B10 – Integrating Trauma-Informed Care into the PBIS Framework

October 3, 2019 – 11:45 am – 1:00 pm

Key Words: Mental Health, Systems Alignment

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Wayne Co. Consortium, New York
Integrating Trauma-Informed Care into the PBIS Framework

Strand: Mental Health Integration

Recommended Experience: Some Experience to PBIS

Description: PBIS leaders and coaches, now that we are aware of the impact of trauma on our learners, what can we do about it? Leaders at two rural school districts will discuss the why, what, and how of creating a safe and supportive school environment for all students.

Objectives:
• Understand the impact of trauma on students and staff
• Identify key features of using a Multi-Tiered System of Supports (MTSS) framework for installing trauma-informed practices within their MTSS/PBIS framework
A Framework for Aligning Your Practices/Initiatives

- Bullying Prevention
- Restorative Practices
- Social Emotional Learning
- Social and Academic Instructional Groups
- Second Step
- Trauma Informed
- Behavior Lesson Plans

Community Involvement in the School
- Check-in Check-out
- Relationship Building
- Wraparound
- FBA/BIPs
- Academic Curricula
Positive Behavioral Interventions and Supports (PBIS) is a Multi-Tiered System of Supports (MTSS) Framework for Continuous Improvement and Alignment of Initiatives

Supporting culturally equitable **Targets** including social/emotional competence & academic achievement

Supporting culturally knowledgeable **Staff**

**Behavior** through team-based leadership and coordination, professional development, coaching, and content expertise

Supporting **Student Behavior** through a three-tiered continuum of culturally relevant evidence-based interventions

Supporting **Data-based Decision Making** through universal screening, progress monitoring, and evaluation of fidelity

Midwest PBIS Network 1/15/19. Adapted from:


How / Where Does Trauma Inform Your Triangle?

**Academic Systems**

**Tier III/Tertiary Interventions** 1-5%
- Individual students
- Assessment-based
- High intensity

**Tier II/Targeted Interventions** 5-15%
- Some students (at-risk)
- High efficiency
- Rapid response
- Small group interventions
- Some individualizing

**Tier I/Universal Interventions** 80-90%
- All students
- Preventive, proactive

**Behavioral Systems**

**Tier III/Tertiary Interventions** 1-5%
- Individual students
- Assessment-based
- Intense, durable procedures

**Tier II/Targeted Interventions** 5-15%
- Some students (at-risk)
- High efficiency
- Rapid response
- Small group interventions
- Some individualizing

**Tier I/Universal Interventions** 80-90%
- All settings, all students
- Preventive, proactive
Shared Characteristics of RTI and PBIS represent the Core Features of MTSS

1. Team based leadership and coordination
2. Evaluation of implementation fidelity
3. Three-Tiered Continuum of evidence-based practices
4. Continuous data-based progress monitoring and decision-making
5. Comprehensive universal screening
6. On-going professional development including coaching with local content expertise

**Core Features of MTSS**

**Academic RTI**
- Specific academic assessments and interventions
- Use of published curricula selected by school or district
- Use of direct assessment of skills
- Periodic assessment through benchmarking periods
- Focus on grade-level teaming
- Described in IDEA as special education eligibility determination approach

**Schoolwide PBIS**
- Specific social behavior assessments and interventions
- Use of free materials that are adapted to fit the school's context
- Use of indirect assessment of behavior
- Continuous assessment of social behavior with existing data sources
- Focus on schoolwide teaming
- Described in IDEA as schoolwide prevention and individual intervention approach

“Trauma occurs when a child experiences an intense event that threatens or causes harm to his or her emotional and physical well-being.”
Trauma
Adverse Experiences
Chronic Stress
Toxic Stress
What we are really talking about?

