

Enhancing Trauma Sensitive Schools

Addressing Students' Multi-Tiered Emotional Self-Regulation Needs

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Howie Knoff, Ph.D.



- President, Project ACHIEVE Educational Solutions—
An evidence-based (SAMHSA) school effectiveness/school improvement program
- Internationally known consultant, author, presenter on school reform, social skills and multi-tiered behavior management
- Past President, National Association of School Psychologists
- Fellow of the American Psychological Association, School Psychology Division

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Presentation Overview/Objectives

- Anxiety, Trauma, and Stress-Proof Schools
- De-Stressing Our Schools
- Teaching Students Social, Emotional, and Behavioral Self-Management/Self-Regulation Skills
- Data-based Root Cause Analyses
- Strategic or Intensive Services, Supports, Strategies, or Interventions
- Adult-Directed Strategies for De-escalation

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Because We're NOT Going to Talk about *Trauma Sensitive Schools*

WE NEED TO:

Talk About Trauma

Talk About Assessing Trauma vs. Assessing Stress

Talk About Trauma-Informed School Models

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Because We're Going to Talk about *Stress Sensitive Schools*

WE NEED TO:

Talk About Trauma



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Prevailing Question #1:

Is the Pandemic a Traumatic Event or
Are the Events Arising from the
Pandemic (Separation, Abuse,
Isolation, Death) Traumatic?



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Prevailing Question #2:

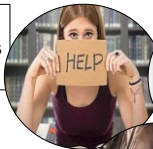
What is the Difference between an
“Off-the-Shelf” Program and an
Integrated Set of Evidence-based
Practices?



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Putting Trauma into a (Comorbid) Psychological Context

**Anxiety
Disorders**



**Stressor-
Related
Disorders**

**Traumatic-
Related
Disorders**



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Putting Trauma into a (Comorbid) Psychological Context

Anxiety Disorders

For DSM-V, PTSD was re-categorized and moved from the classification of **Anxiety Disorders** into the category of **Trauma- and Stressor-Related Disorders**.

Traumatic- & Stressor-Related Disorders

This was suggested to improve the diagnosis and treatment of PTSD, as anxiety is not the only determinant of PTSD.

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Putting Trauma into a (Comorbid) Psychological Context

<u>DSM-V: Anxiety Disorders</u>	<u>Trauma- and Stressor-Related Disorders</u>
Separation Anxiety Disorder Selective Mutism Specific Phobia Social Anxiety Disorder Panic Disorder Panic Attack (Specifier) Agoraphobia Generalized Anxiety Disorder Substance/Medication-Induced Anxiety Disorder Anxiety Disorder Due to Another Medical Condition	Reactive Attachment Disorder Disinhibited Social Engagement Disorder Post-traumatic Stress Disorder Acute Stress Disorder Adjustment Disorders Other Specified Trauma- and Stressor-Related Disorder Unspecified Trauma- and Stressor-Related Disorder

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Putting Trauma into a (Comorbid) Psychological Context

Integrated Definition of Trauma: SAMHSA/DSM-V

Individual trauma results from exposure—through an event, a series of events, or a set of circumstances—to **actual or threatened death, serious injury, or sexual violence**.

It has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being.

It could result from a single incident (Acute Trauma), repeated or prolonged incidents (Chronic Trauma), or due to exposure to varied and multiple incidents that are often invasive and interpersonal in nature.

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Stress versus Trauma

"Stress is something we all face. It comes in many forms and differs across contexts, from work-related or financial stress, to social problems, to new life changes, to internal experiences. Some stressors are minor or short term, while others may be chronic.

Trauma is a specific type of stress that reflects exposure to terrible events generally outside the range of daily human experience that are emotionally painful, intense, and distressing.

Abigail Powers Lott, Ph.D. (Clinical Psychologist/Assistant Professor, Department of Psychiatry, School of Medicine, Emory University)

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Stress versus Trauma

"The reason for this narrow definition of trauma, and its distinction from stress more generally, is in part because traumatic events can result in particularly problematic trauma responses that are unique from general stress responses.

In addition to the initial stress response in the body, long term psychological consequences are seen in many individuals that are exposed to traumas."

Abigail Powers Lott, Ph.D. (Clinical Psychologist/Assistant Professor, Department of Psychiatry, School of Medicine, Emory University)

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Stress, Anxiety, & Trauma Take-Aways

- Stress, Trauma, and Anxiety share a number of clinical characteristics, but stress is the broader and most prevalent of the three for students in schools.
- As such, schools need to establish the positive climate, safety, and prosocial relationship characteristics that, first and foremost, prevent and address stress for all students.
- School staff need to be educated about stress and anxiety and trauma, but addressing student stress should be administrators and instructional staff's primary focus.

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Because We're Going to Talk about Stress Sensitive Schools

WE NEED TO:

Talk About Assessing Trauma vs. Assessing Stress

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Stress versus Trauma

Michael S. Scheeringa, M.D.
(Professor of Psychiatry, Tulane University School of Medicine)

Psychology Today ("Stress is Not Trauma: The Politics of Trauma")

"There are two different issues – the definition of traumatized versus not traumatized, and the definition of stress versus trauma.

When the term trauma is used loosely in the professional sphere, it can be because folks have different motivations. Here's a good example. I was in a meeting recently with leaders of an agency that deals with children in foster care. When children are placed in foster care, they are usually being removed from their biological parents. In our screening tool, being removed from biological parents to a foster placement is not counted as a life-threatening trauma. The director of the agency vigorously questioned why we're not capturing that removal process as a traumatic event.

