DIRECTORS OF COUNSELING AND STUDENT SERVICES OF SUBURBAN CHICAGO

Center for Childhood Resilience

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Trauma Informed Schools and School-based Implementation of Trauma-Informed Practices

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February 22, 2019

Acknowledgements

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These slides were developed in collaboration with:

- The Center for Childhood Resilience at Ann and Robert H. Lurie Children's Hospital of Chicago
- Proviso West High School District #209
- Chicago Public Schools' Office of Social & Emotional Learning
- Bruce Perry, MD, The Child Trauma Academy
- Gene Griffin, PhD, Northwestern University
- Audrey Stillerman, MD, University of Illinois at Chicago
- Illinois Childhood Trauma Coalition
- Readiness and Emergency Management for Schools TA Center (U.S. Department of Education)

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Objectives

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- Understand how trauma impacts students' learning & behavior in order to develop a "trauma lens"
- Learn to identify common symptoms of trauma that occur in a school-setting
- Briefly review trauma-informed practices for the school setting
- Learn about school-level multiyear implementation successes and challenges from Proviso West High School

Introductions

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- Name and Role
- School/District Represented
- What do you hope to take away from this session?

Who's in the Room?

Resilience & Strength

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- **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

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Self-Care Alert!

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- Step out and take a break
- Reach out to someone you trust
- Use relaxation skills like deep breathing

Shared Agreements

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- Beginner's Mind
- Limit side conversations
- Respectful listening & participation
- Electronic Etiquette
- Be Present
- Assume positive intent

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Overview: What is Trauma?

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TAKE A STAND
ACTIVITY

What is Child Trauma?

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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

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Bruce D Perry © 2004-2015

What types of trauma do youth experience in your community?

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Child Trauma: National Incidence

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- **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

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The Adverse Childhood Experiences (ACEs) Study

Standard ACE Indicators: Growing up (prior to age 18) in a household with…
Emotional Abuse
Physical Abuse
Sexual Abuse
Physical Neglect
Emotional Neglect
Substance using Household Member
Mentally Ill Household Member
Witnessed Domestic Violence
Incarcerated Family Member

Study Design

18,000 adults with private insurance through Kaiser Permanente in 1993-1998

Completed physical exam & answered yes or no to these 9 childhood experiences

(Felitti et al., 1998)

Results of the ACEs Study

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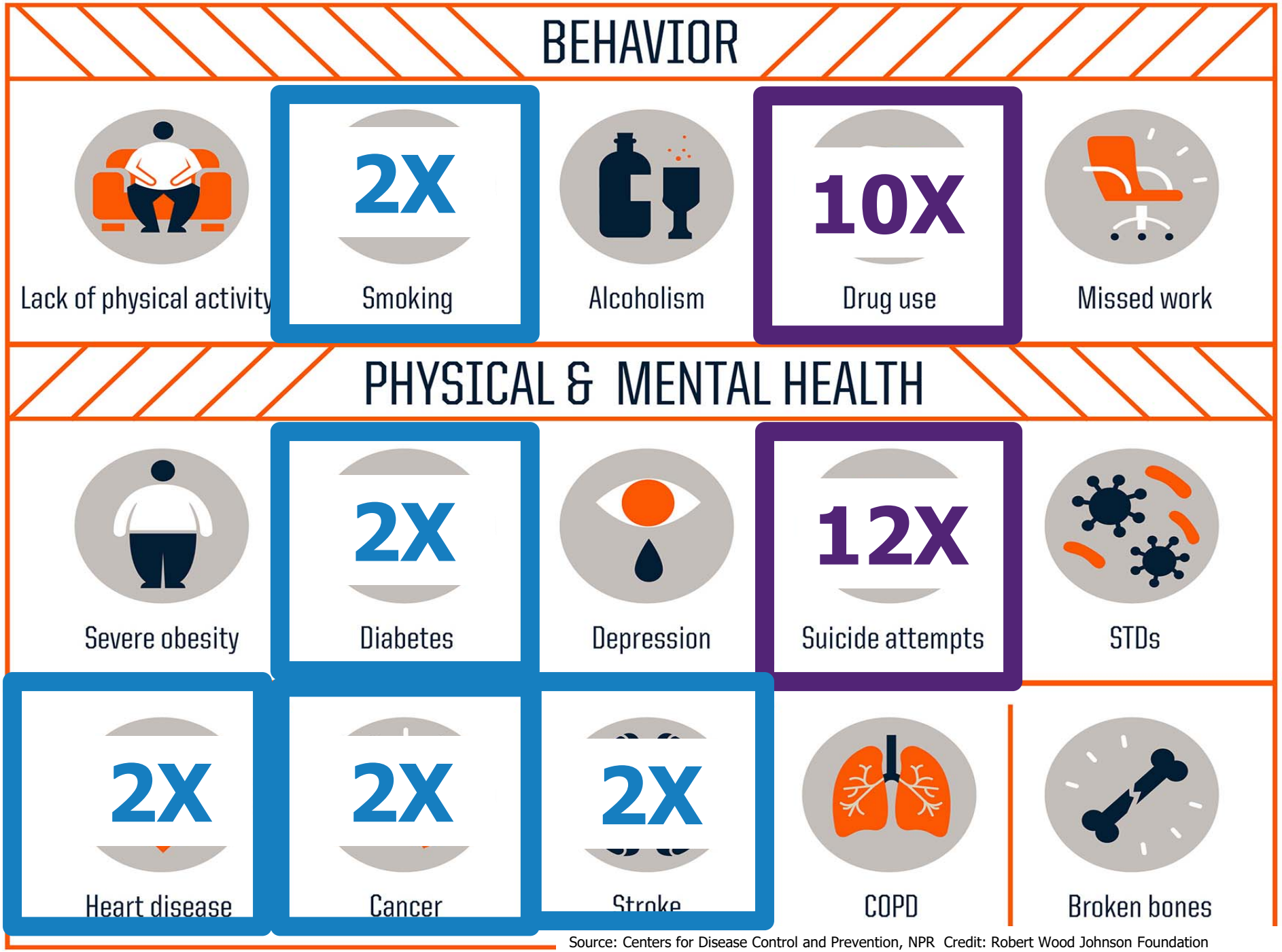
1. **ACEs are common**
   - 26% experienced 1 ACE
   - 15.9% experienced 2 ACEs
   - 12.5% experienced 4 ACEs

2. **ACEs occur together**

3. **ACEs are powerfully predictive of adult outcomes**

Same pattern of results found when study has been replicated with people of diverse backgrounds



Source: Centers for Disease Control and Prevention, NPR Credit: Robert Wood Johnson Foundation

ACEs Study

Influence on Health and Well-being over the Lifespan

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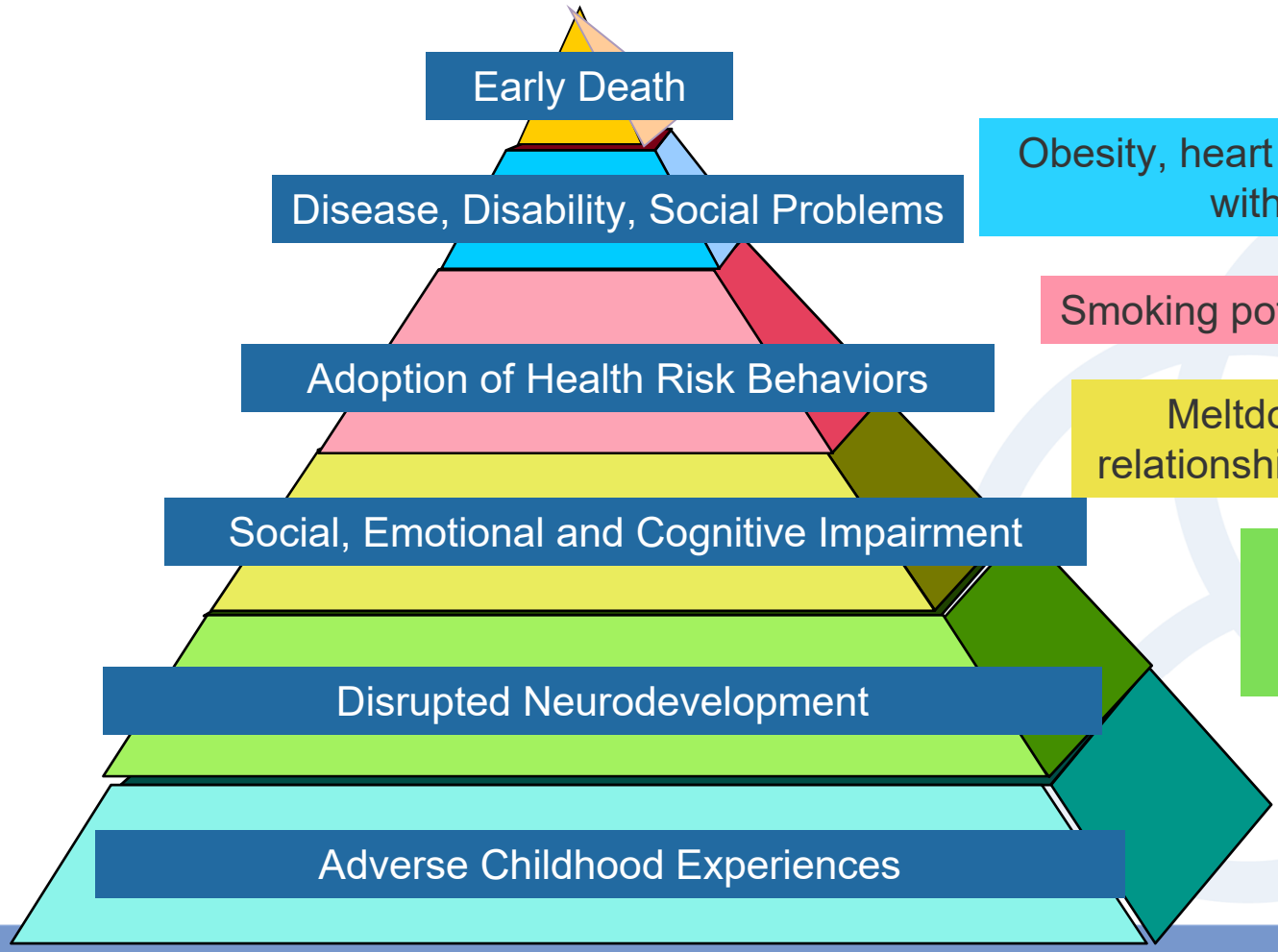

Obesity, heart disease, problems with the law

Smoking pot, poor eating habits

Meltdowns, poor peer relationships, school drop out

Easily startled, irritable, difficulty concentrating

Chronic domestic violence

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Trauma in Context

Violence is a Public Health Crisis

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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.

