



Overview of the Regional Trauma Coordinator Role

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Today's Objective

- Introduction and Role of the Regional Trauma Coordinator
- Understanding Trauma
- National Context & CT Data
- Trauma-Informed Approach
- RESC's Vision



Introduction to Regional Trauma Coordinator

Tianna L. Hill, brief bio:

- Former Project Coordinator for CHDI
- Fellow of Georgetown University
- Research interest includes; trauma, school mental health, exclusionary discipline and juvenile justice
- Trained and coordinated school mental health for 20+ CT schools
- Masters in Social Work from UConn
- BA in Communications from Goucher College



Purpose – An Act Concerning Children’s Mental Health (HB 5001, Sec 17 & 18)

- (1) Developing a trauma-informed care training program in accordance with the provisions of section 18 of this act,
- (2) implementing the trauma-informed care training program,
- (3) providing technical assistance to the local and regional boards of education that are members of the regional educational service center in implementing the trauma-informed care training program,
- (4) training school mental health specialists, as defined in section 12 of this act, to be the trainers under the trauma-informed care training program, and
- (5) ensuring that such trainers are properly training teachers, administrators, school staff and coaches under the trauma-informed care training program.



LEARN's Vision

To ensure that every child has access to high quality public education through systems of education, support and service.

Goals:

- To provide exemplary, innovative, and equitable school-based programs that advance achievement for all students and nurture the cognitive, physical, and emotional well-being of students in safe, respectful, rigorous, and diverse learning communities.
- To provide expertise, leadership, and innovative programs and services that build regional capacities and supports, to create equity in education, and positive outcomes for all students.
- To provide cost effective, customized organizational and operational services for our members.



Understanding Trauma

A deeply distressing or disturbing experience. Exposure to death, threatened death, actual or threatened serious injury, or actual or threatened sexual violence of self or loved one

- **Direct Exposure**
- **Witnessing**
- **Indirect Exposure**

Simple versus Complex Trauma

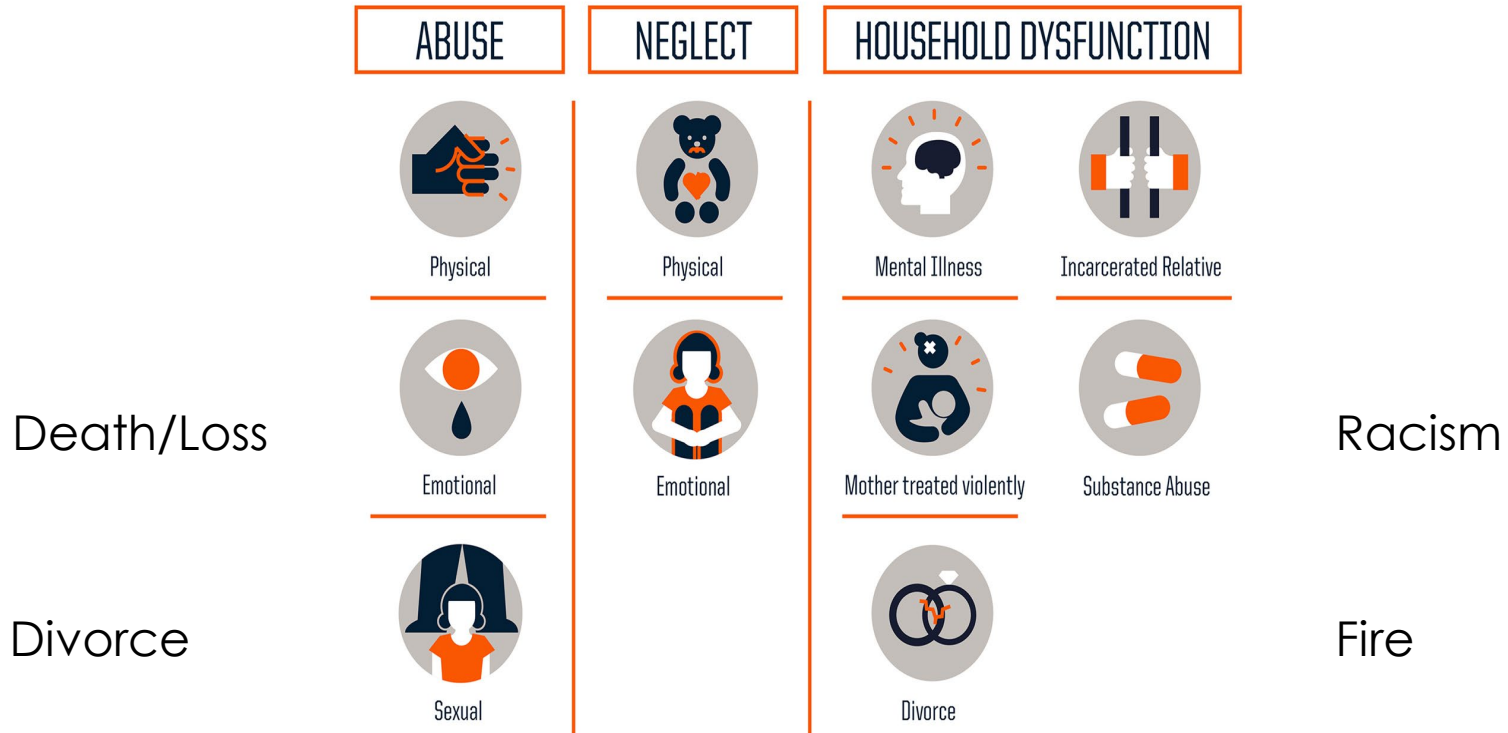
- **Simple** = Single, discrete incident
- **Complex** = Prolonged, recurrent



