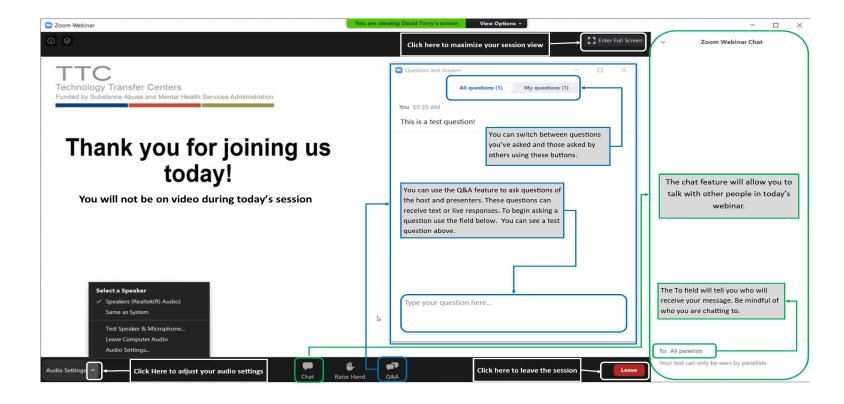
The Zoom Interface

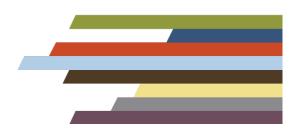


All attendees are muted. Today's session will be recorded.

A link to the presentation slides and a recording of the webinar will be emailed.

Certificates of Attendance will be emailed.





Trauma Through the ACE Lens: Developing Trauma-Informed Classrooms

PJ Wenger, LPC, MFT, NCC



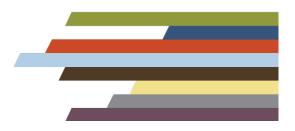
About Us ...

The Northeast and Caribbean MHTTC provides 5 years (2018 – 2023) of funding to:

- Enhance capacity of behavioral health workforce to deliver evidence-based and promising practices to individuals with mental illnesses.
- Address full continuum of services spanning mental illness prevention, treatment, and recovery supports.
- Train related workforces (police/first responders, primary care providers, vocational services, etc.) to provide effective services to people with mental illnesses.

Supplemental funding to work with school teachers and staff to address student mental health.







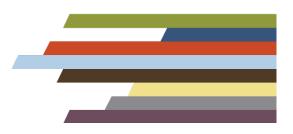
Grow Your Knowledge and Skills

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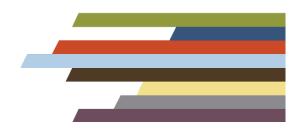


We Want Your Feedback!

Our funding comes from the Substance Abuse and Mental Health Services Administration (SAMHSA), which requires us to evaluate our services. We appreciate your honest, ANONYMOUS feedback about this event, which will provide information to SAMHSA, AND assist us in planning future meetings and programs.

Feedback about this training will assist us in developing trainings that are relevant to your current professional needs. Therefore, your feedback counts!



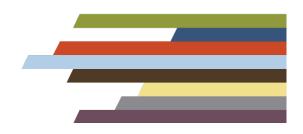


Video Recording Information

Please Note:

We will be recording this webinar and posting it to our website along with the presentation slides and any relevant resources.





Your Interactions With Us

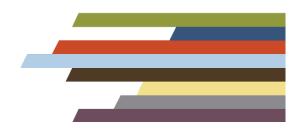
Question and Answers

- Q & A will occur at the end of the call.
- Type your questions in the Q & A feature in Zoom located on the task bar (hover over task bar).
- Be aware: your question is visible to all participants.

Chat and Polls

- Throughout the webinar, we will be asking for your input.
- Use the Chat or Poll features in Zoom located on the task bar.
- You can control who can see your chat comments.



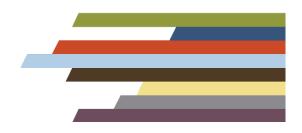


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This presentation will be recorded and posted on our website. At the time of this presentation, Elinore F. McCance-Katz served as SAMHSA Assistant Secretary. The opinions expressed herein are the views of the presenters, and do not reflect the official position of the Department of Health and Human Services (DHHS), or SAMHSA. No official support or endorsement of DHHS, SAMHSA, for the opinions described in this presentation is intended or should be inferred.



