7 BASIC ASSUMPTIONS

Assumption 1:

"Trauma informed care is a philosophy and a practice that recognizes the profound impact that adversity has on a person's physical and mental health."

Ann Leinfelder Grove
Executive Vice President
Aemmilian-Lakeside*
Milwaukie, Wisconsin

*Certified through the Child Trauma Academy in NMT (Neurosequential Model of Therapeutics)-One of a select group of organizations worldwide with "NMT Flagship" status.

Assumption 2:

"Fundamentally, if we create safety and predictability, we have set up the foundation for change…practical, immediate goals; things that are in our hands in every moment, in every exchange, is to increase the predictability around someone who has experienced trauma and to increase their sense of safety. Those two goals become organizing trauma informed concepts. Those are easy things to say. They are actually fairly challenging to be able to translate into action. Understanding trauma creates the opportunity for new behaviors in us."

Dr. Chris Blodgett: From ACEs to Action in Communities & Systems Serving Families & Children: https://www.youtube.com/watch?v=b9abH-UCvsE

Assumption 3:

Core elements of positive developmental, educational and therapeutic experiences:
- Relational (safe)
- Relevant (developmentally-matched)
- Repetitive (patterned)
- Rewarding (pleasurable)
- Rhythmic (resonant with neural patterns)
- Respectful (child, family, culture)

The ChildTrauma Academy – Bruce Perry, MD, Ph.D., © 2010; www.ChildTrauma.org

Assumption 4:

Kids Do Well If They Can:

- "Challenging behavior occurs when the cognitive demands being placed upon a person outstrips the person's capacity to respond adaptively"
- "Unsolved problems: Specific conditions in which the demands being placed upon a person exceed the person's capacity to respond adaptively."
- "Behind every challenging behavior is a lagging skill and a demand for that skill"

Ross Greene, Ph.D., Level I Advanced Training-Collaborative Problem Solviing-2010.

Assumption 5:

The Attachment, Self-Regulation, and Competency Framework (ARC) provides direct links between theory, research and the day-to-day school environment.

"ARC is a core components framework, and identifies 10 "building blocks", or key treatment targets, within the three core domains of attachment (building safe relationships); self-regulation (supporting child and adolescent capacity to regulate physiological and emotional experience); and competency (supporting those capacities which facilitate resilient youth development). Over time, a final domain, Trauma Experience Integration has been added, which integrates skills identified in the other 9 key targets, with an emphasis on supporting youth capacity to engage purposefully in the present, rather than continuing to have current actions automatically guided by past experience.

ARC was developed as a "flexible framework". What this means is that rather than providing a manualized protocol, ARC identifies core concepts of intervention which translate across service settings; breaks each of these core concepts down into key skills and targets; and provides examples of approaches to intervention in these areas for a range of providers, including clinicians, educators, primary caregivers, and others."

Information Sheet-Trauma Center at Justice Resource Institute

Blaustein, M., & Kinniburgh, K. (2010). Treating Traumatic Stress in Children and Adolescents: How to Foster Resilience through Attachment, Self-Regulation, and Competency. New York. The Guilford Press.

Assumption 6:

Coaching, at the point of performance, leads to the greatest transfer of theory-to-skill-to-practice.

Cooper, J. David. Professional Development: An Effective Research-Based Model. Houghton Mifflin Harcourt Professional Development.

Assumption 7

There are a systematic, evidence-informed, set of practices and procedures which increase the likelihood that a program will be implemented with fidelity and become sustainable.

Kelly, Barbara and Perkins, Daniel F. (Eds.) Handbook of Implementation Science for Psychology in Education. Cambridge University Press, 2012.

5 OPERATING PRINCIPLES

Principle 1

Given that we are not "screening" for student ACES, and adversity occurs on a continuum, we are focused on making sure that our Culture of Care project at John Wetten Elementary School (JWE) is grounded in neurodevelopmental principles that will benefit a wide range of students on the continuum of adverse experiences.

Principle 2

There are a number of other systems in place at JWE, e.g., RTI for academic interventions, school wide PBIS, special education services and the district's ACES projects-the goal of the Culture of Care project at JWE is to seamlessly mesh with these systems.

Principle 3

PBIS at JWE focuses on defining expectations for students, teaching those expectations and gathering data on how well this program is working. We want to dovetail with these processes.

