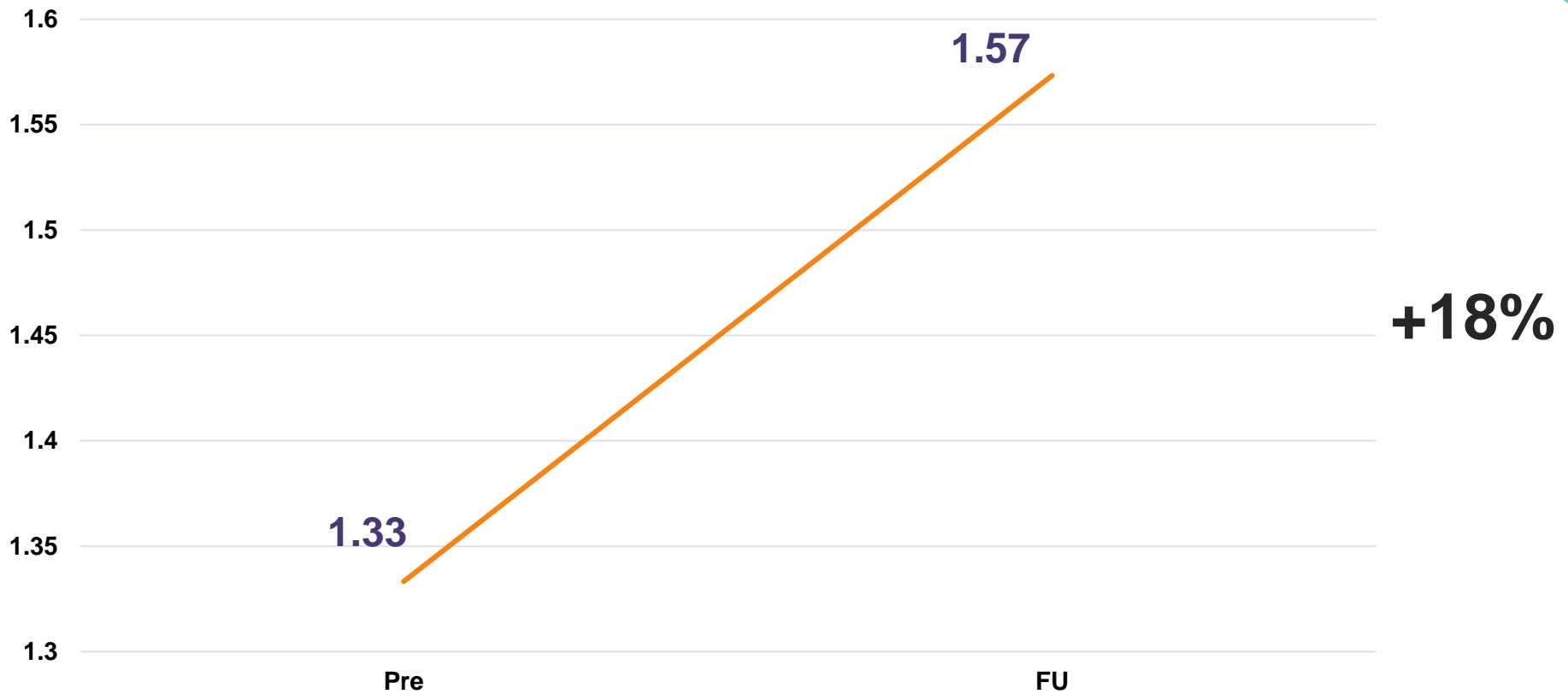


Level 2: *Reduced Personal Stigma* Composite Measures K-12

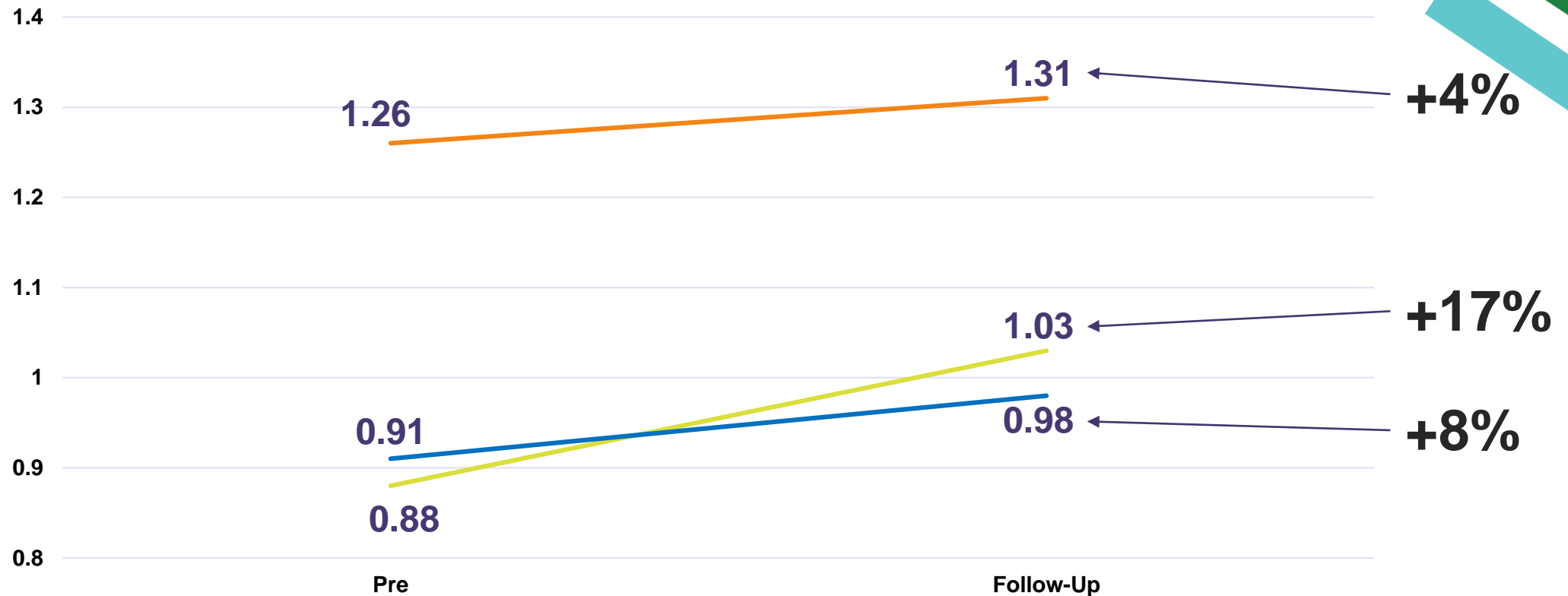
(n = 773)



