

Toolkit for Responding to the Trauma Needs of Schools



**CLINICAL
SCHOLARS**

A Robert Wood Johnson Foundation program

Toolkit for Responding to the Trauma Needs of Schools

AUTHORS

- **Wanda Thruston**, DNP, PNP, RN, Indiana University School of Nursing
- **Barbara Pierce**, PhD., LCSW, Indiana University School of Social Work
- **Megan Carlson**, MSN, PPCNP-BC, Indiana University Fairbanks School of Public Health
- **Paige Klemme**, MSW, PhD, LSW, Indiana University School of Social Work
- **Teresa Imburgia**, MPH, Indiana University School of Social Work
- **Maryanne Kaboi**, MSW, Indiana University School of Social Work

ABOUT

This toolkit provides insights into ways to facilitate the development of trauma-responsive programs and services in school settings by partnering with various stakeholder groups and responding to their prescient needs.

CONTACT

For more information, contact: barpier@iu.edu

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Executive Summary

Severe and persistent exposure to violence and trauma may impose lifelong, intergenerational consequences on individuals and their communities.

This phrase, which starts the Team Responsive Schools' wicked problem statement, became almost prophetic as the years of the project passed. From working within schools to help children who have experienced trauma, to helping their teachers and other school personnel to cope with the secondary trauma from working with children who live with violence and trauma, to the primary trauma of a nation and disruption of in-person school because of the COVID-19 pandemic, this team has pivoted to be responsive to the needs presented by the school community.

Initially, this project aimed to change the culture of 10 public schools in the Indianapolis Public School district to become trauma-responsive schools. Yet, even before the start of the project, the opportunity to work within this district was lost because the internal contact within the district left their position. With the link to the district gone, the team was forced to identify another district that would be willing to partner with them. The first pivot required the team to build new partnerships with a local school district. They were able to reestablish partnerships with a school district and independent charter school which they had connections with through other projects.

The school and school district requested an evaluation of their social/emotional health plans. After conducting an informal assessment, it was discovered both the charter high school and the school district had trauma-responsive programs and an associated evaluation in place for the students. Following that short pivot, the school district administration requested the team to work with their high school. Following a formal, comprehensive assessment of both high schools, the team discovered trauma-responsive programming for the school personnel was missing. Following the communication of the findings with the schools' administration and schools' project leadership team, the third pivot was to develop and implement a trauma peer learning community intervention for school personnel.

The individual schools' project leaders worked with the team to develop an intervention that would fit their schools. The team developed a trauma-responsive toolkit for school personnel including five trauma informational videos with discussion prompts and handouts. The team and project leaders from the high schools jointly held a luncheon with over 200 school personnel in attendance. Following the luncheon, a total of 22 school personnel of various job duties volunteered to be peer facilitators to implement this project. The team developed training for the school project leaders to become trauma peer-support facilitators, but was only able to conduct one training before the COVID-19 pandemic closed the schools and the university for in-person learning and research interventions.

ORIGINAL

Develop **Trauma-Informed Schools** approach in 10 Indianapolis schools through culture change

PIVOT 1

Evaluate another school district's social/emotional learning programs

PIVOT 2

Focus on high school and charter high school on **school personnel secondary traumatic stress**

PIVOT 3

Measure impact of **social determinants of health** during the COVID-19 shutdown on school personnel health and needs

The ending of in-person research created an opportunity for the team to pivot a fourth time into a research project that aimed to learn about the impact of COVID-19 on school personnel's social and emotional health during the first five months. Utilizing various existing assessments and survey questions from other research on the impact of previous disasters and pandemics, the team created a virtual survey for all school personnel. The survey link was emailed to the superintendents of the ten school districts and the leaders of the multiple charter schools, all located in Indianapolis, Indiana. With personal contact to two school district superintendents, there was an overwhelming response from their employees. Following the analysis, the superintendents from those school districts received individual reports that could be used as helpful guideposts for future planning. A third report was produced that described the social and emotional health of all school personnel responding to the survey. Significant findings included nearly half of the sample experienced new adverse mental health symptoms and sleep disturbances. There was an overwhelming response from the sample that described having a new sense of gratitude. Many school personnel reported being worried about their students' well-being. African American personnel reported a higher resilience than those of other races or ethnicities. Interestingly, a vast majority of personnel did not believe their districts would be able to prepare reopening schools in a manner that protected them and students from COVID-19.

With the original wicked problem project plan and three pivots, the team demonstrated resilience, flexibility and responsiveness to the needs of the schools in which they worked. Ultimately, the team produced a workable toolkit for school personnel stress including videos and a toolkit and comprehensive study of school personnel's response to COVID-19 and school closures.

