CURRENT OBSERVATIONS AND INNOVATIVE TRENDS ON TRAUMA AWARENESS/SUPPORTS IN SCHOOLS

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SAMHSA’s Concept of Trauma

3 “E”s of trauma: Event(s), Experience of Event(s), and Effect

“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”

“Psychological trauma”

Substance Abuse and Mental Health Services Administration [SAMHSA], 2012, p. 7.
DSM-5 Trauma

“Exposure to actual or threatened death, serious injury, or sexual violence in one (or more) of the following ways:

- **Directly experiencing** the traumatic event(s);
- **Witnessing**, in person, the traumatic event(s) as it occurred to others;
- **Learning** that the traumatic event(s) occurred to a close family member or close friend (in case of actual or threatened death of a family member or friend, the event(s) must have been violent or accidental);
- or **Experiencing repeated or extreme exposure to aversive details of the traumatic event(s).”

DSM-5 Trauma and Stressor-Related Disorders & State/Federal Education Codes

**DSM-5 Trauma and Stressor-Related Disorders**
- Post Traumatic Stress Disorder
- Acute Stress Disorder
- Adjustment Disorders
- Reactive Attachment Disorder
- Disinhibited Social Engagement Disorder
- Unclassified and Unspecified Trauma Disorders

**State/Federal Education**
- General Education
- ADA Section 504
- Special Education (Emotional Disturbance)

*Diagnostic and Statistical Manual of Mental Disorders (5th ed.), American Psychiatric Association, 2013.*
Effects of trauma on children

- Symptoms of trauma may include:
  - Isolation
  - Hyperactivity
  - Aggression
  - Anger
  - Sadness
  - Distraction
  - Fearfulness
  - Moodiness

- Children exposed to violence are more likely to have:
  - Behavior problems
  - Poor school performance
  - Problems with authority
  - Difficulty following directions
  - More school absences
  - Somatic complaints
  - Poor sleep and nightmares
  - Symptoms of depression
  - Fewer friends

Developmental reactions: Adolescents

- Adolescents may:
  - Feel self-conscious about their emotional responses
  - Engage in self-destructive behavior
  - Experience feelings of shame/guilt
  - Express fantasies about revenge and retribution
  - Experience feelings of fear, vulnerability, and concern over being labeled “abnormal” or different from peers, causing withdrawal from friends/family.

- A traumatic event in adolescence may foster a radical shift in the way these children think about the world.
Exposure to trauma over time

**Single** exposure to an event may cause
- Jumpiness
- Intrusive thoughts
- Interrupted sleep
- Nightmares
- Anger
- Moodiness
- Social Withdrawal
- Disorganized or agitated behavior

*Any of which can interfere with concentration and memory*

**Chronic** exposure can:
- Adversely affect attention, memory, and cognition
- Reduce ability to focus organize and process information
- Interfere with effective problem solving and/or planning
- Result in overwhelming feelings of frustration and anxiety
Trauma effects in the classroom

How might a traumatized student act in class?

- Fails to understand directions
- Over-reacts to:
  - Comments or criticism from teachers and peers
  - Noises (startles at bells, slamming doors)
  - Physical contact
  - Environmental cues (low lighting, sudden movements)
- Has difficulty with authority and redirection
- Misreads context; fails to connect cause with effect
- Clingy and worried about safety
- Distracted and unable to complete work/homework
- Irritable or angry
- Uncomfortable, in pain, or sick
Positive Behavioral Interventions & Support (PBIS)

- A systems approach for establishing the **social culture** and individualized behavioral supports needed for schools to be effective learning environments for **all** students.

- **Evidence-based features of SWPBS**
  - Prevention
  - Define and teach positive social expectations
  - Acknowledge positive behavior
  - Arrange consistent consequences for problem behavior
  - On-going collection and use of data for decision-making
  - Continuum of intensive, individual interventions.
  - Administrative leadership – Team-based implementation (Systems that support effective practices)
PBIS and Trauma informed schools

Trauma informed schools:
- Acknowledge the prevalence of traumatic occurrence in students’ lives.
- Create a flexible framework that provides universal supports.
- Are sensitive to unique needs of students.
- Are mindful of avoiding re-traumatization.

