



Weaving Bright Futures

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Panel - Weaving Bright Futures

Spokane Regional Health District

- Elaine Conley, MPH
- Melissa Charbonneau, R.N., BSN
- Brenda Hanks, R.N., BSN

Broadway Elementary Central Valley SD

- Eileen Utecht, MSED

Area Health Education Center of Eastern WA

- Roy Harrington, MA
- Nico Patel, MHPA



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Roy Harrington, MA

CREATING PUBLIC HEALTH RESPONSE TO ACES AND TRAUMATIC STRESS



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Complex Trauma is a Public Health Early Learning and K-12 Education Problem

- Translational Research: Neurobiology, Epidemiology, Medicine, Psychology, Education
- Social-Emotional Learning as the primary marker for HS graduation, and HS graduation is the major marker for long term health outcomes.
- This is where the sciences are headed.
- The collapse of traditional tertiary care models forces us to retrace our steps to primary and secondary prevention strategies that are integrative across disciplines.



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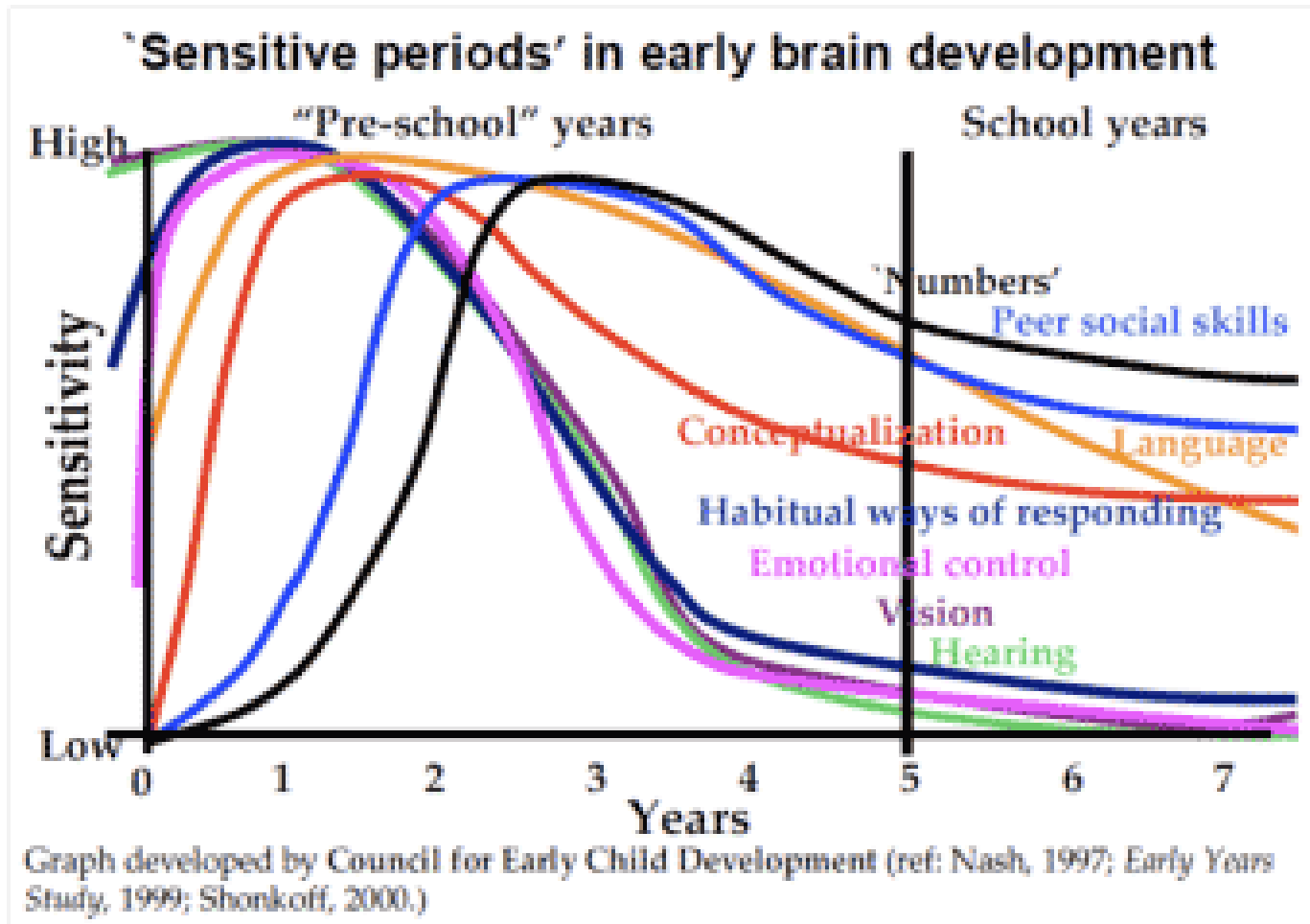
Complex Trauma is a Public Health Problem

