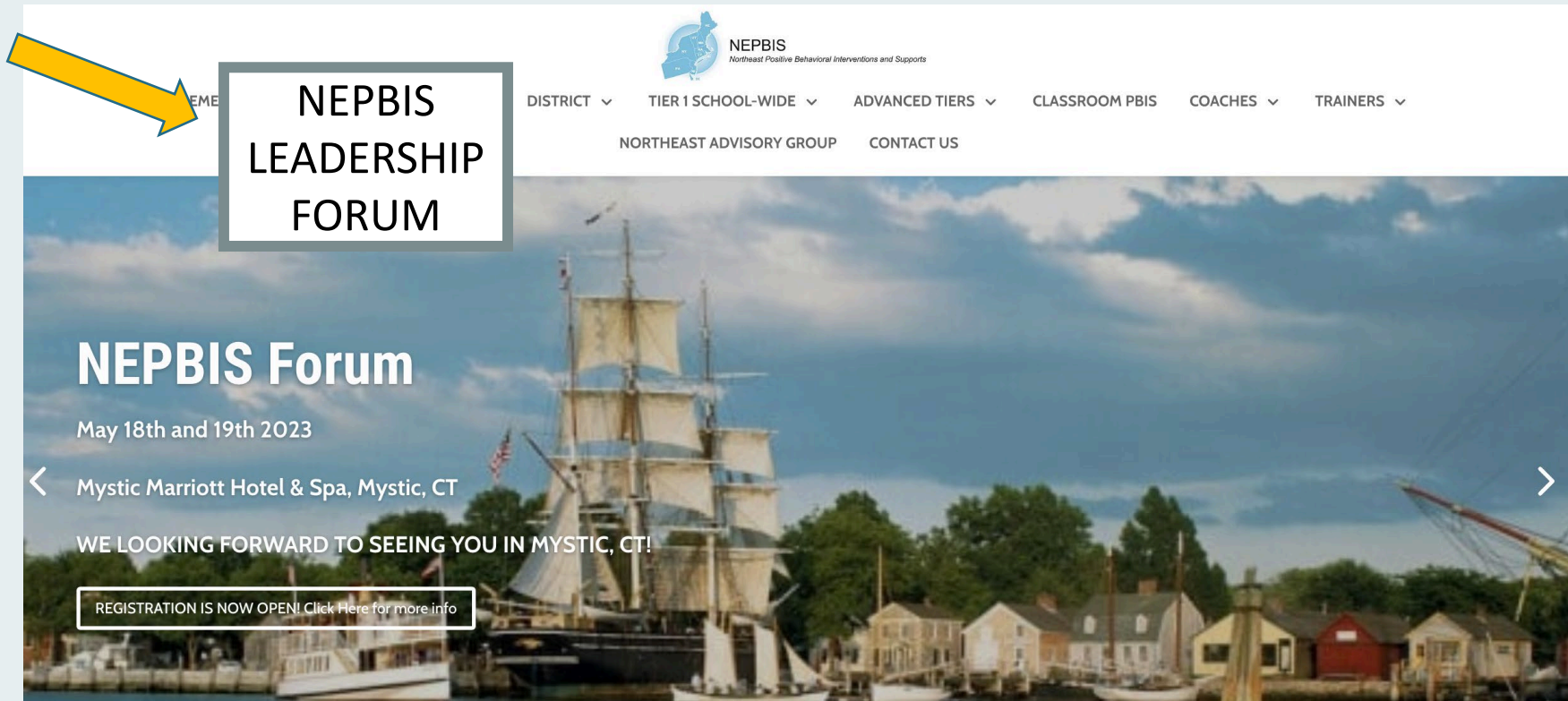


Access Conference Program and Session Materials at NEPBIS.org



The screenshot shows the NEPBIS website header with a navigation menu. A yellow arrow points to the 'NEPBIS LEADERSHIP FORUM' text in a grey box. Below the header is a banner for the 'NEPBIS Forum' event, featuring a photograph of a harbor with a large sailing ship and houses. The event details include the dates 'May 18th and 19th 2023' and the location 'Mystic Marriott Hotel & Spa, Mystic, CT'. A call to action states 'WE LOOKING FORWARD TO SEEING YOU IN MYSTIC, CT!' and 'REGISTRATION IS NOW OPEN! Click Here for more info'.

NEPBIS
Northeast Positive Behavioral Interventions and Supports

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ME

NEPBIS LEADERSHIP FORUM

NEPBIS Forum

May 18th and 19th 2023

< Mystic Marriott Hotel & Spa, Mystic, CT >

WE LOOKING FORWARD TO SEEING YOU IN MYSTIC, CT!

REGISTRATION IS NOW OPEN! [Click Here for more info](#)



Building Workforce Capacity in Our Schools: A Graduate Certificate Program in Trauma Informed Practice and Policy

**Northeast
PBIS Network
Leadership Forum**
MAY 17-18, 2023





TIPP

**Graduate Certificate
in Trauma-Informed Policy & Practice**

University of New Hampshire

Building a Diverse Workforce in Our Schools:

Graduate Certificate in Trauma Informed Practice and Policy

2023 NE PBIS Leader's Forum

May 19 , 2023

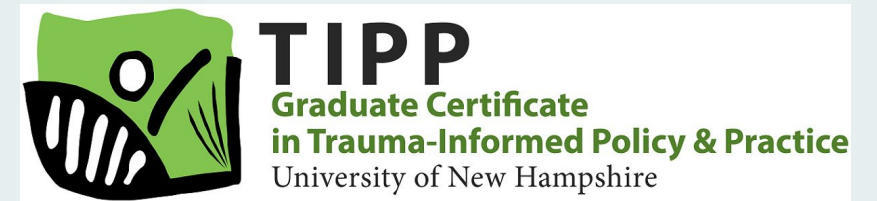
UNH Institute on
Disability- UCED

UNH Department of
Education

UNH Department of
Social Work

Agenda

- Overview and background
- TIPP program elements and requirements
- Scholars and outcomes
- Scholar reflections:
 - Stacy Champey, MEd., *District MTSS-B Coach*
Manchester NH School District
- TIPP 2.0!



Reflection

- Workforce shortages- what could help educators and behavioral health providers feel more energized about their work as they seek to educate and support all children and youth?



Developmental Trauma Disorder

(Developmental Trauma Disorder

(van der Kolk, 2005))

“many problems of traumatized children can be understood as efforts to minimize objective threat and to regulate their emotional distress”
These are survival responses to disordered or dangerous environments.

Disordered or dangerous environments are happening inside and outside of our schools.

“{the child’s} maladaptive behaviors tend to inspire revulsion and rejection...and is likely to lead to labeling and stigmatizing children for behaviors that are meant to ensure survival.”

Why do
we need
programs
like TIPP?

“ In 2016, the National Survey of Children’s Health (NSCH) showed that 46 percent of America’s children had experienced at least one adverse childhood experience with the number rising to 55 percent for children aged 12 to 17. One in five U.S. children had two or more ACEs.

...most educators encounter trauma-affected students throughout their careers, whether they know it or not. Often these students exhibit a sudden change in behavior, from social withdrawal to violent outbursts or self-harm. When an educator frequently interrupts instruction to address disruptive behavior, teaching and learning for the entire class can suffer.

These outbursts and the punishments that often follow affect the psychological well-being and safety of both educators and students and, left unexamined, contribute to the school-to-prison pipeline that NEA is committed to eradicating.”

(National Education Association, 2020)

We Also Need TIPP to Minimize/Eliminate Trauma Inducing **Educational Interventions**

- Restraint
- Seclusion
- Suspension & expulsion
- Low expectations
- Sensory overload
- Lack of communication supports for non speaking students
- Segregated education (classes, schools)
- Public shaming via behavior charts and neurotypical expectations

How can we be a “trauma sensitive school” if we continue these practices?

