



**Center for
Childhood
Resilience**

Resilient Kids. Stronger Communities. Brighter Futures.

 Ann & Robert H. Lurie
Children's Hospital of Chicago

School-Community Collaboration to Address the Impact of Trauma and Build Resilience: A Public Health Approach

May 4th, 2018

The Melissa Institute 22nd Annual Conference

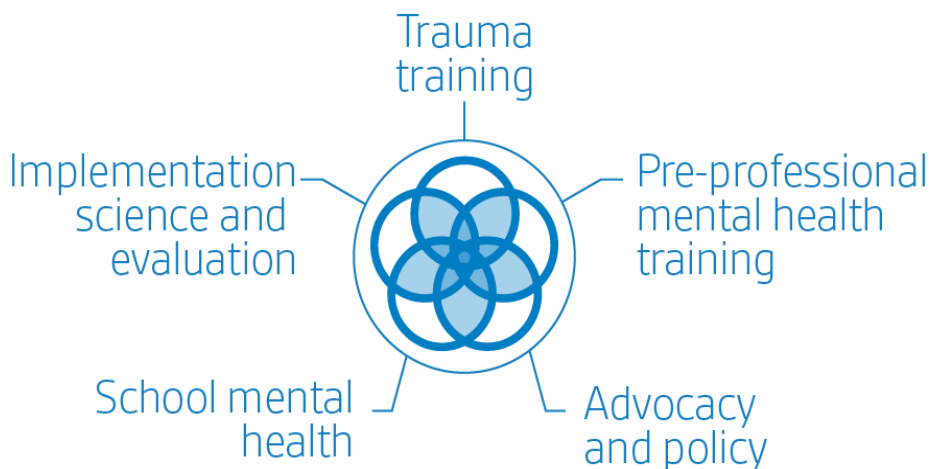
Impact of Trauma and Violence: Interventions for School, Clinical and Community Settings

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The Center for Childhood Resilience (CCR) is focused on building the resiliency of all children and youth by leading innovative, sustainable and evidence-based strategies that engage youth-serving organizations in a public health approach to addressing the impact of trauma and promoting mental health and wellness



CCR's multidisciplinary team of mental health professionals share insights and best practices through trainings, consultation, advocacy and research to advance mental health services and build strong communities.

CCR collaborates with educators, community agencies, civic and government leaders, parent organizations, and philanthropic groups who work with and advocate for children.

Collaborators

We believe that the diversity of our relationships enhances our mission to promote thriving children, families and communities

Our Collaborators Include:





Shared Definitions

Resilience & Strength

- **Resilience** = Positive capacity of people to cope with stress and life problems.
- **Things that promote resilience and strength**
 - ❖ Strong bonds and connectedness with parents and caring adults
 - ❖ Positive experiences in the community (school, church, neighborhood)
 - ❖ Positive cultural identity
 - ❖ Personal qualities, coping resources, courage, leadership



Power of Healthy Relationships

- CDC has identified **SSNRs (safe, stable, nurturing relationships)** as crucial in ameliorating the effects of child maltreatment and promoting healthy habits and lifestyles:
 - Safe: free from fear and secure from psychological or physical harm
 - Stable: predictable and consistent
 - Nurturing: available and sensitive to respond to child’s needs including physical (food, shelter), developmental, and emotional
- Number, quality, & stability of relationships is a strong predictor of resilience

Recipe for Resilience:

Two types of promotive factors

- **Assets:** Positive factors that reside within individuals
 - Self-esteem
 - Socially outgoing
 - Academic ability
 - Artistic skill
 - Athletic ability
- **Resources:** Positive factors in the environment
 - Parental/familial support
 - Adult mentors
 - Prosocial peers
 - Youth programs
 - Employment

Assets and resources provide youth with the individual and contextual characteristics necessary for healthy development. — Fergus & Zimmerman, 2005

What is Child Trauma?

The 3 Es

An emotionally painful or distressing
event

The **experience** of the event induces
an abnormally intense and prolonged
stress response

The event and experience of the event
result in lasting physical & mental
effects

Types of Trauma

- **Extreme Acute Event**
Examples: car accident, assault, natural disaster
- **Chronic Stressful Events**
Examples: abuse, violence, poverty, historical, systemic

Childhood Traumatic Grief

- Typical grieving process is complicated if the death was traumatic



Trauma in Context

Child Trauma: National Incidence

- **50%** of the nation's children have experienced **at least one or more** types of serious childhood traumas.

National Survey of Children's Health, 2013

- **Over 40%** of the children and adolescents receiving services through NCTSN funded centers experienced **4 or more** different types of trauma and adversity.

Pynoos et.al, 2014

Violence is a Public Health Crisis

Community violence, domestic violence, school violence, physical abuse, etc., impact:

- Youth who were injured
- Youth who witnessed injury or death
- Youth who witnessed any part of the violence
- Youth whose friends were injured or killed
- Youth whose friends/family perpetrated the violent acts
- All students at the school
- Teachers and staff in the same scenarios
- Community members
- Parents (of all youth) in the community



Media amplifies sense of danger/vulnerability in communities.

Community Trauma

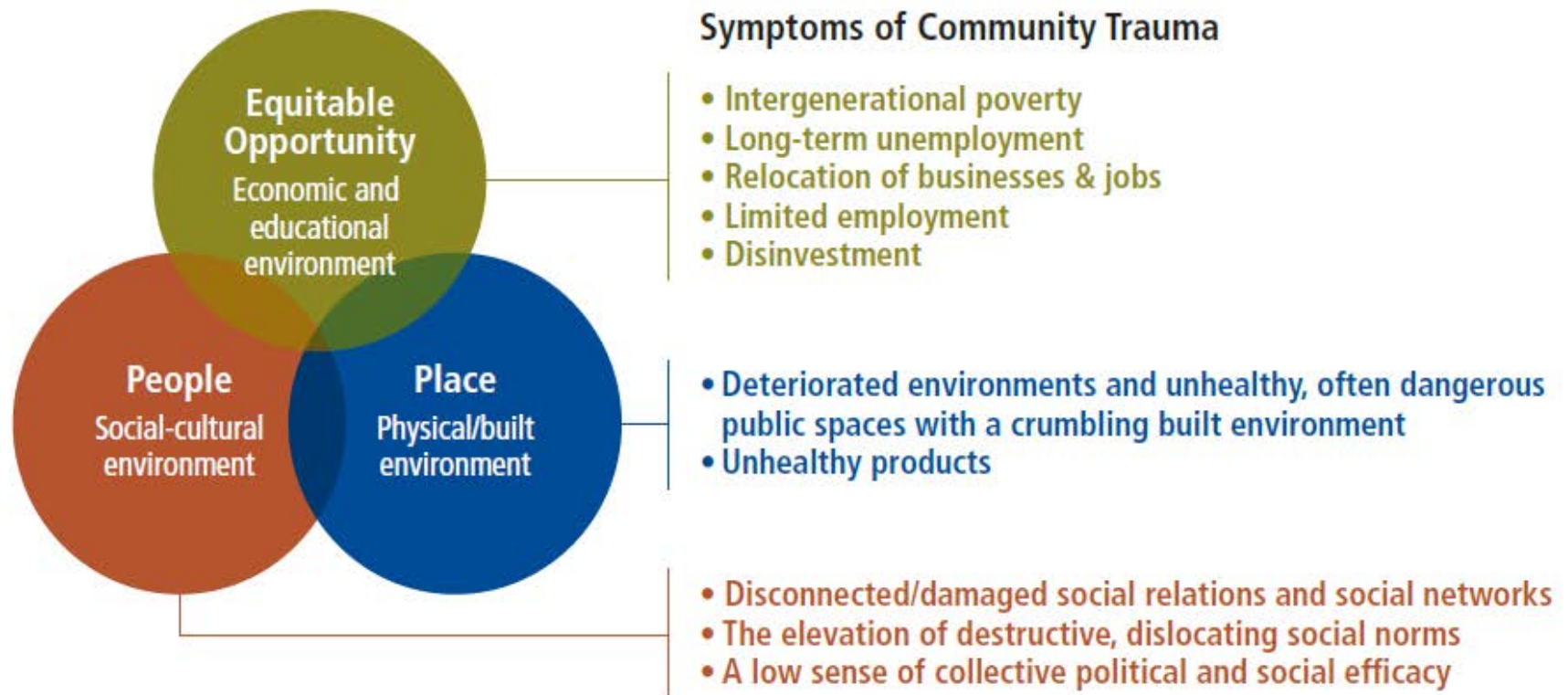


Figure 1 The Community Environment

Public Health Implications of the Current Sociopolitical Climate

- Marginalized individuals are experiencing significant distress
 - Dramatic increase in the number of hotline calls
 - Schools reporting instances of:
 - Hate speech
 - Racist vandalism
 - Students fearful to attend school
 - Decline in attendance at medical appointments and application for public benefits

“Disrespect invites disrespect. Violence incites violence.
When the powerful use their position to bully others, we all lose.”
Meryl Streep, 2017 Golden Globes

Current Sociopolitical Stressors for Marginalized Youth

More than half the nation's governors say Syrian refugees not welcome



By **Ashley Fantz** and **Ben Brumfield**, CNN
Updated 3:20 PM ET, Thu November 19, 2015

Unauthorized immigrants covered by DACA face uncertain future

CNNMoney Reports

Fear, anger over potential 'Muslim registry'

White House defends transgender military ban

CBS News Wednesday 26 July 2017 22:49 CEST

Chicago Loop Synagogue Vandalized With Swastikas

February 4, 2017 10:43 AM



Teenagers Report a Surge in Bullying During a Divisive Election Season

In a survey of 50,000 teenagers, some 70 percent reported abusive behavior across months of a notably angry presidential campaign.



Mental Health Repercussions for Minority/Marginalized Youth

Anxiety

Self-Esteem

Physical illness

Absenteeism

DEPRESSION

Suicidal thoughts/behaviors

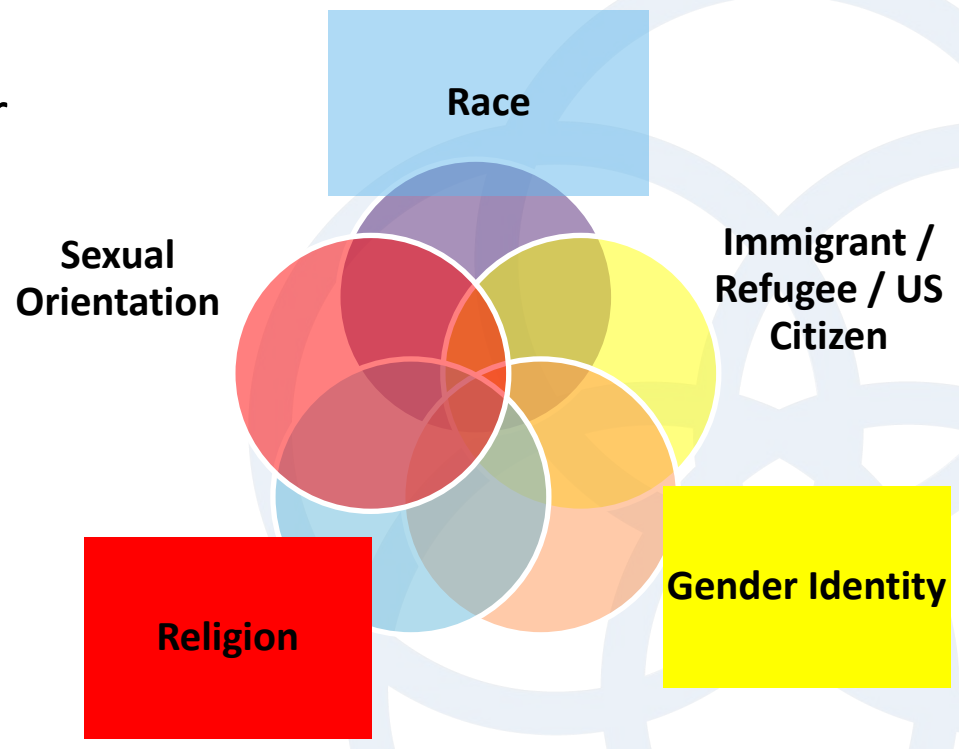
Problem behaviors

Lowered school achievement

Accumulating trauma

Most Vulnerable Individuals

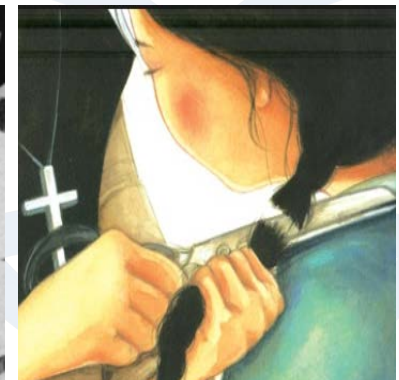
- Visible minorities
 - Gender non-conforming individuals
 - Refugee/immigrant children and adolescents
 - Recipients of DACA (Deferred Action for Childhood Arrivals) or “dreamers”
 - Whose family members also may be undocumented and experiencing the same distress
 - Limited English proficiency
 - Exposed to others’ suicidal behavior
- Pre-existing risk factors for suicidal behavior (e.g., depression, anxiety disorders, prior suicide attempts or non-suicidal self-injurious behaviors)



Historical Trauma

“Cumulative and psychological wounding over the life span & across generations, emanating from massive group trauma experience”

-Maria Yellow Horse Brave Heart, PhD



Response to historical trauma:

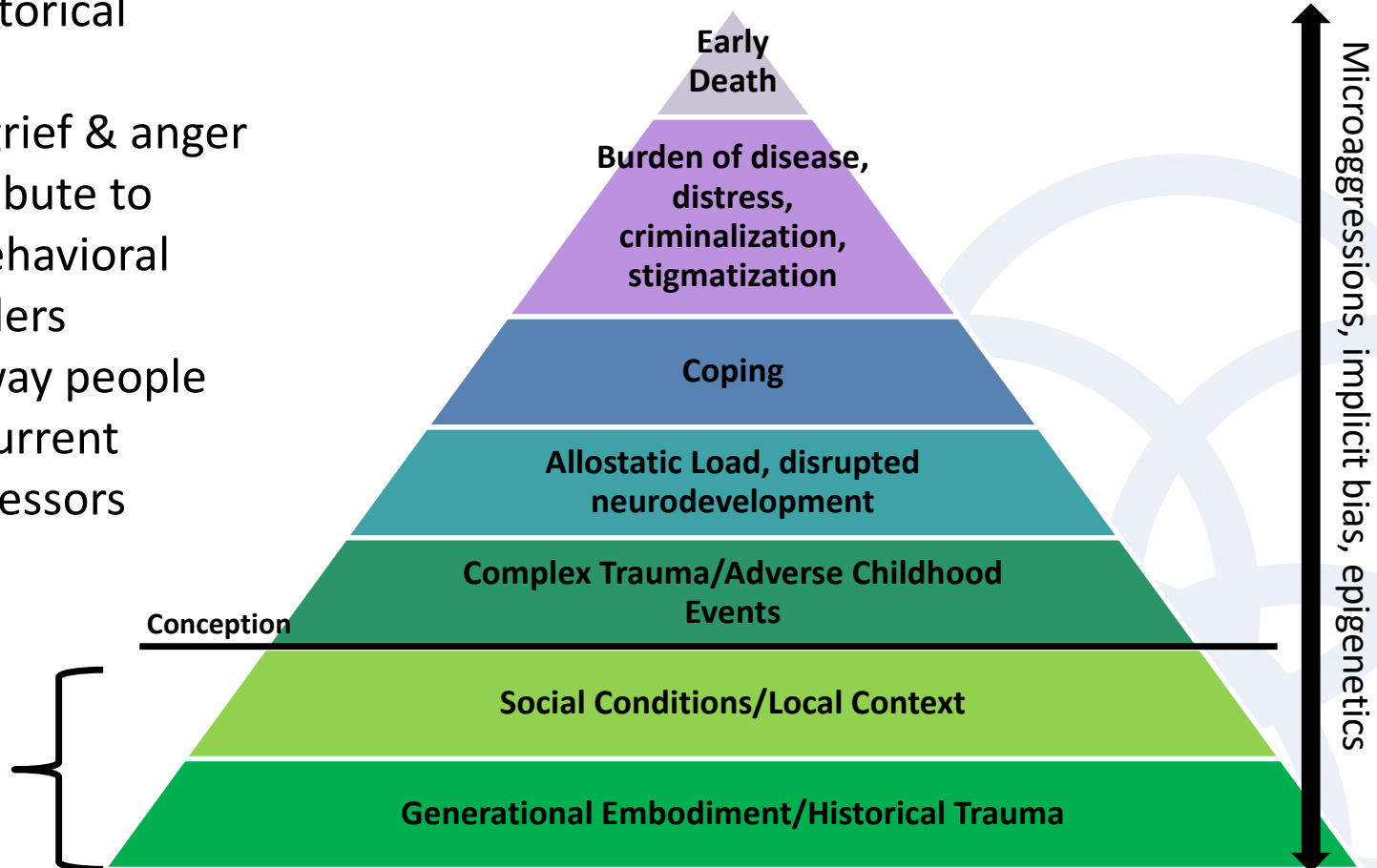
- Unresolved grief & anger in turn contribute to physical & behavioral health disorders
- Historical trauma shapes the way people respond to current traumatic stressors

Historical Trauma

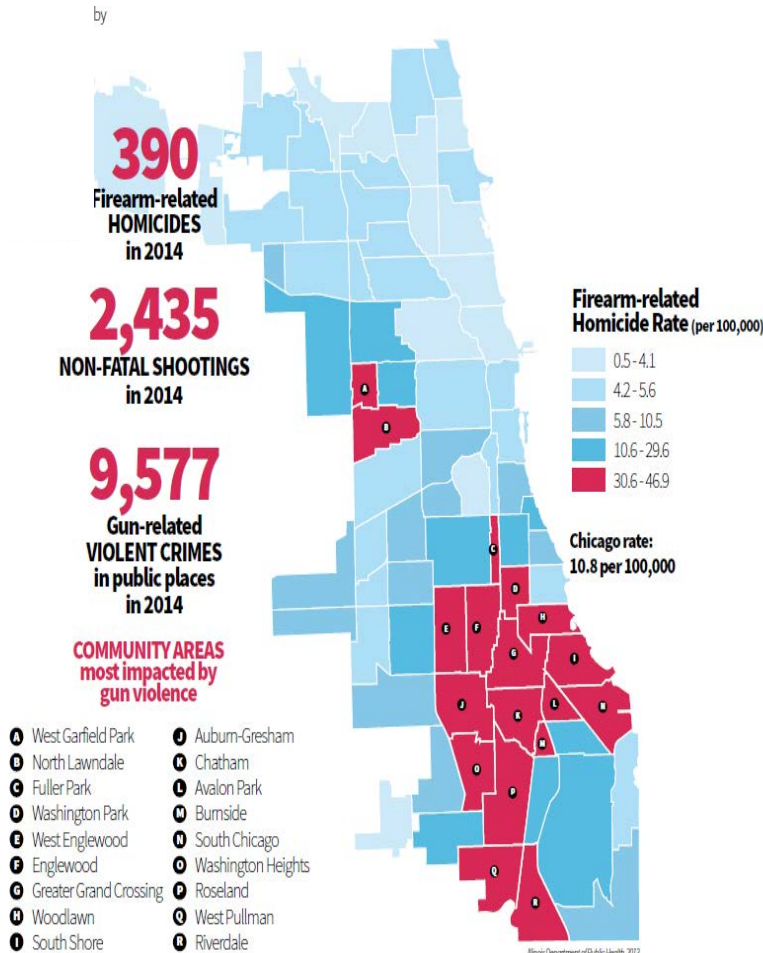
Response to historical trauma:

