

Administrator Guide



For additional information, please contact:

Trauma Smart®
Crittenton Children's Center
10918 Elm
Kansas City, MO 64134
816-765-6600
TraumaSmart@saint-lukes.org

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General Overview

Purpose

The purpose of Trauma Smart® (TS) is to help educational organizations create trauma informed communities that support the needs of young children who have experienced trauma and the caregivers (parents, staff) who love and care for them. Multiple research studies show that early identification and treatment helps mitigate the long term negative health and mental health effects of trauma. Trauma Smart® teaches adults to help all children, regardless of trauma histories, to develop healthy resiliency skills that will benefit them over their lifetime.

History/Need

TS was created in 2008 by Crittenton Children's Center, a non-profit organization in Kansas City, MO. Crittenton provides mental and behavioral health services to children and families through child and adolescent psychiatric hospitalization, residential treatment, outpatient and community-based programs. Crittenton has provided mental health services in schools for over 30 years. From 2004-2007, a single Head Start program in the Kansas City area, serving approximately 800 children, experienced a total of 40 deaths. Some of these were from acute trauma (automobile accidents, tornados, fires, sudden death of parent or staff member). Others were due to chronic, complex trauma (domestic violence, long-term illness, alcohol and drug abuse, etc.) As traumatic events occurred, children exhibited increased internalized and externalized behaviors that disrupted classrooms and created high levels of stress for teachers and staff. The intense needs of these children often exhausted both parents and staff. The adults needed a specialized skill set to help these children become kindergarten ready and prevent adult burnout.

Crittenton began searching for evidence-based training and treatment models for school staff and parents that would increase skills for addressing trauma. We knew a strong emphasis on self care was needed in order for parents and staff to remain engaged, energized and build resiliency.

In a 2012 study, Briggs and Gowan, et. al, found that across the United States, 25% of children experience at least one traumatic event by the age of 4 (published in *Journal of Traumatic Stress*, 23,725-733). Children who live in poverty are at higher risk of experiencing multiple traumatic events by the age of 4. Agencies served by TS to date show that approximately 92% of children referred for treatment have experienced 1 traumatic event, and 69% of children have experienced 3 or more traumatic events. Research shows that early identification and treatment of children who have experienced trauma helps mitigate these factors.

The Crittenton Trauma Smart Intervention:

- supports agencies as they create a trauma informed environment that reduces staff turnover and improves family outcomes
- builds a common framework and language of resiliency that all members of the agency community know, understand and use
- provides skills teachers need to address the most challenging behaviors among students, including those not addressed by current social/emotional programs. Trauma informed classrooms support children as they build stable attachment and pro-social skills that have been shown to lead to success in school and life
- supports families as they learn about the impact of trauma and how they can address its effects and improve family engagement in school
- reduces the need for suspensions and expulsions, which allows children to stay in school and learn
- integrates best practice for mental health for children, caregivers, and staff to reduce staff burnout and increase child and family success
- Aids Head Start and public school organizations in meeting federal and state regulations, including emphasis on mental health, family engagement and professional development
- reduces the impact of adverse childhood experiences, including aggressive or withdrawn behaviors, tantrums, and school phobia.

Phases of Implementation

The Trauma Smart Intervention has three distinct phases

1. Planning
2. Implementation
3. Sustaining

Agencies will move through the phases as goals are achieved. All components of the Trauma Smart model are braided throughout each phase of implementation (training, coaching and individual treatment).

Our work with organizations seeking to become trauma informed has shown that profound cultural change takes two to three years. The goal is to make an overall shift in philosophy and practice. Change happens when adults begin asking “what happened to this child?” rather than “what is wrong with this child?”. Trauma-informed organizations offer the supports adults need to begin to see themselves and their responses as integral and effective in helping children who have experienced trauma learn and grow successfully. Trauma-informed organizations also focus on building resiliency skills for all students served.

The Planning Phase

Goal: the agency chooses to become a more trauma informed service provider. Being more trauma informed means the agency is aware of the prevalence of trauma among the population they serve, is sensitive to the potential impact trauma has on human interactions, is ready to respond effectively to the manifestations of trauma and is willing to examine and potentially remediate every aspect of how the agency does business to prevent re-traumatizing children and staff. Schools also recognize the importance of teaching all children healthy coping skills, regardless of trauma histories.

Activities: Trauma Smart and the school/agency work together to build a common framework of understanding of each other’s objectives and resources based on the TS model described below. They agree to common goals and activities and ultimately come to a contractual agreement that describes the affiliation.

