3E: Through the Trauma Lens

Connecting to MO SW-PBS



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Guiding Questions

- What is an 'ah-ha' that you have from this information?
- In what capacities does this material connect with our work?
- What opportunities exist for parallels between trauma and our MO SW-PBS framework? What areas could be strengthened? What areas need to remain discrete from one another?

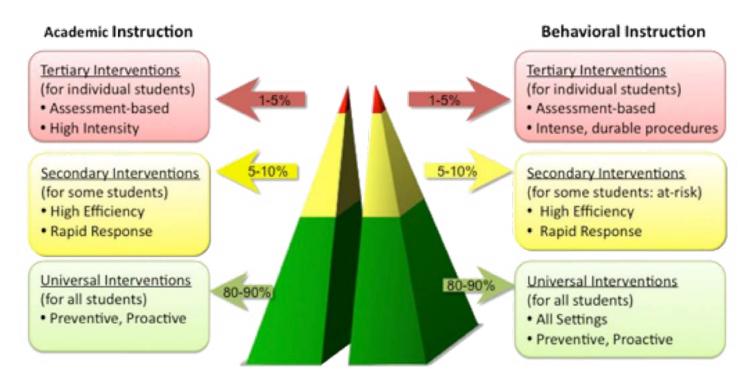
Today's Outcomes

- Integrating school mental health into a multi-tiered system of support model (traditional versus trauma-informed approaches).
- Discuss basic/universal strategies for supporting students who have experienced trauma that are aligned to MO SW-PBS practices.

MTSS: More Than Academics and Behavior



Designing Schoolwide Systems for Student Success

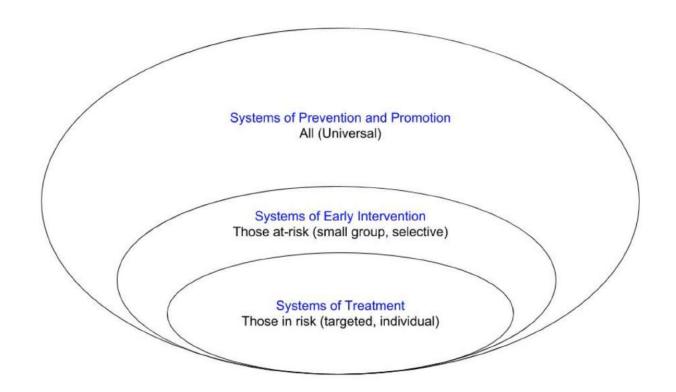




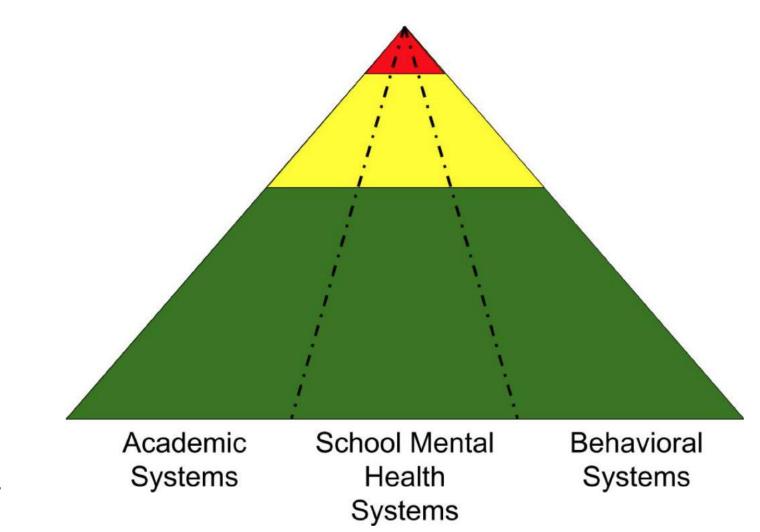
Core Beliefs

A trauma-informed framework is best implemented when built upon already existing structures, not in isolation (McIntosh & Goodman, 2016; Eber, Weist, & Barrett, 2013).

Mental Health Service Delivery Model









School Mental Health

- Comprehensive system of mental health services and programs
- Full continuum of mental health promotion, prevention, earlier intervention, intervention, and recovery
- Emphasized shared responsibility of funding
- School-based and school-linked
- Services for all students
- Wellness for all members of the school community
- Meaningful engagement of families and youth
- Culturally-relevant best practices
- Continuous quality improvement



Adapted from Weist & Murray, 2007; Miles, Espiritu, Horen, Sebian, & Waetzig, 2010.

Resource Mapping...

Rather than focusing on something new, how can you systematically examine what you're already doing and identify improvement gaps?

