



## Transcript: Making the Case for Trauma-Informed Care in Schools

Presenter: Stefanie Winfield  
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ANN SCHENSKY: Good morning and welcome. We'll get started in just a minute or so.

OK, we are at the top of the hour, so let's get started. Again, hello and welcome to everyone. Our webinar today is, "Making the Case for Trauma-Informed Practices in Schools." Our presenter today is Stefanie Winfield.

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We have some housekeeping details for you today. If you are having technical issues, please individually message Stephanie Behlman or Kristina Spannbauer in the chat section, and they'll be happy to help you. If you have any questions for the speaker, please put them in the Q&A section at the bottom of your screen, and we will address them at the end of the presentation. A copy of the PowerPoint slides, as well as the recording and any additional information will be available in the MHTTC website within 7 to 10 days.

You will be directed to a link at the end of this presentation to a very short survey. We would really appreciate it if you could fill it out. It takes about three minutes, and it's how we report our activities back to SAMHSA.

We will also be using automated captioning during the presentation today, and certificates of attendance will be sent to all who attend the full session. A link will be sent to your email. If you'd like to see what else we're doing, you can follow us on social media. And if you're on our mailing list, please look for upcoming events in your weekly email.



Again, we are excited that our presenter today is Stefanie Winfield. Stefanie is an adjunct faculty instructor at the University of Denver Graduate School of Social Work. In her past role as the school mental health lead for the Mountain Plains MHTTC, Stefanie focused on providing intensive technical assistance and training to educators, teachers, administrators, and all school staff on ways to improve and enhance school mental health.

Stefanie has extensive experience working in schools promoting youth sexual health, conflict and anger management, behavioral health education, and school-based health care. With over 20 years experience working with non-profits and community organizations, Stefanie has done everything from grant management and implementation, program and outcome evaluation, to training and facilitation, so you are in excellent hands, and I will turn it over to her.

STEFANIE WINFIELD: Great, thanks so much for that introduction and for getting us started this morning. And thanks, everyone, for being here. It is a snowy, cold morning in Denver. And I hope wherever you are that you're staying warm today.

So today's webinar is, "Making the case for trauma-informed practices in schools." And to get us started, I wanted to just set this space and be prepared to talk about some things that might be difficult or might bring up some emotions for you, and so to just get us ready to put our full attention into today's training. So I invite you to close your computer if you can and to get comfortable in your chair.

Place your feet on the floor and sit up straight, feeling the support of the back of your chair. Rest your hands in your lap or in the table in front of you and letting go of anything that you're holding on to physically. We'll get there emotionally too.

And then just take a breath. Maybe in for four or five seconds, hold it for a second or two, and then release it. Trying to allow your out breath to be a bit longer than your in breath. And as you settle in, as we all settle in together, maybe take another deep breath or two, filling your belly and your back.

I know that many of us and those of you in schools especially have your attention pulled in so many different directions. So as you breathe out, focus on letting go of anything that you don't need during this training, anything that you don't need to be thinking about. Any schedules or what's coming up next and just allowing yourself to be present in this moment and open to learning.



And then when you're ready, I invite you to open your eyes again, open on your computer. Wiggle your fingers, shifting your body, and bring your attention back to the space as we get going and talking about trauma-informed practices in schools today.

So our objectives for this training are to strengthen the understanding of trauma and its impact in the classroom. To gain some strategies for addressing trauma and discuss how to design trauma-informed training and practices in your school.

So a little bit about why this is important in schools and why is it important now more than ever. So here's some data to help make the case and some data that you might need to use, or it might be helpful to use when you talk to people at your schools to make the case for training on trauma in your school or district. So trauma really is an issue that we can't ignore anymore.

Youth mental health and trauma were an issue before the pandemic, and it has been even more exacerbated. And schools are both where students are and where the impacts can be most observed or addressed of trauma.

So in a survey conducted in late March 2020, about 83% of young people with pre-existing mental health needs reported that the pandemic had worsened their mental health to some degree. The prevalence of depression and anxiety symptoms during COVID-19 have doubled.

Since COVID-19 was declared an international public health emergency, youth around the world have experienced dramatic disruptions to their everyday lives. They're enjoying pervasive social isolation, missed milestones, along with school closures, quarantine orders, increased family stress, and decreased peer interactions.

So this led to the US surgeon general to issue an advisory on youth mental health as a crisis, further exposed by COVID-19. And the prevalence of youth mental health and youth mental illness has really increased during the pandemic, and there's so much data to really show this. There's been surveys across the world to show the increase of symptoms and stress and anxiety and depression and the exacerbation of pre-existing conditions among youth.

