CADRE Webinar
Using Trauma-Sensitive Strategies to Support Family Engagement and Effective Collaboration
December 3, 2015
Transcript

>> Okay, hello, I am Marshall Peter, the Director of CADRE, and I'd like to thank you for joining CADRE's webinar with Dr. Elizabeth Meeker, on using trauma-sensitive strategies to support family engagement and effective collaboration. Today's webinar is one in a continuing series of CADRE webinars. You should be seeing some poll questions on your screen, please take a minute to answer these. A few technical notes. Phone lines have been muted to minimize interruption. When we open up the call for questions, please press pound six to unmute your phone, and star six to re-mute. We do recommend calling in using a telephone, rather than computer audio. You can also enter any questions or comments into the chat box in the bottom right-hand corner of your screen. CADRE staff will be attending to those throughout the webinar. Our presenter today, Dr. Elizabeth Meeker, is the Director of Training and Practice Transformation for Coordinated Care Services in Rochester, New York. She provides training and targeted implantation to programs and organizations, to sustain change in practice and the associated improvement in outcomes, with a particular focus on trauma informed care. Dr. Meeker is also a clinical consultant for the Monroe County Office of Mental Health, where she formally serves as the Chief of Child and Family Services, overseeing children initiatives for five years. She served as the first coordinator of the Consortium on Trauma, Illness and Grief in schools, a program that provides training and consultation to assist the 19 school districts in Monroe County, in being prepared to respond to crisis situations.

In addition to her administrative and consultation work, Dr. Meeker is a licensed clinical psychologist, and has a private clinical practice specializing in children, adolescents, and young adults. She completed her pre-doctoral training at Hutching's Psychiatric Center in Syracuse, New York, she received her PsyD in clinical psychology from Indiana State University, and an M.S. in Psychology from Indiana State University, and her Bachelor of Arts in Psychology from Wellesley College. So we're absolutely delighted to have Dr. Meeker join us today and so with that, please take it away.

>> Thank you Marshall. Just as I get started I just want to thank Marshall again just for inviting me to do this presentation. In the 13-plus years that I've been working in the area of trauma, specifically trauma in schools, each engagement that I have, you know I walk away with new learning and information myself, and this experience has been no exception and, so in the months we've been working together to prepare for today, I have learned a lot, and so I just wanted to thank him for that. So, our presentation today, I just want to start off with talking about the three Rs of trauma-informed care, and this comes from SAMHSA, the Substance Abuse Mental Health Services Administration. And, when we

think about taking a trauma-informed approach, we're really looking at how a treatment provider, a program, an agency, an organization, or a school, thinks about and responds to those people who have experienced, or maybe at risk for experiencing, trauma. So the first R focuses on realizing how prevalent trauma is, and we're going to spend a little bit of time talking about that, and understanding that, given that prevalence, that we need to take some universal precautions because of the number of people who are affected. The second R focuses on recognizing how trauma affects all individuals, and really understanding that impact on trauma on the brain, on development, and not only thinking about the people that we serve, but also understanding how trauma impacts the workforce as well, none of us are immune to trauma, and it can show up, as we'll discuss, in many different ways. And so really recognizing that and designing our systems with that recognition in mind. And that leads into the responding area, and really putting that knowledge into practice, and how do we apply the principles of trauma-informed care in our day-to-day work.

So we're going to start off our talk this afternoon really focusing on understanding trauma and, in my, you know, years of experience in working with trauma, there's been a real shift in understanding. When I was initially trained as a psychologist, we really honestly didn't talk too much about trauma, and we were very much focused on symptoms and alleviating symptoms, so there's been a big shift in understanding in the mental health field but also across the service system, that we really have actually been doing people a disservice by not asking kind of the right questions, and some of the essential questions of understanding what has happened to someone. And so with that new understanding, we're really being able to approach things in a new way, design our services in a new way, so that we can better meet the needs of individuals who are seeking care and, while those with trauma may enter the mental health system, many don't, and so they come into very different parts of the system, and we know with children they're all going to be coming to school, so it really speaks to the importance of recognizing that trauma and understanding how we need to adapt our way of delivering education and the services within education, to meet the needs of those children and families.

Just before we kind of launch into everything today, I always kind of give this disclaimer at the beginning of a presentation, and I ask people to take care of themselves. Based on national statistics, 55 to 90 percent of us know someone who has been impacted by trauma or have been impacted ourselves by trauma, and so just by addressing this topic, sometimes this can kind of stir things up for people, so do what you need to do to take care of yourself throughout this discussion. There's nothing that would be overtly triggering, but sometimes the topic itself can just bring things up.

So what is trauma? This is a definition that we developed in our community when we had our system of care grant around trauma, and spent quite some time really thinking this through with many of our system partners to really capture a definition that was broad enough, and there are several things I just wanted to highlight about this definition, and the first thing is that trauma is a response to a perceived

threat. And so, while a threat may be a real actual threat by kind of objective standards, what's important to realize is that it's someone's perception in the moment of that event that is occurring that's going to determine whether that is a potential traumatic event for that individual. And the other thing is that this event can impact an individual, it can also impact a larger group such as a community or culture, so when we're thinking about things like historical trauma or an event that can impact a whole community, certainly just looking at the news even in the last week or two in our country or across the world, we can see how some kind of an event can affect a larger group. And we're going to get into how that can have different types of adverse impact on someone psychologically, physically, social-emotionally, and that those impairments can show up in all different sorts of ways. So, it's not just thinking about maybe a traditional posttraumatic stress disorder diagnosis, but that we can see different types of impairments or impact on someone's daily living, on their parenting, on education and their ability to learn, in their ability to work.

