



# Supporting Social and Emotional Well-being of School Employees Through Implementation of a Trauma Informed System



**Mariah LaFleur**

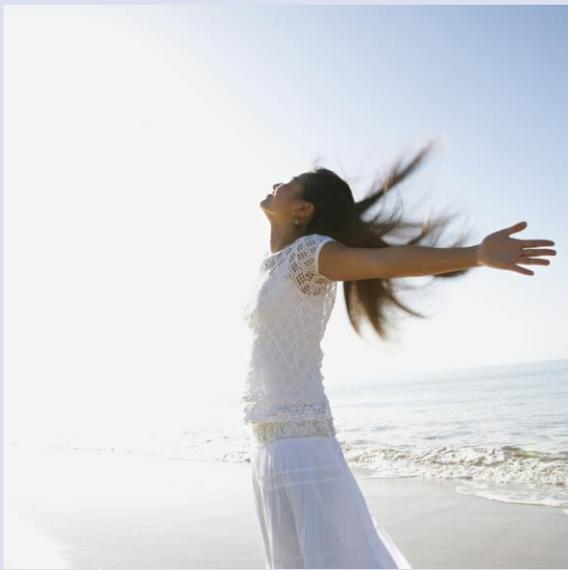
Kaiser  
Permanente

**Lara Kain**

Los Angeles  
Education  
Partnership  
(LAEP)

**Leora Wolf-Prusan**

WestEd



# What might today feel like?

A 90 minute whirlwind into the world of trauma informed and resilience oriented school environments

- **Opening and grounding**
  - What does it mean to create trauma informed and resilience oriented school environments?
  - How might we center our wellness to be the forefront of school climate work?
  - Story-mapping
- **Digging deep:** why are we obsessed with self-care? How might we shift the conversation towards equitable wellness? School Employee Wellness.
- **Looking ahead-ideation**
  - Chalk talking
  - How do we take our learning & integrate it into our practice?
- **Sharing and closing**

WELCOME





At the signal...

- Turn to your neighbor and say,

***“Hello, I am so happy that  
you are here today!”***



Mapping out our story

# Kaiser and LAEP Thriving Schools: Trauma Informed Intervention Overview

## Project Team

### LAEP Staffing

- Project director
- Five coaches

### School-Site Stakeholders

- Leadership Team
- Early adopters
- District leadership/policies
- **Union support**

## Outcomes

1. **Improve school policies** in order to create trauma-informed schools.
2. **Improve school and classroom practices** to create engaging, safe school environments resulting in improved student success.
3. **Improve staff emotional wellness** and staff retention.

## Intervention

- Review and revise policies and practices to improve school climate
- 24 hours of professional development each year for all school staff
- Coaching for early adopters
- Support school implementation of wellness practices for staff/teachers
- Peer to peer learning through monthly & annual in-person meeting for team leaders
- Leverage KP assets & expertise



20 K-12 Schools across  
X # KP regions over  
two years



LOS ANGELES  
EDUCATION  
PARTNERSHIP



“

*Why do you keep using that word?  
I do not think it means  
what you think it means.*

Inigo Montoya, The Princess Bride



# Terms and Definitions Activity

In table teams match the definition with the correct term



- 1) Single or multiple traumatic exposures and/or events experienced in childhood
- 2) A single, time-limited traumatic event
- 3) Multiple traumatic exposures and/or events over extended periods of time
- 4) Children/adolescent's experiences of multiple traumatic events and the impact of exposure to these events, often occurring within the care giving system
- 5) Adverse experiences that lead to strong, frequent or prolonged activation of the body's stress response system
- 6) Exposure to the trauma of others as experienced, realized, or imagined by providers, family members, partners or friends in close contact with the individual
- 7) Cumulative physical, emotional, spiritual and psychological effects of exposure to traumatic stories or events when working in a helping capacity
- 8) Collective, massive group trauma and compounding forms of multiple oppressions including discrimination based on race, economic status, gender, sexuality, and immigration status as experienced over periods of time, within societies and institutions.

- A) Adverse Childhood Experiences
- B) Acute Trauma
- C) Chronic Trauma
- D) Complex trauma
- E) Toxic Stress
- F) Secondary & vicarious trauma
- G) Compassion fatigue
- H) Insidious & historical trauma

Understanding trauma dynamics creates opportunities for new behaviors, new connections, and supports towards adaptation.

### **Trauma:**

Experiences or situations that are emotionally painful and distressing, and that overwhelm people's ability to cope, leaving them powerless. –The Center for Nonviolence & Social Justice

–Direct (socially validated, identifiable)

–Subtle (chronic, compounded, cumulative, insidious)

### **Resilience:**

The processes of, capacity for, or pathways and patterns of positive adaptation during or following significant threats or disturbances. –

