

House Select Committee on Mass Violence Prevention and Community Safety
Written Testimony

Name: Jamie Freeny
Title: Director, Center for School Behavioral Health
Organization: Mental Health America of Greater Houston

Duty #4: *Evaluate the ongoing and long-term workforce needs of the state related to cybersecurity, mental health, law enforcement, and related professionals.*

My name is Dr. Jamie Freeny and I am the Director of the Center for School Behavioral Health at Mental Health America of Greater Houston. I have conducted research on adverse childhood experiences in middle and high school aged youth and collective efforts centered around trauma-informed care. The Center for School Behavioral Health (CSBH) provides professional development, both locally and nationally, on children's mental health, suicide prevention, and trauma. We also convene school districts, mental health providers, and youth-serving organizations to develop and share policies and practices that create systemic level change that supports student mental and behavioral health.

As school shootings continue to occur across the country, Americans are growing increasingly concerned about sending their children to school. A place that was once considered safe has become a source of fear for many parents, students and educators, and people desperately want to find a solution. Significant differences in values and beliefs suggest that there will not be an easy solution that everyone agrees on; however, we must come together to create policies and practices that support the social and emotional development of our children. In recent years, Texas' children have faced unprecedented events that threaten their well-being, from Hurricane Harvey to the school shooting in Santa Fe, and now COVID-19. While we seek to find solutions for our schools that keep students safe and supported, it is critical we ensure we are not implementing policies and practices that further compound their trauma rather than address it.

In order to create thoughtful, evidence-informed policies, it is first necessary to understand the research on childhood trauma and its effect in our schools. In 1998, the Center for Disease Control (CDC) and Kaiser Permanente published the results of a study conducted between 1995 and 1997 of over 17,000 Californians (CDC, 2017). The groundbreaking study, known as the Adverse Childhood Experiences (ACE) Study, shed light on the effects of traumatic childhood events such as abuse, divorce, or having an incarcerated parent. Not only were adults that had experienced one or more ACEs significantly more likely to develop substance use or mental health issues, which one might expect, they also had significantly worse physical health outcomes, such as increased chances of cancer, diabetes and heart disease (Felitti, et al., 1998). The study was a catalyst for further research, which ultimately led to the understanding that untreated trauma can impact a child's ability to learn, causing lower grades, more behavior challenges, and increased involvement in juvenile justice programs (National Child Traumatic Stress Network, 2016). Knowing this, we have a moral and ethical obligation to address the needs of students impacted by trauma and provide supports to encourage personal and academic success.

While trauma-informed practices gained popularity following Hurricane Harvey, the effects of trauma on Texas youth existed well before the storm. Complex trauma is defined as exposure to multiple traumatic events and includes the impact of this ongoing trauma on emotional regulation and loss of sense of safety (Cook, 2003). We must consider students who have experienced complex trauma such as abuse, neglect, family violence, or civil unrest. It is also important to note that complex trauma may not be directly experienced by students but may also be the result of the adult/care-givers experience with

trauma. Understanding this allows us to address that despite a shared traumatic event such as Hurricane Harvey or COVID-19; there are students who are already struggling to manage their trauma on top of experiencing local/global trauma. Researchers estimate that two out of three youth will experience at least one traumatic event by age 18 (National Child Traumatic Stress Network, 2016). Using that figure, roughly 4.9 million Texas youth have experienced at least some form of trauma (U.S. Census Bureau, 2017). In 2015, 3,366,000 Texas children lived in poverty, and there were more than 230,000 reported cases of abuse and neglect (CWLA, 2017). A 2017 study found that 16% of students in ten of the lowest performing schools in Houston Independent School District had witnessed a murder or shooting in their neighborhood (Moore, 2018). These numbers do not include the 2.9 million children living in counties hit by Hurricane Harvey in 2017 (Children at Risk, 2018), and do not consider the secondary trauma experienced by people across the state following the shooting at Santa Fe High School. These are significant issues that warrant significant responses, and it is critical that the legislature support efforts to ensure we are meeting the needs of students and setting them up for future success.

