Welcome to Today’s Webinar

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

State 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 joshel@cars-rp.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.
WEBINAR SERIES
TIRO Systems Leadership

Archived and coming to you when ready!
Session 1: Trauma Informed Systems Leadership: Highlighting School District Leadership

Today!
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: Project AWARE State Leaders in Tennessee and Kentucky
  – 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?
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.*

Trauma & Complex Trauma ACEs
Defining the thing to work from and with the thing
### The Continuum of Harm

Adapted from the Adolescent Health Working Group (2015)

| 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. |

### 3 Realms of ACEs

ACEs Connection accelerates the global movement to prevent and heal adverse childhood experiences (ACEs), and supports communities to work collaboratively to solve our most intractable problems. Left unaddressed, toxic stress from ACEs harms children and families, organizations, systems and communities, and reduces the ability of individuals and societies to respond to stressful events with resiliency. The ACEs in these three realms intertwine throughout people’s lives, and affect the viability of organizations, systems and communities.
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?

ACEs
Toxic Stress
Acute Trauma
Secondary & Vicarious Trauma
Complex Trauma
Compassion Fatigue
Insidious & Historical Trauma
Racial Trauma

Examples of Definition: Variations Within a Term

"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

Source: Creating Trauma Informed School Policies Guide (Pacific Southwest MHTC, 2019)
“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)
In the chat box, please tell us 1 takeaway, 1 “ah-ha”, and 1 reminder that is resonating with you right now.
<table>
<thead>
<tr>
<th>Principles (based on SAMHSA’s 2014 framework and expanded)</th>
<th>Domains (based on the National Council of Behavioral Health’s Framework)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Safety</td>
<td>• Cross-sector Collaboration</td>
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<tr>
<td>• Trustworthiness &amp; Transparency</td>
<td>• Physical Environment</td>
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<tr>
<td>• Collaboration &amp; Mutuality</td>
<td>• Engagement &amp; Involvement</td>
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<tr>
<td>• Empowerment</td>
<td>• Screening, Assessment, Treatment &amp; Services</td>
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<tr>
<td>• Voice &amp; Choice</td>
<td>• Progress Monitoring &amp; Quality Assurance</td>
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<td>• Peer Support &amp; Mutual Self Help</td>
<td>• Policy</td>
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<tr>
<td>• Resilience &amp; Strengths Based</td>
<td>• Training &amp; Workforce Development</td>
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<tr>
<td>• Inclusiveness &amp; Shared Purpose</td>
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<tr>
<td>• Cultural, Historical &amp; Gender Analysis</td>
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<td>• Life - Long Learning</td>
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**Principles in Practice**

**Safety**
Ensure physical and emotional safety, recognizing and responding to how racial, ethnic, religious or sexual identity may impact safety.

**Choice**
Maximize choice, addressing how privilege, power, and historic relationships impact both perceptions about and ability to act upon choice.

**Empowerment**
Encouraging self-efficacy, identifying strengths, and building skills which lead to individual pathways for healing while recognizing and responding to the impact of historical trauma and oppression.

**Trustworthiness**
Foster genuine relationships and practices that build trust, making tasks clear, maintaining appropriate boundaries and creating norms for interaction that promote reconciliation and healing. Understand and respond to ways in which explicit and implicit power can affect the development of trusting relationships.

**Collaboration**
Honor transparency and self determination and seek to minimize the impact of the inherent power differential while maximizing collaboration and sharing responsibility for making meaningful decisions.

**Equity**
A state of being in which an individual’s outcomes are no longer predictable by race or other demographic factor. The process of giving individuals what they need, not just what's "equal".
### Leader’s Roles in Creating a Trauma Sensitive School

<table>
<thead>
<tr>
<th>Leader’s Role</th>
<th>Description</th>
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<tbody>
<tr>
<td>Leaders balance action and reflection</td>
<td>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.</td>
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<tr>
<td>Leaders develop a shared vision</td>
<td>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.</td>
</tr>
<tr>
<td>Leaders tap into the power of the community</td>
<td>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.</td>
</tr>
<tr>
<td>Leaders foster collaboration</td>
<td>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.</td>
</tr>
<tr>
<td>Leaders value inquiry</td>
<td>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?</td>
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</tbody>
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Adapted from: https://traumasingleschools.org/school-building-leaderships-role-in-creating-a-trauma-sensitive-school/

