

TRANSCRIPT

Practitioner Panel Session: What Does Trauma-Informed Practice Look Like in Schools?

March 8, 2016

FEMALE SPEAKER

Definitely some future social workers and educators for us, thank you so much. I am going to turn it over now to BethAnn Berliner, our partner at REL West at WestEd, who's going to facilitate the panel discussion.

BETHANN BERLINER

Thank you. Can you guys hear us back there? We have got these funny headsets, yes? Okay, good. Well, good afternoon. I hope you all enjoyed your lunch and have happy bellies, met somebody new, or reconnected with somebody you haven't seen for a while. I know I did, which was really great. I also hope you had a chance to visit with the resource tables in the back. If you didn't, I strongly encourage you to check them out during our afternoon break.

In just a few minutes you're going to hear from a panel of educators who are really key for moving what we've been talking about—trauma-informed practices—from add-ons and things on the periphery and extras to being fully integrated into the mainstream, into the fabric of what we do in everyday life in our schools. And listening to this morning's presentations and to the student poets from Washoe and to these amazingly articulate 5th graders who just gave us a tour of their Wellness Center, I can't imagine that anybody here really needs any more convincing that this is really where we need to go—the direction we need to move—in order to create more nurturing and transformative schools for all of our students, but especially for those who've experienced trauma in their young lives and faced some really big bumps and hurdles.

On this panel this afternoon we have five social workers, mental health therapists, counselors, clinical intervention specialists, and veteran K-12 educators, who across the arcs of their individual careers and across their careers together have been teachers, special educators, clinicians, trainers, community builders, research partners, and policy advocates. This really impressive lineup of titles goes to show that the work of dealing with trauma in our schools is not done by any one role type, it really takes all of us; and that's just to amplify the theme that we heard throughout this morning's presentation: that this is the work of us all.

The panelists bring varied expertise from different community and school contexts and are very wise voices from the real world of supporting student needs in our classrooms. It's my pleasure to briefly introduce each of the panelists before we hear about some of the amazing things that they're doing in their schools. I'll start with those of you who came from the Bay Area and then

I will cross the Sierras—and when I mention your name can you just, like, wave to everybody so they know who you are? First over there, she came the farthest, is Jen Caldwell, a school social worker who developed and is the lead clinician from the Wellness Center that you just saw on the video tape. She is at El Dorado Elementary School in San Francisco Unified. So we had the good fortune of having a sneak peek into your workplace, so thank you for sharing that video.

Across the Bay is Robyn Ganeles, who until recently provided direct services at Cox Academy in East Oakland, but who is now the assistant director of Clinical Intervention Services for the Seneca Family of Agencies, spanning schools in the Oakland and San Jose school districts as well as a number of charters, where she and her team offer individual therapy, trauma groups, and leadership in developing holistic, trauma-sensitive schoolwide practices.

From Clark County School District in Las Vegas is Bob Weires, an educator wearing many hats to support students in the nation's fifth largest school district. Among other things, he supervises psychological services, mental health transition teams, and the district's Department of Student Threat Evaluation and Crisis Response.

From Lyon County is Michele Watkins, a clinical social worker with an extensive background providing school- and community-based support for students and families in rural areas. She is the executive director of a nonprofit agency that provides behavior and mental health supports and oversees the student assistance at Dayton High School.

And from right here in our own backyard in Reno is Megan Evans from Washoe County School District—a counselor and therapist who also wears many hats to support local students, including offering individual, group, and family counseling. And she currently serves as the counselor for the districtwide intervention focusing on trauma supports, violence prevention, and social-emotional learning. So thank you all so much for joining us here today.

So I'd like to start our conversation with each of you taking no more than maybe just two or three minutes to sort of set the stage, set the context—to briefly describe first, your school or district or community context. And then second, to sort of answer the question, “Why did you adopt trauma-sensitive practices?” To unpack for us just a little bit—what are the student and school challenges that you're really trying to address? So I think for this question I'll start with you, Robyn, and we'll just go right down the line; so just two or three minutes to set the context.

ROBYN GANELES

Okay. Hi, I'm Robyn Ganeles and I work with Seneca Family of Agencies in California. I'm with the All-In program. All-In stands for Allied Interventions, and we've developed an Unconditional Education model. And our, our purpose or our mission was to make sure that every child has the opportunity to attend their neighborhood or community school, and at that school that they would receive an inclusive learning environment where they could get all the needed supports and, and that they feel safe and respected in that environment.

And so as BethAnn mentioned, I work primarily in schools in the greater Bay Area—so we have schools in Richmond, California; Oakland, California; San Jose, San Francisco—and what we know about the, the populations at the schools that we partner with, they have experienced high levels of trauma, they're in high-risk, high-risk neighborhoods and high-risk communities. So some of the risks that they experience, poverty is one of them—at Cox Academy, which is where I began, 98 percent of the students receive free and reduced lunch; there is a high level of community violence in that neighborhood and gang violence. And these are some of the things that we're working on when we're working with our schools to better understand how to support the kids that have experienced trauma.

MEGAN EVANS

Hi, I'm Megan Evans from Washoe County School District right here. I'm with the PEACE Grant, which is a relatively new grant started last year and we really got rolling this year. And the goal of the PEACE Grant is to intervene with students who have experienced trauma or violence in their lives and hope to kind of break that cycle of future trauma or future violence. PEACE stands for: Prevention of violence; Educational and social-emotional learning; Ambassadors to schools; Counseling services for students and families; and Empathy shared with everyone. Our grant came about after a series of tragedies that have kind of touched Washoe County School District, and what came...became very clear was that tragedy has become much more the norm than I think we want it to be. And there was a grant with Sparks Middle School for helping students from the tragedy there, and Katherine Loudon, who is my superior, came and wrote the grant for the PEACE Grant.

Our grant covers the North Valley schools primarily, and then we also include Inspire and Innovations, which are two alternative education programs in Reno. I would say some other things about our district—it is large and I think that's part of the reason we really looked into the North Valleys. There are no supports up there for mental health; there's barely any medical supports, there's nothing for the kids to do up there, so there seems to be a lot of violence and some unhealthy trends coming out of that area. So this grant was written primarily to help that area. And some other things going on up there—we've got poverty, we've got a lot of families living with families living with families, stories of kids living in broken-down trailers in the back of their, their friends' houses—you know, all these different things and lots of pervasive trauma going on. Any student I get, it's, it's trauma upon trauma upon trauma when they come and see me. So, thank you.

MICHELE WATKINS

Hi, I'm Michele Watkins with Central Lyon Youth Connections in Dayton. And I'm going to bring a perspective coming from a social worker and also a community worker because I'm involved in Healthy Communities Coalition of Lyon and Storey County, so those will be my perspectives.

Of course, Lyon County has probably 12 or more communities but only 5 of those have schools in them that serve K-12. The population, I believe, is about 7,600 students that attend the rural...from the rural communities to our schools. The cultural population, though, is very different and unique...[sorry about that, this little ear thing, okay]...we have rural farming and

ranching communities, we have mining, we have industry, and then we're also a bedroom community where people are driving very long distances out to work. We only have one community recreational center and that's in Yerington, which would be an hour's drive away from Dayton or almost an hour from Fernley there, and that's a Boys and Girls Club. And we have no public transportation.

