Welcome to Today’s Webinar

Leading Trauma Informed School Systems Change
Before, During & After Pandemic Times

School District Leadership

- Please post your organization, location, and role in the “Comments” chat box. If you have comments during the session, please also post them in the “Comments” chat box.

- If you have content related questions during the session, please post them in the “Questions” chat box. We will do our best to address them during the session, but if we are unable to we will provide follow-up after the session.

- If you have technical questions or issues, please post them in the “Tech Issues” chat box. You can also email joshe@cars-ri.org for assistance.

- A copy of today’s presentation can be downloaded from the pod located directly below the list of attendees. It was also included in the reminder email that was sent out before the session.

- All phone/audio lines will be muted during today’s session.

- At the conclusion of the webinar a feedback form will appear on your screen. Please take a few minutes to provide us with your thoughts as this is a very important part of our funding.
DISCLAIMER

The views, opinions, and content expressed in this presentation do not necessarily reflect the views, opinions, or policies of the Center for Mental Health Services (CMHS), the Substance Abuse and Mental Health Services Administration (SAMHSA), or the U.S. Department of Health and Human Services (HHS).
The Southeast MHTTC is located at Emory University in the Rollins School of Public Health.

Our Mission: To promote the implementation and sustainability of evidence-based mental health services in the Southeastern United States.

Our Services: We use a public health approach to build leadership capacity and to provide mental health trainings and resources to providers, agencies, and communities across the Southeast.

Please visit our website at www.southeastmhttc.org for upcoming trainings as well as archived recordings of past trainings.

Leora Wolf-Prusan, EdD (she/her) is the School Mental Health Lead & Training Specialist for SAMHSA’s Pacific Southwest Mental Health Technology Transfer Center and the Director of Partnerships & Teaching at the Center for Applied Research Solutions (CARS). She provides consulting and training around issues related to trauma-informed & resilience-oriented leadership, organizational & school climate and positive youth development. She received her BA in International Relations and a BA in Spanish with a minor in Social & Ethnic Relations from the University of California, Davis; a teaching credential from Mills College in Oakland, California; and an EdD in Educational Leadership from the University of California, Los Angeles.

Monica L. Coverson, LMSW, LSSW, CPPT, is currently the Director of Social Work, Trauma Informed School and TN Safe Schools with Metro Nashville Public Schools. Monica has currently served in the capacity as Director for the past 6 years but has been with MNPS for the past 12 years. She has 22 years of Social Work experience serving in child welfare and school social work. She received her BS Degree from Middle Tennessee State University, her Master of Social Work from Western Kentucky University and her Doctorate of Education from Lipscomb University.

Derrick M. Williams, MS, is the Positive and Safe Schools Advancing Greater Equity (PASSE) Coordinator at Metropolitan Nashville Public Schools (MNPS). The focus of PASSE is to address disproportionate suspensions and expulsions of Black and Latino students across the school district. Since beginning his career at MNPS as a Behavioral Specialist in 2009, Williams has supported the district’s students and families through a variety of positions, such as School Improvement Specialist, Community Outreach Specialist, Behavioral Support Coordinator, and PASSE Coordinator. In 2016, Williams received the MNPS Academic Achievement Award and the recipient of the Presidential Scholar Award – Bronze five years in a row. In 2009, he earned his MS degree in psychology at the University of Phoenix and, in 2015, completed coursework in applied behavioral analytics at Lipscomb University. He was a member of the Phi Lambda Theta Honor Society. Derrick has always been an advocate for change when it comes to addressing inequities, and the lack of diversity and inclusion.

Mary Cmboiri, PhD, BCBA, is the Coordinator of Trauma-Informed Schools for the 159-school Metro Nashville Public School District, and is working at the district level to raise awareness of childhood and intergenerational trauma, using a collective impact framework to promote system-wide change and implementation of school-wide trauma-sensitive practices, and collaborate with police and other community agencies to support students experiencing traumatic events. Watch Mary Cmboiri at TEDxVanderbilt University: Why All Schools Should be Trauma Informed.
WEBINAR SERIES
TIRO Systems Leadership

Today!
Session 1: Trauma Informed Systems Leadership: Highlighting School District Leadership
July 28th at 10:30 am - 12:00 pm CST / 11:30 am – 1:00 pm EST

Thursday!
Session 2: Trauma Informed Systems Leadership: Highlighting State Agency Leadership
July 30th at 10:30 am - 12:00 pm CST / 11:30 am – 1:00 pm EST

Our Learning Flow Today

• Opening & Grounding
  – Defining Terms & Concepts

• Trauma-Informed & Resilience-Oriented Leadership, Always…and Now
  – Principles
  – Paradigms

• Guest Presenter: Metro Nashville
  – Celebrations & lessons learned leading the work as a district
  – Discussion

• Reflection & Closing
Offerings for Today

• Take what you need
• Know that you’ll get the things that you need (resources, the
• Whatever resonates is what you need in this moment
• This time [of the webinar] is limited but the urgency isn’t
• Now, and always
• Learning happens on three tracks…
  – You as a learner
  – You as a professional
  – And you as a facilitator

Invitations for Today

• To whom are you dedicating your learning?
• Who might you thank, literally or mentally, for guiding you in this moment?