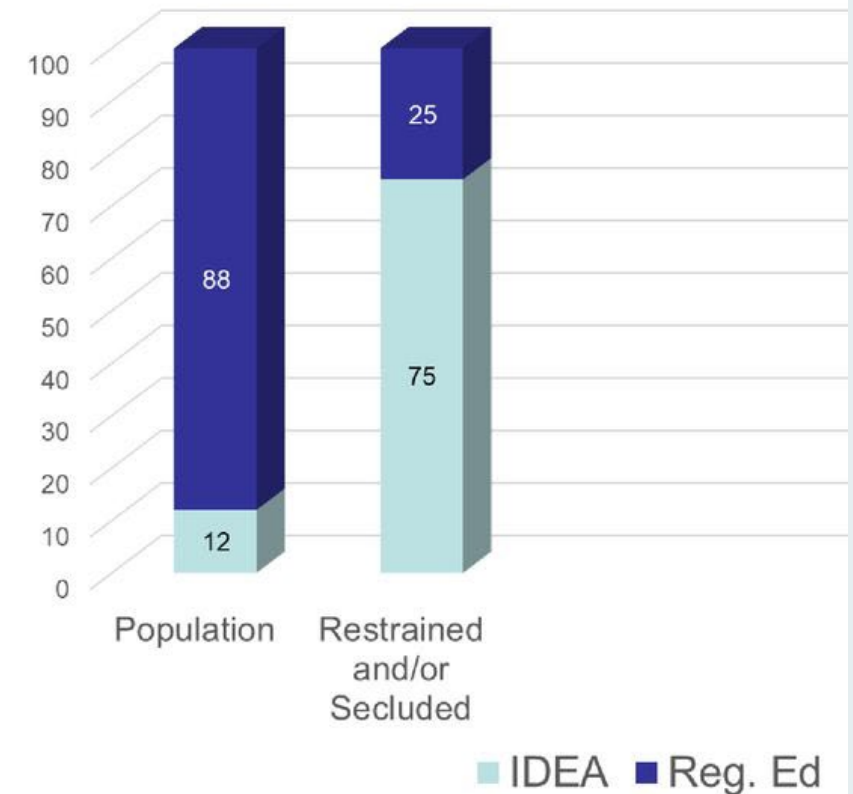
Restraint and/or seclusion used at least 267,000 times.

Manual Restraint 163,000 times
Mechanical restraints 7,600 times
Seclusion 104,000 times

Students with disabilities = 12% of student population, but 75% of those restrained or secluded.



Some Daunting Statistics



Education and Social Work

Working together to support schools develop trauma informed practices and equity based inclusive education.

Education Perspective

Mary Schuh, PhD, Education, Co-PI

What I bring to TIPP

- 30 + years teaching experience supporting equity-based inclusive education in all its forms (UDL, MTSS etc..)
- 30+ years conducting/reviewing research in educational outcomes and disability
- A career's commitment of leadership development and listening to the voices of disabled individuals and their families
- Knowledge and experience creating and promoting local, state, federal disability policy

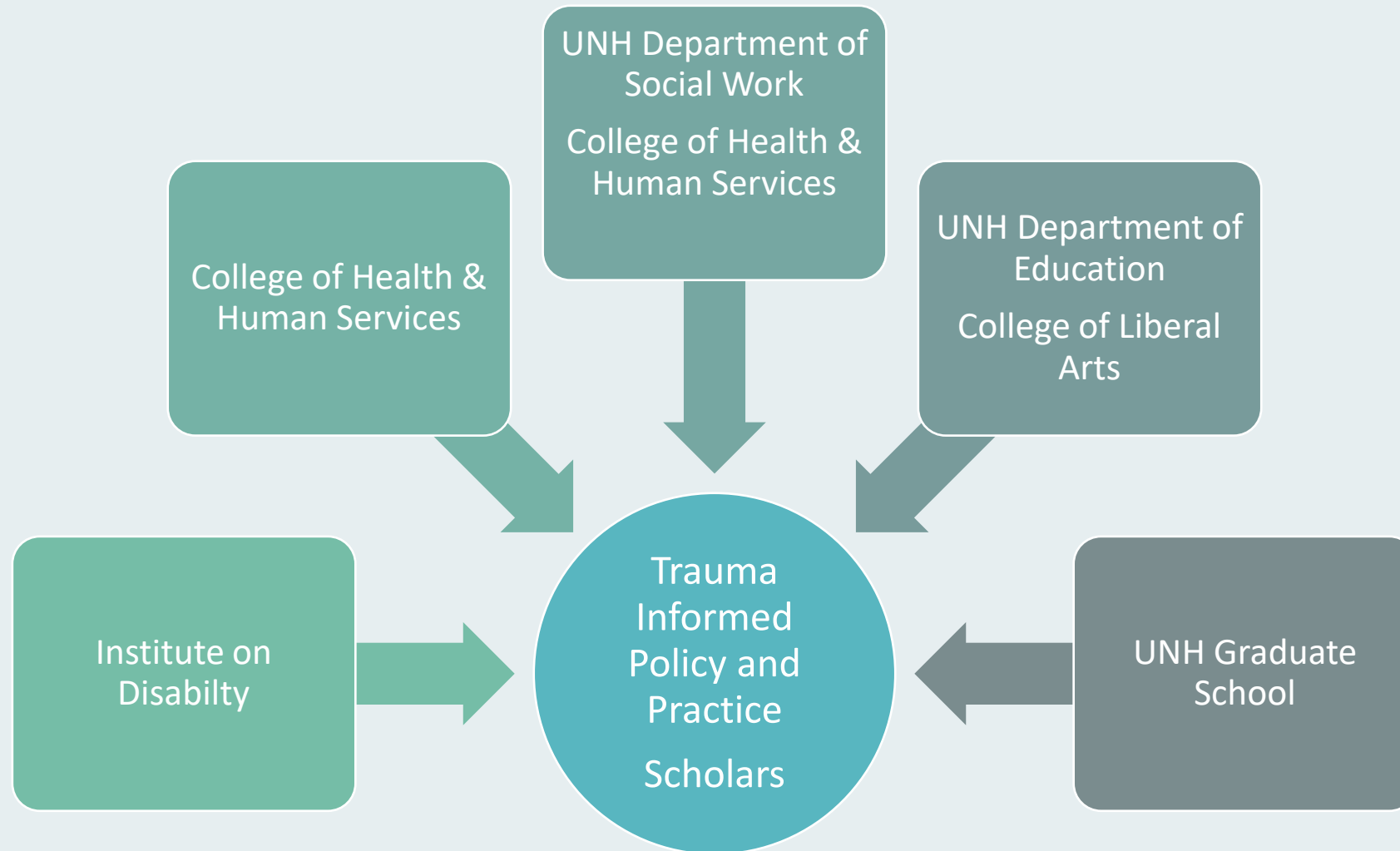
Social Work Perspective

JoAnne Malloy, MSW, PhD Social Work, TIPP Co-PI

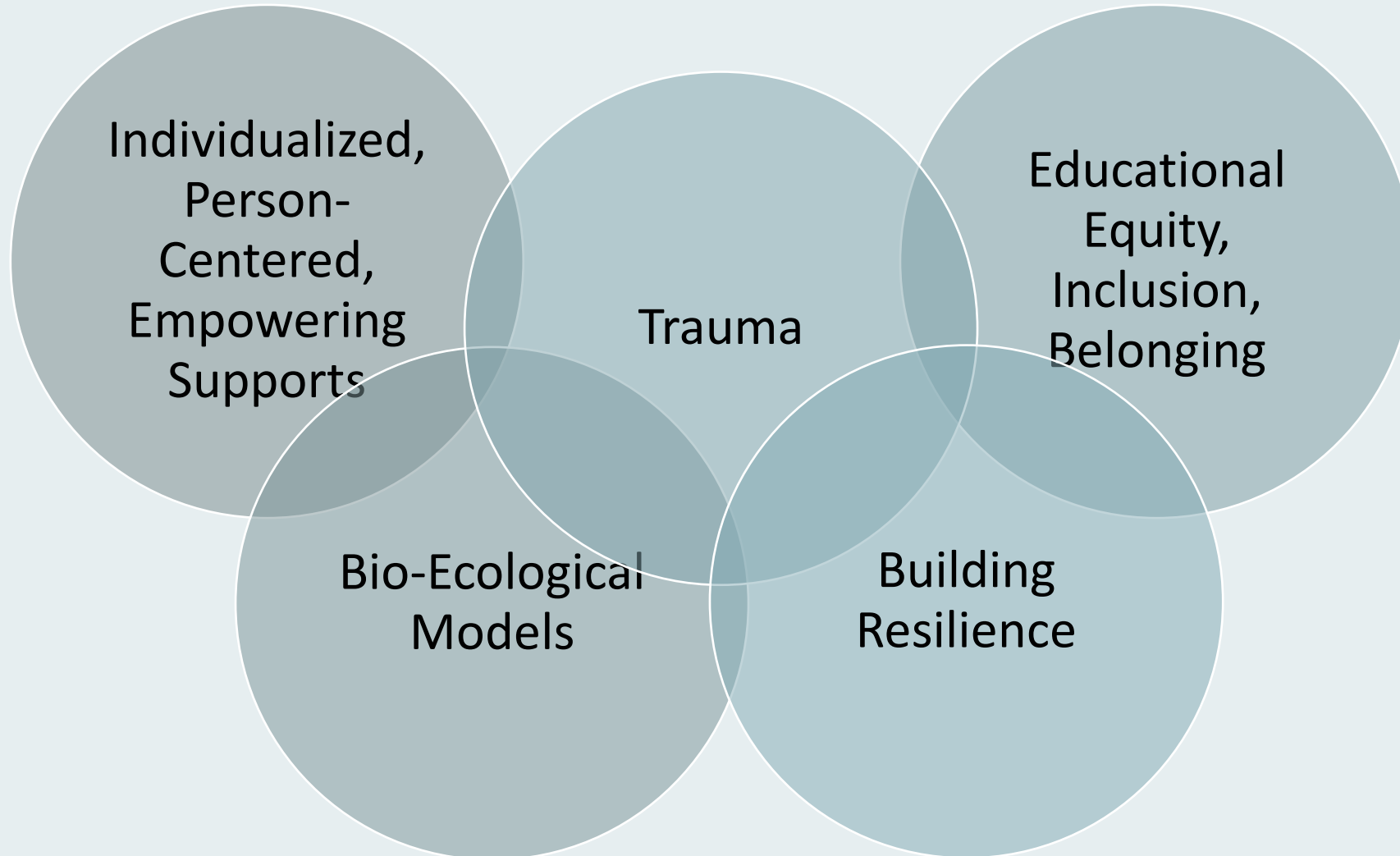
What I bring to TIPP:

