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Trauma-Informed Practice and the Intersection with Special Education

Exceptional Children Conference 2019
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Presented by: William J. Zee, Esquire and Daniel M. Fennick, Esquire

LANCASTER · YORK · READING · HARRISBURG · HANOVER · GETTYSBURG · MALVERN · HUNT VALLEY, MD · COLUMBIA, MD

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Agenda

- Introductions.
 - William J. Zee, Esquire
 - Daniel M. Fennick, Esquire
- Presentation.
 - Overview / Background.
 - ACEs & Complex Trauma.
 - Impact on Schools.
 - Pennsylvania's Model Trauma-Informed Approach Plan.
 - Intersection with Disability Law.
- Questions.

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Why?



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What is Below the Surface

- The world is generally a safe place...
- People are generally good...
- I am generally in control of my life...



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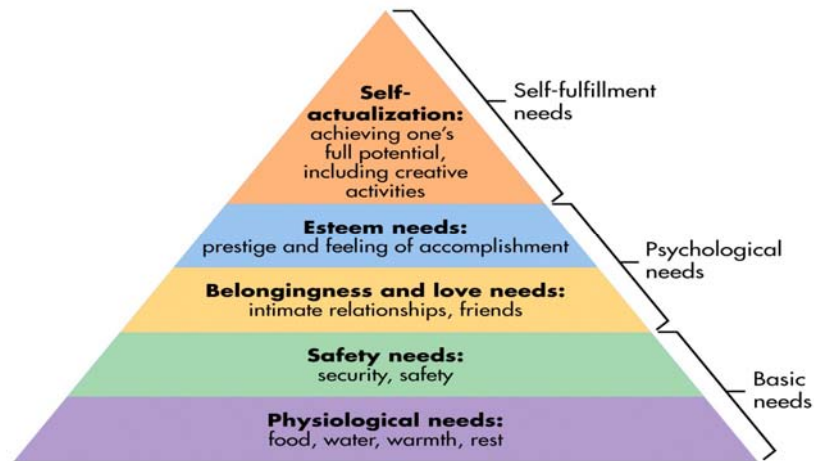
Trauma Lens



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Maslow's Hierarchy of Needs



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Broad Overview

- ▶ No single common “profile.”
- ▶ Active support by school personnel critical component to ensuring safety and addressing needs of all students.
- ▶ School personnel that recognize and respond appropriately to students with challenging behavior can help modify behaviors.
- ▶ Importance of teaching replacement behaviors.
- ▶ Environmental modifications may be necessary.

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Adverse Childhood Experiences (ACEs)

- CDC’s Adverse Childhood Experience Study
 - Anda and Felitti
 - 1995-1997
 - 17,000+
- **ABUSE**: Physical, Emotional, Sexual
- **NEGLECT**: Physical, Emotional
- **HOUSEHOLD DYSFUNCTION**: Mental Illness, Domestic Violence, Divorce, Substance Abuse, Incarceration

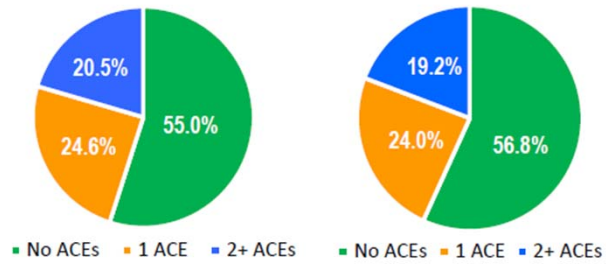
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Prevalence of Trauma

- 45% of U.S. children have been exposed to at least one Adverse Childhood Experience.
- Over 1 in 5 children have 2+ ACEs.
- Two-thirds of U.S. adults have been exposed to at least one ACE.

US children with ACEs, 2016-17¹ Pennsylvania children with ACEs, 2016-17¹



The Child & Adolescent Health Measurement Initiative, 2019 Pennsylvania Fact Sheet
<https://www.cahmi.org/wp-content/uploads/2019/06/CAHMI-State-Fact-Sheet-PA.pdf>

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Prevalence of Trauma - Outcomes

Table 1: National & PENNSYLVANIA CHILD outcomes by ACEs.