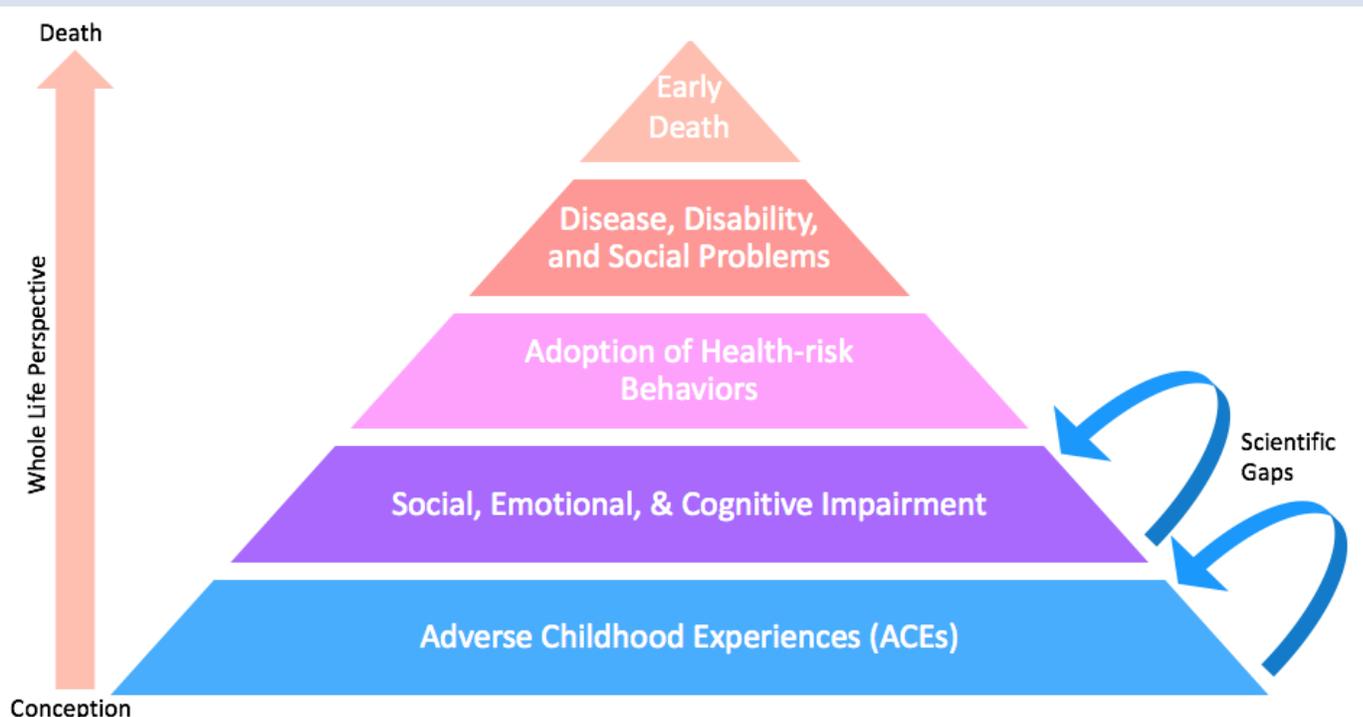
Ann Masten

# Adverse Childhood Experiences (ACEs)

- The Study (1995-1997): A decade-long, ongoing study (n=17,000) conducted collaboratively with the Centers for Disease Control (CDC) and the Kaiser Health Plan.

## Key findings for our practice:

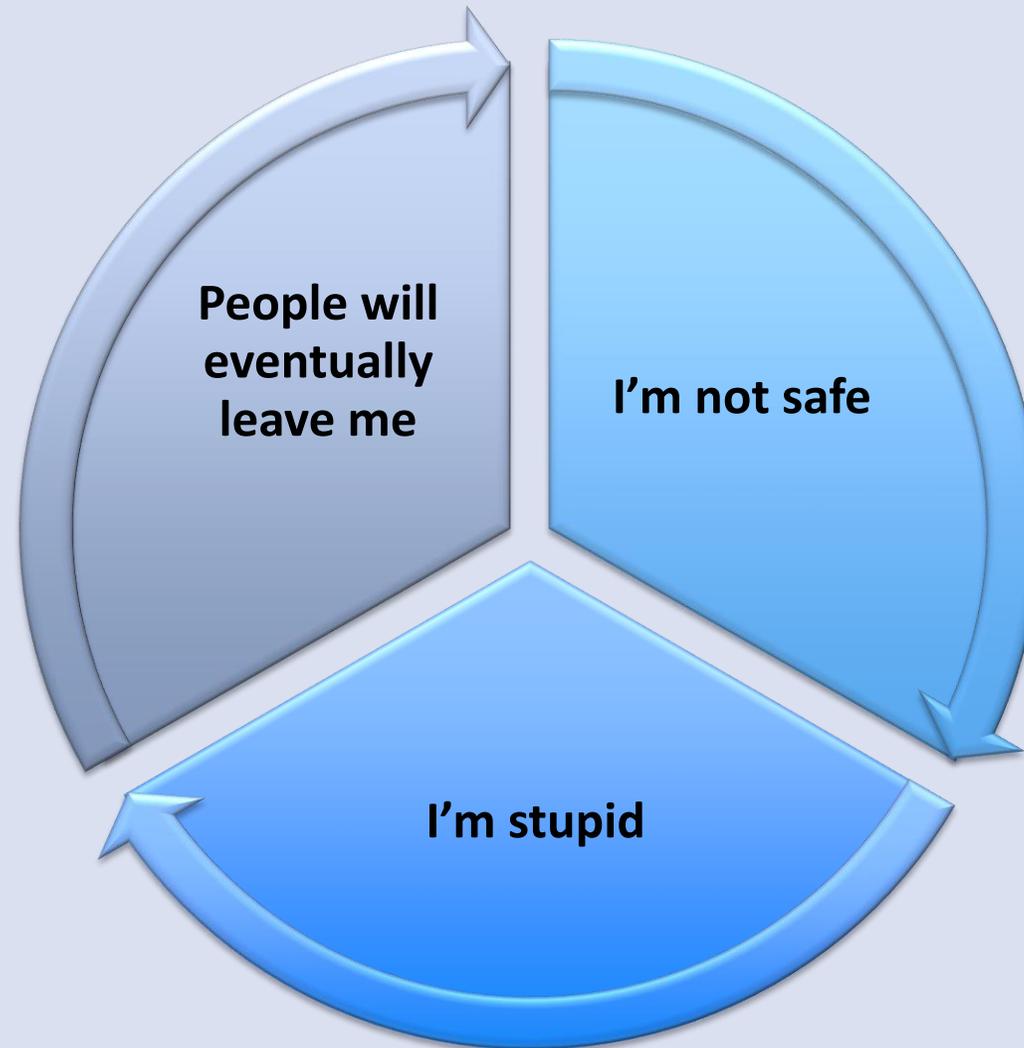
- Stressful or traumatic childhood experiences are a common pathway to social, emotional, and cognitive impairments
- These trauma experiences are predictive of increased risk of health challenges that show up later in adult life
- Trauma is a universal phenomenon

