Supporting Trauma-Informed Practices within MTSS

SPRING OSPA CONFERENCE - MARCH 8, 2019
Brit’ny Stein, Ph.D., NCSP, HSP
Osage County Interlocal Cooperative
Let’s Get On The Same Page...
What is your role in MTSS at your sites?
River Story?
MTSS/PBIS/RTI/OTI SSS in your school...

Are these “systems of support” seen as a foundational framework?

ANOTHER initiative?
“One of the major variables affecting sustained implementation of effective practices is the introduction of new initiatives that either (a) COMPETE with resources needed for sustained implementation or (b) CONTRADICT existing initiatives.”

- McIntosh (2015)
Initiative Overload...

“The typical school operates 14 different prevention activities concurrently, and the typical activity is implemented with poor quality.”

(Gottfredson et al., 2000)
Birth and Death Cycles of Educational Innovations (Latham, 1988)

Aligning Academic & Behavior Systems

Goodman & Nash

2015 National PBIS Leadership Forum
Core Defining Features of MTSS

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

McIntosh & Goodman (2016)
“The fundamental purpose of PBIS is to make schools more effective and equitable learning environments.”

- Rob Horner
But where do trauma-informed practices and mental health fit in?
MTSS + Mental Health (MH) = Interconnected Systems Framework (ISF)
ISF Definition

Structure & process for education & mental health systems to interact in most effective & efficient way ...

... guided by key stakeholders in education & community mental health systems ...

... who have the authority to reallocate resources, change role and function of staff, & change policy
Key Messages

1. Single system of delivery
2. Access is not enough
3. Mental health is for ALL
4. MTSS essential to install school mental health services
Core Defining Features of ISF

1. Effective teams that include community mental health providers
2. Formal processes for the selection and implementation of evidence-based practices (EBP)
3. Tiered prevention logic using data-based decision-making
4. Rigorous progress monitoring for both fidelity & effectiveness
5. Early access through the use of comprehensive screening
6. On-going PD including coaching at both systems & practices level
Recommendations for Alignment
Establish your multidisciplinary leadership team

- Educate on MTSS as a framework
- Develop a shared language and common goal
Inventory current initiatives

- School and district-level
- Programs, interventions, access to community partners and resources
- Evaluate effectiveness

BRACE YOURSELF

INVENTORY IS COMING
Identify new initiatives

- Evaluate effectiveness
- Consider context
- Identify existing conflicting initiatives
Embrace your role!

YOU GET RESEARCH!

YOU GET RESEARCH!

EVERYONE GETS RESEARCH!!
School psychologists should be critical **CONSUMERS, DISTRIBUTORS, and CONDUCTORS** of research.

- Keith (2008)
Generalize your training to implementing trauma-informed practices
Universal Screening
Always begin with questioning treatment utility!
“a common reaction to the whole-staff presentation is the notion that trauma sensitivity requires screening and identifying all children who have had traumatic experiences. In fact, this is not recommended and could be quite harmful. In addition to stigmatizing some children, this approach also reinforces the idea that trauma sensitivity is solely about applying interventions to particular children instead of creating a safe whole-school environment for all children.” (p. 54).

Focus on the INDIVIDUAL RESPONSE and not the experienced sources of stress.
Developmentally appropriate measures
Consider short-term alternatives
OBTAIN PARENTAL CONSENT
Title IV 21st Century Schools

“Shall obtain prior written, informed consent from the parent of each child who is under 18 years of age to participate in any mental-health assessment or service that is funded under this title...

...describing in detail... purpose for such assessment or service, the provider of such assessment or service, when such assessment or service will begin, and how long such assessment or service will last.”
Ensuring that caregivers are fully informed about the rationale for the questions, have a clear sense of the potential benefit, and believe their information will be handled safely increases the likelihood of consent

- Blodgett (2012)
Interventions/Supports/Services
Always start with building solid Tier I supports!
Consistency & Teaching

MO SW-PBS Eight Effective Classroom Practices

- Classroom Expectations
- Classroom Procedures & Routines
- Encouraging Expected Behavior
- Discouraging Inappropriate Behavior
- Active Supervision
- Opportunities to Respond
- Activity Sequencing & Choice
- Task Difficulty

Figure 8.1
WHAT IS TRAUMA?
Trauma is the "psychological, emotional response to an event or an experience that is deeply distressing or disturbing" (Center for Treatment of Anxiety and Mood Disorders). These traumatic events can be any "frightening, dangerous, or violent event that poses a threat to a child's life or bodily integrity" or the witnessing of an event that threatens the safety of a loved one (National Childhood Trauma Stress Network). Exposure to these traumatic events alters a child's brain development and can have lasting impact on a child's well-being.