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Stress versus Trauma

Michael S. Scheeringa, M.D.
(Professor of Psychiatry, Tulane University School of Medicine)

I reminded the director that the trauma screen was designed to screen for PTSD, and the evidence is consistent that the stress involved in removing a child from his/her biological parents does not lead to the development of PTSD.

Stress and trauma are different. I asked the director: "Why would you *want* to create the message that children are being put through trauma when your agency removes them into foster care?" The director responded, "To make the case to donors that the agency needs more funding for in-home services to keep families together." The motivation, thus, was *political*.

The politics of trauma appear commonly. PTSD has become so well-accepted as the obvious psychological problem following traumatic experiences that hitching your horse to the PTSD wagon adds instant credibility. PTSD has become its own worst enemy because of its success."

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The Politics of Trauma

Kathleen Minke, Ph.D.
NASP Executive Director
May 6, 2020

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Anxiety, Trauma, & Stress Take-Aways

- These are comorbid clinical entities
- Stress is the superordinate to Trauma
- Need to be cautious regarding the "Politics of Trauma"

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If We're Going to Talk about Trauma Sensitive Schools

WE NEED TO:

Talk About Assessing Trauma vs. Assessing Stress

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Trauma: The Adverse Childhood Experiences (ACEs) Scale

- **Original ACE Study:** Kaiser Permanente Health Maintenance Organization in Southern California from 1995 to 1997
- Over 17,000 HMO members completed confidential surveys regarding their childhood experiences and their current health status and behaviors. Limited geographic area; Participants were primarily white and from the middle class.
- Two-thirds of sample reported at least one adverse childhood experience.
- ACE points correlated with conditions in adulthood such as smoking, alcohol/drug abuse, promiscuity, severe obesity, depression, suicide, heart disease, cancer, chronic lung disease, a shortened lifespan.

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Trauma: The Adverse Childhood Experiences (ACEs) Scale

ACE Study Questions: Answer ten questions-- "Yes/No"

1. **Emotional Abuse.** Did a parent or other adult in the household often or very often... Swear at you, insult you, put you down, or humiliate you? or Act in a way that made you afraid that you might be physically hurt?
2. **Physical Abuse.** Did a parent or other adult in the household often or very often... Push, grab, slap, or throw something at you? or Ever hit you so hard that you had marks or were injured?
3. **Sexual Abuse.** Did an adult or person at least 5 years older than you ever... Touch or fondle you or have you touch their body in a sexual way? or Attempt or actually have oral, anal, or vaginal intercourse with you?

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Trauma: The Adverse Childhood Experiences (ACEs) Scale

ACE Study Questions: Answer ten questions-- "Yes/No"

4. **Emotional Neglect.** Did you often or very often feel that ... No one in your family loved you or thought you were important or special? or Your family didn't look out for each other, feel close to each other, or support each other?
5. **Physical Neglect.** Did you often or very often feel that ... You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? or Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?
6. **Parental Separation or Divorce.** Were your parents ever separated or divorced?

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Trauma: The Adverse Childhood Experiences (ACEs) Scale

ACE Study Questions: Answer ten questions-- "Yes/No"

7. Mother Treated Violently. Was your mother or stepmother: Often or very often pushed, grabbed, slapped, or had something thrown at her? or Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard? or Ever repeatedly hit at least a few minutes or threatened with a gun or knife?

8. Household Substance Abuse. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?

9. Household Mental Illness. Was a household member depressed or mentally ill, or did a household member attempt suicide?

10. Incarcerated Household Member. Did a household member go to prison?

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Trauma: The Adverse Childhood Experiences (ACEs) Scale

ACE Study Questions: Answer ten questions-- "Yes/No"

1. Emotional Abuse
2. Physical Abuse
3. Sexual Abuse
4. Emotional Neglect
5. Physical Neglect
6. Parental Separation or Divorce
7. Mother Treated Violently
8. Household Substance Abuse
9. Household Mental Illness
10. Incarcerated Household Member

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Trauma: The Adverse Childhood Experiences (ACEs) Scale

Critical Concerns with the ACEs' Questions:

- Do not identify the age (or age range) of the child or adolescent when each event occurred (and whether some occurred at the same time)
- Do not quantify frequency or duration of each event, or the period of time (days, weeks, months, years) when they occurred
- Do not get a rating of the perceived intensity of each event
- Do not get a rating of the perceived emotional impact of each event
- Do not get a rating of the current (assuming an event occurred in the past) and/or continuing emotional impact of each event

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The ACEs and Trauma Take-Aways

- The ACEs questions lack specificity, depth, and breadth. The tool has limited psychometric utility—even as a screener.
- The ACEs only assesses home or family-related traumas, and not other natural, peer, or situational traumas that still “expose students to actual or threatened death, serious injury, or sexual violence .”
- Based on the ACEs, we do not really know the cumulative depth, breadth, intensity, or impact of an individual’s traumatic history. Indeed, we may just simply know how many events an individual may have experienced.
- The ACEs misses other stressful events in students’ lives that can have just as significant an emotional impact. Without this information more assessments will be needed to identify student stressors, and prepare for the right intervention(s).

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A Comment on Trauma Screening

Guidance for Trauma Screening in Schools. (2016). Drs. Katie Eklund & Eric Rossen. Delmar, NY: The National Center for Mental Health and Juvenile Justice.

Cautions for Trauma Screening in Schools

“School-based screening for trauma exposure is relatively new, with very few studies demonstrating evidence for the utility of these practices within schools. Further, despite promising development of trauma screening tools and its use even in increasing awareness of trauma among educators (See Gonzalez et al., 2016), others caution against it . . .”

