


*At the Heart of Learning
and Teaching:
Compassion, Resiliency,
and Academic Success*

**Partnering for Student Success: Go Far, Go Together Conference
Yakima, Washington**

**Center for the Improvement of Student Learning
Office of Superintendent of Public Instruction
October 3, 2008**

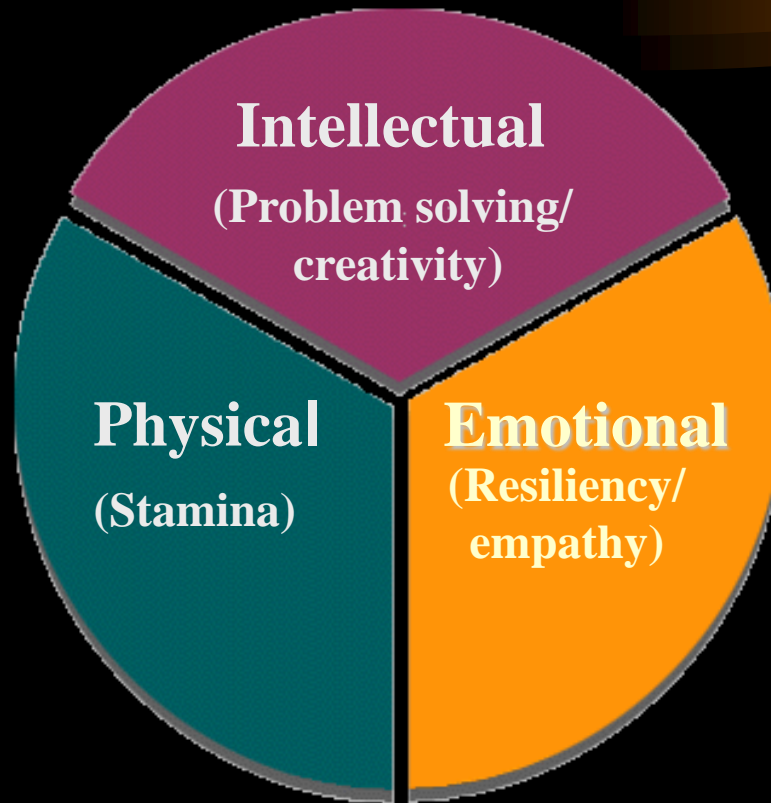
**Ron Hertel, Office of Superintendent of Public Instruction
Liz Frausto, Puget Sound Educational Service District**



“Society is always taken by
surprise at any new
example of common
sense.”


Ralph Waldo Emerson

The Whole Learner



All components are interdependent

To Learn Effectively, Children Must:

- 
- Have full access to educational opportunities.
 - Feel valuable and supported.
 - Attend a safe, properly functioning school.
 - Have minimal distractions.
 - Have optimal health.



