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Safe and Supportive Schools: A Journey

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“Do the best you can until
you know better. Then
when you know better, do
better.”

Maya Angelou

A grayscale brain scan, likely an MRI or CT, showing a cross-section of the brain. A yellow arrow points to a specific area on the right side of the image, which appears to be a region of abnormality or damage. The text is overlaid on the scan in white boxes.

Trauma is not the event.

Trauma is the response.

Each individual responds differently.

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



TAKEAWAYS

- 1. Robust list of digital and traditional resources to use with your students.
 - <http://bit.ly/trauma-informed-education>
- 2. Collection of strategies to both recognize and respond to students who have experienced significant trauma.
- 3. Methods of supporting colleagues in meeting the needs of students impacted by trauma.

ACES

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



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	10.4%
	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
- 29% 1 ACE
- 27% 2 ACEs
- 14% 3 ACEs
- 10% 4+ ACEs
- 10% have at least 1 ACE

WHAT IMPACT DO ACEs HAVE?

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

RISK

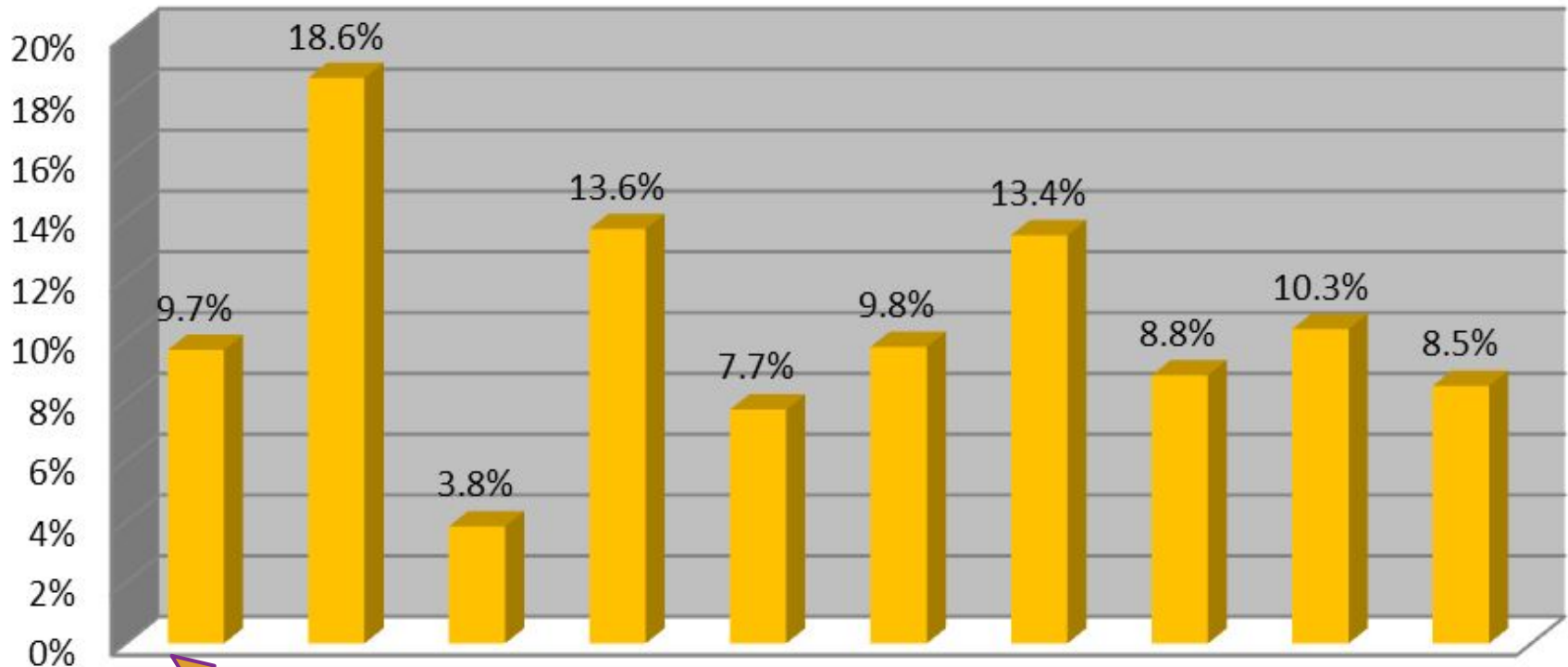
0 ACEs 1 ACE 2 ACEs 3 ACEs 4+ ACEs

Possible Risk Outcomes:

