


WASHINGTON STATE UNIVERSITY EXTENSION


Getting to Successful and Sustainable Implementation in Trauma-Informed Practice

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CHILD & FAMILY RESEARCH UNIT
CFRU

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Plan for today

- ▶ A quick review of the state of trauma-informed practice
- ▶ The tension between evidence-based strategies and implementation success
 - Implementation science
- ▶ CLEAR (Collaborative Learning for Educational Achievement and Resilience) as a whole school strategy integrating implementation science
 - An invitation

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A time for experiments

| | |
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| <p>Trauma-informed schools</p> <ul style="list-style-type: none"> ▶ Local and self-organized <ul style="list-style-type: none"> ▪ Self-guided strategies ▪ Massachusetts Advocates for Children ▪ Neurosequential Model in Education ▶ Mental health in schools <ul style="list-style-type: none"> ▪ CBITS ▪ Trauma-informed EBPs ▶ Formal and systems-focused interventions <ul style="list-style-type: none"> ▪ Sanctuary ▪ CLEAR ▪ Turnaround for Children | <p>Complementary efforts</p> <ul style="list-style-type: none"> ▶ Social emotional learning <ul style="list-style-type: none"> ▪ RULER ▪ PBIS ▪ CASEL as a key resource ▶ Restorative practices |
|--|--|


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 **Magic Wand: Three Research Based Strands:
Key Factors Common To All Competent
Children**

1. Relationship: A strong parent-child relationship, or, when such a relationship is not available, a surrogate care-giving figure who serves a mentoring role.
 - The power of caring people to help children heal
2. Regulation: The ability to self-regulate attention, emotions, and behaviors.
 - The ability of natural systems to teach and support
3. Competency: Good cognitive skills, which predict academic success and lead to rule-abiding behavior
 - The role that education systems can have to help with healing


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 **Resilience, not recovery, is the most common response to trauma** (Bonanno)


- Resilience is built by our connection with others.
- Helping to strengthen someone else deserves equal emphasis with the working to end pain.




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 **Resilience- Ordinary miracles**

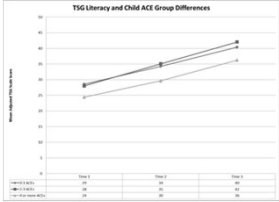
- Belief
 - Hope
 - Self-efficacy
 - Sense of purpose
- Skills
 - Emotional regulation/tolerance for change
 - Relational skills
 - Executive function
- Environment
 - Social support
 - Forgiving, repairable settings
 - Access to the social and material resources for adaptation




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 We know ACEs are established early in life with resulting risk

- In more than 1,600 Spokane families
 - 50% of parents and 25% of these 2-4 year old children already experienced four or more ACEs
- As children's ACEs increase, teachers' assessments of school readiness and social emotional development demonstrate the 'ACE dose' effect.




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 Spokane Elementary ACEs Study:
Odds for academic and health problems with increasing ACEs

| Spokane Elementary School Students | Academic Failure | Severe Attendance Problems | Severe School Behavior Concerns | Frequent Reported Poor Health |
|------------------------------------|------------------|----------------------------|---------------------------------|-------------------------------|
| Three or More ACEs N=248 | 3 | 5 | 6 | 4 |
| Two ACEs N=213 | 2.5 | 2.5 | 4 | 2.5 |
| One ACE N=476 | 1.5 | 2 | 2.5 | 2 |
| No Known ACEs N=1,164 | 1.0 | 1.0 | 1.0 | 1.0 |

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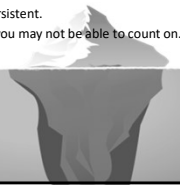
 Why ACEs do not equal trauma

- ACEs are about family chaos and family violence
- Trauma is both a mental health concept and a broader descriptor of struggles with adjustment
- ACEs are a limited set of universal experiences that can result in trauma
- ACEs power is population not individual risk
- ACEs are offset by individual, family, and community assets
- The core role of culture as a protective factor

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Moving from the 'what' to 'how' as the framework for action

- Complex Trauma- A mental health concept we can adapt to guide how we respond across systems
- Toxic stress and biology
- The 'complex' in complex trauma risk:
 - Early exposure at times of critical development
 - Multiple risks
 - Unpredictable and persistent.
 - Who you love is who you may not be able to count on.