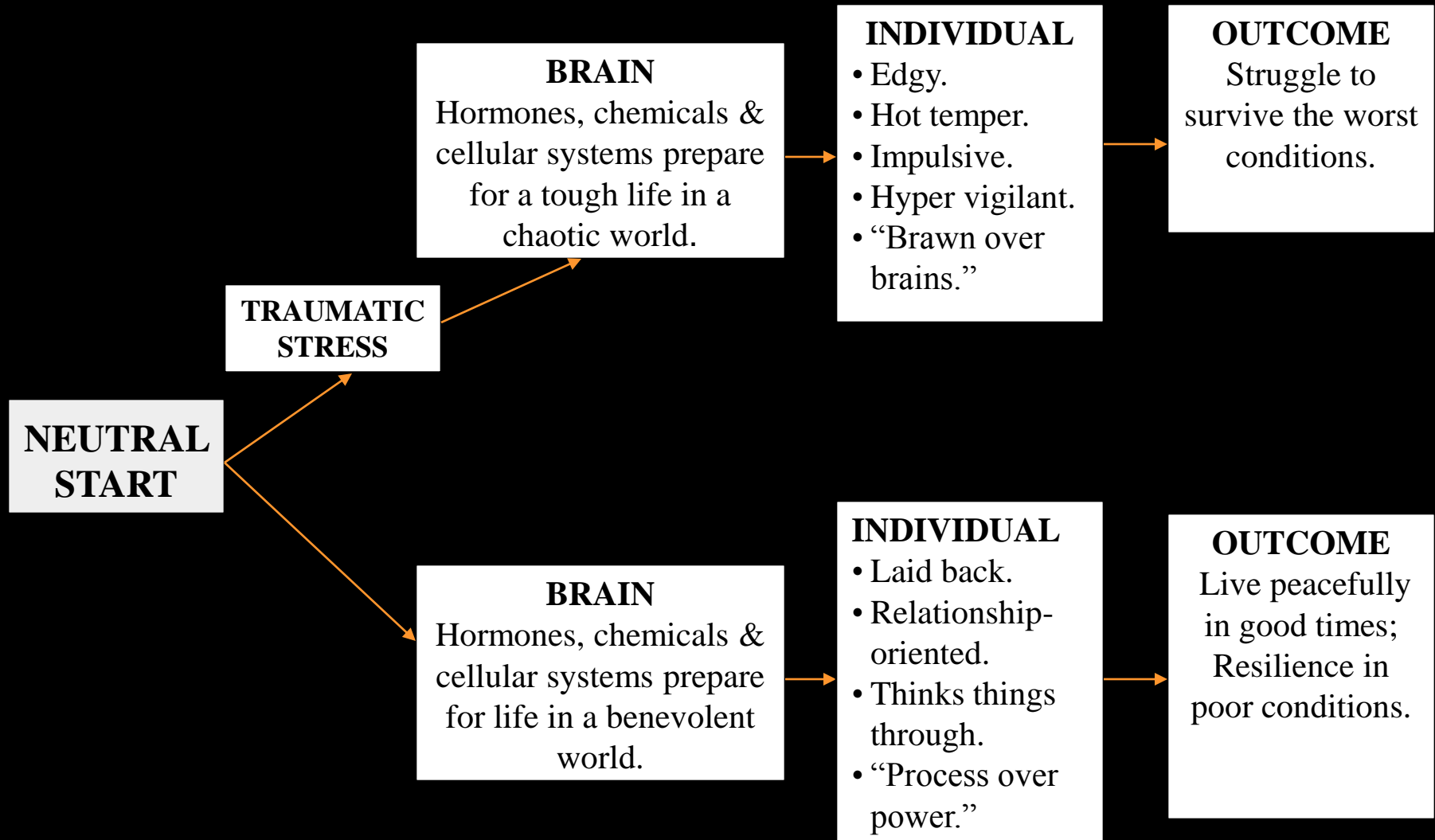
Adverse Childhood Experiences
(ACE's)

Adverse Childhood Experiences (ACEs)



1. Child physical abuse.
2. Child sexual abuse.
3. Child emotional abuse.
4. Neglect.
5. Mentally ill, depressed or suicidal person in the home.
6. Drug addicted or alcoholic family member.
7. Witnessing domestic violence against the mother.
8. Loss of a parent to death or abandonment, including abandonment by divorce.
9. Incarceration of any family member.

Brain Development Patterns



Adapted from the research of Martin Teicher, MD, Ph.D

Consequences of Biological Outcomes



COGNITIVE

- Slowed language development.
- Attention problems (ADD/ADHD).
- Speech delay.
- Poor verbal memory/recall.
- Loss of brain matter/IQ.

