

The background features a dark blue gradient with several large, faint circular patterns. These patterns include concentric circles, dashed lines, and arrows, suggesting a technical or scientific theme. Numbers like 160, 170, 180, 200, 210, 220, 230, 240, 250, and 260 are scattered across the background, some appearing to be part of a scale or measurement system.

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

www.josephfantigrossi.com

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

WHY?

James shares his story

Turn and Talk with a partner

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

Trauma-Informed Care



The background is a dark blue gradient with faint, light blue circular patterns and a scale. The scale is located in the upper right quadrant, showing numbers from 0 to 210 in increments of 10. There are also several circular arrows and dashed lines scattered across the background.

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?***



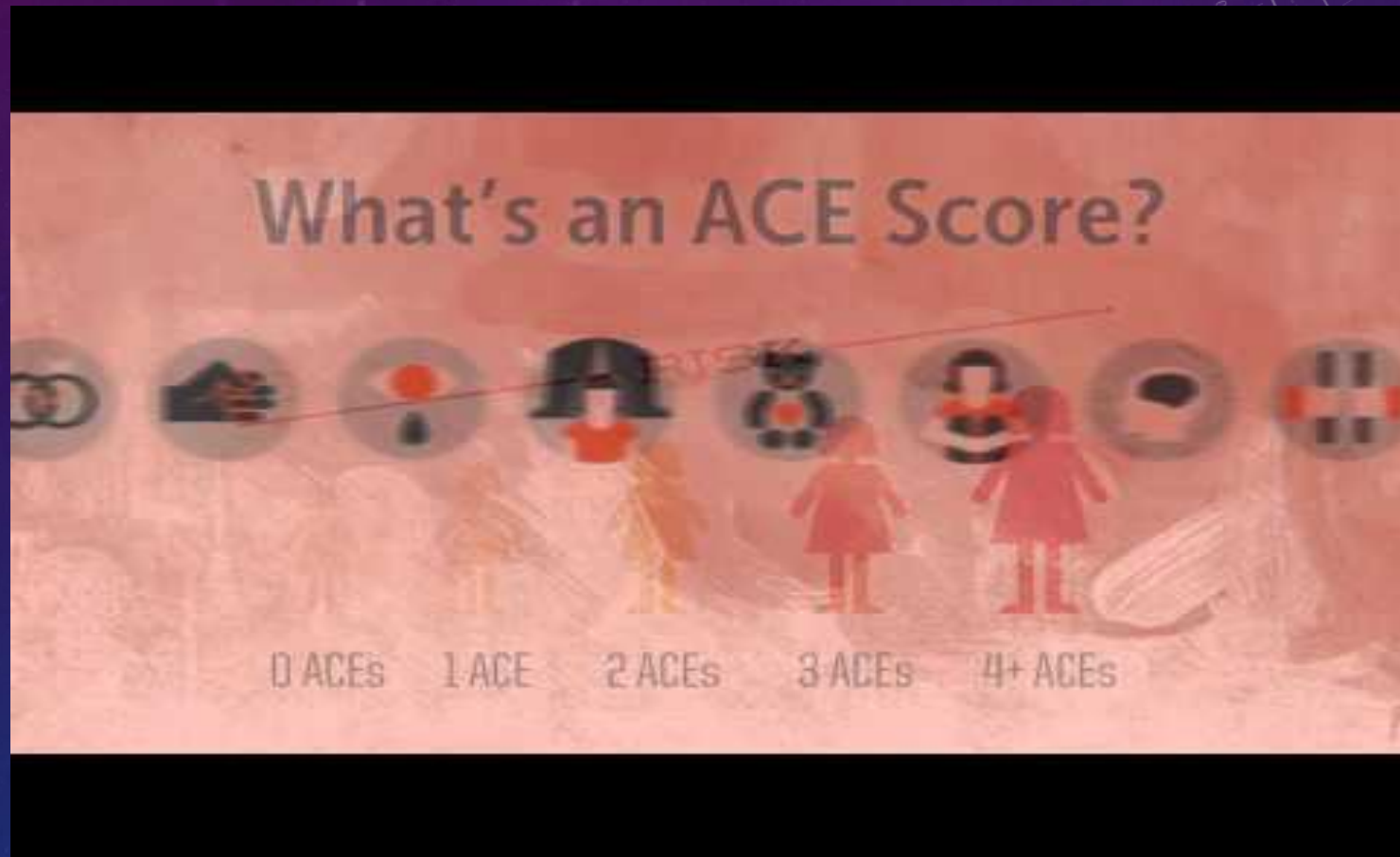
ACES-Dr. Nadine Burke Harris



Share with someone
new

Takeaways from Dr. Harris'
talk?

Adverse Childhood Experiences (ACEs)



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%
	Widow/Spouse's Death	10.2%
	Interparental Relationship Conflict	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
- 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