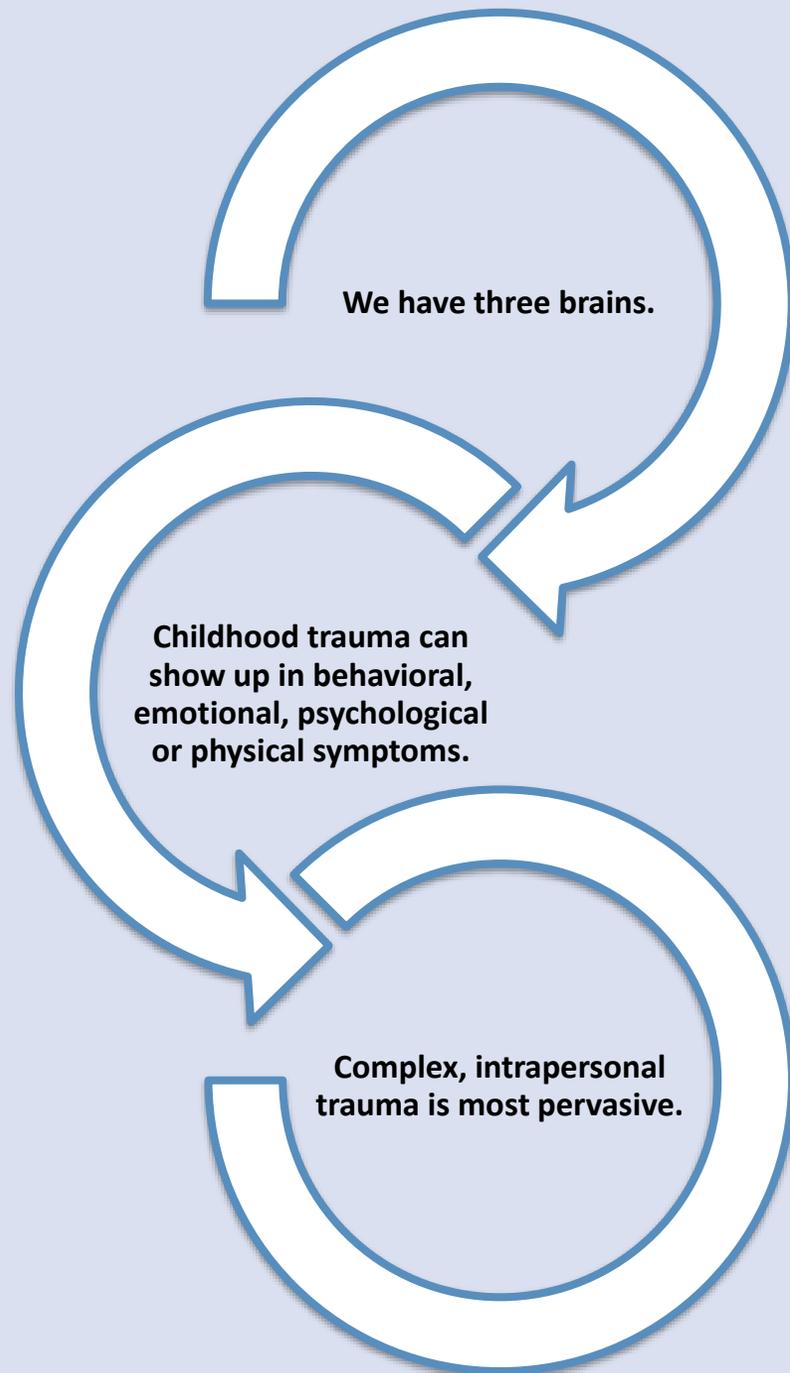


See more here:

<http://www.cdc.gov/violenceprevention/acestudy/index.html>

# Belief Systems of People Living under Toxic Stress





# Brain & Stress Science What all educators should know

# The Brain



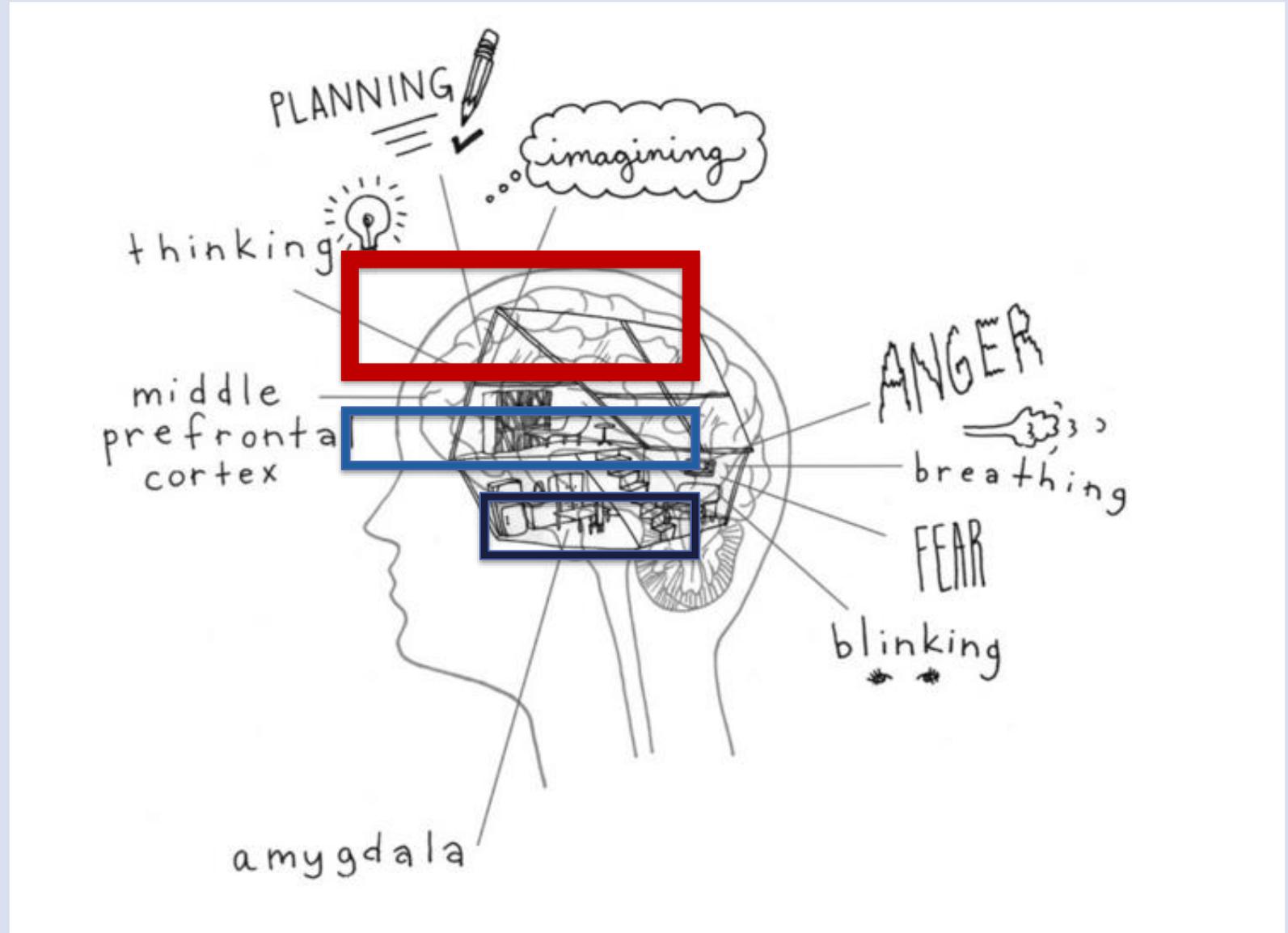
NeoCortex: What can I learn from this?