Between one half and 2/3 of all school age children experience trauma, and more than 30% of children have multiple traumatic experiences. And these statistics don't account for the trauma of ongoing racial discrimination and microaggressions that students of color experience, nor the lasting mental



health impacts of COVID-19 pandemic, suggesting that the actual rate of childhood trauma may be much higher.

Children who have experienced trauma tend to be disciplined more often at school and are frequently labeled "the problem children." Punitive responses to trauma-based behavior can be particularly damaging to students of color, who are more likely to be suspended or expelled than their white counterparts. And without intervention, unaddressed trauma can be the first step of the school to prison pipeline.

Trauma-informed educators and schools are not about preventing bad things from happening. We don't have control over that, even if we wanted it. But it's instead about making trauma less activating for students in school.

To be trauma-informed does not require that we know another person's trauma history, just that we're being a caring adult in that student or young person's life can have immense positive impact. Being part of a protective and healing relationship can mitigate the negative impacts of trauma.

So knowing that stress and trauma impact most if not all of us, it's critical to change our mindset. And understanding the biology of stress helps us track pathways from childhood stress to undesirable behaviors and outcomes and gives us insight into how we might interrupt those pathways and reduce those harmful effects.

Schools have recognized and respond to child-- schools that recognize and respond to child trauma or students who are experiencing trauma have seen gains in student achievement and reduced incidents of delinquency. So specifically, a trauma-informed school promotes a safe and welcoming climate, seeks to create a structured and predictable learning environment that minimizes unnecessary trauma and loss reminders, focuses on building positive and attuned relationships between teachers and students and among all school staff.

Has anti-bullying and suicide prevention programs and uses the balance restorative justice approach to conflict and conflict mediation with appropriate disciplinary actions. And this is data and information from the National Child Stress Network, which I will be putting some links into the chat so you can find some of this data on your own.

So we know that everyone manifests or experiences trauma in different ways, regardless of what that trauma is and whether or not we think of it as a big T



trauma or a little T trauma. Sometimes we use that expression, the big T traumas are the things that we think of like a fire or a death of someone. And the little T traumas are sometimes with adolescents, especially things that we don't think would impact them, but are traumatic just the same. And we could put the impacts of COVID-19 and the pandemic in both of those categories in so many different ways.

So here are just some signs that students might be really suffering from the trauma that they've experienced and might need some additional help or support. And again, this is from the Child Mind Institute. Some things to really look out for when you're noticing changes in the students triggered by birthdays or fascinated by death or really obsessed with their safety.

And I know that many of you on this phone are from regions that have experienced school shootings and things that are really traumatic events for students. And so might be thinking about how to address that and what to look out for and how to talk about it. So I think that a lot of us don't know how to talk about it, and especially in schools don't know what you're allowed to talk about. And so sometimes don't talk about it because you're either experiencing it yourself or you're afraid of saying the wrong thing, or you're not allowed to say the things that you would really want to be saying.

And so while all of these are important suggestions on your screen, reassuring students that they're safe and making time to connect and talk with them, giving information in developmentally appropriate ways of reviewing the safety procedures at school or wherever they may be. And again, observing where they're at on that maintaining the normal routine.

I think I really want to focus on the social media and TV suggestion, specifically for school staff and during the day. It's a really important in limiting the viewing of events of the traumatic events in common areas or anywhere in the school. Developmentally inappropriate information can cause anxiety and confusion with students, particularly very young children. And adults also need to be mindful of the content of the conversations that they're having with each other in front of children, even teenagers, and limiting their exposure to vengeful, hateful, and angry comments that might be misunderstood.

And even going as far as resisting to checking on your phone or checking the news during the day or whatever communication outlets that you use throughout your day or during your break because it can really have an immense impact on your own or school staff's emotional state for that day. And it makes you a lot harder to be present for your students, which is already an emotionally trying task many days.



So also when young people see traumatic events on TV or social media, they can't always determine that it's the same event being shown or talked about. And they may think that this violence is happening over and over, and those images stay with young people. So it's really important to limit and eliminate the images whenever possible, which is difficult because they're everywhere.

Because you can see them in the supermarket, and you can see them wherever you are. But really making an effort, especially for young children, to avoid those really traumatic images that they might experience. And this information is from the National Association for School Psychologists, NASP, and they have some great information and some great tips for talking to children about violence.

So adopting a trauma-informed approach is not accomplished through any single particular technique or checklist. It requires constant attention, caring, awareness, sensitivity, and possibly a culture change at an organizational level. Ongoing internal organizational assessment and quality improvement, as well as engagement with community stakeholders will help to embed this approach, which can be augmented with organizational development and practice improvement.

