



# Children's

Health, Safety and Well-Being

A young girl with dark hair tied back is shown in profile, her eyes closed and a slight smile on her face. She is wearing a pink shirt and a purple backpack. An adult's hands are visible, gently holding her from behind. The background is a soft, out-of-focus green.

**Improving  
Students'  
Mental  
Health**



*A Union of Professionals*

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## **OUR MISSION**

The **American Federation of Teachers** is a union of professionals that champions fairness; democracy; economic opportunity; and high-quality public education, healthcare and public services for our students, their families and our communities. We are committed to advancing these principles through community engagement, organizing, collective bargaining and political activism, and especially through the work our members do.

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“From early childhood to higher education, AFT members and leaders are clear: **schools must address students’ well-being.**

**That means schools have to have the resources**

to address students’ social-emotional and mental health, including regular training for teachers and paraprofessionals, as well as appropriate staffing of school nurses, social workers, counselors and psychologists.

**And instead of zero tolerance, adopting discipline reform that really changes behavior and improves school climate.”**

–RANDI WEINGARTEN,  
AFT PRESIDENT



## Students' Mental And Emotional Health Is A Major Concern For Educators

Mental and emotional health is critical to the overall wellness of children and central to their ability to learn and succeed in school. Throughout its history, the American Federation of Teachers has consistently articulated a strong commitment to children's health and wellness, including children's mental health needs. As President Randi Weingarten said, "The AFT is proud to prepare our members to help students facing grief, violence, neglect and other challenges to their mental health. We're committed to approaches that advance racial equity, end the prison pipeline and address children's well-being with wraparound services. For example, trauma-informed practices work for all students and especially serve those who most need a supportive, warm and trusting adult in their life. And discipline reform models like restorative justice offer educators hundreds of strategies to undo harm and rebuild collegiality among students."

Without early diagnosis and treatment, mental disorders can limit a child's life and future, including their educational attainment and occupational prospects. The National

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Research Council and the Institute of Medicine estimate that between 13 and 20 percent of all children in the United States currently have a mental disorder, which equates to more than 14.7 million young people.

Childhood mental disorders are complicated and expensive to treat. An estimated \$247 billion is spent yearly for doctors, hospitalization and other services—more than for any other childhood medical condition.

- The Centers for Disease Control and Prevention estimates that 6.8 percent of all 3- to 17-year-olds currently have attention deficit hyperactivity disorder. ADHD is the most frequently diagnosed mental condition among children, affecting more than 5 million kids.
- 3.5 percent of U.S. children have behavior and conduct disorders, some 2.6 million children.
- About 3 percent of all kids suffer from anxiety disorders, including post-traumatic stress disorder.
- 2.1 percent, more than 1.5 million children, are clinically depressed.
- 1.1 percent have autism spectrum disorders.

## School Mental Health Staff Are In Short Supply

In a recent AFT survey, a majority of members said that promoting children’s mental health should be the top healthcare priority for America’s schools. Fewer than 20 percent of members surveyed believe that their schools’ policies and programs adequately meet students’ mental health needs.

Across the nation, it’s estimated that only one school psychologist is available for every 1,653 students. “My building has 860 kids in the school with one part-time psychologist,” says AFT member Suzanne Quinn, a teacher at George J. West Elementary in Providence, R.I. “We don’t have people trained enough to deal with mental health issues.”