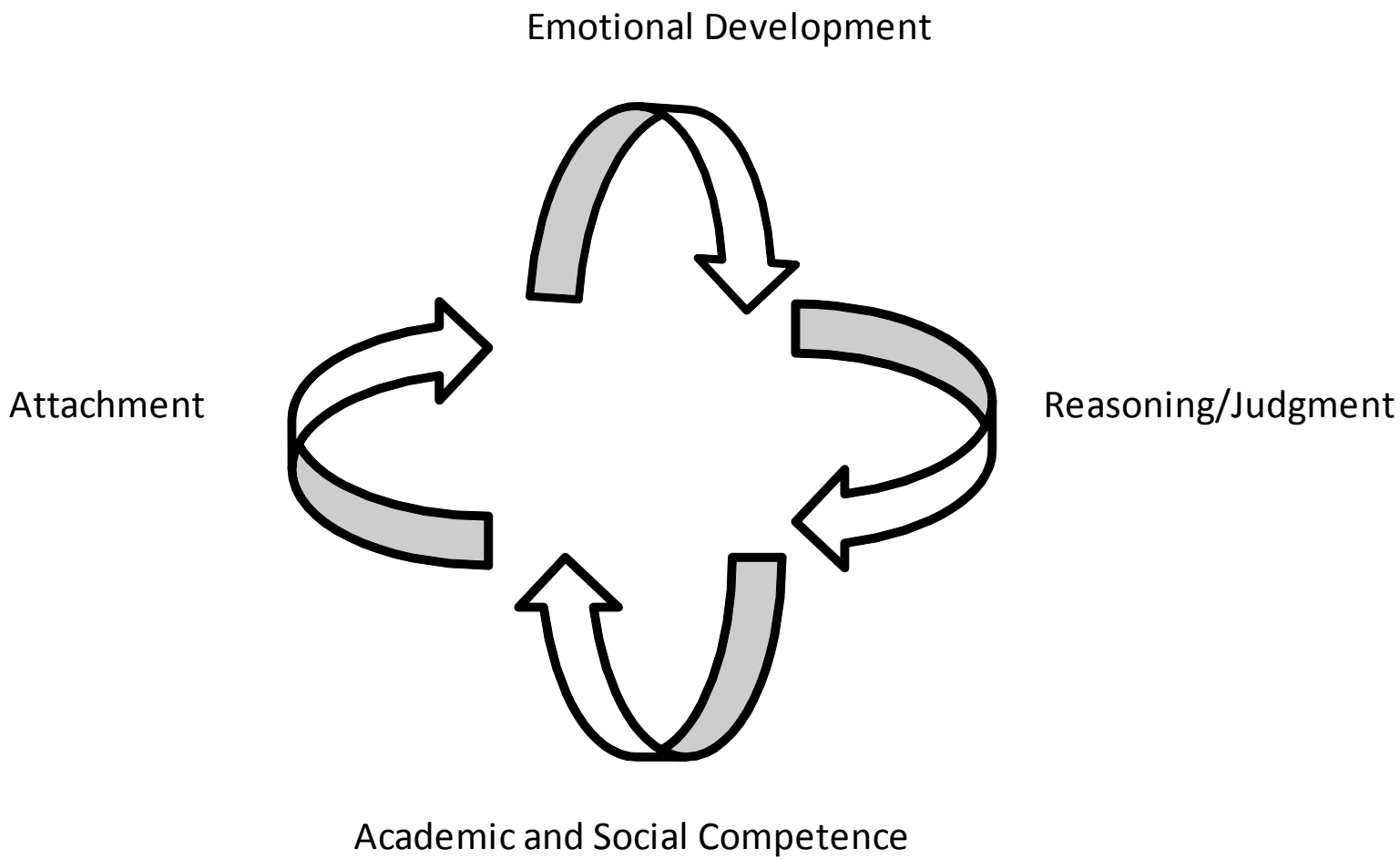
- Brain development occurs from gestation through late adolescence and is dependent on the safety and security afforded by rich relationships and attachment.
- Chronic Stress places brain development at risk.
- Persistent stress is epidemic in children and creates a clear health and social burden on communities.
- We know that about 30% of the US population is exposed and in marginalized communities that number exceeds 50%
- Addressing these issues in early learning and K-12 education can improve development and success, thus relieving burden.



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Critical Brain Development Occurs Throughout Childhood





Brains develop hierarchically and stress places development at risk.

- Sustained high levels of stress hormones, particularly Cortisol, impact brain structure and function
- Functional immaturity of the threat-arousal management system
 - Both our optimal and stress responses are primarily regulated by biological systems that are literally beneath parts of the brain responsible for language and reasoning
 - Brains develop through use
 - integration of reasoning, emotional response and basic biological response is compromised.
 - Survival trumps learning



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“Trauma” is Pervasive

- Adverse childhood experience study
 - Two decade long, ongoing study collaboration between the CDC and Kaiser
 - 17,000 people in the study
 - Self Report tied to medical records
 - Extensive supporting evidence



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ACEs are Common in this Middle Class Sample

- Substance Abuse 27%
- Parental Separation/Divorce 23%
- Mental Illness 17%
- Battered Mother 13%
- Criminal Behavior 6%
- Psychological Abuse 11%
- Physical Abuse 28%
- Sexual Abuse 21%
- Emotional Neglect 15%
- Physical Neglect 10%

(Not single issue exposure, but unpredictable and chronic exposure to combinations of these over time, usually at a young age.)



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ACE Predict Long-term Health and Social Outcomes

- ACE exposure
- With four or more categories of childhood exposure, compared to adults with no ACEs
 - 4- to 12-fold increased alcoholism, drug abuse, depression, and suicide attempt
 - 2- to 4-fold increase in poor self-rated health
 - 3- to 4-fold increase in chronic illness (heart disease, liver disease)
 - Mean 20 years early mortality with >6 ACEs

(ACE Score)	Women %	Men %	Total %
0	35	38	36
1	25	28	26
2	16	16	16
3	10	9	10
4 or more	15	9	13



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Complex Trauma and ACEs

- The process of exposure to ACEs and the process of adjustment and consequences once exposure occurs.
- The 'complex' in complex trauma risk:
 - Early exposure at times of foundational development
 - Multiple risks
 - Unpredictable and persistent
 - Who you love is who you may not be able to count on
 - Survival trumps learning.
- Normal responses to extraordinary circumstances.
- Complex trauma threatens emotional development.
- Complex trauma involves some common challenges and responses that can be understood and guide our actions.



