

Trauma Informed Program Development

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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

Disclaimer and Funding Statement

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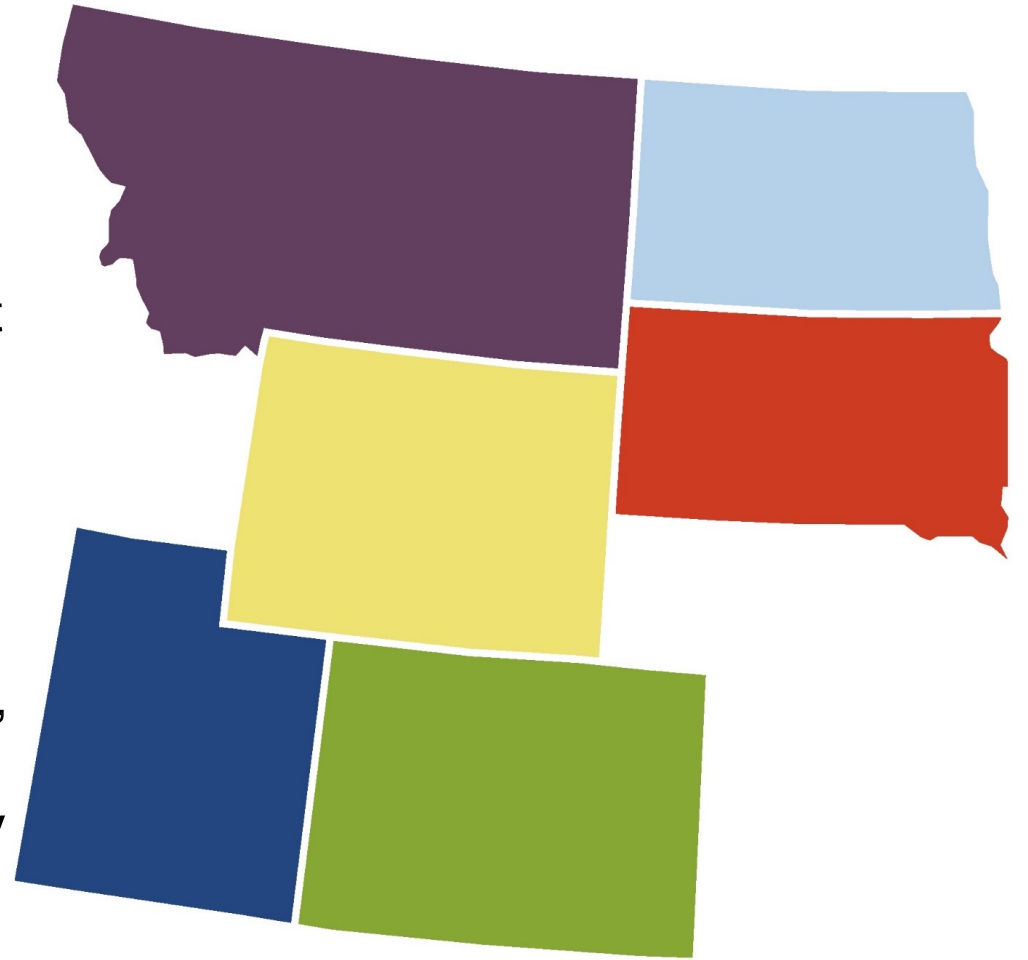
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The Mountain Plains Mental Health Technology Transfer Center

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).



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.



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

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TRAUMA INFORMED PROGRAM DEVELOPMENT

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
 - The Shift of Focus
 - Elements of a Trauma Informed School
 - Trauma 101, Brief Review
 - Guiding Principles
 - Things to Consider in Building a Program
 - Closing
- 

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?”

-
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

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.

