Trauma-Sensitive Schools Webinar—Participant Questions

About Trauma-Informed Care and Trauma-Sensitive Schools

*How many schools are TIC in the country now?*

A national data base of trauma-sensitive schools does not currently exist. Efforts are underway across the country to implement trauma-sensitive school practices and create educational setting that are more trauma-sensitive. One website for following stories about these efforts is ACEs Connection. [http://www.acesconnection.com/](http://www.acesconnection.com/)

*Do we need to know that a child has or has not experienced trauma to provide trauma sensitive schools? How do you differentiate between a climate that is and is not trauma sensitive?*

No, we do not need to know if a child has experienced trauma or, if they have, what the trauma was. Trauma-sensitive school cultures, principles and practices are good for all children as they help them feel emotionally, socially, behaviorally, physically and academically safe throughout the school environment. When anyone feels safe they can focus their attention and efforts on learning rather than on worrying about what might happen to them. A true trauma-sensitive environment is identifiable by the students and the staff.

*Where can we find good examples of Wellness Policies and Procedures?*

Wellness in schools and districts is cultural and not driven specifically by a policy or procedure. One resource for developing a wellness program is the district’s group employee insurance companies incentives for participation in healthy programs. Additional wellness programs are created by the administrative or human resources teams in collaboration with staff. Their success for staff and students is connected to staff buy-in. Kaiser Permanente’s website on wellness within schools provides examples of schools who have developed their own wellness plans using the Kaiser Permanente’s toolkit. [http://thrivingschools.kaiserpermanente.org/wellness-resources/school-employee-wellness/](http://thrivingschools.kaiserpermanente.org/wellness-resources/school-employee-wellness/) Another source for strategies on how to develop school wellness programs is Action for Healthy Kids. [http://www.actionforhealthykids.org/](http://www.actionforhealthykids.org/)

*What are some strategies to educate parents or other family members on trauma, when they are often the source of many adverse childhood experiences? Can we as educators help break some of the cycles we see?*

Yes, educators can be a part of breaking the intergenerational cycles that impact our students by teaching students social, emotion, non-cognitive and relationship skills.
Providing students with a safe environment where they feel comfortable asking for assistance and making mistakes without being excluded can change students’ life experiences. Educators along with community partners can provide community-wide awareness and skill training related to Adverse Childhood Experiences and the impact of trauma on life and learning. Building relationships free of blame and shame with parents who have themselves experienced trauma may provide the opportunity for parents to also ask for assistance.

When you said 13% class students had 3+ trauma, does that mean number of incidents or number of types of trauma?
An adverse childhood experience can be a specific incident or ongoing experiences of trauma. Saying that 13% of the students have 3 or more adverse childhood experiences means that they have experienced something in three categories of ACEs. Some of the ACEs that were a part of the initial Kaiser Permanente Foundation and CDC study are physical, emotional or sexual abuse, experiencing a parent with mental health issues or alcohol and drug abuse in the home, incarceration of parent, a divorce of parents or death of parents. A point is scored if there is an experience within the category regardless of how many times it has occurred.

Are there any suggestions for what the school can call themselves instead of Trauma - Sensitive? One school worries about the label of the word "trauma."
When a school community is concerned about the title “Trauma-Sensitive School”, it is acceptable to talk about toxic stress and the building of resilience to address trauma or toxic stress in students’ lives. Increasing awareness about Adverse Childhood Experiences and an understanding of trauma-sensitive schools as a positive approach and mindset rather than a specific program helps decrease some of the concerns about the word trauma.

How has trauma been addressed when experienced before entry to school versus while in school?
A student’s individual trauma is addressed based on their unique needs. However, the school’s primary focus is to provide a safe environment for all students so they can engage in school and learn. Regardless of when a student was exposed to and impacted by trauma, it is the staff’s responsibility to help them feel safe in the educational setting. It is also a school employee’s responsibility to report any signs of abuse per federal and state guidelines. Staff in trauma-sensitive schools work with their community partners to connect specific students whose trauma-related needs require additional clinical support with those resources. The National Child Trauma Stress Network is a source for
information related to this question.  http://www.nctsn.org/resources/audiences/for-professionals

**What is the earliest age a child can remember a traumatic incident?**

There is emerging research that suggests a child is impacted by trauma even if it appears they can’t remember or communicate about these events. Trauma can even be experienced in the womb and have impact on an individual’s life.