Principle 4

There is considerable focus at JWE on data based decision-making, e.g. within PBIS and RTI. The Culture of Care project will attempt to utilize existing data gathering strategies, thereby minimizing the need to create additional data sources.

Principle 5

Teachers at JWE have long been focused on establishing classroom cultures and relationships with individual students that promote learning in academic, social, emotional and behavioral domains. The focus of the Culture of Care project is to extend these objectives and teacher skills via incorporation of new concepts in neurodevelopment and trauma-informed care. The Culture of Care project does not seek to be an "add-on," but rather a framework though which interventions can be adjusted in ways that will render them more efficient and effective.

5 KEY CONCEPTS

1. Core Elements of the Environment

Bruce Perry, M.D., Ph.D., The Child Trauma Academy

- Relational (safe)
- Relevant (developmentally-matched)
- Repetitive (patterned)
- Rewarding (pleasurable)
- Rhythmic (resonant with neural patterns)
- Respectful (child, family, culture)

2. Use Dependent Development

Bruce Perry, M.D., Ph.D., The Child Trauma Academy

"Neurons and neural systems are designed to change in a "use-dependent" fashion…Healthy organization depends on the pattern, frequency, and timing of key experiences during development. Patterned, repetitive activity changes the brain…Repetition, repetition, repetition: Neural systems, and children, change with repetition."

3. Kids do Well if They Can

Ross Greene, Ph.D., Level I Advanced Training-Collaborative Problem Solving-2010

"Challenging Behavior occurs when the cognitive demand being placed upon a person outstrip the person's capacity to respond adaptively."

"Unsolved Problems: Specific conditions in which the demands being placed upon a person exceed the person's capacity to respond adaptively."

"Behind every challenging behavior is a lagging skill and a demand for that skill."

"Your explanation guides your intervention."

4. Regulation

Adele Diamond (2010) & Daniel Siegel (2012)

"*Executive functions* is a term referring to a set of cognitive functions involved in the top down control of behavior in the service of a goal. They are needed whenever 'going on automatic' would be insufficient or detrimental (Diamond)."

"*Self-regulation* refers primarily to emotional control and regulation…self-regulation also embraces the importance of motivation and alertness. Self-regulation researchers view emotions as equal partners in the learning process and in the achievement of one's goals (Diamond)."

"*Regulation* involves *monitoring and modifying* processes across time, for example, affect and emotion, physiology and motor movement or communication. In essence, *integration leads to optimal regulation* (Siegel)."

5. Engagement in Relevant Instruction

Barker Bausell, Ph.D. Too Simple to Fail-A Case for Educational Change, 2011.

Theory of School Learning:
"The only way schools can increase learning is to increase the amount of relevant instructional time delivered."

Relevant Instruction-Defined:

"Instruction that can be understood, attended to, and involves topics that have not already been learned and that are mandated by the curriculum (which assumes the existence of tests that match the curriculum as well)."

IMPLEMENTATION 2015-16 EVENTS

Presentation to all JWE staff-"Adverse Childhood Experiences-Steps Toward Day-to-Day Trauma-Sensitive School Practices." (1.5 hours)

Training for PLC Care Leaders- "Neuro-Developmental Skills and Demands-Culture of Care Foundations for PLC Care Leaders." (1 Day Training)

Classroom Observations-By teacher request through a sign-up process. Began with PLC Care Leaders; Use of standard observation form; Verbal and written feedback. (1 hour observation; ½ hour verbal feedback meeting)

JWE Culture of Care Leadership-Weekly meeting. (1 hour)

Behavior Assistance Team-Scheduled on an as needed basis. (1 hour)

PLC Grade Level Care Leaders-Monthly meeting with identified focal areas (From the ARC-Attachment Level). This meeting occurs approximately one week prior to PLC Care meeting. A power point presentation with new content is provided and the focus of the meeting is to assist PLC Grade Level Care Leaders in their preparation to facilitate PLC meetings. (1.5 hours)

PLC Care Meetings-Monthly Monthly meeting with identified focal areas (From the ARC-Attachment Level). (1 hour)

JWE Culture of Care Implementation Team-Meeting every 6-8 weeks to review and refine culture of care implementation project. (1 hour)