Trauma-Informed Approaches

OPPORTUNITIES AND CHALLENGES IN MONTANA EXECUTIVE SUMMARY

WHY TRAUMA?

Many children in Montana are exposed to adverse events such as economic hardship, domestic violence, and substance abuse. An emerging body of research links the experience of these Adverse Childhood Experiences (ACEs) to health and well-being across the life span.[1] Beginning with the landmark Adverse Childhood Experiences (ACEs) study in the late 1990s, potentially traumatic experiences in childhood have been correlated with a variety of outcomes including chronic disease prevalence, high school graduation rates, incarceration and preterm birth. Unfortunately, Montana has some of the highest ACE scores in the U.S. In a recent national assessment, 52% of children aged 0 to 17 in Montana reported at least one ACE and 17% had three or more ACEs, compared to only 11% nationally.[2]

The link between exposure to ACEs and negative health outcomes is mediated by trauma. Trauma is defined as any lasting physical or emotional effects that an individual experiences as a result of an adverse event. The experience of trauma affects neurobiology, psychological processes, and social attachment in complex ways that can contribute to a range of health concerns across the lifespan.[3] Prolonged exposure to ACEs can also lead to toxic stress and unresolved trauma, key contributors to behavioral problems in childhood and mental health and substance abuse disorders in adulthood.[4] Researchers working in the field of trauma are also exploring protective factors such as resiliency, defined as the ability of an individual, family, or community to cope with adversity and trauma, and adapt to challenges or change. Resiliency can be strengthened to mitigate the effects of trauma in exposed individuals and communities.[5]

> Montana has some of the highest ACE scores in the nation, with 17% of Montanans reporting three or more ACEs compared to 11% in the US.

2017

References:
1. Felitti et al. (1998) Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults. American Journal of Preventative Medicine.
2. National Survey of Children's Health. July 2014. http://www.childtrends.org/wp-content/uploads/2014/07/Brief-adverse-childhood-experiencesFINAL.pdf
3. Pitman, et all (2012). "Biological studies of post-traumatic stress disorder." Nature Review Neuroscience.
4. "SAMHSA's Concept of Trauma and Guidance for Trauma-Informed Approach". SAMHSA's Trauma and Justice Strategic Initiative. July 2014
5. http://www.samhsa.gov/capt/tools-learning-resources/trauma-resilience-resources

Trauma-Informed Approaches

In response to this research on trauma, healthcare practitioners have developed both clinical and systems-based trauma-informed approaches, which are designed to better support traumatized individuals and create environments that are sensitive to their needs, while preventing re-traumatization. This cross-sector work has occurred both in the U.S. and internationally, as well as at the state and local levels in Montana. The federal Substance Abuse and Mental Health Services Administration (SAMHSA) defines trauma-informed approaches this way:

"*A program, organization, or system that is trauma-informed **realizes** the widespread impact of trauma and understands potential paths for recovery; **recognizes** the signs and symptoms of trauma in clients, families, staff and others involved with the system; and **responds** by fully integrating knowledge about trauma into policies, procedures, and practices and seeks to actively resist **re-traumatization**.*"[6]

The Trauma-Informed Approach asks
"What happened to you?"
instead of
"What is wrong with you?"

Practitioners often distill the trauma-informed approach down to a systematic paradigm shift that moves away from asking the question, "What is wrong with you?" and toward asking the question, "What happened to you?"

Despite the groundswell of interest in trauma-informed approaches, the effectiveness of these practices is still being investigated. Early research on models like the CLEAR model from Washington State University and Dr. Sandra Bloom's Sanctuary Model indicate that a comprehensive approach to organizational and cultural change toward trauma-informed approaches can positively impact client and student behavioral and academic outcomes, and can support a healthy workplace culture.[7] In addition, a number of trauma-informed interventions in educational settings – such as reducing the use of punitive, exclusionary school discipline practices; incorporating social and emotional learning; and developing a safe and supportive school climate – show promise in improving student achievement, reducing out-of-school suspensions, and improving behavioral outcomes.[8] These well-researched practices should be considered as part of a core set of trauma-informed practices to be adopted by Montana schools moving toward a more robust trauma-informed model.