Extreme or chronic stress that overwhelms a person’s ability to cope & results in feeling vulnerable, helpless & afraid

Can result from one event or a series of events
Event(s) may be witnessed or experienced directly
Experience is subjective
Often interferes with relationships; self regulation; & fundamental beliefs about oneself, others & one’s place in the world
Our Perception Matters

When we think “this student can do it and they just aren’t doing it” or we think “this student just isn’t motivated”, we tend to have heightened emotions and become dysregulated ourselves. (e.g.: angry, inpatient).
The Needed Perspective Shift
(we need to change how we view our students)

What’s wrong with you?”

TO

What has happened?

“How can I help?”
### How Do We See Students?

<table>
<thead>
<tr>
<th><strong>Uninformed view</strong></th>
<th><strong>Informed view</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>▪ Anger management problems</td>
<td>▪ Maladaptive responses (in school setting)</td>
</tr>
<tr>
<td>▪ May have ADHD</td>
<td>▪ Seeking to get needs met</td>
</tr>
<tr>
<td>▪ Choosing to act out &amp; disrupt classroom (e.g., disrespectful or manipulative)</td>
<td>▪ Difficulty regulating emotions</td>
</tr>
<tr>
<td>▪ Uncontrollable, destructive</td>
<td>▪ Lacking necessary skills</td>
</tr>
<tr>
<td>▪ Non-responsive</td>
<td>▪ Negative view of world (e.g., adults cannot be trusted)</td>
</tr>
<tr>
<td>▪ Trauma response was triggered</td>
<td></td>
</tr>
</tbody>
</table>

**Uninformed Response**
- Student needs consequences to correct behavior or maybe an ADHD evaluation

**Informed Response**
- Student needs to learn skills to regulate emotions & we need to provide support

Adapted from Daniel & Zarling (2012)
See example chart below. School identified all of the practices they had in place in black font and then identified an action plan to strengthen trauma informed implementation in *red font.*

<table>
<thead>
<tr>
<th>Practice</th>
<th>How is it trauma informed?</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Tier I</strong></td>
<td><em>Creates Safe, Predictable, &amp; Consistent Environment</em></td>
<td><em>Building Community or Relationships</em></td>
<td><em>Teaching/Reinforcing Skills</em></td>
<td><em>Supports Regulation</em></td>
</tr>
<tr>
<td>Defined and teaching school-wide expectations</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>- Expand teaching to include coping skills (e.g.: identifying feelings, expressing feelings, &amp; managing feelings)</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>- Teach behavioral lessons in a circle</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Feedback and acknowledgement</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Defined problem behaviors</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Continuum of response to inappropriate behavior</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>- Alternatives to traditional discipline</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Schedule of regulation for all classrooms</td>
<td>X</td>
<td></td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Morning Classroom Check-Ins</td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

**Tier II**
Safe and Supportive Schools: A Journey

JOSEPH FANTIGROSSI, ED.D.
PRE K-12 INTERVENTION COORDINATOR, LYONS CSD
Joseph Fantigrossi Consulting LLC
Do the best you can until you know better. Then when you know better, do better.

Maya Angelou
TODAY’S PURPOSE

www.josephfantigrossi.com  @jffantigrossi

• Self-Care
• Understand the impact
• How do we address trauma?
  • Support for Students
  • Building Capacity for Staff
• Action steps
# Self-Care

**How do you recharge & heal?**

**Who is “that person” for you to go to when you need help?**

<table>
<thead>
<tr>
<th>MENTAL/ PSYCHOLOGICAL</th>
<th>SOCIAL/ BEHAVIORAL</th>
<th>PHYSICAL/ HEALTH</th>
</tr>
</thead>
<tbody>
<tr>
<td>REFLECTION</td>
<td>BOUNDARIES</td>
<td>REST</td>
</tr>
<tr>
<td>BOUNDARIES</td>
<td>USE VACATION</td>
<td>NUTRITION</td>
</tr>
<tr>
<td>SOLITUDE</td>
<td>PEER SUPPORT</td>
<td>EXERCISE</td>
</tr>
<tr>
<td>READING</td>
<td>HUMOR/LAUGH</td>
<td>SUNSHINE</td>
</tr>
</tbody>
</table>

Adapted from Jay Roscup, WCPSF
Think, Pair, Share

How would you define trauma?
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?

