



Child & Adult Advocacy Studies: Seminar Series

Supporting South Dakota Children's
Return to School



TABLE OF CONTENTS

Webinar Instructions	3
Session 1. Child Abuse & Neglect in South Dakota	4
Objectives	4
Case Summary	4
Resources.....	6
Understanding ACEs.....	6
Additional Information.....	7
Session 2. Child Development and Stress.....	8
Objectives	8
Case Summary.....	8
Resources.....	8
Additional Information.....	8
Session 3. A Framework for Safe and Successful School.....	9
Objectives	9
Case Summary.....	9
Resources.....	9
School Multidisciplinary Teams (MDT).....	9
School Reentry Considerations	10
Personal Protective Equipment (PPE) Knowledge and Training.....	10
Session 4. Trauma Informed Classrooms	12
Objectives	12
Case Summary.....	12
Resources.....	12
Trauma-Informed Teaching Strategies	12
Session 5. School Leaders’ Response in Trauma Informed Environments.....	14
Objectives	14
Case Summary.....	14
Resources.....	14
Acknowledgments	15

Supporting South Dakota Children's Return to School Seminar Series

Welcome! We are glad you are joining us for our seminar series. The following are tips and information to help you best participate in the webinar sessions.

Joining Webinar

- To join, please use the link provided in the email sent out prior to the session. Registration and login questions can be emailed to CPCM@usd.edu

Introductions

- Please enter your name and email address into the chat box. This is how the webinar facilitator will credit your attendance and be able to provide you with CEUs.
- Please change your name on your picture [more here]

Webinar etiquette and tips

- When you first join the meeting, **please ensure your microphone is muted.**
 - Muting and unmuting your microphone can easily be done by selecting Mute in the bottom left corner of Zoom. When a red line is showing through the microphone icon, it means you are muted.
- Ensure you are in a private space away from noise, and ensure your microphone is muted when you are not talking. Eliminate or reduce environmental distractions (i.e. cell phones).
- Please use the chat box for questions and discussion with your peers. Facilitators will try to respond to questions and dialog throughout presentation.
- Be respectful of each other.
- If you have a question or problem during the session please feel free to send a message in the chat box for assistance.

Webinar details

- The session will be recorded. If you object to this, please do not connect.
- Maintain confidentiality at all times. A member of the CAASSt team may politely remind you if you mention any identifying details.
- In order to support the growth of the CAASSt movement, the CAASSt team collects participation data for each tele-session. This data allows us to measure, analyze, and report on the movement's reach. It is used in reports, on maps and visualizations, for research, for communications and surveys, for data quality assurance activities, and for decision-making related to new initiatives.

Ways to participate during a session

- Due to time limit, please use Chat option and succinct language if asking questions during session.
- Actively engage by being ready to learn, reducing distractions, and inviting others to attend.
- Learn from others and value other perspectives

**The content we are discussing this week includes information on abuse, neglect, and trauma. If you experience distressing emotions of thoughts during the presentation, you can take a break or log off. If you feel the need to talk with someone, a list of mental health counselors is provided for you. You can also visit <https://sdcpm.com/portal/> to find resources in your community.*

OBJECTIVES

- a. Know the risk and protective factors for child maltreatment in the general population and identify high-risk populations.
- b. Recognize the resiliency factors that contribute to an individual's ability to cope with childhood maltreatment.
- c. Understand characteristics that increase risk of and protection against suicide and warning signs of imminent harm.

CASE SUMMARY

Michael is a twelve year old boy who moved to this community with his mother, younger brother, and older sister after parental divorce. Due to financial instability, the family has been evicted from three homes in the past three years, resulting in the children transferring to three different schools. Michael's mother currently works two jobs to support her children. Michael's father began drinking and became verbally and emotionally abusive to the children and physically abusive to Michael's mother when Michael was 2 years old. Michael's mother reports that her husband became manipulative when drinking and he would play one member of the family against the others. He would make the children treat their mother cruelly and alternatively, convince the children that she did not love them. Michael's mother also reported instances of the father stealing the children's food and taking their toys for himself. He would laugh, call the children stupid, and become enraged if they cried. He would push their mother and verbally degrade her in their presence. She decided to leave him three years ago as she reports the manipulation and emotional abuse was taking a noticeable effect on the children's development. The children still have visitation with their father, although the children are increasingly resistant to going and are oppositional and argumentative upon return. Michael reported that he has to sleep with his step-mother when he is there.

