TRAUMA SENSITIVE SCHOOLS: PROMISING DISTRICT MODELS

READING PUBLIC SCHOOLS
Making A Difference Conference
November 15th, 2016
Sara Burd, MA, RDT

OUR JOURNEY

» In 2011, a Behavioral Health Task Force completed the Behavioral Health in Public Schools Self-Assessment.
» Created a list of recommendations and action plan for the district to create trauma-sensitive schools.
» In 2013, the action plan embraced the Multi-Tiered System of Supports model to achieve the district goals.
» In 2014, Reading received a School Climate Transformation Grant and Project Aware Grant.
» In 2016, the district embedded the MTSS and Safe and Supportive schools frameworks into the district goals, school goals, and educator goals...and got to visit the White House!

SELF-ASSESSMENT

www.bhps321.org
Free online self-assessment that allows schools to reflect on the six areas of school functions:
- Leadership
- Professional Development
- Academic and Non-Academic Activities
- Access to Resources and Services
- Policies, Procedures, and Protocols
- Family Collaboration
HIGHLIGHTS

- Conference held on September 19th from 8:00 a.m.-5:30 p.m. at the White House Eisenhower Executive Office Building-South Court Auditorium.
- Fourteen states and the District of Columbia participated in the conference with 200 attendees.
- Reading Public Schools invited to attend the conference because of recognized work in the area of social and emotional learning and trauma-sensitive practices in our schools.
- Sponsors of the Conference include the White House, U.S. Department of Education, Georgetown Law Center on Poverty and Inequality, the National Crittenton Foundation.

FEATURED SPEAKERS

- John King, United States Secretary of Education
- Catherine Lhamon, Assistant Secretary, Office for Civil Rights, U.S. Department of Education
- Rebecca Epstein, Executive Director, Georgetown Law Center on Poverty and Inequality
- Tina Tchen, Assistant to the President, Chief of Staff to the First Lady and Executive Director of the White House Council on Women and Girls
- Roberto Rodriguez, Deputy Assistant to the President for Education, the White House Domestic Policy Council
- Dr. Angela Diaz, Director Mount Sinai Adolescent Health Center
- Dr. Roy Wobbe, J.R., Instructor of Pediatrics, Division of General Pediatrics, Children’s Hospital of Philadelphia
- Dr. Nadine Burke Harris, CEO, Center for Youth Wellness

PANEL DISCUSSIONS

- Student Panel Discussion on Trauma and School Discipline from the Voice of Girls and Young Women
- Expert Panel Discussion on Exploring Trauma-Informed Approaches to Supporting Girls of Color
BREAKOUT SESSIONS

- Core Principles of Trauma-Informed Approaches and Gender and Cultural Responsiveness
- Supporting Schools to Address Childhood Exposure to Violence
- School Discipline Disparities
- Transforming Schools: Implementation Strategies
- Policy Reform
- Understanding and Administering Adverse Childhood Experiences (ACEs)
- State Breakout Sessions
- Reading was with New York, New Jersey, and Pennsylvania

STATE BREAKOUT SESSION DISCUSSION TOPICS

- What are the leading types of trauma and risk factors that we know our students are experiencing?
- What sources of data or assessment tools are currently available to our community that can be shared to help our schools better understand their students’ risk factors and trauma-related needs, including factors that are affected by race and gender?
- Are schools implementing trauma-informed approaches that can serve as models for our state?
- What are the best practices and lessons learned from these current models of trauma-informed approaches in schools?
- What barriers or challenges exist in expanding trauma-informed approaches?
- What steps can be taken to address those barriers or challenges?