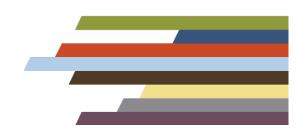


Our Presenter:



PJ Wenger LPC, NBCC, MFT, Ed.S., MA, M.Ed.

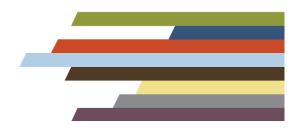




Objectives

- To define trauma and the various types of trauma
- To explore Adverse Childhood Experiences (ACEs) and our personal ACE score
- To understand how trauma manifests in our lives: signs and symptoms
- To define and understand what a trauma- informed approach looks like
- To learn how we can create a trauma-informed classroom and address student behaviors to improve mental health



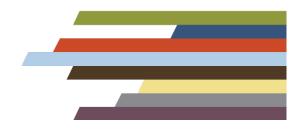


Defining Trauma

• Individual trauma results from an **event**, series of events, or set of circumstances that is **experienced** by an individual as physically or emotionally harmful or life threatening and that has lasting adverse **effects** on the individual's functioning and mental, physical, social, emotional or spiritual well-being. (SAMHSA, 2014)



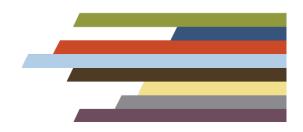




Defining Trauma

- "An emotional response to a terrible event like an accident, rape, or natural disaster." (APA, 2016)
- Extremely upsetting, at least temporarily overwhelms an individual's internal resources and produces lasting psychological symptoms. (Briere & Scott, 2015)
- Exposure to or experience of an event or series of events that are frightening or threatening and have lasting effects which are overwhelming and challenge one's ability to cope. (National Center for Child Traumatic Stress, 2005)

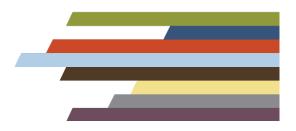




Trauma Facts

- More than 2/3 of children report at least one traumatic event by age 16 (Copeland, Angold, & Costello, 2016)
- 1 in 4 high school students have been in a physical fight (National Center for Injury Protection and Control, 2014)
- 1 in 5 high school students was bullied at school; 1 in 6 experienced cyber-bullying (National Center for Injury Protection and Control, 2014)
- National average of child abuse and neglect victims in 2013 was 679,000, or 9.1 victims per 1,000 children (US Department of Health, 2015)

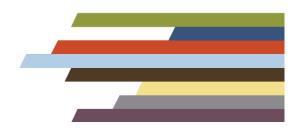




Trauma Facts

- 19% of injured and 12% of physically ill youth have PTSD (Kahana, Feeny, Youngstrom & Drotar, 2006)
- 54% of U.S. families have been affected by a disaster (Save the Children, 2014)
- 70% of US adults have experienced at least 1 traumatic event
 - = 223.4 million people (National Council for Behavioral Health 2013)
- Each year, the number of youth requiring hospital treatment for physical assault-related injuries would fill EVERY SEAT in 9 STADIUMS (National Center for Injury Protection and Control, 2014)



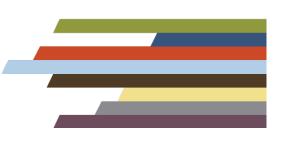


TYPES OF TRAUMA

Acute Trauma Chronic Trauma

Complex Trauma Secondary Trauma



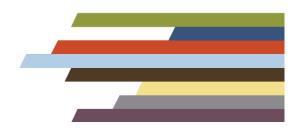


Adverse Childhood Experiences

- The CDC-Kaiser Permanente Adverse Childhood Experiences (ACE)
 Study
- One of the largest investigations of childhood abuse, neglect, and household challenges and their effects on later-life health and well-being.
- Warning: some of the questions may be difficult to think about.

(https://www.cdc.gov/violenceprevention/acestudy/about.html)





Record your "Yes" responses.

1. Did a parent or other adult in the household **often or very often**... swear at you, insult you, put you down, or humiliate you?