BEHAVIOR				
Alcohol Use Disorder	Smoking	Binge Drinking	Drug Use	Misadventure
PHYSICAL & MENTAL HEALTH				
Lower Health Status	Diabetes	Depression	Stroke	Chronic Pain
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.
- 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

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

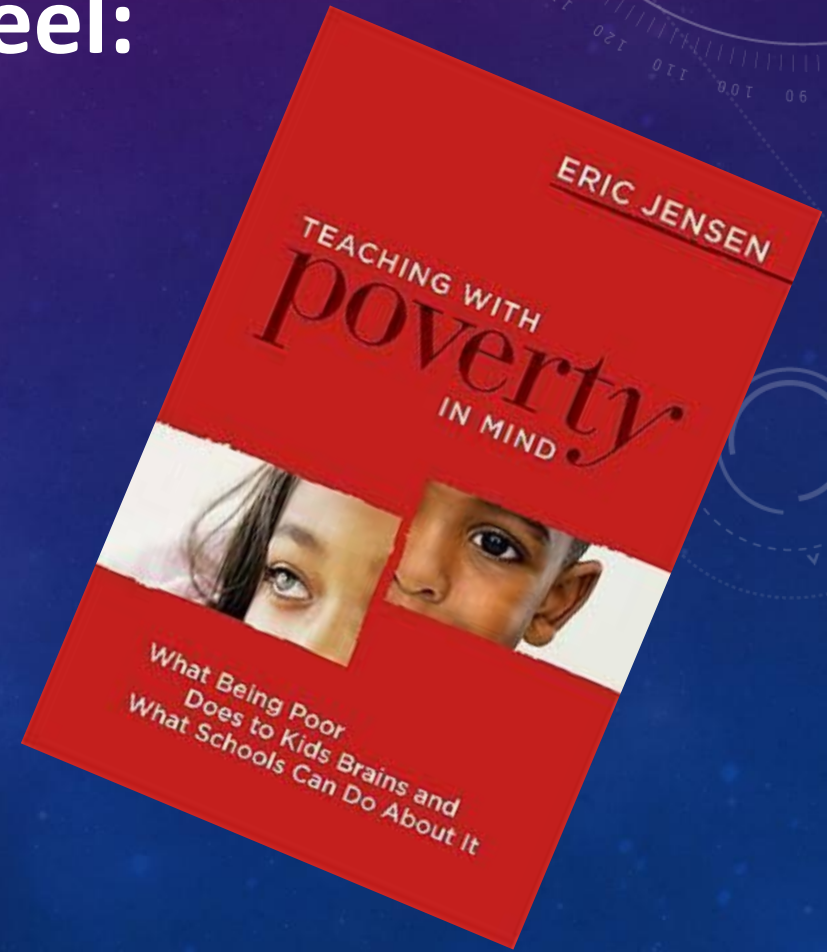
POVERTY ASIDE

You can be poor and feel:

-Safe

-Loved

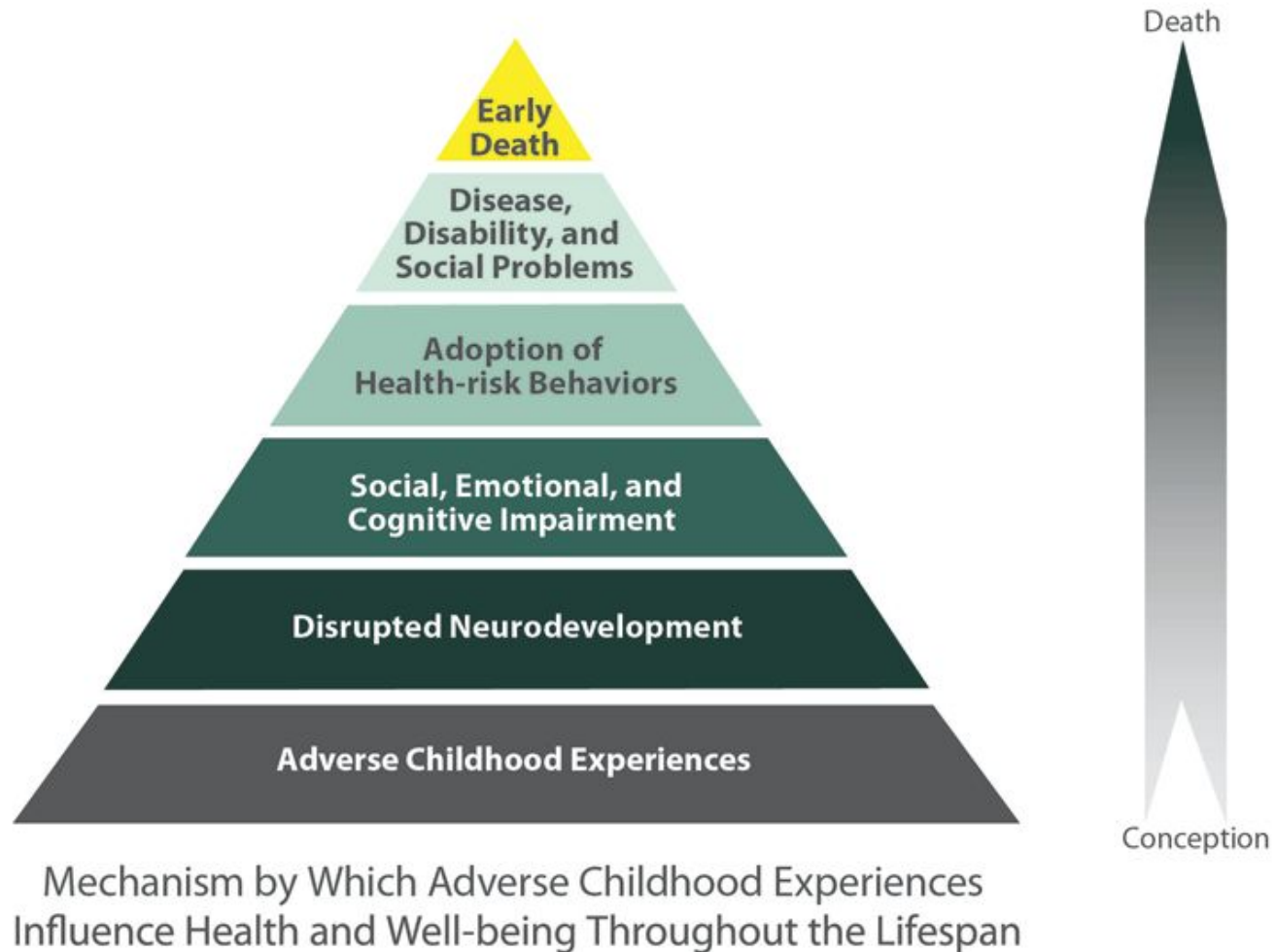
-Proud



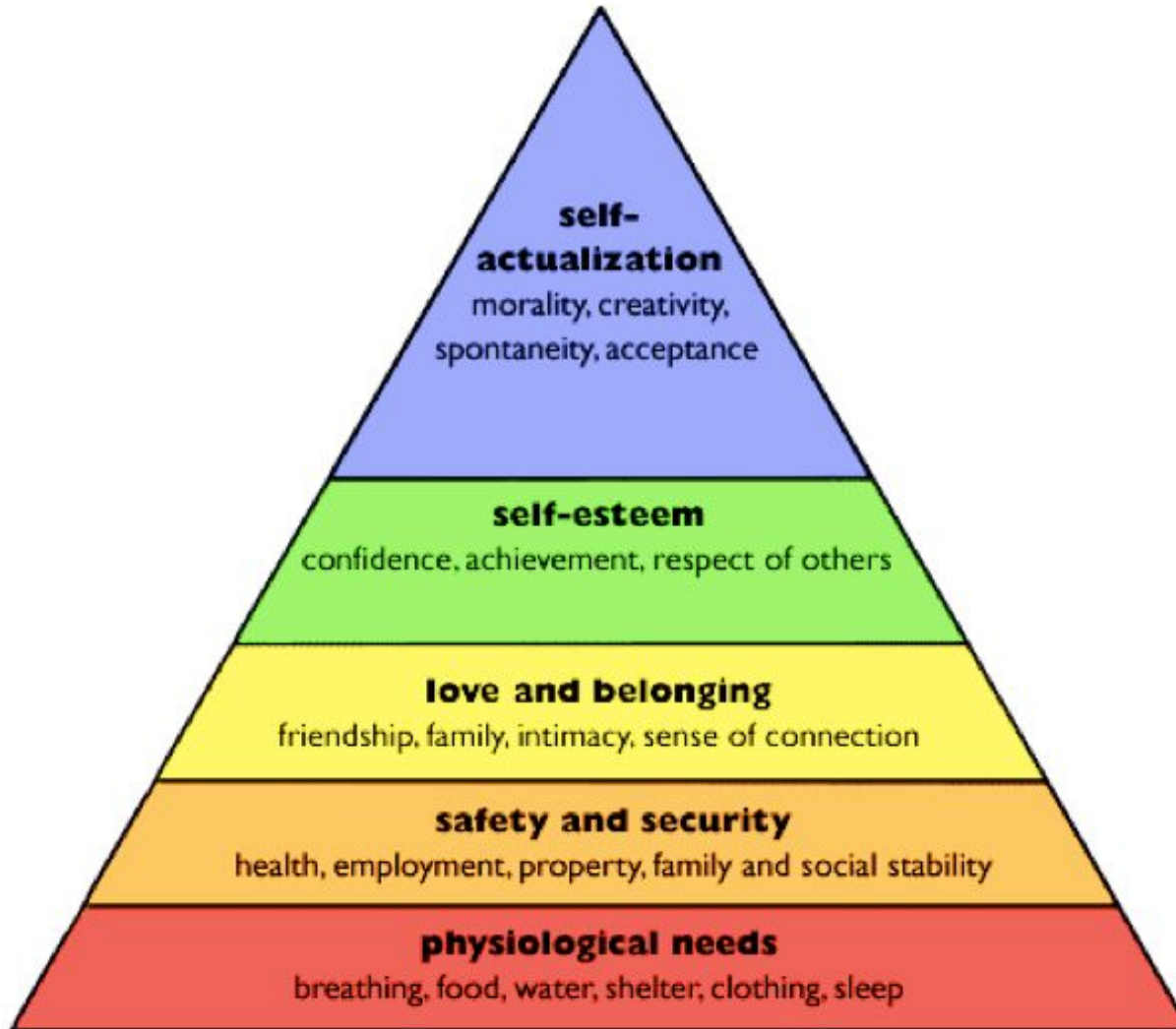
POVERTY & TRAUMA

RISK FACTOR/BEHAVIOR	ACE 2 OR MORE	FOOD INSECURE	BOTH
ANTI-SOCIAL BEHAVIOR	4.1X	1.4X	4.2X
FAVORABLE ATTITUDES TOWARDS DRUG USE	5.1X	3.2X	3.1X
FRIENDS USE DRUGS	7.8X	5.9X	58.8X
LACK ATTACHMENT TO FAMILY	3.4X	3.4X	5.3X
Plan Suicide	6.6X	3.7X	9.8X
Alcohol Use	4.8X	3.6X	8.0X
Marijuana Use	4.3X	3.6X	8.0X
Other Drugs (Opioids, Cocaine etc)	4.8X	11.6X	8.8X

WHY IS THIS IMPORTANT?



The WEY?