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Spokane Study ACEs Exposure in Elementary Aged Children

- 2,100 randomly selected children in 10 elementary schools
- >200 teachers, counselors, and building administrators provided knowledge of children's risk
- 5 Title I and 5 Non-Title I schools
- Risk is greater as poverty increases
- First study of its kind



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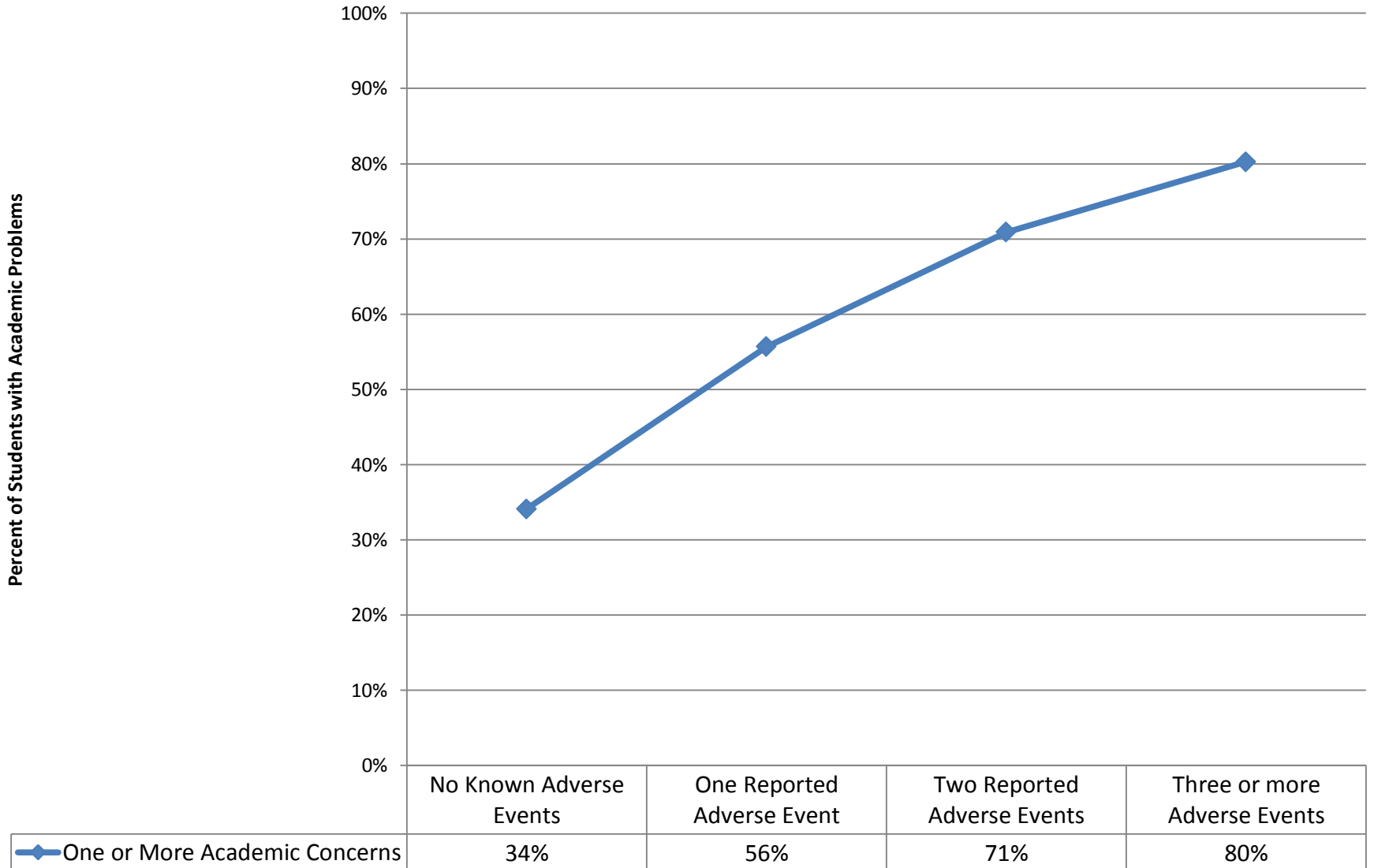
Complex Trauma Risk in the Spokane Students

	Lifetime ACE Exposure	Past 12 Month ACE Exposure
None	55%	81%
One	23%	12%
Two	10%	4%
Three or More	12%	2%

Odds for Academic and Health Problems with Increasing ACEs in Spokane Children

	Academic Failure	Severe Attendance Problems	Severe School Behavior Concerns	Frequent Reported Poor Health
Three or More ACEs N =248	3	5	6	4
Two ACEs N=213	2.5	2.5	4	2.5
One ACE N=476	1.5	2	2.5	2
No Known ACEs =1,164	1.0	1.0	1.0	1.0

