ENHANCING MTSS FOR SOCIAL, EMOTIONAL, AND BEHAVIORAL WELLNESS TO PREVENT AND RESPOND TO TRAUMA

Association of School Psychologists of PA Fall 2020 Conference
November 4, 2020

Brittany Zakszeski, Ph.D., NCSP, BCBA-D
Lyndsie Erdy, Ph.D., NCSP, BCBA-D
DEVEREUX CENTER FOR EFFECTIVE SCHOOLS

Building the capacity of schools and other child-serving institutions to better serve children and adolescents with, and at risk for developing, emotional and behavioral disorders (EBD).

- Apply behavioral principles to systems within a preventative, multi-tiered framework

- Professional development trainings, workshops, and technical assistance

- Product development
  - Devereux Classroom Observation Tool (DCOT)
  - Toolbox of Parenting Skills (TOPS)
  - Lunchroom Behavior Game (LBG)

- Consultation internal and external to Devereux
ABOUT US

Brittany Zakszeski, Ph.D., NCSP, BCBA-D

Lyndsie Erdy, Ph.D., NCSP, BCBA-D
Everyday adversities experienced by students, families, and staff

A divisive political climate

The closure of schools, childcare, and businesses

A global pandemic: COVID-19

The accentuation of racial and other social injustices

How do we offset the weight of these environmental factors?

If not now, when?
SESSION OBJECTIVES

By the end of this presentation, participants will be able to:

- Describe the three Es of trauma (events, experiences, effects) and implications for school personnel.

- Explain the assumptions and values of a trauma-informed lens.

- Identify points for prevention and intervention within a trauma-informed care framework.

- Identify the outcomes, data, systems, and practices of an MTSS framework designed to prevent and respond to trauma.

- Describe considerations for enhancing existing MTSS frameworks to more directly and effectually prevent and respond to trauma.
Session Agenda

1. Session Overview
2. The Three Es of Trauma
3. Trauma-Informed Values, Assumptions, and Practices
4. Augmenting the Triangle to Prevent and Address Trauma
5. Session Wrap-Up
The Three Es of Trauma

Essential Questions:

- What are the three Es of trauma?
- How do they explain individual differences related to trauma?
- How do they explain points of prevention and intervention?
An emotional response to an adverse event that is experienced by an individual as harmful or threatening and has profound effects on the individual’s functioning and well-being
Trauma...

An emotional response to an adverse event that is experienced by an individual as harmful or threatening and has profound effects on the individual’s functioning and well-being.
THE FIRST “E:” EVENT

An event, series of events, or set of circumstances
THE FIRST “E:” EVENT

The Pair of ACEs
Adverse Childhood Experiences

Maternal Depression
Physical & Emotional Neglect

Emotional & Sexual Abuse
Divorce

Substance Abuse
Mental Illness

Domestic Violence
Incarceration

Homelessness

Adverse Community Environments

Poverty
Violence

Discrimination

Community Disruption

Lack of Opportunity, Economic Mobility & Social Capital

Poor Housing Quality & Affordability
THE FIRST “E:” EVENT
IT’S NOT ALWAYS ONE “EVENT.”

**Acute Trauma**
Trauma resulting from a single adverse event

**Chronic Trauma**
Trauma resulting from repeated or prolonged adverse events

**Complex Trauma**
Trauma resulting from a collection of adverse events of different nature
IT’S NOT ALWAYS ONE “EVENT.”

- Trauma experienced by a specific cultural, racial, or ethnic group related to major events that oppressed their ancestors

- Not universally experienced by everyone within a given group
IT’S NOT ALWAYS ONE “EVENT.”

Racial Trauma

- Trauma experienced as a result of exposure to racism and discrimination
- Can be historical/intergenerational in nature
- Is typically more related to present circumstances
IT’S NOT ALWAYS ONE “EVENT.”

