School Counseling

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Trauma-Informed Schools

Approaches to working with children who have experienced trauma
When I say these words, what comes to mind?

Trauma

Trauma-Informed

Trauma-Informed Instruction
“The 20th-century education system was never designed with the knowledge of the developing brain,” says Pamela Cantor, MD, who is part of a cross-disciplinary team of experts studying the **science of learning and development**. “So when we think about the fact that learning is a brain function and we have an education system that didn’t have access to this critical knowledge, the question becomes: Do we have the will to create an education system that’s informed by it?”
The History of Trauma

- 1970-1980
  - PTSD (Posttraumatic Stress Disorder)
- 1985
  - ACEs
- 2001
  - NCTSN (National Child Traumatic Stress Network)
The History of Trauma

• 2012
  – Department of Justice recommended all schools, mental health professionals, etc should be trained in trauma.
What is Trauma?

• Trauma is anything that changes the brain’s development.
• Examples include:
  – Abuse, assault, natural disaster, death of loved one.
• Really, anything can lead to trauma depending upon the person and the circumstance.
Adverse Childhood Experiences

The ACE study began in an obesity clinic in San Diego, CA.

In 1985, Dr. Vincent Felitti noticed patients would lose a drastic amount of weight but then gain it back.

While doing face to face interviews, a client disclosed she had been raped and stated “to be overweight is to be overlooked and that’s the way I need to be”.

Through further interviews, it was discovered that many patients had been using addiction and negative coping skills as a normal response to serious childhood trauma.

The ACE study was then developed through collaboration with the CDC after a decade long study.
Adverse Childhood Experiences

**ABUSE**
- Physical
- Emotional
- Sexual

**NEGLECT**
- Physical
- Emotional

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

There is a strong correlation to the higher the ACE score to the following issues:

- Social, emotional & cognitive impairment
- Adoption of health-risk behaviors
- Disease, disability, and social problems
- Early death
  - An ACE score of 6 or higher had a life span reduced by as much as 20 years

*TCU Institute of Child Development
ACE Score

• Those with a 3 or higher ACE score are considered at risk
  ● Twice as likely to become a smoker
  ● Seven times more likely to be an alcoholic
  ● Ten times more likely to inject street drugs
  ● More likely to be violent
  ● Have multiple marriages
  ● More broken bones
  ● More drug prescriptions
  ● More depression
  ● More autoimmune diseases
  ● More work absences
ACEs and Brain Development

- Difficulty trusting others
- Social isolation
- Difficulty seeking help
- Hypersensitivity to physical contact
- Increase medical, emotional and mental problems
- Problems with coordination and balance
- Poor affect regulation
- Problems with academic achievement
- Oppositional/antisocial behaviors
- Difficulty planning for the future
ACEs in Oklahoma

55% of Oklahoma students have an ACE score with 17% being 3 or more.

Oklahoma has some of the highest ACEs in the United States.

Oklahoma has THE highest percentage of youth experiencing 4 or more ACEs.

The blue map above shows the distribution of Oklahoma’s health factors based on weighted scores for health behaviors, clinical care, social and economic factors, and the physical environment. Detailed information on the underlying measures is available at countyhealthrankings.org. The map is divided into four quartiles with less color intensity indicating better performance in the respective summary rankings. Specific county ranks can be found in the table on page 12.
Intergenerational Trauma

- Passed down through parents DNA
- Historical context
- State context
Fighting the Bear
Fighting the Bear

- We have to gain trust of our students that we are a safe space
  - Otherwise, learning cannot take place.
- When the brain is overwhelmed with cortisol, the brain cannot physiologically take on new knowledge or problem solve.
- Fight, flight, or freeze.
The Brain Basics

- **Neocortex**: Higher-order thinking
- **Limbic brain**: Emotions
- **Brain stem**: Survival
# Learning and Brain Chemistry

## WINDOW OF TOLERANCE

### Red Zone
- Fight/Flight Response
- Anxiety, overwhelm
- Thinking is rigid or chaotic
- No new learning can take place

### Green Zone
- Social Engagement System is active
- Can feel a full range of emotions (happy, sad, angry, calm, etc.) with awareness of choices
- Curious, compassionate, grateful
- Able to self-regulate emotional states
- New learning can take place