Percent of Students with One or More Academic Concerns by ACE Exposure



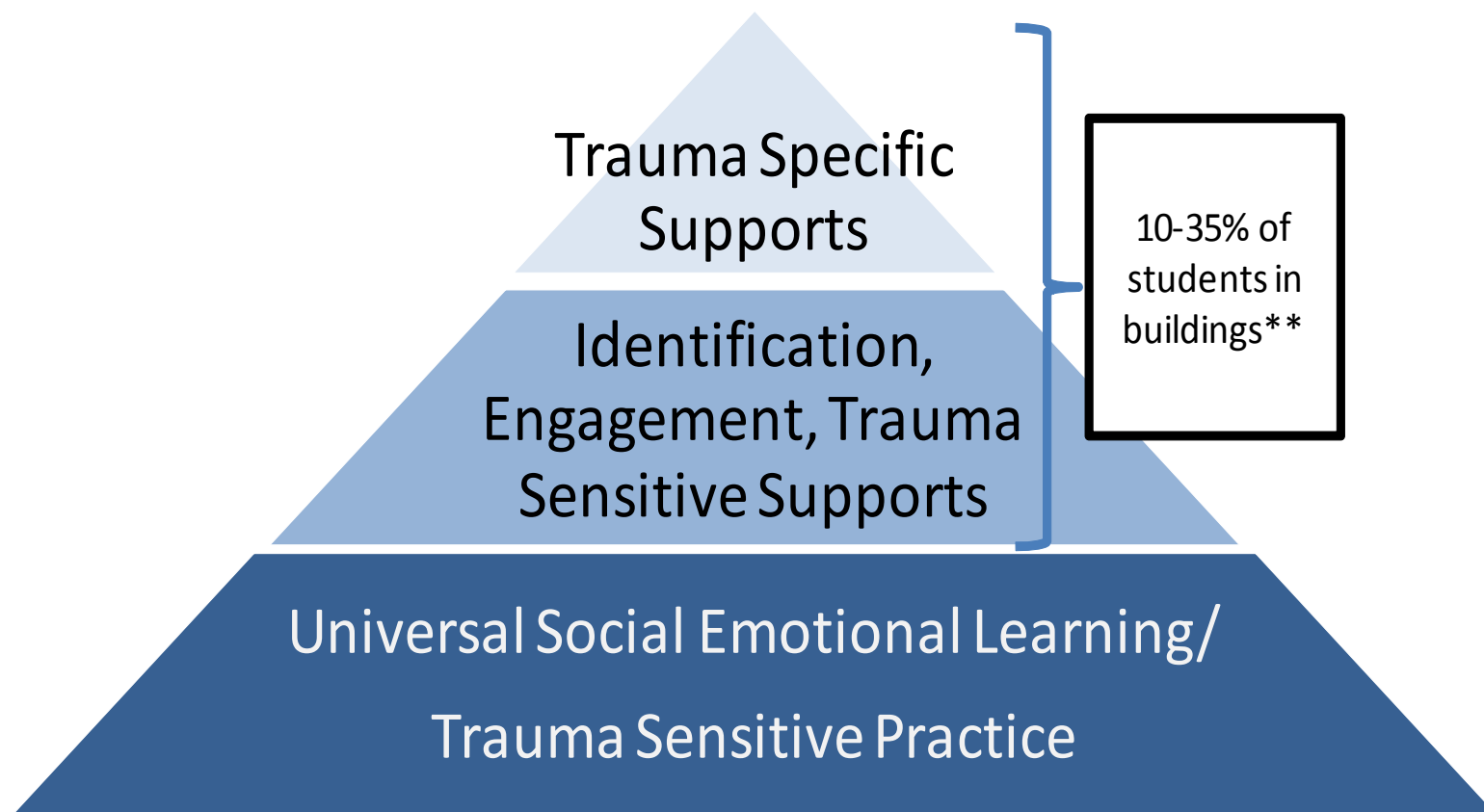
Reason for hope

- Social support and resources build resiliency at any age. Resiliency buffers the effects of trauma.
- Safety can be created from multiple sources. A little safety may go a long way.
- Brain development is far more dynamic than we used to think.
- We may not be able to choose how we feel, but we can learn to choose how we act.
- There is evidence that broad awareness and culture change may be having an impact, especially in Early Learning and K-12.
- GATES and DOJ investment



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Increasing School Success through Trauma-Informed School Practice: the application of the Public Health Framework



What Schools Can Do to Respond to Trauma

- Six basic goals to guide change strategy
 - Keep the focus on the educational mission and improving health outcomes
 - Build meaningful relationships
 - Foundation to support learning and mastery
 - Engagement with hard to reach parents; increase stability
 - Create safety and predictability
 - Promote skill development from where students are
 - Accountability as an essential survival skill
 - Meaning-making (reasoning and problem-solving)
 - Add targeted supports (PHNs) when support is needed



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Nico Patel, MHPA

PROJECT LOGIC MODEL



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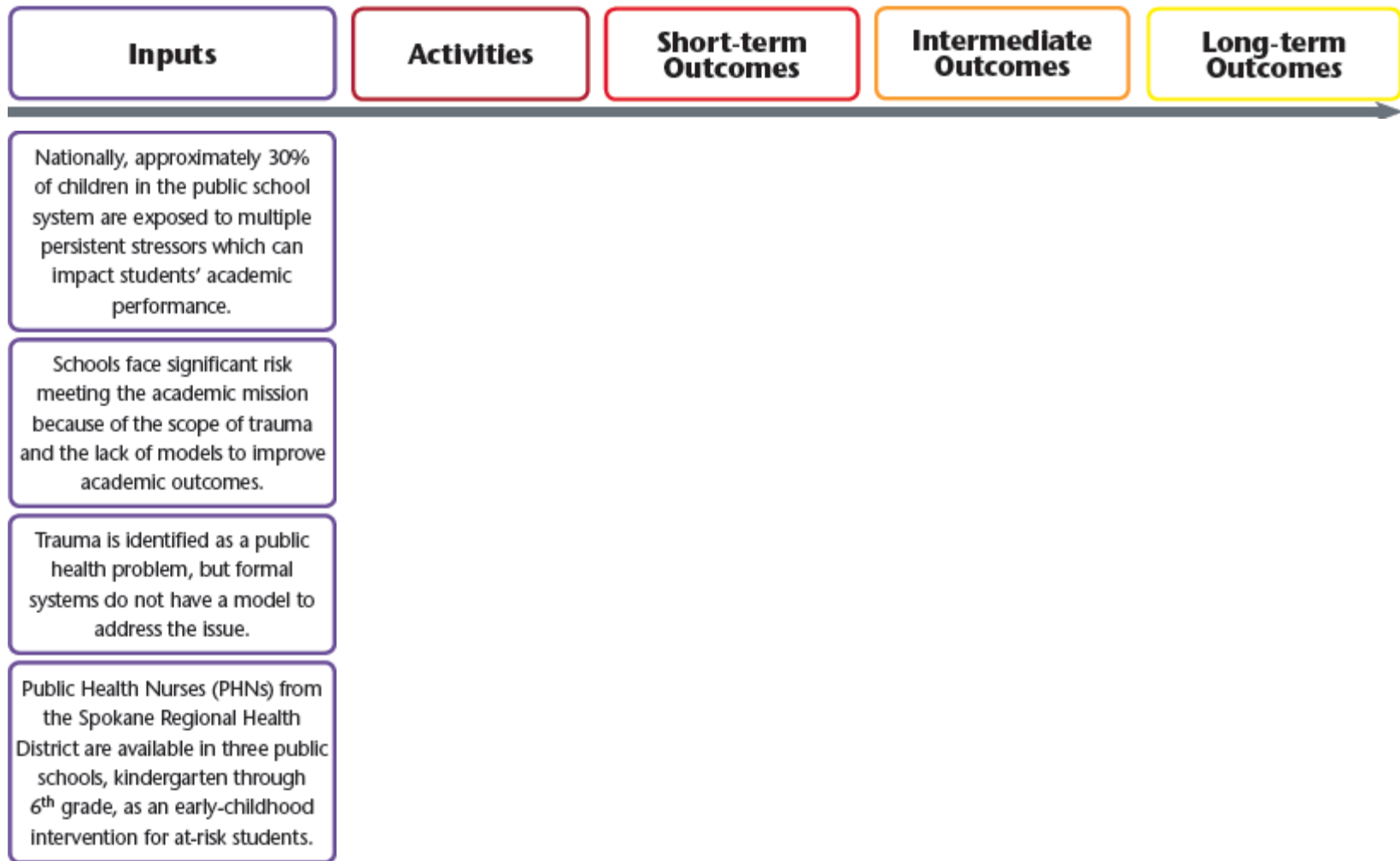


