



Trauma-Informed Approaches

OPPORTUNITIES AND CHALLENGES IN MONTANA

“Individual trauma results from an event, series of events or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual’s functioning and mental, social, emotional or spiritual well-being.”¹

- Definition of Individual Trauma: Substance Abuse and Mental Health Services Administration (SAMHSA)



2017

Introduction

Over the past two decades, professionals in education, health, and human services have become more aware of the wide-ranging effects of trauma on health and well-being. Starting with the landmark Adverse Childhood Experiences (ACEs) study in the late 1990s, which linked the experience of potentially traumatic experiences in childhood to a wide range of long-term health effects, researchers have gone on to explore how adverse events experienced as trauma correlate with everything from graduation and incarceration rates to preterm birth.^{2,3,4} In response to this research, practitioners have developed clinical and systems-based trauma-informed approaches 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.

Because of the emerging evidence that these approaches may improve health and academic outcomes, there has been a groundswell of interest in trauma-informed approaches in Montana. The Montana Healthcare Foundation (MHCF) commissioned this report in partnership with the Office of Public Instruction (OPI) and other agencies to better understand and quantify the use of these emerging best practices in health and human services settings, with a focus on education.

Methodology

An independent, third party consultant authored this report, identifying key initiatives in Montana that are leading the way in developing more trauma-informed systems and elucidate opportunities and challenges posed by the trauma-informed approach in our rural state.

The report includes a review of the scientific literature on this topic, interviews with key stakeholders in the state, and a survey of Montana schools about their knowledge and use of trauma-informed approaches. The report contains findings from 20 semi-structured interviews with both state and national stakeholders, and from a survey sent to all public school building level administrators in Montana. This report is not comprehensive, and it does not summarize all the work related to trauma currently being implemented in Montana.

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Why Trauma?

ADVERSE EVENTS AMONG MONTANA'S CHILDREN

Many children in Montana are exposed to adverse events that can result in trauma. One in five children lives in poverty and one in four families with children receives some form of public assistance.⁵ Many children experience adverse events in their family systems through divorce or separation, domestic violence, or neglect. 30% of children in Montana live in a single-parent household. More than 7,000 children in Montana are being raised by a grandparent, and another 2,700 are currently in foster care.⁶ In 2014, there were more than 3,400 reported instances of partner or family member assault in the state, along with 100 cases of neglect endangerment. The majority of rape cases in the state involve victims who are children (51% of cases involved victims aged 17 and under in 2013-2014).⁷

Adults in Montana are more likely to have substance abuse concerns, particularly alcohol overuse, than most adults nationwide. One in five Montana adults reports binge drinking (20.8%) compared to 16.8% of adults in the U.S., and 7.7% of adults in Montana are classified as "heavy drinkers," which is significantly higher than the U.S. rate of 6.2%. One in four young adults in Montana aged 18-25 reports illicit drug use in the past month, driven by 23% of this population that reports using marijuana.⁸ Mental illness among Montana's adult population is also common. One in five Montana adults reports ever having a depressive disorder and 32% report having at least one poor mental health day in the last month.⁹ In turn, the high rates of substance abuse and mental illness contribute to the elevated rates of suicide in the state, which are consistently twice the United States' rate.¹⁰

Montana high school students also report exposure to adverse events in their peer relationships and in schools. Among those high school students who have dated in the last year, 10% report sexual violence. Twenty-two percent of high school students report being in a physical fight and 25% report being bullied on school property in the last year.¹¹

ADVERSE CHILDHOOD EXPERIENCES

An emerging body of research links the experience of Adverse Childhood Experiences (ACEs) to long-term indicators of health and well-being. Exposure to ACEs has been linked to alcohol and substance abuse, smoking, depression, chronic diseases such as diabetes and high blood pressure, poor work performance, risk for intimate partner violence, poor academic achievement, and overall health-related quality of life in adulthood.¹² The research on ACEs utilizes a 10-question assessment scale that measures a range of common ACEs including verbal, sexual, and physical abuse, exposure to domestic violence, economic insecurity, caregiver substance use and mental illness, parental separation, divorce, and imprisonment. This research has found a strong relationship between exposure to ACEs and adverse health and well-being outcomes in adulthood; a higher number of ACEs correlates with a greater risk of poor health and well-being.¹³ One recent national study found that Montana has among the highest reported ACE scores in the U.S. In this study, 52% of Montana children aged 0 to 17 reported at least one ACE, and 17% had three or more ACEs. Compared to other states, Montana had the highest percentage of children living in a home with someone with alcohol or drug problems (19%) or with a mental illness (14%). Montana is also in the top quartile among all states for the percentage of children who experienced divorce/separation (26%) and domestic violence (10%). The most common ACE reported among Montana children in the study, and nationwide, was economic hardship (28%).¹⁴

THE LINK BETWEEN ADVERSE EVENTS AND TRAUMA

The link between exposure to adverse events and health outcomes is mediated in part by trauma. When a person experiences an adverse event as physically or emotionally harmful, and it has lasting effects on his or her functioning, then this individual experiences trauma. Emerging research indicates that the experience of trauma affects an individual's neurobiology, psychological processes, and social attachment in complex ways that can contribute to a range of health concerns across the lifespan.¹⁵ Trauma and the toxic stress that can result from it are particularly harmful to children, whose brains are in a crucial stage of development.

According to Dr. Bruce Perry of the Child Trauma Academy, "When a child is threatened, various neurophysiological and neuroendocrine responses are initiated. If they persist, there will be 'use dependent' alterations in the key neural systems involved in the stress response."^{16,17} Traumatized children often become hypervigilant and are easily overstimulated. They experience difficulty with emotional self-regulation and may have problems with anger and physical aggression. Prolonged exposure to trauma in childhood may lead to impaired cognitive and physical development.¹⁸

Of importance, unresolved trauma has come to be understood as a key underlying contributor to many behavioral problems in childhood, and most mental health and substance abuse disorders across the lifespan. SAMHSA characterizes trauma as an "almost universal experience of people with mental and substance use disorders."¹⁹ Researchers working in the field of trauma have also begun to explore protective factors to mitigate the effects of trauma 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, that can be strengthened to mitigate the effects of trauma in exposed individuals and communities.²⁰

Responding to Trauma

TRAUMA SPECIFIC INTERVENTIONS

As researchers and practitioners have recognized the role of unresolved trauma in a range of complex health and behavioral problems, they have begun to develop evidence-based trauma-specific interventions to improve behavioral health outcomes and help affected individuals address and overcome trauma. Trauma-specific interventions are prescribed, well-researched models shown to be effective in treating trauma for specific individuals or groups in a defined setting.²¹ SAMHSA's National Registry of Evidence-based Programs includes 15 interventions focusing on treatment or screening for trauma, including the Trauma Recovery and Empowerment Model (TREM and M-TREM),²² Trauma Affect Regulation: Guide for Education and Therapy (TARGET),²³ and Seeking Safety.²⁴ These models are primarily clinical in nature and focus on intensive treatment of individuals who have experienced trauma.

TRAUMA-INFORMED APPROACHES

Though evidence-based trauma-specific clinical interventions are important, an increasing number of experts have begun to advocate for more broad-based, systems-level approaches to address trauma from a public health perspective. Because trauma is so pervasive and its effects so widespread, experts recognize that it must be addressed through a “multi-pronged, multi-agency approach” that provides an “organizational and community context that is trauma-informed, that is, based on the knowledge and understanding of trauma and its far-reaching implications.”²⁵ One national expert interviewed for this report put it this way: “The development of mental health treatments for trauma is already well-developed, but the implication from the research is that one in four kids has multiple ACEs, so the mental health treatment system cannot respond sufficiently. This is a public health issue, not just a diagnosis and treatment issue, so we need to focus on the natural systems that work with kids and help them become trauma-informed.”²⁶

In an effort to better define and support community-based, trauma-informed approaches, SAMHSA convened a national working group of expert practitioners and researchers to develop a consensus document on the topic. In 2014, the workgroup published a document entitled “SAMHSA’s Concept of Trauma and Guidance for a Trauma-Informed Approach.” The document defines the four “R”s of the trauma-informed approach.

The Four Rs of the Trauma Informed Approach

*“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**.”²⁷*

As the definition indicates, avoiding re-traumatization is a key concept for programs and organizations that implement trauma-informed approaches. SAMHSA describes the problem of re-traumatization this way.

Definition of Re-Traumatization

“Public institutions and service systems that are intended to provide services and supports to individuals are often themselves trauma-inducing. The use of coercive practices, such as seclusion and restraints in the behavioral health system; the abrupt removal of a child from an abusing family in the child welfare system; the use of invasive procedures in the medical system; the harsh disciplinary practices in educational/school systems; or intimidating practices in the criminal justice system can be re-traumatizing for individuals who already enter these systems with significant histories of trauma.”²⁸

TRAUMA-INFORMED APPROACHES CONTINUED

Thus, the trauma-informed approach encourages institutions to look at their policies and procedures through the lens of trauma, and to alter practices to avoid these coercive practices whenever possible. In order to assess if an institution's current policies and procedures are trauma-informed versus trauma-inducing, SAMHSA outlines six key principles to implement at all levels of an organization in order to support a trauma-informed approach.²⁹

SAMHSA's 6 Key Trauma-Informed Organizational Principles

1. Safety

Staff and people served feel physically and psychologically safe.

