The background is a dark blue gradient with faint, light blue circular patterns and a scale. The scale is a semi-circular arc with tick marks and numbers ranging from 150 to 260. The circular patterns consist of concentric circles, some solid and some dashed, with arrows indicating a clockwise direction.

TRAUMA INFORMED SCHOOLS: A JOURNEY

**JOE FANTIGROSSI, ED.D., PRE K-12 INTERVENTION COORDINATOR, LYONS
CSD**

JAY ROSCUP, CONSORTIUM GRANTS ADMINISTRATOR, LYONS CSD

Joe Fantigrossi

- Graduate of the Warner School of Education at the University of Rochester.
- Dissertation on the impact of mentoring on the social-emotional wellness of high school students.
- Began 21 years in education as a Social Studies teacher
- Last 13 years as a building and district administrator, including high school principal
- Currently the Pre K-12 Intervention Coordinator for the Lyons Central School District.
- Presented last 2 years at National PBIS Leadership Forum

Jay Roscup

- Grants Administrator for a consortium of several Wayne County schools.
- Oversight of programs designed for school improvement through expanded service and improved practice.
- ELA teacher for a decade before beginning his administrative work overseeing a “Safe Schools Healthy Students” grant in Sodus.
- Work includes developing collaborative partnerships with local agencies and organizations.

TODAY'S PURPOSE

- Understand the impact
- Trauma awareness with current systems
- Resources and practices
- Action step

(Small is the new Big)

TAKEAWAYS

1. Resources
2. Strategies
3. Methods of support

<http://bit.ly/2tsiZdL>

TRAUMA IS NOT THE EVENT.

TRAUMA IS THE RESPONSE.



EACH INDIVIDUAL RESPONSE TO CHRONIC OR ACUTE STRESS DETERMINES THE LEVEL OF TRAUMATIC IMPACT.

*STOP ASKING: What is wrong with this student?
AND START ASKING: What has happened to this student?*