In addition, the team was awarded funding to pilot a virtual program for African American male high school students who were experiencing disengagement from school during the COVID-19 pandemic. Using community-engaged principals, they engaged a social worker from the school's contracted mental and behavioral health community organization and the school's resource officers to develop the pilot project. Of the 18 young men identified by school administration, the adult caretakers of five young men signed the consents and encouraged their participation in the eight-week program Gents for Success. Finally, a [website](#) was developed for the public to access all of these project details.



Planning

Planning for the original project occurred at the time of developing the initial Clinical Scholars proposal. It aimed to improve the culture of ten elementary schools of the Indianapolis Public School system to become trauma-responsive learning communities. Through training and coaching of inter-professional trauma collaboratives or teams of school personnel, it was planned to use a participatory action quality improvement approach to help them develop sustainable trauma-responsive programming using implementation science to guide these and future changes.

Each school team would participate in group learning sessions while developing and implementing trauma-responsive improvements appropriate for the individual schools. The learning sessions followed the National Child Traumatic Stress Network framework for trauma-informed schools using the Plan Do Study Act continuous quality improvement model. It was anticipated the children would have had improved behavioral self-regulation, increased educational attainment, school attendance, and decreased discipline referrals. The school personnel would recognize and seek self-care to manage the effects of secondary traumatic stress. This project was going to be evaluated using qualitative and quantitative data. Unfortunately, because of an employment change of the contact to this school district, this project never began, which led to the first pivot.

Project Team

Wanda Thruston, DNP, PNP, RN

(Project Lead): Special Assistant to the Dean for Diversity, Equity and Inclusion & Clinical Assistant Professor, Indiana University School of Nursing; Interim Director for the Center for Research on Inclusion and Social Policy, Indiana University Public Policy Institute, O'Neill School of Environment and Public Policy

Barbara Pierce, PhD, LCSW: Associate Professor and Associate Dean, Indiana University School of Social Work

Megan Carlson, MSN, PPCNP-BC: Health Services Director for Indianapolis Public Schools; Doctoral Student, Fairbanks School of Public Health, Indiana University



Kristina Eaton, MSW, EdD: Former team member

Teresa Imburgia, MPH, Project Manager: Doctoral Candidate Indiana University Fairbanks School of Public Health

Paige Klemme, MSW, PhD (c), LSW, Student Assistant: Doctoral Candidate, Indiana University School of Social Work

Maryanne Kaboi, MSW, Student Assistant: Doctoral Student, Indiana University School of Social Work

Key Skill Sets

The project team was led by Dr. Wanda Thruston. For four decades, she has been dedicated to promoting equity and reducing disparities in both the health and education of underserved and underrepresented children, youth, and families in Indianapolis. She has over 30 years of experience designing, implementing and evaluating health care and evidence-based programming for youth in schools and in the community. Dr. Thruston has had over ten years as an academic educator for graduate nursing students. As a leader, she also served for over a decade as an elected local school board member and over five years on an advisory board member for an alternative charter high school. Dr. Barbara Pierce, Associate Professor of Social Work, has over 37 years of experience working with youth and adults with trauma and over 20 years of experience in higher education. She is an active program and project researcher and evaluator and teaches community engaged scholarship and implementation science. Megan Carlson is a pediatric nurse practitioner and Health Services Director for Indianapolis Public Schools. Her internal knowledge of pediatrics, school nursing, and management are critical to the success of this project. In addition, she possesses technical skills to produce professional documents and presentations.

The necessary skills to complete this project include community engagement, project design and implementation, evaluation, education, materials design, research and evaluation design and analysis, and dissemination. The project manager and doctoral students were involved with helping with program activities, developing surveys in Qualtrics, analyzing data, and producing data graphics.

Funding

RWJF three-year funding included \$435,000 in base funding. The funds were used as necessary for faculty course buy-out Drs. Thruston and Pierce, and salary and school funding for Ms. Carlson and the former partner, Dr. Eaton. Student support was provided for doctoral student Ms. Klemme and during the third year, salary support was used for a project manager, Ms. Imburgia. Additional funding supported the costs of project activities and materials. RWJF provided an additional \$3000 support for the development of a project logo and branding. Additionally, in response to the negative impact of COVID-19 to youth of color, the Responsive Schools Team was awarded \$10,000 RWJF COVID-19 Rapid Response Grant to work with African American male youth (early high school) as an extra project with students attending the public high school involved in the pre-COVID project.

Community Partnerships

Community partnerships were vital to all aspects of this project. Having internal partners and other contacts within schools is vital to the successful engagement with school projects. The first pivot occurred because one of the Responsive School team members left their employment at the school district chosen by the team. Using existing relationships within other schools and districts to identify and seek interest, engagement, and permission to work within one charter school and one school district within Indianapolis became critical. This engagement involved working with school superintendents, principals, school leaders, teacher union representatives, school social workers, resource officers, teachers, and other school personnel. Further, the Responsive Schools Team was able to engage the resources of the university in which Thruston and Pierce teach to assist with professional filming of videos and software to analyze survey data. A community partner designed a logo for the team and worked to develop a color scheme and professional identity for the team.