2. Trustworthiness and transparency

The organization operates with transparency in order to build and maintain trust with staff and the individuals served.

3. Peer support

Stories and support of individuals who have experienced trauma are used to establish safety and build trust.

4. Collaboration and mutuality

The organization focuses on leveling the power differences between staff and clients and recognizes that everyone has an important role to play.

5. Empowerment, voice, and choice

Individual strengths and experiences are recognized and built upon. Clients are supported through shared decision-making, choice, and goal-setting.

6. Cultural, historical and gender issues

The organization actively moves past stereotypes and biases.

SAMHSA advises organizations to implement the trauma-informed approach and principles across 10 domains in their organization.

SAMHSA's 10 Organizational Domains Across Which to Implement Trauma Informed Principles

Governance and Leadership	Screening, Assessment and Treatment Services
Policy	Training and Workforce Development
Physical Environment	Progress, Monitoring and Quality Assurance
Engagement and involvement	Financing
Cross Sector Collaboration	Evaluation

Though the SAMHSA definition of a trauma-informed approach is fairly complicated, practitioners on the ground repeatedly distill the trauma-informed approach down to the idea that systems need to move away from asking the question, "What is wrong with you?" to "What happened to you?" This paradigm shift, along with a focus on non-punitive, restorative discipline and empathic listening and compassion seems to encapsulate what practitioners in Montana often mean when they discuss trauma-informed approaches.

TRAUMA-INFORMED APPROACHES: EVIDENCE FOR EFFECTIVENESS

The trauma-informed approach, as defined by SAMHSA, is a broad framework that can be used by a wide variety of programs and organizations that wish to better serve individuals who have experienced trauma. As a broad-based framework, however, it is difficult to quantify exactly what a trauma-informed approach should look like in an institution, how the approach should be implemented, and if the implemented approach is effective. As Dr. Chris Blodgett of Washington State University noted in his interview for this project, “The concept of trauma-informed practice is a ‘wave event.’” It’s drawing a lot of national attention and many people are getting interested because this issue touches on some essential truth for people who work with children in a way almost no other concept does... but I have tried to remain healthily skeptical as we’ve attempted to implement these practices on the ground. In some ways, our practice has run ahead of the research.” As Dr. Blodgett notes, despite enthusiasm for and increasing use of this model, the published research and evaluation on the effectiveness of trauma-informed approaches is still emerging. For the purposes of this report, we reviewed published literature reviews and summary papers on trauma-informed approaches, school disciplinary practices, and school climate. A sample of the key research findings specifically related to systems-based trauma-informed approaches is below:

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

- A preliminary program evaluation published by Dr. Blodgett’s CLEAR Trauma Center found that, in 12 schools working with his program to implement comprehensive trauma-informed approaches, intervention schools showed significant one-year gains in state standardized test scores of English Language Arts, compared to control schools not implementing the CLEAR intervention. Staff who reported greater adoption of “Trauma-informed Care” practices under this model were more positive about the impacts of the program and perceived positive changes in student behavior, quality of student staff engagement, and quality of school climate.³⁰
- The Sanctuary Model[®] by Dr. Sandra L. Bloom is an organizational and clinical intervention recognized as a Promising Practice by the National Child Traumatic Stress Network.³¹ The model has been studied primarily in residential treatment facilities. Most of the evaluation studies for the program have not been published in peer reviewed literature. In the available evaluation studies, the model has shown promise in improving organizational culture and climate, improving staff morale and feelings of competence, and reducing the length of stay and readmission rates for youth in residential treatment.³²
- In a recently published study designed to evaluate a trauma-informed approach developed in preschools in rural Appalachia, teachers participating in the program reported increased feelings of competence and confidence, especially regarding their ability to cope with and change challenging behaviors in their classrooms, and showed a modest but significant increase in child resilience in the classroom.³³
- A 2010 review article on trauma-informed systems found that “Very little research has actually been done on this topic area. Although it makes intuitive sense to integrate a trauma-informed approach into child-serving systems, much more research needs to be conducted in order to determine the efficacy of trauma-informed thinking in child-serving systems.” Of the 12 studies included in the review, several showed positive outcomes for children, though none were randomized controlled trials.³⁴

TRAUMA-INFORMED APPROACHES: EVIDENCE FOR EFFECTIVENESS CONTINUED

Despite the limited research on comprehensive trauma-informed approaches, particularly in educational environments, there are a number of specific, targeted approaches that have been more widely researched in education that could be considered part of a trauma-informed approach and that have proven effective in improving student behavior and increasing educational achievement. Examples include:

- Reducing the use of punitive exclusionary discipline practices in schools, such as out-of-school suspension, and moving toward restorative disciplinary practices that support individualized and peer-mediated solutions. This has been shown to positively correlate with decreased student drop out rates, increased academic outcomes, and reductions in aggressive behavior.^{35,36}
- Incorporating social and emotional learning practices into educational settings, such as teaching students to recognize and manage emotions, demonstrate care and concern for others, develop positive relationships, make good decisions, and behave ethically, respectfully, and responsibly.³⁷
- Developing a safe and supportive school climate in which staff have high expectations and clear guidelines that are fairly enforced, but also establishing strong emotional connections with students and addressing implicit bias (such as lower expectations for students of color). In a positive school climate, students have an expectation of safety along with supportive relationships with school staff.³⁸
- Building systematic, school-wide Positive Behavior Interventions and Supports (PBIS) for students in a tiered system where all students understand clear behavioral expectations and receive universal screening for behavioral concerns, and where children in need of more intensive intervention are given support requisite with their needs.³⁹

These four approaches are supported by a wider body of research and have been correlated with a variety of positive educational and behavioral outcomes such as reduction in misbehavior and aggression, reduction in out-of-school suspensions, decreased juvenile justice system involvement, and increased graduation rates.^{40,41,42,43} Though none of the above practices would meet SAMHSA's definition of a whole-school, trauma-informed approach, they should be considered for adoption by Montana schools moving toward a more robust trauma-informed model.

“There are significant research gaps related to translating research on trauma and ACEs into effective whole-organization trauma-informed approaches on the ground.”

In summary, though the research linking the experience of trauma with behavioral and educational outcomes is strong, and though a number of educational interventions that could be considered trauma-informed are well researched and have been proven to be effective, there are significant research gaps related to translating research on trauma and ACEs into effective whole-organization trauma-informed approaches on the ground. As one review article states, “Popular enthusiasm for trauma-informed approaches is increasingly challenged by the need to establish what strategies produce durable change and replicable results. The risk is that well-informed but incomplete and ineffective practices may result in disenchantment with trauma-informed practice.”⁴⁴

National- and State-Based Trauma-Informed Initiatives

NATIONAL INITIATIVES

A number of national efforts currently lead the way in developing and supporting systems-based trauma-informed approaches.

National Child Traumatic Stress Network (NCTSN)

The NCTSN was established by Congress in 2000 and is funded by a number of federal agencies, including the Center for Mental Health Services, the Substance Abuse and Mental Health Services Administration (SAMHSA), the U.S. Department of Health and Human Services, and the congressional Donald J. Cohen National Child Traumatic Stress Initiative. The NCTSN funds trauma center partners around the United States, including the National Native Children's Trauma Center at the University of Montana in Missoula. The organization works nationally on a number of key initiatives and through 79 funded trauma center partners to raise public awareness about trauma, support effective services and interventions that are trauma-informed, and establish trauma-informed systems of care.

For more information, visit www.nctsn.org.

Collaborative Learning for Educational Achievement and Resilience (CLEAR)

The CLEAR Trauma Center out of Washington State University is supported in part by the NCTSN. CLEAR has focused its research on developing a defined, systematic trauma-informed approach in schools. Schools that agree to adopt the CLEAR model commit to a three-year process during which they receive integrated professional development and consultation from professionals employed by the CLEAR Trauma Center.⁵¹ To participate, schools must adopt or agree to adopt an evidence-based social emotional learning model like PBIS and demonstrate that school leadership is engaged and highly supportive. Dr. Chris Blodgett, the developer and lead researcher for this model, notes that, "For schools to truly implement trauma-informed approaches, they need a high touch model that is layered and systems-oriented. We have a long history of ideas in education that have caught fire but then burn out because they are not properly supported. So we landed on trying to move the trauma-informed work forward in a more systematic manner." Schools that participate in the CLEAR model engage in a rigorous evaluation process. Positive preliminary findings from the CLEAR model are discussed above. Two intermediate outcomes the CLEAR researchers are interested in implementing are 1) student/teacher relationships, and 2) school climate, both of which are strongly correlated in the educational research with positive student achievement. For long-term goals, the CLEAR model seeks to increase overall academic success and improve the emotional well-being of at-risk students. Currently the CLEAR model has been adopted in schools across the state of Washington and other states, and organizations outside the school sector are expressing interest in and beginning to implement the model as well.