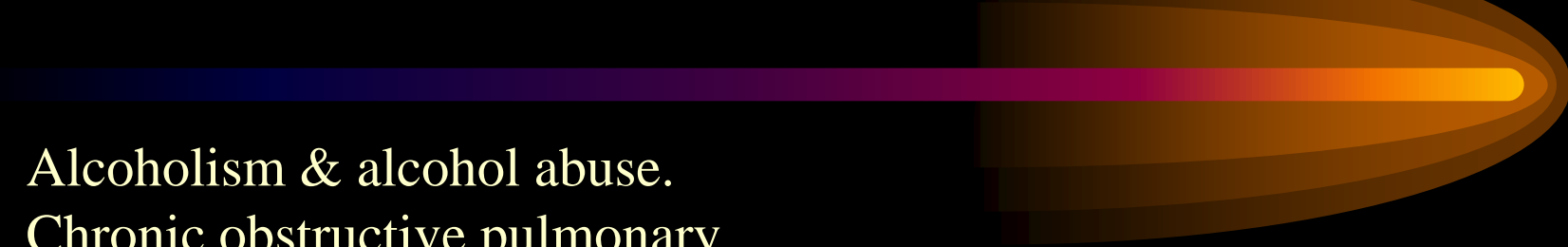
SOCIAL

- Aggression & violent outbursts.
- Poor self-control of emotion.
- Can't modify behavior in response to social cues.
- Social isolation—can't navigate friendship.

MENTAL HEALTH

- Poor social/emotional development.
- Alcohol, tobacco & other drug abuse—vulnerable to early initiation.
- Adolescent & adult mental health disorders—especially depression, suicide, dissociative disorder, borderline personality disorder, PTSD.

LIFE LONG PHYSICAL, MENTAL & BEHAVIORAL OUTCOMES OF ACEs



- Alcoholism & alcohol abuse.
- Chronic obstructive pulmonary disease & ischemic heart disease.
- Depression.
- Fetal death.
- High risk sexual activity.
- Illicit drug use.
- Intimate partner violence.
- Liver disease.
- Obesity.
- Sexually transmitted disease.
- Smoking.
- Suicide attempts.
- Unintended pregnancy.

The higher the ACE Score, the greater the incidence of co-occurring conditions from this list.

Complex Trauma



The term *complex trauma* describes the dual problem of children's exposure to multiple traumatic events and the impact of this exposure on immediate and long term outcomes.

Focal Point, 2007, Cook, Spinzzola, Ford, Lanktree

Complex Trauma is a major precursor to behavioral and emotional problems

- 75% of children/families who experience multiple forms of family violence receive no service. (Multiple National and Local studies)
- 21% of children experience a severe emotional disturbance annually—less than 10–20% of this group receive a specific service targeted to social and emotional development. (Kutash et al., 2006)
- Victims of maltreatment are 12 times as likely to attempt suicide.
- Child witnesses to family violence are 6 times as likely to commit suicide.

Washington State Statistics

2005—11.6% below poverty level.

(\$19,500 for a family of four)

2001—Poverty rate was 9.9%.

2004—WSPD—52,055 domestic violence calls.

2005—14% of students experiencing cultural transitions speak a language other than English.

2007—76,000 CA/N referrals—investigated 42,000.

—Over 10,000 children placed in foster care and another 12,000 living with relatives.



Trauma and Learning

Trauma Visibility



Personalized Trauma

- Child abuse and neglect.
- Cultural transition/language barriers.
- High level of responsibility at home.
- Poor health/injury of either the student or family member.
- Death of a significant person.
- Loss of a relationship.
- Foster care.
- Disability/Disabilities.
- Poverty.
- Homelessness.
- Pregnancy.
- Incarceration.
- Military Deployment.
- Mental Health/Substance Abuse.
- Criminal involvement.
- Bullying and harassment in school or community.