- Systems perspective: working with conceptual models, frameworks (such as Multi Tiered Systems of Support- MTSS),
- 20+ years experience as an external coach to schools using the PBIS/MTSS-B framework
- 20+ years experience developing school to career interventions for transition-age youth
- Trauma perspective: understanding child development, impact of abuse, neglect, adverse experiences
- External consultation with schools: 20 years as a PBIS, MTSS consultant

Breaking down “silos” in graduate education



The Basic Principles of the TIPP program





Trauma Informed Care (TIC)

“Trauma-Informed Care is a strengths-based framework that is grounded in an understanding of and responsiveness to the impact of trauma, that emphasizes physical, psychological, and emotional safety for both providers and survivors to rebuild a sense of control and empowerment.” (Hopper et al., 2010)

“Trauma-informed organizations, programs, and services are based on an understanding of the vulnerabilities or triggers of trauma survivors that traditional service delivery approaches may exacerbate, so that these services and programs can be more supportive and avoid re-traumatization.” (SAMHSA)

TIPP Course Requirements

	Course Number	Course Title	Campus/ Format
REQUIRED	EDUC 850	Introduction to Disability in Inclusive Schools and Communities 4 CREDITS	Durham ONLINE
	SW 871 (formerly 897) <u>OR</u> SW 897	Trauma Informed Practices in School Settings 3 CREDITS <u>OR</u> Core Concepts in Trauma Informed Welfare Practice	Durham ONLINE
	EDUC 998	Special Topics in Trauma Informed Policy & Practice (a.k.a. TIPP Seminar) 2 SEMESTERS – 1 CREDIT PER SEMESTER	Concord Online/in person

TIPP Requirements, cont.- 2 Electives

ELECTIVES – choice of 2

Course Number	Course Title	Campus/ Format
SW 805	Child and Adolescent Risks and Resiliency: Program, Policy, & Practice	Durham VARIES
SW 813	Social Work in Schools	Durham ONLINE
SW 850	Human Behavior and the Social Environment	Durham VARIES
SW 804	Adolescents with Emotional and Behavioral Challenges	Durham ONLINE
EDUC 803C	Classroom Management: Creating Positive Learning Environments 4 CREDITS	Durham ONLINE
EDUC 851A	Educating Exceptional Learners: Elementary (OR ↓)	Durham IN PERSON
EDUC 851B	Educating Exceptional Learners: Secondary (OR ↑)	Durham IN PERSON
EDUC 861	Inclusive Curriculum for Young Children with Special Needs	Durham IN PERSON
EDUC 801	Human Development and Learning: Educational Psychology	Durham VARIES
EDUC 956	Developing Positive Behavior Supports to Ensure Success for All Learners	Durham ONLINE

Year-Long Seminar- Guest Lecturers

Fall

Topic 1: Overview, introduction to Trauma-Informed Care.

Topic 2: ACES; Developmental Trauma Disorder.

Topic 3: The personal impact of school policies and practices on students, including practice that cause harm and trauma.

Topic 4: Universal Design for Learning

Topic 5: Early Childhood Development and Attachment.

Spring

Topic 6: Multi-Tiered Systems of Support.

Topic 7: Student-Driven Planning and Resilience.

Topic 8: Aligning School-Based Initiatives; Capstone presentations.

Topic 9: Capstone presentations

Topic 10: Capstone presentations

Seminar Assignments

Items

Monthly in-class discussions and participation – 10 classes (5 in fall, 5 in spring). 2 points/class

School Site Trauma Assessment –

Case study presentations and responses (students work in small groups). 2 case studies, 1 per semester –

Monthly journals – 8 entries (4 per semester).

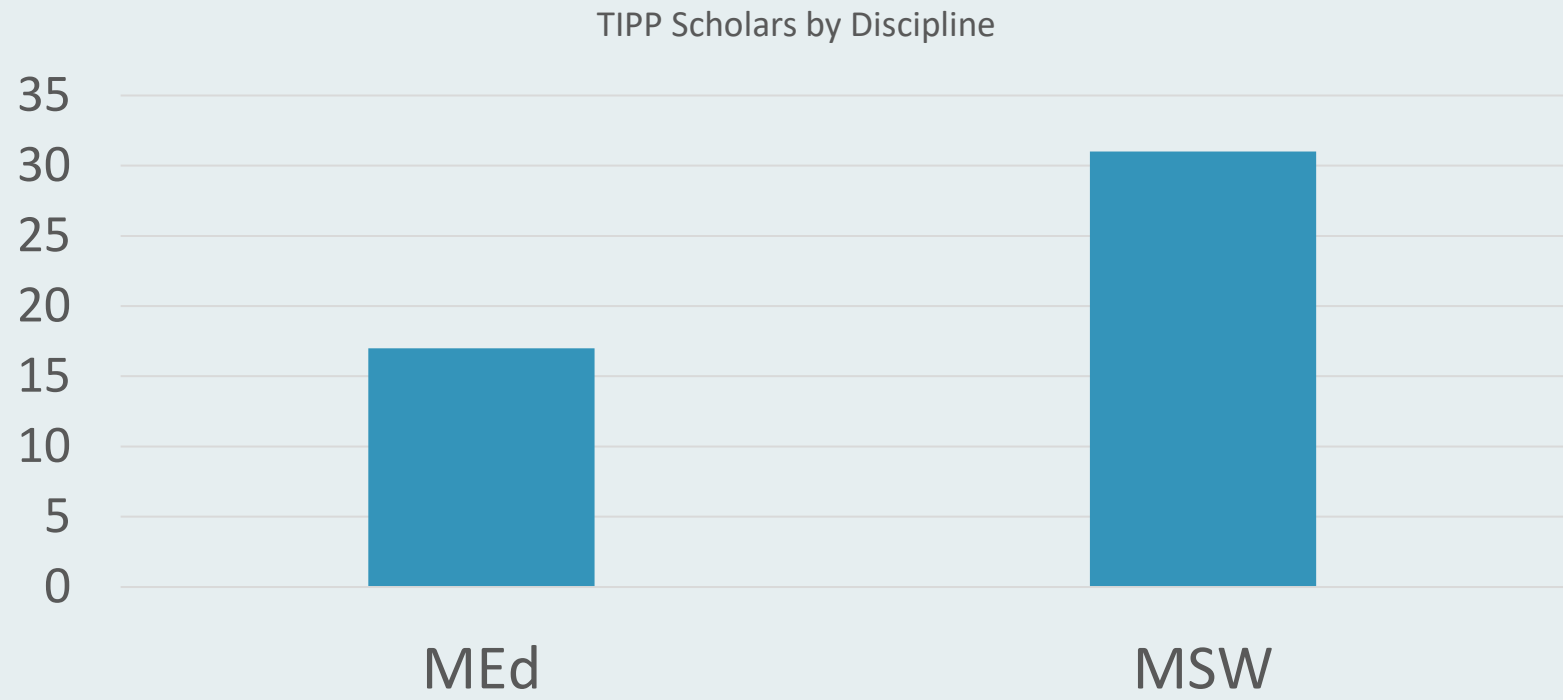
Capstone Project

Elements of TIPP program

- Scholars concurrently enrolled in the UNH graduate Social Work or Special Education program.
- Scholars receive scholarships that cover costs of their TIPP courses.
- In exchange for the scholarship, scholars must work with students with disabilities (according to special education definition) for at least 22 months within 5 years of exiting TIPP.