Adapted from Jay Roscup, WCPSF
ACES- ADVERSE CHILDHOOD EXPERIENCES

The three types of ACEs include:

- **ABUSE**
  - Physical
  - Emotional
  - Sexual

- **NEGLECT**
  - Physical
  - Emotional

- **HOUSEHOLD DYSFUNCTION**
  - Mental Illness
  - Incarcerated Relative
  - Mother treated violently
  - Substance Abuse
  - Divorce

Adapted from Jay Roscup, WCPSF
Pair of ACEs

Many Types of ACEs
The are many types of trauma other than abuse, neglect, and household dysfunction.
MRI SHOWS IMPACT

Healthy Brain

This PET scan of the brain of a normal child shows regions of high (red) and low (blue and black) activity. At birth, only primitive structures such as the brain stem (center) are fully functional; in regions like the temporal lobes (top), early childhood experiences wire the circuits.

An Abused Brain

This PET scan of the brain of a Romanian Orphan, who was institutionalized shortly after birth, shows the effect of extreme deprivation in infancy. The temporal lobes (top), which regulate emotions and receive input from the senses, are nearly quiescent. Such children suffer emotional and cognitive problems.

Adapted from Jay Roscup, WCPSF
Hand Model of the Brain

Dr. Dan Siegel
Overlap of Trauma and Suicide - 2019 Youth Survey

Risk Behaviors and ACE

- Lack clear direction or purpose: 22.7% (ACE <2), 35.3% (ACE 2 or more)
- Felt sad most days: 33.6% (ACE <2), 71.3% (ACE 2 or more)
- Suicide ideation: 10.8% (ACE <2), 37.9% (ACE 2 or more)
- Injured self: 10.6% (ACE <2), 38.3% (ACE 2 or more)
- Bullied others: 3.0% (ACE <2), 7.8% (ACE 2 or more)
How do we address trauma?
Turn and Talk with a partner

What does a Safe & Supportive environment look like, sound like, and feel like?
SUPPORTING STUDENTS
ADAPT INSTEAD OF ADD

• DON’T THINK “MORE”– THINK “ADAPT CURRENT PRACTICE”
Positive Behavioral Interventions and Supports (PBIS) for Continuous Improvement and Alignment of Initiatives is a Multi-Tiered System of Supports (MTSS) Framework

Supporting culturally equitable **Targets** including social/emotional competence & academic achievement

Supporting culturally knowledgeable **Staff**
- ✔ team-based leadership and coordination
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Supporting **Student Behavior**
- ✔ three-tiered continuum of culturally relevant evidence-based interventions

Supporting **Data-based Decision Making**
- ✔ universal screening
- ✔ progress monitoring
- ✔ evaluation of fidelity

Midwest PBIS Network 2/7/19. Adapted from:

Trauma & Mental Health Issues

- 50% of all lifetime cases of mental illness begin by age 14
- 75% by age 24.

Anxiety Disorders – Age 11
Eating Disorders – Age 15
Substance Abuse – Age 20
Schizophrenia – Age 23
Bipolar – Age 25
Depression – Age 32
ACE’S REPORTED BY KINDERGARTEN PARENTS AT SCREENING:

WAYNE COUNTY SCHOOL DISTRICTS

12% Wayne Co. Avg

K READY SURVEY- Wayne County 2019
599 out of 1007 Kindergarten Students

Adapted from Jay Roscup, WCPSF
LOCAL K SCREEN:
CHILDREN WITH 2 OR MORE “ACEs” *:

• 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

Adapted from Jay Roscup, WCPSF
LOCAL K SCREEN:
CHILDREN WITH 2 OR MORE "ACEs":

• 5.7 times more likely to ignore rules at home.

• 4.3 times more likely to never read with parent/adult.

