MENTAL HEALTH AND TRAUMA-INFORMED PRACTICES IN SCHOOLS – GRADES 6-12

NJPSA/FEA
MARCH 8, 2021

INTENTIONS FOR TODAY

- To define trauma, stress, well being, and trauma response practices
- To review the impact of trauma and stress in schools
- To discuss considerations for schools in responding to the collective trauma of Covid-19
- To learn best practices for trauma-informed school practices and school mental health
DEFINING SOCIAL EMOTIONAL WELL BEING

CHAT IN THE CHAT!

DEFINITION OF WELL-BEING

Well-being

- Well-being includes the presence of positive emotions and moods (e.g., contentment, happiness), the absence of negative emotions (e.g., depression, anxiety), satisfaction with life, fulfillment and positive functioning.

CDC, n.d.
DEFINITION OF WELL-BEING

Social and emotional competencies

- Self awareness
- Self management
- Relationship skills
- Responsible decision making

CASEL, n.d.

DEFINING TRAUMA
DEFINITION OF TRAUMA

- **Trauma** is an emotional response to a terrible event like an accident, rape or natural disaster.

  APA (2020)

- “Exceptional experiences in which powerful and dangerous stimuli overwhelm the child’s capacity to regulate [his, her, their] affective state.”

  Marans and Adelman (1997)

ETIOLOGY OF TRAUMA

Trauma results from different kinds of experiences:

- Interpersonal trauma
- Acute trauma
- Collective trauma
- Historical trauma
- Existential trauma
### TYPES OF TRAUMA

**Acute**

**Description:** Single event, isolated, sudden.

**Response:** Recalled vividly, quicker recovery time, better prognosis

**Examples:** Motor vehicle accident, natural disaster, homicide, suicide.

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**Chronic**

**Description:** Multiple, repeated.

**Response:** Memories are fuzzy, helplessness, dissociation, character changes, long standing problems.

**Examples:** poverty, racism, sustained physical and/or sexual abuse.

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### EVENTS THAT MIGHT BRING ABOUT A TRAUMATIC EXPERIENCE

- Exposure to community events (police, fire, ambulance, violence),
- Witness to family violence
- Separation, loss, privation and deprivation
- Exposure to out-of-control or dysregulated adults
- Disasters that affect their lives, family and community
- Victims of abuse and neglect

**BUT – NOT ALL BAD THINGS THAT HAPPEN NECESSARILY CREATE TRAUMA**
EXACERBATING FACTORS OF TRAUMA

- Proximity to the event
- Awareness of event
- Physical injury sustained
- Amount of disability
- Witnessing the event
- Perceived or actual life threat
- Duration of life disruption
- Familial and personal property loss
- Parental reactions and extent of family disruption
- Child’s pre-traumatic state
- Probability of recurrence

MEDIATING FACTORS OF TRAUMA

- Developmental level
- Chronicity of the experience
- Availability and response of attachment figures
- Use of a meaning-making strategy
DEFINING STRESS

- **ALL those stimuli which require us to expend energy to maintain some sort of neurological balance.**
- Stress engenders a heightened state of physiological arousal which may help in the short term, but is depleting over the long term.
- Stress can be felt directly by a person, and/or indirectly through their relationships.

(Porges, 2009; Siegel & Bryson, 2012; Shanker, 2012; )
NORMAL OR “ROUTINE” STRESS

Tolerable but depleting stress

Toxic – Traumatic Stress

THE EVOLUTION-DESIGNED BRAIN

Executive State
Prefrontal Lobes
What can I learn from this?

Emotional State
Limbic System
Am I loved?

Survival State
Brain Stem
Am I safe?

(Porges, 2009; Siegel & Bryson, 2012; Shanker, 2012.)
OUR LIMBIC SYSTEM

- The limbic system is a complex set of structures which lie on both sides of the thalamus, just under the cerebrum.
- It includes:
  - Hypothalamus
  - Hippocampus
  - Amygdala
  - Several other nearby areas
- It appears to be primarily responsible for our emotional life, and has much to do with the formation of memories.