Limbic System: Am I loved?

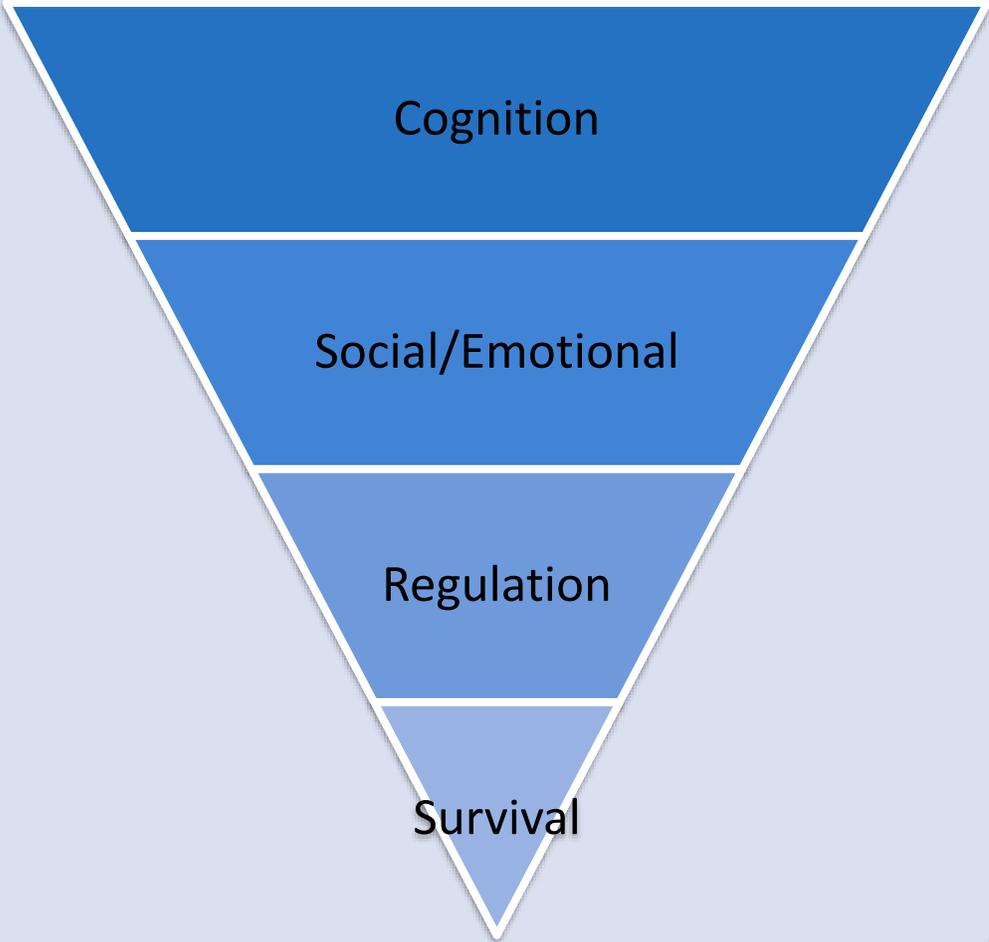


Brain Stem: Am I safe?

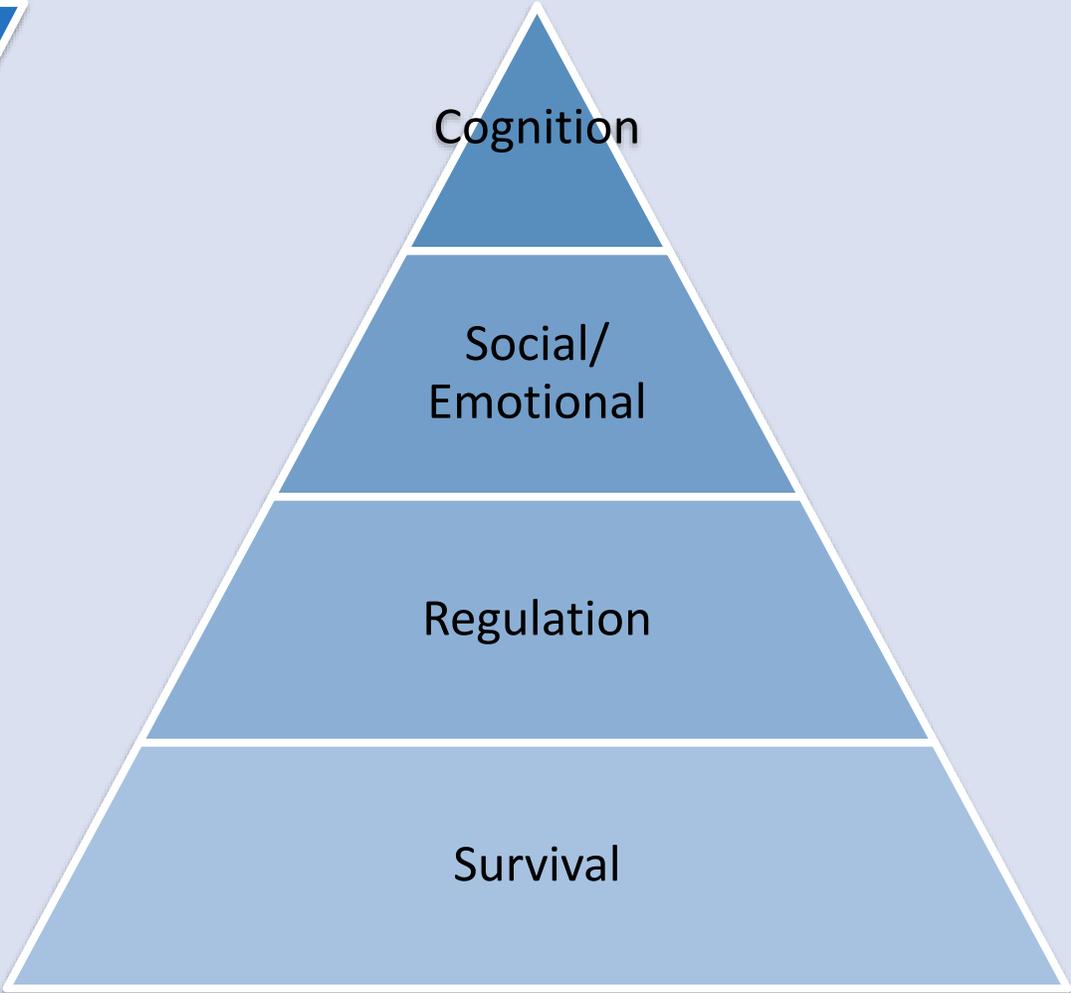


# ACES, Trauma & Brain Development

## “Typical” Development



## Developmental Trauma



*Adapted from Holt & Jordan, Ohio DoE*

What does this all mean in terms of trauma & ACEs  
informed care, teaching and learning?

## ***5 fundamental truths***

1. Trauma is real

2. Trauma is prevalent.

3. Trauma is toxic to the brain and can affect development and learning in a multitude of ways.

4. In our schools, we need to be prepared to support students who have experienced trauma, even if we don't know who they are.

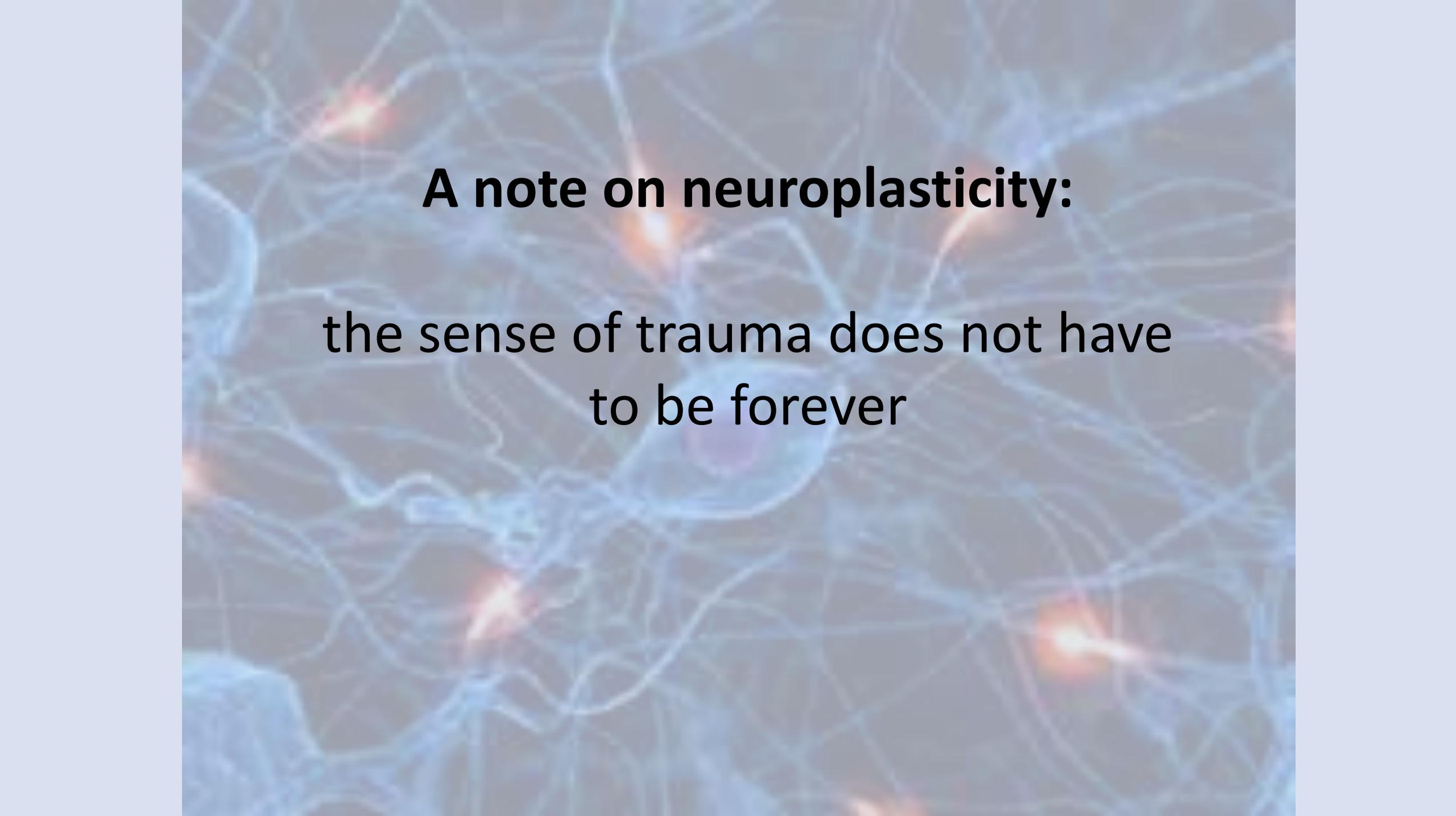
5. Children are resilient, and with positive learning environments they can grow, learn & succeed.

*Other?*

(Hall & Souers, 2016)

# ***Visual Synectic***





**A note on neuroplasticity:**

the sense of trauma does not have  
to be forever

WHAT DOES IT MEAN TO BE TRAUMA-  
INFORMED & RESILIENCE ORIENTED?

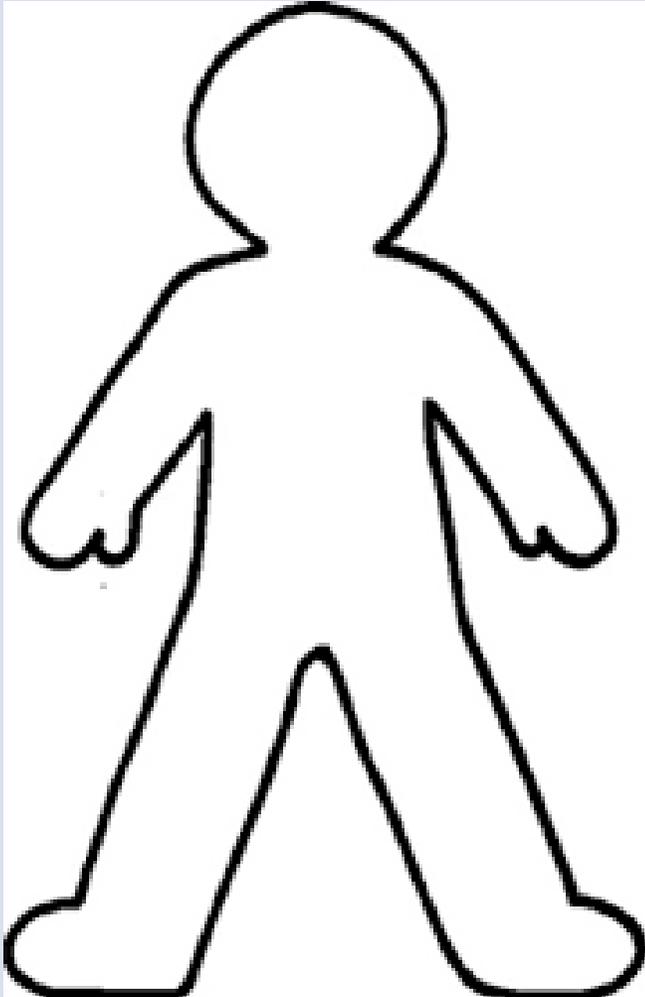
# A Trauma System...

consists of a traumatized young person who has difficulty regulating emotional states (and behavior)

**AND**

a social environment and/or system of care that is not able to help the child to regulate these emotional states (and behaviors) (e.g. caregivers, school, district, state)

# What might a trauma-informed educator feel like?



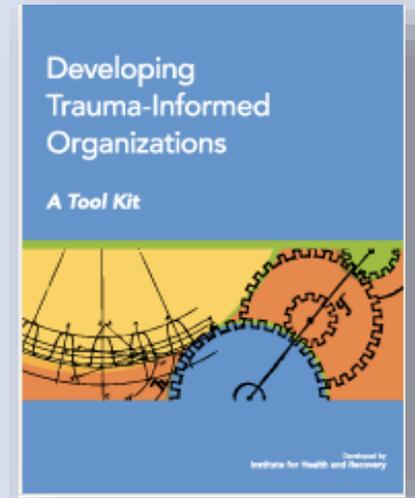
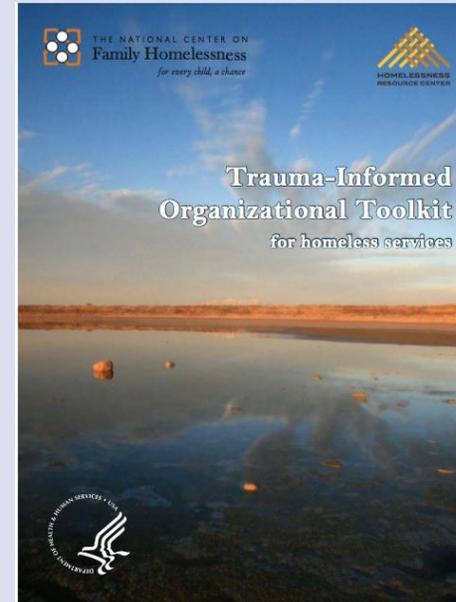
**Head:** how you arrive at your work, your core values...  
HOW do you approach your work that reflects your understanding of trauma, resilience, and youth development?

**Hands:** What kind of training, PD, skills and competencies does a trauma-informed and resilience oriented teacher hold?

**Feet:** What actions and practices would you see in a teacher and / or school that would tell you they are trauma-informed?

# Where are we in the work?

- **Self & Organizational Assessment**
- Let's pause and ask for self and organizational assessments.



Guarino, K., Soares, P., Konnath, K., Clervil, R., and Bassuk, E. (2009). *Trauma-Informed Organizational Toolkit*. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, and the Daniels Fund, the National Child Traumatic Stress Network, and the W.K. Kellogg Foundation. Available at [www.homeless.samhsa.gov](http://www.homeless.samhsa.gov) and [www.familyhomelessness.org](http://www.familyhomelessness.org).