Or

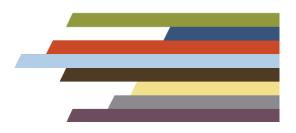
Act in a way that made you afraid that you might be physically hurt?

2. Did a parent or other adult in the household **often or very often**..... Push, grab, slap. or throw something at you?

Or

Ever hit you so hard that you had marks or were injured?





3. Did an adult person at least 5 years older than you **ever** ... touch or fondle you or have you touch their body in a sexual way?

Or

Attempt or actually have oral, anal, or vaginal intercourse with you?

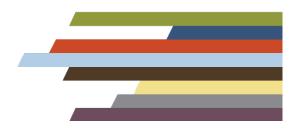
4. Did you **often or very often** feel that.....

No one in your family loved you or thought you were important or special?

Or

Your family didn't look out for each other, feel close to each other, or support each other?





5. Did you often or very often feel that...

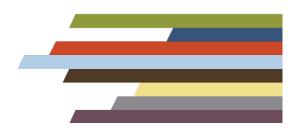
You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you?

Or

Your parents were to drunk or high to take care of you or take you to the doctor if you needed it?

6. Were your parents **ever** separated or divorced?





7. Was your mother or stepmother:

Often or very often pushed, grabbed, slapped, or had something thrown at her?

Or

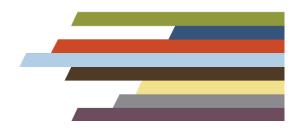
Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard?

Or

Ever repeatedly hit at least a few minutes or threatened with a gun or knife?

8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?



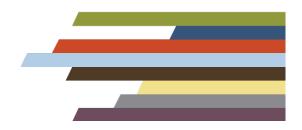


- 9. Was a household member depressed or mentally ill, or did a household member attempt suicide?
- 10. Did a household member go to prison?

NOW add up your "Yes" answers:_____

This is your ACE Score.





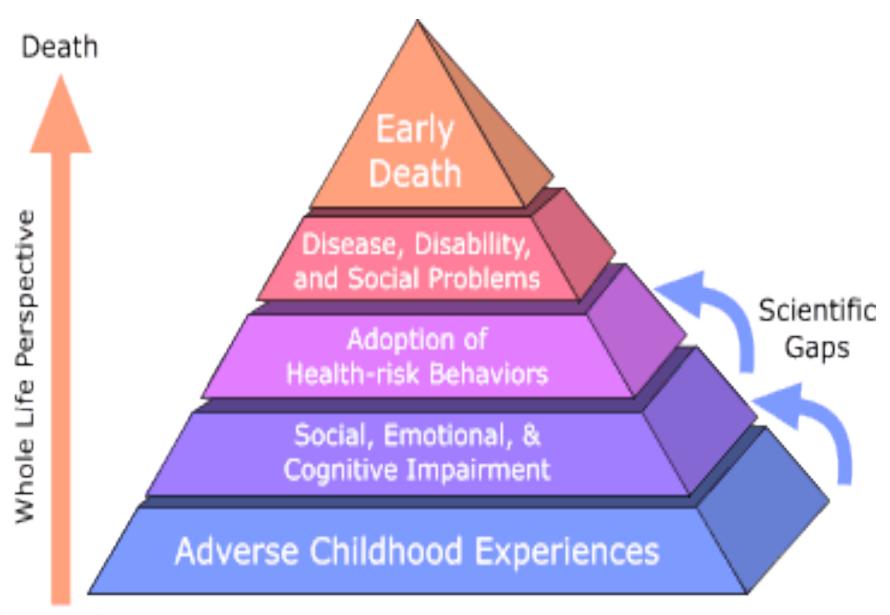
What does your ACE Score Mean?

