

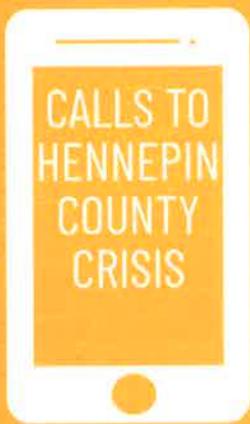
SAFETY IN 287

Updated January

2020

2018-2019

90



BECOMING A TRAUMA-SENSITIVE & HEALING-CENTERED SCHOOL DISTRICT

- Partnership with Dr. Bruce Perry's ChildTrauma Academy
- Therapeutic Teaching Classrooms
- Student Safety Coaches (replacing School Resource Officers)
- Social-Emotional Learning
- Positive Behavior Supports
- Restorative Justice
- Training for staff in trauma, crisis, de-escalation, etc.
- Children's Mental Health Microcredential
- Supports after Critical Incidents
- Embedded Therapists in Several Programs
- Collaborative Problem Solving
- District Mobile Response Team

Intermediate District 287

RESPONSIVE. INNOVATIVE. SOLUTIONS.

AVERAGE/YEAR

325 STAFF INJURIES



- Staff injuries stay relatively the same over time despite greater numbers of staff, because of the increased needs of students.
- In 2018, we increased safety and crisis training to become a Trauma-Sensitive and Healing-Centered organization.

HEAD CONCUSSIONS

39

AMONG STAFF IN
2018-2019



1,570

STAFF INJURIES OVER THE PAST FIVE
YEARS RESULTED IN INSURANCE
CLAIMS COSTING OVER



\$2.2M

AMBULANCE CALLS FOR A MENTAL HEALTH CRISIS

2018-2019

98

- Ambulance calls doubled over two years, likely due to students being transported for acute mental health incidents rather than arrested for being in emotional distress.



DISTRICT 287 SERVES THE TOP

1%

OF HIGHEST NEEDS STUDENTS
IN THE WEST METRO

(ABOUT 1,000 STUDENTS)

COMMON SAFETY CONCERNS

- Threats to schools
- Suicide attempts
- Confiscating weapons
- Assaults on staff
- Violent behavior
- Sexualized behavior
- Damage to property
- Arrests and citations
- Ambulance/hospital transports
- Referrals for psychiatric consultation

80%

OF INJURIES
RESULTING IN AN
INSURANCE CLAIM ARE
A RESULT OF
STUDENT BEHAVIOR

REFERRALS FOR PSYCHIATRIC CONSULTATION



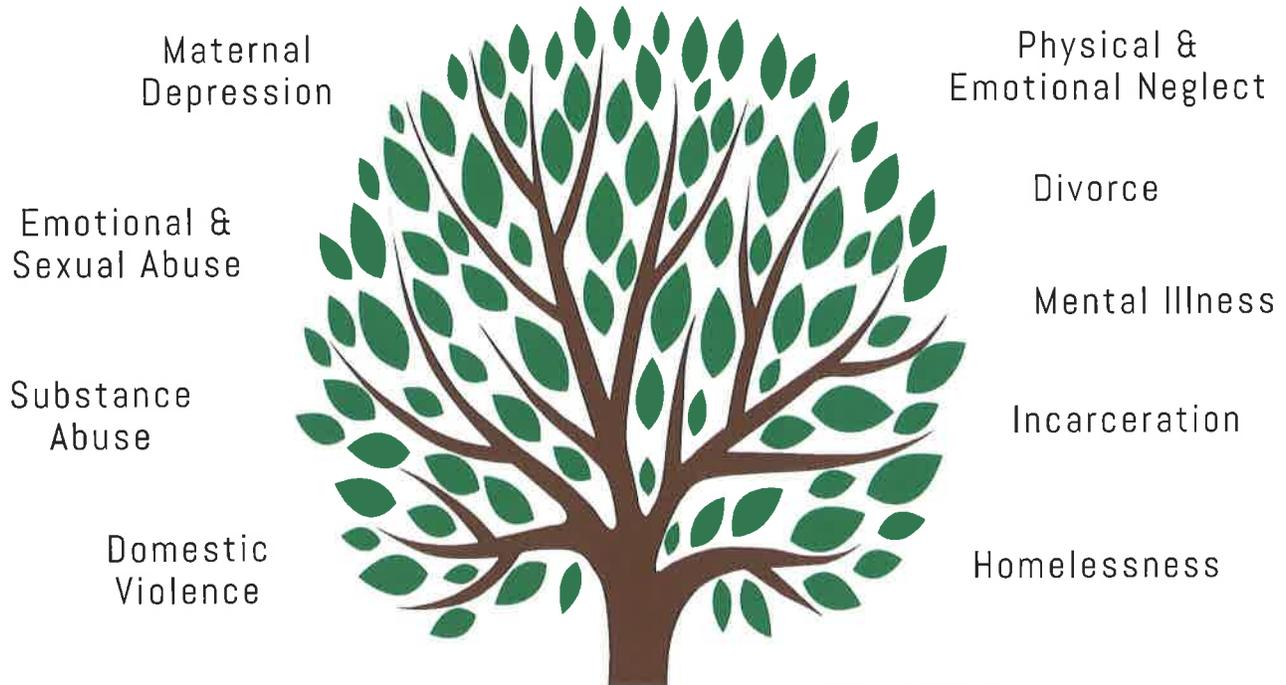
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AVERAGE/YEAR

