School-Based Trauma & Resilience-Informed Care: Guiding Principles and Current Practices

Saun-Toy Trotter, MFT
Director of Mental Health Services at School Based Health Centers, Children’s Hospital Oakland
strotter@mail.cho.org

Stephanie Guinosso, PhD, MPH
Project Director, CSHA
sguinonso@schoolhealthcenters.org
Learning Objectives

1. Review the science of ACEs, toxic stress, trauma and resilience;
2. Describe the foundational principles of a trauma and resilience-informed approach;
3. Examine school-based models and practices of trauma and resilience-informed care.
What are the *strengths* you bring to this work?
Acknowledgments

Joyce Dorado

Bruce Perry

Melanie Tervalon
Science of ACEs, Toxic Stress, Trauma & Resilience
Percentage of Children with 2 or More ACEs, Compared to the National Average (22%), 2011-2012

(Bethell et al, 2014)
Definition: Estimated percentage of children ages 0-17 who have experienced two or more adverse experiences as of their current age (e.g., in 2011-2012, an estimated 18.2% of California children had experienced two or more adverse experiences).

Impacts of ACEs on Academics

ACEs associated with:

- Repeating a grade, low school engagement, special health care needs (Bethell, 2014)
- Learning and behavioral problems (Burke, 2011)
- Academic failure, attendance problems, behavior problems (Blodgett, 2015)
- Delays on cognitive and social-emotional indicators (Blodgett, 2014)
Positive Stress

Mild/moderate and short-lived stress response necessary for healthy development; brief increases in heart rate and mild elevations in stress hormones

Tolerable Stress

More severe stress response but limited in duration which allows for recovery; buffered by supportive relationships

Chronic or Toxic Stress

Extreme, frequent or extended activation of the body’s stress response without the buffering presence of a supportive adult

Source: Harvard Center for the Developing Child
Survival Mode: Flight/Fight/Freeze

Learning/Thinking Brain
- Prefrontal Cortex
  - Planning
  - Impulse Control
  - Emotional Regulation
  - Attention

Limbic System
- Motivation
- Emotion
- Memory

Amygdala
- Fight, flight, or freeze;
- Emotionally-charged memories

Hippocampus
- Short-term memory

Source: Community Resilience Cookbook
The event(s) or circumstance(s) causing actual or perceived physical or psychological harm

One’s experience of the event – differs across individuals – beyond one’s coping capacity

The resulting effects or symptoms – neurobiological and behavioral adaptations

Source: Adolescent Health Working Group Trauma & Resilience Toolkit
Trauma Types

• Acute trauma ➔ earthquake
• Chronic trauma ➔ sexual abuse
• Complex trauma ➔ caregiver neglect
• Historical/Insidious trauma ➔ microaggressions
• Intergenerational trauma ➔ oppression
• Secondary/vicarious trauma ➔ practitioner/client
Complex/Developmental Trauma

- Safety
- Stability
- Nurturance
- Stimulation

Biological, Cognitive, & Behavioral Adaptations
The Window of Tolerance

Hyperarousal Zone
“Fight or Flight Response”
too much arousal)

- Emotional reactivity
- Defensiveness
- Feeling unsafe
- Feeling overwhelm
- Hyper-vigilance
- Impulsivity
- Anger/Rage

Optimal Arousal Zone
“Window of Tolerance”

- Feeling safe
- Feel and think simultaneously
- Present moment awareness
- Awareness of boundaries
- Optimal learning/integration

Hypoarousal Zone
“Immobilization or Freeze Response”
too little arousal)

- No energy
- Numbing of emotions
- No feelings
- Passive, shut down
- Reduced physical movement

Resilience is the process of successfully adapting and developing positive well-being in the face of chronic or toxic stress and adversity.
Resilience = Individual + Environmental Assets

- Supportive, caring relationships
- Positive temperament
- Social competence
- Problem-solving skills
- Self-efficacy
- Self control
- Sense of purpose
- Opportunities for participation
- High expectations
- Sources of faith, hope, and cultural tradition
Models of Trauma & Resilience-Informed Care
Write 1-2 words in the chat box that describe trauma/resilience-informed care.
Trauma Organized

Trauma Informed

Healing Organization

Source: Trauma Transformed
THE 4 R’s

Realize:
The prevalence of trauma in the population of your school

Recognize:
How trauma may be impacting the student

Respond:
With empathy, understanding, and in a way that is relational, calming, and with cultural awareness

Resist:
Re-traumatizing responses, consequences, judgment, or actions

Source: SAHMSA; Slide Source: Trauma Transformed
Tier 3: Treatment

Tier 2: Early Identification

Tier 1: Preventive

Population focused, whole school interventions

Student focused, mental health interventions

Trauma Informed Principles
Tier 3:
- Trauma Treatment
- Crisis Response
- 1:1 Support

Tier 2:
- Trauma Screening & Assessment
- Trauma-Specific Groups
- Case Management
- Restorative Responses to Harm
- Brief Interventions

Tier 1:
- Social and Emotional Learning
- Positive Behavioral Interventions and Supports
- Restorative Practices, Multi-Cultural Education
- School Climate, Teacher Training on Trauma-Informed Practices

Trauma-Informed Principles
Population Focused Interventions

Harvard Law School & MA Advocates for Children
Trauma and Learning Policy Initiative

Washington State Office of the Superintendent of Public Instruction
Compassionate Schools Initiative
WASHINGTON STATE UNIVERSITY EXTENSION

