



MENTAL HEALTH:

The Impact of Trauma

By Peter DeWitt, EdD

In the United States, an estimated one in five children – ages 3 to 17 – has a mental illness (CDC). That is more than the number of kids with diabetes, cancer, and AIDS combined. This figure, which translates into 15 million kids nationwide, might be a surprising one – but it shouldn't be. The scientific community has been sounding the alarm on mental illness in youth for decades, urging doctors, parents, and educators to dedicate time and resources to the issue (Abby Haglage, Yahoo!).

As if that CDC statistic isn't alarming enough, the American Psychiatric Association, National Institute of Mental Health, and Centers for Disease Control and Prevention report that,

- One in 4 people is diagnosed with mental illness over the course of a year in the U.S.
- Half of all chronic mental health conditions begin by age 14.
- Half of all lifetime cases of anxiety disorders begin as early as age 8.
- More than 60 percent of young adults with a mental illness were unable to complete high school.
- Young people ages 16-24 with mental illness are four times less likely to be involved in gainful activities, like employment, college, or trade school.
- Those with a psychiatric disability are three times more likely to be involved in criminal justice activities.
- Each year, 157,000 children and young adults ages 10-24 are treated at emergency departments for self-inflicted injuries.

Many of these mental health issues that our students face were inspired by moments of trauma.

WHAT IS TRAUMA?

Trauma is a word that educators have been hearing a lot lately. Those who do not work in schools often do not understand the impact trauma can have on students, and how it can also have an impact on schools and those who work in it. Too many are quick to say that kids have to toughen up, and that going through difficult experiences helps us learn to build resilience. However, it's more than an experience that can help us become resilient.

Trauma can have a negative impact on the mental health of students and on how students experience friendships, focus on academics, and engage with peers and teachers at school.

Anyone familiar with trauma, and those who are new to the issue,

need not look any further than the recent story in California, where 13 children from the Turpin family were found in their home, chained to their beds, malnourished, and allowed to shower only once a year. Although those children were homeschooled, they were often seen in public where they smiled but didn't engage with anyone they did not know. There seemed to be an invisible wall between the lives they were allowed to live, and those on the outside who were looking back at them. Although this may seem like an extreme case of trauma, one that you would only find in the news, childhood trauma happens every day and comes in many forms.

For example, as we look back over the last year and focus on weather-related events like the hurricanes that hit Texas, Florida, and Puerto Rico, or the fires and mudslides that people in California experienced, it is clear that those are all events that create moments of trauma for students. Every time some of these children see rain or hear a clap of thunder, deep anxiety can be triggered. It's important to remember that trauma is not defined by one type of event, and the catalyst for the trauma that students experience is often hidden to those who are engaging with them at school.

According to the International Society for Traumatic Stress Studies (ISTSS), "Trauma is used to describe negative events that are emotionally painful and that overwhelm a person's ability to cope." The society goes on to offer examples that inspire trauma which include "experiencing an earthquake or hurricane, industrial accident or vehicular accident, physical or sexual assault, and various forms of abuse experienced during childhood."

Such experiences are often referred to as adverse childhood experiences (ACEs), and are typically divided into three types: abuse (physical, emotional, sexual), neglect (physical, emotional), and household dysfunction (incarceration of a relative; mental illness; domestic

violence; substance abuse; divorce; deployment of a family member; and loss of a parent).

"These experiences are often referred to as Adverse Childhood Experiences (ACEs), and are typically divided into three types, which are abuse, neglect, and household dysfunction."

Given all of these examples, we can well imagine that there are numerous students around us who are at risk of experiencing trauma and related mental health issues. In fact, the U.S. Department of Justice's National Survey of Children's Exposure to Violence reports,

More than 60 percent of the children surveyed were exposed to violence within the past year, either directly or indirectly (i.e., as a witness to a violent act; by learning of a violent act against a family member, neighbor, or close friend; or from a threat against their home or school).

