

Coping with Stress in a Stressful World: Teaching Students How to Manage Their Emotions, Thoughts, and Behavior

Dr. Howie Knoff

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Session I

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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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Session Overview

- Introduction
- Defining and Discussing Self-Management
- The Differences between Anxiety, Trauma, and Stress
- Why We Want Stress-Sensitive and Informed Schools

Students Talk
re. Pandemic

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The Ultimate Educational Goal

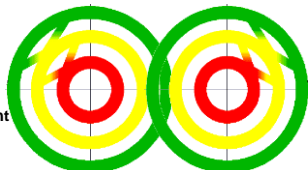
TO:

Maximize ALL Students' Academic Achievement and Social, Emotional, and Behavioral Development

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From a Student Perspective...

Academic Learning, Mastery, and Achievement



Social, Emotional, and Behavioral Development

Our Goal is to create...

Independent Learner

Self-Manager

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A Definition of Self-Management

Small Group/Individual Activity:

- Read the three bullets of the Self-Management definition (out loud)
- Consider:** Do you have students who are not always aware of their emotional/physiological "states" ?
- Do you have students who do not accurately read your non-verbal cues? Do they have the skills to do this, or are they choosing not to do this?
- Do you have students who know how they should behave, but are unable to do it?

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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 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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- ### Ultimately, Constructs Need to Drill Down to Key Behavioral Competencies or Skills
- | | |
|---|-----------------------------------|
| Listening | Waiting for an Adult's Attention- |
| Following Directions | How to Interrupt |
| Asking for Help | Dealing with Losing |
| Ignoring Distractions | Apologizing |
| Dealing to Teasing | Dealing with Consequences |
| Contributing to Discussions/Answering Classroom Questions | |
| Deciding What to Do | Avoiding Trouble |
| Asking for Permission | Dealing with Anger |
| Joining an Activity | Dealing with Being Rejected or |
| Giving/Accepting a Compliment | Left Out |
| Understanding Your/Others' Feelings | Dealing with Accusations |
| | Dealing with Peer Pressure |

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WHY... Is Self-Management Important in Schools?

- Facilitates academic engagement and achievement
- Essential to cooperative and project-based learning
- Inherent part of classroom management
- Supports positive, safe school and classroom climate
- The ultimate goal/replacement behavior for challenging student interventions



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Anxiety, Stress, & Trauma

Differentiating between
Anxiety, Stress, and Trauma

The ACEs

The Validity of Trauma-Informed
School Models

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The Psychology of Anxiety, Stress, and Trauma

Knoff **Project ACHIEVE** Blog: (www.projectachieve.info/blog)

August 8, 2020: "Why Stress-Informed Schools Must Precede Trauma-Informed Schools"

July 25, 2020: "Identifying Students with Back-to-School Social, Emotional, and Behavioral Needs: How to Screen Without Screening"

August 17, 2019: "Aren't Schools with Positive, Safe Climates Already Trauma Sensitive? Unmasking the ACEs"

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Anxiety, Stress, & Trauma

Differentiating between Anxiety, Stress, and Trauma

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The Validity of Trauma-Informed School Models

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The Psychology of Anxiety, Stress, and Trauma

Anxiety Disorders



Stressor-Related Disorders



Traumatic-Related Disorders



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The Psychology of Anxiety, Stress, and Trauma

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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The Psychology of Anxiety, Stress, and Trauma

DSM-V: Anxiety Disorders

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

Trauma- and Stressor-Related Disorders

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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The Psychology of Anxiety, Stress, and Trauma

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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Anxiety, Trauma, & Stress Take-Aways


- We need to advocate for and help schools create **Stress-Informed** or **Stress-Sensitive** settings and environments.
- Trauma-Informed programs are too specialized for the emotional condition of most students.



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Discussion/Questions

- Why are your thoughts?
- What are the implications for your school?
- What potential resistance will there be to stress vs. trauma-centered practices?



Finish by

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**Please Stop the Tape
and Take Some Time
to Write Down
Your Thoughts about
these Questions**

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The Adverse Childhood Experiences (ACEs) Scale



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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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The Research on Trauma-Informed School Programs



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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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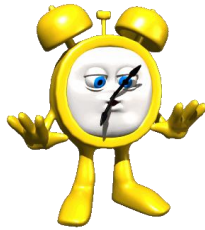
Trauma and Emotional Stress Take-Aways

- 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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Summarizing this Session.

- What was your one major take-away from today's session?
- What one action would you suggest to your school based on today's session?
- How do you think your colleagues would respond to your suggestion?
- Questions or Comments?



Finish by

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Preparation for Next Session

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