Household dysfunction:	
Substance abuse	27%
Parental sep/divorce	23%
Mental illness	17%
Battered mother	13%
Criminal behavior	6%
Abuse:	
Psychological	11%
Physical	28%
Sexual	21%
Neglect:	
Emotional	15%
Physical	10%

https://acestoohigh.com/got-your-ace-score/



ACE-Early Death Pyramid



Conception

ACEs Effect on Our Lives

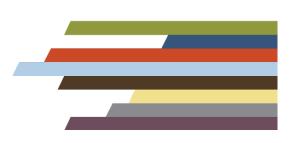
Adverse Childhood Experiences Cause:

- Disrupted neurodevelopment
- Social, emotional and cognitive impairment
- Adoption of health risk behaviors
- Impacts on life, potential disease, disability, and social problems
- Early death

Early Death

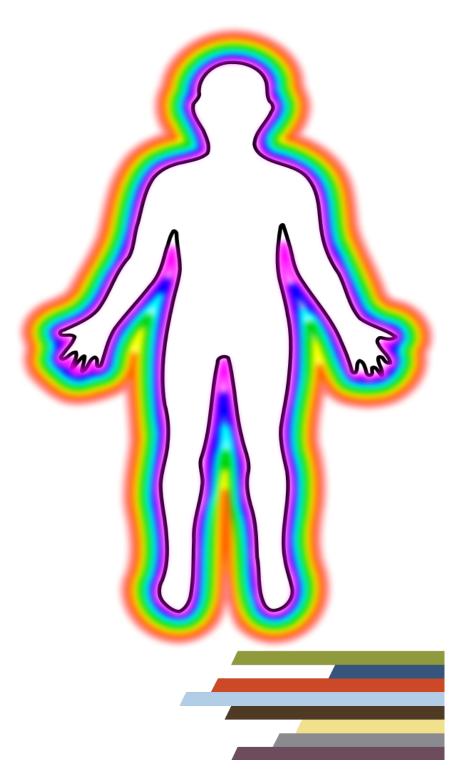
(Shonkoff, J.P., Garner & Committee 2012)





Trauma Symptoms

- Emotional
- Behavioral
- Cognitive
- Physical
- Interpersonal difficulties
- Change in perception of self/world



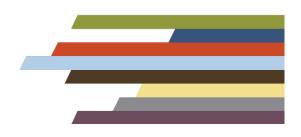
Trauma Symptoms

Biological Trauma Symptoms

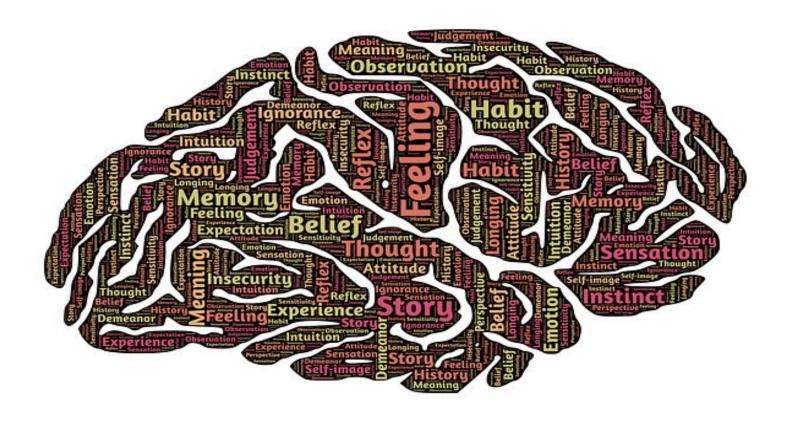
- Structural changes in the brain
- Changes in physiology
- Smaller intercranial volume
- Smaller corpus colossi



