

The background features a dark blue gradient with faint, light blue circular patterns and numbers. The numbers are arranged in a circular sequence, starting from 150 at the top and increasing to 260 at the bottom. The circular patterns consist of concentric circles and dashed lines, some with arrows indicating a clockwise direction.

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

TODAY'S PURPOSE

- Understand the impact
- Trauma awareness with current systems
- Resources and practices
 - <http://bit.ly/trauma-informed-education>
- Action step

Turn and Talk with a partner

What does a Safe &
Supportive school look like,
sound like, and feel like?

Trauma-Informed Care



Think, Pair, Share

How would you define
trauma?

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?*



ACES-Dr. Nadine Burke Harris



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%
	Interparental Conflict/Blame	10.7%

*percentage of study participants that experienced a specific ACE

BY 17,000 ACE study participants:

- 35% have experienced 0 ACEs
- 20% 1 ACEs
- 27% 2 ACEs
- 16% 3 ACEs
- 12% 4+ ACEs
- 67% have at least 1 ACE

WHAT IMPACT DO ACEs HAVE?

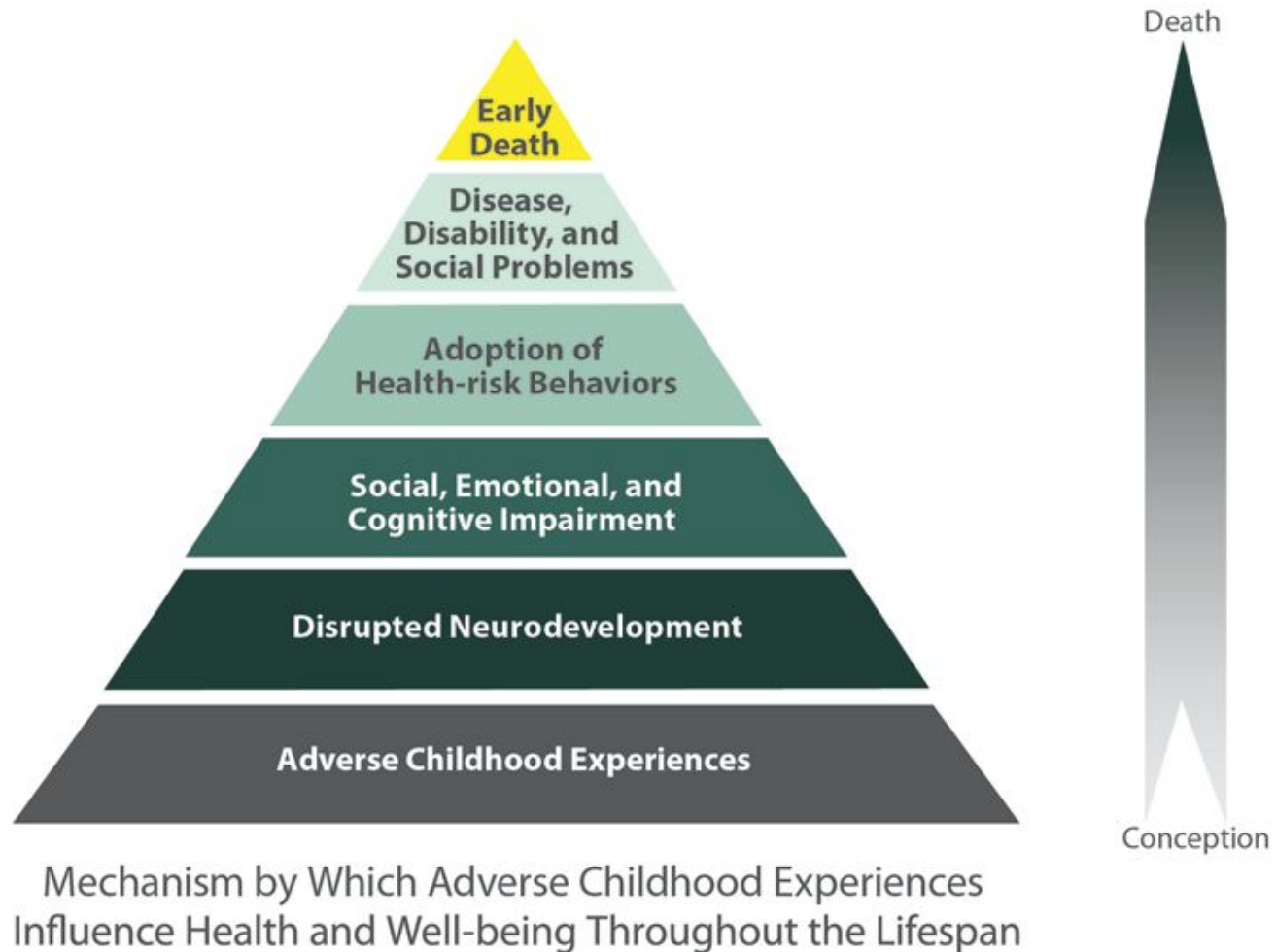
As the number of ACEs increases, so does the risk for negative health outcomes

