

TRAUMA INFORMED EDUCATION COALITION (TIEC)

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Testimony Before Pennsylvania the House Education Committee

January 17, 2024

Chairman Schweyer, Chairman Topper, and honorable members of the Committee, I am Dr. Joan Evelyn Duvall-Flynn. I am here to represent the Trauma Informed Education Coalition (TIEC). Our organization thanks you for this opportunity to share the observations and understandings on mental health issues as they impact the education of Pennsylvania's young.

The Trauma Informed Education Coalition is a grassroots group comprised of educators from both basic and higher education, school counselors, licensed social workers, attorneys, clergy, parents, and education advocates who are committed to advancing a strength based, resilient society. Our work is to equip communities to recognize the impact of psycho-social, emotional, and neuropsychological trauma through developing trauma informed trainings and practices which can implement across a variety of disciplines/fields.

Today our remarks will focus on three areas: what is mental health, structures of mental health essential to education settings, what is needed for school systems to support the mental health of students.

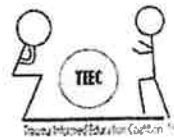
MENTAL HEALTH

According to the World Health Organization,

“Mental health is not just the absence of mental disorder. It is defined as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.”

The Center for Disease Control and Prevention explains, “Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make healthy choices, CDC stresses that “Mental health is important at every stage of life, from childhood and adolescence through adulthood.”

The Department of Human and Health Services acknowledges that 25% of United States workers are dealing with a child that has a mental health or behavioral issue. At the same time, there is a severe shortage of mental health professionals. Over one-third of Americans live in areas where there is a shortage of trained behavioral-health providers. The need for our schools to have the



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wherewithal to participate in addressing this social reality is clear and is of great importance to the welfare of Pennsylvania and the country.

STRUCTURES OF MENTAL HEALTH ESSENTIAL TO SCHOOL SUCCESS:

There are capacities that a child needs prior to entering the required system of education to perform well in the academic setting. Based on the work of Dr. Bruce Perry, leading researcher in the field of brain science, there are six core strengths that we need to develop beginning in infancy.

Attachment, which is the capacity to form and maintain healthy emotional bonds with another person. This core strength is the cornerstone of all the others.

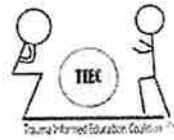
Self-regulation, which is the ability to notice and control primary urges such as hunger and sleep, as well as feelings such as frustration, anger, and fear. To put a moment between an impulse and an action is an essential skill. It is a learned strength that helps a child physiologically and emotionally.

Affiliation, which is the capacity to join others and contribute to a group. This strength springs from our ability to form attachments and allows us to form and maintain relationships. We are biologically designed to live, play, grow, and work in groups.

Attunement, which is the capacity to recognize the needs, interests, strengths, and values of others. Infants begin life self-absorbed, and slowly develop awareness—the ability to see beyond themselves, and to sense and categorize the other people in their world. The ability to be attuned, to read and respond to the needs of others, is an essential element of human communication.

Tolerance, which is the capacity to understand and accept how others are different from you. This core strength builds upon the strength -awareness: once aware, how do you respond to the differences you observe?. Children tend to affiliate based on similarities—in age, interests, families, or cultures. But they also learn to reach out and be more sensitive to others by watching how the adults in their lives relate to others.

Respect, which is appreciating the worth in yourself and in others. Respect grows from the foundation of the other five strengths. An aware, tolerant child with good affiliation, attachment, and self-regulation strengths acquires respect naturally. The development of respect is a lifelong process, yet its roots are in childhood.



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In a perfect world, all children would be born into families where they are safe, with sufficient food, shelter, and clothing; where they are nurtured and learn to love, trust, develop these six core strengths and enter school whole and well.

It is important for this committee, given your immense capacity to impact every child and family in Pennsylvania through the legislation you pass, to have an accurate and well-informed knowledge and understanding about the realities of the context in which education is carried out. As a major social institution, school is a complicated and complex aggregate of people from which educators seek to create an ordered community. This is complicated by the reality that the individuals (both the youth served and the adults delivering services) come with varying levels of developed core strengths.

At the same time, these same individuals display tremendous variation along a continuum of emotional, psychological, and social well-being. Across all strata of social-economic groups and ethnicities, members of every school community come with clinical mental health conditions. Our classrooms represent a population that includes both youth and adults that carry with them such conditions as: Anxiety Disorder, Mood Disorder, Substance Abuse Disorder, Schizophrenia, Major Depressive Disorder, Obsessive-Compulsive Disorder, Bipolar Disorder, Eating Disorder, Dissociative Disorder, Personality Disorder, Neurodevelopmental Disorders, Sleep Disorders, and Neurocognitive Disorder, to name a representative list.