As the project progressed, other community partners such as the Department of Child Services, with whom team members were acquainted, asked the team to perform training and speaking engagements on secondary stress and trauma. In addition to in-person dissemination, the team used the community partners of radio (NPR) and local television news to spread information about the projects and impact.

Project work

ORIGINAL

Develop Trauma-Informed Schools approach in 10 Indianapolis schools through culture change

Initially the project aim was to work in 10 schools to develop trauma-responsive learning communities for the school children. This initial aim never materialized and a pivot occurred even before the project began. The majority of the year was spent developing the roles and responsibilities of the team members, developing project branding, and developing relationships with various community agencies to identify new community partners. At the end of year one, solid relationships were established with a new school district and a charter school with whom the team members had previously worked. Team leader, Dr. Thruston, was an elected school board member and member of the advisory board, respectively.

PIVOT 1

Evaluate another school district's social/emotional learning programs

Pivot 1 included approaching the leaders of a different school district in Indianapolis and an independent charter high school to discuss developing a mutually beneficial project. After multiple discussions with those school leaders, it was discovered that both were expanding their social and emotional learning programs and desired an evaluation of their programs. The team met with the school administration multiple times, participated in their new social and emotional curriculum training, and learned of an external evaluation paid by the social and emotional project funder. With what was learned, it was decided both schools had a solid implementation and evaluation plan and the team should not evaluate it also.

PIVOT 2

Focus on high school and charter high school on school personnel secondary traumatic stress

Pivot 2 occurred when the school district leaders requested that the team focus on developing a project with only their high school instead of the whole school district. The remainder of the school year required multiple meetings with the school principal and assistant principal, the teacher's union president, and teachers to narrow down the focus to assessing and mitigating secondary stress for all school personnel. The summer was spent researching and developing an intervention, developing the evaluation, and preparing for the schoolwide assessment of school personnel for both high schools.

Near the beginning of year two of the Clinical Scholars program, the team presented at an all-school staff meeting about the project and requested volunteers to help plan the assessment, intervention, and its implementation. Volunteers included teachers, social workers, resource officers, teaching assistants, and administrators. A schoolwide assessment using the Secondary Traumatic Stress Organizational Assessment (STS-OA) was conducted. The results (*Table 1*) were presented to the volunteers and indicated that schools had trauma-responsive programming in place for students but the need existed for both district and charter school for intervention for school personnel secondary traumatic stress.

In response to this assessment and in conjunction with school partners, we developed an educational learning community intervention to prevent and mitigate secondary traumatic stress for school personnel. The framework included developing buy-in from faculty and staff and an evidence-based intervention that made sense to partners. (*Figures 1 and 2*).

Table 1: Organizational Trauma Assessment: Secondary Traumatic Stress (STS)

Likert Scale: 1 = Not at all; 2 = Rarely; 3 = Somewhat; 4 = Mostly; 5 = Completely

(All scores in STS were below 2.89 indicating a need for intervention)

| <i>DOMAIN</i> | <i>HS A</i> | <i>HS B</i> |
|--|-------------|-------------|
| <i>Promotes resilience building activities</i> | 2.29 | 1.17 |
| <i>Promotes sense of safety</i> | 1.43 | 2.14 |
| <i>STS-informed school/district policies</i> | 1.5 | 1.33 |
| <i>STS-informed routine school/district practices</i> | 2.29 | 1.29 |
| <i>STS-informed practices of leaders</i> | 2.89 | 1.11 |
| <i>Evaluate and monitor STS policies and practices</i> | 1.0 | 1.25 |