Range of Learners

Motivationally Ready & Able

No Barriers

Instructional Component

(a) Classroom

Teaching

+

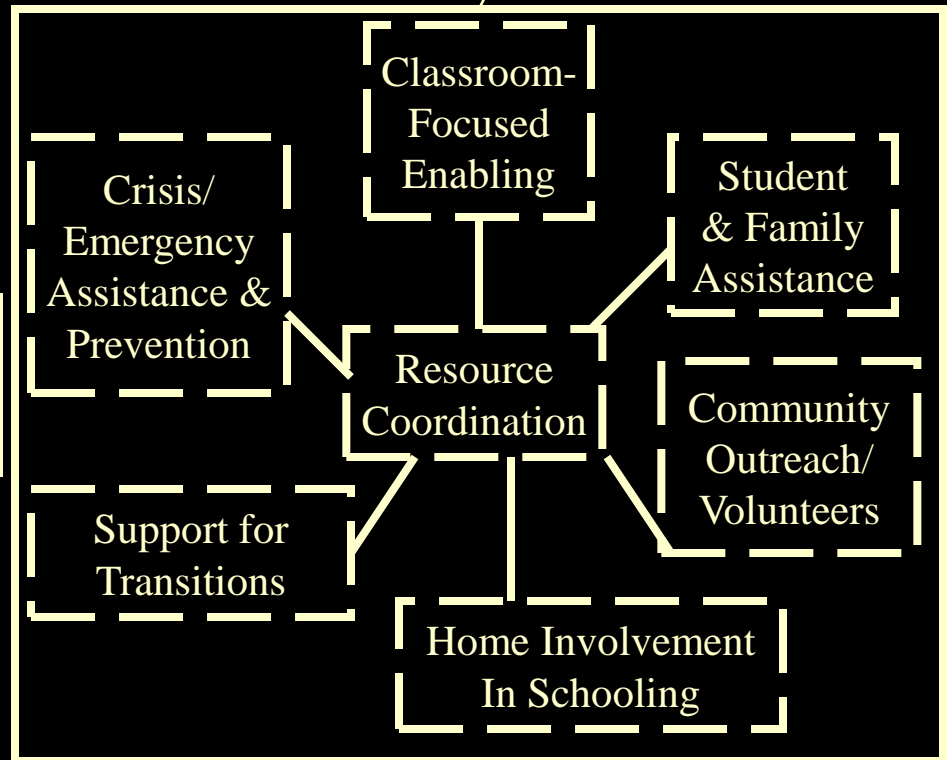
(b) Enrichment Activities

Not very motivated
Lacking prerequisite knowledge & skills
Different learning rates & styles
Minor vulnerabilities

Avoidant
Very deficient in current capabilities
Has a disability
Major health problems