Possible Risk Outcomes:

BEHAVIOR				
lack of physical activity	Smoking	Alcoholism	Drug use	Misadventure
PHYSICAL & MENTAL HEALTH				
Lower life expectancy	Diabetes	Depression	Substance abuse	STIs
Heart disease	Cancer	Stroke	COPD	Sexual abuse

rwjf.org/aces

WHY IS THIS IMPORTANT?



Trauma & Mental Health Issues

½ of all lifetime cases of mental illness begin by age 14; ¾ by age 24.

Anxiety Disorders – Age 11
Eating Disorders – Age 15
Substance Abuse – Age 20
Schizophrenia – Age 23
Bipolar – Age 25
Depression – Age 32

PREVALENCE

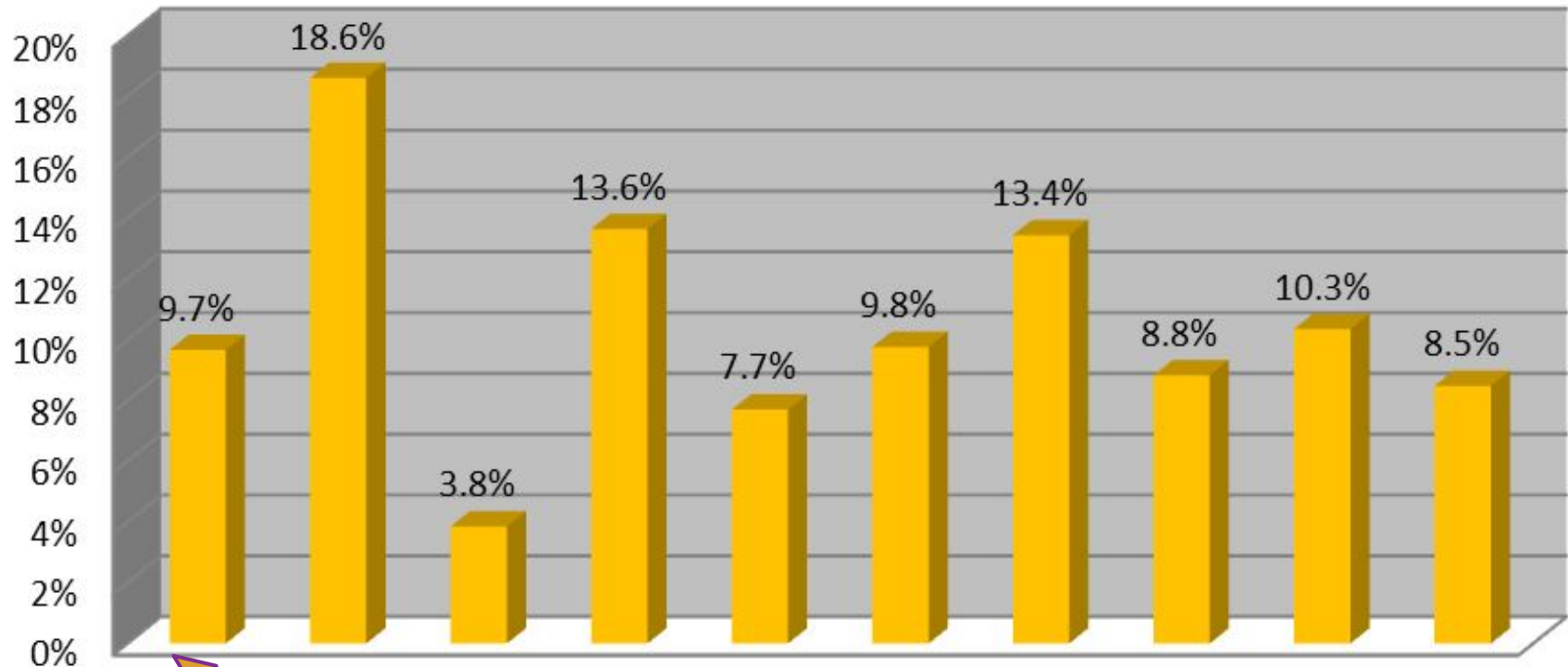
U.S. Youth with a Mental Disorder During Adolescence (Age 13-18)



