

# Creating Trauma-Informed School-Based Mental Health Systems

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# What is Trauma?

- Acute trauma is a single traumatic event that is limited in time
- Chronic trauma refers to the experience of multiple traumatic events
- Complex trauma describes both exposure to chronic trauma - usually caused by adults entrusted with the child's care - and the impact of such exposure on the child

# Mental Checklist: Do you have students who...

- Witness domestic violence?
- Are physically, emotionally or sexually abused?
- Are neglected?
- Are homeless?
- Have family members in the military who are fighting overseas or living in another country?
- Have experienced a natural disaster (house fire)?
- Do not have enough to eat?
- Have been in a serious accident (e.g., car accident)?
- Have been a victim of physical or sexual assault?
- Have lost a loved one?
- Live in homes with family members who abuse alcohol or other drugs?
- Live in homes with family members with untreated mental illness?

# Prevalence in Schools

## NATIONAL STATISTICS



1 IN 6 BOYS

1 IN 4 GIRLS

WILL HAVE EXPERIENCED AN EPISODE  
OF SEXUAL ABUSE BY AGE 18



1 OF 3 ABUSED AND NEGLECTED CHILDREN

MAY LATER ABUSE THEIR OWN CHILDREN



A REPORT OF CHILD ABUSE IS MADE EVERY **10** SECONDS

Rate of victimization of youth (per 1000 youth)

National rate	9.5
CT rate	11.0

## CONNECTICUT STATISTICS

70%

OF CLIFFORD BEERS CLINIC OUTPATIENT CLIENTS  
REPORT AT LEAST 1 TRAUMA

UP TO 80%

OF CHILDREN IN JUVENILE JUSTICE SYSTEM  
SCREEN POSITIVE FOR TRAUMA EXPOSURE

90%

OF PUBLIC MENTAL HEALTH CLIENTS HAVE BEEN EXPOSED TO TRAUMA

Source: CDC (2005), Maleson et al (2004), Pampillo et al (2001), Clifford Beers (2008), Connecticut Department of Children and Families (2008), Connecticut Department of Social Services (2008)

Nearly half of all children in the United States are exposed to at least one social or family experience that can lead to traumatic stress and impact their healthy development—increasing the risk of negative long-term health consequences or of falling behind in school.

Source: Johns Hopkins Bloomberg School of Public Health.- (Bethel, C. et al, Journal Health Affairs, Dec 2014)

# Trauma: Key Points

- It is inherently complex
- It occurs in broad context of child's personal characteristics, life experiences, and current circumstances
- Trauma often generates secondary adversities, life changes, distressing reminders in child's daily life
- Children exhibit wide range of reactions
- Danger and safety are core concerns in the life of a traumatized child
- Trauma affects family and broader caregiver system

Source: NCTSN Core Curriculum on Childhood Trauma

# Impact on Brain Development

Brain development is influenced by environmental stimuli.

Traumatic experiences can trigger “fight, flight or freeze” response (e.g., arousal, heart rate, numbing, dissociation).

Chronic state of fear can impede development of critical brain functions (e.g., memory, language, problem solving, higher order thinking).

# Traumatic Impact – Traumatic Stress

Children with Traumatic Stress are about “*Survival-in-the-moment*.” Immediate and extreme responses to reminders of the trauma.

“*Survival-in-the-moment*” is governed by pathways in the BRAIN that appraise threat, sacrifice context for speed of response, make decisions out of consciousness, mobilize the body for fight, flight, freeze

Higher order brain functions are temporarily put on hold when survival is at stake.

This explains many of the experiences, behaviors and symptoms of trauma surviving children.

# What can be a Trigger?

Sensory Experiences: Sights, sounds, smells, touch, tastes

Emotional Experiences: Anxiety, fear, anticipation of unknown, vulnerability, being overwhelmed, shame, loss

Some triggers are obvious and known to the student

Some work out of consciousness of the student, and are unobservable to outside persons

Lifelong pattern of responding to triggers, builds on itself and decreases conscious connection

# Impacts on Learning

<b>Relationships</b>	<b>Self-Regulation</b>	<b>Success</b>
<ul style="list-style-type: none"><li>1. Interferes with student's ability to trust adults</li><li>2. Interferes with student's peer relationships</li></ul>	<ul style="list-style-type: none"><li>1. Impairs ability to read social cues</li><li>2. Interferes with self regulation of emotion/behavior</li><li>3. Limits student's understanding of behavior and associated consequences</li></ul>	<ul style="list-style-type: none"><li>1. Impairs ability to use language</li><li>2. Limits ability to understand/respond to classroom instruction</li><li>3. Interferes with organizing/processing information and multi-step tasks</li><li>4. Compromises sense of self, motivation and competence</li></ul>

So what do we do now?

# Making the shift...

## Traditional vs. Trauma-Focused

- Crime and punishment
  - Diagnosis
- Behavioral Interventions
  - Kid is sick/bad
- Needs of others are paramount
  - Make the behavior stop
  - “What is wrong with you?”

- Power “with” instead of power “over”
- Focus on community, building trust and safety for all
- How can the adults change their behavior/the environment to have a positive impact?
- “What happened to you, your family, your community?”

# Parallel Process

- Complex interaction between traumatized clients, stressed staff, pressured organizations and the social and economic environment.
- Our system frequently replicates the very experiences that have proven so toxic for the people we serve.

# Parallel Process

Kids	Staff	Organization
<ul style="list-style-type: none"><li>• Feel unsafe</li><li>• Angry and aggressive</li><li>• Helpless</li><li>• Hopeless</li><li>• Hyper-aroused</li><li>• Fragmented</li><li>• Overwhelmed</li><li>• Confused</li><li>• Depressed</li></ul>	<ul style="list-style-type: none"><li>• Feel unsafe</li><li>• Angry and aggressive</li><li>• Helpless</li><li>• Hopeless</li><li>• Hyper-aroused</li><li>• Fragmented</li><li>• Overwhelmed</li><li>• Confused</li><li>• Demoralized</li></ul>	<ul style="list-style-type: none"><li>• Is unsafe</li><li>• Punitive</li><li>• Stuck</li><li>• Missionless</li><li>• Crisis Driven</li><li>• Fragmented</li><li>• Overwhelmed</li><li>• Valueless</li><li>• Directionless</li></ul>

# What is a Trauma-Sensitive School?

Trauma-sensitive schools acknowledge the prevalence of traumatic occurrence in students' lives & create a flexible framework that provides universal supports, is sensitive to unique needs of students, & is mindful of avoiding re-traumatization.

# Core Principles of Trauma-Sensitive Schools

1. Safety
2. Trustworthiness
3. Choice
4. Collaboration
5. Empowerment

# What can we do?

1. Incorporate knowledge about trauma- prevalence, impact, recovery
2. Create hospitable and engaging community
3. Facilitate healing, recovery, empowerment (make space for the person's story, emotion, and experience)
4. Minimize re-victimization
5. Emphasize collaboration throughout the system.

# What can we do?

## **School Wide Response**

Infrastructure and Culture

Leadership support

Staff Support/Staff Development

Teacher Training and Support

Mental Health Support

Consultation/discussion of issues

Linkages to community resources

Policies, Procedures and Protocols

Confidentiality

Discipline

# What can we do?

Readiness to Learn: What teachers can do

Sense of Safety (basic security)

Managing Feelings (affect regulation)

Negotiating the World Around You (social skills)

# What can we do?

## **Clinical Interventions/supports**

CBITS/BounceBack

DBT

Mindfulness

Crisis Intervention teams

Peer Supervisor

Supervision

Self Care

Thoughts?  
Questions?  
Comments?