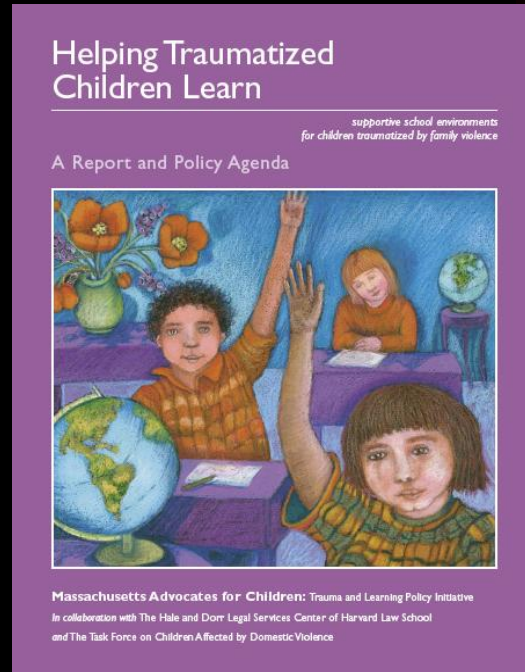
Barriers To Learning

Supportive Learning Environment



Massachusetts Advocates for Children

Helping Traumatized Children Learn



http://www.massadvocates.org/helping_traumatized_children_learn

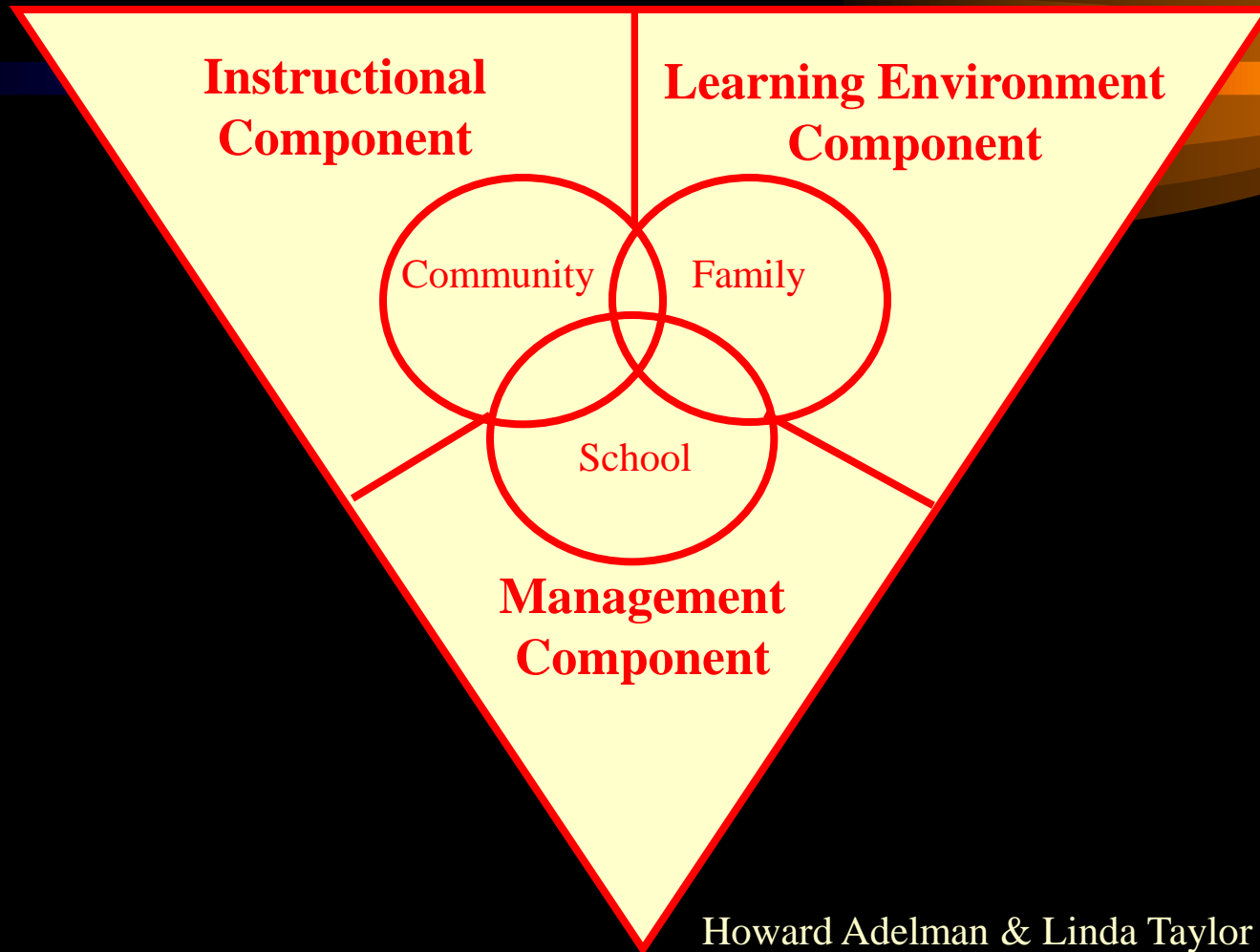
Flexible Framework for Trauma Sensitive Schools

- School-wide infrastructure and culture.
- Staff training.
- Linking with Community Partners.
- Academic instruction for traumatized children.
- Nonacademic strategies.
- School policies, procedures, and protocols.



*The Value of Partnerships—
Schools Can't do it Alone!*

Supporting Success for ALL Students



Howard Adelman & Linda Taylor
Department of Psychology, UCLA

Potential Partners Who Already Have a Role in the Community

- Department of Social and Health Services (various entities).
- Department of Corrections.
- Parent Coalitions (individual parents and family members).
- County Government Agencies.
- County Public Health Departments.
- Human Resource Organizations.
- AmeriCorps.
- Local Fire and Police Departments.
- Local Libraries.
- Tribes and other cultural resources specific to the community.
- Local businesses.