Figure 1: Framework for Preventing and Mitigating STS in School Personnel

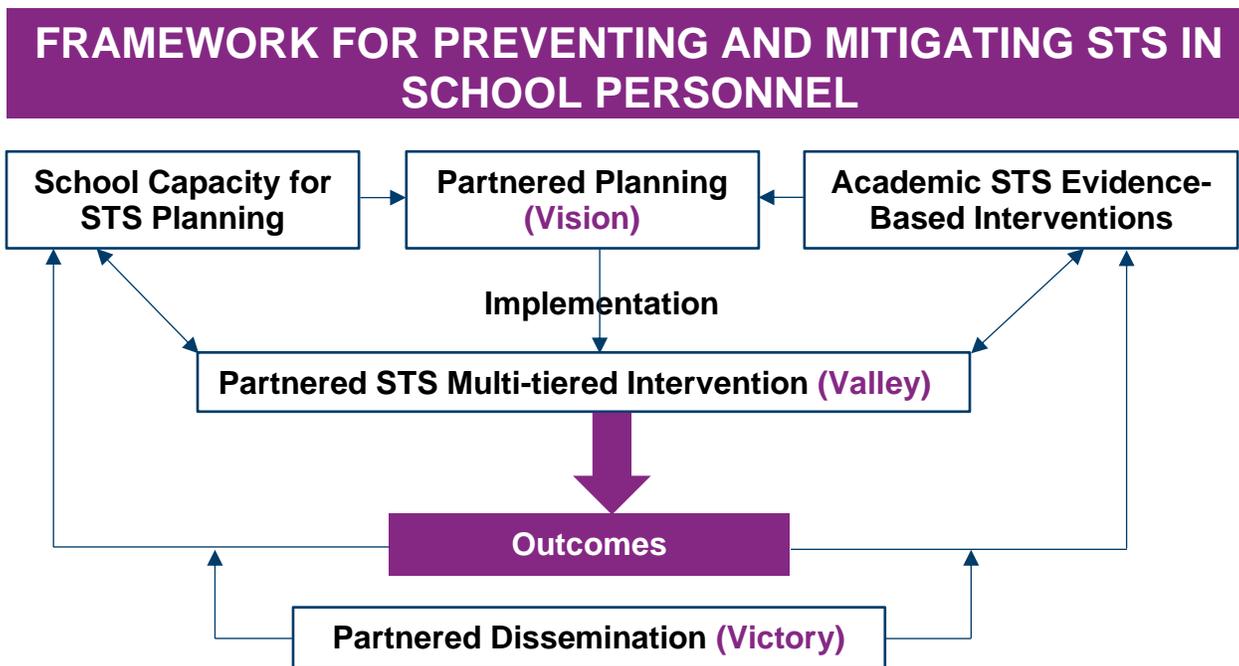


Figure 2: Trauma Responsive School Project Approach

TRAUMA RESPONSIVE SCHOOL PROJECT

Selected focus area = Secondary traumatic stress of school personnel

Intervention Design = Multi-tiered system of support

TIER 3: Individual mitigation strategy for school personnel with high levels of STS

- Individual external intervention
- Use of EAP or health insurance
- Time off work

TIER 2: Targeted STS mitigation strategies for school personnel with moderate STS symptoms

- Mentoring and supervision
- Classroom management
- Encouragement of self-care
- Recognition of triggers

TIER 1: Preventive STS strategies for all school personnel

- Professional development
- Develop a self-care plan
- Awareness of triggers
- Participate in peer-peer learning collaboratives
- Trauma resiliency teams at each school/division
- Effective policy and practices to build a culture of resiliency



This multi-tiered approach would allow for all personnel to learn material and have discussions about it while providing for intervention for those who needed extra support.

The team created five videos and an educational toolkit that are hosted on the [website](#). Each video has corresponding group discussion questions, journal prompts, and helpful handouts:

- [Adverse Childhood Experiences & Secondary Traumatic Stress: An Overview](#)
- [Neuroscience of Stress & Trauma](#)
- [Multidimensional Aspects of Self-Care for School Personnel](#)
- [Resilience & Your Well Being on the Job](#)
- [Trauma & Your Team: Signs of Stress & Peer Support](#)

Next, the volunteer school team assisted in planning the rollout of the intervention to the whole school and sought additional personnel to agree to be small group leaders. To garner support and enthusiasm, a kickoff event was planned for January 2020 to spotlight secondary trauma and self-care. The kickoff event provided lunch for all school personnel, chair massages by licensed massage therapists, time with therapy dogs, crafting stress balls and glitter bottles, and learning box breathing techniques. This was the first all-school luncheon that had occurred during a school day and over 200 school personnel attended. The principal got into the spirit of the day and made a stress ball and participated fully in the day. His support was critical to the success of the event.



Following the luncheon, a total of 22 school personnel of various job duties volunteered to be peer facilitators to implement this project along with 5 school personnel from the charter high school. They agreed to participate in eight training sessions on the curriculum throughout the semester and two full days during the summer to learn and practice small group facilitation skills. Each peer facilitator was to be paid \$1000 for their participation. Unfortunately, the first training with these new “champions” took place in March, just one day before the schools and university closed due to COVID-19. When both the schools and the university reopened virtually, it was mutually agreed that a pause on this project would occur. School personnel did not feel able to continue this intervention even virtually due to stress and workload.