And this is some information from the CDC'S Office of Public Health Preparedness and Response in conjunction with SAMHSA's National Center for Trauma-Informed Care. So you can find out some more information. But basically just knowing that it's not changing one thing in your school, community, or district, and that it's not something that one person or even one school culture can really do on their own. It needs to be done in collaboration in conjunction with other community organizations to really create that culture change.

So while this isn't a trauma-informed practice in schools 101 training or trauma training 101, it's important for us for today and for moving forward to have a shared knowledge and understanding of what trauma is. So I want to talk through some of the basics. If you have specific questions about trauma-informed practices, please put them in the chat. And we can also refer you to additional trauma-informed practices trainings, which there are several on our websites to review and a lot of other organizations that put on some great training on trauma if you want to learn more.

So what is a trauma-informed school? The National Child Traumatic Stress Network defines a trauma-informed school as a system in which all teachers, school administrators, staff, students, families, and community members





recognize and respond to the behavioral, emotional, and relational and academic impact of trauma, stress on those in the school system.

When a school is trauma-informed, learning is increased, students feel safe and supported, and outcomes improve for everyone. And we know now more than ever that all students need and will benefit from being in a trauma-informed school. So as we talk about trauma today, I'm using this framework of the HEARTS principle from Resilient Futures, in which we'll put the link in the chat.

HEARTS Stands for Healthy Environments And Response to Trauma in Schools. And this framework talks about six guiding principles to trauma-informed practice, which is understanding trauma and stress, cultural humility and equity, safety and predictability, compassion and dependability, resilience and social emotional learning, and empowerment and collaboration as the real tenants to a trauma-informed approach. So there are many different definitions of trauma. This one is from SAMHSA, and it's universally recognized and used.

When a child feels intensely threatened by an event that they are involved in or witness, we call that event a trauma. There's a range of traumatic events or trauma types to which children and adolescents can be exposed. And again, that's that big T, little T.

So I'd love it if you have any reactions to this definition, or if there's any other definitions that you use. It's love it if you share that chat with us. Yeah.

So I wanted to show you a video. This is a video that Oprah did for 60 minutes talking about trauma-informed practices. So we'll go onto that for a minute.

[VIDEO PLAYBACK]

- A Correspondent Candid with Oprah Winfrey.

- Oprah, your story for 60 Minutes this week is about childhood trauma.

- Mm-hmm.



- And there's a lot of new science here about trauma-informed care. For anyone who's dealing with a traumatized child, what can they learn from your story?

- Well, I think that this story is going to-- it is my hope that our story on trauma-informed care will not just be impactful, but will also be revolutionary. It certainly has caused a revolution in my own life. And I was struck by the story because it reminded me of my own childhood growing up in Milwaukee.

It's not lost on me the irony of being back in the same city, Milwaukee, where I grew up on welfare, poor, a lot of negative experiences, sexual abuse and all of that. What's the difference between a really bad childhood and being able to overcome that and a traumatic childhood and someone not being able to overcome that?

- Really, it boils down to something pretty simple.

- And the answer that Dr. Bruce Perry gives you is relationships.

- If you also have opportunities to be connected to people in positive ways, that can buffer some of those effects. And as you get older--

- I'd like to know more about that.

- What he really means is love. He's a scientist, he's not going to use the word love, but it really is about how you are responded to, valued, trusted, and loved by those around you. So I didn't get it from the people who I felt I should have gotten it from. It can be anybody who cares enough about you to ask the question, what happened to you?

- Could you trace back in your mind, it was that person who--

- I know exactly who did it. I know exactly the moment I started to feel valued, and for me, it was school.

I wanted to be a fourth grade teacher because of Mrs. Duncan. And I haven't seen Mrs. Duncan since then, and Mrs. Duncan is here today. Mrs. Duncan!





The moment I felt the most value was in my fourth grade class when Mrs. Duncan said to me, I was the one who was chosen to lead the class in whatever it was.

So what was I like? I don't-- I don't really remember it. I do remember you. That was--

I remember, you were such a fluent reader.

- Well--

- Oh, if I had had a class full of students like Oprah, I would have been floating on the air.

- Mrs. Duncan instilled in me this sense of believing that I mattered. And that is what every human being is looking for.

When you first heard that I had like done something in life, did you know that it was me?

- Yes. I kept it with you without your being aware of it.

- And it was Mrs. Duncan who helped heal you?

- For me, yes. It was Mrs. Duncan, and then it was my sixth grade teacher, Mr. Graham. It was school that made me feel a sense of value and connection.