Here are resources on this area of study from the National Child Traumatic Stress Network and two prominent experts in the field:

- Bessel van der Kolk, M.D. - *The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma*
- Gabor Mate – *When the Body Says No: Exploring the Stress-Disease Connection*

**Is there a listing of SEL curriculums that you suggest? Many schools I work with do not have a foundation in SEL and need a place to start.**

Social and Emotional Learning (SEL) competencies are being developed by state departments of education across the country. These competencies are appropriate for students 3-18. They will likely include examples of how adults can incorporate the teaching of concepts and skills in their daily lessons at all levels. CASEL, the Collaborative for Academic, Social, and Emotional Learning is the national organization leading the creation of these standards. http://www.casel.org/ This webpage is filled with resources.

**I presume the ACEs survey been administered in schools specifically. How has this been done and what has been follow up?**

Overall, we do not recommend that school personnel administer the ACEs survey in schools. It was designed to be a research tool, not a screening tool, and it has not been validated for screening for trauma. However, we believe some schools have used it to screen individual children for trauma and to understand the prevalence of trauma in their school population. If they choose to administer the survey, it is important that school personnel explain the reason for asking the questions, and do so in a respectful, sensitive way that gives an individual permission to not answer the questions.
What types of movement are most beneficial to healing trauma? How does movement help to heal trauma?

Dr. Bruce Perry from the Child Trauma Academy informs our understanding of how we can heal the brain impacted by trauma. This article outlines Dr. Perry’s approach: Perry: Rhythm Regulates the Brain.

Can you provide a reference list?

Here is a reference list for this webinar:

- The Heart of Teaching and Learning  
  http://k12.wa.us/CompassionateSchools/pubdocs/TheHeartofLearningandTeaching.pdf
- The Child Trauma Academy. Child Trauma Academy

Is it possible to share where these data are from (Prevalence of ACEs slide)?

The statistics shared in the webinar are from the following link:
http://www.recognizetrauma.org/statistics.php
There is an abundance of information available on State and National level ACEs studies. Here are additional links to look at: https://www.cdc.gov/violenceprevention/acetests/short facts.html

How can we get more information on the 7 Domains of Trauma Sensitive Schools?

We have attached an overview of the 7 Domains of Trauma-Sensitive Schools at the end of this document.

Becoming a Trauma-Sensitive School
How do you create a secure and safe space?
Safety in school is created by staff who remain calm and who provide a non-anxious classroom environment where it is safe to try and make an error without blame and shame. Compassionate and positive behavioral programs are also components of a safe environment. They do not rely on referrals and exclusionary practices, but teaching behavioral skills and how to make amends as well as repair relationships.

**How do we empower students with praise but not teach learned helplessness?**

We make sure that students understand that the school’s standards apply to them as well as every other student. We separate the behavior from the student and respond in ways such as, “I understand that you are angry and hurt and having trouble working now. What do you need to be able to focus on your work so that you can complete this project?” We wait until students are calm and can understand what we are saying before helping them figure out how to get their work done. There is no one perfect answer, but we recommend that you prioritize getting to know a student and understanding what they need to be able to remain calm and focus on their work.

**Once a school district commits to this direction, what are practical steps the community/county/region can take to actively support and implement these changes, not only in the schools but in the community as well?**

Communities seeking to advance this work often create an oversight group comprised of community leaders across multiple arenas. One common first step taken by this group is to provide training on trauma and trauma-informed care in order to increase the awareness, knowledge, and skills of community members and the work force in behavioral and primary health, schools, law enforcement, child welfare, community organizations, and almost any entity in the community. This training creates a shared language and knowledge base that helps to advance the work across silos and beyond any one organization. Other communities have participated in a learning community, or convened their own learning community, to jump start their work to advance trauma-informed approaches. Trenton Health Team is one of our partners who convened their own learning community, and they are now actively working with the schools: [http://www.trentonhealthteam.org/what-we-do/community-partnerships/trauma-informed-care/](http://www.trentonhealthteam.org/what-we-do/community-partnerships/trauma-informed-care/)

**How can trauma-sensitive school processes be implemented in out of school time? Does the school need to be implementing wholly trauma sensitive approaches for an out of school time program to implement?**
It is best if the school and after school programs are working together to implement trauma-sensitive school principles and practices. However, any one of these environments can begin the work on their own with the goal of connecting to the other programs in the future. Providing a safe place for students where they feel welcome and do not experience shame and blame is valuable in all parts of their day.

I work at a Parks and Recreation Department. We have after school programs and day camps. I am interested if these same techniques have been used in these settings. I would love to train all our staff on this concept.

