

Healing for all through trauma-informed practices: An evidence-based approach for the community and the school

The Grants Pass School District

Presenters:

Dr. Todd Bloomquist
Superintendent Kirk Kolb

Journey Overview

A confluence of events
leading to a new path for
us.

This, combined with a
school district will to make
a change to help all
students succeed in school
and in life; to do something
differently than what we
have done.

Trauma Informed Practices

Support for
the 25%
To
that is going to add
to it the tools and skills
for our most at-risk
student population.

Journey Overview

1. Alternative Education Successes and Failures
2. Brain Research - How does it work anyway?
3. Meeting Drs. Felitti and Blodgett
4. Josephine County Community Network (JCCN)
5. Self-Healing Communities Model
6. Dr. Blodgett and building capacity
7. Creating a sustainability plan for trauma-informed practices
8. School pilot process
9. Starting CLEAR
10. Next, **Now**

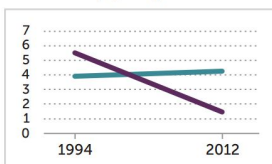
Self-Healing Communities

Washington State Initiative

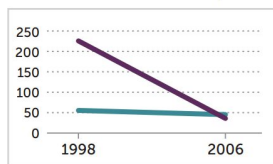
- Adverse Child Experiences Data
- Organic community participation
- Community cultural shift
- Significant decreases in ACEs, youth risky behavior, and adult chronic mental and physical health problems

Change in rates of selected youth and family problems: Cowlitz County versus Washington State rates

Child Injury Hospitalizations

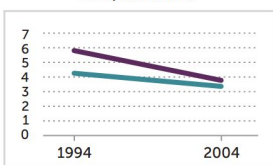


Suicides & Suicide Attempts

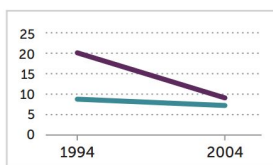


— Cowlitz County
— Washington State

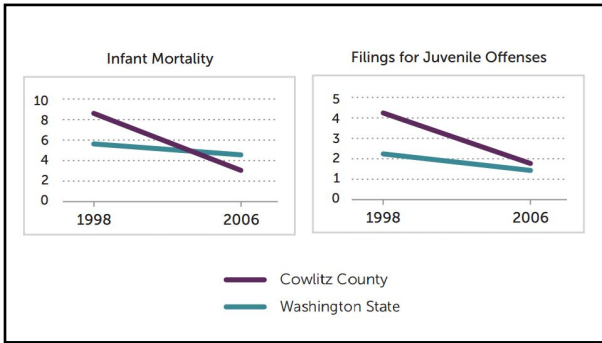
Hospitalizations



Alcohol Arrests




— Cowlitz County
— Washington State



Self-Healing Communities

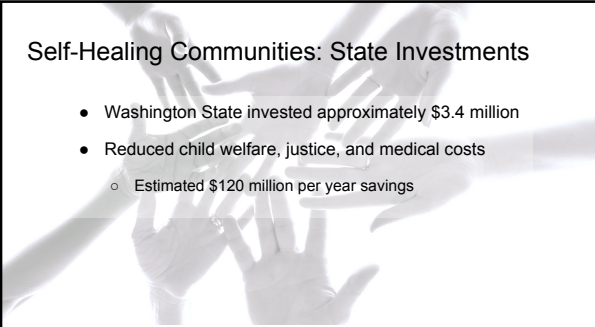
Building a community's capacity for creating new community norms

- Direct services
 - necessary, but not sufficient
- Engaging the public
 - change and innovation
- Broad knowledge-based training



Self-Healing Communities: State Investments

- Washington State invested approximately \$3.4 million
- Reduced child welfare, justice, and medical costs
 - Estimated \$120 million per year savings



Self-Healing Communities: Model Principles

1. Inclusion leadership
2. Learning communities
3. Emergent capabilities
4. Engagement informed by neuroscience, epigenetics, ACEs, and resilience
5. Right-fit solutions
6. Hope and efficacy

Core belief: everyone who wants change *is* a leader

Self-Healing Communities: Four Phase Process

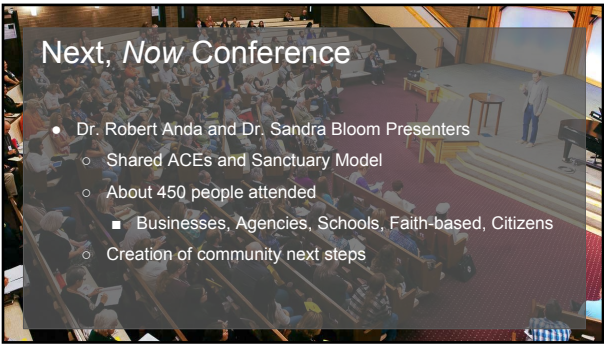
1. Leadership expansion
2. Focus
3. Learning
4. Results

Success in each phase naturally invites the next phase

Self-Healing Communities: Jackson, Josephine, & Curry County Project

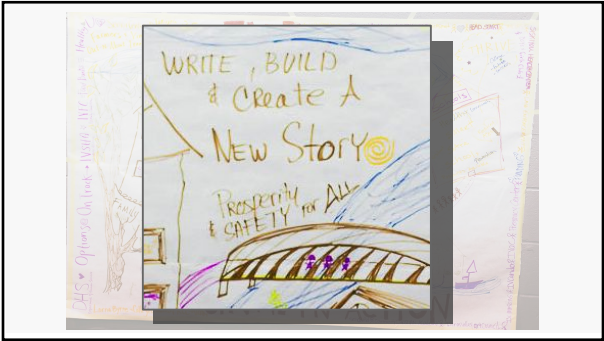
- Certified ACE trainers
- Broad teaching of ACES
- **Next, Now** Conference