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A Comment on Trauma Screening

Guidance for Trauma Screening in Schools. (2016). Drs. Katie Eklund & Eric Rossen. Delmar, NY: The National Center for Mental Health and Juvenile Justice.

Cautions for Trauma Screening in Schools

“ . . . For example, Cole, Eisner, Gregory, and Ristuccia (2013; Boston, MA: Massachusetts Advocates for Children) state,

‘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).

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A Comment on Trauma Screening

Guidance for Trauma Screening in Schools (2016). Drs. Katie Eklund & Eric Rossen. Delmar, NY: The National Center for Mental Health and Juvenile Justice.

Cautions for Trauma Screening in Schools

" . . . At present, few studies clearly articulate best practices for school-based screening procedures and methods for identifying trauma-exposed youth. . .

. . . Put simply, the extant literature has established that adversity may lead to trauma and increases the risk of negative outcomes, and those findings may differ based on several factors within the screening process (e.g., who completes the tool). Such uncertainty, while common in social science research, implicates the need for caution when considering universal screening for trauma in schools."

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If Screening is to Occur, Schools Should Screen for Stress and Resilience

- Social-Emotional Health Survey System (SEHS)
- Behavioral and Emotional Screening System (BESS)
- Strengths and Difficulties Questionnaire (SDQ)
- Social Emotional Asset and Resiliency Scale (SEARS)
- Social Skills Improvement System—Social Emotional Learning (SSIS-SEL)
- Social, Academic, Emotional Behavior Risk Screener (SAEBRS)

Must Be Part of a Multi-Source, Multi-Instrument, Multi-Setting Multiple Gating/Multi-Stage Assessment Process

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Stress- Related Triggers for Students

- Academic Frustration and Failure
- Test/Homework/Work Completion Anxiety
- Peer (including Girlfriend/Boyfriend) Conflicts/Rejection
- Teasing and Bullying—Direct, Indirect, Social, and Social Media
- Gender Status or Discrimination
- Racial or Multi-Cultural Status or Discrimination
- Sexual Identification or Orientation Discrimination
- Socio-economic Status or Discrimination
- Circumstances Related to Poverty/Parental Income
- Family Moves/Housing Mobility/Homelessness/Food Insecurity
- Competition/Losing
- Physical or Other Limitations or Disabilities

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Because We're Going to Talk about Stress Sensitive Schools

WE NEED TO:

Talk About Trauma-Informed School Models

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The Research on Trauma-Informed School Programs

Maynard, Farina, Dell, and Kelly (July, 2019). Effects of Trauma-Informed Approaches in Schools: A Systematic Review, Campbell Systematic Reviews.

The Goal of the Study

To systematically and objectively evaluate the research supporting the efficacy of Trauma-Informed approaches in schools

The Authors' Context

The promotion and provision of trauma-informed approaches in school settings is growing at a rapid rate across the United States. At least 17 states have implemented trauma-informed approaches at the school, district, and even state-wide levels (Overstreet & Chafouleas, 2016).

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The Research on Trauma-Informed School Programs

Maynard, Farina, Dell, and Kelly (July, 2019). Effects of Trauma-Informed Approaches in Schools: A Systematic Review, Campbell Systematic Reviews.

The Authors' Context (Continued)

While the intent of creating trauma-informed approaches in schools is a noble one, relatively little is known about the benefits, costs, and how trauma-informed approaches are being defined and evaluated (Berliner & Kolko, 2016).

Adopting a trauma-informed approach in a complex system such as a school building or district is a time consuming and potentially costly endeavor, and there is potential for harm; therefore, it is important to assess the effects of this approach to inform policy and practice.

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The Research on Trauma-Informed School Programs

Maynard, Farina, Dell, and Kelly (July, 2019).

Criteria to Include a Trauma-Informed Program for Evaluation

1. Conducted in a preK to Grade 12 school setting and published during the last 10 years.
2. Randomized or quasi-experimental design with a wait-list, no treatment, treatment-as-usual/alternative treatment comparison group.
3. Study must have assessed effects of a trauma-informed program or system that recognizes the symptoms and impact of trauma and seeks to reduce re-traumatization.
4. Study measured student-level outcomes related to trauma symptoms/mental health, academic performance, behavior, or social-emotional functioning.

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The Research on Trauma-Informed School Programs

Maynard, Farina, Dell, and Kelly (July, 2019).

Results

- Authors' comprehensive research review identified 9,102 school-based, trauma-related articles published during past 10 years.
- After removing duplicates, applied the criteria above to the remaining 7,173 studies—eventually excluding 7,106 studies.
- Of the remaining 67 studies: All 67 were excluded.
 - 49 did not use random controlled trials or quasi-experimental design methods; 12 did not examine the effects of a trauma-informed approach; and 5 examined only one aspect of a trauma-informed approach.

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The Research on Trauma-Informed School Programs

Maynard, Farina, Dell, and Kelly (July, 2019).

Authors' Conclusions

- There were no school-based, trauma-informed research studies over the past ten years that were conducted using sound research methodologies to determine the efficacy of the programs evaluated
- "From this review, it seems like the most prudent thing for school leaders, policymakers, and school mental health professionals to do would be proceed with caution in their embrace of a trauma-informed approach as an overarching framework and conduct rigorous evaluation of this approach. We simply do not have the evidence (yet) to know if this works, and indeed, we do not know if using a trauma-informed approach could actually have unintended negative consequences for traumatized youth and school communities."