- You learned a lot on this story?

- Oh, I learned a lot on this story. This story was life-changing for me.

- Life-changing, really?

- Life-changing. And people use that word rhetorically, life-changing. It's changed the way I operate with-- in my business, with my people, with my school.



1, 2, 3--

- Hey!

- You say that the most important question to ask of people who have gone through trauma is not what's wrong with you, but what happened to you?

- Yeah.

- Yeah.

- Yeah.

- So when you see a church being shot up or you see all of the headline-making stories of people seemingly gone mad, your first thought is, what happened to that person?

- Right, right.

- What has been life-changing for me is the question, what happened to you? Not what is wrong with you, but what happened to you? Which is an important question not just for people who have been so-called traumatized, but it's the most important question you can ask of anyone. I can say that of all the stories I've ever done in my life and all of the experiences I've ever had and people I've interviewed, this story has had more impact on me than practically anything I've ever done.

- It's changed the way you see everyone?

- It's changed the way I see everyone. So when I have an employee who is acting out of line or who is just being a jerk, I don't think, what's wrong with that guy? What's wrong with that girl? What's wrong with that-- but I think, I wonder what happened to them. I wonder what happened to them. I wonder what happened that caused them to behave that way. That's what this story did for me.

[END PLAYBACK]



STEFANIE WINFIELD: So I'd like to hear any of your thoughts or reactions to this video. I probably watched it upwards of 20 times and I get teary every time I watch it when Mrs. Duncan comes on stage. So any reactions to that? But really, Oprah really highlights that by saying that the story was life-changing because she's talking about this fundamental mind shift that we need to have to the work of trauma, and moving from asking "what is wrong with you?" to "what's happened to you?"

And that's really one of the most important changes that we can make, it's the most fundamental change that we can make and it opens our understanding of trauma. Oprah and Bruce Perry have a new book. If you're interested, we'll put the link in the chat. I'm not promoting it or-- promoting Amazon in any way, but it is a really great book that shares a lot of stories about trauma and gives us some even deeper understanding.

So without understanding trauma and stress, we're more likely to misinterpret trauma-related behaviors as willful or crazy-- I use that word lightly. Which can lead to ineffective and stigmatizing or punitive reactions to trauma-impacted people. So we know it's really difficult to talk about trauma. However, the prevalence of experienced trauma is much higher than people often realize, and now more than ever, we need to be talking about it in schools and with everyone that we know.

Because understanding how trauma and stress affect individuals, relationships, organizations, health, and work can help us to reframe otherwise confusing or aggravating behavior in both students and adults. And it assists us to recognize trauma's effects more accurately it leads to more compassionate, strength-based, and effective responses to trauma-impacted people that promote healing instead of inadvertently retraumatizing and causing harm.

And when we choose not to talk about the existence of trauma, we engage in a conspiracy of silence that perpetuates and allows for children and adolescents to continue to experience trauma and to experience that alone. So we're going to talk a little bit about stress and its relation to trauma.

So let's picture for a moment a zebra on the Savannah. And all of a sudden the zebra is being stalked by a lion, and it goes into the fight or flight, and most likely goes into flight. And in an all-out escape for its life for three minutes, it is running for its life. After those three minutes, the zebra is either dead or it's safe and back on the Savannah.



The zebra's stress response kicks in when is being chased by the lion, and when the zebra escapes, the stress response shuts off. In between predation attempts, the zebra is at ease. It doesn't flood itself with stress hormones wondering about when the next lion is going to show up. And so this is based on the book and work of Robert Sapolsky, which we'll also put in the chat. So in contrast, let's look at the stress response of humans.

So in comparison, we all experience stress. Stress is the body's physiological and cognitive response to situations and events that we perceive as threats or challenges. Stress is a normal part of life, and learning how to cope with stress is important part of development. So a positive stress response is a normal and essential part of healthy development. It's characterized by brief increases in heart rate and mild elevation and hormone levels.

Some situations that might trigger a positive stress response are the first day of school or going to a new job or maybe giving a webinar today online. Tolerable stress response activates the body's alert systems to a greater degree as a result of more severe or longer-lasting difficulties, such as the loss of a loved one, or a natural disaster, or a frightening injury.

If the activation is time-limited and buffered by relationships with adults who help the child adapt, the brain and the other organs recover from what might otherwise be damaging effects. The stress response in our body is our body's natural reaction to stressful events. The brain becomes aware of potential threat and send signals to the body to prepare for a potential need to take action, and that's that fight, flight, freeze, or-- yeah, response in our bodies.