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Community Trauma

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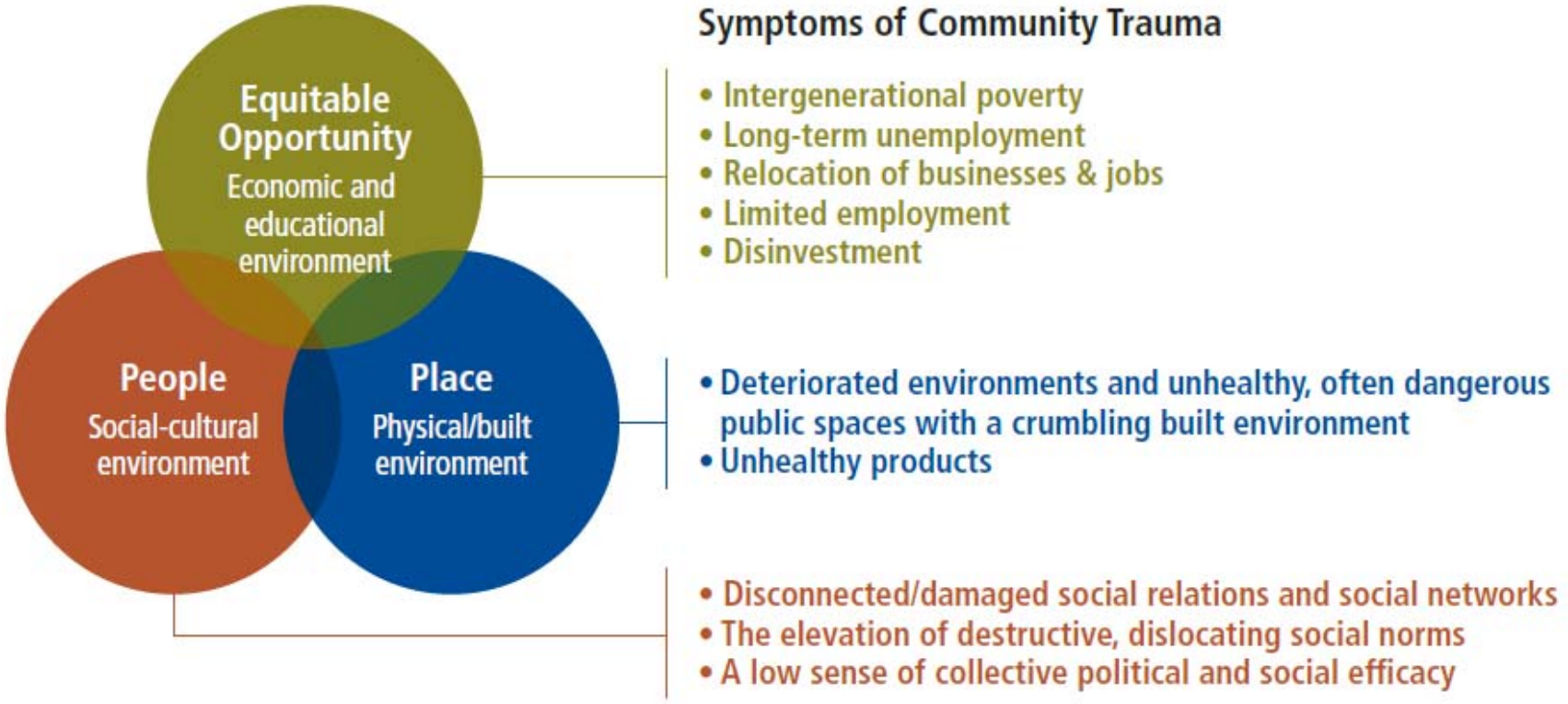

Figure 1 The Community Environment

Pinderhughes H, Davis R, Williams M. (2015). *Adverse Community Experiences and Resilience: A Framework for Addressing and Preventing Community Trauma.* Prevention Institute, Oakland CA.

Current Sociopolitical Stressors for Marginalized Youth

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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 CBS Chicago

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.

Pacific Standard

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Most Vulnerable Individuals

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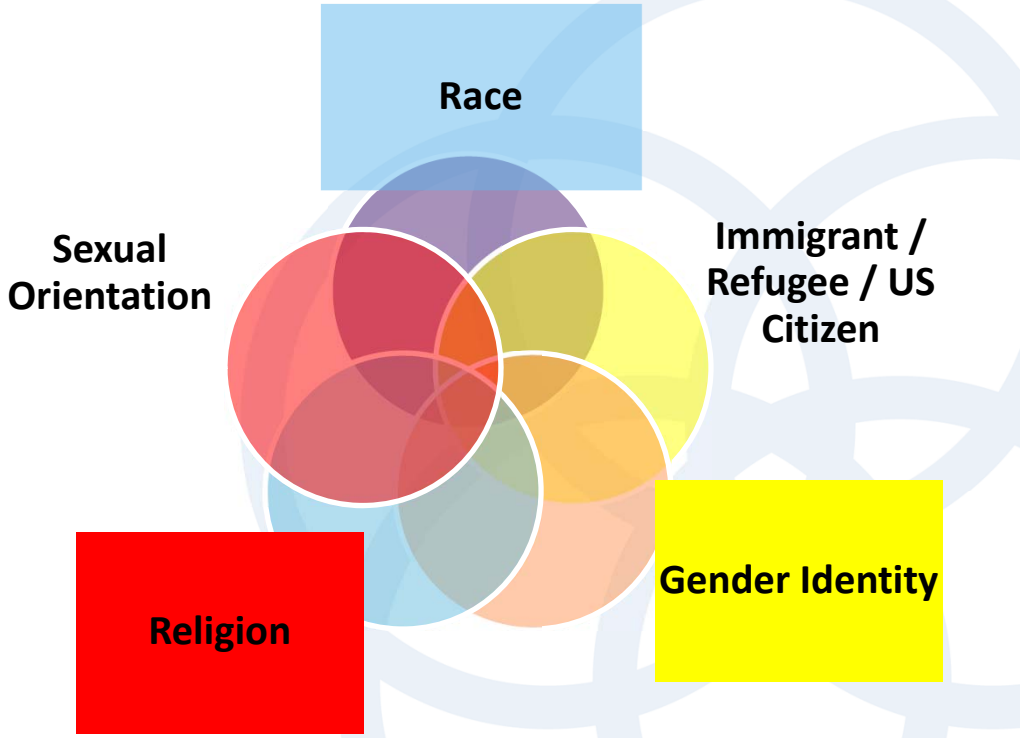
- Visible minorities
- Gender non-conforming individuals
- Refugee/immigrant children and adolescents
- Recipients of DACA (Deferred Action for Childhood Arrivals) or "dreamers"
- Whose family members also may be undocumented and experiencing the same distress
- Limited English proficiency
- Exposed 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)



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Historical Trauma

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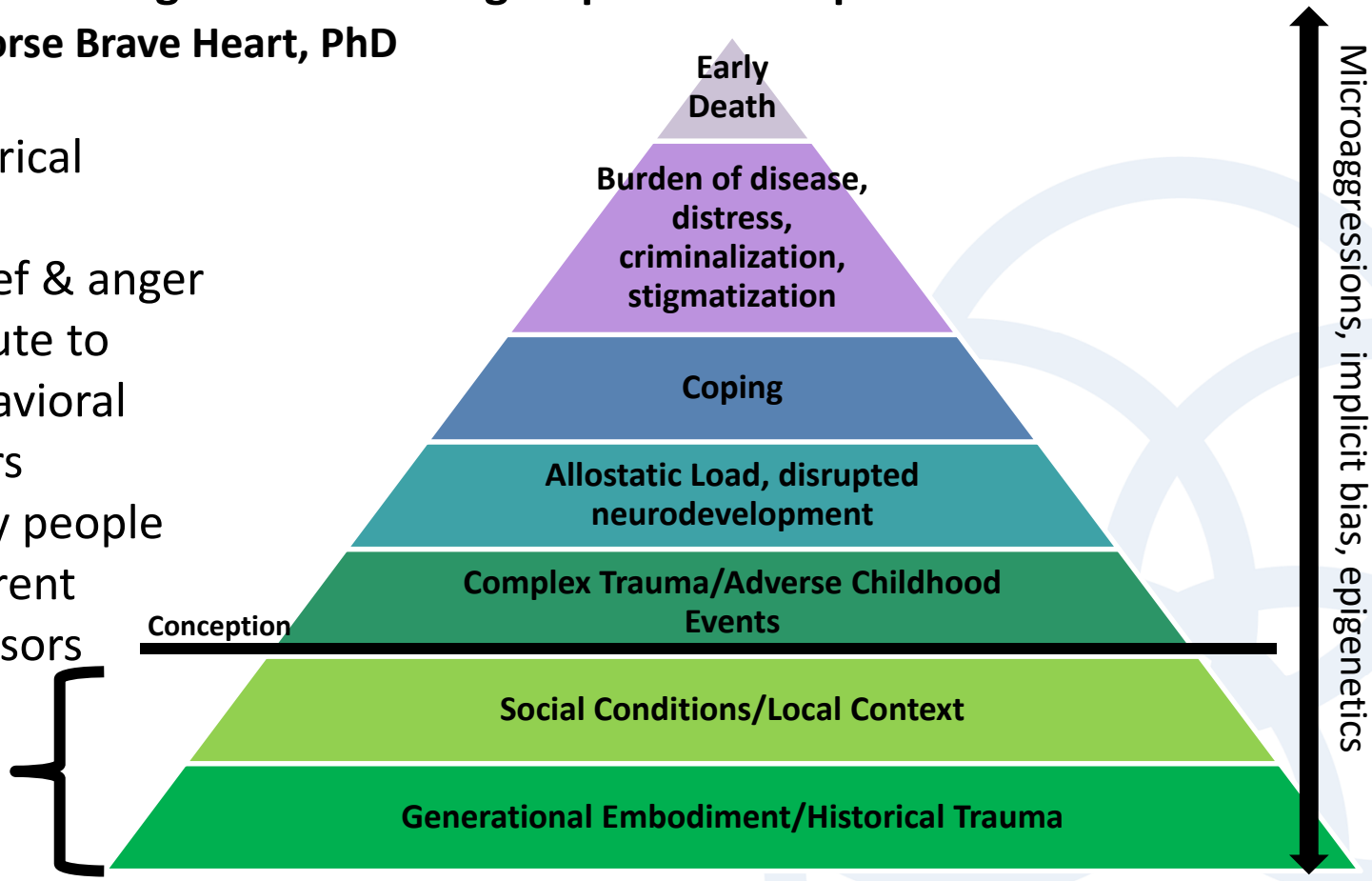
"Cumulative and psychological wounding over the life span & across generations, emanating from massive group trauma experience"
-Maria Yellow Horse Brave Heart, PhD

