

# **Commissioner's Back-to-School Meeting**

Connecticut State Department of Education | August 15, 2017 www.ct.gov/sde/backtoschool

## Update from the Office of Student Supports and Organizational Effectiveness

#### **Trauma-Informed Practices**

During the 2015 legislative session of the Connecticut General Assembly, Public Act 15-232 was passed, with the requirement that local and regional boards of education shall provide in-service training that includes "trauma-informed practices for the school setting to enable teachers, administrators and pupil personnel to more adequately respond to students with mental, emotional or behavioral health needs."

#### **Introduction to Childhood Trauma**

Trauma is generally the result of an emotional experience that overwhelms an individual's ability to interpret, provide context for, and assimilate the experience within normal understanding. Typically associated with a sense of powerlessness, acute or complex trauma can leave permanent effects on how the brain functions, potentially resulting in long-term dysregulation of chemicals within the brain. The results of trauma may be observed in school through the resulting dysregulated behavior. With meaningful and appropriate structures in place, schools can begin to address the impact of trauma interfering with student learning and success.

The prevalence of trauma among youth is concerning:

- More than 25 percent of American youth experience a serious traumatic event by their 16th birthday, and many children suffer multiple and repeated traumas.
- About 25 percent of victims and witnesses of violence develop post-traumatic stress disorder (PTSD), depression, or anxiety disorders.
- Traumatic stress can interfere with children's ability to concentrate and learn. Exposure in infancy and early childhood can seriously delay brain development.

(Excerpted from Wong, M., Basic Facts about Child Trauma, LAUSD Trauma Services Adaptation Center for Schools)

A trauma-informed approach and related practices adhere to six principles that include: safety, trustworthiness and transparency, peer support, collaboration and mutuality, empowerment, voice and choice, and relevance to cultural, historical, and gender issues.

### **School-based Treatment Options**

With the necessary support structures in place, schools can provide various levels of group and individual support and crisis-intervention related services to meet short-term goals and overcome transitional and developmental obstacles. Students requiring more intensive, longer-term or medication-assisted therapy should be referred to an approved mental health provider. The school, family, and health care provider should work together to develop best practice plans to support the student's needs and remove barriers to communication.

#### Intervention Models

Structured and evidence-based interventions for trauma that are available for use by school staff:

• Trauma Focused Cognitive Behavioral Therapy (TF-CBT) is a psychoeducation model that helps individuals recognize and manage their stress reactions, develop improved coping mechanisms, restructure self-messaging associated with the trauma, and change negative behaviors. https://tfcbt.musc.edu/

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- Cognitive Behavioral Intervention for Trauma in Schools (CBITS) is school-based and provided in
  both group and individual formats. CBITS, like TF-CBT, uses cognitive behavioral techniques to
  help individuals change the narrative behind the experience, to decrease the negative reinforcement from negative self-talk. <a href="https://cbitsprogram.org/">https://cbitsprogram.org/</a>
- Trauma Affect Regulation: Guide for Education and Therapy (TARGET) is a strengths-based approach intended to help trauma survivors understand how trauma changes the body's normal responses to stress. Target-Teen is specifically designed to address the adolescent and pre-adolescent population. <a href="http://www.ptsdfreedom.org/">http://www.ptsdfreedom.org/</a>
- The Sanctuary Model focuses on creating and maintaining nonviolent environments and cultures
  that expand emotional intelligence, communication, social responsibility, and problem solving.
  <a href="http://www.sanctuaryweb.com/TheSanctuaryModel.aspx">http://www.sanctuaryweb.com/TheSanctuaryModel.aspx</a>
- Positive Behavioral Interventions and Supports (PBIS) is an organizational framework to improve skills among students, staff, and administrators in teaching behavioral expectations just as they would any academic subject. This program also uses the School-wide Information System (SWIS) to help schools better understand areas of success and struggle in behavioral reinforcement, as well as identifying students who would benefit from higher level interventions, as provided by tiers. <a href="http://www.pbis.org/">http://www.pbis.org/</a>
- Second Step is a social-emotional learning program for children in prekindergarten through middle school. The program includes resources and materials for developing trauma informed schools. <a href="http://www.cfchildren.org/second-step">http://www.cfchildren.org/second-step</a>
- Responsive Classroom is another well established and evidence-based program for children in kindergarten through eighth grade that addresses social-emotional competencies aligned with the Collaborative for Academic, Social and Emotional Learning (CASEL) recommendations. <a href="https://www.responsiveclassroom.org/">https://www.responsiveclassroom.org/</a> and <a href="https://www.casel.org/">https://www.responsiveclassroom.org/</a> and <a href="https://www.casel.org/">https://www.casel.org/</a>

Additional evidence-based programs and practices include *Dialectic Behavior Therapy (DBT)*, which also has adapted modalities for special populations (DBT-SP); *Parent-Child Interaction Therapy (PCIT)*; and *Trauma and Grief Component Therapy. The National Child Traumatic Stress Network (NCTSN)* provides some of the most updated information on supports for children who have experienced trauma. <a href="http://www.nctsnet.org">http://www.nctsnet.org</a>

• For students experiencing difficulties from experiences involving grief and loss, the *National Center for School Crisis and Bereavement (NCSCB)* (https://sowkweb.usc.edu/about/centers-affiliations/national-center-school-crisis-and-bereavement) and the *Coalition to Support Grieving Students* (https://grievingstudents.org/) are two excellent sources of information to assist you in meeting these students' needs. For a map with Connecticut listings of trauma-focused treatment for children, see http://www.chdi.org/index.php/publications/resources/map-trauma-focused-treatments-children. For a searchable database of locations, visit https://chdi.kjmbsolutions.net/ebpsearch/. Finally, KidsMentalHealthInfo.com provides information and resources for parents, caregivers, and others. Topics include childhood trauma and mental health in schools. https://kidsmentalhealthinfo.com

<sup>1.</sup> J. Douglas Bremner, MD, *Traumatic stress: effects on the brain*, Dialogues in Clinical Neuroscience, US National Library of Medicine, 2006. <a href="https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3181836/">https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3181836/</a> (accessed 10/4/16).

<sup>2.</sup> *Tip 57: Trauma-Informed Care in Behavioral Health Services*, Substance Abuse and Mental Health Services Administration. <a href="http://store.samhsa.gov/shin/content//SMA14-4816/SMA14-4816.pdf">http://store.samhsa.gov/shin/content//SMA14-4816/SMA14-4816.pdf</a> (accessed 10/4/16).