

Becoming a Trauma Informed Administrator

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Mountain Plains (HHS Region 8)

MHTTC

Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

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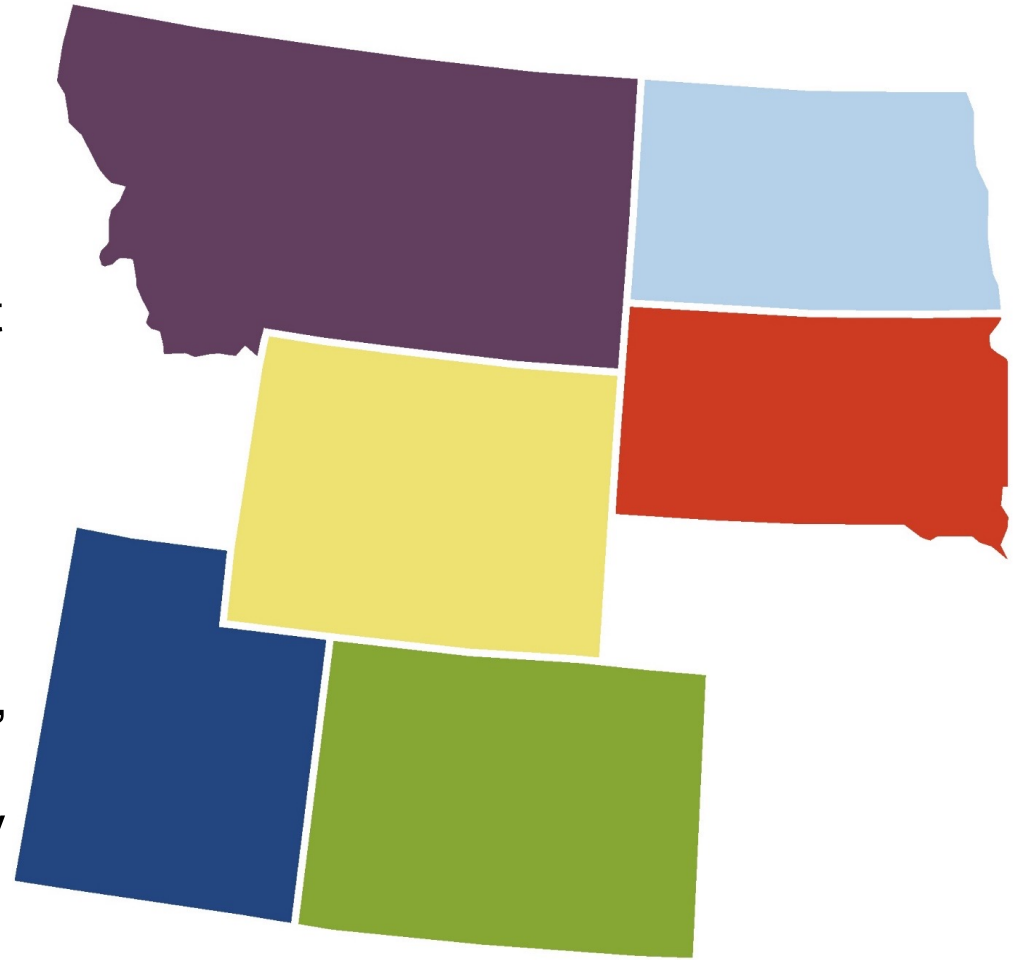
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The Mountain Plains Mental Health Technology Transfer Center

The Mountain Plains Mental Health Technology Transfer Center (Mountain Plains MHTTC) provides training and technical assistance to individuals who serve persons with mental health concerns throughout Region 8 (Colorado, Montana, North Dakota, South Dakota, Utah and Wyoming).

We belong to the Technology Transfer Center (TTC) Network, a national network of training and technical assistance centers serving the needs of mental health, substance use and prevention providers. The work of the TTC Network is under a cooperative agreement by the Substance Abuse and Mental Health Service Administration (SAMHSA).



The MHTTC Network uses affirming, respectful and recovery-oriented language in all activities. That language is:

STRENGTHS-BASED
AND HOPEFUL

INCLUSIVE AND
ACCEPTING OF
DIVERSE CULTURES,
GENDERS,
PERSPECTIVES,
AND EXPERIENCES

HEALING-CENTERED AND
TRAUMA-RESPONSIVE

INVITING TO INDIVIDUALS
PARTICIPATING IN THEIR
OWN JOURNEYS

PERSON-FIRST AND
FREE OF LABELS

NON-JUDGMENTAL AND
AVOIDING ASSUMPTIONS

RESPECTFUL, CLEAR
AND UNDERSTANDABLE

CONSISTENT WITH
OUR ACTIONS,
POLICIES, AND PRODUCTS

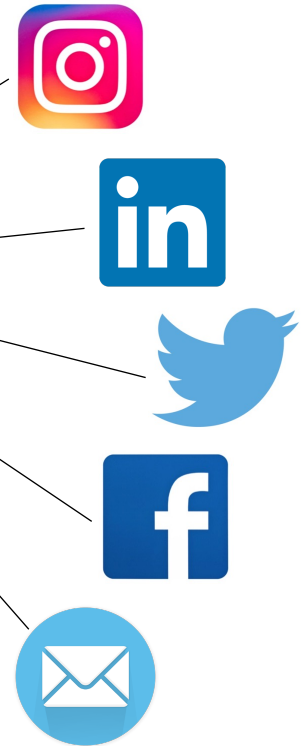
Land Acknowledgement Statement

Today, the University of North Dakota rests on the ancestral lands of the Pembina and Red Lake Bands of Ojibwe and the Dakota Oyate - presently existing as composite parts of the Red Lake, Turtle Mountain, White Earth Bands, and the Dakota Tribes of Minnesota and North Dakota. We acknowledge the people who resided here for generations and recognize that the spirit of the Ojibwe and Oyate people permeates this land. As a university community, we will continue to build upon our relations with the First Nations of the State of North Dakota - the Mandan, Hidatsa, and Arikara Nation, Sisseton-Wahpeton Oyate Nation, Spirit Lake Nation, Standing Rock Sioux Tribe, and Turtle Mountain Band of Chippewa Indians.



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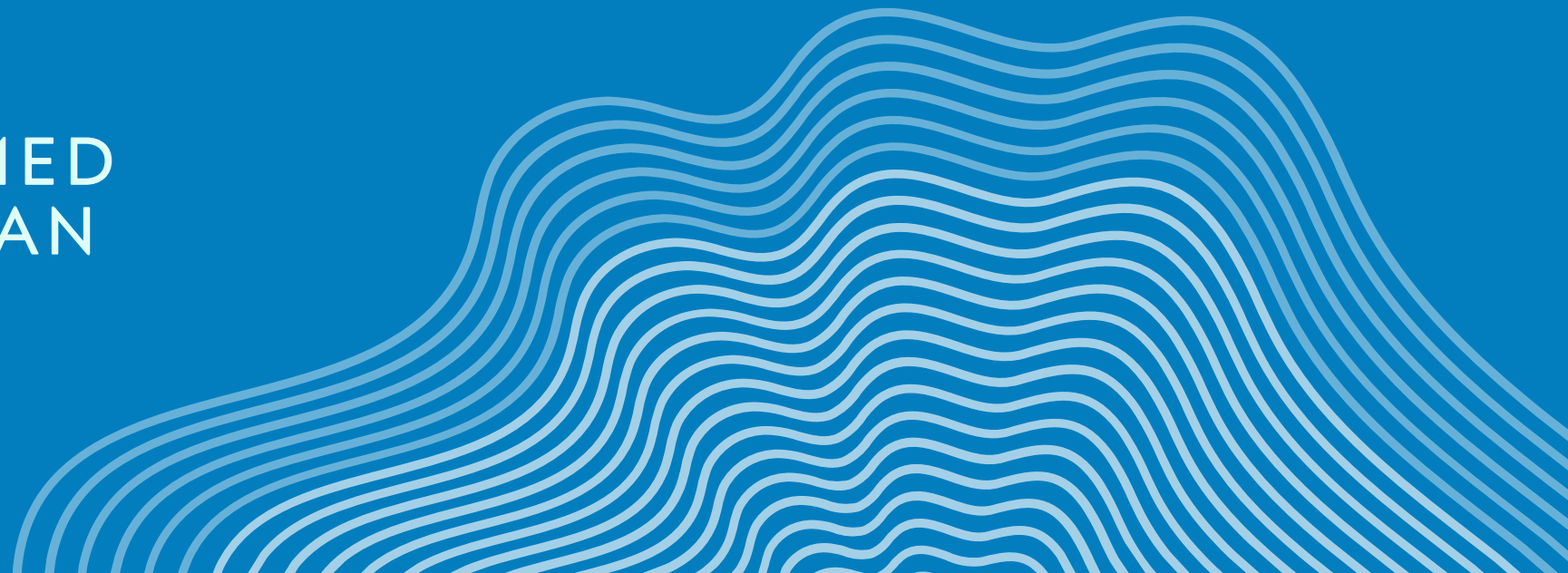




BECOMING A TRAUMA INFORMED ADMINISTRATOR

DR. CYNTHIA E. GUZMÁN

SERIES:
TRAUMA INFORMED
SCHOOLS WITH AN
INDIGENOUS
PERSPECTIVE



- Trained in New Mexico
- Clinician, Administrator, Grant Writer, Supervisor and Consultant in Native Country for over 15 years
 - Tribal Programs
 - IHS Clinics
 - 638 Clinics
 - Tribal Schools
- Established the first and only case management program for SMI/SED on a tribal reservation in New Mexico to date.
- Co-own consulting firm to advance healthcare in tribal communities
- Formerly sat on the CMS Tribal Technical Advisory Group - Behavioral Health subgroup
- Most importantly, lover of red chile stew, fry bread, and all things feast.

