Toolkit for PROMISE: A Community-Wide Trauma-Informed and Trauma-Responsive System

CLINICAL SCHOLARS

A Robert Wood Johnson Foundation program

Toolkit for PROMISE: A Community-Wide Trauma-Informed and Trauma-Responsive System

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ABOUT

This toolkit provides information and recommendations on establishing a community-wide trauma-informed/ trauma-responsive (T-I/T-R) system among key stakeholders for the promotion of resilient and thriving children from low-income urban communities.

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Executive Summary

It takes a village to raise a child. 2 out of 3 students will experience a traumatic event by age 16.

Adverse childhood experiences (ACEs) such as exposure to abuse, neglect, and household dysfunction are linked with increased lifelong risks for chronic diseases, premature mortality, mental health illness, emotional and cognitive impairment, and health risk behaviors (e.g. substance use disorders). Since the original ACEs studies, there has been increasing recognition of the intersection of systemic racism, its impact on the social determinants of health (SoDH), and ACEs. This relationship has been further complicated by the COVID-19 pandemic exacerbating common risk factors for child abuse and neglect as well as magnified racial disparities. Sadly, two out of three students will experience a traumatic event by age 16 (NCTSN, 2017). This exposure even in the absence of traumatic stress, is a threat to youths' healthy development.

Washtenaw (WA) County, located in southeast Michigan (MI), is a microcosm of larger U.S. society. The 2019 County Health Rankings reported that WA was ranked among the healthiest counties in MI for health factors (e.g. clinical care) and outcomes (e.g. length of life). Yet, WA income inequality index was higher than the state of MI, 5.2 vs 4.6, respectively. In 2016, county data reports showed racial gaps of more than 30-40 pints in student test scores and was found to be at the bottom 8% of counties in the U.S. for upward income mobility. In other words, a child born in poverty in WA is likely to remain in poverty as an adult. The eastern side of the county has a higher population of black, Indigenous and people of color (BIPOC) compared to the western side. The eastern side of WA also has a 9-year disparity in life expectancy. Ypsilanti is an urban city located on the eastern side of WA and plagued with all of the racial and socioeconomic disparities listed above, including within its K-12 public school system.

Promoting resilience and outreach through multi-tiered interventions and supportive environments: PROMISE for Success is our initiative with the overarching goal of advancing trauma-informed/trauma-responsive (T-I/T-R) practice and strategies to promote resilient students, families, school faculty/staff, and the surrounding community through parallel school and community arms. The school arm sought to collaborate with schools for them to become trauma-informed schools. The community arm sought to support the middle school's community partners by helping to establish a T-I/T-R system among key stakeholders who serve the children and families of Ypsilanti in conjunction with the school-arm interventions.

- Tier 1: Students
- Tier 2: Teachers/Parents/Caregivers
- Tier 3: Community

The ~~Four~~ Five R's of Trauma-Informed Care

Planning

A day in the life of a traumatized student is particularly challenging at school, where a present/positive mind, body and spirit are required for success. Intrusive trauma reminders such as sounds, images or situations triggering memories, as well as competing brain functions like fight-flight-freeze are dysregulating and disruptive to student learning. Research informs us of the cumulative effects of ACEs, including behavioral/physical health and family-/community-related consequences. Further, secondary adversities that disproportionately impact urban, underserved communities like the school-to-prison pipeline are interconnected with traumatic exposure/stress. Tragically, a quarter of black boys will be incarcerated in their lifetime (Bonczar, 2015) and the average number of trauma exposures is 14 for youth in juvenile detention (Abram et al., 2004). And peers, parents and caregiving adults who interact with traumatized youth are at risk for secondary traumatic stress. Thus it is imperative that urban communities “recognize, respond, infuse, sustain, act and facilitate” Trauma-Informed (T-I) and Trauma-Responsive (T-R) practices. Funding from Clinical Scholars, a program of the Robert Wood Johnson Foundation, was used to support team members' time and effort to plan and implement multiple activities.