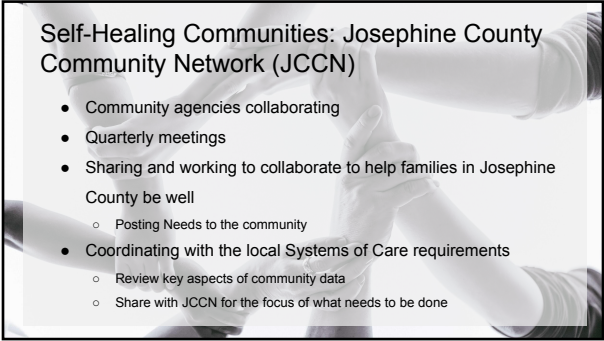
○ <https://sites.google.com/site/nextnowconf/home>



Next, Now Conference

- Dr. Robert Anda and Dr. Sandra Bloom Presenters
 - Shared ACEs and Sanctuary Model
 - About 450 people attended
 - Businesses, Agencies, Schools, Faith-based, Citizens
 - Creation of community next steps





Self-Healing Communities: Josephine County Community Network (JCCN)

- Community agencies collaborating
- Quarterly meetings
- Sharing and working to collaborate to help families in Josephine County be well
 - Posting Needs to the community
- Coordinating with the local Systems of Care requirements
 - Review key aspects of community data
 - Share with JCCN for the focus of what needs to be done

Adverse Childhood Experiences Study (ACES)

"The ACE Study findings suggest that certain experiences are major risk factors for the leading causes of illness and death as well as poor quality of life in the United States."

~March 2014, Centers for Disease Control and Prevention



The ACE Study

Dr. Vincent Felitti

- San Diego health obesity clinic
- Kaiser-Permanente



Dr. Robert Anda

- Centers for Disease and Prevention Control
- Smoking and adult disease study



The ACE Study

- Study conducted from 1995 to 1997
- 17,337 Participants
- Ages 19 to 60+
- Continuing follow-up with participants
- Continuing studies being conducted from the data

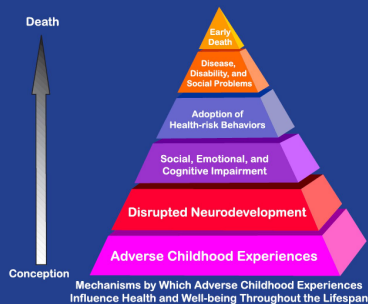
The ACE Study

- Subjects were given a survey to answer
 - Questions focused on childhood experiences
 - What maltreatments did people experience?
- Correlated to kinds of issues the subjects, as adults, were dealing with
 - Addictions, mental health issues, violence, and incarceration

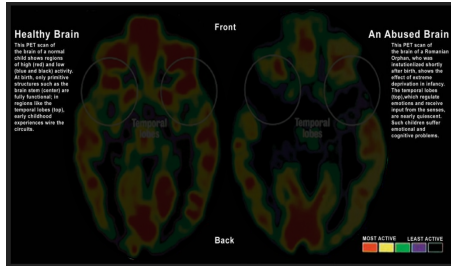
ACE Study Factors

- From the study, risk factors for a person were developed
- The more the risk factors, the higher correlation to adult problems

A Conceptual Model



Romanian Children Brain Studies

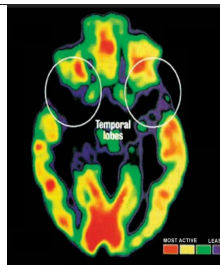


What do we know?

- Childhood Adverse Experiences
 - Neglect, maltreatment, intense negative incidents
 - 3 out of 5 children
- Complex Traumas
 - This kind of trauma we, without question, would make a DHS phone call
 - 1 out of 4 children experience this

Behaviors

- For students who are Triggered
 - The brain sort of disconnects from the temporal lobe
 - Exhibit impulse control issues
 - Fight or Flight is initiated more frequently
 - Retaining information and complying with direction is difficult
 - Tendency to self-medicate (adapt)



So, What is CLEAR?

- Collaborative Learning for Educational Achievement and Resilience
- Training Model Overview
- Training Requirements
- Core Aspects

CLEAR Model Overview

1. Foundation is built around relationships and safety
2. Builds a common mission and vision around sustained trauma-informed practice
3. Not a curriculum
 - a. Integrated professional development and consultation model
 - b. Capacity building with all staff
4. Designed to work with other school initiatives (works ideally with RTI and PBIS processes)

Core Aspects of CLEAR

1. Readiness assessment and infrastructure development
2. Trauma enhanced, social-emotional learning
3. Staff training for individualized student response and classroom management
4. CLEAR leadership team development
5. RTI and tier 2 and tier 3 support
6. Alignment to curriculum and state/district/school initiatives

CLEAR Roll out

- Spring 2016
 - Asked one elementary to consider
 - Secured funding
 - Partnered with a CLEAR approved local mental health agency
- 2016-17 School Year
 - Lincoln Elementary School
 - Invite other elementaries and the alternative high school in the spring

Long-term steps:

- Spring 2018
 - Invite Middle Schools
- Spring 2019
 - Invite the High School
- Beyond 2021
 - After all staff have had the 3-year training, the school district budgets for ongoing trauma-informed training

Questions

Where does your district go from here?

What can you do to help take the next step?

Next steps handout and resource page.

Questions?

Thank you!

And, here's to looking at a new horizon-- especially that 25%!

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