(Porges, 2009; Siegel & Bryson, 2012; Shanker, 2012;)

THE HYPOTHALAMUS

- The hypothalamus is one of the busiest parts of the brain, and is mainly concerned with homeostasis.
- Homeostasis is the process of returning something to a “set point.”
- The hypothalamus works like a thermostat:
  - When your room gets too cold, the thermostat conveys information to the furnace and it turns on.
  - As your room warms up and the temperature gets beyond a certain point, it sends a signal that tells the furnace to turn off.

(Porges, 2009; Siegel & Bryson, 2012; Shanker, 2012;
HYPOTHALAMUS AND NERVOUS SYSTEM

- The hypothalamus sends instructions to the autonomic nervous system.
- This allows the hypothalamus to have ultimate control of things like blood pressure, heart rate, breathing, digestion, sweating, and all other sympathetic and parasympathetic functions.

(Autonomic Nervous System (ANS)

- The ANS affects our biological self-regulation.
- It controls many organs and muscles within our bodies.
- We are not usually aware that this system is working.

(Porges, 2009; Siegel & Bryson, 2012; Shanker, 2012; )
**SYMPATHETIC NERVOUS SYSTEM (SNS)**

- The SNS releases adrenaline as the hormone for survival.
- Adrenaline causes acceleration which results in quicker action.
- It may increase heart rate and rapid breathing.
- It prepares our bodies to “fight” off the danger, “flee” from it, or “freeze” to play dead until the danger leaves.

(Porges, 2009; Siegel & Bryson, 2012; Shanker, 2012;)

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**PARASYMPATHETIC NERVOUS SYSTEM (PNS)**

- The PNS releases cortisol as the hormone responsible for recovery and slowing down to a condition of rest.
- Heart rate and breathing slow and return to normal.

(Porges, 2009; Siegel & Bryson, 2012; Shanker, 2012;)
“HAND MODEL OF THE BRAIN”

Place your thumb in the middle of your palm as in this figure.

Now fold your fingers over your thumb as the cortex is folded over the limbic areas of the brain.

(Siegel, 2010)

Why do we lose CONTROL of our emotions?
LONG TERM EFFECTS

- The result of chronic activation of the stress response system means that the prefrontal cortex (the “thinking brain”) is most affected!
- The more the SNS is activated, the more our brains and bodies become accelerated.
  - A person may enter a hyper-alert state, which can result in depletions of energy and/or hypersensitive responses sometimes triggered in inappropriate situations.
- The more the SNS is activated, the more the PNS has to work to decelerate our brains and bodies.
  - A person may enter a hypo-active state, which can result in prolonged lethargy, withdrawal, and/or zoning-out.

(Wonges, 2009; Siegel & Bryson, 2012; Shanker, 2012)

WHAT SUFFERS FROM TOO MUCH STRESS

- Executive functioning suffers because regions of the brain which control planning, memory, learning, and behavior can be negatively impacted by toxic stress.
- Emotional regulation suffers because there can be an increase in neural connections related to fear, anxiety, and impulsive responses.
- Stress assessment and response suffer because the parts of the brain which control how one assesses level of stress may be compromised, and subsequent hypervigilance and decreased impulse control lead to heightened reactivity.
- Biological and psychological systems suffer because immense stress creates neurological consequences leading to anxiety, depression, post-traumatic stress, decreased planning for unlikely futures, gastrointestinal challenges, headaches, sleep disturbance, substance abuse, etc.

(Porges, 2009; Siegel & Bryson, 2012; Shanker, 2012;
ADVERSE CHILDHOOD EXPERIENCES STUDIES

ADVERSE CHILDHOOD EXPERIENCES STUDY (ACES)

- Kaiser Permanente and the Centers for Disease Control (CDC)
- Study of over 17,000 people, conducted between 1995-1997, published in 1998
- Examined effects of trauma, stress, and risk factors during childhood
- Assessed relationship between chronic stress in childhood and wellbeing in adulthood
ADVERSE CHILDHOOD EXPERIENCES STUDY (ACES)

- Outcomes of original ACE study:
  - 11% experienced emotional abuse
  - 28% experienced physical abuse
  - 21% experienced sexual abuse
  - 15% experienced emotional neglect
  - 10% experienced physical neglect
  - 13% witnessed their mothers being treated violently
  - 27% grew up with someone in the household using alcohol and/or drugs
  - 19% grew up with a mentally-ill individual in the household
  - 23% lost a parent due to separation or divorce
  - 5% grew up with a household member in incarceration

Statistics from acestudy.org
Almost half of children in the US have experienced at least one ACE. The most cited ACEs are economic hardship and divorce or separation of a parent or guardian. Black non-Hispanic children experience ACEs at a rate 20% higher than White children. Hispanic children experience ACEs at a rate 10% higher than White children. The prevalence of ACEs is lowest among Asian non-Hispanic children.