In addition, traumatizing experiences not only impede many children's foundational core strength development but can also contribute to the development of symptoms that are misinterpreted as and often misdiagnosed as clinical mental health conditions. Such experiences include but are not limited to:

- Abuse (sexual, physical, psychological)
- Neglect
- Dysfunctional home environments
- Dysfunctional social environments
- Death of a loved one
- Natural disasters
- Serious illness
- Accidents
- Life-threatening accidents or illnesses
- Violence in school or the community



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- Bullying
- Domestic violence (witnessing or experiencing)
- Acts of terror
- Public health crises such as COVID-19

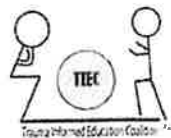
Sitting in classrooms all over this Commonwealth are students across the grade levels who are experiencing deep fear, loneliness, difficulty regulating their emotions, hypervigilance, a sense of helplessness, toxic shame, dissociation, depression, and suicidal ideation. There is a correlation between these experiences and school truancy. Truancy is identified as an indicator for trauma. Hence, it is a tangible indication of the widespread trauma carried by children across Pennsylvania and indeed the nation.

Given the presence of the multitude stressors inherent to today's society, all children need a circle of support within which to develop resilience and to stabilize and regulate their emotions. Teachers are trained and licensed to deliver instruction and develop human potential. Unless specially trained as such, they are not therapists. Their appropriate role in the fostering of mental health for their students is to recognize signs of struggle in students, to contribute to the resilience of students by forging genuine positive relationships, and to refer students to the identified school resources for evaluation and proper accommodations.

For children to benefit from the billions of dollars invested in an organized system of education and flourish under skilled educators, there have to be additional mental health resources that support their capacity to handle stress, relate to others in socially appropriate ways, and make healthy choices.

TIEC OBSERVATIONS RELEVANT TO THE MENTAL HEALTH CONCERNS OF THIS COMMITTEE:

TIEC has addressed the issue of trauma as an impediment to school performance for twelve years. We have conducted in person and virtual workshops on the science of trauma and its related human and social impact. We have held webinar events and conducted statewide surveys to learn how well Pennsylvania's schools were becoming trauma informed. In addition, TIEC coalition member, Dr. Heather Bickley, in her dissertation research explored school district use of PCCD's grant opportunities that would facilitate development of trauma informed resources. Findings revealed the low number of districts that apply for these funds. In the presence of a



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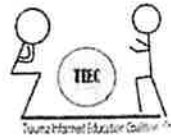
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traumatized society, we have discovered the slow progress toward having trauma informed schools in Pennsylvania.

In conclusion, based on our work with educators, students, parents, advocates, and other education stakeholders; it is with deep respect for the responsibilities that rest on the shoulders of this committee, TIEC shares the following recommendations pertaining to the Mental Health concerns currently impinging upon the Commonwealth's education entities. We fully recognize and understand the challenges presented with these recommendations due to shortages in the professions required to address the mental health needs of not only Pennsylvania, but the entire nation.

1. There is a need to increase the professional development requirement for trauma training for school boards, teachers, administrators, and support staff. This is based on discussions with school teachers, district leaders across Pennsylvania and with education advocates.
2. There is a need to greatly increase the number of school counselors whose time is specifically dedicated to the provision of services such as grief groups, social skills groups, school skills groups, and personal counseling support.
3. There is a need to increase school social workers who can assist with mental health concerns, behavioral concerns, positive behavioral support, academic, and classroom support, consultation with teachers, parents, and administrators as well as provide individual and group counseling/therapy.
4. There is a need to increase the number of school psychologists to not only work with mental health needs, but the needs of diverse learners as well as fostering safe school cultures and performing diagnostic student assessments.
5. There is a need to explore the use of "Truancy Youth Courts" as a diversionary program to the punitive, retraumatizing current approaches to truancy. This process has the potential not only to connect youth to the services that address the issues that cause truancy, but to greatly decrease the school to prison pipeline.
6. There is a need for the House Committee to look into the reasons for and impediments to school district applications for state grant resources such as the PCCD grants.



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7. It is important that members of the general assembly – imperative that the House and Senate Education Committees receive in- depth and thorough trauma training so that their work leads to effective legislation.

Thank you for this opportunity to speak before the committee. TIEC is committed to support your efforts in this area and stands ready to work with you. I am happy to respond to any questions the committee may have resulting from today's remarks.

References will be attached to our more comprehensive written testimony that will include additional relevant information and links.