The sticky stuff.
We’re not supposed to spend our time living to heal, we’re supposed to heal to live.

- Nkem Ndefo
Adverse Childhood Experiences • Single or multiple traumatic exposures and/or events experienced in childhood:

Acute Trauma • A single, time-limited traumatic event

Chronic Trauma • Multiple traumatic exposures and/or events over extended periods of time

Complex Trauma • Experiences of multiple traumatic events and the impact of exposure to these events, often occurring within the caregiving system

Toxic Stress • Adverse experiences that lead to strong, frequent or prolonged activation of the body’s stress response system

Secondary & Vicarious Trauma • Exposure to the trauma of others as experienced, realized, or imagined by providers, family members, partners or friends in close contact with the individual

Compassion Fatigue • Cumulative physical, emotional, spiritual and psychological effects of exposure to traumatic stories or events when working in a helping capacity

Insidious & Historical Trauma • 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

Racial Trauma • May include (A) direct experiences of racial harassment including threats of harm or injury and being humiliated; (B) witnessing racial violence toward others such as hate crimes or violence by law enforcement; and (C) experiencing discrimination and institutional racism. Includes microaggressions.

The Continuum of Harm

Adapted from the Adolescent Health Working Group (2015)
Narrowing in on Complex Trauma...

• Trauma that (1) begins in childhood during key stages of development; (2) continues over time; (3) often occurs within caregiving relationships where a caregiver is either a source of threat or unable to support, nurture, or protect a child from threat; and (4) leads to immediate and long-term difficulties in many areas (Cook et al., 2005).

• Examples include chronic interpersonal violence in the form of physical, emotional, and sexual abuse or witnessing domestic violence as well as ongoing neglect and other forms of violent victimization or loss without adequate adult support to manage these experiences.

...It’s about relationships.

Sources:
https://healthysafechildren.org/sites/default/files/Trauma_Informed_Approach_LGBTQ_Youth_1.pdf
**ACES: Important Considerations**

- ACEs do not equal trauma; significant relationships can be pivotal buffers (aka Positive Childhood Experiences)
- Being a member of a marginalized population does not equal trauma or an adverse childhood experience (it is not causal, just a risk factor)
- It’s not about the event, its about the experience of the event…the meaning making!
- ACEs are universal, but the access to healing is not.
- There are many spheres of adversity: individual (childhood), collective (community), and structural (climate)

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**In this Moment**

- Which concepts do you need to do more work with to better serve yourself, your colleagues, and who your organization serves?
- What concepts are getting less attention (money, discourse, media) and why?

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<th>ACEs</th>
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<td>Toxic Stress</td>
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Historically, the concept of trauma has focused on individual trauma—childhood abuse and neglect, adult or adolescent sexual assault, and abuse by an intimate partner, as well as the individual effects of combat trauma and military sexual assault. Yet many people experience collective forms of trauma, as well—trauma that affects people as part of a particular community, culture, or group. These experiences continue to affect individuals and communities across generations, including the ongoing legacies of trauma resulting from structural violence, slavery, and colonization; the trauma of war, poverty, displacement, and persecution; the trauma of transphobic, homophobic, and gender-based violence; as well as the insidious, micro aggressive trauma of objectification, dehumanization, and marginalization that many people experience daily.

- National Center on Domestic Violence, Trauma & Mental Health, 2018, p. 48-49

Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being.

- SAMHSA, 2014, p. 7

Experiences or situations that are emotionally painful and distressing, and that overwhelm people’s ability to cope, leaving them powerless.

- Center for Nonviolence and Social Justice, Drexel University

“Trauma is both a psychological and a physical experience that impacts our internal sense of safety and our ability to trust in self, in relationships, and in the world.”

- Deb Dana
Brain Energy Allocation When Regulated

- Cognition
- Social/Emotional
- Regulation
- Survival

Brain Energy Allocation When Experiencing Harm

- Cognition
- Social/Emotional
- Regulation
- Survival

Adapted from Holt & Jordan, Ohio DoE based on Perry’s work (2006)

Trauma Capital
Relationships can harm. 
Relationships can heal. 
Leadership can harm. 
Leadership can heal. 