(Sacks & Murphey, 2018)
ADVERSE CHILDHOOD EXPERIENCES STUDY (ACES)

- Traumatic and stressful childhood experiences can build up and have a negative impact on an individual's wellbeing throughout their life, including early death, chronic illness, physical conditions, mental illness, substance abuse, etc.


ACES VIDEO
ADVERSE COMMUNITY EXPERIENCES – PAIR OF ACES

ATROCIOUS CULTURAL EXPERIENCES

Consideration of historical oppression and intergenerational trauma: “What happened to your people”?

(Gosh-Ippen, 2018)
TWO MINUTE BODY BREAK

HOW DOES STRESS AND TRAUMA IMPACT THE SCHOOL COMMUNITY?
GROUP REFLECTION ACTIVITY: THINK ABOUT THE POPULATION OF YOUR SCHOOL

- 0-25% of your population experiences stress or trauma ➢ CELEBRATION EMOJI
- 25-50% of your population experiences stress or trauma ➢ CLAPPING HANDS EMOJI
- 50-75% of your population experiences stress or trauma ➢ HEART EMOJI
- 75-100% of your population experiences stress or trauma ➢ THUMBS DOWN EMOJI
WHY DOES STRESS MATTER AND WHY NOW?

- NOW in the context of three pandemics – health, racism, inequality
- Stressful social situations are present in schools, communities, and at home (i.e. isolation, bullying, parental stress, instability, etc.)
- Technological advances are contributing to stress including ‘technostress’ and ‘telestress’
- The political climate and the 24/7 news cycle are stressful

WHY DOES STRESS MATTER AND WHY NOW?

- Mental health concerns lead to trouble concentrating, low self-esteem, low mood, trouble with peers, and early dropout
- Adverse childhood experiences (ACEs) have been correlated with short- and long-term physical and mental health consequences, chronic absenteeism, school failure, and school dropout.

Gilbert, Breiding, Merrick, Thompson, Ford, Dhingra, & Parks (2015); Metzler, Merrick, Klevens, Ports, & Ford (2017)
PREVALENCE

- 9.4% of children aged 2-17 years (approximately 6.1 million) have received an ADHD diagnosis
- 7.4% of children aged 3-17 years (approximately 4.5 million) have a diagnosed behavior problem
- 7.1% of children aged 3-17 years (approximately 4.4 million) have diagnosed anxiety
- 3.2% of children aged 3-17 years (approximately 1.9 million) have diagnosed depression.


PREVALENCE

- Only 12% of youth receive any services to address the mental health and/or substance use concerns.

Centers for Disease Control and Prevention (2013); Substance Abuse and Mental Health Services Administration (2017b).
2017 STRESS IN SCHOOLS STUDY

- 1535 teachers who participated in a survey about classroom discussions, student interactions and school climate, and student stress and well-being conducted by UCLA’s Institute for Democracy, Education, and Access in May 2017
- Social studies, English, and mathematics teachers that work in 333 public high schools that are representative of public high schools in the United States generally in terms of geographic location and student demographics

(Rogers, 2017)

STRESS IN SCHOOLS

Percentage of teachers reporting (more, same, or fewer) students are experiencing high levels of stress and anxiety this year compared to previous year. (Rogers, 2017)

- More: 51.4%
- About the same number: 42%
- Fewer: 6.6%
Percentage of teachers reporting work-related stress in 2016-2017... compared to previous years (Rogers, 2017)

- Increased
- Remained the same
- Decreased

Percentage of Teachers Reporting Some Students Have Expressed Concern About...