Project Team

Polly Gipson, PhD: Principal Investigator / Intervention Specialist

Jessie Kimbrough Marshall, MD, MPH: Co-Investigator and Master ACES Community Trainer

Brenda Averett, MA, LSC, LPC, LSW: Co-Investigator and Master School Trainer

Faith Ivey, PhD, EdS, MSW: Intervention Specialist

Diane LaMaster, MEd: PBIS Consultant

Pamela Black, MA, MEd: Compassion Resilience Consultant

Josh Erickson, PhD: Statistician

Key Skill Sets

School Arm: PROMISE leader/trainer Dr. Polly Gipson is a licensed clinical psychologist. Dr. Gipson brough expertise in community engaged research skills and working clinically with youth and families, including as the Director of Trauma and Grief Clinic in Child Psychiatry at the University of Michigan. PROMISE leader/trainer Brenda Averett is licensed as a clinical social worker, clinical professional counselor, school guidance counselor, and organizational leadership doctoral candidate. Brenda Averett also brought decades of school service and expertise in various sectors including juvenile justice, behavioral health, and urban education. Additional team member Dr. Faith Ivey received her PhD in educational leadership and counseling and is a licensed clinical social worker who brought expertise in making the programming as inclusive as possible across all students including those receiving special education services. These skillsets, understanding of local school context, and understanding of the impact of trauma on youth, parents and guardians, and staff informed engagement of partner voices in project development and implementation.

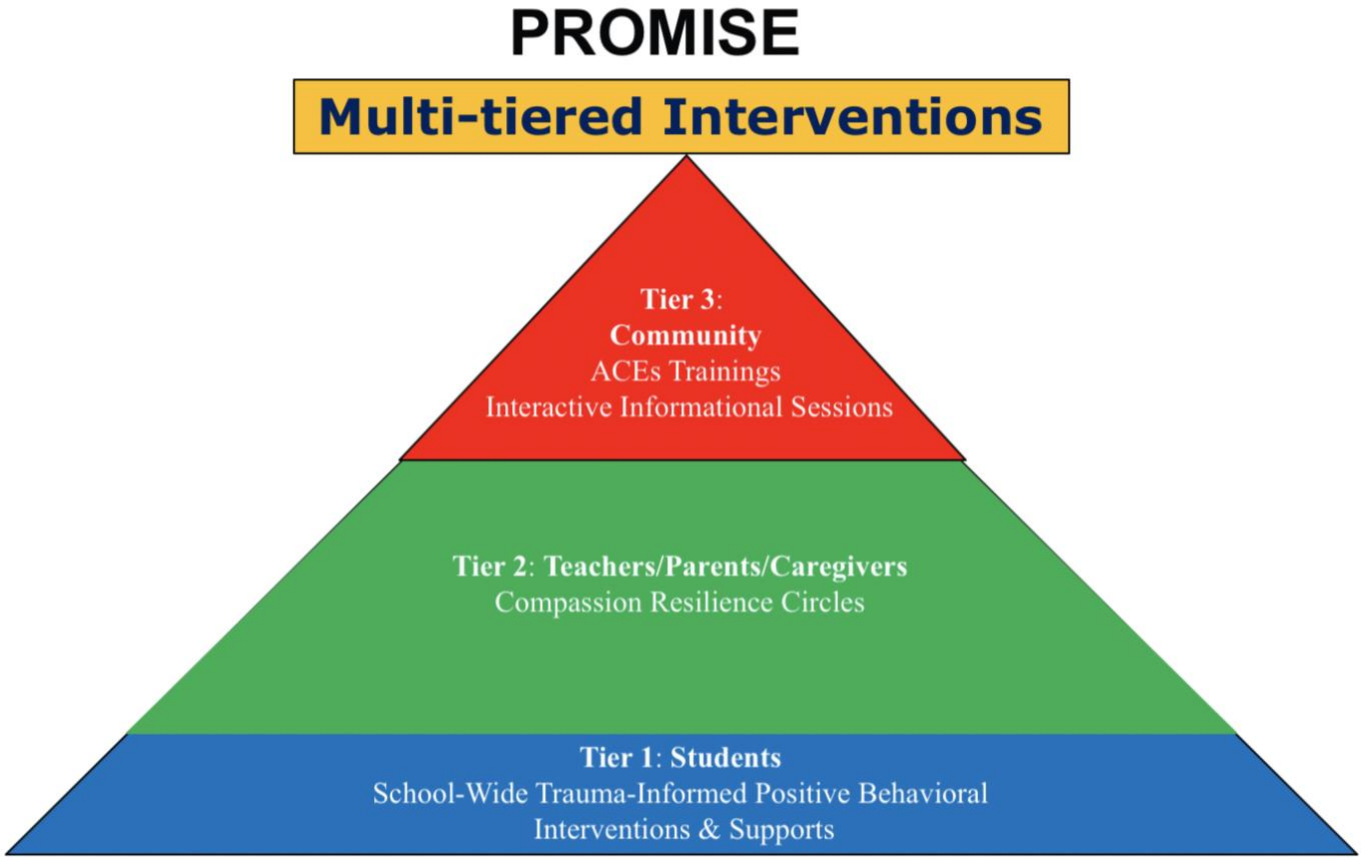
Community Arm: PROMISE leader/trainer Dr. Jessie Kimbrough Marshall is an internal medicine-pediatric physician with public health and ACEs training experience. Dr. Kimbrough Marshall also served as the medical director for Washtenaw County Health Department and had certification as a Master ACE Trainer through the Michigan ACE Initiative. In addition to resourcing the community to be better able to identify signs of ACEs in children, the program aims for empowerment to create community-based interventions. In 2021, Dr. Kimbrough Marshall was appointed as a Board of Regent to a university that sits in the same community as the targeted middle school. The ability to leverage pre-existing and new relationships allowed for a symbiotic effect on engaging the community.

