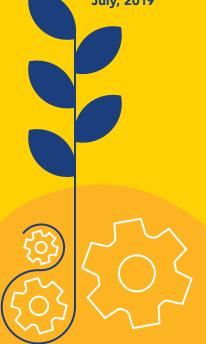
NCSEA ADDRESSING THE EPIDEMIC OF TRAUMA IN SCHOOLS

July, 2019



A Report by the

National Council of State

Education Associations

Prepared in partnership with the

NEA Center for Great Public Schools



At the February 2019 National Council of State Education Associations (NCSEA) leadership meeting, Oregon affiliate leaders announced their newly released report detailing a crisis of "disrupted learning." The ensuing conversation opened a floodgate of interest among other affiliates as they shared their own efforts to address issues of student and educator trauma in their schools. The approaches varied from raising awareness and providing educator trainings to pursuing legislative strategies and partnerships with community organizations. It was immediately clear that both the causes and solutions associated with student and educator trauma are complex. It was also clear that addressing these complex issues is a shared need on which both NCSEA and NEA should not only focus but also lead.

NCSEA partnered with the NEA Center for Great Public Schools to plan a trauma convening held in Chicago in May 2019. This convening, attended by representatives from 39 state affiliates, identified three goals: (1) to understand where and how state affiliates currently address issues of trauma; (2) to develop a shared understanding of the issue's complexity and begin to construct a common frame to understand the root causes; and, (3) to develop a set of recommendations for NEA to drive action steps to ensure that students and educators affected by trauma are supported and successful.

Convening participants collaborated in three break-out sessions designed to understand the root causes of trauma, uncover high-leverage drivers of change, and brainstorm next step actions. Keynote speaker Dr. Marjorie Fujara, a pediatrician and child abuse specialist in Chicago, addressed the impact of trauma-related toxic stress in the developing brain and over a child's lifetime. Affiliate leaders and staff from Texas (Noel Candelaria), Delaware (Deborah Stevens), Maryland (Cheryl Bost), Iowa (Mike Beranek) and Oregon (John Larson) participated in a panel facilitated by NEA Foundation President Sara Sneed to share experiences and insights from their states' work addressing trauma. Jarrod Bolte, CEO of Improving Education, presented two plenary sessions on how to understand and improve complex systems, and Audrey Soglin, (Illinois) delivered a closing keynote and provided examples of how states and affiliates are addressing the issue.

This report is a product of the convening and seeks to build a framework to advance promising trauma awareness and trauma-informed approaches, including some currently being implemented by a few state affiliates. It includes key recommendations for ways in which NEA may address the trauma crisis through policy, programs, and practices. It also includes a list of selected resources developed, or suggested as references, by affiliates to address student and educator trauma shared with the convening organizers.

The convening brought state affiliates together into an actionoriented and motivated whole. The group recognized that student trauma is a complex issue with multiple contributing factors and many implications for students, their families, educators, and our communities. There are no silver bullets; we must raise awareness and pursue systemic, workable solutions both inside and outside the NEA family. This work is hard, but urgent. Most important, it is work our students and members deserve and are asking the Association to address.

Sincerely, Your 2019 NCSEA Officers,

Brenda Pike (VEA), President Noel Candelaria (TSTA), President-elect Jeff Taschner (DSEA), Coordinating VP for Management Stephanie Winkler (KEA), Coordinating VP for Governance

FRAMING THE ISSUE OF TRAUMA

"I've spoken to so many groups about childhood trauma, and nobody gets it as well as educators. They understand it intuitively because they are experiencing its effects in their classrooms every day."

- Dr. Marjorie Fujara

Both the National Education Association (NEA) and the National Council of State Education Associations (NSCEA) are committed to ensuring that school is a safe, welcoming and inclusive place where all students can thrive, regardless of circumstance or ZIP code, and where educators have the support and resources they need to be successful. In keeping with this vision, the Association and its affiliates are actively engaged in finding ways for schools and educators to address the issue of trauma¹ and its implications for learning, behavior, and school safety. These are concerns that we increasingly hear about from our members, ranging across all membership categories and job classifications. Through our intensive collaboration at NCSEA's May trauma convening, it became abundantly clear that addressing the issue of student trauma is directly aligned with NEA's four strategic objectives impacting teaching and learning and the lives of our students: Increasing Educator Voice, Advancing Racial Justice, Engaging New and Early Career Educators, and Supporting Professional Excellence.