Designated staff may attend the *Trauma Smart Coaching and Parent Education Academy* to prepare for Implementation.

The Implementation Phase

Goal: To create a more trauma informed agency by increasing resiliency skills for staff, children, and their caregivers.

Activities: Crittenton Children’s Trauma Smart staff work with agency/school administrators and staff to increase the understanding of the impact of trauma and how the agency can address that impact. This is initially accomplished through training all agency staff members. Crittenton staff also provides training and support for school/agency coaches and parent educators, who in turn provide coaching for teachers and parent education to caregivers. Agency/district administrators/managers commit to becoming a more trauma informed agency. Progress is evaluated on an on-going basis and at the end of the Implementation phase.

The Sustaining Phase

Goal: The agency has completed the activities and met the goals set out in the Planning phase. Trauma Smart is well integrated in the agency and champions within the agency have been identified.

Activities: The agency contracts with TS to provide certification and support through phone and on-site consultation, materials, and website. Agency staff is trained through the *Trauma Smart Coaching and Parent*

Education Academy to provide training for new staff, coaching for teachers and other staff, and referrals for children and families to community services.

In October 2017, Trauma Smart began offering a *Training Facilitation Academy*. Schools will be able to designate a staff member to attend the academy and then be responsible for training newly hired staff within the organization, utilizing a combination of video and experiential activities.

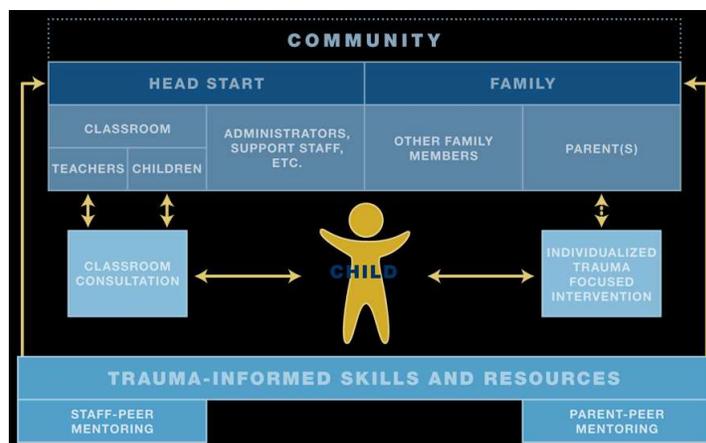
Crittenton Children's Center's Trauma Smart staff may also be available to continue providing direct training and consultation if desired.

The Trauma Smart Model

The TS model includes the following components:

1. trauma-focused staff and parent training
2. classroom coaching/skill-building
3. trauma-focused therapeutic intervention for children and families affected by trauma.

As depicted in the model below, the child is at the center and is supported by staff and parents who have been educated about the effects of trauma on early childhood growth and development. To the left of the child, Classroom Coaching and Skill-building supports teachers in developing supportive classroom environments that help all children form genuine relationships, regulate emotions, and meet age-appropriate developmental milestones. To the right of the child, trauma focused therapeutic interventions are provided for those children and families who need additional support. Staff and parents also have the opportunity to become mentors or champions, helping sustain TS into the future.



Trauma Smart Training

Training sessions use three forms of instruction. Approximately 1/3 of training time is didactic learning, 1/3 is group discussion, and 1/3 of the time is spent in experiential, activity-based learning. Training participants receive a participant guide that highlights the main concepts of each session, and includes activities and tools they can use in the classroom or at home to support TS concepts. TS Coaches attend training sessions and facilitate coaching relationships during this time. Each training session ends with a short homework assignment that includes a focus on self-care. Participants are asked to complete a short evaluation at the end of each training module that assesses their understanding of basic concepts, self care practice, and training satisfaction.



1. Initial Staff Training: Twenty hours of specialized training are provided for school/agency staff by TS Trainers. We recommend agencies schedule all staff (including administrative, transportation, food service and maintenance staff) during the first year if possible.

Agencies that are most successful with staff training allow staff to be fully engaged in training. They do their best to handle emergencies and do not pull staff from training to handle day to day situations that arise.

2. Staff Booster Training: An optional 2 hour booster training is provided each year for staff who have completed the initial 20 hour training. This keeps TS concepts alive and promotes long-term sustainability.

3. New Hire Staff Training: It is important that newly hired staff are trained in the Trauma Smart Model as they are hired. In 2017, TS will begin training members of partner agency staff to present pre-recorded training modules and facilitate activities for staff hired after the initial implementation of TS in the agency. Training provided for new schools or additional grade levels within an agency will continue to be provided by Trauma Smart.

