



## When Great Minds Think Alike: Collaborative Efforts to Implement Trauma-Informed School-Based Mental Health Services

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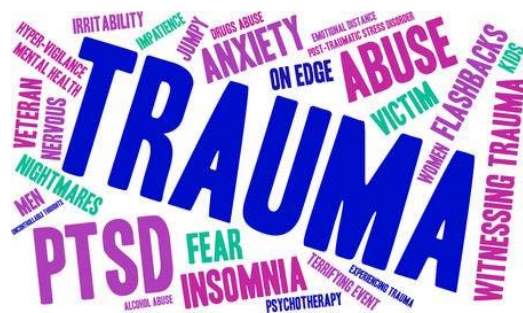
### Agenda

- Impact of trauma in education
- Trauma-informed care in education
- Barriers experienced in providing services
- Trauma-informed framework to increase collaborative efforts

# Trauma Defined

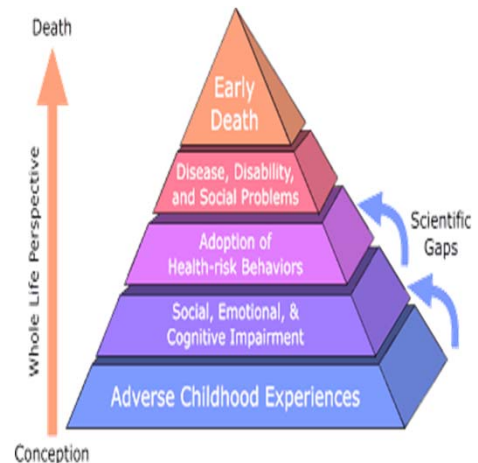
## Trauma Defined

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 threatening and that has lasting adverse **effects** on the individual's functioning and physical, social, emotional, or spiritual well-being.



## Adverse Childhood Experience (ACEs) Study

- Ongoing collaborative research between the Division of Violence Prevention at the Center for Disease Control and Prevention and Kaiser Permanente between 1997 and 1995 with over 17,000 participants (75% white males, 39% college graduate, study was limited to San Diego).
- ACEs include: (1) physical abuse, (2) sexual abuse, (3) emotional abuse, (4) physical neglect, (5) emotional neglect, (6) intimate partner violence, (7) mother treated violently, (8) substance misuse within the household, (9) household mental illness, (10) parental separation or divorce, (11) incarcerated household member
- The more ACEs a student has, as an adult, they are at a higher risk for poor health, impaired social, emotional and cognitive functioning, lower socioeconomic status, and an early death.



## Updated ACEs Study

- The Journal of the American Medical Association published results Monday, September 17<sup>th</sup>, 2018.
- Officially the largest ACEs Study conducted to date.
- Centers for Disease Control and Prevention, Researcher Melissa Merrick.
- Analyzed 214,157 adults in 23 states between 2011 – 2014.
- Answered 11 questions if they have experienced any of the original 11 ACEs.
- 62% experienced 1.
- 25% experienced 2 or more.
- 16% experienced 4 or more.
- Black and Latino with less than high school education or annual income below 15,000 were more likely to have more ACEs.
- Multiracial participants averaged 2.5 ACEs.
- Gay, lesbian, and bisexual participants averaged 3.1 ACEs.
- Women, younger adults, unemployed participants, and those unable to work had higher scores.

## Impact of Trauma

### General Impact

- Impacts child's overall development (cognitive, social, emotional, physical, behavior).
- Impacts brain development.
- Effects how students think, feel, and act.
- Effects how students learn in the context of relationships.
- Unhealthy relationships impact concept of self and ability to learn and thrive.
- Effects may not be evident until later.

### School Performance

- Lower GPA.
- Higher absentee rates.
- Increased dropout rates.
- Increased suspensions and expulsions.
- Decreased reading ability.



## Impact of Trauma

### Physical and Emotional Distress

- Headaches and stomach aches.
- Poor control of emotions.
- Inconsistent academic performance.
- Unpredictable or impulsive behavior.
- Overreaction to bells, physical contact, doors slamming, sirens, lightening, sudden movements.
- Intense reactions to reminders of their traumatic event:
  - Thinking others are violating their personal space
  - Blowing up when being corrected or told what to do by an authority figure
  - Fighting when criticized or teased by others
  - Resisting transition or change



## Impact of Trauma

### Single Trauma Exposure

- Jumpiness
- Intrusive thoughts
- Interrupted sleep
- Nightmares
- Anger
- Moodiness
- Social withdrawal
- Poor concentration
- Impaired memory

### Chronic Trauma Exposure

- Adversely affect attention, memory and cognition.
- Reduce ability to focus, organize, and process information.
- Interfere with effective problem solving and planning.
- Result in overwhelming feelings of frustration and anxiety.

## Trauma-Informed Care

## Trauma-Informed Care Defined



- Means being informed about and sensitive to trauma, and providing a safe, stable, and understanding environment for students and staff.
- A primary goal is to prevent re-injury or re-traumatization by acknowledging trauma and its triggers, and avoiding stigmatizing and punishing students.
- Change from asking “what’s wrong with you?” to “what happened to you?”

## Trauma-Informed Care Approaches

- A program, organization, or system that is trauma-informed **realizes** the widespread impact of trauma and understands potential paths for healing,
- **Recognizes** the signs and symptoms of trauma in staff, clients, and others involved with the system,
- **Responds** by fully integrating knowledge about trauma into policies, procedures, practices, and settings.
- Seeks to actively **resist** re-traumatization.



## Why Trauma-Informed Care is Needed

- Decrease in children's symptoms related to
  - Trauma
  - PTSD
  - Anxiety
- Improvement in:
  - Emotion regulation
  - Social competency
  - Academic (grades, test scores, graduation rates)
  - Classroom behavior
- Decrease in:
  - Discipline referrals
  - Suspensions
  - Expulsions



# School-based Mental Health Services

## **Benefits of School-Based Mental Health Services**

- Provide families with access to mental health services
- Schools employ profession, onsite staff member with behavioral and mental health expertise
- Families are familiar with school which decrease the stigma when services are provided.
- School-based services located in the school where many students challenging behavior may occur
- Schools has immediate and daily access to children

## **Barriers to Collaboration**

- Professional discipline – school based therapist and school counselor may not know each others credentials, license, or professional experience.
- Confidentiality – mental health professionals uphold the sacredness of confidentiality; however, administrators (especially of minors) will typically include parents – limiting confidentiality.
- Job Responsibilities – may work at multiple locations, responsibilities are determined by administrators, assigned non-counseling duties





# Creating a Trauma Informed School: The National Child Traumatic Stress Network



## Identifying and Assessing Traumatic Stress

- **Systematically Assess School Wide Trauma Informed Practices** – identify trauma-informed policies, procedures, practices that can support students and staff who have been impacted by trauma.
- **Standard Protocols for considering trauma exposure** – routinely consider the presence and impact of trauma exposure on a student’s academic performance and behavioral performance.
- **Use evidence-based trauma screening when behavioral referrals** - (ie. Life Event Checklist, Abbreviated PTSD Checklist – Civilian version (PCL-C), SAMHSA website)
- **School should conduct ongoing assessment and continue ongoing interventions.**

## **Address and Treat Traumatic Stress**

- **De-stigmatized Self-Referral Options** – students and school staff are made aware of available support services in school and within the community.
- **Early Interventions** – based on screening results, schools should provide trauma-informed, evidence-based, resiliency-building early interventions (ie. Mindfulness strategies, CBT approaches, substance abuse treatments).
- **Trauma-Informed Behavior Support Plans** – the school behavior support planning team should incorporate the knowledge of trauma and evidence-based practices for supporting children experiencing trauma.
- **Trauma-Informed Special Education Services** – understand trauma and provide evidence-based practices for students who have IEPs and 504 Plans.
- **Referring to services** – build relationships with trauma-informed care providers in the community and refer as needed ([www.psychologytoday.com](http://www.psychologytoday.com)).

## **Trauma Education and Awareness**

- **School Mission and Vision** – trauma informed practices should be recognized in the mission and vision of the school.
- **Professional Development** – all staff should be educated on trauma, how trauma impacts development and academic achievement, and behavior, and school-wide approaches to develop the skills for coping.
- **Psychoeducation for students on the effects of stress and trauma** – teach students about trauma, the effects stress and trauma can have, coping skills, healthy relationships, protective factors, and resiliency.
- **Developmentally appropriate trauma-informed responses** – make sure trauma-informed responses are age appropriate and developmentally appropriate (ie. Students with cognitive disabilities).

## **Partnerships with Students and Families**

- **Education for parents and caregivers** – teach parents/caregivers about the effects of stress and trauma on the children’s brain and body and how to develop coping skills.
- **Education for students** – teach students about the effects of stress and stress management strategies (ie. Mindfulness, deep breathing, problem-solving).
- **Engagement in program planning and implementation** – collaborate and partner with students and families to create trauma-informed programs and practices to meet student needs.
- **Families are an important source for identifying students in need of more support.**
- **Engaging families in treatment** – both students and the parent/caregiver should be active in the treatment process (ie. Needs in treatment, hope for treatment, role in treatment, input and feedback regarding treatment).

## **Create a Trauma-Informed Learning Environment**

- **Promoting a safe school climate and education about trauma** – promote healthy activities and utilize protective factors that include community organizations and practices to increase student’s resiliency and coping skills.
- **Predictable and supportive learning environment** – school uses an understanding of trauma to deepen and augment school-wide practices to create predictable and supportive learning environment that minimize trauma reminders.
- **Develop a sense of school community** – connect students with teachers, students with school programs and school community, teacher with peer consultation and support models.
- **Teach social skills** – train school staff on and provide student with curriculum that promotes a safe learning environment (ie. Conflict resolution, problem solving, social communication, emotional/behavioral literacy, bullying prevention, suicide prevention, etc).
- **Safe spaces for students** – provide space inside and outside of the classroom designated as safe spaces for students to calm themselves after experiencing emotional or behavioral challenges.

## **Cultural Responsiveness**

**Cultural Responsiveness** – understand cultural differences in experiences, interpretations, and responses to trauma. Moreover, counteract the effects of historical trauma, societal oppression (implicit and explicit bias), and institutional oppression (ie. Eliminating the disproportionality of punitive and exclusionary discipline practices).

- **Cultural responsive approaches integrated school-wide** – provide school personnel professional development and strategies for understanding cultural perspectives and traditions of students and their families and how to counteract biases on an institutional level and in individual levels.
- **Address systematic practices countering cultural responsiveness** – review school policies and procedures to identify and address standards and policies that may adversely and disproportionately impact specific groups of students and exacerbate their traumatic stress (ie. Discipline practices).
- **Adapting interventions using cultural-responsive strategies** – connect with individuals in the community that can translate cultural practices and be a bridge between the school and community and help overcome a family's reluctance to engage in trauma-informed services due to societal oppression (ie. Racism, homophobia, sexism).

## **Emergency Management and Crisis Response**

- **Comprehensive Emergency Options Plan** – should consider all threats and hazards, and all settings at all times. Schools Emergency Operations plans should be developed and maintained by various representatives (administration, staff, parents, law enforcement, fire officials, mental health practitioners).
- **Staff and partners informed of emergency procedures** – staff and partners should be well informed about emergency operations plan (communication with individuals inside schools and with parents/caregivers) and trained in various early interventions like Psychological First Aid.
- **Threat assessment** – create and maintain a comprehensive threat assessment protocol that should include a multidisciplinary school threat assessment team for identification and intervention of potential targeted acts of violence.
- **Recovery services** – after a crisis, a team of trained professional offer trauma screenings and interventions to support individuals impacted by the traumatic event.

## **Staff Self-Care and Secondary Traumatic Stress**

- **Work responsibilities consider self-care practices** – school administrators should consider the impact of school staff assignments, general workload, and exposure to students displaying traumatic stress reactions. Wellness practices are encouraged and offered regularly to reduce staff stress.
- **Prevention and awareness of secondary traumatic stress in educators** – provide school staff training on the signs of secondary traumatic stress and the ways to prevent secondary traumatic stress and burnout.
- **In-school supports for educators** – develop peer support and stress-management to staff members displaying signs of burnout and/or secondary traumatic stress.
- **Support services and employee assistance programs availability** – provide staff access to resources after experiencing potentially traumatic life events or exposures to substantial levels of stress in their professional and personal lives (ie. EAP services).

## **School Discipline Policies and Practices**

- **Standard discipline procedures are trauma-informed and equitable** – schools should stop using zero tolerance policy and out-of-school discipline procedures as a primary disciplinary tool. Consider whether traumatic event exposure plays a role in a student behavior and communicate behavioral expectations and disciplinary actions in a clear and consistent manner. Implement discipline in an equitable manner.
- **Disciplinary actions accompanied by trauma-informed interventions** – student who experience frequent discipline actions should be assigned appropriate support services to address underlying causes of behaviors.
- **Restorative practices embedded in disciplinary protocols** (ie. Restorative justice practices).

## **Cross System Collaboration and Community Partnerships**

- **Developing and sustaining trauma-informed policies and practices** – Ideally, coordinated efforts and support of trauma-informed policies and practice should involve all levels of school governance, federal agencies, and state and local government.
- **Resource mapping and service access** – provide a routinely updated catalogue of resources available at school and in the community.
- **Multidisciplinary Team-based approaches** – use team-based approaches for problem-solving, decision-making, and action planning to support students receiving Tier 2 level intervention efforts.
- **Consultation and partnership with school staff and community members** – intensive trauma-informed school-based individual and family interventions should include consultation with school staff and wrap around services.

## **Group Discussion**

- Does your school currently implement trauma-informed practices?
- What barriers are preventing you from collaborating with the school counselors?
- What ideas have you gained from this presentation?

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