### Blue Zone
- Immobilization
- Depression
- Isolation, withdrawal, shut-down, numb
- No new learning can take place
Why We Need Trauma-Informed Schools

• Research tells us that students who survive trauma and grow to be successful have identified one single variable:
  – A caring adult who believed in them and cared about their well-being

• Trauma-informed strategies help students feel safe and students learn how to self-regulate
  – When students learn to self-regulate, classroom disturbances go down and academic scores go up.
Lisa’s Story

THE OPERATOR: Okay. Don’t cry. We are going to send the police
Application of Trauma-Informed

Resilience is greater than ACEs
Why Trauma Informed?

Becoming trauma informed requires a shift in the educational paradigm of classroom management.

It goes against what you have learned about students’ behavioral challenges and classroom discipline approaches.

It changes how policies are developed and implemented in schools when encountering traumatized students.

It has a ripple effect across the school environment and culture. It involves administration, teachers, staff, students and families.
Why Trauma Informed?

Benefits of a trauma-informed school:

• Improved academic achievement and test scores.
• Improved teacher sense of satisfaction and safety in being a teacher. Improved retention of new teachers.
• Reduction of student behavioral out-burst and referrals to the office.
• Reduction of stress for staff and students.
• Reduction in absences, detentions, and suspensions.
• Reduction in student bullying and harassment.

(Oehlberg, 2008)
Resilience is Greater Than ACEs

Resilience is not inherently in children. Parents, teachers, and caregivers can help children by…

• Gaining understanding of ACEs
• Creating environments where children feel safe emotionally and physically
• Helping children identify feelings and manage emotions
• Creating a safe physical and emotional environment at home, in school, and in neighborhoods
Before I throw books in class, I just wish my body had an alarm telling me so I could stop.

Everyone says I just can’t control my anger and I’m a trouble-maker. So I stopped trying.

My teacher was mad that I didn’t pay attention, but I haven’t eaten since lunch yesterday.

I just wanted someone to notice me, I guess.

I got in trouble for sleeping in class. I had to share a futon with my three cousins last night.

I guess I will always just be a bad kid.
There is no greater intervention than a student having a safe relationship.
Empathy
Safe Relationships

• Clarify your role with the student.
• Establish yourself as a safe individual.
• Create an environment of respect.
• Talk about safety and what steps you will take to help the student be and feel safe.
Relationship Building:

1. Greet students in the morning.
2. Have a presence during passing periods.
3. Connect with students in the cafeteria.
4. Be the last contact after dismissal bell.

Examples of Connecting:

- “Good morning, Sammy! It is great to see you today.”
- “Sammy, you made my day coming to my class.”
- “Sammy, how was your weekend?”
- “Sammy, I am so appreciative of your positive attitude today.”
The Trauma-Informed School

Four critical steps to implementing trauma-informed instruction:

1. Allow the student to de-escalate and regulate before solving the issue at hand.
   1. Problem solving cannot happen in the moment. Designate a quiet space a student can feel safe de-escalating.

2. It’s never about the current issue. It goes much deeper.
   1. Think about what is really driving the student’s behavior. Listen and value the student’s voice, ask how you can help, and respond with empathy.
The Trauma-Informed School

Four critical steps to implementing trauma-informed instruction:

3. It’s a brain issue, not a behavioral issue.
   3. My job is to help this student regulate, not simply behave. Incorporate regulatory activities into the culture of the classroom and support students in their ability to learn how to self-regulate.

4. Discipline is to teach, not to punish.
   1. Discipline should happen through the context of relationship. Use consequences that keep students in school and foster the building of trust and safety.
Cycle of Trauma

- Trauma
- Psychological Damage
- Social and Emotional Damage
- Behavior Problem
- Punishment
## Perspective Shift

<table>
<thead>
<tr>
<th>Old</th>
<th>New</th>
</tr>
</thead>
<tbody>
<tr>
<td>• He’s so defiant</td>
<td>• He is lacking social skills</td>
</tr>
<tr>
<td>• She is choosing this behavior</td>
<td>• She is reacting with adrenaline/survival skills</td>
</tr>
<tr>
<td>• What’s wrong with him?</td>
<td>• What happened to him</td>
</tr>
<tr>
<td>• I don’t need to call home, they won’t help</td>
<td>• Calling home may help give more insight</td>
</tr>
<tr>
<td>• I won’t tolerate disrespect</td>
<td>• How can I help them learn respect</td>
</tr>
</tbody>
</table>
In the School

Create Safety
- Predictable environment with clear expectations.
- Structure throughout the day.
- Sensory materials for students.
- Incorporate music and rhythm.

