



TRAUMASmart®

Administrator Guide

Revised 02/22/2018

 Crittenton
Children's Center

10918 Elm
Kansas City, MO 64134
816.765.6600
www.TraumaSmart.org

General Overview

Purpose

The purpose of Trauma Smart® (TS) is to help educational organizations (agency) create trauma informed communities that support the needs of young children who have experienced trauma and the caregivers (parents, staff) who love and care for them. TS also helps organizations create environments that support the development of resiliency skills for all students served. Multiple research studies show that early identification and treatment helps mitigate the long term negative physical and mental health effects of trauma and develops resiliency.

History/Need

TS was created in 2008 by Crittenton Children's Center, a non-profit organization based in Kansas City, Missouri. Crittenton provides mental and behavioral health services to children and families through child and adolescent psychiatric hospitalization, residential treatment, outpatient and community-based programs. Crittenton has provided mental health services in schools for over 30 years. From 2004-2007, a single Head Start pre-school program in the Kansas City area, serving approximately 800 children, experienced a total of 40 deaths. Some of these were from acute trauma (i.e., automobile accidents, tornados, fires, sudden death of parent or staff member). Others were due to chronic, complex trauma (i.e., domestic violence, long-term illness, alcohol and drug abuse). As traumatic events occurred, children exhibited increased internalized and externalized behaviors that disrupted classrooms and created high levels of stress for teachers and staff. The intense needs of these children often exhausted both parents and staff. A specialized skill set was needed to help these children become kindergarten ready and prevent adult burnout.

Crittenton began searching for evidence-based training and treatment models for school staff and parents that would increase skills for addressing trauma. We knew a strong emphasis on self care was needed in order for parents and staff to remain engaged, energized and to build resiliency.

In a 2012 study, Briggs-Gowan, et. al, found that across the United States, 25% of children experience at least one traumatic event by the age of 4 (published in the *Journal of Traumatic Stress*, 23,725-733). Children who live in poverty are at higher risk of experiencing multiple traumatic events by the age of 4. Agencies served by TS to date show that approximately 92% of children referred for individual treatment have experienced 1 traumatic event; and 69% of children have experienced 3 or more traumatic events. Research shows that early identification and treatment of children who have experienced trauma helps mitigate these factors.

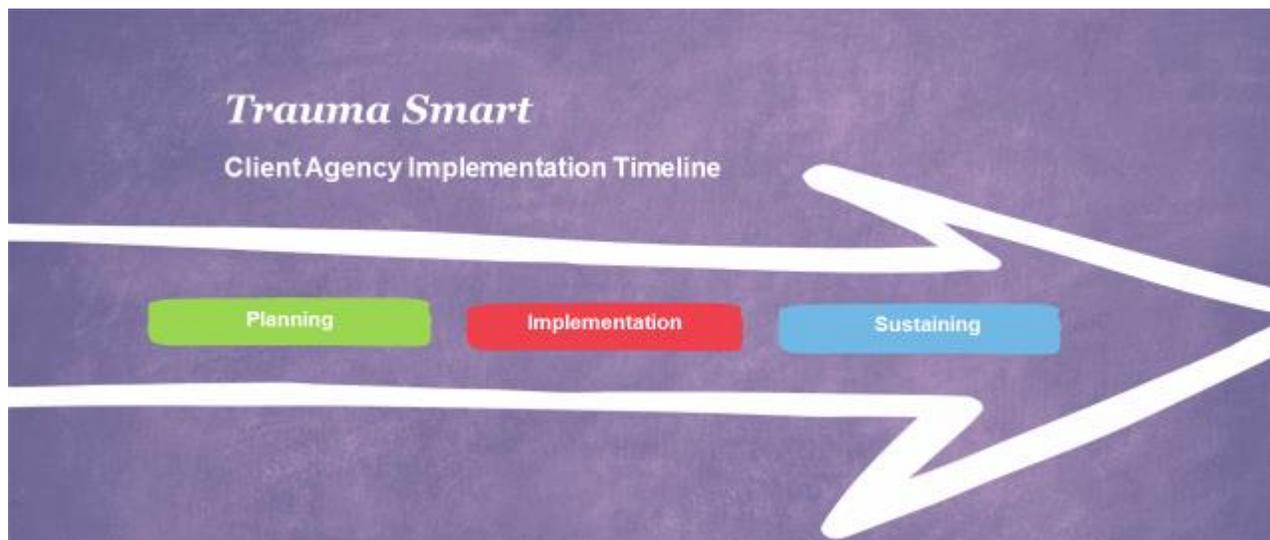
The Crittenton Trauma Smart Intervention:

- supports agencies as they create a trauma informed environment that reduces staff turnover and improves family outcomes
- builds a common framework and language of resiliency that all members of the agency community know, understand and use
- provides skills teachers need to address the most challenging behaviors among their students including those not addressed by current social/emotional programs. Trauma informed classrooms support children as they build stable attachment and pro-social skills that have been shown to lead to success in school and life
- supports families as they learn about the impact of trauma and how they can address its effects and improve family engagement in school
- reduces the need for suspensions and expulsions which allows children to stay in school and learn
- integrates best practice for mental health for children, caregivers, and staff to reduce staff burnout and increase child and family success
- aids school organizations in meeting federal and state regulations, including emphasis on mental health, family engagement and professional development
- reduces the impact of adverse childhood experiences, including aggressive or withdrawn behaviors, tantrums and school phobia.

Phases Of Implementation

The Trauma Smart Intervention has three distinct phases.

1. Planning
2. Implementing
3. Sustaining



Agencies will move through the phases as the agency's goals are achieved.

All components of the Trauma Smart model will be a part of each of the phases of implementation.

Our work with organizations seeking to become trauma informed has shown that profound cultural change takes two to three years. The goal is to make an overall shift in philosophy and practice. Change happens when adults begin asking “what happened to this child” rather than “what is wrong with this child.” Trauma-informed organizations offer the supports adults need to begin to see themselves and their responses as integral and effective in helping children who have experienced trauma to learn and grow successfully. Trauma-informed organizations also focus on building resiliency skills for all students served.

The Planning Phase

Goal: The agency chooses to become a more trauma informed service provider. Becoming more trauma informed means the agency:

- recognizes the importance of teaching all students resiliency skills
- recognizes the impact that teachers and parents can have in modeling those skills
- is aware of the prevalence of trauma among the population served
- is sensitive to the potential impact trauma has on human interactions
- is ready to respond effectively to the manifestations of trauma, and
- is willing to examine and remediate every aspect of how the agency does business to prevent re-traumatizing students and staff.

Activities: Trauma Smart and the agency work together to build a common framework of understanding of each other's objectives and resources based on the TS model described below. They agree to common goals and activities and ultimately come to a contractual agreement that describes the affiliation.

Designated staff may attend the *Coaching and Smart Connections Academy* to prepare for Implementation.

The Implementation Phase

Goal: To create a more trauma informed agency in order for staff and families to heal and build resiliency for children and their caregivers.

Activities: Trauma Smart® Staff work hand-over-hand with agency administrators and staff to increase the understanding of the impact of trauma and how the agency can address that impact. This is accomplished through the creation of an agency Trauma Informed Care Team and training of all agency staff by Crittenton TS staff. Crittenton TS staff also provide training and support for agency coaches, caregiver educators who provide coaching for teachers and other staff about the material presented in training, caregiver education workshops, therapy services for children most in need and a commitment by administrators and managers to lead a more trauma informed agency. Progress is evaluated on an on-going basis and at the end of the Implementation phase.

The Sustaining Phase

Goal: The agency has completed the activities and met the goals set out in the Planning phase. Trauma Smart is well integrated in the agency and a plan is in place to sustain all components of the TS model.

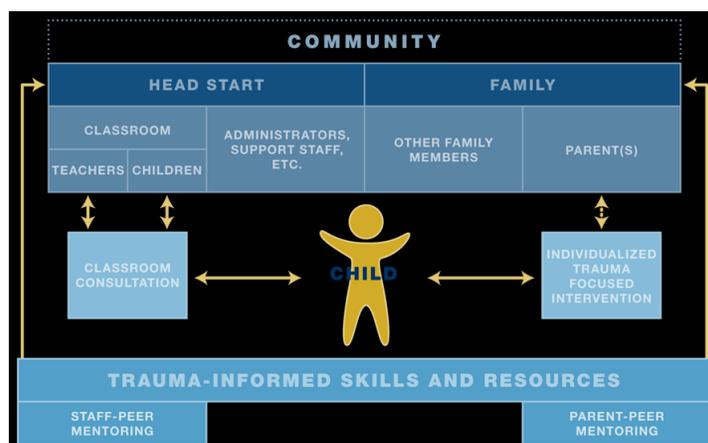
Activities: The agency assesses resources and needs and may continue to partner with Crittenton Children’s Center for services needed to sustain. Agency staff is trained through the *Coaching and Smart Connections Academy* and *Staff Training Facilitators’ Academy* to provide training for new staff, coaching for teachers and other staff, and referrals for children and families to community services.

