The John Wetten Elementary School Culture of Care Model

IMPLEMENTATION OF THE NEURO-DEVELOPMENTAL SKILLS AND DEMANDS APPROACH

What does the term:
Adverse Childhood Experiences,
or ACE's, mean?

In the mid 1900's, Drs' Vincent Feletti and Robert Anda studied over 17,000 adults in an effort to understand more about stressful or traumatic childhood experiences such as neglect, abuse and family turmoil. They called these types of events "Adverse Childhood Experiences" or "ACEs."

<u>Three key findings were noted from their study:</u>

1. Adverse childhood experiences are common.

2. Adverse childhood experiences tend to occur in clusters, rather than single experiences.

3. The number of Adverse childhood experiences a person goes through has a strong relationship to numerous health, social, and behavior problems throughout their life span.

Importantly, the impact adverse childhood experiences will have on an individual is unpredictable. The effect of adverse experiences may vary from person to person depending on several factors, including:

- The developmental period in which the adverse experiences occur
- The nature of the adverse experiences
- The relational and environmental supports that are present
- The individual's pattern of strengths and weaknesses

And here is one other important concept:

We know from recent breakthroughs in neurobiology that adverse childhood experiences disrupt neurodevelopment which can result in negative effects on brain structures and brain functioning.

How do Adverse Childhood Experience
s
Affect School-Age Children?

“Prevalence and Impact”

ACEs Prevalence in Oregon

Behavioral Risk Factor Survey System (BRFSS) 2011 & 2013

(Telephone Survey, adults over 18, 11 questions combined into 8 ACE categories)

Prevalence of Individual ACEs

Household Substance Abuse-	31%
Verbal Abuse-	31%
Parents Separated or Divorced-	31%
Physical Abuse-	21%
Household Mental Illness-	20%
Parents Violent Toward Each Other-	16%
Sexual Abuse-	14%
Incarcerated Household Member-	8%

Total ACEs Experienced*		(Original ACE Study Prevalence)
0-	36%	36%
1-	24%	26%
2-	13%	16%
3-	10%	10%
4+	18%	12%

*Half of those those living in poverty reported 3+ ACEs

People with an 11th grade education reported the highest rate of experiencing 4+ ACEs

Robinson, 2016

While the original adverse childhood experiences study focused on the multiple effects childhood adversity can have on the lives of adults, subsequent research has highlighted the effects adversity can have on children.

Here are some important findings from emerging research regarding the prevalence of adverse experiences children experience; findings strongly suggest adverse childhood experiences can have a significant effect on a student's development and functioning at school:

ACEs and High School Sophomores and Seniors- Washington School Classroom (30 students)

Washington Family Policy Council

- 6 students with no ACE
- 5 students with 1 ACE
- 6 students with 2 ACEs
- 3 students with 3 ACEs