Wisconsin's School Climate Transformation Project and State-wide Trauma-Informed Care Collaboration

Through its School Climate Transformation Project, Wisconsin Department of Public Instruction provides online resources and skills-based, professional development training modules on Trauma-Sensitive Schools that are universally accessible to anyone.⁴⁵ In addition to the professional development trainings, the Department employs coaches who provide support to participating Wisconsin schools. Nic Dibble, who oversees the project, notes that this more intensive, capacity-building and consultation approach is grounded in research.⁴⁶ "This approach is based on what the literature says is effective professional development. We don't want to have to use a 'train and hope' model. We want to create an effective professional development system that will result in schools incorporating trauma-sensitive practices." Mr. Dibble also noted that Wisconsin has intentionally blended their trauma-informed work with the school-wide Positive Behavior Interventions and Supports (PBIS) initiative that was already in use in most Wisconsin schools. "We have a robust PBIS initiative in Wisconsin and our work group made a conscious decision to attach the trauma-sensitive work to PBIS...we did not want to frame this as a separate initiative. This was framed as 'how you can improve your PBIS work?'" The work has been funded through braided dollars from a range of federal education grants, including Project AWARE and School Transformation Grants. A formal evaluation of participating schools is currently underway.

One success story from the trauma-informed work is the Menominee Indian High School, serving the Menominee Indian Tribe in north central Wisconsin. The high school received a Culture of Health Prize from the Robert Wood Johnson Foundation in 2015 after seeing its graduation rates rise from 60 to 99% through a multi-pronged approach that addressed trauma and poverty in a systematic fashion, both in the school system and in the reservation at large.⁴⁷ To achieve this marked change, the Tribe implemented a number of key initiatives throughout their school and healthcare system, led by a Community Engagement Workgroup that included 41 departments of tribal government, county human services, the school district, and college. The workgroup instituted trauma-informed care and resiliency training for all staff in their Head Start program and school system, and the Menominee Indian School District developed a Student Health Center that offers behavioral health services and employs a trauma coach to work individually with students. Elementary students have begun to start their day with meditation and mood check-ins and the schools have developed safe zones and a calm room to help students who need to re-set their emotions. The teaching of traditional culture and values has also been re-instituted in the high school.⁴⁸ Clearly, the Menominee Tribe has developed an intensive, multi-pronged trauma-informed approach to its work with children and is reaping the benefits of this investment.

In addition to the work in schools, a wide variety of state agencies in Wisconsin have also begun to examine their systems and seek to adopt more trauma-informed approaches through the trauma-informed Care-Collaboration.⁴⁹ Agencies involved in trauma-informed work in Wisconsin include the Department of Health Services, the Department of Children and Families, the Department of Corrections, and the Department of Public Instruction. The work is championed by the First Lady of Wisconsin, Tonette Walker. Her Fostering Futures program has funded three local communities -- including the work of the Menomonee Tribe along with Douglas County and Milwaukee's Harambee neighborhood -- to pilot work focused on implementing trauma-informed approaches.⁵⁰

The Trauma Learning Policy Initiative

The Trauma Learning Policy Initiative (TLPI) is a partnership between the Harvard School of Law and the Massachusetts Advocates for Children. The project's mission is to "ensure that children traumatized by exposure to family violence and other adverse childhood experiences succeed in school." ⁵² The TLPI focuses on supporting trauma-informed public policy and promoting the implementation of "Trauma-Sensitive Schools."

The initiative developed a definition of Trauma-Sensitive Schools that has been adopted in educational settings across the U.S.⁵³ The TLPI supports learning communities for schools across the country to share their experiences as they implement the Trauma-Sensitive Schools Principles.

The TLPI has worked to align its principles with the PBIS model, and specifically describes the PBIS model in its third trauma-sensitive schools principle (see inset figure).

To learn more, visit: www.traumasensitiveschools.org.

Trauma Sensitive Schools Principles

REALIZE

REALIZE the prevalence of trauma in students' lives

RECOGNIZE

RECOGNIZE the impact of trauma on academic and behavioral functioning

RESPOND

RESPOND by providing universal and multi-tiered supports that are sensitive to each student's unique needs

AVOID RE-TRAUMATIZATION

Mindfully create policies, procedures, and practices that avoid RE-TRAUMATIZATION

"It can be difficult to find organizations that have the vision, the committed time, and the resources to begin making key changes in how they operate. Going beyond merely creating awareness, and instead implementing new systems of care in a community, is a distinct challenge that will take time and commitment."

-Nathan Stahley, Healthy By Design, Billings, MT

STATEWIDE INITIATIVES IN MONTANA

National Native Children's Trauma Center

As mentioned above, the University of Montana's National Native Children's Trauma Center is funded by the National Child Traumatic Stress Network (NCTSN). The center was established in 2003 and focuses on the issues specific to trauma in native communities, including historical and intergenerational trauma.⁵⁴ The site is classified as a Category II Treatment and Adaptation Center by the NCTSN, which means they are tasked with providing training and technical assistance to local and national partners. The staff at the National Native Children's Trauma Center is currently providing technical assistance to a number of organizations nationally to help them transform their practices, including the Rocky Mountain Region Bureau of Indian Affairs Social Services programs and a number of local organizations in the Great Falls area in partnership with the Alliance for Youth, Inc. (see below). The center helps provide culturally adapted training on trauma, and has assisted in the cultural adaptation of the evidence-based trauma treatment therapy, Cognitive Behavioral Intervention for Trauma in Schools (CBITS). Center staff is also developing online training modules and manualized support materials on trauma-informed approaches for the Early Childhood Services Bureau at Montana's Department of Public Health and Human Services.

For more information, visit: iers.umt.edu/national_native_childrens_trauma_center

ChildWise Institute and Elevate Montana

The ChildWise Institute is a nonprofit organization based in Helena whose mission is to "heal young children who've suffered complex emotional trauma from abuse, neglect and chaotic environments."⁵⁵ The ChildWise Institute sponsors an ACE Interface Master Trainer Education Program⁵⁶ in Montana and has a network of 18 master trainers statewide available to provide ACEs trainings to partner organizations. In the last two years, ChildWise has trained more than 7,000 people across Montana on ACEs in a wide variety of sectors, including education, healthcare, law enforcement, and human services. ChildWise is working to train their master trainers to give an "ACEs Next Steps" presentation that addresses what organizations and communities can do once they have knowledge about the importance of ACEs, including implementing trauma-informed approaches and addressing toxic stress. ChildWise has grant funding from the Health Federation of Philadelphia via the Robert Wood Johnson Foundation to accelerate their work on ACEs and trauma as part of a national cohort of 13 other organizations.⁵⁷

In 2013, the ChildWise Institute partnered with like-minded organizations across Montana to develop the initiative Elevate Montana, which is focused on elevating the well-being of all children in the state. Elevate Montana hosts a conference on trauma, resiliency and/or ACEs every year and invites partners from around the state to adopt the concepts and brand of Elevate Montana in their own communities as they seek to implement systems changes related to trauma-informed approaches.

For more information, visit: ChildWise.org and elevatemontana.org.

DPHHS's Trauma-Informed Initiative

The Montana Department of Public Health and Human Services (DPHHS) is the largest state agency in Montana, with more than 3,000 employees. In 2015, the DPHHS Director Richard Oppen tasked his staff with creating a plan to increase the capacity of the Department to understand ACEs and trauma, and to implement trauma-sensitive approaches. Over the past few years, DPHHS has implemented a number of key activities department-wide related to trauma, including:

- The creation of a video on brain development that is now part of the mandatory orientation process for all new staff and that all existing staff is required to watch.
- Utilization of 3 ACEs Master Trainers (who are also DPHHS staff), trained through the ChildWise Institute, to train one person from every division in DPHHS to facilitate a training on ACEs for all staff in that division.

At present, nearly all 3,000 staff at DPHHS have been through the first round of training, and the Department is considering next steps, including a second round of training to delve further into the topic. Vicki Turner, who has led the initiative at DPHHS, notes that, "We are now an ACEs-Informed Department and we need to move on to the next step to be Trauma-Sensitive, which is harder because the work will be more specific to each program." The Department is also sharing its lessons learned with other state departments, like the Department of Corrections and the Office of Public Instruction.

The Office of Public Instruction

The Montana Office of Public Instruction (OPI) supports a number of initiatives across the state related to increasing the capacity of schools to become trauma-informed. Project AWARE is a five-year, \$8.5 million grant from SAMSHA that funds statewide Youth Mental Health First Aid Training and supports three local education agencies (Browning School District, Butte School District, and Kalispell School District) to implement strategies related to mental health in schools, including trauma-informed approaches.⁵⁸ Participating schools are developing their own, locally-driven solutions to implementing trauma-informed approaches. In the Browning School District, a rapid response trauma team meets regularly to develop a plan to respond when students face a crisis, and the schools have created grief groups in which students can process traumatic events guided by a licensed mental health professional.

OPI also administers a Systems of Care Tribal Wraparound Initiative, funded by SAMHSA, which focuses on developing a system of care to serve children in public schools on reservations in Montana with wrap-around behavioral healthcare. The National Indian Child Welfare Association is a consultant on this grant and is providing training on trauma in the participating reservation communities.

The most widespread practice OPI supports related to trauma-informed approaches is the Montana Behavioral Initiative (MBI). MBI is a well-established system that supports more than 150 schools in the state to implement the Positive Behavioral Interventions and Supports (PBIS) model.⁵⁹ OPI recently received a School Climate Transformation grant that will be used to expand MBI to additional schools and improve implementation of PBIS in those schools. Many of the principles implemented through MBI align with trauma-informed approaches as MBI focuses on social and emotional learning, creating a positive school climate and supporting all students with clear behavioral expectations and supports.⁶⁰

COMMUNITY-LEVEL INITIATIVES IN MONTANA

Healthy by Design DE-STRESS project in Billings

In 2014, key community partners of the Healthy By Design Coalition (sponsored by Billings Clinic, RiverStone Health, and St. Vincent Healthcare) secured a three-year grant from the federal Office of the Assistant Secretary for Health (OASH) for a project called DE-STRESS (Development of Systems for Trauma-response Education and Supportive Solutions). The project is designed to transform Billings into a trauma-informed community through a collaborative cross-sector process implemented with health and human services organizations in Billings.