****After year two, 22 scholars have enrolled even though they do not qualify for the scholarship proving sustainability and importance.

Scholars- 4 Cohorts 2018- 2023



Outcomes

- 48 scholars enrolled over 4 cohorts (fall 2019- spring 2023).
- 34 scholars work in the field for: 20 in public schools, 6 in mental/behavioral health centers, 6 in community services or family counseling centers, and 2 in residential schools.
- 14 of 15 (93.3%) employers rated the training as effective.
- Statistically significant difference after more than one year on the job: from an average of 6.9 to 7.7 ($t = 2,26$, $p = 0.04$), indicating that ***the impact of program graduates on an employer's trauma responsiveness appears to increase over time.***

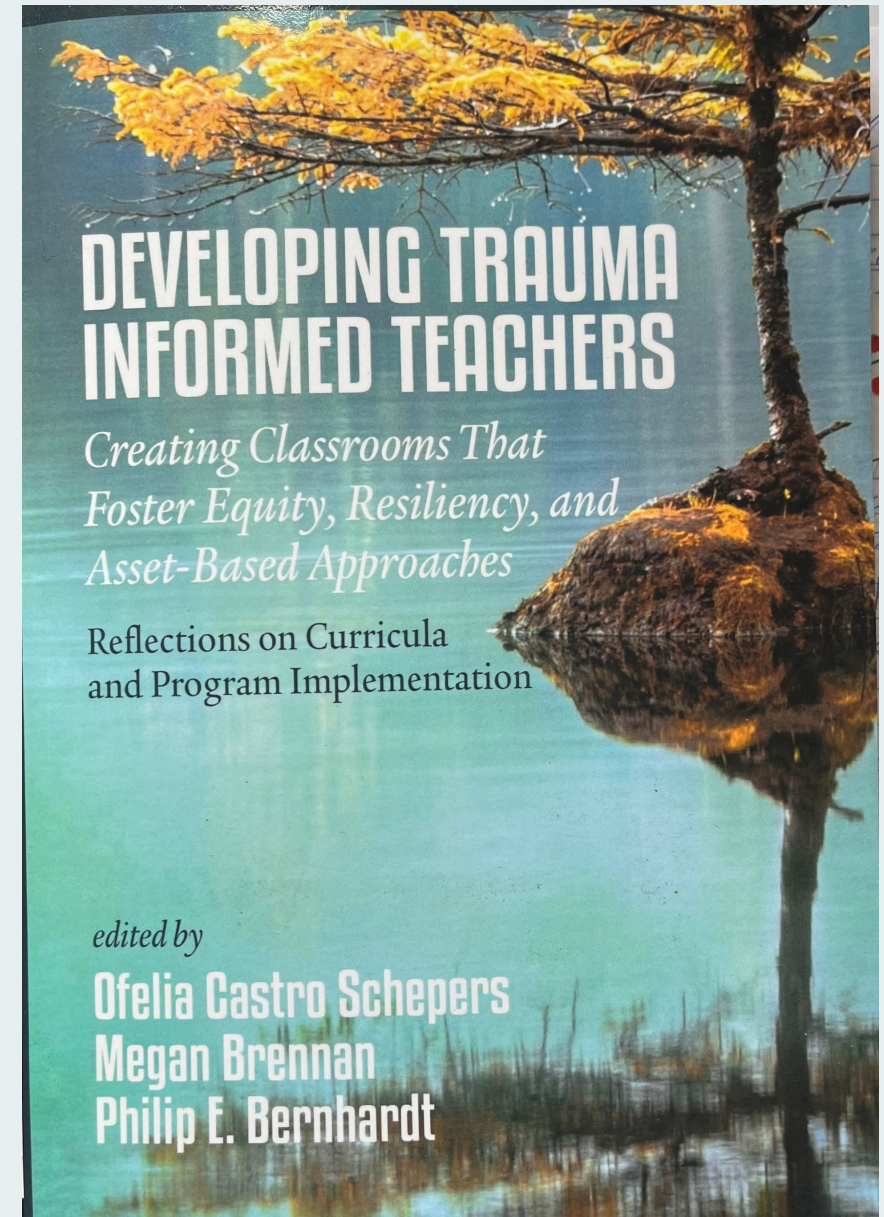
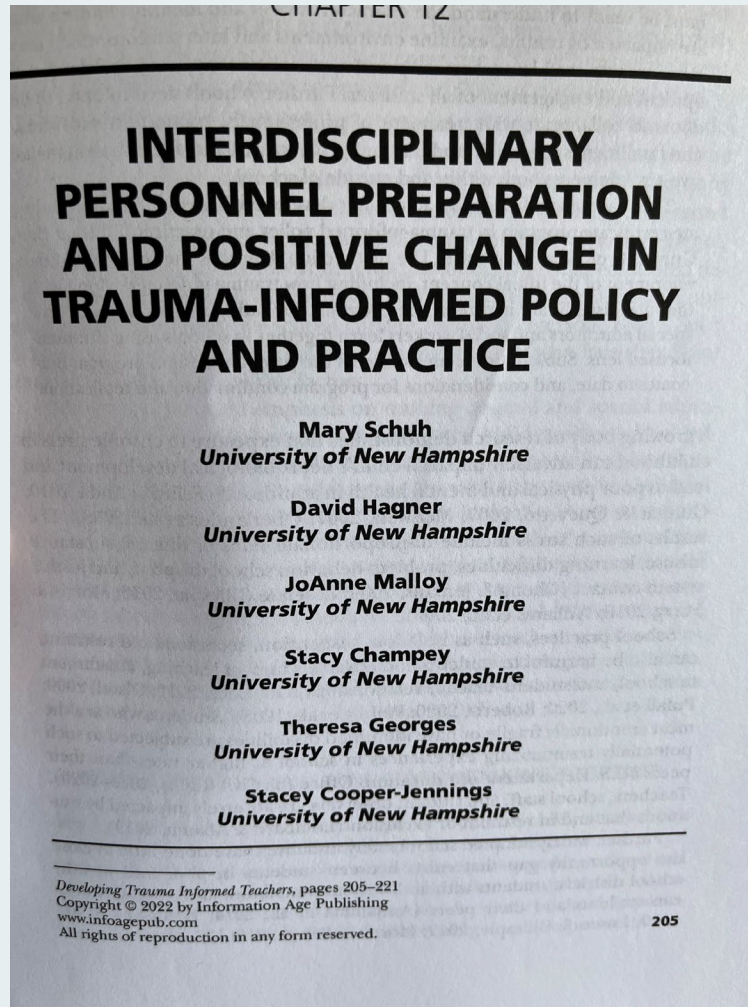
Reflections of Scholars

“I want to let you know how thankful I am that I was able to be a part of the TIPP program. What a fantastic collection of courses. After completing the program, I feel inspired and empowered to work for positive changes for children who have experienced trauma.”

“It’s been particularly meaningful to shift my focus from one on one interventions to support a single student, to think instead of how to improve the entire school environment to simultaneously support the needs of all students and help them to build meaningful relationships.”

“I think our education would be incomplete without learning from those that have first hand experience with what we are learning about, whether it is their experience personally or with a loved one.”

Book Chapter- 2022



Stacy Champey, M.Ed.
Multi-Tiered System of Support Coach
for Behavioral Health

Manchester, NH School District





Hi!

- 2019 Behavior Specialist with a background in Special Education entered UNH Trauma Informed Practice & Policy in Education (TIPP) program
- Primary focus had been on positive reinforcement through individual behavior planning. Student cases in need of additional support were referred to social worker or special education.
- 2018-2020 Completed Endorsement as a Positive Behavior Supports Trainer (Schoolwide PBIS) through University of Connecticut Neag School of Education



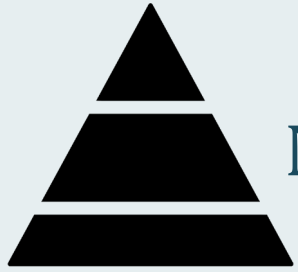


The TIPP program challenged scholars to use a trauma-informed lens and consider if current systems and practices are the best way to meet the needs of students, and if any practices in the school may be trauma inducing.

