

# TRAUMA-INFORMED PRACTICES SCHOOL REPORT: SNOHOMISH COUNTY

2016

*It's not what happened to us but how we respond that has the greatest impact on lives moving forward.*



Children's Wellness Coalition of Snohomish County

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# TRAUMA-INFORMED PRACTICES IN USE IN SCHOOLS

## Message to Our School Community

Trauma is widespread, harmful, and a national public health crisis. At least a quarter of US children are affected by complex trauma. It occurs as a result of violence, abuse, neglect, loss, and other harmful emotional experiences. In Snohomish County, 28.4% of 10<sup>th</sup> graders reported that they had been hurt on purpose by an adult. (*Healthy Youth Survey, 2014*) Trauma has no boundaries with regard to age, gender, socioeconomic status, race and ethnicity, geography, and sexual orientation. Long-term exposure to complex trauma causes toxic stress, which can increase the risk for chronic pulmonary disease, heart disease, lung cancer, depression, substance use, and suicide. Factors to counter this toxic stress include supporting parenting skills, positive attachment between children and a caring adult in their lives, and providing a supportive community. For many children, school is a supportive community filled with the significant people in their lives.

Effective prevention efforts that start earlier in life are less costly to society and to individuals than trying to fix the adverse effects of toxic stress later in life. Addressing trauma is an important component of effective service delivery and requires a multi-pronged, multi-agency public health approach that includes public education.

This report is the product of a collaboration among the Children's Wellness Coalition of Snohomish County, Snohomish Health District, and Snohomish County Human Services, all committed to engaging the community to ensure all children and youth in Snohomish County flourish, equipped with resiliency. This survey has assessed the readiness of our schools in Snohomish County to build a framework to address trauma. It will identify resources schools need to implement trauma-informed practices and policies.

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September 23, 2016

# TRAUMA-INFORMED PRACTICES IN USE IN SCHOOLS

## INTRODUCTION

Communities pay a price when childhood trauma is left unaddressed. Understanding acute and complex trauma and how toxic stress affects behavior and learning are critical for building recovery and resilience among youth. Understanding must then be translated into action, in the form of competency in trauma-informed practices.

All of us are concerned about the health and well-being of our youngest residents. In 2015, the population of Snohomish County youth was estimated to be 177,236, with an estimated 126,895 youth in school between kindergarten and 12th grade (US Census Bureau, 2015). Results from the biennial *Healthy Youth Survey* (HYS) point to multiple risk factors affecting Snohomish County youth.

Nearly half (45%) of high school seniors have tried marijuana and our 8th grade students were significantly more likely than those in the rest of the state to have abused prescription drugs in the last 30 days (HYS, 2014). Our county's on-time graduation rate for 2014-2015 was 77.8% (2015 *Snohomish County Low Income Community Needs Assessment*). From 2015 to 2016, Snohomish County homeless households increased by 53% (*Annual Point in Time Count, 2015-2016* for Snohomish County). Since 2008, the percentage of students who have seriously considered and planned how they were going to attempt suicide has increased in our 10<sup>th</sup> graders (HYS, 2014). The rate for death by suicide in the county for those 18 and under was 6.08 deaths per 100,000 in 2015, an all-time high despite the rates for other age groups decreasing (Washington State Department of Health, 2016).

Youth well-being is often impacted by the determinants of health, which are reflected in school environments and academic performance. Determinants of health are factors that contribute to a person's current state of health. These factors may be biological, socioeconomic, psychosocial, behavioral, or social in nature. Scientists generally recognize five determinants of health of a population:

- Biology and genetics: sex and age
- Individual behavior: alcohol use, injection drug use, unprotected sex, and tobacco use
- Social environment: discrimination, income, and gender
- Physical environment: air pollution, where a person lives, and crowding conditions
- Health services: access to quality health care and having or not having health insurance

Over the past decade, continued great progress has been made in understanding the "roots" of health. Toxic stress and trauma play a significant role, and are barriers to the successful implementation of healing and well-being strategies. Fostering resilient and thriving schools can support healing from trauma, while contributing to greater community resilience. A more resilient community can protect against trauma and other adverse experiences, thus reinforcing health and reducing trauma inducing conditions. This creates a culture and conditions that protect against trauma while improving student academic success.

# TRAUMA-INFORMED PRACTICES IN USE IN SCHOOLS

Research is showing major themes:

1. Trauma is pervasive.
2. Trauma has a significant impact on development, health, and well-being.
3. Trauma-informed care<sup>1</sup> is becoming a standard practice in a growing number of places.
4. In areas with high levels of violence, suicides, and poverty, whole communities appear to be dealing with the impacts of trauma.
5. In the past decade, there has been a shift from understanding trauma solely at the individual level to also include collective trauma experienced by a community.
6. Despite the increasing recognition of trauma as a population-level concern, the predominant focus of addressing trauma remains at the individual level.
7. Policy makers, public health officials, social services providers, and community organizers report that trauma undermines efforts to promote health, safety, and well-being.
8. Community trauma is not just the aggregate of individuals in a neighborhood who have experienced trauma; symptoms are present in the social-cultural environment, the physical environment, and in economic and education institutions.