References:
6. "SAMHSA's Concept of Trauma and Guidance for Trauma-Informed Approach". SAMHSA's Trauma and Justice Strategic Initiative. July 2014
7. Blodgett, Christopher. "CLEAR (Collaborative Learning for Educational Achievement and Resilience) Staff Survey Results and Preliminary Academic Outcomes 2015-2016). CLEAR Trauma Center, Washington State University. http://www.nctsnet.org/ncts_assets/pdfs/promising_practices/SanctuaryGeneral.pdf
8. Blodgett, Christopher and Dorado, Joyce.. "A Selected Review of Trauma-Informed School Practice and Alignment with Educational Practice." 2016.

Trauma-Informed Initiatives

The evidence linking ACEs to health and well-being has driven a marked increase in organizations that are implementing trauma-informed approaches. Throughout Montana, institutions are adopting these types of approaches - in healthcare settings, in the criminal justice system, in community-based and human service organizations, and in schools. Though the scope of this report did not allow for an investigation into every organization utilizing trauma-informed approaches in Montana, we did interview a number of key organizations in each of the areas listed. Their efforts are summarized in the full report (see Table 1).

Table 1. Initiatives summarized in the full trauma-informed approaches report

National Initiatives	Statewide Initiatives	Community-Level Initiatives	Organizational Initiatives
• National Native Children's Trauma Center • Wisconsin's School Climate Transformation Project and State-wide Trauma-Informed Care Collaboration • Collaborative Learning and Educational Achievement and Resilience (CLEAR) Model • Trauma Learning Policy Initiative	• ChildWise Institute and Elevate Montana • Department of Public Health and Human Services' Trauma-Informed Initiative • The Office of Public Instruction's Project AWARE, Systems of Care and Montana Behavioral Initiative	• DE-STRESS Grant in Billings • -SAFE-TI, Project LAUNCH and Resiliency Work in Bozeman • Center for Restorative Youth Justice in Kalispell • Alliance for Youth, Inc.'s Trauma-Informed Community Initiative in Great Falls	• Sanctuary Model at Shodair Children's Hospital • Juvenile Probation in Park County • Confederated Salish and Kootenai Tribes Behavioral Health Department • Clinton Public Schools use of "Zones of Regulation"

Despite the potential for broad application of trauma-informed principles in organizations throughout the health and human services sector, the full trauma-informed approaches report focuses primarily on its applications and potential for use in Montana schools.

Use of Trauma-Informed Approaches in Montana Schools

To better understand the use of trauma-informed approaches in Montana schools, we surveyed the building-level administrators of all public schools in the state. We received 98 responses, representing 11.5% of all schools. The majority of respondents indicated that key, introductory steps toward implementing trauma-informed practices, such as ACEs and trauma training, crisis intervention training, policy development, and leadership support are either not in place, only partially in place, or the respondent is unaware of their uses in their school. Compared to the average score for all schools, larger Class AA and A schools, schools on reservations, and schools implementing Montana Behavioral Initiative (MBI) and Graduation Matters programs indicated higher utilization rates for a variety of trauma-informed approaches.