PIVOT 3

Measure impact of **social determinants of health** during the COVID-19 shutdown on school personnel health and needs

Pivot 3 took place in years two and three of the project as the world experienced the COVID-19 pandemic. Many team discussions centered around what could occur virtually that would be most helpful to the school communities. The focus continued to be on school personnel, but now it was on their response to the primary trauma of the COVID-19 pandemic and move to virtual education. Initially, it was agreed to conduct a statewide school personnel study but then was narrowed to just the public school personnel in Indianapolis. In order to be responsive to the needs of schools in the Indianapolis area, the team engaged in a large-scale city-wide survey of social/emotional and concrete resource needs of school personnel.

Utilizing various existing assessments and survey questions from other research on the impact of previous disasters and pandemics, the team created a virtual survey. The survey link was emailed to the superintendents of the 10 school districts and leaders of the multiple charter schools located in Indianapolis, Indiana. Again, community partners were key to obtaining 1,383 completed surveys from across the city/region. With personal contact to two school district superintendents, there was an overwhelming response from their employees.

The respondents were an average of 45 years old, mostly female (72.2%) and mostly white (76%). Other races included 12% black/African American, 3% Asian/Pacific islander, 1% American Indian/Alaskan Native, 0.5% Hispanic, 1% was more than one race, 3% indicated other, and 4% preferred not to specify their race. The majority (87%) were full time staff. Within our reporting we gave results and helpful information for districts and school personnel alike.

There were differences by race regarding social support. Specific items that were statistically significant include higher endorsement of interacting with students and co-workers by White personnel and higher use of self-care strategies and missing religious services by Black personnel. 43.8% of Black personnel were unable to attend in-person funeral or religious services after a death compared to 35% for White personnel. Black families in general in the U. S. experienced higher death rates overall from Covid. Black personnel endorsed making new supportive connections at a higher percentage than White personnel, a potential indicator of higher resilience and coping.

Table 2: Survey Results

| SOCIAL SUPPORT (N=1383) | WHITE | BLACK |
|--|--------------|--------------|
| <i>Increase in verbal arguments or conflict with a partner/spouse</i> | 16.8% | 11.2% |
| <i>Separated from family or close friends</i> | 64.8% | 52.2% |
| <i>Family celebrations cancelled or restricted</i> | 76.0% | 65.6% |
| <i>Unable to attend in-person funeral or religious services for a family member or friend who died</i> | 35.0% | 43.8% |
| <i>Elderly or disabled family member not in the home unable to get the help they need</i> | 7.5% | 4.0% |
| <i>More quality time with partner or spouse</i> | 53.3% | 38.4% |
| <i>New connections made with supportive people</i> | 23.9% | 30.8% |

| SOCIAL SUPPORT LIKERT SCALE QUESTIONS (N=912) | BLACK | WHITE |
|--|--------------|--------------|
| <i>I missed interacting in-person with the people I work with***</i> | 3.78 | 4.31 |
| <i>I missed interacting in-person with the students***</i> | 4.15 | 4.52 |
| <i>I missed the annual celebrations or activities with the students (e.g. graduation, spring play, spring concert, field day, etc.)</i> | 4.21 | 4.34 |
| <i>I missed the annual celebrations or activities with my own children (e.g. graduation, spring play, spring concert, field day, etc.)</i> | 4.35 | 4.41 |
| <i>I missed coaching or supporting the student spring/summer sports</i> | 3.87 | 3.94 |
| <i>I missed coaching or supporting my own children's spring/summer sports</i> | 3.96 | 3.95 |
| <i>Technology was adequate in my home to do everything required for me and my family</i> | 4.28 | 4.11 |
| <i>I feel as if I have weathered this COVID-19 crisis well</i> | 3.76 | 3.70 |
| <i>I use self-care strategies daily (for example, exercise, "me time", or prayer, etc.)</i> | 4.09 | 3.88 |
| <i>I have a social support network that I can count on when I need them</i> | 4.24 | 4.14 |
| <i>I stopped going to social gatherings</i> | 4.20 | 4.02 |
| <i>I avoided in-person worship services</i> | 4.44 | 4.23 |

Following the survey analysis, the superintendents from those school districts received individual reports to be used as guideposts for future planning. A third report [Social and Emotional Impact of the Coronavirus Pandemic on Public School Personnel – The First Five Months](#) was created and published through Scholarly Works for the public representing the analysis of all the data received.

COVID Rapid Response Project



\$10,000 in additional funding for COVID rapid response projects was received from Clinical Scholars. The team used this as a full circle opportunity to impact youth in the schools directly by developing [Gents for Success](#). The program started at one high school with youth who were disengaged from school during the multiple Covid, racial injustice, and police violence pandemics. The program aims to build community between school resource officers and black students through officers teaching emotional skills in education, corrections, and community mental health. The pilot was conducted in Spring 2021. Officers in the district plan to expand the program and add a music therapy component. Music therapy was added by Spring of 2022 at a middle school and that program, named The Beat Scholars by the students, continues.