Schools that implement trauma informed practices increase trauma awareness by ensuring school staff, educators, and administrators:
- Recognize the potential effects of trauma on education (e.g., attendance, grades, test scores, classroom behavior, etc.).
- Identify students who are in need of help due to exposure to trauma.
- Consider students’ trauma histories and needs in every aspect of service delivery.

A trauma informed school is most effectively created and maintained when positive universal supports and strategies are part of daily school programming.
Multi-Tiered Systems of Support (MTSS)

Tier 1
ALL

School-wide/universal strategies that are informed by an understanding of trauma and designed to build resilience, mitigate impact, support healing, and minimize trauma in school.

Tier 2
SOME

Targeted services for some students exposed to trauma and at risk for further impact (e.g., Trauma-Focused Coping in Schools/Multimodality Trauma Treatment, others that consider trauma).

Tier 3
FEW

Individualized, trauma-specific mental health services (e.g., Cognitive Behavioral Therapy in Schools, others that consider trauma).
Trauma Sensitive Practices - Core Domains

1. Supporting Staff Development
2. Creating a Safe and Supportive Environment
3. Assessing Needs and Providing Services
4. Building Skills
5. Collaborating with Students and Families
6. Adapting Policies and Procedures

Safe Supportive Learning: https://safesupportivelearning.ed.gov/sites/default/files/Trauma%20OLE%205%2025%2016%20Web.pdf
### MTSS and Trauma Sensitivity

<table>
<thead>
<tr>
<th>Multi-tiered System of Support</th>
<th>Trauma-Sensitivity</th>
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</thead>
<tbody>
<tr>
<td><strong>Tier 3:</strong> Functional Behavioral Assessments and Individualized plans and supports.</td>
<td><strong>Tier 3:</strong> Trauma-related factors are considered in individual assessments and plans. School provides or connects to trauma-specific mental health services.</td>
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<td><strong>Tier 2:</strong> Behavioral and academic skill development groups.</td>
<td><strong>Tier 2:</strong> Group-level skill-building considers trauma and key factors for resilience-building.</td>
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<td><strong>Tier 1:</strong> Creating a positive school culture, teaching social skills, positively reinforcing prosocial behaviors, structuring the environment to prevent undesirable behaviors.</td>
<td><strong>Tier 1:</strong> Training all staff on trauma and its impact. Identifying and minimizing trauma-related triggers. Upholding core principles of that support positive school culture. Teaching self-regulation.</td>
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Culturally-Responsive, Trauma-Informed School Communities within MTSS

Individualized assessments & plans that address trauma & MH factors.

Targeted services for some students exposed to trauma & at-risk for further impact; Group-level skills & resilience-building.

Universal strategies that are informed by an understanding of trauma and designed to build resilience, mitigate impact, support healing & minimize trauma in school.

Assessments/plans address trauma & MH
Wraparound/RENEW
Restorative Practices

CBITS (or similar)
Restorative Practices

Self care, Mindfulness; SEL competencies
Relationship building
Brain based strategies
Advancing Education Effectiveness: Interconnecting School Mental Health & School-Wide Positive Behavior Support

Editors: Susan Barrett, Lucille Eber & Mark Weist

National PBIS TA Center
Center for School Mental Health
IDEA Partnership NASDSE

https://www.pbis.org/school/school-mental-health/interconnected-systems
Using the PBIS Framework to Support Students’ Mental Health

**Tier 3**
- Individualized services
- Case management
- Coordination with community-based treatment
- Parent & caregiver training & support

**Tier 2**
- Adult mentors
- Small groups for SEL & CBT
- Community referrals
- Parent & caregiver education
- Monitoring

**Tier 1**
- Instruction on SEL, mental health & suicide prevention
- Sensory opportunities to manage anxiety
- Predictable routines
- Choices in learning
- Physical activity breaks
- Adults model emotional regulation
- “Calm zones”

**Tier 3**
- Comprehensive FBA & BIP
- 504 plans & IEPs
- Wrap-around programs
- Staff avoid “trauma triggers”
- Lethal means restriction

**Tier 2**
- Brief FBA & BIP
- Building Consultation Team
- Classroom supports
- Screening/SBIRT
- Pupil services accessible & approachable
- Staff awareness of higher-risk groups

**Tier 1**
- School policies promote safe climate
- Proactive behavior management
- Discipline system minimizes exclusion
- Comprehensive School Counseling Model
- School builds environmental assets
- Professional development
- Classroom consultation
### How do we see these students?