These principles and practices are very appropriate for all programs that work with students before, during and after schools as well as in the summer and during school breaks. Consider putting together a Core Implementation Team in collaboration with your community schools and community partners to implement the principles community wide.

Where do local behavioral health specialists (clinic as well as school based) and law enforcement come into play in the CIT (for behavioral health integration)?

CIT membership is generally determined by the school or organization joining the Learning Community. It is common for a CIT to invite outside partners to join their group. It is critically important that local behavioral health entities and law enforcement are actively connected and involved with this work in the schools. If they are not directly invited to participate in the CIT, they can be connected via work groups that are formed by the CIT.

I work in a public health agency that serves 6 counties with over 20 school districts. We are just starting mental/behavioral health work. Is there a way that I could work with this model to support the schools in my counties?

Yes. We have worked with public health agencies focused on partnering with their area schools to advance trauma-sensitive approaches. One way to do this is to create an oversight team that participates in the learning community. This oversight team includes school and other community leaders and public health officials. The school leaders take the resources and tools from the learning community back to their districts, which form Core Implementation Teams to advance the work within the schools. The community leaders and public health officials on the oversight team focus on efforts to support the schools in their work.
Aside from training staff, what are people doing to implement initiatives with students directly?

Within the school setting many things are being done for students who have been specifically impacted by trauma. At the Tier I level, these students have access to supports to help them feel calm and safe so that they can participate in school. Among other things these supports include a safe spot in the classroom where the student can go to calm and regroup with no threat of adverse consequences. They are connected to a specific adult(s) who act as a mentor or safe person to go to during times of increased anxiety. They participate in all the activities that calm the lower brain and increase access to cognitive functioning including but not limited to mindfulness activities, yoga, breathing exercises, brain gym exercises, and cross laterals. They are taught coping skills as well as social and emotional learning skills. At the high school level, students learn about ACEs as well.

At the Tier II and III level, students may have unique and targeted plans that outline specific strategies for adults to use when the student is becoming increasingly anxious and demonstrating behavioral challenges. These specific strategies are unique to each student based on their specific needs and concerns. Additionally, at Tier II, school social workers and counselors run small group social and emotional learning groups, friendship groups, grief groups, children of incarcerated parents and other groups based on student needs.

At Tier III, schools are connecting students and families with services in the community to assist them in addressing and dealing with the impact of past traumas.

Is there a way to become TIC certified to take trainings and information into different community programs, i.e. PTA, Parent groups etc.? I believe parents need to be educated as well.

One type of training that is available across the country is ACES Interface. [http://www.aceinterface.com/](http://www.aceinterface.com/) Individuals receive training to present pro bono to community organizations on Adverse Childhood Experiences as well as their impact.

The National Council does not provide certification in trauma-informed care. Our philosophical approach is that an organization or school never truly arrives at being trauma-informed. Becoming trauma-informed, or trauma-sensitive, is an ongoing journey, and thus the certification model is not a good fit for this work.
The Trauma-Sensitive Schools Learning Community

How do individual schools get involved in the learning community?

Individual schools and school districts can apply for the Trauma-Sensitive Schools Learning Community. Please fill out the application here:

https://www.surveymonkey.com/r/2017TSSNCLC

Cost is per year or one time?

The cost of $7,500 is for participating in the yearlong learning community. The model is designed to position organizations to be able to continue implementation of trauma-sensitive schools after the first year. At the end of that year the formal activities, such as coaching calls and face to face meetings come to an end. But learning community members remain connected to the list serve and our website where they can access all of our tools and resources. They are also able to access all of our recorded webinars. The faculty always respond to requests for information or resources from all past learning community members.

What is the cost of attendance for the Seattle conference, per person?

Here is the link to the National Council’s conference in Seattle, WA in April 2017: National Council NATCON conference. Organizations selected to join the Trauma-Sensitive Schools Learning Community are eligible to receive a $200 discount for one participant to the conference. Also, it is not required that Learning Community members attend the conference. The Learning Community kickoff meeting starts on the afternoon of April 5 after the final conference sessions.

Are non-profits able to participate in Learning Communities?

Yes, non-profit organizations are able to participate in the Learning Community.

Are non-profit organizations able to get the Learning Community Activities as well? We work with many families.

Yes, over 370 non-profit organizations have participated in our learning communities since 2011. We are running a Trauma-Informed Care Learning Community for behavioral health and community service organizations concurrent to this Trauma-Sensitive Schools Learning Community.