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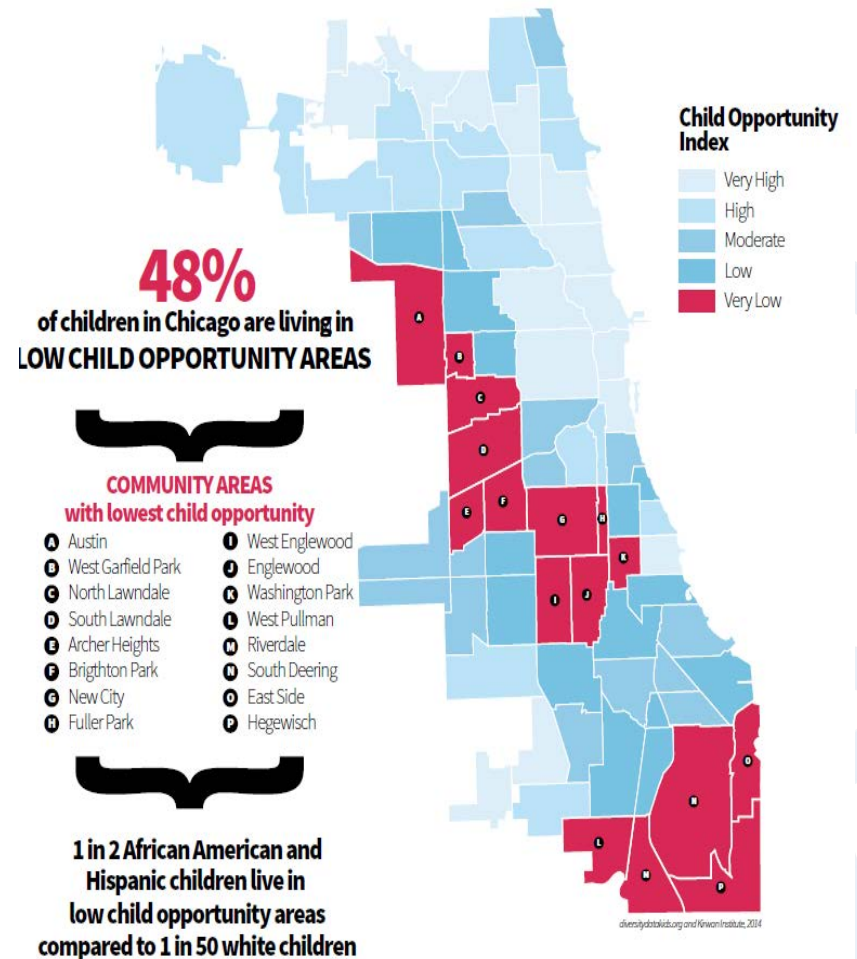
Trauma &
Social Location



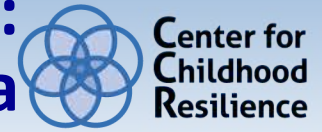
Map of Gun Violence



Map of Lowest Child Opportunity



Illinois Poverty Report Examines the Cycle of Risk: The Intersection of Poverty, Violence, and Trauma



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- Poverty and well-being, by county, as measured by four key indicators:
 - Poverty
 - Unemployment
 - Teen births
 - High school graduation
- The County Well-Being Index highlights counties experiencing negative conditions:



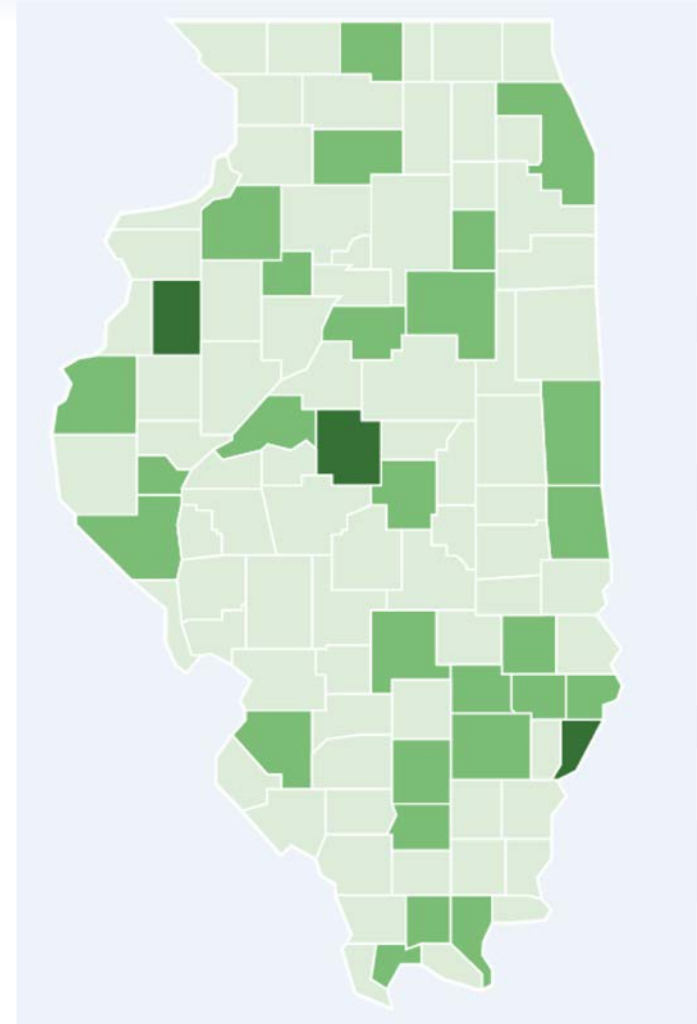
WATCH

County has an indicator score of 4 or 5 and needs to be monitored.



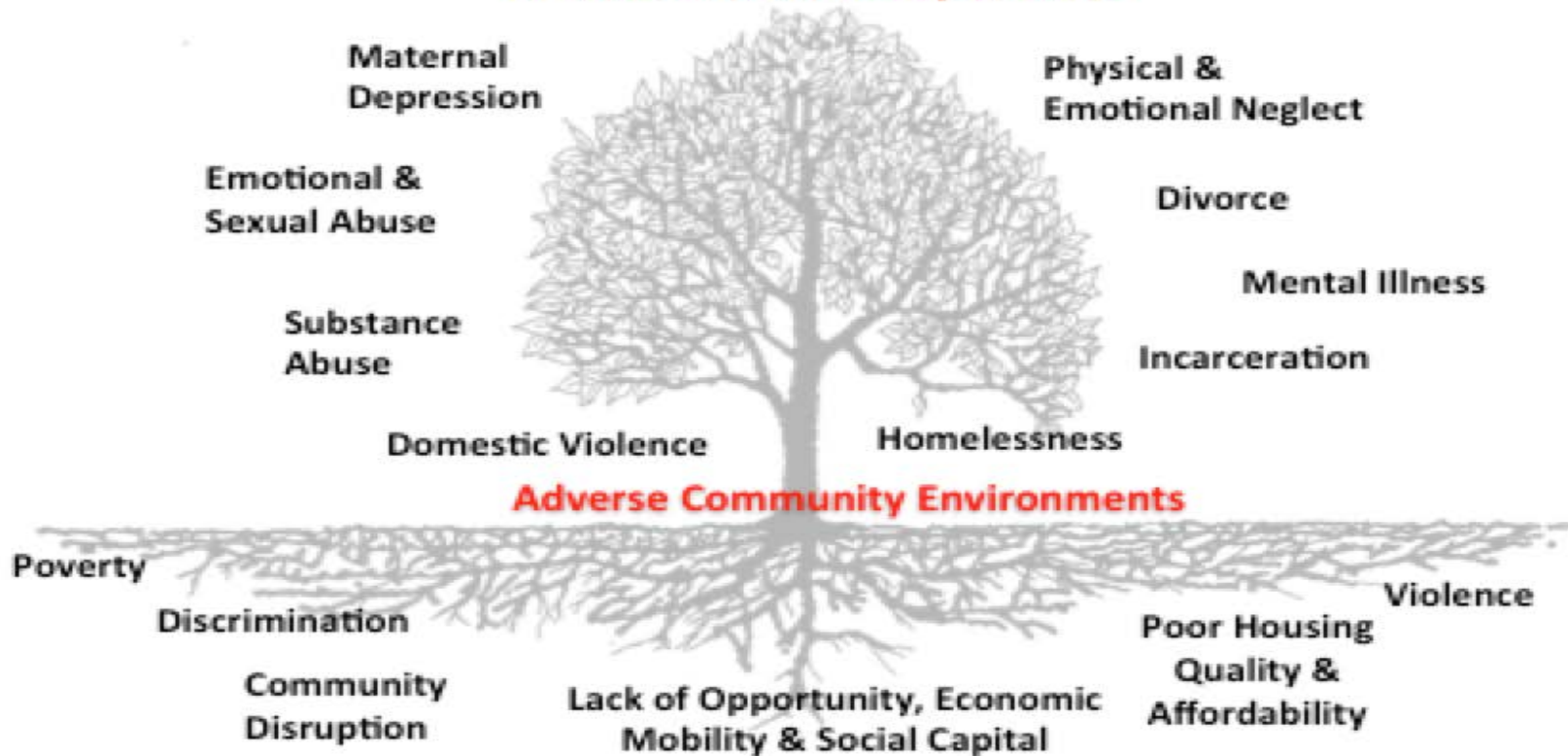
WARNING

County has an indicator score of 6, 7, or 8 and needs to initiate corrective action.



The Pair of ACEs

Adverse Childhood Experiences



Trauma and Exposure to Violence Research Findings

Decreased IQ and reading ability

(Jimenez et al., 2016; Kira et al., 2012; Sharkey, 2010)

Lower grade-point average

(Borofsky, et al. 2013; Mathews et al, 2009)

More days of school absence

(Mathews et al, 2009)

Increased behavior problems, expulsions, & suspensions

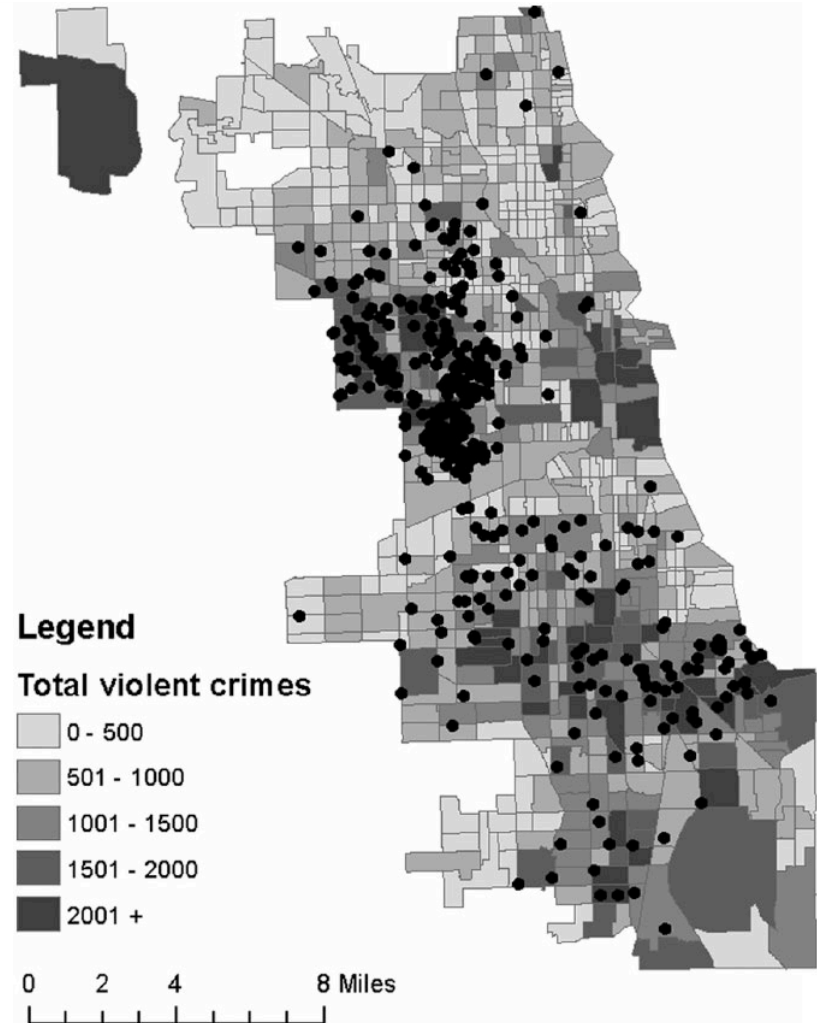
(Jimenez et al., 2016)

Decreased rates of high school graduation

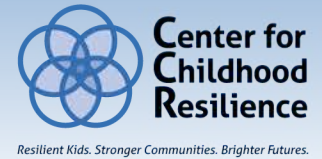
(Porche et al., 2011)

Impact of Neighborhood Violence on Academic Performance

- Acute effect of exposure to local homicide on cognitive performance
 - Statistically significant decrease in students' scores during the week following a homicide that occurred on their block (regardless of connection to the victim)
- How many weeks during the academic year would the learning abilities of youth in your neighborhood potentially be impacted?



Confined by Violence



I want to go outside and play
But I can't

Not because it's a rainy day
It's to avoid the gunshots
That may come my way

I want to go outside and play
But I can't

Not because I have no bike to ride
It's because my mom fears
I'll be another victim of a senseless homicide

I want to go outside and play
But I can't

not because it's after-hours
Or even that it's way too dark
It's because of all the bloodshed
That occurs in the neighborhood park

I want to go outside and play
But I can't

Not because I have no friends
It's because of the violence
It seems it never ends

I want to go outside and play
But I can't

Not because I don't deserve it
There's this thing called Life
And I'm just trying to preserve it

- Kristian, Chicago Public Schools 4th grader



A Public Health Response

7.5 Million U.S. Children with Unmet Mental Health Needs

- On average, only 1/4 of children in need of mental health get the help they need
- Of those receiving mental health treatment, **70-80%** receive treatment in a school setting
- Research suggests that schools may function as the de facto mental health system for children and adolescents



Mental Health Problems reported among *Chicago Public School* Students

32.5% of CPS students felt sad or hopeless almost every day for 2 weeks or more in a row and stopped usual activities
CDC YRBS, 2013



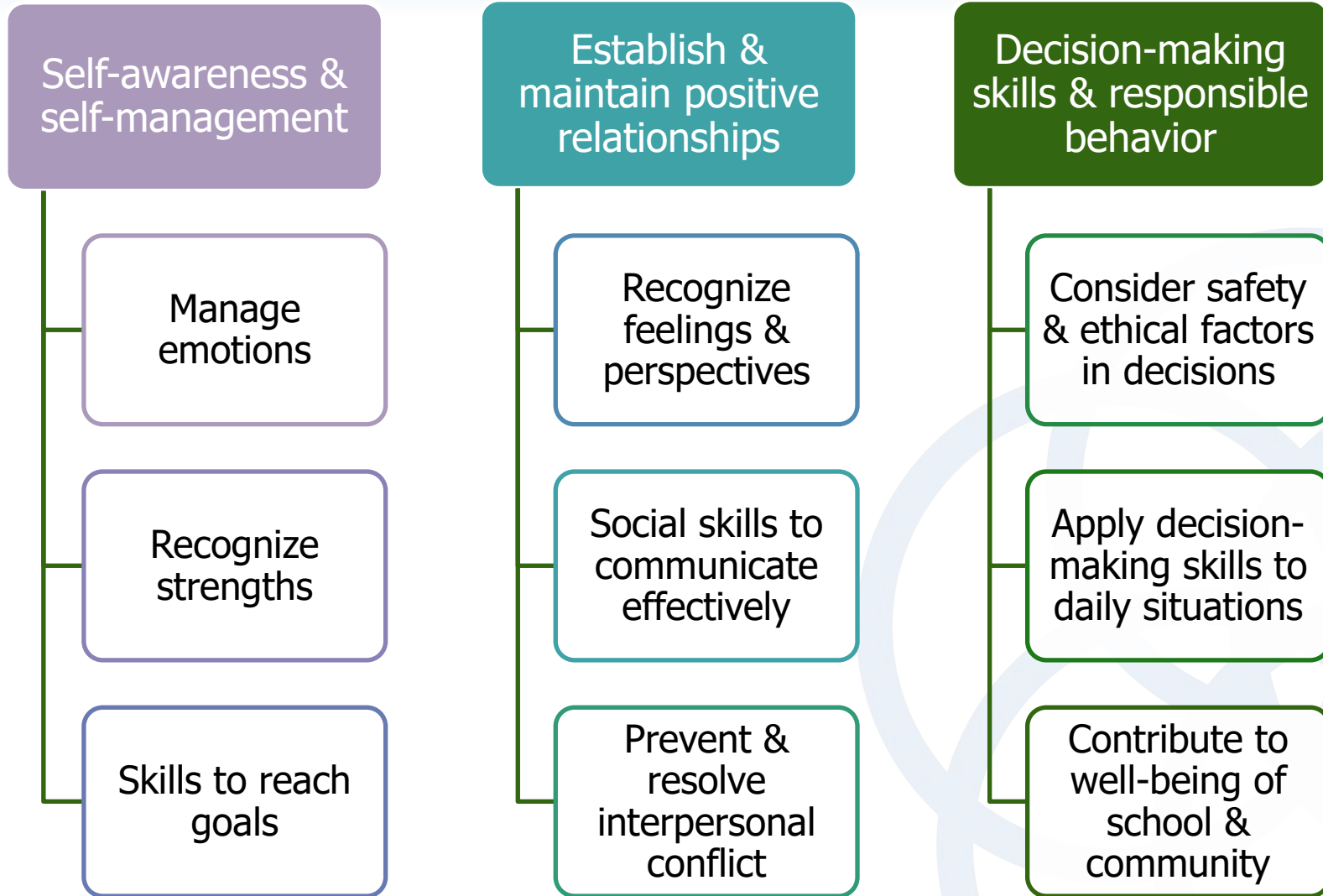
15.5% of CPS students seriously considered attempting suicide
CDC YRBS, 2013

Illinois Children's Mental Health Act of 2003

Created the first Social-Emotional Learning Standards in the United States and requires that every school district:

1. Implement evidence-based age and culturally appropriate classroom instruction and **school-wide strategies that teach social and emotional skills**, promote optimal mental health and prevent risk behaviors for all students.
2. Establish protocols to screen, assess and **provide early intervention for students who have significant risk factors** for social, emotional or mental health problems that impact learning.
3. Establish **partnerships with diverse community agencies** and organizations to assure a coordinated approach to addressing children's mental health and social and emotional development.
4. **Build and strengthen referral and follow-up mechanisms for providing effective clinical services** for children with social, emotional and mental health issues that impact learning through school-based intervention and school and community linked services and supports.

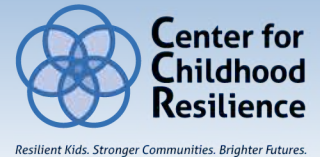
ISBE SEL Standards



Public Health Approaches

Purpose	Public Health	MTSS or RTI
Building Resiliency	Primary Prevention	Universal Strategies
Early Intervention for At-Risk populations	Secondary	Targeted Interventions
Targets Specific Deficits or Symptoms for Reduction &/or Recovery	Tertiary	Individual Interventions

Multi-Tiered System of Support for Social & Emotional Learning



ALL STUDENTS

(Ex: PBIS or Foundations, Second Step, Restorative Conversations, Talking Circles)

CREATE POSITIVE LEARNING CLIMATE

School climates with positive relationships, clear expectations, and collective responsibility establish appropriate behaviors as the norm. Respectful, learning-focused, participatory **classroom environments** with well-managed procedures and behaviors maximize learning time

TEACH SOCIAL AND EMOTIONAL SKILLS

Explicit curricula, along with integrated instructional practices that promote social and emotional development, teach students how to form positive relationships, make responsible decisions, and set goals. These are critical skills for college and career success.