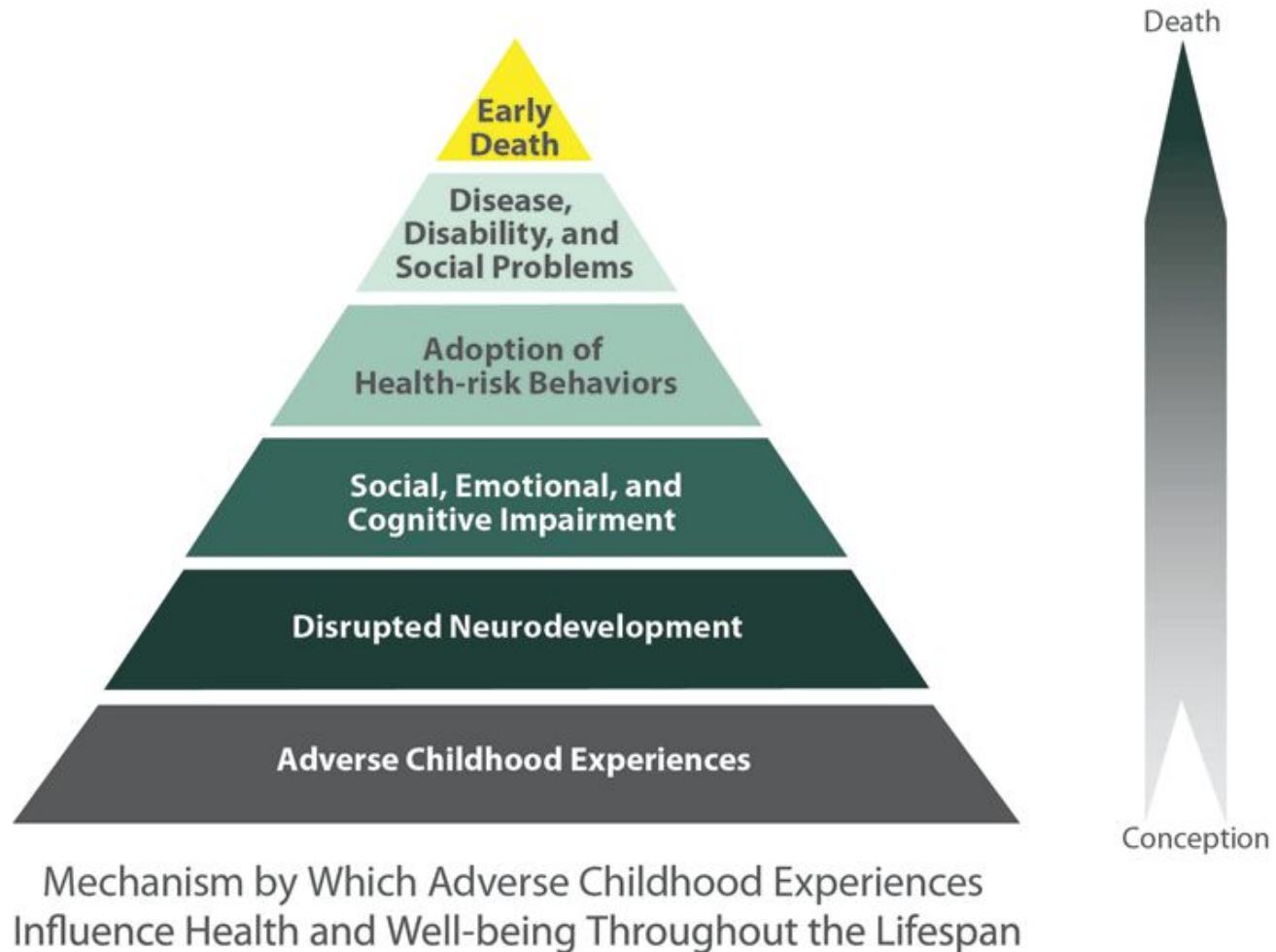
RISK

0 ACEs 1 ACE 2 ACEs 3 ACEs 4+ ACEs

Possible Risk Outcomes:

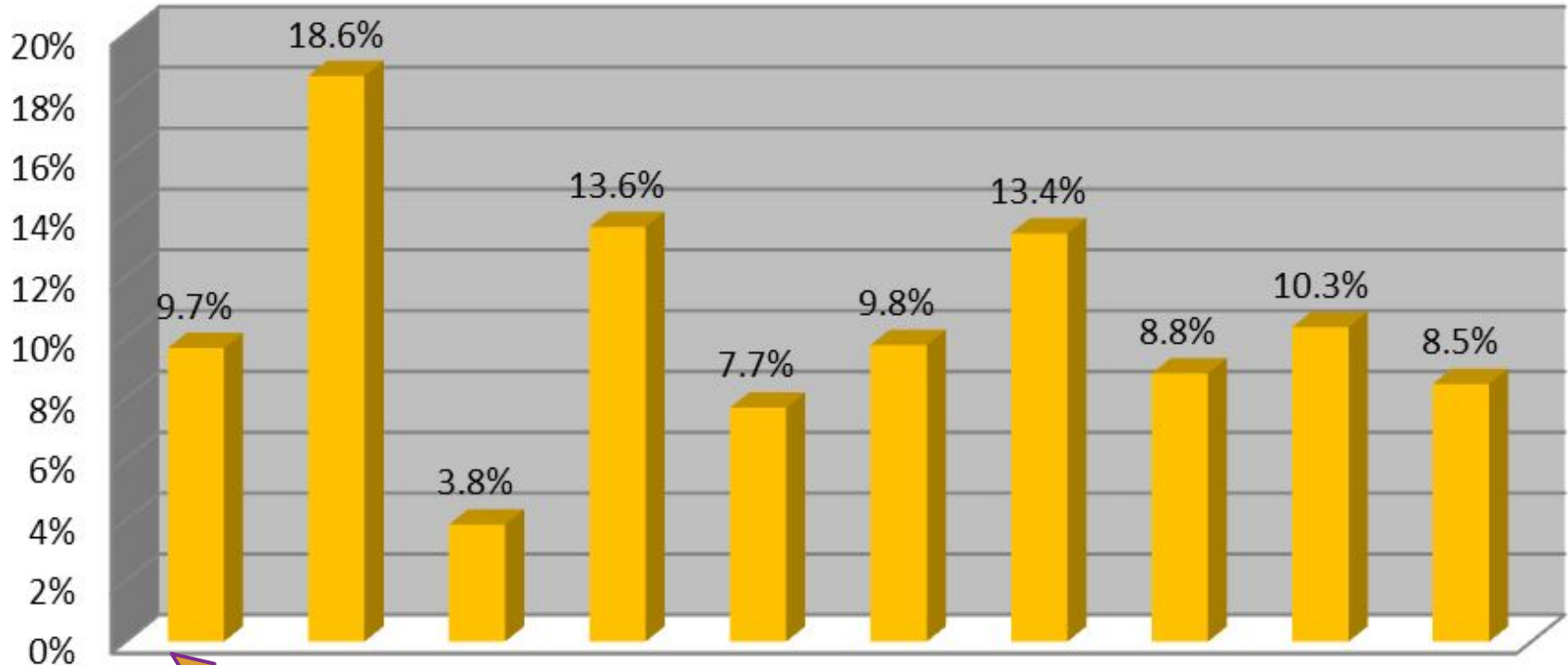
BEHAVIOR				
Alcohol Use Disorder	Smoking	Binge Drinking	Drug Use	Work Woes
PHYSICAL & MENTAL HEALTH				
Lower Health Status	Diabetes	Depression	Stroke	Chronic Pain
Heart Disease	Cancer	Stroke	COPD	Sexual Abuse