A trauma-informed approach, as defined by the Substance Abuse and Mental Health Services Administration, United States' Department of Health and Human Services (SAMSHA), reflects adherence to six key principles rather than a prescribed set of practices or procedures. The questions on the Trauma-Informed Practices survey were derived primarily from SAMHSA's Concept of Trauma and Guidance for a Trauma Informed Approach (July 2014).<sup>2</sup> These principles may be generalizable across multiple types of settings, although terminology and application may be setting or sector-specific:

1. Safety
2. Trustworthiness and transparency
3. Peer support
4. Collaboration and mutuality
5. Empowerment, voice, and choice
6. Cultural, historical, and gender issues

This report is intended to inform and inspire policymakers, education administrators, and county residents to take action to improve the health and well-being of their communities.

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<sup>1</sup> Trauma-Informed Care is an organizational structure and treatment framework that involves understanding, recognizing, and responding to the effects of all types of trauma.

<sup>2</sup> Concept of Trauma and Guidance for a Trauma Informed Approach, July 2014, United States Department of Health and Human Services, Substance Abuse and Mental Health Services Administration.

<http://store.samhsa.gov/shin/content//SMA14-4884/SMA14-4884.pdf>

# TRAUMA-INFORMED PRACTICES IN USE IN SCHOOLS

## METHODS

After presenting background to school superintendents, Snohomish Health District sent electronic surveys to 14 out of 15 school districts in Snohomish County. No incentive was provided for participation. Instructions included a request for one survey to be completed per school. Two follow-up emails were sent as reminders, and the survey closed after 30 days.

## LIMITATIONS

Data are self-reported, and could be influenced by problems of remembering, social desirability, or wish to represent self or school in a desirable manner. Some schools had more than one response; only the most complete survey was included for analysis. The survey did not ask respondents about their experience in each position or educational background.

## RESULTS

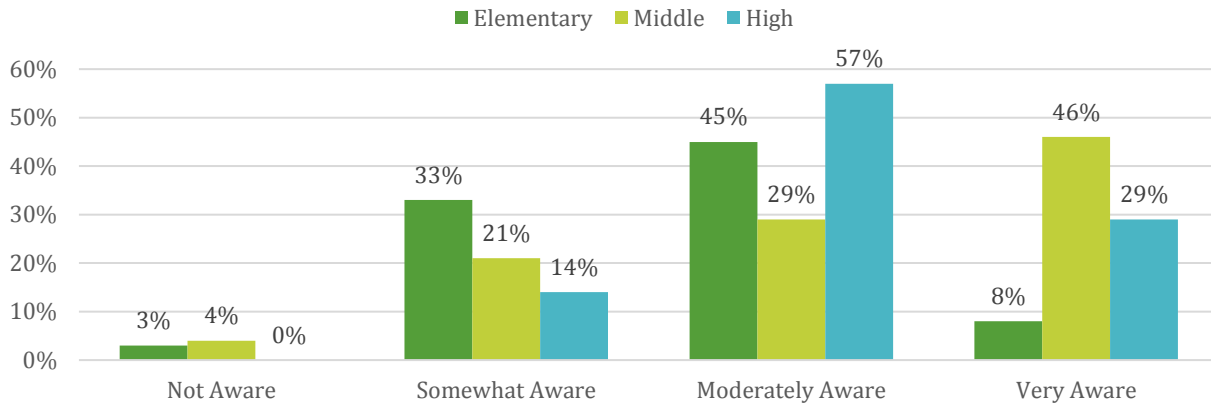
Out of the 14 school districts that opted to participate in the survey, 109 responses were received from 10 districts. After removing incomplete or duplicate school responses, non-County responses or those not affiliated with a school, 79 schools remained. Of those schools that responded, 41 (52%) were elementary schools, 24 (30%) middle/junior high and 14 (18%) high schools. Staff from different disciplines completed the survey, including principals, assistant principals, elementary support specialists, social workers, school counselors, and school psychologists.

## AWARENESS OF TRAUMA-INFORMED PRACTICES

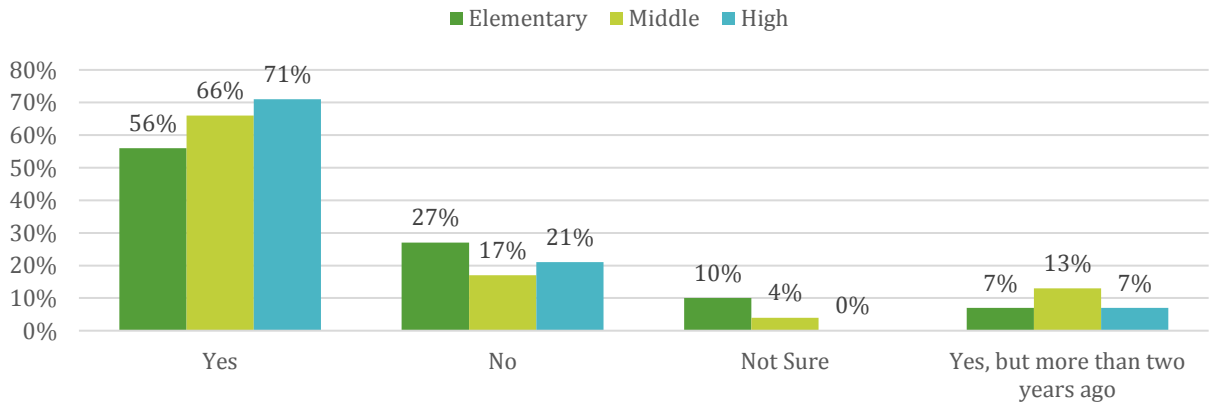
For the purposes of the survey, we considered trauma-informed practices to be the context in which a program, organization or system realizes the widespread impact of trauma, recognizes the signs and symptoms of trauma in students, families and staff, and responds by fully integrating knowledge about trauma into policies, procedures, and practices.