The program also focused on:

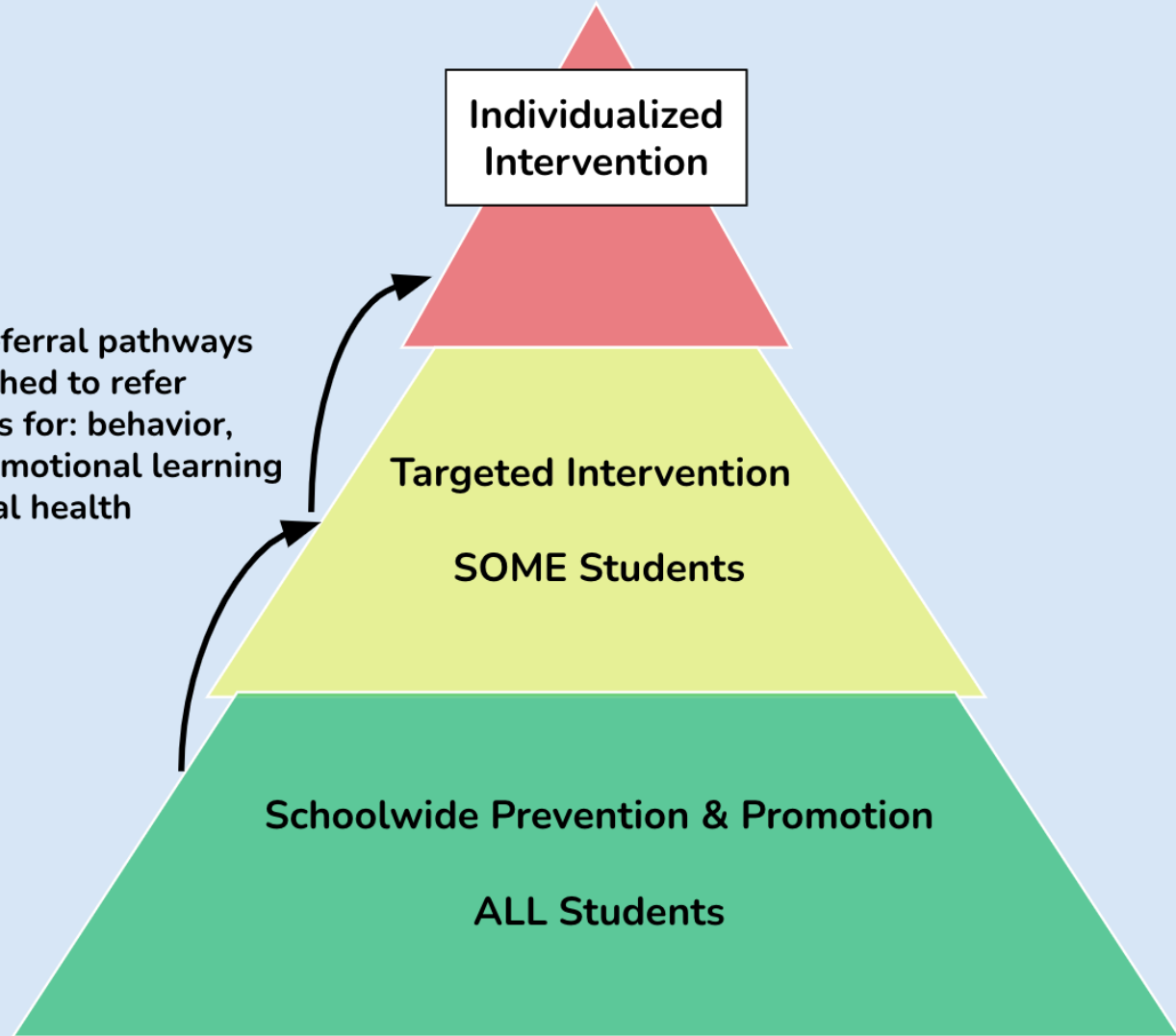
- Increased collaboration between special education & social work
- Using frameworks, such as Multi-Tiered System of Support (MTSS-B), with a focus on schoolwide efforts to establish trauma-informed practices





Multi-Tiered System of Support for Behavioral Health Framework

Clear referral pathways established to refer students for: behavior, social-emotional learning & mental health





Reflection

What does your school (or school district) do to support students schoolwide with behavior, social-emotional learning, and mental health?

Is there a plan to create consistency of schoolwide practices across schools, being mindful of cultural and contextual differences?

Are there current practices in your school or district, such as restraint, seclusion, and suspension that need to be evaluated for trauma-inducing impacts to students?

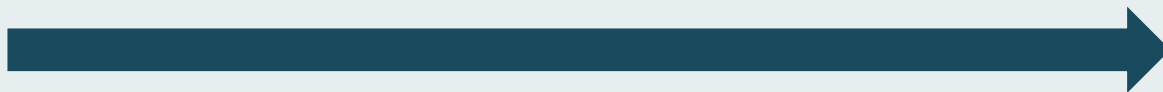




Multi-Tiered System of Support for Behavioral Health Framework

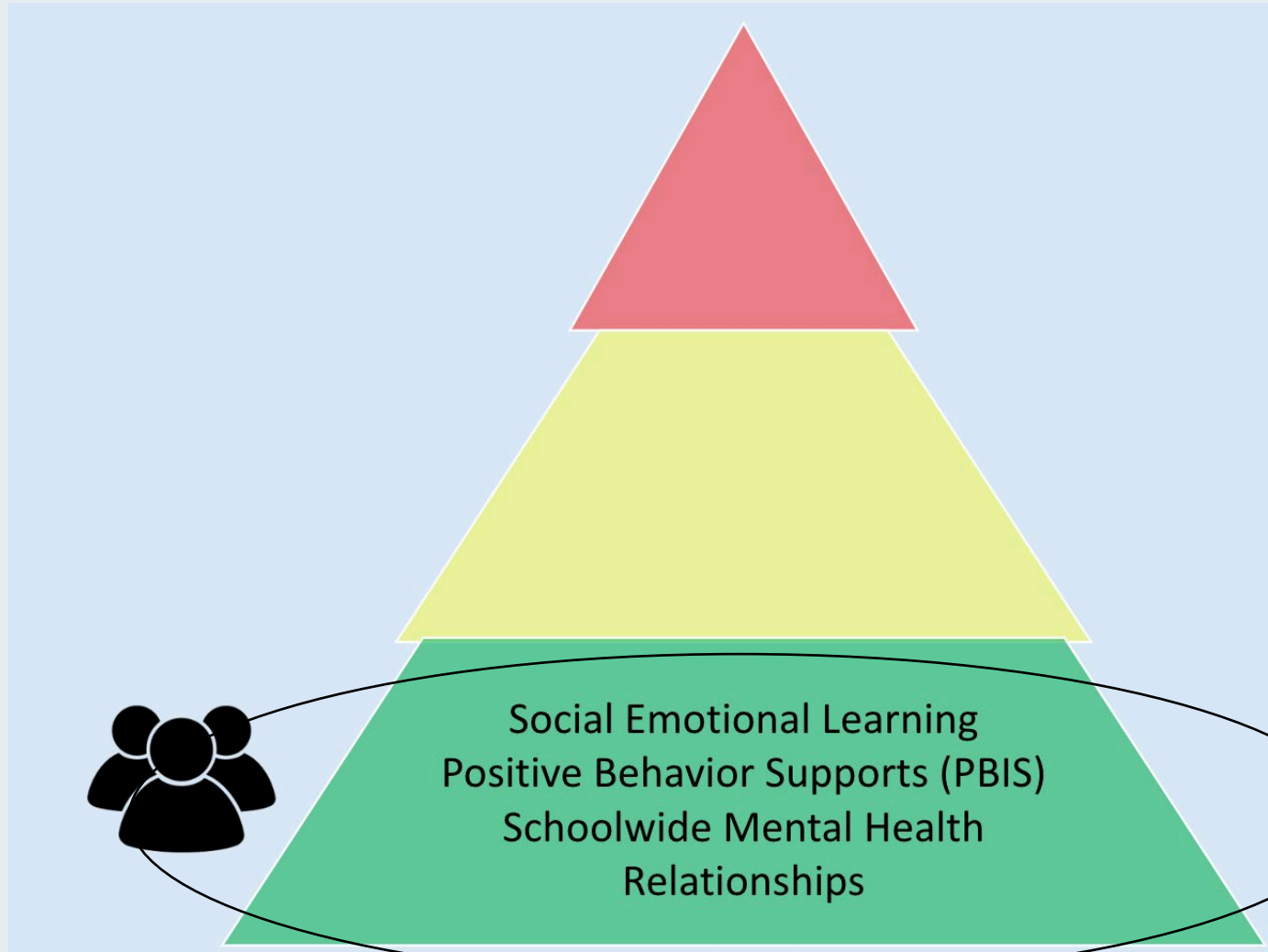
My takeaway from the TIPP program:

- Advocate for the MTSS-B framework in each school across the district to support a trauma-informed approach
- Begin with a pilot school to determine what is needed at the District level to support school level implementation
- Shift from individual student behavior planning to whole school planning and review current systems & practices



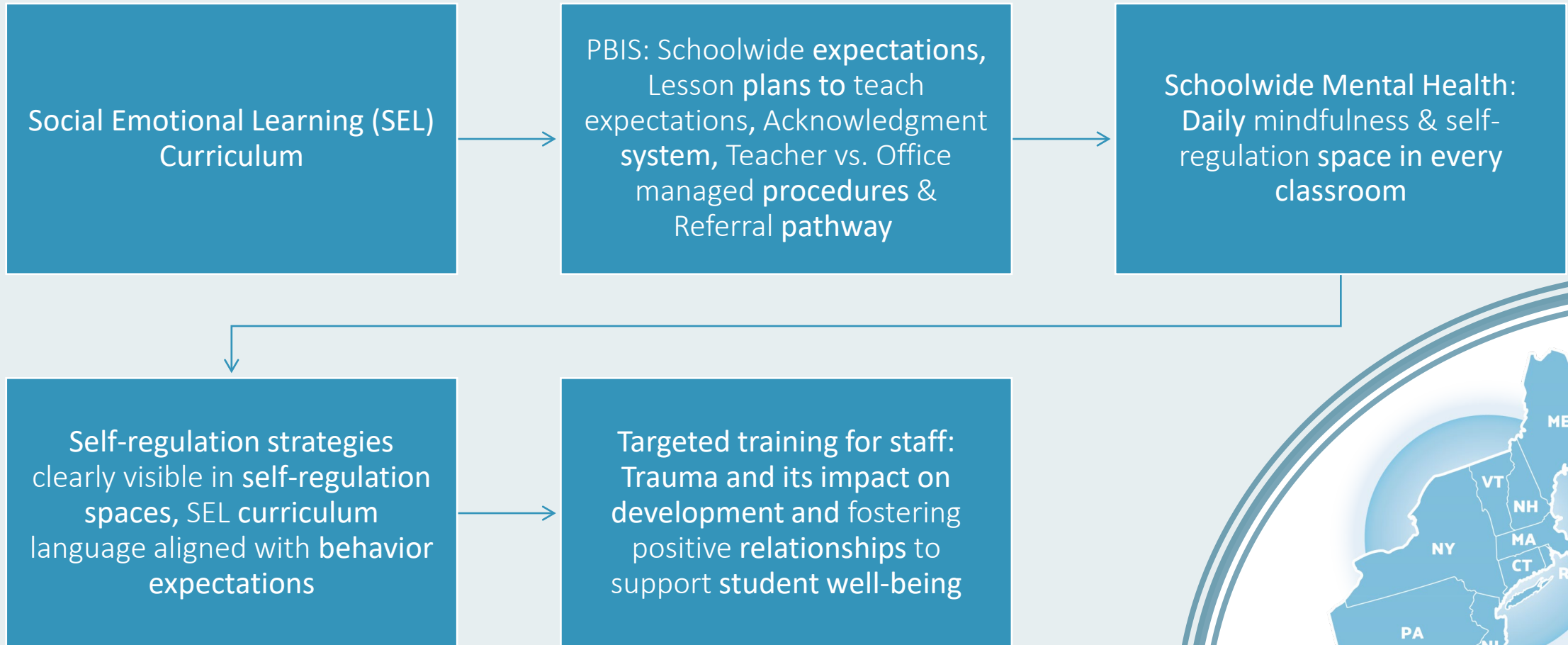


Pilot School: First established systems and practices that support ALL students and targeted professional development for staff










Pilot School: First established systems and practices that support ALL students and targeted professional development for staff

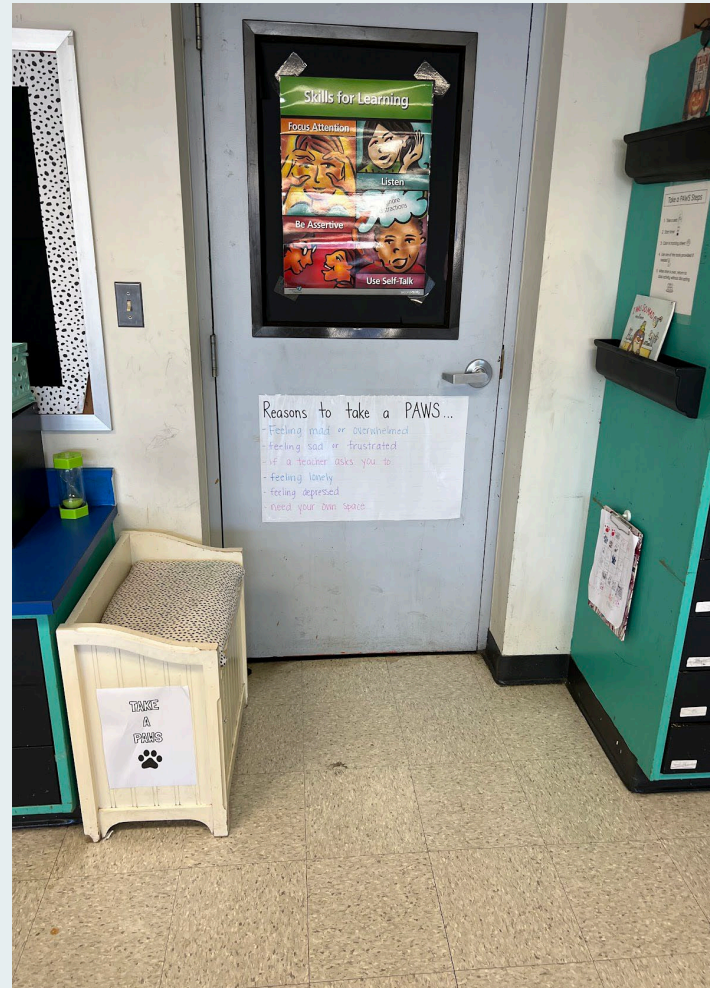




Pilot School: Self-Regulation Space - Take a Paws

Take a PAWS Steps

1. Take a seat 
2. Start timer 
3. Color in tracking sheet 
4. Use one of the tools provided if needed 
5. When time is over, return to class activity without disrupting 





Pilot School: Schoolwide Mental Health

1. **Reduce Stigma:** Openly discuss feelings and emotions with students and connect to the SEL curriculum; Make a library of books available on topics related to mental health & trauma; Implement schoolwide daily mindfulness; Create self-regulation spaces in classrooms with consistent practices across the school

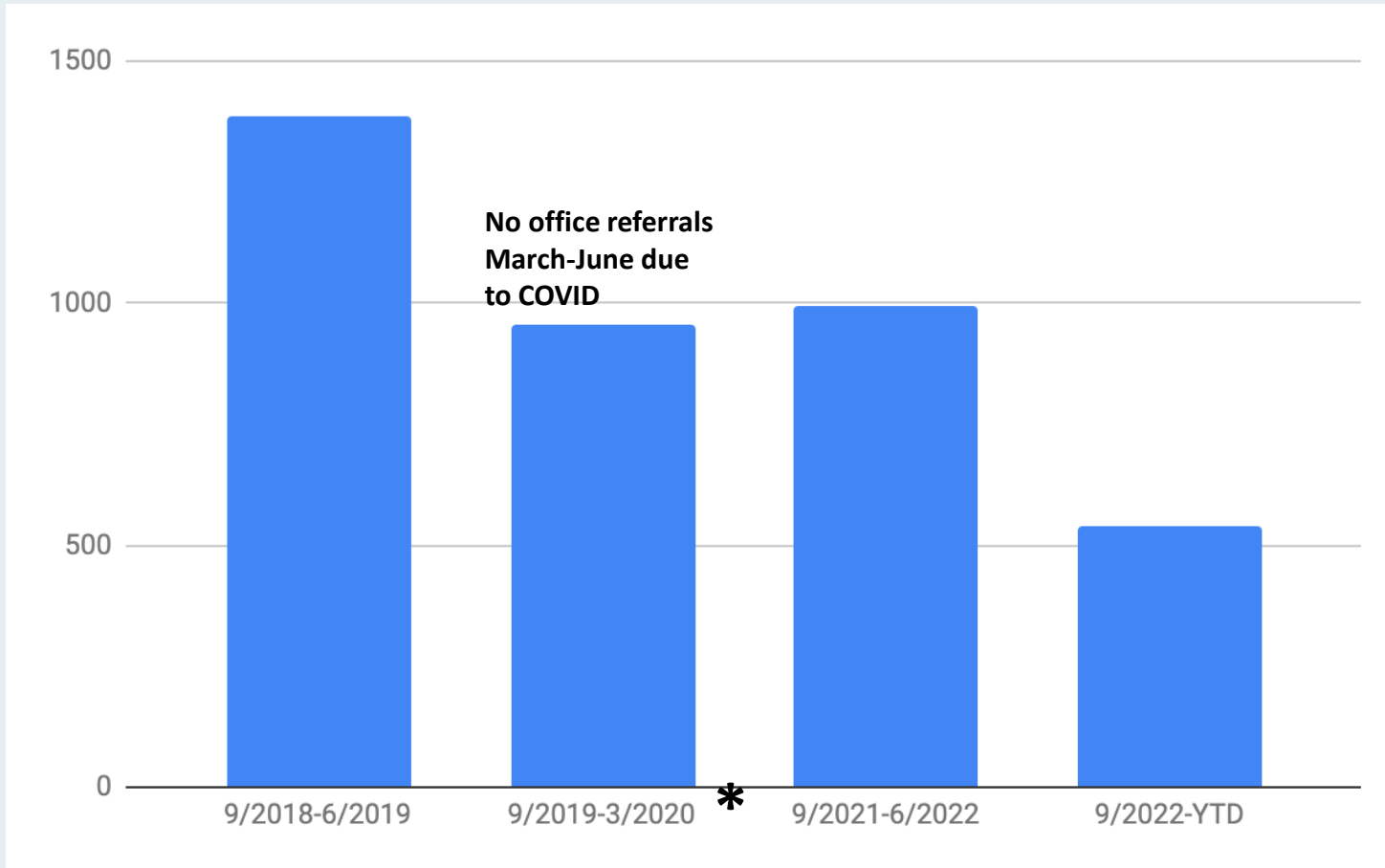


2. **Encourage self-help seeking:** Encourage students to seek support if needed, and ensure there is a system in place so students know where to go





Pilot School: Office Referral Data



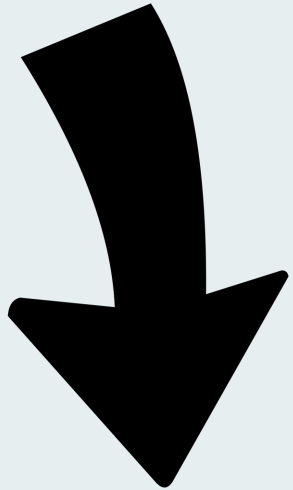
This is one measure to track student outcomes from implementing schoolwide practices that support behavior, SEL & mental health – along with targeted professional development for staff.



*2020-2021 Remote Learning



Pilot School: Additional Data



71% reduction in Administrator involved actions

50% reduction in external & internal suspensions





Consistent systems & practices that support ALL students in ALL settings creates a positive, safe, nurturing and predictable environment. This sets the foundation for a trauma-informed school.

This is a new TFI 3.0 item:

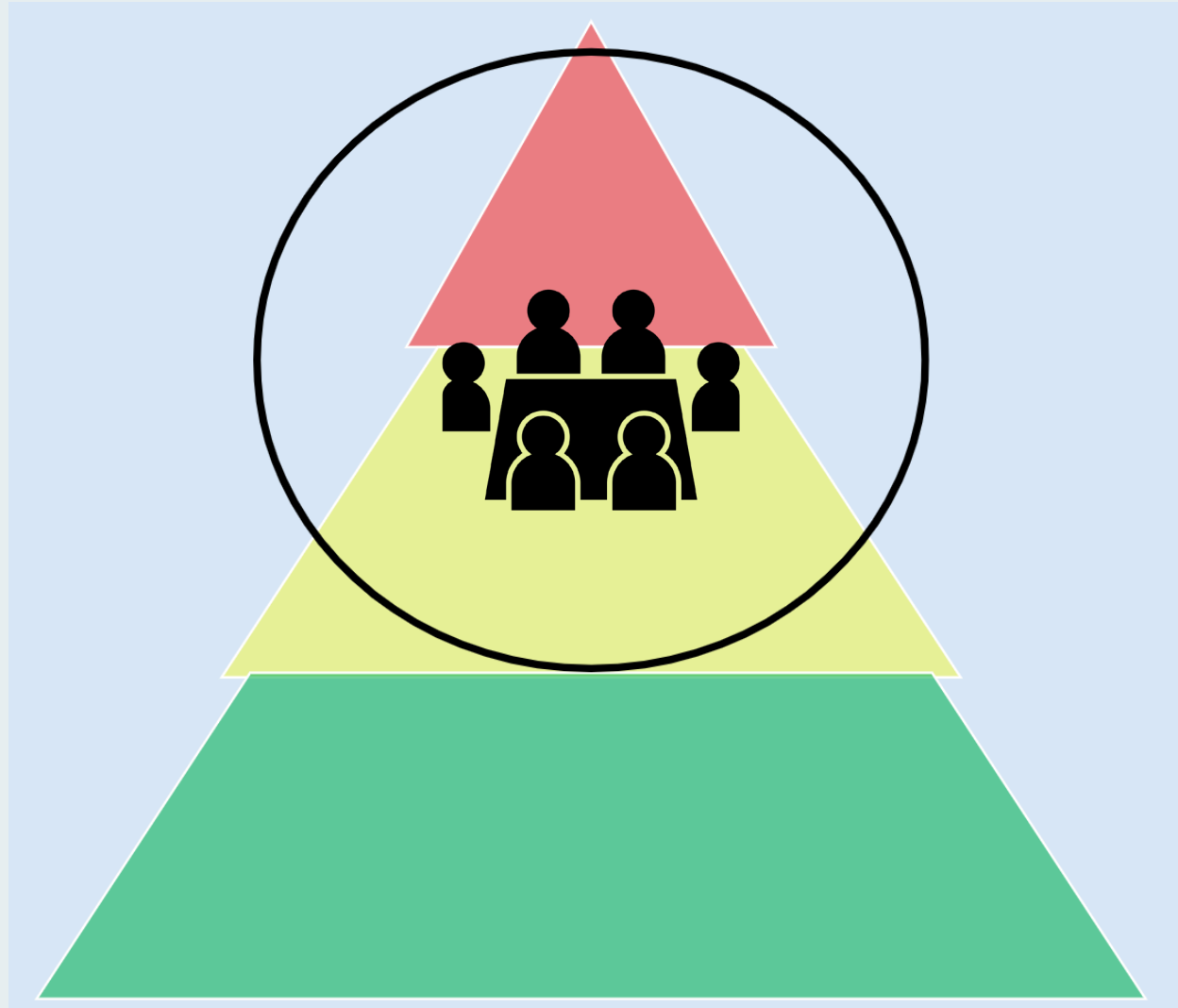
1.10 Classroom Practices:

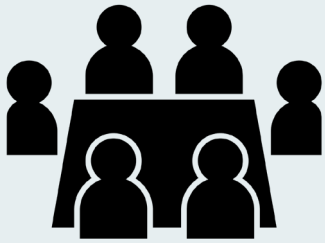
Educators consistently and equitably implement **positive and proactive classroom practices**-including building **relationships** with students; developing a **safe environment**; prompting **predictable routines** and expected behavior; actively providing OTRs, active supervision, and specific feedback (i.e., specific praise and supportive corrections); and ensuring a high ratio ($\geq 5:1$) of positive to corrective feedback.





Pilot School: Next, established Behavioral Health Intervention Team to connect students to small group & individual interventions





Coordinated School & Community-Based Intervention Team

Early Warning Indicator Data Run Bi-Weekly	Small Group Targeting Behavior expectations	Small Group Targeting SEL Skills	Individualized Counseling for Behavior, SEL, or Mental Health	Bounce Back or CBITS Trauma Intervention	Positive Behavior Intervention Plan	Community Mental Health Center Referrals & Intakes	Access to Self Regulation Space (RESET)	Behavioral Health Intervention provided by a Community Partner working in the school	Behavioral Health Intervention provided by a Community Partner working outside of the school
Assistant Principal	Guidance Counselor	Guidance Counselor	School Behavioral Health Counselor	Joint School & Community Partner (grant based)	School Behavior Specialist	Social Work	School Behavior Specialist	Federally Funded Mental Health Center Clinician in school (grant based)	Social Worker will Refer

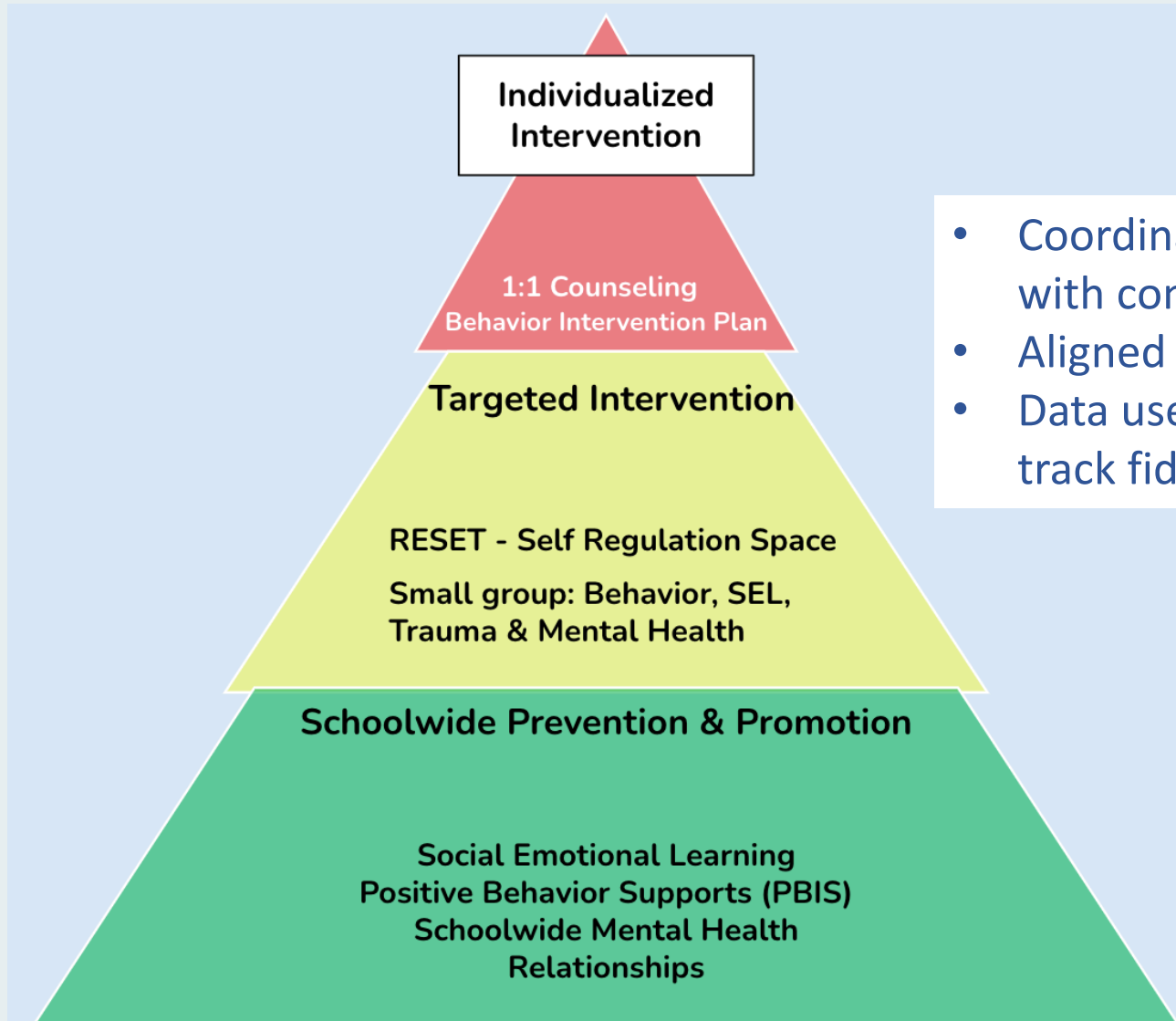
This is one intervention team model in the district based on the school's context of having both school & community-based partners located in the school providing behavioral health interventions. Early Warning Indicator data is checked regularly to create automatic referrals to the team as needed based on: attendance, nurse visits, office referrals, and suspensions.

Prior to the coordination of this team, school and community-based staff worked in silos, often with the same student.



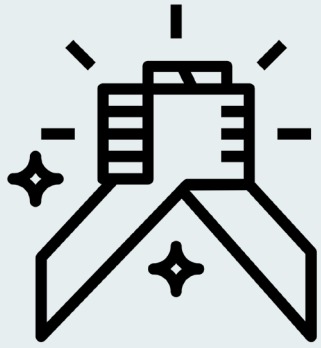


Pilot Site End Result: A Few Evidence-Based Practices Across Tiers



- Coordinated interventions at each Tier with community partners
- Aligned language & interventions
- Data used by teams at each Tier to track fidelity & outcomes

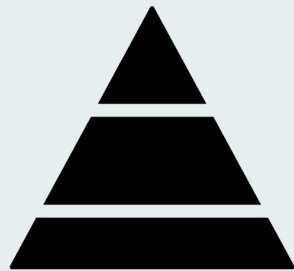




Special Education & Social Work Each Bring Strengths to the Table

Working together to establish systems, practices, and clear referral pathways is important in supporting the needs of students today. This will help to reduce unnecessary special education referrals and improve connection to appropriate interventions.

Working within a framework will stop the cycle of failed initiatives and support staff and students, fostering a positive and safe school environment.





Example: Trauma-Informed School District Policy

A trauma informed approach to education is intended to improve attendance, graduation rates and reduce incidents of behaviors that can inhibit learning. The district recognizes that the developmental impact of childhood and historical trauma increases student risk for, but not limited to, academic failure, severe attendance problems, severe school behavior concerns and possible chronic health concerns; which negatively impacts student engagement and learning. The district is committed to providing trauma informed schools and culturally responsive programs where all students feel included, welcomed, valued and supported; and where addressing trauma's impact on learning schoolwide is integral to the district's educational mission. The district will strive to create physically and emotionally safe, and culturally responsive environments for all staff, students and families through effective professional development in school procedures and school practices and instruction in the following areas:

- 1) understanding the widespread impact of trauma and the role of schools in promoting resiliency;
- 2) recognizing the signs and impacts of trauma in students, families and staff; and
- 3) integrating knowledge about trauma and social-emotional learning in students, families, community and staff.

The superintendent or designee is directed to implement a trauma informed approach to education through the application of culturally responsive trauma informed practices in the district's schools and programs.



Connection of the Presentation Topic to TFI 3.0 Item(s):

CLASSROOM IMPLEMENTATION OF PBIS

This is a new TFI item:

1.10 Classroom Practices:

Educators consistently and equitably implement positive and proactive classroom practices--including building relationships with students; developing a safe environment; prompting predictable routines and expected behavior; actively providing OTRs, active supervision, and specific feedback (i.e., specific praise and supportive corrections); and ensuring a high ratio ($\geq 5:1$) of positive to corrective feedback.

TFI 3.0 Score: 2

Some (40-60%) educators consistently and equitably implement positive and proactive practices.

TFI 3.0 Score: 3

Most (61-80%) educators consistently and equitably implement positive and proactive practices.

TFI 3.0 Score: 4

Almost all (>80%) educators consistently and equitably implement positive and proactive practices.



Introducing the UNH School Mental Health Graduate Program (TIPP 2.0)!

- Five year grant funded by the US Dept of Elementary and Secondary Education
- Continued partnership between UNH CHHS MSW & COLA Education
- Create a new pathway for MSW School SW Certification/Licensure
- Train 80 scholars from underrepresented groups in high need schools
(40 as MSW in School SW, 40 via TIPP graduate certificate)
- Conduct audit of TIPP courses re: DEIB (diversity, equity, inclusion, belonging)
- Create and offer annual leadership series for administrators, parents, community members on trauma sensitive schools

Apply at UNH Graduate School

<https://iod.unh.edu/unh-tipp-advanced-graduate-certificate-trauma-informed-schools-communities-project>

Questions?

Contact us

JoAnne M. Malloy, PhD, MSW
Research Associate Professor
Institute on Disability
University of New Hampshire
She, her, hers
Joanne.malloy@unh.edu

Mary Schuh, PhD, Education
Research Associate Professor
UNH Department of Education
Mary.Schuh@unh.edu

STACY CHAMPEY, M.Ed
DISTRICT COACH MTSS-B
Manchester School District
Email: schampey@mansd.org
Phone: 603-624-6300, ext. 127
www.mansd.org

Session Evaluation

Your feedback is critical to future planning of this event.

PLEASE take a moment to share your valuable insight!

THANK YOU!



<https://bit.ly/NEPBISForum2023>