	Prevalence (%)	With severe impact (%)
Anxiety disorders	31.9	8.3
Behavior disorders	19.1	9.6
Mood disorders	14.3	11.2
Substance use disorders	11.4	n/a
Overall prevalence (with severe impact)		22.2

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 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” :

- 5.7 times more likely to ignore rules at home.
- 4.3 times more likely to never read with parent/adult.

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
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

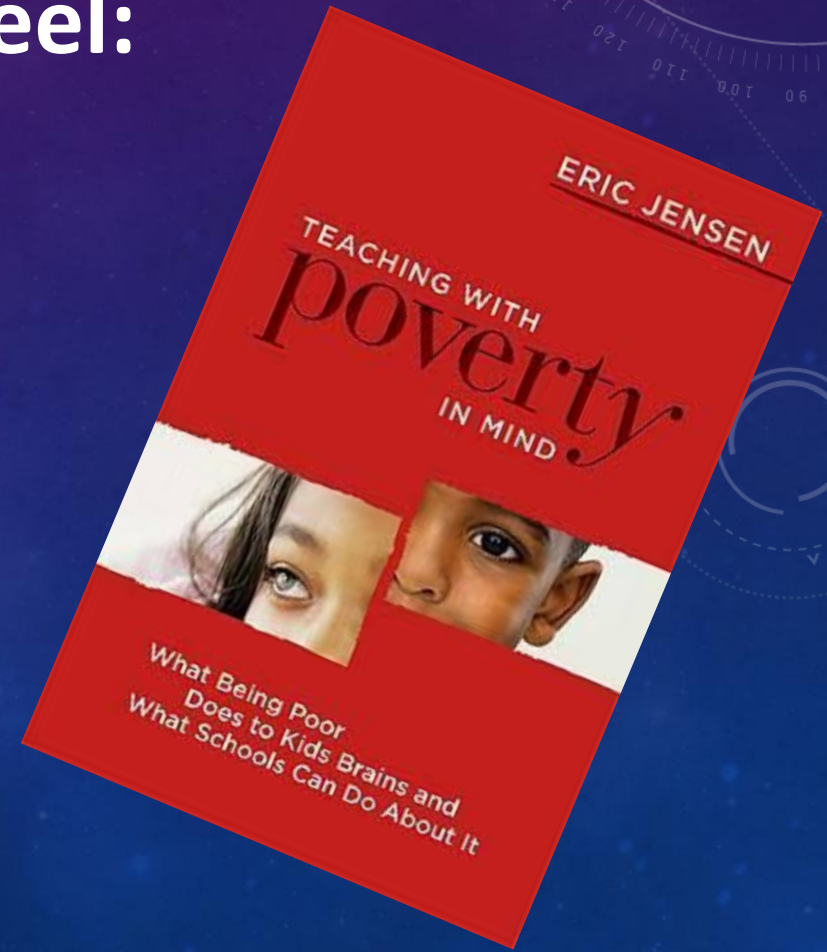
POVERTY ASIDE

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
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