WHY IS THIS IMPORTANT?



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

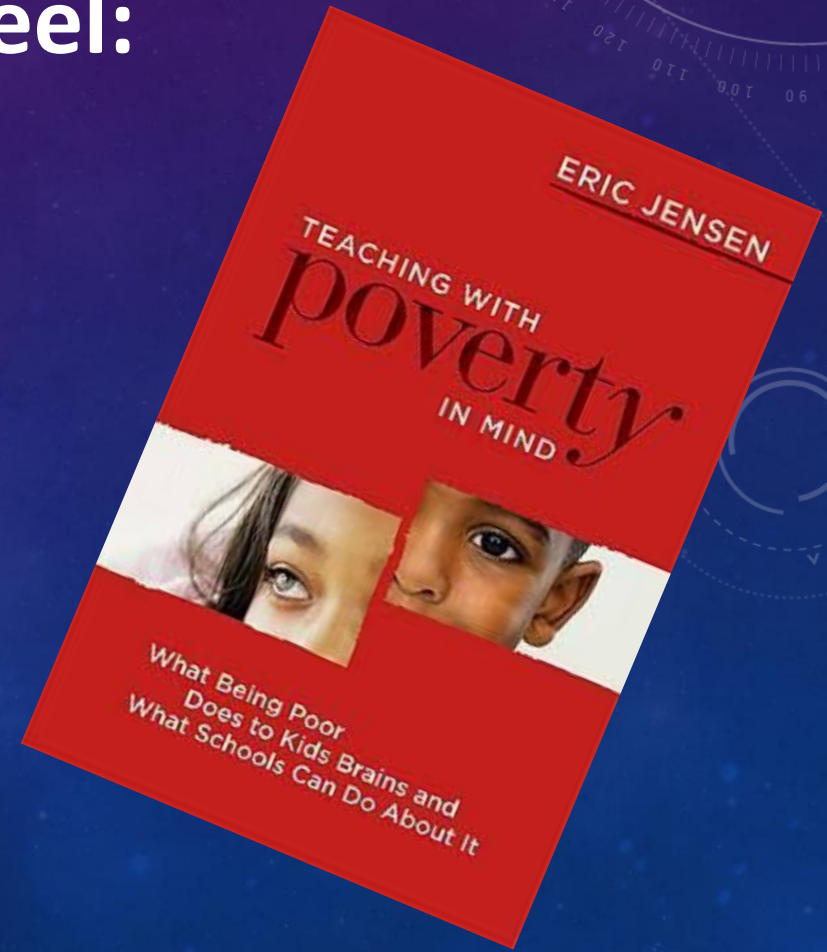
POVERTY ASIDE

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 a subtle pattern of white dots. Overlaid on this are several faint, light-colored circular elements. On the left side, there is a large circular scale with tick marks and numerical labels: 150, 160, 170, 180, 190, 200, 220, 230, 240, 250, and 260. Other circular elements include dashed lines, solid lines, and arrows, some pointing clockwise and some counter-clockwise, suggesting a sense of rotation or movement.

