Trauma Informed Classrooms and Schools

CCDP School Health Conference
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Outcomes:

• This session will:

• Introduce The Partnership for Resilience’s work on building trauma sensitive schools.

• Explore the Adverse Childhood Experiences research's application to schools.

• Discuss ways to expand internal capacity and foster external partnerships in the areas of health, family engagement and classroom practice.
Our vision is to transform and integrate education, health care and community organizations to create a trauma-informed, family-focused system that measurably improves academic, health, and social outcomes for children.

**Partners**

- American Academy of Pediatrics – Illinois Chapter (ICAAP)
- Consortium for Educational Change (CEC)
- Cook County Health and Hospitals System
- Education Redesign Lab at the Harvard Graduate School of Education
- Governors State University (GSU)
- Illinois Education Association (IEA)
- Illinois Federation of Teachers (IFT)
- Advocate Health Care
- Lurie Center for Childhood Resilience
- Southern Illinois University School of Medicine
- School Districts **Ridgeland 122 (Oak Lawn)**, **130 (Blue Island)**, **132 (Calumet Park)**, **148 (Dolton Riverdale)**, **163 (Park Forest)**, **169 (Ford Heights)**, **205 (Thornton Township)**

[www.partnership4resilience.org](http://www.partnership4resilience.org)
The Southland – An Introduction

https://www.youtube.com/watch?v=9yeTUSxSdtA
What is stress?
Stress = Demands > Resources
Is all stress the same?
“TOLERABLE STRESS”
“TOXIC STRESS”

“The excessive or prolonged activation of the physiologic stress response systems in the absence of the buffering protection afforded by stable, responsive relationships.”

--The American Academy of Pediatrics
“FIGHT OR FLIGHT”
“FIGHT OR FLIGHT” → “FREEZE”
The two part function of the nervous system...

**Sympathetic**

**Parasympathetic**
A Healthy Nervous System

Normal Range

arousal-activation
sympathetic
settle
parasympathetic
 Symptoms of Un-Discharged Traumatic Stress

- Anxiety, Panic, Hyperactivity
- Exaggerated Startle
- Inability to relax, Restlessness
- Hyper-vigilance, Digestive problems
- Emotional flooding
- Chronic pain, Sleeplessness
- Hostility/rage

- Traumatic Event

- Stuck on “On”

- Depression, Flat affect
- Lethargy, Deadness
- Exhaustion, Chronic Fatigue
- Disorientation
- Disconnection, Dissociation
- Complex syndromes, Pain
- Low Blood Pressure
- Poor digestion

- Normal Range

- Stuck on “Off”
the Amazing Brain
1. “The primitive/regulatory brain”

Diagram courtesy of: Blausen.com
2. “The reactive/emotional brain”
3. “The analytical/sensible brain”

The Frontal Lobe/Prefrontal Cortex
Orbitofrontal Cortex
Conclusions:
1) Physically abused children overestimated facial expressions as "angry"
2) Neglected children had difficulty distinguishing sad from fearful and angry faces

Figure 4: Samples from the Ekman's "Pictures of Facial Affect" facial expression dataset.
ACEs/Toxic Stress disrupt the development of:

1. Emotional regulation skills
2. Social connections
“Unsafe at home means unwelcome in school.”
--Laura Porter
The Evolution of The Southland to the Partnership for Resilience

Southland – 3 districts to 7 districts to 9 districts

District identified needs:

• Primary Care and Wellness
• Trauma and Behavioral Health
• Family Engagement

Other Illinois Initiatives:

• Replication of model in Southern Illinois “Building Resilient Illinois”
• Illinois Education Association – Partnerships in Decatur & Elgin
• Consortium for Educational Change – Trainings in West Chicago and Naperville

Soon to be released:

Lessons Learned: Building Trauma-Sensitive Schools
**Partnership for Resilience (PfR) Trauma Sensitive Schools Logic Model**

**Situation:** Adversity, trauma, and poverty are impacting a growing number of students.

<table>
<thead>
<tr>
<th>Inputs</th>
<th>Outputs Activities</th>
<th>Outcomes – Impact</th>
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<tbody>
<tr>
<td>District and school faculty and staff</td>
<td>Training and ongoing professional development</td>
<td>Short</td>
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</table>
| District and school administrators | Collaborative structures  
- Resilience team  
- District liaison team  
- Topic-focused teams (classroom strategies, primary care, behavioral health, family and community engagement, evaluation) | Long |
| Union leaders | Ongoing engagement with district administrators and union leadership | Increased student achievement |
| Families | Engagement and planning with external health and community partners | Increased student attendance rates |
| Students | | Decreased chronic absenteeism rates |
| Health and community external partners | | Decreased referrals for behaviors (suspensions, detentions, SWISS/PBIS) |
| PfR staff | | Improved school climate (as measured by Illinois 5 Essentials Survey) |
| Funding (public and private) | | Improved primary care outcomes for students (physicals & immunizations, dental, vision, asthma, insurance, medical home) |

**Assumptions**
- Each school district designs and implements programs specific to the needs of its population

**External Factors**
- The whole child approach aligns with resources available through the Every Student Succeeds Act (ESSA)

Partnership for Resilience, OER Associates LLC (3/20/18)
District Resilience Teams

• Vision-keepers and drivers of change. Support broad awareness. Own annual action plan for the school district, and have ongoing in-district meetings to facilitate work and integrate it with other district initiatives.
• Usually 5-10 people including an administrator; teacher/union leader; and nurse, social worker, or other support staff; can be a larger group.
• Convene quarterly across districts for action planning, professional development, networking, accountability.
Building Trauma-Sensitive Schools Resilience Team Training

• **Day One**
  - Phase I - ACEs
  - Phase II - Context, Research, School Culture
  - Phase III - Trauma Sensitive Schools and Classrooms
  - Phase IV - Family and Community Partnerships

• **Day Two**
  - Phase V - Social Emotional Learning
  - Phase VI - Resilience and Restorative Practices
  - Phase VII – Brain Research and Executive Function
  - Closing Day 2 – Practical Applications and Resources

• **Day Three**
  - PfR and Southland – Resilience Team Design, Lessons Learned, and Southland Case Study – Ridgeland District 122
  - Action Planning and Networking
  - Overall Reflections, Comments, Questions, Next Steps
District Liaisons

• Smaller group with passion to build a trauma-sensitive system and capacity to lead.

• Usually 2 people who can serve as a point of contact for problem solving and as liaisons with the district’s Resilience Team.

• Convene monthly across districts for continuous improvement, professional development, introductions to new resources.
Administrative Team Sessions

Partnership staff and representatives from the district’s Resilience Team join administrative team meetings within districts to frame the work, discuss the role of the administrator in building trauma-sensitive schools, review the action plan for the district.

Cross District Sub-Committees

• Define, lead, reflect on, evaluate, and continuously improve action on the topic.

• Participation depends on the topic, for example family engagement, primary health care, behavioral health, classroom strategies, teacher care. Topical priorities emerge from Resilience Team goals.
Cross District Sub-Committees

• Define, lead, reflect on, evaluate, and continuously improve action on the topic.
• Participation depends on the topic, for example family engagement, primary health care, behavioral health, classroom strategies, teacher care. Topical priorities emerge from Resilience Team goals.
• May meet within district (e.g., primary health care where local providers, who are part of the subcommittee, vary) or across districts (e.g., classroom strategies).
Calumet Park

Dental Data

- 212 Dental Screenings

*Children needing treatment averaged 3 cavities each.*

- 101 Treatment Needed (52.36%)
- 111 Healthy (47.64%)

- 11 Pulpitomies
- 21 Crowns
- 41 Extractions
- 356 Fillings
Introducing Health Services into PfR

- Oral health services through Mobile Care Foundation
- Asthma services through Mobile Care Foundation
- School based vision services through Ageless Eye Care
- Advocate Care Van for physicals and immunizations and also partnership with Cook County Health Systems
- Work with Patient Innovation Center and Shriver Center to address Medicaid enrollment
- Development of health team including school nurses, administrator, and providers that meets on a monthly basis to ensure ongoing communication and to engage in quality improvement activities
- Developed and piloted universal consent form for all school-based providers
- Developed data dashboard to share data across providers and with Districts
SEL Impact on Academic Outcomes - According to a 2011 meta-analysis of 213 studies involving more than 270,000 students, those who participated in evidence-based SEL programs showed an **11 percentile-point gain in academic achievement** compared to students who did not participate in SEL programs. [CASEL](http://www.casel.org/impact/)

ISBE-ESSA Plan

“Meeting the needs of the ‘whole child’ is, in fact, a ‘whole community’ effort. Local districts are best positioned to serve as the community hubs for improving the life outcomes of children and families.”

- ESSA
- IL Social Emotional Learning Standards
- Common Core
- Anti-Bullying
- SB 100
- PBIS
- MTSS
Classroom Strategies in Trauma-Sensitive Classrooms

- Relationships & Climate
- Trauma-Sensitive
- Resilience
- Social Emotional Learning
- Executive Function
The Flexible Framework has been designed to help each school community develop a plan for integrating trauma-sensitive routines and individual supports throughout the school day. The Framework provides a structure that can be adapted to the unique needs of each school community, regardless of its organizational structure or educational philosophy.

- I. Leadership and Culture
- II. Professional Development
- III. Access to Resources and Services
- IV. Academic and Non-Academic Strategies
- V. Policies and Protocols
- VI. Collaboration with Families
Adoption of a positive frame...

- Non-judgemental about the parent
- Looking to build on parent and child strengths
- Emphasis on expanding positive child behaviors to displace problematic ones
- Optimistic, encouraging, patience in the delivery of programs
Level 1: Universal Triple P/Targets ALL Parents
Media-based Parent Information Campaign

Level 2: Selected Seminars
Brief Selective Intervention (Large group “seminars”)

Level 3: Primary Care
Narrow Focus Parent Training (Sharing “tip sheets” at well child visits)

Level 4: Standard
Broad Focus Parent Training (More intensive intervention with 10 one hour visits)

Level 5: Enhanced/Pathways
Most Intensive support for complex problems

Breadth of Reach
Intensity of Intervention
What's so special about Triple P?

• Customizable
• Uses a self-regulatory model
• Robust evidence-based research
• Cross-cultural application
• It feels good to use positive language with our children
5 steps to positive parenting

Here is one of the 5 steps to positive parenting. You will get more good ideas when you do the Triple P – Positive Parenting Program.

Step 1: Make life safe and fun for your child

- A bored child may get into trouble.
- Have lots of fun things to keep them busy.
- Make sure your home is safe for play.

Triple P can help make your family life better.

To find out more go to www.triplep-parenting.net
5 steps to positive parenting

Here is one of the 5 steps to positive parenting. You will get more good ideas when you do the Triple P – Positive Parenting Program.

Step 2: Help your child learn

- When your child comes to you they are ready to learn.
- Give them your attention, even for a minute or two.
- Listen to your child’s question.
- Ask a question to help them solve the problem on their own.

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Step 3: Set clear rules and back them up

- Have rules that tell your child what to do.
- Use lots of praise when they do things you like.
- Stay calm and deal with problems quickly

Triple P can help make your family life better.

To find out more go to www.triplep-parenting.net
Step 4: Be realistic about your child

- Children are not perfect.
- Not all children can do the same things at the same age.
- Be realistic about what your child can do.
- Be realistic about what they cannot do.

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5 steps to positive parenting

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Step 5: Take care of yourself

- When you look after your own needs, you will be calmer.
- Do something you enjoy sometimes.
- Ask for help if you need it.

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“It is not about what is wrong with you, it is about what happened to you!”
Questions, Comments, Thoughts....

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