SOME

(Ex: Peace Circles, Check In/Check Out BAM/WOW, CBITS, Anger Coping, Think First)

TARGETED SUPPORTS

For at-risk students, classroom-based responses can help de-escalate behavior problems, clinical group interventions address anger, trauma, and violence; and restorative practices provide students with strategies to resolve conflicts

FEW

(Ex. Individualized Counseling)

INDIVIDUALIZED INTERVENTIONS

For students with the highest levels of need, highly-targeted and individualized behavior strategies provide more intensive intervention and monitoring.

CCR Training on Evidence Based Tier II Interventions

- Collaborate with national developers of curricula
- Serve as local trainers for district wide trainings
- Develop local cadre of trainers
- Supported Implementation: Move Beyond “Train and Hope”
- Create tools to facilitate screening, progress & fidelity monitoring, as well as evaluation of effectiveness of interventions
- Through CPS, trained over 1000 Clinicians including:
 - Approximately 90% of CPS School Social Workers
 - CPS psychologists, counselors and community mental health providers
- Assist in identifying and piloting new interventions to add to clinician tool box

Behavioral Health Team: Definition and Mission


The BHT is a school-based group of behavioral health staff that addresses the needs of a school's at-risk students.

A BHT:

- **Coordinates** services so that students are appropriately matched to services
- Develops a system of **accountability** to ensure follow-through with service delivery
- Builds on and maximizes existing **resources**
- **Evaluates** the effectiveness of interventions and determines the need to reassess

Behavioral Health Team: Best Practices

- Uses a **multi-tiered system of supports**
- **Builds on capacity** and **address needs** of the individual school
- Uses **referral and screening protocols** to match students to appropriate intervention(s)
- Provides **evidence-based interventions** that address students' social, emotional, and behavioral needs.
- Collaborates with school personnel and community-based organizations to **provide and/or coordinate services** and form a web of support
- Collects, interprets, and reports on **data** to improve quality of services.



School Based Trauma-Informed Principles and Practices

The Invisible Backpack

Trauma affects how young people think, feel, and behave...

- The Invisible Backpack
 - Beliefs about self
 - Beliefs about adults and authority figures
 - Beliefs about the world
- How can we repack this backpack?
- How can we make our clients feel:
 - Safe?
 - Capable?
 - Likeable/Lovable?



Components of Trauma-Informed Care



Creating a Safe
Environment



Building
Relationships
and
Connectedness



Supporting and
Teaching
Emotional
Regulation



The Vision & Plan for Building a Trauma-Sensitive School



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The Vision

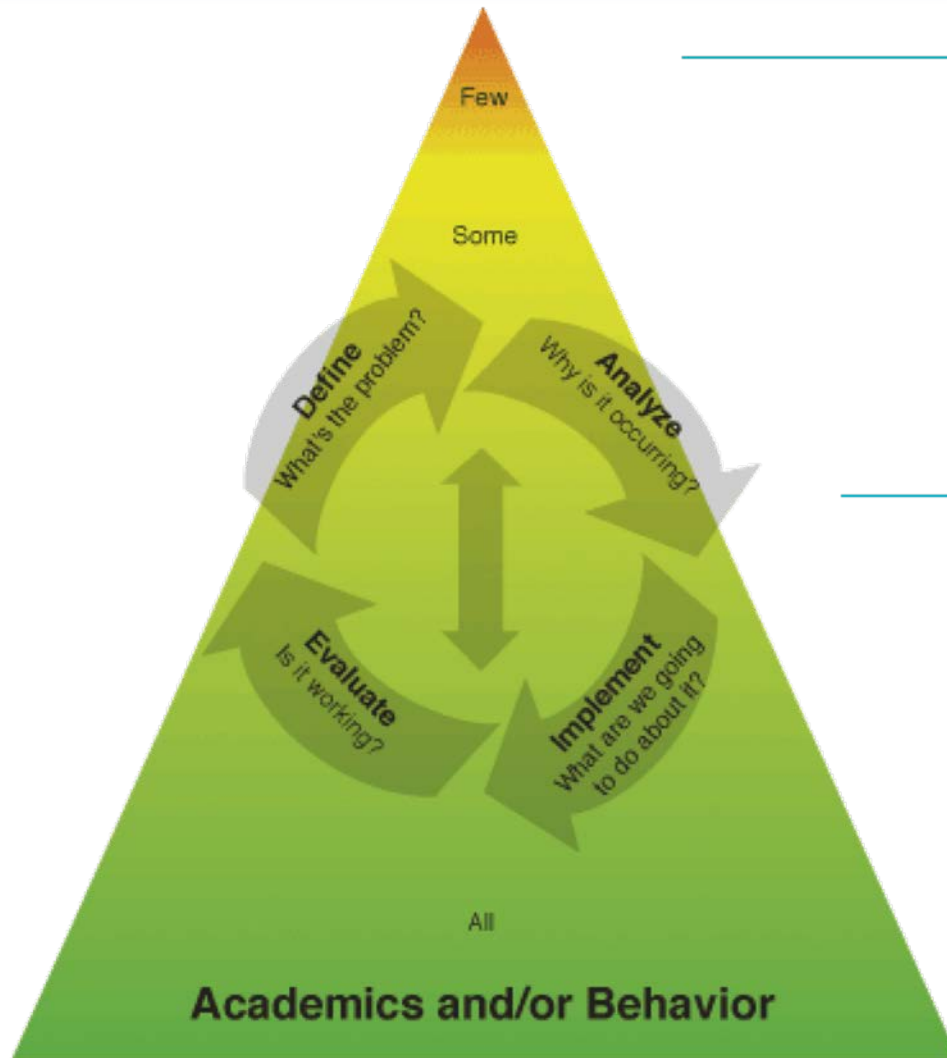
- Leadership & staff on board
- Safety for all students
- Holistic support for all students
- Connections for all students
- Teamwork & shared responsibility
- Anticipate & adapt



The Plan

1. School-wide Infrastructure, Procedures & Culture
2. Staff Training
3. Classroom Instruction for Traumatized Students
4. Alternative Strategies for Traumatized Students
5. Linkage with Behavioral Health Professionals

Multi-Tiered Systems of Support (MTSS)



Tier 3: Intensive Interventions & Supports:
The most intense (increased time, narrowed focus, reduced group size) instruction and intervention based upon individual and small group student needs provided in addition to and aligned with Tier 1 & 2 academic and behavior instruction and supports.



Tier 2: Targeted, Supplemental Interventions & Supports
More targeted instruction/intervention and supplemental support in addition to and aligned with the core academic and behavior curriculum



Tier 1: Universal Instruction & Supports
General academic and behavior instruction and support provided to students in all settings

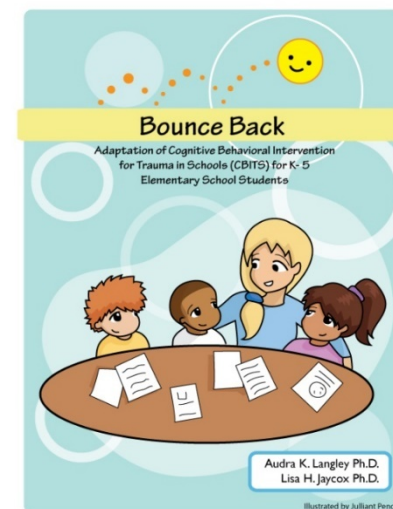
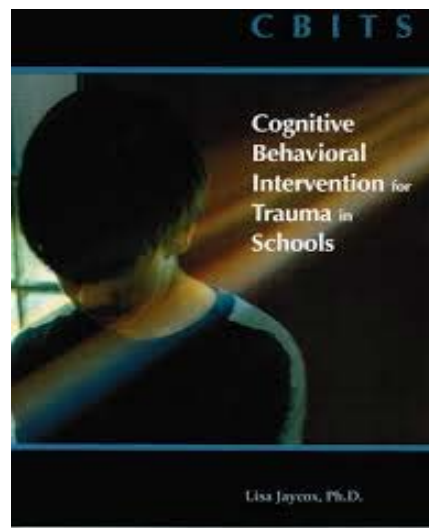
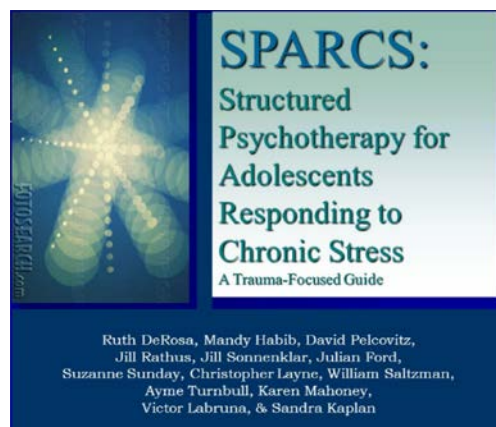
Trauma-Focused Evidence-Based Interventions in Schools

Group Interventions:

- Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS)

School-Based Group Interventions:

- Cognitive Behavioral Intervention for Trauma in Schools (CBITS)
- Bounce Back



Reasons to Provide Clinical Interventions in School

Students more likely to get the treatment they need:

- Fewer barriers
- Less stigma

In-school Interventions are effective because they:

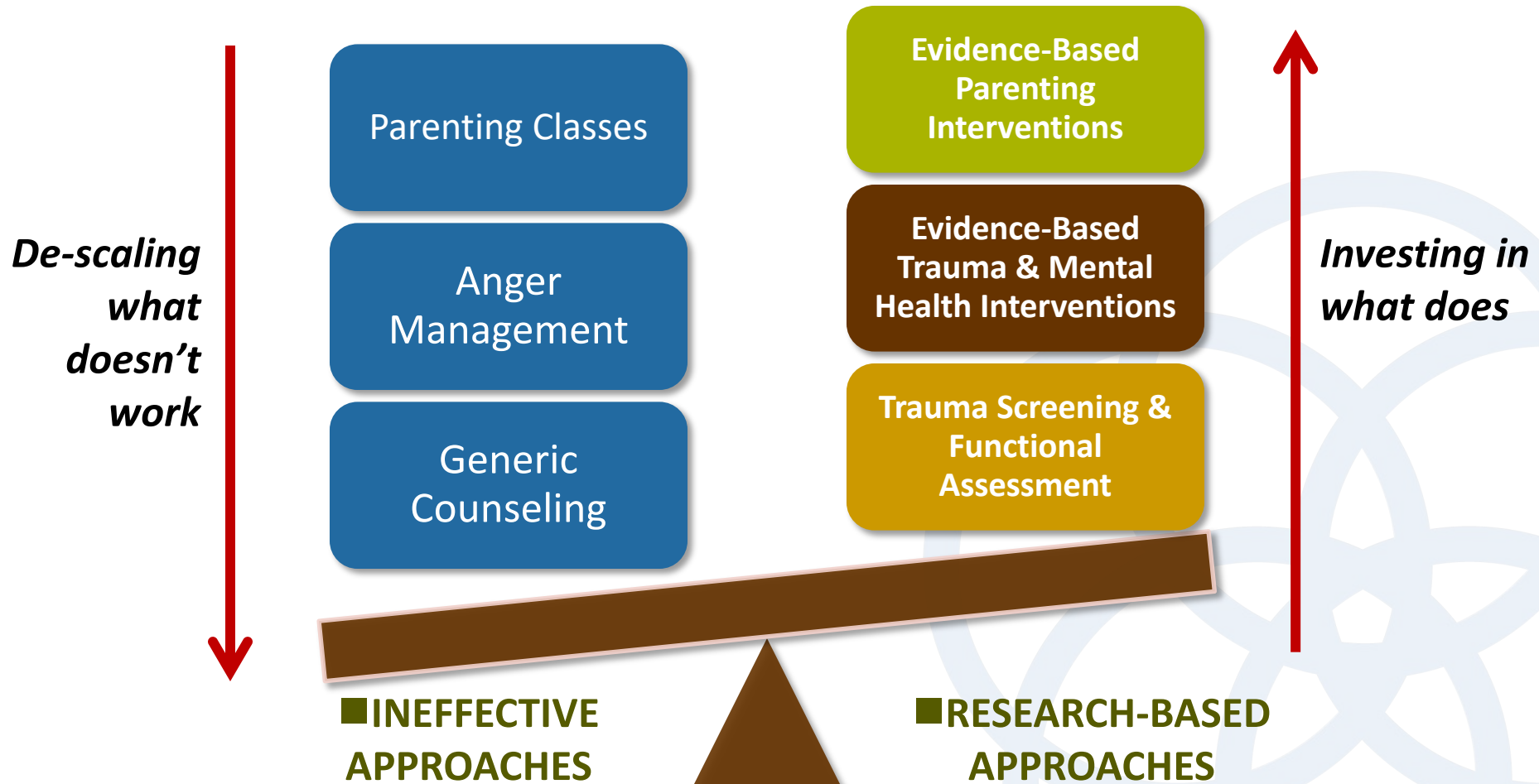
- Build social support from peers
- Build relationships, trust, and safety network in school

Why School Based Interventions are Critical?

New Orleans – School vs. nonschool based treatment

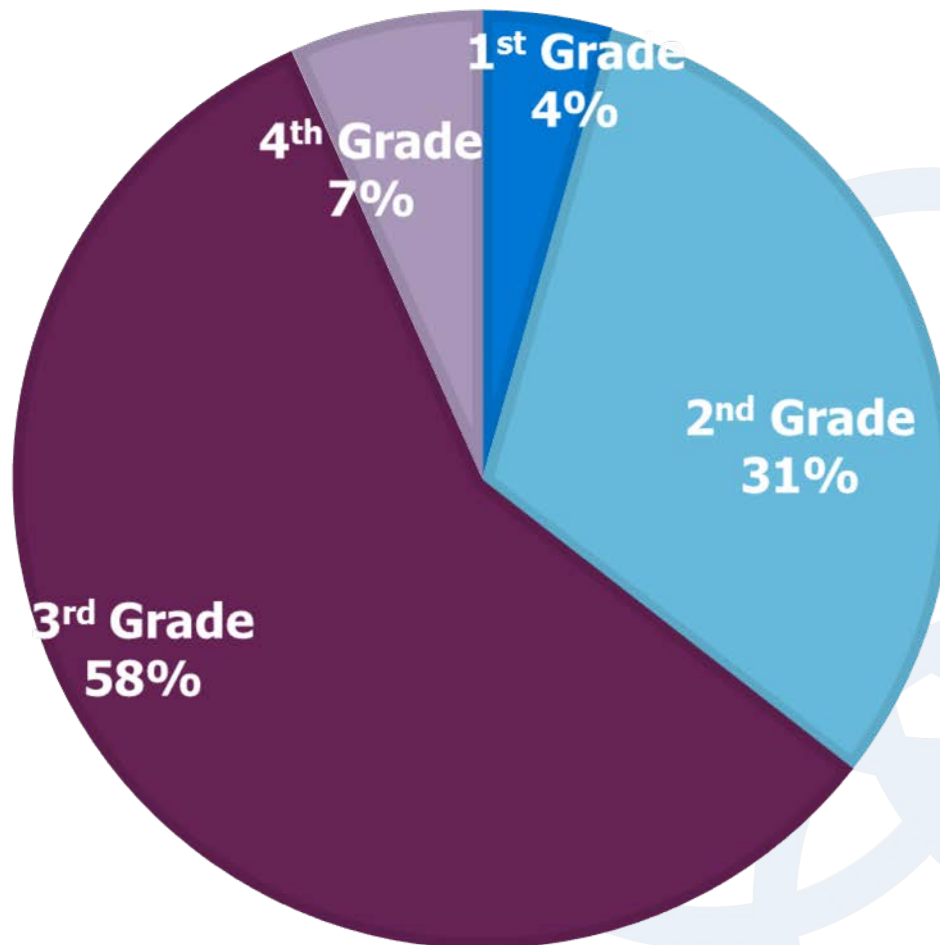
- CBITS (N=58)
 - Group and individual sessions at the child's school
 - 53 participated in groups
 - 2 dropped out, 2 pulled out by parents, 1 left school
- TF-CBT (N=60)
 - Individual appointments at Community MH Clinic
 - 7 completed treatment
 - 6 ineligible
 - 1 diagnosed with Asperger's + PTSD Symptoms
 - 16 did not come to appointment, 7 no interest, 16 never reached

De-scaling What Doesn't Work, Scaling Up What Does



Cicero Replication Study: 2013-2015

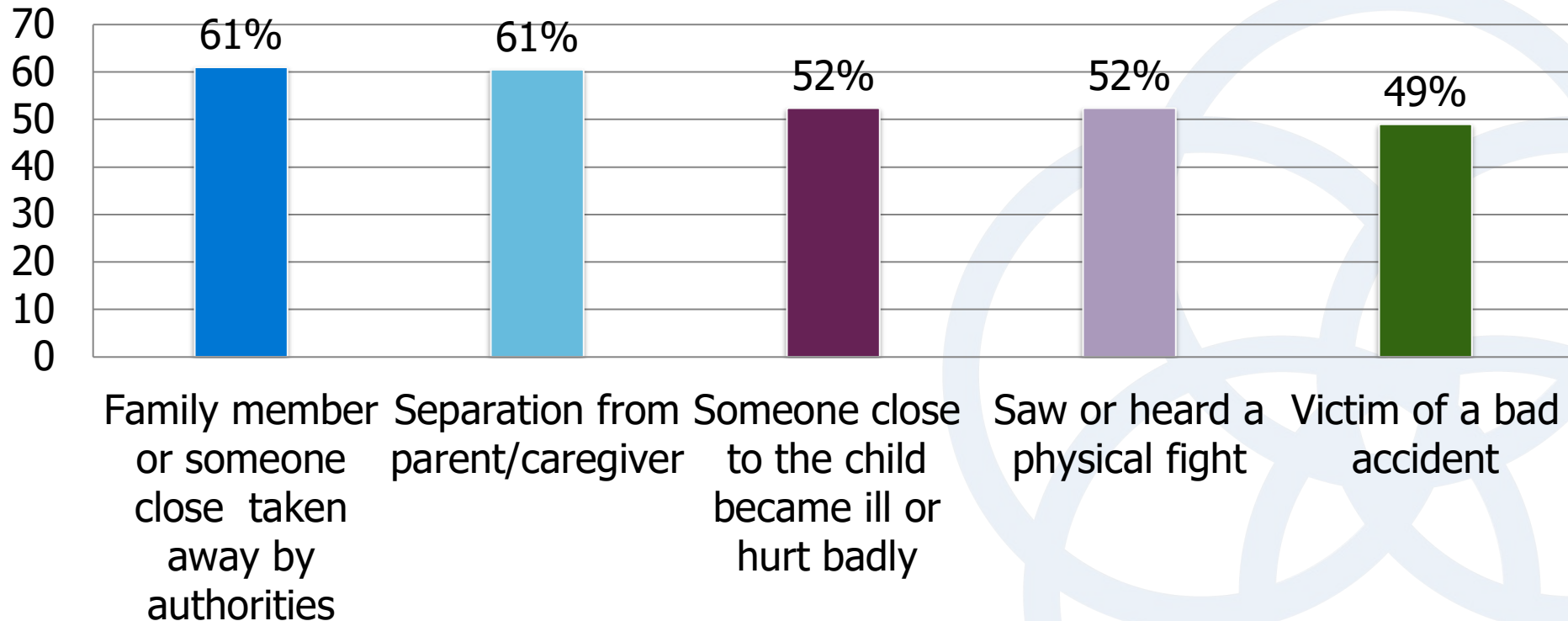
- Participants:
- 43 1st-4th Graders
- Mean Age = 7.80
- 58% Male
- 88% Latino