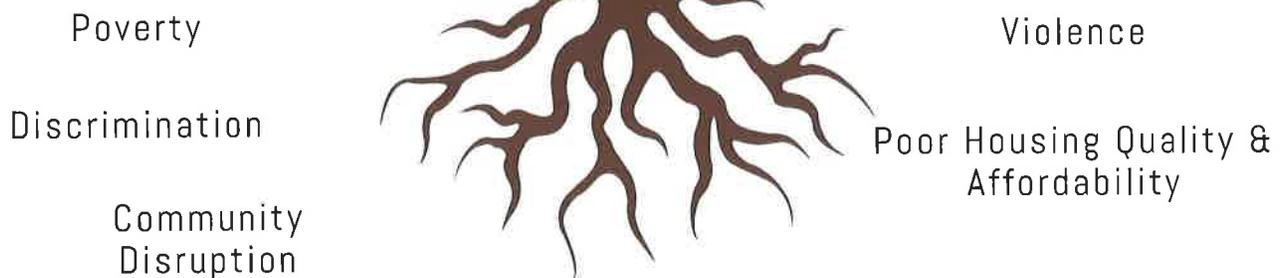
- Psychiatric consultation is needed to make important adjustments to treatment plans for students whose conditions have gone untreated or undiagnosed, or have experienced gaps in care.

The Pair of ACES

ADVERSE CHILDHOOD EXPERIENCES



ADVERSE COMMUNITY ENVIRONMENTS



Lack of Opportunity, Economic Mobility, & Social Capital

THE TRUTH ABOUT TRAUMA-INFORMED CARE

Adapted from Dr. Meagan Corrado's article, *The Truth about Trauma Informed Care*

WHAT IS TRUAM-INFORMED CARE?

EMPOWERMENT,
VOICE, &
CHOICE

SAFETY

TRUSTWORTHINESS &
TRANSPARANCY

PEER SUPPORT

COLLABORATION & MUTUALITY

UNDERSTANDING **CULTURE,**
HISTORY, & GENDER



There is **no "one size fits all"** approach to trauma-informed care.

We must renounce an "us versus them" approach and acknowledge that **we are all in this together.**



Going to **one trauma training does not** make an individual or an organization trauma-informed.

Trauma-informed care is **just as much about the staff** as it is about the clients.



Being trauma-informed **does not necessarily mean** that you have to **directly talk to clients** about the traumas they have been through.



Being trauma-informed does not mean **that we have to be perfect.**



THE TRUTH ABOUT TRAUMA-INFORMED CARE

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There is no "one size fits all" approach to trauma-informed care.

Many individuals and organizations are looking for a list of prescribed steps to implement in an effort to become trauma-informed. In reality, there is no single, formulaic approach that an organization can take in providing trauma-informed care. While there are principles that can guide organizations in their efforts, there is too much variability to adopt a "one size fits all" approach. When seeking to identify ways to implement trauma-informed care, it is essential to consider:

- What is the mission and vision of your organization?
- What traumas have clients and staff experienced?
- What strengths do clients and staff have?
- How can you honor the thoughts and feelings of clients and staff as you co-create a trauma-informed environment?
- How can trauma-informed principles be uniquely applied to your work setting?

We must renounce an "us versus them" approach and acknowledge that we are all in this together.