Source: Post Traumatic Stress Center



Types of Adverse Childhood Experiences (ACEs)



Natural Disaster

Vehicle Accident

National Context & Background

- Over 20% of children have faced more than three categories of trauma
- 63% of children have faced some form of adverse life experience
- 1 in 6 U.S. youth aged 6-17 experience a mental health disorder each year



Source: NAMI Factsheet "Mental Health in Connecticut" (February 2021)
Child and Adolescent Health Measurement Initiative (2021)



CT by the Numbers

- 49% of youth in CT aged 12-17 who have depression did not receive any care last year
- 35% of children aged 0-17 in CT have experienced 1+ Adverse Childhood Experience (ACEs).



Source: NAMI Factsheet "Mental Health in Connecticut" (February 2021)



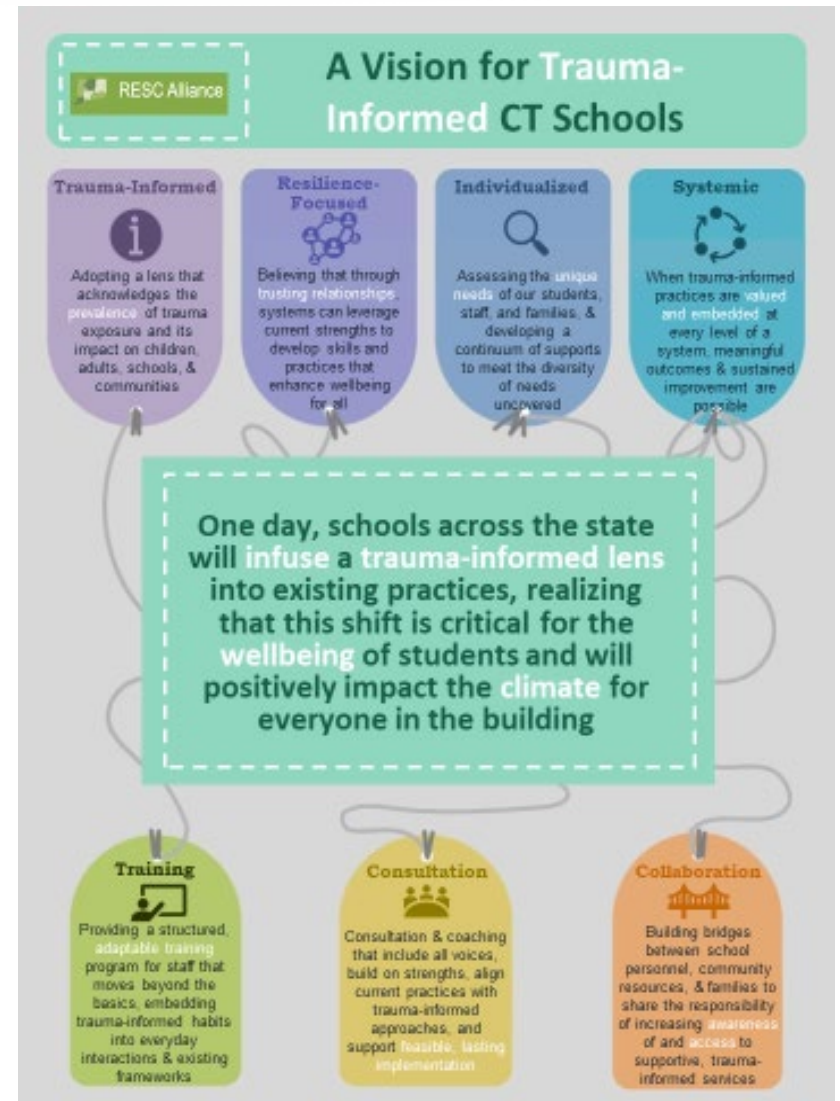
Draft Vision

One day schools across the state will infuse a trauma-informed lens into existing practices, realizing that this shift is critical for the wellbeing of students and will positively impact the climate for everyone in the building.



Core Concepts

- Trauma-Informed
- Resilience-Focused
- Individualized
- Systemic
- Training
- Consultation
- Collaboration



Trauma-Informed Approach

Trauma-informed approaches integrate understanding of trauma throughout a program, organization, or system to enhance the quality and scope of services for those affected by trauma.



Source: *Child Health and Development Institute*



Benefits of Trauma-Informed Approach

Growing evidence to support trauma-informed approaches

A few studies have shown:

- Reduction in suspensions
- Reduction in expulsions
- Increase in student attendance
- Meeting or exceeding academic performance

Incorporating Evidence-Based Treatments (EBTs) has been shown to be effective, using programs in schools such as Bounce Back and Cognitive Behavior Intervention Treatments (CBITs).

Sources: Education Law Center and Child Health and Development Institute



Resources

Mobile Crisis Intervention Services: Dial 211

National Childhood Stress Network: nctsn.org

Paces Connection: pacesconnection.com

Suicide & Crisis Lifeline: Dial 988