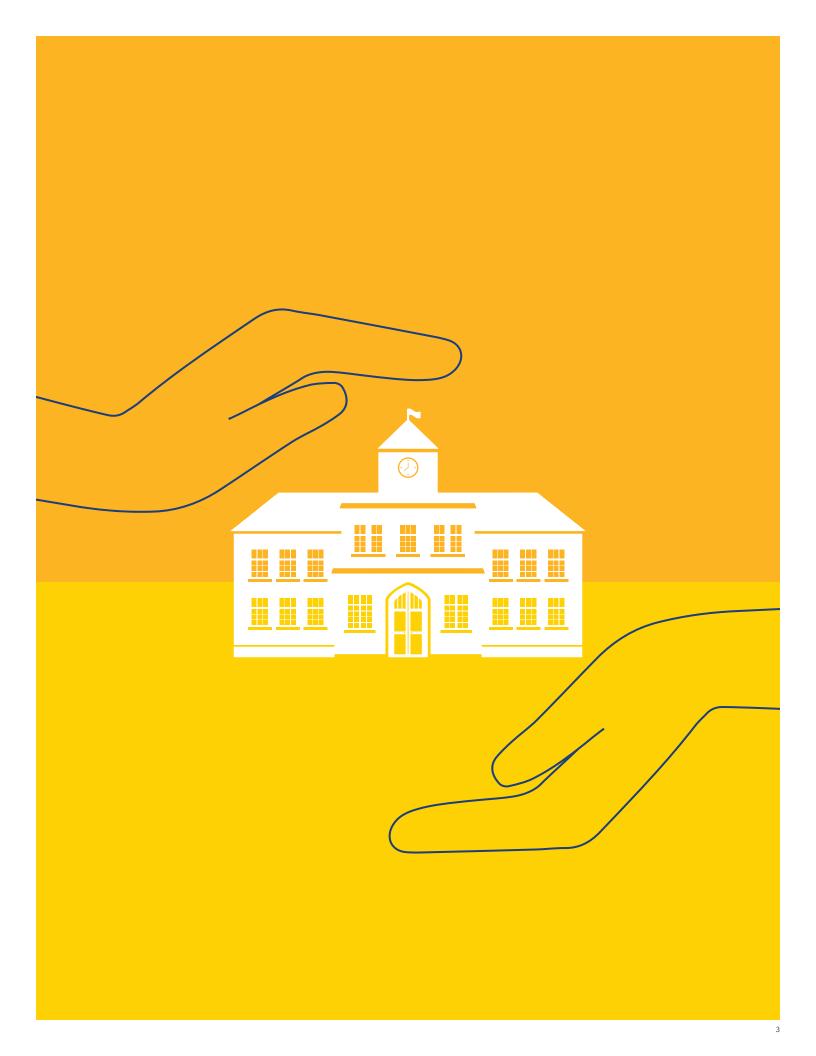
Indeed, once one becomes aware of it, trauma seems to be hiding in plain sight in our schools. From school shootings that shock the nation with grim regularity to the daily toll of violence, poverty, abuse and addiction in our communities that rarely makes headlines, America's students and their families often experience traumatic events that can shape their lives forever. Although there is little reliable data to measure the problem of trauma in our schools, there is a prevailing sense among educators, communicated through their associations, that trauma and trauma-related behavior issues are reaching crisis levels in classrooms across the country. New research has shed light on how trauma affects the developing brain.² Such findings, paired with behaviors observed in schools, are increasing the urgency within the education profession to find practical approaches that can work in classrooms and communities.