So when we think about a traumatic stress response, that occurs when our ability to cope is overwhelmed so, you know this graphic always kind of reminds me of when there's storms down south and we see images of trees that are nearly touching the ground and, you know, you look at those trees and you think how can they withstand that storm. And some of the trees are able to be resilient in the face of that storm and they kind of return and be able to bounce back from the storm, but some trees are uprooted, some are broken, and so they weren't able to withstand the stress associated with that particular storm, and it's like that with individuals too. So, sometimes we're able to cope with the first storm or second storm that comes through in our lives, but with compounding storms, or the intensity of a particular storm, we experience traumatic stress response.

So I wanted to talk about different types of trauma, and some of the unique features of those different types of trauma. So I've broken down these categories into complex trauma, toxic stress, and trauma. So when we think about complex trauma there's some unique features to be aware of. The first is that it often originates in the child's family, and it often occurs early in life, it could actually happen before a child is even born, they can be exposed to trauma when their mother is still carrying them. And it's a chronic exposure but this exposure oftentimes is unpredictable and inconsistent, resulting that the individual is kind of always on alert, always ready for the next thing to happen. It's oftentimes also unescapable, if you think about it from the perspective of a child, they don't have necessarily the ability to leave that situation or what is happening within their home. We also know that, with complex trauma, it's often, there's multiple traumas that are occurring that can compound each other. When we look in the area of toxic stress, I want just to highlight a few things, because I think oftentimes we haven't thought about these areas, like poverty and racism and discrimination, in terms of trauma, and, you know, but if we start to kind of take a different look, we can see how these things can have lasting impact. So when we think about poverty, it's oftentimes this persistent state in which families will have limited access to, or means to access resources, and there's always this very fine tipping point between stability and crisis. And so, things that, you know, most of us may be able to manage when something

unexpected comes up, for families living in poverty, that's that one thing that could just push things over the edge and cause a spiral to occur. So it's similar to complex trauma in that there's this constant state of alert for what might happen next and what do I need to be prepared for.

When we think about racism, whether we're thinking about structural or institutional racism leading to different disparities in terms of someone's experience within the system, or their access again to resources, there's also overt and covert forms of racism that an individual or a family may experience directly, and this leads to different types of internalized messages about how society, a community values that individual, the message that they're less than, not deserving what other people deserve, so we need to kind of relook at some of these things that we might have not thought about through the lens of trauma in a new way.

When we think about impact on world view, whether someone experiences complex trauma or toxic stress, or other more single episode events like a disaster, these things can impact someone's world view, so these are the thoughts and beliefs that an individual carries with them, it's that invisible suitcase so to speak, that can make day-to-day life more challenging. So many people who have experienced trauma, walk through the world with a sense that the world is simply not a safe place, and so this is going to have a huge impact on their ability kind of to trust when they engage with someone who's unfamiliar or a new system, feeling like they can't trust other people, they might not feel that they can trust themselves, perhaps, you know, their experience has been people who they thought they could trust ended up violating that trust and now I don't even trust my own judgment. Also feeling like you can't depend on others, I have to do things for myself because people have let me down. That idea that I'm not worthy of being cared for and, again, that I'm less than, and ultimately, what I find with many people that have experienced trauma, particularly complex trauma early in their life, is that they feel that they've deserved the bad things that have happened, and that it's their fault. And so when someone kind of carries that, it's their core belief, it's going to have huge impact on how they approach their life, their, you know, ability to plan for their future, and even be future-orientated, because if you kind of feel like bad things are always going to come your way, it's hard to kind of plan out and be optimistic that there could be something better.

So I wanted just to spend a little bit of time on the Adverse Childhood Experience Study, it may be familiar to some of you who are on the webinar, but for those who are not familiar with it, I'm just going to give a thumbnail kind of sketch of what the study was and I encourage you to look it up and get further information, 'cause it's a pretty profound study that's had a huge impact in kind of public health and thinking about trauma. So this was a study that was conducted in the 1990s by two researchers, Dr. Anda and Felitti, who were looking at chronic illness in patients that they were treating, and as they started to get curious about their patients and what had, might be contributing to their current presentation, what they started to realize is many had experienced early traumatic events in childhood.

So they developed these questions that are known as ACEs, and you can see them in that black box there, what is an ACE so, they're looking at areas of abuse and neglect, and also household dysfunction. And so they did a survey in the San Diego area of 17,000 adults. These people were primarily a Caucasian population, middleclass, employed, and educated, and they asked them whether or not any of these things had happened to them before the age of 18, so your ACE score can range anywhere from a zero, none of these things happened, to a ten. And so the first thing that they found which was pretty surprising to them was that the frequency of ACEs were much higher than I think anyone anticipated. Up to, close to two-thirds of people indicated they had at least one ACE, and 25 percent had two or more ACEs. The other thing that they discovered is that they were, all these folks who participated in the study were enrolled in a HMO, so they had access to their health information. So they compared their number of ACEs with their health outcomes, or different conditions that they might be being treated for, and what they found is that the higher your ACE score was, the higher you're likely to have different health challenges, both physical health challenges and mental health challenges.

So this model that they put together is that you have these adverse childhood experiences, it impacts someone's developing brain and neurology, which leads to different types of impairment, so these can be impairments social-emotional and also cognitive, oftentimes things that we see emerge when a child is in school. And this leads to different types of, adoption of different health risk behavior, so people might be more likely to smoke or drink, use drugs and alcohol, and ultimately leading to more disease, disability and social problems, and early death. What we also know though is that services and support can change this life course, so sometimes when I talk about this study, and I have a live audience in front of me, you can see people kind of calculating their own ACE score and maybe getting a little bit worried, what I want to assure people is that, with support and services, people can be resilient, and they can go on to lead very healthy, productive lives. And so this is really important because we know what the trajectory is when there is an intervention so that, and we can be really intentional and have this understanding of trauma, and adapt our services to better support people, then we can get good outcomes.