Giving Choices
- Students who have experienced trauma often also have their feelings of choice robbed from them.
- Empowering and also help foster connection.
- Choice of consequence, choice of homework.
Empowering Students

Power and Control
• Using threats
• Using intimidation
• Isolation
• Minimizing and denying
• Using position of power

Sharing Power
• We are in this together
• Second chances
• Choices
• Seeking a compromise
Empowering Students

Less Safe

• Power based - authoritative
• Talking too much, lecturing
• Rigidity and inflexibility
• Emotionally reactive
• Adult over-sensitivity
• The adult becoming dysregulated when the student is upset

Safe

• Collaborate- reciprocal
• Using fewer words
• Flexibility
• Being calm
• Not personalizing
• Modeling self-regulation and self-care
Punishment vs. Reforming Behaviors

**Punitive**
Focus on action:
- Verbal reprimand
- Lose recess
- No specials
- Seclusion from other kids
- Suspension

**Trauma-Informed**
Focus on behavior:
- Find out what is going on
- Allow student to take responsibility for actions
- Consequences that teach new patterns of behavior

VS.
Trauma-Informed ISS

The goal of ISS should be to teach students how to do things differently next time:

• Environment
• Supervisor
• A place to regulate
• Flexible but structure
Calming Room/ Regulation Station

• A calm room or center
  – Bean bag chair
  – Rocking chair
  – A swing
  – Music with headphones
  – Books
  – Bubbles
  – Chewing gum
Check-In/Check-Out

Daily Supports

• Goal setting
• Safe Adult
• Use the mentor in other ways
Tap-In, Tap-Out

Students:
• Buddy class
• Positively framed
• Before major misbehavior

Teachers:
• Know your boundaries
• Have a back-up
• Prepare ahead of time
De-Escalation

1. Give space
2. Tone of voice and body language
3. Listen to student to identify trigger
4. Promote cooperation - do not block exit
5. Do not take as personal attack

• Does not promote de-escalation:
  - “Look at me”
  - “Put your phone away”
  - Touching student
  - Blocking exit
  - Raising voice
  - Adding a lot of people to the room
Lagging Skills

- It is important to identify what is causing behavior.
- Create action plan regarding “lagging skills”.
- Use reflective listening when addressing lagging skills.