READING DATA
<table>
<thead>
<tr>
<th></th>
<th>Entire Sample</th>
<th>9th Grade</th>
<th>10th Grade</th>
<th>11th Grade</th>
<th>12th Grade</th>
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<tbody>
<tr>
<td>Felt Sad or Hopeless for 2+ Weeks in Past Year</td>
<td>28.7</td>
<td>26.7</td>
<td>28.5</td>
<td>29.7</td>
<td>29.2</td>
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<tr>
<td>Seriously Considered Suicide in Past Year</td>
<td>16.6</td>
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<td>18.3</td>
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<td>17.1</td>
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<td>Made a Suicide Plan in the Past Year</td>
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<td>17.7</td>
<td>13.7</td>
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<td>14.3</td>
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<td>Attempted Suicide in the Past Year</td>
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<td>10.3</td>
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<td>12.5</td>
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<tr>
<td>Injury from Suicide Attempt Requiring Treatment in the Past Year</td>
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<td>3.7</td>
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<td>****</td>
<td>****</td>
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<tr>
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<td>29.4</td>
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<td>30.2</td>
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<td>Male</td>
<td>18.2</td>
<td>18.7</td>
<td>17.8</td>
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<td><strong>Race/Ethnicity</strong></td>
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<td>****</td>
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<tr>
<td>White</td>
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<td>23.2</td>
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<td>24.0</td>
<td>23.9</td>
</tr>
<tr>
<td>Other-Multi</td>
<td>37.9</td>
<td>32.4</td>
<td>30.3</td>
<td>32.3</td>
<td>33.0</td>
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</tbody>
</table>

Note: Table shows prevalence rates for the behavior and attitude measures listed at the top of each column. The first data row is the prevalence rate for the overall sample. Subsequent rows show the same prevalence rates, but within the subsamples listed on the left side of the table. For the gender category, for example, the first row shows the prevalence rate AMONG female respondents and the second row shows the prevalence rate AMONG male respondents.

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<table>
<thead>
<tr>
<th></th>
<th>Entire Sample</th>
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<tbody>
<tr>
<td>Lifetime Alcohol Use</td>
<td>55.3</td>
<td>58.3</td>
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<td>Past-30-Day Alcohol Use</td>
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<td>Lifetime Suicide at Any Time</td>
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<td>16.8</td>
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<td>Past-30-Day Suicide Attempt</td>
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<tr>
<td>Injury from Suicide Attempt Requiring Treatment</td>
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<td>10.3</td>
<td>10.9</td>
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<tr>
<td><strong>Gender</strong></td>
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<td>****</td>
<td>****</td>
</tr>
<tr>
<td>Female</td>
<td>28.5</td>
<td>28.2</td>
<td>28.1</td>
</tr>
<tr>
<td>Male</td>
<td>8.4</td>
<td>10.0</td>
<td>8.8</td>
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<tr>
<td><strong>Race/Ethnicity</strong></td>
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<tr>
<td>White</td>
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<td>25.1</td>
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<tr>
<td>Other-Multi</td>
<td>35.5</td>
<td>34.3</td>
<td>36.5</td>
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<table>
<thead>
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<th>Male</th>
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<tbody>
<tr>
<td>Lifetime Medication Use</td>
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<td>30.2</td>
<td>30.2</td>
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<td>Past-30-Day Medication Use</td>
<td>23.9</td>
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<td>Past-30-Day Medication Use on School Property</td>
<td>6.0</td>
<td>6.0</td>
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</tbody>
</table>
**REASONS FOR PREVALENCE DATA**

**Prevalence of Rates**

- **Lifetime**
  - Prescription Drug Use: 8.1%
  - Stimulant Use: 4.4%
  - Tranquilizer Use: 2.0%

- **Prescription**
  - Stimulant Use: 7.6%
  - Tranquilizer Use: 5.0%

**DEMOGRAPHIC SUBSAMPLES**

- **Gender**
  - Female: 4.8%
  - Male: 6.6%

- **Race/Ethnicity**
  - White: 5.4%
  - Other-Multi: 20.2%

**SYMPTOMS OF DEPRESSION**

- Felt Sad or Hopeless for 2+ Weeks in Past Year
  - No: 5.0%
  - Yes: 14.4%

- Seriously Considered Suicide in Past Year
  - No: 6.3%
  - Yes: 14.0%

- Made a Suicide Plan in Past Year
  - No: 6.6%
  - Yes: 18.1%

- Attempted Suicide in Past Year
  - No: 6.0%
  - Yes: 26.4%

- Injury from Suicide Attempt Requiring Treatment in Past Year
  - No: 6.8%
  - Yes: 29.3%