Examples of traumatic events include:
- Physical, sexual, or psychological abuse or neglect
- Natural and technological disasters or terrorism
- Family or community violence
- Loss of a loved one
- Family substance abuse
- Refugee and war experiences
- Serious accidents or life-threatening illness
- Military family-related stressors

Reactions to trauma can include:
- Intense and ongoing emotional upset
- Depressive symptoms or anxiety
- Behavioral changes
- Difficulties with self-regulation
- Problems relating to others/forming attachments
- Loss of previously acquired skills
- Attention and academic difficulties
- Nightmares
- Problems sleeping or eating
- Physical symptoms, such as aches and pains

Prevalence:
- Twenty-six percent of children in the United States will witness or experience a traumatic event before they turn four years old (National Center for Mental Health Promotion and Youth Violence Prevention, "Childhood Trauma and Its Effect on Healthy Development," July 2012).
- Young children exposed to five or more significant adverse experiences in the first three years of childhood face a 76% likelihood of having one or more delays in their language, emotional or brain development (Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services, Resources for Child Trauma-Informed Care: samba.gov/children/ awareness-day/2018/resource-list-traumatic-stress).

TRAUMA-INFORMED SCHOOLS
Trauma-informed schools understand the educational impacts of trauma, and are safe, supportive environments, where students form positive connections with adults and peers and learn to regulate their emotions. Core attributes of a trauma-informed or trauma sensitive school can include the following:
- A shared understanding among all staff.
- The school supports ALL children to feel safe physically, socially, emotionally and academically.
- The school addresses students' needs in holistic ways, taking into account their relationships, self-regulation, academic competence, and physical and emotional well-being.
“Teach students coping skills”

“Discipline is to teach, not to punish”

“Allow the student to de-escalate and regulate before solving the issue at hand”

“Think about what is really driving the student’s behavior... remember that it was developed as a way to keep the student safe”

“Have I set clear expectations for my classroom?”

“Have I greeted all my students by name today?”

PBIS Steps

1. Establish school-wide clear expectations
2. Explicitly teach the expectations
3. Acknowledge appropriate behaviors
4. Appropriately and consistently respond to inappropriate behaviors
5. Use data to drive system-wide and individual decision-making
Effectively use information regarding trauma history to PROBLEM-SOLVE versus PROBLEM-ADMIRE
Whole School, Whole Community, Whole Child
A collaborative approach to learning and health

Diagram showing various components such as Health Education, Physical Education & Physical Activity, Community Involvement, Family Engagement, Employee Wellness, Social & Emotional Climate, Counseling, Psychological, & Social Services, Nutrition Environment & Services, Health Services, Physical Environment, Community Environment & Services, and Supporting Learning and Improving Health.

Meme: Does not compute.
Behavior Support Planning for Eddie

Aligning Academic & Behavior Systems

Goodman & Nash

2015 National PBIS Leadership Forum
VTPBiS Leadership Team Training at the Intensive Level within a Multi-Tiered System of Support

VTPBiS Trainers
March 2016- Day 2

Setting Event Strategies

WHAT WE CAN CONTROL
- Engaging families
- Structure / schedule
- Classroom accommodations and modifications
- Home/school communication

WHAT WE CANNOT
- History of trauma
- Medical / physical conditions
- Temperament
- Sensory profile
- Carry-in issues
PREVENT
Setting Event & Antecedent Strategies

TEACH
Skill Strategies

REINFORCE
Appropriate Behaviors

RESPOND
To Inappropriate Behaviors
Just Remember...
For Further Information:


https://www.pbis.org/school/school-mental-health/interconnected-systems
Thank you!

Contact information:

**Brit’ny Stein**  
School Psychologist  
Research & Planning Coordinator  

Osage County Interlocal Cooperative  
Hominy, OK 74035  

bstein@ocic.k12.ok.us