Spotlight Practice

Creating Trauma-Informed Schools in Alameda County

Building Cultures of Understanding and Support
The School-Based Behavioral Health Initiative was launched in 2009 to create a shared model for building and financing school-based behavioral health systems across Alameda County. The School-Based Behavioral Health Initiative brings together two divisions within the Alameda County Health Care Services Agency: Behavioral Health Care Services and the Center for Healthy Schools and Communities. Thank you to the Initiative Leadership Team, and the many providers, schools, school districts, and young people who engage in this critical work every day, and have contributed to the development of Alameda County’s School-Based Behavioral Health Model and Spotlight Practices.
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“One child, one teacher, one book, one pen can change the world.”
—Malala Yousafzai, Pakistani activist for female education and the youngest-ever Nobel Prize laureate

Malala’s quote inspires hope to strengthen access to education for all children across this country and throughout the world. Her unwavering belief in the power of education to transform the world reminds us to reflect on any impediments to this trajectory.

Through cutting edge research and generations of community practice, we know that children experiencing early adversity have increased barriers to accessing education, even when they are present in the classroom. In working with schools, districts, and providers across the county, the Center for Healthy Schools and Communities (CHSC) recognized the need for a comprehensive yet flexible approach to creating trauma-sensitive school environments. Given the high incidents of trauma in Alameda County, and the devastating impact it can have on a child’s ability to learn and thrive, it is vital that we support schools to create learning environments that are safe, nurturing, consistent, and that work for all students.

Why Develop a Trauma-Informed Approach?

This spotlight focuses on creating trauma-informed schools as part of our overall effort to build school-based behavioral health (SBBH) systems, which we define as the infrastructure, programs, and relationships within a school and district that promote the healthy social-emotional development of all students and address behavioral health-related barriers to learning. Incorporating trauma-informed practices into school culture strengthens all components of the school-based behavioral health system, and increases the capacity of everyone on campus to support student learning and wellness.

Trauma is Widespread

Research points to the fact that traumatic experiences in childhood are not the exception, but rather a commonplace phenomenon across communities. In 1998, the groundbreaking Adverse Childhood Experiences (ACEs) study demonstrated that trauma is pervasive, independent of race or socio-economic status: approximately two-thirds (67%) of individuals reported having at least
one adverse childhood experience (ACE); and 87% of individuals with one adverse experience reported at least one additional ACE. Adverse childhood experiences in the study included 10 types of childhood trauma: physical abuse, sexual abuse, emotional abuse, physical neglect, emotional neglect, mother treated violently, household substance abuse, household mental illness, parental separation or divorce, and incarcerated household member. In other words, early childhood adversity is a common experience throughout our communities.

Clearly, trauma affects a huge number of children within our public schools. Not only does the data show that two-thirds of individuals have likely experienced ACEs, but the percentage of students from urban, low-income communities of color that experience trauma go as high as 70 to 100%. In Alameda County, the number one cause of death for young people between the ages of one to 24 is homicide, and, as in the rest of the country, those homicide victims are more often than not youth of color.

Furthermore, research from multiple fields has shown that the effect of trauma exposure is cumulative—the more types of traumas experienced by a child, the greater the risk to that child’s development.

**Background**

For almost two decades, Alameda County’s Center for Healthy Schools and Communities (CHSC) has partnered to develop school health initiatives that eliminate health and education disparities and support the whole child. Our vast network of partners includes the county’s school districts, community-based providers, youth and families, other public agencies, and policymakers.