While many educators are only just now learning about trauma and its impact on student learning and behavior, this crisis did not arrive overnight. A large body of research going back more than two decades has established that children who experience adverse childhood experiences (ACEs)³ not only are more likely to exhibit negative behaviors at school, but are more likely to develop risky behaviors and face a host of negative health consequences over their lifetimes, including reduced life expectancy. Data from the 2016 National Survey of Children's Health (NSCH) showed that 46 percent of America's children

1 Trauma: an experience of serious adversity or terror, or the emotional of psychological response to that experience. See https:// developingchild.harvard.edu/resources/acesand-toxic-stress-frequently-asked-questions/

² Harvard University Center on the Developing Brain, 2019

³ Adverse Childhood Experiences (ACEs): Term used to describe all types of abuse, neglect, and other potentially traumatic experiences that occur to people under the age of 18. See https://www.cdc.gov/violenceprevention/ childabuseandneglect/acestudy/aboutace.html



had experienced at least one adverse childhood experience with the number rising to 55 percent for children aged 12 to 17. One in five U.S. children had two or more ACEs. While these levels are shocking, they are consistent with those measured in a similar survey conducted from 2011-12.⁴

Given the pervasiveness of ACEs across the population, most educators encounter trauma-affected students throughout their careers, whether they know it or not. Often these students exhibit a sudden change in behavior, from social withdrawal to violent outbursts or self-harm. When an educator frequently interrupts instruction to address disruptive behavior, teaching and learning for the entire class can suffer. The student's behavior is often unregulated and unpredictable and can guickly escalate, demanding decisive action by educators to bring the situation under control. But conventional disciplinary approaches can backfire, causing the student to lash out further or re-experience trauma, triggering a cycle of escalated behavior anew. These outbursts and the punishments that often follow affect the psychological well-being and safety of both educators and students and, left unexamined, contribute to the school-toprison pipeline⁵ that NEA is committed to eradicating.⁶

When considering this reality, it is understandable that for many educators, student trauma manifests as concerns for school safety. In a recent survey of its members, the Oregon Education Association (OEA) found that a third of educators (32 percent) were scared for students' safety at school, and a quarter (25 percent) were concerned about their own safety.⁷ Vermont-NEA leaders report that educator injuries caused by students are their top worker's compensation complaint across the state. "Our mission is to make every school a sanctuary for every student," President Don Tinney said. "When we succeed at that, our work environment becomes safe for educators."

More generally, NEA members share stories of feeling disillusioned, upset, and on edge as they spend more time and energy on troubled students while trying to balance the responsibilities of individualized learning for an entire classroom, often with limited or no support services in their building. In addition, it is not uncommon for those who teach in communities struggling with poverty to worry about their students' unmet needs while neglecting their own mental and physical health. Educators speak among themselves about "compassion fatigue," which bears a strong resemblance to secondary traumatic stress (STS), a known occupational hazard

4 Bethel, Davis, Gombojav, Stumbo, & Powers, 2017

5 School-to-Prison Pipeline: Policies and practices that are directly and indirectly pushing students of color out of school and on a pathway to prison. See http:// www.nea.org/assets/docs/Policy&20 Statements%202018-2019.pdf among social workers, doctors, nurses, counselors, and first responders who regularly deal with the hardest cases. Unlike these other professions, however, the effects of stress on educators has not been explored deeply, let alone addressed. One study by researchers at the University of Montana, Missoula, found very high levels of STS among 229 school staff surveyed in six schools.⁸ And while most educators know colleagues who left the profession due to issues related to student trauma, data linking the issue with teacher turnover is lacking.⁹

Responding to member concerns, unions, and districts in many places across the country are working together to address the epidemic of trauma in schools with the needs of students and educators in mind. They are collaborating to transform schools into "trauma-informed"¹⁰ or "trauma-sensitive" environments, taking deliberate steps to become safe havens for every student and safe working environments for every educator.¹¹ Several NEA state affiliates, such as Vermont-NEA (VTNEA) conducted their own convenings. The Delaware State Education Association (DSEA) and the Illinois Education Association (IEA) developed statewide efforts reaching across sectors to create traumainformed systems to help students and their communities, beginning with raising awareness among educators about the brain science behind childhood trauma. Other affiliates, such as the Maryland State Education Association (MSEA) and the Kentucky Education Association (KEA), focused on developing robust trauma trainings and resources for educators. The Oregon Education Association (OEA) focused on identifying policy solutions utilizing OEA's report and member testimony, leading the governor to establish a task force on student trauma and behavior.