4. Parent Education Workshops: Trauma Smart provides *Coaching and Smart Connections Academies* 2-4 times throughout the year to train district/agency staff to provide parent education workshops. Smart Connections curriculum for parent education includes ten modules. Foundational content for each module is 45 minutes in length, with supplemental activities to fit a longer time frame if desired. The curriculum correlates with staff training and is presented in sequential order, as the modules build upon each other. Sites with consistent parent attendance often offer meals, snacks, child care or child care reimbursement and mileage reimbursement to parents. While this is not required, it helps eliminate barriers to parents' ability to attend. Some agencies have been successful in engaging local businesses to contribute to these costs. Each agency is responsible for notifying parents of the training opportunities being provided.

Training Considerations: Crittenton provides a trainer and all training materials. Training sites agree to provide coverage for staff to attend trainings, a screen, and projector that can accommodate Power Point slides, DVD, and internet connection. A lapel microphone is requested for the trainer, and an additional hand-held microphone is helpful for large groups. Please let TS know if your agency has technology limitations, so that we can work with you to resolve them. Training room rental costs (if applicable) and snacks are the responsibility of the agency/school.

Staff Training Credit: We will work with each entity to ensure TS training provides staff development credits as determined by your state or district policy. **Please note staff will not be given credit for partial session attendance.**

Connection to OHS Core Competencies: Crittenton TS training connects to National Head Start Core Competencies. Please see the appendix for detailed information.

Classroom Coaching and Skill-Building



During the Planning phase, Crittenton Children’s Center will work with the school/agency to determine which school staff members will provide coaching. Coaches are asked to provide regularly scheduled classroom support focused on helping teachers develop a trauma-informed lens and implement skills learned during training. For classroom coaching and skill-building to be successful, coaches should not be included in the adult/child classroom ratio, and teachers should remain in the classroom as active participants while the coach is there. TS has a wide range of classroom activities teachers can use to support TS skills. The coach will model TS concepts and help teachers implement skills in the classroom.

We encourage agencies to hold teachers accountable for implementation of TS principles and applaud agency efforts to include TS goals in professional development plans, and agency policies and procedures. We are happy to work with supervisors and administrators on how to evaluate these goals. TS coaches are peers of agency employees. They provide coaching and feedback to teachers regarding trauma informed concepts and skills for building resiliency, but are not able to provide employment coaching or feedback for performance evaluations. Please use your normal supervisory and evaluation procedures for this purpose.

Individualized Intervention

During the Planning phase, Trauma Smart® and the School/agency will determine how and where children will be referred for individualized intervention. Trauma Smart provides a reference guide for therapists that includes information about trauma-informed treatment methods and is available at the request of therapists contracted with the school/agency. Therapists are also invited and encouraged to attend all Trauma Smart staff training.



Supervision for Trauma Smart Trainers/Consultants

Trainers and any other Trauma Smart staff report to a Crittenton Director or Manager for employment supervision. We request that each school administration designate someone as a local preceptor. This should be someone who is available, and has the expertise and authority to answer questions and provide guidance regarding how to best function within the school setting. It is the school/agency’s responsibility to educate TS staff about their policies and procedures.

TS Directors will maintain contact with the preceptor and other designated agency personnel to make sure services are being provided in a helpful and timely manner. The TS Director/Manager will also respond to phone or email inquiries promptly, usually within the same or next business day.

Agency Administrator Support

TS Trainers/Consultants work with school administrators, education coordinators, mental health coordinators or designated agency staff to provide feedback about TS implementation and to develop sustainability of TS concepts within the organization.

Trauma Smart Academies

Trauma Smart Coaching and Parent Education Academy

The school district or agency will identify members of its staff who are in a position to provide coaching in TS techniques to peers or supervisees and parents. These staff can be administrators, supervisors, education coordinators, curriculum specialists or teachers. These staff will attend one week of training in Kansas City to learn more about trauma informed care, coaching and training techniques so they can continue to support and deliver Trauma Smart in their organization.

Trauma Smart Training Facilitation Academy



Beginning in late 2017, Trauma Smart will begin offering a one week educational experience for identified school staff who facilitate training for newly hired teachers and staff in years to come. These staff members may be administrators, supervisors, education coordinators, curriculum specialists or teachers. Trauma Smart will provide video presentation of the training content presented to all staff as well as instruction in facilitating experiential activities with groups and a deeper understanding of TS concepts and tools.

Program Accommodations

Please add **Crittenton Children's Center, Trauma Smart®** to the consent form listing agencies who offer services in your program. We want parents of all children to know that TS staff are occasionally observing in classrooms and providing coaching.