Community Partnerships

The middle school's social work staff identified their key community stakeholders as public, community-based, and academic organizations that commonly support the school's students and families through social, medical, mental health, economic, and/or criminal justice services. Through recommendations from PROMISE's Community Advisory Board (CAB), faith-based organizations were included as well as key stakeholder recommendations for other community-based organizations not initially identified through the school.

Project work

PROMISE aims are in accordance with the 5 R's of Trauma-informed (Appendix A). PROMISE is being implemented through a multi-tiered approach involving the school (e.g., students, teachers, parents, and caregivers) and community (e.g., ACEs interactive informational training sessions). Evaluative data and findings of the project will inform tailored recommendations for T-I practices and sustainability for the school and community.



"Compassion resilience is the power to return to a position of empathy, strength, and hope after the daily experience of the challenges our children face and those we face as their caregivers. It requires us to be able to find optimism in an imperfect world."

Tier 1: Students

Tier 1 was the universal intervention in which we implemented a school-wide trauma-informed PBIS for students. We also had a PBIS school team that oversaw implementation. First, we had to identify school representatives who were willing to be trained in PBIS and they set the behavioral expectations (5 or less positive behaviors, see Appendix B). Next, we created a behavioral matrix that shows the desired behavioral expectation across school settings (school bus, hallways, classrooms, etc.). Then, we modeled the desired behavior to the students through an assembly. Finally, we developed a rewards system for students to acknowledge the expected behavior (cash in points to use at school store, see Appendix C).

Tier 2: Teachers, Parents, and Guardians

Tier 2 used the Compassion Resilience Toolkit for circles for both schools and parents and caregivers to guide the work. Compassion Resilience Circles for teachers prioritize addressing secondary traumatic stress (the impact of the students' traumatic stress on teachers) and promoting teachers' resilience and wellness strategies. Compassion Resilience Circles for parents and guardians focus on understanding the ways in which their child's traumatic stress shows up at home, applying the skills learned to influence a positive family culture, and promoting parents/guardians' resilience and wellness strategies. First, we identified a team to be trained to facilitate the circles, which could be school partners or academic partners. It way key that the team and principal collaborated with the state department of education to have this count towards required professional development hours. Next, we gathered circles of the same 10-12 people in each over six weeks.