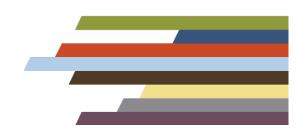




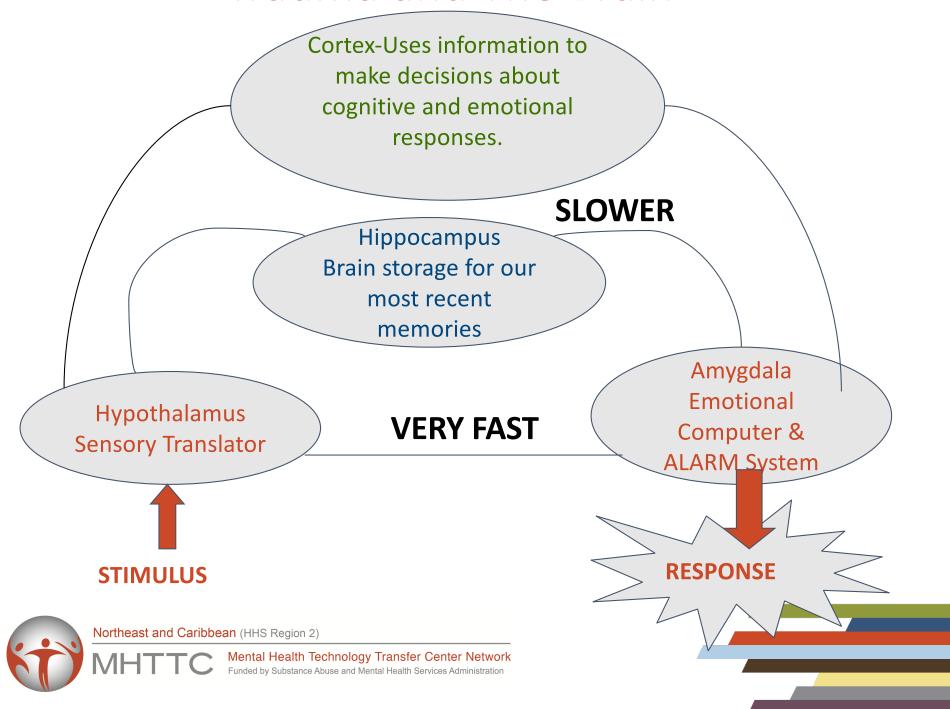
TRAUMA AND THE BRAIN



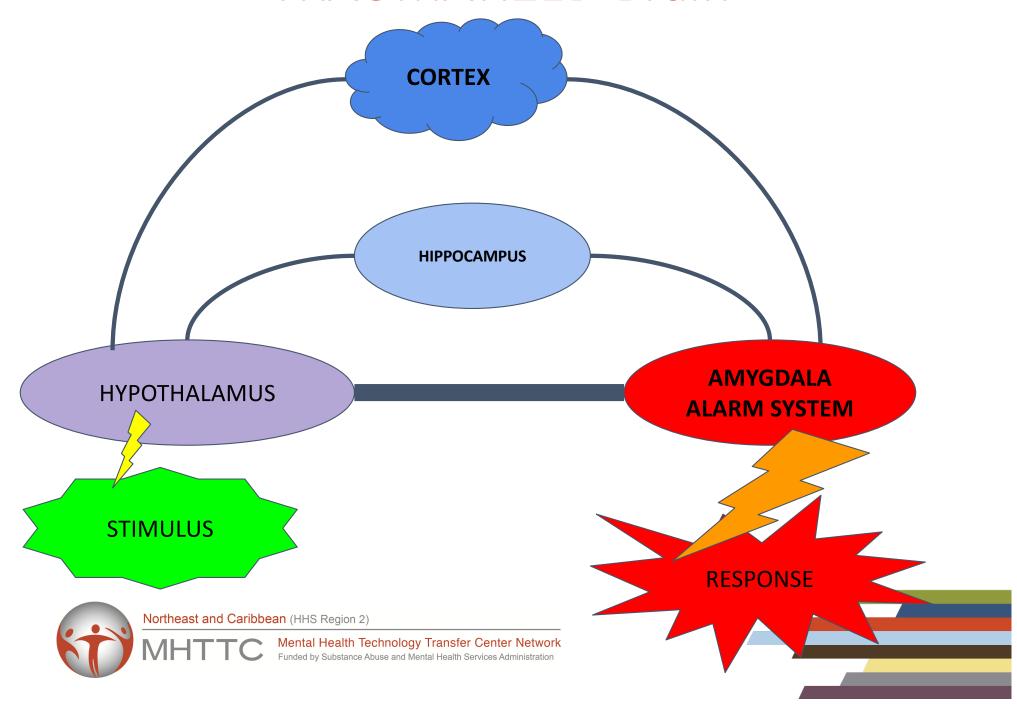




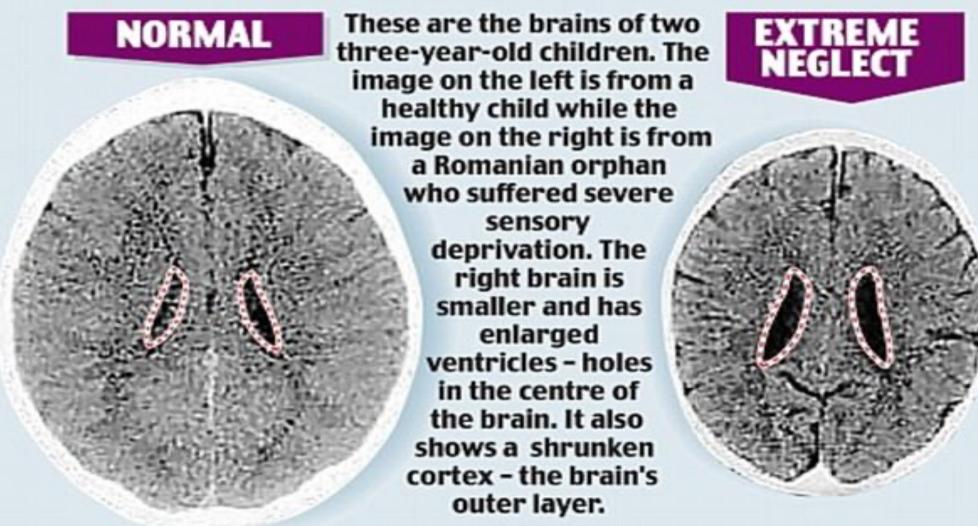
Trauma and The Brain



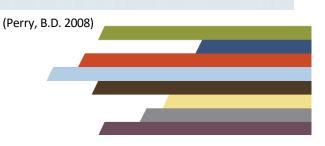
TRAUMATIZED Brain



THE DIFFERENCE



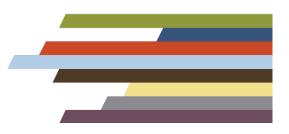






(Perry, B.D. 2008)

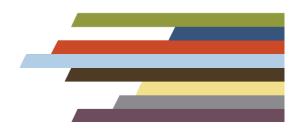




Affective Trauma Symptoms

- Fear
- Sadness
- Depressive symptoms
- Anger
- Severe affective dysregulation
- Anxiety
- Negative self-Image



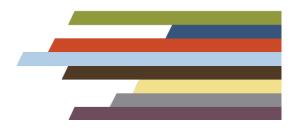


Behavioral Trauma Symptoms

- Avoidance
- Modeling
- Self-injury
- Traumatic bonding (Stockholm syndrome)