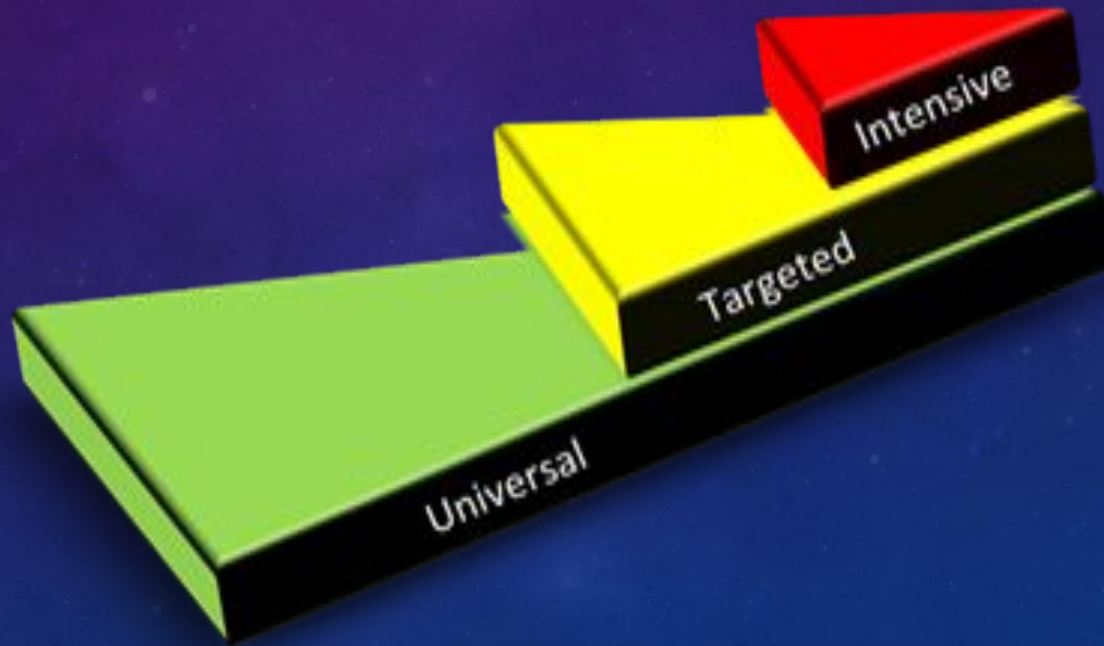
SUPPORTS FOR STUDENTS

ADAPT, NOT ADDITIONAL



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

TIERED INTERVENTION

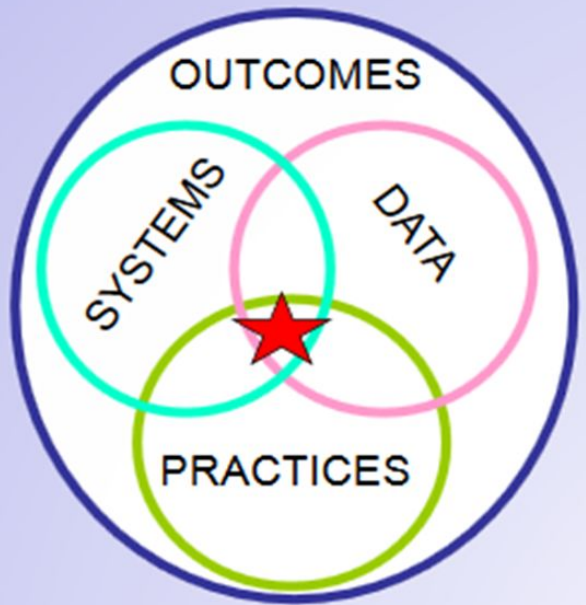


WE BEGAN TO UNDERSTAND TO BE “CULTURALLY EQUITABLE,
VALID, KNOWLEDGEABLE & RELEVANT” MEANT WE HAD TO BE
TRAUMA INFORMED.....