In 2009, the county launched a School-Based Behavioral Health Initiative, bringing together two divisions within the Alameda County health authority to create a shared model for building and financing school-based behavioral health systems across the county. We have since taken the Initiative to scale, investing over $25 million annually in behavioral health supports in over 170 schools in all 18 school districts, and district-level consultation in six of those districts. Our innovative model expands universal access to behavioral health supports, and builds the capacity of schools and districts to promote social-emotional development and learning. Our SBBH model, and all of our tools, are publicly available on our School Health Works website at achealthyschools.org/schoolhealthworks.
Trauma Directly Impacts Learning, Behavior, and Life Outcomes

Adversity in childhood often has the profound effect of disrupting the attachments between the child and primary caregivers or other trusted adults. This disruption can happen in the home and/or the environment. At home, for example, a parent may be depressed and not bond with the child, or substance abuse may lead to inconsistent parenting, or poverty and unmet basic needs may distract the adult caregivers from their child's emotional and developmental needs. In the broader environment, feelings of fear provoked by community violence or domestic violence can make it difficult for a child to form securely attached relationships.

These disrupted attachments can truncate children's abilities to form healthy attachments during their lives, as well as impair their ability to attune to others, i.e., reading and responding to social cues. The most important thing to note is that attunement, and ultimately secure relationships, can be taught and modeled. This is one of the critical areas where schools can support the healthy social-emotional development of all children, and particularly those who have experienced early trauma.

Besides having enormous emotional and health consequences, trauma significantly impacts children's ability to learn in a school setting. Exposure to trauma can interfere with cognitive processes, including “concentration, memory, and language abilities that children need to function well in school.” Trauma also frequently affects perception and emotion in ways that can make learning and social interaction extremely difficult: students may scan the classroom for danger and spend much of their learning time in a “flight, fright, or freeze” mode. This state of arousal negatively impacts the workings of the frontal cortex, used for behavior regulation and reasoning, and can lead to behaviors such as acting out in a disruptive way or staring out the window during a lesson.

Children's response to trauma usually manifests in one of two ways: externalizing, or directing the negative energy outwards; and internalizing, or directing that energy towards oneself. Students with internalizing behaviors can appear disengaged, isolated, and withdrawn, and have frequent physiological complaints; these students are commonly referred to special education. Externalized behaviors include impulsivity, hyperactivity, or arguing with others. Children's externalizing behaviors are often treated as discipline issues; students who have experienced trauma are suspended at twice the rate of the general student population. This reaction is not only harmful for the students excluded from school, but contributes to the broader injustice of students of color being suspended and expelled at a higher rate than white students.

Furthermore, students who are suspended or expelled are significantly more at risk of being involved in the criminal justice system. As school districts struggle to interrupt the “school-to-prison pipeline” in which one in three African American and one in six Latino boys are at risk of imprisonment during their lifetime, creating trauma-informed schools is a critical strategy.

Student Trauma Impacts Educators

Educators and providers working in schools with students who experience trauma are indirectly exposed to these traumatic experiences, and can be affected themselves. This is referred to as secondary traumatic stress or compassion fatigue: the physical and emotional duress that results from hearing about the first-hand trauma experiences of another or from working with the behaviors that result from another's traumatic experiences. This can take a toll on one's professional functioning and quality of life. Individuals who are affected by compassion fatigue may experience symptoms similar to Post-Traumatic Stress Disorder (PTSD), including re-experiencing their own or others' personal traumas, increased arousal, and avoidance reactions related to the indirect trauma exposure.

Additionally, compassion fatigue can also result in decreased creativity and sense of self-efficacy, changes in memory and perception, and disruption in interpersonal relationships. Certainly these effects make it more difficult for adults to connect with students, colleagues, and the school community.

What mitigates compassion fatigue is the acknowledgement of its impact, strong professional and personal relationships, and integrating strategies for prevention and/or early intervention into the work. Successful strategies in any setting include creating a forum for sharing experiences, such as a support group or learning community; self-care trainings and structures, such as workplace meditation, healthy potlucks, or fitness classes; regular
reminders via newsletter, weekly self-care tips, or group wellness challenges; and easily accessible counseling resources. A trauma-informed school system must create supportive structures for the adults, as well as the students.

**Schools Are Critical for Addressing Trauma**

School districts have the opportunity to embrace trauma-informed practices and systems in order to create learning environments that can support and engage all of their students.