**Acute Trauma**

Trauma resulting from a single adverse event

**Chronic Trauma**

Trauma resulting from repeated or prolonged adverse events

**Complex Trauma**

Trauma resulting from a collection of adverse events of different nature
RISK AND RESILIANCE PATHWAYS

- Neglect
- Neighborhood Violence
- Car Accident
- Death of Loved One
- Natural Disaster

PTSD

- Positive Adjustment
- PTSD
- Specific Phobia
- Generalized Anxiety
- Insomnia

Car Accident
Trauma...

An emotional response to an adverse event that is experienced by an individual as harmful or threatening and has profound effects on the individual’s functioning and well-being.
THE SECOND “E:” EXPERIENCE

The experience makes the difference.

Adverse Event(s) + Individual’s Experience = Traumatic Stress

Adverse Event(s) + Individual’s Experience = No marked distress or impairment
...there is nothing either good or bad, but **thinking** makes it so.

William Shakespeare (*Hamlet*)
THE SECOND “E:” EXPERIENCE

Environment
stimuli (stressors)

perception filter (selection)

person

Primary Appraisal
interpretation of the stressors
positive
dangerous
irrelevant

challenge,
threat,
harm/loss

Secondary Appraisal
analysis of the available resources
insufficient resources
sufficient resources

Stress

Coping
overcoming of stress

problem-focused
demotion-focused

change situation itself
change relation to the situation

Reappraisal
pacing and learning
Factors affecting the experience of trauma:

**Internal Mechanisms**
- Coping strategies
- Locus of control and self-efficacy
- Attribution patterns
- Regulation of cognition, affect, and mood

**External Mechanisms**
- Social support
- Access to services

**Community, Cultural, and Societal Factors**
- Violence norms
- Cultural values
- Worldview
- Religion and spirituality
PODCAST RECOMMENDATION

Emotions

June 1, 2017 - 12:01 AM ET
Heard on Invisibilia

55-Minute Listen

To learn more about the theory of constructed emotion and the work of neuroscientist Lisa Feldman Barrett, check out her book *How Emotions Are Made: The Secret Life of the Brain*.

Special thanks to the following musicians:

- Helena Ahlbäck (formerly of The Broken Assembly) - "Emotional"
- Jon Luc Hefferman - "Upbeat"

Note: A previous version of this story stated that Tommy Jarrett had received $50,000 from the court. He actually received $50,000 in an out-of-court settlement.
Yerkes-Dodson Law

Optimal Performance

- Focused & Engaged
- Bored & Tired
- Stressed & Restless

Performance vs. Stimulation Level

Low to High Stimulation Level

Low to High Performance
An *emotional response* to an adverse *event* that is *experienced* by an individual as harmful or threatening and has profound *effects* on the individual’s functioning and well-being.

Trauma...
THE THIRD “E:” EFFECTS

Immediate stress responses initiated by the nervous system:

- **Fight**
  - Verbal aggression
  - Physical aggression
  - Defying directions
  - Adopting an aggressive stance

- **Flight**
  - Eloping
  - Not speaking
  - Avoiding others or activities
  - Hiding
  - Substance use

- **Freeze**
  - Appearing nonresponsive
  - Withdrawing
  - Disconnecting from others
WHAT WE OFTEN THINK OF:

Adverse events or reminders of them immediately evoke **fight**, **flight**, or **freeze** responses

Maya has a history of physical abuse.

While Maya is completing her math worksheet, her teacher approaches her from behind and pats her on the shoulder.

Maya startles and has difficulty refocusing on her math work.
WHAT WE MORE OFTEN SEE:

Trauma Impacting Behavior Through “Slow Triggers”

Adverse events or reminders of them monopolize internal resources and “set the stage” for maladaptive responses or challenging behaviors

Maya’s biological father, whom she hasn’t seen in several months, visited her last night.

Maya’s teacher directs her to stop talking to her peer and turn in her homework.