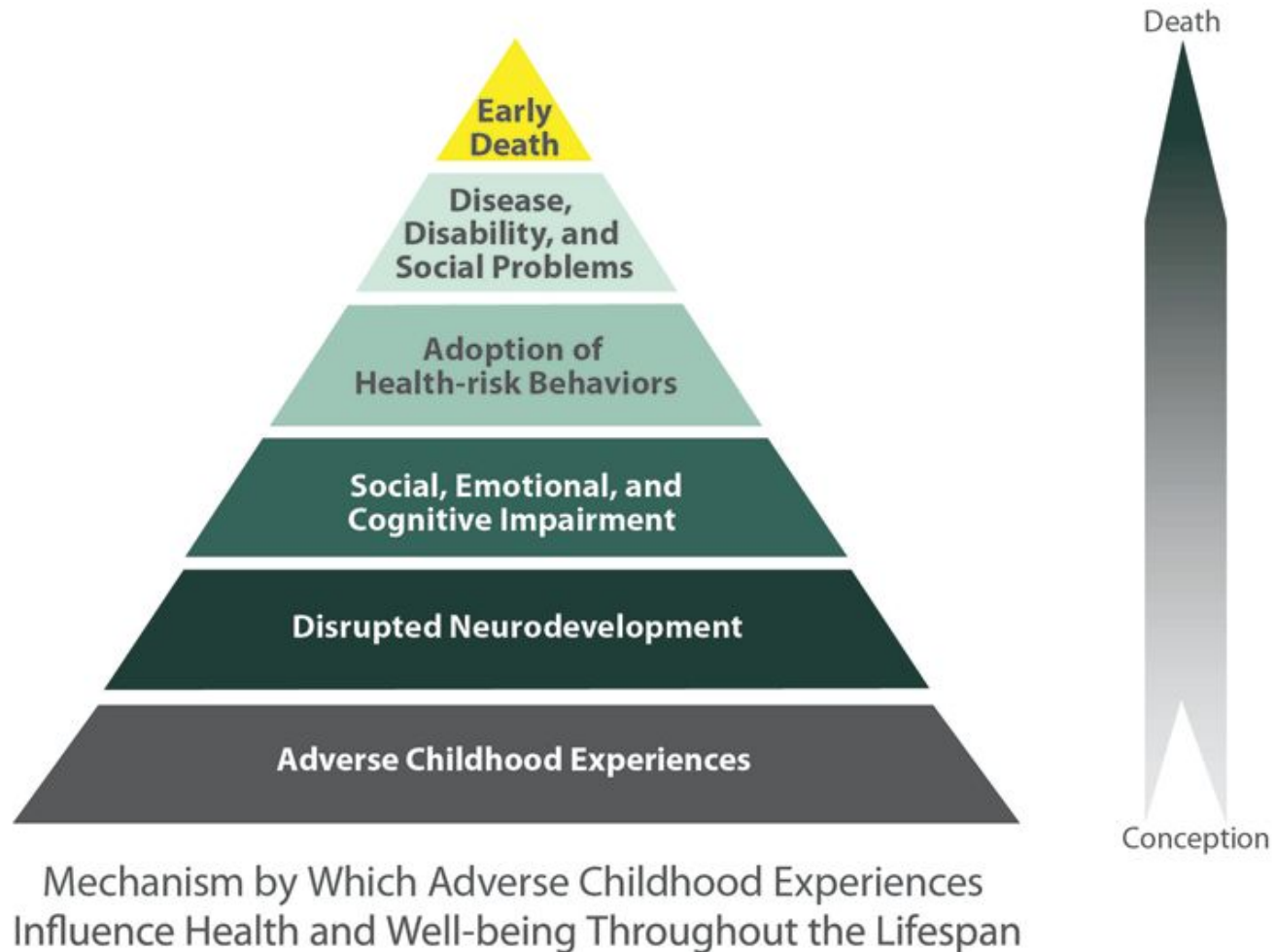


ACES

- ACE'S STUDY
- TOXIC IMPACT OF STRESS
- NEUROLOGY
- IMPACT ON BIOLOGY/PHYSICAL HEALTH
- NEED FOR A 'PUBLIC HEALTH RESPONSE'



WHY IS THIS IMPORTANT?



ADVERSE CHILDHOOD EXPERIENCES:

- ABUSE
- NEGLECT
- DYSFUNCTION (Family)

THE TRUTH ABOUT ACEs

WHAT ARE THEY?

ACEs **are**
ADVERSE CHILDHOOD EXPERIENCES

HOW PREVALENT ARE ACEs?

The ACE study revealed the following estimates:*

Category	Sub-category	Prevalence
ABUSE	Physical Abuse	25.2%
	Sexual Abuse	10.1%
	Emotional Abuse	10.0%
NEGLECT	Emotional Neglect	24.2%
	Physical Neglect	3.2%
HOUSEHOLD DYSFUNCTION	Household Substance Abuse	20.4%
	Parental Divorce	17.5%
	Household Mental Illness	13.4%
	Mother Involvement/Child Abuse	10.2%
	Overcrowded Household Member	10.7%

*percentage of study participants that experienced a specific ACE

BY 17,000 ACE study participants:

35%
have experienced 0 ACEs

20%
1 ACE

17%
2 ACEs

13%
3 ACEs

10%
4+ ACEs

WHAT IMPACT DO ACEs HAVE?