Adapted from Jay Roscup, WCPSF
Discuss with someone new

Now that you have seen our pre-K numbers, what is your prediction as to how trauma will impact secondary students?
<table>
<thead>
<tr>
<th>Evalumetrics Youth Survey - 2019</th>
<th>2019</th>
<th>ACE less than 2</th>
<th>ACE 2+</th>
<th>Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Used Alcohol in Past 30 Days</td>
<td>18.7%</td>
<td>15.3%</td>
<td>25.8%</td>
<td>1.7</td>
</tr>
<tr>
<td>Used Marijuana in Past 30 Days</td>
<td>13.9%</td>
<td>11.3%</td>
<td>18.8%</td>
<td>1.7</td>
</tr>
<tr>
<td>Used Any Other Drug in Past 30 Days</td>
<td>1.5%</td>
<td>0.7%</td>
<td>3.1%</td>
<td>4.4</td>
</tr>
<tr>
<td>Family Conflict</td>
<td>7.7%</td>
<td>2.6%</td>
<td>15.3%</td>
<td>5.9</td>
</tr>
<tr>
<td>Attachment</td>
<td>10.5%</td>
<td>7.2%</td>
<td>27.0%</td>
<td>3.8</td>
</tr>
<tr>
<td>Suicide Plan</td>
<td>10.4%</td>
<td>4.7%</td>
<td>25.3%</td>
<td>5.3</td>
</tr>
</tbody>
</table>
You can be poor and feel:
-Safe
-Loved
-Proud

Adapted from Jay Roscup, WCPSF
<table>
<thead>
<tr>
<th>RISK FACTOR/BEHAVIOR</th>
<th>ACEs 2 OR MORE</th>
<th>FOOD INSECURE</th>
<th>BOTH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Conflict</td>
<td>5.9X</td>
<td>2.6X</td>
<td>4.2X</td>
</tr>
<tr>
<td>Opportunities for Prosocial Involvement</td>
<td>2.9X</td>
<td>2.5X</td>
<td>3.5X</td>
</tr>
<tr>
<td>Lack Attachment To Family</td>
<td>3.8X</td>
<td>2.4X</td>
<td>3.1X</td>
</tr>
<tr>
<td>Plan Suicide</td>
<td>5.3X</td>
<td>3.7X</td>
<td>9.8X</td>
</tr>
<tr>
<td>Alcohol Use</td>
<td>1.7X</td>
<td>1.4X</td>
<td>1.8X</td>
</tr>
<tr>
<td>Marijuana Use</td>
<td>1.7X</td>
<td>1.1X</td>
<td>1.3X</td>
</tr>
<tr>
<td>Other Drugs (Opioids, Cocaine etc)</td>
<td>4.4X</td>
<td>1.8X</td>
<td>2.1X</td>
</tr>
<tr>
<td>RISK FACTOR/BEHAVIOR</td>
<td>ACE 2 + and Poverty 2017</td>
<td>ACE 2+ and Poverty 2019</td>
<td></td>
</tr>
<tr>
<td>--------------------------------------------</td>
<td>--------------------------</td>
<td>-------------------------</td>
<td></td>
</tr>
<tr>
<td>Anti-social Behavior</td>
<td>4.2X</td>
<td>0.6X</td>
<td></td>
</tr>
<tr>
<td>Friends Use Drugs</td>
<td>58.8X</td>
<td>1.3X</td>
<td></td>
</tr>
<tr>
<td>Lack Attachment To Family</td>
<td>5.3X</td>
<td>3.1X</td>
<td></td>
</tr>
<tr>
<td>Alcohol Use</td>
<td>8.0X</td>
<td>1.8X</td>
<td></td>
</tr>
<tr>
<td>Marijuana Use</td>
<td>8.0X</td>
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<tr>
<td>Other Drugs (Opioids, Cocaine etc)</td>
<td>8.8X</td>
<td>2.1X</td>
<td></td>
</tr>
</tbody>
</table>

Adapted from Jay Roscup, Wayne County Partnership for Strengthening Families
Partner Discussion