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

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

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)

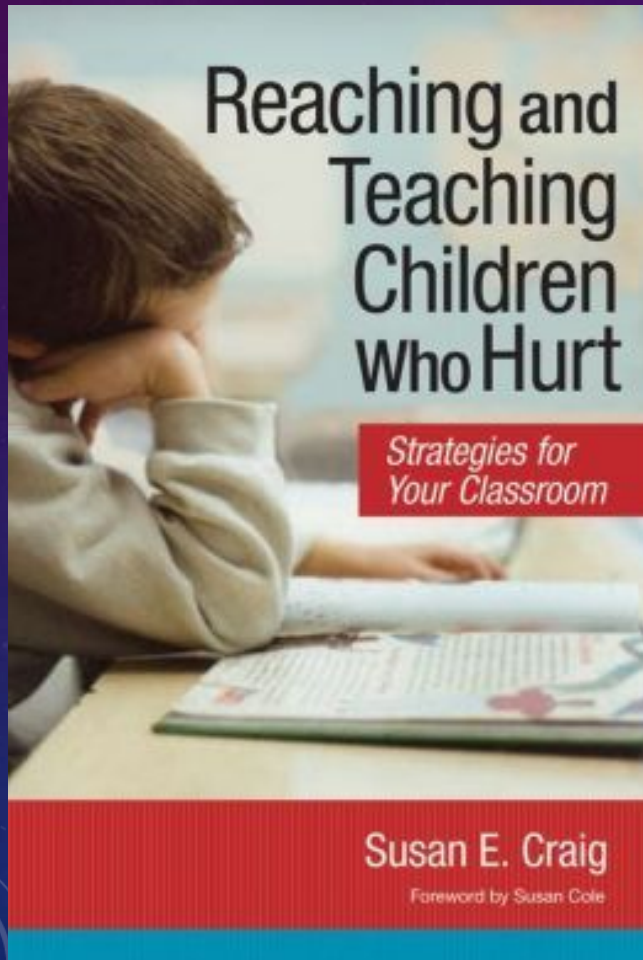
Small Group Discussion

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

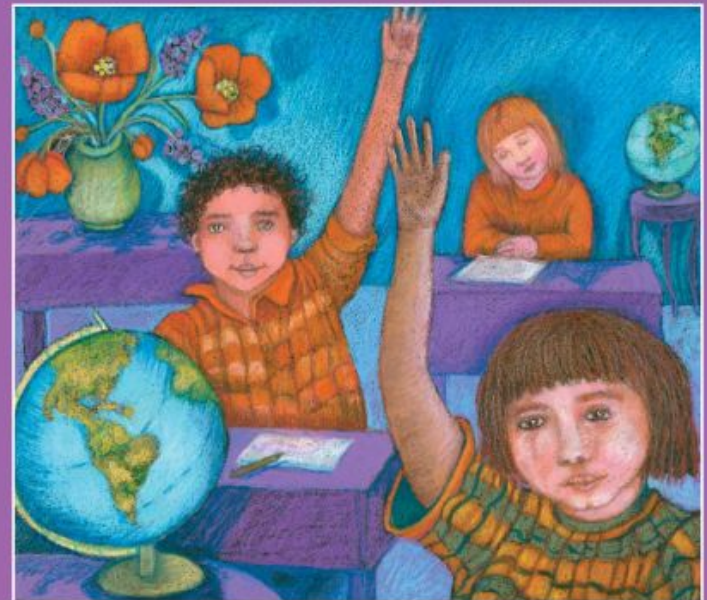
BOOK STUDIES & PLC'S HELPED START CONVERSATION:



Helping Traumatized Children Learn

*supportive school environments
for children traumatized by family violence*

A Report and Policy Agenda



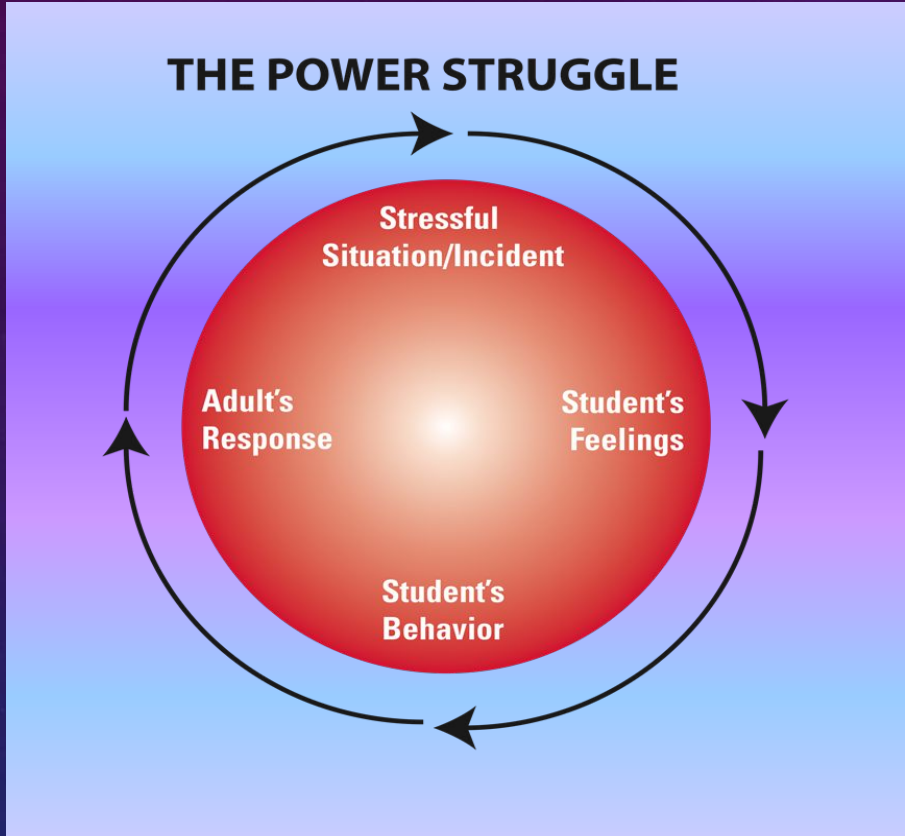
Massachusetts Advocates for Children: Trauma and Learning Policy Initiative

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

WHAT IS A TRAUMA-SENSITIVE SCHOOL?



**Helping Traumatized
Children Learn**

*New Updated Version
August 2017*

Why We Need Trauma-Sensitive Schools

Discussion Questions 1 & 2

- Think, Pair, Share (1s and 2s, 3s and 4s)
- What are your initial thoughts after watching the video?
- What is your understanding of trauma-sensitive schools?