The Trauma Smart Model

The TS model includes the following components:

1. trauma informed care teams
2. trauma-focused staff and caregiver training
3. classroom coaching/skill-building
4. trauma-focused therapeutic intervention for children and families affected by trauma.

The child is at the center of the model depicted below and is supported by staff and parents who have been educated about the effects of trauma on early childhood growth and development. To the left of the child, Classroom Consultation, which includes coaching and skill-building activities, supports teachers in developing supportive classroom environments that help all children form genuine relationships, regulate emotions, and meet age-appropriate developmental milestones. To the right of the child, trauma focused therapeutic interventions are provided for those children and families who need additional support. Staff and caregivers also have the opportunity to become mentors or champions focused on helping sustain TS into the future.



Trauma Informed Care Team

The Trauma Informed Care team is a group of agency staff who have accepted the challenge of sustaining trauma informed care and Trauma Smart within the agency after the initial training and consultation from TS staff is complete. Anyone can be a member of the team. We recommend that the team include at least an administrator with the authority to make decisions, the designated TS coaches, caregiver educators and staff training facilitators. Teachers, supervisors, education coordinators, leaders of other initiatives, parents or caregivers may all be included.

The development of a strong team with clear goals is central to sustaining trauma informed care in the long term.

Trauma Smart Training

Staff training sessions are approximately one-third didactic learning, one-third discussion, and one-third experiential, activity-based learning. Training participants receive a participant guide that highlights the main concepts of each session, and includes activities and tools they can use in the classroom or at home to support TS concepts. TS Coaches attend training sessions and facilitate coaching relationships during this time. Each training session ends with a short homework assignment that includes a focus on self-care. Participants are asked to complete a short evaluation at the end of each training module that assesses their understanding of basic concepts, self care practice, and training satisfaction.



1. Initial Staff Training: Twenty hours of specialized training are provided for agency staff by trained TS staff. We recommend that agencies schedule all staff (including administrative, transportation, food service and maintenance staff) during the first year if possible.

Agencies that are most successful with staff training allow staff to be fully engaged in training. They do their best to handle emergencies and do not pull staff from training to handle day to day situations that arise.

2. Staff Booster Training: An optional 2 hour booster training is provided each year for staff who have completed the initial 20 hours of training. This keeps TS concepts alive and promotes long-term sustainability.

3. New Hire Staff Training: It is important that newly hired staff are trained in the Trauma Smart Model as they are hired. Agency staff members who attend the *Staff Training Facilitators' Academy* will learn to present pre-recorded training modules and facilitate activities for newly hired staff. Training provided for new schools or additional grade levels within an agency will continue to be provided by Trauma Smart.

4. Smart Connections Caregiver Education Workshops: TS provides caregiver education based on TS concepts. Content for caregiver education has been divided into multiple 45 minute segments that can be scheduled individually or in combination. Training is presented in sequential order, as the modules build upon each other. Sites with consistent caregiver attendance often offer translation as needed, meals, snacks, child care or child care reimbursement and mileage reimbursement to caregivers.

While this is not required, it helps caregivers be able to attend. Some agencies have been successful in engaging local businesses to contribute to these costs. Each agency is responsible for notifying caregivers of the training opportunities provided.

Training Considerations: Crittenton provides a trainer and all staff training materials during the implementation phase. Training sites agree to provide coverage for staff to attend trainings, a screen, projector and laptop that can accommodate Power Point slides, DVD, and internet connection. A lapel microphone is requested for the trainer, and an additional hand-held microphone is helpful for large groups. Please let TS know if your agency has technology limitations, so we can work with you to resolve them. Training room rental costs (if applicable) and snacks are the responsibility of the agency/school.