Institute for Health & Recovery. (2014). *Developing Trauma-Informed Organizations: A Toolkit, Second Edition*. Retrieved from <http://www.healthrecovery.org/publications/detail.php?p=30>

**Trauma-Sensitive School Checklist**

Lesley University  
Center for Special Education

Trauma and Learning Policy Initiative  
of Massachusetts Advocates for Children  
and the Legal Services Center of Harvard Law School

The checklist is organized by the components involved in creating a trauma-sensitive school. Each component consists of several elements. Please circle your school on each element according to the following scale:

School \_\_\_\_\_ Date \_\_\_\_\_  
Team Members (name and position) \_\_\_\_\_

1 Element is not at all in place  
2 Element is partially in place  
3 Element is mostly in place  
4 Element is fully in place

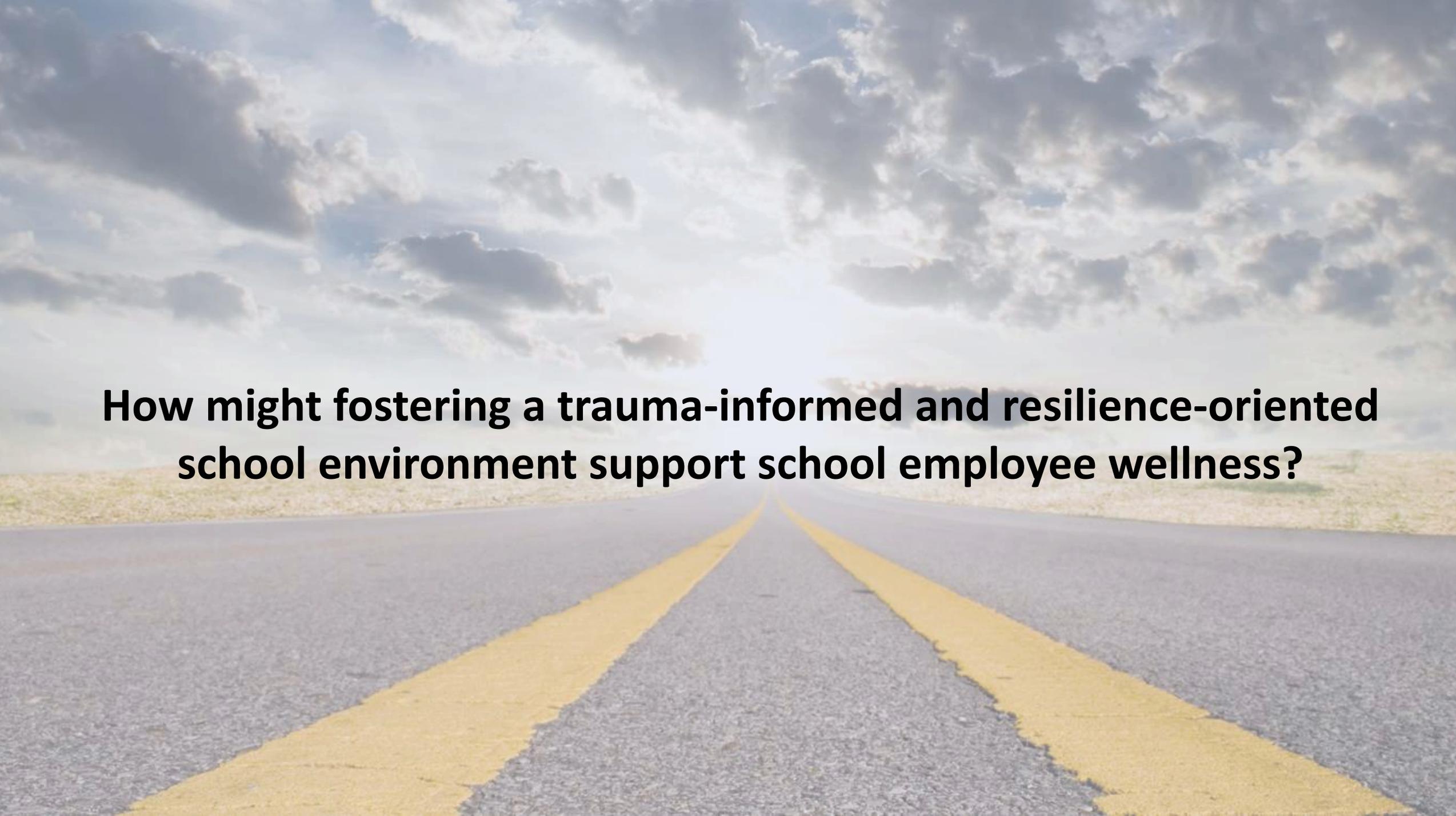
A trauma-sensitive school is a safe and respectful environment that enables students to build caring relationships with adults and peers, self-regulate their emotions and behaviors, and succeed academically, while supporting their physical health and well-being.

**School-wide Policies and Practices**

1	2	3	4	• School contains predictable and safe environments (including classrooms, hallways, playgrounds, and school bus) that are attentive to students and sensory needs.
1	2	3	4	• Leadership (including principal and/or superintendent) develops and implements a trauma-sensitive action plan, identifies barriers to progress, and evaluates success.
1	2	3	4	• General and special education consider the role that trauma may be playing in learning difficulties in school.
1	2	3	4	• Discipline policies balance accountability with an understanding of trauma.
1	2	3	4	• Support for staff is available on a regular basis, including supervision and/or consultation with a trauma expert, classroom observations, and opportunities for team work.
1	2	3	4	• Opportunities exist for confidential discussion about students.
1	2	3	4	• School participates in safety planning, including enforcement of codes of conduct, transferring records safely, notifying parents in student records information, and sensitive handling of reports of suspected incidents of abuse or neglect.
1	2	3	4	• On-going professional development opportunities occur as determined by staff needs assessments.

© 2011 Lesley University and Massachusetts Advocates for Children.

# CLOSING & REFLECTION

A perspective view of a two-lane asphalt road with yellow center lines stretching towards a bright, cloudy sky. The road is flanked by dry, yellowish grass. The sky is filled with large, white and grey clouds, with a bright light source in the center, creating a lens flare effect.