- Avoid healthy age-appropriate peer interactions
- Over-functioning/parentification
- Tantrums/rages





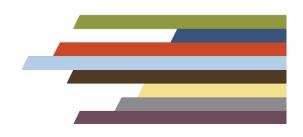


Cognitive Trauma Symptoms

- Inaccurate cognitions
- Irrational cognitions
- Loss of faith
- Unhealthy relationships

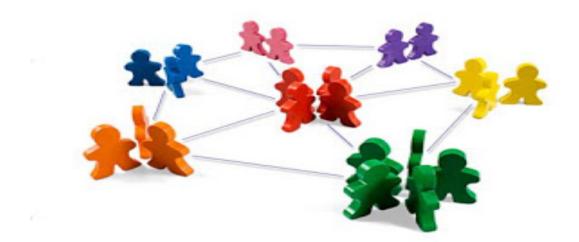




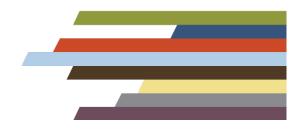


Interpersonal Trauma Symptoms

- Withdrawal from peers
- Difficulty enjoying activities
- Difficulty establishing relationships
- Affiliation with high-risk peers





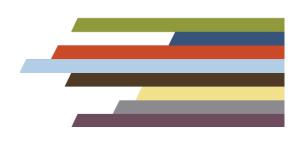


Changes in Perceptions of Self & World

- Belonging
- Loss of hope
- Good/Bad
- Opportunity
- Scary
- Unpredictable
- Helpful