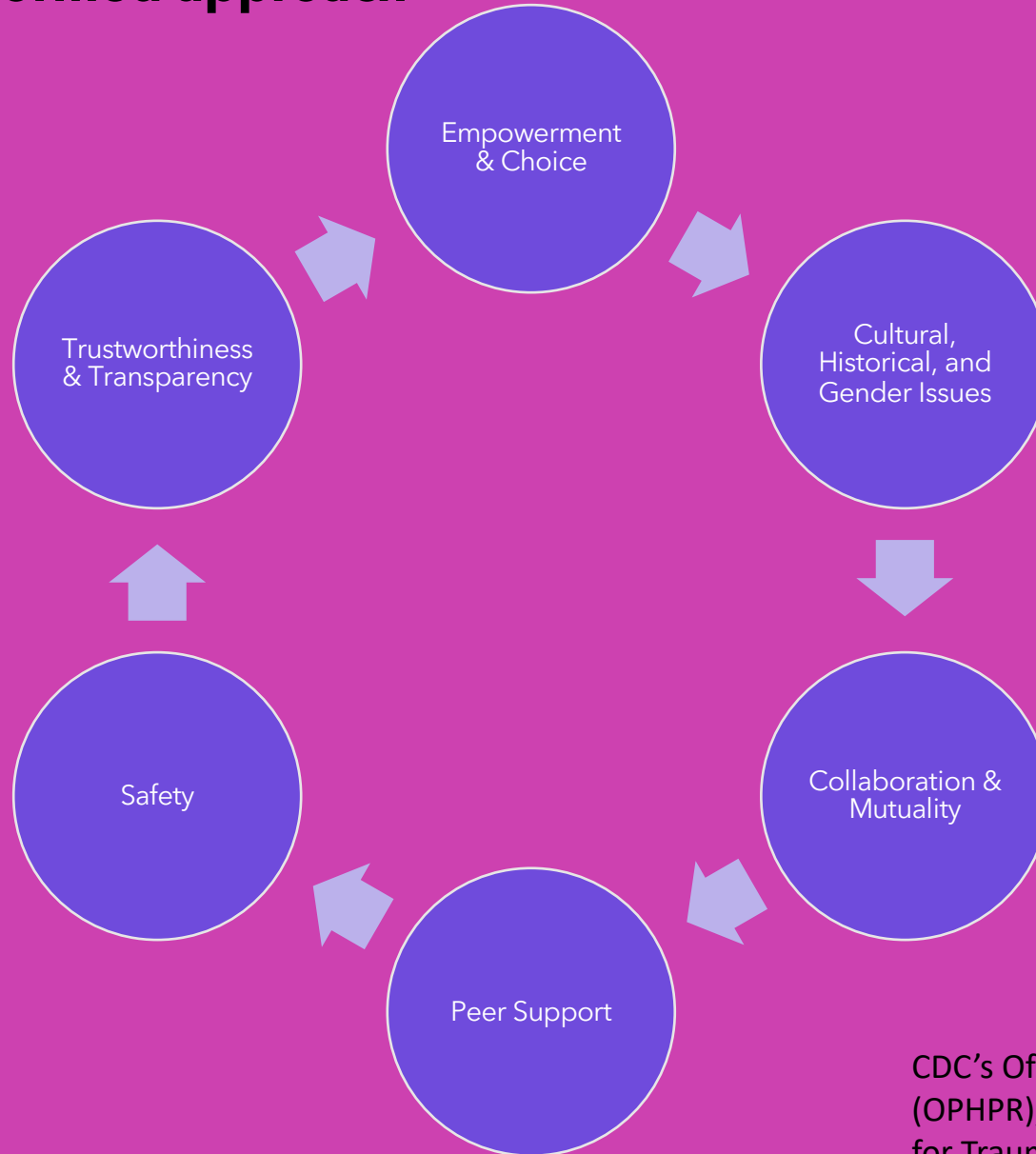
Complex trauma is exposure to varied and multiple traumatic events, often of an invasive, interpersonal nature.

Historical trauma is multigenerational trauma due to oppression and colonization

SIGNS & SYMPTOMS

- Extreme alertness, also sometimes called 'hypervigilance'
- Self-destructive behavior.
- Difficulty sleeping and concentrating.
- Mood swings.
- Irritability or having emotional outbursts.
- Panicking when reminded of the trauma.
- Being easily upset or angry.
- Finding it hard to concentrate – including on simple or everyday tasks.

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)

TRAUMA INFORMED PROGRAM DEVELOPMENT

Caseload/ Catchment Area

- What ages? What backgrounds? What grades?
- Which tribes or communities?
- Access issues due to rural locations?
- Did you assess the needs of the catchment area?

Staffing

- Number of staff?
- Experience?
- Licensure?
- Supervision?
- On-going Professional Development?

Service Locations

- Home Visits?
- In School?
- In a Clinic?



TRAUMA INFORMED PROGRAM DEV'T CONTINUED


Budgeting

- Sources of funding
- Billing opportunities
- Grant opportunities
- Sustainability

Policies & Procedures

- How do they serve the child versus just mitigating risk of legal problems? Can it do both more effectively?
 - Is it punitive or compassionate?
 - Did they have child and/or family input?
 - What is your program evaluation process?
- 

TRAUMA INFORMED PROGRAM INTERVENTIONS

- ❖ Involve children in their treatment process
 - ❖ Screen for trauma; develop an intake process
 - ❖ Trauma Informed Approaches
 - ❖ What are the crisis response and resources available?
 - ❖ On-going Professional Development
 - ❖ Collaboration & Education to Admin & Staff
 - ❖ Culturally safe approaches
 - ❖ Family Collaboration
 - ❖ Resources
- 



**QUESTIONS?
COMMENTS?
FEEDBACK?**

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THANK YOU!



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