



## **Testimony on Trauma Informed Schools to Davis Grosso, Chair of the Committee on Education**

### **Marisa Parrella, LICSW School Based Mental Health Program Manager**

Good Afternoon Chairman Grosso and members of the committee.

My name is Marisa Parrella and I am the Manager of the School Based Mental Health Program at Mary's Center.

Mary's Center for Maternal and Child Care, founded in 1988 as a nonprofit, has been a Federally Qualified Health Center since 2005. Our mission at Mary's Center is to build better futures through the delivery of health care, social services, and education. We operate two health centers in Washington DC and two in Maryland. In 2014 we provided services to over 32,000 participants. Our social change model integrates these three major services that save lives, stabilize families, and strengthen communities to increase their economic status.

Mary's Center School Based Mental Health Program was developed as an offshoot of our outpatient mental health clinic when it became clear that if we wanted to provide consistent care to our most vulnerable children, we'd have to go to them. The goal of the program is to partner with schools' existing mental health teams to increase access to mental health services for children and youth, to decrease the stigma often associated with accessing mental health services, to connect children and families to auxiliary services that promote health and well being, and to help inform school communities on issues of children's mental health. The Mary's Center School Based Mental Health Program served 492 children during the 2014-2-015 school year in 11 public and charter schools in Wards and 1 and 4. The program provides diagnostic, assessment, treatment, and referral services to children by placing high quality, licensed, and bilingual professional mental health therapists in the school setting.

Of the 492 students our therapists served last year, over three quarters of them reported some experience of trauma in his or her lifetime. These traumatic events range from child abuse or neglect, traumatic migrations from Central America to the US, witnessing domestic violence or community violence, and separation trauma through immigration – to name a few. It is no wonder that schools are seeing problems such as chronic truancy, classroom disruption, school violence, and substance abuse. We know that trauma impacts children's ability to learn, develop socially and emotionally, and sustain functional relationships. Schools cannot manage the impact of trauma on children and families in isolation. Intervention must be a community effort.



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Quality healthcare. Stronger communities.

We also know that children want to heal from their trauma and improve their quality of life and functioning - and we know this because our programs are in high demand, our wait lists often long. Children in these schools do not shy away from our therapists but rather seek them out—there is no stigma associated with finding someone to trust, who will listen to their stories and empower their healing and ability to thrive. One student moved from being on the brink of giving up on her own life, to 6 months later expressing enormous gratitude for the support she received through her therapist. Her mood stabilized and she was able to access concrete life improvements such as a high school diploma, more stable residency status, and meaningful employment until she reaches college. This student required her community, her school, to wrap around her with compassion for her traumatic history and believe in her future success.

We also know that when teachers, staff, parents, community members and organizations can view many of the challenges faced in our schools through the lens of reaction to trauma – we can together promote compassionate and effective interventions. Providing teachers and staff with training, consultation, and collaboration increases the effectiveness of our clinical interventions. Trauma informed schools and classrooms will make a strong impact on the children's lives – academically, socially, and emotionally.

One of our therapists recently provided training to staff on trauma informed care. She reports, "The information was so well received that the teachers asked, 'Why don't we get this in our teacher training?' and 'This explains so much!' The teachers wanted another lens to view "problem kids". 'We're happy to be able to have additional questions to ask aside from just 'what's wrong with them?'" These teachers want tools, training, and guidance.

Wouldn't it be great if all people who worked with these students had more knowledge and tools with which to respond? Wouldn't it be even better to then have a continuum of care for teachers to access to respond to these children and their needs?

The management of trauma and its impact on kids would not only come from mental health practitioners but from an entire community of helpers. Children would notice.

Our program can barely meet the requests to expand its services. Funding programs and collaborations to ensure schools are supported in their understanding of trauma and its impact is critical.

Thank you for your time.