Evaluation and dissemination

Pivot 2 and 3 evaluation plans were different. Pivot 2 involved implementing a trauma-responsive education program for school personnel. Using a community engaged-participatory action framework we worked with a small group of school personnel to analyze needs and school requests for help based on needs. We completed an all-personnel luncheon day which was used to raise awareness of the project and begin to develop implementation teams. Over 200 personnel participated in lunch, learning coping skills, and breathing techniques for self-care. Covid-19 stopped implementation at that point, and we were unable to work with implementation teams. Evaluation would have measured secondary trauma, social support, and peer implementation team response. Here is our [logic model](#).

Pivot 3 was a survey of school personnel in the greater Indianapolis region about response and perspectives related to coping with Covid-19. Evaluation and report are [here](#).

All surveys and evaluations were approved by IRB of Indiana University (IUPUI).

Presentations and Media

Information about two major parts of the project (secondary trauma in school personnel and the COVID-19 school personnel survey) were disseminated through various presentations and media. Opportunities to present the project included the Indiana State Teachers Association, Department of Child Services, Public Health Nurse Conference, Impact of Trauma on Health and Academic Achievement Conference, Global Implementation Conference, American Public Health Association Conference, IU Office of Family Assistance, and more. Some examples of media attention include:

- [‘Kids are going to remember this’: Experts give advice on how to talk with children about DC riots](#)
- [Council on Social Work Education \(CSWE\) Program Spotlight](#) (May 2020)
- [IUPUI-led project aims to reduce coronavirus-related trauma among school personnel](#)
- [How Two Professors Are Helping Students Cope with Violence](#)
- [Project to protect teachers from secondary trauma](#)
- [Study to Tackle COVID-Related Trauma Among Teachers](#)
- [Secondary Trauma Doesn’t Have to Weigh You Down](#)



“What’s in your backpack?”

Kids can usually sense who the ‘safe people’ are in their lives, and teachers and school personnel are often at the top of the list. Working directly with children, educators are vulnerable to secondary traumatic stress. They can absorb the trauma their students bring to school and are at risk of experiencing compassion fatigue and symptoms of trauma themselves.

Lessons learned

Challenges

The three major challenges facing our team were:

1. Losing our first community partner just as we were accepted for the project requiring establishment of a new partner and building trust which took over a year
2. Loss of a team member
3. Covid-19 stopped our implementation just as we began that phase of our project.

Each time we experienced an issue requiring a pivot we came together as a team to discuss, re-focused, used our community networking skills and relationships, and were flexible in our approach to contextual challenges.

Successes

Successes include development of a trauma-responsive [toolkit](#) including videos on secondary traumatic stress for school personnel and a comprehensive [survey](#) of school personnel reactions to and coping with Covid-19.

We received an extra grant (Covid Rapid Response Grant) to work with African American male high school youth who were at risk during the Covid-19 pandemic. In [Gents for Success](#), a program for at-risk high school students, we partnered with school resource officers to develop social skills and resilience in these youth to help them to remain engaged in school even though much of it was virtual. Another success in this project was the development of a new partnership with Natasha Thomas, a music therapist, which allowed us to implement a trauma-responsive music therapy program for school children in Indianapolis. The new program, named by the middle school children is called The Beat Scholars. At-risk inner-city students are learning social skill development while learning to make music together. Introduction of this program occurred during Spring 2022 and data collection and resumption of this program will occur in Fall 2022. Further funding is being sought for this project.

Shifts in Thinking

Our team shifted thinking multiple times due to contextual barriers. We learned to be flexible and resilient which were two key strengths that we wanted our participants to learn.

From a leadership perspective we learned to stretch ourselves and become brave participants, we learned to become followers as well as leaders, and we learned the value of listening to our community participants. Mostly we learned to trust each other and our community partners to understand that we didn't have all of the answers but working together we could grow and develop our project more fully. We learned to engage with more varied community partners including resource officers and a music therapist to circle back to our original model of helping children and youth to become more resilient in the face of trauma and adversity.



Student Testimonial

“Gents for Success is a great program, it has helped me in so many ways. I have really enjoyed being in the program. I plan on doing more with Gents for Success.”

Recommendations

Getting Started

Tackling secondary traumatic stress in school personnel or trauma in youth are wicked problems. There are so many variables that are correlated with trauma and understanding needs of a system in which programming will occur is an important first step. However, implementing programs in schools is difficult due to the nature of school systems as bureaucracies. Having a champion in the system who has the power to help you to accomplish your project is important and participants must believe that the project is needed. While this work is important, implementation with fidelity is challenging in school districts. More success in implementing programs occurred for our project in working with a district in which relationships had already been established and in small charter or private schools because trusting relationships allowed for our entree, while in private schools we were more able to be flexibly accommodated if there was buy-in for the initiative.

