

Promising Results for Trauma-Informed Education Basic Education Funding Commission Testimony -- March 12, 2015

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Tracey DePasquale

Good afternoon, Sen. Browne and members of the commission. Thank you for your dedication to the children of this commonwealth and for the invitation to speak with you today.

I am Tracey DePasquale, associate director of Lutheran Advocacy Ministry in Pennsylvania. We are a public policy office of the Evangelical Lutheran Church in America.

As the church, we witness, experience and attempt to heal the wounds caused by traumatic experiences such as hunger, grief, incarceration, violence, neglect and more -- those just shared with you. Our faith calls us daily to address the suffering of our neighbors and to admit our own. Adversity studies validate what the church knows -- that there is much suffering in our communities, and that human connection makes a difference in overcoming it. The science merely shows that it matters in some ways that are measurable.

Our faith also tells us that because all are created in God's image, all have equal worth and dignity and should be treated accordingly. This belief stands behind the ELCA's strong support for equitable access to high-quality education for all and calls us to attend to glaring inequities in this commonwealth's schooling.

For this reason, and because members of the commission have asked to learn more about trauma's impact on learning, I introduce you to the others here before you. We believe their experience can offer some good news for resiliency, achievement and accountability for good stewardship of resources. With adequate professional training and development of appropriate assessments, trauma could a factor in the Basic Education Funding Formula. We also acknowledge that we all, but particularly you in the commission, have tools beyond the basic education funding formula to address childhood trauma and its implications for the future of our children and our commonwealth. We look forward to partnering with you in this.

Lori Gallagher

The term "trauma" has recently made its way into the educational arena as a significant topic of interest. The painful reality of many students is being played out in the classrooms often in an extreme manner. While this topic of trauma may seem like the new buzzword, neuroscientists, therapists and other interested parties have been utilizing the research to develop treatment and strategies for children affected by trauma for many years. This topic can be overwhelming to those hearing about the research, brain science and therapeutic interventions for the first time. We know there are things that "happen" to people and we are able to be empathetic to their pain, but beyond that, most people have had no reason to dig any deeper.

Children experience trauma in their homes through things like abuse, but also as a result of a death, lack of attachment, or even frequently moving from place to place. Since children are not often able to articulate the things they feel bad about, they adopt a coping mechanism to help

them release the bad feeling. These “coping mechanisms” become survival skills imprinted at an early age and used to create homeostasis. They also result in dysfunctional behaviors as they enter school. Trauma therapy is based in the belief that to heal you must experience the trauma and feelings in the absence of danger. This is counterintuitive to the behavior interventions typically used in schools which look to rationalize with the student and encourage replacement behaviors at the onset. It would be no different than punishing a child for crying when they hear about the death of their parent.

Starting out early on in my career my focus was helping the children from traumatic backgrounds to be more successful. By working with the parents directly, collaborating with Children and Youth agencies and even within the county prisons, my hope was to make a difference by impacting their early relationships. I spent the last 23 years working in education as a School Counselor, Counseling Department Chair, Assistant Middle School Principal, High School Principal and Acting Superintendent at 5 different districts covering 4 counties with student populations ranging from 1,200 to almost 9,000. I have spent the last 5 years developing curriculum and supervising staff and programs for alternative education programs throughout Pennsylvania and West Virginia. Currently my focus is the elementary transition program and my private practice in Carlisle.

Over the years I have had the opportunity to work with many talented and caring educators and there has been an increased effort in schools to coordinate services and collaborate with social service agencies. Counselor training programs do not adequately address the impact of trauma on children. As a result, very few counselors have the skills to provide the necessary therapy, and

when they do, the environment is not conducive to the proper implementation. The educational system has made efforts to address these needs through a variety of methods and program interventions. So again, why are we not seeing greater results?

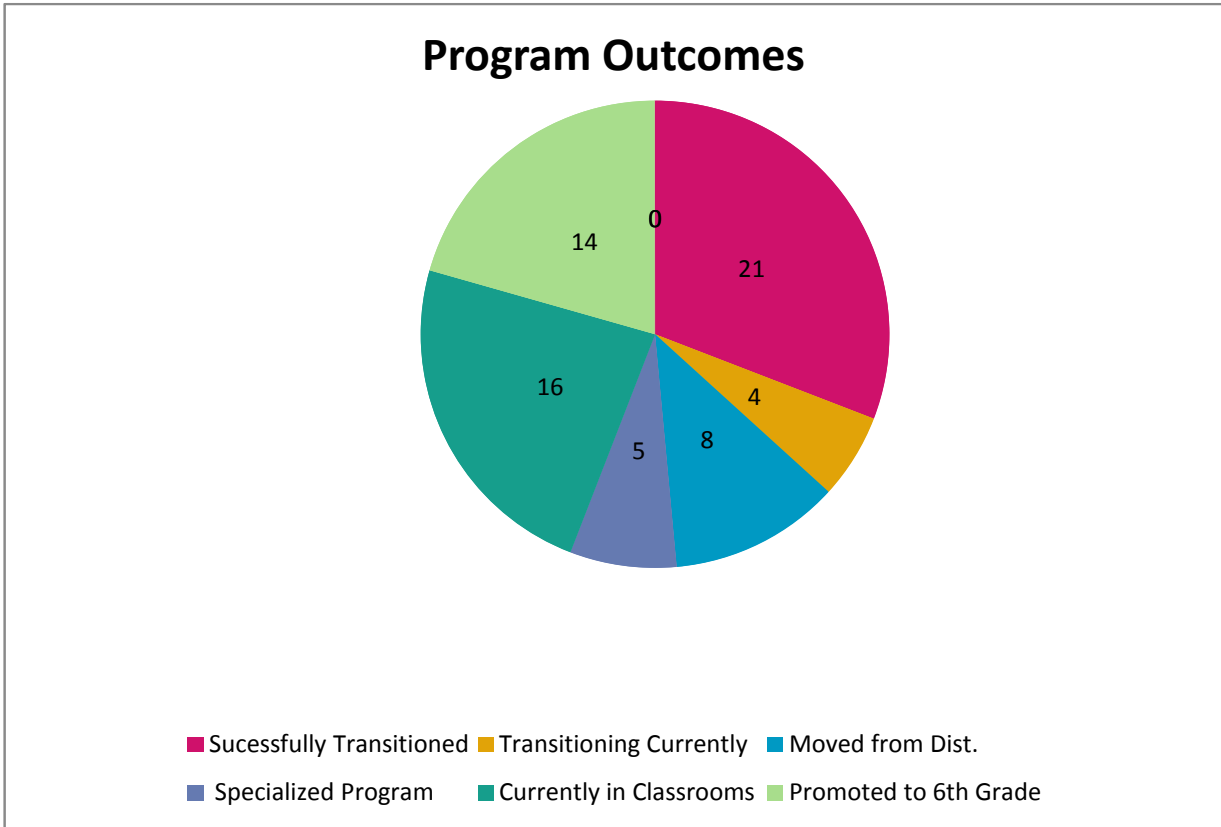
Behavior coaches and those who administer discipline are often lacking a therapeutic background and attempt to implement behavior interventions based on rewards which are counterproductive to trauma therapy. Most discipline actually punishes the coping mechanism.

The trauma-therapeutic model being used in two central Pennsylvania school districts operates classrooms for children exhibiting extreme behaviors related to trauma. Their results hold promise for healing, academic achievement and continued success for these students as well as more effective use of resources for our schools and communities. We share these results and invite a closer examination of our work in the hope that these may be widely shared and used as a building block for improvement of child health and education in our commonwealth.

Kristy Robinson

The Comfort Model provides a course of treatment that focuses on the behavioral, therapeutic and academic needs of the students, and bridges the gap between school and home. The model parallels the RTII leveled interventions by providing a corresponding treatment plan for the individual students at whatever level they begin and continues to support them as they move from one level to another. This holistic approach also includes therapeutic interventions and support for the families as well as the classroom teacher while addressing the full realm of

student issues with the result being the student transitioning back to the regular classroom as quickly as possible.



The Eastern York therapeutic classrooms have been in operation for the past three years. One classroom serves K-2 students, the second classroom serves students in Grades 3-5. Every child is transitioned to the regular classroom academically in line with peers and with behaviors under control.