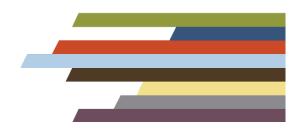




A Trauma Survivors Account

"I remember crying in the night. I found it difficult to hear Mrs. Patterson when she spoke in the classroom. I felt as if she were speaking from beneath tumbling water. Or from the end of a long tunnel. She assumed I was daydreaming. I stopped imagining that I might one day be a teacher... No longer did my imagination dance me through the leaves. The sound of ringing church bells irritated me. Mostly I felt ashamed, different." (Horsman, J. 2000)



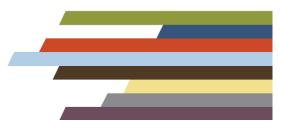


The 3 E's of Trauma

- Event
- Experience of Event
- Effect of Event







Trauma-Informed Approach

What is THAT?

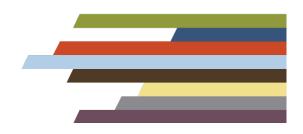
....Realizing the widespread impact of trauma and understanding potential paths for recovery

...Recognizing the signs and symptoms of trauma in students, families, staff and others involved in the system

...Responding by fully integrating knowledge about trauma into policies, procedures, and practices, and seeking to actively resist re-traumatization.

(Office of Policy, Planning and Evaluation, SAMHSA, 2014)

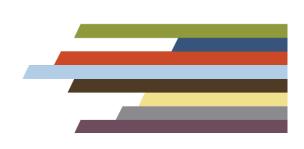




Realization The Resist Recognize Four R's Re-traumatization

Respond





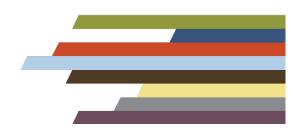
6 Principles Trauma-Informed Approach

- Safety
- Trustworthiness & transparency
- Peer support
- Collaboration and mutuality
- Empowerment, voice, and choice
- Cultural, historical, and gender considerations



(SAMHSA, 2014)





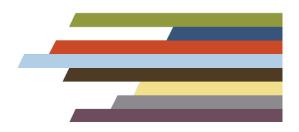
SAFETY

- Classroom arrangements
- Limit distractions
- Sufficient staffing
- Establish routines
- Clear directions
- Prepare students for changes
- Staff safety

NOVA, 2016





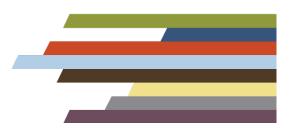


Trustworthiness & Transparency

- Stakeholder decision making
- Be clear about why decisions are being made
- Communicating expectations
- Display and review schedules
- Staff exploration of problems





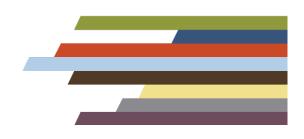


Trustworthiness & Transparency

- Staff actively listen
- Consequence delivery
- Consequences match behavior
- Restorative conversations and strategies







Peer Support

- Our own traumas
- Effective interactions with others
- Helping students behavior effects others
- Positive interactions
- Discourage bullying
- Modeling of respectful behaviors



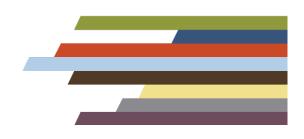


Collaboration & Mutuality

- Students' strengths and interests
- Participation opportunities
- Flexible behavior management
- Staff self-care





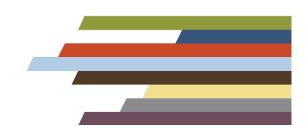


Empowerment, Voice, and Choice

- Multiple mode learning
- Skill development
- Positive self-identity
- Choice making
- Students strengths
- Shared decision-making
- Shared goal setting





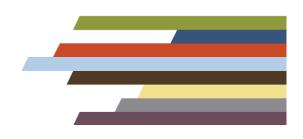


Cultural Humility

- Racial/ethnic make-up
- Environmental exemplars
- Instruction contains exemplars
- Culturally sensitive learning activities
- Student engagement activities
- Culturally sensitive classroom management strategies







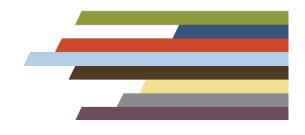
ARC Model

- Building secure attachments between child and caregivers(s)
- Enhancing self-regulatory capacities
- Increasing competencies across multiple domains



(Cole, J.D. Obrien, J., Gadd, G., Ristuccia, J., Wallace, L., & Gregory, M., 2018)