Schools that build cultures of understanding and support can be an extraordinary protective factor in the lives of students coping with trauma, many of whom spend more hours at school than they do at home. Being a trauma-informed school means that the adults in the school community understand the impacts of trauma on learning and healthy development. They are intentional about creating an environment that is predictable and nurturing, has caring and consistent adults, and promotes healthy attachments with adults to learn attunement and build resiliency. The adults are able to recognize students’ natural reactions to trauma, and provide support and alternatives instead of punishing them for being disruptive or non-attentive.

Trauma-informed schools are also better able to support all members of the school community – students, caregivers, teachers, staff, and administrators – who are affected by traumatic events, whether directly or indirectly.

**Spotlight on Supporting the Supporters**

It is critical that clinicians who provide services to students and families who have experienced trauma receive ongoing clinical consultation and support from their peers to address professional and personal challenges that emerge from this often overwhelming work.

At Winton Middle School, recognizing that burnout and compassion fatigue were ongoing challenges for the school’s providers, the Clinical Case Manager instituted a monthly support and consultation group for all behavioral health providers on site. Unlike the Coordination of Services Team meetings, where individual students are discussed, the purpose of this provider meeting was to help clinicians identify where vicarious trauma may be showing up for them, encourage a routine practice of self-care, and provide each other with support and resources. It was also an opportunity to brainstorm specific strategies for talking to teachers about trauma and consult in general about how to support students in the clinical setting.

The Clinical Case Manager convened the meetings and, with input from the other onsite behavioral health providers, created agendas centered on self-care and discussing best practices. In each of these meetings, the group discussed and created plans and commitments around self-care and supporting each other in the work. Time was also allotted for check-ins on how teacher and staff consultations had gone over the past month, and discussion of ways to help teachers better understand what their students were experiencing.

As a result of these groups, providers felt more supported and connected to one another. They also felt more equipped to provide effective consultation to staff around how to support students who had experienced trauma, and more knowledgeable about tools and resources to support their clients.
Our Trauma-Informed Approach

The Alameda County School-Based Behavioral Health Initiative has been engaged in this work with schools and districts for many years, focused on the intersection of supportive learning environments and behavioral health. Through these experiences, we have developed an approach to help districts and schools in developing supportive, trauma-informed environments, where young people of all backgrounds and histories are able to learn and grow safely.

Trauma-informed practice in schools necessarily demands interdisciplinary efforts, where behavioral health professionals collaborate with other adults in the school community to support children and families exposed to trauma. We place behavioral health professionals in schools and school districts throughout Alameda County, through our own staff of clinical case managers and through contracts with roughly 20 community-based provider organizations.

In addition to providing direct services to individual students and their families, these clinicians support other adults in the school community dealing with students’ trauma-related behaviors. Our school-based behavioral health model focuses on the need to support the capacity building of all school community members. Not everyone should be a clinician, but everyone can help children, families, and communities prevent and heal from trauma.

Our approach leverages the expertise of national and local organizations leading the effort toward trauma-informed schools including the Massachusetts Advocates for Children (MAC) and the University of California, San Francisco’s Healthy Environments and Response to Trauma in Schools (HEARTS) project. As the study of trauma-informed systems and practices grow, we will continue to be responsive to research, best practices, and community needs to address trauma in our communities.

We have developed, and continue to strengthen and expand, a framework for trauma-informed practice in schools, with the following four elements:

- **Trauma Awareness in the School Community**
- **Safe, Caring, and Consistent Schools**
- **Differentiated Instruction**
- **District and School Policies, Procedures, and Protocols**

The goal of this framework is to support schools and districts to build capacity at multiple levels, to support the entire school community to respond to the effects of trauma, and to foster resilience and learning for all students. Each of these elements has strategies for direct practice with students and staff, as well as strategies for building a trauma-informed system.

The elements are implemented and strengthened through multiple methods, specifically:

- **Push-In/Pull-Out:** A dual approach to direct service that includes going into the classroom, or other group setting to provide support to children (push-in), and pulling students out of the classroom to provide direct, non-classroom based supports.