Staff Training Credit: Each section of the 20 hours of TS training, and the 2 hours of booster training have been registered and approved by the State of Missouri for continuing education credit and all trainers have been issued a MOPD ID #. For instructions on registering staff attendance to the OPEN website, please see the appendix. Please note that **staff will not be given credit for partial session attendance.**

Connection to OHS Core Competencies: Crittenton TS training connects to National Head Start Core Competencies. Please see the appendix for detailed information.

Classroom Coaching and Skill-Building



During the Planning phase, Trauma Smart and the agency will determine who provides coaching. It may be TS staff, agency staff or a combination. The decision will depend upon preference and funding. TS provides regular, scheduled classroom support focused on helping teachers develop a trauma-informed lens and implement skills learned during training. For classroom coaching and skill-building to be successful teachers should remain in the classroom as active participants while the coach is there. TS has a wide range of classroom activities teachers can use to support TS skills. The coach will model TS concepts and help teachers implement skills in the classroom.

We encourage agencies to hold teachers accountable for implementation of TS principles and applaud agency efforts to include TS goals in professional development plans, policies and procedures. We are happy to work with supervisors and administrators on how to evaluate these goals.

Individualized Intervention

During the Planning Phase, Trauma Smart and the agency will determine how and where children will be referred for individualized intervention. The therapist may be a TS therapist, therapists that work for the agency or a community partner. Therapists are encouraged to attend TS training. The decision will depend upon preference and funding. (see Appendix I)



Supervision for Trauma Smart Staff

Trauma Smart staff will report to a Crittenton TS Manager for clinical and administrative supervision. We request that each school administration designate someone on their staff to act as a local contact. This should be someone who is available and has the expertise and authority to answer questions and provide guidance regarding how to best function within the school setting. It is the school or agency's responsibility to educate TS staff providing services about their policies and procedures.

Trauma Smart staff and management will work with administrators to create a process for keeping them informed of plans and schedules.

Trauma Smart staff and Manager will meet at mutually agreed upon intervals with the agency contact or other designated agency personnel to make sure services are being provided in a helpful and timely manner. The TS Manager will also respond to phone or email inquiries promptly, usually within the business day.

Agency Administrator Support

TS Managers work with education coordinators, mental health coordinators and/or designated agency staff to provide feedback about TS implementation and to develop sustainability of TS concepts within the organization.

Trauma Smart Academy

Coaching and Smart Connections Academy

The Agency will identify members of its staff who are in a position to provide coaching in TS techniques to peers or supervisees. These staff members may be administrators, supervisors, education coordinators, curriculum specialists, mental health specialist or teachers. These staff members will attend one week of training in Kansas City to learn more about trauma informed care and coaching and training techniques so they can continue to support and deliver Trauma Smart in their agency.



Staff Training Facilitator's Academy

Trauma Smart will offer an educational experience for agency identified staff members who will facilitate training and boosters for newly hired teachers and staff in years to come. These staff members may be administrators, supervisors, education coordinators, curriculum specialists, mental health specialist or teachers. Trauma Smart will provide video presentation of the training content presented to all staff as well as instruction in facilitating experiential activities with groups and a deeper understanding of TS concepts and tools.

Measuring Outcomes

Training, coaching and treatment goals may be measured by the following tools:

- Agency Self-Assessment
- Attitudes Related to Trauma-Informed Care (ARTIC) Scale (administered before training begins and after training has been



- Training post tests (administered at the end of each training)
- Achenbach TRF and CBCL 1.5-5, (completed by teacher and parent pre/post treatment if therapy is conducted by a Crittenton employee)
- Child Trust Events Survey (completed by parent(s) upon referral)
- Administrator Satisfaction (administered quarterly)
- Coaching Satisfaction and Caregiver Satisfaction

Media Requests



TS occasionally receives requests from local and national media to do stories about our program. This can yield positive publicity for the agency/school as well. TS staff and SLHS media representatives will work closely with school officials to be sure all policies are followed and that only children/staff with signed consent are filmed or interviewed.

TS Employee Background Checks/Health/Insurance/HIPAA verification

Crittenton carries malpractice insurance and workman's compensation insurance on all employees (see appendix). The Human Resources Department of Crittenton Children's Center conducts initial and annual background checks and health screenings on all employees and interns completing practicum requirements through Crittenton. While we cannot release the results of an individual's background check or health screening, we can verify that each employee/intern has completed and cleared each screening (see appendix).

*Upon hire, and annually thereafter, all employees and interns must complete/pass a health physical and TB test.