Some individuals and organizations take an "us versus them" approach. People are divided into categories—those who are traumatized and those who are not. Service providers see themselves as being superior to the trauma survivors that they are servicing. The reality is that most of us—service providers and clients alike—have experienced trauma. Trauma experts and researchers suggest that the large majority of individuals and communities have experienced trauma. Trauma is no respecter of persons. It does not care about a person's age, gender, culture, education, or socioeconomic status. This means that all of us are in this together. This realization inevitably transforms our practice. It also levels the playing field. Providers are no longer a step above the clients who are being serviced; they are co-creators and collaborators in the development of a trauma-informed environment that benefits both clients and providers. As you work toward adopting this approach, reflect on the following questions:

- What steps would you need to take in order to move from an "us versus them" mentality to a "we are all in this together" approach?
- To what extent are you collaborating with the trauma survivors you are working with?
- How are power dynamics impacting your ability to provide trauma informed care?

Going to a single trauma training does not make an individual or an organization trauma-informed.

It is essential for us to educate ourselves on the impact of trauma. It is equally important for us to build our repertoire of skills to support trauma survivors as they process their experiences and become more expressive and integrated. This learning does not happen in a single training. Trauma has a multi-layered impact on individuals and communities. Mastering theoretical knowledge about trauma and effectively implementing principles of trauma-informed care is equally complex. While your education about trauma may begin with a single training, it is important for you to pursue additional opportunities. Books, articles, supervision, trainings, and certificate programs are important. But daily practice applying information to real-life interactions with trauma survivors is of paramount importance. As you educate yourself about trauma, think about the following questions:

- How does the theoretical information you learned apply to the clients you work with?
- How can you use the knowledge you have in your actual work with clients?
- Are there any gaps in your ability to apply theoretical information to your daily interactions with clients?
- What do you need to learn more about?



Trauma-informed care is just as much about the staff as it is about the clients.

Many organizations seeking to provide trauma-informed care are well-equipped to therapeutically support clients. But some of these same organizations fall short when it comes to creating safe, supportive environments for staff members. Many staff enter the workplace with preexisting traumas. As they navigate the triggers and emotions resulting from their own traumas, they simultaneously provide support to clients. To further complicate matters, many staff members are expected to “grin and bear” toxic work conditions even as vicarious trauma and burnout drain them of the energy necessary for them to successfully perform their work duties. As you seek to implement trauma informed practices, remember that these practices are just as important for staff as they are for clients. Staff who are overwhelmed and psychologically exhausted will undoubtedly have difficulty embodying trauma-informed principles in their work with clients. Consider the following:

- How does trauma affect staff members at your organization?
- How have you been impacted by the traumas you have been exposed to in the workplace?
- What can you and your coworkers do to create trauma-informed conditions for staff?
- What self-care strategies can you implement as you navigate stressful work conditions?

Being trauma-informed does not necessarily mean that you have to directly talk to clients about the traumas they have been through.

Trauma survivors have experienced terror, shame, and betrayal. These experiences are painful. Some people process their pain by talking about it. Others process it non-verbally. And many suppress it. It is important to remember that not every trauma survivor is ready to talk about their pain. Being trauma-informed does not mean that we must pressure clients into telling their stories. It means that we provide them with a safe environment, support them as they express their emotions and experiences, assist them in coming to a deeper understanding of themselves and the world around them, and provide them with opportunities for restoration and repair. Sometimes this entails direct dialogue about the trauma. Sometimes it involves helping clients tell their stories. Other times, it requires us to step back and support our clients as they work toward other self-directed goals. Consider the following:

- How do your clients process their pain?
- How can you support your clients without pressuring them to tell their trauma story?
- What strategies can you use with clients who are not willing or able to tell their story?



Being trauma-informed does not mean that we have to be perfect.