Grant objectives examine trauma-informed approaches across a continuum of care, and several organizations have participated on multiple levels of the project.

- *Raising Awareness:* Presentations were created corroboratively and are being provided by the Billings-based Center for Children and Families to staff within service organizations and the public. These are intended to educate the community on trauma and what it means to be trauma-informed.
- *Training:* Once staff within an organization is aware, trauma-informed training is offered, targeting specific professions. For example, skills for educators, health care providers, and social service workers include key areas such as motivational interviewing, de-escalation, mindfulness, and emotional regulation.
- *Organizational Assessment:* A toolkit was developed for organizations to examine SAMHSA's domains for trauma-informed approaches. Over a 6-plus-month process, an assigned integration team surveys clients and staff, and completes an environmental scan that includes a detailed look at organizational policy and procedures. By identifying current strengths and gaps in the operations of their agency, a plan can be created to begin implementation of changes that will allow them to be more trauma-responsive.
- *Home Visiting:* To allow for better coordinated home visiting across the community, DE-STRESS partners established a universal referral system to ensure that as many newborn children and parents receive a timely visit, structured to educate and inform parents in chosen areas with the goal of preventing or addressing trauma in the home.
- *Building Infrastructure:* To address the need for serving those who have experienced trauma, DE-STRESS partners have collaborated to build mental health resource capacity. Partner activities include: entering and updating community resources in the Montana211 electronic database,⁶¹ establishing free mental health counseling services utilizing local Walla Walla University Master of Social Work students, providing supervision hours for practitioners seeking licenses, and offering on-going, 6-week classes teaching mindfulness for stress reduction.

Nathan Stahley, the Healthy by Design Grant Manager for the DE-STRESS project, notes that the project has been very successful in raising awareness about trauma, and what it means to be a trauma-informed organization. While some have applied the principles of trauma-informed care within their organizations, he recognizes the challenge in creating real change to systems and culture. He notes, "It can be difficult to find organizations that have the vision, the committed time, and the resources to begin making key changes in how they operate. Going beyond merely creating awareness, and instead implementing new systems of care in a community, is a distinct challenge that will take time and commitment. With the DE-STRESS project we have made great strides, and we need to find ways to continue this good work and to recruit more organizations and agencies into this journey."

SAFE-TI Grant, Project LAUNCH, and resiliency work in Bozeman

The Bozeman community has a number of concurrent grant projects and initiatives occurring that support trauma-informed and resiliency approaches community-wide. The Bozeman Public School District has a three-year, \$3.3 million grant from the federal National Institute of Justice called School and Family Engagement-Trauma Informed (SAFE-TI).⁶² To implement the grant, the Bozeman Public Schools have partnered with the University of Montana to integrate trauma-informed approaches into the MBI/PBIS three-tiered model of behavioral supports that is already in place in Bozeman Public Schools. The SAFE-TI Grant multi-tiered supports include:

- *Tier 1:* A three-hour trauma-informed PBIS training for all teachers, along with training and support for all students on the ARC model (Attachment, Self-Regulation, and Competency).⁶³
- *Tier 2:* A range of targeted classroom-level and group interventions for students who have experienced trauma, including Cognitive Behavioral Interventions for Trauma in Schools (C-BITS),⁶⁴ Bounce Back,⁶⁵ Students Trauma and Resiliency (STAR),⁶⁶ and Support for Students Exposed to Trauma in Schools (SET).⁶⁷
- *Tier 3:* One-on-one or small group trauma-informed interventions for children in need of more intensive services through the Comprehensive School and Community Treatment (CSCT) teams already in place in most Montana schools. Through the SAFE-TI grant, Bozeman schools will be able to collaborate with CSCT to provide trauma-informed care to all students in need of the more intensive Tier 3 support.

The three-year grant is research-based, with the University of Montana/Institute of Educational Research and Service (IERS) providing training, research, and evaluation support. The project intends to measure attendance, educational achievement, and behavioral improvements at the individual and school levels.

In addition to the SAFE-TI grant, a number of agencies in Bozeman are working on a multi-year grant from SAMHSA called Project LAUNCH, which, among other things, addresses trauma-informed approaches, particularly in early education, home visiting, and childcare settings. Project LAUNCH targets children aged 0 to 8 and their families for 1) universal screening for social-emotional and developmental skills; 2) integration of behavioral health into primary care settings; 3) mental health consultation in early care and education; 4) enhanced home visiting, with increased focus on social-emotional well-being; and 5) family strengthening and parent skills training. All partners involved with LAUNCH are invested in providing evidence-based practices that promote social-emotional wellness, prevent mental illness, increase competence among child-serving professionals, and increase supports available to parents. While Project LAUNCH is not specifically aimed at evaluating trauma-informed approaches, all partners are invested in utilizing trauma-informed approaches within their service delivery. Grant funding has been used for community-wide awareness-raising activities, including film screenings and a local resilience conference, in addition to workforce development trainings on ACEs, ARC, and resiliency.

Apart from these two grants, numerous other community partners and nonprofits in Bozeman have begun to recognize the importance of trauma-informed approaches and resiliency. The Greater Gallatin United Way (GGUW) is working with partners to re-frame its focus to include trauma and resiliency within a collective impact model. In May 2016, GGUW worked with partners to host a resiliency conference for the community and has supporting trainings on trauma and resilience throughout Gallatin County, as well as sponsoring showings of the movie *Paper Tigers*.⁶⁸ GGUW Executive Director Danica Jamison has also led her organization in integrating trauma-informed and resiliency practices into their own operations for staff, sponsoring a workplace wellness initiative grounded in mindfulness practices, and supporting the use of trauma-informed approaches in their Kids Link after-school programs. Clearly, there is a groundswell of support for trauma-informed approaches with a resiliency lens in the city of Bozeman.

COMMUNITY-LEVEL INITIATIVES CONTINUED

Center for Restorative Youth Justice in Kalispell

The Center for Restorative Youth Justice (CRY-J)⁶⁹ is a nonprofit based in Kalispell that has been working with schools in Flathead County to transform their disciplinary practices to keep students who have experienced trauma and have behavioral concerns in school, instead of expelling them. The goal of the project is to help schools build their capacity to process discipline through the school systems, instead of shifting students with behavioral problems into the justice system. CRY-J has a dedicated staff person who works with schools in the Kalispell area to help them learn to better process disciplinary problems inside the school system, instead of referring students to the justice system or suspending them. They work collaboratively to help schools develop and implement alternatives to school suspension and reduce the use of exclusionary discipline practices. If students with disciplinary problems require a referral outside of the school for behavioral concerns, CRY-J operates a direct diversion program that allows schools to refer students to their program instead of the juvenile justice system. CRY-J staff works with these students to create an alternative accountability plan, outlining the steps they can take allow to improve their behavior and eventually return to school. Students operating under an alternative accountability plan receive mentor-based support from CRY-J staff who advocate for the student and support them as they work to complete their plan.

“For us, the shift to trauma-informed approaches is ultimately about keeping kids out of the justice system and providing restorative supports for them to be connected in their communities.”

-Shareen Springer, Center for Restorative Youth Justice, Kalispell, MT

Shareen Springer, the executive director of CRY-J, explains their work this way: “For us, the shift to trauma-informed approaches is ultimately about keeping kids out of the justice system and providing restorative supports for them to be connected in their communities. Academic success is the biggest priority for us in terms of reducing justice system involvement, and kids cannot succeed unless they are allowed to stay in school instead of being suspended.” CRY-J recently received funding to participate in the School Justice Certificate Program through Georgetown University,⁷⁰ where Kalispell schools will receive technical assistance to create standardized disciplinary practices that are trauma-informed and restorative in nature. The goal of the School Justice Certificate Program is to “promote an ongoing engagement in school among youth at risk, re-engage students who have been disconnected, and improve academic outcomes for all.”⁷¹ CRY-J is also developing after-school youth programming with a restorative, trauma-informed lens for students in the Kalispell schools.

Alliance for Youth's Trauma-Informed Community Initiative in Great Falls

The Alliance for Youth, Inc. is a nonprofit organization in Great Falls whose mission is to “create social change to advance healthy youth development in our communities through collaborative approaches to prevention, intervention and treatment.”⁷² Through a grant from the Office of National Drug Control Policy and SAMHSA, as well as with funding from the United Way of Cascade County, the Alliance for Youth, Inc. has sponsored a Trauma-Informed Community Initiative since 2015. Through this Initiative, the Alliance for Youth, Inc. has partnered with the University of Montana to provide consultation and capacity-building to local organizations who wish to become more trauma-informed. Organizations that agree to participate receive consultation from the National Native Children's Trauma Center and the Alliance for Youth, Inc. to:

- Complete a trauma-informed approach assessment/appraisal, assessing both organizational and operational aspects of the agency.
- Review the assessment findings and develop a short-term action plan to improve implementation of trauma-informed approaches.
- Implement the highest priority strategy within the action plan through technical assistance and/or training from a consultant. Organizations also participate in six months of follow-up, coaching, and support for after-action plan implementation to sustain organizational and/or operational improvements to trauma-informed methodology.