Key child outcomes (age in years)	Nation ¹			Pennsylvania ^{1*}		
	No ACEs	1 ACE	2+ ACEs	No ACEs	1 ACE	2+ ACEs
Child has a chronic condition requiring above routine amount or type of health care services ⁴ (0-17)	13.2%	20.1%	32.2%	13.9%	20.9%	33.0%
Child has an ongoing emotional, developmental, or behavioral problem (0-17)	4.4%	8.1%	18.6%	4.6%	11.3%	20.7%
Child is overweight or obese (10-17)	25.5%	34.1%	37.2%	25.0%	34.2%	37.5%
Child is bullied, picked on, or excluded by other children (6-17)	14.6%	23.1%	34.2%	12.7%	21.9%	29.5%
Child's mother is in very good/excellent health (0-17)	75.4%	55.6%	41.1%	75.2%	57.3%	38.3%
Child engages in school (6-17)	75.4%	64.4%	53.1%	75.1%	62.2%	54.0%
Resilience and Flourishing ⁵ (met all 3 criteria) (6-17)	47.9%	37.8%	27.6%	49.1%	42.8%	28.4%
Child's family stays hopeful when facing problems (0-17)	60.9%	55.7%	48.7%	54.7%	58.8%	39.2%

Table 2: Odds of key ADULT health problems for adults with 1, 2, 3 or 4+ ACEs compared to adults with no ACEs⁷

Key adult outcomes	0 ACEs	1 ACE	2 ACEs	3 ACEs	4+ ACEs
Suicide attempts	100%	180%	300%	660%	1220%
Injected drugs	100%	130%	380%	710%	1003%
Consider self an alcoholic	100%	200%	400%	490%	740%
Recent depression	100%	150%	240%	160%	460%
Lung disease	100%	160%	160%	220%	390%

The Child & Adolescent Health Measurement Initiative, 2019 Pennsylvania Fact Sheet
<https://www.cahmi.org/wp-content/uploads/2019/06/CAHMI-State-Fact-Sheet-PA.pdf>

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Complex Trauma

- Arises from an inescapable stressful event that overwhelms an individual's coping mechanisms - van der Kolk and Fisler, (1995).
 - Impaired stress regulation system.
 - Normal reactions to abnormal circumstances.
 - "States become Traits."

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Toxic Stress

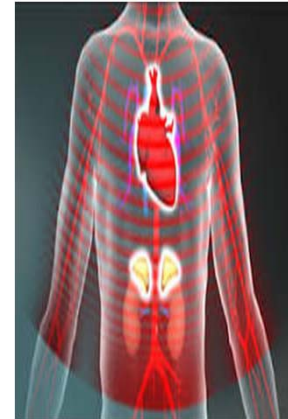
- "Having a biological system that keeps pumping out stress hormones to deal with real or imagined threats leads to physical problems: sleep disturbances, headaches, unexplained pain, oversensitivity to touch or sound."
 - The Body Keeps the Score, van der Kolk

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Trauma and Children

- More vulnerable to trauma and toxic stress.
- Complex responses/different from adults.
- Can compromise all areas of childhood development, including identity development, cognitive processing, body integrity, ability to manage behavior, affect tolerance, spiritual and moral development, and ability to trust self and others.
- Impacts relationships, particularly trust and security.



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What the Research Tells Us

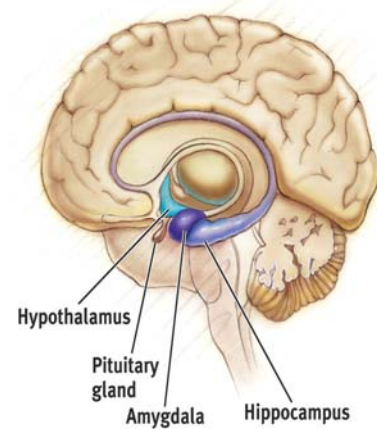
- Arousal of the limbic system
 - Increase in perceived threats and pessimism.
 - Diminished judgment.
 - Difficulty processing new information.
 - Inability to sort relevant from irrelevant information.
 - Memory retrieval issues.
 - Difficulty with problem solving.
 - Difficulty developing relationships.