Social and emotional education training is imperative. Many students have experienced trauma and we may be unintentionally exacerbating it. Nicole Milton, Professional Development Specialist with the CSBH, shares her experience as a classroom teacher with a student who struggled with neglect:

“He relied on my consistent presence as his teacher which was evidenced by his anticipation of me standing in my doorway to greet him. This daily ritual was consistent, predictable and provided a sense of safety for this student. One day, I was absent and did not have an opportunity to prepare my students for my absence. The disruption in consistency and predictability triggered my student, and despite the presence of the substitute, he felt unsafe in the classroom and acted out because of this. His dependence on my consistent presence ensured his safety in the classroom and allowed him to focus on classwork and perform well academically. The social/emotional training would have helped me recognize this dependence, anticipate this need, and prepare my students as much as possible ahead of unplanned disruptions. Students need us to be trauma-informed and understand that they require: consistency, predictability, positivity, and safety. We need to understand that students have an assortment of experiences and as an instructional leader it is paramount that we recognize how our behaviors can contribute to triggering traumatized students.”

School resource officers, metal detectors, and fences make us feel safe - but feeling safe is not the same as being safe. While police presence in schools has tripled since the Columbine school shooting in 1996, little evidence exists to justify this massive growth in campus security or the effectiveness on keeping kids safe (Klein, 2016). Yet following the Santa Fe shooting, Texas schools continued to pour resources into more police officers and metal detectors, (Taboada, 2018), rather than hiring more counselors – even though there is significant evidence that school counselors improve school culture and increase academic achievement (American School Counselor Association, 2018). Metal detectors are rarely used properly in schools, eliminating their potential benefit. A locked gate around the school sounds effective, but that gate must eventually open to let students out. When the gates opened just before dismissal at Marjory Stoneman Douglas High School, 17 people were killed. Instead of making decisions that help us feel safe, we need to promote policies that will prevent students from ever getting to the point where they consider committing acts of violence.

Now more than ever, people recognize the need for schools to support mental health, yet many Texas schools have 1 to 1,000 counselor-to-student ratios—the recommended ratio is 1 to 250. Some districts have more school resource officers than counselors, social workers and psychologists combined, and many schools have part-time or no counselor at all. In a 2018 survey conducted by the Texas Classroom

Teachers Association, 63% of its members said that increasing the number of school counselors, or freeing up counselor time so they can actually provide behavioral health services to students, would increase school safety (Texas Classroom Teachers Association, 2018). Teachers see every day the need for more mental health supports, and we must provide them the support they are asking for so that we avoid future disasters such as the one that took place in Santa Fe. While we correctly prioritize the mental health of our students, the mental health of our student facing professionals needs to be considered as well. Teachers and staff may experience mental and emotional challenges as they interact with students who have been affected by trauma. Vicarious trauma (secondary traumatic stress) has caused educators to undergo negative shifts in their views of themselves and the world around them (Lander, 2018). Common symptoms include increased irritability, fatigue, feeling detached, and intrusive negative thoughts (O'Handley, 2017). These symptoms should be discussed and addressed with school staff and include resources for care. Doing this will create an ecosystem that fosters mental health care, acknowledges the difficulty of the profession, and encourages students and staff to seek out support.

Trauma-informed schools are an increasingly popular way that the education sector has worked to meet the significant needs of students, and the results are often impressive. At Lincoln Alternative High School, one of the country's first trauma-informed schools and the setting for a 2015 documentary, *Paper Tigers*, the results were astounding. Once school staff were trained on the impacts of child trauma, they were able to shift the way they addressed student discipline, and teachers began building more positive relationships with students (Hellman, 2017). Additionally, they began offering free mental health services to all students. In the first year after implementation, graduation rates rose by 30%, suspension rates dropped by nearly 85%, and incidents requiring police involvement fell by 75% (Hellman, 2017). Examples like this one have led states such as Massachusetts and Pennsylvania to adopt trauma-informed school legislation (Prewitt, 2014), and with the passage of legislation in 2019 requiring teachers to be trained in trauma-informed practices, Texas has already joined the ranks of states working to promote healthy policies in our schools.