The background is a dark blue gradient with faint, light blue technical diagrams. On the left, there is a large circular scale with numerical markings from 150 to 260. To the right, there are several circular diagrams with arrows indicating clockwise or counter-clockwise rotation. The overall aesthetic is technical and scientific.

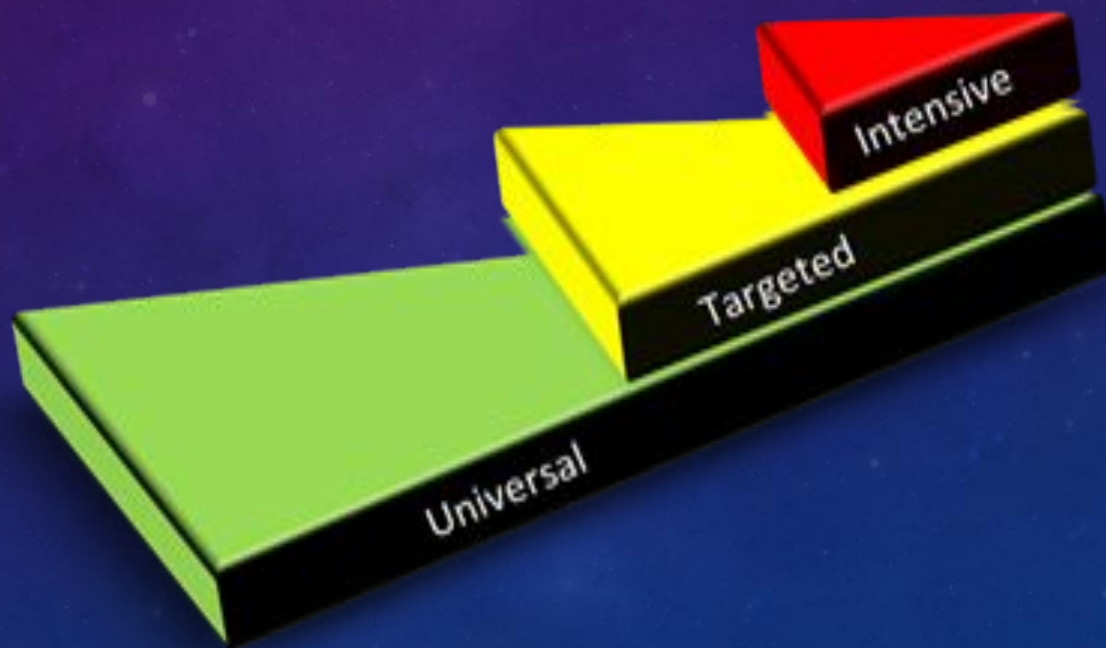
SUPPORTS FOR STUDENTS

ADAPT, NOT ADDITIONAL



- DON'T THINK “MORE” – THINK “ADAPT CURRENT PRACTICE”