To date, ten community organizations and a cadre of private practitioners have participated in this project, including organizations in the Great Falls School District, as well as behavioral health, early childhood, public health, and primary care entities. Janet Thayer, the Executive Director of the Alliance for Youth, Inc. describes the success of the project this way: “This project bridges the research-to-practice gap, and transforms not only how people do their jobs, but how they live their lives! The project imparts eye-opening knowledge and appreciation of early childhood trauma and its far-reaching consequences, and builds skills to effectively prevent and respond to trauma personally, professionally, and at systems and community levels. Real change has been accomplished here that produces real improvements in peoples' lives.”

As part of the Trauma-informed Community Initiative Project, the Alliance for Youth, Inc., in partnership with the University of Montana's National Native Children's Trauma Center, has also focused on developing a trauma-informed approaches organizational and operational assessment tool. The partners have worked to develop a cross-disciplinary, trauma-informed assessment instrument that encompasses SAMHSA's six principles of trauma-informed practice, and ten implementation domains. The 42-question tool, which uses a Lickert scale, is being piloted with the sites in Great Falls who agree to participate in the Trauma-informed Community Initiative. No instrument of this kind is available nationally, and the Alliance for Youth, Inc. and the University of Montana hope to validate the instrument within the next 12 to 24 months.

ORGANIZATIONAL-LEVEL INITIATIVES IN MONTANA

In addition to the broader national, state, and community-level initiatives, there are innumerable local organizational projects occurring across the state of Montana that focus on trauma-informed approaches. These initiatives are often led by transformational leaders who hear an ACEs presentation, begin to understand the implications of trauma on the work of their organization, and go above and beyond to transform the practice of their organization accordingly. Examples of leaders of organizational-level initiatives who were interviewed for this project include:

- Chris Bates, the nursing director at Shodair Children's Hospital in Helena, who has been instrumental in championing the adoption of the Sanctuary Model at her facility. Shodair is the first hospital in the Northwest United States to fully implement this model. In 2016, all staff at Shodair, from housekeeping to the hospital board, receives training on the Sanctuary Model, and ten staff members are studying to become trainers to provide ongoing instruction to all staff as the entire organization seeks to become a trauma-informed institution.
- Sue Chvilicek, the Chief Juvenile Probation Officer in Park County, who has worked with the three staff members in her rural juvenile probation office to transform the way they work with at-risk families into a relationship-based, trauma-informed model.
- Dr. Pearl Yellowman, the adolescent counselor/specialist in the Behavioral Health Department for the Confederated Salish and Kootenai Tribes, who incorporates her knowledge of historical and intergenerational trauma into her work with youth, and has sought to change the practices of the entire tribal health unit into a more trauma-informed, culturally adapted approach.
- Dr. Vicky Howard, the coordinator of the special education program at the University of Montana Western, who is working to implement a curriculum to train the next generation of Montana teachers to utilize trauma-informed approaches in their classrooms.
- Jenny Rammel, a special education teacher in the Clinton Schools, who has persuaded her administration to adopt the trauma-related curriculum "Zones of Regulation"⁷³ schoolwide, and who works directly with students who have behavioral problems to develop skills for emotional regulation.

This list of innovative, locally-grown trauma-informed initiatives is in no way comprehensive, but only begins to scratch the surface of many local initiatives related to trauma-informed practice in Montana. As Chris Blodgett of the Washington State University notes, the idea of trauma-informed approaches is truly a groundswell event across the country, with many federal agencies providing new sources of funding, and state and local groups learning about this practice and finding innovative and locally tailored ways to embed the principles of trauma-informed systems in their organizations and communities.

“The trauma-informed approach is a truly groundswell event across the country.”
**-Dr. Chris Blodgett,
Washington State University**

Trauma-Informed Approaches in Montana Schools

To better understand the use of trauma-informed approaches in Montana schools, an electronic survey tool was developed in partnership with the Office of Public Instruction. In October 2016, the trauma-informed Approaches in Montana Schools Survey was sent to the building administrators of all public schools in the state. Below is a summary of the findings from the survey. Note that the survey data is not weighted and is not representative of all schools in Montana. Also, there may well be a response bias in these findings toward schools who are interested in and/or implementing trauma-informed approaches, just as the schools that are already engaged in trauma-informed approaches may be more likely to respond to a survey on the topic.

In all, a total of 98 schools responded, out of the 848 schools that received the survey, representing 11.6% of all schools in Montana. The majority of the responses came from K-8, K-12, or high schools, and 92% of the surveys were completed by school administrators or counselors. The majority of responding schools indicate that they participate in MBI and/or Graduation Matters. Results indicate that many schools are at the beginning stages of implementing trauma-informed approaches, but that the majority do not have key practices fully in place.

Figure 1. School Type

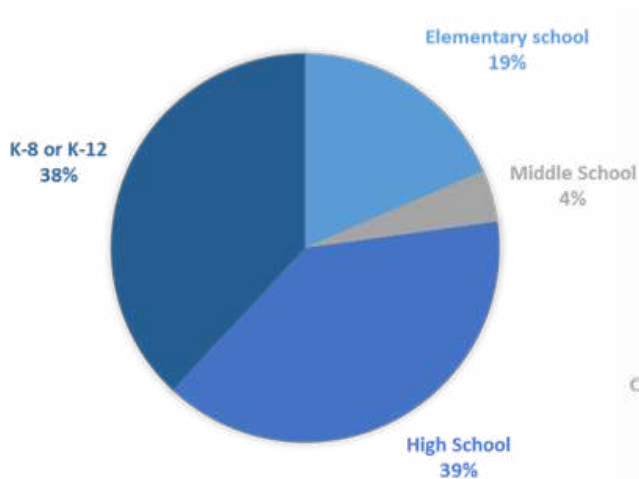
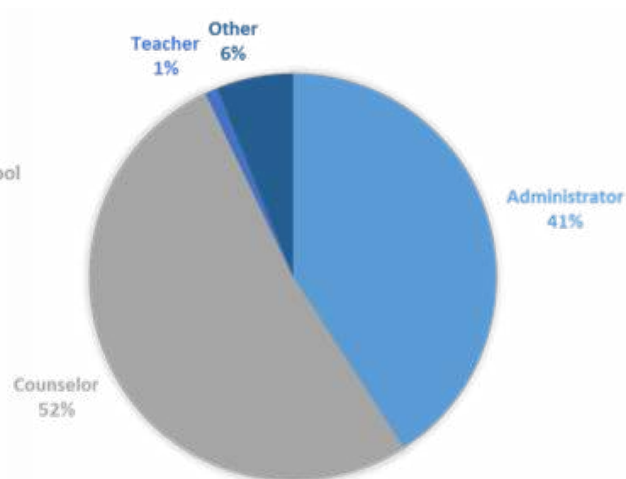
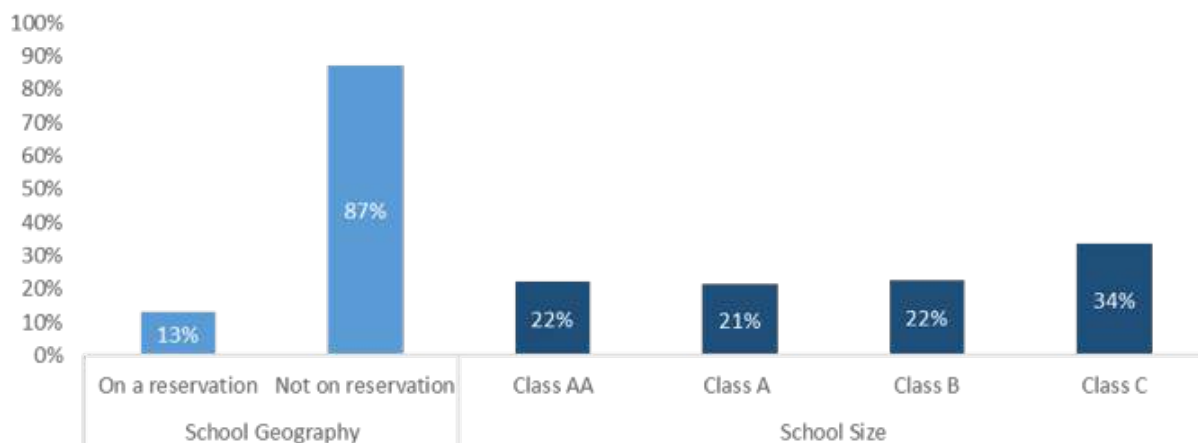


Figure 2. Respondent Role in Schools



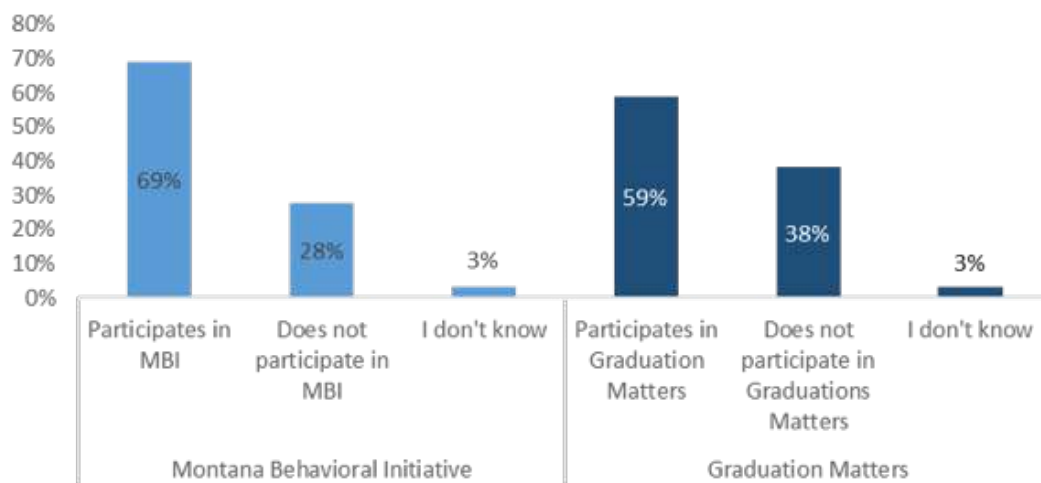
More than three quarters of the responses came from K-8, K-12, or high schools. Ninety-three percent of the respondents were school building administrators or counselors.