#### Uninformed view
- Anger management problems
- May have ADHD
- *Choosing* to act out & disrupt classroom (e.g., disrespectful or manipulative)
- Uncontrollable, destructive
- Non-responsive

#### Trauma-informed view
- Maladaptive responses (in school setting)
- Seeking to get needs met
- Difficulty regulating emotions
- Lacking necessary skills
- Negative view of world (e.g., adults cannot be trusted)
- Trauma response was triggered

#### Uninformed response
- Student needs consequences to correct behavior or maybe an ADHD evaluation

#### Trauma-informed response
- Student needs to learn skills to regulate emotions & we need to provide support

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WI Department of Public Instruction Trauma-Sensitive Schools Resources [http://sspw.dpi.wi.gov/sspw_mhtrauma](http://sspw.dpi.wi.gov/sspw_mhtrauma) Adapted from Daniel & Zarling (2012)
Foster Youth, Trauma & Education

• Over 70% of foster youth aged 7 and above present with trauma and/or mental health symptoms.
• 20-25% of adolescent foster youth present with significant externalizing behaviors.
• 10-15% of adolescent foster youth present with significant internalizing behaviors.
• Children who were exposed to four or more adverse experiences were 32 times more likely to have learning and behavioral problems than non-traumatized children.
• Maltreated children are more likely than their peers to be retained a grade, have irregular attendance, and be placed in special education classes.
• Children with higher exposure to violence have lower grade point averages and more absences than children with less exposure to violence.


What Does A Trauma Sensitive School Look Like?

• All staff:
  • Understand what trauma is
  • Understand how trauma manifests itself
  • Adjust their teaching and discipline styles to meet the needs of traumatized students
  • Know where to turn and what resources are available for students they suspect have experienced trauma

Changing the Question:

From “What is wrong with you?” to “What is going on? How are you feeling?”

<table>
<thead>
<tr>
<th>Behavior</th>
<th>Feeling it is Masking</th>
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<tbody>
<tr>
<td>Oppositional Behavior</td>
<td>Fear of Rejection/Abandonment</td>
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<tr>
<td>Outbursts</td>
<td>Overwhelmed</td>
</tr>
<tr>
<td>Anger</td>
<td>Hurt</td>
</tr>
<tr>
<td>Depression</td>
<td>Lack of Self Worth</td>
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<tr>
<td>Withdrawal/Absences</td>
<td>Avoidance of Emotions</td>
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<tr>
<td>Argumentativeness</td>
<td>Testing Relationship</td>
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<tr>
<td>Escalation</td>
<td>Triggered Trauma Memories</td>
</tr>
<tr>
<td>Defiance of Authority</td>
<td>Need for Control</td>
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</table>
• **Create A Sense of Safety**
  • Provide a safe environment: predictable structure with consistent routines
  • Provide clear pathways to emotional support for students who elect to utilize it

• **Self-Regulation Techniques**
  • Teach/Model/Practice
  • Breathing, taking breaks, writing down feelings

• **Provide a Sense of Control**
  • Give students choices and not ultimatums
  • Engage them in a semi-private conversation, instead of in front of classmates
  • Keep verbal interactions calm and use simple, direct language
• Foster Connections

• Create opportunities to develop meaningful relationships between peers including through classroom group work activities or encouraging club/sport participation
• If a student is struggling, empathize with their situation
• Allow student to share their experiences on their own timeline
• Offer support (academic or emotional)
• If a student needs to be removed from a situation, don’t isolate them. Make sure an adult is always nearby to provide support when the student is ready to talk or to help them regulate themselves
ASSESSMENTS
Universal vs Specific or Both?

• Universal Mental Health Screeners (MTSS Tier 1)
  • Examples
    • CoVitality APP
    • Strengths and Difficulties Questionnaire

• Specific (MTSS Tiers 2 & 3)
  • Examples
    • PTSD Reaction Index
    • Coping Responses Inventory
    • Child Dissociative Checklist
INNOVATIVE APPROACHES/PROGRAMS
Cognitive Behavioral Intervention for Trauma in Schools (CBITS)

- School-based intervention developed by UCLA, RAND, & LAUSD
  - Delivered to students experiencing significant distress due to trauma
    - Implementers = MSWs, licensed psychologists, or interns
  - Tailored for the school setting and diverse populations
  - 10 weekly student group sessions, 1 individual (1-on-1) session
    - Two parent education meetings

- Cognitive behavioral techniques
  - Education about common reactions to trauma
  - Relaxation training: imaginal exposure
  - Cognitive therapy: fear thermometer
  - Real life exposure: fear hierarchy and coping strategies
  - Stress or trauma memory: drawing/writing exercises
  - Social problem-solving: HOT seat
CBITS Study in San Francisco Unified School District

- Selected **12 middle schools** in neighborhoods with elevated violence, crime, and poverty rates
- Each school has at least 1 SSW, a certified clinician
- Each participating school receives:
  - **Resources and support** to implement CBITS
  - Yearly **stipends** ($1,000 per school)
  - Ongoing **staff education** and consultation
    - Training for *all* SSWs (including non-participating)
    - Weekly clinical supervision
  - Local **Resource Guide** for trauma services
  - **Data** to support applications for potential funding
Orange County Office of Education
The CCSESA Project

- Improving Cross System Collaboration between Mental Health, Education, and Child Welfare through funding from the Mental Health Services Ace (MHSA) through CalMHSA to the California County Superintendents Educational Services Association (CCSESA) Regions.
- Increase in Mental Health practitioners who are trained in Trauma Focused Cognitive Behavior Therapy (TF-CBT).
- Pilot tests of utilizing a Trauma Informed Assessment Tool for children first entering the child welfare system.
- Developing a Training for School Administrators, Child Welfare, CASA, Caregivers, etc. on trauma, learning and behavior
UCSF HEARTS

• School-wide, prevention and intervention approach
  • Increasing student wellness, engagement, and success in school
  • Building staff and school system capacities to support trauma-impacted students by increasing knowledge and practice of trauma-informed classroom and school-wide strategies
  • Promoting staff wellness through addressing burnout and secondary traumatic stress
  • Interrupting the school to prison pipeline through the reduction of racial disparities in disciplinary office referrals, suspensions, and expulsions.

• Multi-Tiered System of Supports (MTSS)
• Addresses Trauma and Chronic Stress
  • Students
  • Staff
  • School Organization
• Implementing trauma-informed practices, procedures, policies
• Systems change of 2-5 years
UCSF HEARTS Multi-Tiered System of Supports

Intensive/Tertiary Intervention (5%)
- Trauma-specific psychotherapy with students + consultation with teachers
- IEP consultation / Trauma-informed crisis management

Early/Secondary Intervention (15%)
- Participation in Care Team Meetings for at-risk students and school-wide issues
- Trauma-informed school-wide positive behavioral support system
- Trauma-informed, restorative discipline policies
- Teacher wellness groups

Primary Prevention (80%)
- Capacity building with school staff
- Training on effects of complex trauma in schools and trauma-informed practices
- Promote staff wellness and address stress, burnout, & vicarious trauma
- Use of trauma-informed lens to augment universal supports
  - Positive Behavioral Interventions and Supports (PBIS)
  - Health education on coping with stress
  - Safe and supportive school climate / Educational equity
  - Social Emotional Learning (SEL) curricula
  - Restorative Practices / Restorative Justice

J. Dorado (2016), UCSF Healthy Environments and Response to Trauma in Schools (HEARTS)
A Trauma-Informed Intervention - SPARCS?

Structured Psychotherapy for Adolescents Responding to Chronic Stress

A Typical SPARCS Session

- Check-in
- Practice from last session
- Mindfulness exercise
- Session-specific content & activities
  - Example: Bottle about to Burst
- Check-out
- Remind to practice

RESOURCES
• Alliance for Children’s Rights http://kids-alliance.org/edtoolkit/
• Cognitive Behavioral Intervention for Trauma in Schools: An Evidence-based Program for Students Exposed to Trauma www.cbitsprogram.org
• National Child Traumatic Stress Network Educator’s Toolkit (including Complex Trauma Measures) https://www.nctsn.org/resources/child-trauma-toolkit-educators
• Project CoVitality http://www.project-covitality.info/
• Safe Supportive Learning https://safesupportivelearning.ed.gov/sites/default/files/Trauma%20OLE%20Web.pdf
• SPARCS http://sparcstraining.com/index.php
• TASN http://ksdetasn.org/
• UCSF HEARTS: Healthy Environments and Response to Trauma in Schools http://hearts.ucsf.edu/