So just in talking about ACEs and health and social problems, I just wanted to just highlight this very quickly. So we know, in comparison to those with no ACE, people with four or more ACEs had greater odds of a number of different things. So if your ACE score is four or above, you're twice as likely to smoke cigarettes, seven times more likely to abuse alcohol, you're also then a much higher risk for things like emphysema or chronic bronchitis, and 1200 times, or 1200 percent greater chance of suicide. So we can see these problems, and these again are things that we see impact schools, in different types of challenges that students may be facing, and their families, and so that we can understand that underlying these issues oftentimes is trauma, we can come at them with a different understanding, and oftentimes greater compassion and empathy.

When we look specifically at schools and ACEs, we know that students who are dealing with trauma are more likely to fail a grade, score lower on standardized assessments. This has significant impact for schools because so much of evaluation at this point is based on those standardized assessments. There are more often have difficulty with language, both receptive and expressive, more often have behavioral issues leading to expulsion or suspension. So there's really a, you know, direct implication for our discussion today, especially when we look in the area of special education. So, locally, in my community we just completed a study where we actually were able to survey students about a number of ACEs and, just like the original ACE study, we found that, in our community, which includes an urban area with high concentration of poverty, but also suburban and rural districts, that 70 percent of students reported they had at least one ACE. And so, if we then drill down into the Special Ed. population, we can anticipate those rates would be even higher, so this really, you know, drives home the importance that when we're looking at this population, that we ought to be considering trauma and understanding the role it plays in the lives of children and in the lives of their families.

So that takes us into the impact of trauma, and really getting, drilling down into that. So, I know you see a blank screen before you but you will see an image in a minute, so there's no technical difficulty here. So, when we experience some type of terrifying event, we're very fortunate, for humans as a species, that we have an automatic stress response system that kicks in and keeps us alive. And, so this has been with us for as long as we've been around, and has helped us to survive as a species. So if you think way, way back in time to when we were hunters and gatherers, if we were out, you know, kind of collecting food by ourselves, and we saw a wild beast approaching, one of three things would happen. So the first thing we might do is kind of pick up a weapon and try to fight back. The second thing we might do is to try to flee that situation and escape as quickly as possible. Or our last option might be to freeze and to kind of do the play possum approach and hope the animal would just sniff us and kind of move along. And so, you know, as I was even describing that, I almost described it as a process that we are consciously thinking, but we all know this happens automatically, there's no kind of real conscious thought involved, and this is adaptive, 'cause in that moment we do not want to be standing there problem-solving and weighing out our options because, by the time we went through that process, we would be dinner so, that's not helpful in that moment in time. So this response is automatic, and when it gets kicked in, we have a huge surge of stress hormones that goes throughout our body, and so that's the adrenalin and cortisol, which allows us to either flee, or to fight back, and when we freeze, that surge of stress hormones is accumulating actually within our body and it has implications for those later health problems that were actually just previously mentioned.

So it's important to kind of understand this because this is going to play out in terms of interactions later in life, this fight, flight, freeze, because our brain is the one organ, when we're born, that's not fully developed. So whatever we kind of use the most, gets kind of solidified and wired together, so if we're in fight, flight, freeze a lot, that is going to be wiring together in our brain, and can get more easily triggered when we're in other situations. Now if any of you have ever been in a, maybe like a minor

fender bender before, you might have experienced that fight, flight kick in, so you kind of had this, you know, accelerated heart rate and you're breathing harder, maybe you couldn't think clearly, and that was experiencing some of those stress hormones. And, while many of us might think that, you know, in a couple of hours, or maybe even in a couple of days, that it's kind of flushed through our system, what we know is that stress hormones, depending on the intensity of the event, can last in our system for up to six weeks, and that's a single episode event.

>> Wow.

>> So we think about the children and families that we're talking about, they can be flooded with these stress hormones over and over again, and they're walking around in fight, flight, freeze much of the time. So I wanted to just talk a little bit more about the brain and the impact of trauma. So the oldest part of our brain is the instinctive part of our brain, and this is the part that kind of receives all the incoming information, and regulates all of our basic functions, and this is the part of our brain that allows us to act before we know why. So as I mentioned, when we go into fight, flight, freeze, there's not this conscious analysis that's happening of the event, it's just allowing us to kind of instinctively respond. So when a potential threat is kind of detected, it's sending a message to our emotional brain, and there's a part of this area of the brain called the amygdala, which is our fear response, which gets activated, and that's when we go then into fight, flight, freeze. Now there' s a, right next to or near the amygdala is our hippocampus, which is where our memories are stored, and when we're in fight, flight, freeze, those stress hormones interfere with how memories are encoded and then later be able to be retrieved. And so again this is going to have implications for students and also for adults, in terms of how we process information. Our thinking part of our brain is the last part of our brain to develop and this is the thing, the part of our brain that allows us to do all those higher level skills like decision-making, planning, organizing, analyzing, but when we're in fight, flight, freeze, this part of our brain literally goes offline, so we're not able to access this part of our brain, and benefit from that higher level thinking, and as I mentioned, we kind of use, and wire together what gets used the most, so if I'm in fight, flight, freeze a lot, I'm not getting a lot of experience utilizing that thinking part of my brain.