Figure 3. School Respondent Geography and Size



Respondents included public schools on American Indian reservations, as well as representatives from all four class sizes in Montana.

Figure 4. School Respondent Participation in MBI and Graduation Matters



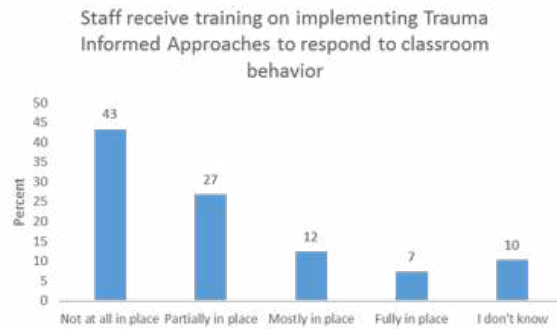
More than two thirds of the responding schools indicated that they participate in MBI, and more than half participate in Graduation Matters.

USE OF TRAUMA INFORMED APPROACHES

Figure 5. ACEs Training



Figure 6. Trauma-Informed Training



More than one third of schools report that ACEs and trauma-informed training are not at all in place, while another 14% report that ACEs trainings are fully in place, compared to only 7% of schools that report that trauma-informed approach trainings are fully in place for staff.

Figure 6. Discipline Policies

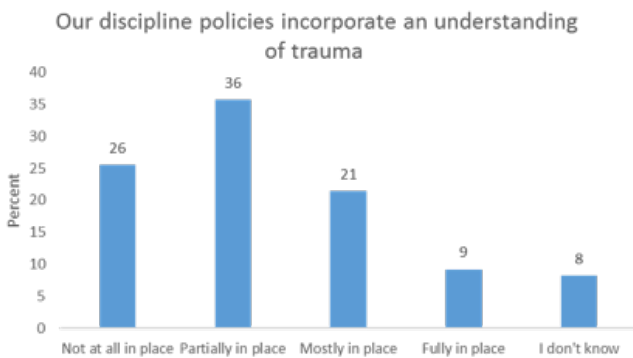
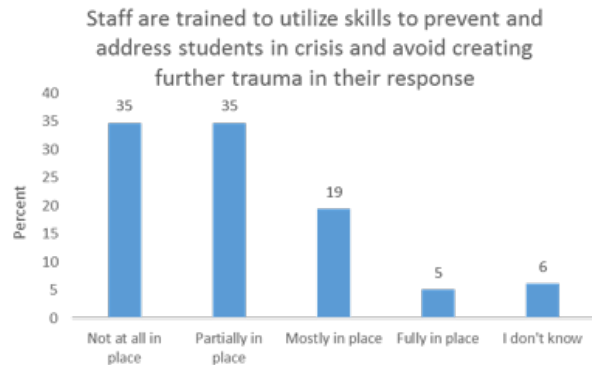
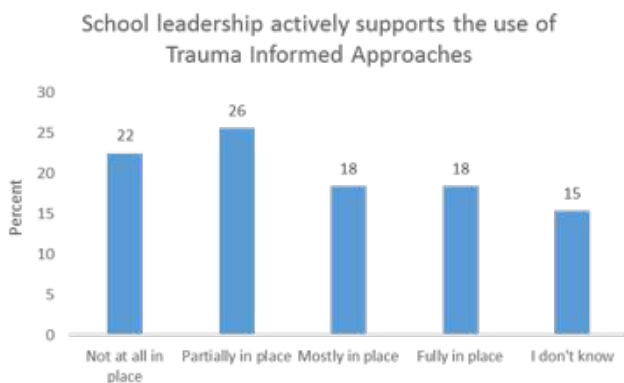


Figure 7. Crisis Intervention



More than one third of schools report that they have discipline policies partially in place that are trauma-informed. Only 9% report that these policies are fully in place, and 25% report that they are not at all in place. Seventy percent of schools report that they are not or are only partially training staff to address students in crisis and prevent re-traumatization.

Figure 8. Leadership Support



Approximately two in five Montana schools report that their school leadership actively or mostly supports the use of trauma-informed approaches. However, 48% report that their leadership support is only partially supportive or not supportive at all.

COMPARISON BY SCHOOL TYPE

To compare different school types, we analyzed the average scores for schools in various groups, with a score of 1=Not at all in place, 2=Partially in place, 3=Mostly in Place, and 4=Fully in place. Answers of "I don't know" were excluded for the comparative analysis. The average, overall score for all schools fell between 1.8 (less than Partially in place) for training on trauma-informed approaches and 2.4 (between Partially and Mostly in place) for leadership support.

Figure 9. ACEs Training Comparison

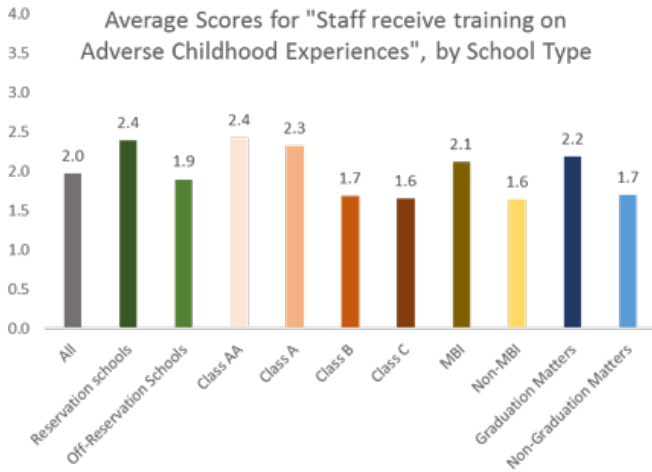
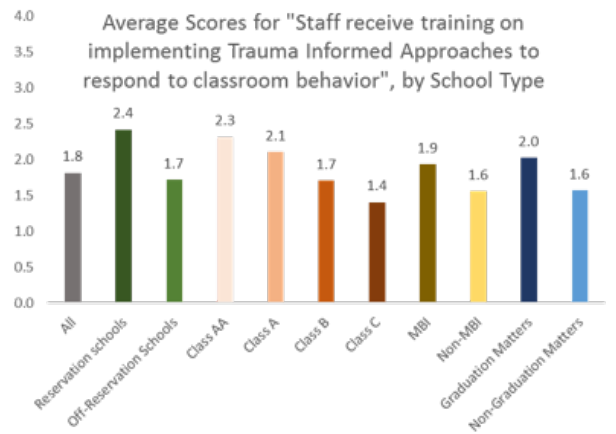


Figure 10. Trauma-Informed Comparison



In the area of training, reservation schools, larger schools (Class AA and A), and schools implementing MBI and Graduation Matters report higher than average implementation scores compared to other schools in the state.

Figure 11. Discipline Policies Comparison

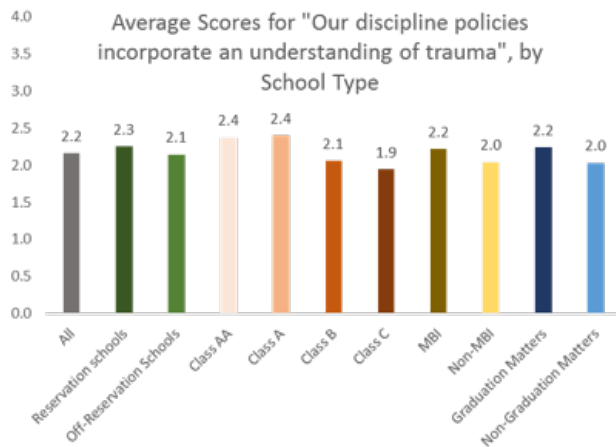
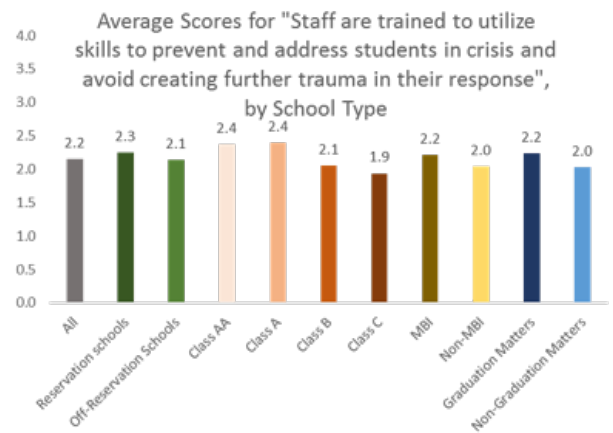
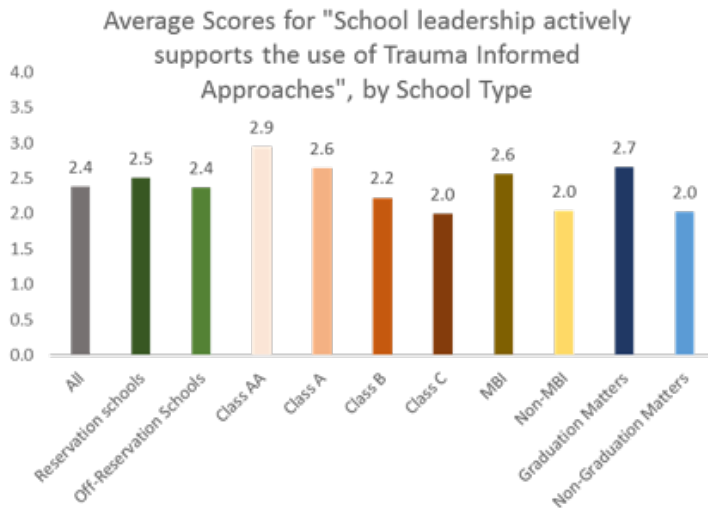


