# R3 At MRHE: Using a Trauma-Informed Lens to Support the Needs of All

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# Today's Agenda

Trauma 101: Foundational Knowledge A New Perspective: ACES Updates and Extended Information Path to R3: Putting Needs and Concerns into Action Snapshot of R3: A Glimpse into our Program Lessons Learned: Plan for the Future

# Introductions

A bit about me...

Who is in the room?

## **Entry Routine: Reflection**

- What is your biggest problem behavior of concern in your setting?
- How do you generally respond to this behavior?
- How might your approach prevent and/or contribute to problem behavior(s)?
- Journal your thoughts (we will revisit)

## As we Move Forward Today...

- Think about a student and/or family member(s) who is exhibiting said behaviors and a consistent concern to you.
- Keep this individual (set of individuals) in mind as we process through our presentation today.
- We are going to work through changing our mindsets from "What's wrong with this person to what happened to this person?"

## What does Trauma mean to you?

- Using the post-notes on your tables, write as many words that come to mind when you hear the word "trauma"
- One word per post-it note
- Place them flat on your table to review

#### What is Trauma?

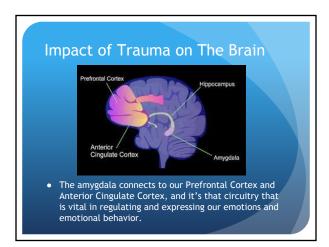
- Trauma occurs when overwhelming, uncontrollable experiences psychologically impact a person, creating feelings of helplessness, vulnerability, loss of safety, and loss of control.
- Trauma is <u>Subjective</u>. Your response to a situation may not be the same as another person's response. This can be influenced by several factors.

# Influencing Factors to Response and Recovery

- Person Variables: age, intelligence, personality, level of toxic stress in their life, level of trust betrayed, person's coping ability/resilience, various demographic characteristics, etc.
- Event Factors: frequency, severity, duration, degree of violence/violation endured
- Environmental Factors: home, school, workplace, or other context

# Symptoms of Trauma

- Physical, Emotional, Cognitive
- Insomnia, chronic pain, poor concentration, anxiety/panic attacks, irritability, depression, self-destructive behavior, substance abuse, eating disorders, overwhelming emotions - anger, sadness, fear, etc
- Examples from the group? What does this look like in your classroom or setting?

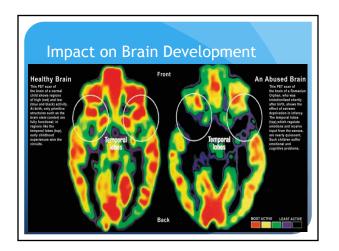


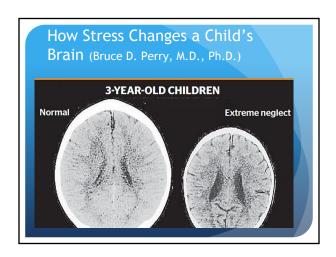
## Fight, Flight, or Freeze

- When in a dysregulated state, a person may resort to one of three responses:
- Fight
- Flight
- Freeze

## Impact of Trauma on The Brain

- This connection is very sensitive to high levels of stress.
- When trauma occurs, whether it's a primary incident or trauma over time, disruptions and abnormalities occur in that circuitry.
- High and prolonged levels of circulating hormones (cortisol, adrenaline) as well as trauma, can cause a decrease in the actual physical size and electrical activity of the Prefrontal Cortex and Anterior Cingulate Cortex.



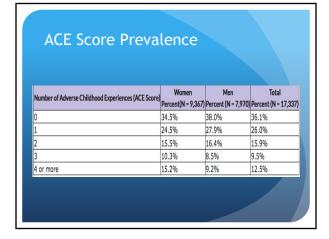


# Adverse Childhood Experience (ACE CDC/Kaiser Study)

- Original study completed between 1995-1997 with over 17,000 respondents
- All ACE questions refer to the respondent's first 18 years of life - Refer to ACE Questionnaire
- Abuse: Emotional, Physical, Sexual
- Household Challenges: substance abuse within the home, domestic violence, separation/divorce, mental illness within the home, household member in prison
- Neglect: Physical and Emotional

Demographic Information	Percent (N = 17,33
Gender	
Female	54.0%
Male	46.0%
Race/Ethnicity	
White	74.8%
Hispanic/Latino	11.2%
Asian/Pacific Islander	7.2%
African-American	4.5%
Other	2.3%
Age (years)	
19-29	5.3%
30-39	9.8%
40-49	18.6%
50-59	19.9%
60 and over	46.4%
Education	
Not High School Graduate	7.2%
High School Graduate	17.6%
Some College	35.9%