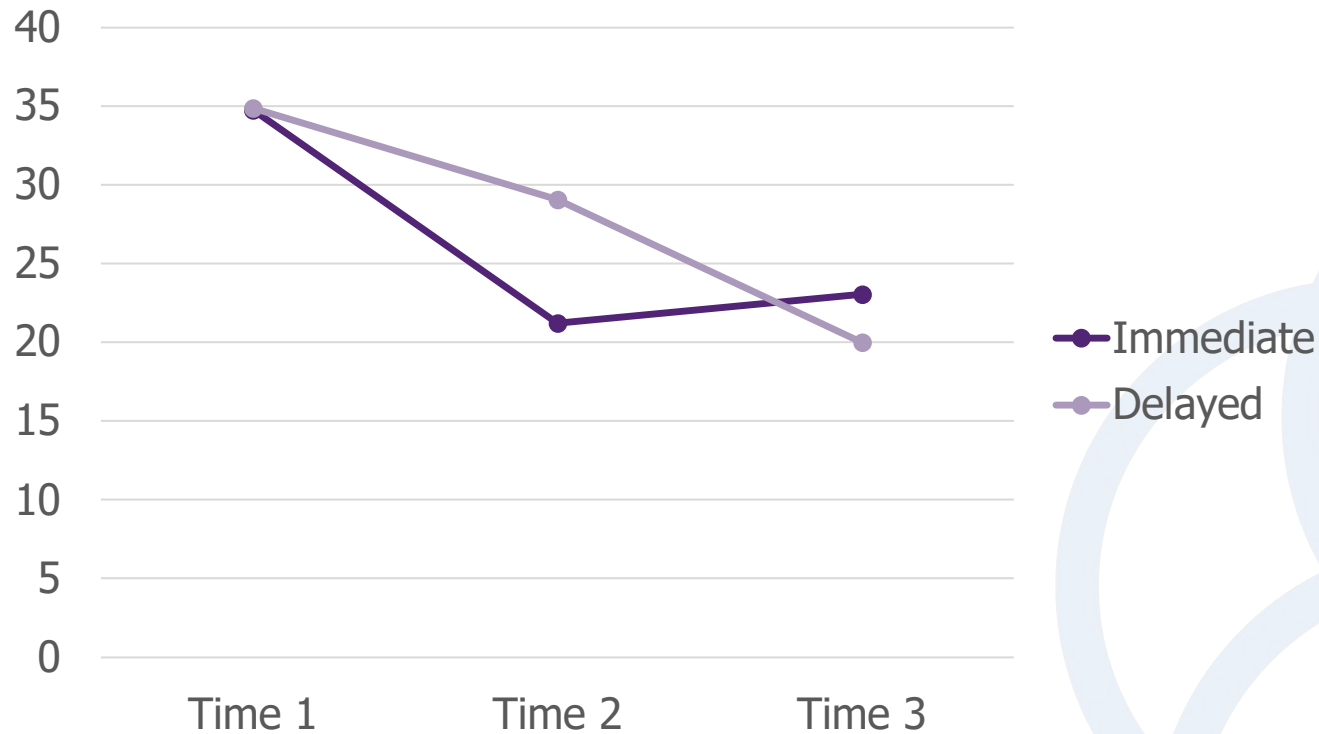
Frequency & Type of Traumas

M = 6.86,
SD = 3.93

Five Most Commonly Reported Traumas



PTSD Symptoms

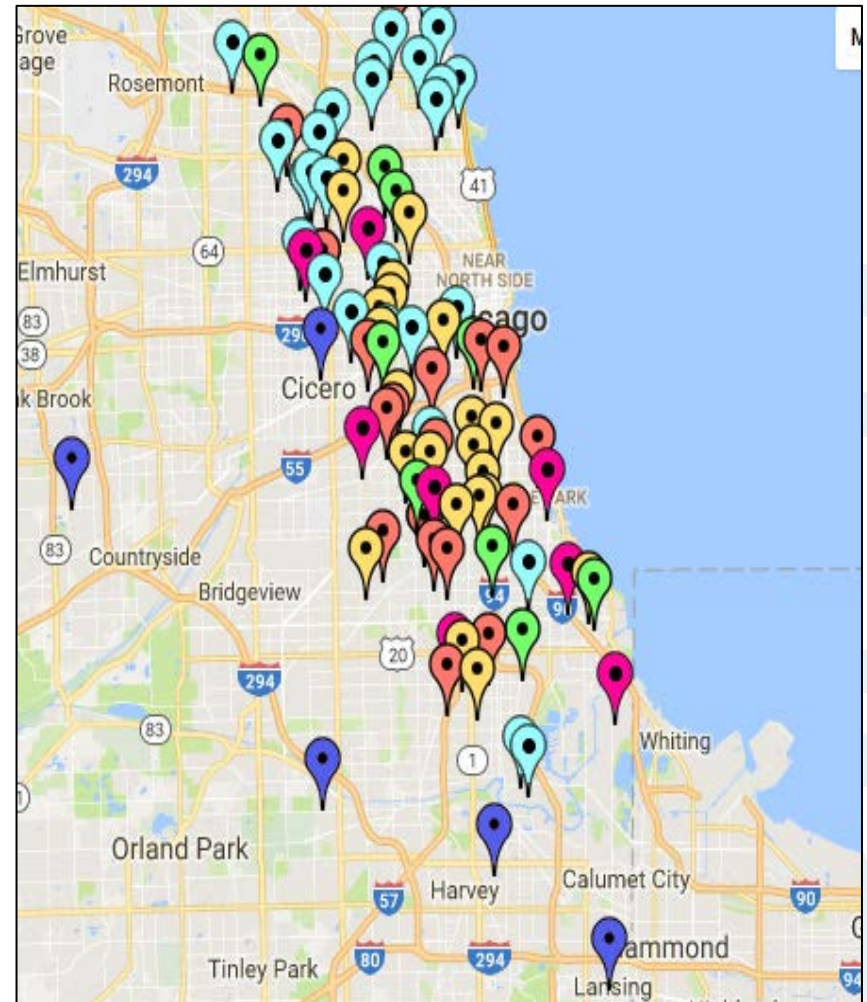


$F(2,44) = 4.55, p = .02$

$\eta^2_{\text{Partial (T1-T2)}} = .10$

Center for Childhood Resilience Collaboration with Schools

- Provide school consultation to communities throughout the state (suburban, urban, and rural) via professional development for staff & strategic planning with administration
- School-wide staff training & development of trauma-informed schools (Tier I)
- Training and supported implementation for evidence based interventions





Collaborative Efforts to Build Trauma Informed Community

Addressing & Preventing Community Trauma



Economic & Educational Environment:

- Improve economic opportunities for youth & adults with interventions that increase college attendance
- Job training and placement for non-college bound youth
- Job training/readiness for formerly incarcerated members of the community

Physical Environment:

- Improve physical environment, reduce deterioration, & create space for positive interactions.
- Reclaim public space to be appealing residents

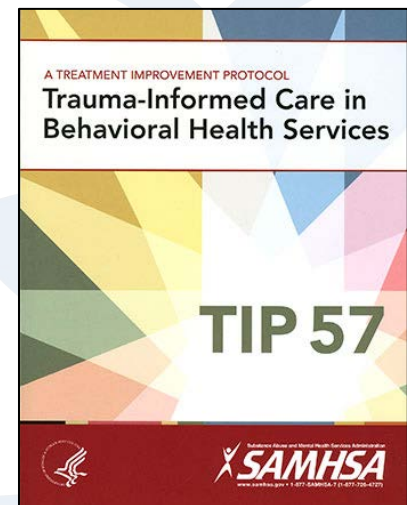
Social-Cultural Environment:

- Youth development, violence prevention & health promotion programs that build on existing community assets, involve community members & organizations that connect people.



SAMHSA's 6 Key Principles of a Trauma-Informed Approach

1. Safety
2. Trustworthiness and Transparency
3. Peer support and mutual self-help
4. Collaboration and mutuality
5. Empowerment, voice and choice
6. Cultural, Historical, and Gender Issues



Illinois Childhood Trauma Coalition (ICTC)

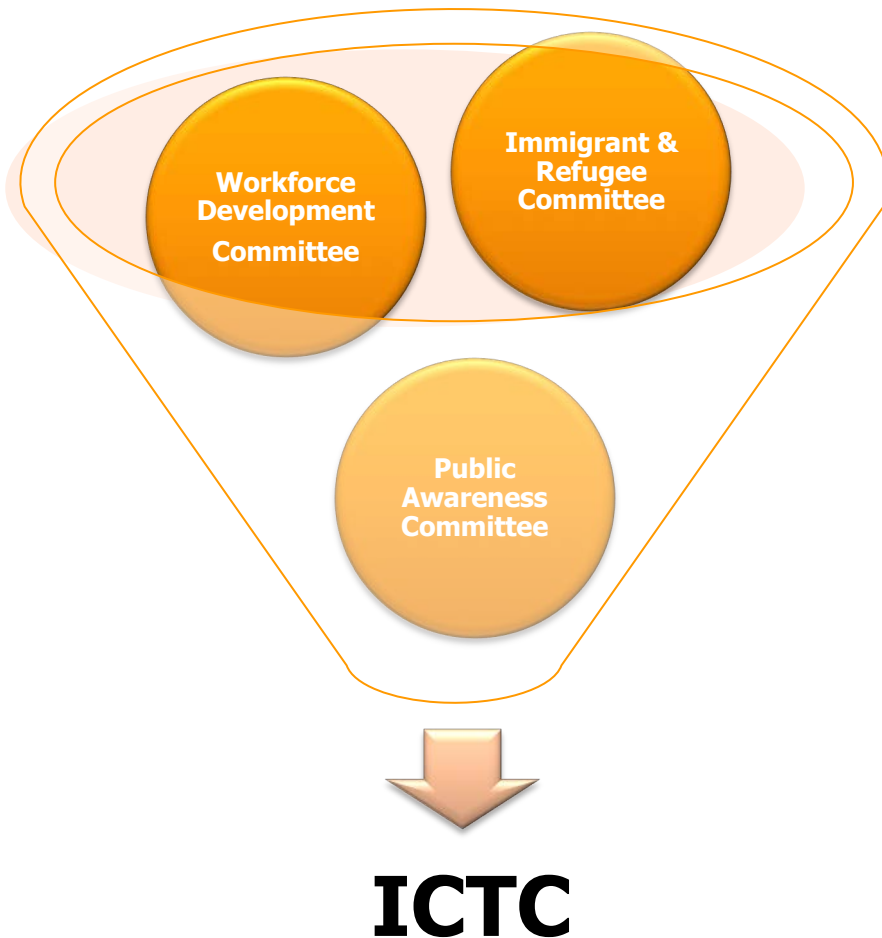


The ICTC is a voluntary collaboration of organizations that are committed to applying a trauma lens to their efforts on behalf of children and families throughout the state. Founded in 2005, the Coalition is made up of over 120 public, private, clinical, research, advocacy and educational institutions.