Cynthia E. Guzmán, PhD, MSCP


LICENSED PSYCHOLOGIST & CONSULTANT


LAND ACKNOWLEDGMENT

I acknowledge I am on stolen land of the original peoples of New Mexico- the Pueblos, Navajo, and Apache. I honor the land itself and those who remain stewards of this land throughout the generations. I acknowledge the inherent wisdom of the indigenous ancestors, elders, communities, and the gifts they have shared with me. Indigenous peoples have persisted despite ongoing colonialism, racism, genocide, and will continue to persist.



AGENDA

- Introductions
 - Elements of a Trauma Informed School
 - The Shift of Focus
 - Trauma 101, Brief Review
 - Trauma-Affected Students & the WHY
 - Guiding Principles
 - Practical Solutions
 - Closing
- 

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1. Identifying and assessing traumatic stress.
 2. Addressing and treating traumatic stress.
 3. Teaching trauma education and awareness.
 4. Having partnerships with students and families.
 5. Creating a trauma-informed learning environment (social/emotional skills and wellness).
 6. Being culturally responsive.
 7. Integrating emergency management & crisis response.
 8. Understanding and addressing staff self-care and secondary traumatic stress.
 9. Evaluating and revising school discipline policies and practices.
 10. Collaborating across systems and establishing community partnerships.

ELEMENTS OF A TRAUMA INFORMED SCHOOL

SHIFTING OUR FOCUS

- Realizing the widespread impact of trauma and understanding potential paths for recovery;
- Recognizing the signs and symptoms of trauma in individual clients, families, and staff;
- Integrating knowledge about trauma into policies, procedures, and practices; and
- Seeking to actively resist re-traumatization (i.e., avoid creating an environment that inadvertently reminds patients of their traumatic experiences and causes them to experience emotional and biological stress).

“What’s
wrong with
you?”

to

“What
happened to
you?”

HOW DO WE DEFINE TRAUMA?

Trauma results from exposure to an incident or series of events that are emotionally disturbing or life-threatening with lasting adverse effects on the individual's functioning and mental, physical, social, emotional, and/or spiritual well-being.

Acute trauma results from a single incident.

Chronic trauma is repeated and prolonged such as domestic violence or abuse.

Complex trauma is exposure to varied and multiple traumatic events, often of an invasive, interpersonal nature.

Historical trauma is multigenerational trauma due to oppression and colonization




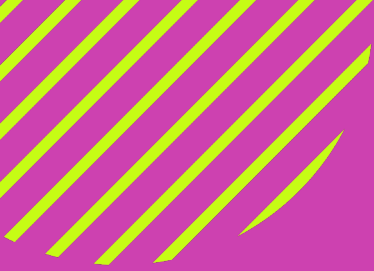
A CHALLENGE TO TRANSFORM YOUR SCHOOL

- Trauma-affected students show:
 - Sudden changes in behavior
 - Social withdrawal
 - Violent outbursts
 - Self injurious behaviors
 - Truancy