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The Developing Brain

- Can alter brain structure and chemistry.
 - Overdevelopment of those areas responsible for fear/anxiety and underdevelopment of regions responsible for complex thinking and executive functioning.
 - Release of large amounts of cortisol, damaging hippocampus and prefrontal cortex.
- Dysregulation the nervous system- causes “natural alarm system” to malfunction.
 - “Amygdala Hijacking.”
- Negative impacts on physical, cognitive, emotional, social, and academic development.
- Biological responses- physical symptoms and sensory issues.



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“Amygdala Hijacking”

- Regulates flight, fight, freeze, fawn.
- Amygdala places “emotional tag” on processed information stored in working memory.
- Cortisol strengthens the amygdala.
- Intense reactions that override the rationale brain.
 - Impacts sense of safety and security.
 - Diminishes the capacity to trust.
 - Emotional/physical responses to stress.



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What Does “Trauma-Informed” Mean?

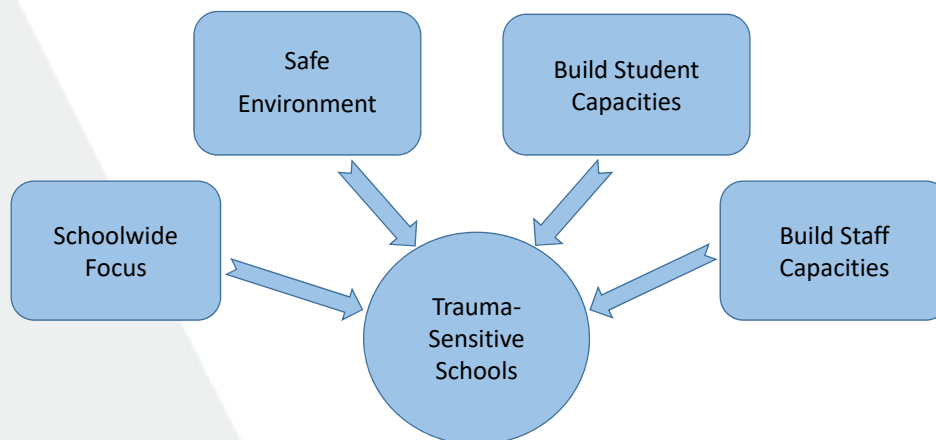
- ▶ “A program, organization, or system that is trauma-informed:
 - ▶ **Realizes** the widespread impact of trauma and understands potential paths for recovery;
 - ▶ **Recognizes** the signs and symptoms of trauma in clients, families, staff, and others involved with the system;
 - ▶ **Responds** by fully integrating knowledge about trauma into policies, procedures, and practices;
 - ▶ Seeks to actively **resist re-traumatization.**”

SAMHSA: <https://www.samhsa.gov/nctic/trauma-interventions>

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Trauma-Sensitive Schools



Eric Rossen, PHD, NCSP

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Trauma as Part of the Education Puzzle

- ▶ Easily shifted into survival mode even when no actual threat to physical safety exists.
 - ▶ Hardwired into physiological response, not a rational cognitive process.
 - ▶ React to stress inducing experiences as if life or death.
 - ▶ Unpredictable situations, confrontation, vulnerability, frustration, and sensory overload.
 - ▶ Re-experience of the underlying traumatic event(s) and the attendant “alarm-system” responses.



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Some Challenges

- Range of Symptoms.
- Misidentification.
- Reporting.
- Resistance to Disclosure.
- Resources.
- Cultural Considerations.
- Secondary trauma.



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PA Senate Bill 144

- Senate Bill 144 recognizes that Adverse Childhood Experiences (ACEs) – which include factors such as abuse, neglect and other traumatic experiences – have a potentially long-lasting effect on children’s cognitive functioning and physical, social, emotional, mental and spiritual well-being. The bill requires schools to implement mandatory training of administrators, staff and school board members to identify the signs and symptoms of trauma. This would lead to the school community using a multi-tiered support system for students and families who have experienced trauma, preventing its reoccurrence and promoting resiliency tailored to the entire school community.

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PA Senate Bill 144, cont.

- Highlights include:
 - Minimum one hour of professional development on trauma-informed approaches for professional employees
 - Minimum one hour of trauma-informed training for newly elected and reelected School Board members.
 - All employees provided with trauma-informed approaches training to recognize sign of trauma in students and best practices, including utilization of multi-tiered systems of support.