TIERED INTERVENTION

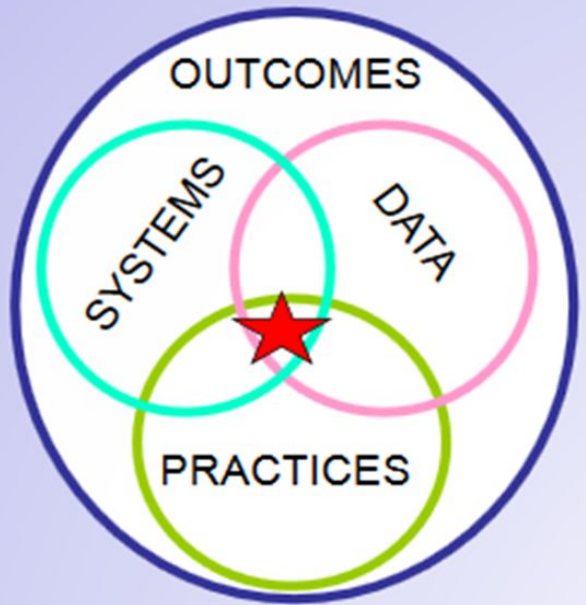


WE BEGAN TO UNDERSTAND TO BE “CULTURALLY EQUITABLE,
VALID, KNOWLEDGEABLE & RELEVANT” MEANT WE HAD TO BE
TRAUMA INFORMED.....

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



Developing Resilience:

Attachment-caring adult & positive peer interaction

Self-Regulation- ability to respond to stress with poise; absorb, identify and manage strong emotions

Competency- building abilities; from reading to math to cooking a meal; this provides a sense of self-efficacy



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)

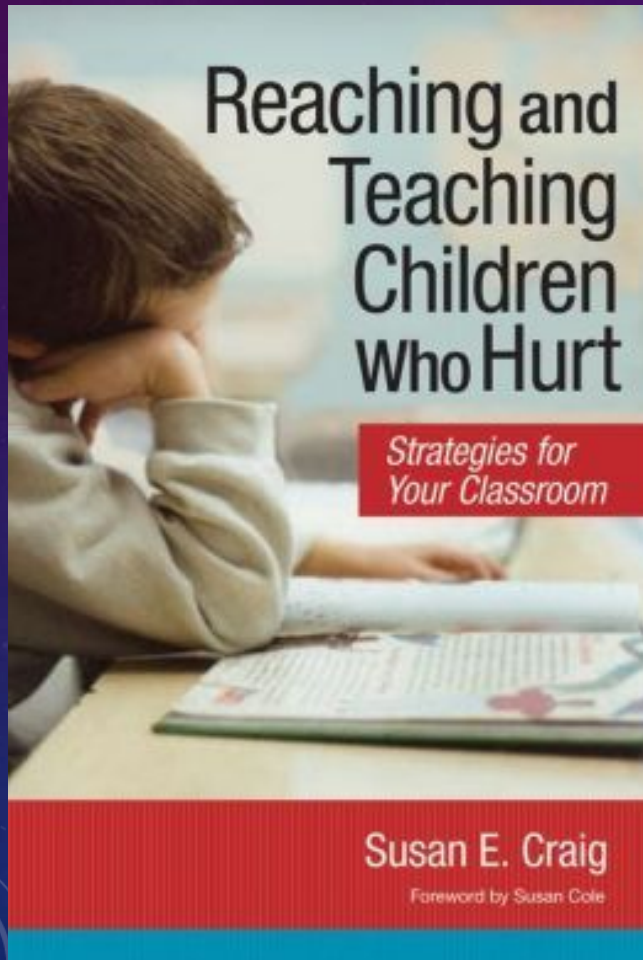
Small Group Discussion

What is one thing you are currently doing in your school/district that helps students with attachment, regulation, or competency?