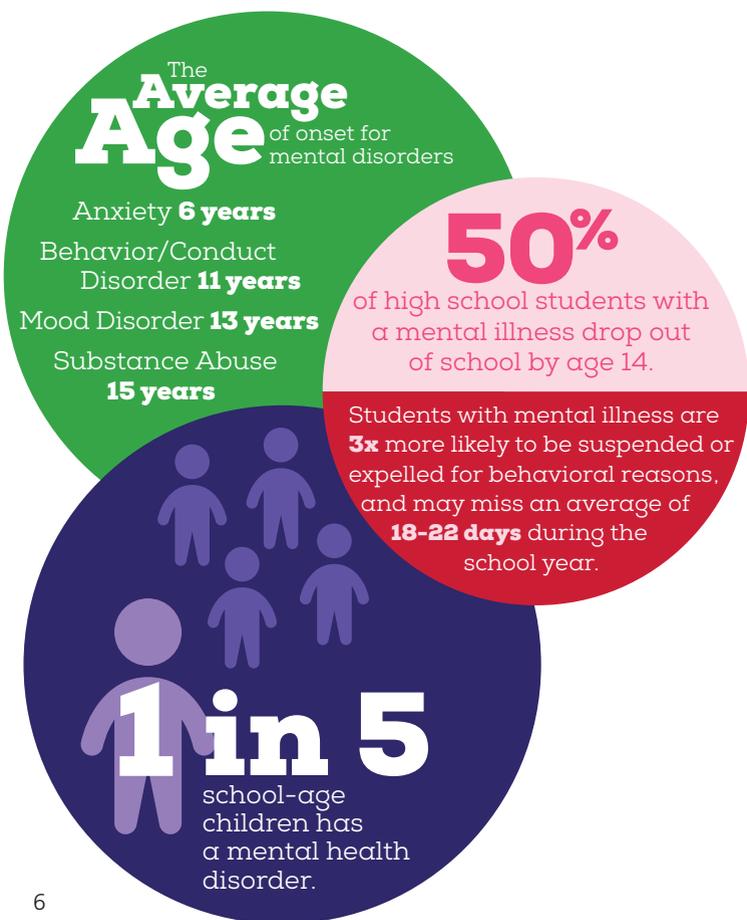
The National Association of Social Workers recommends one social worker for every 250 students. Donna Teuteberg is one of four social workers at Sandia High School in Albuquerque, N.M. With a 1,900-student population, four is half the number needed. Like that of many school social workers, Teuteberg’s job is to arrange services for special-needs students with autism, ADHD, depression and other mental or physical disabilities.

For kids without special needs or access to mental health services at school, finding help in the community can be daunting. “Community support for mental health here is marginal at best,” laments Beth Anderson, the president of the Kankakee Federation of Teachers and a special

education teacher and administrator at Kankakee High School in Illinois. “We only have a few agencies that serve the mental and emotional health needs of children and families, and there are long waiting lists.”

Yet, the need for these services is great. “Most

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kids deal with a significant level of trauma,” says Teuteberg. “I’m talking about kids in unstable families, kids who have been abused, kids with an incarcerated parent, or kids who live with poverty and food insecurity.” For all of those children, Teuteberg takes advantage of whatever time she can to offer them additional support. “I try to see kids at lunch,” she says.



## This Is A Kid’s Brain On Trauma

Stress is the human body’s normal response to challenging or difficult events. Some stress is positive: playing in a Little League game, for example, or acting in a school play. These experiences can be empowering and teach valuable lessons.

The body’s same stress cascade is set off in response to frightening or negative threats. Cortisol, adrenaline and other chemicals flood the brain, increasing heart rate, breathing and blood pressure. Rational thought takes a back seat to the body’s automatic reaction to fight, flee or freeze. This response can be life-saving when there is an actual and imminent physical threat, such as when a child is approached by a snarling dog.

But when negative threats are part of a child’s daily life—when his or her fear results from verbal or physical abuse, neglect, family violence, homelessness, parental substance abuse—the young brain becomes overloaded with stress hormones. Neuroscientists have learned that this type of repeated negative stress changes structures in the brain that are critical to learning, concentration, reasoning and impulse control.

Kids traumatized by adverse childhood experiences, or ACEs, often have difficulty concentrating, paying attention, sitting still, controlling their emotions and focusing on school work. Their brains are on guard, ready to fight, flee or freeze. Recent national child health surveys show that nearly 50 percent of our nation’s kids have experienced at least one ACE by age 17, and 18 percent have had three or more.

San Francisco pediatrician Nadine Burke Harris, a doctor at the California Pacific Medical Center, treats kids at CPMC’s Bayview Child Health Center, located in one of San Francisco’s poorest, most violence-prone neighborhoods.

“A lot of kids were being referred to me for ADHD,” Burke Harris explained on National Public Radio. “But when I actually did a thorough history and physical, what I found was that for most of my patients, I couldn’t make a diagnosis of ADHD.” These children also had learning disabilities and physical complaints like stomach pains, headaches and digestive disorders.

She began to understand what was really wrong with her patients after a colleague gave her a copy of “The Adverse Childhood Experiences Study,” a medical study on more than 17,000 adults enrolled in a San Diego HMO. Begun by Kaiser Permanente, and soon aided by the CDC, the study revealed that people who had serious traumatic experiences in childhood—abuse, neglect, an alcoholic parent, family violence—suffered significantly more physical and mental illnesses as adults.

Nearly two-thirds, 64 percent, of the Kaiser members had one type of ACE. Some 87 percent who had one also had two or more. People with four or more ACEs had high rates of cancer, heart disease, obesity, depression, insomnia, anxiety, drug use and divorce. They were seven times more likely to be an alcoholic, and they faced a 1,200 percent greater risk of suicide.