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PA Trauma-Informed Approach Plan



PENNSYLVANIA COMMISSION ON CRIME AND DELINQUENCY
SCHOOL SAFETY AND SECURITY COMMITTEE

Model Trauma-Informed Approach Plan:
Guidelines for School Entities

Issued
August 2019

Charles H. Ramsey, Chairman
Derin Myers, Acting Executive Director

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Trauma & Disability Law

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IDEA & Trauma

- Eligibility issues.
- Does FAPE look different through trauma-informed lens?
- Development and implementation of a program of special education and related services that addresses how trauma impacts “the child’s circumstances” and the ability to receive FAPE.
- What supports are necessary for the student to make meaningful progress.

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Andrew F. v. Douglas County Sch. Dist. RE-1 69 IDELR 174 (2017)

- “...a school must offer an IEP reasonably calculated to enable a child to **make progress appropriate in light of the child’s circumstances.**”
- IEP constructed based on:
 - Levels of achievement
 - Disability
 - Potential for growth

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Andrew F., cont.

- What is sufficient progress for FAPE?
 - Grades?
 - Grade advancement/promotion?
- *“Appropriately ambitious in light of his circumstances.”*
- *“Every child should have the right to meet challenging objectives.”*

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IDEA 2004, Part C (Infants and Toddlers)

- (G) there will be a referral for evaluation for early intervention services of a child who experiences a substantiated case of trauma due to exposure to family violence (as defined in Section 320 of the Family Violence Prevention and Services Act).
- The term “family violence” means any act or threatened act of violence, including any forceful detention of an individual, that—
 - (A) results or threatens to result in physical injury; and
 - (B) is committed by a person against another individual (including an elderly individual) to or with whom such person—
 - (i) is related by blood;
 - (ii) is or was related by marriage or is or was otherwise legally related; or
 - (iii) is or was lawfully residing.

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Section 504 & Trauma

- Eligibility
 - A physical or mental impairment that substantially limits one or more major life activities of such individual;
 - A record of such an impairment; or
 - Being regarded as having such an impairment.
- Major life activities
 - Caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working.
 - The operation of a major bodily function, including but not limited to, functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.

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Compton Unified School District

Straight Outta Compton:
Lawsuit against school
highlights toll of daily
violence

Published on: 22 Jan 2018 05:49
 Edited on: 25 Jan 2018 21:24



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The Kids

- 26,000 students in CUSD
- Significant poverty and community violence
- **Peter P** (17): Witness to shootings and stabbings in neighborhood, victim of sexual and physical abuse; parent substance abuse and mental illness; homelessness; and family incarceration.
- **Kim C** (18): Witness to murders; victim of sexual assault; and gender/orientation based bullying.
- **Philip and Virgil W** (15): Twin brothers; witnessed dozens of shootings; abuse; family member deaths.
- **Donte J** (13): Arrested mistakenly at gunpoint; assaulted on way to school; saw friend murdered.

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Compton Unified School District

- June 2016 the parties agreed to develop a long-term plan, assisted by subject matter experts, to address educational barriers for students who are impacted by trauma (CUSD Trauma Plan).
- CUSD Trauma Plan still being developed as of May 31, 2019 (court granted stay of the case until January 13, 2020).

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Stephen C. v. Bureau of Indian Education

118 LRP 16978 (AZ 2018)

- Three students of the Havasupai tribe pursued Section 504 claims against the Bureau of Indian Education for its alleged failure to identify their trauma-related disabilities and provide them with appropriate educational services. Observing that the students might qualify as individuals with disabilities, the Court denied the BIE's motion to dismiss.
- The students' complaint described how exposure to trauma can result in physiological harm to children and how those physiological impairments can manifest in the school setting.

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Stephen C., cont.

- The judge pointed out that the students described how their own experiences related to their education. "[The students' complaint] is replete with allegations relating to each [student's] unique exposure to complex trauma and adverse childhood experiences to their ability to read, think, and concentrate -- i.e., how their brains' physical response to trauma substantially limits their ability to learn."
- The Judge also rejected the BIE's claim that it was unaware of any trauma-related disabilities. Citing the BIE's own documentation of the difficulties faced by the Havasupai community, the judge explained that the agency had knowledge of the impact of trauma and adversity on Havasupai students.
- The court also allowed the students to pursue claims based on the BIE's alleged noncompliance with the Section 504 regulations governing child find and procedural safeguards.

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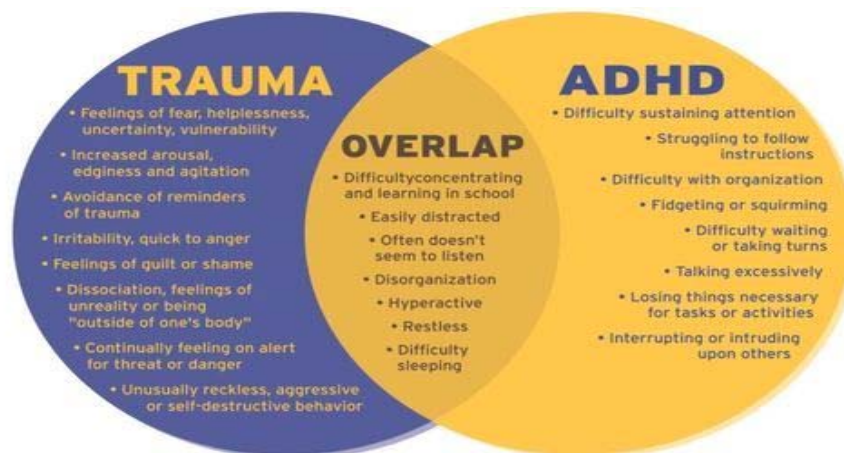
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Identify, Assess, and Provide FAPE

- Both IDEA and Section 504 include affirmative child find obligations.
 - Must include children who are suspected of being a child with a disability even though they are advancing from grade to grade. 34 CFR 300.11(a)(i).
 - Must assess students in all areas of suspected disability including, but not limited to, the student's emotional status. 34 CFR 300.304 (C)(4).
 - Must be cognizant of behaviors indicating possible need for mental health assessment:
 - Decline in functioning academic and/or social/emotional
 - Inappropriately intense emotional reactions
 - Anxiety, increased sensitivity or apathy
 - Extreme fatigue or depressed mood
 - Intense migraine headaches or bodily aches and pains
 - Physical and verbal aggression
 - Inappropriate sexualized behavior
 - Self harm or suicidal ideation

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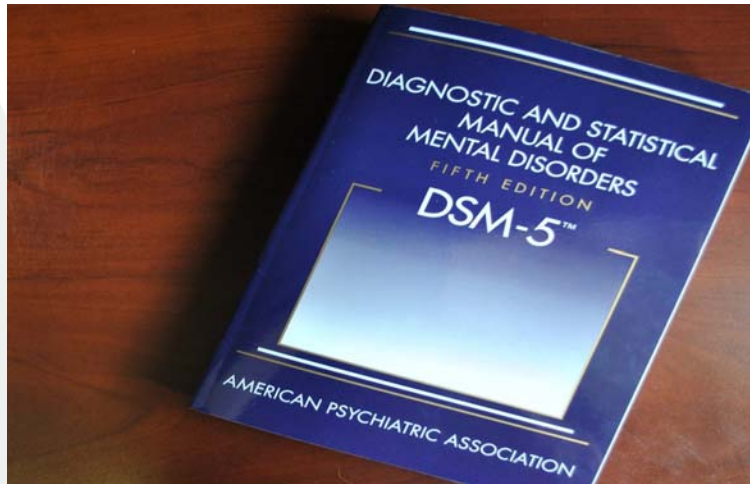
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Diagnostic and Statistical Manual of Mental Disorders (DSM-5)



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Screening, Assessments & Evaluations

- Trauma informed assessments consider risks for re-traumatization including:
 - Use of validated instruments for screening/assessment
 - Discussion of how information will be used
 - How trauma symptoms impact current functioning
 - Known triggers
 - High stress environments
 - Cultural considerations
 - Available supports
 - Student strengths
 - Resilience factors

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Assessment and Screening

- National Child Traumatic Stress Network's 7 Key Elements of Trauma-Informed Systems
 - “#1: Screen routinely for trauma exposure and symptoms.”
- “An annual screening that assesses either directly or indirectly for trauma would be a helpful primary way of obtaining information and moving toward being trauma-informed. If the screen uncovers an experience of trauma, further assessment and referral to specialized services should take place.” – Education Law Center

