APPENDIX B

Trauma-Informed Approaches Across Kansas Communities

Agencies and organizations throughout Kansas are seeking to enhance their knowledge of trauma and to foster the use of trauma-informed approaches. This is encouraging news for schools, as it sets the stage for (a) entire communities to collaborate around a shared understanding and (b) entire communities to integrate practices around a shared effort.

Members of the Governor’s Behavioral Health Services Planning Council, Children’s Sub-committee, have provided the following examples of agencies and organizations moving toward a trauma-informed approach.

Kansas Department for Aging and Disability Services (KDADS): Behavioral Health Services (BHS) Commission

On November 23, 2015, the Behavioral Health Services Commissioner provided the following guidance to BHS employees:

As we move forward with our efforts to support the efforts to support the health, safety and well-being of our state’s residents, it is important to recognize that many of the people we serve, as well as those with whom we work, have been affected by trauma. People who have experienced the trauma of abuse, neglect, and other forms of harm often face greater challenges in achieving health and wellness, feeling safe, and thriving.

In recognizing the impact that trauma has in overall wellness, the KDADS Behavioral Health Services (BHS), is moving toward a “trauma-informed” model in our philosophy, approach and methods. In order for BHS to become a fully trauma-informed organization, each employee must have an understanding of how trauma can affect individuals, families, groups and communities. Being trauma-informed is a way to more effectively engage with all people we serve, with all staff, and with those we encounter when conducting business and providing services. It will improve how we respond to the needs of those whose lives have been impacted by trauma and encourage stronger coordination of care to promote wellness.
Our Adult Consumer Affairs Coordinator, in conjunction with the Community Engagement Institute at Wichita State University, is leading efforts to help BHS move toward a high-level trauma-informed system. BHS will work with CCSR to conduct a series of trainings and an assessment of our trauma-informed competencies, resulting in a set of recommendations that we will begin to implement. This work will help us to build a better service delivery system. It will facilitate positive, healthy choices by staff and clients and aid in the pursuit of policies and environmental changes that support health and safety. Finally, it will help us to continue to improve our culture from within State government.

I ask for your support and active participation as we move forward with training, assessment, and implementation of trauma-informed strategies across our various divisions and with other stakeholders and service partners. As a BHS employee, you are an important part of the trauma-informed service delivery system we are developing. Thank you for your time and effort in being stewards of change and assuring the highest quality of care for our staff and the people we serve.

**Kansas Department of Corrections Juvenile Services**

Starting in fiscal year 2015, the Kansas Department of Corrections Juvenile Services placed focus on providing training and obtaining trained trainers in the Mental Health Training Curriculum for Juvenile Justice (MHTC-JJ). MHTC-JJ training will be provided to juvenile justice system practitioners such as residential providers, foster care providers, supervision officers, juvenile intake and assessment, and Juvenile Correctional Facility (JCF) staff. Prior to the start of calendar year 2016, almost 300 juvenile justice practitioners have been trained and more than 40 practitioners have been trained as trainers. Starting in calendar year 2016, approximately 15 regionalized trainings will be conducted for staff who have not completed the initial MHTC-JJ training to obtain full saturation. In calendar year 2017, annual trainings will be offered to catch any new practitioners to the system. The eight core components of MHTC-JJ are as follows:

1. Introduction
2. Understanding adolescent development
3. MH and substance use disorders
4. Child trauma
5. Family engagement
6. Working with youth – what you can do
7. Treatment of youth with mental health disorders
8. Taking care of you

Family Service and Guidance Center (Topeka)

Family Service and Guidance Center (FSGC) has worked with the National Council on Behavioral Healthcare to become a trauma-informed community. This is not a treatment approach but a philosophy of how to set up an environment that is trauma-sensitive in every way, including the physical environment, all staff trained and informed, all practices reviewed to ensure sensitivity to trauma. FSGC has established a trauma community committee and view this as an ongoing process of review and improvement.

Topeka Public Schools

In the spring of 2015, the assistant superintendent of Topeka Public Schools (TPS) assembled a district-level mental health team to investigate evidence-based practices to address the behavioral and mental health needs of TPS students. It became increasingly apparent to team members that addressing the impact of trauma on students needed to be a top priority. Since that time, TPS has continued to spread awareness of implement changes related to students’ mental health needs, including trauma. Some activities include:

- Screening of “Paper Tigers” (documentary produced by James Redford chronicling the trauma-informed journey of Jim Sporleder, principal of Lincoln High School in Walla Walla, Washington) to all district staff in August 2015;
- Presentation to entire district staff by Steve Graner, Fellow of ChildTrauma Academy, Houston, TX, and Project Director of the Neurosequential Model in Education (NME);
- Staff book study in numerous TPS schools around The Boy Who Was Raised As a Dog by Dr. Bruce Perry;
- Continued professional development for staff and administrators regarding the impact of early trauma on brain development and the resulting cognitive, emotional, and social issues that students exhibit in a school setting; and
- Building-level implementation of trauma-informed practices based on the unique needs of students in specific schools.
University of Kansas School of Social Welfare Center for Children & Families Trauma-Related Work

The Center for Children & Families is currently engaged in three projects that focus on trauma as a key component of the work:

- **Kansas Adoption Permanency Project (KAPP):** KAPP is addressing trauma by implementing new trauma screening tools for children within the welfare system. Case managers will use the information gathered from these screenings to develop case plans that are responsive to children’s trauma and behavioral health needs. The data will also be aggregated for statewide, system-level analysis of trauma and behavioral health needs of children qualified for adoption.

- **Project with Crittenton Children’s Center** to collaborate with their program administrators, practitioners, and evaluators in developing a manuscript to disseminate information on Trauma Smart, an innovative trauma prevention/intervention initiative.