So affordable housing...and I think the rural setting really brings people to our community. Within the past eight years, though, we've had economic growth and then all of a sudden when the economy took a dive, we have had lots of disaster with that. So our populations that we see that are most stressed, of course, are the ones that we have been talking about today: are families and children living in poverty; we have migrant workers, we have Hispanic and native populations, transient students, culturally repressed families, families that have mental health and disabilities. And then we're seeing our senior citizens that can't meet their basic needs in the food banks and they are raising their grandchildren, and I'm sure a lot of us see that as well. So many of our students, again, are living in hunger who haven't had...inadequate healthcare, divorce, living with other family members, grief and loss issues. And so currently through our school assessments, we've seen a rise in children not having their basic needs met. We've also seen behavioral and mental health problems and parents not engaged in learning.

ROBERT WEIRES

Hi, I'm Bob Weires from Clark County School District. Can you hear me? Yeah? I have a very weenie voice so if I start peeling off, you guys let me know. The Clark County School District context is a big piece of it—fifth largest school district, official count for students in 2015-16 was over 319,000 kids; unofficial count I heard just the other day was we're already well over 320,000. We are constantly growing. We are constantly changing. You heard a reference this morning about a 29 percent average for transiency rate; we have some schools that have doubled that margin year to year to year. By the end of the school, it's a completely different school than it started at the beginning of the year. You heard a story this morning about a young student, elementary...primary grade student who was disrupting the entire school; 5-6 years ago that was an infrequent occurrence. Now in some of our schools it is a more regular...I'm sorry to say a very regular occurrence.

So we have a constantly changing population. Probably the best example, too: from 14-15 to 15-16 we jumped from a free and reduced lunch from 57.5 percent to 62—a one-year jump of 4.5 percent. So that 3 in 5 kids are on free and reduced lunch, 1 in 5 kids limited English proficiency. Beyond the basic needs of growth and associated with the pattern of an urban school district...[that's not good]...we have been seeing some acute problems that increased our attention to the need for mental health services...can you still hear me? Okay, just a couple of examples. In 2010 we saw a spike in the documented suicides for children within Clark County School District—nearly doubled in that year and scared a lot of us, driving a need for more acute attention and intervention relative to students in crisis. Over the years we see an escalation at the school level of needing to intervene with students in crisis. And concurrent to that you also saw for a long time escalating numbers of kids that were receiving discipline issues.

Also growing along—and something I will talk about later today—the other questions is, we saw a lot of kids moving in and out of hospital placements from the school, into hospital, and back relative to mental health issues. We had no idea of how many kids; half the time we couldn't even see them coming. So there's huge challenges associated with Clark County being a large urban district that's constantly growing and changing, acute problems that are developing. We saw a huge need immediately to address crisis issues, to be very reactive, but we...get better at what we're doing, but a long-term solution has to be in moving down so that we're addressing more supports for at-risk kids and even more preventative education under a multi-tiered system of supports.

BETHANN BERLINER

Jen.

JENNIFER CALDWELL

Oh, I'm not used to being on a microphone. So I'm from El Dorado Elementary School, which is in the Visitacion Valley neighborhood of San Francisco, so that's kind of the southeast section of the city. It's...our school is housed in a primarily working-class neighborhood; most of the kids that we serve live in the nearby Sunnydale housing projects, which is one of the more violent areas of San Francisco. And we got introduced to trauma-informed practices about seven years ago; there was an article in the *San Francisco Chronicle* about the high number of San Francisco Unified students who had PTSD symptoms. And so the school district was thinking, "What is it that we can do to combat these symptoms and these problems that are resulting from the exposure to trauma?"

And so our school was selected to partner with a program called HEARTS with UCSF. And the whole goal of the HEARTS program was to train staff and teachers on how to work with students and...who had experienced trauma, develop schoolwide systems and structures, and then also to provide interventions to students on site. And so we were fortunate to have an administrator at the time who was really all about the whole child; he really strongly believed that in order to be able to learn, a kid's social-emotional needs had to be met. And so that was one of the reasons why we were chosen to participate in the program, was because we had an admin that was really advocating for that and really believed that that was the way to help the students ultimately be successful in life and successful academically.

And at that time when we started working on...with the trauma-informed practices and shifting to that lens, we were struggling with really big disruptive behaviors. When I first started working at El Dorado six years ago, I was shocked to feel like I was stepping into what felt like a day treatment facility with teachers and staff that weren't trained to work in a day treatment facility. Kids fighting, literally climbing out the windows—it was really a complete chaos with little to no structures or systems, really poor attendance issues, lots of suspensions, really regular staff turnover, and just kind of feeling like you're in crisis mode all of the time.

BETHANN BERLINER

Thank you. So everyone here in this room today is really interested in learning from you guys about the trauma-sensitive supports that you are using to address student needs. So—sorry, Jen, I’m going to start with you because you’re elementary focused and we’re going to work our way across here—but starting with Jen, followed by Megan; since you’re both working in elementary schools, can you please describe for us some of the key on-the-ground practices and share some specific examples of what you do, what does it look like, so that people can leave here in their mind’s eye with a picture of that. So, Jen, why don’t you kick off this discussion and you’ll each have about five minutes to really dig in and describe what it is that you do.

JENNIFER CALDWELL

Okay. So we have a lot of systems and structures that we have developed over the course of the last seven years to support students who’ve experienced trauma. And a lot of what we really try to do is focus on our Tier 1 intervention, so to get that kind of base of supports really strong, which then helped us kind of decrease the number of Tier 3 kids. And so what that kind of looks like is all of the classrooms at our school have a peace corner or a peace table; so that’s something that now is universally done in all of our K-5th grade classrooms. We have the Wellness Center that you saw in the video. We have a schoolwide PBIS system which is our Super Me’s that we’ve been doing for about three or four years now at this point. K-5 classrooms are all receiving Second Step lessons, so that’s...that social-emotional curriculum has been implemented schoolwide. We have yearly staff trainings and restorative practices and trauma-informed practices so that’s...start at the beginning of the year and then, hopefully, if we can get on the PD calendar, also done throughout the year as well.

We have a mentoring program at our school. The teachers have a real focus on relationship building, all teachers are using classrooms circles—at least having a morning circle and a closing circle—one of those is happening in every classroom and hopefully a lot more also to address conflict. And we also...last year one thing that we did that’s been really helpful is we extended our trainings and our Wellness Center hours to support our after-school program that’s on site. So that way those...the students are being supported all the way—well, almost all the way—to the end of the time that they are at El Dorado. And then, also, those staff are being trained so that they can continue the work that the teachers are doing during the school day. And I guess as far as what I do during the day, it kind of looks different depending on the day, but I am...sometimes I’m manning the Wellness Center, I’m doing groups, working with kids individually, consulting with teachers, doing classroom lessons, case management, parent meetings, lot of different things.

BETHANN BERLINER

Thank you. I know Washoe works closely with both elementary and secondary schools. So, Megan, feel free to talk about elementary practices as well as what’s going on in your secondary and alternative schools.

MEGAN EVANS

Okay, and right now I'm mostly in the secondary.

BETHANN BERLINER

Mostly in secondary, right, okay.