Maya curses out her teacher and leaves the classroom.
THE THIRD “E:” EFFECTS

**Traumatic Stress**
- General term, not a diagnosable disorder
- No specified criteria for symptoms and duration

**Acute Stress Disorder**
- Trauma- and stressor-related disorder in the DSM-5
- Disturbance lasts for at least 3 days but no more than 1 month and causes clinically significant distress or impairment

**Post-Traumatic Stress Disorder (PTSD)**
- Trauma- and stressor-related disorder in the DSM-5
- Disturbance lasts for more than 1 month and causes clinically significant distress or impairment
# THE THIRD “E:” EFFECTS

<table>
<thead>
<tr>
<th>On Children</th>
<th>On Adolescents</th>
<th>On Caregivers</th>
</tr>
</thead>
<tbody>
<tr>
<td>![Question Mark] Somatic complaints</td>
<td>![Person] Mistrust of adults and peers</td>
<td>![Warning] Difficulty managing reactions</td>
</tr>
<tr>
<td>![Triangle] Fear, anxiety, and/or concern for safety</td>
<td>![Person] Misinterpretation of social cues</td>
<td>![People] Limited tolerance for children’s challenges</td>
</tr>
<tr>
<td>![Exclamation Mark] Dysregulation of emotional reactions</td>
<td>![Person] Difficulties sustaining attention and learning</td>
<td>![Person] Expression of embarrassment, shame, or guilt</td>
</tr>
<tr>
<td>![Warning] Inattention and/or impulsivity</td>
<td>![Person] Engagement in high-risk behaviors</td>
<td>![Book] Mistrust of school staff or education system</td>
</tr>
<tr>
<td>![Network] Withdrawal from peers and adults</td>
<td>![Person] Long-term behavioral health concerns</td>
<td>![Handshake] Difficulty forming relationships</td>
</tr>
</tbody>
</table>
That’s a wrap!

In the **chat box**, type the one thing that stood out to you or that you’ll remember from this section (“The Three Es of Trauma”).
When a flower doesn’t bloom, you fix the environment in which it grows, not the flower.

- Alexander den Heijer
Session Agenda

Session Overview

The Three Es of Trauma

Trauma-Informed Values, Assumptions, and Practices

Augmenting the Triangle to Prevent and Address Trauma

Session Wrap-Up
Trauma-Informed Values, Assumptions, and Practices in Schools

Essential Questions:

- What are the values and assumptions of trauma-informed care?
- What are opportunities for trauma-informed prevention and intervention in schools?
A TRAUMA-INFORMED, HEALING-CENTERED PA

Trauma-Informed PA:
A Plan to Make Pennsylvania a Trauma-Informed, Healing-Centered State

Dan Jurman, MAR - Executive Director
July 2020
A TRAUMA-INFORMED, HEALING-CENTERED PA

**Mission:**
- To make Pennsylvania a Trauma-Informed State to better serve all residents.

**Vision:**
- Pennsylvania is a state where prevention is the norm. When people do experience emotional and psychological trauma, they feel respected, safe, empowered, and supported to recover and health.
Values

<table>
<thead>
<tr>
<th>Acceptance</th>
<th>Providing an atmosphere that allows every individual to feel validated and affirmed with each and every contact at the entity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Equity</td>
<td>Giving everyone what they need to thrive at an equal level</td>
</tr>
<tr>
<td>Inclusion</td>
<td>Intentionally promoting acceptance, welcome, and equal treatment among groups of individuals from different backgrounds</td>
</tr>
<tr>
<td>Resilience</td>
<td>Enabling individuals to achieve favorable outcomes in relatively unfavorable situations</td>
</tr>
<tr>
<td>Safety</td>
<td>Promoting physical, emotional, moral, and psychological safety of those we serve and those in our organizations</td>
</tr>
<tr>
<td>Self-Care</td>
<td>Taking care of ourselves and helping others take care of themselves</td>
</tr>
</tbody>
</table>
# TRAUMA-INFORMED PRINCIPLES

<table>
<thead>
<tr>
<th>Principle</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safety</td>
</tr>
<tr>
<td>Trustworthiness and Transparency</td>
</tr>
<tr>
<td>Peer Support</td>
</tr>
<tr>
<td>Collaboration and Mutuality</td>
</tr>
<tr>
<td>Empowerment, Voice, and Choice</td>
</tr>
<tr>
<td>Respect for Cultural, Historical, and Gender Issues</td>
</tr>
</tbody>
</table>
A TRAUMA-INFORMED, HEALING-CENTERED PA

Trauma-Informed Mindset + Trauma-Informed and Healing-Centered Practice Delivery = Effective Trauma Prevention and Responding
Understanding trauma is not just about *acquiring knowledge*. It’s about *changing the way you view the world*.

– Sandra Bloom
“What’s wrong with you?”

“What happened to you, and how can I help?”

"What's good about you?"
Structure or support → Structure and (is) support
THE SOCIAL DISCIPLINE WINDOW

Support

Structure

To
Authoritarian

With
Authoritative

Not
Neglectful

For
Permissive
“Won’t” until proven “can’t” → “Can’t” until proven “won’t”
“They’re giving me a hard time!”

“Are they having a hard time?”
“They’re seeking attention!”

“Do they need attention?”
## SOME MORE DISTINCTIONS

<table>
<thead>
<tr>
<th>Common View</th>
<th>Trauma-Informed View</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does not take the whole student into account; focuses on academics and</td>
<td>Recognizes the needs of the whole student as intricately connected to the student's</td>
</tr>
<tr>
<td>task completion, potentially at the expense of SEBW</td>
<td>development, functioning, growth, and wellness</td>
</tr>
<tr>
<td>Characterizes student challenges in negative language (e.g., “deficits,”</td>
<td>Characterizes student challenges in constructive language (e.g., “needs”)</td>
</tr>
<tr>
<td>“problems”)</td>
<td></td>
</tr>
<tr>
<td>Assumes the student should already know how to behave, cope, and socially</td>
<td>Teaches and re-teaches expectations; recognizes that teaching does not equate to</td>
</tr>
<tr>
<td>engage</td>
<td>“telling”</td>
</tr>
<tr>
<td>Punishes or minimizes the importance of students’ coping strategies</td>
<td>Recognizes that behavior is communication and searches for the function of behaviors</td>
</tr>
<tr>
<td></td>
<td>to support students in meeting behavior functions in positive and productive ways</td>
</tr>
<tr>
<td>Fosters a staff-centered environment</td>
<td>Fosters a student-centered environment</td>
</tr>
<tr>
<td>Uses an authoritarian discipline approach with punitive consequences to</td>
<td>Uses an authoritative discipline approach with instructional and restorative</td>
</tr>
<tr>
<td>“motivate” students (shame, blame, guilt, rejection, isolation, deprivation)</td>
<td>consequences to “teach” students alternative responses and behaviors</td>
</tr>
</tbody>
</table>
A TRAUMA-INFORMED, HEALING-CENTERED PA
When positive experiences outweigh negative experiences, a child’s “scale” tips toward positive outcomes.

Further reading:
How do we offset the weight of these environmental factors? If not now, when?

The accentuation of racial and other social injustices

The closure of schools, childcare, and businesses

A global pandemic: COVID-19

A divisive political climate

Everyday adversities experienced by students, families, and staff
BUT...HOW?

- **Realizing** the widespread impact of trauma and understanding potential paths for recovery;

- **Recognizing** the signs and symptoms of trauma in clients, families, staff, and others involved with the system;

- **Responding** by fully integrating knowledge about trauma into policies, procedures, and practices; and

- Seeking to actively **resist** re-traumatization.

**Further reading:**
BUT...HOW?

CONNECTING  PROTECTING  RESPECTING  REDIRECTING

Further reading:
The Effects of Trauma Through “Fast Triggers”

Risk factors

Adverse event or reminder of adverse event

Cognitive, physiological, social, emotional, and behavioral reactions

Avoidance or escape of unpleasant situation
The Effects of Trauma Through “Slow Triggers”

Risk factors, including prior trauma

Trigger

Maladaptive cognitions, emotions, or actions

?
BUT...HOW?