Policymakers across the country also recognize that childhood trauma has a wide ripple effect and is often at the root of many persistent social problems. Legislative and regulatory initiatives are bubbling up at the state and federal levels to elevate the awareness of childhood trauma and support promising approaches to prevent, recognize, and address trauma appropriately. The issue has even reached Congress. In February 2018, the U.S. House of Representatives unanimously approved H.R. 443, a resolution affirming the efficacy and value of trauma-informed programs and policies within the federal government and commending efforts in states that are promoting local awareness and collaboration on the issue.

- 6 NEA Policy Statements, 2018-2019
- 7 Oregon Education Association, January 2019
 - 8 Borntrager, et al., 2012
 - 9 Elliot, Elliot, & Spears, 2018
- 10 Trauma-informed: Care and services characterized by an understanding that problematic behaviors may need to be addressed as a result of the ACEs or other traumatic experiences someone has experienced, as opposed to addressing them as simply willful and/ or punishable actions. See https://developingchild. harvard.edu/resources/aces-and-toxic-stressfrequently-asked-questions/

UNDERSTANDING TRAUMA: A PRIMER

"The most important public health study you never heard of."

Toxic Stress:

"The excessive or prolonged activation of the physiologic stress response systems in the absence of the buffering protection offered by stable, responsive relationships."

- The American Academy of Pediatrics

In the mid-1990s, Drs. Vincent Felitti at Kaiser Permanente and Robert Anda at the Centers for Disease Control and Prevention launched what would become a landmark study establishing that trauma in childhood is a clear predictor of negative health outcomes over a lifetime.¹² The doctors defined ten categories of trauma,¹³ calling them adverse childhood experiences (ACEs) and surveyed 17,000 patient volunteers in Kaiser's Southern California health system, awarding one point for each ACE a person had suffered. The cumulative number of ACEs was considered a patient's ACE score, with larger scores correlating to profoundly greater health risks, including drug abuse, heart disease, diabetes, cancer, and suicide.

Since the Kaiser study, a growing body of research has established that ACEs are common across the U.S. population and shed new light on how early exposure to trauma affects brain development. Here are a few key takeaways:

1. Strong, frequent or prolonged exposure to trauma may result in a "toxic stress response"¹⁴ which can change the structure and function of the brain.

When we encounter adversity, our brain prepares us to fight, flee, or freeze, ramping up our heart rate, blood pressure, and stress hormones such as cortisol. If a young child experiences sustained adversity, their bodies can get trapped in this panicked state. In her opening keynote at the NCSEA Chicago convening, Dr. Marjorie Fujara explained that chronically high levels of cortisol are toxic to the brain, wearing down its ability to function. Too much cortisol can also eat away at the hippocampus, which regulates memory and learning and also drives executive functioning—the skills needed to focus, make decisions, follow directions, solve problems, and multitask.

When trauma occurs during the earliest years of childhood, ages 0 to 3, a crucial period of brain development, it becomes part of implicit memory—a student might not recall the incident itself, but knows, always, that "something is wrong."¹⁵ Dr. Fujara explained that the result in school is that these students have a minimal zone of tolerance and are always expecting a threat. The slightest trigger can push them into a state of hyper or hypo arousal. Recent studies have demonstrated how trauma can lead to both externalized behaviors such as aggression and internalized behaviors such as anxiety and depression.¹⁶

12 Felitti, et al., 1998

- 13 The National Scientific Council on the Developing Child has expanded the definition of adversity to include community and systemic causes such as violence in the child's community and experiences with racism and chronic poverty.
- 14 Toxic Stress: A response that can occur when a child experiences strong, frequent, and/or prolonged adversity without adequate adult support. See https://developingchild.harvard. edu/science/key-concepts/toxic-stress/

15 Levine 2015

¹⁶ Hunt, Slack, & Berger, 2017



"We had changes in the collective bargaining agreement, so I traveled around the state to see what else educators needed. I expected to hear about salary and benefits. But everywhere I went, the mental health of our students and the mental health of our educators was what everyone wanted to talk about."