Danielle, Michael's mother, reports feeling helpless and incapable of making Michael happy. She states that during the lockdown due to COVID-19 she allowed him to play video games all afternoon, as it is easier than trying to get him to do something else. Prior to COVID they did not attend church or community events as she reports that she and her family do not fit in with the other families. She reports that she does not have the time nor energy to play with Michael and when she does, she ends up getting frustrated with him for being bossy, lazy, or selfish. She states that many times she feels depressed and does not know how to be a good mother.

Lydia is a 12-year old girl; her mother reports that she has always been a great child. During COVID-19 pandemic, Lydia took care of the younger children while mom worked from home and her father, while home, spent time in the basement looking for a job. Lydia typically does well in school and has a small group of friends. Her mother states that she feels guilty because there are days that she allows Lydia to make lunch and help the other children with their schoolwork and Lydia isn't able to work on her own school work until that night. At this time, Lydia hasn't seen a friend since March. She has recently begun adding friends of friends on Snapchat and has been noted to be video chatting during the night.

The school that Michael and Lydia attend is in a city with a population of 10,000. The following are other significant factors associated with the school environment:

- Buildings share one school psychologist who is contracted in from a local co-op
- Two newly graduated school counselors covering K-12
- One school nurse covers district
- Two speech and language pathologists that are contracted through a co-op to cover Birth-21 services
- Related services (OT, PT,) are contracted through co-op
- High rate of office discipline referrals for disruption in classroom
- 25% of student population are culturally and linguistically diverse students
- Smarter Balance Assessment indicates that 50% of students are Basic or Below Basic in Math & Reading
- 100% of students qualify for free & reduced lunch
- School wide Title 1 services
- 1:20 student to teacher ratio

In regards to COVID-19 there has been significant community spread with report of one school counselor death since the students physically left the school building last academic year. For the beginning of school this fall, families are able to choose either online or face-to-face (F2F) instruction, with the school board recommending the wearing of masks, but not required. The other significant change is that a majority of bussing routes will not be available for students who live more than 5 miles away from the school. This is due to a lack of bus drivers and budget cuts at the school district and city government level.

UNDERSTANDING ACEs

THE TRUTH ABOUT ACEs

WHAT ARE THEY?

ACEs are
ADVERSE
CHILDHOOD
EXPERIENCES

The three types of ACEs include

ABUSE



Physical



Emotional



Sexual

NEGLECT



Physical



Emotional

HOUSEHOLD DYSFUNCTION



Mental Illness



Mother treated violently



Divorce



Incarcerated Relative

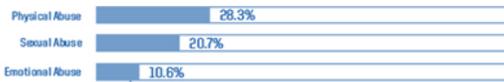


Substance Abuse

HOW PREVALENT ARE ACEs?

The ACE study* revealed the following estimates:

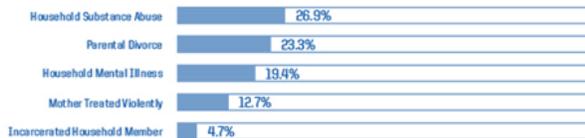
ABUSE



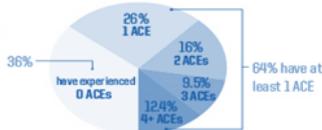
NEGLECT



HOUSEHOLD DYSFUNCTION



Of 17,000 ACE study participants:



WHAT IMPACT DO ACEs HAVE?