Burke Harris and her colleagues began screening their Bayview patients for ACEs. “For our kids, if they had four or more adverse childhood experiences, their odds of having learning or behavior problems in school was 32 times as high” as kids who had none.



## ACEs in Spokane Elementary School Students

Christopher Blodgett, director of the Child and Family Research Unit and CLEAR Trauma Center at Washington State University in Spokane, has worked on child maltreatment for 25 years. “What the ACE research did was made it a priority to pay attention to the whole set of experiences a child had, not just the problem at hand,” Blodgett says. “It was a unifying concept.”

In 2010, Blodgett studied ACEs among 2,100 children in kindergarten through sixth grade at 10 Spokane elementary schools. Compared to children with no childhood trauma, the 248 kids who experienced three or more ACEs:

- Had **three times** the rate of academic failure;
- Were **five times** more likely to have severe attendance problems; and
- Had **six times** as many school behavior problems.

In 2016, researchers at Rutgers Robert Wood Johnson Medical School in New Jersey analyzed data drawn from interviews with parents and school staff on 1,000 kindergartners from 20 large U.S. cities. More than half of these children had been exposed to at least one ACE, and about 12 percent had experienced three or more. The study showed a pattern where children who had an increasing number of adverse experiences also exhibited below average performance academically, behaviorally and socially. Their language and literacy skills were below proficient and their attention deficit and aggression were increased.

“This is not something schools can ignore,” Blodgett says. His center is training teachers and staff in 14 schools in Washington and California to use trauma-informed practices to mitigate the impact of ACEs on their students. “It’s basic to the academic mission,” he adds. “Schools have a fundamental stake in trying to respond to these problems.”

## Trauma-Informed Teaching and Learning

Schools are responding to these new insights into childhood trauma, and AFT educators are at the forefront of efforts to reduce children’s mental health problems and enhance their resilience through trauma-informed teaching.

Metropolitan Business Academy, a 400-student public high school in New Haven, Conn., had a beautiful, new building in 2010, but it was not a happy place. Students felt teachers had no control over their classrooms, and three-quarters of the teachers said they did not get the help they needed to handle students’ disciplinary problems. Suspensions were up, and test scores were down.

That’s when Metropolitan’s new principal, Judith Puglisi, arrived. “In my old school, I had an enormous amount of discipline issues,” Puglisi recalls. “And more times than not, the child had experienced a crisis. Children were being beaten, sexually assaulted, repeatedly verbally abused.” Puglisi learned that most kids’ bad behavior could be linked to their traumatic experiences.

She soon brought to Metropolitan the trauma-response program she had used previously, ALIVE (Animating Learning by Integrating and Validating Experience). Now in its fifth year at Metropolitan, the ALIVE program sends drama therapists, trained in both psychology and theater, to the school. They are part of a mental health team, along with six social work interns from a local university and a social work supervisor.



This team educates teachers and staff about ACEs and their impact on a child's brain, and provides strategies for diffusing tense school situations. They also run a mandatory class for Metropolitan's freshmen using drama and role-playing to address students' serious challenges: homelessness, addiction, abuse, violence and more.

According to AFT member Steve Staysniak, a ninth-grade English teacher at Metropolitan, when a student blows up, "We ask the kid, 'What do you need?' That question is really, 'What is causing this behavior right now?' It's acknowledging that if the kid's social and emotional needs are not met, we can't expect them to learn."

Now that the ALIVE program is an integral part of the school fabric, teachers and administrators rarely resort to punitive actions:

- **Suspensions** are low, down by two-thirds;
- **Physical fights** among students have dropped by 800 percent; and
- **College enrollments** are up more than 30 percent.

**School-wide trauma-informed approaches can prevent mental illness, promote emotional well-being and help achieve equitable discipline outcomes.**

But there's no shortcut. St. Paul Federation of Teachers helped St. Paul Public Schools understand the process needed to implement a new approach thoughtfully.

For many years, SPPS used a punitive, zero tolerance approach that minimally changed problem behaviors and exacerbated inequity. Next, the district rewarded principals who did not suspend. That approach shifted but did not fix, challenges. Without clear consequences, buildings became chaotic and the district returned to suspending students.

SPFT developed a proactive vision. The **Restorative Practices Approach** focuses on relationships; addresses inequities and keeps students in class; and involves all stakeholders in repairing the community after harm. To accomplish it, SPFT called on SPPS to reallocate resources so schools could improve staffing of mental health professionals; commit time to individual students; provide ongoing professional development; and share decision making with families. **In May 2016, the district announced its intention to adopt the model.**

Learn more at [www.spft.org/restorative-practices](http://www.spft.org/restorative-practices).