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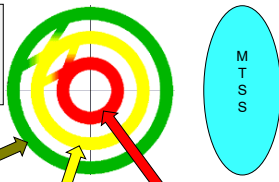
Trauma and Emotional Stress Take-Aways

- There are multiple stressful circumstances or events that trigger students' emotionality in school. Many of them are not (by definition) traumatic events and, thus, schools that are using trauma-sensitive programs may miss these stressors, treat them inappropriately, and/or inadvertently make them worse.
- Schools need to assess and identify the emotional triggers that are most prevalent across their student bodies, and the emotional triggers (if different) for the students presenting with the most frequent, significant, or severe social, emotional, and behavioral challenges.
- Schools and districts need to be prepared to deliver the full multi-tiered continuum of services, supports, strategies, and interventions. This includes providing the necessary training, resources, and mental health personnel.

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Facilitating Students' Social, Emotional, and Behavioral Self-Management/Self-Regulation

Social, Emotional, & Behavioral Instruction & Services, Supports, Strategies, & Intervention



Tier I:
Prevention for All

Tier II:
Strategic Instruction and Intervention Services and Supports

Tier III:
Intensive Need or Crisis Intervention Services and Supports

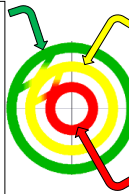
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Facilitating Students' Social, Emotional, and Behavioral Self-Management/Self-Regulation

Tier I:
Prevention for All

Step 1: De-Stress Our Schools

Step 2: Teach Students Social, Emotional, and Behavioral Self-Management/ Self-Regulation Skills



Tiers II/III:
Multi-Tiered Services and Supports

Step 3: Data-based Root Cause Analyses

Step 4: Strategic or Intensive Services, Supports, Strategies, or Interventions

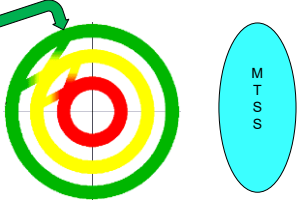
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Facilitating Students' Social, Emotional, and Behavioral Self-Management/Self-Regulation

Tier I:
Prevention for All

Step 1: De-Stress Our Schools

Step 2: Teach Students Social, Emotional, and Behavioral Self-Management/ Self-Regulation Skills



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Step 1: De-Stressing Our Schools

What We Know:

- We need to establish positive school and classroom climates, and prosocial interactions and relationships
- Students (and staff) need to learn and demonstrate—from preschool through high school—prosocial interpersonal, social problem-solving, conflict prevention and resolution, and emotional control and coping skills
- Staff need to learn and understand the science-to-practice elements of student stress, emotionality, and trauma
- Positive, safe, prosocial, and informed schools are "trauma sensitive" and rarely need more "clinically-specialized" whole-school approaches

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Step 1: De-Stressing Our Schools

Trauma and Learning Policy Initiative: Trauma-Sensitive Schools Descriptive Study. Jones, Berg, & Osher. American Institutes for Research, 2018.

Executive Summary: Background and Introduction-School Climate and Culture and School Improvement

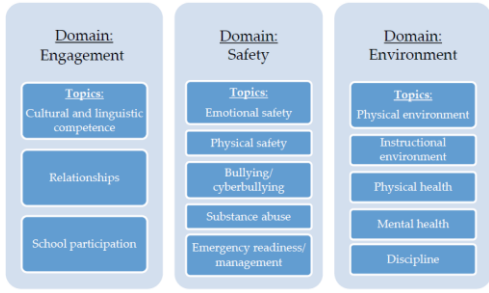
"For decades, educators and policymakers have grappled with the issue of school improvement—or how to create systemic changes that lead to better and sustained student academic outcomes. A growing body of evidence suggests that school improvement efforts cannot happen without considering the impact of school climate and culture. Research demonstrates that a positive school climate (which includes factors such as safety, a sense of connectedness and belonging, social and emotional competencies, and the physical environment) is associated with positive student outcomes. Specifically, a positive school climate is associated with higher student achievement, improved psychological well-being, decreased absenteeism, and lower rates of suspension."

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Step 1: De-Stressing Our Schools

U.S. Department of Education's ED School Climate Survey tool (EDSCLS, 2014)

Figure. EDSCLS model of school climate



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Step 1: De-Stressing Our Schools

Trauma and Learning Policy Initiative: Trauma-Sensitive Schools Descriptive Study. Jones, Berg, & Osher. American Institutes for Research, 2018.

Executive Summary: Background and Introduction-School Climate and Culture and School Improvement

"It also has been found that improving safety and school climate can help reduce bullying and aggression. In addition, research indicates that the perception of a positive school climate, though beneficial for all students, may be even more useful for students at risk for negative outcomes.

The latter finding is particularly important given the prevalence of trauma among students in schools."

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Establish, Build, and Maintain Positive Staff, Peer and Student Interactions



Staff to Staff



Staff to Students



Students to Students



Staff to Students & Parents

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Step 2: Teaching Self-Management

Self-Management Definition

- Be socially, emotionally, attributionally, and behaviorally aware of themselves and others
- Demonstrate successful interpersonal, social problem-solving, conflict prevention and resolution, social-emotional control, coping, and behavioral skills
- Effectively control their own emotions, thoughts, and behavior



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Self-Management Realities

What We Know:

- Awareness does not translate into behavior without instruction
- Talk does not Change Behavior
- Students must be taught interpersonal, social problem-solving, conflict prevention and resolution skills, and emotional control and coping skills from pre-school through high school
- The instruction must embrace social learning theory



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What are the Key Components of Self-Management

Emotional
Self-Management Skills

Attributional-Attitudinal
Self-Management Skills

Social-Behavioral
Self-Management Skills



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What Key Self-Management Competencies do Students Need?

