

The Zoom Interface

The screenshot shows a Zoom Webinar window. The main content area displays the TTC logo (Technology Transfer Centers, Funded by Substance Abuse and Mental Health Services Administration) and a message: "Thank you for joining us today! You will not be on video during today's session". A "Question and Answer" window is open, showing a test question: "This is a test question!". Callouts explain that users can switch between "All questions (1)" and "My questions (1)", and that the Q&A feature allows asking questions of the host and presenters. A "Zoom Webinar Chat" window is also open, showing a message: "The chat feature will allow you to talk with other people in today's webinar." Callouts explain that the "To" field will tell you who will receive your message and that text can only be seen by panelists. The bottom toolbar includes buttons for "Audio Settings", "Chat", "Raise Hand", "Q&A", and "Leave".

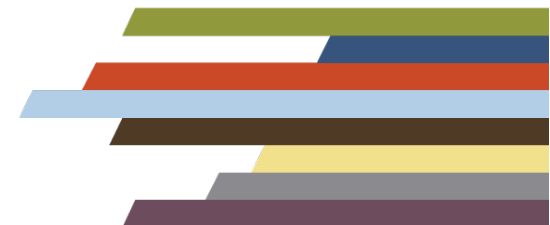
**All attendees are muted. Today's session will be recorded.
A link to the presentation slides and a recording of the webinar will be emailed.
Certificates of Attendance will be emailed.**



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Trauma Through the ACE Lens: Developing Trauma-Informed Classrooms

PJ Wenger, LPC, MFT, NCC



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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.

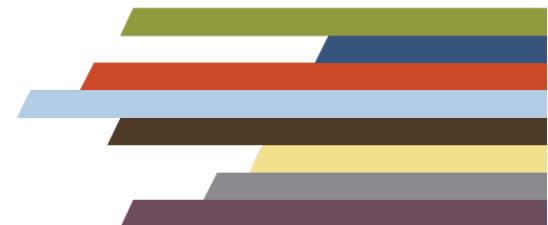
Supplemental funding to work with school teachers and staff to address student mental health.



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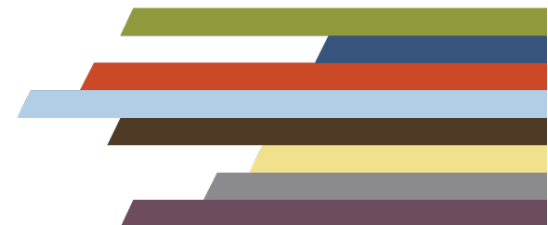
<https://bit.ly/2mpmpMb>



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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.

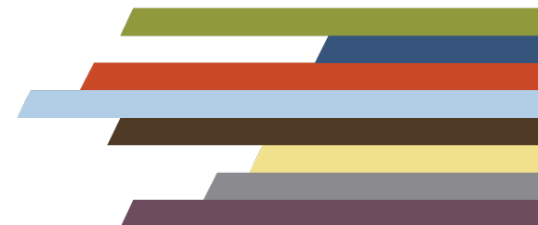
Feedback about this training will assist us in developing trainings that are relevant to your current professional needs. Therefore, your feedback counts!



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Video Recording Information

Please Note:

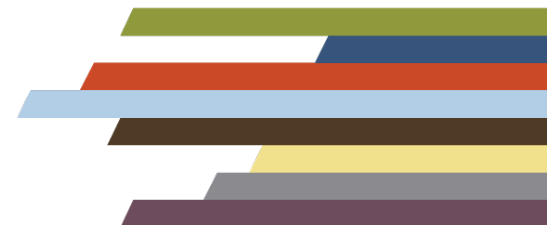
We will be recording this webinar and posting it to our website along with the presentation slides and any relevant resources.



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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

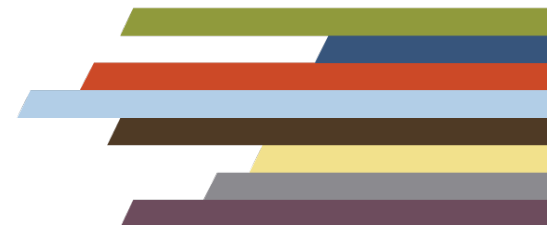
- Throughout the webinar, we will be asking for your input.
- Use the Chat or Poll features in Zoom located on the task bar.
- You can control who can see your chat comments.



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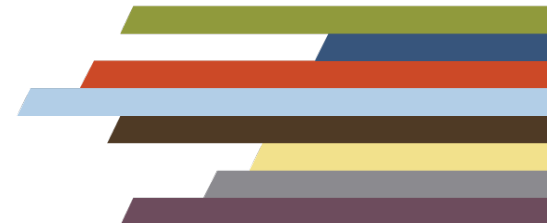
This presentation will be recorded and posted on our website. At the time of this presentation, Elinore F. McCance-Katz served as SAMHSA Assistant Secretary. The opinions expressed herein are the views of the presenters, and do not reflect the official position of the Department of Health and Human Services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



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Our Presenter:



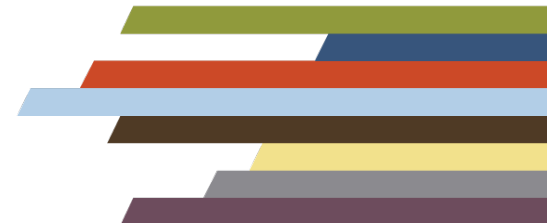
PJ Wenger LPC, NBCC, MFT, Ed.S., MA, M.Ed.



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Objectives

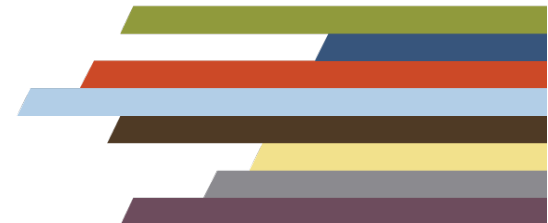
- To define trauma and the various types of trauma
- To explore Adverse Childhood Experiences (ACEs) and our personal ACE score
- To understand how trauma manifests in our lives: signs and symptoms
- To define and understand what a trauma- informed approach looks like
- To learn how we can create a trauma-informed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



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Defining Trauma

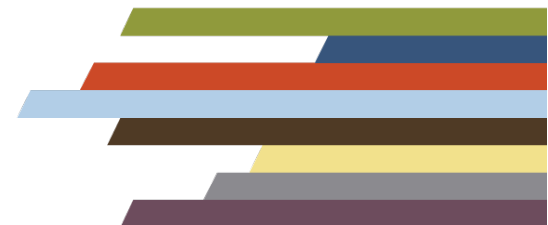
- Individual trauma results from an **event**, series of events, or set of circumstances that is **experienced** by an individual as physically or emotionally harmful or life threatening and that has lasting adverse **effects** on the individual's functioning and mental, physical, social, emotional or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



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Defining Trauma

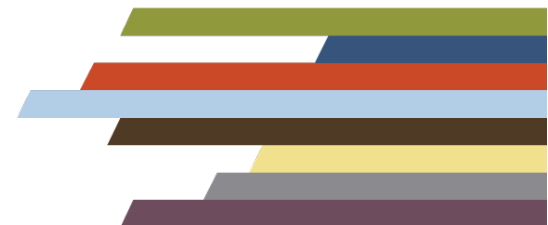
- “An emotional response to a terrible event like an accident, rape, or natural disaster.” (APA, 2016)
- Extremely upsetting, at least temporarily overwhelms an individual’s internal resources and produces lasting psychological symptoms. (Briere & Scott, 2015)
- Exposure to or experience of an event 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)



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Trauma Facts

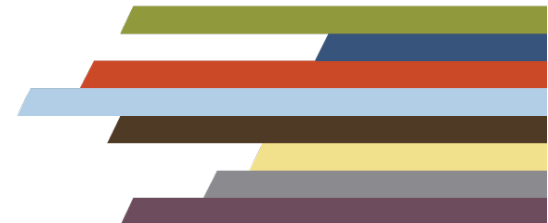
- More than 2/3 of children report at least one traumatic event by age 16 (Copeland, Angold, & Costello, 2016)
- 1 in 4 high school students have been in a physical fight (National Center for Injury Protection and Control, 2014)
- 1 in 5 high school students was bullied at school; 1 in 6 experienced 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)



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Trauma Facts

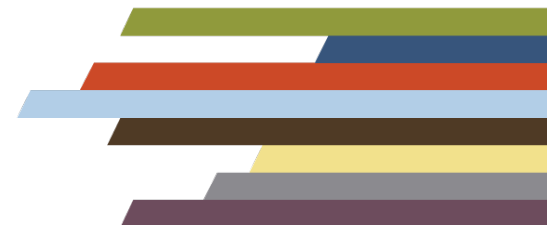
- 19% of injured and 12% of physically ill youth have PTSD (Kahana, Feeny, Youngstrom & Drotar, 2006)
- 54% of U.S. families have been affected by a disaster (Save the Children, 2014)
- 70% of US adults have experienced at least 1 traumatic event
 - = 223.4 million people (National Council for Behavioral 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)