Our body, in turn, produces a number of stress hormones like cortisol and adrenaline and neurotransmitters that increase the heart rate and respiratory rate. A stress response is on an unconscious response to protect us from potential danger. And the body's stress response is intended to be short-lived and return back down to baseline.

However, strong, frequent, and prolonged activation of the stress response system in the absence of support is referred to as toxic stress response. So being in this constant state of fight or flight changes how the brain operates in ways that can have significant negative effects on all aspects of development across the lifespan.

The brain responds to these circumstances by organizing itself around surviving at the expense of developing skills associated with positive development and resilience. Several adverse life events that may contribute to a toxic stress response include neglect or abuse, divorce or separation,



death of a loved one, exposure to domestic violence, incarceration of a parent or family member, neighborhood violence, extreme poverty, parent-- or family member abusing drugs or alcohol, and not having those adults that you look to for support be the ones to provide support and often be the ones that are causing the trauma.

So the window of tolerance is a term that's coined by Dr. Dan Siegel that's now commonly used to understand and describe the normal brain-body reactions, especially following adversity. It's a term that describes the range in which a person can function most effectively. When people are within this range, within the window of affective tolerance, they are typically able to receive process and integrate information.

When they're in hyperarousal, which is characterized by excessive activation or energy often in the form of anxiety, panic, fear, hypervigilance, anger, agitation, this keeps our system and stuck in the "on--" on the "on" mode. And impacts our ability to relax, often making it difficult to sleep, eat, digest food, and manage our emotions. Often students that are most on our radar are in the state of hyperarousal as they may be externalizing their behaviors.

Hypoarousal may occur when we have too much arousal surpassing the limit of the pain or emotional overwhelm that our body and brains can tolerate, causing us to plunge into a state of hypoarousal, which is the shutting down or the disassociating. In this state, our system can become stuck on the "off" button, characterized by exhaustion, depression, flat affect, numbness, disconnection, disassociation, and hypoarousal impacts our sleep in that we may want to sleep all the time. It impacts our appetite and digestion as well, it makes us feel emotionally deadened.

And in school settings, this can be misinterpreted for students that are unmotivated, disengaged, or don't care about learning, and often these students fly under our radar. So given the stress that we all are collectively under currently, most of us have a thinner window of tolerance than we used to.

So widening this lens for students, families, and our colleagues and ourselves, we may not have as much capacity as we did in the past, so we want to figure out how to engage in activities that widen that window of tolerance for everyone. And we'll talk about some of those activities in a moment.

So how trauma impacts learning. So learning to read, write, take part in discussions, solve mathematical problems rests on many underlying



foundations like organization, comprehension, memory, the ability to produce work, engagement in learning, and trust. Another prerequisite for achieving classroom competency is the ability to self-regulate attention, emotions, and behaviors.

So not surprisingly, trauma resulting from overwhelming experiences has the power to disturb a student's development of those foundations for learning. It can also interfere with the capacity for creative play, which is one of the ways that children learn to cope with problems of everyday life and interact with their peers. And this information is from trauma-sensitive schools.

So it's important that we recognize and be aware of the effects it impacts of stigma and racism as well, as well as all kinds of oppression and historical trauma and how these impact our students, too. So given all this information, you've probably seen some of these behaviors in your classroom that either you knew were related to trauma or now that you're thinking maybe they were related.

So love if you would put it in the chat some of the behaviors you've seen in your classroom that may be a trauma response or may be missed-- or may have been misinterpreted as misbehavior. So what are some of the ways that this looks like in your classroom? And I'll give you an example and then maybe we can share some of what we're seeing in the chat.

So witnessing family violence and being scared about people getting hurt may impact how a student reacts to events in school. For example, if another student bumps into them, it's possible the student will misinterpret the unexpected contact as threat and react by fighting or hitting the other student.

The same student can hear a loud noise that they misinterpret as someone yelling or threatening-- or a threatening sound, and their limbic system can activate a flight response, which can cause the student to scream or run out of the class. Who are the same student to be-- also respond by freezing. Or they could interpret a redirection from teacher as a threat and may put their head down on their desk or refuse to speak.

So while all these responses look different, the event and experience were the same. So as teachers, it's important to be aware of the source of student behavior so that we can respond in caring and helpful ways. So I'm wondering if we could hear what some of the things that you put in the chat.

ANN SCHENSKY: I can read some of them out.





STEFANIE WINFIELD: Yeah.

ANN SCHENSKY: Running away and hiding, lying about where they are going, physical violence, not completing assignments, daydreaming, withdrawn, and unable to concentrate, excessive sarcasm or humor, bullying, attention-- or acting out and attention-seeking. So great.