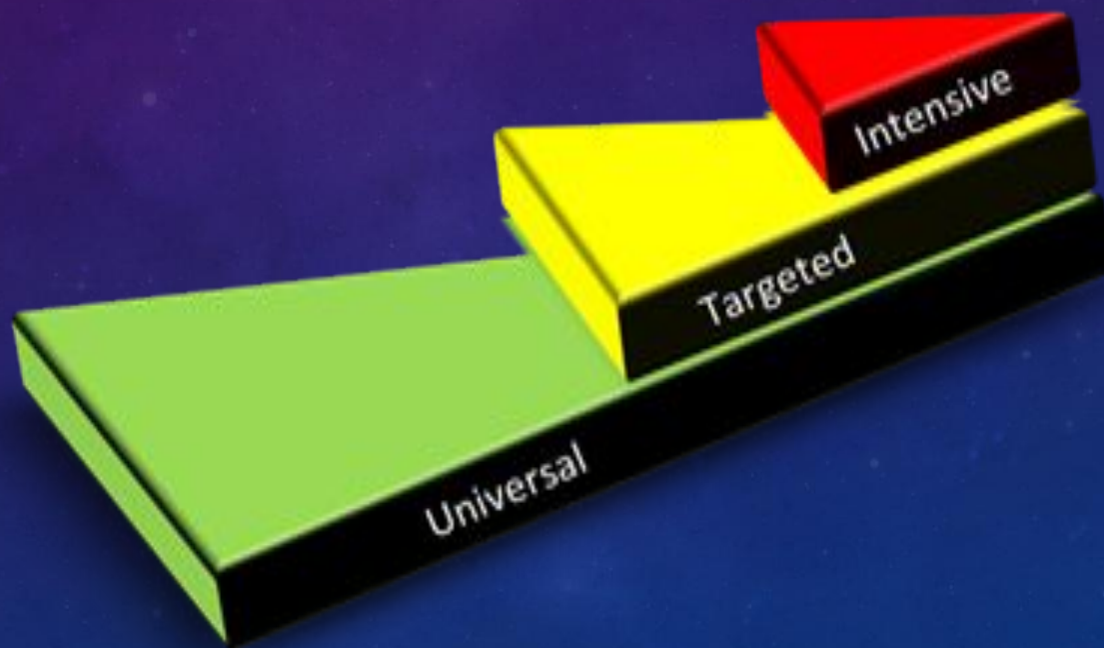
SMALL GROUP ACTIVITY

- At your tables, quietly read the handout provided at your table (Reading 1 or Reading 2)
- After finishing the reading, discuss the points you felt were most important or meaningful to you with 1 or 2 other people at your table
- Next, find someone from a table that read the other handout and share the most important points with them
- Finally, return to your original seat for a whole group debriefing exercise

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SUPPORTS FOR STUDENTS

TIERED INTERVENTION

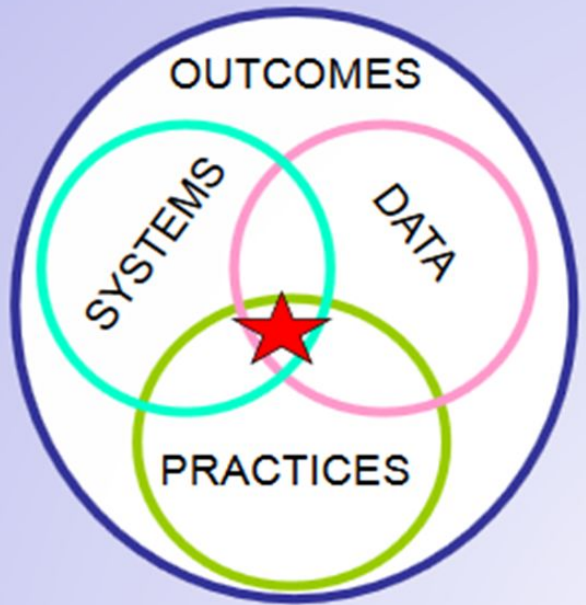


WE BEGAN TO UNDERSTAND TO BE “CULTURALLY EQUITABLE,
VALID, KNOWLEDGEABLE & RELEVANT” MEANT WE HAD TO BE
TRAUMA INFORMED.....

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:

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:

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:

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:

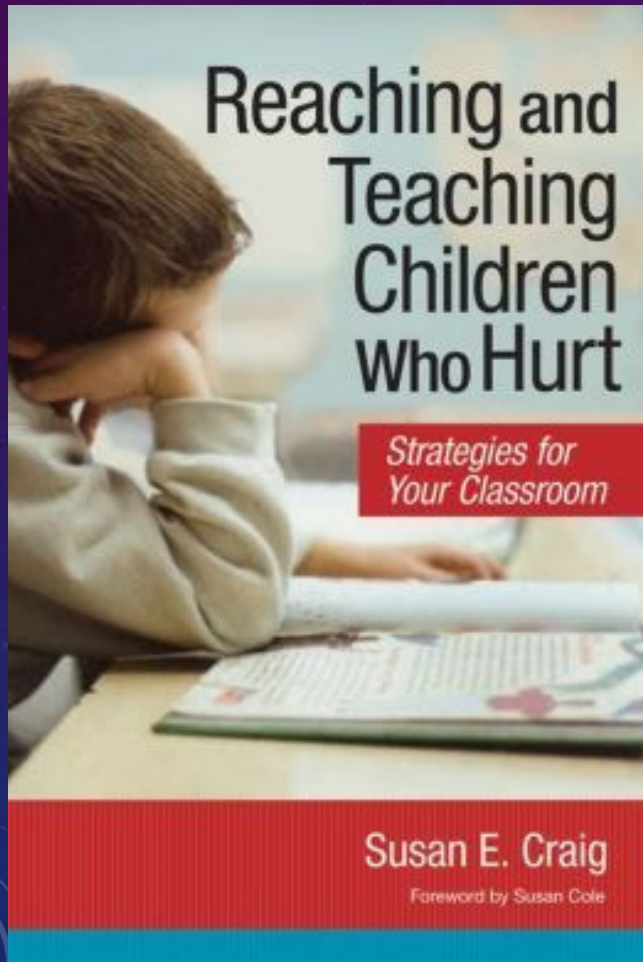
Counseling

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 HELP CONVERSATION:



Helping Traumatized Children Learn

*supportive school environments
for children traumatized by family violence*

A Report and Policy Agenda



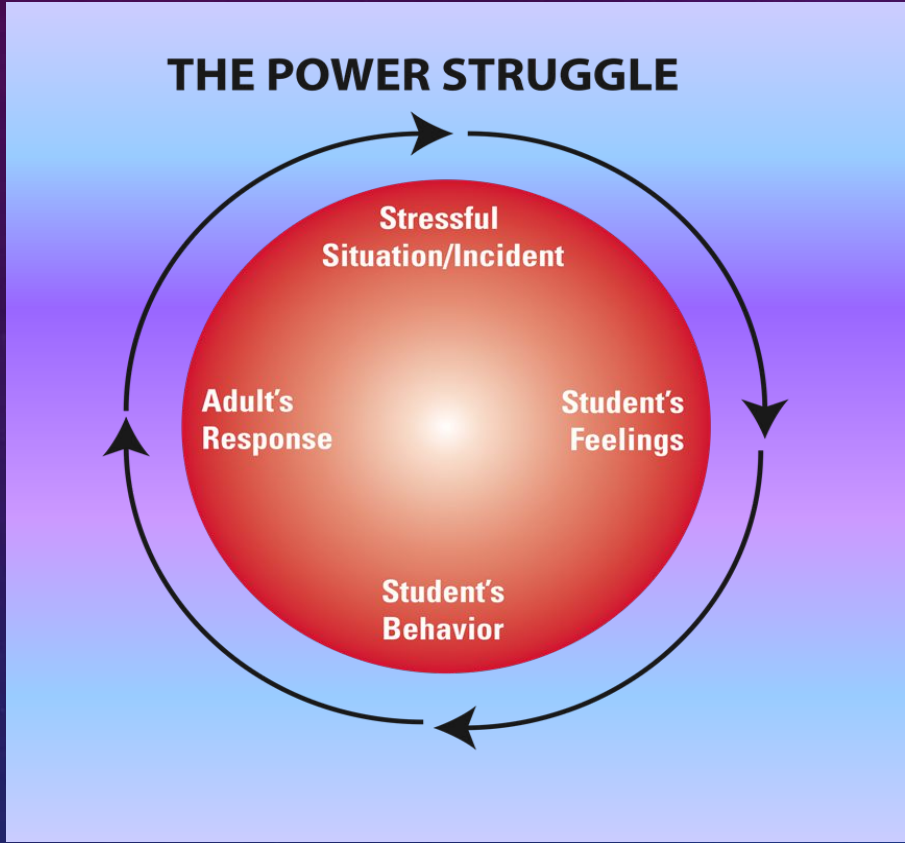
Massachusetts Advocates for Children: Trauma and Learning Policy Initiative

In collaboration with Harvard Law School

and The Task Force on Children Affected by Domestic Violence

(Both of these are on your resource handout)

Therapeutic Crisis Intervention



WHAT HAPPENED TO YOU?



YOUTH
MENTAL
HEALTH
FIRST AID®

www.MentalHealthFirstAid.org



YOUTH MENTAL HEALTH FIRST AID

TAKE A COURSE. SAVE A LIFE.

ANYONE, ANYWHERE CAN #BETHEONE TO MAKE A DIFFERENCE IN THE LIFE
OF SOMEONE WITH A MENTAL HEALTH OR SUBSTANCE USE CHALLENGE!

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"

THANK YOU!

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- <http://bit.ly/trauma-informed-education>