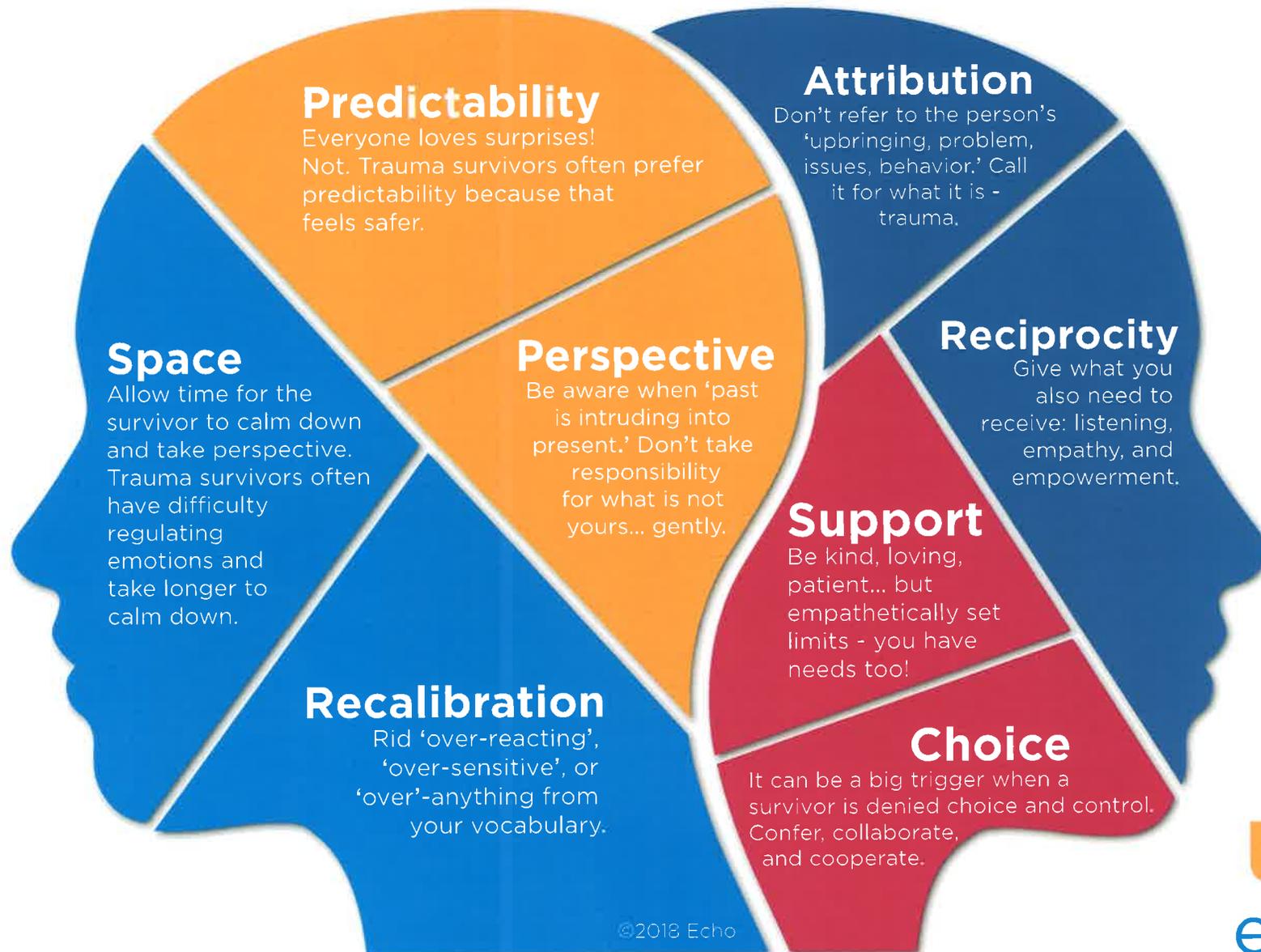
Adopting a trauma-informed approach brings with it a certain level of responsibility. After all, we are working with vulnerable people. Sometimes in our journey to becoming trauma-informed, we pressure ourselves with unrealistic expectations. We erroneously believe that if we only have enough training, supervision, or experience, we can perfectly implement all of the principles of trauma-informed care. While it is important for us to provide services in a responsible manner, we must also have realistic expectations for ourselves. None of us will ever achieve perfection in our journey to providing trauma-informed care. Some days we will be tired. Some days we won't make the best decisions. Some days we will disappoint our coworkers and our clients. Despite these “failures,” we must always remember that part of being trauma-informed is understanding that there are opportunities for repair. That even when we are not perfect, we can still be effective.

- What messages do you tell yourself when you don't perfectly implement principles of trauma-informed care?
- How can you give yourself the same opportunities for repair that you give to your clients?
- What realistic expectations can you set for yourself in your journey to becoming trauma-informed?

Intermediate District 287

RESPONSIVE. INNOVATIVE. SOLUTIONS.

How to Support Someone Who Has Experienced Trauma



EMPLOYEE WELLBEING



Students will thrive and all other priorities can be achieved when employees are well.

What is available to employees?

- Make It OK - Destigmatizing Mental Health
- DMRT Support
- Mindfulness Training
- 95210 Health & Wellbeing Tracker
- Serenity Rooms
- Get to know your EAP



New Employee Assistance Plan:

- Simplified Access
- Increased visits from 3 to 6 within current healthcare plan where available
- Trauma Informed Counseling
- Supervisor Training in prevention & followup
- Mental Health
- Work/Life Balance Strategies

Leadership Commitment, Support and Action

- Wellbeing Action Team Committee
- Becoming a Trauma Informed Organization
- Make it OK Campaign
- New EAP Provider
- Self Care options on site

SAFETY & WELLBEING SUPPORT