CLEAR

1. Readiness Assessment, Infrastructure Development, Capacity Building and Sustainability Planning
2. Trauma Enhanced SEL Universal Practices
3. Teacher’s Individualized Student Response and Classroom Management
4. The CLEAR Team, Building and District Leadership Development
5. RTI Tier 2 and 3 Trauma Informed Supports
6. Common Core Alignment/Other State and Local Initiatives

Trauma-Informed Educational Practice and Organizational System Change: Staff Professional Development, Coaching, and Consultation

(Source: http://ext100.wsu.edu/clear/)
Establish Safety & Stability

Foster Compassionate & Dependable Relationships

Facilitate Collaboration & Empowerment

Promote Resilience & Social-Emotional Learning

Practice Cultural Humility & Responsiveness

Understand Stress & Trauma

(Joyce Dorado, 2016; Trauma Transformed)
Understand Stress and Trauma

✓ Train all staff on the effects of stress & trauma – including self care

✓ Assess current practices and policies

✓ Shift your perspective from “What is wrong?” to “What has happened?”

  ✓ What is happening here?

  ✓ What is the underlying need?

  ✓ How can we best meet this need?
When we come from a place of understanding, empathy and compassion, we can co-create opportunity & possibilities ...
In practice:

- Trainings for teachers on trauma and impact of trauma on stress
- Collateral consultation for teachers by clinicians
- *Wish* Monthly consultation groups for educators (grade level meetings)
- Training for OUSD parent liaisons and WOPAN parent and caregivers on impact of trauma and stress
- Mindfulness and wellness opportunities for educators hosted by School Health Clinic
Practice Cultural Humility & Responsiveness

- Self-reflection of cultural biases
- Respect culture and diversity within the community
- Recognize power imbalances
- Avoid judgment, shame and blame
**In practice:**

- Commitment to lifelong learning, self-evaluation and self-critique and holding each other accountable.
- Developing community partnerships for advocacy (Partnerships with AAMA, LMB)
- Building common vocabulary to have critical conversations (insidious trauma, microaggressions, historical trauma)
Racing ACEs
If it’s not racially just, it’s not trauma-informed

Adverse Childhood Experiences*  Historical Trauma/Embodiment of Oppression

Early Death
Disease, Disability, and Social Problems
Adoption of Health-risk Behaviours
Social, Emotional, & Cognitive Impairment
Adverse Childhood Experiences

Early Death/Quality of Life Loss for POC
Burden of Disease for POC
Coping (risk = embodiment and exposure to structural racism and white supremacy)
Allostatic Load, Disrupted Neurological Development, White Fragility, Grief & Rage of POC
Social Identity Threat, Micro and Macro Aggressions/Complex Trauma/ACEs

Structural Racism, White Supremacy, Social Devaluation of People of Color
Historical Trauma/
Intergenerational Transmission of Trauma

Trauma and social location

Implicit bias, epigenetics
Establish Safety & Predictability

✓ Physical Safety
  • Protection from harm
  • Clear safety procedures
  • Reduction of unnecessary triggers

✓ Emotional Safety
  ✓ Build emotional management skills
  ✓ Create "safety" plans

✓ Social Safety
  ✓ Build supportive relationships
  ✓ Prevent victimization and abuses of power

✓ Predictability
  ✓ Routines and consistency
  ✓ Preparation for changes and transitions

(Source: Joyce Dorado)
In Practice:

- Coordination with school and school district
- Crisis response after incident of community violence
- Provide resources and share best practices
- Support healing voices of students and families
Foster Compassionate & Dependable Relationships

✔️ “I” Interventions
   • Behavioral health
   • Trauma interventions

✔️ “i” interactions
   • Express genuine concern
   • Manage own stress so you can attune to youth’s needs
In Practice:

- Seeking Safety
- CBITS
- TGCT-A
- TF-CBT
- ARC

- Every relationship is an opportunity for healing
- Welcomes and hellos
- Celebrate successes
- Honor cultural traditions
- Examples from participants

For a comprehensive list of evidence-based interventions, visit:
- SAMHSA’s National Registry of Evidence-Based of Programs and Practices
- The National Child Traumatic Stress Network Treatments that Work
CELEBRATE
Use “put-ups,” not “put-downs.”
READ MORE [+]

COMFORT
Stay calm and patient.
READ MORE [+]

COLLABORATE
Ask for their opinions.
READ MORE [+]

LISTEN
Show an interest in their passions.
READ MORE [+]

INSPIRE
Expose them to new ideas.
READ MORE [+]

Childhood trauma
Changing minds.
Facilitate Collaboration and Empowerment

• Allow youth voice and choice
• Provide meaningful opportunities for engagement
• Share power and decision-making
• Adopt a strengths-based approach
In practice:

• Site youth and community advisory committee
• Clients involved in treatment planning
• Transparency and choice
• Health careers and youth internships
• “Nothing for us without us”
Promote Resilience & Social Emotional Learning

- Develop an attitude of resilience
- Connect young people to appropriate care, supports and opportunities
- Maintain high expectations
- Enhance life skills (self-regulation, problem-solving, etc.)
Lessons Learned
Closure
Any Questions
Write down one thing you learned.

Write down one thing that inspired you.

Write down one action you will take.
Thank You!

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strotter@mail.cho.org

Stephanie Guinosso, PhD, MPH
Project Director, CSHA
sguinosso@schoolhealthcenters.org

Webinar slides and recording will be available at http://www.schoolhealthcenters.org.