So, over time, what happens, especially if the trauma's not addressed, is that we have people, trauma survivors, who can be very easily triggered by other events that may, in some way, kind of be, remind them of the initial trauma, or the original trauma that happened, even if it's not on a conscious level. So for many trauma survivors, their internal alarm system is very sensitive because that's adaptive right, because if I've been in harm's way many times, then I want that to be very sensitive, 'cause that's going to help me survive. But that might not serve me well in other settings, like in school or a CSE meeting, where then my, I get triggered, and then I have a response that doesn’t match the situation. So when someone gets triggered, they're acting as though a there and then experience is happening in the here and now. So I might be responding from a state of when I was in danger, I'm not in danger right in this

moment, so my behavior doesn’t necessarily match the situation at hand, and that can be confusing for the other people around me, but with an understanding of trauma, we can see these behaviors through a new lens.

So there are many different things that can be triggers for individuals, and this isn't an all-inclusive list, there can be many things in addition to this that can be triggering, but I just want to think about this from the perspective of a parent, a caregiver or a student, who is a trauma survivor, who may be coming into the school, maybe there is a meeting for, you know, for Special Education, and what things they might encounter that could be triggering. So I highlighted a few, but we know that in these situations, there's a lot of questions being asked, people are being asked to self-disclose information, they might feel very put on the spot, certainly there's a lot of attention on the family. There's this perception of authority figures who can make decisions about what services my child can access, I may be told no. I may feel criticized or getting negative feedback, I may be feeling like I need to make eye contact where that's threatening for me, or that I'm not being allowed to speak or being ignored. So you can see many of these things that are just part and parcel of the way we do our work, can be inadvertently triggering for an individual, and then they go into fight, flight and freeze.

So when someone's in a survival response, we can see that there's different things that can trigger that, and then the other people are going to interpret those events that are happening, those behaviors, and we all tend to label behaviors, that's kind of human nature. When we can have a heightened awareness, we can be aware of the different labels that we're using, to see if they're really being helpful in how we then end up responding. So someone, you know, may become very angry, a parent could become very angry and raise their voice, and we might label that as that individual is becoming combative. Someone may, you know, who doesn’t show up for the meeting, we might then say that parent's being uncooperative or is resistant. We may have a parent at a meeting who freezes up and, you know, becomes very passive and doesn't really participate. But when we use those labels, we're assuming certain things about that individual and what's happening in that moment, and so when we can open up our interpretation, we can have a different response, a different intervention, and if we can understand that perhaps that parent is feeling powerless or overwhelmed in that situation, we can respond in a different way. So if we can kind of have a shift in our understanding, and understand that current problematic behaviors are really someone's way of coping, and has been what has helped them survive the situations in their lives and, while they might not be adaptive, they've been effective. And, so we can think about that behavior in a different way, and reframe that with a different understanding, and understand that that, you know, is a legitimate and even courageous attempt to cope with trauma, it creates again that opportunity to connect with someone through new understanding.

So we know too that trauma can impact parenting and, as I mentioned before, trauma shows up in all different domains and different relationships. So a parent who's had a personal history of trauma

might, you know, in terms of their parenting, they might compromise their ability to make appropriate decisions in terms of their own safety or their child's safety, so sometimes we can see this in two different directions, one we can see a parent who's very overprotective of their child and doesn't want to put them in any situation that might be perceived as risky in terms of their safety, it could be physical safety or emotional safety, but we also might see parents who seem to be underprotective, so they don't perceive kind of red flags or risk and that's, you know, based on their perceptions and experiences and they don't kind of have that same maybe ruler, and so that can be again, without that understanding from an outsider's perspective, can be concerning or alarming, but we can see that this could be a common response given someone's personal history. We also know that it can interfere with again, ability to form trusting relationships, so oftentimes as professionals, we assume trust exists because I'm a trained professional, and so you should inherently trust me. But, for someone who's a trauma survivor, it is not adaptive to just give trust out to someone that they don't know and, so we need to recognize and understand that, and understand that that's going to need to be built and demonstrated over time with experience.

We also might see that trauma can impact an individual's ability to regulate their emotions, so this is the triggering I was talking about, and someone might not be able to self-regulate in the moment, and so, when we have difficulty self-regulating, we can flip our lid so to speak, our thinking part of our brain when it goes offline, and we're, when we're unable to access that part of our brain, we might say or do things that we normally wouldn't say or do, and so this can show up again, in the parenting relationship, it could show up in a meeting at school because someone has been triggered. We can see families where then there's also, you know kind of a history of and difficulty with coping strategies, those maladaptive coping strategies, things like substance abuse, and adults, parents with trauma history, it's going to be triggered by their own children's trauma and system interventions, because if they've had a previous experience, poor experience with the system in the way the system responded to them, or lack of response or re-traumatizing response, they're going to then approach those situations for their own children with greater hesitancy and may also, you know, again be able to be triggered more easily.

I also just wanted to spend a little bit of time talking about the family experience for parents who have children with special needs, because this can also be an experience of toxic stress for a family or caregivers. And there's been a number of studies that have looked at this. So what we, kind of some of the common themes across those studies is that, for families and parents who have children with special needs, the service system is often not designed well for those families, it's very fragmented, it's disorganized, it's complex, there's oftentimes very strict eligibility criteria, sometimes families discover that their child actually has to get worse in order to access services which is, you know, very, you know, puts them in a very difficult place. And it's oftentimes very difficult to obtain the knowledge that they need about what are the full ranges of services that are available. So, you know, just first of all recognizing that difficulty and that day-to-day strain that a family's under just in terms of navigating systems. And, because of that, parents are often put in taking on multiple roles, they have to be the

advocate, the case manager, the navigator, for their child, to access care and services. And, you know, so that involves keeping track of appointments, meeting with multiple providers, constantly having to advocate to obtain services that they believe that their child requires. And with this often are these additional burdens that are oftentimes unrecognized or unappreciated by other people or the service providers. There's an enormous burden on families and, you know, there's often, taking the time for these multiple roles takes so much time that parents have to maybe leave work or, you know, go to part-time work which then puts financial pressure on the family. There's also costs associated with care and things like, you know, transportation and getting their child to different appointments. There's huge stress on marital or, you know, just relationships like that, and also on other children in the family who may kind of feel that they're not getting the attention that they need and that, because of their sibling with special needs. So all this is kind of providing that perfect storm for the conditions for, you know, kind of further crisis to emerge.

