

# SUPPORTING THE HEALTHY DEVELOPMENT OF CHILDREN EXPOSED TO TRAUMA: THE ROLE OF EDUCATION

The Need to Address Childhood  
Trauma: Implications for Child Welfare  
and Education Legislative Briefing

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July 26, 2017



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*My whole life is stressful. I ran away from home...there was like 13 people in that house...after a while, you know, there's not enough food and everything for everybody to be there. One winter we had no heat. We had no electricity. We had no water. It was bad.*



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# More than half of US public school students live in poverty



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# The Reality of K-12 Schools



# The Prevalence of ACEs Among School-Age Youth



One out of every 4 children attending school has been exposed to a traumatic event that can affect learning and/or behavior.



Source: NCTSN (2008). Trauma Factors for Educators



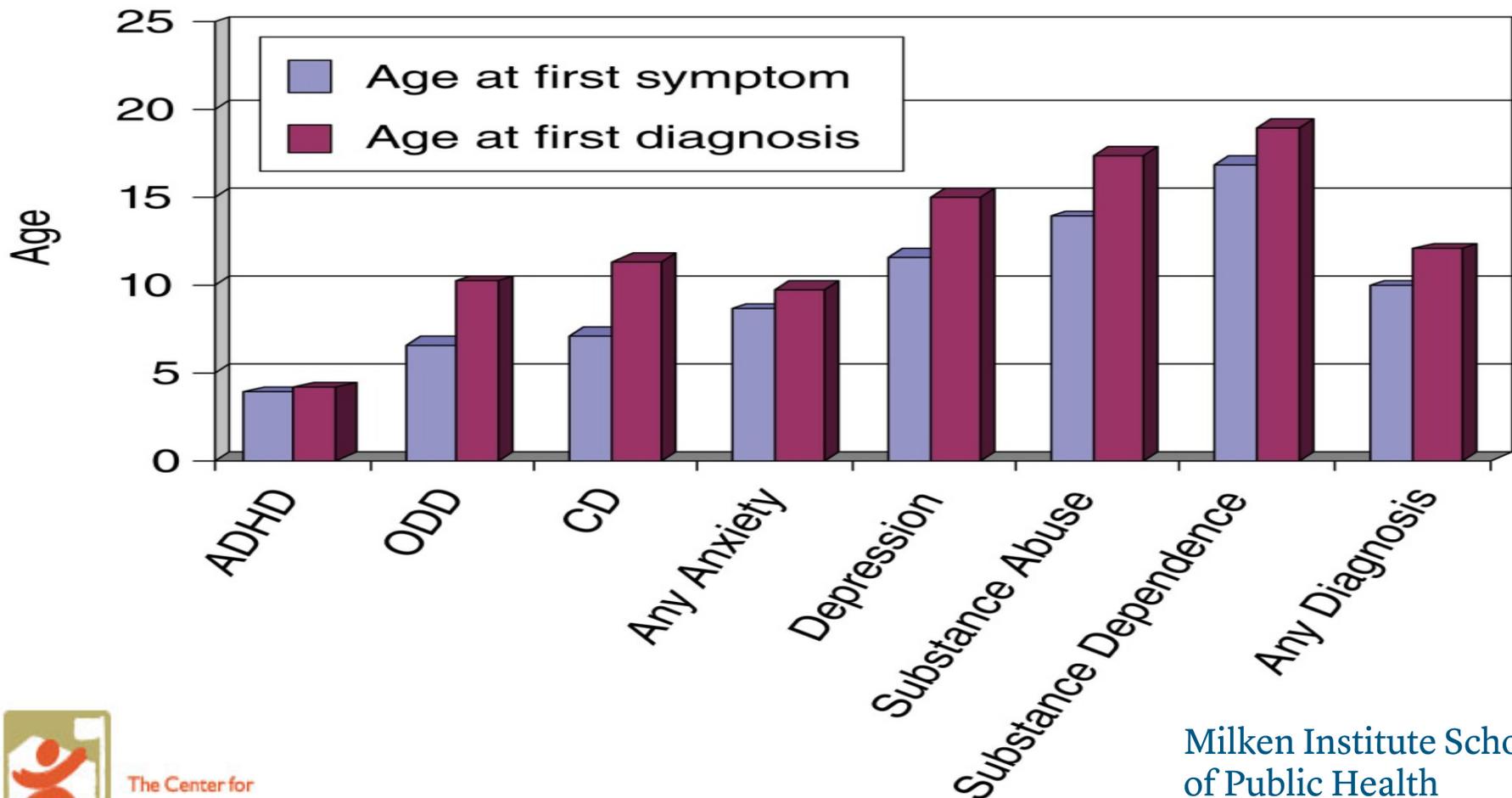
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# Mental Illness in Adulthood Begins in Childhood or Adolescence

Half of lifetime diagnosable mental illness start by age 14, and about 75% start by age 24



# ACEs and Adolescents

**50% had at least 1 ACE**

**10% has 4+ ACEs**

Prevalence of indicators of negative well-being, by number of adverse childhood experiences (teens 12-17)				
Measure of well-being	0 ACEs	1 ACE	2 ACEs	3+ ACEs
High externalizing behavior	18%	26%	33%	41%
Low engagement in school	25%	33%	44%	48%
Household contacted due to problems at school	13%	23%	31%	38%
Grade repetition	6%	12%	14%	21%
Does not stay calm and controlled	24%	34%	40%	44%
Does not finish tasks started	27%	36%	44%	49%
Diagnosed with a learning disability	9%	13%	16%	23%
Fair or poor physical health	2%	4%	4%	6%



# Traumatic Events and Chronic Stress Undermine Achievement

- Changes in **brain** development and functioning
- Lags in **concentration**, memory, and creativity
- Diminished **social skills** and social judgment
- Reductions in **motivation** and effort
- Increases in **impulsive** behavior and depression

## Educational Disparities:

- Miss an average of **18-22** days of school
- Are **3X** more likely to be absent, suspended, or expelled than children with other disabilities
- More likely to **drop out of high school** (44% of youth with diagnosed behavioral illnesses)



*Resulting in lower educational attainment compared to peers*



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# Unmet Mental Health Needs



Unmet child mental health needs are associated with chronicity and severity of mental illness in adulthood

- Only 25% of children needing care get the help they need.
- Studies report only 8% of children receive counseling or treatment from a mental health professional during the preceding 12 months.



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**75% of children receiving mental health support receive it in....**

**SCHOOL**



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# Schools as a **SYSTEM**

## ■ **The 4 Ps**

- People (teachers, administrators, health staff, parents)
- Programs (promotion, prevention, early ID, treatment to support physical, behavioral, oral health, and academic performance)
- Practices (organizational, culture/values, norms)
- Policies (school-, district-, state-, federal levels)

## ■ **The OTHER Ps**

- Priorities (common core, ESSA)
- Pressures (multiple stakeholders)
- Politics (local, state, federal)



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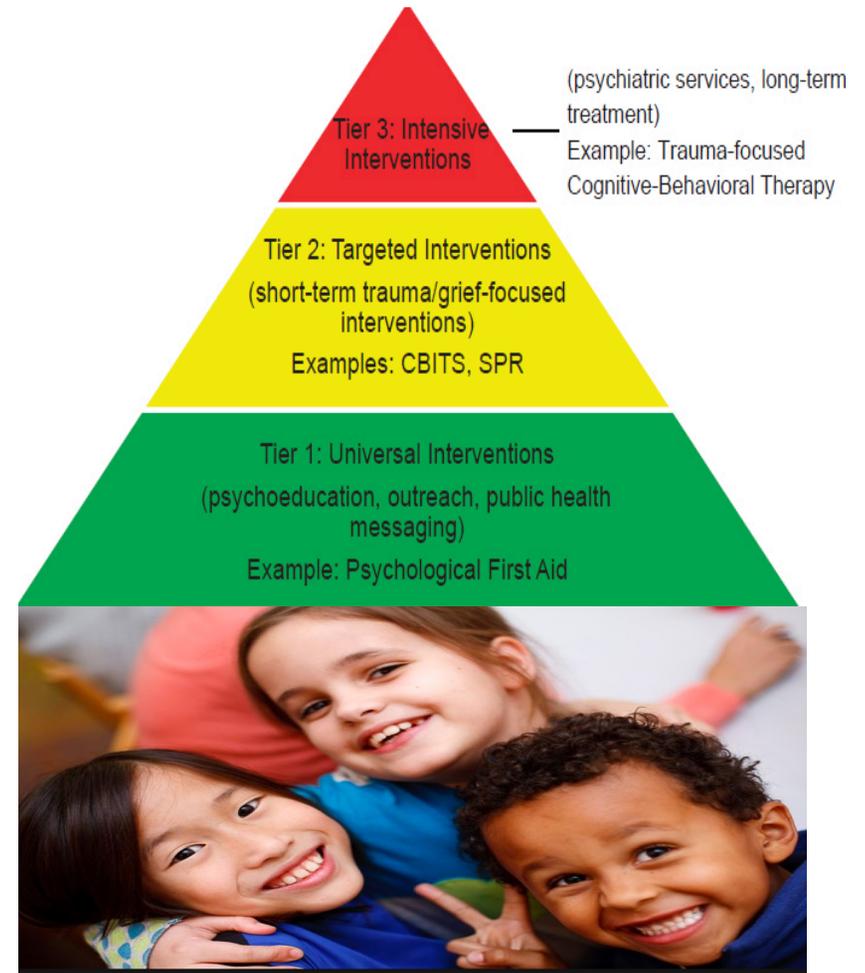
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# School Mental Health Arrangements

Service Provider Arrangement	School Relationship	Provider Type	Services	Barriers
Special Education	Hired by school or school district	School Psychologists, social workers, behavioral interventionist	Special Education Testing, mandated services, IDEA implementation	Time spent on testing, spread across multiple schools, dependent on disability, not accessible to all students
Stand Alone School Programs	School or school district hires providers or program	Social Workers, counselors, psychologists	Counseling, Interventions for specific mental health issues	Supervision/ accountability, lack of EBPs, competing priorities
Community Linked Programs	School or school district contracts with organization for the provision of services	Licensed Social Workers, child psychologists, child psychiatrist, substance use counselors	Varied – crisis/as needed to comprehensive mental health services	Not always linked to other school services, provided as needed, need willing MH partners, confidentiality issues
Other Service Provider Options	May occur on school premises but not during school hours, or through use of technology	Psychologists, psychiatrists, behavioral pediatricians	Counseling, medication management	Start up costs, reimbursement issues, may not reach all needy children
School Based Health Centers	Located at or near schools	Varied	Varied	Funding and space, enrollment, need co-sponsor agency with MH expertise

# Expanded School Mental Health Programs

- Co-location of MH provider to expand services in schools
- Identify youth in regular education to prevent worsening of behavioral/emotional symptoms
- Address systemic and clinical issues that become barriers to learning
- Focus on prevention and early intervention through EBPs
- Provide a full array of services (individ, group, and family therapy)
- Link to other providers, supports, and programs



# Attributes of a Trauma Sensitive School

1. A shared understanding among all staff that adverse experiences are common and that trauma can impact learning, behavior, and relationships at school (professional development)
2. The school supports all children to feel safe physically, socially, emotionally, and academically (whole school approaches)
3. Students' needs addressed in holistic ways by integrating trauma sensitive approaches into existing school operations (school climate, discipline policies, communication procedures, etc.)
4. Communicating and collaborating with families consistently
5. Crisis intervention, mental health and social support services in and outside of the school are available and coordinated
6. Awareness of the prevalence and impact of secondary traumatic stress on teachers and staff



# Staff Well-being and Self-care → Student Success



The ability of school staff to be emotionally present and to forge a **relationship** with students impacts how **connected** students feel to school, how they behave, and how well they perform in school



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Source: Cohen, J., et al. (2009)

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# Policy Implications

- Improve capacity of adults to effectively identify and support youth exposed to high levels of stress through pre-service and professional development opportunities
- Promote positive school climates and trauma-sensitive practices in schools
- Improve spread of school-linked approaches that coordinate care and integrate social supports
- Facilitate methods to blend and braid public funds to help sustain school-based programs and supports





*Thank you!*

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