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Trauma-Related Needs & Assessment

- Vacaville Unified Sch. Dist. and Sacramento City Unified Sch. Dist., 117 LRP 5835 (SEA CA 02/02/17): Districts denied FAPE to a student with multiple behavioral disorders and PTSD when they failed to provide mental health services and proper assessments and committed IEP procedural violations. A hearing officer ordered Vacaville to fund 80 hours of individual therapy sessions, including 16 hours of trauma-based therapy, and Sacramento to fund 108 hours of individual therapy sessions and 1,250 minutes of S/L services and to conduct an FBA. Both districts were also required to conduct two-hours of special education training for all their special education administrators and program specialists.

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Emotional Disturbance (ED)

- Condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree that adversely affects a child's educational performance:
 - An inability to learn that cannot be explained by intellectual, sensory, or health factors.
 - An inability to build or maintain satisfactory interpersonal relationships with peers and teachers.
 - Inappropriate types of behavior or feelings under normal circumstances.
 - A general pervasive mood of unhappiness or depression.
 - A tendency to develop physical symptoms or fears associated with personal or school problems.

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Eligibility Issues - ED

- "Condition" not defined.
- Not necessary that a student meet all five criteria to be deemed eligible.
- Specifically excludes "social maladjustment" (unless emotional disturbance also present).
- How does what we know about responses to trauma fit in?

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Social Maladjustment

- Persistent pattern of violating societal norms, such as multiple acts of truancy or substance or sex abuse, and is marked by struggle with authority, low frustration threshold, impulsivity, or manipulative behaviors.
- Persistent pattern of willful refusal to meet even minimum standards of conduct.
- Behavior and values are in conflict with society's standards.

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Other Health Impairment (OHI)

- Having limited strength, vitality or alertness, including a heightened alertness to environmental stimuli, that results in limited alertness with respect to the educational environment, that
 - (i) Is due to chronic or acute health problems such as asthma, attention deficit disorder or attention deficit hyperactivity disorder, diabetes, epilepsy, a heart condition, hemophilia, lead poisoning, leukemia, nephritis, rheumatic fever, and sickle cell anemia; and
 - (ii) Adversely affects a child's educational performance.

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Trauma-Informed IEP

- What is driving behavior?
- Are we targeting stress or behavior?
- What supports/instruction will build self-regulatory skills?
 - Does student seek regulatory assistance? How?
 - What skills does the student lack/need?
 - Is focus on developing internal rather than external controls?

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Addressing Student Needs in the in LRE

- Randolph Pub. Schs., 110 LRP 22292 (SEA MA 04/09/10): A district denied FAPE in the LRE to a student with PTSD when it proposed placing him in a separate class with special education staff. A hearing officer determined that despite significant behavioral issues, including the inappropriate touching of peers, the student's behavioral plan could be appropriately and safely implemented in the regular education setting. A psychologist recommended a behavior plan requiring staff to continually monitor the student, be available to discuss his triggering thoughts as they arose and help him to control them, remove him to a quiet space when necessary, and assign someone to coordinate the program.

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Trauma-Related Needs & Placement

- East Side Union High Sch. Dist., 116 LRP 53312 (SEA CA 12/21/16): A district denied FAPE to a student with ED and PTSD when it failed to provide an accurate, up-to-date IEP for several years, causing him to languish in inappropriate placements. A hearing officer determined that the student should be placed in a residential treatment facility at the district's expense. Psychologists recommended the trauma-informed care and behavioral therapy provided by the facility to help the student deal with issues stemming from his PTSD, which was a result of years of childhood exposure to significant domestic violence.

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Functional Goals

- Remember an IEP must include:
“A statement of measurable annual goals, including academic and **functional goals.**”



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Accommodations

- Identify and reduce/prevent triggers
 - Recess adjustments
 - Bells between classes
 - Class transitions/busy hallways
 - Long school breaks/holidays
- Increase predictability
- Self-identify stress response – self-regulation
- Identify a trusted adult in times of stress
- Provide opportunities to assist

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Related Services/Goals/Accommodations, cont.

- Positive praise
- Building social-emotional skills and vocabulary
- Building peer supports and relationships
- Have student work collaboratively with teacher on ambitious goal setting
- Movement and sensory opportunities

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Questions?

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