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### Voices from the Field

*Project AWARE Kentucky*

*Project AWARE Tennessee*
Kentucky Department of Education’s Implementation of Trauma Informed Practices in Education

Kathryn Tillett, MSSW, KDE
Miriam Silman, MSW, DBHDID

1. Culture change regarding impact of trauma & role of schools in addressing (& student behavioral health & well-being overall)

2. Improved practices are resulting in better student outcomes

3. Learning Collaborative model using strategic planning teams over sustained period promoted implementation and sustainability

4. Concerted statewide strategy for dissemination

5. Continued expansion of reach and depth of knowledge
   • LEA buy-in => broader and more intensive work,
   • TtTs continue training
   • TARGET, TFCBT, CBITS, SSET, STS

Top 10 Celebrations
Top 10 Celebrations

6. 2019 School Safety and Resiliency Act: Content influence & strong constituent pressure

7. Funding allocation in state budget

8. State & schools are better prepared for current triple crises (pandemic, racial trauma, opioid use) & don't have to make argument for social-emotional support to leaders

9. Leaders & LEAs are more receptive to acknowledging racial trauma now, perhaps less fearful, more understanding about how to respond

10. Equity & youth voice (notoriously thorny issues) are receiving new funding to ensure continued focus and action.

Lessons Learned

<table>
<thead>
<tr>
<th>Get</th>
<th>Attend</th>
<th>Model</th>
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<tbody>
<tr>
<td>Get the right people involved&lt;br&gt;• Diverse content experts across KY Dept of Education divisions&lt;br&gt;• Trauma experts: UK Center on Trauma and Children&lt;br&gt;• Trusted messengers &amp; boundary-spanners: Regional Special Education Cooperatives</td>
<td>Attend to engagement&lt;br&gt;• Administrative leaders need special treatment&lt;br&gt;• Intentionally promote collaboration and bridge gaps to avoid issues being silo-ed among counselors and special education departments</td>
<td>Model multi-disciplinary collaboration: Blending TIC + School Practice expertise and modeling collaboration was critical</td>
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Lessons Learned, continued

• Funding alone doesn't overcome skepticism and other barriers:
  − Address conceptual differences & terminology, e.g. re-frame/explain content relative to behaviorist approach
  − Persist: Ongoing, consistent messaging & repeat trainings throughout the state
  − Be ready to respond when opportunities arise (legislative, leadership changes, & even local crises)

• Resist pressure for quick fixes or timelines:
  − Learning Collaborative model for teams delivered content well; needed universal model of implementation & tool for measuring implementation
  − Ongoing coaching & support for both teams & trainers was critical to successful implementation

Leading Trauma-Informed School Systems Change

Janet Watkins, TN AWARE Project Coordinator
Tennessee Department of Education, Office of Whole Child
Tennessee ACE’s Initiative Mission

We work to change the culture of Tennessee so that the state’s overarching early childhood philosophy, policies, programs and practices utilize the latest brain science to prevent and mitigate the impact of adverse childhood experiences.

Public Private Partnerships

- Public Sector Steering Group *balanced by*
- Private Sector Steering Groups *supported by*
- Foundations *and*
- In-kind resources of Tennessee State Government
BSB Intentions: Transform the “4 Ps”

Trauma-informed Schools: Building Strong Brains

Governor’s Adverse Childhood Experiences Initiative

Building Strong Brains (Tennessee Commission on Children and Youth) Building Strong Brains (Tennessee Department of Education)

Building Strong Brains Training of Trainers State Level

BSB Strategies for Educators Curriculum developed

June 2017- training of trainers Trained more than 7,000 in first year

BSB Trauma Informed Schools

July 2018- Trauma informed schools application released : September 2018- Trauma informed schools selected

November-December 2018- School teams trained to redeliver
3 Year Commitments

- Form a trauma-informed schools leadership team
- Conduct a school needs assessment
- Deliver *Building Strong Brains* training to faculty and staff
- Participate in the department’s online school climate survey for students, teachers and parents
- Collect attendance and discipline data
- Focus on staff self care

Commitments

- Include information about trauma-informed practices within existing family engagement activities
- Participate in periodic community of practice calls led by TDOE
- Complete action planning tool each year to include action steps for training, data collection and analysis, staff self-care, and family engagement activities
- Participate in deeper dive into strategies in year 2 with Six Pillars of a Trauma Informed School training
Six Pillars for a Trauma-Informed Classroom