Tier 3: Community

The training workshops were designed to provide a) health equity data, b) the ACEs framework for T-I/T-R practices, and c) strategies for mitigating ACEs and promoting resiliency for children and families. Local health equity and socioeconomic data was provided by the local health department, Washtenaw County Health Department. Information on ACEs was provided by the Michigan ACE Initiative. Strategies for promoting resilience was based on the American Academy of Pediatrics Resilience Project. In early 2020, the training content was modified to include the impact of the COVID-19 pandemic and associated economic fall-out on childhood trauma and racial disparities. Also, discussions covered the need for a) heighted awareness of child abuse, domestic violence, youth mental health disorders, food and housing insecurity, b) strategies to provide concrete help for children and families in need, and c) promote resilience for both short- and long-term impact.

Identified stakeholder organizations were contacted and offered the workshop for their staff in an effort to standardized T-I/T-R practice, build collaborations, and breakdown silos between organizations. Workshops were tailored to the hosting organization's availability, which was typically during their scheduled staff meeting time with a duration of 60 to 90-minutes. Trainings were interactive and included video content, slide presentation, and group discussions. For 2019, trainings were done in-person at the hosting organization's site. Due to the COVID-19 pandemic, training sessions made virtual in 2020.

Evaluation and dissemination

School Arm

Teachers and staff and parents and guardians reported high program satisfaction and usefulness. **For teachers and staff, 85% recommended it should be repeated. For parents and guardians, 100% recommended it should be repeated.** Below are the measures to assess school climate before and after the implementation of T-I PBIS.

- Compassion Resilience Circles Feedback: Professional Quality of Life Scale, Secondary Traumatic Stress Scale, DARS
- T-I PBIS Implementation: School Climate Survey, PBIS Self-Assessment Survey, Secondary Traumatic Stress Scale, DARS, and COVID-19 Family Stress Screener

Community Arm

Pre- and post-workshop surveys were adapted from the Michigan ACE Initiative Training Evaluation. Preliminary survey data helped to improve subsequent sessions.

- Knowledge pre/post
- Future practice
- Satisfaction
- Triggers
- COVID-19 impact
- Occupation

Participating organizational leaders have engaged in follow-up interviews regarding their organization's progress and need for technical support.

- Organizational Training impact
- Organizational TI/TR progress
- Organizational assets and needs

Themes from preliminary data from key informant interviews include:

- ACEs sessions are informative
- Information aligns with what is seen in work with families/children
- COVID-19 has forced providers/servicers to be more creative in meeting needs
- Need more information on practical interventions

Dissemination

- Community Advisory Board flyer
- Compassion Resilience Group flyers
- Schools newsletters during COVID
- Virtual ACEs
- PROMISE Trainings for Trauma-Informed Positive Behavior Interventions and Supports (PBIS)

"PROMISE has given students, parents, and staff an invaluable tool to support their resilience though difficult situations."

– Ruth Jordan

Recommendations

School Arm Recommendations

1. Engage and develop partnerships across school leadership, school staff and teachers, parents, feeder schools, and youth agencies (key informant interviews/focus groups).
2. Audit policies, practices, and procedures for opportunities to make trauma-informed and trauma-responsive practices.
3. Continual buy-in and engagement from school administration/school board (continuing education credits, turnover, project specific roles, etc.).
4. Hold frequent meetings with leadership and be open to pivot, seek consultation expertise, and advice.
5. Connect your efforts to state education's goals to sustain programming.

Community Arm Recommendations

1. Promote T-I/T-R collaborations between organizations across sectors and discourage working in silos.
2. Expand awareness on the relationship of ACEs and racial inequities among community stakeholders and policy-makers to affect change and ultimately reduce and prevent ACEs in your community and state.
3. Provide community stakeholders with practical strategies for T-I/T-R prevention.
4. Highlight the focus on increasing protective factors (e.g. parental resilience, social connections, concrete help in times of need) promotes resilient children and families).
5. Advocate for the use of T-I/T-R prevention strategies that potentially supports both short- and long-term impact for children and families, especially in times of public health crises, such as the COVID-19 pandemic.