As the number of ACEs increases, so does the risk for negative health outcomes



Possible Risk Outcomes:

BEHAVIOR				
Lack of physical activity	Smoking	Alcoholism	Drug use	Missed work
PHYSICAL & MENTAL HEALTH				
Severe obesity	Diabetes	Depression	Suicide attempts	STDs
Heart disease	Cancer	Stroke	COPD	Broken bones

*Source: <http://www.cdc.gov/ace/prevalence.htm>

Learn more about ACEs by visiting: <https://www.cdc.gov/violenceprevention/acestudy/index.html>

ADDITIONAL INFORMATION

Center for Disease Control

<https://www.cdc.gov/>

Center for the Prevention of Child Maltreatment

<https://www.sdcpcm.com/>

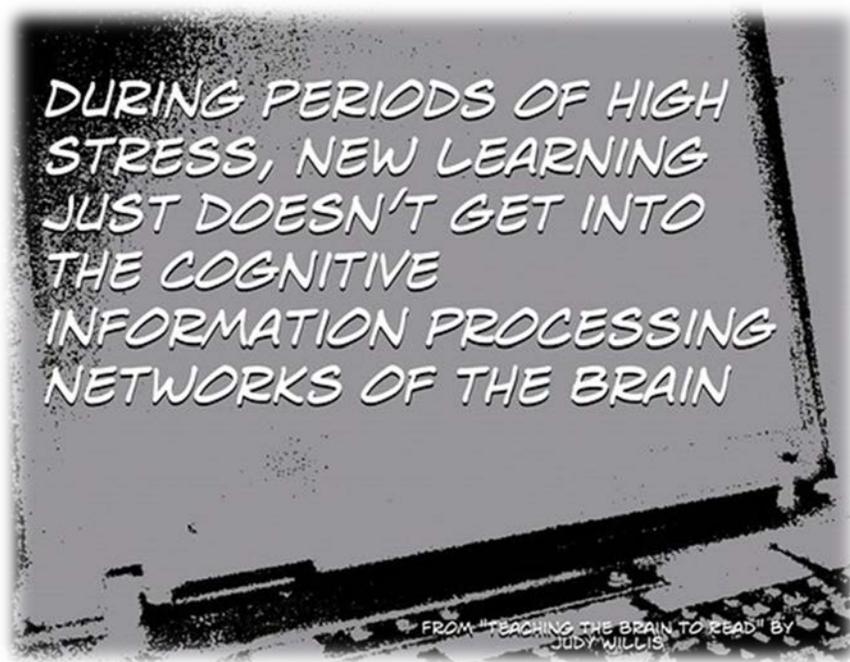
Child and Adult Advocacy Studies Graduate Certificate Program

<https://www.usd.edu/news/2020/usd-to-offer-child-and-adult-advocacy-graduate-certificate>

OBJECTIVES

- a. Understand the effect of stress on a child’s brain development.
- b. Recognize and understand the physical and behavioral health effects of violence, neglect and abuse, including mental health impacts.
- c. Understand the impact of child maltreatment on suicide ideation, attempt, and completion

CASE SUMMARY



Michael will eat fried foods, soda, candy, and chips. Michael does not like to get dirty or splashed, and will respond with anger and aggression if presented with these stimuli. He avoids going outside during the summer, as he will have a meltdown if a bug lands on him. He avoids physical activity and states “it’s too hard”. He is described as giving up easily, having extreme food selectivity, demonstrating decreased independence in self-care, difficulty with social relationships, difficulty with emotional regulation, and obese.

Lydia has been worrying about her siblings’ health and hasn’t been sleeping well at night. She doesn’t eat much and will only pick at her food. She makes her

siblings play, eat, and pick up the way that she tells them to, and she becomes tearful and angry if they do not listen. She had a panic attack the week prior to school starting - she began hyperventilating and felt like she was “out of her body”. Her mother describes her as being controlling, quiet, and passive

RESOURCES

ADDITIONAL INFORMATION

Harvard University Center on the Developing Child- Key Concepts in Child Development

<https://developingchild.harvard.edu/science/key-concepts/>

National Survey of Children’s Health

<https://www.childhealthdata.org/learn-about-the-nsch/NSCH>

<https://sdcpcm.com/resources/instructorview/>

OBJECTIVES

- a. Identify and propose school-based programs that can promote mental health in children.
- b. Engage diverse school professionals who complement one's own professional expertise to develop strategies to meet specific needs of students.