GOALS:

- Increase awareness of the importance of prevention, early identification and treatment of childhood trauma.*
- Develop a workforce that includes all individuals working with children and families that is trauma-informed.*
- Increase capacity to help trauma-affected children and their families.*

Illinois Childhood Trauma Coalition (ICTC)



- **Workforce Development Committee:** Develop a trauma-informed workforce for all individuals working with children and families.
- **Refugee and Immigrant Committee:** Respond to the increasing numbers of refugee and immigrant children arriving in the US with significant trauma exposure.
- **Public Awareness Committee:** Raise public awareness about how trauma can impact children and families.

Illinois Childhood Trauma Coalition (ICTC)

LOOK THROUGH THEIR EYES

RESOURCES

ABOUT TRAUMA

BULLYING

COMMUNITY VIOLENCE

YOUNG CHILDREN

illinois childhood trauma coalition



As part of ICTC communications efforts, the Coalition instituted a statewide public media campaign in 2015 to help families become more aware that childhood trauma exists. Learn more at www.LookThroughTheirEyes.org.

Healthy Chicago 2.0



- Launched March 29, 2016 by Mayor and CDPH
- 4-yr plan to address health inequities and improve health and well-being for all communities
- 10 priority areas identified through community health assessment process: **#10: Become a Trauma-Informed City**
- Action teams to address priorities, co-chaired by CDPH & community partner (including city agencies, faith communities, health providers & hospitals)

Addressing ACES Offers Critical Public Health Opportunities¹

- ACES are the most preventable cause of serious mental illness
- ACES are the most preventable causes of drug and alcohol abuse in women
- ACES are the most preventable causes of HIV high-risk behavior (IV drugs, promiscuity)
- ACES are a significant contributor to leading causes of death (heart disease, cancer, stroke, diabetes, suicide)

Adopt a Public Health/Systems approach to Child Maltreatment and ACES

1. Trauma-sensitive legislation and regulations
2. Build capacity in communities and systems to prevent & treat child trauma
3. Integrate trauma services across family-serving systems
4. Screen for ACEs in systems that serve children and families
5. Integrate and enhance programs to target synergistic ACEs with highest cumulative risks

Trauma Prevention & Treatment Save Money (and Lives)!

Silver Lining: Resilience Trumps ACEs

- Prevention & treatment programs are cost-effective
 - High quality home visiting child abuse prevention programs have been found to return ~ \$3.00/dollar of cost¹
 - Evidence-based child trauma treatments such as Parent-Child Interaction Therapy (PCIT) return \$3.64/dollar cost¹
- Transformation of school culture by increasing trust, love, mutual respect, sense of control, clear expectations, pride in achievement--better attendance, grades, and test scores even with increasing ACE scores²

¹<http://www.wsipp.wa.gov/rptfiles/04-07-3901a.pdf>

²D. Longhi, Resilience Report, February 2015

Trauma Legislation

S. 774--Trauma Informed Care for Children and Families Act (Federal)

S. 2680 Opioid Crisis Response Act (Federal)

PA 99-0927--Social Emotional Screening Amendment to the School Code (IL)

HB 3644-- Trauma, Resiliency and Recovery Task Force (IL)

HB 2663 Early Childhood Program/Expulsion (IL)

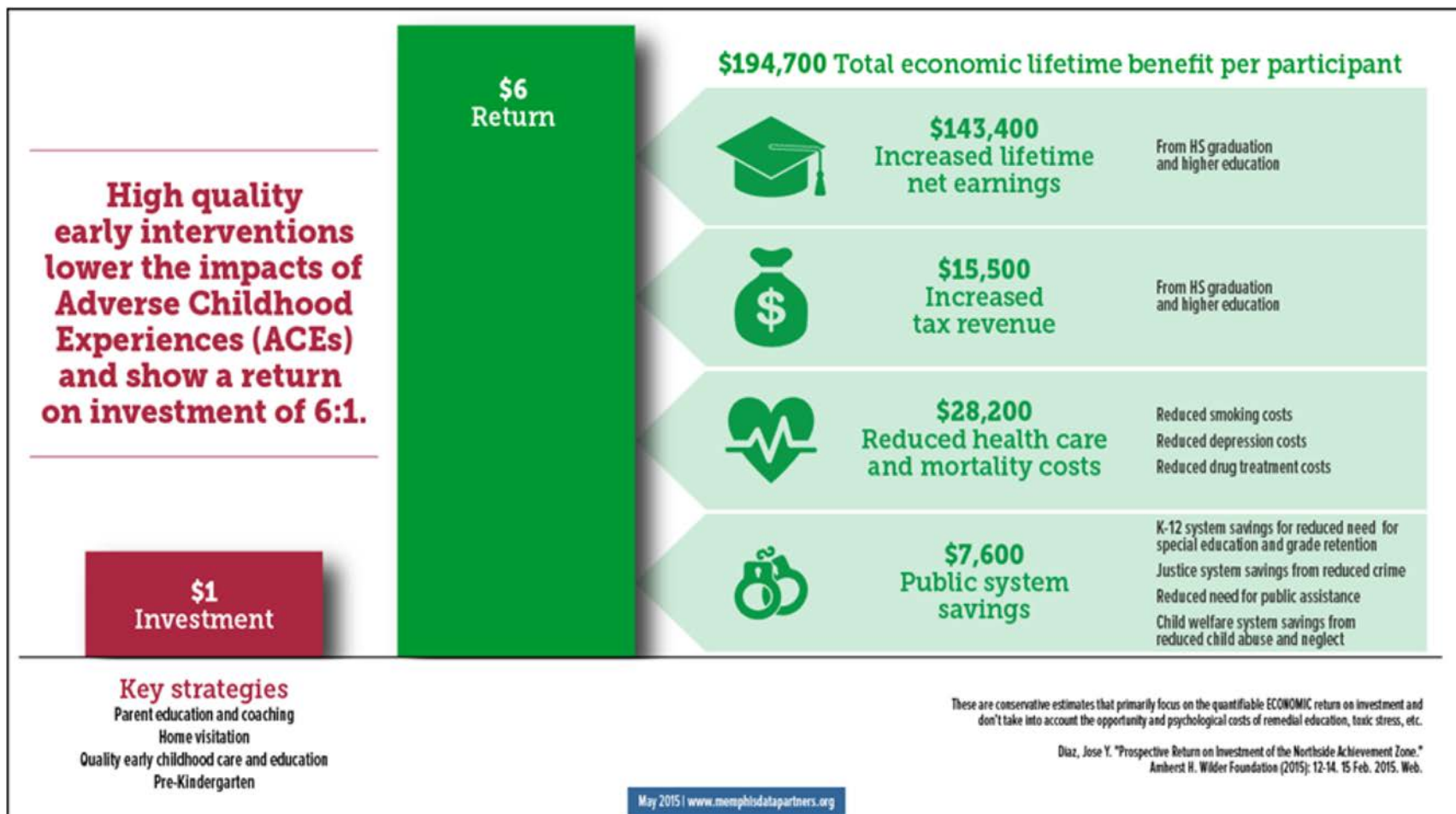
Trauma Response Grants

U.S. Dept HHS: Resiliency in Communities After Stress and Trauma (ReCAST)

US DOE: Resiliency in Communities After Stress and Trauma (ReCAST)

US Department of Justice, Office for Victims of Crime (OVC) Vision 21: Linking Systems of Care for Children & Youth

Promoting Return on Investment: Trauma Prevention & Treatment



Promoting Resilience...

Throughout the lifespan

- From gestation/infancy through childhood, adolescence, and beyond

Across multiple locations of care and development

- Home, school, community organizations, primary care and subspecialty clinics, emergency departments, and inpatient units

In every community

- Build capacity of community resources to promote awareness and engage in creating collaborative solutions

In diverse domains

- Academic functioning, peer relationships, emotional, psychological, and physical health

Additional Resources

ACES Study

www.cestudy.org

ACES Too High

www.cestoohigh.com

Dr. Perry and Child Trauma Academy

www.childtrauma.org

Illinois Childhood Trauma Coalition

www.illinoischildhoodtrauma.org

Mind Yeti by Committee for Children

www.mindyeti.com

Trauma Responsive Schools Implementation Assessment (TRS-IA)

<https://theshapesystem.com/trauma>

Futures Without Violence, Changing Minds Campaign

www.changingmindsnow.org

Helping Traumatized Children Learn

<http://traumasensitiveschools.org>

Illinois Council Against Handgun Violence (Student Voices Contest)

www.ichv.org

The Trauma Stewardship Institute

www.traumastewardship.com

National Pediatric Practice Community on ACE's

www.nppcaces.org

Additional Resources

Professional Quality of Life Measure

<http://www.proqol.org/>

Compassion Fatigue Awareness Project

www.compassionfatigue.org

patricia@compassionfatigue.org

National Child Traumatic Stress Network

www.nctsn.org

Stop, Breathe and Think App

<http://stopbreathethink.org/>

Provider Resilience App

<http://t2health.dcoe.mil/apps/provider-resilience>

Child Trauma Toolkit for Educators

http://www.nctsn.org/nctsn_assets/pdfs/Child_Trauma_Toolkit_Final.pdf

Helping Traumatized Children Learn

<http://traumasensitiveschools.org>

Self-Compassion

www.self-compassion.org

Trauma Stewardship Institute

<http://traumastewardship.com/the-trauma-stewardship-institute/>

Creating Healing School Communities: School-Based Interventions for Students Exposed to Trauma

<http://amzn.to/2EsBnZ7>