As the number of ACEs increases, so does the risk for negative health outcomes

RISK

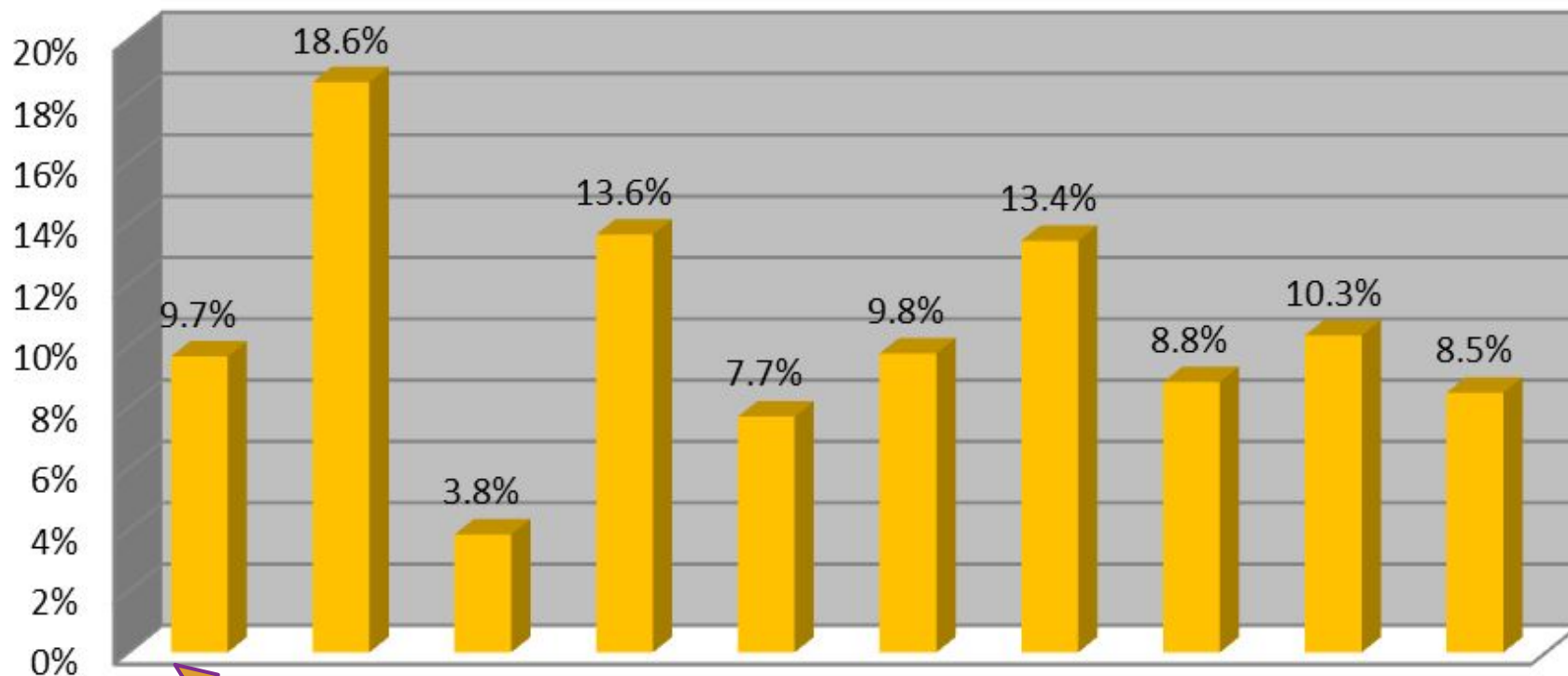
0 ACEs 1 ACE 2 ACEs 3 ACEs 4+ ACEs

Possible Risk Outcomes:

BEHAVIOR				
lack of physical activity	Smoking	Alcoholism	Drug use	Misadventure
PHYSICAL & MENTAL HEALTH				
Lower density	Diabetes	Depression	Stroke	Chronic diseases
Heart disease	Cancer	Stroke	COPD	Sexual abuse

ACE'S REPORTED BY KINDERGARTEN PARENTS AT SCREENING:

Two or More Trauma



WAYNE COUNTY SCHOOL DISTRICTS

K READY SURVEY- Wayne County 2016
554 out of 1007 Kindergarten Students

10% Wayne Co. Avg

LOCAL K SCREEN:

CHILDREN WITH 2 OR MORE “ACE” *:

- 3 times more likely to not calm down when upset.
- Twice as likely to rarely play with children outside the family.
- Twice as likely to not be able to independently button or zipper clothing.
- 13 times less likely to be able to focus on activity other than TV or computer.

* AS REPORTED BY REGISTRANT

LOCAL K SCREEN:

CHILDREN WITH 2 OR MORE “ACE” *:

- 7 times more likely to have moved four or more times.
- More than twice as likely to spend less than 3 hours a week in family activity.
- 2.5 times less likely to have a set bedtime.
- 5.7 times more likely to ignore rules at home.
- 4.3 times more likely to never read with parent/adult.