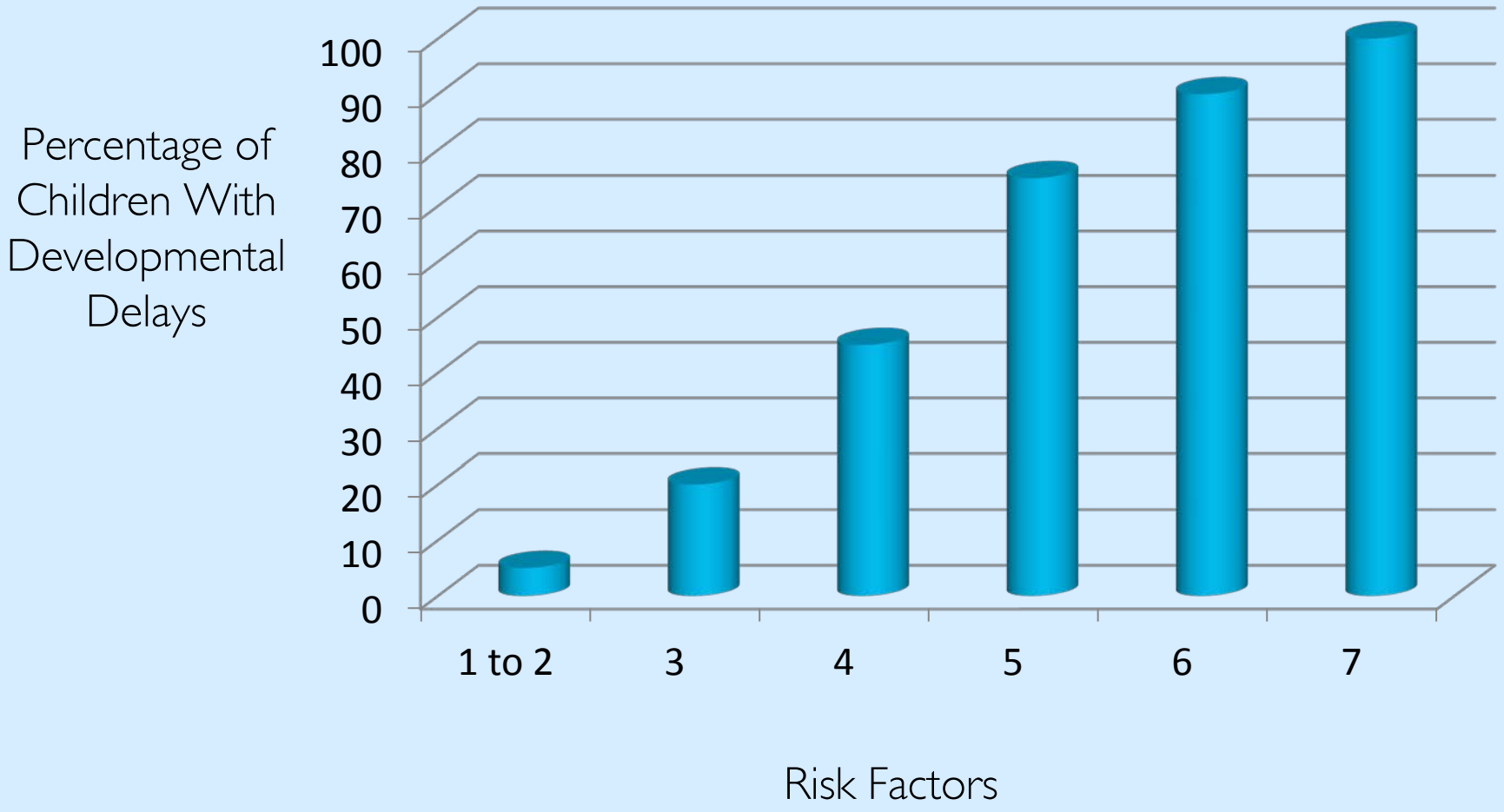
- 7 students with 4 or 5 ACEs
- 3 students with 6 or more ACEs

- 58% (17) students with no exposure to physical abuse or adult to adult violence
- 29% (9) of students exposed to physical abuse or adult to adult violence
- 13% (4) of students exposed to physical abuse and adult to adult violence

Robinson, 2016

Significant Adversity Impairs Development in the First Three Years

From the Center on the Developing Child-Harvard University



Robinson, 2016

Washington State University Professor Dr. Christopher Blodgett studied adversity in elementary school children in Spokane Washington. His results indicate that when compare to children with 0 ACES, children with 3 or more ACEs are:

3 times more likely to experience academic failure

5 times more likely to have severe attendance problems

6 times more likely to evidence school behavior problems

4 times more likely to have reported poor health

The stress that results from adverse childhood experiences is often unpredictable, severe and prolonged and can negatively impact student functioning in the following specific areas:

1. Thinking: The ability to use thinking skills for self-control and focusing attention, as well as for communication and learning

2. Physical Development: such as problems with health or sensorimotor development

3. Emotional Awareness and Regulation: for example the ability to label and manage feelings

4. Relationships: for example the ability to see others' points of view or understand social roles

5. Self-concept: such as the development of positive self-esteem, with minimal feelings of shame and guilt

6. Behavior Control: the ability to manage reactions or respond to others without opposition or aggression

Resiliency-
“Resilience Trumps ACES”

"Resilience" and "Adverse Childhood Experiences"

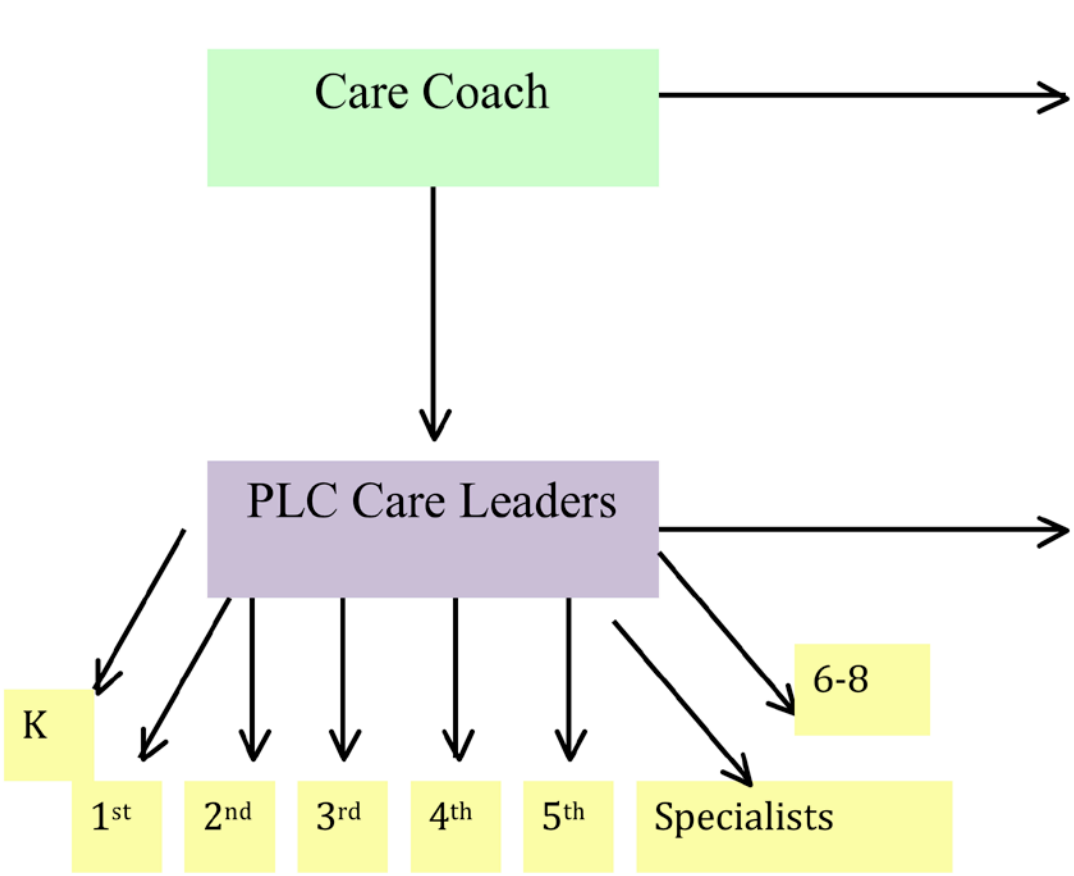
According to Harvard's Center on the Developing Child, "the essence of resilience is a positive, adaptive response in the face of significant adversity…simply stated, resilience transforms potentially toxic stress into tolerable stress."

"Resilience trumps ACEs" is a phrase increasingly heard from those working in the field of childhood adversity. Current research suggests that several factors predispose children to positive outcomes, despite significant adversity:

- At least one stable, caring and supportive relationship
- A sense of mastery or "self-efficacy"
- Well developed coping skills (Executive functioning and emotional/physiological regulation)
- Supportive and affirming cultural traditions and/or faith

Culture of Care Implementation

Culture of Care
2015-16



Responsibilities:

- Professional Development for Care Leaders, Administration and Staff
- Modeling
- Observation and Feedback

Responsibilities:

- Facilitate grade level CARE PLC meetings monthly
- Participate in trauma informed professional development
- Meet monthly with CARE Coach

2015-16 Tier 1 Focus: Routines/Rituals, Regulation, Consistent Response, Affect and Attunement

2015-16 Tier II Focus: Social/Emotional Learning Activities, Zones of Regulations

Strategies for Working the Green Zone

7 Assumptions

Evidence-based; Evidence Informed

5 Operating Principles

Attunement/sensitivity to school staff and the school culture

5 Key Concepts

In educational (or therapeutic) programming

2 Road Maps

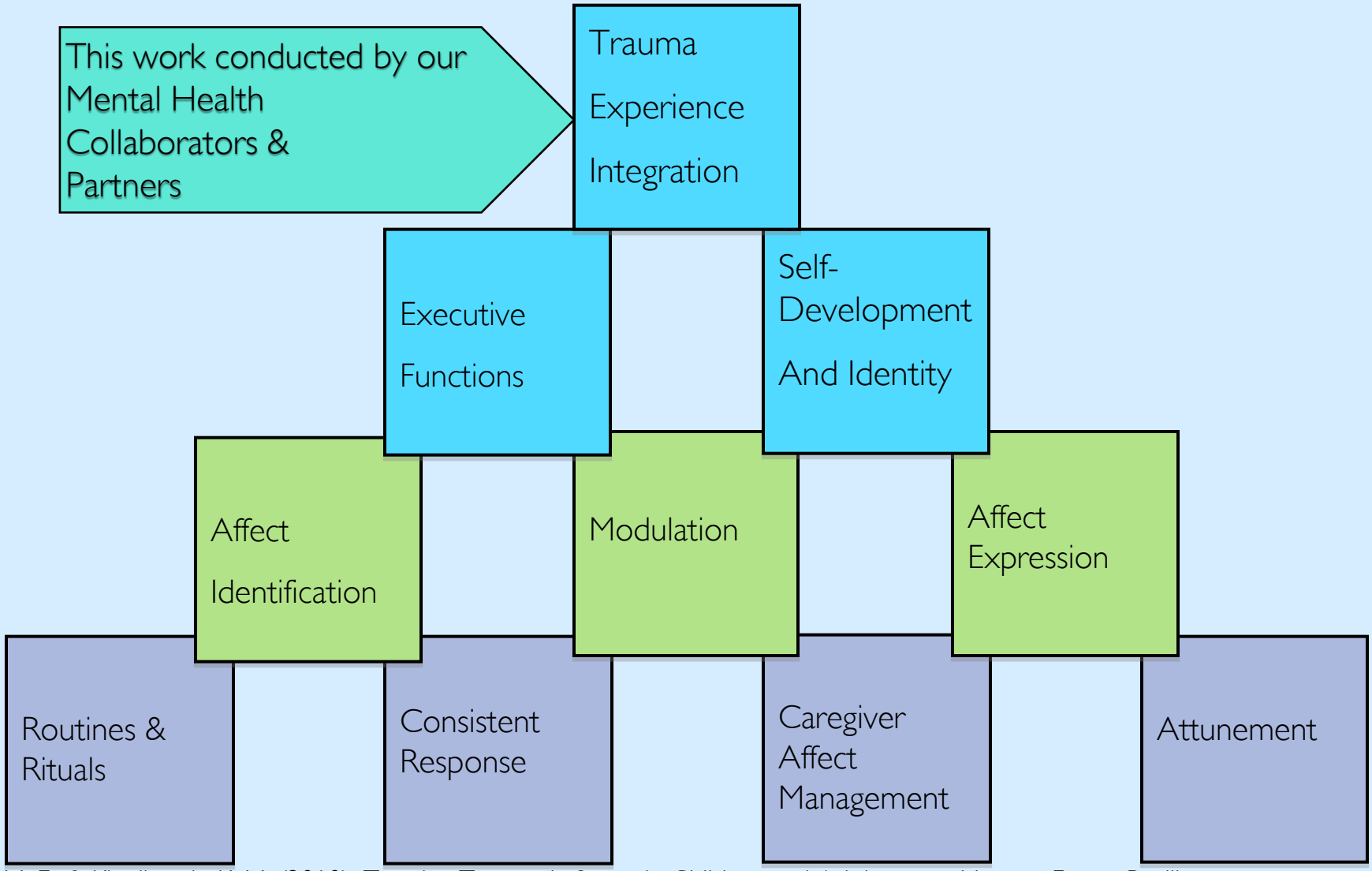
Allowing for integration with Multi-Tiered Systems of Support (e.g., PBIS, RTI)

The Road Maps

Integration with Multi-Tiered Systems of Support (PBIS & RTI)

The Attachment, Self-Regulation and Competency Framework

Promoting Predictability and Safety
The ARC model



Blaustein, M. E., & Kinniburgh, K. M. (2010). Treating Traumatic Stress in Children and Adolescents: How to Foster Resilience through Attachment, Self-Regulation, and Competency (First ed., pp. 35-41). New York, NY: The Guildford Press

Promoting Predictability and Safety
The ARC model

Attachment Level-Develop a predictable and safe environment to support student learning.