While implementing mental and behavioral health professional development sessions for several Houston area school districts, Sharifa Charles, Professional Development Specialist with the CSBH, encountered '*standard response protocol*' one-pagers posted throughout school buildings. She had not seen notifications like it before and found herself instantly navigating through uneasy thoughts and sentiments about its effect on the members of the school community. She suspected she was not alone in these feelings and decided to dive deeper into the subject of school safety. During the trauma portion of the training, she asked attendees - primarily classroom educators and mental health professionals - what impact, if any, these daily reminders could have on their students. The most common responses expressed deep concern and conflicted feelings about the choice to display a potentially triggering protocol. Her intention in facilitating this discussion was to provoke deeper investigation into its potential negative impacts on a school community, especially students. There is no question that schools remain committed to taking any action necessary to ensure the physical safety of their students, yet some choices, like this one, can adversely affect students' mental health. As an adult going through an active shooter drill at the workplace, I experienced an increased level of anxiety and vigilance. I knew that it was only a drill and I even knew the time frame in which the drill was going to happen, yet, I still had trouble focusing on work and completing tasks. The difficulty concentrating on work began that morning in anticipation of the drill and the anxiety was present among my team members, as we gathered to talk multiple times leading up to and after the actual drill. It was stressful. Thankfully, we had the freedom to express our fears and worries with one another that day and could continue work duties the following day.

In exploring how Texas can further expand on its efforts to create healthy, safe and supportive schools, we must look at the impact and effectiveness of active shooter drills and consider their potential for further traumatization of students. There is very little evidence that active shooter drills make school safer, and mental health professionals frequently warn that these types of practices could do more to harm students than help them. Everytown Research and Policy, in conjunction with the American Federation of Teachers (AFT) and the National Education Association (NEA), laid out a comprehensive school safety plan that includes recommendations for preparing staff for an active shooter situation (Everytown Research & Policy, 2020). While they do support trauma-informed approaches to training staff, they do not support student-facing training. However, recognizing that many schools will continue to conduct these types of drills, they share the following recommendations to reduce the negative impacts on students:

1. Drills should not include simulations that mimic or appear to be an actual shooting incident;
2. Sufficient information and notification must be provided to parents or guardians in advance about the dates, content, and tone of any drills for students.
3. Drills should be announced to students and educators prior to the start of any drill;
4. Drill content must be created by a team including administrators, teachers, school-based mental health professionals, and law enforcement and be age and developmentally appropriate. The content should incorporate student input;
5. Drills should be coupled with trauma-informed approaches to directly address students' well-being as standard practice; and
6. Information about the efficacy and effects of the drills should be tracked by schools, including symptoms and indications of trauma (e.g., bad dreams, fear of coming to school, asthma attacks, increased antidepressant prescriptions) so drill content can be reevaluated if students and/or educators are exhibiting signs of trauma.

These recommendations provide a great starting point for considering how Texas will approach active shooter drills in our schools. We must ensure that the protocols in place are actually promoting safety while not further traumatizing students. To that end, I would suggest members keep these two overall recommendations at the front of their mind as they look at school safety:

- 1) Focus active shooter drills and response protocol on educators and school administrators since they are the ones students will look to for guidance during a crisis situation. I liken this to the training flight attendants receive and the simple/basic response information passengers receive. In the event of an emergency, passengers will look to flight attendants for guidance, but will be equipped with just enough knowledge to put on the oxygen masks and wait for further instruction. Teachers and school administrators (flight attendants) having the bulk of the response knowledge and experience through active shooter drills can display a calm and reassuring temperament and guide to students to safety while students (passengers), after hearing the warning message, are halting their current activity and gathering in one section of the room.
- 2) Build relationships between students and teachers/staff/school administrators so that students know they can depend on the adult in the room in the event something happens. Having a foundational feeling of safety in the classroom and knowing that the teacher is prepared to keep them safe can help reduce adverse responses in the event of a school shooting. Feelings of

safety and dependability may act as protective factors for students during a crisis and can be developed on an on-going basis during daily interactions with teachers, staff and administrators.

Lastly, we must include behavioral health professionals in the planning process and lean on people with expertise to guide these decisions. Now that teachers are being trained to identify trauma in their classrooms, we must ensure there is a pathway to support for students when these needs are recognized. Because of the shortage of school counselors, we must engage school district administrators and community-based mental health providers to assist with planning, to provide a trauma-informed guidance, and to be present to help meet the needs of students. It may be necessary to partner with local mental health authority and federally qualified health centers to add mental health expertise to the planning team. In regions with mental health professional shortages, it is crucial to plan ahead so that immediate connections, virtual or in-person, with mental health providers can be made should the need arise. Leaning on community behavioral health providers and appropriately staff our schools will provide the outside interventions necessary to meet the growing needs of students across our state, particularly those impacted by trauma.

Thank you for your time and consideration.

Sincerely,

Jamie Freeny, DrPH, MPH



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