

Developing Trauma-Sensitive Classrooms

Identifying Students Who Need More Intensive Trauma-Sensitive Supports: Training Video 2 (Year 2)

Welcome and grounding



Victoria Schaefer
SRI International

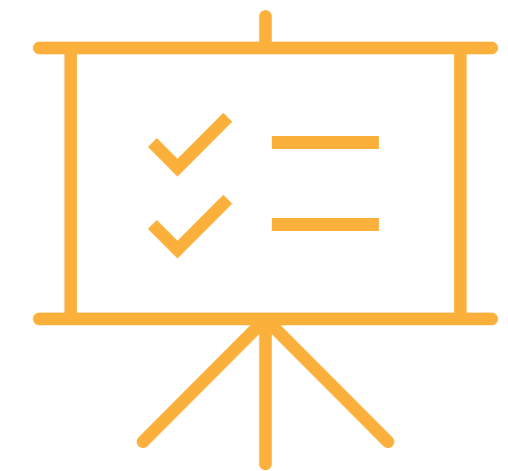
Dr. Steven Miracle
Superintendent,
Marshall County Schools



Session 2 objectives

Identifying students who need more intensive trauma-sensitive supports

- School staff will increase their understanding of:
 - What trauma screening is (and is not).
 - The importance of screening students for experiences and effects of trauma.
 - How to communicate the benefits of screening and its results.



Session 2: Reflection Handout

Identifying Students Who Need More Trauma-Sensitive Supports Training Video 2: Reflection Questions

Throughout the second Developing Trauma-Sensitive Classrooms training, the presenters pose reflection questions to help you apply information to your context in Marshall County Schools. When prompted, please pause the recording to reflect on the following questions.

Why screen students for experiences and effects of trauma?

1. What are the most compelling reasons to identify/screen students for experiences and effects of trauma?



Why screen students for experiences and effects of trauma?



Hannah Cheever
SRI International

Trauma screening versus trauma-informed assessment

According to the National Child Traumatic Stress Network (n.d.):

Trauma Screening	Trauma-Informed Mental Health Assessment
<ul style="list-style-type: none">• A “wide-net” process administered by staff with proper training and support.• A brief, focused determination about whether an individual has:<ul style="list-style-type: none">▪ Experienced one or more potentially traumatic events, and▪ Common reactions to these events.• Can suggest mental or behavioral health support options to address trauma.• May suggest the need for a referral for a comprehensive trauma-informed mental health assessment.	<ul style="list-style-type: none">• An individualized and in-depth process administered by a licensed clinician.• Gathers information about the:<ul style="list-style-type: none">▪ Nature, timing, and severity of traumatic events,▪ Effects of those events,▪ Current trauma-related symptoms, and▪ Functional impairment.• Seeks multiple sources (student, parents and caregivers, educators, providers) using multiple measures such as:<ul style="list-style-type: none">▪ Clinical interviews,▪ Standardized measures, and/or▪ Behavioral observations.

Why screen students for trauma?

- Most students have experienced a traumatic event (70 percent or 51 million U.S. children), and a number will go on to develop post-traumatic stress disorder (PTSD) as a result (16 percent).
- Without a screening process in place, students might not reveal information about their trauma and continue to suffer from symptoms that are treatable.
- Screening is brief and can be administered by non-clinical staff, and rarely causes distress.
- Screening results:
 - Can help identify students who need additional assessment and/or support.
 - May offer insight into a student’s behaviors and functioning.