- **Coaching and Consultation:** Providing direct support to school and district staff, partners, and caregivers to build their role capacity to support trauma-informed school communities. This is usually done one-on-one but could also be done with a group.

- **Training:** Providing trainings for student, caregivers, and school and district staff to build awareness and skills related to the impacts of trauma and to trauma-informed practices.

- **Infrastructure Building:** Strategies that focus on developing, strengthening, and sustaining the infrastructure needed to become trauma-informed school communities within a trauma-informed system.

- **Interdisciplinary Partnership:** Creating and weaving together partnerships across different sectors – e.g., education, behavioral and physical health, and youth development – to create a holistic and comprehensive approach to supporting students’ well-being and success.
Four Elements of the Trauma-Informed Approach

1. Trauma Awareness in the School Community

A trauma-informed school recognizes that all adults in a school community, regardless of role, need to be aware of the prevalence and impacts of trauma, and provides professional development to build their understanding. To achieve this, staff development focuses on the intersection of behavioral health, academic instruction, and school culture and climate. The goals are to support school staff and partners to:

- Build awareness of the pervasiveness of traumatic experiences in the school community
- Understand the effects of that trauma on a student’s readiness to learn, their behavior, and their success in school
- Develop a common language and shared understanding of the academic and social-emotional strategies needed to support students who have experienced trauma

Figure 1. Four Elements of the Trauma-Informed Schools Approach
Case Study: Building Trauma Awareness

At a large Oakland high school, the Clinical Case Manager was responsible for coordinating the Coordination of Services Team, or COST, which is a strategy for managing and integrating learning supports and resources for students, including behavioral health services. In that role she saw a significant number of referrals for students with complex trauma (i.e., exposure to multiple traumatic events with wide-ranging, long-term impacts). It became increasingly evident by the number of COST referrals for trauma-related concerns that teachers needed more support in understanding how to recognize the behavioral manifestations of trauma and how to support the needs of these students in the classroom. The Clinical Case Manager also identified the need to help staff recognize and address their own secondary trauma. Many teachers who initially came to her for consultation about difficulty with a particular student, when asked to elaborate, expressed hopelessness, exhaustion, and other emotional indicators of compassion fatigue.

In response to widespread need for support amongst teachers, the Clinical Case Manager coordinated and delivered monthly professional development for teachers. The sessions included trainings on trauma-related research and topics, experiential activities, discussion of best practices in creating trauma-informed classrooms, peer sharing, and self-care strategies to address burnout and compassion fatigue. Trainings included information on the impacts of trauma on the brain, learning and behavior, developing an understanding of the mind-body connection, and recognizing secondary traumatic stress. Teachers were given opportunities to share their own experiences and tools that worked in their classrooms.

Feedback from teachers indicated that the sessions were very useful in providing them with practical tools to support their students, and in helping them be more prepared to handle the challenges of their work. There was a noticeable shift in their understanding of how trauma was affecting students in their classrooms, and as a result, in the reasons that teachers made referrals. One teacher in particular—a ninth grade teacher with a significant number of students frequently receiving discipline referrals at the beginning of the school year—implemented suggestions around creating structure and predictability as well as interventions that were less punitive and more restorative. As a result, discipline referrals decreased and the classroom culture improved significantly. Throughout the school year teachers reported increased awareness of the symptoms and impacts of secondary traumatic stress, and expressed gratitude to have language to describe and validate their experiences. Teachers specifically indicated that the trainings helped them to recognize their own frustrations and impatience, which ultimately gave them more empathy for themselves and the students. This growth of internal awareness helped the teachers re-shape their interpersonal engagement and classroom management skills.
2. Safe, Caring, and Consistent Schools

Safe, caring, and consistent schools generate an environment in which all students feel valued and maladaptive behaviors are dealt with in a just and predictable way – both of which create the consistency and safety critical to students who have experienced trauma. One of the primary mitigating factors of trauma experienced in childhood is the presence of a caring, consistent adult that facilitates healthy attachment and fosters resilience. A trauma-informed school emphasizes the development of positive relationships. These healthy and supportive relationships can be a protective factor for students, as well as a way of recognizing when a student needs extra support, before they escalate to more intensive behaviors that are disruptive to themselves and the school environment.