- Social Competencies
 Listening, Engagement, and Response Skills
 Communication and Collaboration Skills
 Social Problem-Solving and Group Process Skills
 Conflict Prevention and Resolution Skills
- Emotional Competencies
 Emotional Awareness, Control, and Coping Skills—
 Self and Others
 Self-Concept/Self-Esteem Skills
- Behavioral Competencies
 Social, Interactional Skills
 Classroom and Building Routine Skills
 Instructional and Academic Supporting Skills

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Social-Emotional Skills That Relate to Emotional Self-Regulation

- Understanding Your Own Feelings
- Standing Up for a Friend (T)
- Accepting Consequences *
- Avoiding Trouble/Conflict Situations *
- Deciding Whether to Follow the Group (More SS)
- Dealing with Peer Pressure *
- Dealing with Teasing *
- Dealing with Being Rejected or Left Out *
- Dealing with an Accusation *
- Showing Understanding of Another's Feelings/Empathy (T)
- Dealing with Another Person's Anger or Emotionality *
- Walking Away from a Fight/Conflict *

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Social-Emotional Skills That Relate to Emotional Self-Regulation

- Understanding Your/Others' Feelings *
- Dealing with Being Rejected or Left Out *
- Dealing with an Accusation *
- Dealing with Another Person's Anger or Emotionality *
- Walking Away from a Fight/Conflict *
- Identifying Your Inner Voice (T)
- Understanding Your/Others' Feelings
- Understanding What Causes Anger (ROTC)
- Anger Management Techniques (ROTC)
- How to Relax and Control Your Emotions (T)
- Dealing with Fear or Anxiety *
- Responding to Failure *
- Dealing with Anger *

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Teaching Self-Regulation

...Emotional Awareness, Control, and Coping



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Teaching Emotional Self-Regulation

Emotional Awareness involves . . .

- Students' identification, knowledge, understanding, and discrimination of the many different emotions that they may experience in their lives;
- Their awareness of the emotional triggers that exist in the settings that they go to or must attend;
- Their awareness of their physiological cues and responses to different emotional situations; and
- Their awareness of how others look and act when they are in different emotional situations or states.

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Teaching Emotional Self-Regulation

Emotional Control occurs . . .

- When students are able to maintain the physiological control of their bodies when under conditions of emotionality, so that
- They are able to think clearly and rationally—demonstrating effective social problem-solving skills, so that
- They can demonstrate appropriate social interactions and behavioral self-management skills.

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Teaching Emotional Self-Regulation

Emotional Coping . . .

- Goes beyond emotional control to the point where a student is able to consciously process a personal or interpersonal situation in order to master, minimize, or tolerate the stress and conflict. Coping includes accepting someone else's emotional support.
- Emotional coping occurs when students debrief and reconcile a just-concluded emotional situation and/or learn to minimize the emotional impact of a persistent or traumatic situation.
- Ultimately, emotional coping skills help students to (continue to) live their lives in emotionally positive and healthy ways—even in the face of continuing, similar, or new traumatic situations (or those that trigger emotional memories).

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Teaching Emotional Self-Regulation

What We Know:

- **Emotional Awareness** develops through instruction, personal and social understanding, learning, application, feedback, evaluation, mastery, and maturation.
- **Emotional Control** occurs when there is physiological control, self-control (Pavlov), and cognitive-behavioral control.
 - Most emotional reactions are Classically Conditioned
- **Emotional Coping** develops through emotional awareness, attributional control, and emotional control skills that are integrated into coping strategies. Hundreds of social, emotional, and behavioral coping strategies have been identified.

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Teaching Emotional-Control

Instructional Principles:

- Most Emotional Behavior is Classically Conditioned
- Identify Negative Triggers: Help Prevent/Prepare
- Identify Physiological Cues: Help Control and Condition
- Identify/Change Negative Attributions
- To change Conditioned Inappropriate Behavior, you need to (a) Un-condition the connection between the trigger and response, (b) Re-condition the response, or (c) Counter-condition a competing prosocial response that "wins the response battle"

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Teaching Emotional-Control

The Emotional Control Paradigm:

Triggers → Physiological Cues → Behavior → Prevent/Prepare

Emotional Control can be demonstrated as long as a person is not past the "Physiological Point of No Return"

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Conditioning Behavior: Self-Control

Triggers → Physiological Cues → Inappropriate Behavior (Conditioning) / Appropriate Behavior (Unconditioning)

Counter-Conditioning: Triggers → Appropriate Behavior

Reconditioning: Physiological Cues → Appropriate Behavior

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Common Triggers of Teen Stress

Academic Stress: Grades, College, Amount of Work

Social Stress: Peer Acceptance, Bullying, (Romantic) Relationships, Peer Pressure

Family Discord: Unrealistic Expectations, Marital Problems, Strained Sibling Relationships, Family Illness and Loss, Financial Stress

Local, National, World Events: School Shootings/Violence, Acts of Terrorism, Social/Racial Strife, Natural Disasters

Traumatic Events: Death of a Family Member or Friend, Accidents, Enduring Emotional, Physical, or Sexual Abuse

Significant Life Changes: Moving, Starting a New School, Parental Divorce, Remarriage (into a Blended Family)

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Helping Students Identify their “Early Warning” Physiological Cues

Explain to students that everyone has a place in their body that physiologically responds when they are getting emotional.