MEGAN EVANS

So I was going to go back a little bit—that I came from a history of really wanting to get this trauma-informed practices out into the gen ed population—I'll use my SpEd speak for a minute. I came from a special ed setting where we were doing day treatment. When I got my counseling degree I went in to work at a program that's an alt ed program for kids with mental health disabilities that impede them from being successful in the general ed setting. So I...in the past, oh, it's been like 10 years, I really grew a passion for what helps these kids be successful—how, how are we helping them be successful in this small setting, and how can we transition that into the bigger setting?

So when this opportunity for the PEACE Grant came about, I really felt like this was my chance to help do that. And so that's a lot of what shaped me—was my mental health background and my special ed experience and wanting more kids to have access to that, because we all know that trauma doesn't just happen in special ed, it also doesn't just happen with kids we know about; there are so many we don't know.

So a lot of what we do, we do...and I do a lot. We're offering more therapeutic services in the North Valleys. So what that entails is we started with some PATS groups, which, if you guys know, when kids get in trouble for violence, they usually have to go down to another school that's about 15 miles into town and take classes with their parents because they're in trouble, because they were using substances. And what we've done up in the North Valleys, and specifically at North Valleys High School, is put in two groups: one for violence and one's for substance use. And the kids are now able to do more therapeutic groups rather than going down and having a psychoeducational class. They're actually able to process their reasons for use, their reasons for violent behavior, different things like that. We've also got going some MFT support, so marriage and family therapists we're starting to get into the schools, which has been phenomenal, especially in the North Valleys. The thing that we've experienced out there, like I said, is there's, there's next to no resources out there. And so we're getting some MFTs to come out and start working with the children and families who have experienced trauma and violence.

We're hoping to expand that to after-hours as well because we're finding families have different hours and to get them what they need, we need to be a little more flexible. And we're contracting with local groups such as Quest Counseling—they come in, they do our violence...our substance use intervention class as well as a group called Seeking Safety. They work with students who have experienced trauma, some of which in our schools, and do some groups so the students can learn skills to use when they're becoming disregulated or escalated—they now have some skills in place that they can go to to use.

On top of that, we also have evaluations through Quest Counseling for substance use as well as I run some groups every week. I also do individual counseling. We have two social workers now on site with us—or in our area with us—who are amazing, and they get the basic needs met to families with that pyramid they were showing earlier—that kids can't learn until they have all these things in place. It's so awesome to have social work in there now because they really are...they're getting to the base. I mean, we're taking families food, we're getting them clothes, we're helping them fill out forms to get insurance, and that's been an amazing change this year that I've seen. And then I also attend all those family meetings, school meetings, try to get as involved as I can so that we're bringing in a mental health component to helping teach the whole child.

BETHANN BERLINER

Thank you. Michele, I understand that the work you are doing is really communitywide, but you're also providing very targeted supports to the students at Dayton High. Can you tell us about some of the practices that you're putting in place in this very rural high school?

MICHELE WATKINS

Sure. One of our programs is called Project SUCCESS, and it's an evidence-based program that was adopted 11 years ago, and we only had it in two schools. So basically, it's a student assistance program that has about four components to it—one of them being, we go into the ninth grade health classes and we teach social skills and we...different kinds of topics regarding like stress management—and we talk about normal adolescent development, because you know all of our teens think they're bipolar, right? I mean, if you start talking, they're, like, “Yep, I'm bipolar”—and then other topics regarding peer pressure. And so we go and teach those eight sessions. Sometimes it can be pretty challenging with all those little ninth graders, but what we found is that we can identify kids right in the room that are going through difficulties. You know, you can see their faces and then, and then they will come forward, too, if they need extra help, so we're catching them right then in the ninth grade.

Another component is, we do assessments and referrals. So kids are brought to us for a variety of different reasons, whether it be academic, mental health problems, of course suicide—ideation right now is huge as well; it's, it's scaring us, too. We just had a suicide—a ninth grader took his life in December, and so it's been very upsetting for our community and our staff. So our Project SUCCESS counselors can do those assessments. And then we also do individual support because we know our school counselors are very busy and so they are just very happy to have us there to help them. And then support groups are also developed depending on what the need is.

So most of my counselors right now are doing stress management, emotion control, lots of grief and loss groups over the years. I mean, I've been in these schools for 26 years and I don't think I've seen so much grief and loss until lately, honestly. So we are so fortunate right now because we have some Safe Schools money and then the social work money, which is, like, fabulous, so we've been able to provide these programs in other communities. So now we have

Project SUCCESS in four of our high schools and will be...we have it in one middle and we're going to expand it to another middle school as well.

BETHANN BERLINER

Thank you. And Bob and Robyn, your work crosses multiple schools in multiple districts, or districtwide in the case of Clark. Let's start with you, Robyn, and hear a little bit about the supports being used in Oakland and San Jose and some of the other urban areas. And could you tell us a little bit more about the Unconditional Education Coaches, what the role of the coach is? I just find that to be a, a new and really beautiful professional title to be an Unconditional Education Coach.

ROBYN GANELES

Yeah. So, so we work in schools. We work from TK all the way up through high school. And our Unconditional Education model...and those of you that are familiar with clinical language or maybe just have heard of Unconditional Care, it's the belief that care should not be conditional. And so we've extended that to be that education should not be conditional. And, like Megan was saying, we want to support kids in a gen ed setting and not separate them out and put them into a special education class or separate special education kids from the gen ed population. So we're working in all of our schools to, to build supports through the RTI model, which I know Jen mentioned, too.

So our Unconditional Education Coach is a position that's funded by a federal grant, the i3 Grant. It's funded for three years, so we're still in the process of, of...we're in our second year of this model and then...so it's funded through three years and then we'll have to see from there how it goes. But our Unconditional Education Coach is really responsible for coordinating all the services and collaborating and providing as a liaison between service providers and administrators and school staff. And one of their main roles is also to gather data and do progress monitoring—which I'll talk about in a little bit about what types of data we're gathering, but—and then sharing that out with the schools and with the families and the communities and the students so that we can really track what we're doing and what's working and what isn't working and where we still need to work.

So I will start with Tier 3. And Tier 3 are the, the kids that need more individualized services or supports, and so our clinicians provide individual counseling and family therapy. We also go into the communities and work with families in the community and we provide intensive case management. Part of that process is also working with kids with individualized education plans and really working on building that family engagement with the school.

In our Tier 2 level, we are providing Push-In and Pull-Out group services. We provide social skills groups, CBITS groups for the sixth grade and up, and then for the elementary schools, the Bounce Back group, which is the equivalent of CBITS for elementary school kids. We also do zones of regulation, social skills groups, and grief and loss groups. And then we've also pushed into the classroom and done full class trainings or teachings about anxiety and what anxiety can do in the body and how, how you can tell if you have anxiety, and so we develop

curriculum for kids, too, to start to build that awareness with it...for, for the kids so they can learn what's happening in their body and how they can understand it.

And then, what I really want to focus on—since we've talked a lot about kind of Tier 3 and Tier 2 interventions—is what we're doing on a Tier 1 level. So some of the assessments that we do...and when we partner with schools we have a couple of assessments that we require that schools do and, and these are done oftentimes multiple times throughout the school year. So the first is the School Climate Assessment Instrument and it's called SCAI, and that, that's given to school staff, parents, and students to fill out. And it really works on identifying the strengths of the school's climate and culture and then areas where the school wants to focus their attention to build climate and culture in order to create a safer school environment, and a...an environment that feels more inclusive for all students and for families to feel welcome there.

Then we also do a social-emotional screener which teachers fill out for each of the students, and this is really focused on observable behaviors. So we're not asking teachers to diagnose kids. We're really focusing on observable behaviors so that we can start to get a sense of what kids might need additional supports and how we can start to divide our resources so that we can support the kids, and the supports they need. What this, what this screener also does, though, is let us know which teachers might need additional support. So if teachers are screening, are, are filling out the social-emotional screener, and they have said that 60 percent of their class are, are engaging in the high-risk behaviors, that's a, that's a sign to me that perhaps the teacher needs a little bit more support and not necessarily 60 percent of their students. So that's where we do a lot of coaching and...coaching and consultancy with the teachers around building culture in their classroom and putting behavior management systems in place and positive behavioral systems in place...excuse me...systems in place, which brings me to our next assessment, the Positive Behavioral Interventions and Supports Tiered Fidelity Index.

And I know Christopher Blodgett mentioned that PBIS is something that we...is closely aligned with trauma-informed practices, and we do, we do work with PBIS in all of the schools that we partner with. But we really want to make sure that it's being implemented with fidelity, and so we do, we do these—the Tiered Fidelity Index—which we give to the school climate and culture committee to measure and to fill out.

Then we also have a trauma-informed matrix which, which looks at trauma-informed practices across five categories. The first is staff development, the second is the school environment, the third is policies of the school, the fourth is engagement of families and students, and the fifth is service provisions. And so we ask schools to complete that so that we can be aware of where we might need to put in additional supports in order to make sure that trauma-informed practices are being implemented throughout the school.

And then the last one is the Annual Implementation Plan where the coach, the Unconditional Education Coach, works closely with the school administrators to look at all of the collection of data and to really identify goals that they want to...that they want to focus on throughout the school year. And it's based on the data, the data that they've collected from students, from

families, and from the teachers that have filled them out. So that's, that's where we're working in the Tier 1 level.

And what comes out of that a lot of times is, is us going in and providing trauma-informed education PDs for staff. And when we say "staff," we mean all staff at the school: we mean classified staff, we mean yard duty staff, after-school staff, teachers, janitorial staff, cafeteria staff, administrators. We, we really believe that anyone that interacts with a student should have a common language and a common way of interacting with the student and come from a common perspective of how to build relationships and create a sense of safety.

We also provide crisis response trainings for teachers as well as self-care and vicarious traumatization for teachers because we know that they are the ones on the front line. And I know a number of speakers here have mentioned that we really need to support our teachers in kind of being self-reflective and taking a look at themselves and maybe even identifying their own traumas that they have experienced and how they can get support around that so that they can be available to build those relationships with students.

And then we also support the social-emotional curriculum at schools. I know Second Step has been mentioned quite a bit and a lot of our schools have adopted Tool Box as their social-emotional curriculum, which is also great, and I highly recommend looking into it. And that's, that's kind of where we're focusing on a Tier 1 level to support our schools.

BETHANN BERLINER

Great, thanks. And, Bob, your work reaches across a very large district. Can you tell us a bit about some of the trauma-informed practices found in your schools?

ROBERT WEIRES

Yes. We're hoping we get down to Tier 1 and Tier 2, but as a large district we're still trying to get our arms around growing mental health issues and the need to intervene with students and, and reduce crisis level events for, for students. Very briefly I'm going to highlight a couple of things that we've been focusing our concentration at the district level to make a difference and intervene at the, the least intrusive level possible.

Number one is, we have developed a suicide intervention protocol and we've mobilized teams at the school level that's comprised of school counselors, school psychologist, school nurse, and, where available, school social worker. These are clinical interviewing procedures that are implemented by some combination of those two to help them differentiate medical issues versus more violent criminal behavior. So we're dealing with more mental health types of issues. We've also established procedures so we can inform our school police officers to say, "You know, this is a child who probably needs to be hospitalized," versus intervening at a least restrictive level. We've done a lot of work over the last four years. Systematically we've reviewed and revised these procedures and then we followed it up with training. And I don't want you to lose sight of the scope of what we're talking about here: over the last four years we've systematically trained and re-trained about 180 to 200 licensed staff members in psych services—and predominantly school psychologists—approximately 200 school nurses, 650

pushing 700 counselors, and then our small social worker department—about 30 of them. We’ve systematically reviewed procedures and trained year by year by year. So we’re getting better about addressing crises to help keep kids out of detention, out of being sent home for discipline issues, being sent to the hospital.

The second element is our longest-standing specialty group, and that’s the Department of Student Threat Evaluation and Crisis Response. These are very specialized, gifted people who—we’re talking five psychologist positions and four counselors—who do a variety of services in support of schools. Those include crisis intervention, may either direct support or increasingly consultative support to the school-based intervention team. They also conduct threat assessments and comprehensive evaluations. They’re the only element in town to help schools organize on critical event and postvention; just today they responded to a school where there was a loss of a staff member to make sure that there’s counseling supports in place for kids and for staffing, to get everybody organized.

They also follow some of the kids with the significant ACES—would be a good descriptor of that—kids with very chronic issues who need integration back into schools from, from various locations, and they provide some counseling support and some integration supports for back into school. They also do a lot of training. They’ve been around for about 12 years. It grew out of a grant, it grew back into psychological services, but they are fundamental at a district level to help provide additional services at the school level to intervene with crisis events for individuals and groups of students.

The third group...I mentioned that we saw a lot of kids floating in and out of hospital placements, predominantly acute placements, on a short-term basis. We mobilized what was...we developed what was...we refer to as a mental health transition team. And these are some dedicated people—it’s a multi-disciplinary staff: a psychologist, a nurse, a counselor, and a social worker. And we systematically targeted relationships with three entities: the hospitals where they first...parents were dealing with these issues of the child being placed in the hospital and what to do and how to bring the child back to school, with the families themselves, and with the schools.

Just by sheer numbers, last year we processed 1,485 referrals in relation to kids transitioning back from hospital placements. The year before, it was...who knows? Because it was done very informally at a school level, a lot of those kids we missed. In terms of crisis intervention—I mentioned that before the suicide intervention protocol, over 2,100 documented interventions last year of kids in crisis where we intervened.

We have a lot more going on in the district, trying to push down into more supports for at-risk kids in Tier 1 educational preventative. We do have initiatives related to positive behavior supports, juvenile assessment center which is a collaborative we’re trying to get out...underway down in Clark County that involves Department of...Division of Child and Family Services, Department of Family Services, Juvenile Justice and so on, so that we can do some initial screening and line them up with appropriate resources. We’re looking to place social workers and mental health providers under SB515. We had a number of positions assigned to our schools. Our early childhood program is fantastic; Early Childhood Special Education, Julie

Kasper, from pushing the TACSEI model for positive behavior support, social-emotional learning, for years. So we have a lot of other things, too, but as a large district we continue to struggle with getting our arms around Tier 3, being effective in intervention so that we can push down and address...get it down to more helping earlier at-risk kids and even preventative education.

BETHANN BERLINER

Thank you. So all of us here in our real world of working with kids and schools and making systems changes, we know that this work is really hard and really messy and it moves slower than we want. But given the experiences and building on all the good work that you guys have just described for us, can you tell all of us: what do you think is really making the biggest difference? We'd like to hear about some of the positive changes that your students or your fellow educators or your schools are experiencing since adopting some of these practices. So if you can just share some specific examples I think that would be really helpful. So, Robyn, why don't we start with you this time and take roughly, I don't know, maybe like three minutes to describe some of the things that seems to really be working.

ROBYN GANELES

Sure. So I think it's best if I speak about a specific school, and the school that's nearest and dearest to my heart is Cox Academy because that's where I started as a clinician. So at Cox Academy, it's where we've had our partnership for the longest. So we've been there for about five years now, with the Unconditional Education Coach being there for two. And now that we've started...and by the way, so we had a change in administration every year for four years that I was there. This is the first year that we've had the administration for two years in a row, not to mention the fact that I think, I think Megan was mentioning that, or maybe it was another person on the panel, but was mentioning that the, the environment that we were working in, we had kids that were engaging in very high-risk behaviors. They were running out of the classroom, they were pulling down all the bulletin boards, they were trying to run out of the school building into the streets, they were kicking staff and students. And so we saw some real shifts mostly from...so what...one of the biggest lessons I've learned is that it can't just come from the top-down and it can't come from the bottom-up; it has to be a mix of both. And so in some cases we had teachers that were really on board and administrators that weren't and so the administrators didn't have policies and resources in place to support what the teachers wanted. And then in other cases, we had the administrators kind of slap down, like, "This is what we're doing" and the teachers weren't quite on board, and so the teachers didn't feel like they, they were aligned with what the administrators wanted.

And so in the last two years, I would say, with the use of a lot of these assessments that we are giving to the parents, to the students, to the teachers, to the administrators, we are getting information from all of the important stakeholders. So that we were really able to develop goals that were, that were realistic for our school community at where we were. And so we could really start to see the progress. And I would say that I've seen the progress start by number one, being able to get on the PD calendar; we have three trauma-informed education

PDs on the PD calendar this school year to really focus on, to really focus on trauma-informed practices.

In one of those—which is one that I lead—we talk about...and I think Christopher Blodgett used the term “encoded lessons”; from Seneca we use the term “internal working model.” And so basically it’s the internalized belief that kids have developed based on their early life experiences. And a lot of times for kids that have experienced trauma, that belief is, “My world isn’t safe” or “I don’t trust people.” And so we really worked with teachers to develop an understanding and a language around this idea of the encoded lesson. We developed an internal working model worksheet that we could...that clinicians could sit down and do with teachers until they felt like they had mastery of the tool themselves so that they could work and, and basically identify interventions that were really rooted in providing the child with a different experience—something that was going to disconfirm their beliefs that they had developed. And, as we know, it takes consistency across adults and time for kids to have this different experience. And so creating a common language and a tool that teachers could use to really root their interventions and something that was going to be specific to what that individual student needed, not some blanket intervention that you think could work for all kids, because we know that doesn’t work. So we really worked with teachers on building their capacity to understand how we developed treatment plans and how we build interventions in order to support kids. And then from there...and, and all of it is rooted in building an environment of safety and trust which is all rooted in building relationship.

And so from those trainings what we’ve seen is teachers starting to reach out and build relationships with their most difficult kids—kids that they would otherwise send to the office. So we really track office discipline referrals and we track the different methods that teachers use in order to intervene with kids, and we’ve noticed a real shift in teachers coming back and responding to kids in a way that really promotes relationship building. And so I would say that that was the biggest shift that I’ve seen over the last two years and, and, and I hope it continues.

BETHANN BERLINER

That’s wonderful. Megan, what are some positive, positive changes you’ve experienced?

MEGAN EVANS

Well, it’s funny that you were talking about the way that teachers kind of shift and I was reading my notes and going, “Oh, yeah, that’s about what I was noticing, too.” From the beginning of the year, even this year when the teachers that...you know...staff admin, you know—“The kid’s being bad, he’s misbehaving, he needs to get in trouble for this”—you know, kind of that mentality, to now when we notice kids are having trouble or their behaviors are escalating, they’re asking more questions like, “I wonder what’s going on, I wonder if something happened in the student’s family or...” you know, really trying to problem solve rather than just, “It’s the kid’s fault, let’s put him over there and, and move on.” And that’s been just absolutely heartwarming to me just to notice the shift in language. And some other things that we’ve had that have started to come up are an increase in the community services

coming out into the schools, coming to support us; that's been huge. And I know that there is plans in the works to continue that and I'm very excited to see this continue on because I...a lot of the speakers were talking about kind of that community in schools and, and that's something, I think, especially in the North Valleys, we're missing. There's not a lot of community up there, so to get in what we can is just huge. We just have the families is what I mean; we don't have like the businesses and the, you know, adopting schools and coming in and doing all these different things, so that's been a huge positive.

Personally, in seeing all the students I see, and in thinking about what I was going to answer for this, it changed every week because every week there's something new happening and another student has done something amazing that I feel like we... wouldn't have happened without the PEACE Grant and without what we're doing for them. And just as recently as last week—it started the week before last—I had a group and a student came up and, you know, she was just kind of saying, “You know, I need something but I'm not sure what,” and, you know, we continued to talk and it turned out she was expressing some pretty high suicidality; I mean, she had some very high ideation. And firstly, for...to be a support for her to come to, she had the group...she felt secure enough during group to say, “Hey, I need to check in after group,” and then to wait around and then come up and have this discussion was huge.

Then, you know, the next step is we need to get some people involved to get you, keep you safe and, and get your needs met and to be able to call, you know, the mobile crisis unit, who had no teams available but the director came out and, you know, helped assess the student; the, the family came in, we were all able to work together, the school was there. And since then, mobile crisis has continued to come out every other week to work with this student until they get things in place because we decided not to go to West Hills, which is our acute care for mental health issues, and decided to try and work this in a different way. And it's been very successful. I...you know, I check in with her among everyone else: her counselor from her other grant, her, her school counselor, and it's just been amazing to see that all work together and that's...those are the parts where I realized that this is, this is awesome and, you know, hope that we can get more going this way.

BETHANN BERLINER

Great. Michele, what are some good things that you see are happening in Lyon County?

MICHELE WATKINS

I'm going to talk from the community perspective for a minute, okay? I get to switch hats. But anyway, using a collective grassroots approach really has brought a lot of intentional services. So when our...when our economy took that dive in 2008, you know, it brought forth a lot of different issues. And so our school district really was the key in helping bring all the partners together through our coalition, called Healthy Communities Coalition, and taking a look at what we have and strengths as a partnership and what the school needs. And so that, that was, that was real big.

And so from that we developed a health hub in 2013. And those are service providers, mental health providers, school and community volunteers all working towards the same goals. And then, of course, with the Safe Schools money—that really helped launch off a lot of our programs. It also helps families enter the system at any point, so currently as partners we have school gardens, we have food banks with Backpack programs, we have student assistance programs, we have school resource coordinators now that help bridge the gaps of service between our schools and our families. We have mental health and prevention and intervention services, youth employment and volunteer opportunities. And it really is our belief that not all kids and families need mental health; sometimes they just need those resources and connections to the community, so we use a case management approach with our resource coordinators doing that.

As far as the school level goes, I think our school admin is fabulous—I mean, they really have a passion in working with young people, just like all of you as well. And so as a team we try to approach some of these problems. So instead of, you know, a kid that's suicidal getting put into the counseling office and then, and then, you know, just not knowing what to do in a rural community because we don't have a lot of resources, we try to work as a team as far as our counselors and our nurses are very important and our juvenile probation officers as well. And so just trying to get those prevention and intervention services in that respect is good.

So another thing we're doing is Signs of Suicide screenings. We started those a few years ago and we were only doing them, like, in the ninth grade health classes, but now we've expanded to do those in, in all of our classrooms with all of our students. And, of course, that's brought forth a lot of issues, though, sometimes, but it's a, it's a good screening and we definitely need it.

Also in, in our schools, when a kid was suicidal they would call the police department. So imagine that, in a small community where maybe the night before that officer came to your house, maybe there was a domestic issue, and then here he is at school because you're thinking about committing suicide. So thank goodness that's kind of stopped in, in some of our schools and they are actually using our counselors to do their assessments.

BETHANN BERLINER

Thank you. Bob, what would you like to add from the Clark experience? What are some positive things that you are seeing from your good efforts?

ROBERT WEIRES

Well, I...two trends that we see as very welcoming. First is, we are starting to see more effective, or more successful, partnerships with the community entities, and I'll give you just a couple of examples. I mentioned the mental health transition team and seeing over almost 1,500 referrals processed last year. We probabl...we had tried to develop it about five years ago and it was a false start, it didn't work, and this time we actually worked with the community entities to help us get it underway. The Clark County Children's Mental Health Consortium in general and Nevada PEP in particular...very instrumental in helping us develop procedures, give feedback, and so on and I think it's a huge reason why it's actually working this time.

Second of all, in terms of the suicide intervention protocol and intervening with kids in crisis and trying to deescalate them, we picked up partnering with the Division of Child and Family Services mobile crisis team also. And it's been huge in terms of an extension of providing services, wraparound services for 30 days, something beyond the capacity of the schools to provide the families and students. And we actually...I think as a combination of that reviewing procedures, training, and pulling in mobile crisis, we saw a 35 percent reduction in the number of kids that had to go in under legal; 2,000 hospital placements this past year. I think that's huge.

And from a school district standpoint, internal to the district we also see things happening in terms of people really talking, communicating, collaborating more effectively. Our interests are always there but in many times they were parallel. You see things now...like our Operation Respect/Welcoming Schools is an initiative that looks at positive behavior support, social-emotional learning, anti-bullying activities, suicide prevention, all wrapped into one. So the different entities with precious resources and limited staff are starting to line up on certain initiatives like positive behavior supports.

The other one I had mentioned internally is by working...we talk regularly across health services, wraparound services, our social workers, psychological services, counseling; we have regular dialogue in alignment for training purposes, review of procedures and so on—much more effective. And more recently, the last couple...or couple of years ago, we were able to take the Signs of Suicide educational program and move it from a, a pseudo intervention piece where we went into schools for screening purposes and incorporated it into the health curriculum for eighth and ninth grades.

So we really, interna...from the district, making...forming relationships with community partners, I think, is really starting to get some traction and internally I think we're getting more organized along central themes that line up with trauma-informed care and general mental health services.

BETHANN BERLINER

And, Jen, since we saw the video, we know that your school is a real shining star for how to do this work right. What do you think are some of the most promising outcomes since you guys have adopted this approach?

JENNIFER CALDWELL

So we...after we had implemented trauma-informed practices and restorative practice, kind of our big, like, number data that we saw was after the first, I think, four years we saw an 89 percent decrease in suspensions and a 75 percent decrease in office referrals, so that was huge to see. And I think that that is as a result of a, a shift in the way that staff is looking at behavior at El Dorado; it's not "What's wrong with you?" it's more like "What has happened to you?" kind of like Megan was mentioning. And I think that the idea that you can't, like, consequence a behavior out of a child is a belief at El Dorado that has helped with some of our positive success. There is a common language, like adults are talking it out with kids, kids are

talking it out with each other. One of the Second Step languages is that when your brain goes offline, you flip your lid, and that's a universal language that adults and students are using.

And I wanted to share one student's story that I feel, like, kind of exemplifies the success of trauma-informed practices and when a team's working at its best. So we had this third grader last year—who I truly believe if this third grader had come to El Dorado before these services were...and this way of thinking was implemented, would have been a referral to special ed for ED, which he didn't need.

But...so this story of this friend that I will call Sam. He was a third grader last year. And he was having these really extreme blowouts after lunch where he was running through the hallway, ripping off things off of the wall, he was being aggressive to and disrespectful to other staff and students. And then people were having to be following him around the school trying to keep him safe, trying to keep other kids safe, and then it would kind of all culminate in him, like, just like sobbing on the floor somewhere. And so instead of trying to consequence this behavior, the team got together and thought, "What is happening to the student, why is this, why is this occurring?" And this is a student that has had complex trauma experience in his life, but we found out that there was...well, we had known that there was a shooting in a nearby playground over the summer that happened in broad daylight at 1 o'clock in the afternoon that about 83 kids in San Francisco Unified witnessed. And through some, I guess, maybe sneaky back channels, we found out that this child was somebody that had witnessed that and that the time that he was having these blowouts was the time of the shooting. And he was also on the playground when he was having his blowouts because it was his lunch time.

And so we were able to come together with a family team and the school team and create a plan where he, at the end of lunch he got to go volunteer in a kindergarten classroom, so during their reading time, because that was somewhere that he felt strong. So he was able to build relationships, be a leader, build a relationship with that classroom teacher to kind of develop a positive relationship with other grown-ups in the school. I transitioned him there, I transitioned him back to class. The teacher changed her schedule so that reading was then what he was doing when he came back to class, so it was an easy transition back to class. We were able to loop the family in and we had weekly—not weekly, monthly—Team Sam meetings where the school staff and the family team sat together. The student was able to co-create the agenda for that meeting so it was very empowering for him to be able to participate that, in that. And then, also, knowing that relationships are so key, we started developing his relationship with his fourth grade teacher at the end of his third grade year so that he knew what he was coming into in fourth grade.

And so this kid is still exhibiting some problems but nothing to that extreme level, and then the exciting news that we got recently was that the teacher did a recent FMP assessment and he jumped three reading levels just from like fall to January, so I think that that's...yeah. I think that that's like a key example of how, when you're viewing behavior and you're viewing children from this perspective, you are uniting a whole team of people, looping in the family, that you can really have extremely exciting success. And I think that that's always what everybody says, is that the academics come once the social-emotional piece is met, and then I feel like this is just a real great example of how that actually can happen.

BETHANN BERLINER

Thank, thank you for sharing that; that's really great. Lastly, based on your successes and struggles, we know this is really hard work. What advice do you have for all of our Nevada colleagues with us here today who want to either introduce or amp up or better integrate their trauma-informed practices into their schools and districts? So I think we have about two minutes—I can't see—how much time do we have? We have about five more minutes. Okay, so you each have one minute to sort of wrap up and share your advice for your colleagues here about how to move this work forward. So why don't we start with you, Michele? You're right in the middle of the group here.

MICHELE WATKINS

I would say that it really takes community and schools to integrate services together, and that's been our focus for a couple of years and we've made big strides. So as communities and schools, we need to look at the resources that already exist and so that's how we began in that strengths-based approach, is saying, "What do we have already and what can we offer?" And, of course, in rural communities we don't have a lot of services, so we have to take a look at those first. The big thing that we've done, which has been amazing, is bridging the gap so we can collectively work through barriers of policy, because policy could just stop a lot of things. Also develop shared outcomes evaluation and also shared outcomes. And so that really means changing things. And so that's been a big lesson for us all, especially doing all those consent forms, you know, that we can share information with partners and school districts as well. But we feel very grateful in Lyon County; we have a progressive county and they, they say yes to a lot of things we ask for. Sometimes they go, "Oh, my God, what are they coming here with now?" but they have just been real forward in that. So a "yes" attitude really helps.

BETHANN BERLINER

Okay. Bob, what's your one minute of advice for your colleagues here?

ROBERT WEIRES

Well, I go into my broken record here right now. So some of the key things I would say from a large district's perspective is, be strategic. I'm always emphasizing we should do a few things, we should target things specifically based on need, do them, and do them well. The second thing is to provide consistent response so that we can become more effective and efficient in what we do. And one of the huge challenges we have with 357 schools is variability in practices, variability in support. So a huge amount of ground can be made up simply by getting more consistent in what our practices are, focusing on what our targets are, and following through consistent...consistently. And then the biggest challenge is, nothing has really changed from our game plan; we want to get better organized, more efficient, better sharing of resources, building partnerships and all that. We continue to push...to try to push down, moving away from a crisis reactive type of mode, getting down to the educational support components. How do we get social-emotional learning in there consistently? How do we provide more counseling and other types of supports for kids? How do we make that happen? We have to keep pushing to build the infrastructure for services.

BETHANN BERLINER

Great. What about you, Megan?

MEGAN EVANS

Relationships—I think it’s all about the relationships. I think being strategic with cultivating relationships in the community and those important stakeholders is not only important for...to get the services that you need for your students and families, but to also work together so you’re not overlapping things, you’re not figuring out where the holes are with the family, what they need and what’s...getting overdone can happen. It’s also, I think, really helpful for families when you refer them somewhere and you say, “Oh, I know so and so, they’re...you’re in good hands.” They feel a little safer with that move because going to go seek out mental health counseling, or, you know, something big and scary like that is, is much more helpful when someone is saying, “Oh, there’s a face there that I know and you’re going to be okay.”

The next one is being...having a strong relationship with your schools, with your school staffs, and you guys are moving around schools and I...this is my first experience with this on such a large scale, and that’s the big thing. Sometimes what I’m doing, I’m locked in my room, I’m seeing students one-on-one or in a small group and I’m not getting out there and I’m sure people are going, “What is she doing all day?” So it’s become very important for me to be out there and be visible and be, “What can I help you with? What do you need? You know? Are there any students that are cropping up that we need to have a discussion about? Do you have questions for me for what I’m doing with students?” Just to take that mystery out of what it is I actually do in that backroom office, you know, out of the way.

And then, lastly and absolutely most importantly, is relationships with your families and your students. We’ve talked a lot today about kids not feeling safe and, you know, kind of how trauma breaks into that ability for kids to be able to focus at school and think that things will be okay when they’re constantly thinking things aren’t going to be okay; to come in and have someone who’s there no matter what, that unconditional positive regard...I don’t remember what you...you know, that counseling part of that is huge, I think, for these kids. I had a student that was apparently in the office with her parents the other day and, you know, they said, “blah, blah, blah, Ms. Evans,” and they said, “Who’s Ms. Evans?” She goes, “She’s my counselor and she really cares about what I’m saying.” You know, it was like, “Oh, that’s really nice.” So I think hearing those things, you know, having kids come in and see me just because they’re not feeling safe in that moment, and, you know, I say, “Okay, what do you need?” you know, and we get him back to class as soon as we can, but they got a sense of “there’s someone there on my team.” And so I want all community members and all school district people to have...be that person for our students.

BETHANN BERLINER

Robyn, what’s your minute or two of advice?

ROBYN GANELES

I think, some of it, like, reiterates what a lot of other people have said, but, but I think really inviting all the stakeholders to the table and recognizing that all of these people are part of the team, and that includes the student and the families and the administrators and the teachers and, if possible, higher district people. But these are all people, all important players that are part of any individual student's team, and we need everybody to be on the same page. We've talked about consistency a lot. And it's really important that we're all on the same page and it's really important to the students to see us all on the same page. So I would say that my biggest advice is making sure that you're inviting all of the important voices to the table, and that definitely includes the student and the family.

BETHANN BERLINER

Alright, Jen, what's your last tidbit of advice?

JENNIFER CALDWELL

I think knowing upfront that it's a long process and that it takes...to me it seems like, "Oh, this makes sense, let's do this." But then when I brought it back to...when it was brought to our schools it was more of a shift than I was anticipating, so I think knowing that it's going to take a long time will help set realistic expectations for people. And I think what Robyn was saying earlier about, like, having admin on board but also having staff on board and having it come from top-down and bottom-up really resonated with me as something important. And I think also just, the teach...like making sure the teachers are taking care of themselves and that their vicarious trauma and burnout is being addressed, too, is a really important component because we can teach the teachers strategies and skills and school staff skills, but, again, like many people have stated it, if, if they're not taking care of themselves then they can't be the best people that they want to be for the students, or they leave the school entirely and then you're starting over every year with a new crop of teachers. So I just think that making sure that that stays in the forefront—taking care of teachers and making sure that they know what's going on and how to support themselves, then they'll be in a place where they can really be there for the students in the way that they want to be and the way that we all want them to be.

BETHANN BERLINER

Before we open it for questions, can you please join me in thanking our panelists? I'm guessing there's some of you who have some questions, we've got Noelle there with a mic. Anybody? I see a hand.

AUDIENCE MEMBER

My name's Allissa Wilmet, I'm the school counselor at Rainshadow Community Charter House...High School, and I guess my question would be to the panelists: How do you demystify and destigmatize the conversation about mental health with our parents?

BETHANN BERLINER

Good question. Anyone want to try that one?

MEGAN EVANS

I'll start. I think we run into this a ton in the North Valleys based on the culture that's out there, and a lot of it is normalization. And another big part of it is once you get a few families on board with, you know, just mental health services within the school, then some of them start to branch out and kind of look at services outside of the school and then they talk to each other. So you've kind of got to facilitate that normalizing of mental health, and I do a lot of the talks about, you know, if your child had a broken leg, you know, you'd take them to the doctor, so this, this is no different really, it's just you can't see it as readily, and so that's, that's kind of my take on that.

JENNIFER CALDWELL

I think that's a huge challenge that we face at El Dorado because it is...I mean, I often don't even call myself the school social worker; I just say I work in the Wellness Center because there...sometimes there's this automatic wall that goes up when I say that I'm a social worker to a family. But, I think, kind of speaking back to the relationship piece, like once you build those relationships with the family, you make yourself visible, then they are more open to the suggestions. And, like, we have the Wellness Center open during back-to-school nights so parents come through there with their kids and kind of get to see what we do and what we're about. So I think...but relationship building I feel, like, is critical in getting parents on board.

ROBYN GANELES

I think from our perspective, we definitely come from a strength-based approach. So we're starting off with the kids' strengths and the family's strengths and the things they're doing that really are demonstrating that these families are working very, very, very hard to support their kids, so that's one area that, that goes to the building of relationships. And then another thing that we're doing in a lot of our schools is offering not just PDs for—I mean, they wouldn't be called PDs—but PDs for teachers but also offering that same information to parents and having parents come in and receive workshops on the impact of trauma, on behavior, on development, on the brain, and that kind of goes a little bit to, to normalization but it also, it's providing families and...with, with information that they don't have, so I think that's, that's an approach that we take, too.

BETHANN BERLINER

Any other questions? I see a hand.

AUDIENCE MEMBER

Hi, thank you very much. Robyn touched on this and it's something that came to me as I was thinking about all that you are sharing; that when we went a few years ago through the zero tolerance for ATOD, we didn't necessarily focus on the teachers and the adult staff and the

people in the school setting who themselves had experienced or were currently experiencing some of those same issues. And I'd love to know if any of you are paying attention to and finding really successful ways of helping teachers and adult staff at your schools not only deal effectively with their students but with themselves, and so more specifics, Robyn, maybe, when...if you start with what you were saying you were doing for helping them become aware.

ROBYN GANELES

Sure. So, so one of the things I do is when, when I go in and I do a trauma-informed education training for staff, one area that we talk about is the empathy barrier and what gets in the way of, of an adult maybe having empathy for a child. And some of that goes into recognizing what we call, in quotes, we call it "our stuff," so the, the assumptions or the thoughts or the feelings that come up for us when we are interacting with a child that's demonstrating some incredibly high-risk behavior. And we normalize for teachers that, you know, it's, it's natural for your own fight-or-flight response to be activated when you are threatened by having a desk kind of thrown in your direction—that's a natural response. And so really giving teachers the space to acknowledge, without judgment, that whatever they're feeling, whatever assumptions they're having, we would rather that be coming out into the open in a safe space for us to talk through it, so that it's not going to come out in insidious ways in terms of the way they're interacting with the kids. So that's, so that's one thing that we do.

And, and we are developing a whole PD that's strictly focused on, on developing self-care tools and on giving teachers a, a space to really...a safe space to really acknowledge that stuff. We've also had—because we can't get on the PD calendar all the time—we've had...our, our clinicians have been really stealthy in the way that they, that they offer support to staff. So we do what we call dine-and-delves during lunch. So we'll offer lunch to teachers and have them come in and we'll do a training on self-care. And so one of our...actually it's our, it's our clinical team at Cox right now, they did this dine-and-delve with teachers and, and they, they gave teachers a bunch of different tools that they could use that could help them with self-care in the moment, things they could put around their desk, things that aren't necessarily noticeable to the students as, like, "Oh, this is something I need for self-care," but for the teacher just seeing it can help them be a reminder of, like, "Oh, yeah, that's the little signal that's supposed to tell me to take a deep breath," or "Oh, yeah, that's, that's, that's my mandala that I colored, that's helping remind me to relax." And so, really giving teachers a space to acknowledge what's coming up for them because it is difficult work, they do have a lot on their plate, they have a lot of competing priorities, and they have some real feelings that come up around this, and some real assumptions that need to be addressed without, without judgment, and so really giving teachers a safe space to do that as well as the self-care piece and teaching them about vicarious trauma. And the fact that...I think it was in Christopher Blodgett's slideshow, how they...how he demonstrated that a lot of times it's the school staff that know the trauma that's coming up for kids; kids will go and talk to their teachers or talk to the yard, yard duty staff or talk to the cafeteria staff. And, and so they often know and are holders of this information and don't really know what to do with it after that. And so really acknowledging that teachers are on the front line for this and giving them

tools to help process this and let it go so that they don't have to be the sole holders of this piece of information.

BETHANN BERLINER

Any other questions? I see a hand over here.

AUDIENCE MEMBER

How are you doing?

BETHANN BERLINER

Yeah, we are good.

AUDIENCE MEMBER

Hi. So I have two...I have a lot of questions. I'm really grateful for all that you're sharing about your really hard and rigorous work. The, the first question that I have is around the framing of the word and the dynamics of "trauma" for young people to understand their lived experience. And I'm wondering how we can also understand all the capital that can come from having lived experience—i.e., attunement; i.e., sensitivity; i.e., heightened empathy for others. And so I'm wondering in your experience how you've served as meaning-making partners to young people as they navigate their own lived experience? And then I have a second question.

JENNIFER CALDWELL

I mean, I think that we...so...I'm working with elementary schools, so that's a different age level, so I don't know if you have it different for high school, but we're not really talking to the kids about them as being traumatized. It's more about, this is teaching them how to recognize their feelings, how to self-regulate, how to problem solve, how to build empathy, and teaching teachers on how to structure their classrooms. So I guess, from my perspective, we're not really labeling the kids to the kids; it's more just knowing, based on what their life experience is, where their skills might be lagging and how we can enhance those qualities, build on their strengths, and then also strengthen their weaknesses.

MEGAN EVANS

I was trying to think how to answer your question, and I think a lot of it is kind of those counseling skills. A lot—probably most of us in here have, anyway—in that you reflect upon strengths. So if they're telling you something that's hard and that they're struggling with, you're reflecting that they are resilient, that they're able to push through on something that's hard. So you're kind of giving back to them based on what they're giving you, the strengths; you're teasing that out for them so that they can have some experience of success, because some, at the point they get to you, have had minimal experience of success.

ROBYN GANELES

I also have most of my experience in the elementary school so...but there is a lot of great literature and material that speaks to trauma in a very age-appropriate way. One book that's coming to mind is...I think it's called *A Terrible Thing Happened*. It's part of the Bounce Back curriculum, which is the CBITS—which is Cognitive Behavioral Intervention for Trauma in Schools—the CBITS curriculum for elementary school kids. And so there is a way to acknowledge that scary things do happen to kids and that there are certain things that symptoms—although we wouldn't call it that—but there are certain things that they may be experiencing that could be because they experienced this very, very scary thing that happened, or this very, very sad thing that...sad and unexpected thing that happened.

And so I think there are ways to, to talk about trauma in a way that's very age appropriate that still gives the...in terms of the cognitive behavioral piece that I know was mentioned in—I'm sorry, I'm blanking on your name, but the doctor's amazing speech—but, but that teach kids about, about trauma that provide them with psychoeducation, and then there's...which is a huge part of cognitive behavioral therapy. And then the other piece is acknowledging what's happening in their bodies, so giving them a true body awareness of what feelings they're experiencing and where they're experiencing it in their body, how it manifests, what anxiety is. We've done some push-ins in our fourth grade and fifth grade classes to teach kids about anxiety and how that manifests in the body. So I think there are ways to, to talk about trauma in very age-appropriate ways that, that give kids the education they need to be able to understand themselves and what they're experiencing.

ROBERT WEIRES

One thing I would add, too, from an educational perspective, is there are limits to what educators can provide relative to mental health services. So one of the things that I believe that our practitioners are sensitive to are these counseling and other types of supports for the student and the families that help in relation to educational performance and general success. But in some cases, the child...the child presents and the family presents with needs above and beyond what we can accomplish. So I think it's two-fold. We work with families and kids to help them succeed in school and trying to line up consistently community-based resources so they can get more in-depth and more intensive services for the family and for the individual child as needed by that particular child.

BETHANN BERLINER

Well, thank you all so much.

FEMALE SPEAKER

Thank you all very, very much. You all are heroes every single day for what you do for all of our students. So, once again, let's please give them a round of applause for what they do.