As trauma-informed interactions with students happen throughout the day, not just during class, all adults in the school – teachers, nurses, counselors, administrators, non-academic support staff – need to have a clear understanding of their role in supporting students with traumatic experiences, and how those different roles combine into an integrated system.

Structures such as Coordination of Services Teams (COST) are critical for enabling a school to identify and address student needs holistically, and leveraging and integrating all possible staff, partners, and resources. For example, afterschool programs can be an important resource for students who have experienced trauma; these activities give students an opportunity to build skills and self-esteem and form important connections with staff and peers. Positive school climate initiatives, such as Restorative Justice or Positive Behavioral Intervention Supports, also lay the foundation and provide the structure for supportive and integrated school and district-wide systems. Finally, family engagement is another integral part of the work in this area, ranging from involving families in school climate efforts, to providing workshops, to direct services and referrals.

Our school-based behavioral health model includes components that strengthen both the relationships and structures needed to create safe, caring, and consistent schools. Our site-based and district-level behavioral health staff work closely with the schools, districts, and providers on school climate initiatives, family engagement, mental health consultation, and infrastructure building. They build trauma-informed systems of care both by helping adults in the school community define their roles in addressing trauma, and also by developing structures for interdisciplinary collaboration around student needs, such as COST.

Overall, our model builds the capacity of non-behavioral health staff at the school and district levels in order to create a cohesive and responsive system that can address children’s responses to trauma in a preventative way that is equitable, non-shaming, and supportive towards learning and student success.

A trauma-informed school community shifts the perspective from seeing children who have been traumatized as “willful behavior problems” – to understanding that, often, the “disruptive” behavior is a biological response in which the student is externalizing their trauma. Equally as important is developing the perspective that not all students who have experienced trauma will overtly demonstrate their distress, but rather will process it internally, which can affect their ability to be present in the classroom, both physically and mentally.

Our network of school-based behavioral health professionals provide trainings and coaching on the impact of trauma on behavior and learning, in which they relate specific strategies for supporting students’ wellness and learning needs. These trainings involve all adults in a school community, including educators, support staff, behavioral health providers, and families. The providers also address the impact of secondary traumatic stress, also known as compassion fatigue, on adults in the school, through trainings, coaching, partnerships, and direct support services. Finally, they hold the vision that being trauma-informed is a community-wide effort; our staff and providers recognize their role as one piece of an interdisciplinary team and work to build connections within the school community and across the school district.
Case Study: New Haven Unified School District

Our two Behavioral Health Consultants in New Haven Unified work at the district level and with targeted schools to oversee the design and implementation of a school-based behavioral health system. As part of their work, they conducted an assessment based on our school-based behavioral health model, which emphasizes the development of first-tier or prevention-level supports, coordination practices, and building school-wide responsibility for supporting students’ social-emotional health. The Behavioral Health Consultants found that teachers needed support in building supportive classrooms and relationships with students who had experienced trauma. They also found that, while limited services did exist for individual treatment, further work in the areas of school climate and school-wide intervention was needed.

The Behavioral Health Consultants implemented a variety of strategies to address these needs. They started Coordination of Services Teams (COST) to create shared responsibility and a system for managing student referrals and interventions. They used COST to educate the school communities and the district leadership about the impacts of trauma, and to strengthen communication both among providers and with teachers. As part of that education effort, the Behavioral Health Consultants consulted individually with teachers, focusing on trauma and other social-emotional issues, structures and strategies for creating positive learning environments and supporting students’ needs in the classroom, building relationships with students struggling with behavior challenges, and on using the new COST referral and support system.

In addition to developing COST and providing consultation, the Behavioral Health Consultants brought in new partnerships, choosing behavioral health providers that were interested in providing direct service and in doing school-wide prevention work. One of the new partners conducted in-class trainings for students on mindfulness skills and bullying, modeling trauma-informed language and practice for the teachers. Together these strategies not only built the capacity of school staff to create a caring and consistent environment, but also helped build relationships between students and staff and a sense of community within the schools.