Measuring Outcomes: Training, coaching and parent satisfaction may be measured by the following tools:

- Classroom Assessment Scoring System (CLASS) scores (1x per year) use of these scores depends upon whether the agency uses CLASS
- Training post tests (administered at the end of each training)
- Administrator Satisfaction (administered quarterly)
- Trauma Smart provides a coaching satisfaction tool, and a parent education satisfaction tool that can be utilized if desired.
- Attitudes Related to Trauma-Informed Care Scale (ARTIC) administered two times yearly, once before training begins and after completion of the full 20 hours of training.



Crittenton Children's Center or the school/agency will collect data and together determine how both organizations will share outcomes.



Media Requests

Trauma Smart occasionally receives requests from local and national media to gather stories that describe our work together. This can yield positive publicity for Crittenton and your school/agency. TS staff and Crittenton Children's Center media representatives will work closely with school officials to be sure all policies are followed and that only children/staff with signed consent are filmed or interviewed.

TS Employee Background Checks/Health/Insurance/HIPAA verification

Crittenton carries malpractice insurance and workman's compensation insurance on all employees. (See appendix). The Human Resources Department of Crittenton Children's Center conducts initial and annual background checks and health screenings on all employees and interns completing practicum requirements through Crittenton. While we cannot release the results of an individual's background check or health screening, we can verify that each employee/intern has completed and cleared each screening. (See appendix).

*Upon hire, and annually thereafter, all employees and interns must complete/pass a health physical and TB test.

*Background checks include the following:

- EDL (Employee Disqualification List/Dept. of Health & Senior Services)
- OIG (Office of Inspector General/US Dept. of Health & Human Services)
- Sterling (City, State, County, Sex offender search; past 7 years)
- MO FCSR (Missouri Family Care Safety Registry)
- KS SRS (Kansas Dept. of Social & Rehabilitation Services) - KS residents only
- License verification (if applicable)
- Education verification

*In addition, Crittenton employees must complete yearly re-certification in the following areas:

- Identifying and Assessing Victims of Child Abuse and Neglect
- Developmentally Appropriate Care of the Pediatric Patient
- SLHS Annual Compliance Training (HIPAA)
- Hazard Communication
- General Safety
- Ergonomics
- Workplace Violence
- Fire Safety
- Emergency Preparedness
- Electrical Safety
- SLHS Maintaining a Respectful Workplace
- Transmission Based Precautions: Contact and Droplet
- Standard Precautions: Blood borne Pathogens and Other Potentially Infectious Materials



Please Contact:

Dr. Jerrie Jacobs-Kenner, Ph.D., Senior Director of Community Based Programs, at jjacobs-kenner@saint-lukes.org or at 816-767-4234.

Appendix II: Trauma Smart / ARC content: Connection to Head Start Core Competencies

Training Module	Head Start Core Competencies	CDA Subject Area
Module 1: Overview	5.4.1.a.0. "States the importance of mental wellness and how it connects to the individual's overall health." 5.4.1.b.0. "Recognizes that children and youth have individual mental health needs and require an individualized response." 5.4.3.a.0. "Recognizes signs of stress and emotional trauma and makes appropriate referrals."	Positive ways to support children's social and emotional development
Module 2: Caregiver Affect Modulation	5.4.1.a.0. "States the importance of mental wellness and how it connects to the individual's overall health." 5.4.1.c.0. "Understands the need for positive and consistent relationships." 5.4.3.a.0. "Recognizes signs of stress and emotional trauma and makes appropriate referrals." 8.1.1.a.0. "Models a positive attitude when working with children and youth."	Positive ways to support children's social and emotional development Maintaining a commitment to professionalism
Module 3: Attunement	2.4.2.d.0. "Guides children and youth in expressing their feelings and asserting themselves in socially acceptable ways." 5.4.2.a.0. "Responds individually to unique mental health needs." 5.4.2.c.0. "Promotes each child's and youth's ability to maintain consistent relationships with peers and adults." 6.1.1.a.0. "Guides behavior in positive ways." 6.1.2.a.0. "Provides a supportive environment in which children and youth can learn and practice appropriate and acceptable behaviors."	Positive ways to support children's social and emotional development
Module 4: Routines and Rituals /Consistent Response	2.4.1.c.0. "Recognizes that change, separation, stress, and transition affect social and emotional development and behavior." 2.4.2.a.0. "Provides a safe learning environment where children and youth can explore and develop socially and emotionally." 2.4.2.c.0. "Adapts activities and interactions to support social and emotional development."	Positive ways to support children's social and emotional development
Module 5: Affect Identification	2.4.1.a.0. "Encourages age appropriate emotional expression." 2.4.3.a.0. "Incorporates activities promoting social and emotional development across curricular areas."	Positive ways to support children's social and emotional development