- Reflective listening basically involves repeating what a child has said and then encouraging him/her to provide additional information by saying one of the following:
  - “How so?”
  - “I don’t quite understand”
  - “I’m confused”
  - “Can you say more about that?”
  - “What do you mean?”
<table>
<thead>
<tr>
<th>LAGGING SKILLS</th>
<th>UNSOLVED PROBLEMS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Difficulty handling transitions, shifting from one mindset or task to another</td>
<td></td>
</tr>
<tr>
<td>Difficulty doing things in a logical sequence or prescribed order</td>
<td></td>
</tr>
<tr>
<td>Difficulty persisting on challenging or tedious tasks</td>
<td></td>
</tr>
<tr>
<td>Poor sense of time</td>
<td></td>
</tr>
<tr>
<td>Difficulty maintaining focus</td>
<td></td>
</tr>
<tr>
<td>Difficulty considering the likely outcomes or consequences of actions (impulsive)</td>
<td></td>
</tr>
<tr>
<td>Difficulty considering a range of solutions to a problem</td>
<td></td>
</tr>
<tr>
<td>Difficulty expressing concerns, needs, or thoughts in words</td>
<td></td>
</tr>
<tr>
<td>Difficulty managing emotional response to frustration so as to think rationally</td>
<td></td>
</tr>
<tr>
<td>Chronic irritability and/or anxiety significantly impede capacity for problem-solving or heighten frustration</td>
<td></td>
</tr>
<tr>
<td>Difficulty seeing “grays”/concrete, literal, black &amp; white, thinking</td>
<td></td>
</tr>
<tr>
<td>Difficulty deviating from rules, routine</td>
<td></td>
</tr>
<tr>
<td>Difficulty handling unpredictability, ambiguity, uncertainty, novelty</td>
<td></td>
</tr>
<tr>
<td>Difficulty shifting from original idea, plan, or solution</td>
<td></td>
</tr>
<tr>
<td>Difficulty taking into account situational factors that would suggest the need to adjust a plan of action</td>
<td></td>
</tr>
<tr>
<td>Inflexible, inaccurate interpretations/cognitive distortions or biases (e.g., “Everyone’s out to get me,” “Nobody likes me,” “You always blame me, “it’s not fair,” “I’m stupid”)</td>
<td></td>
</tr>
<tr>
<td>Difficulty attending to or accurately interpreting social cues/</td>
<td></td>
</tr>
<tr>
<td>poor perception of social nuances</td>
<td></td>
</tr>
<tr>
<td>Difficulty starting conversations, entering groups, connecting</td>
<td></td>
</tr>
<tr>
<td>with people/lacking other basic social skills</td>
<td></td>
</tr>
<tr>
<td>Difficulty soaking attention in appropriate ways</td>
<td></td>
</tr>
<tr>
<td>Difficulty appreciating how his/her behavior is affecting others</td>
<td></td>
</tr>
<tr>
<td>Difficulty empathizing with others, appreciating another</td>
<td></td>
</tr>
<tr>
<td>person’s perspective or point of view</td>
<td></td>
</tr>
<tr>
<td>Difficulty appreciating how s/he is coming across or being perceived by others</td>
<td></td>
</tr>
<tr>
<td>Sensory/motor difficulties</td>
<td></td>
</tr>
</tbody>
</table>
Student of Concern Form

**STUDENT OF CONCERN FORM**

**NAME OF STUDENT:** __________________________

**GRADE LEVEL:** __________________________

**URGENCY:**  
- Low  
- Medium  
- High

**REPORTING INFORMATION**

Your Name: __________________________

Your Position: __________________________

Your Relationship to Student: __________________________

Your Email Address: __________________________

Date: __________________________

**ISSUES OF CONCERN FOR STUDENT (CHECK ALL THAT APPLY)**

<table>
<thead>
<tr>
<th>Issue Description</th>
<th>Common Concerns/Behaviors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Academic Struggles</td>
<td>General Behavioral Issues</td>
</tr>
<tr>
<td>Alcohol Use</td>
<td>Homelessness</td>
</tr>
<tr>
<td>Anger Issues</td>
<td>Identity Issues</td>
</tr>
<tr>
<td>Anxiety (nervous, tearful, and/or tense)</td>
<td>Illness</td>
</tr>
<tr>
<td>Attendance</td>
<td>Injury</td>
</tr>
<tr>
<td>Abuse (current)</td>
<td>Isolating from Peers</td>
</tr>
<tr>
<td>Abuse (past)</td>
<td>Low Frustration Tolerance</td>
</tr>
<tr>
<td>Dating Issues</td>
<td>Lack of Participation</td>
</tr>
<tr>
<td>Death of a Family Member</td>
<td>Mental Health Issues</td>
</tr>
<tr>
<td>Death of a Friend (student)</td>
<td>Notable Change in Appearance</td>
</tr>
<tr>
<td>Death of a Friend (non-student)</td>
<td>Overreaction to Circumstances</td>
</tr>
<tr>
<td>Depression or Extreme Sadness</td>
<td>Poor Decision-Making</td>
</tr>
<tr>
<td>Destruction of Property</td>
<td>Poor Hygiene</td>
</tr>
<tr>
<td>Domestic Violence at Home</td>
<td>Self-Injurious Behaviors</td>
</tr>
<tr>
<td>Drug Use</td>
<td>Student/Teacher Relationship Issues</td>
</tr>
<tr>
<td>Excessive Absences from Class</td>
<td>Threats to Others/Bullying</td>
</tr>
<tr>
<td>Family Issues</td>
<td>Too Many Tardies</td>
</tr>
<tr>
<td>Friendship Issues</td>
<td>Witnesses to an Incident</td>
</tr>
<tr>
<td>Gender Identity Issues</td>
<td>Other</td>
</tr>
</tbody>
</table>