We do not recommend starting this project without a champion inside the school district. Further, it is much easier if a team member is also working inside the school district.

Best Practices

Below are thoughts from our team on best practices. We each responded to what we wish we would have known independently, and our responses were remarkably similar. I wish I would have known:

- That we didn't have to be perfect. I worried so much about all of the contextual barriers and ultimately learned to be flexible and pivot, when necessary, which was an important skill for me.
- That Covid was going to occur so we could have planned better. An important idea from this is when you embark on a project you do not know what is going to happen in the future so make contingencies a part of your planning process.
- That losing a team member was a difficult adjustment leading to the need to be open and vulnerable to each other about emotional impact and being flexible with moving forward in a newly configured team structure.

Use the principles of best practices for implementation science and understand that implementation does not always (or ever) go smoothly. All team members remarked that program implementers must learn to be ok with change and learn to be flexible.



Appendix

Appendix A: [STSI-OA Link](#)

Appendix B: COVID-19 Impact in School Personnel Survey Components

| SECTION | # OF ITEMS | CITATION | DESCRIPTION |
|--|---|--|---|
| Demographics | 7-items | Adapted from NIH | Looks at race, gender, ethnicity, education, language, number of kids in home, etc. |
| School Corporation and Employment Info | 19-items | Self-Created | Asked about school corporation, whether they worked primarily from home or were essential personnel, also asked how often there was interaction with others. |
| Changes for you or Your family since COVID-19 pandemic began | 92 items total 10 Sub-categories 5 additional items were added to assess for racism | Grasso, D.J., Briggs-Gowan, M.J., Ford, J.D., & Carter, A.S. (2020). The Epidemic – Pandemic Impacts Inventory (EPII). University of Connecticut School of Medicine. | This focuses on how COVID has changed people’s life. The subcategories include Work & Employment, Education & Training, Homelife, Social Activities, Economics, Emotional Health & Well-being, Physical Health Problems, Physical Distancing & Quarantine, Infection History, and Positive Change |
| Impact of work and home experiences since school closure | 40-items total | Self-Created | This section focuses on how COVID has impacted work and home in regards to concerns and interacting or not with others. |
| School Personnel: COVID-19 preparations | 56-items | Self-Created | This section focused on concerns regarding COVID, restrictions, and impact or interference at school. |
| Confidence in school level preparations | 33-items 1 question with qualitative option | K-12 Schools COVID-19 Mitigation Toolkit; Checklist for Safely and Equitably Reopening Schools & Campus Buildings | Questions about the ability to meet guidelines in various places such as in class, on bus, in halls, etc. Also asks about additional resources. |
| Administrator Questions | 16-items | Self-Created | Physical and mental health services for administrators. Completed by administrators only. |
| Following CDC Guidelines | 15-items | CDC K-12 Guidance | Focuses on school’s ability to follow CDC guidelines. |

Appendix D: Support Materials Created



Taking Care of Yourself During Stressful Times

Overview

Under normal circumstances, child welfare personnel often forget to take care of themselves, focusing instead on caring for their clients. In these difficult times of pandemic, upset schedules, illness, grief and loss, the burden of stress on child welfare personnel can quickly become overwhelming. In addition, the indirect stress personnel experience coping with the reactions of their clients, amplifies the effects of stress.



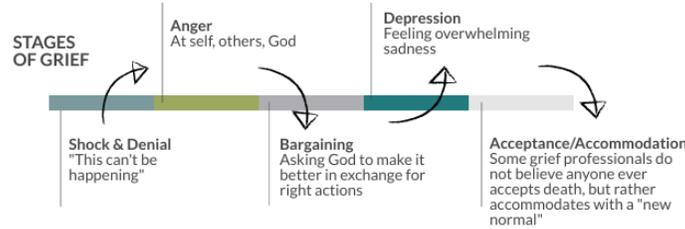
Physical Distancing Disrupts Natural Coping Strategies:

You are not alone! People around the world are experiencing reactions to physical distancing, including feelings of isolation. Guilt associated with the inability to care for those who need help can also be a result of quarantining. These times of stress are the exact times that we need to be in contact with others - for support and fellowship. When those coping strategies are not available, people may revert to negative strategies such as substance use or overeating.



Grief and Loss:

Loss of beloved community members increases stress and sets up a unique set of reactions based on grief and loss.