* AS REPORTED BY REGISTRANT

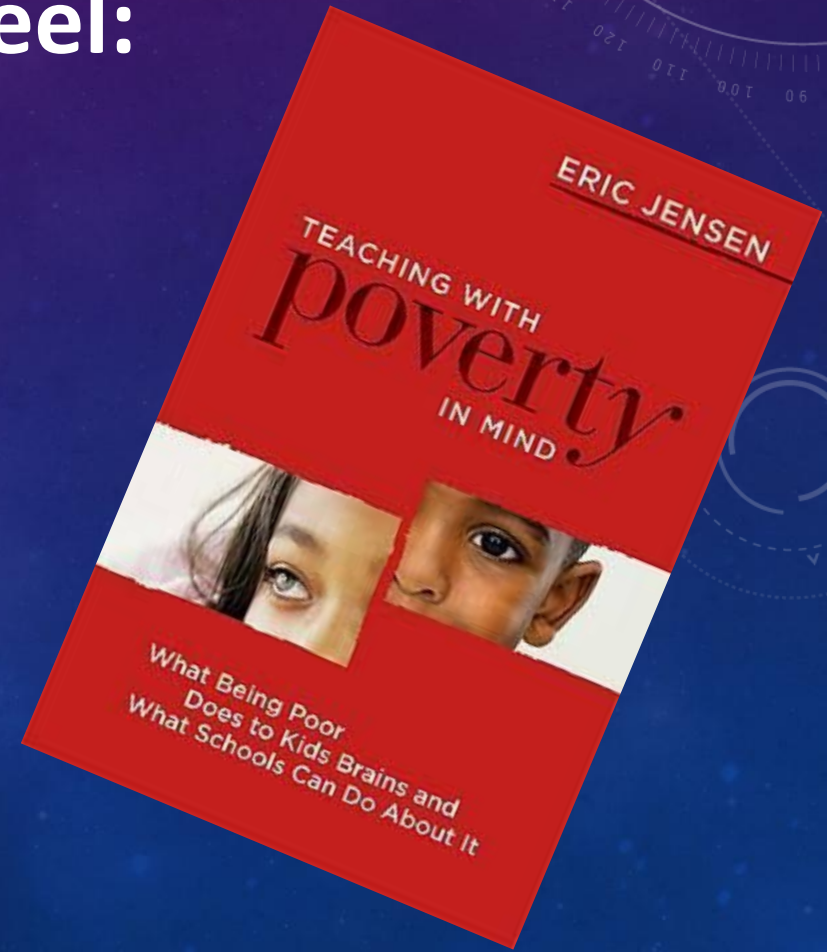
POVERTY ASIDE

You can be poor and feel:

-Safe

-Loved

-Proud



CHILDHOOD TRAUMA

Evalumetrics Youth Survey - 2017	2017	ACE 2 or less	ACE>2	Ratio
Used Alcohol in Past 30 Days	20.6%	15.3%	31.5%	2.1
Smoked Cigarettes in Past 30 Days	6.6%	4.1%	12.4%	3.0
Smoked Marijuana in Past 30 Days	15.5%	10.6%	26.4%	2.5
Used Any Other Drug in Past 30 Days	2.0%	1.1%	4.2%	4.0
Felt Sad/Depressed	41.2%	29.0%	68.1%	2.3
Self-injury	17.7%	13.2%	42.0%	3.2
Planned Suicide	10.4%	4.7%	25.3%	5.3

IMPACT ON SELF-EFFICACY:

Self-efficacy	ACE<2	ACE2 or more	ratio
N=	851	925	
At risk from lack of self-efficacy	10.6%	32.9%	3.11

Students with two or more adverse childhood experiences are more than three times as likely to have a significant lack of self-efficacy. Nearly one in three (32.9%) of students with an ACE score of two or more lacked self-efficacy.

SMALL GROUP ACTIVITY

Using PBIS to Incorporate Trauma-Sensitive Practices into Schools

Dr. Tony Evers-Wisconsin Department of
Public Instruction

Small Group Activity

- Article broken into 4 chunks
- Each person assigned a number-chunk
- Read silently, then discuss w/ others of the same number
- Representatives from each chunk come together to form new groups and discuss

The background is a dark blue gradient with a subtle pattern of white dots. Overlaid on this are several faint, light blue circular elements. On the left side, there is a large circular scale with tick marks and numbers ranging from 150 to 260. To the right, there are several concentric circles, some with arrows indicating a clockwise direction. The overall aesthetic is technical and modern.

