



Central East (HHS Region 3)

MHTTC

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

School Mental Health Virtual Learning Series

September 2020-January 2021

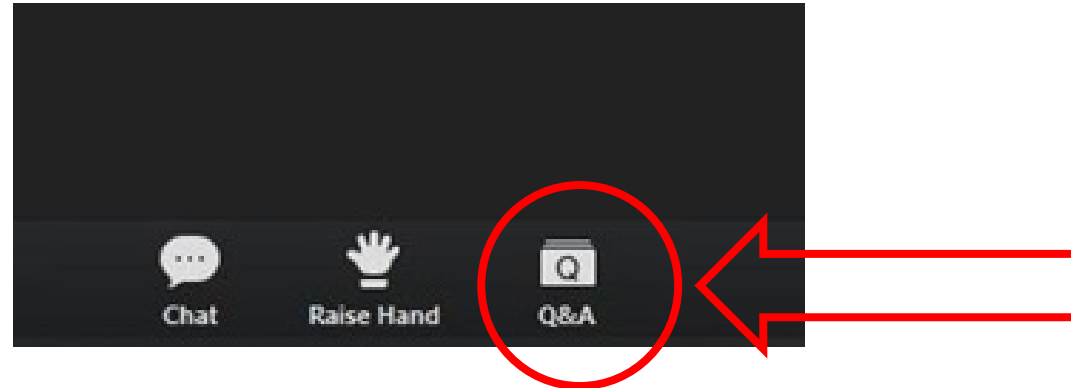
Trauma Responsive Care for Young Students
January 6, 2021



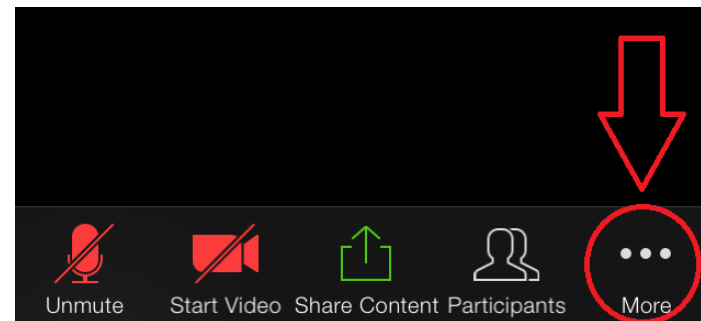
Technology Support

- Slides will be posted on the NCSMH website (www.schoolmentalhealth.org) and emailed after the presentation to all registrants
- Please type questions for the panelists into the Q&A box.
- Use chat box for sharing resources, comments, and responding to speaker

Web



Mobile App





Central East (HHS Region 3)

MHTTC Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration



UNIVERSITY of MARYLAND
SCHOOL OF MEDICINE



Oscar Morgan
MHTTC Project Director



Michael Thompson
MHTTC Sr. TA Specialist



Tiffany Beason
NCSMH Faculty



Lorraine Bernstein
Coordinator



Taneisha Carter
Senior RA



Elizabeth Connors
NCSMH Faculty



Dana Cunningham
PGSMHI Director



Sharon Hoover
NCSMH Co-Director



Nancy Lever
NCSMH Co-Director



Perrin Robinson
Communications Director



Britt Patterson
NCSMH Faculty



Kris Scardamalia
NCSMH Faculty

Central East Geographical Area of Focus

HHS REGION 3

Delaware

District of Columbia

Maryland

Pennsylvania

Virginia

West Virginia





What Does Central East MHTTC Do?

Actions

- **Accelerate** the adoption and implementation of evidence-based and promising treatment and recovery-oriented practices and services
- **Strengthen** the awareness, knowledge, and skills of the behavioral and mental health and prevention workforce, and other stakeholders, that address the needs of people with behavioral health disorders
- **Foster regional** and national alliances among culturally diverse practitioners, researchers, policy makers, funders, and the recovery community
- **Ensure** the availability and delivery of publicly available, free of charge, training and technical assistance to the behavioral and mental health field

National Center for School Mental Health

MISSION:

Strengthen policies and programs in school mental health to improve learning and promote success for America's youth

- Focus on advancing school mental health policy, research, practice, and training
- Shared family-schools-community mental health agenda

Directors: Drs. Nancy Lever & Sharon Hoover

Faculty: Tiffany Beason, Ph.D. Jill Bohnenkamp, Ph.D., Elizabeth Connors, Ph.D, Britt Patterson, Ph.D., Kris Scardamalia, Ph.D., Cindy Schaeffer, Ph.D.



Central East (HHS Region 3)

MHTTC

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration



UNIVERSITY of MARYLAND
SCHOOL OF MEDICINE



School Mental Health Webinar Series

Objectives

- Gain increased awareness of high quality, sustainable multi-tiered system of school mental health supports and services
- Support trauma-informed systems in schools
- Discover the impacts of social determinants of health on student academic and social-emotional-behavioral success
- Learn to provide more culturally responsive and equitable services and supports
- Hear perspectives on school mental health from school, district and state levels
- Obtain insight into how youth, families, schools and communities can best work together to address student mental health needs

Today's Presenter

Kay Connors, MSW.

Co-Director, Center of Excellence in Infant and Early
Childhood Mental Health

Instructor, Department of Psychiatry, University of
Maryland School of Medicine

Executive Director, Taghi Modaresi Center for Infant
Study, Division of Child and Adolescent Psychiatry



*Center for
Infant Study*



Our Team

- **Sarah Edwards**, DO, Assistant Professor, Assistant Division Director/Medical Director, Taghi Modarressi Center for Infant Study, /Center of Excellence for Infant and Early Childhood Mental Health
- **Kay Connors**, LCSW-C, Instructor, Executive Director, Taghi Modarressi Center for Infant Study, Director, Center of Excellence for Infant and Early Childhood Mental Health
- **Brijan Fellows**, LCSW-C, Clinical Program Director
- **Carole Norris Shortle**, LCSW-C, Clinical Assistant Professor, Master Clinician/Trainer
- **Shanique Rogers**, LCSW, **Sailor Holobaugh**, LCSW-C, **Rhonda Jackson**, LCPC, **Sabrina Malachi**, LGPC, **Ashley Nelson**, LMSW ECMH Consultant, HealthySteps Specialists and Clinicians
- **Ola Ibraheem**, BA, Community Health Worker