STEFANIE WINFIELD: Yeah, thank you. Yeah. So those are all things that could be behaviors that could be misconstrued or misunderstood as just acting out, but when we were able to think of them in context of trauma and what happened to you, then they start to be-- make some more sense and we're able to think about how we can support students in different ways.

So moving on to best practices and talking about how we can support students. Some of the best practices for trauma-informed schools are integrating and teaching and using throughout the whole school social-emotional learning skills, creating safe and supportive classrooms, reducing stigma by talking about trauma and mental health, clear expectations and communication, and building resilience in young people through supportive relationships.

So the presence of caring and supportive relationships, mitigate the effects of stress and promote lifelong, healthy development. Positive environments and relationships actually catalyze learning. And so we talk-- resilient futures, again, talks about these three skills of connection, coping, and competence that really helps students build resilience.

And there's this emphasis on relationships being the cornerstone of a trauma-informed approach. That connection is everything. So as we address learning loss of these past two years and the inconsistencies of school for our students, we also need to assess loss of relationships and the social-emotional learning skills and work how we're going to build those back up as we're also building back up the academics. We need to make relationship-building and relational practices a priority because we know how important they are to students' ability to learn.

One way to make connections and build relationships is through self-regulation and co-regulation, and that's really about modeling the skills of self-regulation to our students and being honest about how we're feeling so that students can see that, one, it's OK to feel and that we all do, and also how we handle those feelings and seeing that modeled in a positive way.



The picture on the right of your screen is from a video from a program called Classroom WISE which is an online mental health literacy program also put on by the MHTTC Network. And it's a really great resource, three-to-six-part course, there's also all these videos, and this video is specifically on self-regulation. And so you can use the videos regardless of whether or not you take the course to just have little snippets of information, to have discussions with staff in your school about some of these different practices. And we'll put a link to Classroom WISE in the chat as well.

So another thing that I really like is a portable practice. So things that you can do to help regulate your own emotions anywhere, anytime. When you're walking down the hallway, when you actually maybe have a moment to yourself throughout the day to have a break. So they can be little things such as putting your hand on your chest or rubbing your fingers together and taking your taking the attention out of what the thoughts that are going in your brain and just taking it to a very physical sensation.

Many people find breathing exercises really helpful, so using one that you really like, if it's belly breathing or box breathing or dragon breathing. Mantra is something that you tell yourself over and over again that helps you-- I can do this, I can do this, I can do this. Gratitude practices. So having just little things or paying attention to what's around you and being grateful for that.

So having these things in advance, knowing what your portable practice is so that when you are feeling emotionally dysregulated, you can just pull those up immediately. So I love to hear, again, in the chat what are some that you have used or that you find really helpful. So if you'd like to share some of your portable practices with all of us so that we all can maybe get a few more tools in our toolbox.

So now that we really discussed what trauma-informed practices are and why it's so important to integrate them in their school always, and especially in the context of now that we've been living in for these last two years, we're switching gears a little bit and talk about how to do this, how to make this a priority in your school or your district.

So you may already have known or been convinced of why this approach-- a trauma-informed approach is so vital in your school. Or maybe this webinar and some of this data and content has helped to convince you. But now, how are you going to convince others? Or maybe they are already are convinced that this is important, but with so many competing priorities, they haven't been able to-- no one's been able to move to a place of action and change.



So what is it going to take to move that needle to get people to a place of action to integrate some of these practices or even just start talking about or do some training on trauma-informed practices? So that's one of the reasons I started with a lot of data for you, because the data really helps us to illustrate why trauma-informed practices are important always, and why they are really important right now.

And knowing that trauma-informed practices don't just help and impact students who have experienced trauma, but it's really the universal approach. It's a tier 1 approach and all students benefit when trauma-informed practices are part of their school climate and school culture. And all staff benefit, too.

And so as schools are talking about being more aware of staff wellness and wanting to bring in those practices, one way that they can do that in a really meaningful, comprehensive way is to adopt a trauma-informed school, and then all students and all staff really will benefit from that. So let's see if I can do this.

We put a link to a Padlet, and I'll pull that up in a moment, but I'd love to hear both some of the arguments that you-- or not arguments, but some of the resistance maybe or some of the reasons that staff in your school or admin or other teachers or the community have brought up when you or when you think about bringing up trauma-informed practices training or adapting to trauma-informed practice framework in your school, what are some of the arguments or what are some of the resistance that you've heard and what you can say in response?

So we're going to pull up-- there's a link to the Padlet in the chat, and I'm going to attempt to pull that up. Can you see that?