- Mike Beranek, ISEA



ACEs in the earliest years of childhood can also lead to students who misinterpret social and emotional cues due to the poor development of mirror neurons, which help children learn through observing and interacting with their caregivers. Research shows that children who have experienced abuse are more likely to misinterpret facial expressions as angry, while neglected children are often unable to decipher emotional expressions at all.¹⁷ Similarly, research also indicates that babies become increasingly distressed by a continued flat affect or lack of responsiveness, either positive or negative, from their caregivers. When caregivers are depressed or suffering from their own traumas, they are unable to model healthy emotional responses or meet the psychological needs of their children. Instead, the atypical expression becomes the norm for the child.¹⁸

2. Trauma affects students of all backgrounds, but is highly correlated with poverty and race.

While any child may suffer trauma after a natural disaster, illness, or accident, children growing up in poverty are more likely to suffer trauma as a direct result of their circumstances. These children are more likely to experience homelessness or hunger, an unstable home life, a family member who has been incarcerated or even pain due to an unresolved medical

"It wasn't our initial intention to treat our patients' toxic stress with dodgeball and cooking classes, but we were pleasantly surprised to see how much the kids improved when we added healthy diet and exercise incentives to therapy. I sat down to check in with the moms and grandmas each week, and they reported that when they changed their children's diet and their levels of exercise went up, the kids slept better and felt healthier, and in many cases, their behavioral issues and sometimes their grades improved."

 Dr. Nadine Burke Harris, California Surgeon General, writing about her experience as a pediatrician serving the lowincome children in Bayview Hunters Point neighborhood of San Francisco in The Deepest Well: Healing the Long-Term Effects of Childhood Adversity (2018). or dental issue. More than half—58 percent—of U.S. children with ACEs live in households with incomes less than 200 percent of the federal poverty level.¹⁹ The impact of ACEs are compounded for children of low-income backgrounds who may lack support in the home and in under-resourced schools to overcome them. In particular, the opioid epidemic, which has devastated many rural communities, has created a generation of "opioid orphaned" children who are left alone, separated, or have survived their parents fending for themselves.²⁰

ACEs are also correlated to institutional racism²¹ and other factors of discrimination. The largest demographic study of ACEs across the U.S. population to date was published in JAMA Pediatrics in 2018.²² The study found that while ACEs were universal across the adult population, black, Hispanic and multiracial adults, people who identify as gay, lesbian, or bisexual, and those with lower high school attainment (less than a high school diploma), were significantly more likely to have ACEs than their white, cisgender counterparts. In addition, separate studies have documented disproportionately high levels of ACEs among Native American and Alaska Native students, which has been attributed to cultural degradation, stigma and generational trauma going back to colonial times.²³ Research has shown that students with disabilities also have disproportionately high levels of ACEs.²⁴

3. The impact of trauma can be overcome by trauma-informed approaches that build resiliency.

Neuroscientists have observed the human brain's remarkable ability to rewire itself to heal earlier damage, a characteristic called neuroplasticity. We are learning more about the brain's ability to heal itself following traumatic experiences, but it is clear that trauma-sensitive approaches in schools can make a profound positive difference in students' lives. In addition to therapy, trauma-affected students can rebuild their neural pathways by engaging in physical activity or creative expression, practicing mindfulness, and following a routine. In particular, strong attachments with caring adults can be established at any age and are directly related to resiliency and the ability to cope with trauma.²⁵ While data on neuroplasticity is still emerging, one thing is clear: To break the cycle of student trauma, school must be a safe, welcoming, and inclusive place.