# TRAUMA-INFORMED PRACTICES IN USE IN SCHOOLS

## How aware are you of trauma-informed practices?



## Have you had training in the past two years in trauma-informed practices?

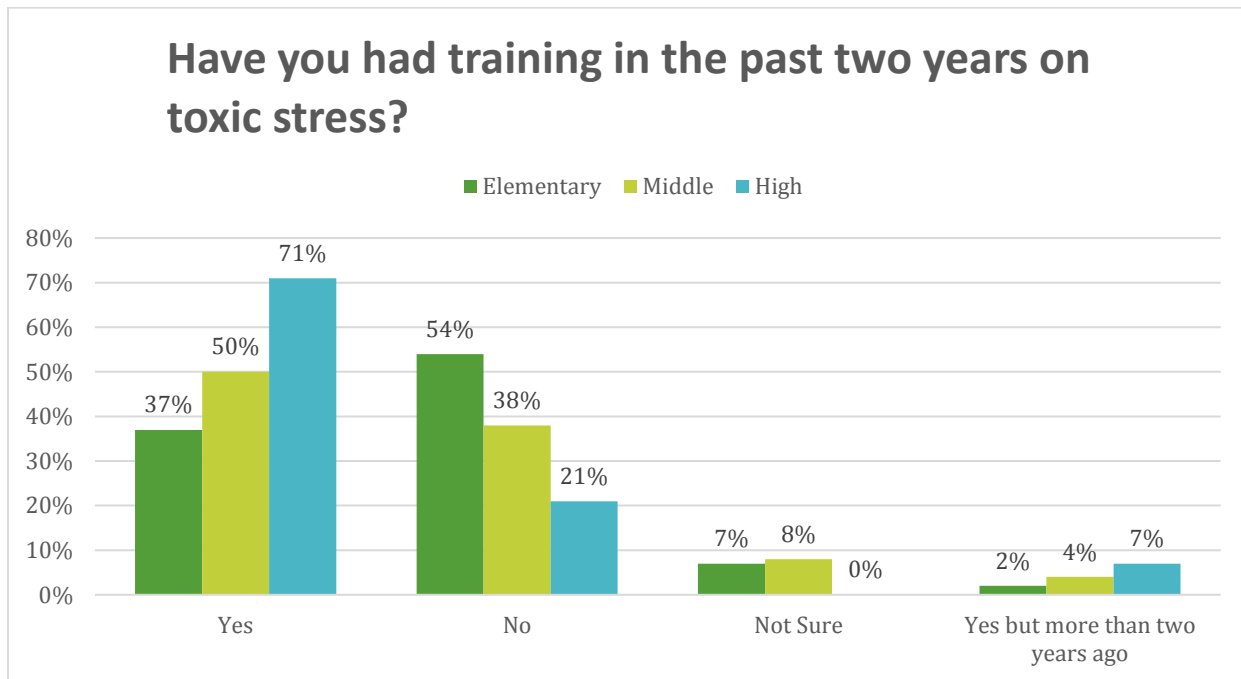


### AWARENESS OF TOXIC STRESS

For the purposes of this survey, we consider toxic stress to be when a child/youth experiences strong, frequent and/or prolonged adversity, such as physical or emotional abuse, chronic neglect, caregiver substance abuse or mental illness, exposure to violence, and/or the accumulated burdens of family economic hardship-without adequate adult support. This kind of prolonged activation of the stress response system can disrupt the development of brain architecture and other organ systems, and increase the risk for stress related disease and cognitive impairment well into the adult years.



# TRAUMA-INFORMED PRACTICES IN USE IN SCHOOLS



The survey also asked which school staff (by discipline) had specifically received training in either Trauma-Informed Practices or Toxic Stress in the past two years.

The responses were as follows:

- 22.8% reported that Certified/Classified Staff had training in trauma-informed practices
- 13.9% reported that Certified/Classified Staff had training in toxic stress
- 38% reported that school counselors had training in trauma-informed practices
- 20.3% reported that school counselors had training in toxic stress
- 16.5% reported school nurses had training in trauma-informed practices
- 8.9% reported that school nurses had training in toxic stress
- 50.6% reported they were unsure who had training or that no one had been trained in trauma-informed practices
- 74.7% reported they were unsure who had training or that no one had been trained on toxic stress

# TRAUMA-INFORMED PRACTICES IN USE IN SCHOOLS

The following tables represent the data responses for all schools and all grade levels for principles of trauma-informed practices as well as current implementation rates for specific trauma-informed strategies. (Note that percentages may not add to 100% due to rounding error.)