Additionally,

Nearly one-half of the children and adolescents surveyed (46.3 percent) were assaulted at least once in the past year, and more than 1 in 10 (10.2 percent) were injured in an assault; 1 in 4 (24.6 percent) were victims of robbery, vandalism, or theft; 1 in 10 (10.2 percent) suffered from child maltreatment (including physical and emotional abuse, neglect, or a family abduction); and 1 in 16 (6.1 percent) were victimized sexually. More than 1 in 4 (25.3 percent) witnessed a violent act and nearly 1 in 10 (9.8 percent) saw one family member assault another.

Additionally, the National Resilience Institute reports that 72 percent of children and youth will experience at least one adverse childhood experience (ACE) before the age of 18.

Recently, New York school leaders cited the issue of students suffering from mental health as number one on their list of priorities. In a survey from the New York State Council of School Superintendents, 45 percent of all superintendents cited helping students with health and mental health issues as their number one concern, not only because of the impact it has on students in crisis mode who have severe issues, but also because of the impact it has on learning.

Schools that are familiar with trauma and the importance of mental health are beginning to use the ACE questionnaire, which provides a score to rate a child’s exposure to trauma. The Centers for Disease Control (CDC) says the higher the number of traumatic events, the higher the score the child will receive. Tools like the ACE quiz can be used as part of an early warning system process (DeWitt, 2017). Early warning systems (EWS) are meant to provide schools with important information about students who are at risk from a social-emotional or academic level.

When it comes to social-emotional issues, schools can create an EWS using the ACE questionnaire as well as additional information such as attendance, free and reduced lunch, teacher-student engagement practices, mobility, and family engagement. An authentic EWS is meant to highlight students at risk, and then encourage school professionals to discuss what types of interventions are in place for students. Additionally, an EWS is meant to take into account the variety of ways that teachers are engaging students academically and socially-emotionally, and not meant to put all of the responsibility on students and the home.

HOW DOES IT IMPACT LEARNING?

Unfortunately, those students who are suffering the most exhibit behaviors in some of the most undesirable ways. According to Chris Blodgett, a clinical psychologist who directs the CLEAR

Trauma Center at Washington State University, “When kids have undergone a lot of adversity, it changes how they respond to people and challenges in their environment, including very simple things that we might not think about – like how many transitions you ask them to do before lunch (*New York Times*, Schools That Separate the Child from the Trauma).” Unfortunately, they are not equipped to look up at their teachers and say, “Will you please call on someone else because I’m suffering from trauma?”

Some students in crisis mode exhibit behaviors that will get them kicked out of class or suspended from school because they are fighting with peers or teachers. Other students are on the opposite end of the spectrum. Those students on the opposite end are often in hibernation mode, which means that they spend their days engaging with as few peers or teachers as possible.

In the Schenectady City School District, where they are seeing a high percentage of students who suffer from trauma, Superintendent Larry Spring shared this in an interview with the *Times Union*,

When someone is stressed their body releases the stress hormone cortisol, which science has long shown interferes with learning and memory, weakens the immune system, and increases blood pressure, cholesterol, and

heart disease. Chronic stress and elevated cortisol levels also increase a person’s risk for depression, mental illness, heart disease, and life expectancy in general.

Spring went on to report,

It really is insidious in terms of mental and physical health, and what we’re finding is that many children in urban settings are dealing with more trauma than our military are when they’re deployed. That should be startling.

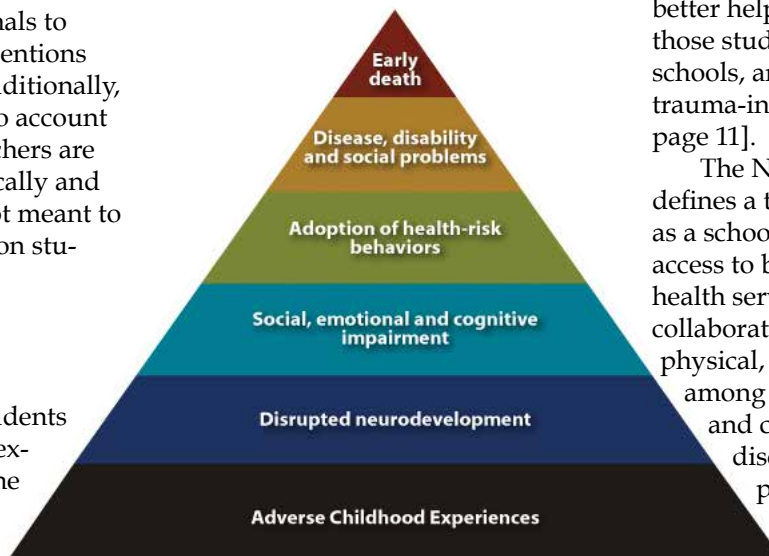
More and more schools, like those under the care of Larry Spring, are responding to those startling statistics. At one time, social-emotional learning was seen as an “add-on” or a “nice to have” but school districts like Schenectady understand that social-emotional learning is not an addition to the curriculum, but a necessary element of the curriculum students learn. Here, the three Rs are now accompanied by the fourth R of resilience training – the trademark of a trauma-informed school.

WHAT ARE TRAUMA-INFORMED SCHOOLS?

In response to the growing needs of students who are suffering from trauma and mental health issues, school districts are beginning to work with outside organizations that can better help them meet the needs of those students in crisis within the schools, and they are referred to as trauma-informed schools [See story on page 11].

The National Resilience Institute defines a trauma-informed school as a school that provides “increased access to behavioral and mental health services, effective community collaboration, an increased feeling of physical, social, and emotional safety among students, and positive and culturally responsive discipline policies and practices that increase school connectedness.”

Fortunately, school leaders have gained new flexibility due to the Every



Mechanism by which Adverse Childhood Experiences influence health and well-being throughout the lifespan.



Student Succeeds Act (ESSA), which allows states and local districts to create school improvement plans that will fund social-emotional programs, so information gained through efforts like an EWS can potentially be funded for districts.

After information around the ACE tool or EWS is discussed at length, there are important steps that schools can take, which would require them to work with outside agencies and the greater school community. According to the Massachusetts Advocates for Children, and the Legal Services Center of Harvard Law School, trauma-informed schools engage in the following:

Schoolwide Policies and Practices –

Schools need to have districtwide health and wellness policies that are followed through upon and not just written down in a binder.

Classroom Strategies and Techniques –

Schools use strategies that are created in partnership with school counselors and psychologists and that focus on the social-emotional growth as well as the academic growth of students.

Collaboration and Links to Mental Health –

“Policies describe how, when, and where to refer families for mental health supports; and staff actively facilitate and follow through in supporting families’ access to trauma-competent mental health services.”

Family Partnerships – Schools support ways to communicate with families that encourage inclusion rather than exclusion. They include families by using language they understand

rather than educational acronyms that create a wedge.

Community Linkages – Schools need to move beyond just having relationships with mental health organizations; but need to actively work with them.

For example, Rochester is one particular district in New York State that has worked hard to become a trauma-informed district. Why? According to Justin Murphy (*Democrat and Chronicle*),

In Rochester, that means acknowledging that more than 2,000 students are homeless at some point in each school year, and that more than 50 percent live below the poverty line, according to annual ACT Rochester reports and other data sources. From lack of prenatal care to lead poisoning to parents out of work – children in Rochester face statistically greater challenges than those anywhere else in the region.

Murphy goes on to explain how Rochester City Schools did it:

Beginning in 2015-16, about a dozen RCSD schools, primary and secondary, volunteered their staff for intensive professional development on restorative practices and trauma-informed care. Many schools have also received additional reading teachers, social workers or psychologists.

The following year, Murphy wrote that the number of staff engaged in this important professional learning moved up to over 24 staff members. The important thing to understand is that Rochester does not approach this from a programmatic perspective as much as they approach it from a school climate perspective, where being trauma informed is a way of life, and not scripted curriculum that comes out of a box.

IS YOUR SCHOOL READY TO BE TRAUMA INFORMED?