Points for Prevention and Intervention

- Decrease risk factors
- Increase protective and promotive factors
- Prevent adverse events
- Remove, minimize, or neutralize triggers
- Teach alternative cognitive, physiological, social, emotional, and behavioral reactions
- Teach adaptive replacement behaviors
- Reinforce alternative reactions
- Reinforce adaptive replacement behaviors

How can we deliver school-based prevention and intervention practices in an efficient and effective way?
That’s a wrap!

In the **chat box**, type the one thing that stood out to you or that you’ll remember from this section (“Trauma-Informed Values, Assumptions, and Practices”).
Session Agenda

- Session Overview
- The Three Es of Trauma
- Trauma-Informed Values, Assumptions, and Practices
- Augmenting the Triangle to Prevent and Address Trauma
- Session Wrap-Up
Augmenting the Triangle to Prevent and Address Trauma

Essential Questions:

- How do trauma-informed practices fit within the MTSS framework?
- In what ways might MTSS frameworks for promoting social, emotional, and behavioral wellness be enhanced to further prevent and address trauma?
MULTI-TIERED SYSTEMS OF SUPPORT (MTSS)

- A **framework** for providing a **continuum of supports** of varying intensities based on student needs

- Driven by **data-based decision-making, problem-solving, and teaming**

- Can be applied in describing a **specific category of support** (e.g., academic) or understood as a **comprehensive approach** (i.e., for promoting academic, behavioral, and social-emotional success)

- **Positive behavior intervention and supports (PBIS)** is an example MTSS framework
Data
Decision-Making Supports

Systems
Staff Supports

Practices
Student Supports

Outcomes
FEATURES OF TIER I PRACTICES

- Standardized routines and procedures
- Provided to all students
- Aim to prevent student challenges
- Serve as a foundation for specialized interventions
Tier I

- All students
- Primary prevention
- Whole-school safety programming
- School-wide positive behavior interventions and support core practices
- Social-emotional learning
- Psychoeducation
WHOLE-SCHOOL SAFETY PROGRAMMING

- Maintenance of **safe physical environment**
- Documentation and implementation of school **health and safety policies**
- Documentation, dissemination, and training on **crisis preparedness and response plan**
- Adherence to policies related to **school visitors**
- Implementation of **bullying prevention** programming
- Enforcement of policies for **weapons, drugs**, as well as the carry and use of **quick-relief medications**
- Staff trainings and supports related to **chronic health concerns, unintentional injuries, violence, self-injuries, and suicide**
- Connection to **school resource officers**
- Efforts to promote **school neighborhood safety**

![Diagram of Points for Prevention and Intervention]

- Decrease risk factors
- Increase protective and promotive factors
- Prevent adverse events
- Remove, minimize, or neutralize triggers
- Teach alternative cognitive, physiological, social, emotional, and behavioral reactions
- Teach adaptive replacement behaviors
- Reinforce alternative reactions
- Reinforce adaptive replacement behaviors
WHOLE-SCHOOL SAFETY PROGRAMMING

Enhancements for Preventing Trauma

- PROVIDE INFORMATION AND GUIDANCE ON COVID-19 TRANSMISSION PREVENTION AND MITIGATION EFFORTS IN WAYS THAT STUDENTS AND FAMILIES CAN UNDERSTAND
- SCALE UP CHILD ABUSE AND NEGLECT PROTECTION EFFORTS
- SCALE UP CYBERSECURITY AND CYBERBULLYING PREVENTION EFFORTS
### SWPBIS

#### Core Practices

<table>
<thead>
<tr>
<th>Define school-wide expectations</th>
<th>Teach and practice expectations</th>
<th>Monitor and acknowledge prosocial behavior</th>
<th>Provide instructional consequences for undesired behavior</th>
<th>Make decisions based on collected data</th>
</tr>
</thead>
</table>

**Points for Prevention and Intervention**

- Decrease risk factors
- Increase protective and promotive factors
- Prevent adverse events
- Remove, minimize, or neutralize triggers
- Teach alternative cognitive, physiological, social, emotional, and behavioral reactions
- Teach adaptive replacement behaviors
- Reinforce alternative reactions
- Reinforce adaptive replacement behaviors