**How might fostering a trauma-informed and resilience-oriented school environment support school employee wellness?**





# Resources

- Cook, J., & Newman, E. (2014). A Consensus Statement on Trauma Mental Health: The New Haven Competency Conference Process and Major Findings. *Psychological Trauma, 6*(4).
- Fallot, R. D. & Harris, M. (2009). Creating cultures of trauma-informed care (CCTIC): A self-assessment and planning protocol. Washington, DC: Community Connections.
- Hodas, G. (2006). Responding to Childhood Trauma: The Promise and Practice of Trauma Informed Care. Pennsylvania Office of Mental Health and Substance Abuse Services.
- Racine, A. (2015, July). Addressing Children's Trauma: A Toolkit for Ohio's Schools (Issue Brief). Retrieved from <http://www.policymattersohio.org/trauma-july2015>
- Rossen, E. and Hull, R. (2013). *Supporting and educating traumatized students a guide for school-based professionals*. Oxford: Oxford University Press.
- Souers, K., & Hall, P. A. (2016). *Fostering resilient learners: Strategies for creating a trauma-sensitive classroom*. Alexandria, VA: ASCD.
- Van der Kolk, B. (2015). *The body keeps the score: Brain, mind, and body in the healing of trauma*. Penguin Books.
- Wolpow, R., Johnson, M., Hertel, R., Kincaid, S. (2009). *The heart of learning and teaching compassion, resiliency, and academic success*. Olympia, WA: Office of Superintendent of Public Instruction (OSPI) Compassionate Schools.

# Resources

**Huffington Post Blog by Lara Kain:**

[http://www.huffingtonpost.com/lara-kain/trauma-informed-schools-p\\_b\\_8479572.html](http://www.huffingtonpost.com/lara-kain/trauma-informed-schools-p_b_8479572.html)

**The National Child Traumatic Stress Network (NCTSN):**

<http://www.nctsn.org/resources/audiences/school-personnel/the-3r-school-crises-and-disasters>

**The Trauma and Learning Policy Initiative (TLPI):**

<https://traumasensitiveschools.org/>

**Washington State University's Collaborative Learning for Educational Achievement and Resilience (CLEAR):**

<http://ext100.wsu.edu/clear/>

**Wisconsin Department of Public Instruction:**

<http://dpi.wi.gov/sspw/mental-health/trauma/>

IF TIME

## Looking ahead: Integrating the work

1) What challenges come to mind when thinking about your perspective and approach to trauma informed and resilience oriented work?

2) What challenges come to mind when thinking about your colleagues' perspectives and approaches to trauma informed and resilience oriented work?

3) What might be some strategies to speak to areas of challenge?

4) How might you create meaningful opportunities for ensuring a school-culture/climate that values the wellness of youth serving adults and youth?

5) What are we already doing to cultivate healthy school environments and what else can we do?

6) What we need more help with or have questions about?

# Anticipating challenges ahead

## *Common barriers to adopting this approach*

- Staff and administrative resistance to change
- Misconceptions about the meaning of trauma- informed care
- Misinterpretation of intentionality of children's behaviors
- Compassion fatigue and secondary traumatic stress
- Staff Turnover
- Resource constraints

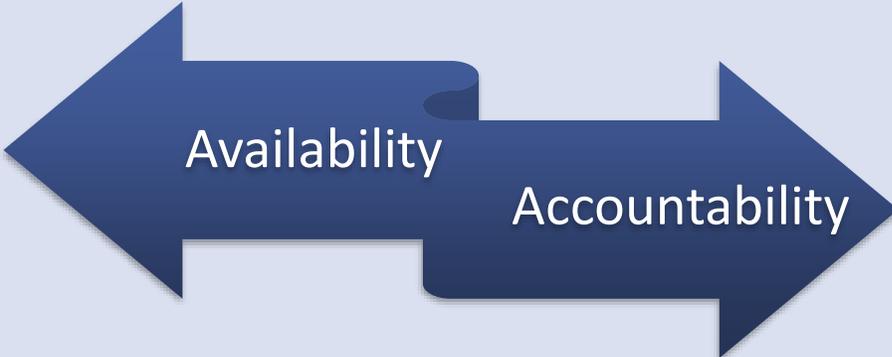
From: Children's Defense Fund Ohio "Addressing Children's Trauma: A Toolkit for Ohio Schools" (2015) pp. 9-10

# The tension point

Teachers are SO trauma aware that they only provide empathy and availability.

VS

Teachers who are SO focused on accountability that they ignore the relational piece. Regardless of their adverse experiences, they are expected to meet a strict standard of behavior & self- management.



Availability

Accountability

(Hall & Souers, 2016)

# APPENDIX

# APPENDIX: Impact of The ACEs Study

1: The original study has been replicated numerous times, with contemporary findings (“Adverse Family Experiences, Child Mental Health and Educational Outcomes for a National Sample of Students” (Porche, Costello & Rosen-Reynoso, 2016)

2: “Childhood trauma” is now a well employed term

3: Our country’s attitudes and belief systems have shifted; there is large consensus that Americans overwhelmingly believe what we experience in childhood translates to our adult health (RWJF, NPR & Harvard University’s School of Public Health’s study, 2015)

4: Many states are adopting system-wide initiatives to rethink preventative health approaches: RWJF is partnering with the National Governor’s Association so that childhood health and ACEs prevention is promoted at the state level

5: Resources and networks flourish: [ACESconnection.com](http://ACESconnection.com) and the growing state and local community- based ACEs movements continue to proliferate

There is a [re]newed commitment for educators and education to have a huge role in detecting, identifying, and intervening in ACEs as they relate to their students’ mental health and student learning outcomes

# APPENDIX: Important Considerations ACEs

- ACEs do not equal trauma: significant relationships can be pivotal buffers.
- Being a member of a marginalized population does not equal trauma or an adverse childhood experience (it is not causal, just a risk factor).
- Screening for ACEs: don't unless you have the infrastructure to respond.
- It's not about the event, it's about the experience of the event.
- ACEs are universal, but the access to healing is not.