Lastly I just wanted to highlight that there is disparities, as I mentioned before, for families of color, non-English speaking, those families with limited education or low income, that face added burdens. So, you know, as I mentioned.

>> Elizabeth I'm going to interrupt you for just second.

>> Sure.

>> Excuse me. So there's someone who's coughing into the phone who isn't muted and it appears that there are several people who aren't muted so, if you would please check your status, you should be able to do that in the participant list, and if you are not muted, press star six. We're hearing people talking in the background, we just heard somebody cough several times into the phone, that would really be great. So forgive me for interrupting but that would be very helpful, thank you very much and please Elizabeth back to it, thank you, this is just absolutely fascinating.

>> Thank you Marshall. So just being aware that for families, as I mentioned, families of color, non-English speaking families, those with limited education or low income, have these additional burdens as well and that, so we need to just be aware of that, that that can make it harder for them to access care, there can be language barriers, there can be barriers in terms of understanding, so given materials that are not at a level that an individual can read or are written in jargon, there can be assumptions and biases that we might have in terms of understanding the family, which is going to impact their ability to then feel safe and trust providers. So just some of the key concepts to understand when we think about

these trauma-informed concepts, and we shift into thinking about what is a trauma-sensitive school, is the first is that shift in understanding of the primary question, so we're trying to understand what happened to someone versus what is wrong with someone, we're understanding their symptoms as adaptations to traumatic events, and first and foremost, when we're thinking about healing, we're understanding that that's going to happen in relationship. And, so this is a huge opportunity for all of us because these are things that we can actually do, is that we can take this understanding, we can take this knowledge, and we can infuse it into the way we relate with the students we serve, with their families, and with each other.

So, in creating a trauma-sensitive school, this is a quote from a resource that I highly recommend and use with schools that I work with, "Reaching and Teaching Children Who Hurt", and so really the bottom line message of this is that we need to weave in this understanding, and integrate it into all aspects of the school day, and I would kind of further that to say that we need to extend it again, to parents, to other system partners, to each other, so anyone who's interfacing with the school should experience kind of this trauma-sensitive environment. So a trauma-sensitive approach kind of has these multiple layers, so at the district level we're looking at our policies and procedures, this is what's going to codify the way that we do business, and so this creates the infrastructure for that culture that we hope to create when we're looking at the school level, and these are universal strategies that we might implement to help create our school climate, so this might be things like PBIS that some schools use, or Olveyas or other initiatives, to create this universal approach. So it's thinking about what do we do for everybody, what might we implement for students who are at risk, and what do we offer to students who are struggling, and when we get down to that level, we're looking at the individual level, and thinking about our one-to-one interactions, and again, this can be school personnel to student, with parents, with our colleagues, so just thinking about all interventions, and thinking about how do we, you know, what are the supports we offer and how do we offer those supports. Because we can have lots of good interventions, but we really need to be mindful about how we implement those interventions.

This is some key aspects of a trauma-sensitive school, it comes from the source referenced below, "Helping Traumatized Children Learn". So I just want to highlight quickly a few of these. So first and foremost is this shared understanding that everyone in the environment, in the school environment, has an understanding of trauma and trauma-informed care. And when I say everyone I really mean all staff, so we want to think about not only teachers, but also any support staff, front office staff, our cafeteria workers, our transportation staff, anyone who's interfacing with children and families. And ultimately we're looking at helping all students, and again I would broaden that out to say as well families and the staff, to feel safe, and that's both physically safe and emotionally safe, and we're looking at students' needs wholistically, so we're not just focusing in on the academics and what does this student need to be academically successful, but understanding that, unless we address their social-emotional needs, they're probably not going to be able to achieve their potential academically. There is explicit focus on connecting students and their families to the school community, that they feel a part of and included in

that community. There's an understanding that this approach takes teamwork, that there's not one person who's responsible, so this doesn't just rest with the classroom teacher to make this happen but it's all parts of the school system and that we work together in collaboration, and that we're always adapting, that, you know, the students that we're serving today might be different than the students we served in our community five years ago, and we continually adapt and adjust to meet the needs of the students we have.

So becoming trauma-informed, first is acknowledgment again of that prevalence, so going back to that, those three Rs again, that we understand that trauma is affecting our students and their families, we're creating this flexible framework, those universal supports that's going to meet the needs of individual students, and overarching all of that is avoiding re-traumatization, so we're looking through the lens of trauma at the way we do business, to make sure we're not inadvertently triggering someone. So it's not to say that we have to try to remove all triggers from our environment, but we're just very mindful of that, and trying to reassess the way we approach things. I do want to make a note that trauma-informed care is not a program so, you know, I can't offer anyone, you know, a program in a box so to speak, where you can kind of follow steps one through ten and your school will be trauma-informed, it's an ongoing process and it's, the thing what I love about that is that it really builds on the strengths and the need of each school district and community, and it's a journey, it's, you know, you're never quite there, but you're continuing to evolve and adapt with these principles always in the backdrop.