<table>
<thead>
<tr>
<th>Issue</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deportation of undocumented immigrants</td>
<td>58%</td>
</tr>
<tr>
<td>President’s executive order restricting travel from 6 primarily Muslim countries</td>
<td>36%</td>
</tr>
<tr>
<td>Limiting rights of LGBTQ youth</td>
<td>38%</td>
</tr>
<tr>
<td>Reform and/or Repeal of the Affordable Care Act (or “Obamacare”)</td>
<td>44%</td>
</tr>
<tr>
<td>Deregulation of environmental protections</td>
<td>45%</td>
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</tbody>
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(Rogers, 2017)
COVID-19 CONSIDERATIONS

LARGE GROUP DISCUSSION

- How have you been supporting the relational, emotional and social development during Covid?
- What are your thoughts about how to address mental health and trauma in the new school year in September?
COVID-19 CONSIDERATIONS

- Adult stress
- Isolation
- Home for a significant number of months
- Multiple transitions
- Uncertainty and inconsistency
- Vaccination decisions/access

- Off of routine
- Sensory challenges – vestibular from sitting in desks all day/mask wearing
- Chronic stress due to three pandemics
- Prefer being at home

TRAUMA RESPONSIVE PRACTICES
Trauma response or trauma-informed practices are not a checklist of activities or a curriculum to employ.

A trauma-informed approach is a paradigm shift in ways of knowing, ways of doing, and ways of being in practice.

From:
- What is wrong with you?
To:
- What happened to you?
AND
- What is right about you?
A PARADIGM SHIFT

FROM:
- Assessing behavior that challenge adults as “misbehavior”

TO:
- Understanding behavior as stress communication

A PARADIGM SHIFT

FROM
- Trauma interventions are individually-based, clinical treatment

TO
- Healing-centered, resilience-based systems, policies, and practices for all children and families
A PARADIGM SHIFT

FROM

- Curricula materials that are purchased in a kit, or “make and take” techniques and lesson plans that can be pasted on top of existing practices

TO

- Using your relationship as the main vehicle for teaching and healing

A PARADIGM SHIFT

FROM

- Trauma experiences have tainted you such that you are ONLY what has happened to you

TO

- You survived traumatic experiences by using your strengths, and there is much more to you than just your trauma
SMALL GROUP ACTIVITY: PROTECTIVE FACTORS
BEST PRACTICES FOR TRAUMA-INFORMED SCHOOL PRACTICES AND SCHOOL MENTAL HEALTH

- Of the 12% of children who received mental health services, *70-80% have received them at school*

  Rones & Hoagwood (2000)
“Effective comprehensive school mental health systems contribute to improved student and school outcomes, including greater academic success, reduced exclusionary discipline practices, improved school climate and safety, and enhanced student social and emotional behavioral functioning.”

BEST PRACTICES IN SCHOOL MENTAL HEALTH

- Schools provide an opportunity to be the primary avenue for mental health and trauma supports for students over time
  
  National Research Council and Institute of Medicine (2009)

- Access to mental health services in schools leads to students receiving substance abuse treatment ten times more than students who do not have access in school.

  Substance Abuse and Mental Health Services Administration. (2017)

BEST PRACTICES - MENTAL HEALTH IN SCHOOLS: SYSTEMS NEEDS

- Educators and student instructional support personnel
- Collaboration and teaming with children, families, community partners
- Multitiered system of supports
- Evidence-informed services and supports
- Cultural responsiveness and equity
- Data-driven decision-making

National Center for School Mental Health and MHTTC Network Coordinating Office (2019)
BEST PRACTICES - MENTAL HEALTH IN SCHOOLS: SCHOOL CLIMATE

- Engage in practices that affirm diverse social and cultural identities;
- Cultivate a sense of belonging and community;
- Provide structures for physical and emotional safety;
- Use engaging, relevant, and culturally responsive instruction built on an understanding of how children and adolescents grow and develop socially, emotionally, and academically;
- Create space for student voice and agency;
- Offer frequent opportunities for students to discuss and practice anti-racism and develop collaborative solutions to address inequities;
- Provide tiered supports that meet the needs of all students.

- The National Center on Safe Supportive Learning Environments (NCSSLE)

BEST PRACTICES – MENTAL HEALTH IN SCHOOLS: TIERED SUPPORTS

- Tier 3: Targeted interventions for students with serious concerns that affect daily functioning
- Tier 2: Supports and early intervention for students identified through needs assessments as at risk for mental health concerns
- Tier 1: Promotion of positive social, emotional, and behavioral skills and overall wellness for all students
- Professional development and support for a healthy school workforce
- Family-School-Community partnerships
BEST PRACTICES: TRAUMA INFORMED SCHOOLS

- Have staff who understand trauma and its impact;
- Believe that healing happens in relationships;
- Ensure emotional and physical safety for all;
- View students holistically;
- Support choice, control, and empowerment for students, staff, and families;
- Strive for cultural competence;
- Use a collaborative approach.