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TheTroumaledSchool.com  

OKLAHOMA STATE DEPARTMENT OF EDUCATION  
CHAMPION EXCELLENCE
Strategies

Teach Stress Management/Relaxation Skills: Teach breathing for relaxation

Give suggestions on self-calming techniques, such as mindfulness, grounding, tracking, positive memories.

Teach positive self-talk to students and practice it before you need it. “I am safe” “I can calm myself down” “I am a good loving person”
Strategies

Use music, exercise, movement, stretching

Incorporate more opportunities for humor and laughter into the curriculum. (Laughter reduces the traumatic response in the brain)

Teach feelings, expression, and coping.
  Label emotions. Emotions are okay.
Strategies

Identify coping skills to help decrease emotional intensity.
Help youth find positive ways to cope.
Connect students to friends, peers, or supportive adults.
Give ideas about participating in creative and positive social activities.
Think of ways to reach out to parents/caregivers that involves them in the educational process.
Deepen your understanding about the community.
At the beginning of the year, have the parents make a list of strengths and growth areas of kids.

Make a rotation of students names on your calendar to make contact with parents based on the concerns.
Parent Communication

• Report Cards
  – Distributing reports are Friday show an increase in child abuse.

• Give parents talking points about your behavior management system.
Parent-Involvement

Themes

• Cooking Class
• Yoga/Zumba
• Paint Night
• Partner with the library
• Parent-Night Out
  – Kids in one area
  – Parents in another

Topics

• Healthy Living
• Self-Care
• Connecting
• Relationship Building
• Skill Building
Absenteeism

• Discuss the importance of being a team
  • Sports
  • Band
  • Family

• When a student is absent, leave a note on the desk/area welcoming them back

• Have students write a note
  • Can be as easy as a post-it
  • Assign by teams, tables, etc.
Case Study: Taylor and Riley

Taylor and Riley are in Mr. Rogers class together and have never really had positive interactions with one another. Today, in the lunch line, Taylor cut in front of Riley and called Riley a name. Riley pushed Taylor down and the two began to fight. Mr. Rogers hears the fight, and the principal, Ms. Clark, was walking by when the incident occurred.
## Trauma-Informed Interactions

<table>
<thead>
<tr>
<th>Initial Reaction</th>
<th>Traditional Response</th>
<th>Trauma-Informed Response</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mr. Rogers breaks up the fight and verbally reprimands the students. Ms. Clark immediately escorts the two students to her office.</td>
<td>Mr. Rogers separates Taylor and Riley and takes them each to a separate room with a snack and water to calm down. Mr. Rogers has developed a strong relationship with Riley and, once the student has calmed down, asks “what’s going on?” It takes a few minutes, but Riley eventually opens up to and talks about feeling “always angry” due to instability and violence in the home. While Mr. Rogers is talking with Riley, Ms. Clark deescalates Taylor and begins a conversation about behavior.</td>
</tr>
</tbody>
</table>
## Trauma-Informed Interactions