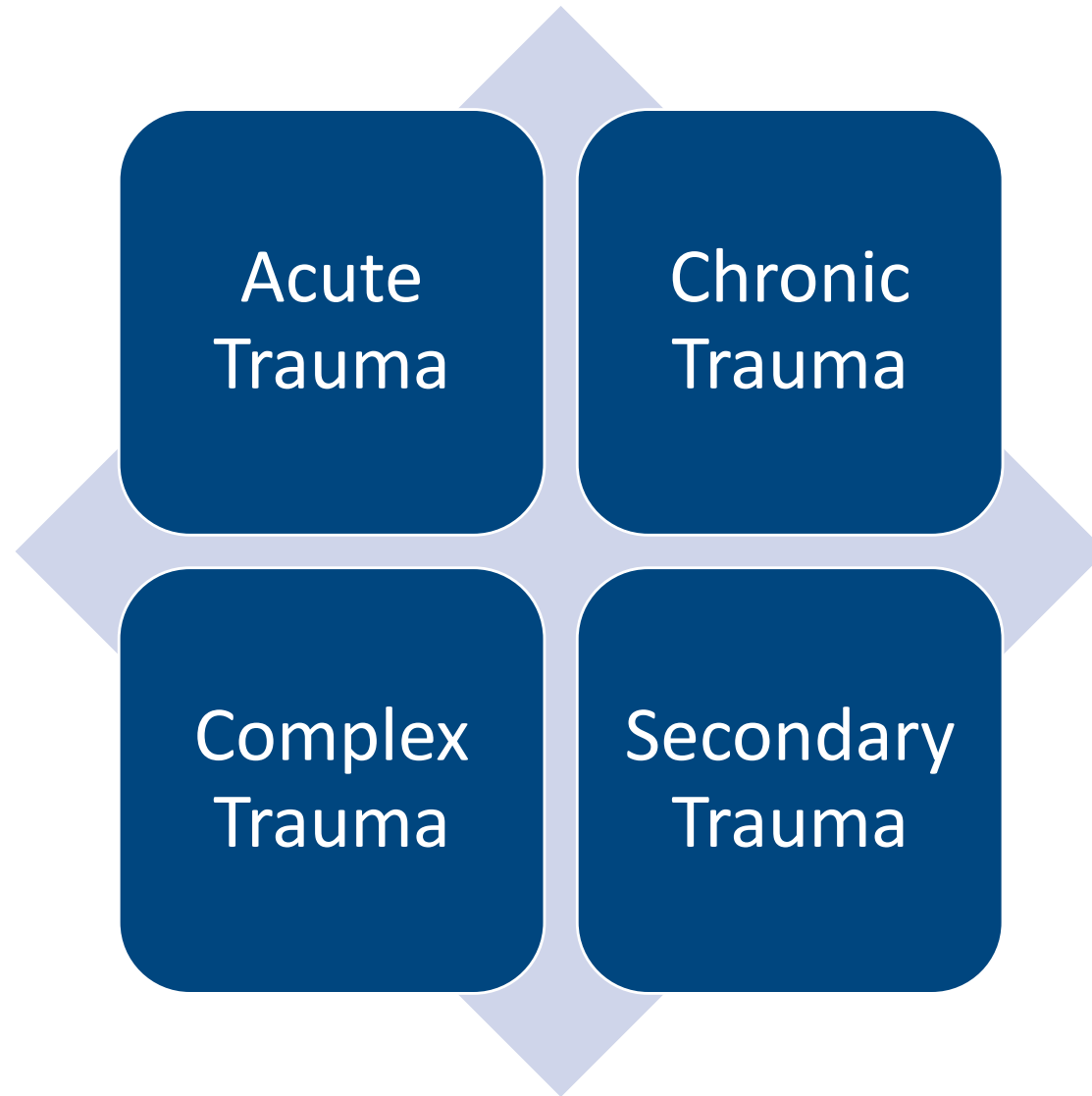
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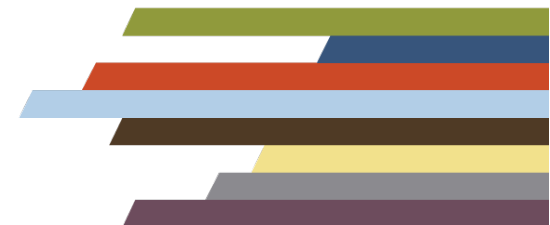
TYPES OF TRAUMA



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The 3 E's of Trauma

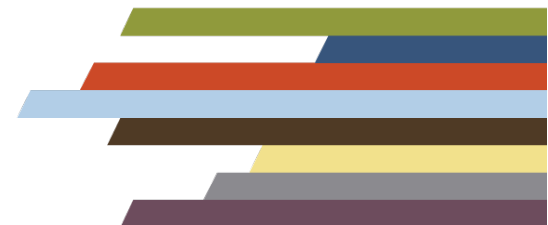
- **Event**
- **Experience of Event**
- **Effect of Event**



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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.

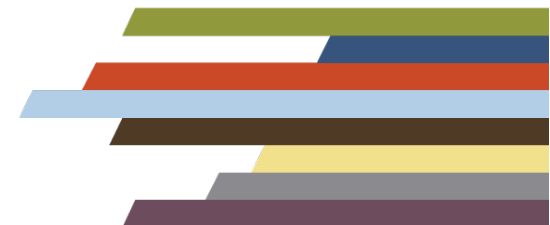
(<https://www.cdc.gov/violenceprevention/acestudy/about.html>)



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What is Your ACE Score?

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

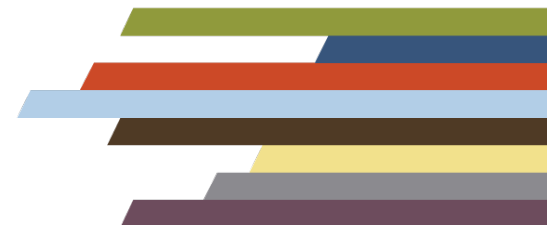
Ever hit you so hard that you had marks or were injured?



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What is Your ACE Score?

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

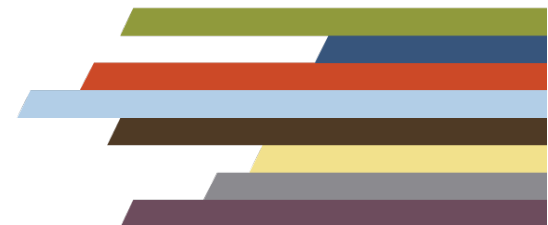
Your family didn't look out for each other, feel close to each other, or support each other?



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What is Your ACE Score?

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 too drunk or high to take care of you or take you to the doctor if you needed it?

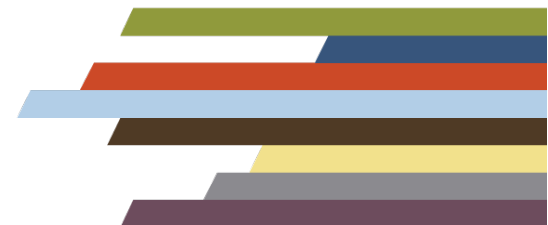
6. Were your parents **ever** separated or divorced?



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What is Your ACE Score?

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?

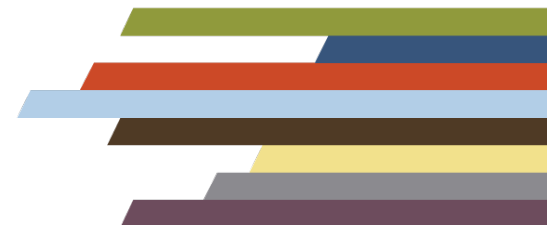
8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?



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What is Your ACE Score?

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: _____

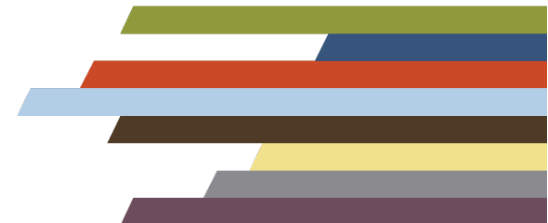
This is your ACE Score.



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What does your ACE Score Mean?

