

Senate Health and Welfare Committee

Testimony on S. 261

Martha Allen, Vermont-NEA President

Good morning. Thank you for the opportunity to address the Health and Welfare Committee on this critical issue so prevalent in our public schools. As a bit of background, for the past several years, we have been hearing from our members, teachers and support staff alike, about the increase in the number of students who are coming to school suffering from traumatic experiences. These children come to school and are not ready to learn due to the multiple issues they contend with on a daily basis. The stories I have heard are heartbreaking. We have an increased student population who come to school with many adverse childhood experiences (ACEs) and need support to change those neural connections and pathways. As you know, this is a very serious problem and I am pleased that the Legislature is working to find a way to help these students and their families.

We are not experts on trauma, but our teachers and support staff have expressed a need, for not only more training, but more support for students. In the past few years, we have sponsored workshops through NFI, the Northeast Family Institute, but have reached only hundreds of our 13,000 members. We have also worked to provide “Youth Mental Health First Aid” to support in-the-moment emergencies. And, in March we will provide a full-day training at our Educational Support Professionals (ESP) Conference.

To fully support students in the moment, teachers and paraeducators need to work in tandem. Students in an intensified state are operating in the flight, fright, or freeze mode. Some students live in this zone, making learning difficult, if not impossible.

Positive Behavioral Intervention and Supports, or PBIS, implemented with fidelity supports many students, but not all, because the behaviors are not the result of a choice. Behaviors are a result of a trigger in the environment to which the child has little control. To help this child learn to communicate with their reasoning part of the brain takes significant effort by professionals who might not be in the school. A teacher or paraeducator can provide “mental health first aid” but they do not have the expertise or training to provide therapy to the child.

Many schools are working to become “trauma-informed schools”, but that is not consistent across the state and the interpretation of just what a trauma-informed school is, varies from district to district. We must encourage more districts to seek quality training for staff and ensure that students and families have access to quality mental health services.

Vermont-NEA believes that providing school-based family mental health services would be a positive step in the right direction. Students and their families would then be able to access the necessary services right in the school. This would lead to consistency of treatment across the family, convenience of location, and more efficient delivery of services.

This problem is not going away anytime soon. Meanwhile, our members are committed to providing the best learning opportunities for all their students. We can't afford to lose students because of adverse childhood experiences, and that is what is happening, now. Vermont-NEA is ready to assist wherever and whenever it can, but this challenge is one we all must work together to address.

Thank you.