Discussion Questions 3 & 4

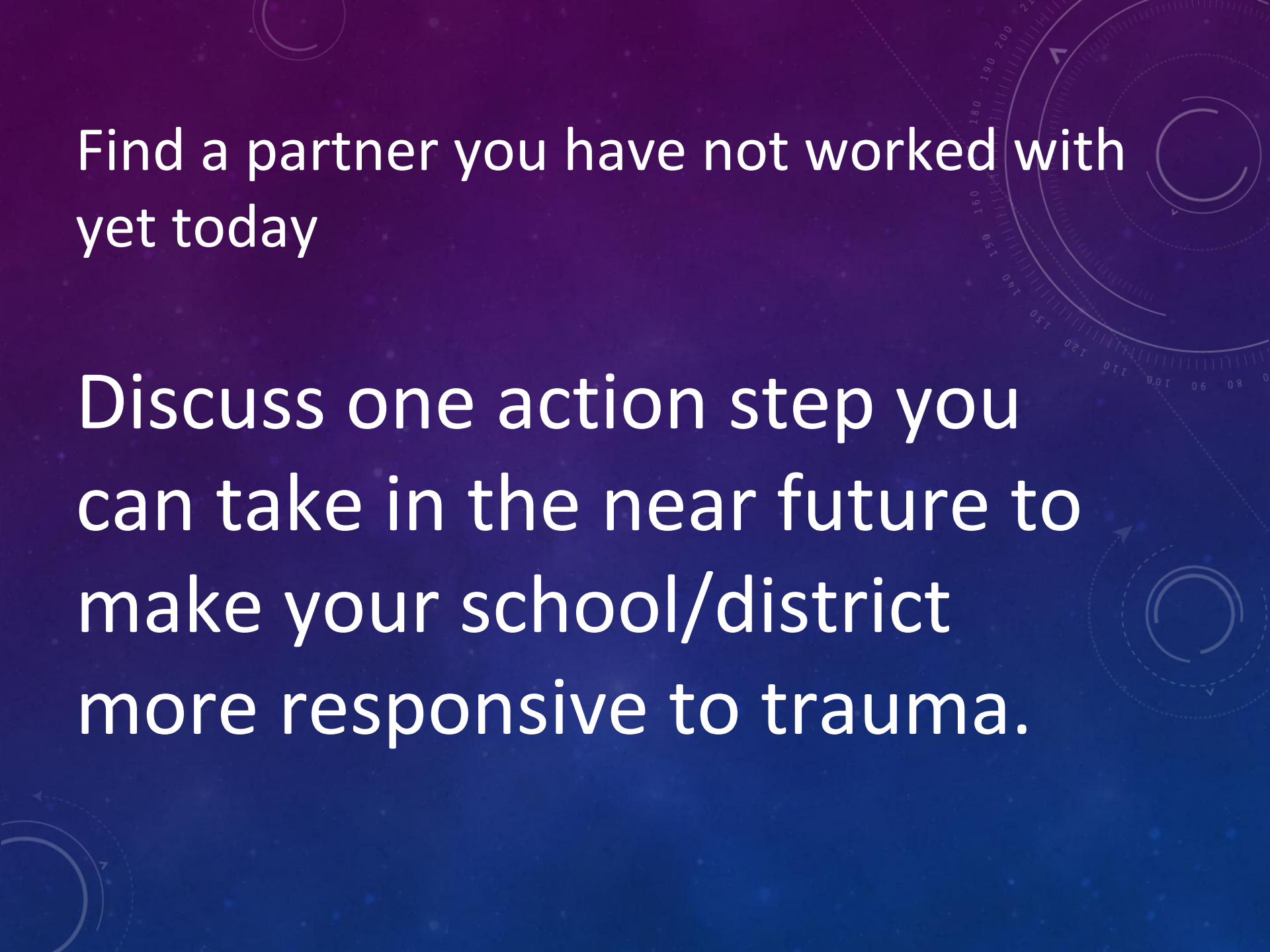
- 1s and 4s, 2s and 3s
- AP George Donovan talks about establishing a “culture of awareness”.
- How might you go about establishing a “culture of awareness” in your school/district?

Discussion Questions 5 & 6

- 1s and 3s, 2s and 4s
- June Saba-McGuire, Director of Learning and Teaching, says “helping adults understand that they have the most powerful influence on student behavior” is a result of this work.
- How might this understanding lead to a shift in the way educators think about student behavior?
- What might be the results of this shift?

REFLECTION

- Personal Reflection, then Whole group
- What insights or new knowledge did you gain from this video and discussion?
- How might you use this knowledge in your own work?
- How might your school use this knowledge?

The background is a dark blue gradient with faint, light blue circular patterns and a scale-like graphic on the right side. The scale has numbers from 0 to 200 and arrows pointing in different directions.

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