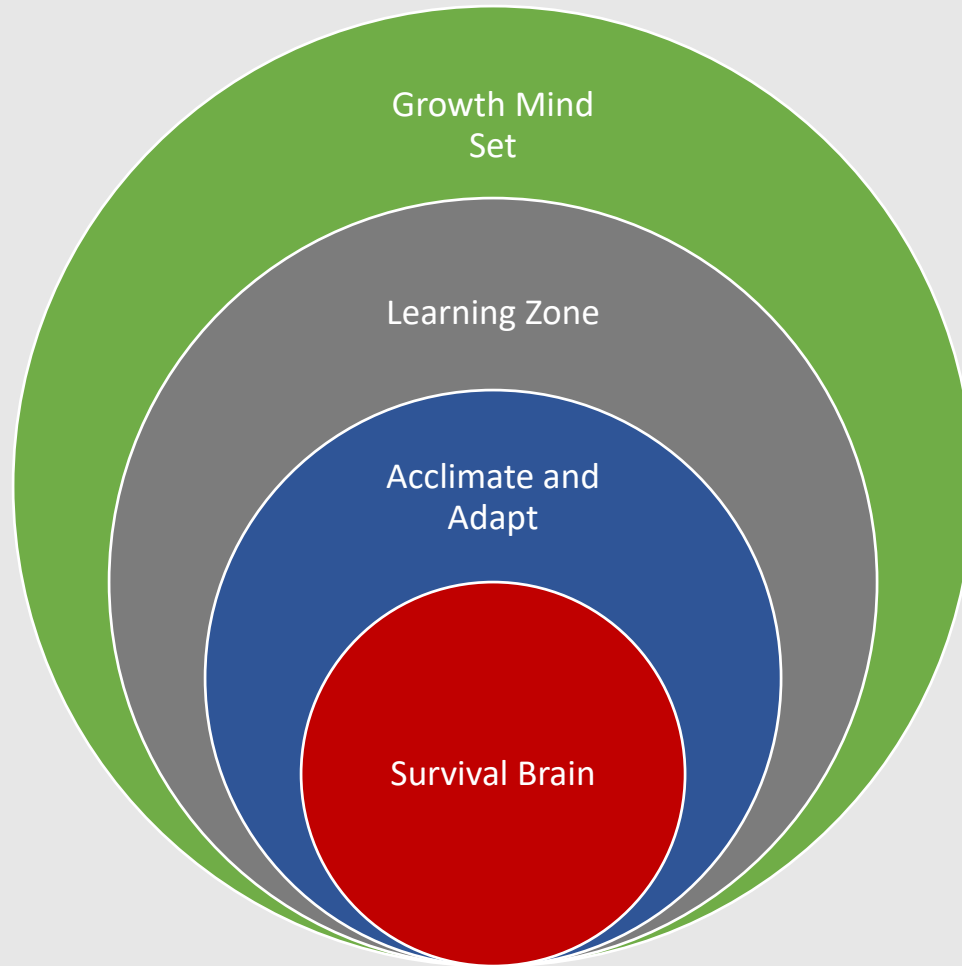
Support

- Center of Excellence for Infant and Early Childhood Mental Health
- We are grateful for funding support from the Behavior Health Administration, Maryland Department of Health

We also receive funding from:


- Department of Justice Programs Victim of Crime Assistance (VOCA) grant to respond to the needs of young children impacted by the Opioid Crisis
- SAMHSA through National Child Traumatic Stress Initiative Category III Center

Reflections: How Are You Evolving During the Time of COVID?





Objectives

- Recognize signs of trauma in young children.
 - Identify trauma informed approaches and opportunities in pre-kindergarten through 1st grade.
 - Develop strategies staff can use to respond the effects of the trauma in young children.
- 



SAMHSA'S Definition: What Happen vs What is Wrong?

*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.*

Grow Well & Love Well

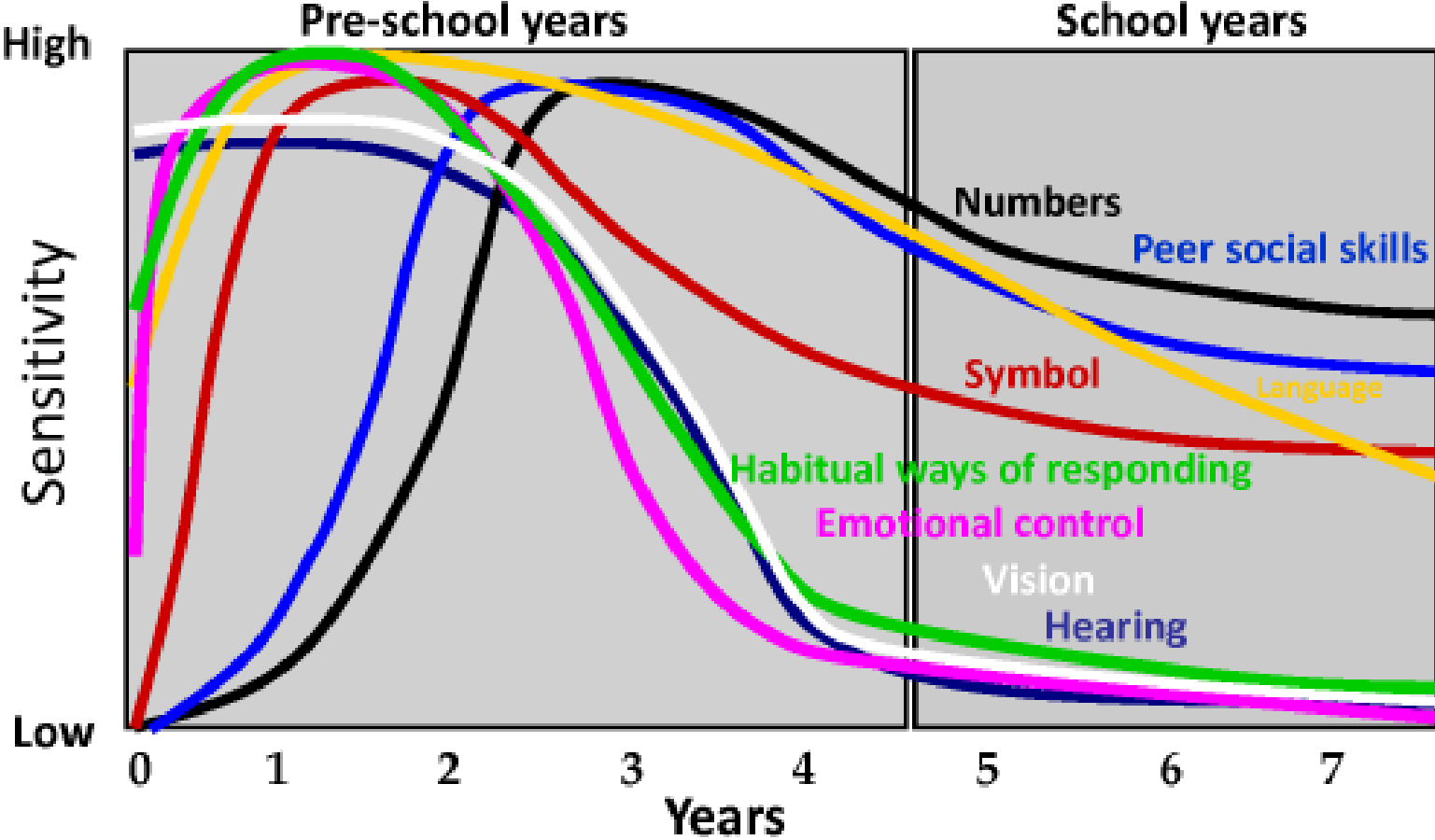
Early childhood mental health is defined as the capacity to *"grow well and love well."*

- 1) experience, tolerate and express a range of emotions without lasting emotional collapse;
- 2) form and maintain mostly trusting and intimate relationships; and
- 3) learn the culturally expected skills considered appropriate for the child's age.

-Alicia Lieberman and Patricia Van Horn, 2008.