<table>
<thead>
<tr>
<th>Disciplinary Action</th>
<th>Traditional Response</th>
<th>Trauma-Informed Response</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Both students immediately meet with Ms. Clark who determines that the level of altercation must result in the punishment of a suspension from school.</td>
<td>Mr. Rogers, Ms. Clark, Taylor, and Riley all have a conversation together. In a non-confrontational way both students apologize for their role in the altercation. Per the school policy, both students serve in-school suspension, Taylor 3 days (first offense) Riley 6 days (third offense). Both students also completed a lesson over emotions and behavior.</td>
</tr>
<tr>
<td>Outcomes</td>
<td>Traditional Response</td>
<td>Trauma-Informed Response</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>--------------------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td></td>
<td>Taylor misses three days of class and Riley misses nine days of class. As a result,</td>
<td>Ms. Clark and the school counselor set aside time to meet together with Riley during his</td>
</tr>
<tr>
<td></td>
<td>both fall behind in their classwork and their grades suffer. The students feel like</td>
<td>in-school suspension to discuss the instability and violence Riley is experiencing at</td>
</tr>
<tr>
<td></td>
<td>the school just wants them gone and has labeled them as “trouble makers”. School</td>
<td>home, and they learn that Riley was recently placed in the care of his grandmother due</td>
</tr>
<tr>
<td></td>
<td>was Riley’s only break from a rough home life. Parents feel as though they have to be</td>
<td>to the father’s physical abuse. The school counselor reaches out to grandmother to</td>
</tr>
<tr>
<td></td>
<td>on the defense with the school, instead of, them working together.</td>
<td>involve her in developing a behavioral plan at school, and Riley is referred for</td>
</tr>
<tr>
<td></td>
<td></td>
<td>therapeutic services at a local community mental health agency.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Over time, Riley’s behavior and grades begin to improve.</td>
</tr>
</tbody>
</table>

*Education Law Center*
Resources

- Training Packet
- Bringing Science Learning Classrooms
- The Heart of Learning and Teaching
- How to be Trauma-Informed
- Locked Away
- Relationships
Resources

• One on One
• Getting Started
• Student Led Conferences
• Making the Shift
Secondary Trauma

Secondary Traumatic Stress and Self-Care
Secondary Traumatic Stress

Secondary traumatic stress is the emotional distress that results when an individual hears about the traumatic experiences of another individual.

Distress may result from:

- Hearing someone’s trauma stories.
- Seeing high levels of distress in the aftermath of a traumatic event.
- Retelling a student’s story for reporting purposes.
- Seeing photos or images related to the trauma.
Secondary Traumatic Stress

Working with a student who has experienced trauma

Compassion Satisfaction

Compassion Fatigue

Burnout

Secondary Trauma
<table>
<thead>
<tr>
<th>Warning Signs of Vicarious Trauma</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Hypervigilance</strong></td>
</tr>
<tr>
<td><strong>Poor Boundaries</strong></td>
</tr>
<tr>
<td><strong>Avoidance</strong></td>
</tr>
<tr>
<td><strong>Inability to Empathize/Numbing</strong></td>
</tr>
<tr>
<td><strong>Addictions</strong></td>
</tr>
<tr>
<td><strong>Chronic Exhaustion/Physical Ailments</strong></td>
</tr>
<tr>
<td><strong>Minimizing</strong></td>
</tr>
<tr>
<td><strong>Anger and Cynicism</strong></td>
</tr>
<tr>
<td><strong>Feelings of Professional Inadequacy</strong></td>
</tr>
</tbody>
</table>
What Can You Do?

1. Increase knowledge of secondary trauma, warning signs, and effects.
2. Assess your current level of compassion fatigue.
3. Stay connected to a support system.
4. Identify and incorporate self-care strategies that promote resilience.
Rethinking Teacher Self-Care

The five teacher challenges:

1. Leave school on time one or two days a week
2. Leave your teacher bag at school one or two days a week
3. Exercise or go to the gym after school (a buddy makes this fun!)
4. Treat yourself to something special once a month — a manicure, a special coffee, or a movie
5. Say “no” to something extra that someone asks you to do
Self-Care

- Chill
- Look for the positive and hang on to it for a rainy day
  - Email folder “Make Me Smile”
- Get your body moving
- Connect with others to fill your tank
- Get creative
# Self-Care Plan

<table>
<thead>
<tr>
<th>Warning Sign</th>
<th>Yes or No</th>
<th>If Yes, Describe the Effect on You</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increased anxiety or concern about safety</td>
<td>□ Yes □ No</td>
<td></td>
</tr>
<tr>
<td>Intrusive, negative thoughts and images related to your student’s traumatic experiences</td>
<td>□ Yes □ No</td>
<td></td>
</tr>
<tr>
<td>Difficulty maintaining work–life boundaries</td>
<td>□ Yes □ No</td>
<td></td>
</tr>
<tr>
<td>Avoiding people, places, and activities that you used to find enjoyable</td>
<td>□ Yes □ No</td>
<td></td>
</tr>
<tr>
<td>Feeling emotionally numb, disconnected, or unable to empathize</td>
<td>□ Yes □ No</td>
<td></td>
</tr>
</tbody>
</table>
Self-Care Plan