This program was designed using our trauma-based experience and years of working with children and their families in both therapeutic and academic arenas. To be enrolled, the child must be able to reach the goal of transitioning back to the regular education classroom. If it becomes apparent that the student would not be able to successfully transition back to the regular

classroom, the student is moved to a more specialized setting. This does not mean that the child was unsuccessful within our program but rather, the student had improved to the best of their ability within our program but would still not be successful in the regular classroom. Each staff member has both individual roles and team responsibilities supported by trauma research. From the initial observation to the final intervention, the family and child are supported. Their expertise is critical in providing the necessary therapeutic environment for healing and success. We believe, and our success is verification, that this model provides the missing components to help children be successful in school and at home and thus avoid lifelong labels.

Program Features:

- Preventative and early-intervention strategies which assist teachers, students, and families with the goal of eliminating the need for placement are a key component as well.
- The in-home services enable the therapist to assess the child and family for additional needs or services. They help guide and connect the family to community services and resources to best meet their needs.
- Support can begin as early as the first administrator, teacher or parent concern and may continue even after the student has fully transitioned.
- Instruction is a key element to the program. The use of district curricula and lesson plans allows students to stay on track while also providing continuity. As a result, students are

able to return to their assigned class without experiencing additional frustration resulting from being behind in their academics.

- The long-range academic and social goals begin with the student graduating from high school with skills necessary for life success. A related long-range goal aims to reduce the likelihood of generational patterns of poverty and trauma which plague our communities.

The process of identifying the cost savings and benefits for providing programs that adequately meet the needs of these students is complex. The numbers that can be directly compared are the cost of sending a student to an alternative setting outside of school district. For an elementary placement the cost ranges between \$31,000 a year to upwards of \$100,000 annually.

Considering that fewer than 20 percent of students generally return back from these placements, this cost extends for the duration of their school careers. If the trauma is not addressed, there is a likelihood that we can add the expense of incarceration to the public bill and personal cost.

There are costs that are more difficult to isolate at this time: transportation, spillover costs of additional staff time required to address these behaviors, the special education identification process as well as remediation for the other students whose instruction was repeatedly disrupted.

The Eastern York School District saw a conservative estimate of \$300,000 in savings the first year. The second year savings were an additional \$167,000 for new students that would have likely been placed in an outside placement – that was on top of the \$300,000 of savings for students from the first year who were no longer in placement. The avoidance of a special

education identification continues to compound in benefits – for student success and district finances.

There are other benefits for the family, child and community that are difficult to isolate including:

- Avoidance of the individual stigma and lower self-esteem frequently associated with a special education identification.
- The ability to receive the district curriculum and be on target academically, leading to overall academic achievement which leads to a higher likelihood of becoming a productive member of society.
- Access to a qualified therapist for the child and family to bring healing to the core issues and stop the generational cycle of trauma.

Bill Hodge – Associate Superintendent, Chambersburg Area School District

I've been in the business of educating children for almost 29 years. Over the last ten years I've witnessed an increase in the number of students whose behavior could be classified as out of the ordinary. In the last four years, I would characterize the behaviors as extreme. The behaviors may be physical, emotional, or both. As schools scramble to figure out how to provide an adequate education for these students, the classroom environment and the climate of a building can be significantly affected. Schools are not equipped to handle these types of behaviors on a daily basis. We searched for and found solutions that permit all children to receive a quality

education while also meeting the therapeutic needs of the child acting out their trauma. This enables the regular classroom teacher to create an environment that fosters learning for all students. At Chambersburg we are currently using a therapeutic learning model for students with extreme behaviors related to trauma. The benefits of this type of program extend beyond the classroom walls. It creates a holistic system of interventions that makes the family and community partners in the process. The students remain in our district and utilize our curriculum. Therapists are within the classroom and also go into the home, identify needs and assist the family in obtaining services to meet those needs. We also utilize the therapist to observe regular education students to provide strategies and support to the classroom teacher. An impartial presence at team meetings helps the family feel less intimidated and builds a positive relationship bridge to the district. When these needs are readily and successfully addressed without a special education identification, we also avoid the increased costs for these services for the duration of their school career, which is a substantial savings for the district.

My goal is to develop a better understanding of children with “trauma” and how to meet their needs within our schools. This positive, preventive and therapeutic process serves the best interests of our students, families and community as well as our district.