This place could be:

- > In their stomach
- > Their chest (more rapid and shallow breathing)
- > Their heart (more rapid or “heavy” heartbeat)
- > An aching in their shoulder or back
- > A pounding at their temples
- > Sweaty hands
- > Tearing eyes
- > A feeling of disorientation or physical unbalance
- > The clenching their fists

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Understanding/Changing Negative Attributions or Self-Statements

Common Cognitive Distortions

- **Overgeneralizing:** Seeing a single unpleasant event as evidence of everything being awful or going wrong
- **Black and white thinking:** Viewing situations, people, or self as entirely bad or entirely good--nothing in between
- **Mental filtering:** Ignoring the positive things that occur to and around self, but focusing on and inflating the negative
- **Discounting the positive:** Rejecting positive experiences as not important or meaningful
- **Catastrophizing:** Blowing expected consequences out of proportion in a negative direction

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Understanding/Changing Negative Attributions or Self-Statements

Common Cognitive Distortions

- **Shoulds and oughts:** Having a strict view of how you and others 'should' and 'ought' to be
- **Mindreading:** Making negative assumptions regarding other people's thoughts and motives
- **Fortune-telling:** Predicting events will turn out badly
- **Emotional reasoning:** Because you feel a certain way, reality is seen as fitting that feeling
- **Labeling:** Calling self or others a bad name when displeased with a behavior
- **Self-blaming:** Holding self responsible for an outcome that was not completely under one's control

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Sample Negative Attributions That Can Interfere with Emotional Control Training/Scripting

I AM... <ul style="list-style-type: none"> • Broken/damaged • Destined to end up like the rest of my family • Unlovable • Helpless • Cursed/a bad omen • To blame for what has happened to me 	OTHER PEOPLE... <ul style="list-style-type: none"> • Can't be trusted • Are out to get me • Will take advantage of me if I let them • Don't understand or care about me
THE WORLD IS... <ul style="list-style-type: none"> • Unpredictable • Unfair 	THE FUTURE IS... <ul style="list-style-type: none"> • Going to be more of the same

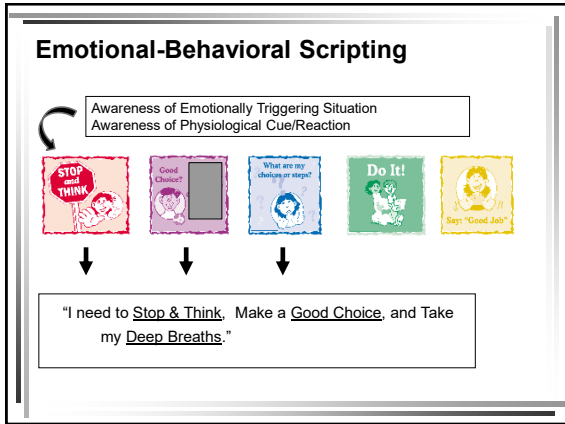
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Teaching Social, Emotional, and Behavioral Skills: Social Learning Theory's Methodology

- Teach the Scripts and Skills
- Model
- Role Play
- Performance Feedback
- Transfer of Training



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Teaching Emotional-Control

Next Instructional Step— 1

- Discuss: The difference between "Preventing" vs. "Preparing" for emotionally triggering situations.
 - * Generate a Prevention list and Practice with the Stop & Think script
 - * Generate a Prepare script, and Practice with the Stop & Think script

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Teaching Emotional-Control

Next Instructional Step— 2

- Add the Replacement or Expected Behavior Script.
Practice the entire "skill and script" process. Roleplay to Mastery a number of emotional situations, conditioning the student to immediately use the skill and script upon awareness of either the situational trigger or the physiological cue.
- Develop and train the student on an evaluation (self-monitoring) log to track success over time.

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Emotional-Behavioral Control Scripting

Dealing with Teasing:

1. Take deep breaths, and count to five.
2. Think about your choices. You can:
 - a. Ignore the person.
 - b. Ask the person to stop in a friendly way; Tell them how you feel.
 - c. Walk or back away.
 - d. Find an adult for help.
3. Choose and act out your best choice.

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Teaching Emotional-Control

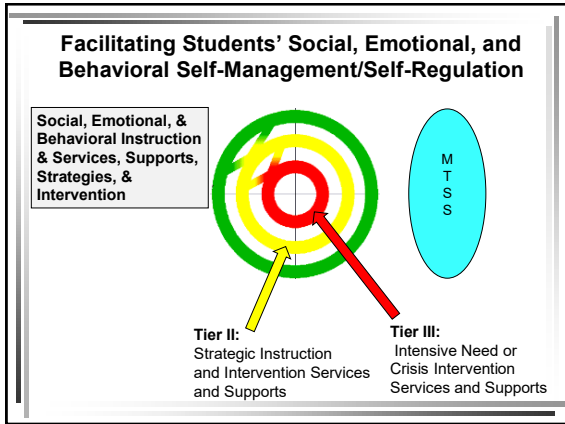
Next Instructional Step— 3

- Transfer all of this training and implement the self-control procedure during a specific time of the day where it has the highest probability of success. Teachers should do frequent, but random, reliability checks to ensure that the student is accurately performing all of the self-control steps.
- Expand student's use of the self-control process, increasingly, to the entire day.
- Have periodic feedback meetings with the student on his/her progress, use of the self-control process, feelings of success, and actual behavioral change.