Response to historical trauma:

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



Trauma & Social Location

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SOURCE: ADAPTED FROM RYSE Center https://rysecenter.org/

Race & Trauma in the Classroom

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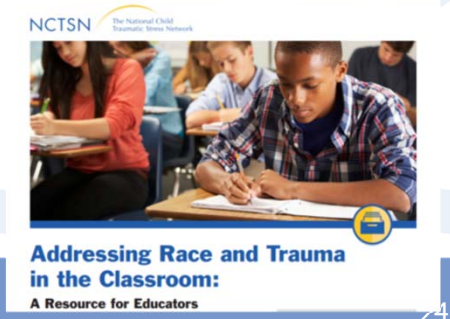
- Witnessing or experiencing racism, discrimination or structural prejudice (racial trauma) can impact students mental health
- Common reactions to racial trauma:
  - Increased vigilance, suspicion
  - Increased sensitivity to threat
  - Hopelessness about future
  - Maladaptive coping (e.g., substance use, aggression)
- Cumulative impact of ongoing exposure to trauma



Impact of Neighborhood Violence on Academic Performance

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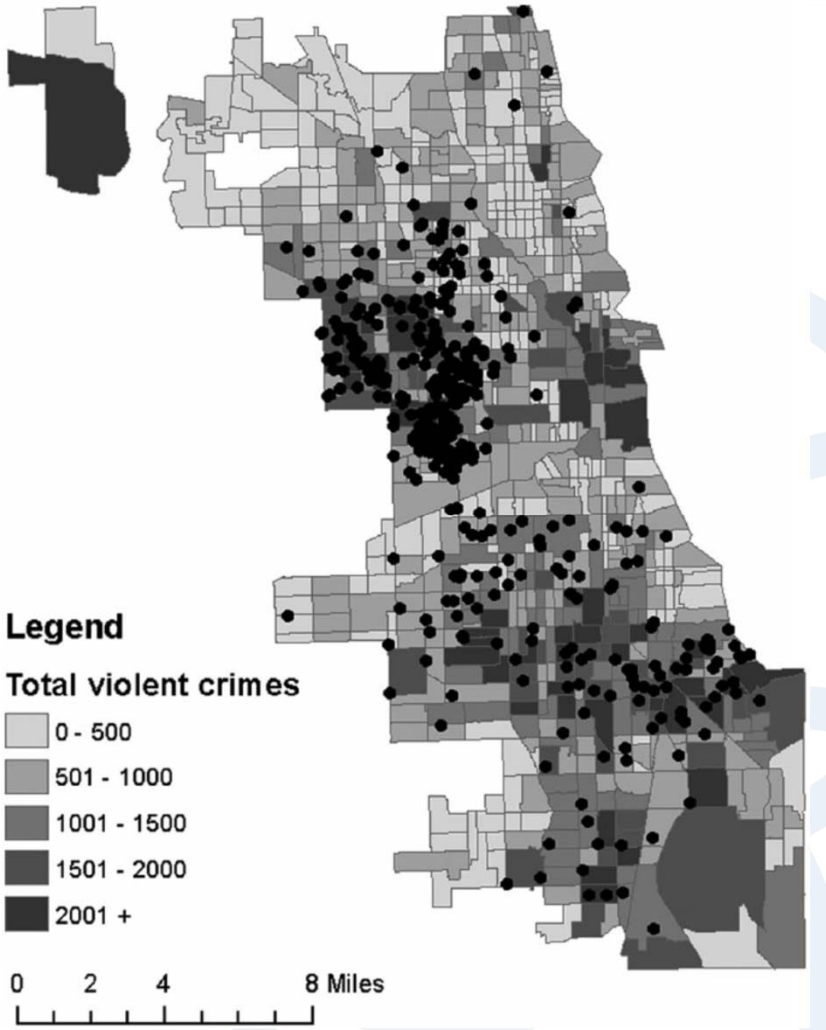
- Acute effect of exposure to local homicide on cognitive performance
  - Statistically significant decrease in students' scores during the week following a homicide that occurred on their block (regardless of connection to the victim)

- How many weeks during the academic year would the learning abilities of youth in your neighborhood potentially be impacted?



Sharkey, 2010: www.pnas.org; McCoy, Raver, & Sharkey, 2015; Project on Human Development in Chicago Neighborhoods (PHDCN) http://www.icpsr.umich.edu/PHDCN

Confined by Violence

Kristian, Chicago Public Schools 4th grader

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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

ILLINOIS COUNCIL AGAINST HANDGUN VIOLENCE

Trauma and Exposure to Violence Research Findings

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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)

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Impacts of Trauma Exposure

Brain Growth

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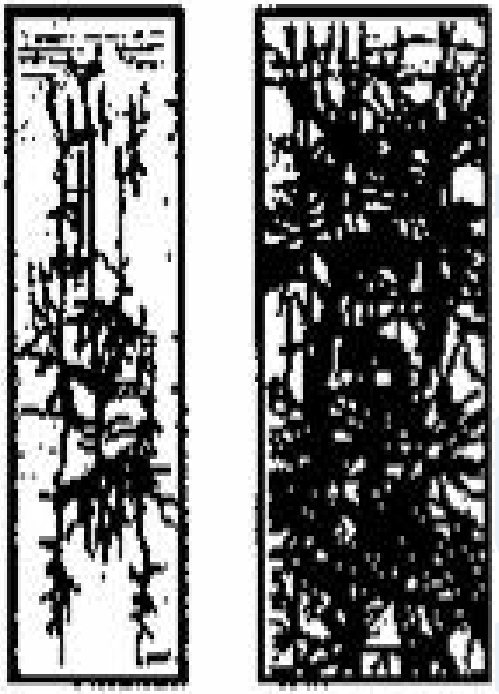

Newborn 6 Year old Newborn 6 Year old

Trauma and Brain Development

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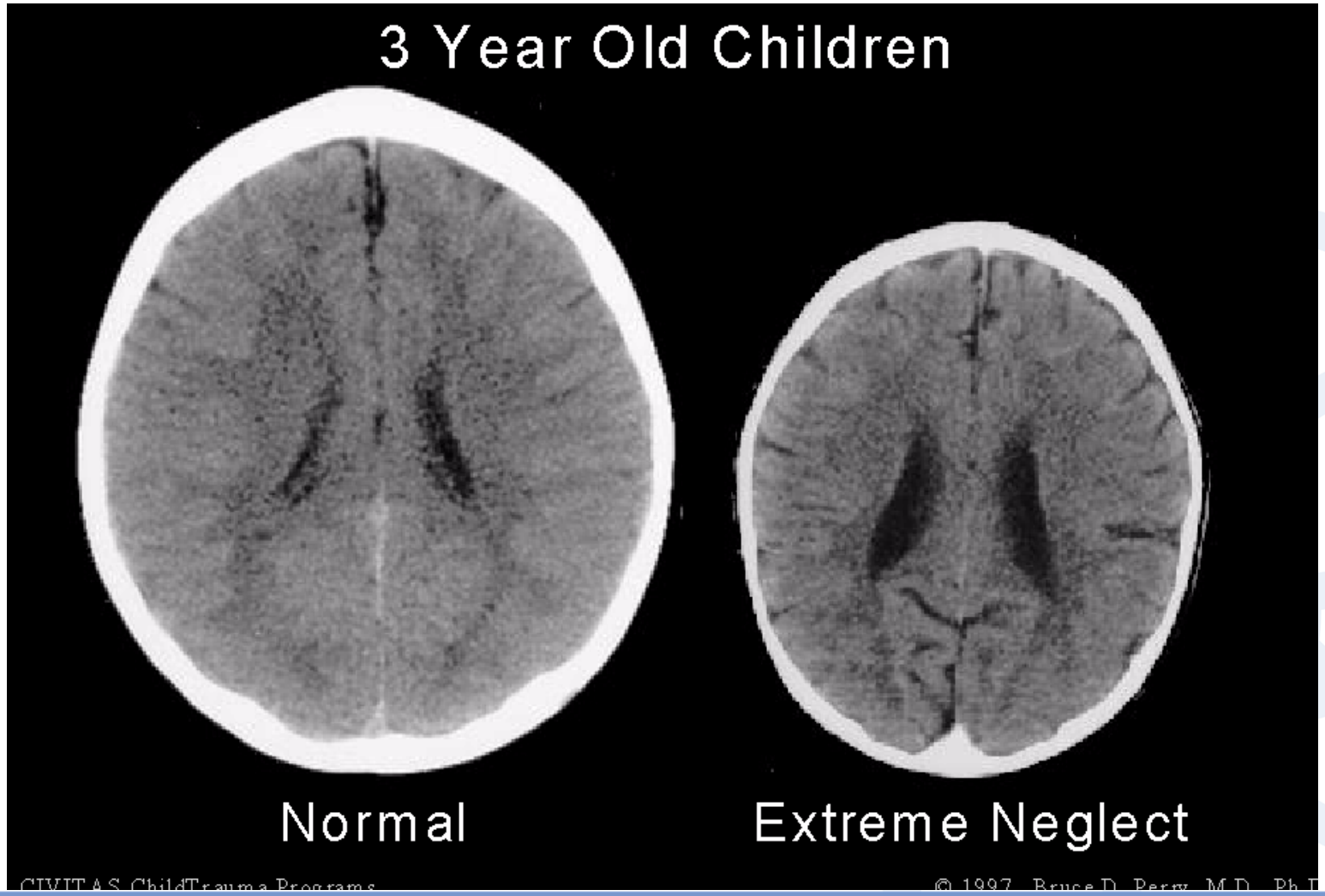

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Fight, Flight or Freeze Response