## *Key Principles of Trauma-informed practices*

	Strongly Agree	Somewhat Agree	Neutral	Somewhat Disagree	Strongly Disagree	Total of those that answered
<b>My school is trauma informed.</b>	12%	36%	19%	19%	14%	78
<b>There is safety throughout the school.</b>	43%	47%	5%	5%	0	79
<b>School operations and decisions are conducted with the goal of building and maintaining trust.</b>	49%	38%	9%	3%	1%	79
<b>Peer support, mutual self-help and collaboration are encouraged within your school.</b>	47%	35%	10%	6%	1%	79
<b>Throughout the school and among students served, individuals' strengths and experiences are recognized and built upon.</b>	44%	44%	5%	5%	1%	79
<b>The school activity moves past cultural stereotypes and bias, and incorporates policies, protocols and processes that are responsive to racial, ethnic and cultural needs of those served.</b>	34%	44%	11%	9%	1%	79
<b>I am confident in my ability to apply trauma-informed practices in my work when needed.</b>	37%	41%	12%	8%	2%	78

# TRAUMA-INFORMED PRACTICES IN USE IN SCHOOLS

<i><b>Trauma-Informed Practices in Use in Schools</b></i>	<b>Schools with this practice</b>
Providing a safe place for the child to talk about what happened if they so choose while giving simple yet realistic answers to their questions.	87%
Opportunities for confidential discussion between staff about students.	86%
Providing children/youth choices when appropriate (as trauma often centers on chaos and a loss of control).	81%
Providing consistent, predictable, and safe routines to communicate to the victim that they are safe and their life will go on.	81%
Increasing the level of support available to a traumatized youth.	77%
Understanding that the individual's inappropriate behaviors may come from attempts to cope with past traumatic events, but still setting firm expectations with logical consequences for such behavior.	73%
Providing safe physical space so that trauma survivors feel safe when they assess their physical environment	72%
Teaching children/youth stress management and relaxation skills to help them cope with unpleasant feelings.	70%
Warning the children/youth if there is about to be something out of the ordinary.	67%
Protecting victims from their peers' curiosity	62%
Providing opportunities for students to learn how to interact effectively with others and to follow through with their plans regarding assignment completion.	58%
School participates in safety planning, including enforcement of court orders, transferring records safely, restricting access to student records and sensitive handling of reports of suspected incidents of abuse and neglect.	57%
Working with school district	52%
Procedures are in place in the event of an emergency (natural disaster, active trauma at the school) as students who have experienced trauma may need more assistance.	51%
Sensitivity to and anticipation of potential cues and triggers (anniversaries, films/books in class that may contain similar traumatic events).	48%
Discipline policies including those around suspension and expulsion reflect trauma-informed practices.	47%
Changing unhealthy or wrong views that have resulted from the trauma ("I deserve it because I was bad").	46%
Support for staff (including supervision and/or consultation with a trauma expert, classroom observation, and opportunities for team work).	42%
Setting goals for the trauma-impacted student's achievement that are consistent with their peers.	41%
Policies describe how, when, and where to refer families for linguistically and culturally competent mental health supports, and staff actively facilitate and follow through in supporting families' access to trauma-informed mental health services.	38%
Protocols exist for helping students transition back to school from other placements.	24%
Working with Educational Service District (ESD)	20%
Providing new and substitute staff with adequate background information and training to assist students who are victims of trauma.	15%
Youth Mental Health First Aid	10%
Psychological First Aid for Schools (PFA-S)/Mental Health 101	8%
Working with Office of Superintendent of Public Instruction (OSPI) (Compassionate Schools)	8%