So there's five core values of trauma-informed care and, when we think about this, these values, we don't just think about them in thinking about the students and their families but we're also thinking about it in terms of staff, because the staff who are working in the school environment need to experience these same things in order to then be able to utilize these values, and adopt and implement these values with the students and families that they're working with. So the first value is around safety and looking at how do we ensure both physical and emotional safety. Then, when we think about trustworthiness, it's really around that transparency, being clear about what we can provide, what we can't provide, what our role is, and being, you know, following through on what we say we're going to do. When we think about choice it's looking for opportunities, from the very simple things like where someone sits in the room, to larger things when we're, you know, planning for someone's IEP, what choices does that student and family have, and how do we give those opportunities for their voice to be heard. And hand-in-hand with that is around collaboration and sharing of power, so we're not doing for families, we're doing with families, we're collaborating, we're valuing what they bring to the table, their experience, their understanding of what the challenges and concerns might be. And then ultimately I think all these things are in service of restoring power, 'cause someone who's experienced trauma at their core often feels powerless, and so looking for opportunities to build someone's sense of power through different skills.

So I wanted to spend kind of the last part of the presentation really thinking about concrete strategies and things that you can do, and this first section is kind of being more in a overarching way, and then we'll drill down into the IEP process itself. So the first is around creating safety and trust and, you know, while I think all of us would hope to always be warm and respectful and nonthreatening, I just really wanted to kind of highlight that, because parents may be coming to the table expecting an adversarial stance. If someone's had to constantly advocate for their child, not only for their education but for health services they're receiving and other services, they might just anticipate that there's going to be some kind of conflict and, so it's important to really set that initial tone marked by warmth and respect, to start to create that space of safety. And then really listening openly, without judgment, and oftentimes listening in a way that you're also listening for what may not be being said, so observing those nonverbal, you know, someone's tone of voice, their posture, and also being very mindful of your own nonverbal, so is your body language and what you're saying align with each other, you know, so you might be saying one thing but your nonverbal behavior might say another thing, because people with trauma histories are very in tune with that, and they're going to be looking for that congruency or incongruency.

Really taking the time to clarify the process. You know, we know the process, and so sometimes we don't really take the time to explain it well to someone else, so really carefully take the time to introduce yourself, the process, what the options are. Don't assume that a family's been given accurate information, so even if someone else might have explained things to them, really check that, that they have accurate information. And also make sure that the parent or caregiver has been informed about what's expected of them and their role, and that might need to be done in advance of a meeting so that they can feel prepared, and have been given the time and space to kind of think about what they might want to share, what their thoughts are on a particular issue. It's also important to know you might need to repeat information more than once in a more than one way so, thinking about saying something verbally but also giving someone some written materials, maybe encouraging them to have someone to come with them who can hear the information too and can review it with them can be helpful. And if you are gathering any information from someone, making sure that you're doing it in a private area, sometimes we're asking questions that can be personal, or may not seem that personal to us but it is to the person we're asking of it. And so just giving them the respect and courtesy of doing that, you know, not in an open area where many people could hear what they have to say.

Some other things to think about for creating safety and trust is role modeling and facilitating calm interactions. So first of all, to do that you have to be self-aware and self-regulated yourself in order to role model, so it's good to check in and see where you're at. Language you might want to avoid, you know, with someone who may be agitated or upset are things like, why don't you calm down, or you need to calm down. As I was saying, for any of us who have maybe been upset, if someone said that to us it would likely make us feel more upset. So we want to think about using things like concrete suggestions to calm, would you like to take a short break, or perhaps we should take a short break, or

just addressing the misunderstanding and, you know, letting someone know genuinely that it doesn't seem like I'm understanding what you're trying to, your perspective, can you help me see what I'm missing. So, you know, and doing that in a calm and quiet type of a way. The other thing around safety, as I mentioned before, is really making sure you follow through on commitments. If for some reason, 'cause this happens to all of us, we say we're going to do something and we think we could do something, and it turns out we can't and, you know, that was done with good intent, but we need to follow up with families when that happens, own when that happens, and then come up with an alternative.

So ways to build collaboration and foster choice in restoring power. You know, thinking about things, balancing the need for obtaining information from someone with the needs a family might have, so there might be some real things of concern, and giving space to make sure that those concerns a family might have are kind of on the agenda so to speak. They might have concerns about other systems, and navigating those systems, and a way to really demonstrate kind of that goodwill and build that trust is to help to see what you can assist them with, you know helping with the referral or connecting them with someone, or giving them information, because unless that family's needs are met first, it makes it more difficult to maybe address some of the other types of issues. So taking that time to identify and try to problem-solve barriers you know, and it can be anything from transportation or time, that may be impacting their ability to participate in a meeting. And along with that, trying to, again, maximize those opportunities for choice and control, so where it can happen, you know, offering them a time, giving them a choice over the time to meet, or the location to meet. If we think about the families and some of the stressors I mentioned earlier, oftentimes families with children with special needs are very burdened, and so they might have multiple appointments with multiple providers, so being able to compromise on a time could really go a long way.