Figure 1. Percent of Montana schools reporting that staff receive ACEs training

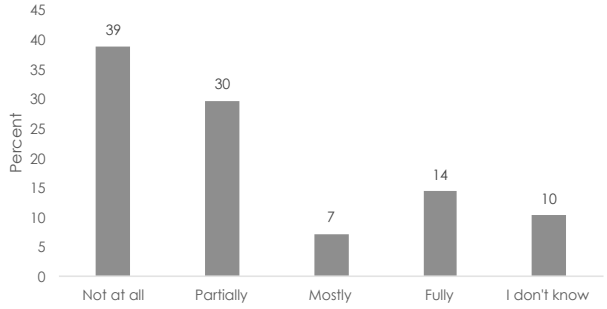
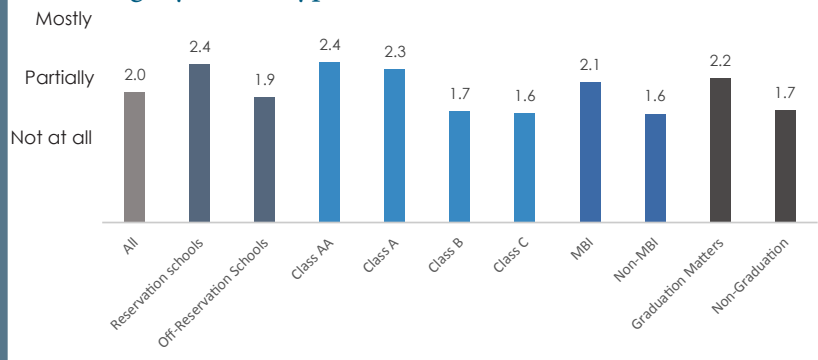


Figure 2. Average scores for level of reported staff ACEs training, by school type



Figures 1 and 2 show the results for one measure of the use of trauma-informed practice in schools: staff receiving ACEs training. 69% of schools that responded indicated that these trainings are not in place at all, or are only partially in place. When comparing the average scores by school type, results showed that schools on reservations, larger schools, and schools implementing MBI or Graduation Matters were more likely than other types of schools to report that staff receive training on ACEs. For complete results of this survey, see the full report.

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Benefits, Barriers and Options

Based on the findings from our research, the following barriers, benefits, and options related to implementing trauma-informed approaches in Montana emerged.

Benefits of trauma-informed approaches

- Understanding ACEs and trauma provides a common language and framework to understand and respond effectively and compassionately to behavioral problems encountered in schools and other human services organizations.
- Implementing a trauma-informed approach provides needed skills and support to organizational staff, who are increasingly encountering behavioral problems in the populations they serve.
- Trauma-informed approaches are more effective than the punitive approaches that schools and the justice system have traditionally employed, providing the staff with the tools to promote and restore relationships.

Barriers to utilizing trauma-informed approaches

- Moving beyond ACEs training toward equipping staff with tools necessary to effectively meet the needs of people who have experienced trauma and providing training on how to implement trauma-informed approaches.
- Garnering strong leadership support to drive sustained organizational change.
- The organizational time commitment and cost required to assess organization-wide policies and practices and transform them into trauma-informed models.
- Lack of research on the implementation science of trauma-informed approaches and how to effectively target resources to have the most impact.
- Changing terminology and emerging best practices surrounding this field, with some groups advocating for more of an emphasis on toxic stress and/or resiliency.

Options for supporting trauma-informed approaches

- Engage organizational leaders to serve as champions of the trauma-informed practice.
- Support coaching and consultation at the local level to build organizational capacity and drive adoption of trauma-informed policies and procedures.
- Evaluate local efforts to better quantify the effectiveness of specific trauma-informed approaches in our rural setting.
- Embed trauma-informed approaches into existing systems such as MBI, focusing on practices that have been proven to be empirically effective -- such as reducing exclusionary discipline practices in schools.
- Create a centralized network, or utilize existing networks like the MBI initiative and online learning hubs, to share resources, success stories, and lessons learned across the state.
- Consider the unique context of trauma within tribal communities, including the pervasive effects of historical and intergenerational trauma.
- Because trauma-informed approaches involve institutional-level change, consider longer-term investments and supports such as ongoing technical support and coaching for schools.
- Support trauma-informed approaches across systems so that whole communities have supportive schools, healthcare, and human services organizations that are client- and family-centered and do not re-traumatize vulnerable clients.