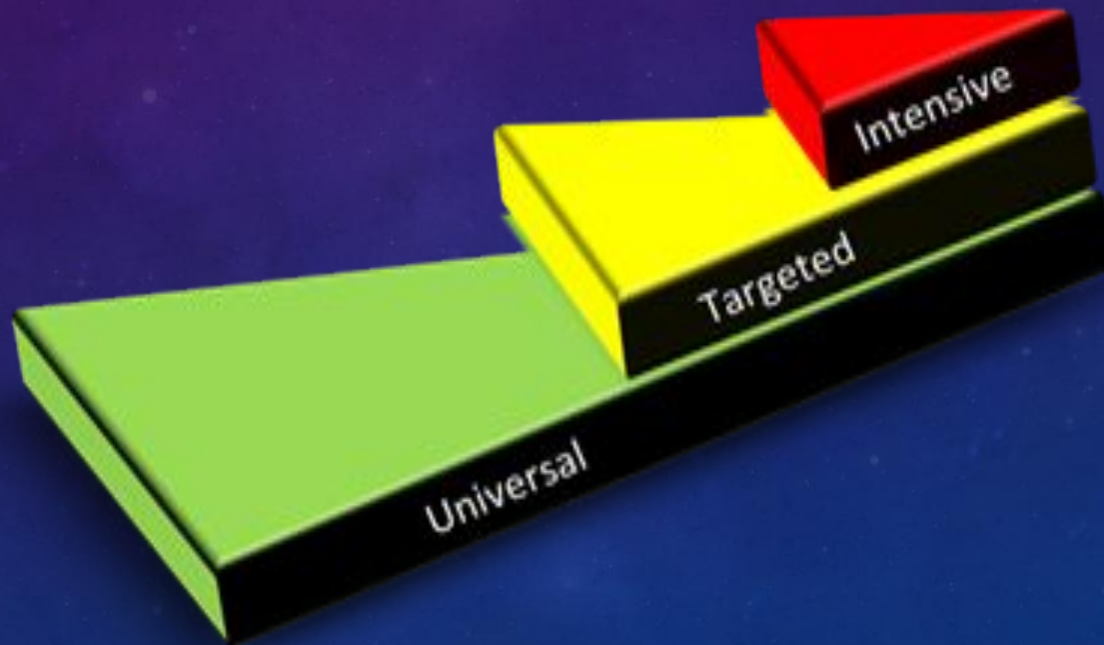
SUPPORTS FOR STUDENTS

ADAPT, NOT ADDITIONAL



- IN SCHOOLS, MUCH OF WHAT IS ALREADY DONE CAN BE Integrated INTO A TRAUMA INFORMED APPROACH!!
- DON'T THINK "MORE"—THINK "ADAPT CURRENT PRACTICE"

TIERED INTERVENTION



WE BEGAN TO UNDERSTAND TO BE “CULTURALLY EQUITABLE,
VALID, KNOWLEDGEABLE & RELEVANT” MEANT WE HAD TO BE
TRAUMA INFORMED.....

Vincent, Randall,
Cartledge, Tobin, &
Swain-Bradway 2011;
Sugai, O’Keeffe, &
Fallon, 2012ab

Culturally Equitable Academic &
Social Behavior Expectations

**Culturally
Knowledgeable**
Staff



Culturally Valid
Information for
Decisions

Culturally Relevant & Effective
Instruction

A FRAMEWORK TO HELP

ATTACHMENT

**REGULATION
(SELF)**

COMPETENCY



ATTACHMENT:
We can
organize our
current
interventions
using the ARC
Framework
across a
Multi-Tiered
System of
Supports.

ATTACHMENT:

TIER 1: ALL

Positive relationships between all staff & students (clear expectations help!)

Opportunities for clubs, sports & other extracurricular activities

Involvement in learning!

TIER 2: SOME

Check In/Check Out

Check & Connect

Small groups formed for particular students

Peer Mentoring

TIER 3: FEW

Counseling

Individual Plans

REGULATION:
We can organize
our current
interventions
using the ARC
Framework across
a Multi-Tiered
System of
Supports.

REGULATION:

TIER 1:

A few clearly stated expectations with explicit instruction consistently shared among all staff

Second Step taught universally to all students

Model “how to” for self-regulation adults & peers

TIER 2:

Check In/Check Out

Check & Connect

Small group re-teach (can use Second Step)

TIER 3:

Counseling

Individual Plans (FBA/BIP)

COMPETENCY:
We can organize our current interventions using the ARC Framework across a Multi-Tiered System of Supports.

COMPETENCY:

TIER 1:

Strong and engaging classroom instruction for all students

Differentiated instruction

Skill based clubs (strategy games, gardening, cooking!)

Music & Art Classes!