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BUILDING CAPACITY FOR STAFF

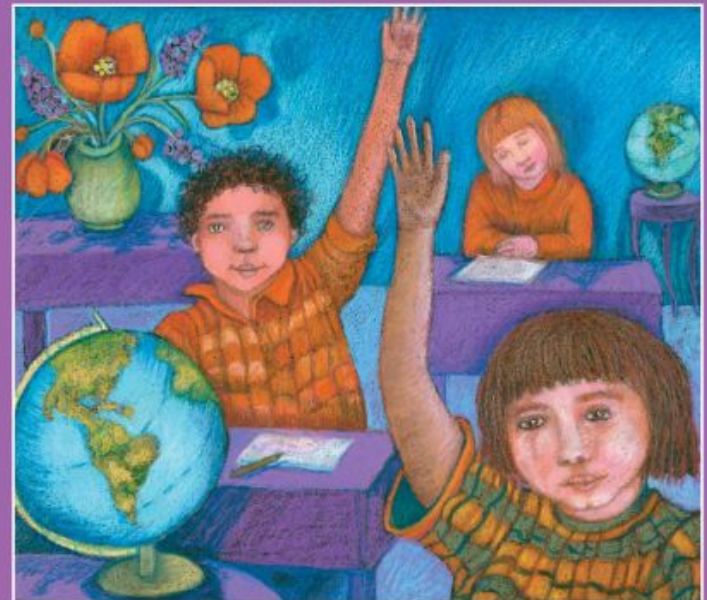
BOOK STUDIES & PLC'S HELPED START CONVERSATION:



Helping Traumatized Children Learn

*supportive school environments
for children traumatized by family violence*

A Report and Policy Agenda



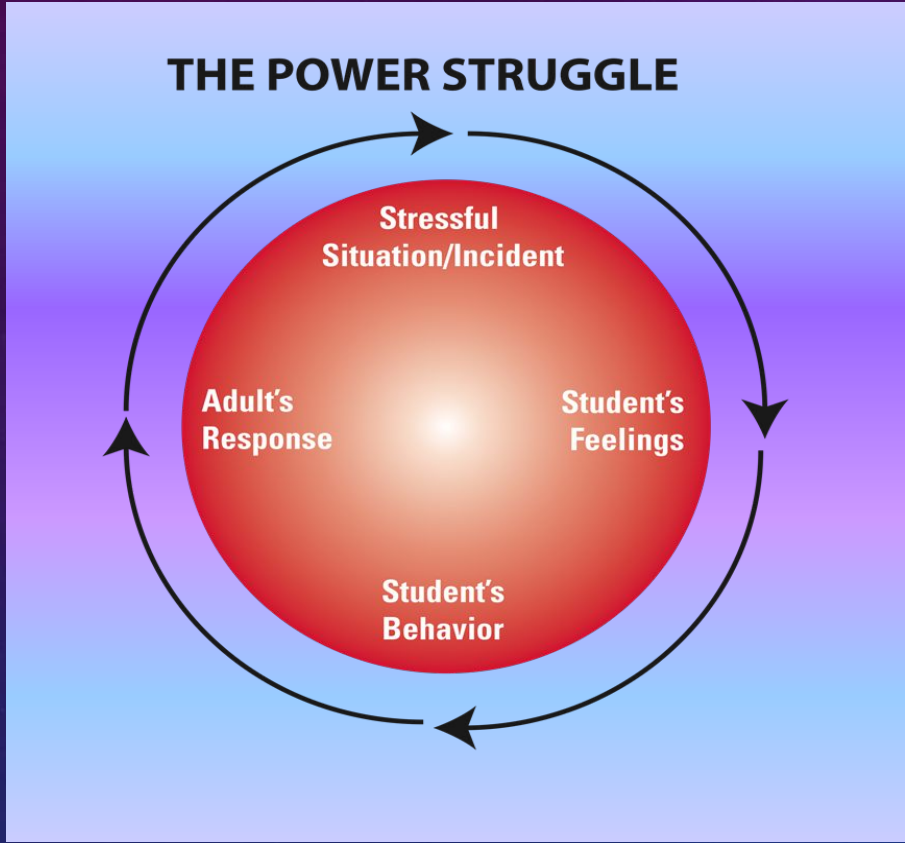
Massachusetts Advocates for Children: Trauma and Learning Policy Initiative

In collaboration with Harvard Law School

and The Task Force on Children Affected by Domestic Violence

(Both of these are on your resource handout)

Therapeutic Crisis Intervention for Schools (TCIS)



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!