Self-Regulation Level-Teach students regulation skills and provide opportunities for guided practice.

Competency Level-Teach students to initiate skills and make adaptive choices, to mee t their goals.

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Key Ingredients for Promoting Predictability and Safety

INGREDIENT 1-CLASSROOM STRUCTURE AND ROUTINES ("PREDICTABILITY")
Classroom Skills are then developed through:
Environmental Supports
Imbedded Skills Training
Direct Skills Training

And most importantly, Thinking/Regulation Skills are developed through patterned, repetitive practice, at the point of performance in a relationally safe environment

INGREDIENT 2-FACILITATIVE STUDENT TEACHER RELATIONSHIPS ("SAFETY")
Attunement
Consistent Response
Management of Affect (Emotion)

2015-16 In Review: Trainings/Observations/Consultation

2015-16 Implementation Events

Presentation to all JWE staff-"Adverse Childhood Experiences-Steps Toward Day-to-Day Trauma-Sensitive School Practices." (1.5 hours)

Training for PLC Care Leaders- "Neuro-Developmental Skills and Demands-Culture of Care Foundations for PLC Care Leaders." (1 Day Training)

Classroom Observations-By teacher request through a sign-up process. Began with PLC Care Leaders; Use of standard observation form; Verbal and written feedback. (1 hour observation; ½ hour verbal feedback meeting)

JWE Culture of Care Leadership-Weekly meeting. (1 hour)

Behavior Assistance Team-Scheduled on an as needed basis. (1 hour)

PLC Grade Level Care Leaders-Monthly meeting with identified focal areas (From the ARC-Attachment Level). This meeting occurs approximately one week prior to PLC Care meeting. A power point presentation with new content is provided and the focus of the meeting is to assist PLC Grade Level Care Leaders in their preparation to assist in facilitating PLC meetings. (1.5 hours)

PLC Care Meetings-Monthly Monthly meeting with identified focal areas (From the ARC-Attachment Level). (1 hour)

JWE Culture of Care Implementation Team-Meeting every 6-8 weeks to review and refine culture of care implementation project. (1 hour)

September all School Foundations Training

Develop staff literacy in trauma/neglect and neurodevelopment

PLC Meetings1 & 2-September and October, 2015

Development and refinement of structure, routines and rituals

PLC Meeting 3-December 2015

Regulation Strategies

PLC Meeting 4-January 2016

Attunement-Exercise I

- Noticing
- Nonverbal Connections
- Mantras for those Moments

PLC Meeting 5-February 2016

Attunement-Exercise II

- Rupture and Repair
- Mantras for "Those Moments"
- Attunement for Students with High ACEs
- Attunement to Support Student Regulation

PLC Meeting 6-March 2016

Attunement-Considerations for Students with Adversity

- Impact on Students
- Brain Architecture and Adversity
- ACEs Shift Function
- Primary Attunement Concepts for Students with Adversity
- Caregiver Affect Management
- Hope

PLC Meeting 7-April 2016

Understanding the Arousal Continuum-Intervening with Escalated Students

- State Dependent Functioning
- Communication (Verbal, Para verbal, Nonverbal)
- Phases of the Escalation Cycle
- De-escalating intervention approaches for various phases of the escalation cycle

PLC Meeting 8-May 2016

- 2015-16 Culture of Care Implementation Review
- 2016-17 Culture of Care Strategic Plan, Goals, Objectives

2016-17 Looking Ahead

Foundations: Objectives

- Refine the integration of Culture of Care Principles with PBIS & RTI Systems
- Integrate roles of Behavior Intervention Coach, Academic Intervention Coach, School Counselor with Culture of Care Principals,
- Develop family involvement with the Culture of Care
- Integrate Culture of Care principles with community partners
- "Alignment" for K-8 regarding self-regulation/social-emotional skill development

Attachment Level: Objectives

- Continued Focus and Utilization of Existing Tools for:
  1. Routines/Rituals
  2. Care-Giver Affect Management
  3. Attunement