Level 3: Gatekeeper Behavior Change Composite K12 Pre- to Follow-Up (n=773)



Level 3: Gatekeeper Behavior Change Elementary Pre- to Follow-Up (n=326)



— Students approached

— Parents approached

— Parents informed about MHSS



Emotional
Backpack ProjectSM



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Mental Health America
of Greater Houston

Level 3: Gatekeeper Behavior Change at Follow-Up (n=773)

Survey Question (% agree or strongly agree with each statement based on a 5-point Likert scale)	Elem	Middle	High
As a result of this simulation there has been an increase in the number of:			
students I identified that might have been traumatized.	30.48%	33.15%	38.27%
students I talked to regarding my concerns they may have been traumatized.	28.44%	34.81%	37.81%
students with whom I discussed a referral to support services.	30.39%	29.44%	34.66%
my conversations with other teachers/staff about trauma informed teaching.	43.59%	46.41%	43.48%

Comments from Users - Post

Below are some of the answers in the post-training survey to “What did you like best about the simulation?”

- *It gave symptoms of distress, gave examples of how to approach students-- what to do and what not to do. The simulation was very informative and interesting.*
- *Animated presentation brings you closer to the information mentally and emotionally*
- *Being able to actually carry out the conversations and see their results*
- *The feedback after conversation selections was helpful to let me know what I was doing right/wrong.*
- *Addressed several typical scenarios and solution to approach them.*
- *I like that the choices and responses were realistic rather than overly focused on the ideal.*
- *I like the constant interaction between myself and the simulation. I also like how the "host" was a former teacher, and she gave me tips and insight. The animation really helped me stay attentive as well.*

Comments from Users – Follow Up

The follow-up survey asked users to describe how they have used the skills they learned in the training to respond to students during the intervening 60-day period.

- *Student exhibited suicidal thoughts and signs of depression. Referred student to counselor. Met with parent to discuss concerns and possible supports. Parent agreed to full evaluation and is considering outside therapy. Simulation gave me tools and confidence to discuss concerns with parent in appropriate/supportive manner.*
- *I have been more inquisitive with students that I am concerned with. I have also encouraged more openness in my classroom so that students are comfortable with talking to me*
- *I try to remind myself daily that behavior is a symptom.*
- *A student erupted, screaming shut up to another student and to me. I attempted to de-escalate and called for an administrator to come get the child so he (the child) could have an opportunity to calm down. I certainly would have let my emotions take over (prior to my experience with the simulation) which I know would not have been of benefit to anyone*

Comments from Users – Follow Up

The follow-up survey asked users to describe how they have used the skills they learned in the training to respond to students during the intervening 60-day period.

- *I was able to create the proper rapport with the student in order to gain his trust and be able to approach my concern without causing any additional issues, anxiety or distress.*
- *After class I asked a student about their number of absences in my class. The student was a bit reluctant, but told me about a situation at home between his parents. This is the reason he is absent frequently. The situation at home was concerning so I also asked the student if they had spoken with our counselor and if he would like to meet with her sometime. He was open to the idea. Now we are working together so that he can complete school work he misses.*
- *One of my routine problem students was acting out during class. Instead of my typical reprimands, I made time for the student after class to discuss the nature of this behavior, and discovered that the student indeed had been having issues outside of my classroom that contributed to the misbehavior.*

Comments from Users – Follow Up

The follow-up survey asked users to describe how they have used the skills they learned in the training to respond to students during the intervening 60-day period.

- *The simulation reminded me of best practices, so when a student came with a history indicating trauma - I was better prepared to be proactive. More than that, the simulation helped me think about how to discuss the students' needs with my colleagues, and build the bridge so we could all work together. Having this particular professional development opportunity - let me know the expectations and practices that are supported by my district. That's invaluable when it comes to knowing how to proceed with colleagues and know I'll be supported.*
- *I was more patient in working with a student who has demonstrated a noticeable shift in behavior in my and other classes. Without the simulation I may have been more confrontational in dealing with the student.*
- *I actively listened, said "what I hear you saying is" and asked probing questions without the simulation I would have tried to fix it myself*

Limitations

- Self-reported data
- Gaining access to the schools' support services (counseling) referral, discipline, attendance or academic records would have allowed us to further measure the impact of the intervention
- This study did not have a control group

Q & A

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