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Fight or Flight Response

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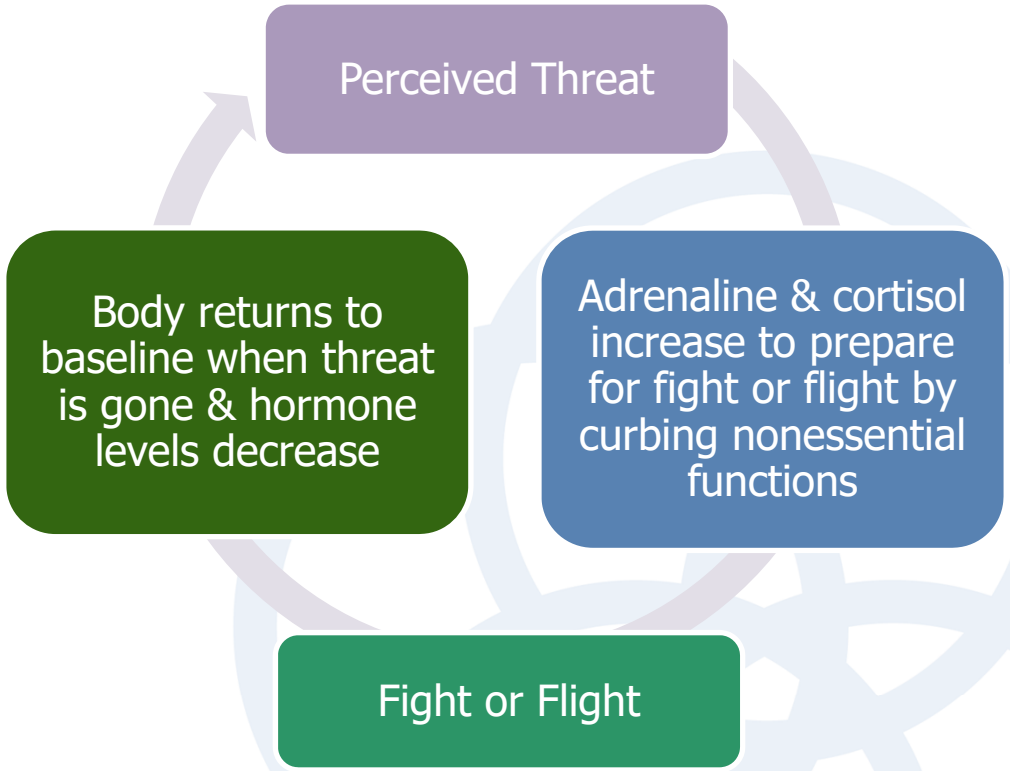
When confronted with a stressful or anxiety-provoking stimulus two hormones are released:

- Adrenaline
- Cortisol

After threat is gone, hormone levels *should* decrease

- Heart rate and blood pressure back to baseline
- Other systems (e.g., digestive, immune systems) resume regular activities



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Self-Regulation of Stress

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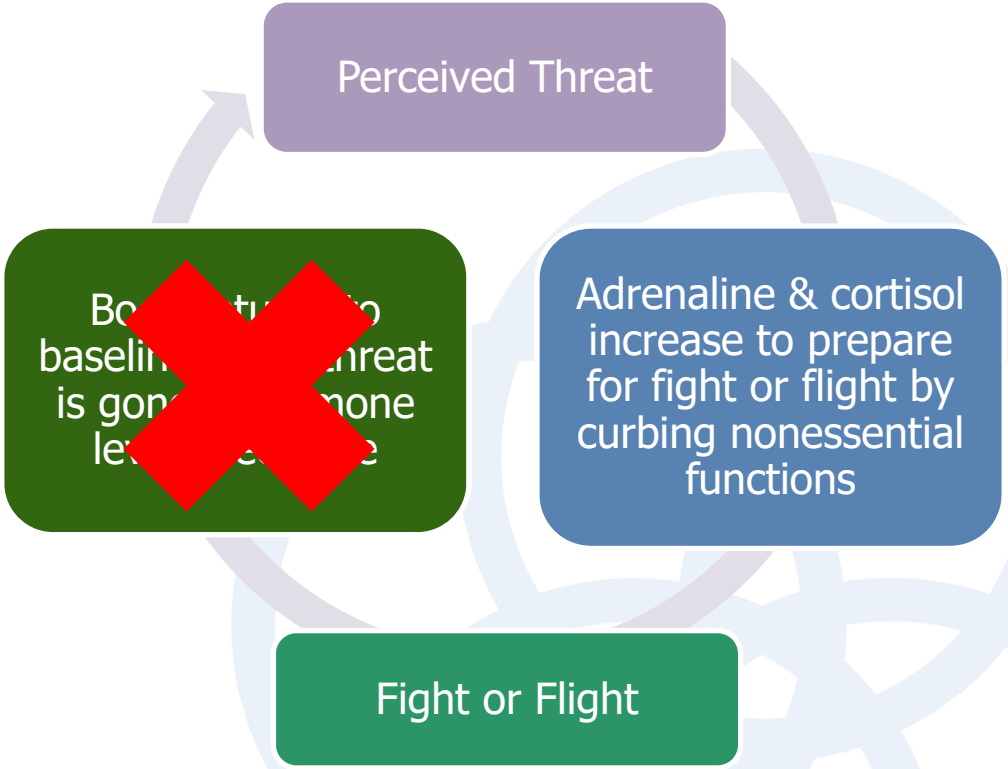
Chronic & repeated stress create "**too much of a good thing**"

- Stress response is triggered more easily and more often, even in "false alarm" situations
- Body does not return to baseline functioning as quickly once the threat passes



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Trauma and Perception

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Trauma affects how the brain processes information

- Heightened reactivity to loud sounds
- Intrusions into personal space
- Interpretation of facial expressions

Youth with exposure to repeated violence (particularly physical abuse and/or domestic violence) often see anger and perceive threat in ambiguous situations

Anger

Ambiguous (anger or fear?)

Fear

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Pollak & Kistler, 2002; PNAS

Trauma & The Brain

Key Concepts from Bruce Perry, MD

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Resiliency!

- Not everyone exposed to adverse experiences is traumatized
- Our brains have an amazing ability to learn, grow, and change in response to environment

Recovery!

- Brains respond to repeated stimuli; the more you use it, the better you get
- We are hard-wired to learn through social reinforcement and relationships
- The brain has to be actively engaged in order to learn

We have the capacity to promote healthy neurodevelopment!

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Common Reactions to Traumatic Exposure

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4 Categories of Reactions	
Re-Experiencing • Flashbacks • Intrusive thoughts • Nightmares	**Avoidance** • Emotional numbing • Behavioral inhibition • Dissociation
Hyper-arousal • Hyper-vigilance • Irritable Outbursts	**Negative Alterations in Cognition and Mood** • Anger • Depression or sadness • Withdrawal

American Psychiatric Association, 2013

Common Reactions to Traumatic Exposure

Behavioral Manifestations

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4 Categories of Reactions

Re-Experiencing

- Fatigue
- Sleepiness
- Trouble Concentrating
- Tearfulness

Avoidance

- Creating distractions
- Rescheduled or missed appointments
- Resistance to talking about incident
- Resistance to going certain places

Hyper-arousal

- Easily startled
- Strong reactions to small things
- Somatic complaints (headaches, stomachaches)

Negative Alterations in Cognition and Mood

- Social withdrawal
- Moodiness and irritability
- Look emotionless or numb
- Negative about self or future

The Invisible Backpack

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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?

SOURCE: Caring for Children Who've Experienced Trauma: Resource Parent Workshop. NCTSN (2010).

Do you know this child?

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A student in your class does not sit still or stay on task. She over-reacts to perceived insults, gets in fights with other students.

This student:

A. Is a troublemaker
B. Has Attention-Deficit/Hyperactivity Disorder (ADHD)
C. Is reacting to persistent stress, exposure to violence, traumatic experience
D. This is a trick question!

Paired Share

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What?

- What's coming up for you?

How?

- How does this relate to your students?
- (How) does this shift your thinking about your role?

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Trauma-Informed Practices in the School Setting

The Trauma-Informed Perspective:

What do you have to give up? What do you gain?

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Traditional

1. Student's challenging behaviors are the result of individual deficits (e.g. what's wrong with you?)
2. **Understands difficult student behaviors as purposeful and personal**
3. Focuses on changing the individual to "fix" the problem
4. **Adults need to uphold authority and control with students and families**
5. **Punitive discipline works**
6. **Support for students exposed to trauma is provided by counseling professionals**

Trauma-Informed

1. Student's challenging behaviors may be ways of coping with traumatic experiences (e.g. what's happened to you?)
2. **Understands difficult student behaviors may be automatic responses to stress**
3. Focuses on changing the environment
4. **Adults need to offer flexibility and choice to students and families**
5. **Positive reinforcement works**
6. **Support for students exposed to trauma is the shared responsibility of all staff**

Components of Trauma-Informed Care

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Impact of Trauma on Caring Adults & the Importance of Self-Care

SELF-CARE:
Compassion Satisfaction & Compassion Fatigue

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Compassion Satisfaction

Pleasure one derives from being able to do his or her work effectively. Pleasure and satisfaction derived from working in helping, care-giving systems

Compassion Fatigue

The experience of being physically, mentally, or emotionally worn out, or feeling as if you are carrying young people's traumas "too much alone."

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Who is Vulnerable to Compassion Fatigue?

Those who have experienced some painful or traumatic event(s) in their own lives which are unresolved, and in turn, activated by similar reports of pain or trauma in others.

Those who work directly with children and listen to their painful or traumatic experiences.

Those who are empathetic.

Those who help others and often neglect or are unaware of their own feelings and needs.

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A-B-Cs of Self-Care

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- **A**wareness
  - Determine how you are feeling, what your stress level is and whether your behaviors are consistent with who you want to be
- **B**alance
  - Balance among different types of activities including work, personal, family life, rest and leisure
- **C**onnections
  - Building social connections and supportive relationships with co-workers, friends, family and community

SOURCE: Adapted from Think Trauma Training NCTSN (2012).

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SELF-CARE

Reflection Pair Share

Share 2 symptoms of work-related stress or burnout that you experience.

Share 2 reasons you enjoy your work or why you do the work you do!

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Awareness: Indicators of Stress

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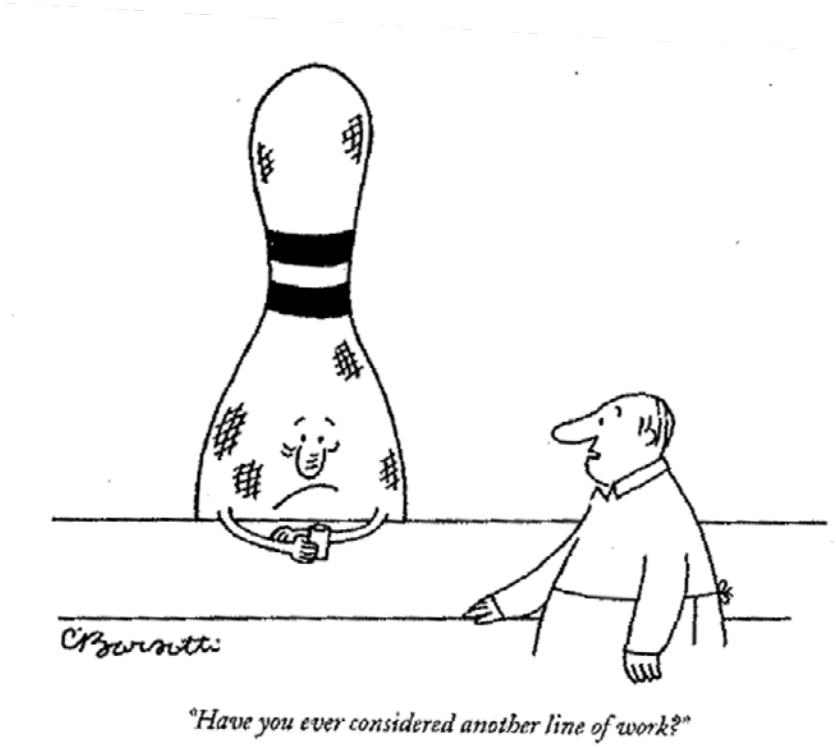

"Have you ever considered another line of work?"

Physical

- headaches, stomachaches, lethargy, sleep disturbance

Cognitive

- trouble concentrating, preoccupied by young person's trauma

Emotional

- feeling numb or detached, increase in anger, sadness, prolonged grief, anxiety, depression

Personal

- isolation, cynicism, mood swings, irritability with spouse and family

Workplace

- avoidance of certain children, tardiness, missed appointments, lack of motivation

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Balance & **C**onnection: Self-Care Strategies

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Physical

- Sleep Well, Eat Well, Dancing, Exercise, Yoga

Emotional

- See Friends, Cry, Laugh, Praise Yourself, Humor

Personal/Spiritual

- Self-Respect, Pleasure Reading, Say 'No', Smile, Solitude, Prayer, Meditation

Workplace

- Take Breaks, Set Limits, Peer Support, Get Supervision, Use Vacations

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Self-Care Strategies & Plan

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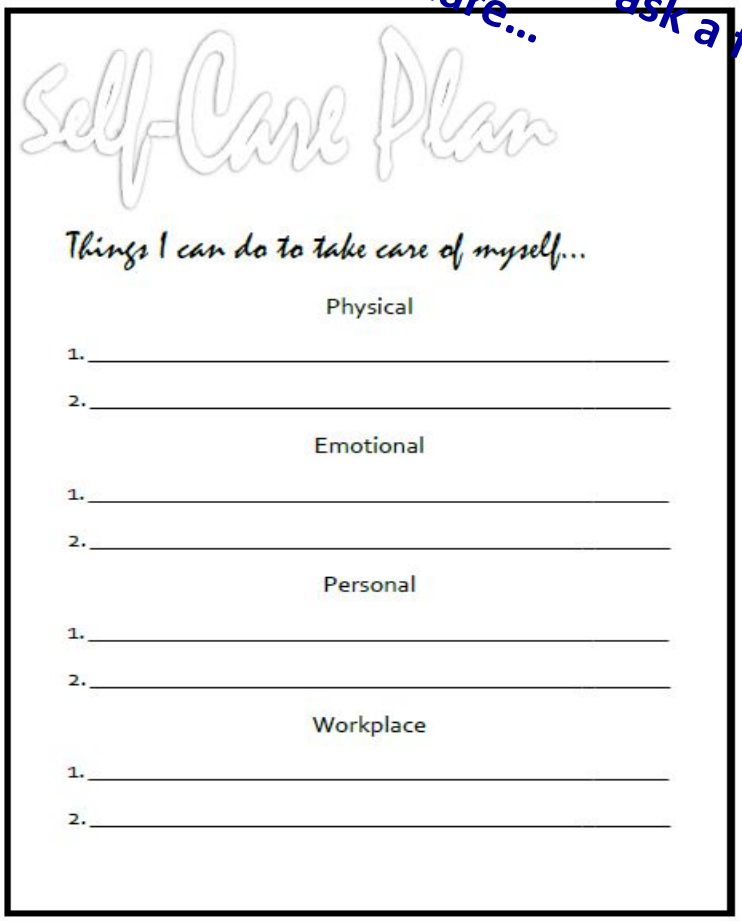
- Physical Self-Care
- Psychological Self-Care
- Emotional Self-Care
- Spiritual Self-Care
- Workplace or Professional Self-Care
- Balance

Reflect for a moment, and we'll ask a few to share…



Adapted from: Volk, K.T., Guarino, K., Edson Grandin, M., and Clervil, R. (2008). *What about you? A workbook for those who work with others.* Needham: MA. The National Center for Family Homelessness.

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Trauma-Informed Practices in the School Setting

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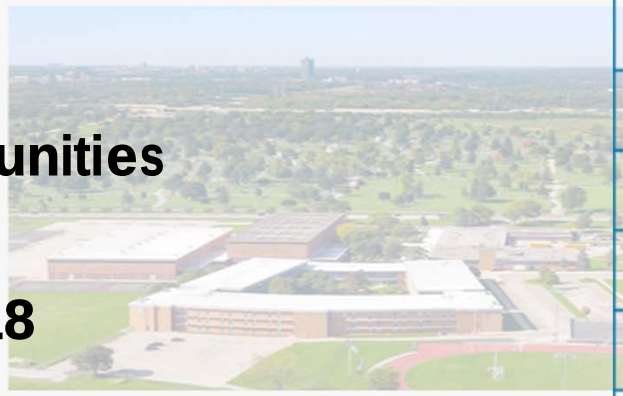
Proviso West Township School District #209

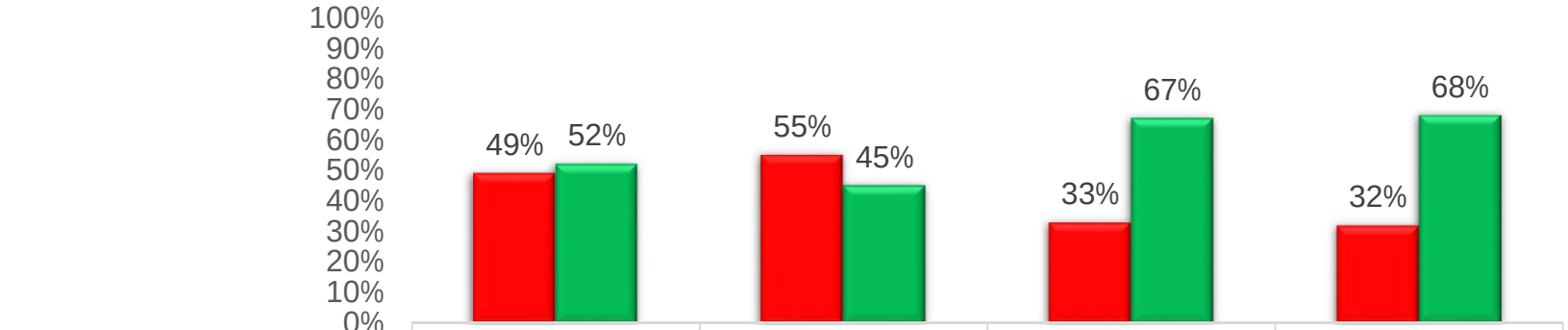
PROVISO WEST HIGH SCHOOL

PROVISO TOWNSHIP
PROVISO WEST

- 3 School district
- 10 Feeder Communities
- 1850 students
- New Principal FY18



African American	47%
Hispanic	44%
Low-Income	TBD
Diverse Learners	14%
English Learners	12%
Attendance	81%
SAT Average	876
Freshmen on Track	67%



	Bathrooms	Halls	Classrooms	Traveling Between Home and School
Not Safe/Somewhat Safe	49%	55%	33%	32%
Mostly Safe/Very Safe	52%	45%	67%	68%

SY16 5 ESSENTIALS SURVEY RESULTS

Our School:

A Slew of Services!

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MULTI-TIERED SYSTEMS OF SUPPORT (MTSS)

Multi-Tiered System of Supports (MTSS) is an integrated, multi-tiered system of instruction, assessment, and intervention designed to meet the academic and behavioral health needs of **ALL** learners.

- MTSS seamlessly integrates the guiding principles of ***Response to Intervention (RtI)*** and ***Positive Behavioral Interventions and Supports (PBIS)*** and provides effective instructional strategies for both academic and behavior systems.
- **MTSS also sets the protocol for how adults in the building work together.**

MULTI-TIERED SYSTEMS OF SUPPORT HIERARCHY

Multi-Tiered System of Supports (MTSS)

Response to Intervention (RtI)

Positive Behavioral Intervention & Supports (PBIS)

ASCA

Comprehensive School Counseling Program (CSCP)

MTSS → CSCP

What are the similarities between MTSS and CSCP?

- ✓**Leadership Team and Collaboration & Coordinated Services**
- ✓**Counselor Roles & Time Spent**
- ✓**Data Collection**
- ✓**Evidence-based practices**
- ✓**Cultural Responsive Equity and Advocacy**
- ✓**Prevention**
- ✓**Positive School Climate and Systemic Change**

MTSS

- evidence-based framework implemented utilizing data-based problem solving to integrate academic and behavioral instruction and intervention at tiered intensities to improve students' learning, behavioral and social/emotional functioning.
- Guided by student-centered data, teams engage in cyclical data-based problem solving; make informed decisions about general, compensatory and special education; and assist in the creation of a well-integrated and seamless system of instruction and intervention.

CSCP

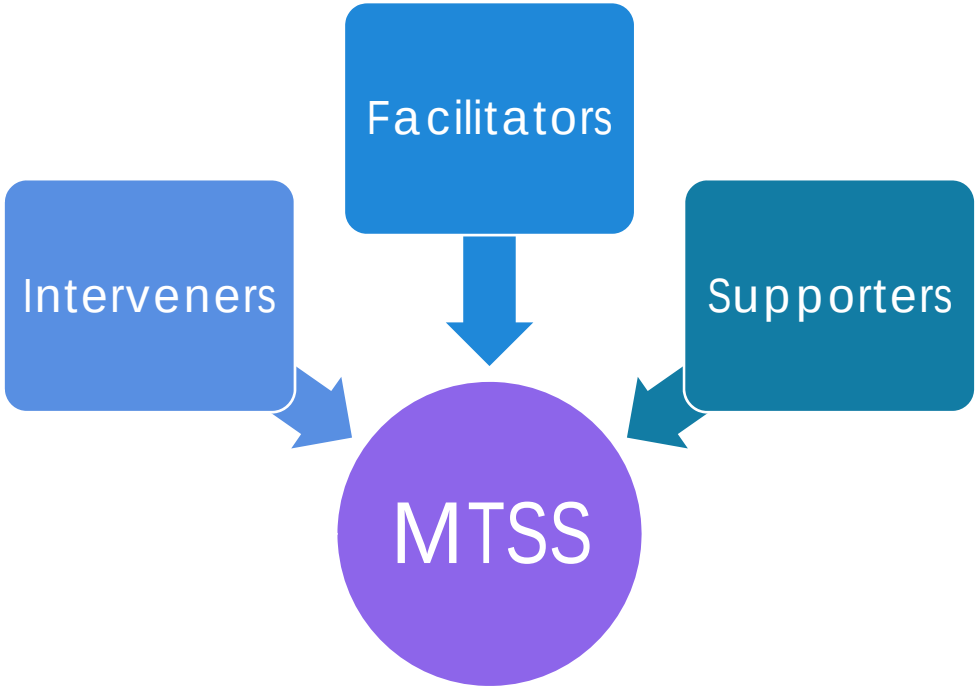
- school counselors augment their collaboration and coordination skills to meet the needs of **all** students and identify students who are at risk for not meeting academic and behavioral expectations.
- School counselors collaborate across student service disciplines to design and implement plans to address student needs and to promote students' academic, career, social/emotional success.
- Data are collected and analyzed to determine the effectiveness of the learning supports for continual improvement efforts over time.