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**2014-15 DISCIPLINE DATA**

**SCHOOLS WITH BLACK/WHITE DISCIPLINE GAP GREATER THAN 10%**

<table>
<thead>
<tr>
<th>District School</th>
<th>Black Rate</th>
<th>Latino Rate</th>
<th>White Rate</th>
<th>BW Gap</th>
<th>LW Gap</th>
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</thead>
<tbody>
<tr>
<td>Reading Killam</td>
<td>11.11%</td>
<td>0.00%</td>
<td>.77%</td>
<td>10.34%</td>
<td>-.77%</td>
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<tr>
<td>Reading RMHS</td>
<td>18.52%</td>
<td>0.00%</td>
<td>2.96%</td>
<td>15.56%</td>
<td>-2.96%</td>
</tr>
<tr>
<td>State Average</td>
<td>9.00%</td>
<td>7.4%</td>
<td>2.7%</td>
<td>6.3%</td>
<td>4.7%</td>
</tr>
</tbody>
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**SCHOOL COMMITTEE PRESENTATION AND COMMUNITY EDUCATION**

- Childhood trauma negatively affects student achievement.
- Trauma informed approaches can decrease expulsions and suspensions.
- Exclusionary environments can create a mindset with students and schools.
- Schools are our best opportunity to provide safe learning environments for children.
- Our children are not broken. It is our environment that has an effect.
- How we address students in school is the equivalent of practicing good hygiene.

- Six things that we can incorporate into our lives and our students’ lives for healthy living:
  - Sleep
  - Nutrition
  - Exercise
  - Mental Health Intervention
  - Mindfulness Practices
  - Healthy Relationships

- Taking care of staff through mindfulness programs and other trainings so that they can take care of the children will be critical.
Schools need to get to know their kids, connect with them, to love them, to get them to trust you, to address their strengths and areas they struggle. Ask them what is going on, ask them about their history. Schools cannot give up. We need to bend backwards to help these students and provide the interventions necessary. Schools are opportunities for students who have been ACE impacted to get the services. Kids need to be supported and encouraged. You do not lower expectation, you raise them.

- How do we address students with toxic stress
  - Don’t punish kids, teach them
  - Trauma informed model treat kids the way that they are treated
  - Restorative justice
  - Put trauma informed system in place, give them time to deescalate. Ask them what is going on? When you listen to them, you are validating their feelings, not their actions. When relationships start, that is when it loses power
  - Adults have to focus on individuals and not stereotypes
  - When we take care of the social emotional needs of kids, relation starts, kids get engaged, discipline goes down, academic goes up.
  - When SRO uses the skills not attached to their status as a police officer, success rate goes up.

- Partnerships
  - Trauma and Learning Policy Initiative through the Massachusetts Advocates for Children and Harvard Law School
  - Safe and Supportive Schools Commission, Massachusetts Department of Education
  - Lesley University
  - National Commission on Social, Emotional, and Academic Development
  - Trauma Sensitive School via Harvard University (Killam)
  - Lesley University Trauma Sensitivity Courses for Staff
    - 50 have taken the courses thus far
    - 40 enrolled for this year
  - School Transformation Grant
  - MTSS Work
  - Positive Behavior Intervention Supports PreK-12 (MTSS)
  - Restorative Justice Program

- Mindfulness Practices
  - With Staff
  - Elementary Open Circle
  - Junior Health Classes
  - Middle School Challenge Day Activities
  - Youth Mental First Aid Training for Staff (over 90% of our staff trained)

- Data Collection and Review
  - SRSS/SBIS 3 Times per year
  - SBIRT (Not in Grade 9 this year)
  - Office Discipline Referrals, Suspensions
  - Health Education Classes

More Thoughts from the Conference

How We Are Addressing Trauma in Our Schools
"Ultimately it is about how we create school environments that save kids' lives. This isn't about heroic acts of individuals. It can't be... We have to create systems for our kids..."