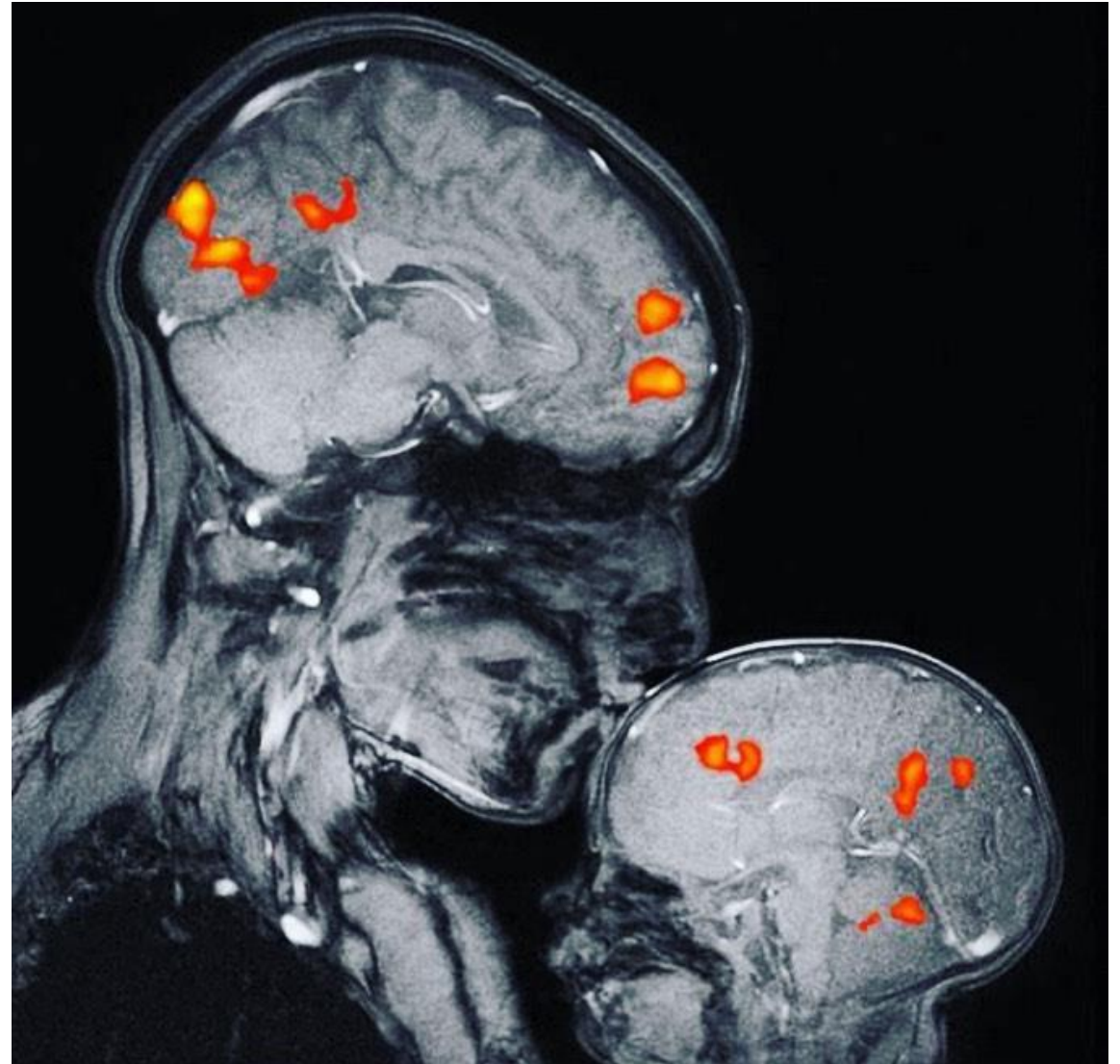
Sensitive Periods in Early Brain Development



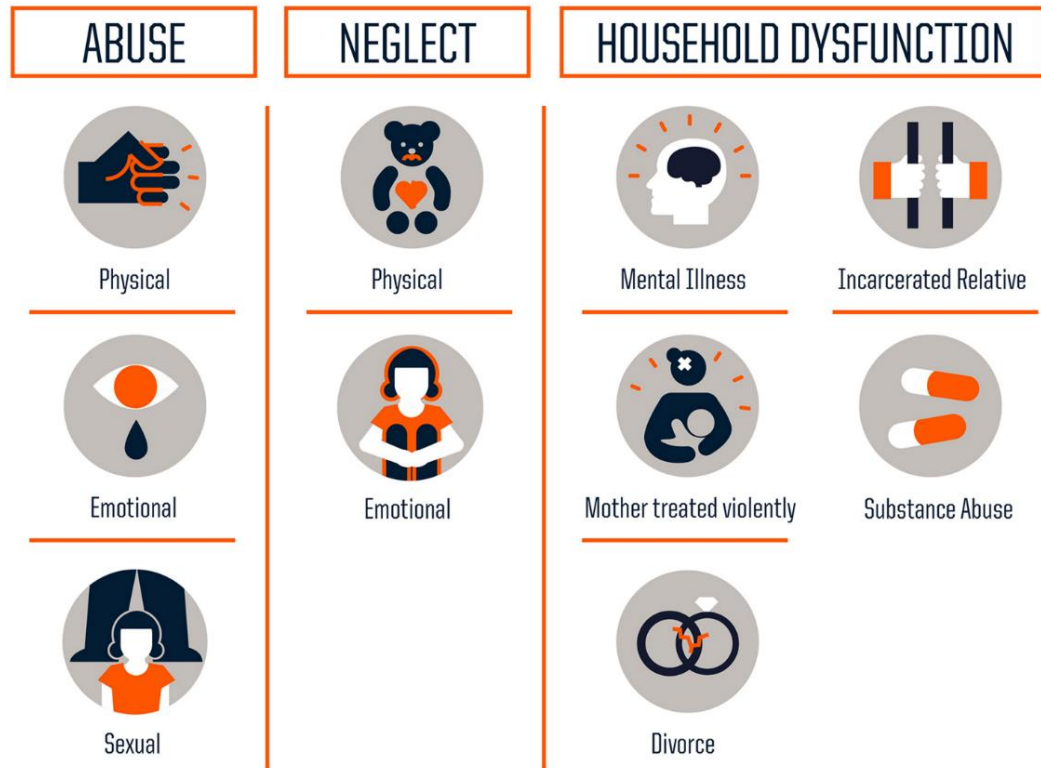
Graph developed by Council for Early Child Development (ref: Nash, 1997; Early Years Study, 1999; Shankoff, 2000.)

Intergenerational Transmission of Trauma

- *Biological:* Epigenetics, brain development and stress response studies showing a second generational vulnerability to PTSD possibly caused by lower cortisol levels
- *Psychological/Social:* Attachment system, Working Model of Relationship, transmission of emotional processes from one generation to the next.
- *Familial and societal:* Shame, stigma, silence and secrets
- -Weingarten , 2004; Bowen, 1978)



Adverse Childhood Experiences



- Original study published in 1998
- 17,000 members of Kaiser Permanente were asked about childhood experiences
- Later studies have included witnessing violence, living in unsafe neighborhoods, experiencing racism, living in foster care, experiencing bullying

Adverse Childhood Experiences 2019

214,157 respondents from 23 states Behavioral Risk Factor Surveillance System (BRFSS)

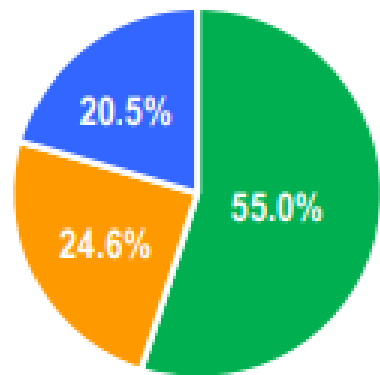
61.55% had at least 1 and 24.64% reported 3 or more ACEs.