#### Prevalence of ACES by Category ACE Category Percent (N = 9,367) Percent (N = 7,970) Percent (N = 17,337) ABUSE Emotional Abuse 13.1% 7.6% 10.6% Physical Abuse 27% 29.9% 28.3% xual Abuse 24.7% 16% 20.7% HOUSEHOLD CHALLENGES Mother Treated Violently 13.7% 11.5% 12.7% Household Substance Abuse 29.5% 23.8% 26.9% Household Mental Illness 23.3% 14.8% 19.4% Parental Separation or Divorce 24.5% 21.8% 23.3% Incarcerated Household Member 5.2% 4.1% 4.7% NEGLECT Emotional Neglect<sup>3</sup> 16.7% 12.4% 14.8% Physical Neglect<sup>3</sup> 10.7% 9.9%

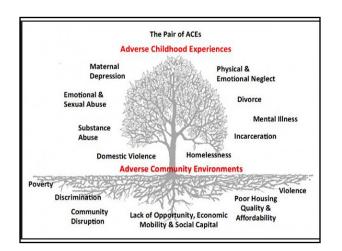


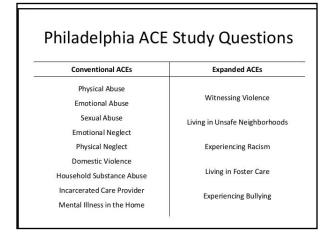
#### Ted Talk: Nadine Burke Harris

Nadine Burke Harris - Effect of Trauma Across Lifetime

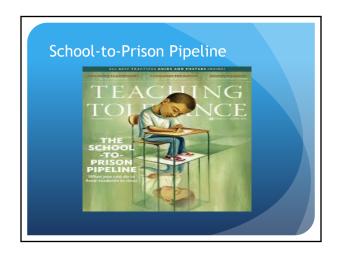
# A New Perspective

- Original ACES Study was an important BEGINNING
- Time to stretch our thinking....
- The needs of our population(s) are ever-changing
- It's time to go beyond recognition and into ACTION









# Avoiding the Pipeline

- 1. Increase the use of positive behavior interventions and supports
- 2. Compile annual reports on the total number of disciplinary actions that push students out of the classroom based on gender, race and ability.
- 3. Create agreements with police departments and court systems to limit arrest at school and the use of restraints, such as mace  $a\underline{n}\underline{d}$  handcuffs.
- 4. Provide simple explanations of infractions and prescribed responses in the student code of conduct to ensure fairness.
- Create appropriate limits on the use of law enforcement in public schools.
- 6. Train teachers on the use of positive behavior supports for at-risk students.

#### From Punitive to Restorative: Becoming Trauma-Informed

- MRH School District Support and Changes
- K-3 Suspension Ban
- MRH stance on becoming trauma informed
- MRH support to add in these positions
- MRH Board Resolution Educational Equity and Social

Justice

# Take it back to the Beginning

- Think back to your identified student and/or family that you came up with at the beginning of this presentation refer to your Ace Questionnaire handout.
- How many ACES do you think that person has?
- How is that currently impacting their educational performance and day to day well-being?
- Stand up IF activity....

REFLECT

RESTORE

RE-ENGAGE

#### Our Path To R3: Now What?!?

- Due to the increase in social/emotional/behavioral
- In and out of class supports needed to change
- Logistics needed to happen
- Staff needed to be trained

#### Our Path to R3

- Development of Social/Emotional/Behavioral Tiers
  - Guaranteed Non-Negotiables for Tier 1 Supports
     Intervention Options for Tier 2 Supports

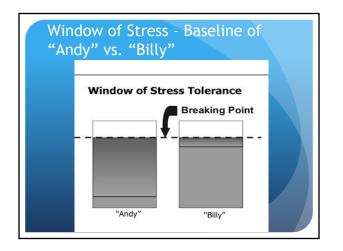
  - Intensive Tier 3 Support Options
- Development and Implementation of Monthly SEB Data Meetings
- Development of Teacher Leadership Groups

#### Our Path to R3

- Leadership and Staff Training
   Foundational Trauma and Restorative Practices Presentation
  - at stall recreat
    Ongoing monthly SEB Data Meetings to continue the learning
    (topics covered: trauma, ACES, expanded/Urban ACES,
    understanding the function of behavior, problem-solving with
    function in mind, data collection methods, individual and whole class problem-solving, school wide initiatives, etc)
  - Ongoing Restorative Practices Staff Meeting Trainings • Alive and Well Partnership - Staff Meeting Trainings
  - Ongoing check-ins and collaboration during Caring Schools
  - Development of Crisis Team and Nonviolent Crisis Intervention Yearly Training

#### Helping our Staff to Make the Shift ("What happened" vs. "What's wrong")

- Our students could be living in a constant fight or flight
- Think about the Ted Talk "Facing the bear"
- They are coming to our setting FROM the bear and back each night TO the bear.
- Many of our students are in FEAR a good portion of the time. How might you respond to situations if you were in their place?