SUMMARY OF THE ROLE OF STUDENT SUPPORT

THE COUNSELOR'S ROLE

Assist in the academic and behavioral development of students through the implementation of a comprehensive developmental school counseling program based on the ASCA National Model.

- ✓ Provide a standards based counseling core-curriculum
- ✓ Analyze academic data to identify struggling students
- ✓ Identifying and Collaborating with support team on research-based intervention strategies
- ✓ Evaluate academic and behavioral progress after intervention



Source: Integrating a Multitiered System of Supports with Comprehensive School Counseling Programs

Ziomek-Daigle, Goodman-Scott, Cavin, Donohue

Multi-Tiered Systems of Support for Behavioral Health

What?

- PWHS will implement a systemic, continuous improvement framework in which data-based problem solving and decision making is practiced across all levels of the school for supporting students' social, emotional and behavioral health needs.

Why?

- Understand the root cause of out-of-the-ordinary student behavior
- Provide better support for students impacted by trauma, neglect and abuse
- Improve student attendance
- Foster positive student-parent-teacher relationships

CARE TEAM

The CARE Team is a multi-disciplinary team of school and community-based professionals who engage in collaborative problem solving to support students with social, emotional and behavioral concerns.

Cares about both the individual and the system

Assesses by gathering information, discussing, and planning

Responds by following through with interventions

Evaluates the effectiveness of interventions and determines the need to reassess

CARE TEAM OBJECTIVES

- Come together weekly to **collaborate in finding solutions** to the problems of at-risk students and families.
- Provide a **web of support** for students exhibiting social, emotional, or behavioral difficulties
- Create a Tier II/III Teaming structure to deliver **three levels of interventions** that address students' social, emotional, and behavioral needs.
- **Assesses student needs**, matches them to appropriate evidenced-based intervention(s), when available
- **Facilitate referrals and screening** to school and community-based resources to further support student needs.
- Collaborate with school personnel and community-based organizations to **coordinate services and supports**.
- Collect, interpret, and report on **data** to improve quality of services.
- **Advocates** for the student and **monitor their progress**

CARE Team Meeting Structure and Participants

Weekly meetings : 90 minutes
Pre-set agenda;
closed vs. open meeting structure

Open meeting participants

- Deans
- Dream Advocates
- EL Team
- Parent Coordinator
- Community Partners

Core meeting participants

- School Psychologists
- School Social workers
- School Counselors
- School Nurse
- Various Administrators

STUDENT SURVEY: 1086 RESPONSES

Descriptor	# of Students	Percentage
Need Help Dealing with Anger	277	26%
Need Help with Feeling Anxious	304	28%
Need Help Resolving Conflict	199	18%
Need Help with Feeling Stressed	397	37%
Need Help Reducing Test Anxiety	480	44%
Need Help Making Better Decisions	276	25%
Need Help with Gaining More Self-Confidence	314	29%
Need Help with Feeling Sad or Depressed	147	14%
Need Help with Grief Over Loss of Loved One	121	11%

COMMUNITY PARTNERS

HAS	Substance use reduction
Youth Outreach Services	Mentoring, small group
Leyden Family Services	Tier III Clinical individual counseling
Youth Guidance	Support for DCFS students
Catholic Charities	Parenting support
West 40	Truancy, Dream Advocates, Parenting support
Proviso Partners (PPP)	Connects Tier 3 referrals for outside agency support.
Presence Behavior Health	Tier 3 level support for substance and mental health
Pillars	Positive Relationships
NAMI	Mental Health First Aid

REFERRAL PROCEDURE

Staff must use our referral form

Paper referral forms are available in central location, and Electronic referral forms are available in the weekly updates under CARE Team updates

CARE co-facilitators will receive and bring referral forms to CARE Team for review that are received by Monday of every week.

Whenever possible, please let parent and student know of your concern and that you will be consulting with CARE Team for additional support.

What happens after student is referred?

CARE reviews referral documents and data to determine most appropriate service(s)

- Additional data may be required and collected by the CARE Team
- Teachers should expect to hear from a CARE Team member within two weeks of receiving a completed referral form (RFA and SDQ)

CARE member informs you of service(s)

- An email will be sent to the teachers indicating students status

REVIEW: STRENGTHS & Difficulties Questionnaire (SDQ-T)

- Brief behavioral screen for all students referred to CARE Team
- Used to identify problem behaviors and as pre-post assessment
- Includes 25 psychological attributes, some positive, some negative
- Five scales:
  - Emotional
  - Conduct problems
  - Hyperactivity/inattention
  - Peer relationship
  - Pro-social behavior
- **Completed by referring teacher or teacher who knows student well (when referred by non-teacher)**
- Must be completed in its entirety
- When uncertain of response (e.g. kind to younger children), give student benefit of the doubt

Strengths & Difficulties Questionnaire (SDQ-T) - page 1

Strengths and Difficulties Questionnaire

T 11-17

For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain. Please give your answers on the basis of this student's behavior over the last six months or this school year.

Student's name ..... Male/Female

Date of birth.....

	Not True	Somewhat True	Certainly True
Considerate of other people's feelings	☐	☐	☐
Restless, overactive, cannot stay still for long	☐	☐	☐
Often complains of headaches, stomach-aches or sickness	☐	☐	☐
Shares readily with other youth, for example pencils, books, food	☐	☐	☐
Often loses temper	☐	☐	☐
Would rather be alone than with other youth	☐	☐	☐
Generally well behaved, usually does what adults request	☐	☐	☐
Many worries or often seems worried	☐	☐	☐
Helpful if someone is hurt, upset or feeling ill	☐	☐	☐
Constantly fidgeting or squirming	☐	☐	☐
Has at least one good friend	☐	☐	☐
Often fights with other youth or bullies them	☐	☐	☐
Often unhappy, depressed or tearful	☐	☐	☐
Generally liked by other youth	☐	☐	☐
Easily distracted, concentration wanders	☐	☐	☐
Nervous in new situations, easily loses confidence	☐	☐	☐
Kind to younger children	☐	☐	☐
Often lies or cheats	☐	☐	☐
Picked on or bullied by other youth	☐	☐	☐
Often offers to help others (parents, teachers, children)	☐	☐	☐
Thinks things out before acting	☐	☐	☐
Steals from home, school or elsewhere	☐	☐	☐
Gets along better with adults than with other youth	☐	☐	☐
Many fears, easily scared	☐	☐	☐
Good attention span, sees work through to the end	☐	☐	☐

Do you have any other comments or concerns?

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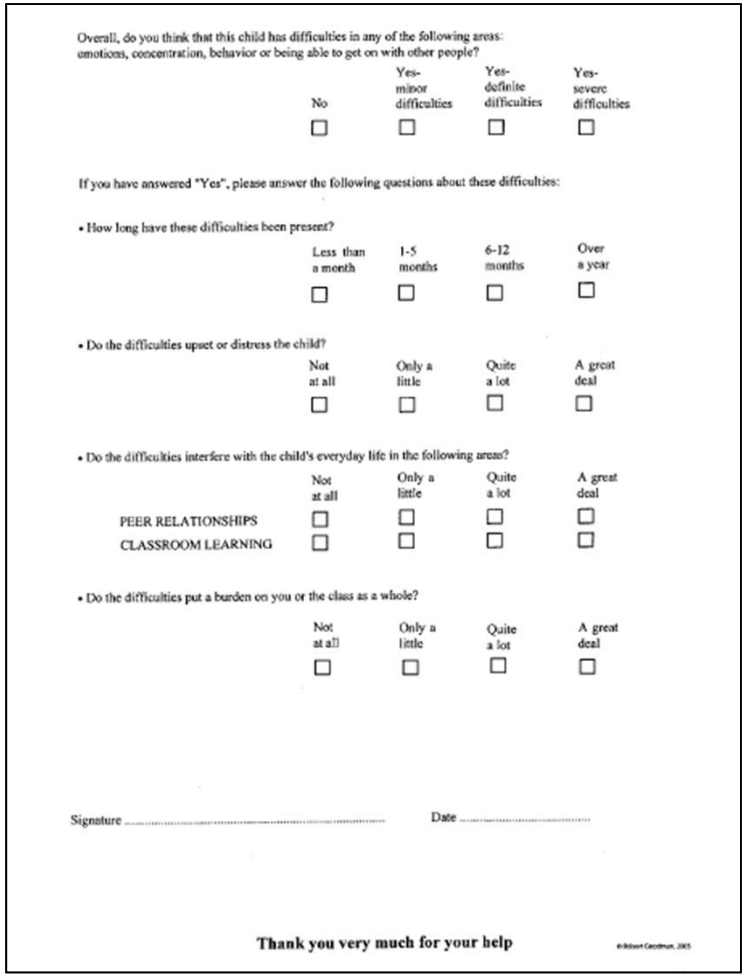

Overall, do you think that this child has difficulties in any of the following areas: emotions, concentration, behavior or being able to get on with other people?

No	Yes- minor difficulties	Yes- definite difficulties	Yes- severe difficulties
☐	☐	☐	☐

If you have answered "Yes", please answer the following questions about these difficulties:

• How long have these difficulties been present?

Less than a month	1-5 months	6-12 months	Over a year
☐	☐	☐	☐

• Do the difficulties upset or distress the child?

Not at all	Only a little	Quite a lot	A great deal
☐	☐	☐	☐

• Do the difficulties interfere with the child's everyday life in the following areas?