Emotional abuse was the most prevalent ACE (34.42%), followed by parental separation or divorce (27.63%) and household substance abuse (27.56%)

Significantly higher ACE exposures were reported by participants who identified as Black, Hispanic, LGBTQ, Less than a high school, Income of less than \$15 000 per year, Unemployed

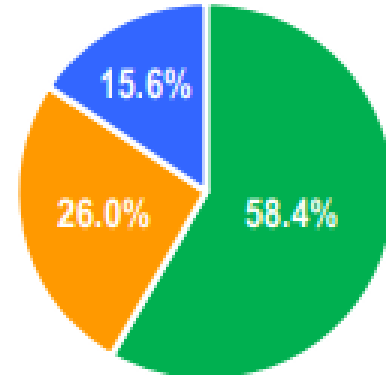
Merrick, M. T., Ford, D. C., Ports, K. A., & Guinn, A. S. (2018). Prevalence of adverse childhood experiences from the 2011-2014 behavioral risk factor surveillance system in 23 states. JAMA pediatrics, 172(11), 1038-1044.

US children with ACEs, 2016-17¹



■ No ACEs ■ 1 ACE ■ 2+ ACEs

Maryland children with ACEs, 2016-17¹



■ No ACEs ■ 1 ACE ■ 2+ ACEs

Table 2: Odds of key ADULT health problems for adults with 1, 2, 3 or 4+ ACEs compared to adults with no ACEs**

Key adult outcomes	0 ACEs	1 ACE	2 ACEs	3 ACEs	4+ ACEs
Suicide attempts	100%	180%	300%	660%	1220%
Injected drugs	100%	130%	380%	710%	1003%
Consider self an alcoholic	100%	200%	400%	490%	740%
Recent depression	100%	150%	240%	160%	460%
Lung disease	100%	160%	160%	220%	390%

**SOURCE: Based on research from the CDC-Kaiser [ACEs Study](#)

MARYLAND | FACT SHEET 2019

Strong Roots Grow a Strong Nation

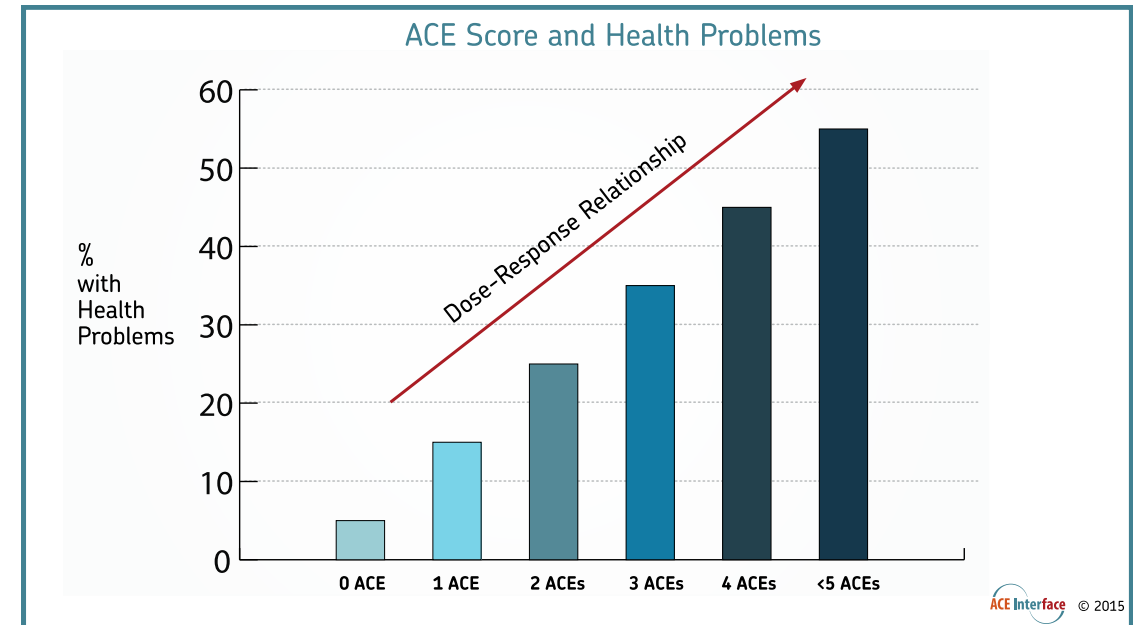
Advancing Policies to Catalyze Well Being by Addressing the Epidemic and Legacy of Adverse Childhood Experiences

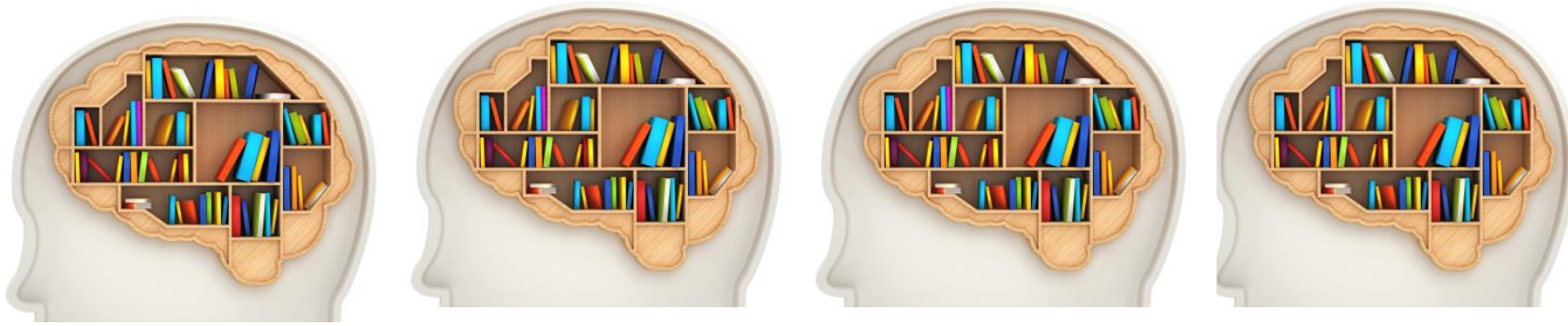
<https://www.cahmi.org/>

Table 1: National & MARYLAND CHILD outcomes by ACEs, (2016-2017 NSCH) ^{1,4,5}

Key child outcomes (age in years)	Nation ¹			Maryland ^{1*}		
	No ACEs	1 ACE	2+ ACEs	No ACEs	1 ACE	2+ ACEs
Child has a chronic condition requiring above routine amount or type of health care services⁴ (0-17)	13.2%	20.1%	32.2%	12.8%	23.2%	36.0%
Child has an ongoing emotional, developmental, or behavioral problem (0-17)	4.4%	8.1%	18.6%	5.1%	9.0%	22.7%
Child is overweight or obese (10-17)	25.5%	34.1%	37.2%	28.4%	39.9%	38.4%
Child is bullied, picked on, or excluded by other children (6-17)	14.6%	23.1%	34.2%	14.1%	28.1%	27.8%
Child's mother is in very good/excellent health (0-17)	75.4%	55.6%	41.1%	78.5%	61.2%	36.4%
Child engages in school (6-17)	75.4%	64.4%	53.1%	73.8%	63.5%	50.0%
Resilience and Flourishing⁵ (met all 3 criteria) (6-17)	47.9%	37.8%	27.6%	49.6%	39.3%	37.7%
Child's family stays hopeful when facing problems (0-17)	60.9%	55.7%	48.7%	61.6%	54.6%	52.8%