Adverse Childhood Experiences Are Common

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%

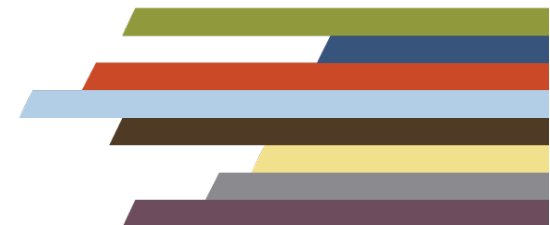
<https://acestoohigh.com/got-your-ace-score/>



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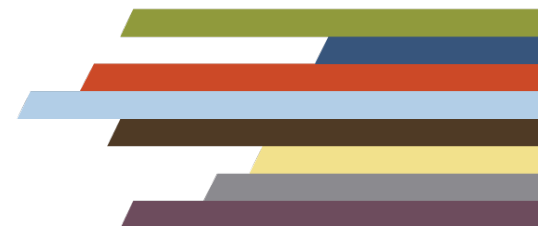
ACE-Early Death Pyramid



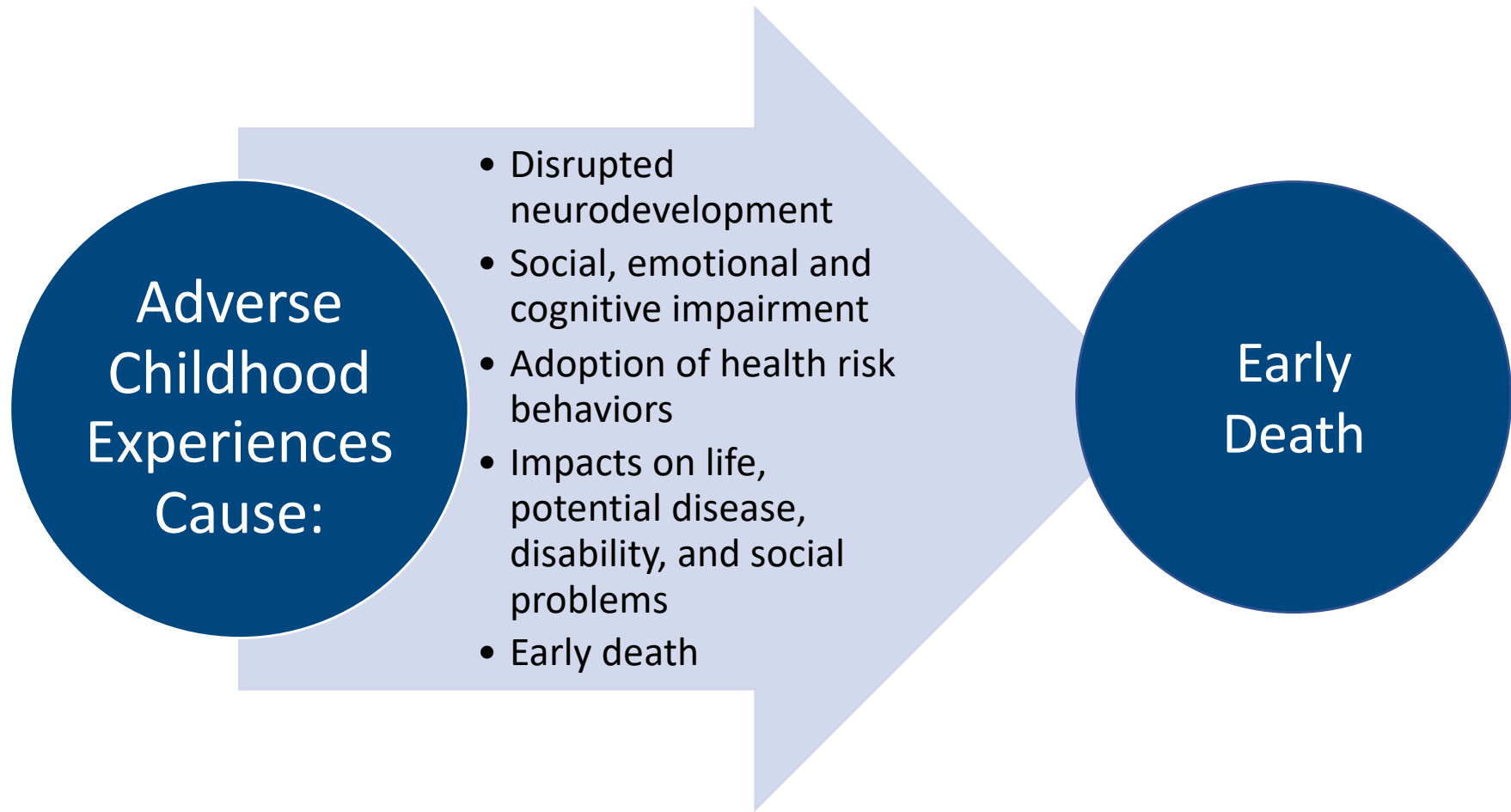
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ACEs Effect on Our Lives



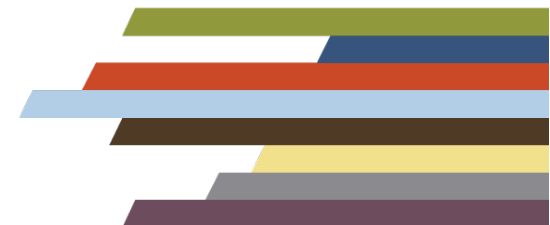
(Shonkoff, J.P., Garner & Committee 2012)



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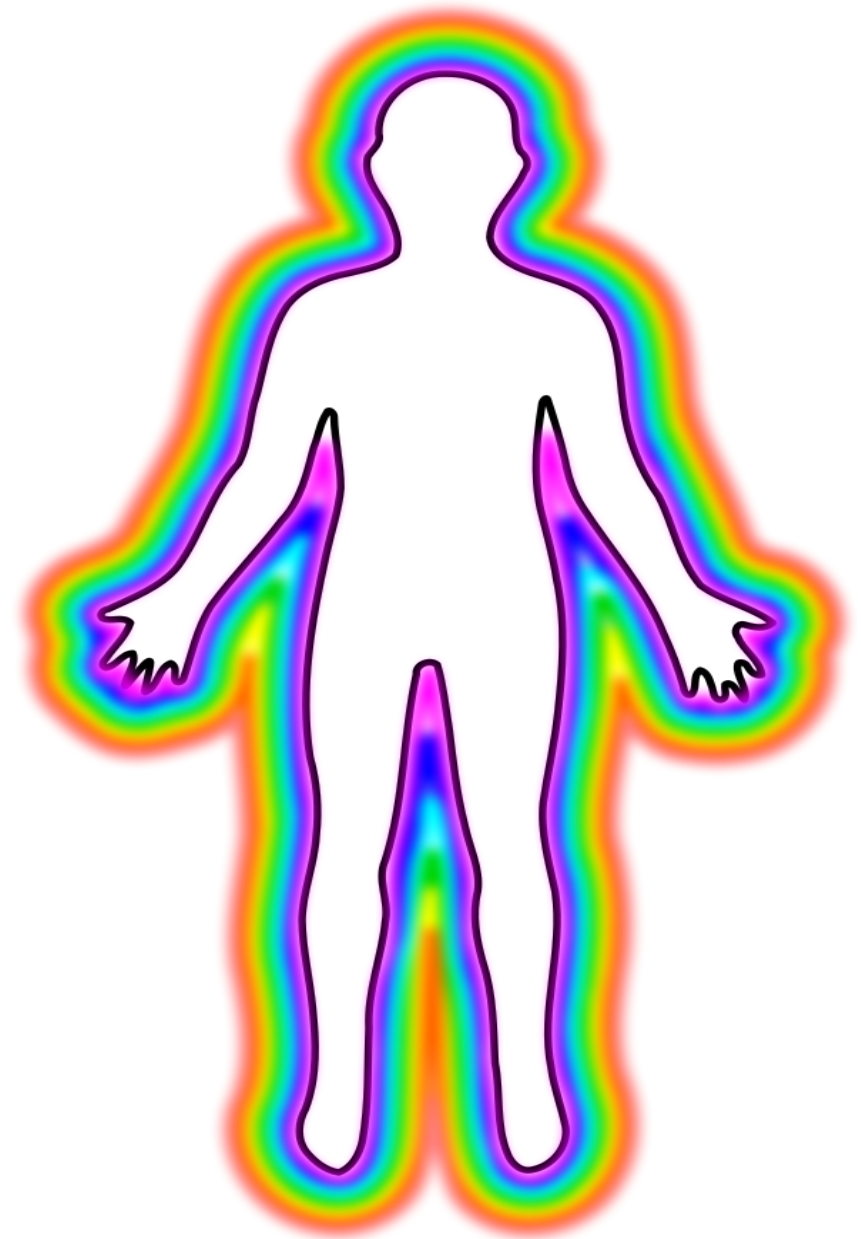
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Trauma Symptoms

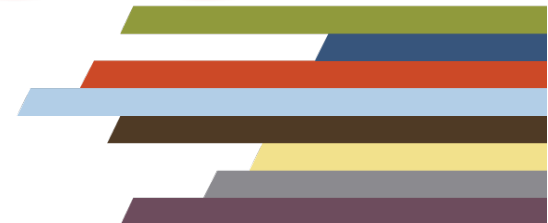
- Emotional
- Behavioral
- Cognitive
- Physical
- Interpersonal difficulties
- Change in perception of self/world