CASE SUMMARY

Michael is on a 504 plan for accommodations related to sensory processing and ADHD. His mother reports that since switching to online school this spring, he refuses to engage in class, does not participate in class activities, and refuses to complete his homework at school. Michael reports being bullied at school because he is “fat and stupid” and reports that he will not go back this fall. At one point in the spring, he became verbally aggressive with a teacher over zoom and the teacher reported that she did not want to work with Michael for the rest of the semester.



Lydia plans to do Face to face school participation this fall. Her IQ was measured 2 years ago and found to be above average. Before COVID, Lydia had average school performance, although she often completed her work during the school day. She had a small group of close friends. She had no office discipline referrals for externalizing behaviors, but was noted to visit the school nurse at least two times per week for complaints of headaches and/or stomachaches. During COVID home schooling, grades were lower than normal because she was sharing technology with others in the home and often had to watch her siblings while her mother worked.

RESOURCES

School Multidisciplinary Teams (MDT)

School Crisis Teams

<https://www.nasponline.org/assets/documents/Professional%20Development/PREPaRE/Trainers/SchoolCrisisTeamsICSmanuscriptfinal.pdf>

NEA School Crisis Guide

<http://www.nea.org/assets/docs/NEA%20School%20Crisis%20Guide%202018.pdf>

SCHOOL REENTRY CONSIDERATIONS

<https://schoolcounselor.org/asca/media/asca/Publications/SchoolReentry.pdf>

(Optional) Responding to the Novel Coronavirus (COVID-19) Outbreak through PBIS

<https://www.pbis.org/resource/responding-to-the-novel-coronavirus-covid-19-outbreak-through-pbis>

(Optional) Resources for COVID-19 Supporting Teachers, Students, and Families

<http://www.pbiscaltac.org/cv19supportresources.html>

PERSONAL PROTECTIVE EQUIPMENT (PPE) KNOWLEDGE AND TRAINING



In light of COVID-19, many schools have given significant attention to needs and recommendations regarding Personal Protective Equipment (PPE). It is recognized that while each school may have specific requirements, all academic settings are likely to incorporate general guidance regarding PPE for students, teachers, and staff. Guidance from the Centers for Disease Control and Prevention (CDC) will be utilized and updated as the COVID-19 situation evolves.

It is with encouragement that all school personnel that participate in our training become knowledgeable about current PPE recommendations as well as proper donning and doffing procedures. As a result, we have provided you a list of trainings that might be of interest to you personally or professionally.

General training shall include the following:

- Be familiar with current CDC Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the coronavirus Disease 2019 Pandemic at:
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>
- Be familiar with Using Personal Protective Equipment at:
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html>
- Demonstrate and model proper protocols for donning and doffing PPE referred within:
<https://www.cdc.gov/hai/pdfs/ppe/PPE-Sequence.pdf>
- Understand the differences between masks and levels of protection by reviewing:
<https://www.cdc.gov/niosh/npptl/pdfs/UnderstandingDifference3-508.pdf>
- Understand the importance of hand hygiene after reviewing:
<https://www.cdc.gov/handhygiene/index.html>
- Refer to Healthcare Respiratory Protection resources at:
<https://www.cdc.gov/niosh/npptl/hospresptoolkit/training.html>

EXAMPLE GUIDANCE FOR IN-PERSON ACTIVITIES

The following is the University of South Dakota's Guidelines for Student Activities. We want to provide you with at least one policy example for those schools or teachers who will have lab or student participant activities.

USD School of Health Sciences (example) Guidelines for fall 2020 Return to Lab/Clinic Activities

Please note: Guidelines may be modified as the situation changes

All SHS faculty, staff, and students within the School of Health Sciences will follow established University guidance as well as additional guidelines necessitating close proximity or contact with others. Lab and clinical activities necessitating contact are dependent on the program and may include working with manikins, simulation models, and/or live patients. Competency remains an expectation within those programs.