*Background checks include the following:

- EDL (Employee Disqualification List/Dept. of Health & Senior Services)
- OIG (Office of Inspector General/US Dept. of Health & Human Services)
- Sterling (City, State, County, Sex offender search; past 7 years)
- MO FCSR (Missouri Family Care Safety Registry)
- KS SRS (Kansas Dept. of Social & Rehabilitation Services) - KS residents only
- License verification (if applicable)
- Education verification

*In addition, Crittenton employees must complete yearly re-certification in the following areas:

- Identifying and Assessing Victims of Child Abuse and Neglect
- Developmentally Appropriate Care of the Pediatric Patient
- SLHS Annual Compliance Training (HIPAA)
- Hazard Communication
- General Safety
- Ergonomics
- Workplace Violence
- Fire Safety
- Emergency Preparedness



- Electrical Safety
- SLHS Maintaining a Respectful Workplace
- Transmission Based Precautions: Contact and Droplet
- Standard Precautions: Blood borne Pathogens and Other Potentially Infectious Materials



Please Contact

Susan Pinne, LCSW, LCSW Director of Trauma Smart, at spinne@saint-lukes.org or 816-986-5227 or the Manager or Consultant assigned to your Agency.

Appendix I:

If your therapist is a Crittenton staff member

Children may be referred for individualized intervention by school staff, parents, or TS staff. If the therapist is a Crittenton employee, teachers and parents will be asked to complete the Achenbach TRF 1.5-5, a checklist that measures the child's behavior across multiple DSM categories. This behavioral checklist requires approximately 10-15 minutes to complete.

A packet will be completed with parents that includes a consent form for services, a trauma screening tool (Child Trust Events Survey), and the parent/caregiver version of the Achenbach (CBCL, 1.5-5). After these results are analyzed, the therapist will contact the parents and teachers to schedule a Success Plan Meeting where these results and the goals for therapy, home and the classroom will be discussed. TS and the school will work together to integrate the therapist into current Mental Health referral, assessment, and staffing procedures.

Therapists provide individual therapy and classroom support to children who have experienced traumatic events or exhibit behavioral symptoms consistent with trauma exposure. Therapists see children and families on their caseloads for individual therapy for the child and education for the family on a regular basis (usually weekly). Therapists typically see children at the school site during the school day. They may work with them in a separate space or in the classroom, depending on the child's goals. Therapists can make home visits as long as the situation is deemed safe and local school agency procedures are followed. Therapists are available by cell phone and email.

Therapists require access to the child's school records in order to review the child's health information. We want to be sure current health issues are not a factor in the child's behavior (i.e. high lead levels, neurological disorders, etc.) before we begin treatment.

The TS therapist will use Crittenton's Outlook email and calendar system for all email correspondence and scheduling. This is required by HIPAA and by Crittenton's privacy policy to protect the health information of clients. TS will work with your agency to determine the best way to interface with the agency email and calendar system while protecting client confidentiality.

A child's TS file is the property of Crittenton. Parents sign a consent form, allowing us to share basic information needed to coordinate a child's treatment goals with school staff. Ethical guidelines mandate that therapists share only the information required to effectively support the child. For example, if a parent shares personal information about himself or herself with the therapist, the therapist will not share the information with school staff. If the therapist believes it is in the best interest of the child for school staff to have this information, the therapist will encourage the parent to share information directly or obtain written permission from the parent to share information.

Parents must sign a release of information for any third party (e.g. community mental health center) to receive copies of reports or other information included in a child's TS file.

Therapist Accommodations: A separate, confidential, child-friendly space is necessary for individual therapy. We realize that some school buildings may not have such space available. In this case, therapists can provide support to children in the classroom, but may not be able to provide individual therapy. It is also helpful if the school can provide a desk or small confidential space where the therapist can make phone calls, complete paperwork, etc.

Access to a printer/copier is requested for individualized materials. Crittenton Children's Center will provide a laptop for the TS therapist and copies of all needed documents and materials.

Please add **Crittenton Children's Center, Trauma Smart** to the consent form listing agencies who offer services in your program. We want parents of all children to know that TS staff are occasionally observing in classrooms and providing coaching. We will contact parents for additional consent for children who are referred for treatment.