The National Center on Safe Supportive Learning Environments (NCSSLE)

INTERSECTION OF TRAUMA SENSITIVITY AND SOCIAL AND EMOTIONAL LEARNING

Trauma Sensitivity
- Enhances awareness of the negative effects of trauma on social and emotional health
- Identifies building social and emotional skills as a key component of a trauma-sensitive school
- Fosters environments that promote social and emotional learning

Social and Emotional Learning
- Builds competencies that strengthen resilience in the face of adversity
- Fosters environments that promote trauma sensitivity
- Can be incorporated at all tiers as part of a trauma-sensitive approach to support resilience for all and healing for students exposed to trauma

The National Center on Safe Supportive Learning Environments (NCSSLE)
International Society for Traumatic Stress Studies at https://www.istss.org
WHAT IS HAPPENING IN NEW JERSEY?

SMALL GROUP DISCUSSION

- What mental health/trauma-informed practices are currently done at your school?
- What keeps us from doing more?
CURRENT SCHOOL-BASED INTERVENTIONS IN NJ

- Whole School, Whole Community, Whole Child (WSCC) model currently funded by the NJ DOH, Child and Adolescent Health, brings together schools with families and community partners to serve the ‘whole’ child (https://www.schoolhealthnj.org/)

- School-based mental health services bringing trained community mental health professionals into schools (i.e. SAGE; Effective School Solutions; University clinics; community mental health agencies)

- New grant from the NJ DOE - Schools may apply for $30 million worth of non-competitive grant funding to help strengthen mental health support by March 15th through Coronavirus Response and Relief Supplemental Appropriations (CRRSA) Act Elementary and Secondary School Emergency Relief Fund II (ESSER II)

CURRENT SCHOOL BASED INTERVENTIONS IN NJ

- 2019 law mandating mental health be included in the New Jersey Student Learning Standards in Comprehensive Health and Physical Education

- Restorative justice/restorative practices (new grant from the NJ DOE due March 11th)

- Community Schools/Priority Schools

- Youth Mental Health First Aid Training from the Mental Health Association of NJ

- Healing-Centered Engagement pilot through FEA

- NJ Department of Children and Families initiatives such as School Based Youth Services, Parent Linking Programs, teen pregnancy prevention (https://www.nj.gov/dcf/families/school/)
AND THE EASIEST INTERVENTION...

YOU AND YOUR RELATIONSHIP WITH STUDENTS
THE EASIEST INTERVENTION = YOU!

- You have a critical role to play in promoting well being, good mental health, and trauma healing-centered practices through your relationships with yourselves, your coworkers, and the children and families in your care.

THE EASIEST INTERVENTION = YOU!

- Parents, as well as teachers, coaches, counselors, and other mentors play a critical role in shaping and supporting the development of emotional well-being and self-regulation in the lives of children from birth through young adulthood.

(Rosanbalm & Murray, 2017; Shanker, 2016)
THE EASIEST SOLUTION = YOU!

“The well being of children is inseparable from the well being of all the critical adults in their lives.”

– Dr. Stuart Shanker

HOW ARE YOU?
How are you currently feeling?

Check Your Battery

- Feeling great! Keep meeting your needs and practicing self-care.
- Feeling okay. How can you make your day a tiny bit better?
- Struggling. Practice triage. What area of your life is suffering the most right now? Focus on that one area today.
- Feeling good! How can you maintain the levels you’re currently at?
- Meh. How can you love on yourself today? Be extra kind to yourself.
- I’m empty. Pinpoint what’s draining you and try to create a boundary & then do one thing that fills you up.

“The world breaks everyone and afterward many are strong at the broken places.”
Ernest Hemingway
"If your compassion does not include yourself, it is incomplete."
- Jack Kornfield
THANK YOU!

PLEASE CONTACT US TO KEEP THIS CONVERSATION GOING

CONTACT US

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REFERENCES

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- Substance Abuse and Mental Health Services Administration. (2017b). Age and gender-based populations
REFERENCES