# TRAUMA-INFORMED PRACTICES IN USE IN SCHOOLS

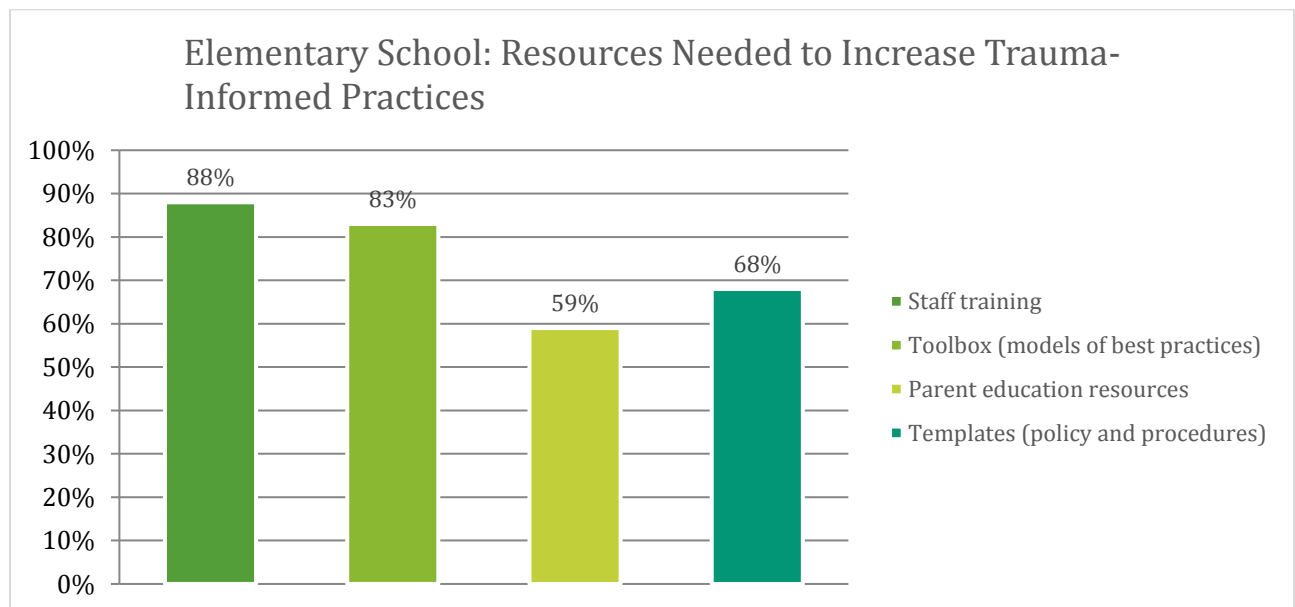
## ELEMENTARY SCHOOL DATA

We received responses from a total of 41 elementary schools. Of those schools that responded on being aware of trauma-informed practices, 2 (4.9%) were not aware, 13 (32%) were somewhat aware, 18 (44%) were moderately aware, and 8 (20%) were very aware. Areas in which the elementary schools showed strength in trauma-informed practices are noted below:

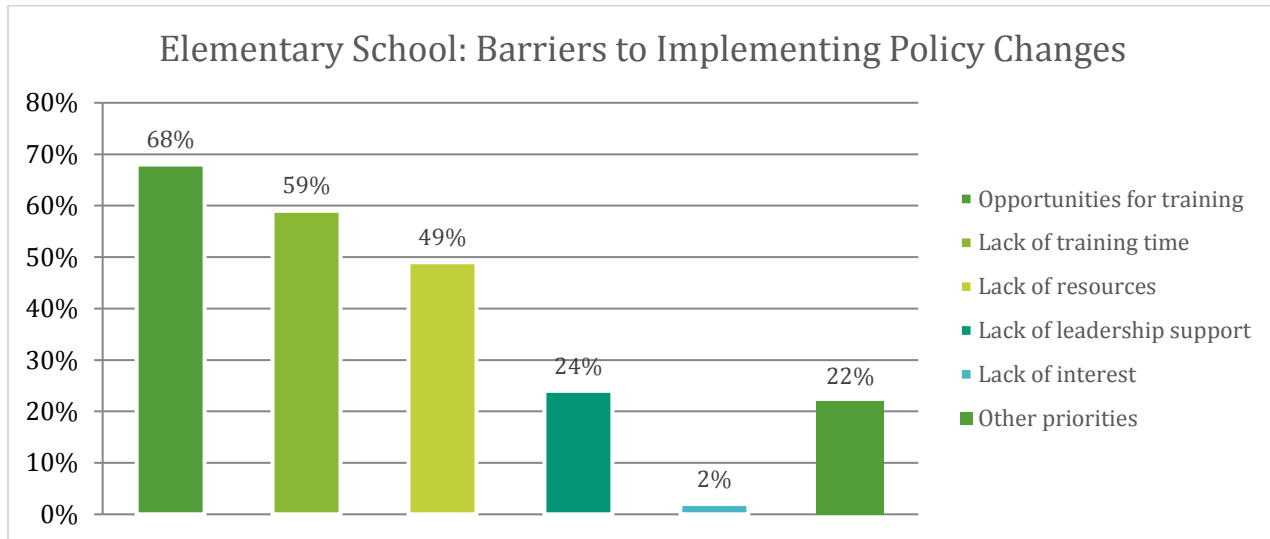
- 85% of elementary school respondents were moderately or very aware of the concept of toxic stress
- 90% indicated the school provided a safe place for the victim to speak about their trauma
- 78% understand that trauma could influence bad behavior while still setting logical consequences for behavior
- 78% indicated the school had taught stress management and relaxation techniques
- 76% indicated the school had policies to warn children about a shift of routine

Areas which provide opportunities for enhancement in elementary schools are noted below:

- 56% were not sure who had been trained in the past two years on toxic stress
- 22% indicated the school provided new or substitute teachers with background information on a student who had experienced trauma and training to assist these students
- 17% of schools had protocols in place for helping students who were returning from a home placement transition
- At only one school had staff attended a Mental Health 101/ Psychological First Aid training
- At only one school had staff attended a Youth Mental Health First Aid training



# TRAUMA-INFORMED PRACTICES IN USE IN SCHOOLS



## MIDDLE SCHOOL AND JUNIOR HIGH SCHOOL DATA

We received responses from a total of 24 middle and junior high schools. Of those schools that responded on being aware of trauma-informed practices, one (4%) was not aware, five (21%) were somewhat aware, seven (29%) were moderately aware, and 11 (46%) were very aware. Areas in which the middle schools showed strength in trauma-informed practices are noted below:

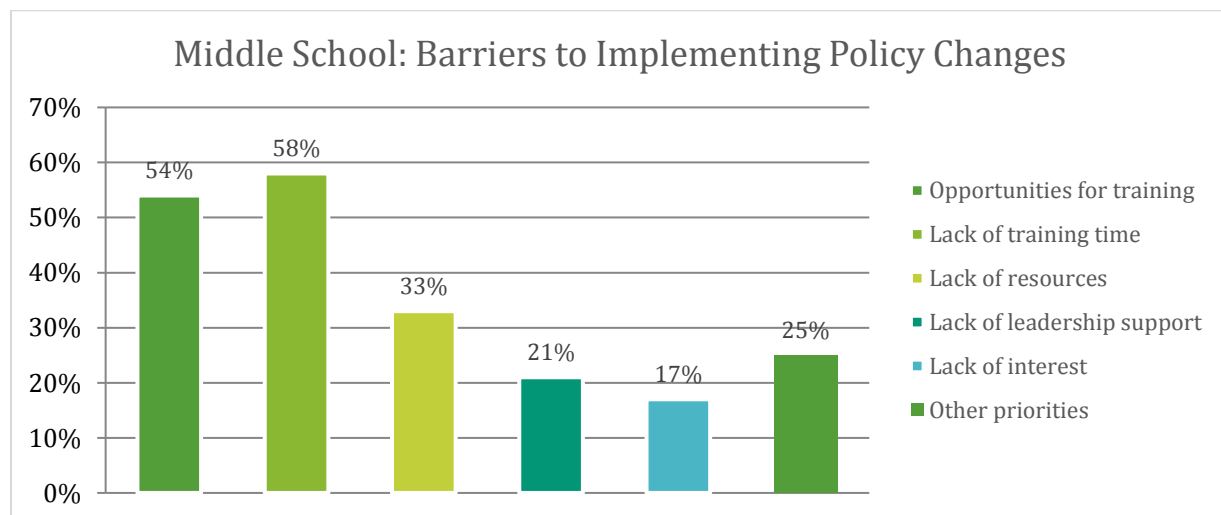
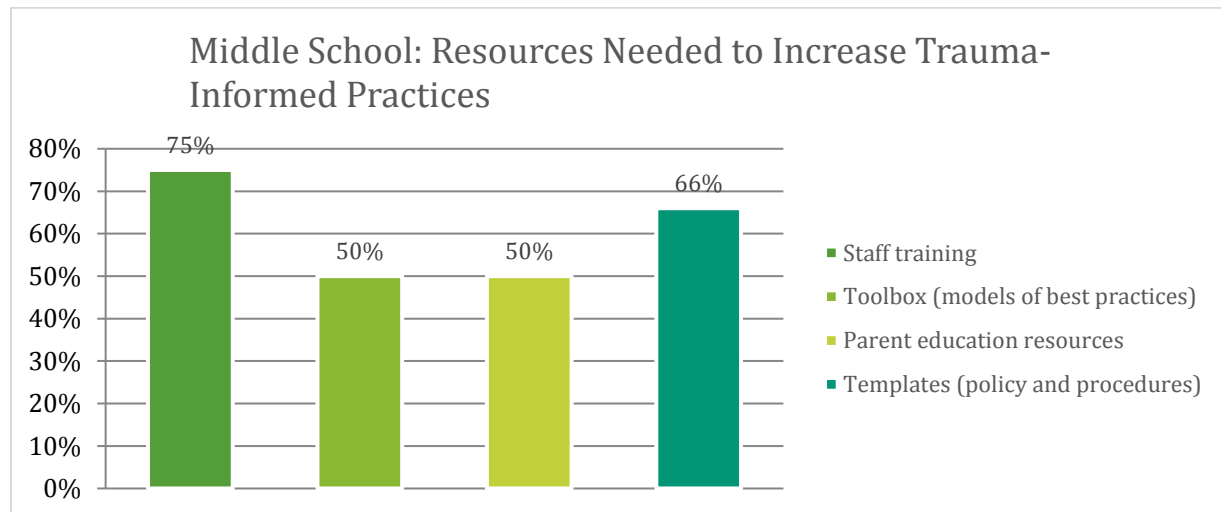
- 88% of respondents indicated the school provides a safe place for the victim to speak about their trauma
- 88% of respondents indicated the school has policies allowing for confidential discussions between staff about students who are victims of trauma
- 83% said they were moderately or very aware of the concept of toxic stress
- 79% indicated the school was ensuring consistent routines were being provided
- 75% indicated the school was increasing support available to traumatized youth
- Two-thirds of schools had recently provided training in trauma-informed practices
- 67% said they understand that trauma could influence bad behavior while still setting logical consequences for such behavior

Areas which provide opportunities for enhancement in middle schools are noted below:

- Half were providing opportunities for students to learn how to interact effectively with others and to follow through with their plans regarding school assignment completion
- 46% of respondents reported the school participated in safety planning, including enforcement of court orders, transferring records safely, restricting access to student records, and the sensitive handling of reports of suspected incidents of abuse and neglect
- 33% of respondents reported the school had protocols in place for helping students who were returning from a home placement transition
-