Another critical finding from the assessment was that families wanted to feel more engaged and connected to their children’s schools. In response to this need, the Behavioral Health Consultants conducted workshops for families on everything from family communication, to self-care, to post-secondary options. The workshops were co-presented by teachers, staff, and partners so that parents and staff would get to know one another. As a result of these efforts, parents reported feeling more supported on campus and welcomed as part of the school community. Staff noticed a significant increase in parent involvement with classroom and school-wide activities. This was especially important for students who had experienced trauma, because it enhanced the sense of consistency and connectedness within the school, and increased access to services for them and their families.
3. Differentiated Instruction

Traumatic experiences have profound effects on children’s brains, particularly related to executive functioning because of our innate “flight, fight, or freeze” functions that take over when danger is perceived. With the experience of trauma, particularly complex trauma, children’s brains can become stuck in an alarm state where the brain is constantly assessing for dangerous situations. It is difficult to learn new information when the body is in a self-protective mode, therefore trauma-informed schools and districts require teachers and staff who are skilled in creating classrooms environments and instructional strategies that can support all students, including those who have experienced trauma.

Our school-based behavioral health providers help to create inclusive classrooms by drawing on teacher strengths and providing creative approaches for engaging students in learning, including specific academic and non-academic strategies for supporting children who have experienced trauma.

Trainings and consultation cover methods such as: having clear rules and guidelines; creating a “safe space” where children can go when triggered; and paying careful attention to transitions between activities. They also may involve academic strategies such as reviewing vocabulary and concepts before a lesson, carefully explaining cause-and-effect relationships between events, and presenting all information in context. Our consultation and coaching includes discussion around the relational challenges of classroom management, the impact on teachers’ instructional time, and the connection to social-emotional learning strategies to support academic instruction.

Case Study: Infusing Trauma-Informed Practices into the Classroom

At an Oakland middle school, the lack of structure and consistency in many of the classrooms, particularly with respect to transitions, was exacerbating negative behaviors in students and creating unsafe learning spaces.

In response to this identified need, the Clinical Case Manager provided individual consultation to teachers, formal trainings, and modeling of specific techniques in order to help teachers understand the need for consistency, particularly for students who have experienced trauma. In addition, she did extensive work with teachers to develop general classroom management strategies and identify meaningful ways to re-integrate students into class after conflicts.

For one student in particular, Joey, with a long history of both angry outbursts and dissociation when triggered, these techniques proved critical to enhancing his ability to engage in learning and minimizing his disruptive behaviors. The Clinical Case Manager worked with his teachers to help them recognize his behavior patterns and triggers and gave them specific tools to engage him in learning prior to escalation.

Proactive techniques that teachers integrated into their classrooms included providing Joey with something tactile in order to help him maintain his focus and calm, being mindful of the volume and tone of their voices at all times, redirecting the student when necessary in a non-confrontational manner and without taking his behaviors personally, and setting very clear and consistent expectations for each school day. The next year, as an eighth grader, Joey had minimal outbursts and interacted with peers and adults in much more appropriate ways. He shared that he felt successful in school for the first time.

The work that the Clinical Case Manager did with teachers to put these structures in place not only improved the school experience for this individual student, but helped to create classroom spaces that were safe and conducive to learning for all students.
4. School and District Policies, Procedures, and Protocols

Clearly articulated boundaries and expectations are a key part of trauma-informed practice in schools, and equally important in the larger system. Schools and districts that have a strong commitment and approach to being trauma-informed are better equipped to infuse that approach throughout their work with students and families. For example, many trauma-informed schools have moved away from a “zero-tolerance” policy in which students are automatically suspended or expelled for serious infractions to a more restorative approach. While students previously may have experienced their negative behaviors leading to a termination in a relationship, these schools try and maintain their connection with the student while supporting them in repairing the harm or damage they have caused. District-wide adoption of these types of restorative practices and positive behavioral response protocols is a powerful lever for supporting all students to succeed, and takes dedicated resources, including training, ongoing coaching, infrastructure building, and partnership from the behavioral health field.