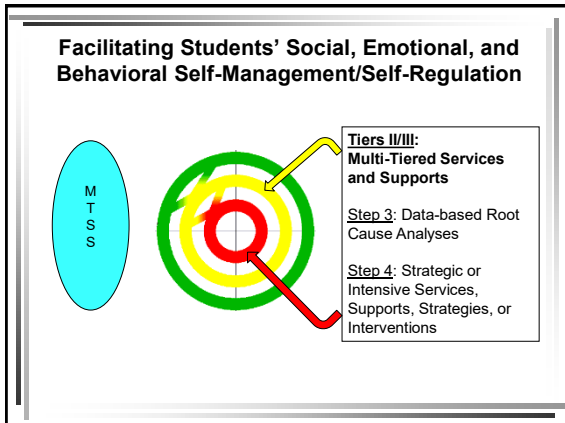
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Learning, Mastery, and Automaticity Instruction

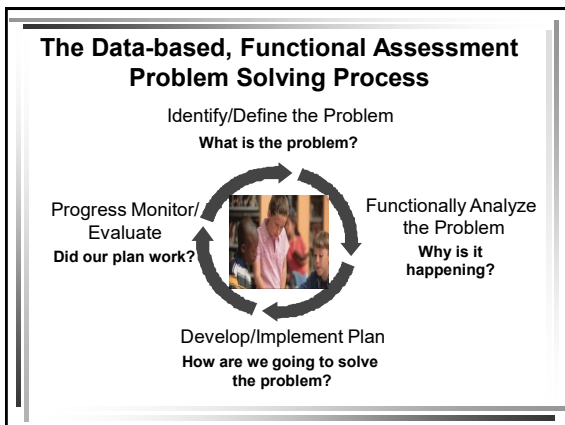
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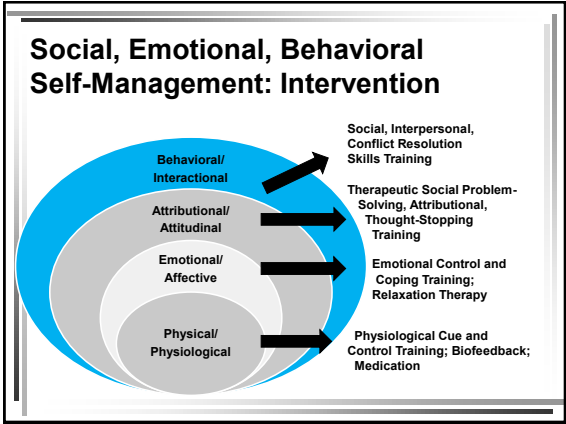
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Tier 2: Strategic Emotional Control Interventions, Services, and Supports

Relationship/Mentoring Interventions
 Check-In/Check-Out
 Check and Connect

Tier II Emotional Self-Regulation Skill Instruction Interventions
 Small Group Social Skills/Socialization Training
 Emotional Self-Management (Self-awareness, Self-instruction, Self-monitoring, Self-evaluation, and Self-reinforcement) Training
 Relaxation/Emotional Control Training
 Cognitive-Behavioral Training in Emotional Self-Control/Self-Regulation
 Self-Talk and Attribution (Re)Training
 Thought Stopping approaches
 Anger Control and Management Therapy (ART)

Special Situation Interventions
 Self-Concept, Divorce, Loss, Teasing/Bullying, Stress/PTSD Groups/Interventions

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Tier 3: Intensive Emotional Control Interventions, Services, and Supports

Tier 2 Interventions that require:

More Frequency, Intensity, Specialization, Clinical Expertise, Braiding

Progressive Muscle Relaxation Therapy
 Systematic Desensitization
 Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)
 Cognitive-Behavioral Intervention for Trauma in Schools (CBITS)
 Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS)
 Trauma Systems Therapy (TST)
 Drug/Psychiatric Intervention
 Intensive Wrap-Around/System of Care Programming

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Tier 2/3: Stress or Trauma-Related Cognitive-Behavioral Therapies for Schools

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)

- TF-CBT is a short-term individual treatment that involves sessions with children and adolescents (ages 4 to 18) and their parents—as well as parent-only sessions. TF-CBT is for students who have significant behavioral or emotional problems related to traumatic life events, even if they do not meet the full diagnostic criteria for PTSD (Post Traumatic Stress Disorder).
- The primary goal of TF-CBT is to reduce PTSD symptoms (e.g., depressive symptoms, behavior problems including aggression and inappropriate sexual behaviors, and unhelpful thoughts and feelings—such as cognitive distortions, guilt, and shame) among children and adolescents using cognitive-behavioral principles and techniques. Originally designed to address child sexual abuse, TF-CBT has also been applied to a broad range of traumatic events, such as other forms of child maltreatment, domestic violence, community violence, accidents, natural disasters, war, and other events involving traumatic loss.

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Tier 2/3: Stress or Trauma-Related Cognitive-Behavioral Therapies for Schools

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)

- Through 12 to 16 weekly clinic-based individual sessions, TF-CBT helps students to process through their traumatic memories and distressing feelings, thoughts, and behaviors. TF-CBT also uses joint parent and student sessions to provide parenting and family communication skills training so that the approach can generalize to home settings. To help children and adolescents develop coping skills, TF-CBT providers teach students relaxation skills, affective modulation skills, and cognitive coping and restructuring skills.