	Not at all	Only a little	Quite a lot	A great deal
PEER RELATIONSHIPS	☐	☐	☐	☐
CLASSROOM LEARNING	☐	☐	☐	☐

• Do the difficulties put a burden on you or the class as a whole?

Not at all	Only a little	Quite a lot	A great deal
☐	☐	☐	☐

Signature ..... Date .....

Thank you very much for your help

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Strengths & Difficulties Questionnaire (SDQ-T) - page 2

Direct Notification

(Do NOT wait to refer)

Notify Counselor or Social Worker *same day* for:

- Self-mutilation
- Significant, acute life stressor (homeless, pregnant, etc.)
- Severe substance abuse
- Rape/sexual abuse/victimization
- Re-entry from juvenile justice, psychiatric hospital
- Victim of gun violence

Notify Counselor/Social Worker/ administrator *immediately* for:

- Suicidal ideation (or completion)
- Homicidal ideation (or completion)
- Child Abuse
- Medical emergency

The MTSS Cycle for Behavior Intervention

Develop MTSS Team
- School counselors
- Administrators
- Teachers
- School psychologist
- Data specialist

Evaluate Needs & Organize Plan of Action
- Determine roles
- Select universal screening tool
- Educate faculty

Administer Universal Screening
- Collect multiple data points
- Ensure fidelity of implementation

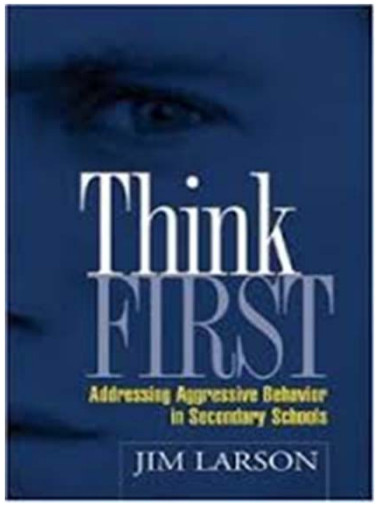
Evaluate Data & Place Students in Tiers
- Based on level of risk
- Disaggregate data to examine trends

Service Delivery
- Services are data driven, matched to student needs, and appropriate for each tier
- Multiple stakeholders involved in service delivery

Progress Monitoring & Follow-up Action
- Re-administer universal screening tool
- Adjust students' tiering based on progress or lack thereof

Evaluate Effectiveness & Plan for Future
- Note what interventions and strategies worked
- Note struggles and problem areas

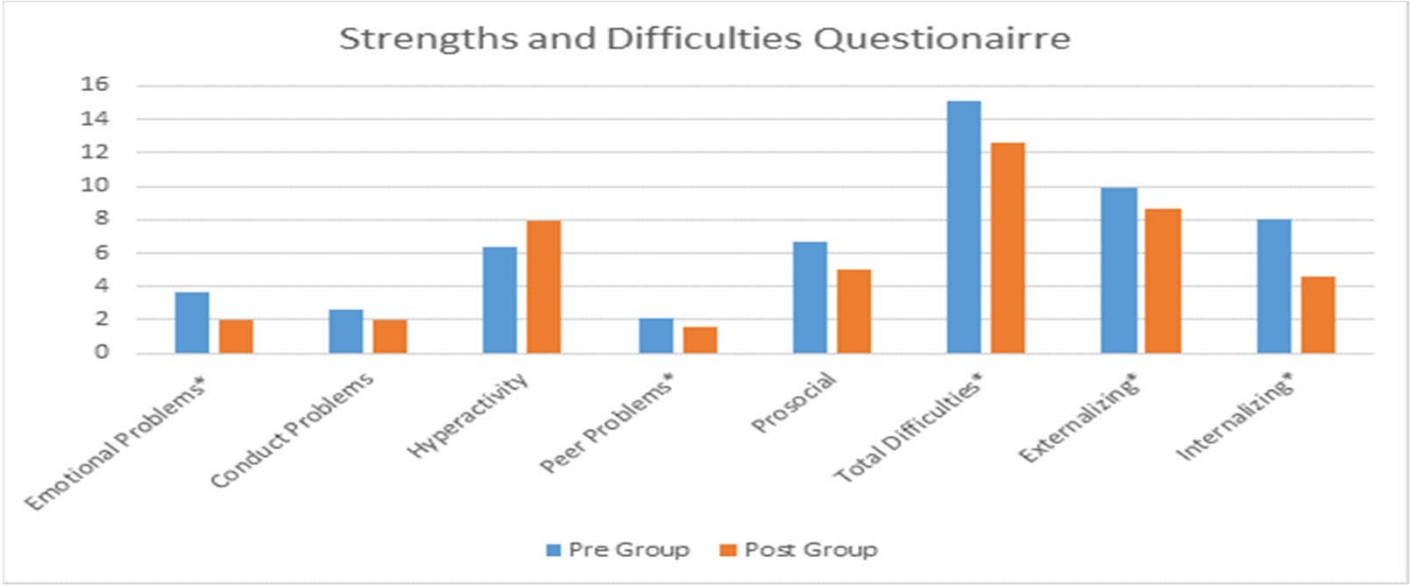
CARE INTERVENTIONS



Proviso West CARES Team and Implementation Plan

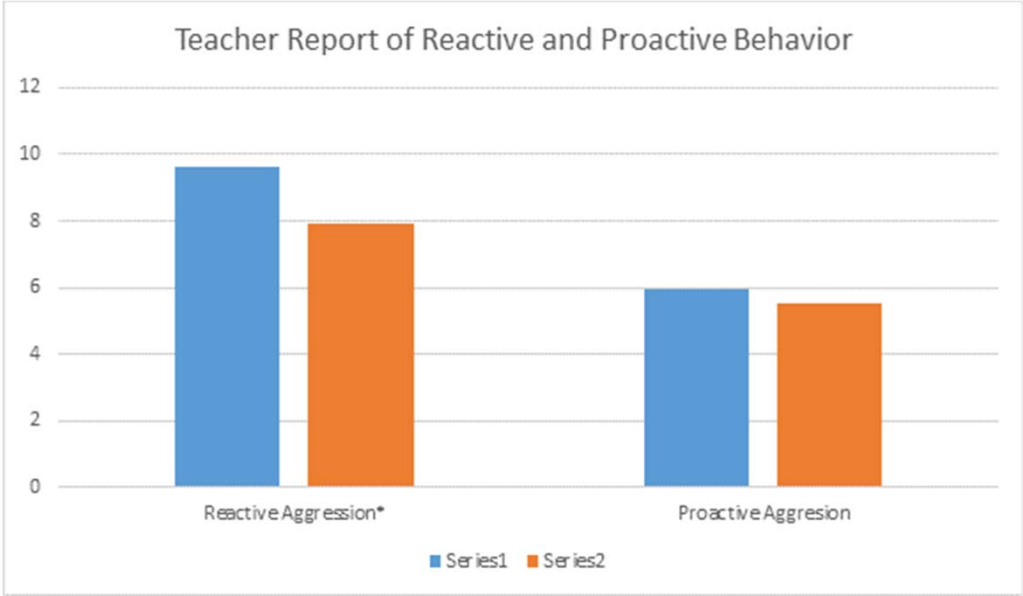
- 19 people were trained on the Think first intervention in a 2-day training
- 3 groups
- Group co-facilitators will receive Supported Implementation via coaching, direct support, and CARES Team consultation

Think First Intervention: Student Outcome Results



Teachers completed an assessment of strengths and difficulties of Think First students. TF curriculum concepts address behaviors that reflect anger. This 25-item questionnaire has subcategories and Total problem rating. *Teacher ratings indicate a reduction in Total Difficulties (Statistical significance at the p <.05 level. (p = xx). and in the majority of subcategories).*

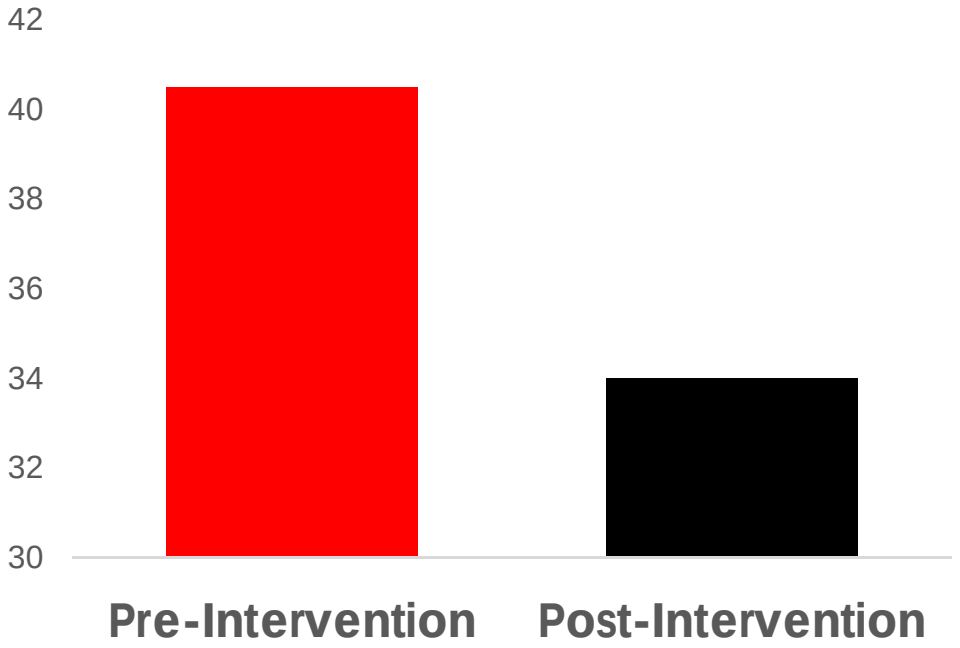
Think First Intervention: Student Outcome Results



Teachers completed an assessment of two types of anger for each Think First participant. TF curriculum concepts address behaviors consistent with Reactive Aggression. Those with very high Proactive Aggression (more consistent with bully behavior) are not a good fit for TF and screened out of TF selection. *Teacher ratings indicate a reduction in Reactive Anger. Statistical significance at the p <.05 level. (p = xx).*