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Consistent, predictable environments
SWPBIS
Enhancements for Preventing Trauma

- Define and teach norms for health and safety procedures within the school-wide expectations.
- Prepare for the PBIS system to be implemented across instructional contexts without interruptions.
- Support all staff in using instructional, trauma-informed corrective consequences.
- Examine school-wide data and trends and act to ensure equity across student demographic groups.
Teach alternative cognitive, physiological, social, emotional, and behavioral reactions
Teach adaptive replacement behaviors
Reinforce alternative reactions
Reinforce adaptive replacement behaviors
SOCIAL-EMOTIONAL LEARNING

Enhancements for Preventing Trauma

- Embed discussion of real-world events and challenges in social-emotional instruction
- Support families in promoting their students' social-emotional learning
- Connect families to community services and providers
BUT…HOW?

- Teach alternative cognitive, physiological, social, emotional, and behavioral reactions
- Teach adaptive replacement behaviors
- Prevent adverse events
- Remove, minimize, or neutralize triggers
- Reinforce alternative reactions
- Reinforce adaptive replacement behaviors
- Decrease risk factors
- Increase protective and promotive factors
- Increase protective and promotive factors

Points for Prevention and Intervention
PSYCHOEDUCATION

Enhancements for Preventing Trauma

ADDRESS STRESS AND TRAUMATIC STRESS

ADDRESS GRIEF, LOSS, AND Bereavement

CONSIDER UNIVERSAL/WIDESPREAD IMPLEMENTATION
Resource Highlight

SSET: Support for Students Exposed to Trauma

ssetprogram.org
Tier I

- All students
- Primary prevention
- Whole-school safety programming
- School-wide positive behavior interventions and support core practices
- Social-emotional learning
- Psychoeducation
WHO MIGHT BENEFIT FROM TIER II SUPPORTS FOR TRAUMATIC STRESS?

Students who...

- Experience somatic symptoms of stress, anxiety, or depression
- Demonstrate difficulty with self-regulation (i.e., over- or under-regulation)
- Use negative self-talk or reveal distorted thinking about self
- Exhibit low self-esteem or self-efficacy
- Engage in challenging behavior throughout the school day
- Have trouble using specific social skills
- Have trouble applying self-monitoring skills
- Have limited sources of social support across settings
HOW DO WE DETERMINE WHO MIGHT BENEFIT FROM TIER II SUPPORTS FOR TRAUMATIC STRESS?

- Universal screening (e.g., BASC-3 BESS, SSIS, SAEBRS)

- Referrals
  - By school staff (e.g., teachers, to SAP team)
  - By families
  - By students

- Review of existing data
  - Visits to nurse and/or counselor
  - Behavior/discipline data
  - Attendance
FEATURES OF TIER II INTERVENTIONS

- Standardized routines and procedures
- Rapid enrollment of students
- Require low implementation effort
- Require only resources within reach
- Aim to provide students with at least one of the following:
  - Additional instruction for skill development
  - More structure and predictability
  - Structured performance feedback
  - Support in developing self-management skills
Tier I

- 20%

Tier II

- Some students
- Secondary prevention
- Targeted skill instruction
- Enhanced social supports
TIER II TARGETED INSTRUCTION

RELAXATION SKILLS

COPING SKILLS

COMMUNICATION SKILLS

PROBLEM-SOLVING SKILLS

REQUESTING A BREAK

Teach alternative cognitive, physiological, social, emotional, and behavioral reactions

Teach adaptive replacement behaviors

Prevent adverse events

Remove, minimize, or neutralize triggers

Teach adaptive replacement behaviors

Reinforce alternative reactions

Reinforce adaptive replacement behaviors

Points for Prevention and Intervention

- Decrease risk factors
- Increase protective and promotive factors
TIER II SOCIAL SUPPORT INTERVENTIONS