Guidance for on-campus labs:

- Compliance with University guidelines regarding enhanced hygiene is expected as well as all other infection control policies outlined by individual programs
- Wearing cloth masks in any setting is strongly encouraged when other PPE is not required
- Training will be offered regarding PPE donning and doffing prior to lab activities
- Supervisors will determine the extent and level of PPE depending on the activity

Guidance for clinical experiences:

- Students will only be placed in clinical education sites if:
 - o they have access to the same level of PPE provided to the agency's employees;
 - o the community healthcare system can support the current active cases of COVID-19;
- Students will not interact with or be expected to care for patients with known or suspected active COVID-19
- Students are expected to follow guidelines outlined by their specific program & clinical agency

Agency guidelines will vary; however, general guidelines are as follows:

- o Compliance with specific PPE protocols is mandatory
- o Face masks are required at all times within the facility
- o Social distancing of 6 feet is necessary in every agency locale
- o Diligent hand hygiene must be practiced at all times
- o Compliance with screening processes is expected, which include temperature, symptom questioning, potential exposures, etc.
- o Any student must report any COVID-19 symptoms and will not be allowed back into the facility until directed
- Students who are exposed to COVID-19 or become ill must follow their clinical site's specific protocols and must contact their Program Director/Chairperson as soon as possible. For symptoms of COVID-19 please see <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>. Supervisors will consult with appropriate personnel to determine next steps regarding referral, testing, and length of quarantine. The student's return to school activities including classes and clinical rotations will be determined on an individual basis.

Student cooperation is expected in all instances. If a student does not feel they are able to adhere to the stated guidelines, it is important to speak with the Program Director or Chairperson. If students require no contact with others then the program will reassess how the student might acquire the necessary skills. In this circumstance, the student will need to reassess their future in health care.

OBJECTIVES

- a. Enhance understanding of trauma for interpreting behavior of students and responding appropriately.
- b. Create a practical framework for intervention and application.
- c. Recognize warning signs for suicide prevention

CASE SUMMARY

Michael and Lydia's sixth grade teacher is Mrs. Sanderson. Mrs. Sanderson is entering her 3rd year of teaching and is known for her passion for the profession and loves guiding young children through academic instruction. Her teaching philosophy is that of structure, routine, and order. She is a traditionally trained educator who experienced student teaching opportunities within a face-2-face (F2F) classroom. Mrs. Sanderson has never taught online coursework until the end of last academic year. Her school does not assign a mentor to new teachers and Mrs. Sanderson is at times observed seeking support through others outside the school building. For example, Mrs. Sanderson struggles with classroom management and consults with peers who are either teaching at a different school or have children. Mrs. Sanderson wishes that her administrator supported her better in developing these knowledge, skills, and abilities.

This upcoming year, she will have a class enrollment of 25 students. At the time of this report, 12 students have elected to participate through the online learning platform. 13 students and their caregivers have continued to decide to join Mrs. Sanderson in the classroom. At home, Mrs. Sanderson has two young children (ages 2 & 4) and most recently has been adjusting to her children's schedule as her daycare is closed during the COVID-19 pandemic. Her husband runs the family business and is often times gone for meetings throughout the day. During COVID-19, he is consumed with Zoom meetings to stay connected to clients. She is nervous that she won't be prepared for the upcoming year and fears that she or her students will not be as safe as she would hope.

RESOURCES

TRAUMA-INFORMED TEACHING STRATEGIES

Essential Trauma-Informed Teaching Strategies for Managing Stress in the Classroom

<https://resilienteducator.com/classroom-resources/trauma-informed-teaching-tips/>

101 Trauma-Informed Interventions Activities and Assignments

https://www.amazon.com/101-Trauma-Informed-Interventions-Activities-Assignments-ebook/dp/B012O9GRM4/ref=sr_1_1?&encoding=UTF8&tag=resilienteduc-20&linkCode=ur2&linkId=fcc3eefdb60b6111e5c5d5e0d7cd07e1&camp=1789&creative=9325