THINK FIRST PILOT RESULTS

Multidimensional Student Anger Inventory – MSAI



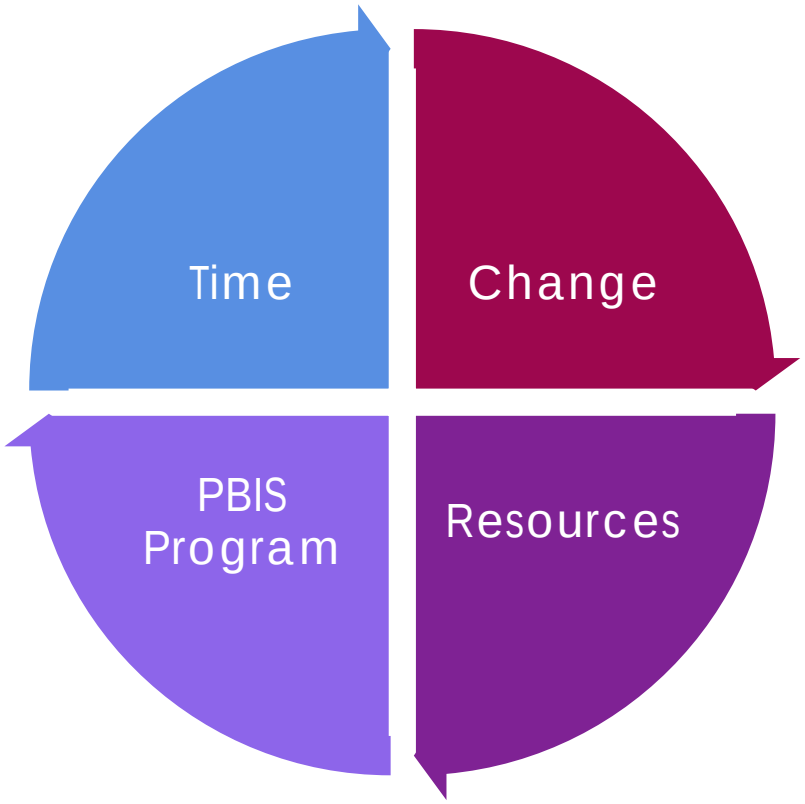
TIMELINE

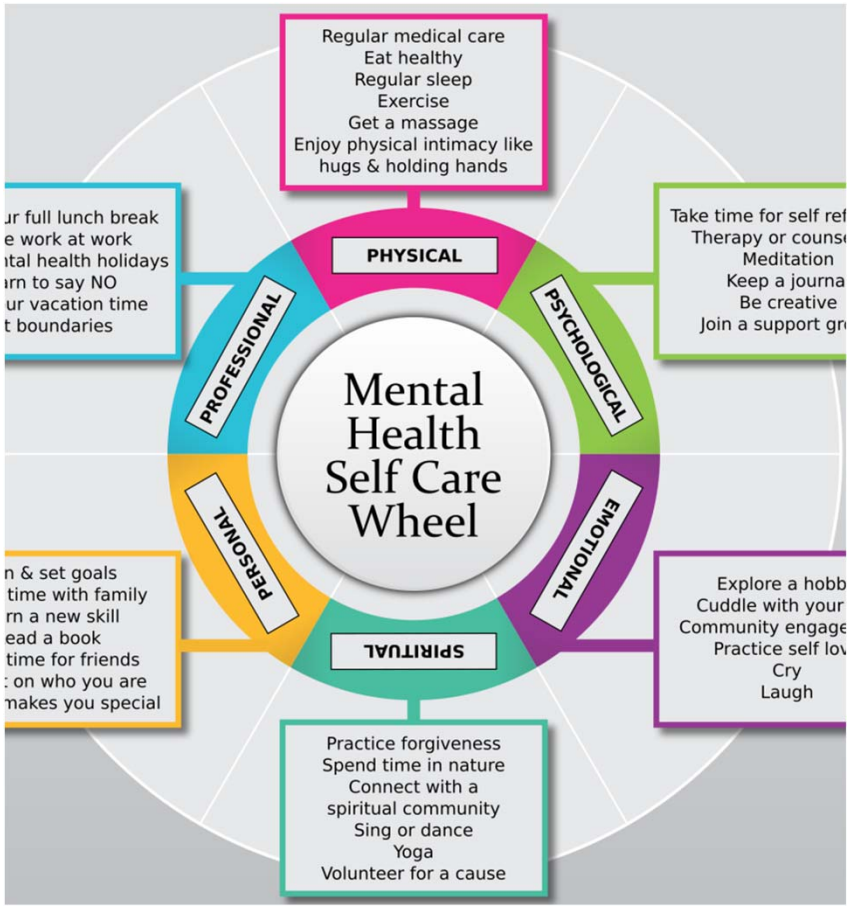
Activities	
Began Planning with Lurie Center for Childhood Resilience	Sept 2017
Surveyed Students	Sept 2017
Initial Think First Training Dates	November 2017
Presentation to Board of Education on Benefits of Think First	December 2017
Rescheduled Think First Training	December 2017
Joint Kick off presentation with Lurie to Staff	December/January 2017-2018
Think First Pilot Groups	January-May 2018
CBITS Approved by Board of Education	August 2018

18-19 SCHOOL YEAR

- Evaluating the pilot year
- implementing CBITS this year
- Continuing Think 1st this year
- Check-in's with FY18 think 1st participates
- Increasing and strengthening our outside partnerships
- Improving our referral process
- Adding the academic intervention team
- Continuing Lurie's consultative services

BARRIERS

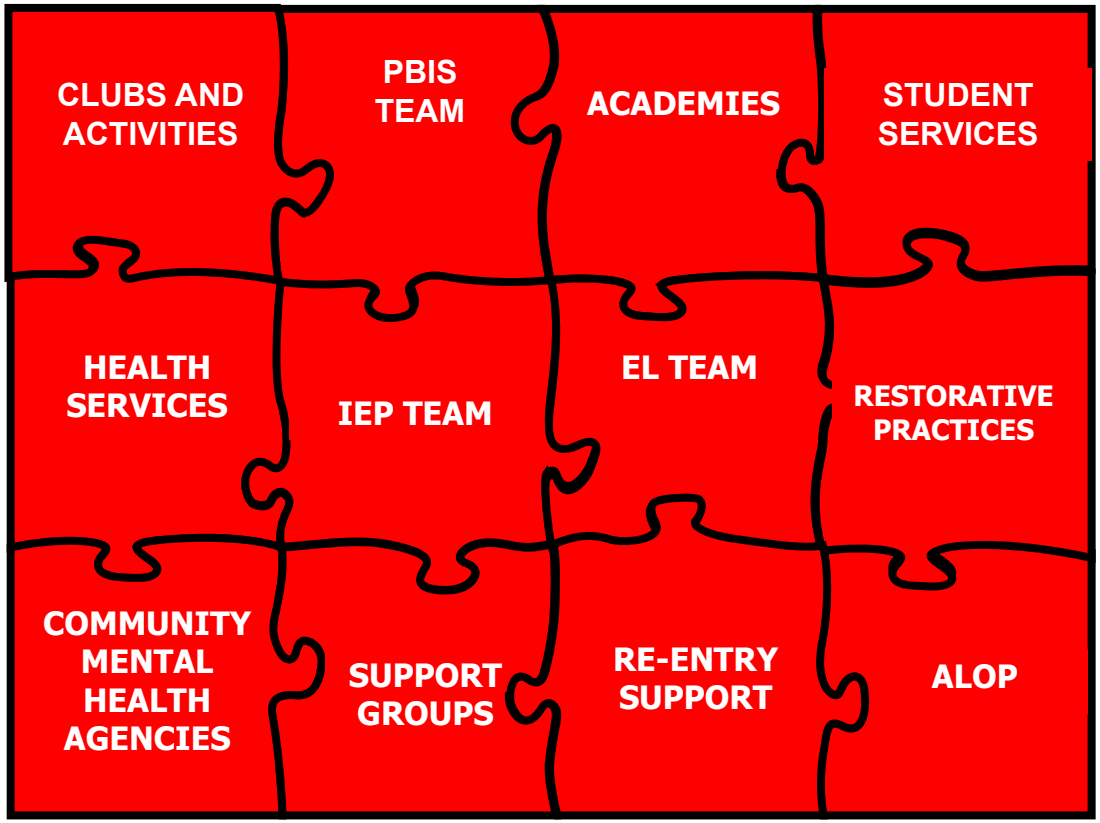



Regular medical care
Eat healthy
Regular sleep
Exercise
Get a massage
Enjoy physical intimacy like hugs & holding hands
PHYSICAL
Take time for self ref
Therapy or counse
Meditation
Keep a journa
Be creative
Join a support gr
PSYCHOLOGICAL
ur full lunch break
e work at work
tal health holidays
rn to say NO
ur vacation time
t boundaries
PROFESSIONAL
Mental Health Self Care Wheel
EMOTIONAL
Explore a hobb
Cuddle with your
Community engage
Practice self lov
Cry
Laugh
PERSONAL
n & set goals
time with family
rn a new skill
ead a book
time for friends
on who you are
makes you special
SPIRITUAL
Practice forgiveness
Spend time in nature
Connect with a spiritual community
Sing or dance
Yoga
Volunteer for a cause

SELF CARE

Our School with a CARE TEAM:

Cohesive Services!



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MTSS SCHOOL TEAMS

What is currently in place at your school?

- What are your successes?
- What are your challenges?

What should the team goals be in relation to the district/school goal/s?

How will the team get there?

What resources are needed?

WHY

Additional Resources

Center for Childhood Resilience
Resilient Kids. Stronger Communities. Brighter Futures.

- **ACES Study**
  - *www.acestudy.org*
- **National Child Traumatic Stress Network**
  - *www.nctsn.org*
- **Dr. Perry and Child Trauma Academy**
  - *www.childtrauma.org*
- **Illinois Childhood Trauma Coalition**
  - *http://lookthroughtheireyes.org/*
- **Helping Traumatized Children Learn**
  - *http://traumasensitiveschools.org*
- **Substance Abuse & Mental Health Services Administration (SAMHSA)**
  - *https://www.samhsa.gov/topics/trauma-violence/samhsas-trauma-informed-approach*
- **Mind Yeti by Committee for Children**
  - *www.mindyeti.com*
- **The SHAPE System (Trauma Responsive Schools Implementation Assessment)**
  - *https://theshapesystem.com*

Thank You!

Center for Childhood Resilience

Resilient Kids. Stronger Communities. Brighter Futures.

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Evaluation Survey (only 6 questions)

2-22-19 DOCSSSC Survey

The information provided in this presentation was beneficial.

	1	2	3	4	5	
Strongly Disagree	○	○	○	○	○	Strongly Agree

As a result of this presentation, I feel more knowledgeable about the given topic.

	1	2	3	4	5	
Strongly Disagree	○	○	○	○	○	Strongly Agree

This presentation gave me useful information regarding what I can do in my own setting.

	1	2	3	4	5	
Strongly Disagree	○	○	○	○	○	Strongly Agree