# TRAUMA-INFORMED PRACTICES IN USE IN SCHOOLS

- At only three schools had staff attended a Mental Health 101/ Psychological First Aid and/or Youth Mental Health First Aid training
- Only one respondent indicated the school provided new or substitute teachers with background information on a student that experienced trauma and training to assist these students



# TRAUMA-INFORMED PRACTICES IN USE IN SCHOOLS

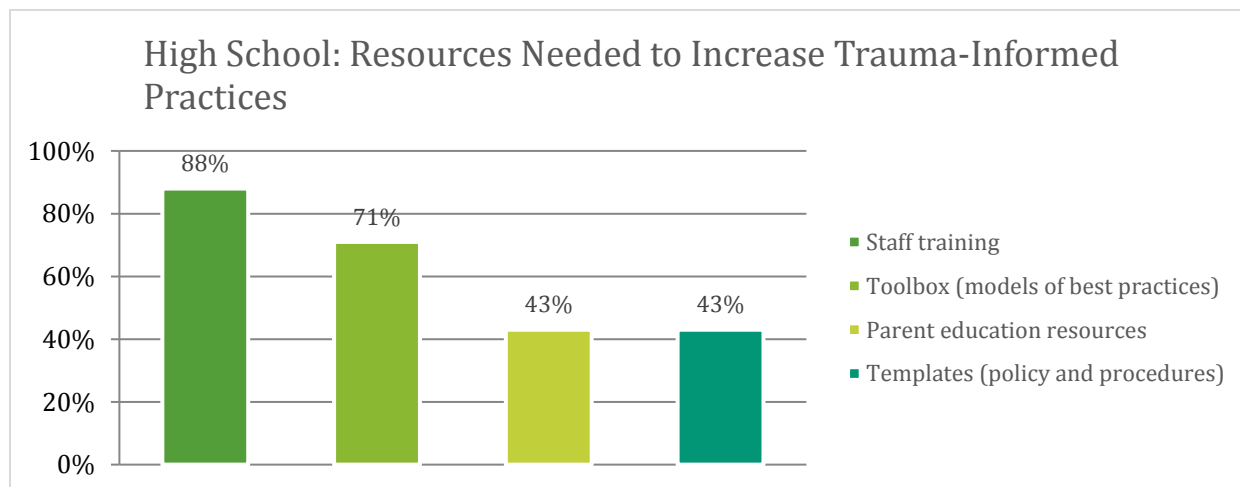
## HIGH SCHOOL DATA

We received responses from a total of 14 high schools – both traditional (10 schools) and alternative high schools (4 schools). Of those schools that responded to being aware of trauma-informed practices, none were not aware, 2 (14%) were somewhat aware, 8 (57%) were moderately aware, and 4 (29%) were very aware. Areas in which high schools' respondents showed strength in trauma-informed practices include:

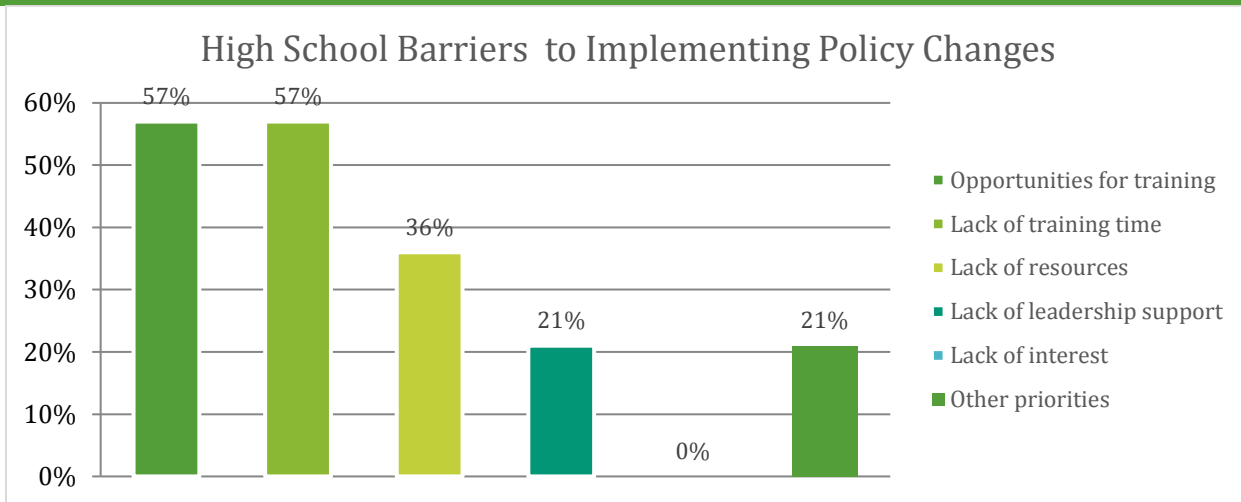
- 93% of schools increased the level of support available to traumatized youth
- 86% of respondents were moderately or very aware of the concept of toxic stress
- 86% stated that there were opportunities for confidential discussion between staff and students
- 86% reported the school provided students with consistent routines
- 79% reported the school provided students with a safe space to talk about their trauma