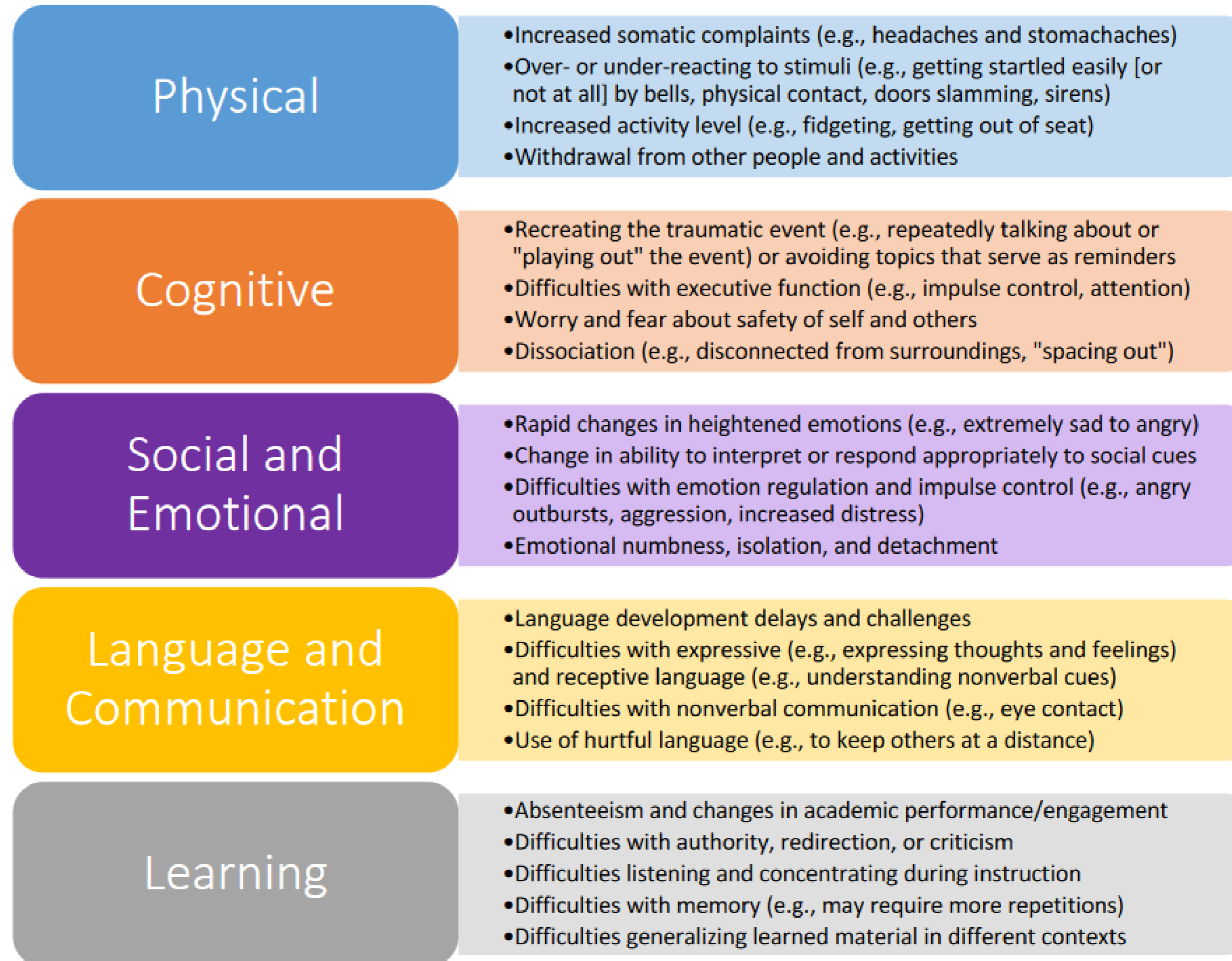
(Child Health and Development Institute, n.d.; SAMHSA, 2014)

What should we be screening for?



Marianna Footo Linz
Marshall University

Common trauma symptoms



(Honsinger & Brown, 2019; National Child Traumatic Stress Network Schools Committee, 2008; REL Appalachia, 2020)

The “3 E’s” of trauma: Events, Experiences, and Effects

- **Events** are threats or acts of violence, psychological harm, or neglect that imperil healthy development; they may occur as a single event or repeatedly over time.
- **Experience** refers to how individuals label the event, assign meaning to it, and are disrupted in their functioning as a result.
- **Effects** may occur immediately or be delayed, be short- or long-term, and may be recognized (or not) by individuals as connected to the event.

Screening should measure both a range of trauma *experiences* and common symptoms of trauma *effects*.

(SAMHSA, 2014)

The ABCs of data: Additional information that may indicate a need for trauma-sensitive supports



- **Academic:** Difficulties with learning and academic achievement, as demonstrated by:
 - Grades or classroom performance/curriculum-based measures.
 - Standardized test scores.
 - Graduation or retention status.
- **Behavior:** Externalizing (disruptive behaviors) or internalizing (withdrawal, isolation) challenges, as demonstrated by:
 - Attendance, tardies, and/or school nurse visits.
 - Disciplinary referrals.
 - Youth risk-behavior surveys, teacher-completed behavior surveys, school climate surveys.
- **Community:** Experience of traumatic events in lives outside of school, as demonstrated by:
 - Police/emergency responder records and events.
 - Census or demographic data (such as poverty, foster care status, housing, natural disaster zones).

(James Bell Associates, 2018; REL Mid-Atlantic, n.d.; Means et al., 2009)

How can we best communicate the benefits of trauma screening and its results?



Victoria Schaefer
SRI International

Benefits of trauma screening: For students and families

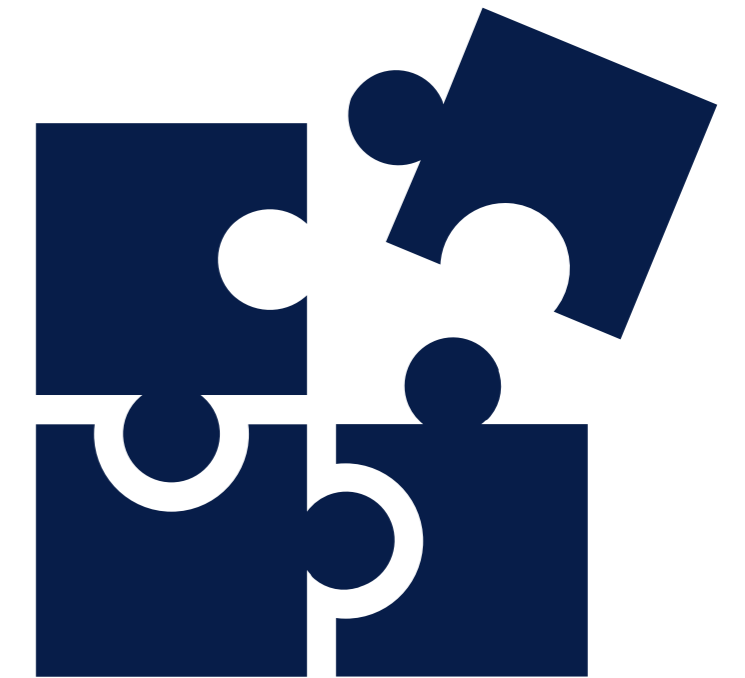
- Helps students to feel heard and understood.
- Normalizes trauma responses and reduces stigma.
- Provides students and families with important information about trauma and its effects.
- Can lead to improved coping and communication skills.
- Supports healing and recovery.



(Child Health and Development Institute, n.d.; SAMHSA, 2014)

Benefits of trauma screening: For educators

- Offers a proactive approach to identifying trauma effects early, before problems worsen.
- Offers insight into students' functioning and behavior.
- Provides opportunity to discuss trauma and support options with students and families.
- May help reduce the likelihood of trauma exposure in the future.
- Informs service planning for students and families by identifying strengths and needs.



(Child Health and Development Institute, n.d.; SAMHSA, 2014)

Challenges with trauma screening in educational settings

- Lack of awareness about effective and feasible screening processes and practices.
- Limited time and resources to conduct screening.
- Logistical and resource challenges in obtaining consent/assent, maintaining individual privacy, and data security.
- Limited capacity to provide services and support to address identified needs.



(Child Health and Development Institute, n.d.; SAMHSA, 2014)

Planning and conducting screening processes: Best practices UPLIFT

- **Understand:** Recognize and respect families' culture and concerns, and reflect on your own personal implicit biases and assumptions.
- **Prepare:** Prepare students and families for sensitive questions, and explain clearly how screening information will be used; provide privacy and sense of control and safety during screening.
- **Listen and validate:** Validate feelings and experiences you learn about during the screening without assuming, judging, or sharing personal experiences.
- **Instill hope:** Maintain optimism about recovery from trauma, but don't downplay concerns or paint an overly rosy picture.
- **Find a path forward:** Suggest options for support (including assessment, self-help, parent support, counseling); plan to provide at least one concrete strategy.
- **Take the next step:** Document and share results (with permission) to facilitate followup and support in agreed timeline; be prepared to make a warm handoff referral and address barriers to accessing services.



(Child Health and Development Institute, n.d.; Menschner & Maul, 2016)

Wrap-up and next steps



Victoria Schaefer
SRI International

What's next for school staff?

View training recordings on evidence-based, trauma-sensitive practices



Receive direct support to implement these practices from school trauma teams



Implement practices



Build trauma-sensitive classrooms and schools!

Questions?



Thank you!



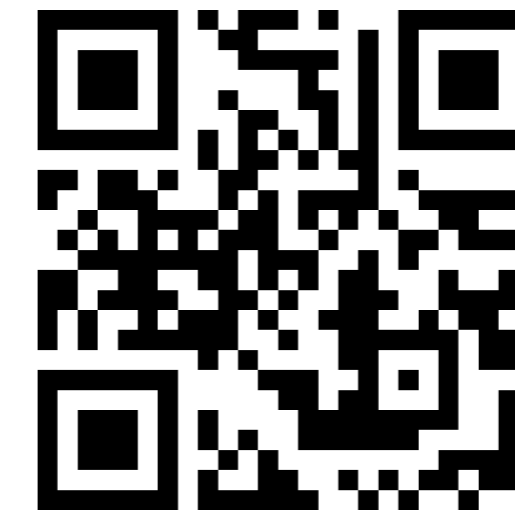
<https://ies.ed.gov/ncee/rel/region/appalachia>



[@REL_Appalachia](https://twitter.com/REL_Appalachia)



<https://tinyurl.com/RELAPnews>



RELAppalachia@sri.com

References

- Child Health and Development Institute. (n.d.). *Helping children who experience trauma: The role of trauma screening*. <https://www.chdi.org/traumascreentime/>
- Child Health and Development Institute. (n.d.). *UPLIFT: A guide to trauma screening*. <https://dm0gz550769cd.cloudfront.net/screentime/77/77f2b7df7b5679fa68e3ff8493773b96.pdf>
- Honsinger, C., & Brown, M. H. (2019). Preparing trauma-sensitive teachers: Strategies for teacher educators. *Teacher Educators' Journal*, 12, 129–152.
- James Bell Associates. (2018). *Guide to data-driven decision making: Using data to inform practice and policy decisions in child welfare organizations*. U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau. <https://www.jbassoc.com/wp-content/uploads/2018/05/Guide-to-Data-Driven-Decision-Making.pdf>
- Means, Barbara, Padilla, C., DeBarger, A., & Bakia, M. (2009). *Implementing data-informed decision making in schools: Teacher access, supports and use*. U.S. Department of Education, Office of Planning, Evaluation and Policy Development. <https://files.eric.ed.gov/fulltext/ED504191.pdf>
- National Child Traumatic Stress Network Schools Committee. (2008, October). *Child trauma toolkit for educators*. National Center for Child Traumatic Stress. https://www.nctsn.org/sites/default/files/resources//child_trauma_toolkit_educators.pdf
- National Child Traumatic Stress Network. (n.d.). *Trauma-informed mental health assessment*. <https://www.nctsn.org/treatments-and-practices/screening-and-assessments/trauma-informed-mental-health-assessment>

References (cont.)

- National Child Traumatic Stress Network. (n.d.). *Trauma screening*. <https://www.nctsn.org/treatments-and-practices/screening-and-assessments/trauma-screening>
- REL Appalachia Cross-State Collaborative to Support Schools in the Opioid Crisis (2020). *Common Trauma Symptoms in Students and Helpful Strategies for Educators*. [Handout] https://ies.ed.gov/ncee/edlabs/regions/appalachia/events/materials/04-8-20-Handout3_common-trauma-symptoms-and-helpful-strategies-for-educators.pdf
- REL Mid-Atlantic. (n.d.). *Research review: Data-driven decision making in education agencies*. [Infographic] https://ies.ed.gov/ncee/edlabs/regions/midatlantic/pdf/Data_Use_Infographic.pdf
- Substance Abuse and Mental Health Services Administration (SAMHSA). (2014). *SAMHSA's concept of trauma and guidance for a trauma-informed approach*. HHS Publication No. (SMA) 14-4884. <https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4884.pdf>
- Substance Abuse and Mental Health Services Administration (SAMHSA). (2014). *Trauma-informed care in behavioral health services. Treatment improvement protocol (TIP) series 57*. HHS Publication No. (SMA) 13-4801. <https://dm0gz550769cd.cloudfront.net/screentime/42/42948a84ec3876a90b23b215c0399a57.pdf>