Project Logic Model

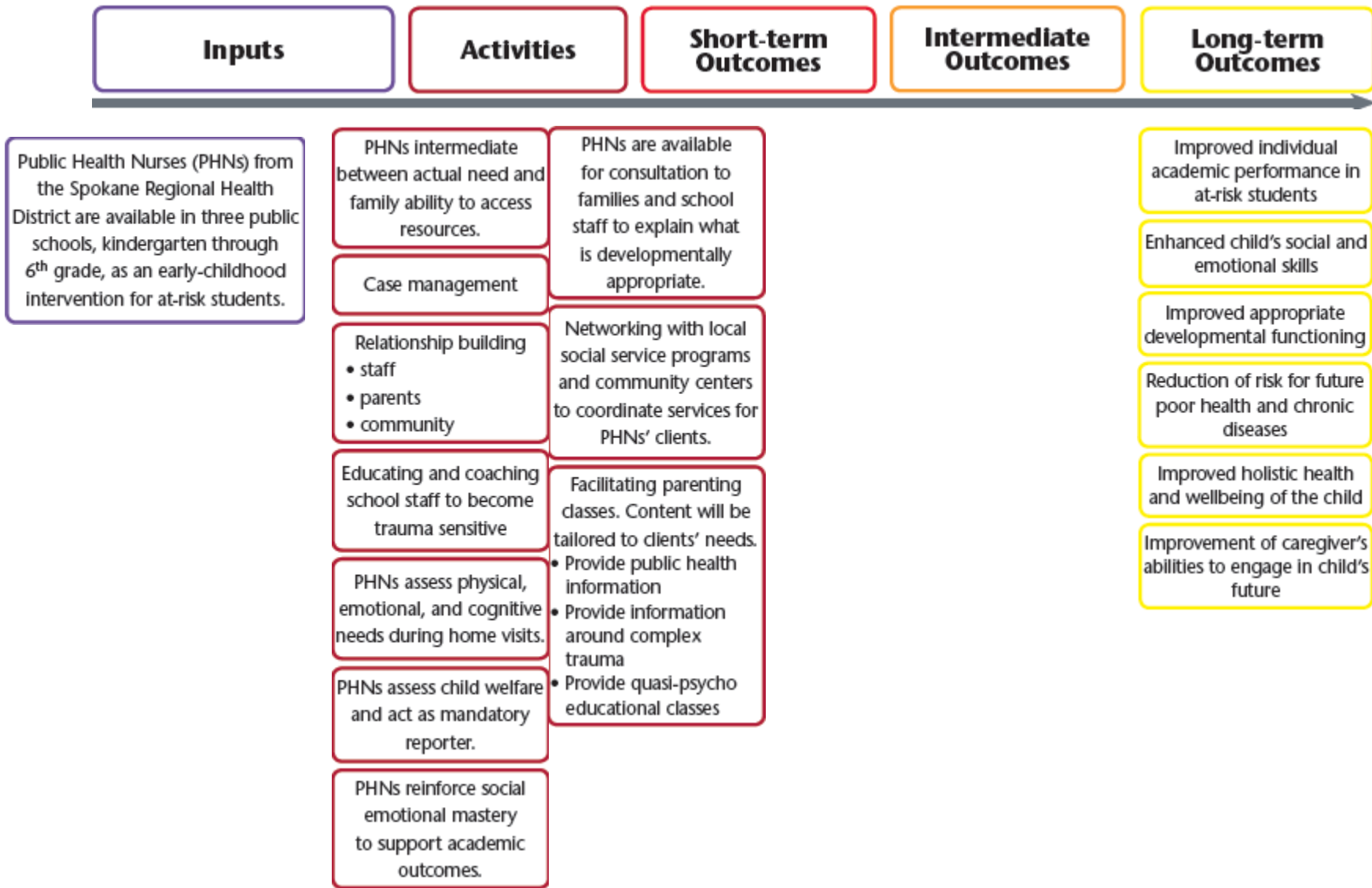
- Program logic models describe why an intervention should work, and delineate outcome measures to assess success of interventions (Wholey, Hatry & Newcomer, 2004).
- This logic model was obtained through a critical-analysis of existing public health policies and the ACEs literature, combined with information obtained through semi-structured interviews with stakeholders in the affected community.



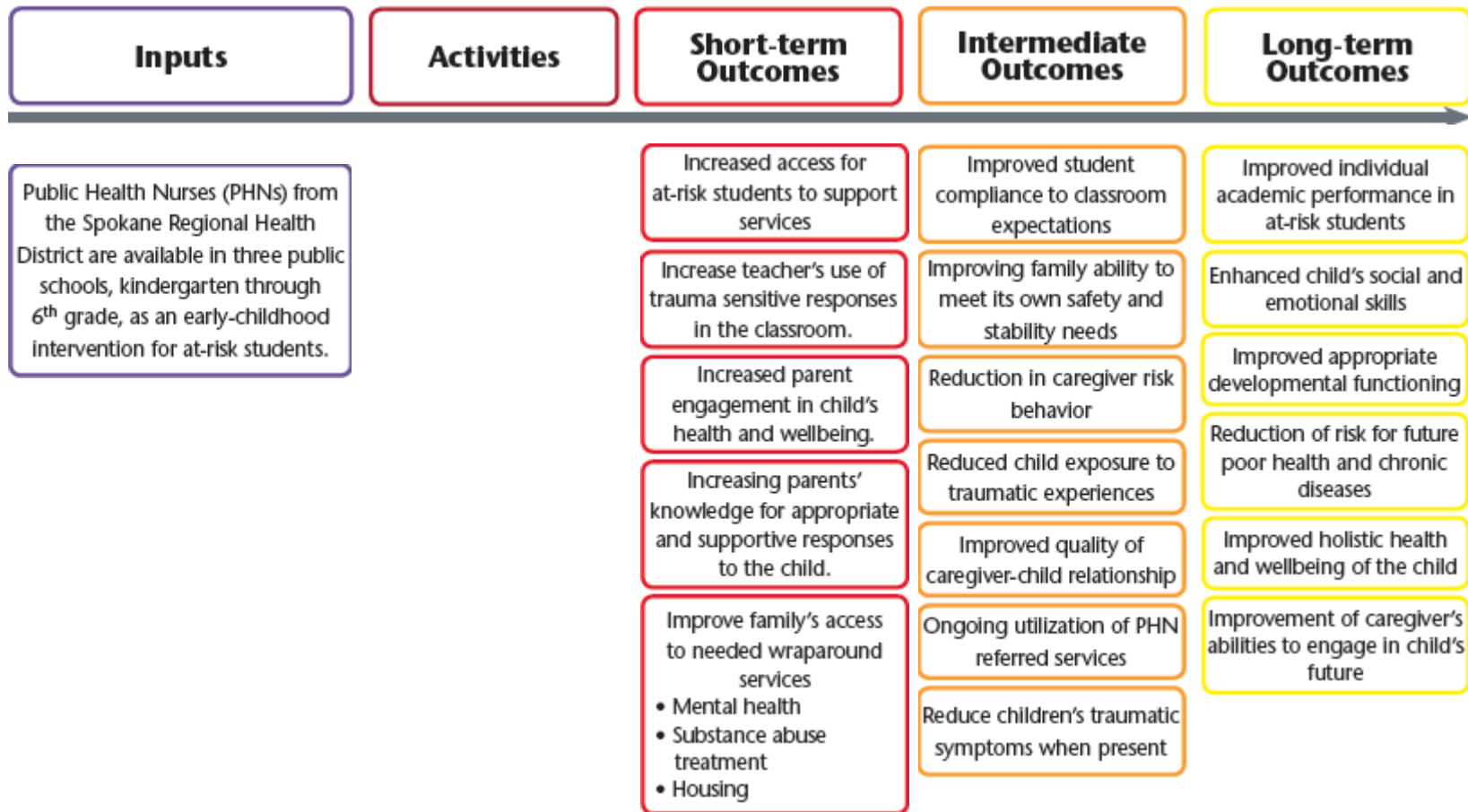
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Eileen Utecht, MSEd

STUDENTS WITH COMPLEX TRAUMA



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The Child in the School Setting

- Students who have experienced traumatic events may have behavioral and/or academic problems, or their suffering may not be apparent at all.
- Be aware of both the children who act out AND the quiet children.
 - Quiet students often “fly under the radar” and do not get help. They may have symptoms of avoidance and depression that are just as serious as those of the acting out student



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What you might see:

- Anxiety, fear, and worry about safety of self and others (not wanting to go home, more clingy with teacher or parent)
- Worry about recurrence of violence.
- Increased distress (unusually whiny, irritable, moody)
- Changes in behavior
- Distrust of others, affecting how children interact with both adults and peers



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What you might see

- Increased somatic complaints-visits to the health room for headaches, stomachaches, overreaction to minor bumps and bruises
- A change in ability to interpret and respond appropriately to social cues
- Changes in school performance



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What you might see

- Increase in activity level
- Decreased attention and/or concentration
- Withdrawal from activities
- Angry outbursts and/or aggression
- Absenteeism



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What you might see

- Recreating the event (e.g., repeatedly talking about, “playing” out, or drawing the event)
- Over- or under-reacting to bells, physical contact, doors slamming, sirens, lighting, sudden movements
- Statements and questions about death and dying
- Difficulty with authority, redirection, or criticism



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What you might see

- Re-experiencing the trauma (e.g., nightmares or disturbing memories during the day)
- Hyper-arousal (e.g., sleep disturbance, tendency to be easily startled)
- Avoidance behaviors (e.g., resisting going to places that remind them of the event)
- Emotional numbing (e.g., seeming to have no emotions about the event)



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The School Process

- Identify student's presenting academic learning and/or behavioral and/or health issues
- Bring student and issues to building "Child Study Team" for review and plan of action
- Team includes: teachers, principal, counselor, school nurse, special education teacher, academic support teacher, Title teacher, specialist teacher (PE, music, library), Public Health Nurse, ARC Consultant, and parent if available



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School Process

- Present academic information, family information, student learning observations, testing results, behavioral issues, file information, health information, etc.
- Provide school interventions available (academic support after school programs etc.
- Provide additional support from school counselor
- Provide additional support from behavioral interventionist
- Refer to Public Health Nurse for family support services



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What can be done at school to help a traumatized child?

- Maintain usual routines. A return to “normalcy” will communicate the message that the child is safe and life will go on.
- Give children choices. Often traumatic events involve loss of control and/or chaos, so you can help children feel safe by providing them with some choices or control when appropriate.
- Set clear, firm limits for inappropriate behavior and develop logical—rather than punitive— consequences.



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At school (cont.)

- Increase the level of support and encouragement given to the traumatized child. Designate an adult who can provide additional support if needed.
- Recognize that behavioral problems may be transient and related to trauma. Remember that even the most disruptive behaviors can be driven by trauma-related anxiety.



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At school (cont.)

- Be sensitive to the cues in the environment that may cause a reaction in the traumatized child
- Many kinds of situations may be reminders. If you are able to identify reminders, you can help by preparing the child for the situation. For instance, for the child who doesn't like being alone, provide a partner to accompany him or her to the restroom.
- Provide a safe place for the child to talk about what happened. Set aside a designated time and place for sharing to help the child know it is okay to talk about what happened.



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At school (cont.)

- Warn children if you will be doing something out of the ordinary, such as having a fire drill.
- Be aware of other children's reactions to the traumatized child and to the information they share. Protect the traumatized child from peers' curiosity and protect classmates from the details of a child's trauma.
- Celebrate positive steps and academic achievements, create successes



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At school (cont.)

- Understand that children cope by re-enacting trauma through play or through their interactions with others. Resist their efforts to draw you into a negative repetition of the trauma. For instance, some children will provoke teachers in order to replay abusive situations at home.
- If feelings become overwhelming provide additional support for organizing and remembering assignments, reduce assignments etc.



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At school

- While a traumatized child might not meet eligibility criteria for special education, consider making accommodations and modifications to academic work for a short time, even including these in a 504 plan. You might:
 - Shorten assignments
 - Allow additional time to complete assignments
 - Give permission to leave class to go to a designated adult (such as a counselor or school nurse)



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Support the staff

Be aware of the signs educators may exhibit as a reaction to the trauma of the child.

- Increased irritability or impatience with students
- Difficulty planning classroom activities and lesson
- Decreased concentration
- Denying that traumatic events impact students or feeling numb or detached
- Intense feelings and intrusive thoughts, that don't lessen over time, about a student's trauma
- Dreams about students' traumas



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Support the Staff

- Observe staff for their own traumas and triggers. Any adult helping children with trauma, who also has his or her own unresolved traumatic experiences, is more at risk for compassion fatigue.
- Attend to self care. Provide opportunities for discussing situations while maintaining confidentiality
- Provide fun, social activities for staff: yoga, treat days, luncheons, celebrations



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Use community resources and agencies

- Child Protective Agencies
- Public Health
- Community Mental Health
- Social Services
- Local Churches and faith based groups
- Counselors
- Attorneys
- Parent/Child/Family programs and support groups
 - All which are shrinking



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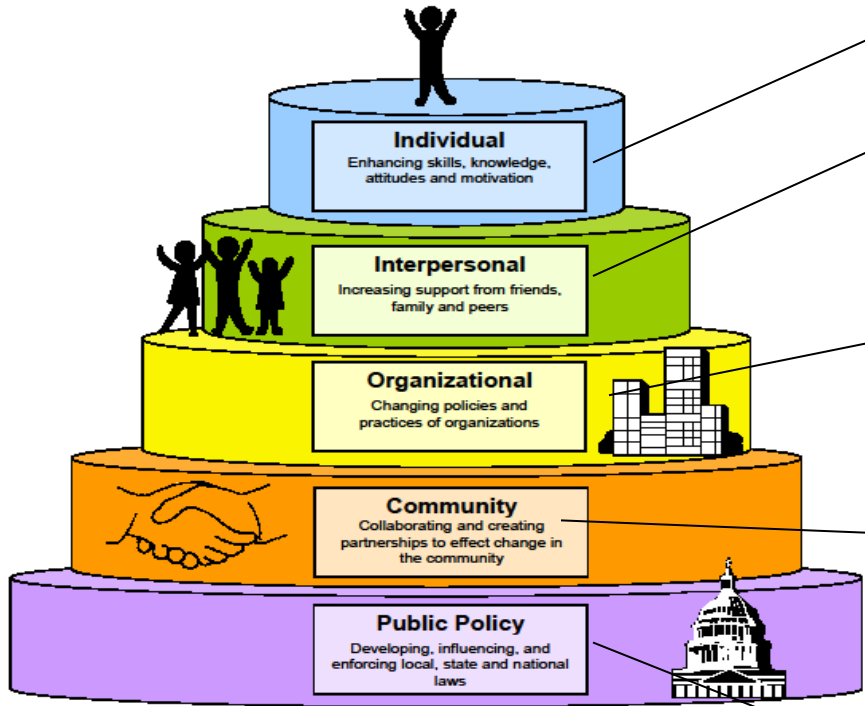
PUBLIC HEALTH NURSING AND THE SOCIO-ECOLOGICAL MODEL



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SOCIO-ECOLOGICAL MODEL



Individual
Enhancing Skills, knowledge, attitudes and motivation

Interpersonal
Increasing support from friends, family, and peers.

Organizational
Changing policies and practices of organizations

Community
Collaborating and create partnerships to effect change in the community

Public Policy
Developing, influencing, and enforcing local, state, and national laws

Kendrick, S.; Imran, K.; Hoskins, S. Clark County Public Health, 2010. Adapted from McLeroy, K. R., Bibeau, D., Steckler, A., & Glanz, K. (1988). An ecological perspective on health promotion programs. Health Education Quarterly, 15(4), 351-377; Bronfenbrenner, U. 1979. The Ecology of Human Development: Experiments by Nature and Design. Cambridge, MA: Harvard University Press.