ANN SCHENSKY: Yeah, it looks good.

STEFANIE WINFIELD: Perfect. So you can read in here, what are some of the concerns or resistance that you have heard from admin or you anticipate hearing from admin to make the case for trauma-informed training? And then also, what are some of the responses that you might have to those concerns? So I'll give a minute for everyone to pull that up and share some of this with the rest of our learning community today.

All right. Wait, I still see people get-- oh, there we go. People are working on it. So we'll read a couple and then we'll go-- keep going-- a little



more content and then we can come back to this and see what are some things that you've put up. So I see teachers, compassion. Oh, here we go.

Anticipated resistance is lack of funding. Already full professional development agendas. Staff have their own unresolved trauma that may cloud their judgment and acceptance of others. Yeah, that is a really powerful one. And it's something that we definitely do need to talk about and we'll talk about it in a minute.

But this is a triggering-- this can be a triggering content for a lot of people, especially when they have had their own trauma unresolved or are unable to address some of that themselves. But there's so much in here in different ways of really focusing on the relationships and resilience that can be really healing for teachers without them having to have to talk about their own experiences in that way of feeling support from other staff.

Because everybody is being more compassionate and more accepting and more healing and actually being willing to talk about some of this often can help some of that personal things that have been stuck inside and talked about because of stigma. Having enough teachers in the classroom and getting the right training in schools.

Not enough time in the day. It's just one more thing to do. Yeah, so these are a lot of the kind of resistance that we typically hear, especially now where there's so much-- and I know schools are so overwhelmed and teachers are so overwhelmed. And it's hard to make the case for something that feels like one more thing.

And the data really does show us that if we are able to invest some time upfront, that we save so much time at the end-- or not at the end. We save-- we are able to increase outcomes of learning and participation and saved classroom instructional time because we're addressing the behaviors and we're addressing the emotions of our students upfront.

So thank you for participating in the Padlet, we can come back to that. We're going to go back, have a little bit more-- oops, I didn't mean to do that, sorry. OK. So knowing what some of the resistance that you might experience could be, it's helpful to then have some ways to address that resistance. And one important way, I think, is having some data. Knowing what it is that is needed, knowing what it is that or some of the issues that you're seeing. So having the data really gives us direction and the specific asset requests for training to know what is needed.



So rather than thinking of the whole spectrum of trauma-informed care-- or trauma-informed practices in school or adapting a trauma-informed school, you can present a case for what you're already doing well and where additional learning might be helpful. And so that way, you can prioritize pieces of training so it feels a little bit less overwhelming or less like one more thing to try to fit into the day.

So some questions to really look at to know where to focus are what does your community need? What are you doing well already? What areas could you use more support? And then what are families and students say and how do all of this? So you may have the answer to some of these or all of these questions. You may have that answer in your school level or local level or your district, region, state, national. It's really finding the data that's going to be most compelling to help make your case to help know what it is that your school or your district or community really needs.

So I'm going to share a few tools with you that have been found useful for collecting some of that data. So this first one is from the Trauma Responsive Schools Theory of Change Toolkit, which was created by the Colorado Office of Behavioral Health. And there's a Colorado version as well as a national version.

And it's a very big toolkit and goes through and addresses on a very systems level how to make changes necessary to have a trauma-informed school. One of the great tools in this toolkit is a needs assessment tool so that you really can look at the areas that you're doing well and what areas you can improve. And then you also can determine what areas are the priorities or urgency to address now and what areas maybe we can focus on in another time.

And so this can be something that you fill out individually or you fill out as a team or your mental health team or whatever. Teams are already set up in your school that do this kind of work and fill this out together, and it's great to have input from different stakeholders to really get a full picture of what it looks like in your school and where the attention should be focused.

Another great resource is the SHAPE system, which I hope you're already familiar with. If not, welcome. I hope that you check this out because there's so much great information there. It's created by the National Center for School Mental Health, and it is a free assessment-- oh, there are so many different resources, but there's free assessments and measures.

So you can look at school mental health across the spectrum. You can answer these questions individually or as a school team, again, to really



support your school mental health quality improvement. Additionally, there's a free assessment and screening library. So one other way to get data to really make the case for trauma-informed practices in your school is to do some student screening, and that's a whole other big topic of conversation.

But if you are ready or thinking about doing some universal screening in your school, there are some great social-emotional learning screeners as well as screeners for depression and suicide and trauma. But once you do decide to screen, then you need to make sure that you're prepared to address the findings that you have, and then you have that support available and appropriate referrals in place.