Increased daily structure

Increased prompts and feedback

Increased attention and communication

Points for Prevention and Intervention

- Decrease risk factors
- Increase protective and promotive factors
- Prevent adverse events
- Remove, minimize, or neutralize triggers
- Teach alternative cognitive, physiological, social, emotional, and behavioral reactions
- Teach adaptive replacement behaviors
- Reinforce alternative reactions
- Reinforce adaptive replacement behaviors

Check-In/Check-Out
Check and Connect
Check, Connect, and Expect
Courage and Confidence Mentor Program
INTRODUCING THE CALM CAT PROGRAM

Designed for early elementary students with internalizing behavioral needs

Relaxation Skills Training (Calm Cat Curriculum) + Social Support Intervention (Calm Cat Coaching) = Calm Cat Program
RESEARCH PARTNERSHIP OPPORTUNITY

The Calm Cat Program

Do you work with one or more elementary schools that are looking to:

- Expand their Tier II intervention offerings?
- Further support young students with internalizing concerns?
- Train school-based personnel in trauma-informed interventions?

Contact Brittany Zakszeski
(Brittany.Zakszeski@devereux.org) to learn more!
Tier II

- Some students
- Secondary prevention
- Targeted skill instruction
- Enhanced social supports
WHO MIGHT BENEFIT FROM TIER III SUPPORTS FOR TRAUMATIC STRESS?

Students who...

- Have not responded to well-implemented Tier II interventions
- Report, are observed as, or are described as experiencing symptoms of traumatic stress
HOW DO WE DETERMINE WHO MIGHT BENEFIT FROM TIER III SUPPORTS FOR TRAUMATIC STRESS?

- **Tier II progress monitoring data** indicate goal not being met within reasonable period despite strong intervention fit and implementation fidelity

- **Trauma screeners** indicate exposure to adverse events and current impairment/distress related to trauma's effects
# FEATURES OF TIER III INTERVENTIONS

<table>
<thead>
<tr>
<th>Icon</th>
<th>Feature</th>
</tr>
</thead>
<tbody>
<tr>
<td>💪</td>
<td>Greatest intensity of supports</td>
</tr>
<tr>
<td>📋</td>
<td>Routines and procedures often customized</td>
</tr>
<tr>
<td>✅</td>
<td>Require greater implementation effort and resources</td>
</tr>
<tr>
<td>📊</td>
<td>Frequent individualized progress monitoring</td>
</tr>
</tbody>
</table>
5% Few students

Tier II

Tier III

Tier I

- Tertiary prevention
- Cognitive-behavioral interventions for students experiencing traumatic stress
- Trauma-specific positive behavior support plans
- Service referral and coordination with external providers
TRAUMA-FOCUSED COGNITIVE BEHAVIORAL INTERVENTIONS

Common Elements

✓ Psychoeducation about trauma and its effects
✓ Instruction on recognizing emotions and physiological symptoms
✓ Instruction on the connection between thoughts, feelings, and actions*
✓ Instruction on relaxation, coping, and problem-solving skills
✓ Development of an anxiety hierarchy and gradual exposure to its steps*
✓ Development of a trauma narrative and sharing/re-telling this narrative**
✓ Relapse prevention

* In programs to be implemented by behavioral health professionals
** Via individual student sessions
Resource Highlight

Bounce Back
Bouncebackprogram.org
Resource Highlight

CBITS: Cognitive Behavioral Interventions for Trauma in Schools

Cbitsprogram.org
TRAUMA-SPECIFIC PBSPS

- Student-specific trauma-related triggers and strategies for neutralizing these triggers
- Supports for physiological regulation
- Supports in potentially triggering situations
- Strategies for teaching about stress responses
- Strategies for teaching and reinforcing relaxation, coping, and problem-solving skills

Points for Prevention and Intervention

- Prevent adverse events
- Remove, minimize, or neutralize triggers
- Teach alternative cognitive, physiological, social, emotional, and behavioral reactions
- Teach adaptive replacement behaviors
- Reinforce alternative reactions
- Reinforce adaptive replacement behaviors

- Decrease risk factors
- Increase protective and promotive factors
SERVICE REFERRAL AND COORDINATION

- Maintain communication with partners
- Maintain a referral system
- Maintain a resource map

Evaluation
SERVICE REFERRAL AND COORDINATION: TRAUMA-FOCUSED CBT

- Treatment approach designed to help children, adolescents, and their caregivers overcome the impacts of traumatic stress

- For children and adolescents ages 3–18

- Typically 8–25 sessions, including:
  - Individual sessions for the child or adolescent
  - Individual sessions for parents
  - Conjoint sessions between parent and child or adolescent

BUT…HOW?