- MO SW-PBS Working Smarter Template
- Use data to identify areas of need (e.g. ODRs, SAS, TFI, Universal Screeners)
- Use data to monitor effectiveness



Today's Outcomes

- ✓ Integrating school mental health into a multi-tiered system of support model.
- Discuss basic/universal strategies for supporting students who have experienced trauma.
- Identify possible systems for continuous improvement.



Core Beliefs

Trauma, by nature, is personal. Our best approach is to design systems of prevention and promotion rather than focusing on reactive systems (SAMHSA, 2014; Evans, Simonsen, & Dolan, 2013). Your PBIS system can help with creating a solid framework of prevention and promotion.



Your Role

"I have come to a frightening conclusion. I am the decisive element in the classroom. It is my personal approach that created the climate. It is my daily mood that makes the weather.

As a teacher, I possess tremendous power to make a child's life miserable or joyous. I can be a tool of torture or an instrument of inspiration. I can humiliate or humor, hurt or heal.

In all situations it is my response that decides whether a crisis will be escalated or deescalated and a child humanized or dehumanized." ~ Dr. Haim Ginott



Common View v. Trauma-Informed View

Common View	Trauma-Informed View
Views negative behavior solely as student choice. Utilizes punitive consequences to motivate students (shame, blame, guilt, rejection, isolation or deprivation).	Views students as wanting to do well but possibly 1) lacking the necessary skills to get their needs met or 2) having developed misunderstood patterns of behavior in response to challenges. Considers students may have a negative world view that influences their interactions.
Characterizes student challenges in negative language (acting out, uncontrollable, manipulative, naughty, defiant). Communicates an expectation of failure.	Characterizes student challenges in constructive language (in need of emotional regulation, calming strategies or skills).

Refers to the student with a label (e.g., "Tier 3" or "EBD"). Eliminates the use of labels and uses richer language to describe the student

(e.g., Lance does well with his peers when he receives assistance on the playground). Uses a collaborative approach. Recognizes that behavior is communication and searches for the function of the behavior. Strives to support the student meeting the function of the behavior in positive and productive ways.

Recognizes student academics, behavior, social-emotional learning, health, and family and community wellness as connected and works to integrate support from a whole student perspective. Does not teach expectations to the student and assumes the student Teaches and re-teaches expectations in school. Understands that teaching is should already know. expectations.

not simply telling. Differentiates instruction for both academic and behavioral Promotes systems that are integrated (not "siloed") and a culture where all Creates systems by which the student must demonstrate he/she is worthy of intervention or must qualify for services (e.g., special students get what they need to be successful, regardless of whether they education). qualify for services or not. Prioritizes the needs of the school or staff over the needs of the Fosters a student-centered environment.

Uses language that can be understood by students and families considering

comprehension level, language skills, and native language.

Utilizes an authoritarian approach. Punishes or minimizes the importance of the student's coping strategies. Does not take the whole student into account (strict focus on academics only, reduced capacity for genuine warmth or concern, prioritizes task completion exclusively).

student.

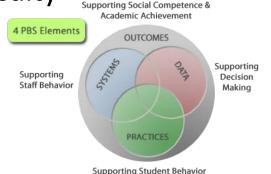
Uses professional "insider" language or jargon.

SAMHSA's Principles of TIC

- 1.Safety
- 2. Trustworthiness and transparency
- 3. Peer support and mutual self-help
- 4. Collaboration & mutuality
- 5.Empowerment, voice & choice
- 6.Cultural, historical & gender issues

Effective Classroom Practices

- 1.Expectations & Rules
- 2.Procedures & Routines
- 3. Encouraging Behavior
- 4. Discouraging Inapp. Behavior
- 5. Active Supervision
- 6. Opportunities to Respond
- 7. Activity Sequencing & Choice
- 8. Task Difficulty





Why a Classroom Focus?

Implementation of classroom systems from the Self-Assessment Survey was a unique predictor of sustained PBIS implementation (Mathews, McIntosh, Frank & May, 2014).



<u>Safety</u>

- Create predictable routines
- Create conditions for calm
- Praise people publicly and hold them accountable privately.
- Use a restorative approach to discipline (focus of discipline from punishment to learning)

Effective Classroom Practices

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Trustworthiness & transparency

- Include students and staff in creating expectations and norms
- Be transparent and consistent with follow-through
- Model behavior

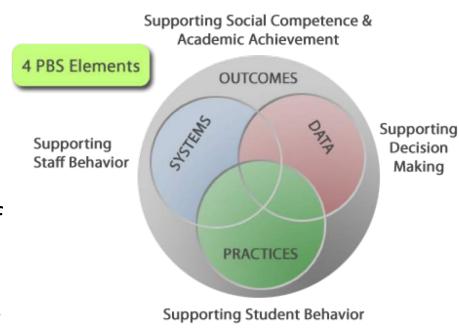
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Peer support & mutual self-help