**PERSONALIZED
LEARNING &
INNOVATION**

TIER 2:

Check In/Check Out

Small group re-teach (can use Second Step)

After school programs

TIER 3:

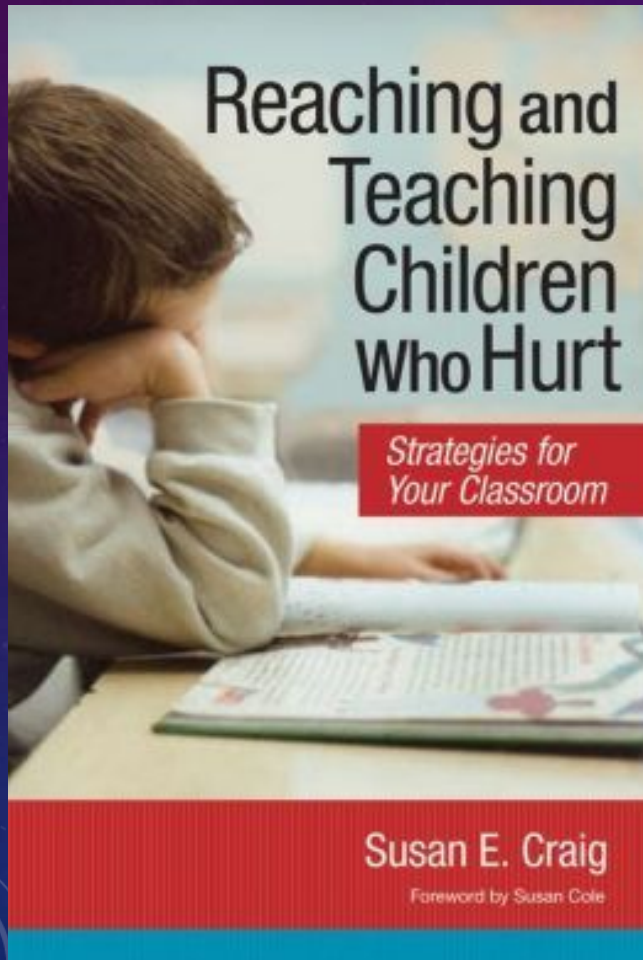
Counseling

Individual Plans (FBA/BIP)

The background features a dark blue gradient with faint, light blue technical diagrams. On the left, a large circular scale is visible, with numerical markings from 150 to 260 in increments of 10. Several circular arrows and dashed lines are scattered across the scene, suggesting a process or cycle. The overall aesthetic is clean and professional, typical of a corporate or educational presentation.

BUILDING CAPACITY FOR STAFF

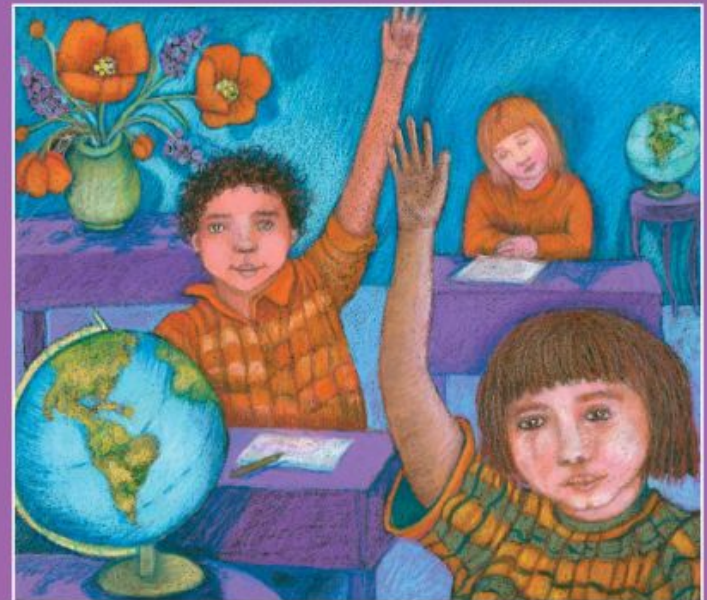
BOOK STUDIES & PLC'S HELPED START CONVERSATION:



Helping Traumatized Children Learn

*supportive school environments
for children traumatized by family violence*

A Report and Policy Agenda



Massachusetts Advocates for Children: Trauma and Learning Policy Initiative

In collaboration with Harvard Law School

and The Task Force on Children Affected by Domestic Violence

(Both of these are on your resource handout)

TCI: THERAPEUTIC CRISIS INTERVENTION FOR SCHOOLS (Cornell University)