Appendix II: Registration for Continuing Education through Missouri Open Initiative (Missouri only)

Each section of TS training has been registered and approved by the State of Missouri for continuing education credit. Each trainer has been issued a MOPD #. Crittenton will publish each training on the Missouri Workshop Training calendar. It is the responsibility of each agency to register participants through the calendar which will allow for staff to receive credit for training they attend. Staff must attend the entire training session in order to receive credit.

1. E-2015-1125 Trauma Smart Pre-Service
2. E-2015-1235 Trauma Smart Booster
3. E-2015-0639 Trauma Smart Introduction: Developing A Common Language
4. E-2015-0721 Trauma Smart Caregiver Affect Management
5. E-2015-0720 Trauma Smart Attunement
6. E-2015-0722 Trauma Smart Routines, Rituals and Consistent Response
7. E-2015-0717 Trauma Smart Affect Identification
8. E-2015-0719 Trauma Smart Affect Modulation
9. E-2015-0716 Trauma Smart Affect Expression
10. E-2015-0715 Trauma Smart Grief and Loss
11. E-2015-0736 Trauma Smart Competency and Executive Functions
12. E-2015-0737 Trauma Smart Self Development & Identity and Trauma Integration

Assigning a Registrar: Each agency will need to appoint a “registrar” who will have access to the Missouri Workshop Calendar. This person will need to obtain a MOPID and create an account on the Missouri Workshop Calendar.

To obtain a MOPID use this website: www.mopdid.org

To access the Missouri Workshop Calendar and/or create an account use: www.moworkshopcalendar.org

Registering Attendance: Within 10 days after each training session, the agency/school designee must manage training attendance to award credit to the participants’ electronic training records.

The website is <http://health.mo.gov/safety/childcare/trainerinfo.php>

Appendix IV: Trauma Informed Implementation Continuum
(draft version, 7/17/2014 state of Missouri)

Trauma-Informed Approaches: An Implementation Continuum¹

The implementation of a trauma-informed approach is an *ongoing* organizational change process. Most people in the field emphasize that a “trauma-informed approach” is not a program model that can be implemented and then monitored by a fidelity checklist. Rather, it is a profound shift in knowledge, attitudes and skills that continues to deepen and unfold over time. Some leaders in the field are beginning to talk about a “continuum” of implementation, where organizations move through stages:

- **Trauma aware** organizations understand how trauma impacts their clientele and their staff. All staff are trained in the basics of trauma and are familiar with the values and terminology of trauma-informed care. Leadership recognizes that understanding and responding to trauma is essential to fulfilling the organization’s mission and institutes a change process.
Key Task: Knowledge and Attitudes
- **Trauma sensitive** organizations begin to apply the concepts and values of trauma-informed care to their environment and to daily work. Self-care becomes a priority. The organization finds ways to hire people with trauma expertise and to support ongoing learning. Environments are modified. Direct care workers begin to see the people they work with through a trauma lens and seek out opportunities to learn new trauma skills. All clients are screened or assessed for trauma, and/or a “universal precautions” approach is used. Trauma-specific treatment models are available for those who need them (either directly or through a referral process).
Key Task: Application and Skill Development
- **Trauma responsive** organizations shift the language used throughout the organization to highlight the role of trauma. At all levels of the organization, staff take the initiative to begin re-thinking the routines and infrastructure of the organization. Trauma-informed models of supervision are introduced, measures of trauma and recovery are incorporated in data systems, record-keeping is revised, policies and procedures are re-examined. The organization incorporates self-help and peer advocacy and hires people with lived experience to play meaningful roles throughout the agency. People outside the agency (from the Board to the community) understand the organization’s mission to be trauma-related.
Key Task: Integration
- **Trauma informed** organizations have made trauma-responsive practices the organizational norm. All aspects of the organization have been reviewed and revised to reflect a trauma approach. All staff are skilled in using trauma-informed practices, whether they work directly with clients or with other staff. The trauma model has become so accepted and so thoroughly embedded that it no longer depends on a few leaders. People from other agencies and from the community routinely turn to the organization for expertise and leadership in trauma-informed care.
Key Task: Leadership

¹ The above description builds on the original conceptual work on trauma-informed care done by Roger Fallot and Maxine Harris, from Community Connections in DC. It is based on a distinction first proposed by Robin Boustead and Patsy Carter from the Department of Mental Health in Missouri, and was written by Andrea Blanch, working in consultation with MO DMH.