Systems of meaning and trauma



- ▶ Common *triggers* for children who have experienced developmental trauma
 - Perception of a lack of power
 - Unexpected change/transitions
 - Feeling shame
 - Feeling vulnerable or frightened
 - Feeling threatened or attacked
 - Intimacy and positive attention

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Needs fulfillment strategies



- ▶ Children will develop their own strategies when adults can't meet their needs
- ▶ Common need fulfillment strategies
 - ▶ Emotional/Relational needs
 - ▶ Mastery
 - ▶ Physical Needs

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Evidence-based conditions for successful prevention initiatives


- The Interactive Systems Framework for Dissemination and Implementation (Wandersman et al., 2008)


1. The Prevention Synthesis and Translation System (PSTS) responsible for synthesis of research into user-friendly supports
2. The Prevention Support System (PSS) which works with communities to support successful adoption and implementation, and
3. The Prevention Delivery System (PDS) defined by the community representatives who accept responsibility to deliver the innovative practices.

- Key components of effective community prevention (Stiith et al, 2006)

1. Communities are ready for change;
2. Effective coalitions are created and supported to guide the prevention effort,
3. Programming is valued because it fits the community's perceived need and capacity;
4. Quality of care (fidelity of practice) is a shared value; and
5. There is adequate commitment of resources to training, technical supports, and accountability in practices.

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About NIRN


Our Mission

The mission of the National Implementation Research Network (NIRN) is to contribute to the best practices and science of implementation, organization change, and system reinvention to improve outcomes across the spectrum of human services.

Our Goals

- To advance the science of implementation across human service domains (e.g. health, education, social services).
- To inform policies that promote implementation science and best practices in human services.
- To ensure that the voices and experiences of diverse communities and consumers influence and guide implementation efforts.

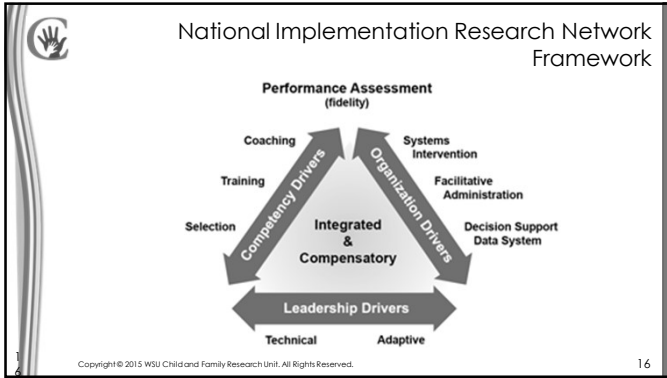
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Implementation stages

- A 2-4 year change process
- NIRN's stages of implementation
 - Exploration
 - Installation
 - Initial Implementation
 - Sustainable full implementation

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Discussion

- In small groups, identify the trauma-informed initiative you are intending to implement or already are implementing.
- Discuss the stage of implementation you are in.
- Using the NIRN Drivers, what are the strengths in your setting that are helping you move the work forward?
 - Competency
 - Organizational
 - Leadership
- What is one implementation challenge in your work that you could start to address based on the NIRN model?

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Magic Wand: Three Research Based Strands: Key Factors Common To All Competent Children

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Characteristics of a trauma-informed organization

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|---|---|
| <ul style="list-style-type: none"> ▪ Shifting practices and policies that diminish, disrespect, limit voice/power, create triggering experiences (e.g., sensory integration and noise) ▪ Recognition and attention to how trauma history in staff impact workplace and connection to clients/patients ▪ Recognition and support for self-care ▪ Commitment to reflective practice/supervision | <ul style="list-style-type: none"> ▪ Safe, calm, and secure environment with supportive care ▪ System wide understanding of trauma prevalence, impact and trauma-informed care ▪ Client/patient education to normalize trauma ▪ Cultural Competence ▪ Consumer voice, choice and advocacy ▪ Recovery, consumer-driven and trauma specific services <p><small>Adapted from NCCBH</small></p> |
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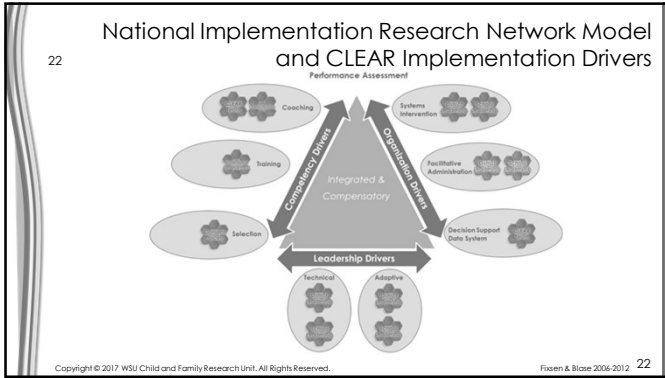
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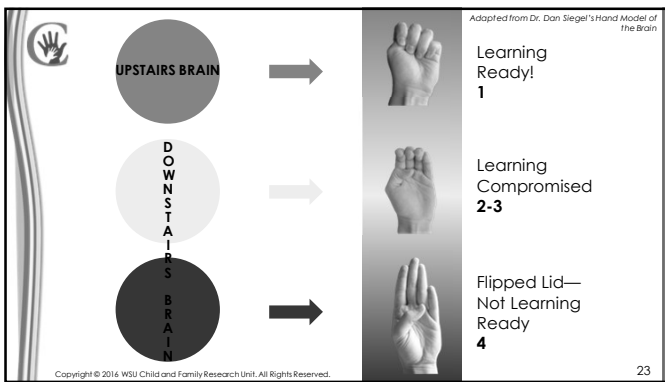