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Tier 2/3: Stress or Trauma-Related Cognitive-Behavioral Therapies for Schools

Cognitive-Behavioral Intervention for Trauma in Schools (CBITS)

- CBITS is a school-based, group and individual intervention designed to reduce symptoms of post-traumatic stress disorder (PTSD), depression, and behavioral problems, and to improve functioning, grades and attendance, peer and parent support, and coping skills. It has been used with 5th through 12th grade students who have witnessed or experienced traumatic life events such as community and school violence, accidents and injuries, physical abuse and domestic violence, and natural and man-made disasters.
- CBITS uses cognitive-behavioral techniques (e.g., psychoeducation, relaxation, social problem solving, cognitive restructuring, and exposure) in ten group sessions and one to three individual sessions. It also includes a parent and teacher psychoeducation component.

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Tier 2/3: Stress or Trauma-Related Cognitive-Behavioral Therapies for Schools

Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS)

- SPARCS is a strengths-based group model for adolescents between the ages of 12 and 21 who have been exposed to chronic trauma and/or stress (from, for example, ongoing physical abuse, community violence, sexual assault). The intervention is appropriate for traumatized adolescents with or without current/lifetime PTSD.
- SPARCS is organized in 16 one-hour sessions focus on helping participants to regulate their emotions, behaviors, and impulses; manage the physical complaints and other symptoms of chronic trauma and stress; pay attention and process information effectively; and maintain healthy relationships. The SPARCS manual has been specifically developed for use with adolescents and includes experiential activities that emphasize adolescents' increased capacity for abstract thought, as well as areas of development that are particularly relevant for teenagers (e.g. issues related to autonomy and identity).

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Tier 2/3: Stress or Trauma-Related Cognitive-Behavioral Therapies for Schools

Trauma Systems Therapy (TST)

- TST is a both a clinical and an organizational model of care for traumatized children and adolescents—aged 6 to 19—to address both their emotional needs, as well as the social environments in which they live. The model focuses on breaking down barriers between service systems, understanding students' symptoms in the context of their worlds, and building on their families' strengths and goals.
- TST is implemented within an organization as a framework to coordinate the interventions implemented by its multi-disciplinary team of providers. There are three phases of treatment in TST: Safety Focused Treatment, Regulation Focused Treatment, and Beyond Trauma Treatment. While the typical treatment length is between 7 and 9 months, it also varies depending on where the student is starting from a clinical perspective.

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Tier 2/3: Stress or Trauma-Related Cognitive-Behavioral Therapies for Schools

Trauma Systems Therapy (TST)

- TST has been adapted for use with several populations, including refugee and immigrant groups, substance abusing adolescents, medical trauma, school-based treatments, foster care, and residential settings. It has most often been used with children and adolescents who have experienced complex, chronic traumatic events—for example, in settings such as foster care, inpatient units, and residential treatment centers.



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Adult-Directed Strategies for De-Escalation

Train Students Beforehand

(Beginning of the School Year)

- ◆ Talk to and train students in how you are going to handle future emotionally-laden situations.
- ◆ Teach/train students in a “Room Clear” or “Setting Clear” procedure.
- ◆ Use a school- or grade-level universal verbal and non-verbal Room Clear Signal.
- ◆ Include a “Code Blue” call or runner to the Office as part of the procedure.

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Adult-Directed Strategies for De-Escalation

General Reminders

- ◆ Listen to what the student is saying—acknowledging that they have been heard.
- ◆ Recognize that the student may be dealing with stressful situations that occurred prior to the incident.
- ◆ Allow the student to leave the situation or go to a quiet area if s/he requests to.
- ◆ Respect the student by taking him/her to a private or semi-private setting as soon as possible (Initially avoid the Office).

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Adult-Directed Strategies for De-Escalation

Physical/Interactional Reminders

- ◆ Provide adequate personal space to the student.
- ◆ Take a non-threatening stance with your body at an angle to the student and your empty hands at your sides in plain sight.
- ◆ If you don't know the student, introduce yourself and tell him/her your position at the school.
- ◆ Avoid using sarcasm, teasing, reprimands or other negative comments

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Adult-Directed Strategies for De-Escalation

Brain-Behavior Reminders

- ◆ Maintain a calm demeanor and steady, level voice, even if you are upset or anxious, and/or in the face of intense verbal disrespect or threats from the student.
- ◆ Speak softly and slowly step back and try to see the situation from the student's perspective.
- ◆ Speak respectfully to the student in "I" statements

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Adult-Directed Strategies for De-Escalation

Brain-Behavior Reminders (Continued)

- ◆ Acknowledge the student's emotional condition empathetically.
 - "You're really angry, and I want to understand why."
- ◆ Keep vocabulary simple and sentences brief to allow the student to process what you are saying.
- ◆ Allow the student time to process information.

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Adult-Directed Strategies for De-Escalation

Problem-Solving Reminders

- ◆ Reassure the student:
 - "You're not in trouble. This is your chance to give me your side of the story."
 - "Let's figure out how to take care of this situation in a positive way."
 - "I want to understand why you are upset so that I can know how to respond."

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Adult-Directed Strategies for De-Escalation

Relationship Reminders

- ◆ Don't appear rushed. . . Make sure the student feels heard.
- ◆ Ask open-ended questions about the incident.
- ◆ Repeat statements the student says and ask for clarification.
- ◆ Identify points of agreement.
 - "This happened, and I would feel that way too."

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Presentation Review

- Anxiety, Trauma, and Stress-Proof Schools
- De-Stressing Our Schools
- Teaching Students Social, Emotional, and Behavioral Self-Management/Self-Regulation Skills
- Data-based Root Cause Analyses
- Strategic or Intensive Services, Supports, Strategies, or Interventions
- Adult-Directed Strategies for De-escalation

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