Lessons Learned

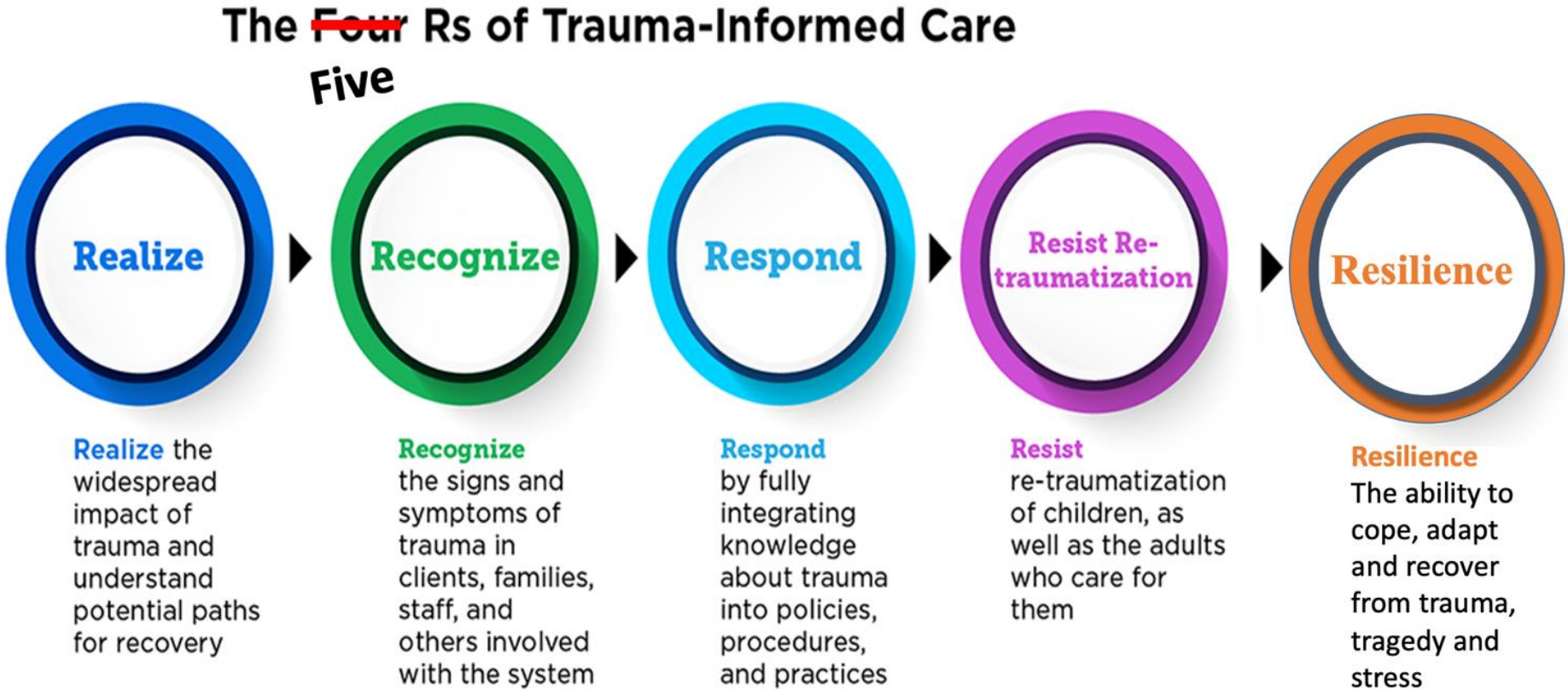
- Choose an asset-based orientation vs a deficit-based orientation for program planning.
- Skillsets and professional networks are transportable.
- Adaptability to change is essential for success.
- Program modifications to help meet community needs in times of crisis can strengthen your work's impact.
- Electronic collection of evaluation data via software programs (e.g. Qualtrics, Survey Monkey) is more efficient and less time consuming for data handling and analysis.

"I learned a lot about myself relating to my daughter. Also, I learned that I need to be more present in the moment of emotions."

– Parent in Compassion Resilience Circle

Appendix

Appendix A: The 5 R's of Trauma-Informed Care



This figure is adapted from: Substance Abuse and Mental Health Services Administration. (2014). SAMHSA's concept of trauma and Guidance for a trauma-informed approach. HHS publication no. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration.