

**An Integrated Approach:  
Weaving Trauma Responsive and Compassion  
Resilience Strategies into your Local School  
Mental Health Initiative**

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Developed in partnership with:




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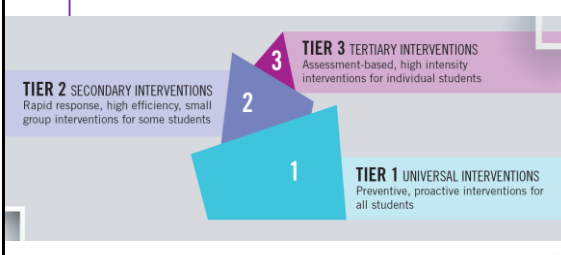
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## Integrated School Mental Health Model



**TIER 1 UNIVERSAL INTERVENTIONS**  
Preventive, proactive interventions for all students

**TIER 2 SECONDARY INTERVENTIONS**  
Rapid response, high efficiency, small group interventions for some students

**TIER 3 TERTIARY INTERVENTIONS**  
Assessment-based, high intensity interventions for individual students

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## Trauma Informed Care

**7 Essential Ingredients**

1. Prevalence
2. Impact
3. Perspective Shift
4. Regulation
5. Relationship
6. Reason To Be
7. Caregiver Capacity

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**Tier one:** 

- 10 year history of providing trauma sensitive schools professional development our school
- Use of implementation science to consult and coach school based team to move to implementation of universal practices




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**Tier two** 

- Classroom observation and recommendations for mental health and behavioral supports; including Mindfulness, Zones of Regulation, SEL
- Small groups of students pulled out for support-psychoeducation groups, coping skills for dysregulation, social interactions
- Small group teacher consultation: special education team or specific grade level to provide support

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**Tier Three** 

- Clinic branch office
- Individual and/or family therapy billed to insurance or self pay if desired
- Initial assessment, treatment plan, ongoing case notes and documentation

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**Saint**

## The real work

7 Essential Ingredients

1. Prevalence
2. Impact
3. Perspective Shift
4. Regulation
5. Relationship
6. Reason To Be
7. Caregiver Capacity

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**Saint**

## Classroom Based Strategies

- Think of what you do! How do your everyday behaviors support positive days.
- Has to fit teacher, and teaching style to provide for co-regulation.
- This is not a new initiative-think of what your school already knows and does well, and how you dose this throughout your day.
- Focus on up regulation vs. down regulation

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## "Dosing"

- Dosing - A proactive intervention to increase regulator practices and decrease escalating behavior
- Builds resiliency to stressors, by frequent intervals of practice. Instead of..
- Think of dosing like taking medicine
- 2-4 dosing's a day in school, 5-8 minutes per dose
- Focus on 30 minutes prior to escalated classroom times

Patterned Repetitive Activity

Activity	Minutes
Morning	10
Math	10
Reading	10
Science	10
Writing	10
Art	10
Music	10
Physical Education	10
Language Arts	10
Social Studies	10
Health	10
Foreign Language	10
Special Education	10
Recess	10
Lunch	10
Dismissal	10

Property of CTA, do not distribute

Day	Minutes
Monday	0
Tuesday	40
Wednesday	0
Thursday	40
Friday	0

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"Classic" Adaptive Response	Rest (M>F)	Flock	Freeze	Flight	Fight
<b>Arousal Continuum</b>	Rest (M > F; A > C)	Vigilance	Resistance	Defiance	Aggression
<b>Dissociative Continuum</b>	Rest (F > M; C > A)	Avoidance	Compliance	Dissociation	Fainting
<b>Primary secondary Brain Areas</b>	NEOCORTEX Subcortex	SUBCORTEX Limbic	LIMBIC Midbrain	MIDBRAIN Brainstem	BRAINSTEM Autonomic
<b>Cognition</b>	Abstract	Concrete	Emotional	Reactive	Reflexive
<b>Mental State</b>	CALM	ALERT	ALARM	FEAR	TERROR

www.ChildTrauma.org Bruce D Perry, MD, PhD © 2010-2017

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### Building Our Compassion Resilience

- The power to return to a position of empathy, strength, and hope after the daily witnessing of the challenges families face in our community and the realities of the workplace.
- To be optimistic in an imperfect world.

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### Section 1: Steps for Compassionate Action



- Notice** – Be present in the moment and able to recognize signs of distress.
- Self-check** - Be aware of your emotional resonance and initial cognitive appraisal.
- Seek to understand** – Suspend appraisals. Listen for understanding. Move towards generous interpretations of another’s behavior.
- Cultivate compassion** – Genuine concern develops based on what you come to understand. This leads to a growing desire/intention to help.
- Discern best action** – Work with the person to figure out what would actually be helpful to them rather than what you think would be helpful or was helpful to you in past, similar circumstances.
- Take action** – Be aware that intention alone is not compassionate action.

*Combined from the works of Monica Worline and Beth Lonn*

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Compassionate Action: Scenario 1 



A colleague shares with you that one of her 8 year old students is really on her mind. His family struggles, and he has so much potential. He is shut down in class and acting out with tears and tantrums. Recently, he hit her and she didn't tell the principal to avoid consequences for him. She worries at night, loses sleep and wakes up with him on her mind. She tells you that she may be the only one who can get through to him. She is considering an outing with him on a Saturday to give his family a break. She clearly cares, and she is definitely stressed.



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**ZEALOT** — We are committed, involved, and available, ready to problem solve and to make a difference. We are willing to go the extra mile.

**IRRITABILITY** — Anger and cynicism, diminished creativity, sadness, feeling helpless or hopeless.


**WITHDRAWAL** — Overwhelmed by complexity, chronic exhaustion, physical illness, difficulty empathizing, feeling numb to other's pain, absenteeism.

**ZOMBIE** — A sense that you can't ever do enough, inflated sense of importance, sleeplessness, sense of persecution.

**RENEWAL vs. PATHOLOGY** — Leaving the profession, physical and mental illness, chronic symptoms of hardness, resiliency, transformation.

**LEAVE PROFESSION**

**Compassion Fatigue's Path**  
*Kyle is from work of Eric Gentry, PhD, 2012*



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Section 4: System Drivers of Compassion Fatigue




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### Lessons Learned

- High expectations AND high support (empathy and compassion does not mean that we don't expect students to achieve)
- Continuous check in and support: not simply crisis driven
- You build it, they will come – high number of referrals and sending students out for support

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### Other Ways to connect

- Visit our website: [www.sainta.org](http://www.sainta.org)
- Social Media: @SaintAorg #7eITSS
- Foster/Adopt: [www.growhope.net](http://www.growhope.net)
- Inquiry form: <http://sainta.org/trauma-informed-care/inquiry-form/>
- Carey Jacobsen at [cjacobsen@sainta.org](mailto:cjacobsen@sainta.org) for School Based Mental Health services or clinic branch questions
- Sara Daniel at [sdaniel@sainta.org](mailto:sdaniel@sainta.org) for Trauma Sensitive Schools trainings and other professional development needs

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