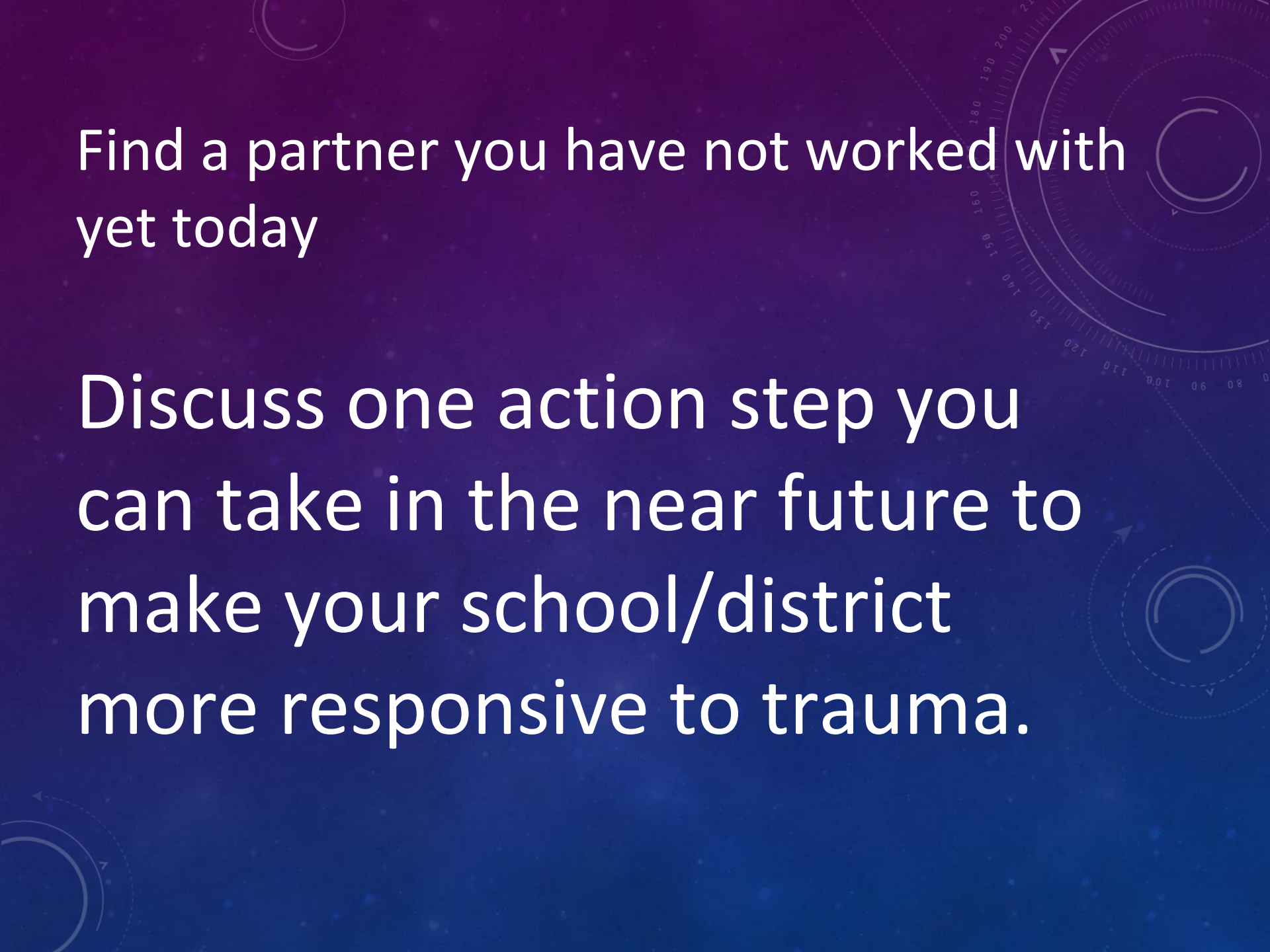
SELF- CARE

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

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Find a partner you have not worked with
yet today

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

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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- @jfantigrossi and @RoscupJay on Twitter
- JosephFantigrossi.com
- <http://bit.ly/trauma-informed-education>