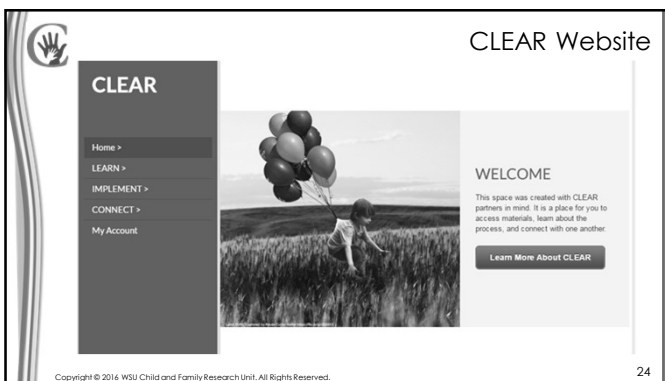
CLEAR- Professional development and coached practice as the scaffold


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|---|---|
| <ul style="list-style-type: none"> ▪ CLEAR's PD approach ▪ Persistent, brief, and cumulative ▪ Creating a shared approach and shared language (ARC and other trauma principles) ▪ Creating space to reflect ▪ Case-based skills building ▪ Coaching to support individual and building practice | <ul style="list-style-type: none"> ▪ Pivoting from training to demonstration and practice ▪ Critical role of leadership creating room to reflect, practice ▪ Early adopters and spread of effect ▪ Staff ownership and the Professional Learning Community |
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Overarching Goals for CLEAR and supporting Regulation in Schools

- Physical Safety:** School contains predictable and safe environments (including classrooms, hallways, playgrounds, and school bus) that are attentive to transitions and sensory needs.
- Emotional Safety:** School environment fosters trust and emphasizes authenticity, transparency, and quality of communication between and among staff and administration.
- Predictability:** Students and staff can anticipate expectations when a change is implemented or during periods of transition. Change is implemented with consideration for expectations and values.
- Consistency:** CLEAR values are collectively adopted and evident throughout the school and the school is shifting to adoption of school-wide practice (note: it is not necessary that all staff are implementing CLEAR but that a shift in values is becoming evident).

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The ARC Model

Blaustein & Kinniburgh, 2010; Kinniburgh & Blaustein, 2005

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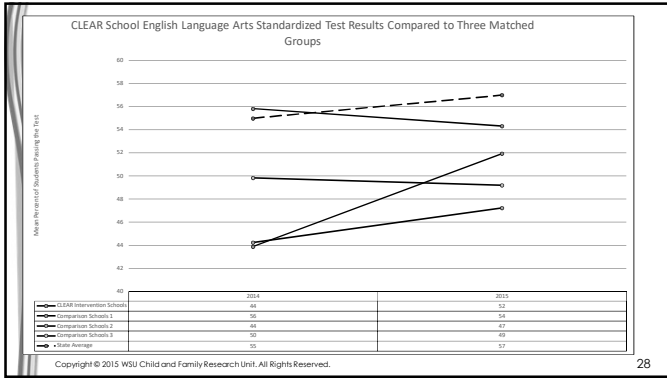



Indicators of success

- Staff reported change in practice**
- Impact on disciplinary practices**
- Staff morale and retention**
- Improvement on academic indicators**

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Questions and Implications

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