Figure 12. Crisis Intervention Comparison



Differences in average implementation scores are not as pronounced for discipline policies and training in-crisis response, though larger schools do report higher rates of crisis response training compared to smaller schools.

Figure 13. Leadership Support Comparison



The biggest difference between school types was in the area of leadership support, with larger schools and schools implementing MBI and Graduation Matters reporting much higher rates of active leadership support than smaller, non-MBI and non-Graduation Matters schools.

SUMMARY OF FINDINGS

In this non-representative, small sample of Montana schools, the majority of respondents indicated that key, introductory steps toward trauma-informed practice, such as ACEs and trauma training, crisis intervention training, policy development, and leadership support are either not in place, are only partially in place, or that 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 MBI and Graduation Matters, indicated higher average levels of trauma-informed approaches implementation and training.

In many Montana schools, key introductory steps toward adopting a trauma-informed approach are not in place.

Benefits of Trauma-Informed Approaches

Both state and national stakeholders implementing trauma-informed approaches report many benefits. Those leaders already implementing the practices in Montana note that understanding ACEs and trauma provides a common language and framework to understand behavioral problems encountered in education, healthcare, and human services, and helps shift the organizational paradigm toward compassion and empathy. Jenny Rammel notes that “using the trauma-informed Approach gets everyone on the same page. Everyone needs a basic understanding that the trauma these children go through is real. It affects them socially, emotionally, and physically...it’s so important for a teacher to know that when I have a student [who] has experienced trauma and they are having a meltdown, they are not trying to ruin anyone’s day -- they are simply acting out of their trauma, and we can respond with compassion.” Matt Furlong, a therapeutic adoptive foster parent who advises DPHHS on a number of advisory councils, notes, “Trauma-informed is basically a way to have common language. The trauma-informed approach is one of gentleness, not punishment. Trauma-informed says, ‘Let’s be compassionate and sensitive, and have a restorative approach instead of acting out of fear.’”

Leaders in organizations who use trauma-informed practices note that this framework is increasingly needed in educational and healthcare settings. Several interviewees noted that behavioral health concerns are becoming more and more prominent in classrooms, and teachers are not trained to know how to respond. Adopting a trauma lens helps these teachers both understand what might be happening and to respond appropriately. Vicki Howard noted that “veteran teachers will tell you: ‘My job has changed so much in the last 20 years. The number of children with social and emotional issues has increased greatly.’” Shareen Springer put it this way: “Years ago we used to say, ‘Five percent of students in schools have behavioral problems.’ You could kind of ignore it. But now it is bigger. There are more kids in classrooms [who] are trauma-impacted and [who] need adult support and interventions, and we can’t ignore it anymore.” Dr. Howard notes that teachers are starting to understand that many of the behavioral issues they see in class are related to trauma, and they welcome training on skills to respond and help students so that they can successfully learn and not disrupt the classroom.

Not only are trauma-informed approaches helpful to provide staff with a common language and framework for response; interviewees for this project also report that trauma-informed approaches are more effective than other approaches in helping organizations respond to behavioral concerns in a way that is both compassionate and restorative. Shareen Springer notes that the restorative justice program in Kalispell that diverts youth away from the traditional juvenile justice system has produced a recidivism rate (of youth re-entering the juvenile justice system) far lower than those seen in the traditional juvenile justice systems at the state and national levels. Early data gathered for the SAFE-TI grant in Bozeman shows improvements for staff and students within the trauma-informed approach. Laura St. John, the SAFE-TI grant manager, notes, “Seventy percent of students receiving our classroom trainings thus far report an improvement on the impact of trauma and, anecdotally, teachers are reporting improvements in their skills and stress levels.” The SAFE-TI grant is just beginning to collect and analyze a range of outcome data and will continue to do so for the life of the grant. Shodair Children’s Hospital is also embarking on a formal evaluation as they implement the Sanctuary Model, tracking the use of restraints and seclusions, staff retention and turnover, perceptions of safety among staff, employee morale, employee and patient injuries, and family satisfaction. The results of these and other, more formal evaluations of trauma-informed approaches in the state should help guide discussions about the impact of these models and the best ways to target funding toward effective practices in the future.

Barriers to Implementation

Despite the many benefits of trauma-informed approaches, organizations that wish to become more trauma-informed face a number of barriers.

Many interviewees noted that their organization has received training on ACEs or trauma, but that moving beyond simply being informed about these topics to embedding trauma-informed approaches in their organization is difficult, costly, and time-consuming. Multiple interviewees underscored the need for more advanced training, consultation, and technical assistance to move organizations into the adoption and implementation phase of this work. Ellie Martin, in collaboration with local school districts through oversight of CSCT programs within Gallatin Mental Health Center, states, “We need opportunities for specific, advanced training beyond the ACEs training. Public health agencies, including schools and mental health agencies, need training specifically related to trauma-informed interventions to answer the question, ‘How do you intervene?’” Stephanie Iron Shooter, who works with schools on reservations to adopt trauma-informed approaches, explains, “The biggest barrier to schools adopting trauma-informed approaches is the follow-up. You can develop a nice book or curriculum but it sits on the shelf. I don’t want to do that anymore. We need a person in each community to coordinate efforts.”

One barrier to realizing organizational change beyond simple trainings is leadership buy-in. Ellie Martin describes the challenge this way: “For anything to happen in a school environment, the superintendent needs to have the vision or at least support the vision of others. Then principals have to get on board and encourage their staff. Then staff need consultation and support to help them know why it would be useful to adapt their approach. I think the teachers are really strapped to be able to do all the things that are currently expected of them.” Many interviewees noted that one or two staff of an organization can be very enthusiastic about trauma-informed practice, but if the leadership of an organization isn’t engaged and committed, the organization will never truly transform its way of doing business.

Leadership buy-in is also essential because the cost and organizational time commitment required to truly embed trauma-informed approaches into organizations is substantial. Both the CLEAR model for Trauma-informed Schools and the Sanctuary Model currently being adopted by Shodair Children’s Hospital require a three-year, organization-wide commitment, along with an investment of tens of thousands of dollars. Even when consultation and support is free or comes with a monetary award, finding organizations that exhibit readiness to implement trauma-informed approaches can be a challenge. As noted above, the DE-STRESS Grant in Billings has had difficulty getting organizations to sustain trauma-informed approaches even in projects where consultation is provided to assess the organization’s current practices and develop an action plan to become more trauma-informed. This barrier to continuing trauma-informed work long-term exists despite the fact that the initial consultation service is free of charge and organizations that complete the project can receive \$5,000. As organizational readiness and capacity to continue to implement these practices is a challenge in Montana’s largest community, then it is easy to imagine the barriers that this type of work will face in much smaller, frontier communities with lower-capacity organizations.

Leadership buy-in is essential because adopting the trauma-informed approach requires organization-level change.

BARRIERS TO IMPLEMENTATION CONTINUED

Finally, as noted above, more research needs to be done to understand which trauma-informed approaches are most effective and how these practices should be implemented. Vicki Howard notes, “We need more research on the area of implementation of strategies and trying to develop effective strategies...I don’t think trauma-informed practice is a fad, but there needs to be a more solid research foundation in relationship to schools. In other disciplines there is a stronger foundation.”

In fact, the entire idea of trauma-informed practice and the terminology around it is still in flux. Instead of trauma, some practitioners prefer to term “toxic stress.” Todd Garrison of ChildWise noted, “I kind of push back on the word ‘trauma,’ because just because we are exposed to the same things doesn’t mean that what is traumatic to you is traumatic to me. It’s really about toxic stress and its effect on your brain.” Practitioners working in tribal areas often talk more about historical trauma and intergenerational trauma, noting that communities with trauma histories need different and more culturally-adapted interventions than the current models that are offered. Pearl Yellowtail notes, “Native people have many forms of trauma: acute, chronic, current trauma, and historical trauma that we carry. So we really haven’t even put our finger on it exactly what the need is and how to address it.”