• Stop and take a selfie:
  – Write down:
• What do you do to relax?
• Three things that inspire you
• Three things that decrease stress
Self-Care

• “When you are in a better place, your kids experience a better place.”
Prevention and Response Teams

- Prevention and Response team possible responsibilities:
  - Prevention Team
  - Student of Concern Team
  - Crisis Team

- Team structure
  - Team lead
  - Grade level representatives
  - School Counselor
Prevention and Response

Building Teams in Your School
Prevention Team

- Upstream solutions
- Meet throughout the school year to determine course of action with implementing prevention programs in the school.
  - Student assessments
    - Focus groups and student surveys
    - Pre and post
  - Identification of students’ concern(s)
  - Implementation of program
    - Who will implement the program
    - What classes will implement the programs
School Prevention

• Elementary Prevention Programs
  – Teaching empathy
  – Healthy communication/interaction
  – Bullying prevention
  – Boundaries

• Middle and High School Prevention Programs
  – Healthy relationship promotion
  – Suicide prevention
  – Substance abuse prevention
Student of Concern

- SOC Team
  - Team must be trained in trauma-informed
  - Meetings should be held at least once a month
  - Students are identified through the SOC form
  - The meeting will be a time for the teacher submitting the form to work through the behaviors being exhibited by the student
  - If the team determines, an action plan will be made for that student
  - A staff member is assigned to oversee student and documents results of action plan
Crisis Response Protocols

• If you suspect a student is being abused or neglected:
  – Oklahoma law states you must report IMMEDIATELY to DHS if student is under the age of 18 and report to law enforcement if student is over the age of 18.
  – This does not just mean report to principal.
  – Complete the child abuse reporting form on SDE website.
  – Counselor may sit with you while report is being made.
  – If you believe child is in imminent danger, call law enforcement.
Crisis Response Protocols

• A student reports they have been a victim of teen dating violence or sexual assault:
  – Trauma-informed response
    • Not a time for accusations against the victim
  – Immediately report to DHS and/or law enforcement.
  – Report to administration and Title IX coordinator.
  – If student needs medical attention refer ASAP.
  – Parents/guardians should be contacted.
  – Police must be contacted immediately.
  – Complete Child Abuse Investigation Form
  – Rape Crisis Center or other sexual assault agency’s information may be shared.
Crisis Response Protocols

- A student reports that they are suicidal or self-harming:
  - Warning signs of suicidal ideation or self-harm
  - Talking about wanting to die.
  - Looking for a way to kill oneself, such as searching online or buying a gun.
  - Talking about feeling hopeless or having no reason to live.
  - Talking about feeling trapped or in unbearable pain.
  - Talking about being a burden to others.
  - Increasing the use of alcohol or drugs.
  - Acting anxious or agitated; behaving recklessly.
  - Withdrawing or feeling isolated.
  - Showing rage or talking about seeking revenge.
  - Displaying extreme mood swings.

National Suicide Prevention Lifeline
1-800-273-TALK (8255)
suicidepreventionlifeline.org
Crisis Response

• A student reports that they are suicidal or self-harming:

• Question
  – Ask the student if he or she is thinking about suicide. Ask if they have a plan to complete.

• Persuade
  – Ask them to seek help

• Refer
  – Refer them to local services

• Report to administration

• Never leave student alone who is suicidal

• Contact parents – May contact law enforcement
Crisis Kit for Counselors

- Sde.ok.gov
- Educator Effectiveness
  - Counseling
    - Prevention Education
      - Crisis Kit for Counselors
Behavioral Threat Response

If you hear something, feel off about something, and/or are threatened call law enforcement immediately.

OSSI Tipline: 855-337-8300
www.ok.gov/ossi/tipline
Crisis Response Team

What types of things have happened in your school you have needed a crisis response team?

• Team Identification
• Informing teachers
• Scripts for teachers
• Care stations for students