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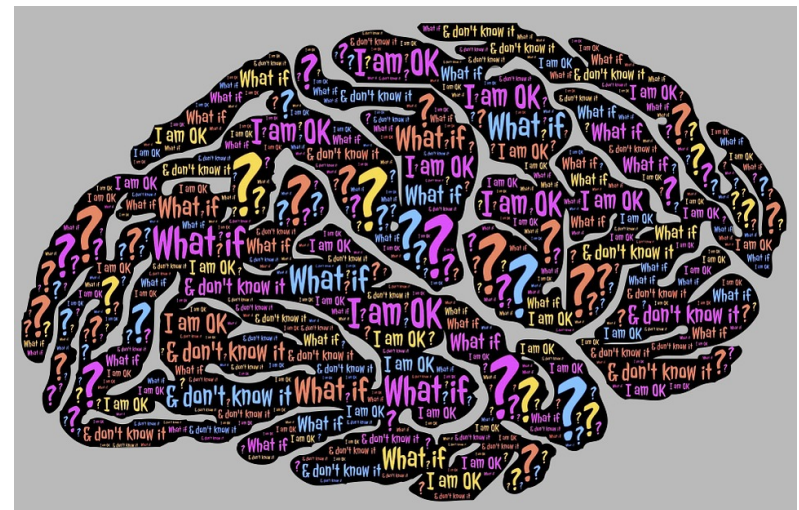
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Trauma Symptoms

Biological Trauma Symptoms

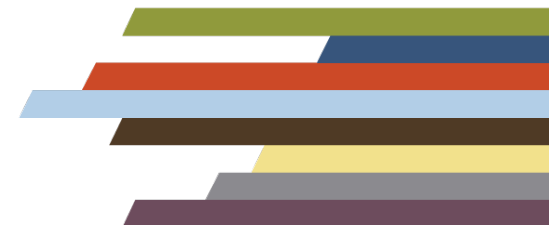
- Structural changes in the brain
- Changes in physiology
- Smaller intercranial volume
- Smaller corpus colossi



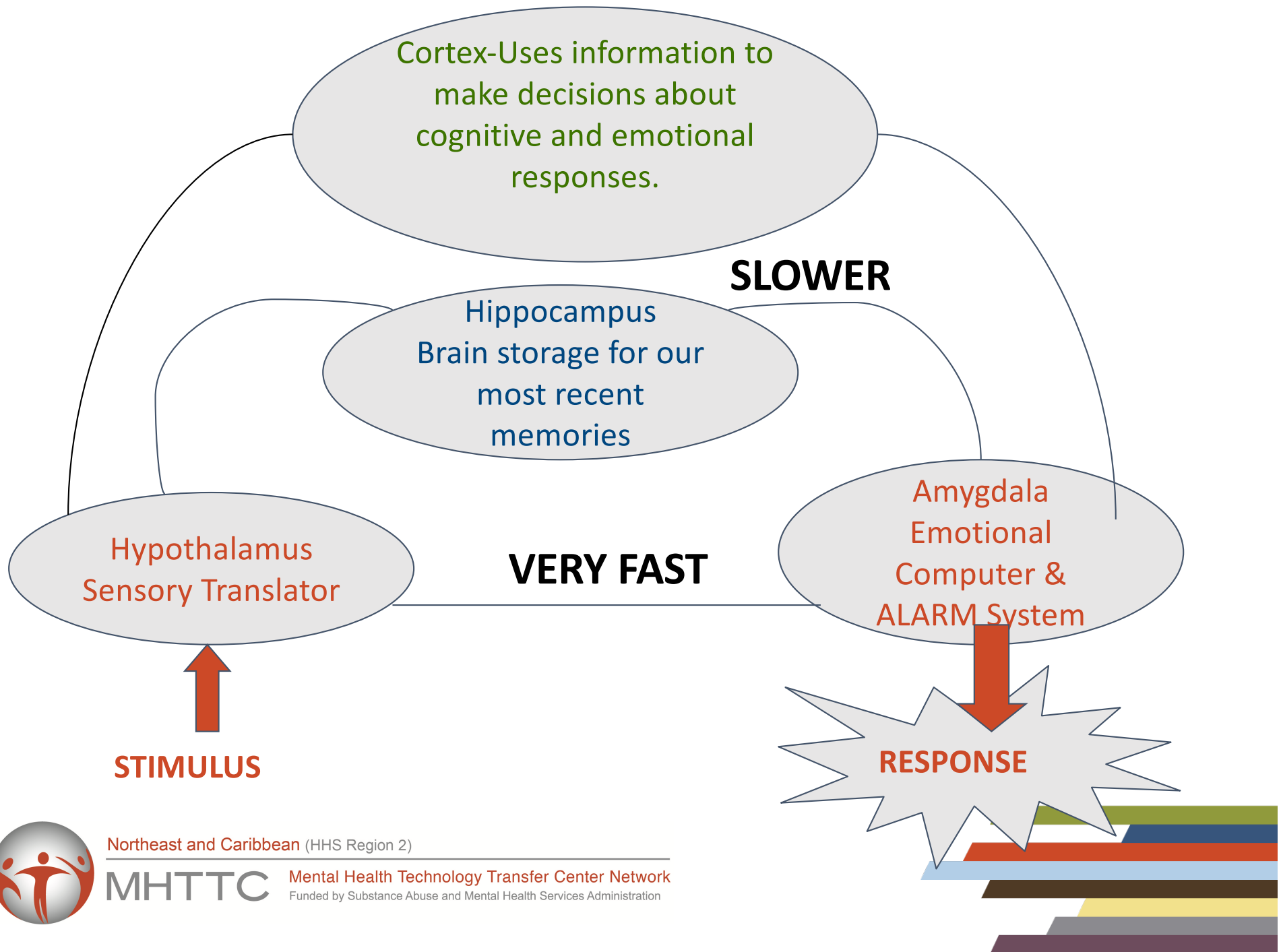
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Trauma and The Brain