So one of the tools on the SHAPE system is a Trauma Responsive Schools Implementation Assessment. And so this is specifically around trauma and there's surveys for each of the following on the whole school safety planning, whole school prevention planning, whole school trauma programming, classroom strategies, prevention, early intervention, trauma planning, targeted trauma-informed programming, and staff self-care.

So you can do some or all of these to really get information on the areas that you want to focus on and then be able to present that data to the decision-makers in your school to determine really what are the next steps. And then lastly, once you've made the case and have staff and admin on board to do some training, then you get into the more practical issues.

So when will you do the training? Like what time of year are you going to do this and when in the day I'm going to do this? And those are important considerations both for some of the things that came up in the Padlet about staff triggering their staff's own experience and how that's going to impact them. So when they're going to be in a place of this is going to be a safe and supportive place for staff as well.

How much time do you have? Do you have an hour for training? Do you have five hours? Do you have a whole day? So this will really help you prioritize what content to present. Again, and using the needs assessment data that you've collected also will help prioritize content to focus on and how to really honor people's time so that you're not presenting content that they already know and that's a great way to lose focus. So really honoring by presenting the content that is new and is requested and will be most impactful.

Will you facilitate alone or we have a co-facilitator? So I think a co-facilitator is a big asset both for trainers and for participants to hear different voices, to





hear different energy, to hear different experiences and how those different perspectives bring-- what those different perspectives bring to the content.

And then again, as came up in the Padlet, it's really important to have trigger warnings and be prepared to support staff if they're challenged by the content. And they may be challenged by the content personally because of experiences, or they may be challenged by the content because it's hard to acknowledge how they have contributed to a student's trauma response or to just even learn a little bit more and put into context what their students may have been going through. So a lot of things to consider.

That was a lot of content that I went through. I really appreciate you all-- your participation in the chat and in the Jamboard. I have some information up here. Sarah Parker-McMinn is the school mental health lead for the Great Lakes Mental Health-- the Great Lakes MHTTC, and she is a great resource to you. So if you think about-- start thinking about what additional training might be helpful to you or what additional information or resources that you need, Sarah is a great contact for you.

We also have, as we mentioned, the Classroom WISE, which is another great resource for schools. Mental health literacy and ways that your ideas and ways that you can kind of do that as a school together as a learning professional development opportunity. You can do that independently. So I think we have a little bit of time for questions, and I'm happy to answer any questions. I will stop sharing my screen, and happy to take any questions that have come up.

ANN SCHENSKY: Stefanie, we do not currently have any in the Q&A, but if anybody has questions, they can either type them into the Q&A or raise their hand and we-- or put them in chat. Any of those. And just a reminder to people, we gave you a lot of amazing resources, lots of links and books and options for you. Those will all be included in a document at the end of the PowerPoint slides that we post on our website.

So if you missed any of them or you wanted to go back, we will have them available to you when we post the slides. And it usually takes about a week to get the presentation and the PowerPoints up on the website. So again-- and Sarah's email is in the chat. So if you have any questions specifically.

And there are-- I'm just trying to see if there's some things on the Padlet that we haven't addressed. Overlooking of traumatic events due to family dynamics or child's good or bad experiences. I think that's a new one.



STEFANIE WINFIELD: I hope that you found some information, some nuggets maybe to feel like you can address some of these areas of resistance or some of these comments that you feel from staff. I think there's another new one that came up in comparison to academics and meeting requirements, it isn't important enough to bother is maybe some attitude or even words that you're hearing from administrators or others in the school.

And I think that's a realistic one, because as you already said and as we've seen, that there is so many competing priorities and there's so much being put on everyone right now to address them that sometimes these mental health or ones that feel like they're not as important because we're not being-- they don't show up in our testing results or they don't show up in any kind of things that we need to report on, and so we can prioritize them.

And I think, again, going back to some of that data, how we also-- we can't continue to ignore the statistics and what we're seeing around mental health of their students, and if we don't acknowledge that, then we're not really ever going to be able to make the kind of impact that we want to make on the academic side as well.

So if there aren't any additional questions, I want to thank you so much for your time today and for joining us. And I hope that this started to open some ideas, open some windows for you to think about how you might bring some of this content, some of this training to your schools. And again, please reach out with any additional questions or needs for support. And reach out to Sarah, Sarah or anyone at the Great Lakes MHTTC. Thanks so much, and I hope you all have a great day.

ANN SCHENSKY: Thank you, Stefanie. And again, we will post all of this information, and we really appreciate all of your time. And thank you again, Stefanie, for another fantastic presentation.

STEFANIE WINFIELD: Great. Thanks so much.