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Referral to Public Health Nurse

- 7 yr old male in 2nd grade
- Multiple mental health issues
- Having meltdowns in class
- Bolting from class
- Unclear if child currently treated with medications
- Unclear picture of family barriers, readiness for assistance



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Behaviors Associated with Complex Trauma

- Poor self-regulation
- Poor impulse control
- Distractibility
- Flight, Fight or Freeze (enhanced reflexes)
- Inability to Self Console
- Poor Cognitive Regulation



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Barriers to Accessing Help

- Financial
- Physical/Emotional Exhaustion
- Environmental/Housing(Homelessness)
- Educational
- Mental Health Issues



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Barriers to Accessing Help

- Lack of Available Resources
- Knowledge of Resources
- Perceived Failure of Previous Attempts @ Help
- Trust



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Public Health Nursing Strategies

- Establish working relationships with school staff, families
- Assessment of overall concerns raised (the family concerns, school concerns, primary medical provider plan, mental health provider history)



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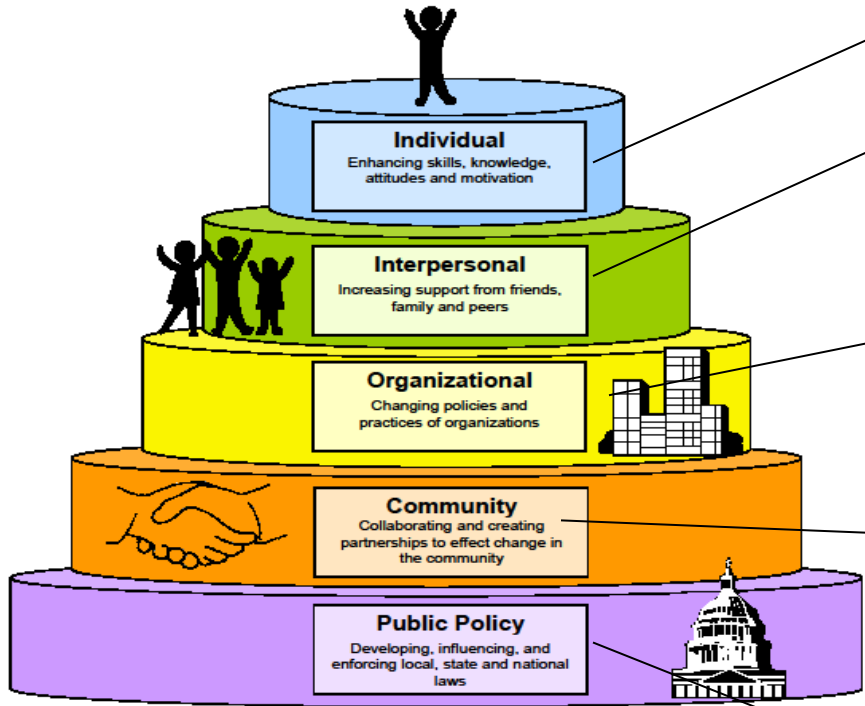
Public Health Nursing Strategies

- Appropriate Referrals to community resources and follow-up
- Ongoing Coordination of Care for the child/family with the school, physicians office, mental health provider



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SOCIO-ECOLOGICAL MODEL



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Public Health Nursing Strategies As They Relate to Complex Trauma

INDIVIDUAL

FAMILY

**COMMUNITY/
SOCIAL SYSTEM**

POLICY

INDIVIDUAL

Assist school personnel, as appropriate in assessing the developmental stage of a child

Assist school personnel, as appropriate, to identify child's strengths

Assist school personnel, as appropriate, to work with the child on self management skills

INDIVIDUAL

Assist school personnel, as appropriate, in identifying a child's activities, talents and interests

Assist school personnel, as appropriate in helping children make choices

Assist school personnel, as appropriate in helping children learn how to express themselves in appropriate ways



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Public Health Nursing Strategies As They Relate to Complex Trauma

INDIVIDUAL

FAMILY

**COMMUNITY/
SOCIAL SYSTEM**

POLICY

FAMILY

Assess developmental stage of parents or primary caregiver

Assess family's understanding of the developmental stage of the child

Assess strengths of the family

Assist family/caregiver in identifying/understanding child's strengths, interests, talents and activities

Act as a liaison between the family and community

Act as a liaison between the family and school

FAMILY

Make referrals as appropriate

Work with the family on how to manage multiple stressors

Work with the family on problem solving skills as appropriate

Work with the family on behavior management strategies

Enhance parenting skills



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Public Health Nursing Strategies As They Relate to Complex Trauma

INDIVIDUAL

FAMILY

COMMUNITY/
SOCIAL SYSTEM

POLICY

COMMUNITY/ SOCIAL SYSTEM

Arrange, or offer training, for parents in behavioral and social skills development

Arrange, or offer training, for parents on how to improve parent/child interactions

Act as a consultant to school staff including assisting school staff in dealing with issues around complex trauma including feelings of helplessness and being overwhelmed



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Public Health Nursing Strategies As They Relate to Complex Trauma

INDIVIDUAL

FAMILY

COMMUNITY/
SOCIAL SYSTEM

POLICY

POLICY

Assist schools, as appropriate, in developing a school-wide action plan that addresses needs of traumatized children

Review and provide input on school policies through a trauma sensitive lens

Increase parents awareness of school policies that may impact children suffering from complex trauma and assist them in negotiating policies that are not in the best interest of these children



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Contact Information

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Complex Trauma Video on YouTube :

<http://www.youtube.com/watch?v=A1vbSSQJOHw>



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