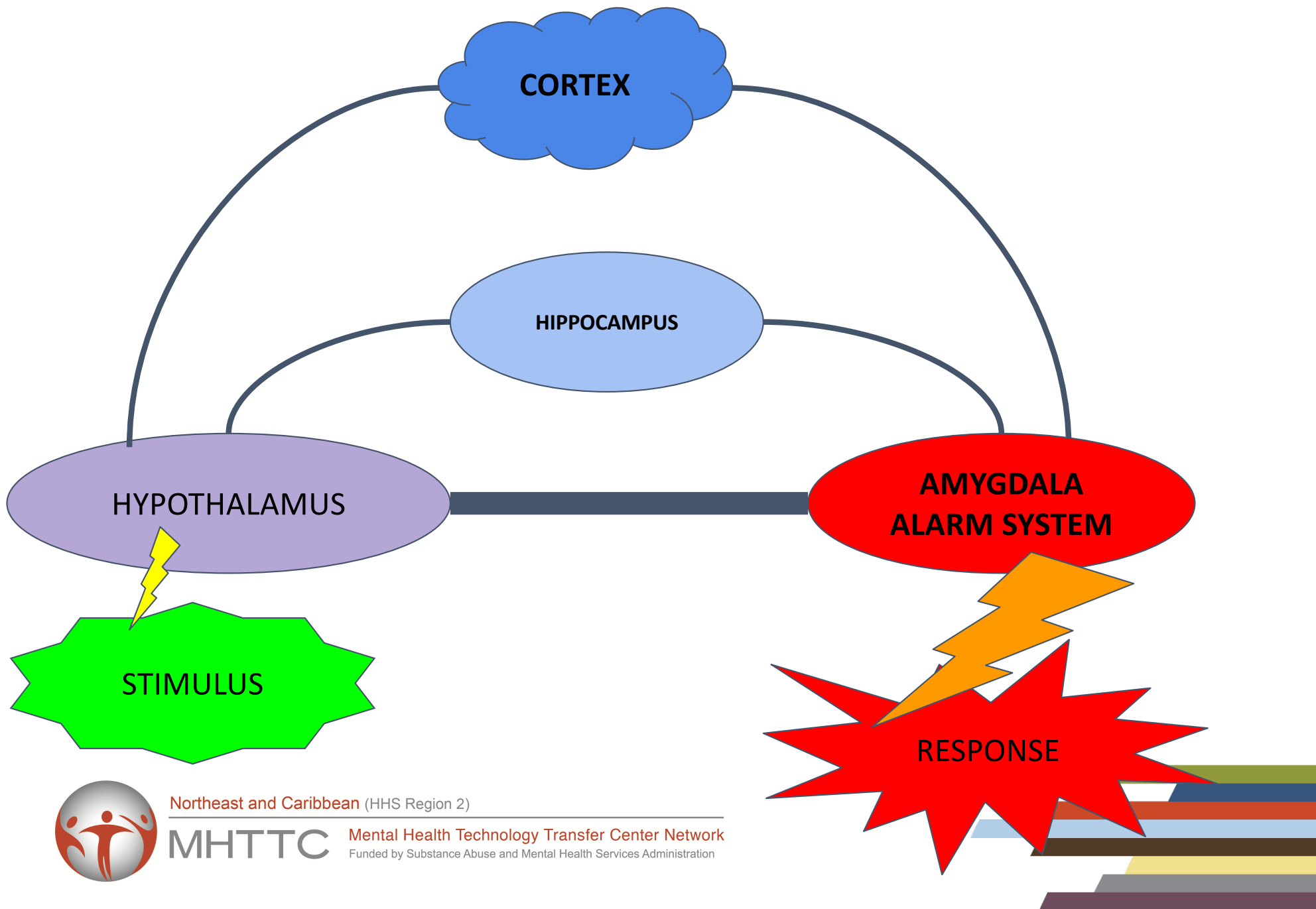


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TRAUMATIZED Brain



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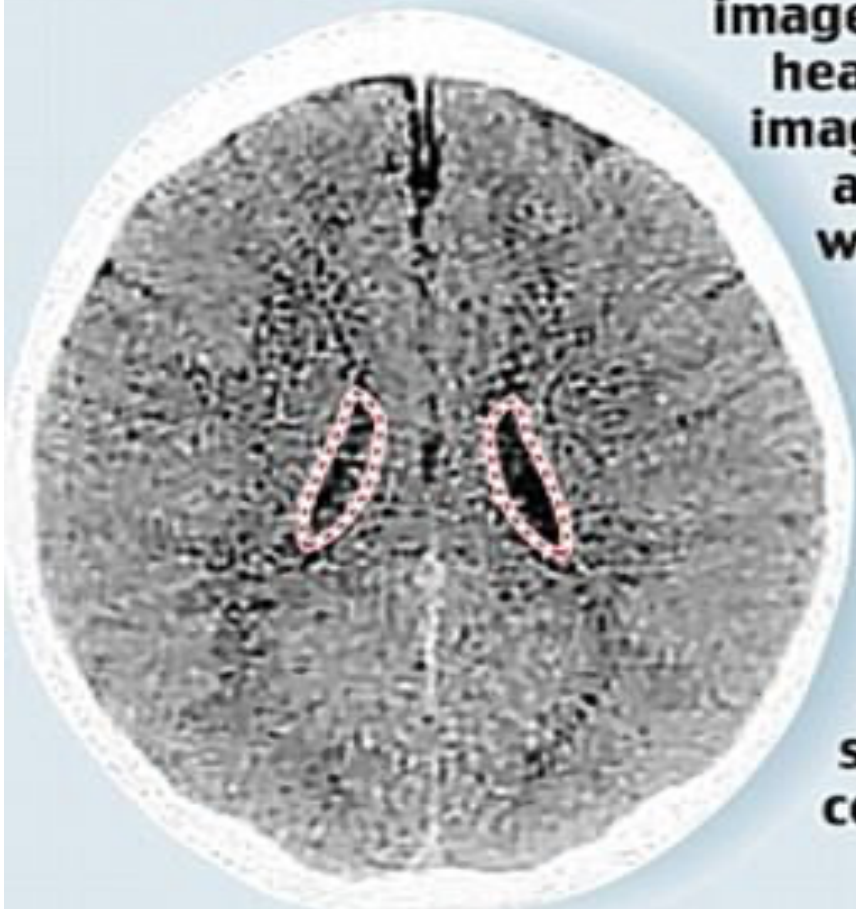
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THE DIFFERENCE

NORMAL

These are the brains of two three-year-old children. The image on the left is from a healthy child while the image on the right is from a Romanian orphan who suffered severe sensory deprivation. The right brain is smaller and has enlarged ventricles - holes in the centre of the brain. It also shows a shrunken cortex - the brain's outer layer.

EXTREME NEGLECT



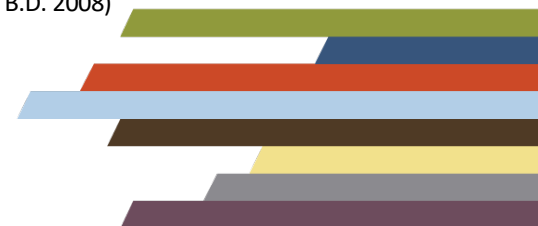
(Perry, B.D. 2008)



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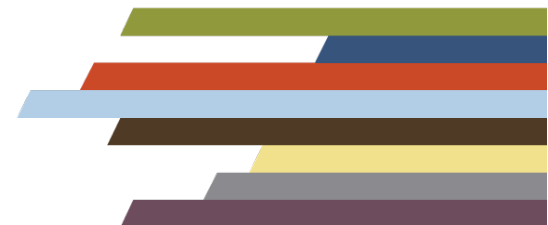
(Perry, B.D. 2008)



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Affective Trauma Symptoms

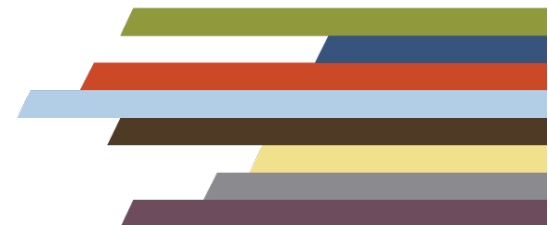
- Fear
- Sadness
- Depressive symptoms
- Anger
- Severe affective dysregulation
- Anxiety
- Negative self-Image



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Behavioral Trauma Symptoms

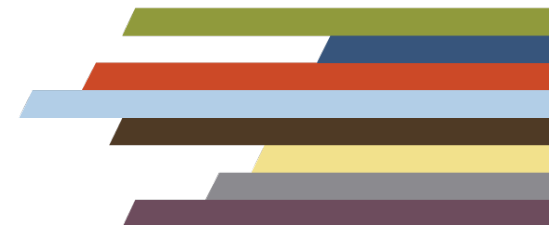
- Avoidance
- Modeling
- Self-injury
- Traumatic bonding (Stockholm syndrome)
- Avoid healthy age-appropriate peer interactions
- Over-functioning/parentification
- Tantrums/rages



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Cognitive Trauma Symptoms

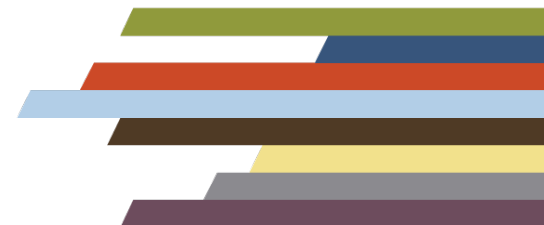
- Inaccurate cognitions
- Irrational cognitions
- Loss of faith
- Unhealthy relationships



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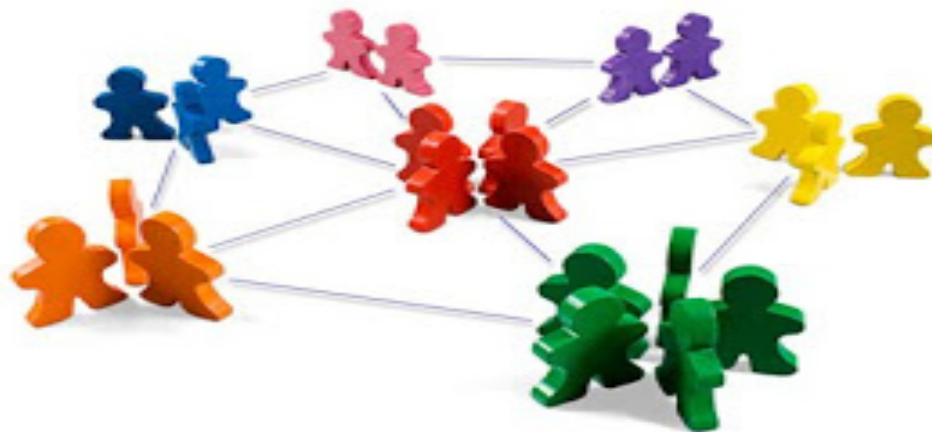
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Interpersonal Trauma Symptoms

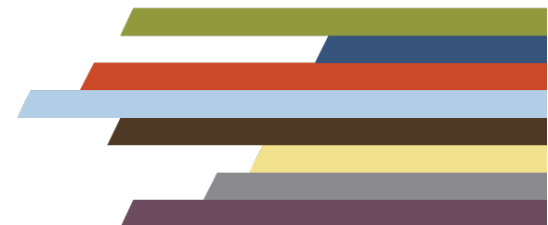
- Withdrawal from peers
- Difficulty enjoying activities
- Difficulty establishing relationships
- Affiliation with high-risk peers



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Changes in Perceptions of Self & World