Areas which provide opportunities for enhancement in high schools are noted below:

- 36% of schools were providing opportunities for students to learn how to interact effectively with others and to follow through with their plans regarding school assignment completion
- 29% had protocols for helping students who were returning to school from other placements
- 29% of respondents reported that the school's discipline policies took into account trauma
- 14% reported the school provided new or substitute staff with adequate background information and training to assist students who are victims of trauma
- At only four schools had staff attended a Youth Mental Health First Aid training
- At only three schools had staff attended a Psychological First Aid training



# TRAUMA-INFORMED PRACTICES IN USE IN SCHOOLS



## ALTERNATIVE HIGH SCHOOL DATA

Areas in which alternative high schools' respondents showed positive results as they relate to trauma-informed practices include:

- Three out of four schools had provided trauma-informed practice training in the last two years
- 75% taught stress management and relaxation techniques
- Two respondents strongly agree that their schools are trauma-informed
- 75% reported the school provided students with a safe space to talk about their trauma
- At only two schools had staff attended a Youth Mental Health First Aid training
- 75% reported their school provided students with consistent routines

Areas which provide opportunities for enhancement in alternative high schools are noted below:

- Only 25% of schools reported they had participated in safety planning, including enforcement of court orders, transferring records safely, restricting access to student records, and the sensitive handling of reports of suspected incidents of abuse and neglect
- None of the four schools reported they were providing opportunities for students to learn how to interact effectively with others and to follow through with their plans regarding school assignment completion
- None have been trained in toxic stress
- None had protocols for helping students who were returning to school from other placements

Staff at the alternative high schools indicated an overwhelming need at 100% for both training and a toolbox with models of best practices related to trauma initiatives. This was followed by resources needed on how to support parent education at 25% and templates to write policies and procedures also at 25%. As for barriers, those noted were a lack of training opportunities at 50%, lack of training time at 75% and lack of resources also at 75%.



# TRAUMA-INFORMED PRACTICES IN USE IN SCHOOLS

## NEXT STEPS

It is evident in the data that schools in Snohomish County are infusing trauma-informed practices and understanding about the impacts of toxic stress into instruction and services at multiple levels. Recognizing that a conceptual framework and systemic understanding of trauma-informed practices can improve academic outcomes, most schools surveyed expressed interest in continuing to increase and enhance their capacity to support trauma-impacted students.

The survey points to some key areas in which schools, school districts, and regional partners may want to focus such enhancement efforts. Examples include examining and developing practices for referring families for linguistically and culturally competent mental health supports; having identified staff to facilitate and follow through in supporting families' access to services; providing new and substitute staff with adequate background information and training to assist students who are victims of trauma; and reviewing and developing discipline policies, including those around suspension and expulsion, that reflect trauma-informed practice. Survey results also show that there are opportunities for additional and ongoing training of all school staff in trauma-informed practices.

Prior to implementation of the survey, activities aimed at both educators and community members were already being implemented in Snohomish County. Since the survey was implemented, these activities have increased and include community symposia, continued trainings for educators and others, development of trauma-informed practice toolkits and parent education resources.

The results of the survey provide a baseline and key information for further implementation of evidence-based strategies leading to the development of safer, healthier, more resilient schools and communities. The Children's Wellness Coalition, Snohomish Health District, and Snohomish County Human Services look forward to partnering with schools and school districts throughout Snohomish County to achieve this shared aim.

According to Dr. Christopher Blodgett, Director of CLEAR (Collaborative Learning for Educational Achievement and Resilience), Washington State University (2015):

[We need to] invest in expanded public awareness in communities on the scope and consequences of ACEs and trauma...Based on well-established science and evidence-based intervention strategies, broad understanding of ACEs and trauma can create a common language and set of priorities to reduce the profound consequences of ACEs and trauma in communities, adults, and children. Shared awareness can build consensus and shift norms in communities as evidenced by successful campaigns to reduce tobacco use, increase seat belt use, and reduce rates of child maltreatment. (p. 64)

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## REFERENCES

2015 Snohomish County Low Income Community Needs Assessment, March 2016. Retrieved from <https://snohomishcountywa.gov/DocumentCenter/View/32779>

Annual Point in Time Count, 2015-2016. Retried <https://snohomishcountywa.gov/2857/Point-In-Time>

Blodgett, C. (2015) No School Alone: How community risks and assets contribute to school and youth success.

Retrieved from <http://ext100.wsu.edu/cafru/wp-content/uploads/sites/65/2015/02/No-School-Alone-Final-3-15.pdf>

United States Census Bureau, 2015. Retrieved from [www.census.gov/data.html](http://www.census.gov/data.html)

Washington State Department of Health, Center for Health Statistics, Death Certificate Data, 1990–2015.

Washington State Department of Health, *Healthy Youth Survey*, 2014. Retrieved from [www.askhys.net](http://www.askhys.net)

# TRAUMA-INFORMED PRACTICES IN USE IN SCHOOLS

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**Snohomish County** 

The Snohomish County logo consists of three stylized, upward-pointing arrows in red, blue, and green, positioned to the right of the text "Snohomish County".

**Children's Wellness Coalition of Snohomish County**