- A CRISIS PREVENTION AND INTERVENTION MODEL THAT WAS DEVELOPED TO ASSIST SCHOOLS IN:
- PREVENTING CRISES FROM OCCURRING
- DE-ESCALATING POTENTIAL CRISES
- EFFECTIVELY MANAGING ACUTE CRISES
- REDUCING POTENTIAL INJURY TO CHILDREN AND STAFF
- LEARNING CONSTRUCTIVE WAYS TO HANDLE STRESSFUL SITUATION

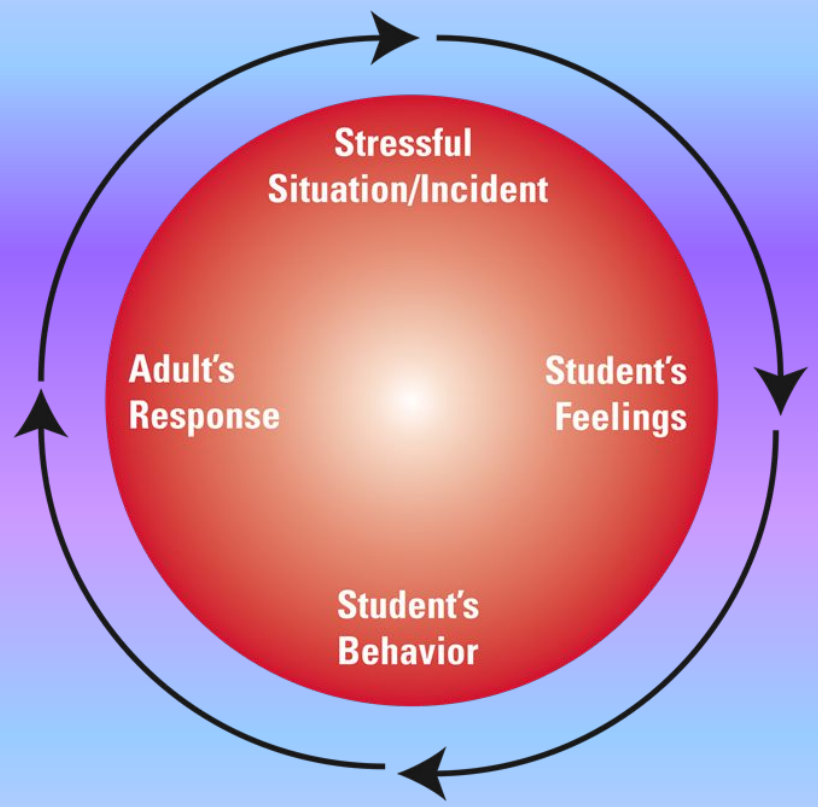
** THERE WAS A RELATIONSHIP BETWEEN THE NUMBER OF STAFF TRAINED IN TCI AND THE NUMBER OF OFFICE DISCIPLINARY REFERRALS

TCI TRAINS STAFF TO AVOID THE CONFLICT CYCLE & UNDERSTAND THE ANTECEDENTS TO STUDENT BEHAVIOR.