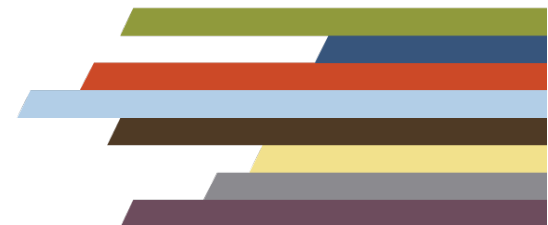
- Belonging
- Loss of hope
- Good/Bad
- Opportunity
- Scary
- Unpredictable
- Helpful



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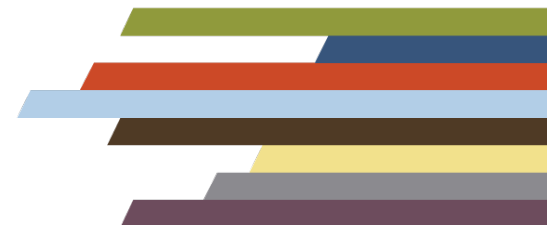
The Tiger



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A Trauma Survivors Account

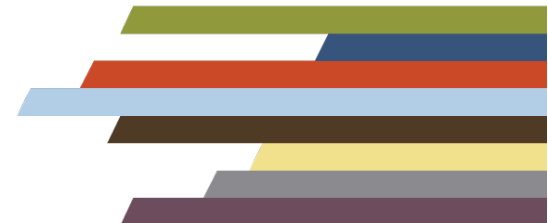
“I remember crying in the night. I found it difficult to hear Mrs. Patterson when she spoke in the classroom. I felt as if she were speaking from beneath tumbling water. Or from the end of a long tunnel. She assumed I was daydreaming. I stopped imagining that I might one day be a teacher... No longer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



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The Experience

- Where is the tiger?
- Am I safe?
- Will I be judged?
- Will I be rejected?
- Should I pretend I don't care?
- Should I fail to stay in control?
- If I choose failing at least I control my own destiny?

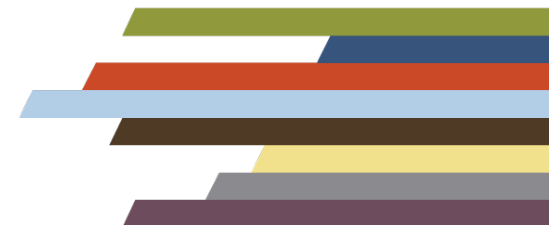
(Ginsburg, 2019)



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Trauma-Informed (Sensitive) 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**.

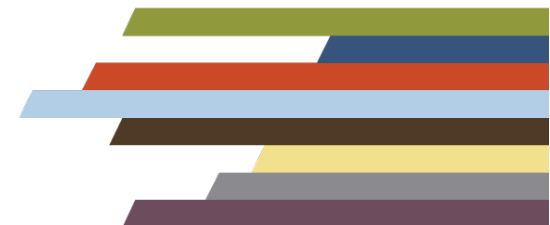
(Office of Policy, Planning and Evaluation, SAMHSA, 2014)

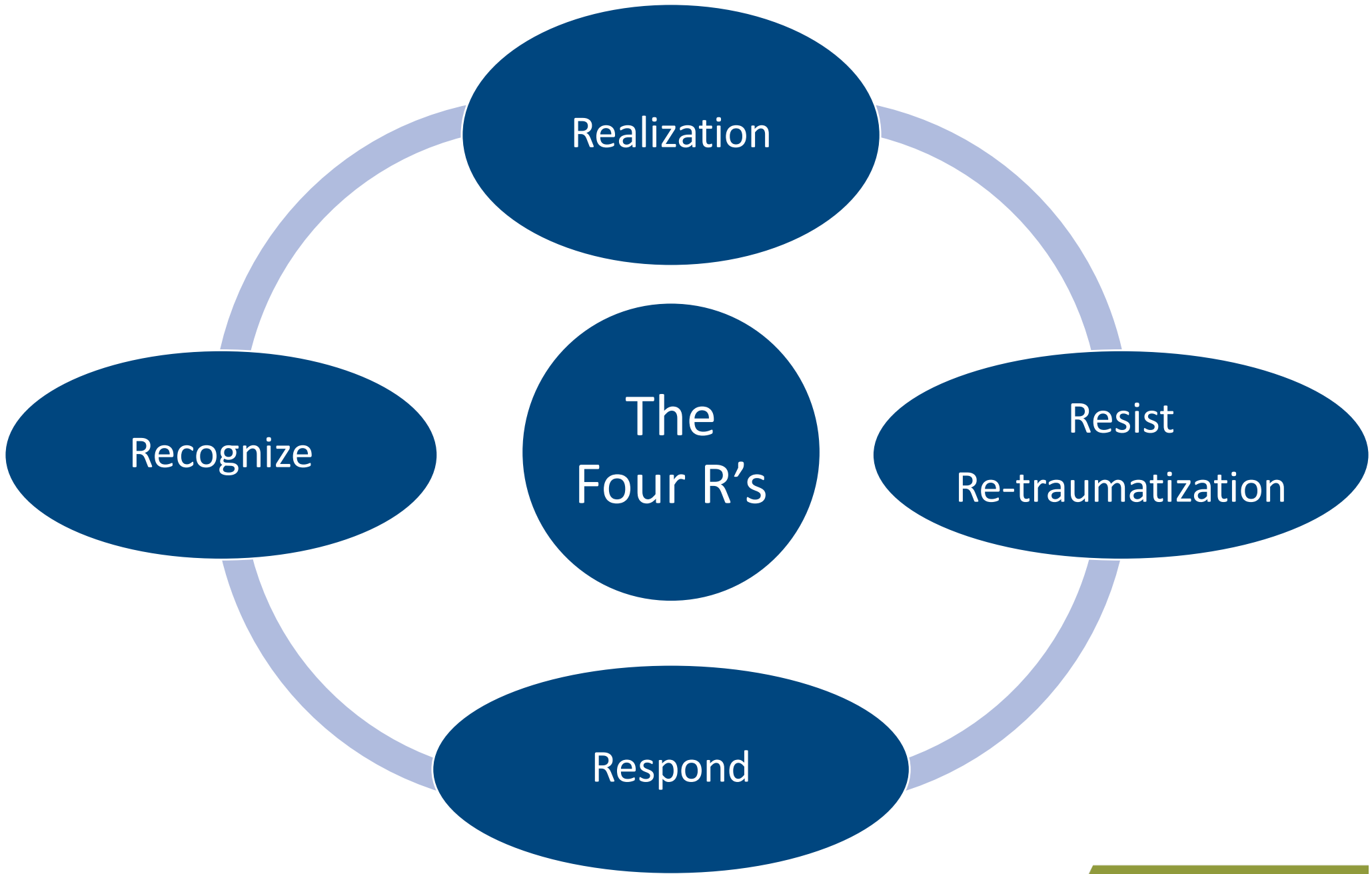


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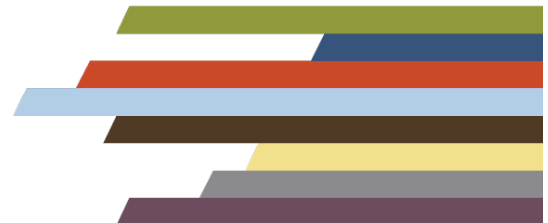




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6 Principles Trauma-Informed (Sensitive) Approach

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



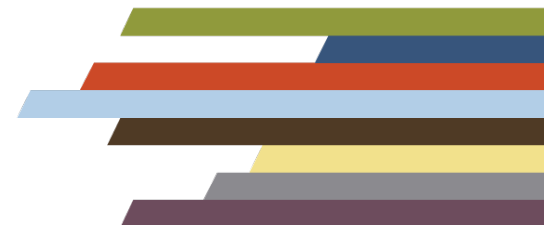
(SAMHSA, 2014)



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SAFETY

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



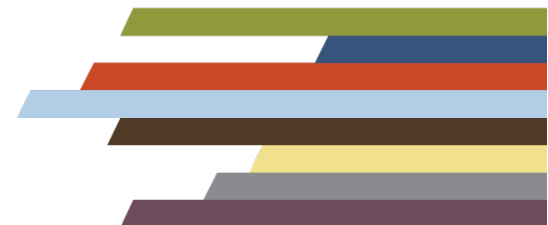
NOVA, 2016



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Trustworthiness & Transparency

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



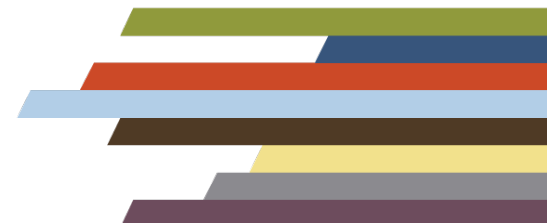
(NOVA, 2016)



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Trustworthiness & Transparency

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



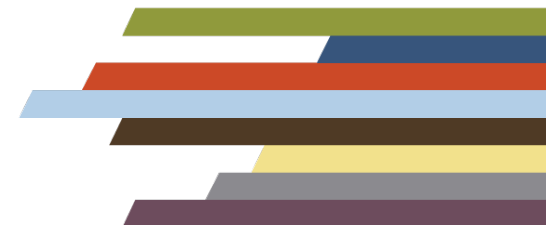
(NOVA, 2016)



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Collaboration & Mutuality

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



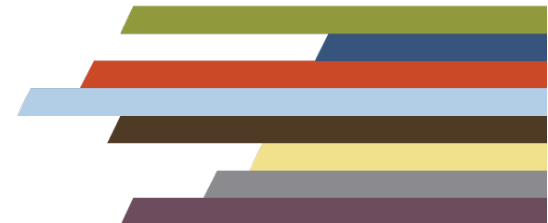
(NOVA, 2016)



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Empowerment, Voice, and Choice

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



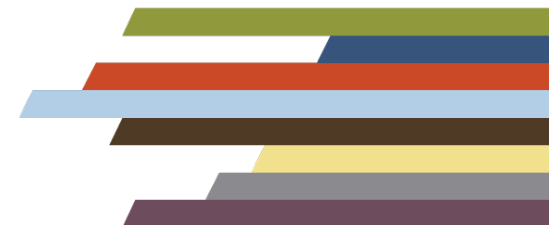
(NOVA, 2016)



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Cultural Humility

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



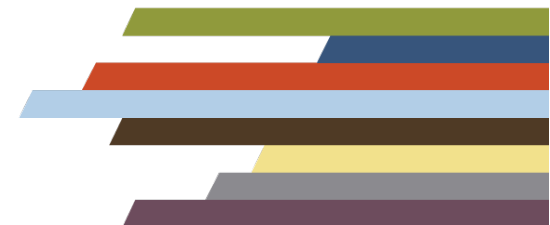
(NOVA, 2016)



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ARC Model

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



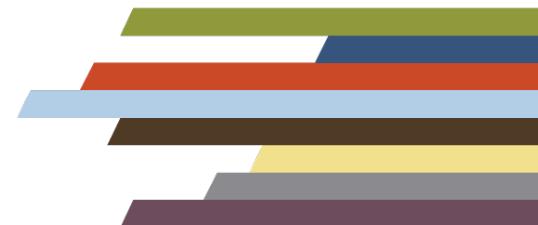
(Cole, J.D. O'Brien, J., Gadd, G., Ristuccia, J., Wallace, L., & Gregory, M., 2018)



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Traditional Approaches vs. Trauma-Informed (Sensitive)

Traditional

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

Trauma-Sensitive

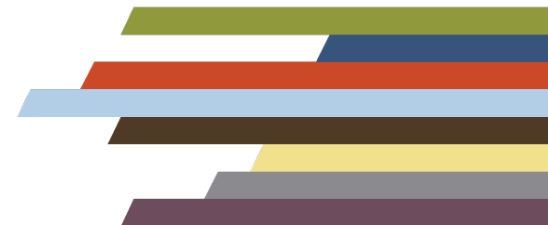
- What happened to you?
- Informed understanding
- Automatic responses
- Consider environment



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Traditional Approaches vs. Trauma-Informed (Sensitive)

Traditional

- Authority critical
- Punitive discipline
- Leave it to counselor

Trauma-Sensitive

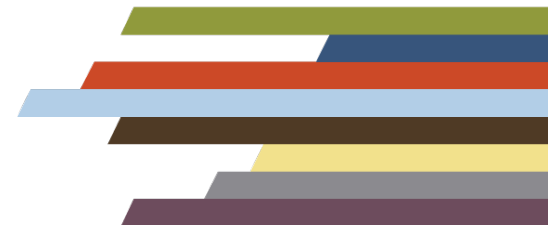
- Choice & control
- Positive strength based
- Shared responsibility



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Interventions

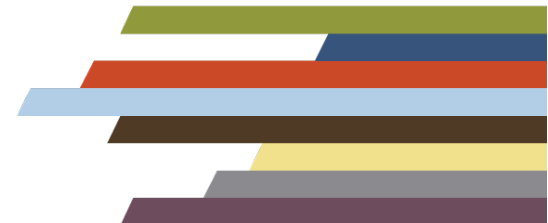
- Routines
- Choices-Giving control to our students
- Your responses
- Our reactions
- Don't take things personally
- Really see our students
- Ignoring labels
- Identify triggers
- Mentor program
- Time



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Interventions

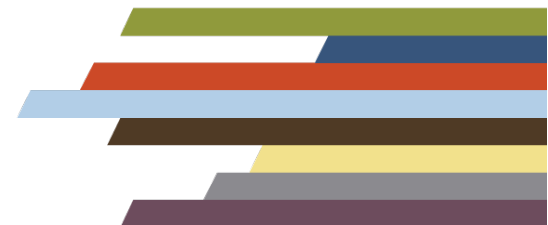
- Sensitivity to cues/triggers
- Forewarn children
- Brain breaks
- Alternate seating
- Fidgets (contract)
- Visuals
- Build self-regulation skills
- Signal plans



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Interventions

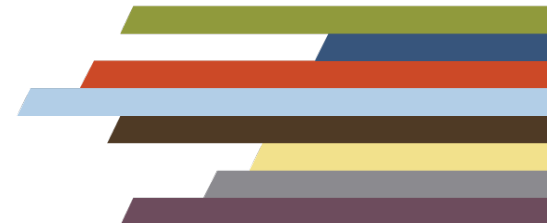
- Reduction of assignments
- Extra time
- Grounding time
- Being in my body



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Specific Behaviors & Trauma Informed Interventions

- The student is not talking
- The student yelled at a peer
- The student is sitting outside of the classroom and will not come in.
- The student is not doing their work.
- The student is not doing their homework
- The student yelled at me
- The student breaks something in the classroom
- The student makes a threat



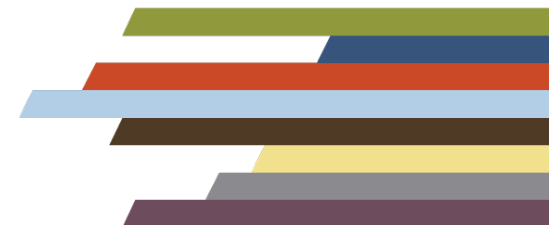
(Ginsburg, 2019)



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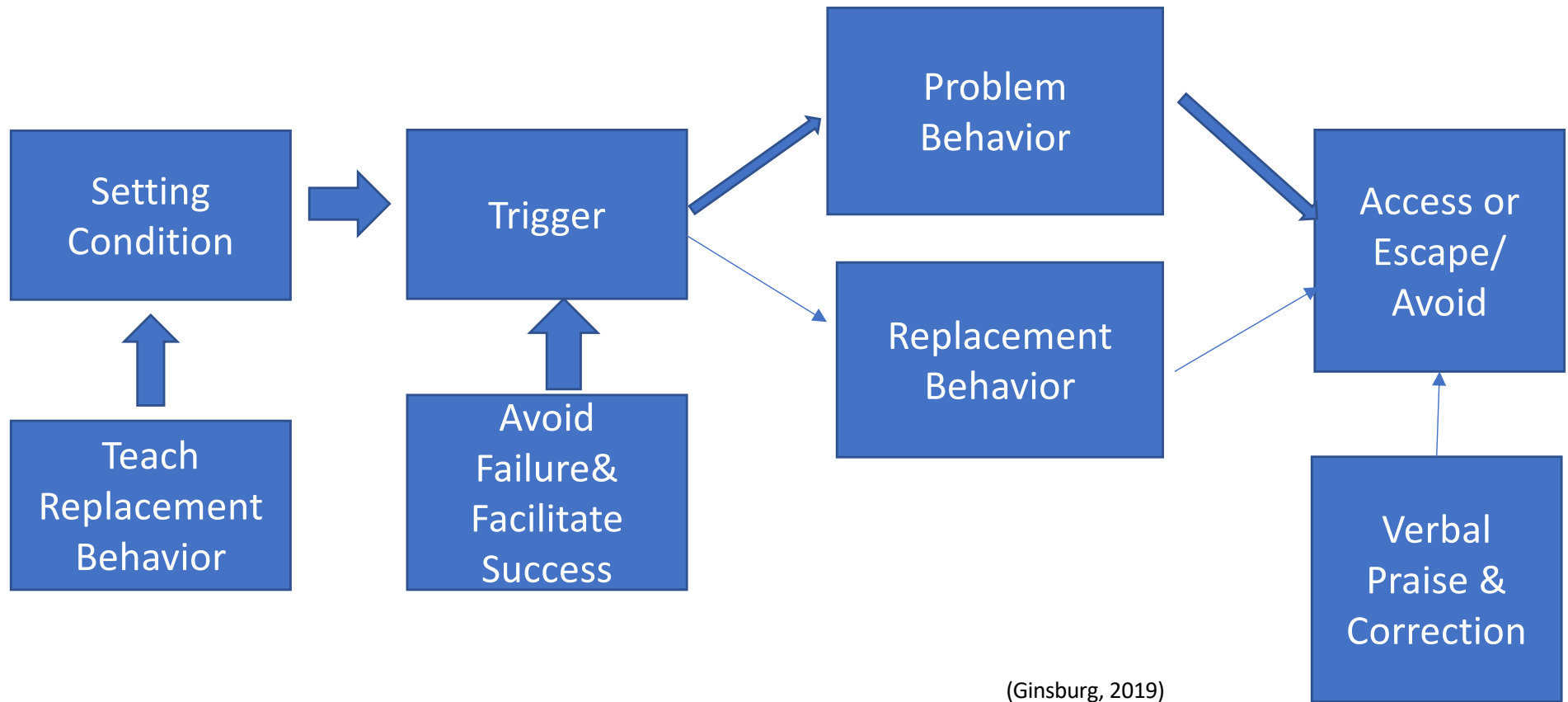
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Changing What We Do