What do you notice and wonder after looking at this data?
Supporting culturally knowledgeable Staff Behavior
✓ team-based leadership and coordination
✓ professional development, coaching, and content expertise

Supporting Student Behavior
✓ three-tiered continuum of culturally relevant evidence-based interventions

Supporting culturally equitable Targets including social/emotional competence & academic achievement

Supporting culturally valid Data-based Decision Making
✓ universal screening
✓ progress monitoring
✓ evaluation of fidelity

Midwest PBIS Network 2/7/19. Adapted from:

What lives under the MTSS Umbrella

Response to Intervention

Teamwork

Parental Action

Positive Behavior Intervention & Support

Curriculum Design

Professional Development

School/Community Collaboration

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WHAT DO ALL STUDENTS NEED?

WHAT DO SOME STUDENTS NEED?

WHAT DO A FEW STUDENTS NEED?
Positive Behavioral Interventions and Supports (PBIS) for Continuous Improvement and Alignment of Initiatives is a Multi-Tiered System of Supports (MTSS) Framework

Supporting culturally equitable **Targets** including social/emotional competence & academic achievement

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- ✔ progress monitoring
- ✔ evaluation of fidelity

Supporting **Student Behavior**
- ✔ three-tiered continuum of culturally relevant evidence-based interventions

Systems

Practices

Outcomes

Midwest PBIS Network 2/7/19. Adapted from:
Best Practices

Next Exit
<table>
<thead>
<tr>
<th>TIER 1 Interventions</th>
<th>TIER 2 Interventions</th>
<th>TIER 3 Interventions</th>
</tr>
</thead>
<tbody>
<tr>
<td>How to Adult</td>
<td>Primary Project</td>
<td>Wrap/Renew</td>
</tr>
<tr>
<td>SW-PBIS</td>
<td>NYS Mentoring</td>
<td>YAP Mentoring (before involvement with</td>
</tr>
<tr>
<td>Second Step</td>
<td>Check In/ Check Out</td>
<td>court)</td>
</tr>
<tr>
<td>Botvin's Life Skills</td>
<td>FACT</td>
<td>PINS</td>
</tr>
<tr>
<td>Project Success</td>
<td>Why Try</td>
<td>Satellite MH Office in School Building</td>
</tr>
<tr>
<td>RRR</td>
<td>Goal Attainment Scaling</td>
<td></td>
</tr>
<tr>
<td>Incredible Years</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Adapted from Jay Roscup, WCPSF
A FRAMEWORK TO HELP
ATTACHMENT
REGULATION
(SELF)
COMPETENCY
arcframework.org
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

Adapted from Jay Roscup, WCPSF
Nearly one in three (32.9%) of students with an ACE score of two or more lacked self-efficacy.
What is one thing you are currently doing in your school/district that helps students with attachment, regulation, or competency?
BUILDING CAPACITY FOR STAFF
BOOK STUDIES & PLC’S HELPED START CONVERSATION:

(Both of these are on your resource handout)
Therapeutic Crisis Intervention for Schools (TCIS)

WHAT HAPPENED TO YOU?

Adapted from Jay Roscup, WCPSF
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!
● Suicide first-aid to help a person at risk stay safe and seek further help as needed.
● Participants learn to use a suicide intervention model
  ○ identify persons with thoughts of suicide
  ○ develop a safeplan based upon a review of risk
  ○ be prepared to do follow-up
  ○ become involved in suicide-safer community networks.
Find a partner you have not worked with yet today.

Discuss one action step you can take in the near future to make your organization more responsive to trauma.
ADAPT INSTEAD OF ADD

• MUCH OF WHAT IS ALREADY DONE CAN BE Integrated INTO A TRAUMA INFORMED APPROACH!!

• DON’T THINK “MORE”– THINK “ADAPT CURRENT PRACTICE”
It has to start somewhere...
THANK YOU!

• jfantigrossi@lyonscsd.org
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• Joseph Fantigrossi on Facebook and LinkedIn
• JosephFantigrossi.com
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