- Add:
  1. Morning Meeting
  2. Utilize Trauma Informed Principles to Common Areas

6 Core Strengths Bruce Perry, M.D., Ph.D.	Student Outcome	Methodology
Attachment: Making Relationships	Feel welcome and invited to join the school community	Routines
Self-Regulation: Containing Impulses	Become physically and emotionally regulated: at a level that matches scheduled tasks	Basic Routines scaffolded for dysregulated students
Affiliation: Being Part of a Group	Develop a sense of community and belonging: -to join others and contribute to the group -to recognize the needs, interests, strengths and values of others -understand and accept how others are different from one's self -appreciate the worth in yourself and others	**Morning Meeting** Students and teachers start the day in a regulated state, with the structures, routines and scaffolds in place which allow them to meet the demands and challenges of the day
Attunement: Being Aware of Others		
Tolerance: Accept Differences		
Respect: Finding Value in Differences		

SEQUENTIAL DEVELOPMENT

Morning Routine-Morning Meeting Critical Developmental Questions:

- What are the expected outcomes for students?
- How will we know we have achieved these outcomes?
- For what percentage of the students have we achieved this outcome?
- What plans do we have to assist/support struggling students achieve these outcomes?
- Are the methods we are utilizing evidence-informed/evidence-based?
- If other methods and strategies are utilized, are the expected outcomes occurring?

Utilizing Trauma-Informed Principles in "Common Areas," Including:

Recess
Cafeteria
Main Office
Specials
Buses
Substitutes
All Building Staff

Self-Regulation Level: Objectives

- Social and Emotional Learning

1. Direct instruction during morning meeting
2. Embedded in day-to-day routines and structures

Competency Level: Objectives

- Executive Skills

1. Direct instruction during morning meeting
2. Embedded in the day to day routines
3. Used in Problem Solving (Goal, Plan, Do, Review)

2015-16
Outcomes

4 months in to the 2015-16 Culture of Care Project…

Positive Outcomes-

- Empowerment regarding interventions
- Development of common language at grade levels
- Group problem solving regarding regulating routines and activities
- Behavior problems are due to skill deficits
- Nature of "informal" conversations

Lessons Learned-

- Priority of the "Green Zone
- Balance between thinking templates and tool boxes
- Culture of Care starts with each individual
- Integrating a Culture of Care Model requires exquisite attention to detail
- Reflecting on our practice and conducting a "fearless self-inventory."

Unsolved Problems-

- Implementation-pace and duration
- Sustainability
- Developing data-based evaluation strategies regarding our practice

Positive Outcomes for Students at JWE…

Student success is measured in many ways, including creativity, health, community involvement, athletics, social skills, and more. While we know test scores don't reveal the complete picture, these tests do provide a snapshot of how our student achievement compares with children from other schools as well as how our students have grown academically, socially and emotionally since the implementation of the Culture of CARE , RTI and PBIS We are pleased to see dramatic progress in several areas.

2015-16 Year-End RTI and PBIS Data

Level	English Language Arts [tested in grades 3, 4,5]	Math [tested in grades 3, 4, 5]	Dibels Reading (K-5th)
Grade 3	Beat the state average by 10.3% School improved 10% from 2014-15	Beat the state average by 10.2% School improved 2.6% from 2014-15	10% overall increase in reading scores from 2014-2016 2014-15 60% at benchmark 2015-16 70% at benchmark
Grade 4	Beat the state average by 9.9% School improved 8.1% from 2014-15	Beat the state average by 3.9% School improved 3.5% from 2014-15	SWIS DATA (Behavior Referrals) 225 student reduction in behavioral referrals from 2014/15- 2015/16 80.5% green zone in 2014/15 83.5% green zone in 2015/16
Grade 5	Beat the state average by 4.5% School improved 10.2% from 2014-15	School improved 14.6% from 2014-15	

CONTACT INFORMATION:

Bill Stewart
Special Projects
stewartw@gladstone.k12.or.us

Lennie Bjornsen
Director of Student and Family Supports
bjornsenl@gladstone.k12.or.us

Wendy Wilson, M.A., MFT
Principal, John Wetten Elementary School
wilsonw@gladstone.k12.or.us

Rick Robinson, Ph.D.
Licensed Psychologist
rickrobinsonphd@drricksndlens.com