# Self-Awareness and Knowledge of Triggers

- Our students and families may be triggered by: loud noises, anniversary date of event, nightmares, certain smell/sound/sight, large crowds, etc.
- What are your triggers? How may that impact the way you respond to difficult situations?
- What may need to change?
- Share out

# Time for a Change

 Change in mindset from "What's wrong with this person?" to "What happened to this person?"

#### Continuing the Shift in Staff Mindset

- Respond through compassion find the balance between high standards and expectations and allowing for extra time and space.
- Remember.. <u>Empathy NOT Sympathy</u>
- Provide consistency and stability
- Offer concrete suggestions for managing emotions
- Help the person to find or remember their strengths
- Do not take behaviors personally it isn't about you (remember this when helping to support one in another ir your reactions as well) Pick your battles and do not get caught in power struggles.

## Continuing the Shift in Staff Mindset

- Vulnerability: Be willing to get vulnerable with your students in order to create a safe space for them to do the same
- Accountability: Own up to your mistakes as an adult when they happen. How can we expect students to do this if we don't model the behavior?
- Think regulation, NOT control
- Acknowledgement goes a long way. We don't have to "fix" everything. Sometimes we just need to be present and supportive in their moment.
- It's Not About The Nail

#### **SNAPSHOT of R3**

#### Phase 1

- Check-in/check-out
- Calming Breaks/Mindfulness
- Sensory Breaks
- Push-in supports provided to students and staff

#### Phase 2

- Scheduled Small Group Social Skills using MindUp Curriculum Consent must be provided by the parent/guardian Bi-Monthly R3 Newsletter to Staff and Familes
- This time could also include...
  - R3 Breakfast Club
  - Lunch Bunch
  - o Dismissal Group
  - Conflict Resolution
    - Utilize restorative questions to guide discussion and reflection Making amends with peers and/or teacher(s)
  - $\circ \quad \hbox{Scheduled sensory breaks/menu}$

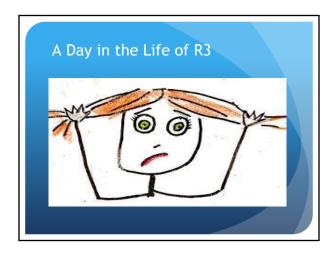
#### Phase 3

- → Universal classroom supports and phases 1 and 2 of R3 haven't yielded desired outcome
  - More significant intervention is needed
  - $\bullet \quad$  A means of preventing OSS, when appropriate
  - Provides additional time and support before full re-entry to schoolwide and classroom activities happen - can be tiered and individualized to student need
  - Additional time to process and prepare on a deeper level
  - Additional time to create an individualized support plan
  - $\bullet \quad \mbox{Opportunity to meet with extended team, family, etc.}$









#### **LESSONS LEARNED**

- Balancing push-in services with pull-out
- Staff support vs. student support
- The power of connection and helping to keep one another in check
- Strong need for differentiation with SEB supports, just as we do with academic supports
- Need for a SEB screener/SEL assessments
- Need for entrance/exit criteria

#### **LESSONS LEARNED**

- Formalize a consistent Conscious Discipline approach
- Use of discipline data to inform decisions and impact necessary changes
- Full district alignment with SEB initiatives and supports
- Increase opportunities for vertical collaboration
- Increased family involvement and education (SEB night, classes, book study, etc)

#### Time to Get Started!

- Build positive relationships home visits, positive calls home, greeting at arrival, closing at dismissal, etc.
- Create safe, predictable environments routines, clear expectations, "if/then" statements, stick to your word
- Brain breaks
- Mindfulness strategies breathing, visualization, meditation, grounding, muscle relaxation, etc
- Movement and exercise yoga, music
- Sensory input

#### Time to Get Started!

- Give choices opportunities for the person to gain control
- Student and adult mentors/check-in buddies throughout the building
- Clear, firm limits with logical consequences as opposed to punitive
- Pre-warnings for changes in routine or staff
- Check-in/Check-out systems (lunch bunch, breakfast club, etc)
- Opportunities for leadership
- All strategies/interventions must be done with fidelity

# Questions? Thank you for taking your time to be with us today! Your hard work makes a difference in the lives of students and families every day!