(Always, and now)

PAUSE  
CONNECT  
REFLECT

In the chat box, please tell us 
1 takeaway, 
1 “ah-ha”, 
and 1 reminder 
that is resonating with you right now.
We define “School Mental Health Crisis Leadership” as:

The individual, collective, organizational, and systemic skills, knowledge, and competencies to create school conditions, climates, and cultures that empower others to navigate uncertainty and harm. This leadership is based on awareness and acceptance of the responsibility and accountability to help all students, staff, and partners repair, reconnect, regulate, and restore.⁶

https://mhttcnetwork.org/centers/pacific-southwest/mhttc/product/school-mental-health-crisis-leadership-lessons-voices

### Principles
(based on SAMHSA's 2014 framework and expanded)

- Safety
- Trustworthiness & Transparency
- Collaboration & Mutuality
- Empowerment
- Voice & Choice
- Peer Support & Mutual Self Help
- Resilience & Strengths Based
- Inclusiveness & Shared Purpose
- Cultural, Historical & Gender Analysis
- Life - Long Learning

### Domains
(based on the National Council of Behavioral Health’s Framework)

- Cross-sector Collaboration
- Physical Environment
- Engagement & Involvement
- Screening, Assessment, Treatment & Services
- Progress Monitoring & Quality Assurance
- Policy
- Training & Workforce Development

Leader’s Roles in Creating a Trauma Sensitive School

Leaders balance action and reflection
Create an environment where educators and staff not only engage in trauma-sensitive action planning and action steps, but also build in time for reflecting on the actions taken to assess where things are going well and where different or additional action is needed.

Leaders develop a shared vision
By developing a shared vision for trauma sensitivity among all staff, the leader helps to establish a shared purpose and to create a learning community among the staff, inviting everyone into the work and to take ownership of the work.

Leaders tap into the power of the community
Leaders set the tone for a strong and supportive professional community that shares responsibility both for each other and for all students. The staff works collaboratively to create a safe and supportive school based on an explicit, shared set of values. This focus extends to partnering with families.

Leaders foster collaboration
Strong collaboration and collaborative relationships develop over time. Leaders play a crucial role in setting the conditions for these relationships to be nurtured and to grow.

Leaders value inquiry
To promote new ways of thinking and new possibilities, leaders create a culture of inquiry among staff and also ask themselves:
- What do I pay attention to?
- What are the next steps?
- What professional development is required?

Adapted from: https://traumasensitiveschools.org/school-building-leaderships-role-in-creating-a-trauma-sensitive-school/
Voices from the Field
Metro Nashville Public Schools
Department of Support Services, Tennessee

Cultivating a Trauma-Informed and Resilient School District

Dr. Monica Coverson, Director of Social Work
Dr. Mary Crnobori, Coordinator of Trauma-Informed Schools
Derrick Williams, PASSAGE Coordinator

Metro Nashville Public Schools
MNPS Student Support Services

- Department of Social Work, Trauma-Informed Schools, & Safe Supportive Schools
- Department of School Counseling
- Department of Social Emotional Learning
- Department of Discipline & Behavior Supports
- Department of Extended Learning
- Department of Community Achieves
- Department of Student Health
- Department of Special Populations/504
- Department of Attendance
- Office of Civil Rights

Identifying and Establishing the Need for Trauma-Informed Schools (2015)

- Traditional measures - attendance, behavior/discipline, academics
  - Red & yellow flag lists for attendance and behavior
- Collaborative Referral data
  - Observed clear need for trauma-specific interventions
- Suicides and self-harming behavior
- Community violence and student deaths
- Threat assessments
- PASSAGE
- SEL Walkthrough data
Top 10 Celebrations

• Secured public grant funding to establish a district Trauma-Informed Schools Coordinator (2016)
• Leveraged the power of collective impact
  – Systemic collaboration
• Developed high-quality training for widespread awareness
  – >12,000 MNPS faculty/staff and >5,000 community stakeholders trained to date
• Established and supported trauma-informed pilot and focus schools
• Handle with Care
  – 2017-18: 2,534
  – 2018-19: 2,841
  – 2019-20: 3,163

Top 10 Celebrations

• Gained leadership buy-in
• Expansion of Trauma-Informed Schools Team to include 6 Specialists
• Trauma-informed MTSS
• Adopted MNPS trauma-informed discipline policy
• Added district positions to advance equity
  – Executive Officer of Diversity, Equity, & Inclusion
  – PASSAGE Coordinator
Lessons Learned

• It’s a process! Time needed to generate leadership buy-in
  – State, local, district, school levels
• External funding sources needed to establish the work to gain buy-in for local district funding
• Importance of adult mindset, and self and collective care
• Necessary allocation of time dedicated to individual schools by trauma-informed support staff

Putting It All Together: Discussion
Our TIRO Leadership Competencies

• **Head:** What mindsets foster trauma-informed & resilience-oriented experiences and environments?

• **Heart:** What is the WHY you are committing to for your clients AND your colleagues?