Traditional Approaches vs. Trauma-Informed

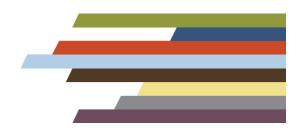
Traditional

- What's wrong with you?
- Negative labels
- Purposeful behaviors
- Focus on child

Trauma-Informed

- What happened to you?
- Informed understanding
- Automatic responses
- Consider environment





Traditional Approaches vs. Trauma-Informed

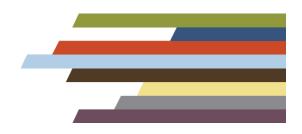
Traditional

- Authority critical
- Punitive discipline
- Leave it to counselor

Trauma-Informed

- Choice & control
- Positive strength based
- Shared responsibility



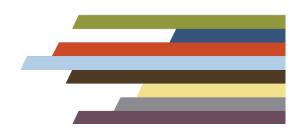


Interventions

- Routines
- Choices
- Your responses
- Our reactions
- Don't take things personally
- Identify triggers
- Mentor program
- Time







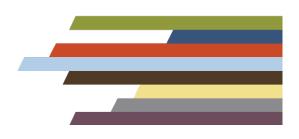
Interventions

- Sensitivity to cues/triggers
- Forewarn children
- Brain breaks
- Alternate seating
- Fidgets (contract)
- Visuals
- Build self-regulation skills
- Signal plans







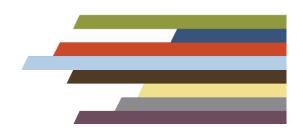


Interventions

- Reduction of assignments
- Extra time
- Grounding time
- Being in my body







Resources

Bounce Back

 A school based program for elementary students exposed to stressful and traumatic events. The Bounce Back program includes 10 group sessions, 1-3 group parent sessions and 2-3 individual student sessions.

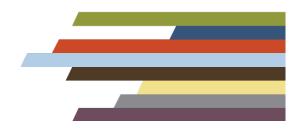
https://bouncebackprogram.org

CBITS

• CBITS is a school based program designed to reduce symptoms of post-traumatic stress disorder (PTSD), depression and behavioral problems, and to improve functioning, grades and attendance, peer and parent support, and coping skills. Used with students from 5th to 12th grade who have witnessed or experienced traumatic life event. SBITS uses cognitive-behavioral techniques (e.g. psychoeducation, realization, social problem solving, cognitive restructuring and exposure)

https://cbitsprogram.org

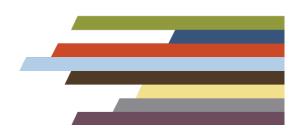




Q and A



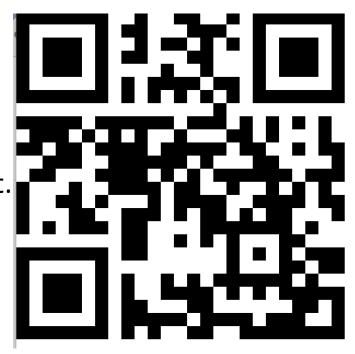




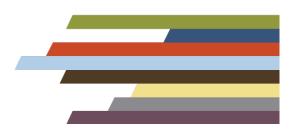
Evaluation Information

The MHTTC Network is funded through SAMHSA to provide this training. As part of receiving this funding we are required to submit data related to the quality of this event.

Please take a moment to complete a **brief** survey about today's training.







Connect With Us!

Phone: (908) 889-2552

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Website:

https://mhttcnetwork.org/centers/northeast-caribbean-mhttc/home

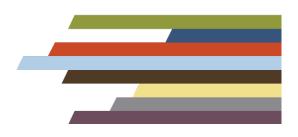
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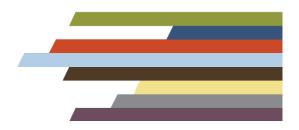
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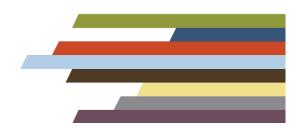
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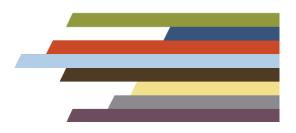
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