	5.4.1.c.0. "Understands the need for positive and consistent relationships."	
Module 6: Affect Modulation	2.4.2.a.0. "Provides a safe learning environment where children and youth can explore and develop socially and emotionally." 5.4.1.b.0. "Recognizes that children and youth have individual mental health needs and require an individualized response." 5.4.3.b.0. "Consistently monitors and implements strategies to support mental well-being of children and youth."	Positive ways to support children's social and emotional development
Module 7: Affect Expression	2.4.2.a.0. "Provides a safe learning environment where children and youth can explore and develop socially and emotionally." 5.4.1.b.0. "Recognizes that children and youth have individual mental health needs and require an individualized response." 5.4.1.d.0. "Follows practices to support the emotional well-being of children and youth."	Positive ways to support children's social and emotional development
Module 8: Grief and Loss	5.4.1.b.0. "Recognizes that children and youth have individual mental health needs and require an individualized response." 5.4.3.a.0. "Recognizes signs of stress and emotional trauma and makes appropriate referrals."	Positive ways to support children's social and emotional development
Module 9: Competency and Executive Functions	2.6.3.a.0. "Incorporates activities promoting cognitive development across curricular areas." 2.6.3.b.0. "Provides activities and interactions that promote critical thinking and problem-solving skills."	Steps to advance children's physical and intellectual development Positive ways to support children's social and emotional development
Module 10: Self Development and Identity	5.4.1.a.0. "States the importance of mental wellness and how it connects to the individual's overall health." 5.4.1.b.0. "Recognizes that children and youth have individual mental health needs and require an individualized response."	Positive ways to support children's social and emotional development

Appendix III: Trauma Informed Approaches: An Implementation Continuum¹

The implementation of a trauma-informed approach is an *ongoing* organizational change process. Most people in the field emphasize that a “trauma-informed approach” is not a program model that can be implemented and then monitored by a fidelity checklist. Rather, it is a profound shift in knowledge, attitudes and skills that continues to deepen and unfold over time. Some leaders in the field are beginning to talk about a “continuum” of implementation, where organizations move through stages:

- ***Trauma aware*** organizations understand how trauma impacts their clientele and their staff. All staff are trained in the basics of trauma and are familiar with the values and terminology of trauma-informed care. Leadership recognizes that understanding and responding to trauma is essential to fulfilling the organization’s mission and institutes a change process.

Key Task: Knowledge and Attitudes

- ***Trauma sensitive*** organizations begin to apply the concepts and values of trauma-informed care to their environment and to daily work. Self-care becomes a priority. The organization finds ways to hire people with trauma expertise and to support ongoing learning. Environments are modified. Direct care workers begin to see the people they work with through a trauma lens and seek out opportunities to learn new trauma skills. All clients are screened or assessed for trauma, and/or a “universal precautions” approach is used. Trauma-specific treatment models are available for those who need them (either directly or through a referral process).

Key Task: Application and Skill Development

- ***Trauma responsive*** organizations shift the language used throughout the organization to highlight the role of trauma. At all levels of the organization, staff take the initiative to begin re-thinking the routines and infrastructure of the organization. Trauma-informed models of supervision are introduced, measures of trauma and recovery are incorporated in data systems, record-keeping is revised, policies and procedures are re-examined. The organization incorporates self-help and peer advocacy and hires people with lived experience to play meaningful roles throughout the agency. People outside the agency (from the Board to the community) understand the organization’s mission to be trauma-related.

Key Task: Integration

- ***Trauma informed*** organizations have made trauma-responsive practices the organizational norm. All aspects of the organization have been reviewed and revised to reflect a trauma approach. All staff are skilled in using trauma-informed practices, whether they work directly with clients or with other staff. The trauma model has become so accepted and so thoroughly embedded that it no longer depends on a few leaders. People from other agencies and from the community routinely turn to the organization for expertise and leadership in trauma-informed care.

Key Task: Leadership

¹ The above description builds on the original conceptual work on trauma-informed care done by Roger Fallot and Maxine Harris, from Community Connections in DC. It is based on a distinction first proposed by Robin Boustead and Patsy Carter from the Department of Mental Health in Missouri, and was written by Andrea Blanch, working in consultation with MO DMH.