• **Hands:** What skills, knowledge, and training do staff need to have to carry out your Why?

• **Feet:** What actions, strategies, and decisions do you experience from leaders who are committed to trauma-informed and mentally well work experiences and environments?

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6 C’s

- **Connection:** Increase safety & stability
- **Context:** Reduce stress
- **Coherence:** Promote connectedness
- **Collaboration:** Co-create inclusive resources, response and recovery strategies
- **Consolidation:** Instill authentic hope
- **Consent:** Cultivate power with vs power over

Adapted from T2’s 5Cs, “Clinical Guidelines for COVID-19 Response” | [http://traumatransformed.org/healing-mass-trauma/](http://traumatransformed.org/healing-mass-trauma/)
The Four Dimensions of Change

**INDIVIDUAL**

**INTERIOR**
- Thoughts and feelings
- Sense of identity
- Motives
- Imagination and dreams

**EXTERIOR**
- Behaviors
- Skills & competencies
- Public commitments

**GROUP**

**INTERIOR**
- Shared purpose
- Values and norms
- Feelings within a group – e.g., safety, fear
- Alignment of intention
- Organizational culture

**EXTERIOR**
- Budgets
- Technology
- Systems
- Organizational structures
- Collaborative agreements


**Closing & Resourcing**

What might be your most elegant next step?
The Bottom Line

- The language we use matters—always, and especially now
- This leadership work happens now & always
- Leadership through uncertainty = personal, structural, procedural
- Resourcing and regulation happens at personal, interpersonal, team, and organizational levels
- It’s not trauma-informed if it’s not racially just
- Normalize, name, nurture
- Your story is not everyone’s story, and everyone’s story is not your story
- Witness, don’t dismiss
- Nothing is definitive, and everything is dynamic and subjective
- Mental health challenges do not always = trauma; adversity does not always = trauma or mental health challenges
- This trauma impacts us all; but we may experience different acuity of impact
- COVID Consent! Ask people if they want to share/disclose—give the power of choice

Others?

New! School Crisis Suite of Tools

School Mental Health Crisis Leadership Lessons:
Voices of Experience from Leaders in the Pacific Southwest Region

- Guide
- Complementary Reflection Worksheet

LEARN MORE AT
Bit.ly/smh-crisis-leadership-lessons
TIRO COVID 19 Leadership Resources


Organizations to Whom We Refer for Our Learning

- PCORI: [https://www.pcori.org](https://www.pcori.org)
- Resilience Research Centre: [http://resilenceresearch.org](http://resilenceresearch.org)
- Adverse Childhood Experiences: ACES Too High: www.aceshigh.com & ACES Connection: [www.acesconnection.com](http://www.acesconnection.com)
- The Center for Nonviolence & Social Justice (Drexel University): [http://www.nonviolenceandsocialjustice.org/FAQs/What-is-Trauma/41](http://www.nonviolenceandsocialjustice.org/FAQs/What-is-Trauma/41)
- The Center for Post-Trauma Wellness: [http://www.posttraumawellness.net/resources](http://www.posttraumawellness.net/resources)
- The Trauma Center at Justice Resource Institute: [http://www.traumacenter.org/index.php](http://www.traumacenter.org/index.php)
- The Prevention Institute: [www.preventioninstitute.org](http://www.preventioninstitute.org)
- The Center for Collective Wisdom: [https://c4cw.org](https://c4cw.org)
- Trauma Transformed: [https://traumatransformed.org](https://traumatransformed.org)
- Lumos Transformed: [https://lumostransforms.com](https://lumostransforms.com)
- NCTSN Learning Center: [http://learn.NCTSN.org](http://learn.NCTSN.org)
- National Child Traumatic Stress Network: [www.NCTSN.org](http://www.NCTSN.org)
- TEND: [https://www.tendacademy.ca](https://www.tendacademy.ca)
- Organizational Health in Trauma-Exposed Environments – Online Course
- The American Psychological Association’s Center for Organizational Excellence: [https://www.apaexcellence.org/resource](https://www.apaexcellence.org/resource)
Thank you for attending!

We need to hear from you to keep bringing you these FREE resources!

Please take a few minutes to give us your feedback! We use it to plan our future events—and we are required to include it in our reports for our funder, SAMHSA.

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A link to your certificate of completion is located at the bottom of the evaluation.
References


Bethell et al. Positive Childhood Experience and Adult Mental and Relational Health in a Statewide Sample. JAMA Pediatrics, 2019;173(11)


Sege and Browne. Responding to ACEs with HOPE: Health Outcomes form Positive Experiences. Academic Pediatrics 2017


Substance Abuse and Mental Health Services Administration. SAMHSA’s Concept of Trauma and Guidance for a Trauma- Informed Approach. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.


SAMHSA’s mission is to reduce the impact of substance abuse and mental illness on America’s communities.

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