- Teach alternative cognitive, physiological, social, emotional, and behavioral reactions
- Teach adaptive replacement behaviors
- Prevent adverse events
- Remove, minimize, or neutralize triggers
- Reinforce alternative cognitive, physiological, social, emotional, and behavioral reactions
- Reinforce adaptive replacement behaviors
- Decrease risk factors
- Increase protective and promotive factors

Points for Prevention and Intervention
SERVICE REFERRAL AND COORDINATION: TRAUMA-FOCUSED CBT

https://tfcbt.org
THE FULL PICTURE

Big Idea:
Begin with care for your caregivers/implementers...

For few students in the school:
- Cognitive-behavioral interventions for students experiencing traumatic stress
- Trauma-specific positive behavior support plans
- Service referral and coordination with external providers

For some students in the school:
- Targeted skill instruction
- Enhanced social supports

For all students in the school:
- Whole-school safety programming
- School-wide positive behavior interventions and support core practices
- Social-emotional learning
- Psychoeducation

Tier I

Tier II

Tier III
The expectation that we can *be immersed* in suffering and loss daily and *not be touched by it* is as unrealistic as expecting to be able to *walk through water without getting wet*.

- Dr. Naomi Rachel Rennen
### KEY TERMS, DEFINED

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
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<tbody>
<tr>
<td><strong>Stress</strong></td>
<td>Experience of emotional strain and pressure due to perceived threats in one’s environment</td>
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<tr>
<td><strong>Burnout</strong></td>
<td>Prolonged response to chronic emotional and interpersonal stressors resulting in exhaustion, cynicism, and a sense of inefficacy</td>
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<tr>
<td><strong>Secondary Traumatic Stress</strong></td>
<td>Indirect trauma response in which a collection of PTSD-like symptoms resulting from working with someone who has experienced trauma</td>
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<tr>
<td><strong>Vicarious Trauma</strong></td>
<td>Indirect trauma response marked by a profound shift in worldview as a result of working with someone who has experienced trauma</td>
</tr>
<tr>
<td><strong>Compassion Fatigue</strong></td>
<td>Mental exhaustion and emotional withdrawal experienced by those who care for individuals experiencing hardship or trauma over an extended period</td>
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</tbody>
</table>
KNOW YOUR ABCS...

All In
Expect all school staff to be informed and engaged

Be Prepared
Create manageable, sustainable systems

Culture
Nurture a culture of compassion, trust, and support

Further reading:
...and engage in **trauma stewardship:**

A **daily practice** through which individuals, organizations, and societies tend to the hardship, pain, or trauma experienced by humans...

By developing the **deep sense of awareness** needed to care for ourselves while caring for others and the world around us, we can greatly enhance our potential to work for change, ethically and with integrity, for generations to come.

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Further reading:
Resource Highlight

STAT: Support for Teachers Affected by Trauma

statprogram.org
That’s a wrap!

In the **chat box**, type the one thing that stood out to you or that you’ll remember from this section (“Augmenting the Triangle to Prevent and Address Trauma”).
Session Agenda

- Session Overview
- The Three Es of Trauma
- Trauma-Informed Values, Assumptions, and Practices
- Augmenting the Triangle to Prevent and Address Trauma
- Session Wrap-Up
When a teacher wants to know if there are any questions, she doesn’t mean any question. She wants to be asked about the thing she’s teaching. So if she’s teaching you about Mexico, don’t ask if “Bubbles” is a good name for a hamster.
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