18 Fulwiler, 2013

19 Bethel, Davis, Gombojav, Stumbo, & Powers, 2017

20 Litvinov, 2019

21 Institutional Racism: The norms, policies, and practices structured into political, societal, and economic institutions that have the net effect of imposing oppressive conditions and denying rights, opportunity, and equality to identifiable groups based on race or ethnicity. See www.nea.org/assets/docs/Policy%20 Statements%202018-2019.pdf

22 Merrick, Dord, Ports, & Guinn, 2018

23 Kenney & Singh, 2016

- 24 Austin, Herrick, Proescholdbell, & Simmons, 2016
- 25 Van der Kolk, 2014

¹⁷ Pollack, Cicchetti, Hornung, & Reed, 2000

IDENTIFYING KEY DRIVERS-OF-CHANGE TO ADDRESS TRAUMA IN SCHOOLS

"There's shame and there's blame associated with this, and this is why we teachers don't reach out for help. It's appalling that school districts have not picked up on this research about trauma and have not been champions of change in this arena when there is so much evidence that there are things that can be done."

- Stephanie Winkler, KEA

Improvement science methodology, commonly used in health care and more recently applied to problems in education, seeks to accelerate how a field learns and improves.²⁶ Participants at the May 2019 NCSEA trauma convening were introduced to concepts and tools used in improvement science to help understand the causes and activities that exacerbate trauma to inform their recommendations to the Association.

The Pareto Principle — AKA "The 80-20 Rule"

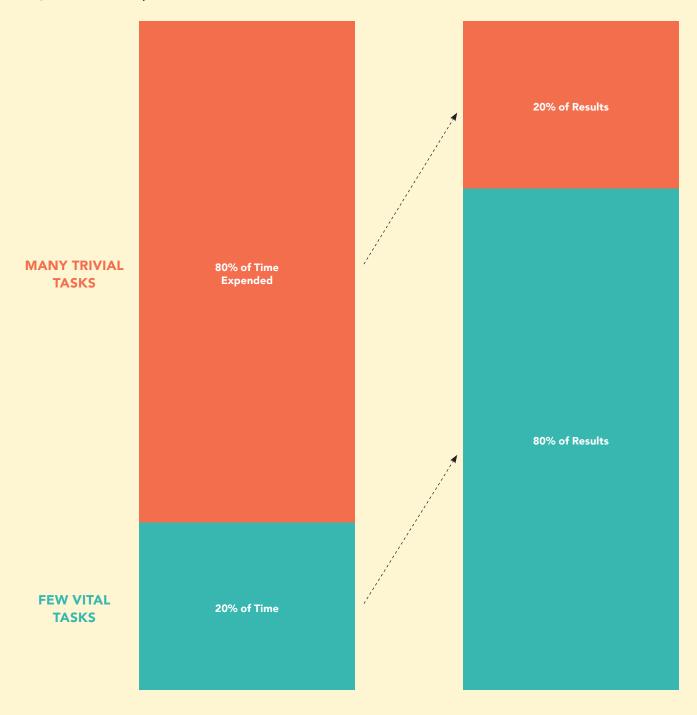
Improvement science employs a concept known as the Pareto Principle (Figure 1), an observation about cause and effect that holds that 80 percent of effects can be attributed to 20 percent of the causes. It is named after a 19th century Italian economist, Vilfredo Pareto, who postulated that to maximize efficiency, one should focus their efforts on the 20 percent of activities that will create the biggest impact.

Like any generalization, the Pareto Principle is not a hard-andfast law of nature, but a helpful organizing guideline for solving complex problems where there are a host of contributing factors. As we look to address the issue of student and educator trauma in schools, this principle can help us identify which drivers we should focus on to yield the greatest improvements across systems.

Understanding the Problem: Creating a Fishbone Diagram

Convening participants broke into small groups to discuss and prioritize the main causes of trauma experienced by students and educators in schools. Though overlapping, they clustered into 10 key categories, as depicted in the "fishbone diagram" (Figure 2) on the following pages. