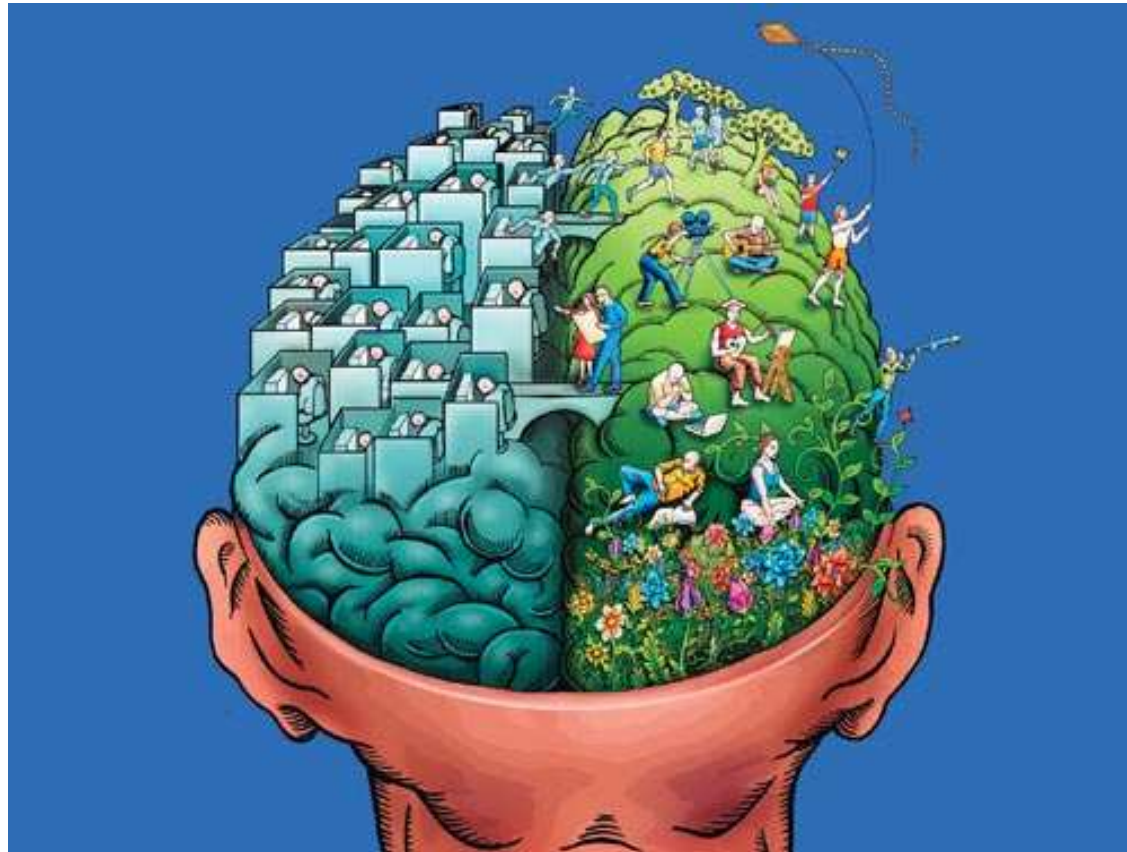# Trauma Past, Trauma Present:
# Relevance of Trauma to Advocates Working with Victims of Child Abuse

Presented by:

Dr. Allison Sampson-Jackson, LCSW, LICSW, CSOTP
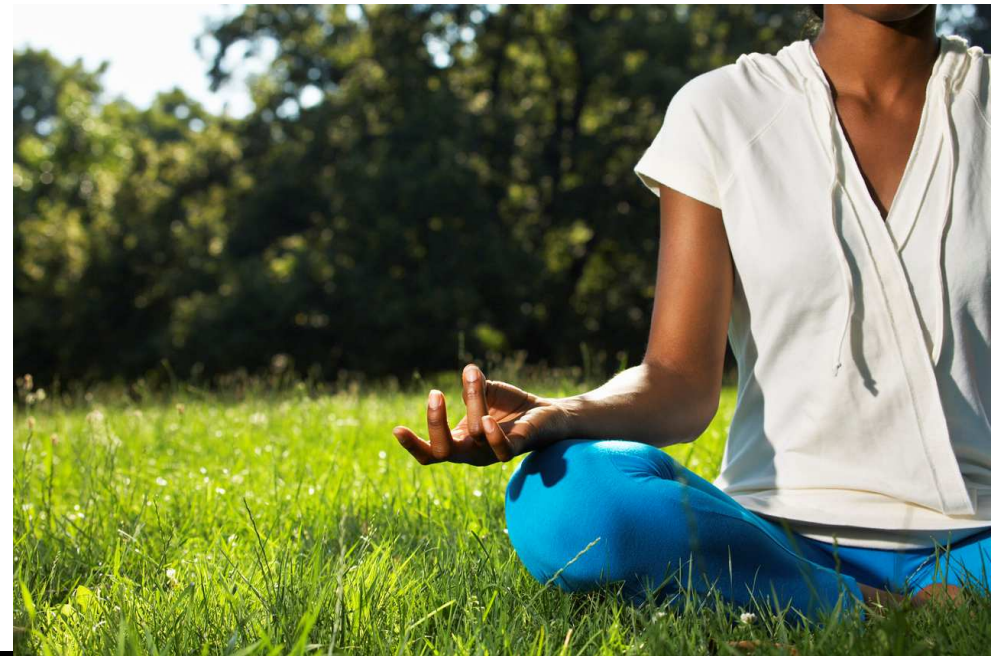
# *Impact to Right and Left Hemisphere Talk*

# Left Right Brain Conflict

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## *Self-Care Alert!*

- Step out and take a break

- Talk to someone you trust

- Do something relaxing

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*What is Trauma ?*
*Why Does it Matter?*

# *Defining Trauma*

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.

-SAMHSA definition 2014
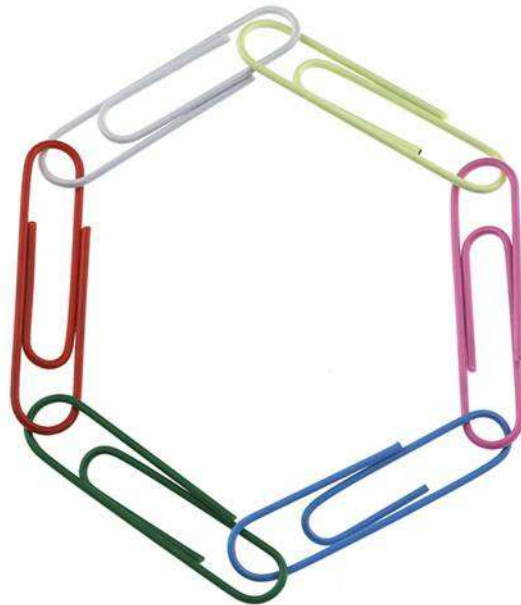
# *Adverse Childhood Experiences* (ACEs) – A Primer Video

- Emotional abuse
- Physically abuse
- Sexual abuse
- Not loved, not important
- Poverty
- Using drugs/substances
- Separation/divorce
- Mother- interpersonal violence
- Substance abuse
- Mentally health diagnosis
- Prison

*Remember this is a research tool or for your personal reflection now, not intended to be read to someone and used independently as a screen

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# Consequences of a Lifetime Exposure to Violence and Abuse

- Alcoholism and alcohol abuse
- Chronic obstructive pulmonary disease (COPD)
- Depression
- Fetal death
- Health-related quality of life
- Illicit drug use
- Ischemic heart disease (IHD)
- Liver disease
- Risk for intimate partner violence
- Multiple sexual partners
- Sexually transmitted diseases (STDs)
- Smoking
- Suicide attempts
- Unintended pregnancies
- Early initiation of smoking
- Early initiation of sexual activity
- Adolescent pregnancy



Consequences of Lifetime Exposure to Violence and Abuse
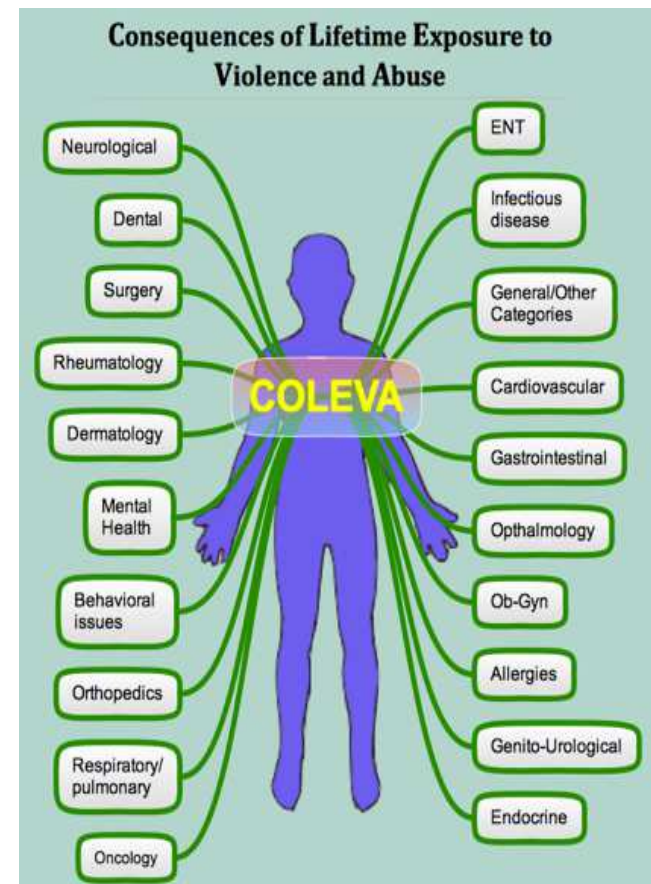
# Shift from an ACEs Score of 0 to 4 Population Health

- 242% more likely to smoke

- 222% more likely to become obese

- 357% more likely to experience depression

- 443% more likely to use illicit drugs

- 1133% more likely to use injected drugs

- 298% more likely to contract an STD

- 1525% more likely to attempt suicide

- 555% more likely to develop alcoholism

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# Listening to Our Youth
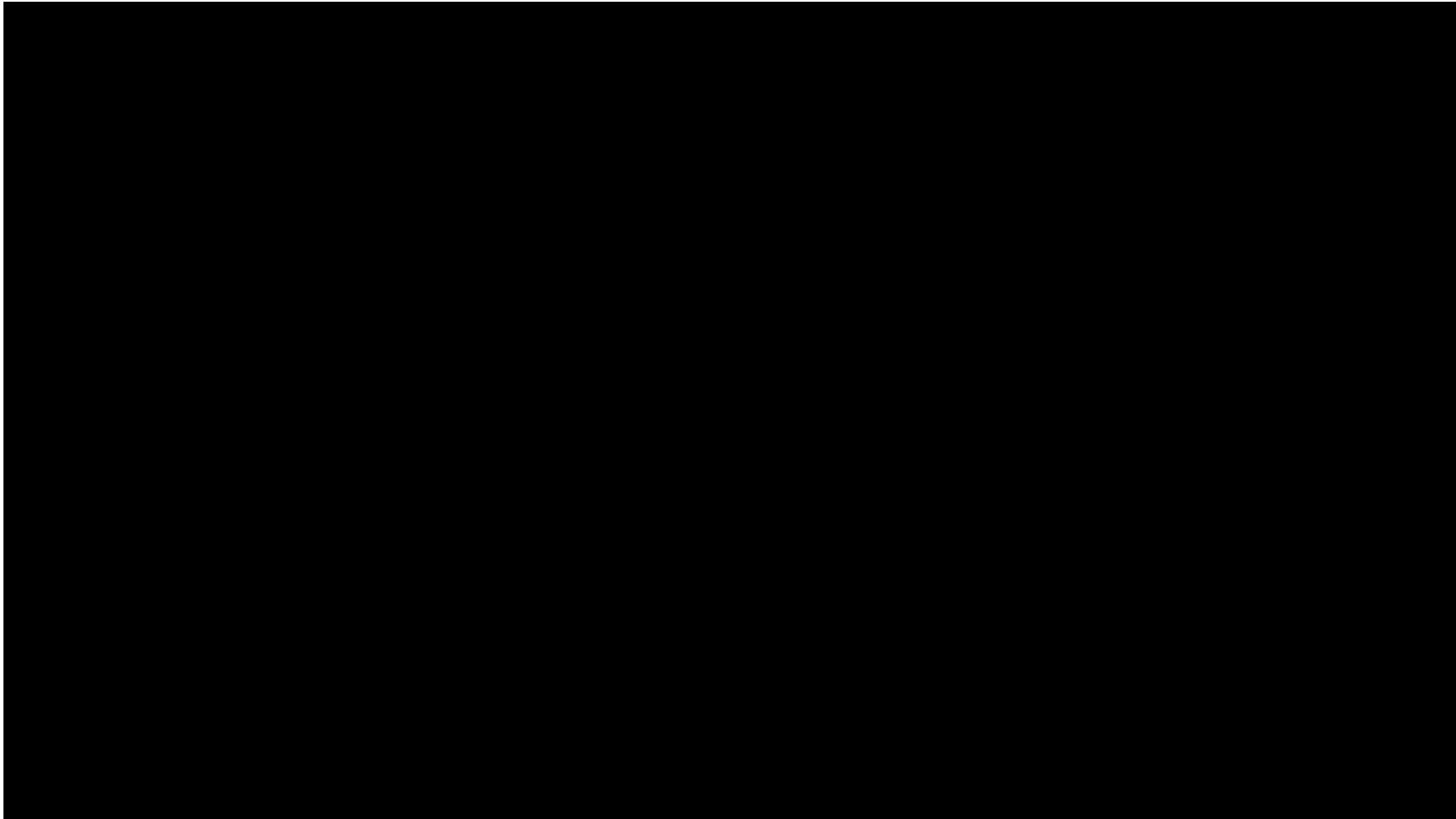
# *Mechanisms by which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan*
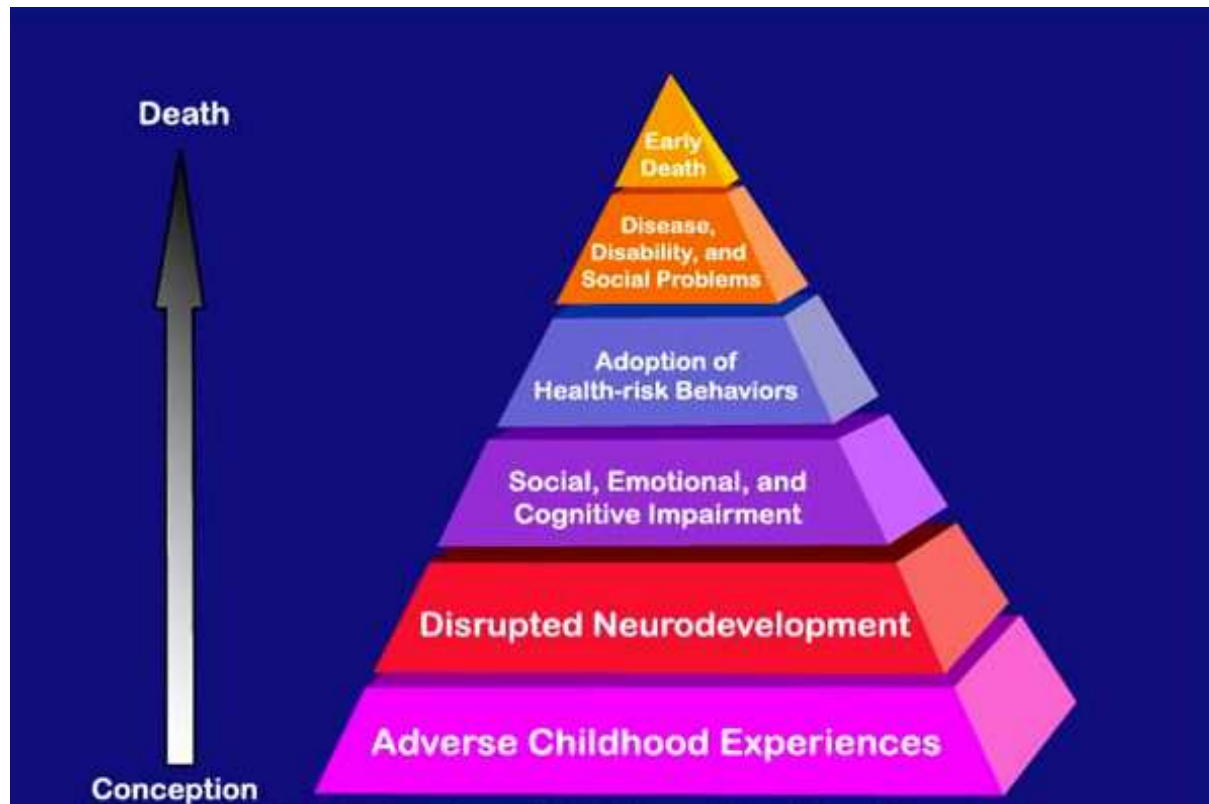
# Trauma's Impact on the Brain

# *Severe Trauma's Impact to the Brain*



**NORMAL** — **EXTREME NEGLECT**

These are the brains of two three-year-old children. The image on the left is from a healthy child while the image on the right is from a Romanian orphan who suffered severe sensory deprivation. The right brain is smaller and has enlarged ventricles – holes in the centre of the brain. It also shows a shrunken cortex – the brain's outer layer.
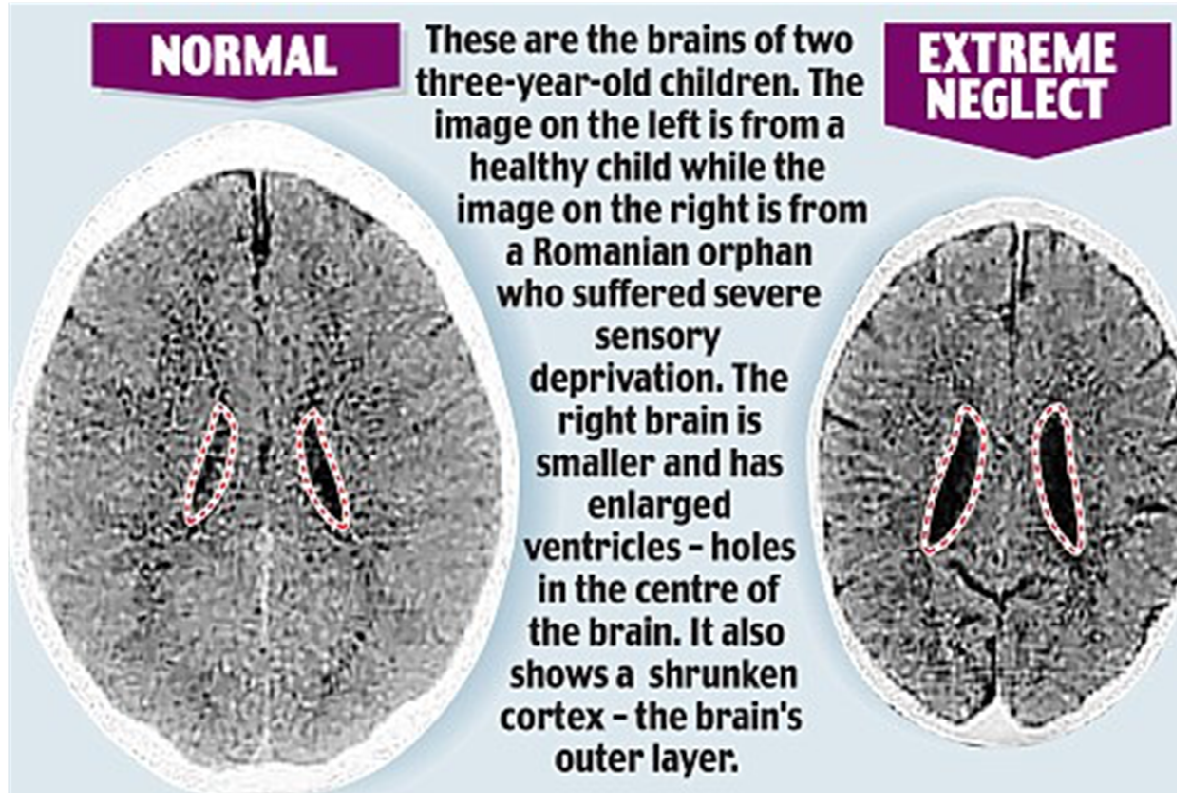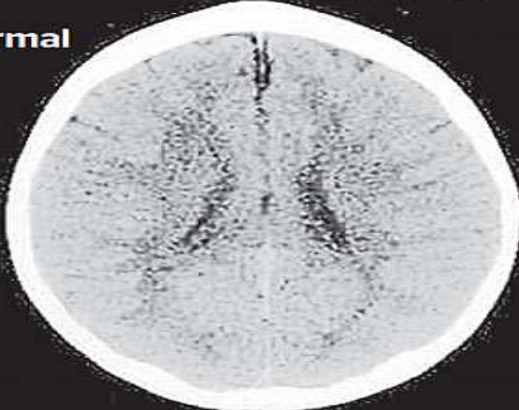
# How Stress Changes the Brain
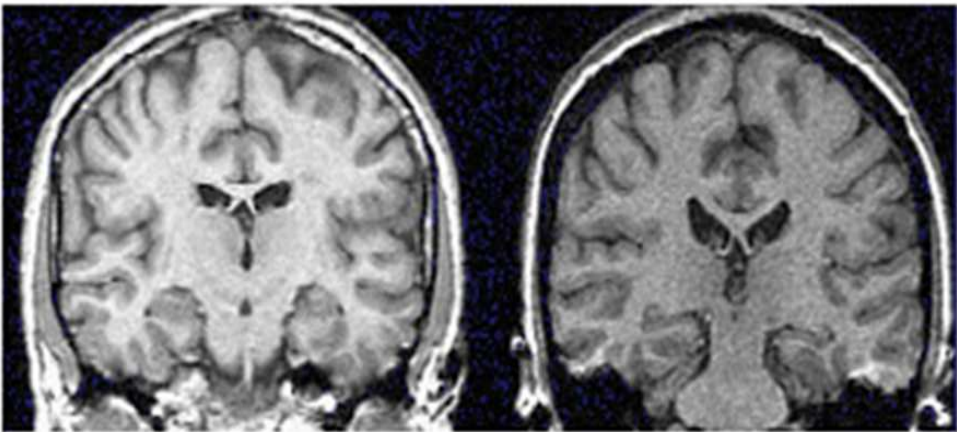
# PTSD

Recent studies have shown that victims of childhood abuse and combat veterans actually experience physical changes to the hippocampus, a part of brain involved in learning and memory, as well as in handling of stress.

Hippocampus works closely with medial prefrontal cortex, area of brain that regulates our emotional response to fear and stress.

Neuroscience is changing the direction of mental health services. Psychotherapy is no longer a "soft science." This brain scan shows the changes in the brain of person suffering from PTSD.



PTSD IS A REAL PHYSICAL INJURY

REGULAR          PTSD

NOT A SOCIAL OR POLITICAL OPINION.

# Dr. Dan Siegel's "Handy Model"
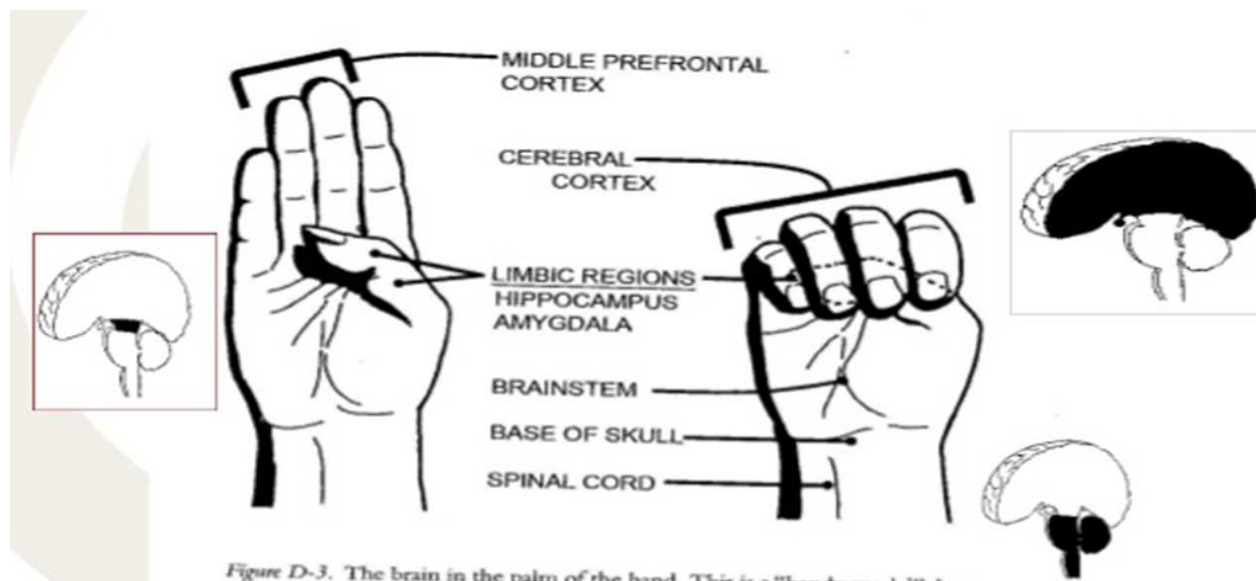


Figure D-3. The brain in the palm of the hand. This is a "handy model" that depicts the major regions of the brain: cerebral cortex in the fingers, limbic area in the thumb, and brainstem in the palm. The spinal cord is represented in the wrist. Please see text for explanation. Copyright © 2012 by Mind Your Brain, Inc. Used with permission by Daniel J. Siegel, M.D., from *The Developing Mind: How Relationships and the Brain Interact to Shape Who We Are* (2012).

# *Effects on Behaviors*

- Respond to the need

- Don't react to the behavior

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# Trauma Sensitive Schools

# *Developing Trauma Informed Schools*

**Marleen Wong, Ph.D. LCSW**

Senior Associate Dean and Clinical Professor

University of Southern California

USC School of Social Work

Principal Investigator, USC/LAUSD/RAND/UCLA

Trauma Services Adaptation Center

for Resilience Hope and Wellness in Schools and Communities

National Child Traumatic Stress Network

# *Trauma Services Adaptation Center for Resiliency, Hope and Wellness in Schools*

- LAUSD – School Mental Health
- RAND HEALTH – Los Angeles, DC, Pittsburgh
- UCLA NIMH Partnered Research Center for Quality Care
- UCLA TIES for Families
- UCLA Depts. of Psychiatry and Pediatrics/Geffen School of Medicine
- USC SCHOOL OF SOCIAL WORK

**Adapted from NASW 2016 Presentation:**

Marleen Wong, Ph.D. LCSW

Senior Associate Dean and Clinical Professor

University of Southern California, School of Social Work

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# *Events That Changed the Culture of Education*

- 1995 - Oklahoma City
- 1999 – Columbine
- 2001 - 9/11 Terrorist Attacks NYC/DC
- 2005 – Hurricanes Katrina and Rita
- 2007 - Virginia Tech/University
- 2010 – Deep Water Horizon Oil Spill
- 2012 – Newtown CT
- 2013 – Sandy Hook Elementary School

**Adapted from NASW 2016 Presentation:**

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# LAUSD Trauma Informed Beginnings – February 1984

**49th Street School**

- Sniper Shooting – 57 high power rounds
- Two killed – one 9 year old child and one adult
- 12 students and faculty wounded
- Led to the creation of the first school district crisis team

**Adapted from NASW 2016 Presentation:**

Marleen Wong, Ph.D. LCSW

Senior Associate Dean and Clinical Professor

University of Southern California, School of Social Work

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# A Startling Number of Students Are Exposed to Violence

**2% Direct Assault**

**6% No violence**

No violence
27%

Witness
48%

Direct assault & witness
23%

Violence not involving a weapon
54%

Gun or knife violence
40%

National Survey of Adolescents 1995
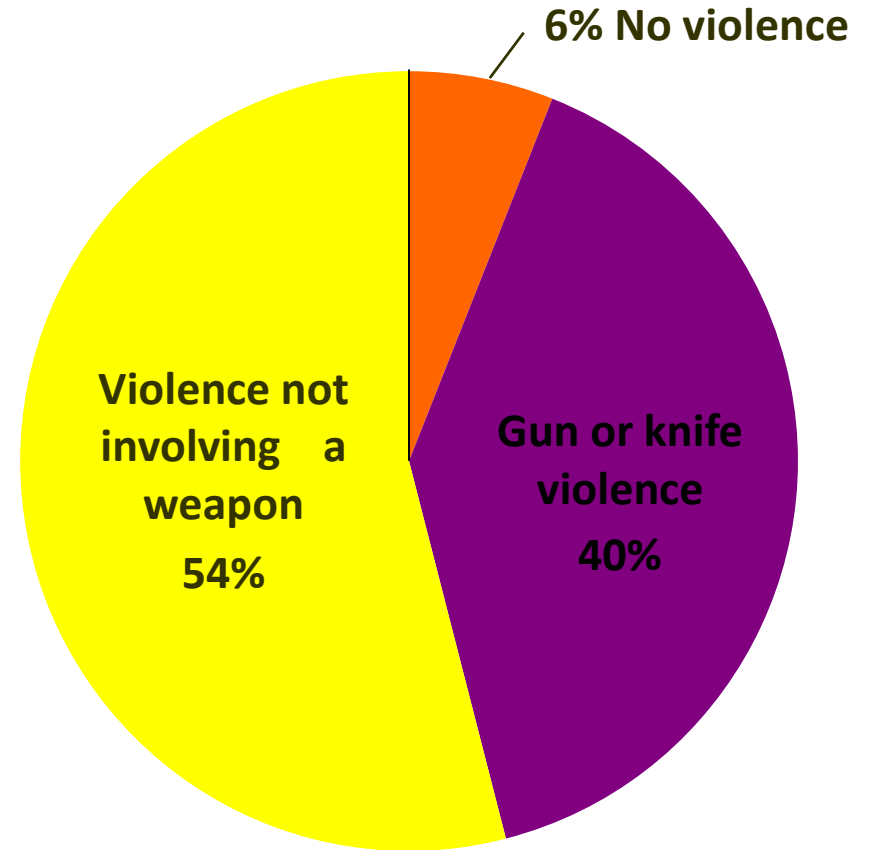
The LA Unified School District
6th-Grade Students, 2004

**Adapted from NASW 2016 Presentation:**

Marleen Wong, Ph.D. LCSW

Senior Associate Dean and Clinical Professor

University of Southern California,  School of Social Work
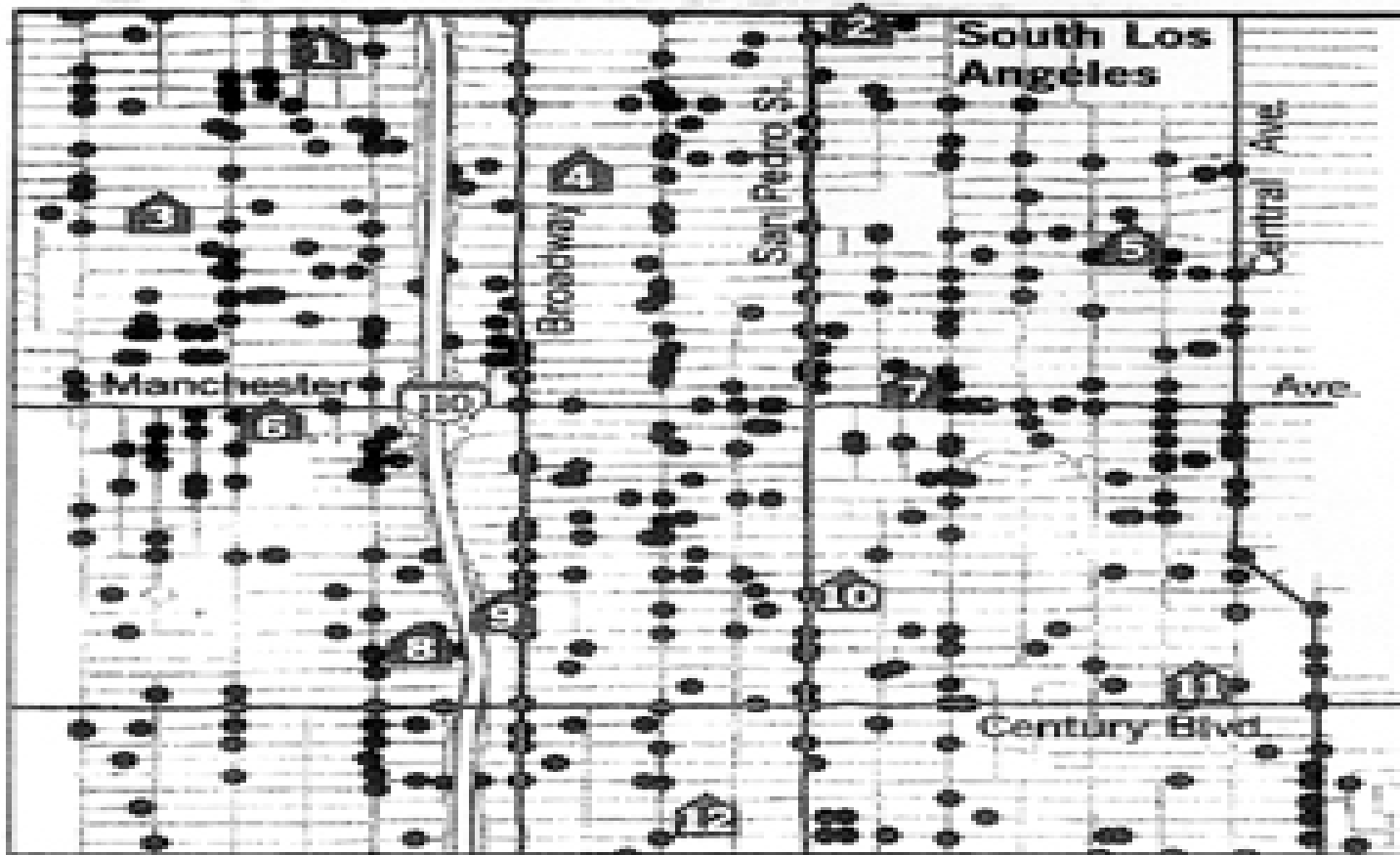
* Blocks of 0.25 square miles or greater are not shown.
Sources: Los Angeles Police Department, U.S. Census Bureau, Los .
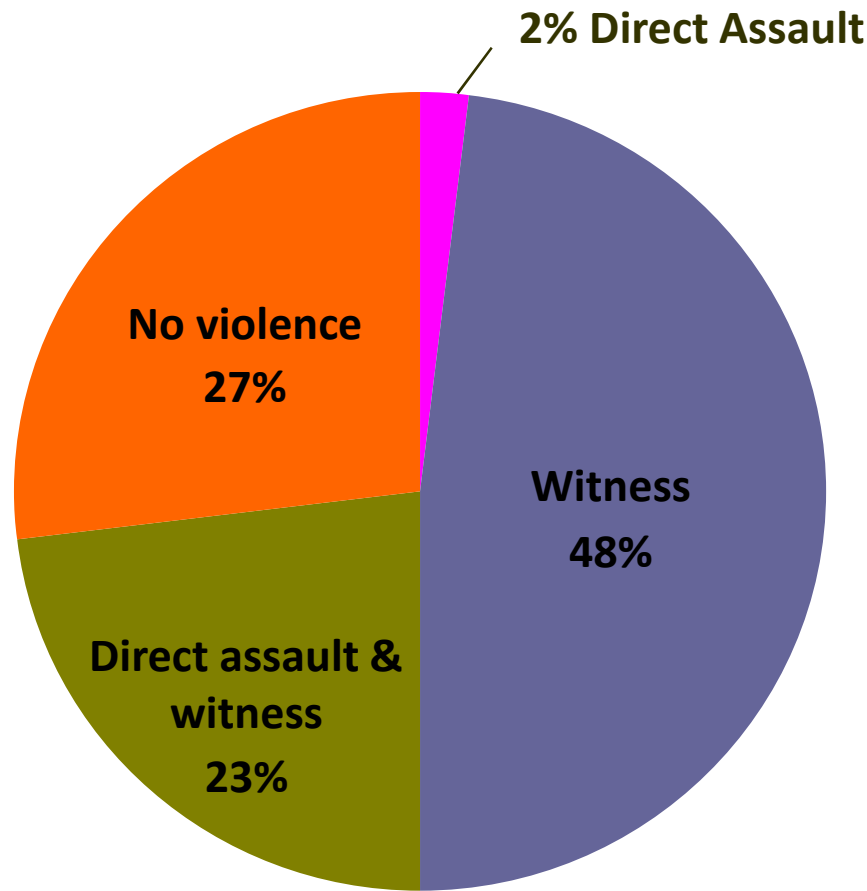
**Adapted from NASW 2016 Presentation:**

Marleen Wong, Ph.D. LCSW

Senior Associate Dean and Clinical Professor

University of Southern California, School of Social Work

# What are the Consequences of Trauma?

One night a year ago, I saw men shooting at each other, people running to hide. I was scared and I thought I was going to die. After this happened, I started to have nightmares. I felt scared all the time. I couldn't concentrate in class like before. I had thoughts that something bad could happen to me. I started to get in a lot of fights at school and with my brothers...

– Martin, 6th grader

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# RAND/USC/UCLA Research

- 88 to 92% Violence Exposure
- 27% PTSD
- 16 % Childhood Depression
- 76 % of Parents wanted family referrals
- Zip Codes – High Crime, Poverty, Gang Conflicts, Drug Sales/Use/Abuse

**Adapted from NASW 2016 Presentation:**

Marleen Wong, Ph.D. LCSW

Senior Associate Dean and Clinical Professor

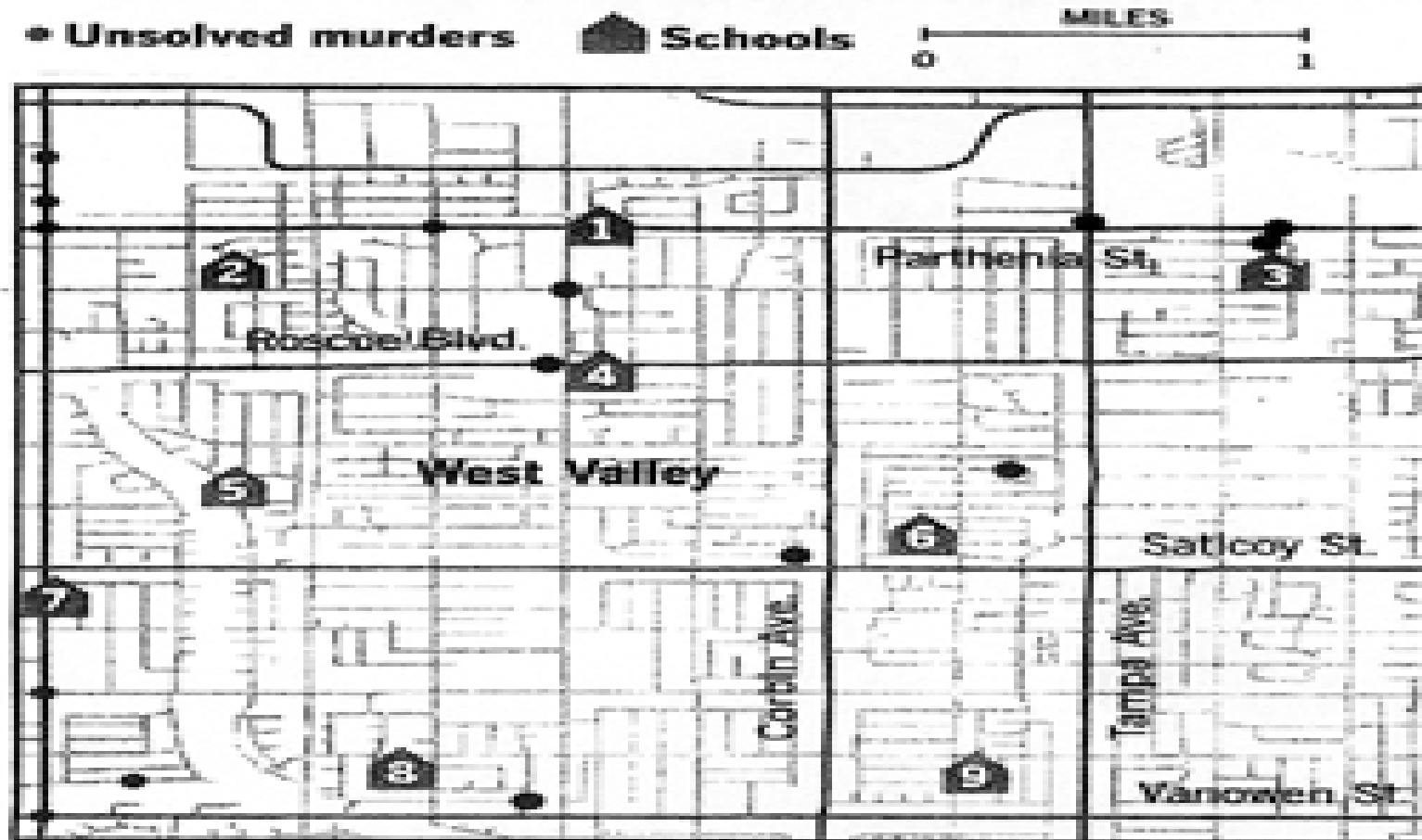University of Southern California, School of Social Work

# *Types of Trauma*

**Acute trauma** - a single traumatic event or sudden loss, physical or sexual assault.

**Chronic trauma** - Multiple and varied events-domestic violence, a serious car accident, a victim of community violence.

**Complex trauma** - Multiple interpersonal traumatic events from a very young age.

**All have profound effects on nearly
every aspect of a child's
development and functioning.**

**Adapted from NASW 2016 Presentation:**

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**Decreased IQ and reading ability**

(Delaney-Black et al., 2003)

**More suspensions and expulsions**

(LAUSD survey, 2006)
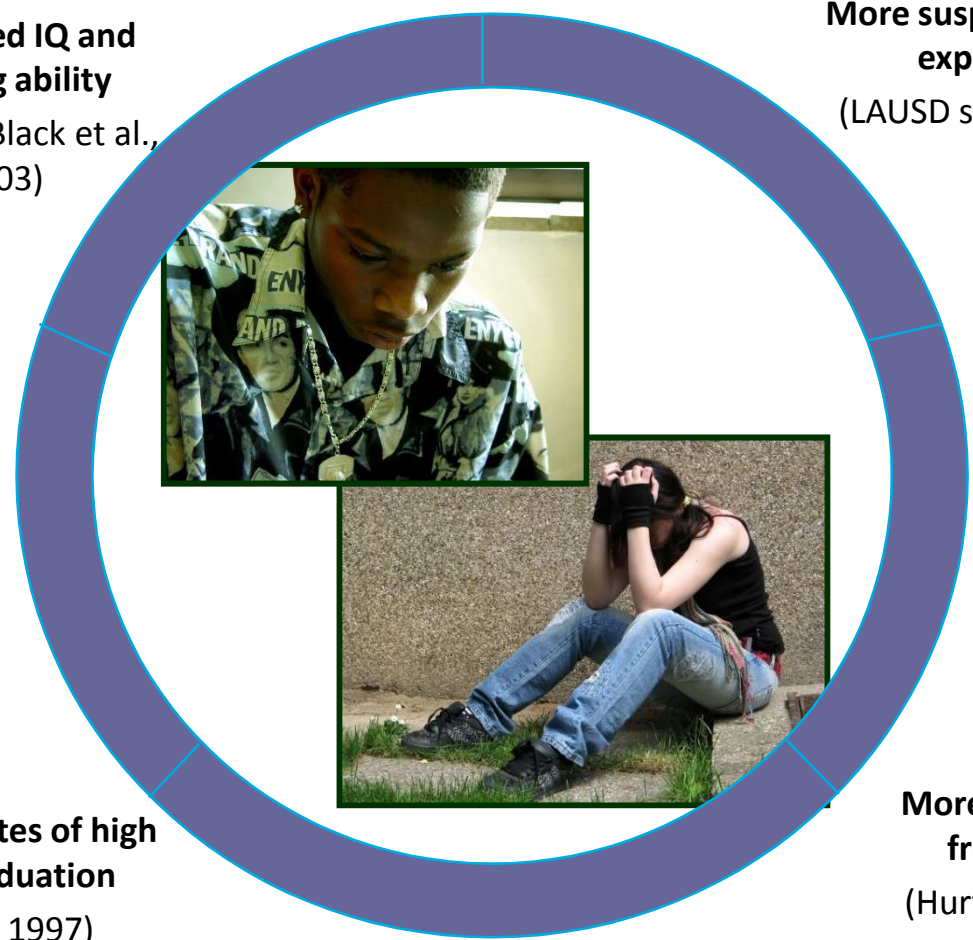
**Lower grade point average**

(Hurt et a., 2001**)**

**More days absent from school**

(Hurt et al., 2001)

**Decreased rates of high school graduation**

(Grogger, 1997)

**Adapted from NASW 2016 Presentation:**

Marleen Wong, Ph.D. LCSW, Senior Associate Dean and Clinical Professor

University of Southern California, School of Social Work

# *Cognitive Behavioral Intervention for Trauma in Schools (CBITS)*

- School-based intervention

- Delivered by licensed mental health professionals

- Proven effective in research trials

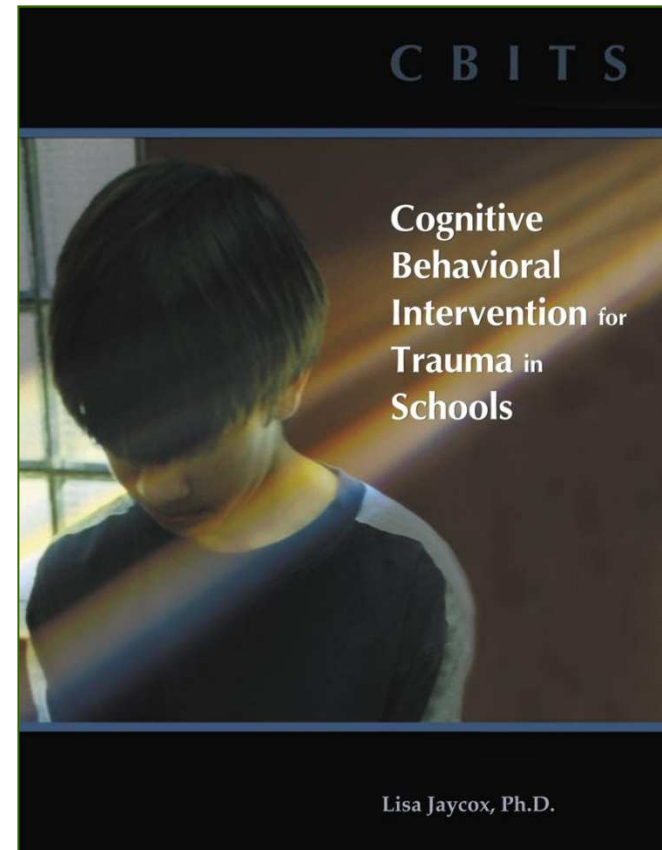- Visit: Rand.org OR cbitsprogram.org

**Adapted from NASW 2016 Presentation:**

Marleen Wong, Ph.D. LCSW

Senior Associate Dean and Clinical Professor

University of Southern California, School of Social Work

# *Support for Students Exposed to Trauma (SSET) – Modified for Use by Teachers*

- Modified version of CBITS

- Delivered by: Teachers, Graduate Interns and School Counselors

- Proven effective in research trials

**Adapted from NASW 2016 Presentation:**

Marleen Wong, Ph.D. LCSW

Senior Associate Dean and Clinical Professor

University of Southern California,  School of Social Work

PROGRAM MANUAL

**Support for Students Exposed to Trauma: The SSET Program**

Group Leader Training Manual, Lesson Plans, and Lesson Materials and Worksheets

Lisa H. Jaycox • Audra K. Langley • Kristin L. Dean

RAND HEALTH

Magellan HEALTHCARE.
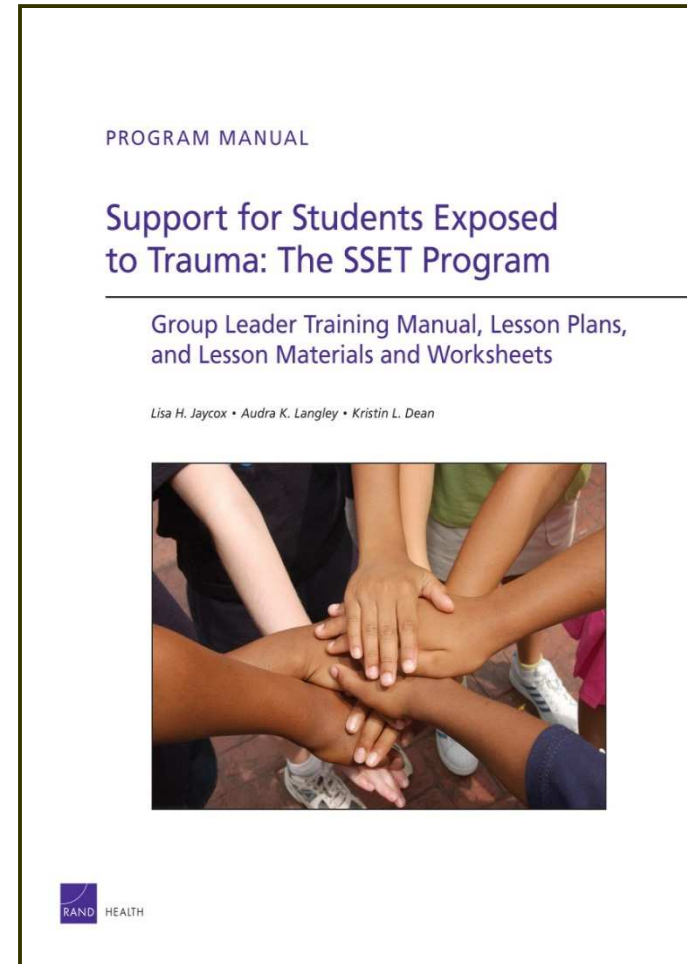
# *Why Trauma Informed Schools are Important to Education Now*

The School Pipeline to Prison is REAL.  Schools have helped to build it and maintain it due to current disciplinary policies and practices.



**Adapted from NASW 2016 Presentation:**

Marleen Wong, Ph.D. LCSW

Senior Associate Dean and Clinical Professor

University of Southern California,  School of Social Work

# *What is the School to Prison Pipeline?*

Policies and practices that push children out of classrooms and schools

Policies and practices that are primarily punitive and law enforcement focused.

Funding practices that eliminate social work and other services that are preventive in nature and developmental in scope.

(American Academy of Pediatrics, 2003)

**Adapted from NASW 2016 Presentation:**

Marleen Wong, Ph.D. LCSW

Senior Associate Dean and Clinical Professor

University of Southern California, School of Social Work

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# How do Schools Contribute to the Prison Pipeline?

Filing CR Complaints of discrimination against school districts with harsh, punitive and reactive suspension/expulsion policies, targeting students of color. "We have the trust of the national community bringing to us their deepest hurts and asking for resolution…"

Catherine Lhamon, Assistant Secretary for Civil Rights, US Dept. of Education



**Adapted from NASW 2016 Presentation:**

Marleen Wong, Ph.D. LCSW

Senior Associate Dean and Clinical Professor

University of Southern California, School of Social Work

# *Lawsuit v. Compton Unified*

- Class Action Suit

- Plaintiffs are students in High School

- Filed in Federal Court in May 2015

- Civil Rights Action

- Complaint: No 504 Accommodations for Students with Complex Trauma

**Adapted from NASW 2016 Presentation:**

Marleen Wong, Ph.D. LCSW

Senior Associate Dean and Clinical Professor

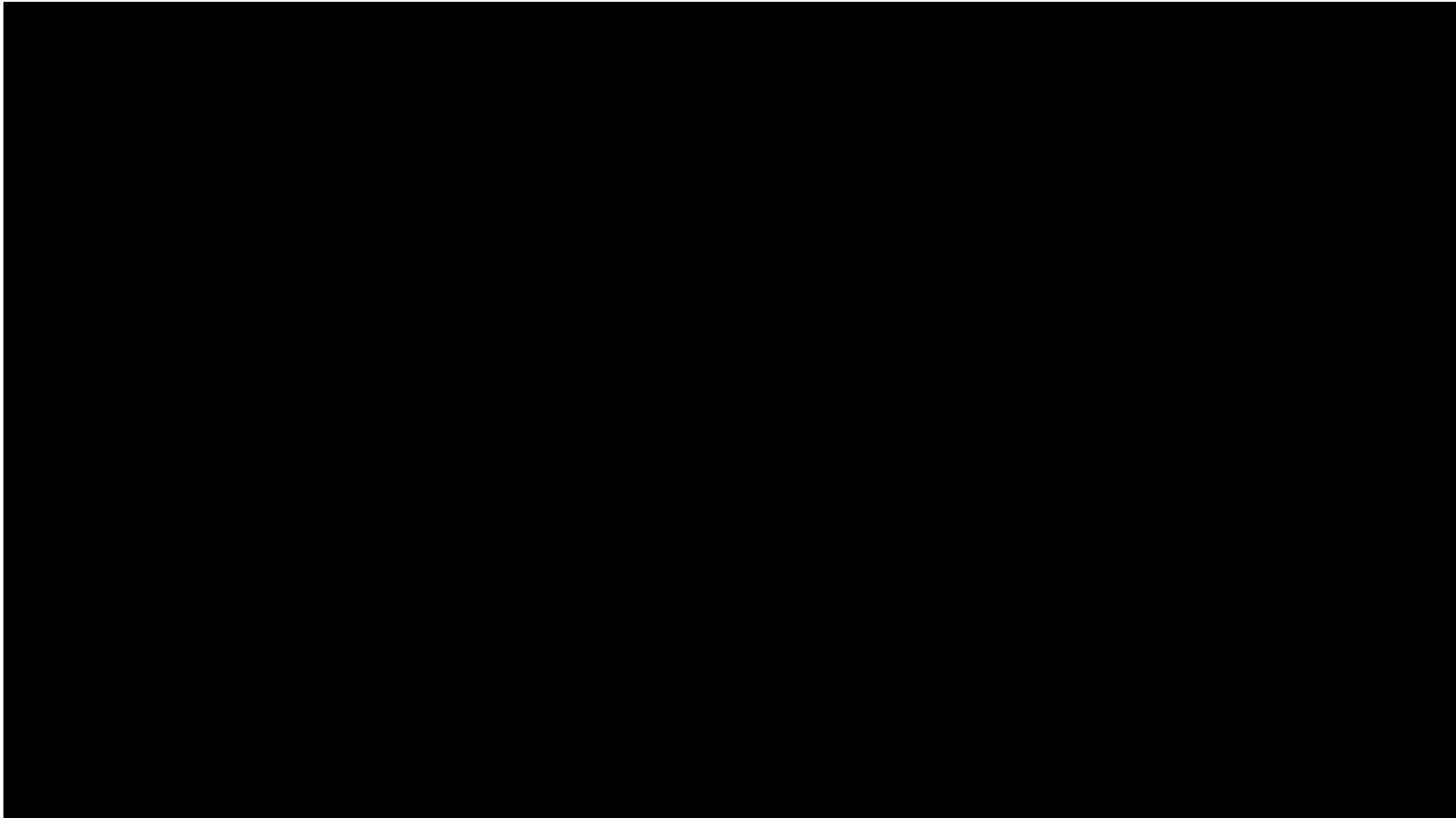University of Southern California, School of Social Work

# *Traumalearning.org*

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# *Core Concepts in Trauma Informed Schools*

**Early Detection and Intervention**

Exposure to violence and trauma are detected early with early intervention

**Understanding Effects on Student Learning**

Students learn skills to cope more effectively with the distress that interferes with learning

**Informed Teachers and Parents**

Teachers and parents learn how they can support fearful and anxious students in the classroom and at home

**Adapted from NASW 2016 Presentation:**

Marleen Wong, Ph.D. LCSW

Senior Associate Dean and Clinical Professor

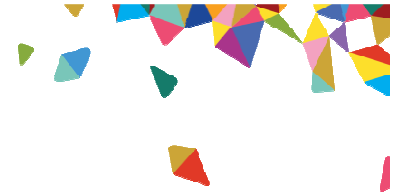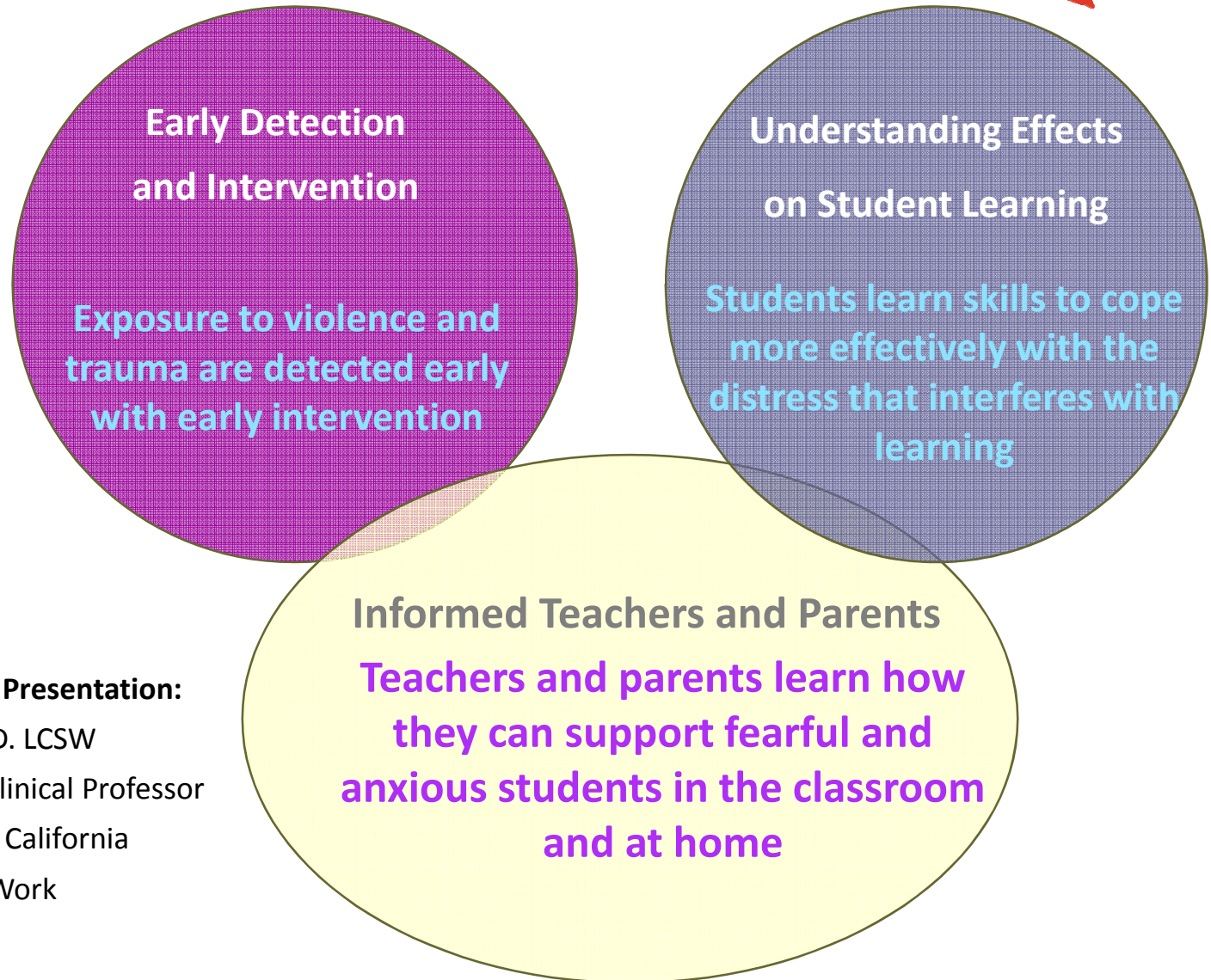University of Southern California
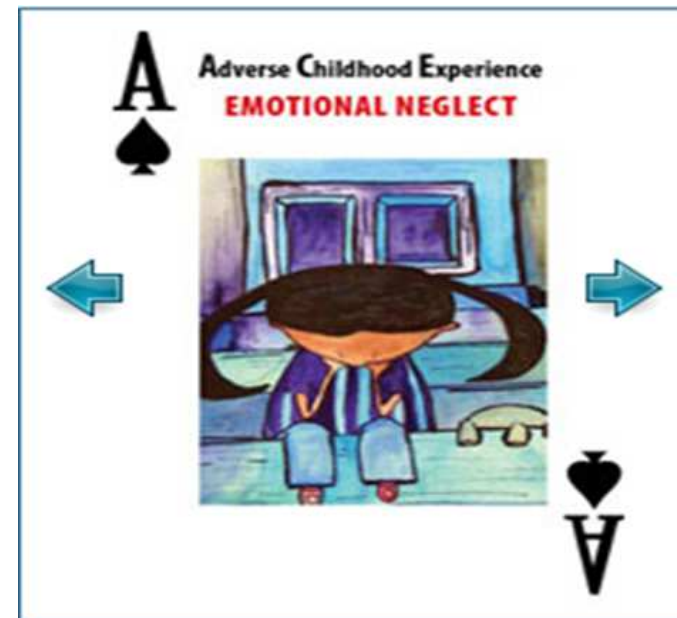
School of Social Work

# *Resilience Trumps ACEs*



## Children's Resilience Initiative

Empowering community understanding of the forces that shape us and our children

Website: www.resiliencetrumpsaces.org

**C**hildren's **R**esilience **I**nitiative



A ♠

Adverse Childhood Experience
**EMOTIONAL NEGLECT**

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# *Building Individuals Resilience in our Communities*

A Game of Hope

https://www.youtube.com/watch?v=HuxejhBOCOo

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# *Individual and Family Resilience*

# *Three Targeted Areas for Building Individual Resilience*

- **Positive Self-Identity and Competency**
  - Positive Self-Concept
  - Positive Path for Self-Development
- **Self-Regulation**
  - Feelings Regulation
  - Being "present"
  - Body Regulation
- **Co-regulation (Relationships)**
  - Secure working model of caring relationship
  - Empathy
  - Interpersonal Effectiveness Skills
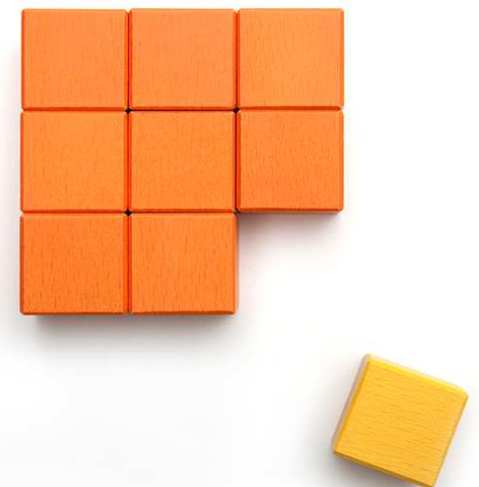
# Children's Resilience Initiative

**Three basic building blocks to success**
*Adapted from the research of Dr. Margaret Blaustein*

**A**ttachment -  feeling connected, loved, valued, a part of family, community, world

**R**egulation - learning about emotions and feelings and how to express them in a healthy way

**C**ompetence - acting rather than reacting, accepting oneself and making good choices

# Children's Resilience Initiative

**Skill Building**

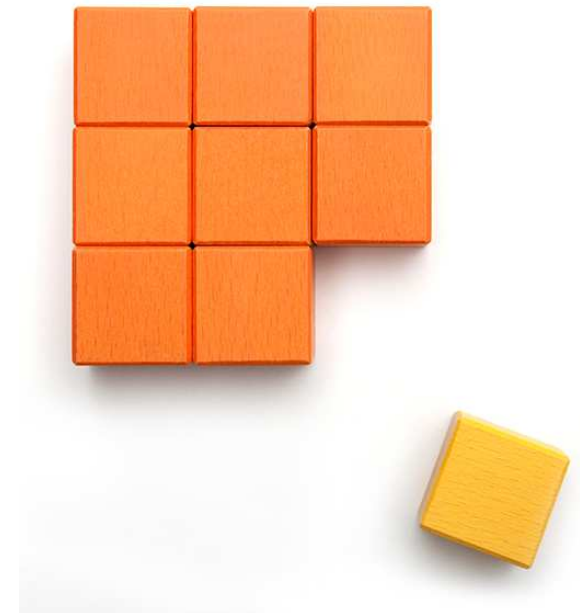*Adapted from the research of Dr. Margaret Blaustein*

Think: lack of skill, not intentional misbehavior

Think: building missing skills, not shaming for lack of skills

Think: nurture, not criticize

Think: teach, not blame

Think: discipline, not punishment

# Attachment Skills (Connection)

# *Skill One: Caregiver Self Monitoring*

- Caregiver Education about Trauma

- Building Caregiver Self-Monitoring Skills

- Building Affect Management Skills

- Enhancing Supports

Adapted from Blaustein & Kinniburgh (2010)
Treating Traumatic Stress in Children and Adolescents

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# *More Caregiver Skills*

- **Teaching Self Compassion**
  - o Exercise on self-critic, mindfulness, self-compassion
  - o Developing a mantra

  http://self-compassion.org/

- **CAPPD**
  - o Emergency plan for you
  - o Self-care for you

  http://multiplyingconnections.org/

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# Needs of Adults and Caregivers are often no different …

# *Skill Two: Attunement*

- **Reading Children Cue's**
- **Responding Appropriately**
  - o Respond to the need, not the behavior
- **Education about Trauma Triggers**
- **"Becoming a Feelings Detective"**
- **Reflective Listening Skills**

Adapted from Blaustein & Kinniburgh (2010)
Treating Traumatic Stress in Children and Adolescents

# *Reading Cues*

**Inside Out Video**

**https://www.youtube.com/watch?v=_MC3XuMvsDI**

# *Attunement Games*

- Snap, Clap, Stomp Games

- Mirroring each others hands

- "Yes" "And" Game

- Mirroring back sounds (drumbeats, guitar notes, etc.)
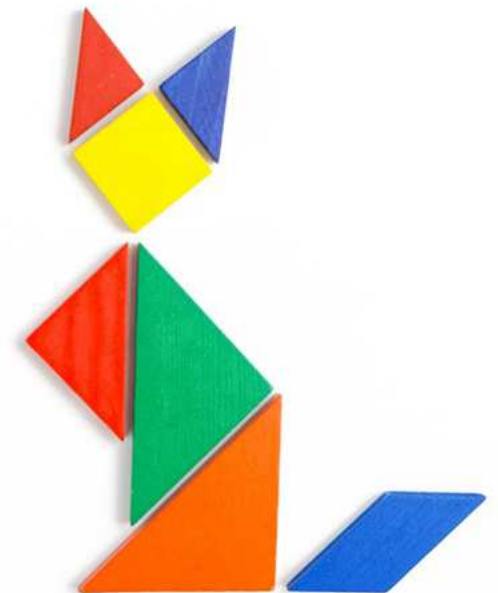
# *Triggers and Trigger Mapping*

Incredible 5 point scale (Buron & Curtis, 2012)

- 1-5 rating
- Looks Like
- Feels Like
- Safe People can help me by ….

## Practice !!

# *Reflective Listening Practice*

- Show that feelings matter
- Show that it is possible to talk about uncomfortable or complicated feelings
- Show that we care about the child's feelings
- Teach the child that all feelings are acceptable, even though certain behavior is not
- Defuse an uncomfortable situation
- Reduce a child's urge to act out because the child feels heard
- Teach the child a vocabulary for articulating how they feel
- Reduce whining, anger and frustration

From http://cultureofempathy.com

# *Reflective Listening Principles*

- Listening before speaking

- Deal with personal specifics, not impersonal generalities

- Decipher the emotions behind the words, to create a better understanding of the message

- Restate and clarify how you understand the message

- Understand the speaker's frame of reference and avoid responding based only on your own perception

- Respond with acceptance and empathy

From http://cultureofempathy.com

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## *GIVE Skill*

A way to remember these skills is the word GIVE:

**G**entle (Be)

**I**nterested (Act)

**V**alidate

**E**asy Manner (Use an)

http://www.dbtselfhelp.com/html/dbt_skills_list.html

## Skill 3: Consistent Response

- Research tells us no "right way" to parent

- Research does say consistent response important

- Knowing rules and predicting adult response

Adapted from Blaustein & Kinniburgh (2010) Treating
Traumatic Stress in Children and Adolescents

# *Skill Four: Routines and Rituals*

- **Building Routines**
  - o Routines at Home
  - o Routines during transitions
  - o Bedtime

- **Recognizing Ritual and Routine Triggers**

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*Regulation Skills*

# *Skill One: Self-Regulation*

- Feelings (Affect) Identification
  - Trauma and "Speaking Feelings"
  - Reflecting language of emotional states
    - *Building a feelings vocabulary*
  - Raising awareness of physical and emotional states
    - *Being a feelings detective and teaching children to be one too*
  - Connection between emotions and experiences
    - *Teaching the upstairs and downstairs brain*

Adapted from Blaustein & Kinniburgh (2010)
Treating Traumatic Stress in Children and Adolescents

# *Feeling Identification Games*

- Feelings Charades

- **The Feelings Game**

- **Apps**

  o Happify

  o Feeling Electric

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# *Skill 2: Self Regulation*

- Modulation

- Challenges regulating body and emotion

- Building understanding of degrees of feelings

- Building toleration of arousal

- Feeling Toolboxes

Adapted from Blaustein & Kinniburgh (2010)
Treating Traumatic Stress in Children and Adolescents

# *Skill 3: Self-Regulation*

- Affect Expression
- Sharing emotional experiences
- Building Block of Relationship Building
- Trauma – blocks willingness to be vulnerable
- Children need help with:
  - Identifying safe communication resources
  - "pick your moment"
  - Effective non-verbal communication (space boundaries, tone of voice, eye contact)
  - Effective verbal communication ("I" statements)
  - Building self-expression strategies

Adapted from Blaustein & Kinniburgh (2010) Treating Traumatic Stress in Children and Adolescents

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# *Mindfulness*

**Practicing Mindfulness Activities**

- One thing exercise
- Somatic experiences
  - o Observe
  - o Describe
  - o Participate
- Wise Mind
  - o Breathing
  - o Self-reflection
- Bi lateral movements
- Mystery Game of Mindfulness

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*Competency*

# *What is Competency?*

**Mastery and Success across life domains**

- Social Connections
- Community Involvement
- Academic Engagement

**Building Resiliency**

- www.resiliencetrumpsaces.org
- Resilience Games

Adapted from Blaustein & Kinniburgh (2010) Treating Traumtic Stress in Children and Adolescents

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# *Skill One: Competency*

## Executive Functions

- PFC (prefrontal cortex)
- Accessing upstairs brain
  - *Delay responses*
  - *Anticipate consequences*
  - *Evaluate outcomes*
  - *Make a decision*
- Build Problem Solving Skills
- Acting versus Reacting
- Awareness of Choice

Adapted from Blaustein & Kinniburgh (2010) Treating Traumtic Stress in Children and Adolescents

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## *Skill Two: Competency*

- **Self Development and Identity**

- **Seeing a sense of future**

- **Developing**
  - Unique self
  - Positive Self
  - Coherent Self (before and after trauma)
  - Future Self

Adapted from Blaustein & Kinniburgh (2010) Treating Traumtic Stress in Children and Adolescents

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# Shame, Vulnerability and the Power of Connection
## Dr. Brene Brown's Work

# *Defining Shame*

- **Guilt =** I did something bad

- **Shame =** I am bad

- **Embarrassment =** Fleeting, can laugh about it later

- **Humiliation =** "I didn't deserve that"

Brené Brown. Daring Greatly: How the Courage to Be Vulnerable
Transforms the Way We Live, Love, Parent, and Lead. Gotham Books, 2012. (287 pages)

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# *Twelve Categories of Shame*

- Appearance and body image

- Money and work

- Motherhood/fatherhood

- Family

- Parenting

- Mental and physical health

- Addiction

- Sex

- Aging

- Religion

- Surviving trauma

- Being stereotyped or labeled

Brené Brown. Daring Greatly: How the Courage to Be Vulnerable
Transforms the Way We Live, Love, Parent, and Lead. Gotham Books, 2012. (287 pages)

# *What is SHAME and why is it so hard to talk about it?*

- We all have it. Shame is universal and one of the most primitive human emotions that we experience.

- We're all afraid to talk about shame.

- The less we talk about shame, the more control it has over our lives

    …shame is the fear of disconnection (68)

Brené Brown. Daring Greatly: How the Courage to Be Vulnerable
Transforms the Way We Live, Love, Parent, and Lead. Gotham Books, 2012. (287 pages)

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# *Shame Resilience*

1. Recognizing Shame and Understanding Its Triggers. Shame is biology and biography.

   Can you physically recognize when you're in the grips of shame, feel your way through it, and figure out what messages and expectations triggered it?

2. Practicing Critical Awareness

   Can you reality-check the messages and expectations that are driving your shame? Are they realistic? Attainable? Are they what you want to be or what you think others need/want from you?

3. Reaching Out

   Are you owning and sharing your story? We can't experience empathy if we're not connecting.

4. Speaking Shame

   Are you talking about how you feel and asking for what you need when you feel shame?

Brené Brown. Daring Greatly: How the Courage to Be Vulnerable
Transforms the Way We Live, Love, Parent, and Lead. Gotham Books, 2012. (287 pages)

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# *Man in Arena Speech*

"It is not the critic who counts; not the man who points out how the strong man stumbles, or where the doer of deeds could have done them better.

The credit belongs to the man who is actually in the arena, whose face is marred by dust and sweat and blood; who strives valiantly; who errs, who comes short again and again, because there is no effort without error and shortcoming; but who does actually strive to do the deeds; who knows great enthusiasms, the great devotions; who spends himself in a worthy cause; who at the best knows in the end the triumph of high achievement, and who at the worst, if he fails, at least fails while daring greatly, so that his place shall never be with those cold and timid souls who neither know victory nor defeat."

*Excerpt from the speech "Citizenship In A Republic" delivered at the Sorbonne, in Paris, France on 23 April, 1910*

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# *Factors that Enhance Resilience*
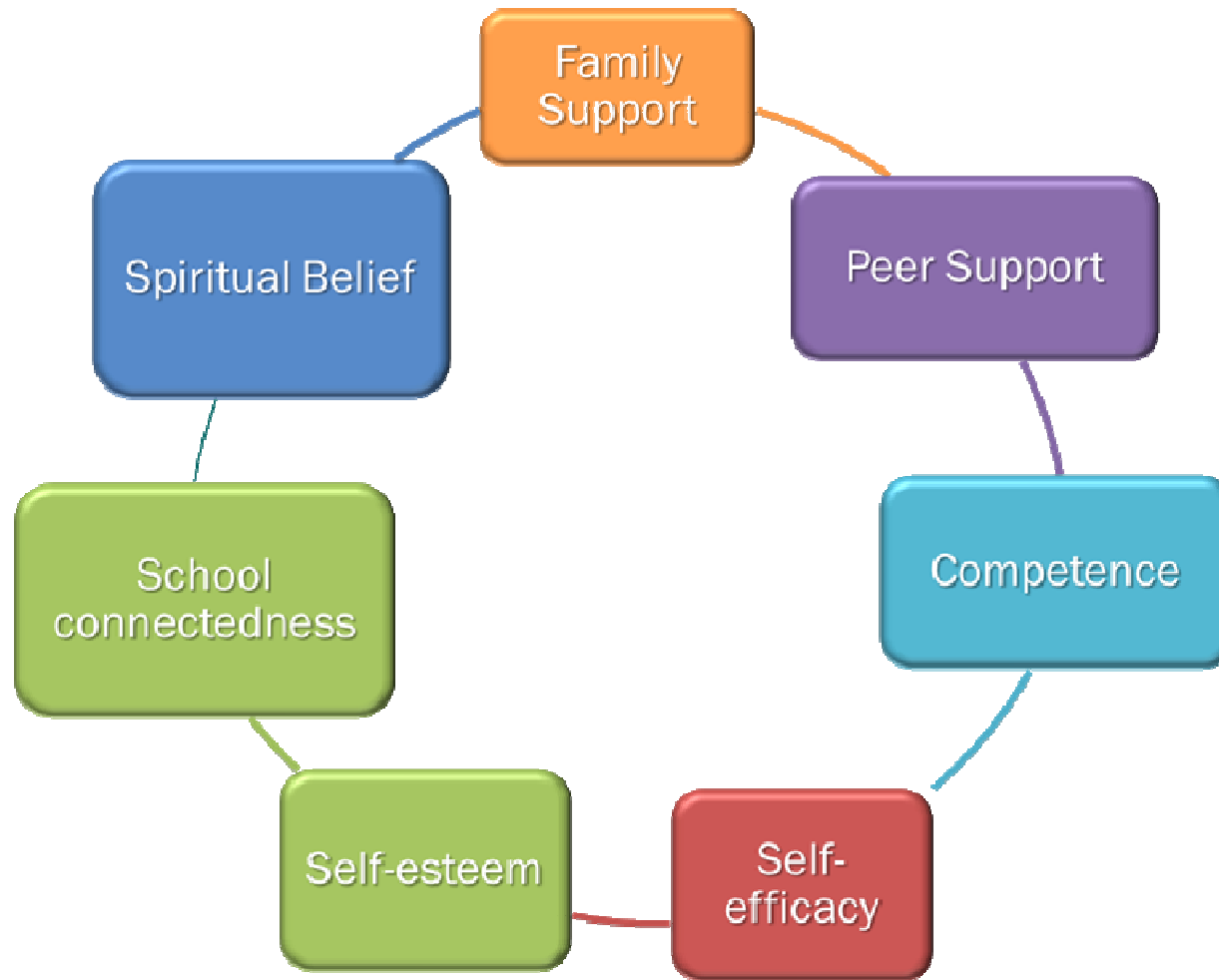
Sources: Masten, A. S. (2001). Ordinary magic: Resilience processes in development. *American Psychologist, 56*, 227-238.

National Child Traumatic Stress Network, Juvenile Justice Treatment Subcommittee. (in preparation). *Think trauma: A training for staff in juvenile justice residential settings.* Will be available from http://www.nctsnet.org/resources/topics/juvenile-justice-system

*Community Resilience*

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# *What is Trauma Informed Care?*

**Definition of trauma - the three E's:**

- Event(s)
- Experience of the event(s)
- Effect

**Definition of a trauma-informed approach  - The four R's:**

- Realize
- Recognize
- Respond
- Resist re-traumatization

- SAMHSA definition 2014

# *Resist Re-Traumatization*

# *"Helping Henry"*

- Child Welfare System
  Juvenile Justice System
  School System
- Mental Health System
- Court System Professionals
- Eligibility/Benefit Programs
- Housing
- Health Departments
- Parks and Recreation

- Faith Based Community
- Residential Facilities
- Resource Parents
- First Responders
- (Police & Fire Fighters)
- Medical Community and
  Primary Care
- Child Advocacy Agencies

# *Helping Henry and His Family Navigate to Recovery*



Module 4, Activity 4B

**Emotional Chain of Custody**
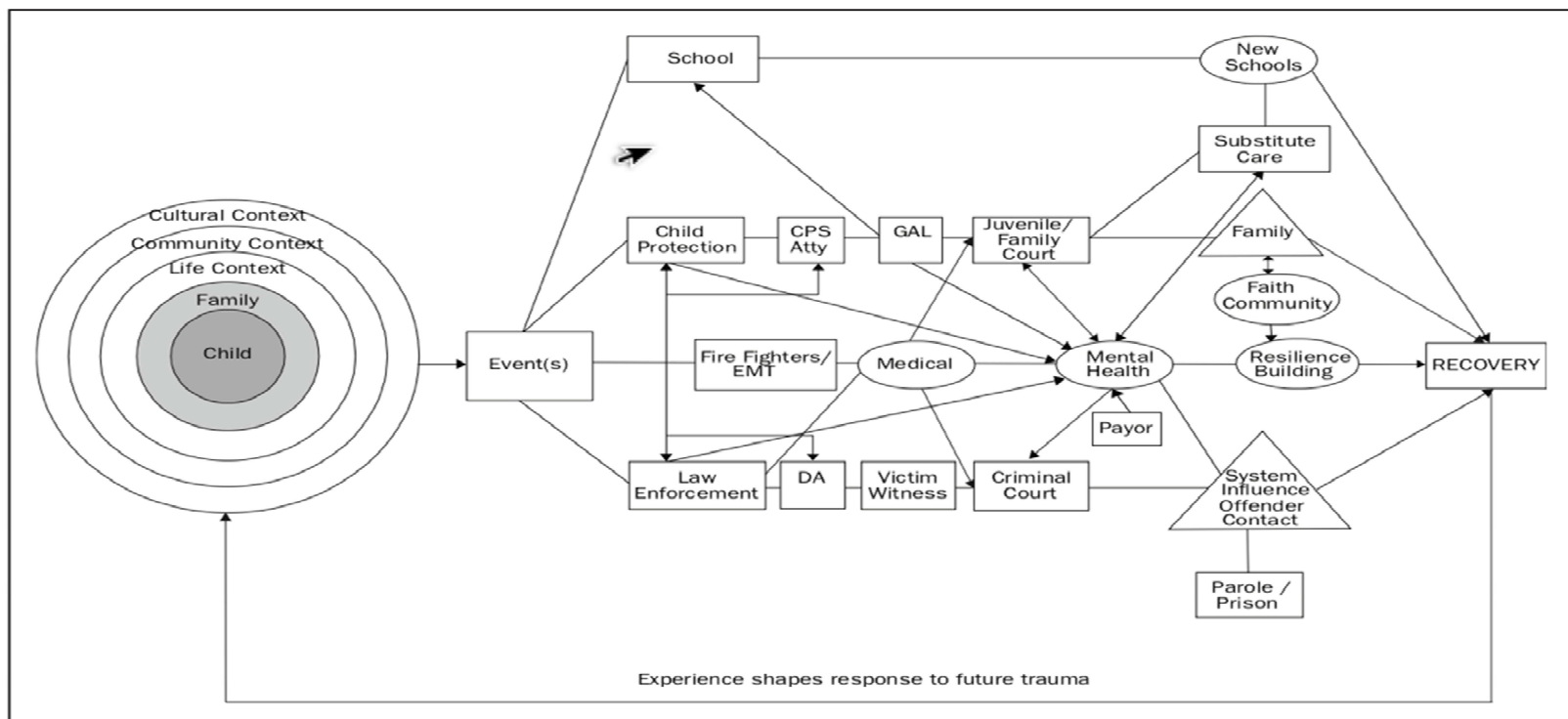
Child Welfare Trauma Training Toolkit: Emotional Chain of Custody | March 2008
The National Child Traumatic Stress Network
www.NCTSN.org

# *Walla Walla Model*

# Washington

**Funded Community Networks showed significant improvement in Severity Index**

- Out of home placement
- Loss of parental rights
- Child hospitalization rates for accident and injury
- High School Drop Out
- Juvenile suicide attempts
- Juvenile arrests for alcohol, drugs and violent crime
- Juvenile offenders
- Teen births
- Low birth weights
- No third trimester maternity care
- Infant mortality
- Fourth grade performance on standardized testing

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## NEAR Science

- Neuroscience

- Epigenetics

- Adverse Childhood Experiences

- Resilience

**http://www.healthygen.org/resources/nearhome-toolkit**

**http://www.healthygen.org/resources/laura-porter-keynote-address-near-science-wa-state-resilience-findings**

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## NEAR: What Help actually Helps ?

**Support: Feeling socially and emotionally supported and hopeful**

- Social Emotional Competence Building
- Hope and a Sense of Future

**Help: Having two or more people who give concrete help when needed**

- Concrete Supports (not Facebook Friends)

**Community Reciprocity: Watching out for children, intervening when they are in trouble, and doing favors for one another**

- Primary network of protection in your community
- People you see each day and see you

**Social Bridging: Reaching outside one's immediate circle of friends to recruit help for someone inside that circle**

- Asking for help
- Trusting Systems and People outside your circle to respond and be safe

http://www.healthygen.org/resources/laura-porter-keynote-address-near-science-wa-state-resilience-findings

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[https://vimeo.com/110821029](https://vimeo.com/110821029)

# *PAPER TIGERS*

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# Results of Lincoln High School

- 2009-2010 (Before new approach)
- 798 suspensions (days students were out of school)
- 50 expulsions
- 600 written referrals
- 2010-2011 (After new approach)
- 135 suspensions (days students were out of school)
- 30 expulsions
- 320 written referrals

**Mean GPA at Lincoln High by ACE Level and Degree of Resilience Attained**

- ■ Mean GPA high reslience
- ■ Mean GPA low reslience

| | Low ACEs | Medium-High ACEs | High ACEs |
|---|---|---|---|
| Mean GPA high reslience | 2.81 | 2.58 | 2.57 |
| Mean GPA low reslience | 2.63 | 2.33 | 1.88 |
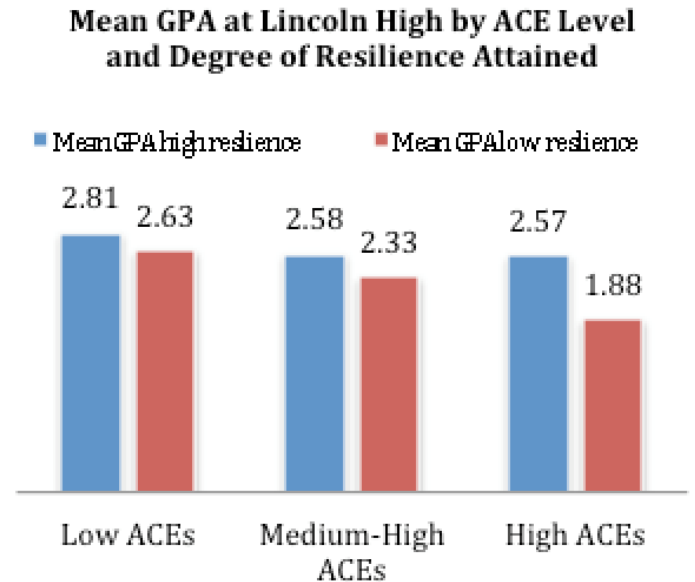
72% percent of students with an initial low resilience level improved to average and/or high resilience levels.

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# Turn the Page

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# Turn the Page Campaign

*https://www.youtube.com/watch?v=5gJEDKPX61c&feature=youtu.be*



**2015 Snapshot**

Percentage of 3rd graders reading at or above grade-level in Kansas City.

2011 — 33%
2015 — 49%

Students missing 18 days of school or more in KC has dropped since 2013.

14% 2013
10% 2015

The number of elementary school students enrolled in a summer reading program has quadrupled since 2013.

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# *Turn the Page Campaign*

By lining up commitments from the community, *Turn the Page KC* motivates individuals and businesses to tackle issues in its four focus areas:

**(1) Summer learning**

**(2) School attendance** - Chronic absences reduced by 85.7% in some schools who have applied the model

**(3) School readiness**

**(4) Community engagement**

Since 2011, 3rd grade reading scores have improved city-wide, the number of students attending quality summer programs has quadrupled, and the number of chronically absent students has dropped.

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# *District of Columbia Trauma Sensitive Process (District of Columbia's MH Screening Process)*

### Early Childhood
- Identified via Gold Assessment

### K-12$^{th}$ Grade
- Identified via Early Warning Indicators

### 9th Grade Repeaters
- Universal Screening

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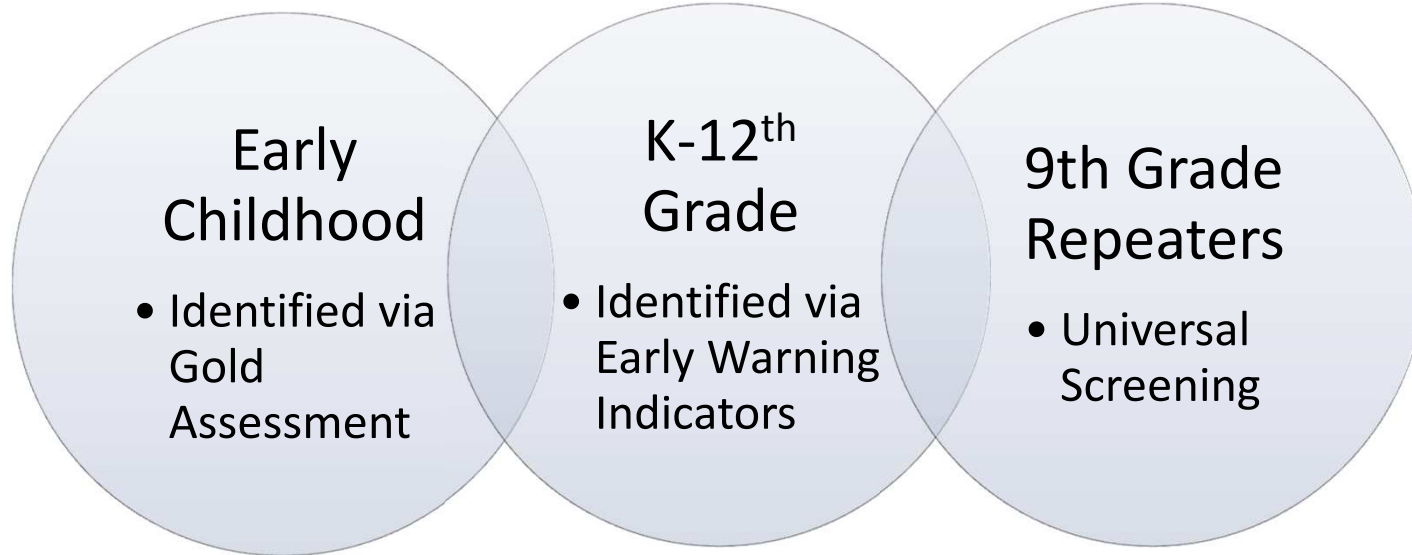
# *Early Warning Indicator System Screening for MH and Trauma*

| Early Warning Indicators | On-Track<br><br>(Tier I) | Sliding<br><br>(Tier II) | Off-Track<br><br>(Tier III) |
|---|---|---|---|
| **BEHAVIOR** | No Office Discipline Referrals (ODR)or suspensions | 2-3 ODRs and/or 1 suspension | 3+ ODRs and/or 2+ suspensions |
| **ATTENDANCE** | missed < 5% instructional days | missed ≥ 5-9% instructional days | ≥ 10% instructional days |
| **ACADEMICS: READING and Math** | Above Proficient or Proficient on interim assessment | Below Proficient | Far Below Proficient |

*District of Columbia Trauma Sensitive Process*
*(District of Columbia's MH Screening Process)*

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# Tiered Trauma Sensitive Model
## District of Columbia Trauma Sensitive Process
## (District of Columbia's MH Screening Process)

**Tier III-Intensive**

Individualized intervention with community support for children who have active mental health symptoms or special education behavior support goals.

**Tier II-Targeted Intervention**

Early intervention for students who are identified as at risk for developing mental health, behavioral issues or educational issues.

**Tier I- Universal Prevention**

Social emotional learning programs to support ALL STUDENTS. Can be implemented by school social workers, teachers, counselors, nurses, etc.

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# Tier One

**Tier I: Universal Prevention/Consultation and Mental Health Promotion**

Social Emotional Support services at this tier are provided universally to the entire student body, school staff, or parents/guardians. These services aim to prevent the development of serious mental health problems and to promote pro-social skill development among children and youth.

Examples of interventions at this tier include:

- School-wide PBIS or classroom-based social emotional learning programs, including substance abuse and violence prevention programs (i.e., bullying prevention; Good touch, Bad touch; peer mediation; conflict resolution)
- Staff professional development (i.e., mental health awareness, classroom management)
- Mental health educational workshops for parents/guardians or students
- Mental Health Consultation*

*During Tier One: Consultation is focused on increasing the general knowledge base of general education teachers regarding social emotional development, impairments, and the relationship to the curriculum and function in age-appropriate activities.

*District of Columbia Trauma Sensitive Process
(District of Columbia's MH Screening Process)*

# *Tier Two*

**Tier II: Targeted or Early Intervention/Prevention**

Students who are at elevated risks for developing a mental health problem are offered various early intervention services to target specific risk factors.  These interventions are delivered to children and youth who have social emotional challenges, behavioral symptoms and/or mental health needs that may not be severe enough to meet diagnostic criteria or eligibility for special education services.

Evidence Based Interventions:
- Cognitive Behavior Therapy (CBT-Elementary, Middle and High School)
- Child Centered Play Therapy (CCPT-Elementary School)
- Cognitive Behavioral Intervention For Trauma in Schools (CBITS-Middle and High School)
- Structured Psychotherapy for Adolescents  Responding to Chronic Stress (SPARCS-Middle and High School)
- Theatre Troupe/ Peer Education Project (TT/PEP-Middle and High School)
- Cannabis Youth Treatment (CYT-Middle and High School)

Additional interventions may include:
- Support groups (e.g., grief and loss, children of divorce, etc.)
- Focused skills training groups (social skills, anger management)
- Crisis management
- Interventions that target specific behaviors, such as aggression, withdrawal, sadness etc.
- Attendance interventions, dropout prevention programs, and training or consultation for families and teachers who work with identified children.
- Mental Health Consultation
- FBA and BIP-Level I

*District of Columbia Trauma Sensitive Process*
*(District of Columbia's MH Screening Process)*

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# *Tier Three*

**Tier III: Intensive Intervention**

Students who have active mental health symptoms that meet diagnostic criteria are offered intensive interventions to improve functioning in school and decrease impact on academic achievement.  Interventions at this level are appropriate for meeting the needs of students who have specific mental health needs that are impacting their functioning in the school, home, and/or community.

Evidence Based Interventions:
- Cognitive Behavior Therapy (CBT-Elementary, Middle and High School)
- Child Centered Play Therapy (CCPT-Elementary School)
- Cognitive Behavioral Intervention For Trauma in Schools (CBITS-Middle and High School)
- Structured Psychotherapy for Adolescents  Responding to Chronic Stress (SPARCS-Middle and High School)
- Cannabis Youth Treatment (CYT-Middle and High School)

Interventions at this tier may include any combination of the following:
- Behavior Support Services on an IEP utilizing evidenced based interventions (listed above)
- Individual and or group counseling
- Psycho-education
- Crisis intervention
- Referral to and Service coordination with community mental health providers

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# *Changing a Culture*

Implement &
Sustain Change

**Step 8**
Incorporate Change Into The Culture

**Step 7**
Never Let Up

**Step 6**
Generate Short-Term Wins

Engage & Enable
The Whole
Organization

**Step 5**
Empower Broad Based Action

**Step 4**
Communicate The Vision for Buy-In

**Step 3**
Develop A Change Vision

Create a
Climate For
Change

**Step 2**
Create The Guiding Coalition

**Step 1**
Establish A Sense Of Urgency
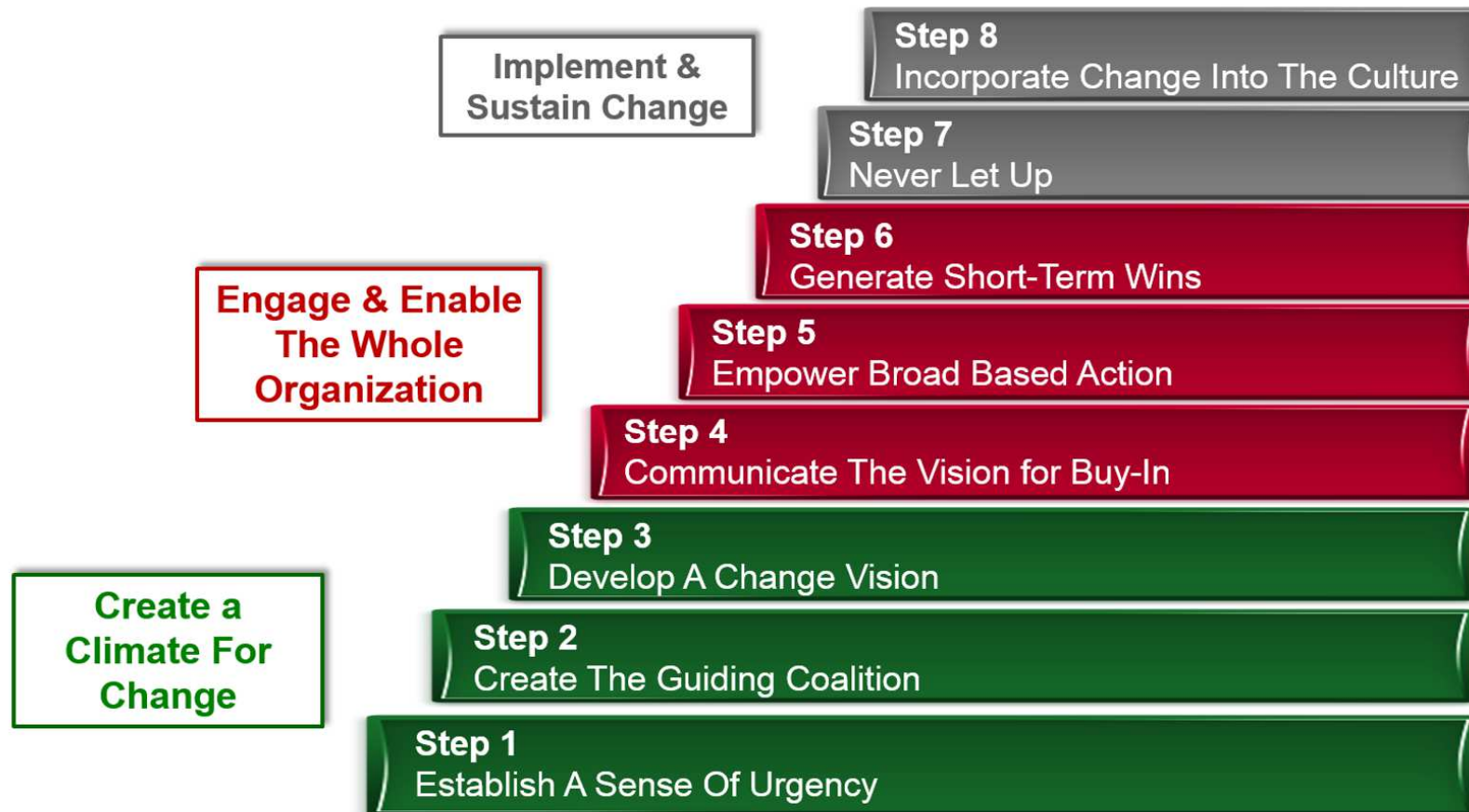
John Kotter, What Leaders Really Do

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# *Building the Urgency*

- Kick offs of Trauma 101
- Sharing information with Children and Families
- Shifting the conversation of "what's wrong with you" to "what has happened to you"?
- Teaching Validation Skills
- Including all partners that touch Henry's life and family in the conversation
- Shift the focus from reacting to behaviors to responding to needs



http://resiliencetrumpsaces.org/

# *Building TIC Change Teams*

- Find Trauma Champions

- Include change agents across departments and community organizations

- Take a 360 approach to team membership

- Include members of the community, children, adults, families who are impacted

- Think about your organizational team and your community team's goals and role

- TILT team approach (Trauma Informed Leadership Teams)

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# *Greater Richmond*
# *Trauma Informed Community Network (TICN)*

The Question becomes, where do I turn in my community for Resources? Education? Consultation?

The Greater Richmond Trauma Informed Community Network (TICN) is a diverse group of professionals in your community dedicated to supporting all child welfare stakeholders in utilizing strengths based trauma informed practices in their work with children and families. In short, we are here to support and honor the important role you have in facilitating a positive environment for change in children and caregivers' lives using trauma informed practices to guide your way.

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# Community Education and Collaboration

- Department of Criminal Justice
- Department of Education
- Juvenile Domestic Relation Courts
- Child Advocacy Agencies
- Local Schools
- School Administration
- Judge's Conferences
- Court Service Units
- Truancy Officers
- Department of Social Services (child and family)
- Law Schools and Clinics
- Department of Mental Health
- Learning Collaborative
- Adoption Advocacy Agencies
- Parent/caregiver Groups
- Consumer Conferences

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## *Committee Development*

- Service gap surveys

- Provider service books with TIC services listed

- Higher Education Development/Certification

- Outcomes Groups

- Provider Certification Committees

- Communication Groups

- Screening and Assessment Best Practice

- Development of Case Planning Integration processes for Child Welfare Workers and Juvenile Justice Workers

- Education and Training Resources (including people)

# *Creating a Change Vision*

Promote Virtuous Cycle of Health

Moderate ACE Effects, Improve Wellbeing Among Parenting Adults

Prevent High ACE Scores among Children

Mutually Reinforcing

ACE Interface
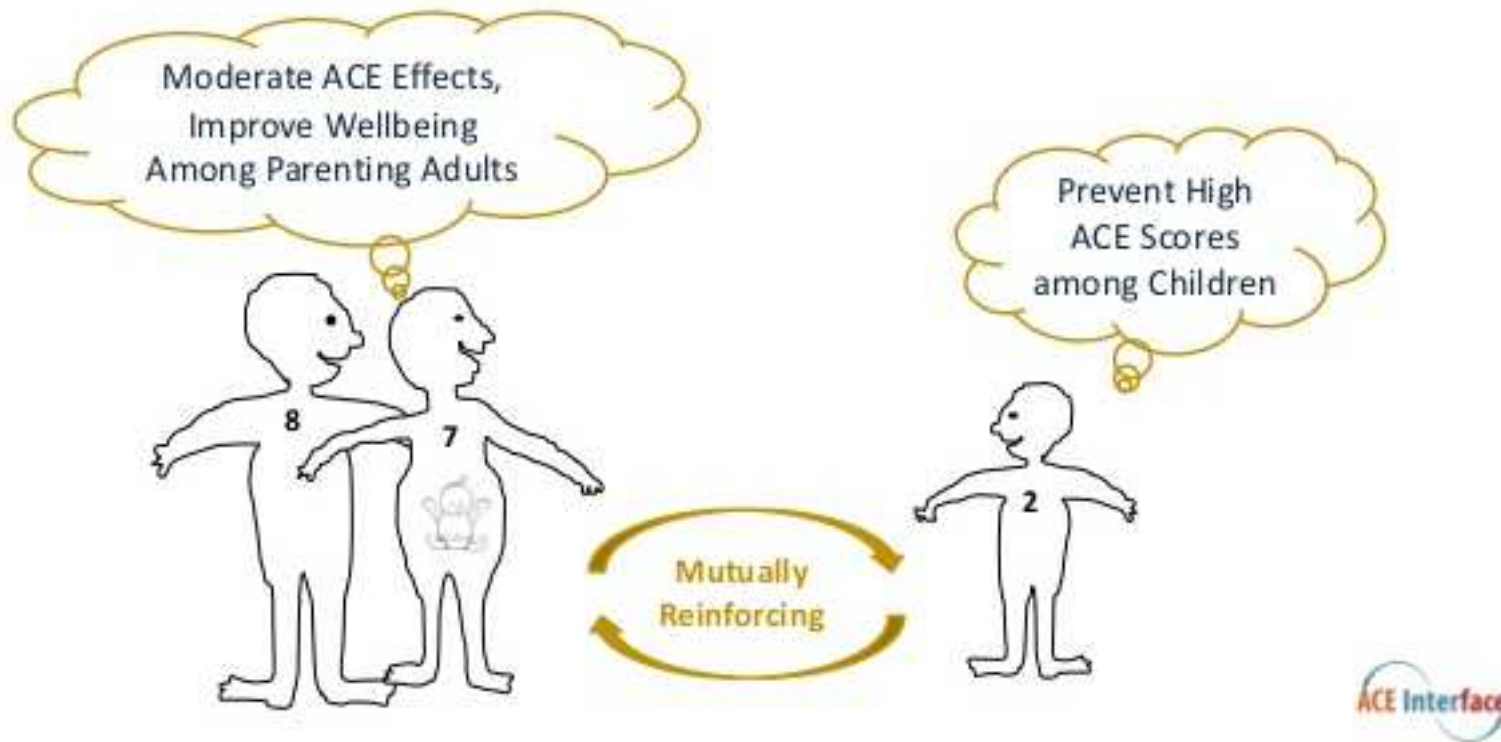
# *Five Road Signs: Strengthening Families Framework*



http://resiliencetrumpsaces.org/

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# Building a Trauma Informed Community – Resilience Trumps Aces



http://resiliencetrumpsaces.org/

# High Capacity Communities Reduce Percent of Young Adults With ≥ 3 ACEs

## POSITIVE ACE TREND MEANS REDUCED CASES:

| | |
|---|---|
| Lack of Social Support | 1888 |
| Limited Activity (due to disability) | 5767 |
| Asthma | 2128 |
| Cancer | 2828 |
| Heart Disease | 1004 |
| Missed work due to MI | 1065 |
| Mental Illness (MI) | 3845 |
| HIV | 1264 |
| Binge Drinking | 3727 |
| Smoking | 10874 |

37.9%

38.4%

33.8%

35.2%

31.8%

29.6%

25.9%

23.6%

## ACE REDUCTION IS A WINNABLE ISSUE

Youngest Age Cohort

55-64       45-54       35-44       18-34

Low capacity
(n=1,537,995)

High capacity
(n=1,255,900)

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# *Washington*

**Funded Community Networks showed significant improvement in Severity Index**

- o Out of home placement
- o Loss of parental rights
- o Child hospitalization rates for accident and injury
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- o Juvenile Suicide Attempts
- o Juvenile arrests for alcohol, drugs, and violent crime
- o Juvenile offenders
- o Teen births
- o Low birth weights
- o No third trimester maternity care
- o Infant mortality
- o Fourth grade performance on standardized testing

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# Community Resilience

Increase the Resilience of the Youth and Parents with Higher ACEs and Higher Risk by promoting INDIVIDUAL youth and parent resilience

Change the communities POPULATION health by decreasing the NEXT GENERATION's ACE Scores through PARENTAL RESILIENCE

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# NCTSN Youth and Family Service System

A trauma-informed youth and family-service system is one
in which all parties involved recognize and respond to the
impact of traumatic stress on those within the system
including youth, caregivers and service providers. Programs
and agencies within such a system infuse and sustain
trauma awareness, knowledge and skills into their
organizational cultures, practices and policies. They
collaborate with all those involved, using the best available
science, to facilitate and support the recovery and
resiliency of the youth and family.

http://nctsn.org/

# *Trauma Informed System*
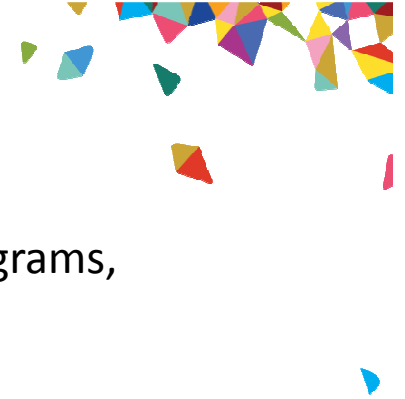
A service system with a trauma-informed perspective is one in which programs, agencies, and service providers do the following:
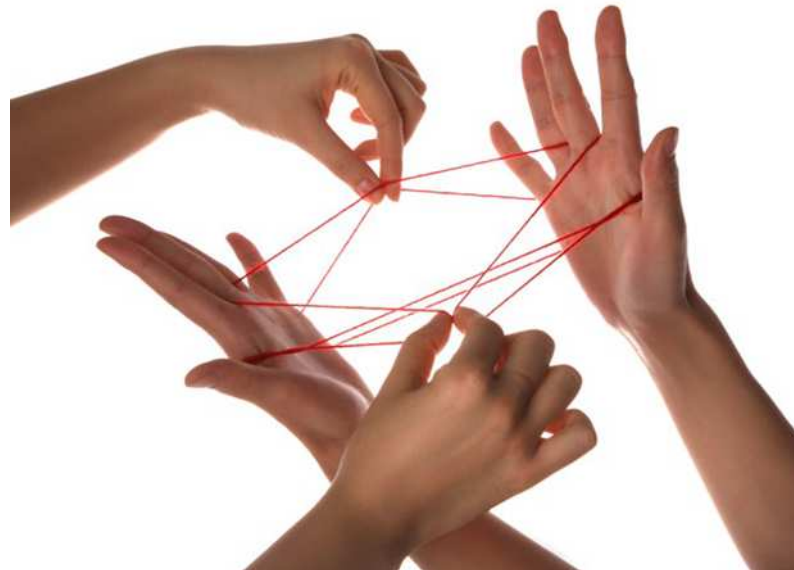
- Routinely screen for trauma exposure and related symptoms
- Use culturally appropriate evidence-based assessment and treatment for traumatic stress and associated mental health symptoms
- Make resources available to youth, families, and providers on trauma exposure, its impact, and treatment
- Engage in efforts to strengthen the resilience and protective factors of youth and families affected by and vulnerable to trauma
- Address parent and caregiver trauma and its impact on the family system
- Emphasize continuity of care and collaboration across youth-serving systems
- Maintain an environment of care for staff that addresses, reduces, and treats secondary traumatic stress and increases staff resilience
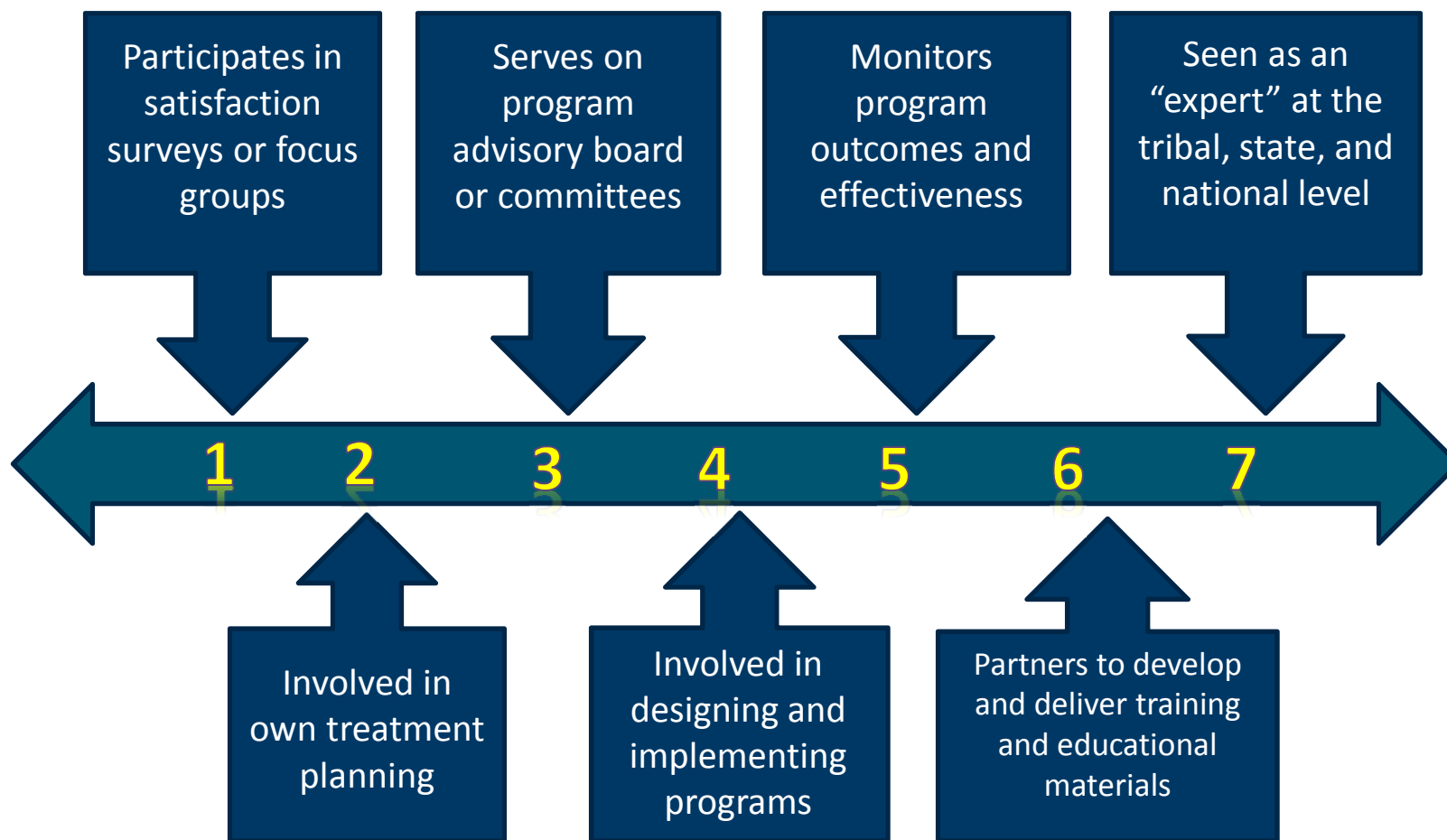
http://nctsn.org/

*DOMAIN 6 work resulted in this very training*

A desire to collaboratively engage
with partners in becoming a more
trauma informed workforce

# Continuum of Participation

| | | | |
|---|---|---|---|
| Participates in satisfaction surveys or focus groups | Serves on program advisory board or committees | Monitors program outcomes and effectiveness | Seen as an "expert" at the tribal, state, and national level |

**1    2    3    4    5    6    7**

| | | |
|---|---|---|
| Involved in own treatment planning | Involved in designing and implementing programs | Partners to develop and deliver training and educational materials |

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# *What will be your Community's Story ?*

# *Setting Intentions*

## Hearing the Voice of Children and Families

What are your intentions as you walk away today?

Write your intention on the white board

Have someone take a picture of your intention and if you'd like, text them to 804-432-0056

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*Be a **F.O.R.S.E.** in your community*

**F**ocus

**O**n

**R**esilience &

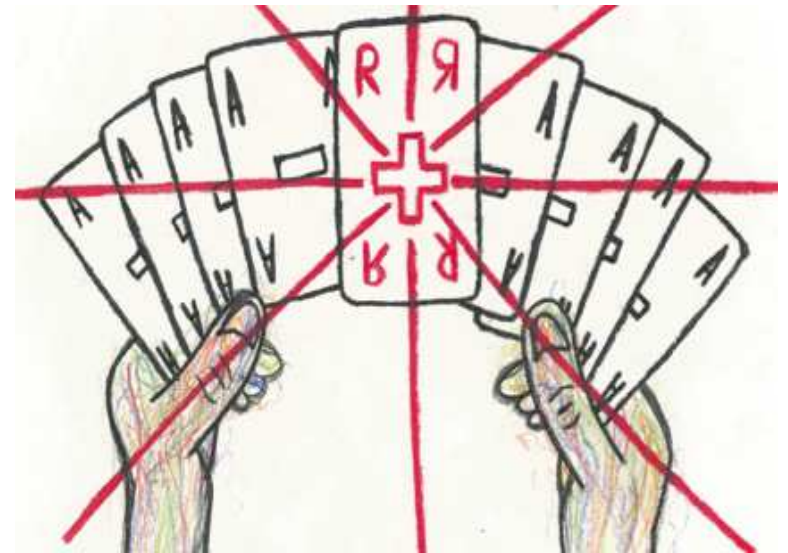**S**ocial-**E**motional
(competence)

Image by Lincoln High student Brendon Gilman

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*Thanks*