1. Interagency collaboration—participate in statewide planning groups comprised of leadership from private and public steering groups

2. Continued focus and support from executive, legislative and judicial branches of government

3. Built a cadre of trainers from all three grand divisions of the state to increase capacity for training

4. Legislative action related to trauma-informed schools

5. Whole Child is one of the three initiatives in the department’s strategic plan. Building Strong Brains is an integral part of Whole Child

6. In response to COVID and racial violence, trauma training has been the most requested training from districts in regard to Whole Child

Top Celebrations
TN AWARE’s Lessons Learned

**Mindset:** Changing the mindset of the adults interacting with young people is the first and most critical step.

**Self-Care:** Teachers and staff have embraced and appreciated the elevation of self care strategies.

**Technical Assistance and Support:** Follow up at the completion of training is critical. Find a champion in the district to assist.

**Action Planning:** Data, data, data—must be data driven!

**Community of Practice Calls:** Forming a community of practice to share strategies that work, new readings, etc., supplies an additional layer of support to continue the work.

Putting It All Together: Discussion
## The Four Dimensions of Change

<table>
<thead>
<tr>
<th>INTERIOR</th>
<th>EXTERIOR</th>
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<tbody>
<tr>
<td><strong>INDIVIDUAL</strong></td>
<td><strong>GROUP</strong></td>
</tr>
<tr>
<td>Thoughts and feelings</td>
<td>Shared purpose</td>
</tr>
<tr>
<td>Sense of identity</td>
<td>Values and norms</td>
</tr>
<tr>
<td>Motives</td>
<td>Feelings within a group – e.g.,</td>
</tr>
<tr>
<td>Imagination and dreams</td>
<td>safety, fear</td>
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<tr>
<td></td>
<td>Alignment of intention</td>
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<td>Organizational culture</td>
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<td>Budgets</td>
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<td></td>
<td>Technology</td>
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<tr>
<td></td>
<td>Systems</td>
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<td></td>
<td>Organizational structures</td>
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<td></td>
<td>Collaborative agreements</td>
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### 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/discard—give the power of choice

Others?

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/)
TIRO COVID 19 Leadership Resources

• “Leading Your People In Times of Crisis”: https://www.rootinc.com/blog/leading-your-people-in-times-of-crisis
• The National MHTTC website for COVID 19 resources: https://mhttcnetwork.org/centers/global-mhttc/responding-covid-19

Organizations to Whom We Refer for Our Learning

• PCORI: https://www.pcori.org
• Resilience Research Centre: http://resilenceresearch.org
• Adverse Childhood Experiences: ACES Too High: www.aceshigh.com & ACES Connection: www.acesconnection.com
• The Center for Nonviolence & Social Justice (Drexel University): http://www.nonviolenceandsocialjustice.org/FAQs/What-is-Trauma/41
• The Center for Post-Trauma Wellness: http://www.posttraumawellness.net/resources
• The Trauma Center at Justice Resource Institute: http://www.traumacenter.org/index.php
• The Prevention Institute: www.preventioninstitute.org
• The Center for Collective Wisdom: https://c4cw.org
• Trauma Transformed: https://traumatransformed.org
• Lumos Transformed: https://lumostransforms.com
• NCTSN Learning Center: http://learn.NCTSN.org
• National Child Traumatic Stress Network: www.NCTSN.org
• TEND: 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
**Resource:**

**Trauma-Informed Relational Systems**
**Professional Competencies for Leaders, Always**

- Demonstrate knowledge of the disorganizing effects of trauma at all levels.
- Demonstrate knowledge about and skills of offering consultation on trauma-informed systems of care and models of care.
- Demonstrate the ability to engage in interdisciplinary collaboration regarding traumatized individuals and communities.
- Demonstrate understanding that institutions and systems can contribute to primary and secondary trauma and offer strategies to reduce these barriers as appropriate.
- Demonstrate an understanding of the importance of using relational healing for relational injury (e.g., trustworthiness) and the capacity to use the relationship effectively.
- Demonstrate knowledge about the role of organizations in building resilience, prevention, and preparedness (universal precautions).
- Demonstrate the ability to consistently recognize how the cultural, historic, and intergenerational transmission influences perception of helpers.


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**Extension Activity: 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?
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**

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Thank you for attending!

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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


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The Fear of Feelings at Work (Lam, The Atlantic, 2017)


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

www.samhsa.gov

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