On July 1, New York will become the first state to require schools to implement a mental health curriculum. Mary McHugh from the Office

of Mental Health (OMH) explained, “To support the successful implementation of this new requirement, the Mental Health Advisory Council was formed, bringing together key leaders from across the state to draft recommendations and provide guidance for NYS schools.” OMH has representatives in five work groups that include:

- Mental health instruction/ resources for the classroom
- Wellness: early prevention and awareness
- Mental health resources for schools, students, and families
- Supporting a positive school climate and culture
- Assuring preparedness/readiness for local implementation.

Continued McHugh, “Although details are still being finalized, the new mental health guidance will help students and teachers recognize the signs of a potential problem and reduce the associated stigma.” Core elements in New York’s mental health guidance are expected to focus on the importance of:

- self-care and taking personal responsibility for one’s own mental health
- making mental health an integral part of overall health
- recognizing the signs and symptoms of developing mental health problems
- managing mental health crises such as suicide and self-harm
- understanding the relationship between mental health, substance abuse, and other negative coping behaviors
- understanding how negative cultural attitudes impact people seeking treatment and contribute to discrimination against those with mental illnesses
- recovering from mental illness
- identifying appropriate professionals, services, and family supports for treating mental illness.

Additionally, Amy Molloy, director of education at the Mental Health Association in New York State (MHANYS), one of the groups that

successfully advocated for the passage of the law, also works with the Mental Health Advisory Council. She says,

In addition to identifying content (or functional knowledge) for health education, the group has been exploring strategies that will promote professional development of all staff, ensuring that policies are in place to support the mental health needs of all students and ways in which schools can leverage internal resources and community based services to ensure student emotional wellness.

Molloy’s suggestions mirror those from Harvard that explain the characteristics of a trauma-informed school. All of this is meant to provide a whole-child education for students, regardless of whether they have experienced trauma or have mental health concerns.

Professionals in the mental health community believe this has been long overdue, as they have been advocating for decades to make this happen. Although New York has had mental health education as part of the curriculum in the past, it was considered “other health required areas,” which means that teachers and leaders did not have to cover it.

Many times, mental health instruction is done proactively in schools, and only used with those students who exhibit such behavior. This will require schools to take a bit of a proactive approach by having it embedded in curriculum.

MHANYS wants to help schools implement all of this correctly. Molloy says,

Schools are encouraged to build relationships with community resources. Community partners can provide staff development, family engagement and support services, student mental health education, and behavioral health services. No one school or community provider can meet all students’ mental health needs. Collaborations with a multitude of community resources supports a culture and climate of wellness

that extends beyond the school and into the community as a whole.

Once again, these are suggestions that fit with the characteristics of trauma-informed schools. However, school leaders also understand that they are at potential risk of getting pushback from families and teachers who are concerned about mental health curriculum being implemented in school. Molloy says,

When parents have concerns such as this, we first need to ask questions and listen to the basis of their concerns. Sometimes, there are concerns about confidentiality and stigma. Given that mental health has not been taught in schools in the past, parents may have misunderstandings rooted in decades-long stigma around mental health. We find that it is most effective to not only educate the students but to engage and educate the families as well.

IN THE END

Trauma and student mental health is a growing issue for our communities and our schools. Unfortunately, there is still some debate as to whether schools should focus on social-emotional learning (SEL). Critics of SEL state that it’s not the school’s job. However, the debate is a moot point because we know, if we honestly look inward at our school community and the students with whom we spend so many hours of the day, there are students all around us who are suffering from trauma. And if our goal as educators is to truly help all students realize their full potential, then we must ask ourselves, “If not us, then who?”

Peter DeWitt, EdD, is the author of several books, including *Collaborative Leadership: 6 Influences That Matter Most* (Corwin Press., 2016), *School Climate: Leading with Collective Efficacy* (Corwin Press, 2017), and the forthcoming *Coach It Forward: Coaching Practices That Impact School Leadership* (Corwin Press, 2018).



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