Creating Trauma-Informed Classrooms

<https://www.adoptioncouncil.org/files/large/4b9294d4e0fc351>

TBRI® Classroom Resources

<https://child.tcu.edu/tbri-for-teachers/#sthash.fS3eJUPg.dpbs>

Teaching to Strengths: Supporting Students Living with Trauma, Violence, and Chronic Stress

https://go.skimresources.com/?id=156962X1623381&isjs=1&jv=14.2.0-stackpath&sref=https%3A%2F%2Fresilienteducator.com%2Fclassroom-resources%2Ftrauma-informed-teaching-tips%2F&url=https%3A%2F%2Fwww.amazon.com%2FTeaching-Strengths-Supporting-Students-Violence%2Fdp%2F1416624600%2Fref%3Dsr_1_3%3F%26_encoding%3DUTF8%26tag%3Dresilienteduc-20%26linkCode%3Dur2%26linkId%3Dfcc3eefdb60b6111e5c5d5e0d7cd07e1%26camp%3D1789%26creative%3D9325&xguid=91dd58ad19102f007b55f23c2fc03e51&xs=1&xtz=300&xuuid=0177a38998e2d13a5e259ab4624abb9b&xjsf=other_click_auxclick%20%5B2%5D

Mindful Teaching and Teaching Mindfulness: A Guide for Anyone Who Teaches Anything

https://go.skimresources.com/?id=156962X1623381&isjs=1&jv=14.2.0-stackpath&sref=https%3A%2F%2Fresilienteducator.com%2Fclassroom-resources%2Ftrauma-informed-teaching-tips%2F&url=https%3A%2F%2Fwww.amazon.com%2FMindful-Teaching-Mindfulness-Teaches-Anything%2Fdp%2F0861715675%2Fref%3Dtmm_pap_swatch_0%3F%26_encoding%3DUTF8%26tag%3Dresilienteduc-20%26linkCode%3Dur2%26linkId%3Dfcc3eefdb60b6111e5c5d5e0d7cd07e1%26camp%3D1789%26creative%3D9325&xguid=91dd58ad19102f007b55f23c2fc03e51&xs=1&xtz=300&xuuid=0177a38998e2d13a5e259ab4624abb9b&xjsf=other_click_auxclick%20%5B2%5D

OBJECTIVES

- a. Educate community leaders on how they can help provide resiliency for students and school personnel.
- b. Recognize the importance of community engagement in responding to maltreatment, as well as prevention efforts.
- c. Develop a protocol for school suicide prevention and postvention activities

CASE SUMMARY

The administration at Michael and Lydia's school are facing circumstances that are unfamiliar and they enter this school year not having all the answers or the most up-to-date information to guide their staff. The school board, which consists of 5 members, are concerned with Smarter Balance performance outcomes and have tasked the principal to ensure outcomes remain constant across face to face and online instruction. Over the summer they continue to read reports on COVID-19 standards and this emphasizes the school boards concern as Smarter Balance standards and COVID-19 standards do not always mirror each other.

From the teachers perspective, past reports indicate that most teachers perceive the school principal to be unapproachable. Teachers also report that related services show up inconsistently and don't communicate with them. This has created a sense of feeling overwhelmed as the teachers have already been asked to be a teacher, a guidance counselor, a technology expert, and curriculum guru. In addition to this, the teachers have not been trained in social emotional learning strategies or mandated reporting. They see administration as attempting to ease their workload. However, administration knows the school district has strict policies related to bringing in professional development from the "outside". This has led to administration being concerned about the retention of teachers and the lack of substitute teacher availability. As the school year begin, the 2020-2021 strategic plan charges the school to update the following two policies to reflect current practice: attendance and mandatory reporting.

RESOURCES

Leadership Resources

<http://sswlhc.org/covid-19-resources/>

Tele-Education

<https://www.teachersoftomorrow.org/blog/insights/virtual-teaching-resources>

Creating a Teaching Matrix for Remote Instruction

<https://www.pbis.org/resource/creating-a-pbis-behavior-teaching-matrix-for-remote-instruction>

ACKNOWLEDGMENTS

The University of South Dakota and the Center for Prevention of Child Maltreatment would like to thank the following individuals for their valued contributions throughout the development of this seminar series: Jacquie Larson and Teresa Rowland.