Pierce Compassionate Schools Pilot

- How can we utilize the information on trauma and learning to inform our work with students?

Background



- Work began with a “Hurt to Hope” Conference in June 2007 in Tacoma.
- A county-wide interagency group developed a strategic plan for helping high “ACE” kids in Pierce.
- Interested schools were identified as wanting to learn and implement strategies.

Project Framework



- Teams surveyed to identify attitudes, skills.
- School teams begin training.
- Teams begin planning using MAC flexible framework model.
- Staff focus on changes in discipline, classroom strategies, school-wide approaches, policy, and relationship to parents, and community resources.

Learnings to Date



- Reframing student behavior an immediate result of “trauma” training.
- Many staff have high ACE scores themselves.
- Compassion fatigue is an issue for staff in high ACE settings.
- High ACE students often have high ACE parents.

RIPPLE EFFECT



- VICARIOUS TRAUMA
- COMPASSION FATIGUE
- BURN OUT

Traumatized Child in the Classroom

1. Ability to process verbal/nonverbal written information.
2. Ability to use language to relate to others.
3. Sequential organization.
4. Understanding cause and effect.
5. Sense of self and perspective.
6. Distinguishing emotions.
7. Executive functions: setting goals, developing a plan, carrying out goals, reflecting on the process.
8. Transitions (ending and beginnings).

Values to Consider



- All children can learn.
- Respecting families and their strengths is imperative.
- Build on assets the family and the community possess.
- Plan WITH families and students—not FOR them.
- Utilizing practices that are responsive to diverse linguistic, cultural, ethnic values, and morals.
- Assuring equal ease of access to support.
- Helping families and students understand and navigate systems—education, social services, health, career training/retraining, and local government—as students and families move to self-sufficiency.
- Guaranteeing parent and student voice/leadership in all aspects of programming.

Important Research Findings:



Two key indicators for lowering the risk of a child's involvement in negative behavior and improvements in academic achievement:

- Connectedness to a parent.
- Connectedness to a school based adult.

Journal of the American Medical Association (2004)

Build Relationships into a Network of Community Resources

Questions to ask

- What programs already exist in your school or district that could work closer together?
- What community relationships can you draw on to create a network of support for students and families?
- Are there parents in the community who have overcome adversity who could assist?

Individual Supports

Helping Traumatized Children Learn, Vol. II:
Domains for success should guide individual supports.

Relationships

Self-Regulation

Academic Success

Physical/Health

Individual Supports

Relationships

- Does the child get along with adults?
- Better in small than large groups?
- Does he get along with children in class?
- Does he have friends outside of school?
- *What is the role that trauma may be playing?*

Individual Supports

Self-Regulation

- Is the behavior frequent or infrequent?
- Are the triggers socially based?
- Academically based?
- Is the child distracted by internal or external stimuli?
- *What is the role that trauma may be playing?*

Individual Supports

Academic Success

- Is the child experiencing any learning problems?
- Does the child have difficulty with executive functioning?
- Is she “smart” but not completing work?
- Is the child’ academic performance always the same or inconsistent?
- *What is the role that trauma may be playing?*

Individual Supports

- Is the child always in the nurse's office?
- Does the child seem to dissociate from the classroom experience
- Is the child sensitive to physical touch?
- Does the child appear awkward or clumsy in her body?
- *What is the role that trauma may be playing?*

Physical Health

Domain-based Discussion

Educators can use domains-based questions to guide thinking and discussion about children at all levels:

Classroom planning

Teacher-to-teacher conversations

Parent/teacher conferences

Student support/building support teams

Pre-referral process

Special Education

Domains Based Meetings

Domain	Whole School	Classroom	Special Education	Family	Community
Relationships					
Self-Regulation					
Academic Success					
Physical/ Emotional Health					

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