- **Strengthening Families to Buffer Toxic Stress:** developing and testing strategies for screening to identify children experiencing environmental risk before behavioral issues emerge and facilitating scale-up and testing of a brief intervention that aims to strengthen caregiver sensitivity and attachment to promote child coping and resilience against adversity.

Wichita State University – Training & Technology Team (T³)

The Wichita State T³ Team provides “training and technical support to Medicaid mental health providers in Kansas.” Once such training is the **Interactive Community Event (ICE):**

- A module is included in the live training event for CMHC staff. It is aimed at highlighting and reminding participants of the importance of using the trauma-informed approach, and focuses on the 6 Key Principles of the Substance Abuse and Mental Health Services Administration (SAMHSA):
  1. Safety
  2. Trustworthiness & Transparency
  3. Peer Support & Mutual Self-Help
  4. Collaboration & Mutuality
  5. Empowerment, Voice, & Choice
  6. Cultural, Historical, & Gender Issues
     - Always Assessing & Reevaluating clients’ needs
     - When resistance occurs, do not push harder

- Training & Technology Team trains approximately 300 staff each fiscal year.
Head Start

**Head Start Trauma Smart (HSTS):** Several Head Start programs in Missouri, Kansas, and other states have implemented *Head Start Trauma Smart* (HSTS), an early childhood trauma intervention model created by Crittenton Children’s Center. The model is designed to support young children who have experienced trauma and the parents and teachers who love and care about them. HSTS promotes the development of systemic trauma awareness, resiliency, and practical lifelong coping skills.

**Nationally recognized training for staff/parents/caregivers:** Crittenton provides a series of training sessions for staff (administrators, teachers, bus drivers, kitchen, secretarial staff, etc.) and parents/caregivers. The goal is to create a trauma-informed early childhood environment for all children. Training has been specifically adapted for early childhood providers/caregivers from a trauma-informed framework that promotes resilience, entitled Attachment, Self-Regulation, Competency (ARC), created by Blaustein and Kinniburgh at the Trauma Center in Boston, MA. All adaptations were made in collaboration with the developers.

**Individual therapy services for children:** Crittenton also provides site-based therapy services for children and families attending Head Start/Early Childhood Centers. Services are provided by licensed masters-level therapists trained in trauma-informed treatment models, including ARC and Trauma-Focused Cognitive Behavioral Therapy (adapted for preschool children).

**Staff and parent consultation:** Weekly classroom consultation is provided to Head Start teachers. Therapists maintain regular contact with parents of children receiving therapy services. Therapists also attend monthly parent meetings and provide psycho-educational training on topics pertinent to early childhood growth, development, and trauma. This complements the full ARC training for parents.

**Outcomes:** Multiple outcome measures are utilized, including the Achenbach Child Behavior Checklist (CBCL and TRF 1.5-5), The Classroom Assessment Scoring System (CLASS), pre-/post-knowledge tests, and a variety of customer satisfaction tools. Since CLASS scores were first recorded during the fall of 2009, all programs have shown steady gains in all 10 CLASS dimensions, and exceed national benchmarks in several dimensions. Children receiving therapy services show statistically significant positive behavior changes.
Community impact: The goal is to help Head Start communities understand and proactively intervene on behalf of young children who have experienced trauma so that children can heal and lead confident, productive lives. This is done in a way that yields positive impact for all children and staff in Head Start classrooms, as well as the surrounding community.

KVC Health Systems

KVC has been utilizing Trauma Systems Therapy, developed by Dr. Glenn Saxe, throughout its service delivery system since 2010. As the system evolves, a four-pronged approach is taken, as follows: (a) continue to raise awareness of the impact of adverse experiences on children and their caregivers; (b) develop tools for children, families, and providers that support healthy development of executive brain function and core capabilities such as self regulation; (c) infuse scientific findings regarding healthy brain development in systems of care; and (d) influence policy and public decisions to be aligned with the sciences and discoveries regarding healthy brain development.

KVC’s participation in the Change in Mind initiative with the Alliance for Strong Families and Communities and partnerships with Dr. Glenn Saxe and the New York University, the University of Kansas, the Annie E. Casey Foundation, and Child Trends, a national research partner, strengthen its approach. In addition to the work at KVC, national and international consultation is provided to child welfare and children’s behavioral health agencies on implementation and integration of trauma-informed and focused practice, and through work with the NYU/KVC Regional Trauma Training Center, KVC has provided training to thousands of community partners over a five-state area.

Further, through work on the Child Welfare and Birth Parent committees of the National Child Traumatic Stress Network and the steering committee, and in chairing work groups with Resilient KC, KCV is striving to provide awareness on the impact of childhood adversity and toxic stress on our communities. The goal of Resilient KC is to do a city-wide ACE survey (adults now: children later) and provide community tools to build resilience and advance services promoting resilient communities. Additionally, KVC has provided training on the Building Core Capabilities Hands on Tools Curriculum (Core Capabilities = Emotion Regulation, Behavior Control and Executive Brain Function), and provided school-
based trauma-informed care training and consultation in Kansas, Iowa, Washington, DC, and Rhode Island. Lastly, KVC, in partnership with NYU and the Annie E. Casey Foundation, is beginning national distribution of its hands-on, experiential, skill-based trauma training curriculum for foster parents and other caregivers.

**References**


**Resources**

- **Substance Abuse and Mental Health Services Administration, TIP 57: Trauma-Informed Care in Behavioral Health Services**

- **Center for Mental Health in Schools at UCLA, School-Community Partnerships: A Guide**
  http://smhp.psych.ucla.edu/pdfdocs/guides/schoolcomm.pdf