**To see your state data click on the outcome and select your state*



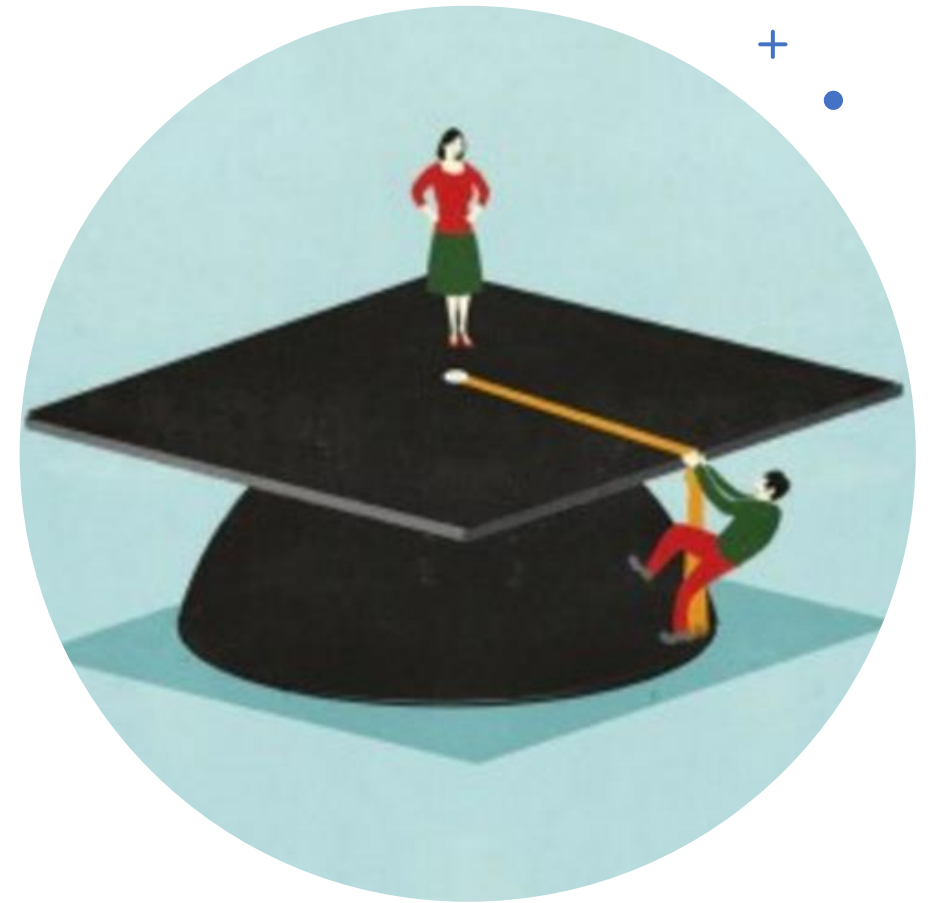


How Does Trauma Affect Learning?

- Decreased verbal skills and reading ability (Delaney-Black et al., 2003; Graham-Bermann, 2010)
- Lower grade-point average and standardized test scores (Goodman et al., 2010; Hurt et al., 2001)
- More days of school absence (Hurt et al., 2001)
- Decreased rates of high school graduation (Grogger, 1997)
- Increased risk of IEP (Goodman et al., 2010)
- Increased expulsions and suspensions

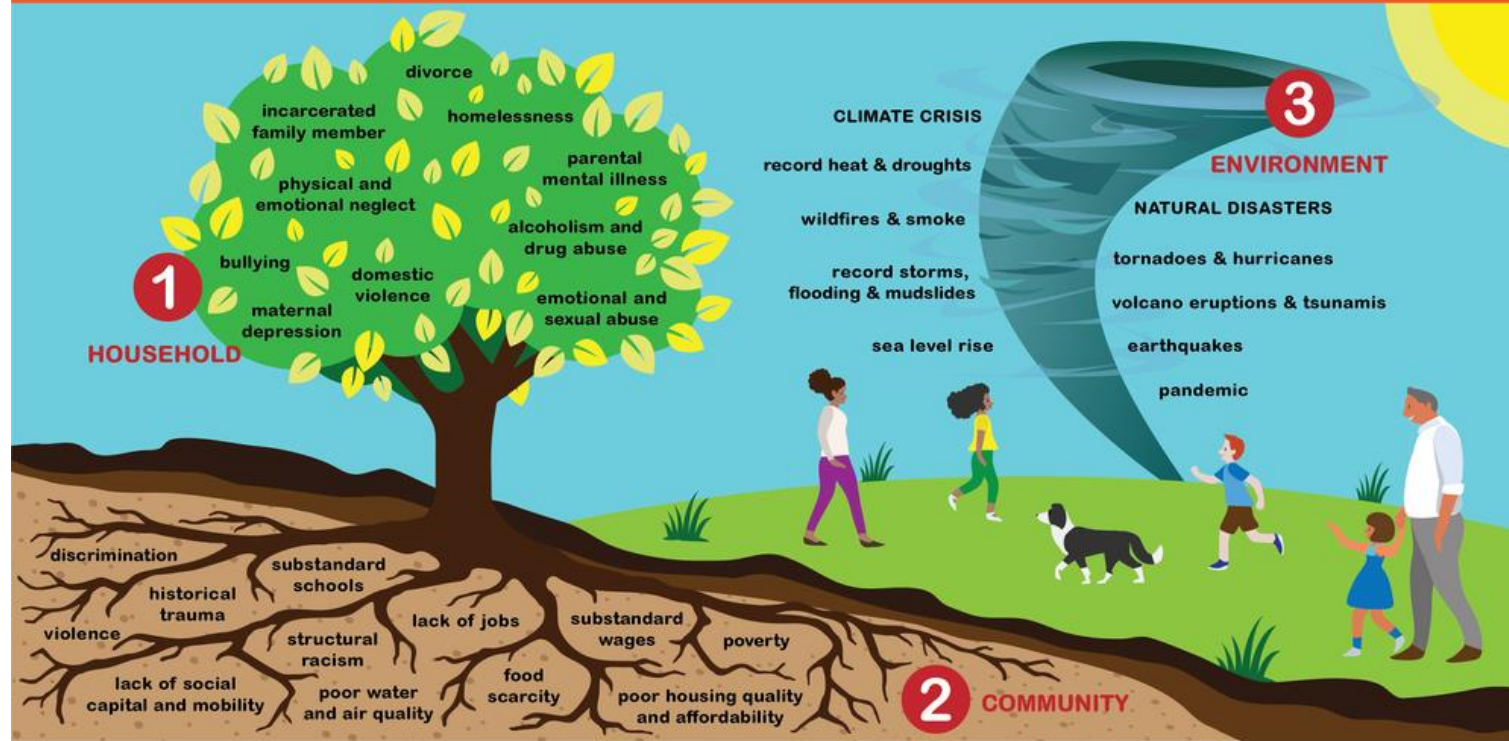
Opportunity Gap?

“The negative effects of posttraumatic stress and depression due to community violence may explain one aspect of the bleak reality that African American and Latino students continue to trail far behind their Caucasian peers in schools, such as higher drop out rates from high school after generations of education ‘reform’.”
(Shin, 2005)




3 Realms of ACEs

Adverse childhood and community experiences (ACEs) can occur in the household, the community, or in the environment and cause toxic stress. Left unaddressed, toxic stress from ACEs harms children and families, organizations, systems and communities, and reduces the ability of individuals and entities to respond to stressful events with resiliency. Research has shown that there are many ways to reduce and heal from toxic stress and build healthy, caring communities.



Thanks to Building Community Resilience Collaborative and Networks and the International Transformational Resilience Coalition for inspiration and guidance. Please visit [ACEsConnection.com](https://www.acesconnection.com) to learn more about the science of ACEs and join the movement to prevent ACEs, heal trauma and build resilience.

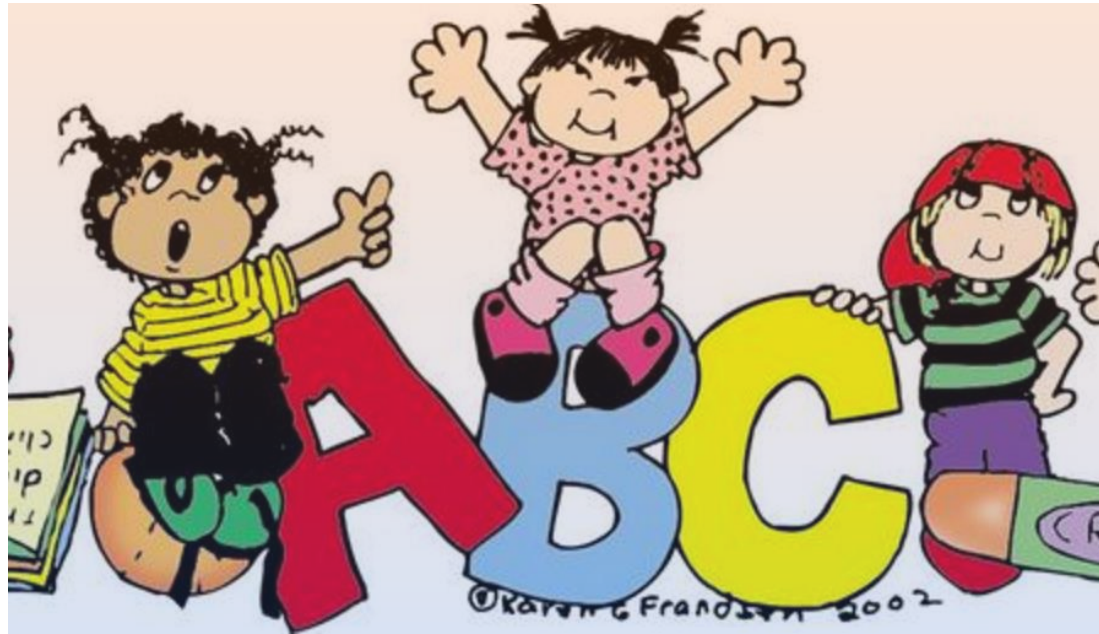




Recognize and Respond

- What signs for stress and trauma you see in children in young children?
- 

Common Trauma Reactions: Preschool Children



- Regressive behaviors
- Separation fears
- Eating and sleeping disturbances
- Physical aches and pains
- Crying/irritability
- Appearing “frozen” or moving aimlessly
- Perseverative, ritualistic play
- Fearful avoidance and phobic reactions
- Magical thinking related to trauma

Symptoms and Behaviors Associated with Exposure to Trauma

Children suffering from traumatic stress symptoms generally have difficulty regulating their behaviors and emotions. They may be clingy and fearful of new situations, easily frightened, difficult to console, and/or aggressive and impulsive. They may also have difficulty sleeping, lose recently acquired developmental skills, and show regression in functioning and behavior.

Possible Reactions of Children Aged Zero to Six Exposed to Traumatic Stress		
Behavior Type	Children aged 0-2	Children aged 3-6
Cognitive		
Demonstrate poor verbal skills	✓	
Exhibit memory problems	✓	
Have difficulties focusing or learning in school		✓
Develop learning disabilities		✓
Show poor skill development		✓
Behavioral		
Display excessive temper	✓	✓

<https://www.nctsn.org/what-is-child-trauma/trauma-types/early-childhood-trauma>



Understanding the Meaning of Children's Behavior

What should I say? What can I do to help my child?

<i>When I act this way, I want you to know that:</i>	<i>You can help me when you:</i>
I might try to get your <i>attention</i> because I am scared or worried that something might happen to us.	Spend a little more time with me. Remember that I am not trying to bother you or make you mad.
Sometimes I <i>worry</i> that scary things will happen in my neighborhood again.	You can help me by telling me that you are doing everything you can to keep me safe.
Sometimes I <i>cry and cling</i> to people I love because I worry that they will not come back if they leave.	You can help me say “good bye” and tell me that you will always come back.
I don’t like to do some things that <i>remind</i> me of the scary things I saw or heard about.	Be patient with me, and if you can, don’t make me do things that remind me of what happened if it still makes me too upset or scared.
I am confused about what happened in my neighborhood, so <i>I ask a lot of questions.</i>	Remember that I am curious and trying to learn. Tell me honestly what happened, using words I can understand, but do not provide complicated or gory details. Notice my cues if I’m getting upset. Help me express myself by drawing a picture about what I know and how I feel.
I try to make sense of what happened when I <i>play over and over</i> or <i>talk a lot</i> about things I saw or heard, such as fires, police, weapons, or people hitting each other.	Understand that I need help making sense of what happened. Do not let me see it on TV or other media if the story is in the news. Reassure me that you are doing everything you can to keep me safe.
I might have <i>physical reactions</i> like stomach aches and headaches.	Help me do things that make me feel calm, and spend time doing fun things with me. Help me relax at bedtime by reading stories, listening to music and reminding me that you will keep me safe.
I might show you that I am feeling scared by <i>crying, hitting, or biting.</i>	Understand that I may be acting out because I am scared or confused about what happened. Please stay calm and be patient with me while setting limits.

Skill 1: Establishing Safety

- Strategies:
 - Clarify your role with the student, “I keep you safe when you are at school”
 - Give student opportunities to make choices
 - Talk about safety and steps you will take to help the student be safe



Skill 2: Support Behavior Regulation



- Strategies
 - Use specific praise
 - Clear and consistent expectations and behavior plans
 - Behavior plans based on rewards systems, not punishment
 - Make sure system isn't triggering

Skill 3: Coping with Stress

- Strategies:
 - Breathe!
 - Provide students with a calm/quiet place to sit or talk
 - Remain calm, quiet and present
 - Offer suggestions on self-calming techniques
 - Use LOW and SLOW (next slide)



Skill 3:

LOW and SLOW

- **LOW:**
 - Lower volume and pitch of your voice
 - Keep a matter of fact tone
 - Speak in short sentences without a lot of questions
 - Don't preach- talk *with* not *at* the student
- **SLOW:**
 - Slow yourself by taking deep breathes
 - Slow your rate of speech, pause between sentences
 - Slow down you body movements
 - Slow down your agenda and take your time



Skill 4: Feelings Expression and Coping

- Strategies
 - Identify and label feelings
 - Use of scales and “thermometer” to rate feelings
 - Identify and teach coping skills

FEELINGS THERMOMETER



Skill 5: Connect with Social Supports



- Strategies:
 - Identify and provide opportunities for peer support
 - Encourage and model friendship skills
 - Identify/access family and community supports
 - Foster self-esteem by showing and telling children that are lovable, competent and important

Skill 6: Enhancing Future Safety

- Strategies:
 - Enhance safety through predictability: Help children know what to expect
 - Establish predictable classroom routine
 - Warn children of transitions 5-10 mins ahead
 - Teach students to ask for help until someone responds
 - Help students identify people and places that are safe



Skill 7:Patience

- Strategies:
 - Recognize that changes happens very slowly
 - Trust that our simple compassionate gestures are important elements of healing and surviving
 - Consider the “bigger picture”



Skill 8: Manage Personal and Professional Stress

- Strategies:
 - Exercise and eating healthy
 - Engaging in a hobby
 - Knowing your limits
 - Taking a time out
 - Seeking support from co-workers, family, friends
 - Professional counseling
 - Vacations



REFLECTIVE:

Maintain awareness of emotions and biases
Consider multiple perspectives
Recognize & regulate emotions prior to
intervening
Ongoing learning and self-care

REGULATED & AWARE OF EMOTIONAL PROCESS:

Identify & tolerate strong emotional reactions
Intervene in a manner that increases regulation
Create a context in which child's and caregiver's
emotional responses are understood

FOCUSED ON RELATIONSHIPS:

Balance attention between caregiver and child and
hold both of their perspectives
Translate between caregiver and child
Intervene in ways that strengthen the relationship

TRAUMA SENSITIVE:

Keep trauma history in mind and understand
behavior in the context of trauma
Frame interventions within the context of the
family's traumatic experiences
Directly talk about the trauma when appropriate

WHAT IS COVID-19?

AND HOW DOES IT RELATE TO CHILD DEVELOPMENT?

Doctors first discovered coronavirus disease 2019 (COVID-19) at the end of 2019. It is an illness related to the lungs. It's caused by a virus that can spread quickly from person to person and can be picked up from surfaces. In some people, it can be severe, leading to pneumonia or even death. Since COVID-19 is new, there is no cure or vaccine for it at this time.

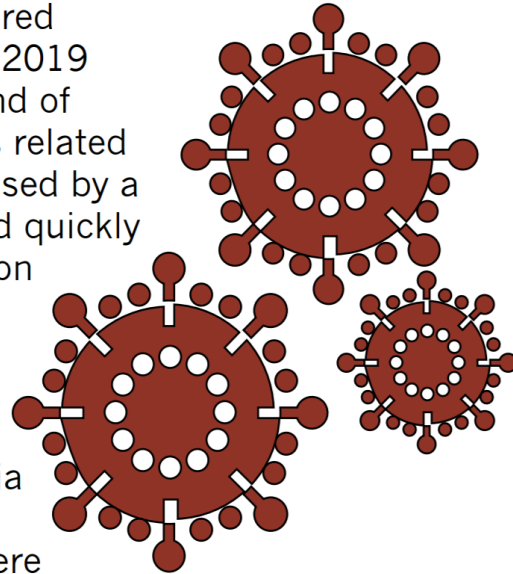
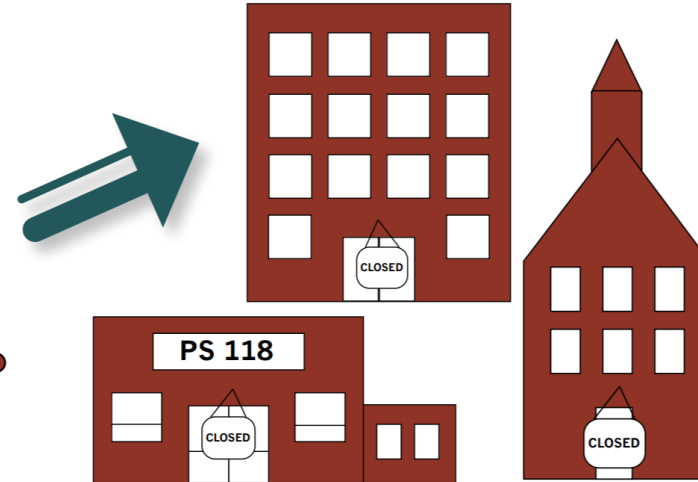


Illustration of coronavirus, magnified

Source: [CDC](https://www.cdc.gov/)



Because the virus spreads so quickly, many places have banned large groups of people. Schools, houses of worship, and workplaces are closed.

Children can't go to school or daycare. Families may lose pay because adults can't go to work. These changes can be very stressful. That's why it's important to learn how stress can affect us. We can also learn what we can do about it.

<https://developingchild.harvard.edu/resources/what-is-covid-19-and-how-does-it-relate-to-child-development/>

PROTECTING AGAINST INFECTION AND TOXIC STRESS

Losing a job would be stressful normally. So would having to homeschool at the drop of a hat. But these things are even more stressful when there's a dangerous virus in the world. It's important for all of us to stay away from others *physically*. This will help keep the virus from spreading in our communities. But it's also very important to stay connected to people we care about. This is true for children *and* adults.



Video chatting with a friend or loved one is a good example. Or saying 'hello' to a neighbor who's more than six feet away. These connections can make the stress feel easier to bear.



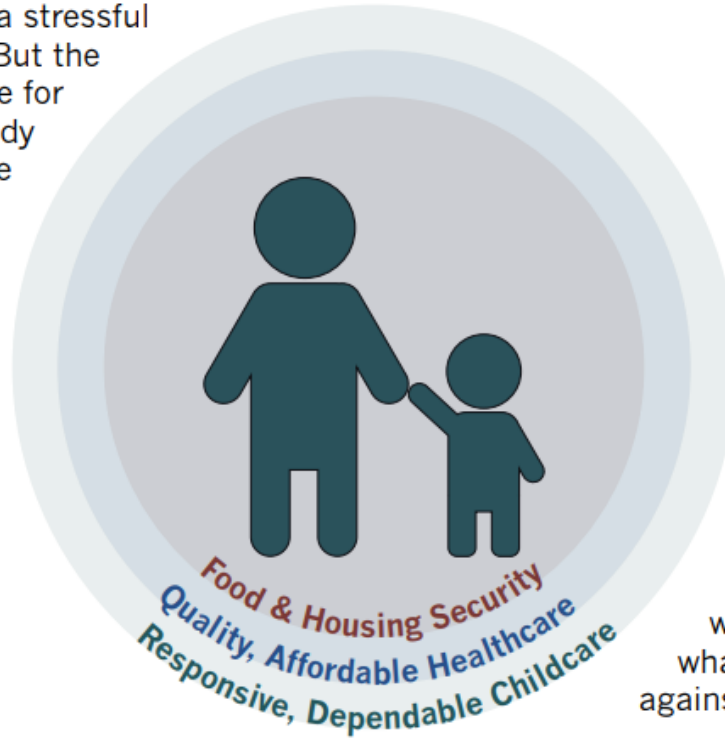
Taking a minute to close your eyes and breathe in and out can also help. That's because slow breathing tells your body's stress system to ease up a bit. This can help you respond better at even the most difficult times.

When we as adults feel better, it can help us connect better with the children we care for. This connection can help protect all of us, adults *and* kids, from the effects of stress. It also supports kids' healthy growth.



SUPPORTING FAMILIES THROUGH THE CRISIS, AND BEYOND

A worldwide virus is a stressful time for everyone. But the stress gets worse for those who were already dealing with things like poverty, racism, or violence. There are still resources that can help in these challenging times: crisis hotlines, food banks, and relief funds. There is no shame in seeking help if you need it.



We all want to build up the long-term wellbeing of children and families in our communities. That's why we as a society need to support responsive caregiving everywhere. This includes caregiving in homes, schools, and childcare centers. Together, this will allow us to weather whatever storms we come up against, now or in the future.

Coping

- Talk with children and explain why things are different.
- Be sure not to scare them.
- Remind them that many people are helping out.
- Children can be helpers too by washing their hands, adhering to social distancing rules and following all health and safety rules.

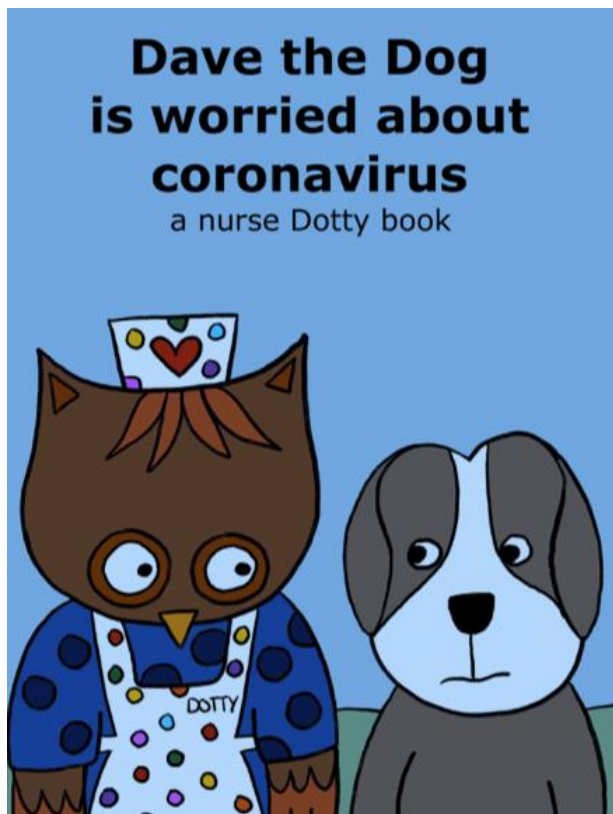


“Name it to Tame it”

- No one needs to be perfect.
- Parents and child have understandable fears and worries.
- Talking and listening are powerful.

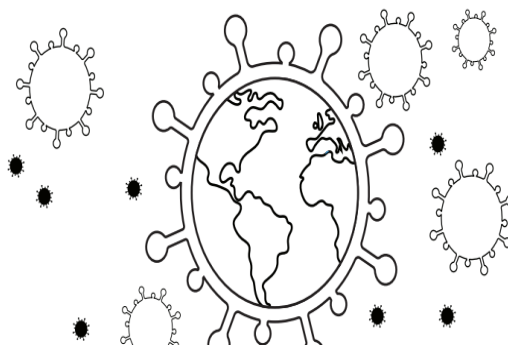






[DAVE THE DOG IS WORRIED ABOUT CORONAVIRUS](#)

MY 2020 COVID-19 TIME CAPSULE



[MY 2020 COVID-19 TIME CAPSULE](#)

Trinka and Sam Fighting the Big Virus:

Trinka, Sam, and Littletown Work Together



[TRINKA AND SAM FIGHTING THE BIG VIRUS](#)



Recognizing Resilience: Ordinary Magic

- Hard wired for hard times.
- Not all children who have experienced trauma have negative outcomes.
- Some children and families are remarkably resilient in the face of adversity.
- Utilizing support systems and strengths builds protective factors and reduces risk.



What Kids Need

- To feel loved and protected
- To understand
- To know their feelings
- To feel capable

E-Book for Kids

I have a question about Coronavirus:

https://28638781-c0c7-460f-81ae-fa6eba3486b9.filesusr.com/ugd/517d15_915f31f39df449a2837c11862a7ab39c.pdf

Sesame Street:

<https://www.sesamestreet.org/caring>

- Pipo Productions:
<http://piploproductions.com/>
- **Fighting the Big Virus: Trinka, Sam, and Littletown Work Together**
- The story opens doors to conversations about family and community strengths, challenges and feelings related to COVID-19, ways grown-ups help children keep safe, and our gratitude for frontline workers.

<http://piploproductions.com/trinka-and-sam-vi>



Child Resources

- Children's Mental Health Matters
 - <https://www.childrensmentalhealthmatters.org/resources/coronavirus/>
- National Center of School Mental Health's resources
 - <http://www.schoolmentalhealth.org/COVID-19-Resources/>
- Maryland Pyramid Model- Social Emotional Early Learning Community
 - www.mdpyramidmodelsefel.org
- National Child Traumatic Stress Network
 - <https://www.nctsn.org/resources/parent-caregiver-guide-to-helping-families-cope-with-the-coronavirus-disease-2019>

Resources for ACE

- Center for Disease Control

- ACE

- <https://www.cdc.gov/violenceprevention/childabuseandneglect/acestudy/index.html>

- Essential for Childhood

- <https://www.cdc.gov/violenceprevention/pdf/essentials-for-childhood-framework508.pdf>

ACE Connec



Resilience Online Resources

- **Devereux Resilient Family Blog** <http://resilientfamilyblog.org/>
- **Little Children, Big Challenges from Sesame Street**
<http://www.sesamestreet.org/parents/topicsandactivities/toolkits/challenges>
- **Reaching In...Reaching Out** <http://www.reachinginreachingout.com/>
- **Resilience Resource Center (Australia)**
<http://www.embracethefuture.org.au/resiliency/>
- **Strengthening Families from the Center for the Study of Social Policy**
<http://www.cssp.org/reform/strengthening-families>
- **Strengthening Families Coping Resources** <http://sfcf.umaryland.edu>
- **Values in Action Institute** <http://www.viacharacter.org/www/>
- **Values in Action Strengths Surveys Strengthening Families**
<http://www.viacharacter.org/www/The-Survey>
- **Community Resilience Cookbook**
<http://communityresiliencecookbook.org/>
- **A Look Through Their Eyes**
<http://lookthroughtheireyes.org/>

Follow Us...

- Center of Excellence on Facebook and Twitter
Facebook page is
- www.facebook.com/iECMHMaryland
and @InfantMd Twitter

New ECMH webpage on the National for School
Mental Health

<http://www.schoolmentalhealth.org/COVID-19-Resources/>



Central East (HHS Region 3)

MHTTC

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration



UNIVERSITY of MARYLAND
SCHOOL OF MEDICINE



Upcoming Webinars (3:00-4:00 ET, 2:00-3:00 CT, 1:00-2:00 MT, 12:00-1:00 PT)

- **Wednesday, February 3rd**, Addressing Systemic Racism: Creating Safe and Equitable Schools
 - **Wednesday, March 3rd**, Creating Safe and Equitable Schools: Tier II Interventions and Considerations
 - **Wednesday, April 7th**, National Association of School Psychologists: School- Community Partnerships
 - **Wednesday, May 5th**, Youth MOVE: Leveraging Youth Advocacy
 - **Wednesday, June 2nd**, Supporting Students Impacted by Racial Stress and Trauma
-

Please Share Your Feedback!

[Evaluation](#)

