Trauma Informed Education Partnership Roundtable

Facilitator: Kate Gigler

Notetaker: Rosalyn Liu

Trauma-informed care

* MH provider has been working with staff to be more trauma-informed but getting a lot of pushback from staff.
* There needs to be role clarifications in trauma-informed practices
* Provider found it effective to frame trauma-informed care work as supportive to their teacher’s work and not extra work.

Trauma-informed schools

* School is doing a lot of trauma-informed work such as more universal screenings to identify risks and needs.
  + Kate cautioned against universal screenings if there are not intervention support services to meet the identified need.
* How do you have policies and procedures that support school climate, administrative support and systems change that doesn’t result in all the responsibility falling onto one person (like the MH provider)?
  + There needs to be role clarifications in trauma-informed practices
* Professional development for school staff so everyone has the same understanding could include:
  + Defining trauma
  + What does trauma look like?
  + Cultural competence
  + How do you get more support from a school to keep girls safe that have experience trauma, in a school that is not trauma sensitive?
    - Need culture shift to happen, but that takes time.
    - Reach out to your Title iX liaison. Every district has one that helps deal with sexual assault.
    - Reach out to Amy Baker who works for GOBHI and specifically focuses on trauma-informed care.
  + Kate recommended that a good place to start to change the culture would be provide trainings to school staff on supporting compassion and coming from a place of curiosity.
* Kids are abusing substances and experiencing trauma and getting expelled. Administration immediately falls back on disciplinary rules, which is not trauma informed.
* Need to provide training to school staff and educators that focus on changing your lens.
* There should be a policy that anyone in education should go through trauma-informed trainings.
* La Pina HS has as great model
* Need to get administrators on board by showing that the trauma-informed work will be value added and supportive of their goals.
* Trauma-informed work should be a collaboration between MH staff, school staff and administration.
* It’s hard to change culture in a large school. Recommendation for large schools would be to start by engaging specific departments with trainings or discussions. Try it out in a small group than that can spread to other departments. Those people who have gone through the training or started being engage can share their experiences with other staff in the school.

Special populations

* There are many kids in foster homes and the MH provider is working with the school system to understand trauma-sensitivity specific to this population. Looking to schools for more responsiveness to needs.
* Foster kids and special education students are often times transient and there is a focus on needing to get services to foster students faster and making sure special education directors are talking if students are moving from one school to another.