It is also important to ensure that policies and procedures connected to trauma are clear and understood by all adults in the school community – for instance, the procedure for filing a child abuse report, or the policy around releasing information to non-custodial parents. Having all adults on the same page about policies and procedures can help ensure that students and their families are handled in a calm, collaborative, consistent way, all of which can serve to increase their sense of security in the environment.

Our School-Based Behavioral Health Initiative supports schools and districts in developing relevant and actionable trauma-informed protocols that are based in national research and also lessons learned from our local communities. Our staff and providers work in close collaboration with schools and districts to actualize their policies, procedures, and protocols in a consistent way.

Case Study: District-wide Adoption of Trauma-Informed Strategies

The Center for Healthy Schools and Communities and Hayward Unified (HUSD) have been working together for years to improve health and wellness supports for children, families, and schools. This partnership includes placing a team of site-based Clinical Case Managers at higher-need schools and a Behavioral Health Consultant at the district level. The Behavioral Health Consultant is embedded in the HUSD’s Student and Family Support Department, where she leads the development of a school-based behavioral health system that can foster the wellness and success of all students, including those exposed to trauma. A core piece of her work is to support district-wide adoption, and school site-level implementation, of best practices in behavioral health and trauma-informed care, e.g., Coordination of Services Teams and restorative practices. The Behavioral Health Consultant played a central role in expanding district-wide positive school climate initiatives by bringing a trauma-informed lens to district teams, and by establishing relevant partnerships. At the early stage, this involved making the case for positive school climate work as a part of a comprehensive behavioral health strategy, outreaching to partners, convening meetings with stakeholders and administrators, and working with the county and district to secure funding for school climate programming and trainings.

As a result of these efforts, HUSD has adopted Positive Behavioral Intervention and Supports (PBIS) and Restorative Justice (RJ) as strategies to support the social-emotional learning of students and create positive school culture. For the 2015-16 school year, HUSD continued its focus on creating a positive school culture through its writing of the Special Education Significant Disproportionality Plan. Rather than implement a strategy that focused on individualized behavior support plans, HUSD elected to hire a behavioral specialist to focus on providing professional development trainings on trauma-informed practices and secondary traumatic stress for staff. This action by HUSD is not only in line with the California Law AB1729, which mandates that all schools show the interventions offered prior to suspension, it is demonstrative of a commitment to focus on creating school environments that work for all students through building capacity of the adults in the school community.
Conclusion

Trauma is an issue that schools need to address head-on as there are profound effects on students, teachers, school climate, and academic success. However, the most important learning from trauma research is not the wide-reaching impacts of trauma exposure, but rather the fact that we can mitigate those impacts through relationships, consistency, and individualization. All sectors – behavioral and physical health, juvenile justice, youth development, and family support – must work together with school districts to create supportive, healthy places for students to learn and succeed.

“Students don’t care what you know, until they know that you care.”

—African American Male Achievement Initiative, Oakland Unified School District
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2. Citation: http://www.cdc.gov/violenceprevention/acestudy/


12. IBID


14. Citation: http://www.nctsn.org/trauma-types/complex-trauma.
About Us

The profound and persistent health and educational inequities in this country require innovative and collaborative solutions. Far too many communities suffer from poor outcomes due to an absence of supports and resources, or “opportunity structures,” that enable children and families to thrive, such as quality schools, accessible health care, and economic opportunity. It is the leadership charge of the public sector to address these inequities by carefully targeting resources and supporting the voices of young people and their families. The Center for Healthy Schools and Communities is part of Alameda County Health Care Services Agency’s answer to that charge – working across sectors to build School Health Initiatives that ensure all youth graduate from high school healthy and ready for college and careers.

School Health Works

CHSC’s School Health Works website offers resources and tools for health and education leaders to build school health initiatives that transform public systems and support all children so they can thrive.

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