Creating a Trauma Informed School District

BELLEVUE PUBLIC SCHOOLS

CHAMPIONS FOR CHILDREN

Project Harmony

Child Advocacy Center
Profile of Bellevue Public Schools

- 15 Elementary, 3 Middle & 2 High Schools
- Total enrollment 10,000
- Race & Ethnicity
- IDEA served
- Free and Reduced Lunch
- Military Families
Bellevue Public Schools Profile

Total enrollment: 9,981

<table>
<thead>
<tr>
<th>Race and Ethnicity Percentages</th>
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</thead>
<tbody>
<tr>
<td>White</td>
<td>70%</td>
</tr>
<tr>
<td>Black</td>
<td>12%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>12%</td>
</tr>
<tr>
<td>Asian</td>
<td>3%</td>
</tr>
<tr>
<td>American Indian/Alaska Native</td>
<td>1.5%</td>
</tr>
<tr>
<td>Native Hawaiian or Pacific Islander</td>
<td>1.5%</td>
</tr>
</tbody>
</table>

• Free and Reduced Lunch
  – District Wide: 32.49%
  – 9 schools have over 40%
Students Served Under IDEA

• Approximately 20% served in BPS across all categories

• Children with mental health conditions may be verified under
  – Emotional Disturbance
  – Autism
  – Other Health Impairment

• Represents students verified, but not all with mental health diagnoses will be verified
District Supports Available

- Early Childhood Services
- English Language Learner Support
- HOPE Squads (Suicide Prevention)
- MTSS (Multi Tiered System of Supports)
- SAT Teams
- PBIS (Positive Behavior Intervention and Support)

- **Second Step** Curriculum
- **Sanford Harmony** Curriculum
- Connections
  - access to mental health care for students
- Support for Students Exposed to Trauma (SSET) groups
  - Connections sponsored training of Counselors and Social Workers

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FASE Teams: Family and Student Empowerment

- **Focus:** Address struggles associated with poverty for students in grades kindergarten through twelve
- **Team:**
  - one administrator
  - 3 social workers
  - 1 counselor
- **Services Coordination:** Team coordinates all who are involved
  - counselors, teachers, students, families, and outside organizations and agencies
- **Referred students:** those with barriers including:
  - alcohol or drug use
  - personal issues
  - attendance issues
  - family concerns
  - financial issues
  - social, behavioral, and/or educational barriers
- **Referrals out:** Team makes referrals to outside agencies for assistance when needed. Team is familiar with the referral processes and services.
Needs Assessment

• Data collection:
  – By Director of School Services
  – through interviews with:
    • Counselors
    • Social workers
    • Principals
    • Local mental health service providers
  – Analysis of district referrals to outside service providers
  – Evaluation of teachers’ capacity to understand trauma-informed practices
Needs Assessment Highlights

• Children who have experienced trauma often present with:
  – learning problems
  – emotional regulation problems
  – interpersonal problems with teachers, other staff, and peers

• Trauma is often masked by behavioral problems - what’s behind the behavior?
We see lots of kids who have really quick reactions to perceived threat. They go from zero to sixty over the door slamming or someone looking at them wrong because they can’t interpret it.

I can’t say that there are many kids that we can identify that have behavior issues that you look and you don’t find something behind it.

Another common theme in identification was relationship difficulties with peers. Students with trauma have difficulty reading social cues, or they’re hypervigilant to very subtle body language and things that other kids are giving off and so they get over-reactive to situations. Other students perceive them as different.

They try to figure it out and may think they have an idea, and then all of a sudden they turn the page and there is more information. Counselors, then many times, say, “Ah, that makes complete sense now.” They learn that someone saw their mom taken to jail, or their dad was killed, or there had been sexual abuse.

Emily identified her most common referrals as, “behavioral difficulties in their classroom setting, so kids having a lot of difficulty kind of regulating their behavior and their emotions and that kind of thing.”
Grant

• Title IV-A Student Support and Academic Enrichment (SSAE)

• Trauma trainings
  – 340 Elementary and Middle School Teachers
  – Administrators from every building

• Content (six hours):
  – A Trauma Informed Lens on Student Behavior and Academics (all)
  – What is a Trauma Informed School/District? (Administrators)
  – What is a Trauma Informed Classroom? (Teachers)
Partnership with Project Harmony
Child Advocacy Center (CAC)

**Connections:** school mental health model for helping students access mental health services
  - 49 students year one
  - 119 students year two

**Community Outreach:**
Coordinate Trauma Matters Omaha, a community wide initiative for trauma training
  - [www.traumamattersomaha.org](http://www.traumamattersomaha.org)

**Training:**
- SSET Groups (Support for Students Exposed to Trauma)
  - 20 school counselors and social workers
- Trauma Informed Care for school personnel
  - 1,600 trained across metro community
Implementation

• Train Administrators first:
  – buy-in from the top down
• Use the Trauma Responsive Schools - Implementation Assessment
  – Identifies strengths and gaps
  – Guides implementation at school and district levels
• Integrate with PBIS
  – Helps minimize overloading staff and administrators with multiple models and philosophies
Six Hour Administrator Training

Part 1: Student Mental Health and Trauma

• Profile of student mental health needs: national and local
• Adverse Childhood Experiences: Effects on brain, body, mental health, and academic performance
• Building Resilience
• Assessing Teacher Needs
• How to use the TRS - IA

Part 2: What is a Trauma Responsive School?