So we looked specifically at the IEP process. First of all I just want to give reference to the Federation for Children with Special Needs, this is a great resource that I came across in preparing for this presentation, I've shared it with many colleagues, so I encourage you to take a look at the original source but, just want to highlight a few things from this. And the first starts with getting that comprehensive history, so really understanding how trauma may have affected a child, and what events occurred, when they occurred, 'cause this will help give clues to those gaps that a child might have in their development of skills. It's important to note too that, even if a child didn't miss a single day of school, they might not have been able to benefit from learning because of what was going on for them, and so they still missed content, so, you know, a child may be, I'm thinking of who had a parent with a terminal illness during third grade, that child went to school every day, but she missed third grade. You know, if we have children with medical issues, they often also have gaps in their education. So this is also, you know, that's important as they're doing that assessment, it's also an opportunity to learn about what could be potential trauma triggers. When you get into the evaluation, you know, again, we know trauma impacts brain development, even trauma that happens before birth, and so, if an evaluation is done without the

understanding of trauma, we might be missing a root cause of the presentation of those symptoms leading to misdiagnosis, and then ultimately to ineffective interventions. So we want that evaluation to be comprehensive, and included as needed, things like, you know, cognitive and psychological testing, but there also might be a need for speech language, a function of behavior assessment, occupational therapy evaluation, so it's again, that wholistic view of the child. When we get to the team meeting, taking out that trauma lens, understanding the child and the family through that trauma lens, and, you know, thinking about what the behavior and the concerns are through that lens, which then leads to a wholistic IEP planning process, we're not just focusing on academic needs, but we're addressing all lagging skills, both social and emotional skills, and interventions are going to be then individualized and meet the need of that specific student. Because we know that we could have two students with identical behavior, such as like, let's say we have a student who keeps fleeing the classroom when they're overwhelmed, one student might need additional support, and actually are hoping someone's going to follow them out of the classroom and talk with them, the other student might need space, and is going to further escalate when someone tries to continue to engage with them. So really taking the time to understand what that behavior, what purpose that behavior is serving for that individual child.

So, some things to consider when you're involved in kind of the special education process is to take some time to self-reflect about your beliefs, about the process, and the parents and the roles that people have, and we know that, you know, some of these things are effected by regulations and that's real, but we also, while we can't always change the regulations, we do have choice in the processes we put in place, and how we implement those processes. And we can also be transparent with parents and families about where the limits exist, and how we can be creative still to meet the needs of their child. So really taking the time to reflect about whether your attitudes and beliefs, how do they align with the trauma-informed approach, how do they align with those values of safety, trustworthiness, choice, collaboration, and restoring power.

The team can also take some time to self-reflect, thinking about those same type of issues, but also thinking about the process around things like how are conflicts resolved, how do we reach consensus. Because we know that conflict will arise in a process like a CSE type of a meeting because there's purposely different perspectives there, and there's value in having different perspectives there. So if everyone can remember that there is common ground, and that common ground is that we're trying to develop a plan that's going to be in the best interest of the child, and if the trauma-informed values ground us in that process, that's going to create space for consensus to occur. So, you know, really taking the time to do some self-reflection as a team and thinking about how do we do this, what might this experience be like for our children and families who we're working with, and are there changes that we need to make after we've gone through that kind of self-reflection process.

So we just wanted to take a moment, before we kind of draw things to conclusion, to hear from you so, you know, we've covered a lot of ground in a short period of time in terms of ACEs and toxic stress and trauma-informed practices, and we wanted just to take a few minutes to hear from you about how you think that could be useful in your work, and you can respond in the chat box.

So maybe while people are thinking about that, I'm just going to move on to some of my final thoughts, and then we'll have time for questions and discussion. So, really I think these are kind of the four core things if you could walk away with from this presentation that I think are kind of of real importance, and the first one is understanding, and understanding that a parent's anger, their fear or avoidance in a situation may be a reaction to their own past traumatic experience and not a personal attack. You know, I tell people all the time, when we have, again, behavior that doesn't always match a situation, 90 percent, 99 percent of the time it's not necessarily about you, but something has happened that has triggered that individual, so not personalizing it, and kind of having some compassion and empathy for that individual and where they're at in that moment, so that you can build that relationship, which is again, where that healing's going to occur. And remembering that traumatized parents are not bad, and approaching them in a punitive way, blaming them, judging them, is likely to worsen a situation rather than motivate a parent. So just being aware of the judgments we might make, and we all make judgments, that's human nature, catching ourselves, and then, you know, helping ourselves maybe then get curious instead, and asking why someone might act that way, and kind of allowing for kind of a new understanding can go a long way.

And that leads us to building on common ground. So remembering that, you know, a parent is, wants their child to be effective and safe and make sure that they get the education that they deserve while minimizing disruption, and that that's where they're coming from, and that those are the same things that, you know, as professionals, that we would want for that child as well, and so there is that common ground there, and how can we reach consensus? And lastly is around being patient. This work is hard for everyone, there's a lot of pressure and demands on all of us in a variety of roles, however we're coming to the table, so being patient with yourself, being patient with families, being patient with students, with your colleagues, you know, and having that understanding. So it looks like perhaps there has been some questions or comments that have come in, so I think we have some time to discuss those.

>> There has Elizabeth, I think what we might do is, while you're thumbing through those, I think that in general people have said that the webinar was terrific, and I have to concur, I think it was absolutely fabulous, very, very informative and well done. We also would invite people, in addition to commenting on how the webinar has, how it might affect the way that they would go about their work, encourage people, if they have a question for Elizabeth, to type that into the chat box. And Elizabeth, if it works for you, while we're processing through that stuff, we might put up a link to a survey so that folks who are

still on the call might provide us with some feedback on how they feel like the webinar went. Finally, after we've done all of that, I'm going to make an announcement about our next webinar so, with that in mind, I don't know if there are, there weren't specific questions, at least before I started talking, are there, do you have comments Elizabeth in terms of processing the chat box?

>> Yeah I've not seen, there's very helpful feedback, I'm not seeing any questions per se.

>> You know what I might do, we do have maybe about five minutes remaining, I'm going to do this very, oh here we go, can you comment on parents with trauma related to intense behaviors by children with autism, or other conditions where physical behavior by kids is common?