WHY IS THIS IMPORTANT

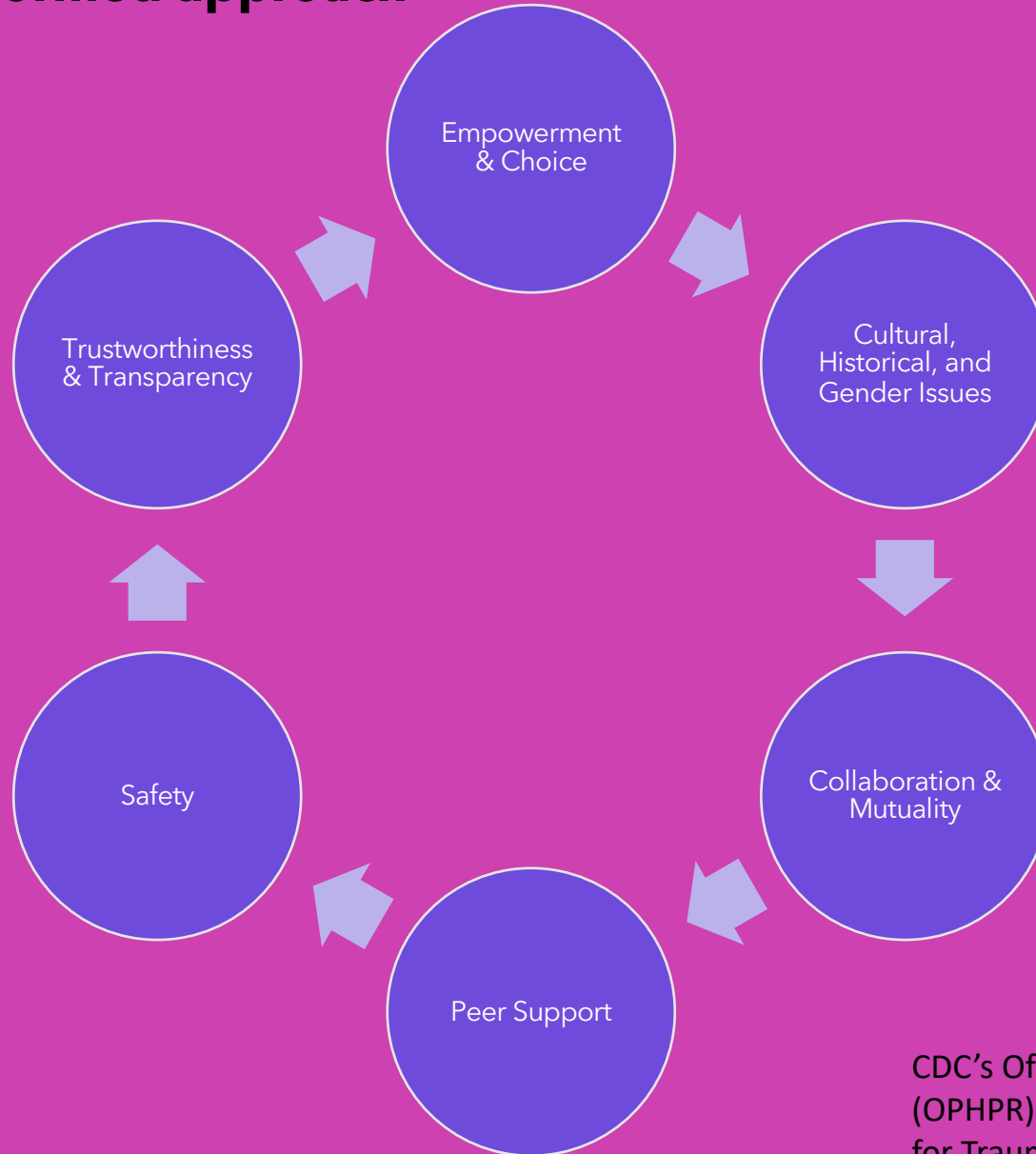
- Children who experience ***adverse childhood experiences***
 - More likely to exhibit negative behaviors
 - More likely to develop risky behaviors
 - More likely to develop negative health consequences
 - More likely to have a reduced life expectancy
- 



**HOW DOES ADMINISTRATION
REACT?**

WHAT WOULD BE MORE HELPFUL?

Six Principles to guide a trauma-informed approach



CDC's Office of Public Health Preparedness and Response (OPHPR), in collaboration with SAMHSA's National Center for Trauma-Informed Care (NCTIC)

- ❖ Paid professional development opportunities
- ❖ Trauma-sensitive focus in the curriculum
- ❖ Feeling safe in the school environment
- ❖ Knowing normative/development behaviors versus trauma induced behaviors
- ❖ Resolution conflict skills and de-escalating training
- ❖ Have resources available, especially for after school options
- ❖ Support models not just in the classroom but in the cafeteria, playground, hallways, school bus, main office
- ❖ Promote self-care among the staff and teachers
- ❖ Collaborate with the family and other partners

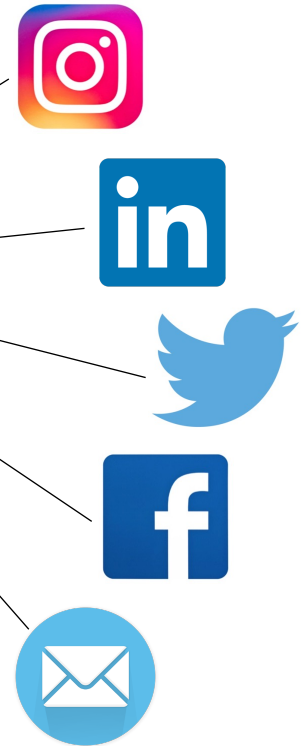
Practical Solutions that Work



**QUESTIONS?
COMMENTS?
FEEDBACK?**

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THANK YOU!



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