Other interviewees noted a movement away from simply talking about trauma to a focus on resilience. SAMHSA defines resilience as “the ability of an individual, family, or community to cope with adversity and trauma, and adapt to challenges or change.”⁷⁴ Much of the work coordinated by the Greater Gallatin United Way in the Bozeman area has been focused on resilience, not just trauma-informed approaches, but also incorporating and encouraging organizations to adopt practices such as mindfulness and self-care. Resilience was the theme for both the 2016 ChildWise statewide conference and a community-wide conference sponsored by the Greater Gallatin United Way and other partners in Bozeman in 2016. The DE-STRESS grant in Billings has also allocated resources for trainings on mindfulness and other resiliency-based practices. With such a groundswell of interest in trauma-informed practice, toxic stress and resiliency, and the emerging and shifting landscape of what is considered cutting edge and best practice, there are barriers for organizations attempting to understand where to start in addressing this complicated set of issues in their local context.

In some communities, practitioners are moving away from focusing on trauma toward an emphasis on building resilience.

Summary of Common Themes

The work surrounding trauma-informed approaches in Montana and across the U.S. is complex and multifaceted. With increasing interest surrounding this work in the state, the following items should be considered to strengthen the impact of trauma-informed practice.

Engage organizational leaders to support trauma-informed approaches.

A consistent theme in the research on this topic and in interviews for this project was the primacy of leadership engagement. Nic Dibble, who has coordinated the efforts to embed trauma-informed approaches into public schools in Wisconsin, notes, “Our assumption is that the leadership has to be on board. The single best predictor of whether a school will be successful is if the principal is engaged and on board.” Any statewide efforts designed to bolster the use of trauma-informed approaches in Montana must focus on raising the awareness of organizational leaders and deeply engaging them in driving change forward.

Support coaching and consultation at the local level to drive adoption of trauma-informed policies and procedures.

Many stakeholders who shared their experiences for this project noted that Montana has been very successful in supporting statewide trainings that help organizations become ACEs and trauma-informed. The ChildWise Institute, with support from DPPHS, has created a robust training network on the topic of ACEs and other, locally-based efforts have contributed to raising the specter of trauma in many locations across the state. However, interviewees repeatedly noted that many organizations lack the support and assistance needed to move into the adoption and implementation phase for trauma-informed practice and policies. Maegan Rides the Door of the National Native Children’s Trauma Center describes the problem this way: “The difficulty is that we do provide a lot of trainings. And that is an important first step to understand trauma, but then the next step is to really assess the organization and make real changes in policy and practice.” Efforts like those led by the Alliance for Youth, Inc. in Great Falls, the DE-STRESS Grant in Billings, and the National Native Children’s Trauma Center are beginning to provide this type of support in local projects, but many more organizations across the state would benefit from access to this ongoing coaching and consultation.

Support endeavors to evaluate local efforts and better quantify the effectiveness of specific trauma-informed approaches.

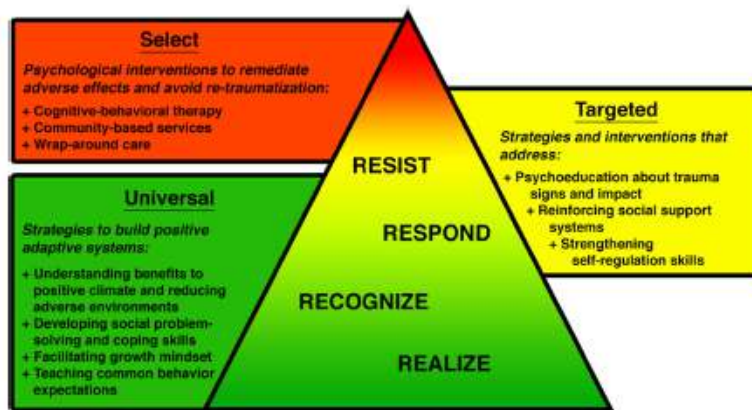
Despite the widespread support for these practices in Montana, the research on trauma-informed approaches, specifically related to what works and what doesn’t in terms of implementation science, is still emerging. And, as in many areas of research, the major studies being conducted are primarily focused on urban settings outside of the state of Montana. Any coordinated efforts that promote trauma-informed approaches in the state should include support for evaluation to determine how effectively these practices can be implemented in our context and which specific interventions lead to positive outcomes.

SUMMARY OF COMMON THEMES CONTINUED

Embed trauma-informed approaches into existing systems for behavioral supports, focusing on practices shown to be empirically effective.

Many systems to support behavioral health and organizational well-being already exist in Montana. Instead of developing entirely new systems or approaches that are trauma-informed, Montana could

A Multi-tiered Service Delivery Framework Representing Trauma Informed Approaches in Schools



seek to embed trauma-informed approaches into these already existing structures. Models like the previously described efforts by the Wisconsin Department of Public Instruction that deliberately embeds trauma-informed approaches into PBIS framework could prove effective in Montana as well. Some research supports this embedded approach. A theoretical framework for trauma-informed approaches within the PBIS structure was recently described by Sandra Chafouleas of the University of Connecticut and her colleagues in

the journal *School Mental Health* (see inset figure),⁷⁵ and local efforts in Montana such as the SAFE-TI grant have used the PBIS/MBI model to structure their trauma-informed work to great effect. PBIS is just one example of an existing organizational framework or behavioral support model that could be adapted with a trauma-informed lens. Other human services, educational, and nonprofit organizations should be encouraged to look at their own operational models and embed trauma-informed approaches into their current systems whenever possible.

Schools, specifically, should focus on incorporating empirically-supported practices that have been shown to improve educational outcomes and reduce out-of-school suspensions as they seek to become more trauma-informed, including: reducing the use of punitive, exclusionary school discipline practices, incorporating social and emotional learning, and developing a safe and supportive school climate. These well-researched practices should be considered as a core set of trauma-informed practices to be adopted by Montana schools moving toward a more robust trauma-informed model.

Create a centralized network to share resources, success stories, and lessons learned.

Multiple stakeholders interviewed for this project noted the need in Montana for more information-sharing among stakeholders. Excellent work is happening at the local level and some groups, like the Alliance for Youth, Inc. and the National Native Children's Trauma Center. These and others are even working to develop validated trauma-informed assessment and organizational change tools, but not everyone in the state is aware of these efforts and there is not a centralized, online location through which organizations can share their successes, resources, and lessons learned. A more coordinated, centralized repository for this information could help catalyze change and provide support for organizations in more rural parts of the state that wish to adopt these practices. Montana should also consider developing learning communities where organizations implementing this work could meet on a regular basis to share their successes and support each other's work moving forward.

Consider the unique context of trauma in tribal communities.

Multiple stakeholders interviewed for this project noted that the needs and context for trauma in American Indian communities are different and more complex than in other populations. Maegan Rides the Door notes, “In our reservation communities we have to figure out how to adapt this information to make it culturally appropriate.” Any statewide efforts to address trauma-informed approaches should pay careful attention to the specific needs and experiences in tribal communities and allow local communities to develop solutions that are appropriate and responsive to their unique context. Maegan Rides the Door also argued for the necessity of more widespread interventions in Indian country because of the pervasive impact of trauma. “We need universal interventions in Indian country when you are looking at a community. There are a lot of people who have been impacted by trauma. Only a subset of those people will access mental health providers and receive a trauma treatment. So there needs to be an emphasis on universal interventions -- funding whole communities to take on this issue.”

Consider longer-term investments and support.

Implementation research on trauma-informed approaches and the experience of the experts interviewed for this project support the need for ongoing, long-term support to truly achieve organizational change. Both the Sanctuary Model and the CLEAR Trauma-informed Schools model require a multi-year commitment from the outset as an expectation for organizations wishing to adopt their trauma-informed model. As Nic Dibble noted, based on their experience, “My advice would be that I don’t think it’s wise to do short-term funding. Schools need a few years of funding and support to put this in place.” To truly assess the practices and policies used in an organization, training staff and then embedding trauma-informed approaches into the policies and operations of a system requires a longer-term commitment with focused support.

Support trauma-informed approaches across systems.

Many organizations noted the need to implement trauma-informed approaches across systems. Interviewees report that they are implementing trauma-informed approaches in their organizations but that the effectiveness of the model is diminished because their clients are interacting with many other systems that are not trauma-informed. Chris Bates notes, “The more institutions in an area that adopt a trauma-informed lens, the more you can network and share resources and have a shared language of trauma. If Montana would offer financial support to a schools or outpatient models to adopt trauma-informed approaches, that would just be unbelievably important to supporting the work we are doing in an inpatient setting.” Some interviewees also noted that we must consider how to reach out to families and other systems serving younger children before they reach school age and are already trauma-impacted. Matt Furlong notes, “The disadvantage of the current model is that it’s not addressing the young children -- it is more of an institutional solution, but young children in families are so affected. We need to think about directly addressing families and childcare providers.” He also emphasized that Montana needs more support to train and retrain mental health professionals who implement trauma-specific interventions. “Evidence-based approaches like Cognitive Behavioral Therapy and Circle of Security are needed, not talk therapy. But the turnover is so high that they can’t keep people trained to implement the evidence-based models. Your family finds a great therapist and you are working with them, but then they become the boss so you lose their input and you end up with a younger therapist who is overwhelmed and inexperienced. And that really matters.” A multi-pronged approach that supports the use of clinical trauma-specific interventions, as well as trauma-informed approaches in educational, health, and human services settings across the lifespan, would increase the impact of this work in Montana.

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