>> Yeah, absolutely, that's a great question. So again, I think this is one of those areas where we may not have traditionally seen that as traumatic, but when we have children who are living in a home and they have some severe behavior, that takes a toll, that's another form of that toxic stress where, you know, parents or caregivers are managing that behavior da- to-day, they always have to kind of be on alert, and they're always kind of ready for kind of what might happen next, and that causes ongoing strain for that parent, and can have similar impact as other forms of trauma, it can also be traumatic for siblings who are also living in the home and, so it's one of those areas I think too that, where there's kind of, it's unrecognized and underappreciated what those parents are dealing with on a day-to-day basis which can be very, very challenging.

>> Great. A couple of people have asked if there's any additional comments you might offer about schools that have merged trauma-informed practices with PBIS.

>> Um-hum. Yeah, so there's great alignment with trauma-informed and PBIS, and the way I kind of conceptualize it is that trauma-informed is your overarching framework, and that PBIS is kind of an intervention that you're choosing to use within that framework. And so, I work with a number of schools that have integrated PBIS within a trauma-informed approach and there's great alignment there so, 'cause PBIS, for those who may not be as familiar with it, you have your universal strategies, so the things that you put in place for all students, and then you have things that are more targeted for students who may be at risk, and finally, more specific interventions for children who have, who are struggling further. So, you know, those are, the PBIS strategists really align with that trauma-informed approach, and I find, in talking to schools, one of the things that they've found is the value added when they've then taken on a trauma-informed approach, is it gives them a new understanding of some of the

behaviors that they're seeing, and it's helped them with perhaps choosing interventions that are better aligned with the presentation of an individual child.

>> Terrific. More and more children in the classroom are coping with ACEs, do you have any suggestions for resources for teachers in regards to teaching in a trauma-informed classroom?

>> Yes. So I mentioned that resource, that book, "Reaching and Teaching Children Who Hurt" by Susan Craig. I would highly recommend, for any teachers or really anyone who is school personnel, to get a copy of that book and read it, it's something that we use with the schools that we work with, and the way it's written, it's written for the classroom teacher, and for each chapter it breaks it down into what do we know about, you know, if we're looking at, let's say, behavior issues and behavior and how that's impacted by trauma, and what are specific strategies that you can use, and it gives, you know, many, many different strategies, so it's hard to kind of comment on any specific things just in the framework of this discussion, but that's an excellent resource. I mean I think there's a lot of things that teachers are already doing, and then, when they have this understanding, it helps to validate kind of the approaches that they're taking, but then they are also able to find and expand their toolbox, and find something that they can add in.

>> Excellent. There was a question about what to do in a mediation when someone is triggered.

>> So I think if, you know, you're in the middle of some kind of interaction and someone gets triggered, you probably want to pause, and not kind of just continue down that pathway, again, that's where I think you want to create opportunity if someone needs to have some space to self-regulate, and you might want to enquire whether they need to take a walk or need a little space, can I get you something to drink. Because, until someone is able to self-regulate, that thinking part of their brain is not engaged, and so, whatever you're trying to accomplish in that meeting is, you're not going to be able to make headway there. So, you know, kind of honoring what's happening, and giving that person what they need to kind of regroup, is really important, so that you're, you know, kind of not further traumatizing them in the moment.

>> Great, the final question, which will be all that we'll have time for, and then if you have a parting comment but, are there resources that you can, or that can be given to parents, to help them cope with some of the triggers?

>> So, on the list of references, there's a link to the National Children's Traumatic Stress Network, that has a lot of resources and it's broken down by, so there's resources for educators, there's resources for professionals, and there's resources for parents, so that would be a place that I would refer people to, to kind of take a look, they have some really nice materials there. There's also a great resource that I don't have on here that maybe I can send to you, oh you might be able to get it through ACEs Too High, which is a two-page handout for parents that, on the one side talks about ACEs and impact on the developing child, and then, on the second side, talks about resiliency and things that you can do to help support resiliency, and there's a version in English and there's a version in Spanish. So it's a great handout, I give it out at every presentation I do, so another resource I'd recommend.

>> Excellent, and with that, any, you know, again, all the feedback in the chat box and our experience here at Cadre, a terrific webinar Elizabeth, I really appreciate the, all the work that went into putting this together. Any final comment that you would make before we wrap it up, and we're also move back to your contact information, kind of go back and forth between the contact and the Survey Monkey as we close this out, any final comments?

>> I would just, you know, encourage people, sometimes when they kind of first hear about trauma-informed it seems big and overwhelming, and what I would encourage school, or even school personnel who are interested in this area, is that there, you know, there's things that we can all do within our own practice and changes we can make and take ownership for so, there's always at least a small step forward you can take, there's lots of great and emerging resources that are available. My contact information's up there, if people have additional questions I'd be happy to receive them as well.

>> Okay, and we'll go back to the contact information. Sorry we're kind of bouncing back and forth here. With that, again thank you so much Elizabeth, we, let you know, we have planned our next webinar and this will be my final webinar with CADRE, I will be retiring in the next couple of weeks, but there is an extraordinarily skilled team at the Center who will be continuing this webinar series, and in fact arrangements have been made for Dr. Ann Turnbull, who did a very, very positively-received webinar for us a few months ago, to come back. She will be presenting "Moving Beyond Disputes, Mobilizing and Orchestrating a Village when Extensive Change is Required". She'll be doing that from 11:30 to 12:45, Pacific time, on January the 21st, and so we sure hope you'll join us, and speaking for myself, I, it's really, these webinars have been just an absolute gas to be a part of. I've had a chance to meet and learn from some amazing people and we sure would count Elizabeth in that group of people so, thank you very much, if you have a minute, please do complete the survey for us, it's valuable information to us and also to our funders, and otherwise happy trails.