Taking Care of Yourself:



| Mental Health & Resilience | Social Health | Physical Health |
|---|--|--|
| <ul style="list-style-type: none"> Limit exposure to the news Spend time on activities you enjoy Meditate or keep a gratitude journal Maintain your usual care routines Try Navy Seal "box" Breathing* Reach out when feeling overwhelmed | <ul style="list-style-type: none"> Make time to reach out virtually to friends, family and colleague Share your feelings with trusted confidants Stay connected to your spiritual community | <ul style="list-style-type: none"> Maintain routines for sleep and wake patterns Exercise - get outside Eat healthy foods, avoid skipping meals Continue to refill and take prescribed medications |
| | *Inhale to the count of 4, hold for a count of 4, exhale for a count of 4, hold for a count of 4, repeat | |

Get Support:

Many employers have FREE counseling available for all employees, spouses and children, via Employee Assistance Programs (EAPs). Check with your Human Resources Department for more information.

Contact your Cultivating Student and Staff Resilience Team Members for additional support

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| Dr. Wanda Thruston // Nurse Practitioner Clinical Assistant Professor IU School of Nursing wthrusto@iu.edu | Dr. Barb Pierce // Licensed Clinical Social Worker Associate Professor IU School of Social Work barjpier@iupui.edu | Megan Carlson // Pediatric Nurse Practitioner Chief Nursing Officer Shalom Health Care Center, Inc. mcarlson@shalomhealthcenter.org |
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Additional Resources:

Domestic Violence Hotline
1-800-332-7385

Crisis and Suicide Hotline
1-800-273-8255
<https://suicidpreventionlifeline.org>

General resources
Dial 211
in211.communityos.org



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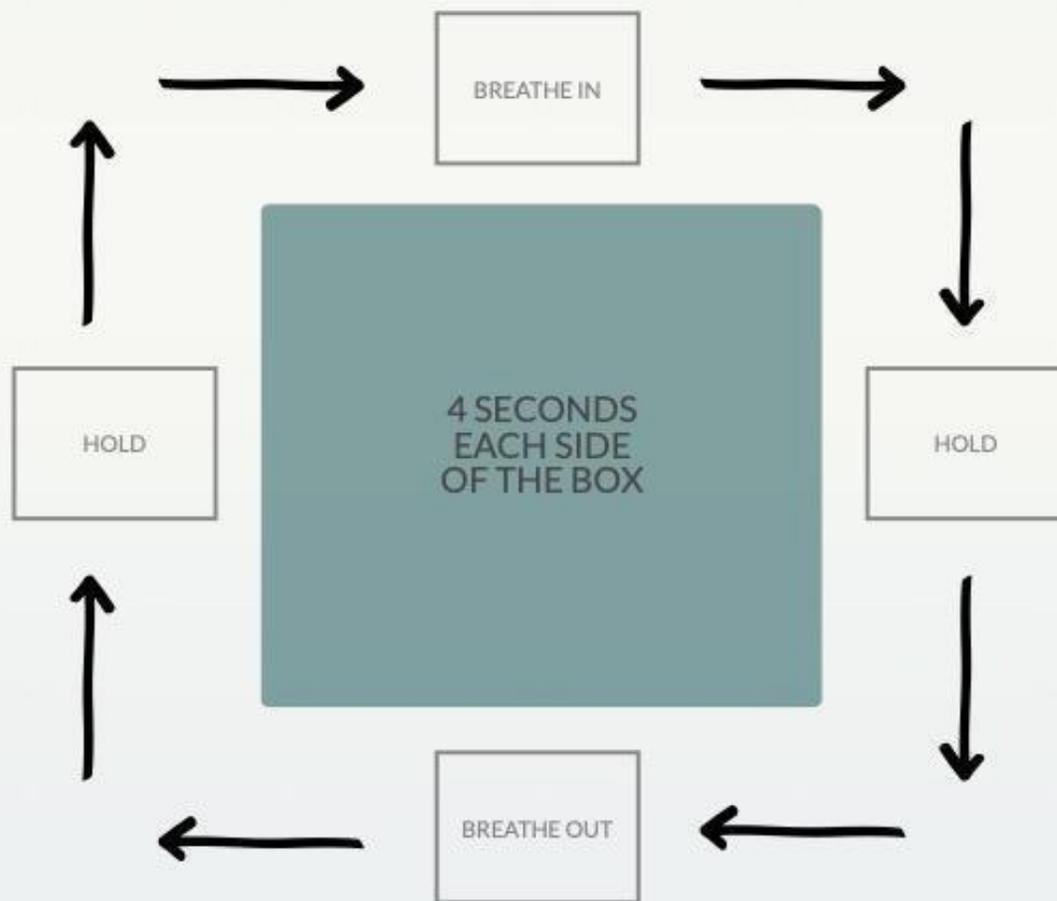




Cultivating Student & Staff Resilience

*Caring and healing for children who have
experienced trauma and those educating them*

Navy Seal Breathing



Breathe in for 4 seconds,
hold for 4 seconds,
breathe out for 4 seconds,
hold for 4 seconds
and repeat