Creating an Environment to Facilitate Success



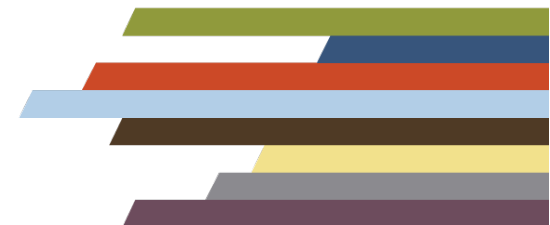
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Interventions Upon Return

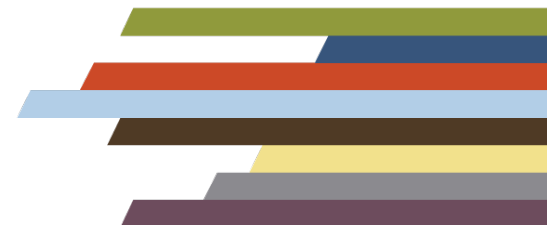
- Model Calm for the students
- Generate Social service projects
- Repeat new routines over and over
- Share information
- Distinguish between virus and other types of sicknesses we recover from
- Be honest
- Correct incorrect beliefs



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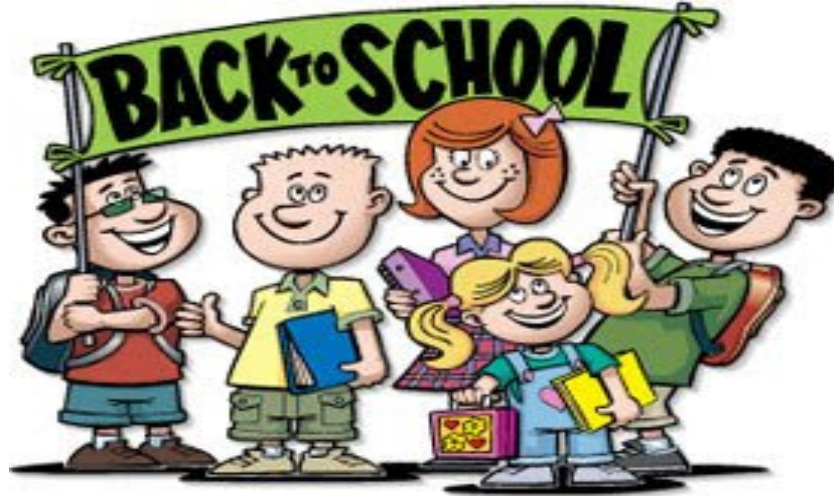
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Interventions Upon Return

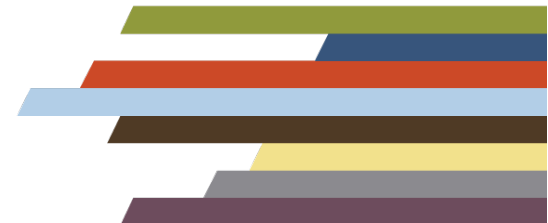
- Encourage a more active coping style
- Facilitate a sense of control
- Provide connections with Mental Health resources.
- Communicate the normalcy of stress reactions



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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)

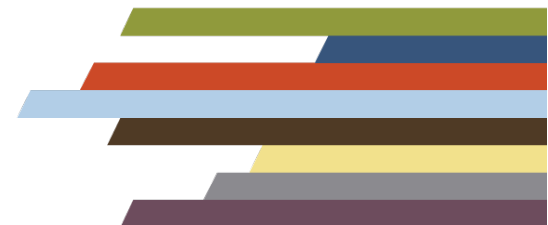
<https://cbitsprogram.org>



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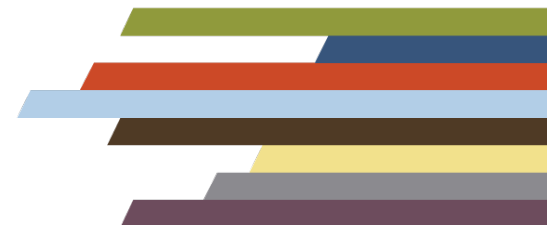
Q and A



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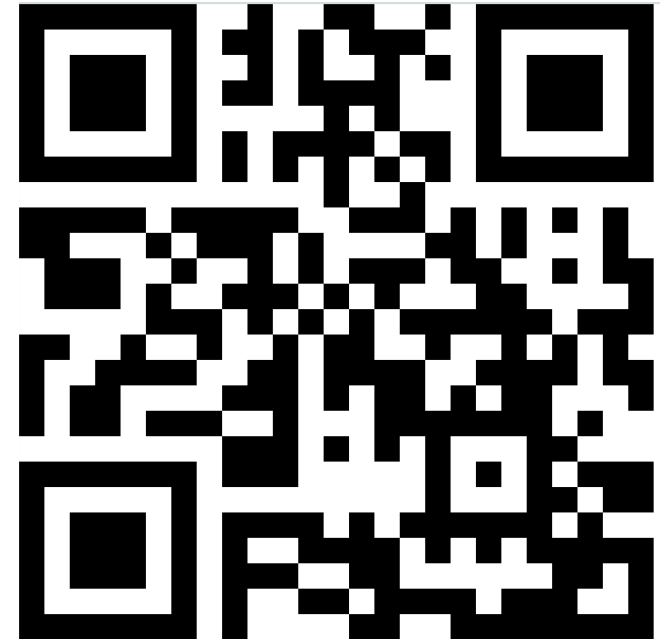
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Evaluation Information

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.

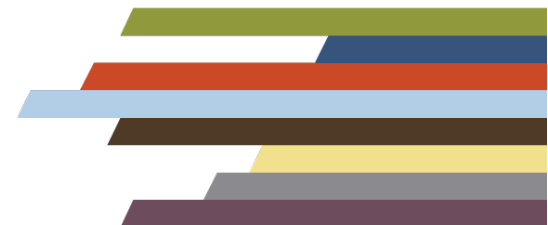
Please take a moment to complete a **brief** survey about today's training.



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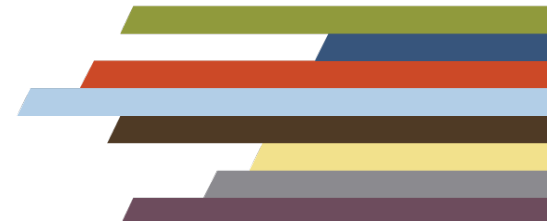
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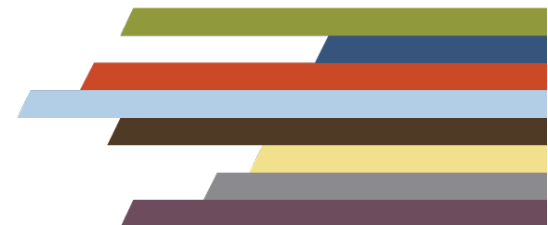
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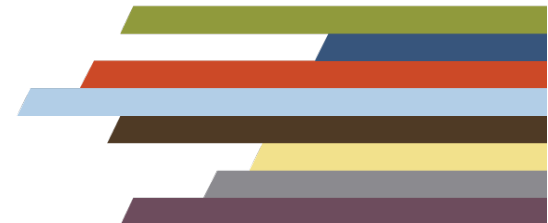
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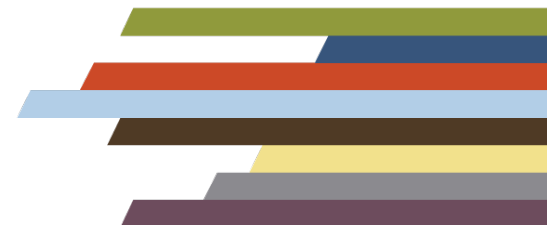
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- <https://traumaawareschools.org>
- <https://healthwest.net/wp-content/uploads/2016/12/TIS-LC-Walk-Through-Checklist-Final.pdf>
- <https://acestoohigh.com/got-your-ace-score/>



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