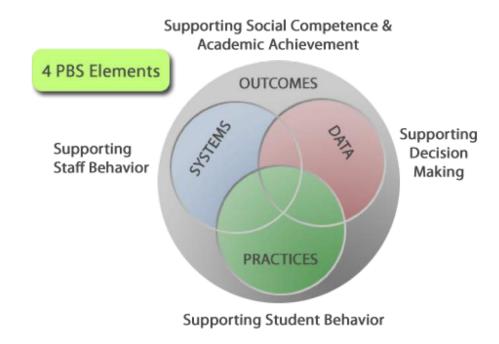
- Consistency for staff
- Strategies and activities for building staff wellness and resilience
- Offer safe, calm spaces for staff to recharge
- Make staff aware of how to ask for help





Collaboration & mutuality

 Encourage staff to learn from each other





Empowerment, voice, & choice

- ownership over their learning;
 feel the work is meaningful,
 relevant, & important.
- voice and choice about what and how they learn
- create highly engaging classrooms that allow for student voice.

Effective Classroom Practices

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Cultural, historical, & gender issues

- make sure students see themselves represented in curriculum
- Recognize, value, & celebrate all family cultures

context-specific

Effective Classroom Practices

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Core Beliefs – Golden Rule

Golden Rule: Focus on Teaching



Teaching, Teaching, Teaching...

Whatever we expect needs to be taught explicitly...

- Tell
- Show
- Practice
- Feedback

Resource:

CASEL Program Guides (Elem. & Sec.)



Brain breaks

Groups and examine this document: https://goo.gl/a5XVWc

Your task is to teach (tell, show, practice) a strategy to the rest of the group.

Additional resource: https://goo.gl/mdgpG9





Mindfulness

Teaching students strategies to be aware of their body...





What about kids who need more?



Core Beliefs – Golden Rule

Golden Rule: Understanding trauma helps us explain behavior; it should never excuse behavior.



Systems Thinking

- What roles do schools have in delivering those strategies?
 - Legal, Ethical, Moral Obligations
- What should schools be focusing on when we working with students who need more?
 - Universal supports for all
 - Early 'at-risk' identification
 - Connecting to community supports
 - Systems for 2-way communication & integration
 - Evidence-based practices



Early 'at-risk' Identification

- Teacher nomination
 - externalizing behaviors
 - internalizing behaviors
- Data Decision Rules
 - academics/grades, behavior/referrals, attendance, nurse visits, counselor visits
- Universal Screening
 - inclusion of social/emotional components (e.g., compendium of screeners)



MO SW-PBS Tier 2 Workbook (Student Identification Chapter)



Connecting to Community Supports

Community Mental Health Centers

* Mental Illness » How & Where to Get Help

Mental Health services for the Division of Behavioral Health (DBH), formerly the Divisions of Alcohol and Drug Abuse and Comprehensive Psychiatric Services, are accessed through 25 service areas, with each service area serving particular counties of the state. Community Mental Health Centers and/or Affiliates are responsible for providing these services. These agencies determine a person's eligibility for services and provide those services. A listing of the Community Mental Health Centers is given below. To locate the region your county is in, click on your county from the list below.







Developing a Good Partnership

- Avoid "captive audience" mentality
 - What is the school's primary purpose?
- Formalize Partnerships
 - Legal & Ethical Challenges
- Reevaluate Costs & Benefits
- Systems of 2-way communication

Resource:

Wisconsin's DPI Mental Health Guidelines



Evidence-Based Practices

Legal, Ethical, Moral Obligations

Evidence-Based Resources

- SAMHSA's National Registry of Evidence-Based Programs and Practices
- ➤ What Works Clearing House
- ➤ National Child Traumatic Stress Network's Empirically Supported Treatments and Promising Practices

Today's Outcomes

- ✓ Integrating school mental health into a multi-tiered system of support model.
- ✓ Discuss basic/universal strategies for supporting students who have experienced trauma.

Questions?







Reflection

- What is an 'ah-ha' that you have from this information?
- In what capacities does this material connect with our work?
- What opportunities exist for parallels between trauma and our MO SW-PBS framework? What areas could be strengthened? What areas need to remain discrete from one another?



• Identify possible systems for continuous improvement.



Trauma-Informed Care: Missouri Model

Trauma Aware

 Awareness & Attitudes

Trauma Sensitive

 Knowledge, Application, & Skill Development

Trauma Responsive

 Change & Integration

Trauma Informed

Institutionalized



Organizational Self-Assessment/Checklist



- ✓ No gold medals
- ✓ Don't recreate the wheel
- ✓ Don't know? Who might know?
- ✓ Fully in place
 - ✓ Policy, procedures, people, & process
 - ✓ Embedded in continuous improvement process



Questions?





Contact Information

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