The application link and promotional webinar link for this learning community are here:
Trauma-Informed Care Learning Community: [https://www.surveymonkey.com/r/2017NCLC](https://www.surveymonkey.com/r/2017NCLC)

Trauma-Informed Care Learning Community Informational Webinar: [Join our informational webinar](#)

**Do you cover information sharing across sectors (school to behavioral health center, for example)?**

We encourage Core Implementation Teams to include community partners and behavioral health center representatives on their team. Domain 6 specifically addresses the building of relationships between schools and community partners. During the learning community we provide resources on this domain, including a webinar focused specifically on this topic. If a specific team in the learning community chooses to focus on Domain 6, the National Council faculty will assist them in securing resources to achieve their goals.

**Are there resources available to bring in someone to offer PD for building level staff?**

The National Council provides training and technical assistance across the county to staff in all positions in a school. We do this outside of the Learning Community process. Unfortunately, we do not currently have funding resources to share, but we are always looking out for resources that become available. We are hopeful that as the trauma-sensitive schools movement continues to gain traction and produce positive outcomes for students, families and communities, funding resources will be directed to this area of work.

**Is the organizational assessment and monitoring tool available for organizations not selected, participating in the Learning Community?**

The educational organizational assessment and monitoring tool are connected to the work of the learning community and are not available separate from the learning community process.
The fee is a barrier to our participation. Is there any way to access the tools and resources if not officially part of the collaborative? For example, I would love to see what you are using for an organizational assessment. Is that possible?

The Organizational Self-Assessment is shared through and connected to the activities of the learning community. It is possible to access individual presentations through the National Council to build awareness of trauma, its impact on students and schools.

Are there grants available that could help cover the cost of enrollment in the learning community?

The National Council is not currently aware of available grants that could help cover the cost of enrollment in the learning community. We are always looking out for these opportunities and strive to share this information when it becomes available. As momentum for this work continues to build, we hope resources at the federal, state and local levels will be directed to support this work. We suggest that you discuss this initiative with your state behavioral health entities, who in general are focusing more on partnering with schools around this type of work.

Other

Have you done any work with The National Institute for Trauma & Loss in Children?

The National Council has not worked directly with The National Institute for Trauma & Loss in Children.

How can I send this info to my child’s guidance counselor?

Please forward the link to the webinar to your child’s guidance counselor and school administrators.
The National Council for Behavioral Health

Seven Domains of Trauma-Sensitive Schools

The National Council’s Seven Domains for Trauma-Sensitive Schools is built on the following core values and principles:

- **Safe, calm and secure environment with supports for students and staff**
- **System wide understanding of trauma prevalence, impact and trauma-informed environments, policies, procedures and practices.**
- **Cultural Competence**
- **Student and family voice, choice and self-advocacy**
- **Student-driven and trauma-specific supports and services**
- **Healing, hopeful, honest and trusting relationships**

**Domain 1 – Student Assessment**

Incorporate trauma related needs, strengths and supports into existing collaborative, culturally-relevant, multi-tiered process of student assessment.

**Domain 2 – Student, Family and Guardian Involvement**

Involve and engage student, family/guardian and community partners to play influential roles in the school and to meaningfully participate in planning, implementing and evaluating improvement efforts. Include student, family/guardian and community partners in multi-tiered student assessment and interventions.

**Domain 3 – Trauma-Sensitive Educated and Responsive District and School Staff**
Increase the awareness, knowledge and skills of the entire workforce around what it means to be a trauma sensitive school, why it’s important and how every person in the organization plays a role in creating a safe, trusting and low-anxiety environment. Implement policies, procedures and practices that build and sustain a trauma-informed work force.

**Domain 4 - Trauma-Informed, Evidence-Based and Emerging Best Practices**
Increase awareness, knowledge and skills of the student support staff to deliver research informed treatment services that address effects associated with trauma and honor the core principles of trauma-informed care.

**Domain 5 - Safe and Secure Environments**
Increase the awareness, knowledge and skills of the workforce to create safe, trusting and healing environments. Examine and change policies, procedures and practices that may unintentionally cause distress and may re-traumatize students, family/guardians or staff.

**Domain 6 - Community Outreach and Partnership Building**
Recognize that all students and family/guardians are part of and affected by other systems, and thus assume a leadership role in educating and engaging partners in trauma-informed care.

**Domain 7 - Ongoing Performance Improvement and Evaluation**
Ensure a system is in place to measure performance in each domain. Track, analyze and review data to address challenges and/or reinforce progress.