## Many Programs, No Clear Solution

ALIVE is just one of many intervention programs that schools are trying in an effort to lessen the detrimental impact of childhood trauma on their students.

The Los Angeles Unified School District has turned to the Cognitive Behavioral Intervention for Trauma in Schools, or CBITS, a national program. "About 98 percent of our children have had at least one traumatic event," says Pia Escudero, director of the district's school mental health program. More than 50 percent of those students were identified as suffering post-traumatic stress disorder. CBITS aims at reducing the symptoms of PTSD, an anxiety disorder that can lead to hostility and depression.

Eric Elias, the school psychologist at Roger Sherman Elementary School in Meriden, Conn., has focused on making students feel emotionally safe at school. "We've set up safety corners and 'calm down kits,'" says Elias, who works with the school's social worker and counselor. Students can go to a corner and read a book, squeeze a stress ball and calm down.

The district implemented a *school climate survey* three years ago to get more specific information on what emotional problems children were having. Survey responses that indicate a child may need more support immediately generate an email to school support staff. If necessary, the staff can meet with a student to offer help.

Roger Sherman Elementary is incorporating the entire staff in the Positive Behavioral Interventions and Supports, or PBIS, program. PBIS teaches students to show respect for themselves and others around them, and they receive rewards for doing so.

In Kansas City, AFT member Claire Wolgamott, a teacher at Garfield Elementary, is in her second year of the Resilient Schools initiative, a trauma-informed program developed at the city's Truman Medical Centers. The initiative provides teachers 16 hours of training in childhood trauma and strategies for improving students' abilities to cope with difficult emotions.

*The key to trauma-informed teaching, Wolgamott notes, “is building trust. At the end of the day, the only thing that matters is the kids.”*

A number of Wolgamott’s students are refugees from Africa and the Middle East. “They’ll hoard food,” she says. “If something has gone on at home, they are withdrawn or angry, unable to control their emotions.”

In Wolgamott’s class, from the first day of school, kids learn to identify what triggers their anger, fear or sadness, and they learn calming mechanisms to bring themselves back to a place where they can focus on learning.

At the beginning of this school year, Wolgamott gave each child a lanyard with a plastic pouch to hold their “power plan.” In it they write their personal feelings, their emotional triggers and what they can do to calm down. “A lot of these kids come from situations where they don’t have things that are nice or their own,” Wolgamott says. “This is something that is theirs. They can use it to self-regulate.”

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The AFT is committed to improving educators’ understanding of adverse childhood experiences and their impact on the brain, body and behaviors. The union is also invested in promoting evidence-based approaches. We’ve been working closely with **Futures Without Violence** on a national curriculum for school personnel on trauma-informed practices. The curriculum weaves together research on:

1. social-emotional learning and school climate;
2. race and gender equity;
3. positive school discipline; and
4. trauma and healing.

An initial two-day “Changing Minds” institute encourages district-level teams to examine their own histories of trauma alongside their students’ and build capacity for change. **Ultimately, teams prepare to transform programs, policy and practice.**

Interested in bringing “Changing Minds” to your district? Contact [childhealth@aft.org](mailto:childhealth@aft.org).

## A Strategy To Help Our Students

Educators and school staff can help students **THRIVE!**



**Teach** students about mental health.

Help students manage symptoms by educating peers and family members. Two-thirds of people with mental health disorders will not seek help for fear of being perceived as dangerous or unpredictable. Students educated on mental health issues are less likely to stigmatize those suffering from them.



**Help** build protective factors and resilience.

Listen for students’ social and emotional challenges. Encourage student leadership and agency. Maintain predictable routines and give time for transitions—both inside and outside the classroom.



**Reduce** risk factors.

Set clear behavioral expectations and enforce them consistently. Involve students in creating these expectations. Facilitate positive relationships with peers and adults.



**Intervene** to provide support.

Get to know the mental health professionals in your building or community. Ask for help when a student’s needs exceed your expertise.



**Voice** your concerns.

Inquire about learning mental health first aid to identify early warning signs. Communicate with administrators or school health professionals about concerns. Only a licensed mental health professional can make an official diagnosis.



**Eliminate** barriers to student well-being.

With your union, advocate for professional development and workforce wellness programs that help all school personnel promote students’ mental and emotional health and prevent educator compassion fatigue.

Have questions? Want more info?  
Visit [go.aft.org/ChildHealthMatters](https://go.aft.org/ChildHealthMatters)  
or email [childhealth@aft.org](mailto:childhealth@aft.org).



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