• Share results of TRS – IA
• How to blend PBIS and Trauma Responsive School Models
• Trauma Responsive Discipline
• Trauma Specific School Interventions
• Planning Discussion

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BELLEVUE PUBLIC SCHOOLS
CHAMPIONS FOR CHILDREN

## DEMO SCHOOL NAME
School Mental Health System

<table>
<thead>
<tr>
<th>Domain Name</th>
<th>Last Updated</th>
<th>Assessment</th>
<th>View Report</th>
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<tbody>
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<td>Take Survey</td>
<td>View Report</td>
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<tr>
<td>Whole School Prevention Planning</td>
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<td>View Report</td>
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<td>Whole School Trauma Programming</td>
<td>September 21, 2017</td>
<td>Take Survey</td>
<td>View Report</td>
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<tr>
<td>Classroom Strategies</td>
<td>September 21, 2017</td>
<td>Take Survey</td>
<td>View Report</td>
</tr>
<tr>
<td>Prevention/Early Intervention Trauma Programming</td>
<td>September 21, 2017</td>
<td>Take Survey</td>
<td>View Report</td>
</tr>
<tr>
<td>Targeted Trauma-Informed Programming</td>
<td>September 21, 2017</td>
<td>Take Survey</td>
<td>View Report</td>
</tr>
</tbody>
</table>

This is the intro paragraph.
Findings So Far of TRS IA

This report is generated based on the information you provided for your School District Mental Health Profile. This profile provides a snapshot of the structure and operations of your school district's comprehensive school mental health system. Congratulations! Your district's team has been counted in the National School Mental Health Census and achieved Bronze SHAPE recognition for completing the School Mental Health Profile. Complete the National School Mental Health Performance Measures on SHAPE (the Quality and Sustainability Assessments) to achieve Silver and Gold SHAPE Recognition.
Principal Dana Martin
Teacher Training

Part One:
Trauma “101” – 3 hours

• How to:
  – decode the “why” behind the behavior
  – help students with emotional regulation – the “Inside Out” approach
  – find teachable moments with behavioral problems
  – implement preventive strategies with traumatized students
  – create and maintain a trauma sensitive classroom

Session Two:
Classroom Practices – 3 hours

• Understand the impact of Adverse Childhood Experiences (ACES)
• Recognize child behavior indicative of toxic stress and trauma
• Understand effects of toxic stress and trauma on brain and body
• Know mechanism by which trauma disrupts learning

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How to Measure Change

• **Attitudes Related to Trauma Informed Care (ARTIC)**
  – First psychometrically valid measure of staff attitudes related to trauma informed care
  – Version specific to educational professionals
  – Used before first and after second training
  – Available from the Traumatic Stress Institute
    [https://traumaticstressinstitute.org/artic-scale/](https://traumaticstressinstitute.org/artic-scale/)
**Trauma-informed care** is an approach to engaging people with trauma histories in education, human services, and related fields that recognizes and acknowledges the impact of trauma on their lives.

- best represents your personal belief during the past two months at your job.

### Sample

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Ice cream is delicious  ○ ● ○ ○ ○ ○ ○ Ice cream is disgusting.

**Note:** In this SAMPLE ITEM, the respondent is reporting that he/she believes that ice cream is much more delicious than disgusting.

### I believe that…

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1. Students could act better if they really wanted to. ○ ○ ○ ○ ○ ○ ○ Students are doing the best they can with the skills they have.
2. Focusing on developing healthy, healing relationships is the best approach when working with people with trauma histories. ○ ○ ○ ○ ○ ○ ○ Rules and consequences are the best approach when working with people with trauma histories.
3. If students say or do disrespectful things to me, it makes me look like a fool in front of others. ○ ○ ○ ○ ○ ○ ○ If students say or do disrespectful things to me, it doesn’t reflect badly on me.
Students could act better if they really wanted to. Students are doing the best they can with the skills they have.

Pre: 2    7.4%
Post: 3.4%

Students do the right thing one day but not the next. This shows that they are doing the best they can at any particular time. Students do the right thing one day but not the next. This shows that they could control their behavior if they really wanted to.

Pre: 6   1.6%
Post: 6 0.0%

Sample results
Social worker and counselor perspective on trauma
What is Encouraging?
What Are the Challenges?

Teacher A: “Best training I have ever attended in 20 years”.
Teacher B: “How do we refer kids? “I notice staff are showing more empathy. Not just for kids, but for each other”
We have a common terminology for talking about behavior and the “why” behind it
We discovered the value of training support/classified staff. They need this perspective
We are starting to “feel the climate change” in our school
We know about more resources

Challenges:
Remembering that culture change is a slow step by step process
Some staff are still “stuck” in traditional views of student behavior
Principals, schools and staff are often on “overload” -- it’s hard to make time for something more

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BPS Model: A Developmental Framework for Trauma-Informed

2018-2019 (Year 1)  
Trauma Aware

2019-2020 (Year 2)  
Trauma Sensitive

2020-2021 (Year 3)  
Trauma Responsive

2021-2022 (Year 4)  
Trauma Informed

Project Harmony  
Child Advocacy Center  
Sustainability and Measuring Progress

- TRS IA Plans for each School
- Established and functioning School Teams
- Continued use of ARTIC to monitor staff attitudes supportive of TRS
- Train the Trainer Model for Trauma Responsive Schools
- Consultation to support school teams
Questions and Discussion
Presenter Contact Information

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