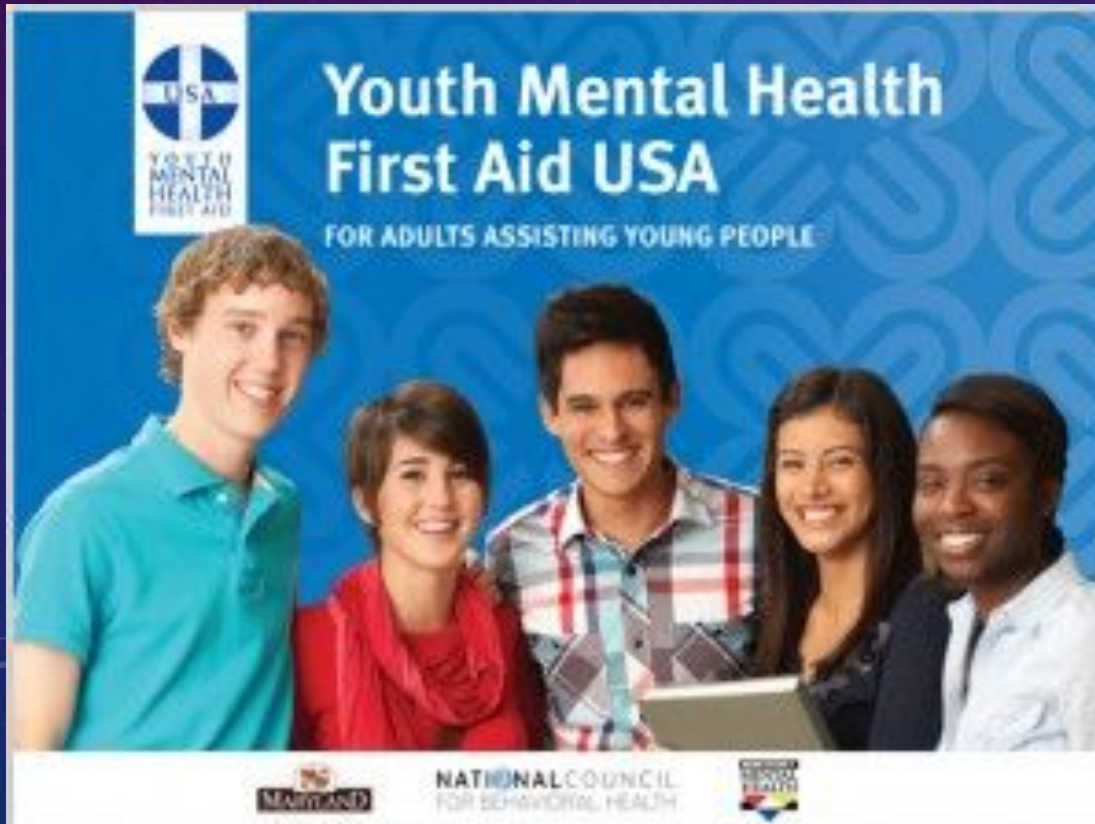
STAFF ARE TRAINED TO UNDERSTAND STUDENT BEHAVIOR AS SURFACE EXPRESSIONS OF FEELINGS & NEEDS

THE POWER STRUGGLE



YMHFA:

RECOGNIZE SIGNS & SYMPTOMS OF MENTAL HEALTH PROBLEMS & HOW TO OFFER HELP BEFORE, DURING AND AFTER A MENTAL HEALTH CRISIS.



We trained over 575 persons through a Project AWARE grant (SAMHSA Funded)

100% of participants recommended this training for others.

Find out more at mentalhealthfirstaid.org

COMPASSION FATIGUE OR VICARIOUS TRAUMA:

IMPACT IS SIMILAR TO TRAUMA

- IS JUST AS PERSONAL & UNIQUE
- PHYSICAL, MENTAL & EMOTIONAL IMPACT
- LONELINESS CAN WORSEN IMPACT
- EDUCATORS SHOULD HAVE SELF-CARE PLANS

SELF- CARE

HOW DO YOU RECHARGE & HEAL?

WHO IS “THAT PERSON” FOR YOU TO GO TO WHEN YOU NEED HELP?



MENTAL/ PSYCHOLOGICAL	SOCIAL/ BEHAVIORAL	PHYSICAL/ HEALTH
REFLECTION	BOUNDARIES	REST
BOUNDARIES	USE VACATION	NUTRITION
SOLITUDE	PEER SUPPORT	EXERCISE
READING	HUMOR/LAUGH	SUNSHINE

ADAPT, NOT ADDITIONAL



- IN SCHOOLS, MUCH OF WHAT IS ALREADY DONE CAN BE Integrated INTO A TRAUMA INFORMED APPROACH!!
- DON'T THINK "MORE"—THINK "ADAPT CURRENT PRACTICE"

SMALL GROUP ACTIVITY

Discuss one action step you can take in the near future to make your school/district more responsive to trauma.

SMALL IS THE NEW BIG

School

- Red Envelope
- Kitchen Table
- Homework Club
- Universal Pass
- Self Monitor In Hallway
- Interest Survey
- “Bucket”
- SST Domains Checklist
- Map school hot spots
- How to play
- Student/Staff connection
- Tool kits: Social skill, sensory, etc
- Restorative practices
- Community Board/Observation
- Sounds like/Looks like

Classroom

- 30 second conversations
- Greetings as enter/Welcome back
- Multiple Desks
- Peace Area
- Concern Box
- Zentangles
- Flower Power
- Self regulation: Yoga, sensory, brain gym
- Scripted conversation
- Lunch
- Reframe comments/Requests
- Ticket to Do
- Inter-grade transition form
- “Tool Kits”-Sensory, transitions
- Restorative practices

THANK YOU!

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- JosephFantigrossi.com
- <http://bit.ly/2tsiZdL>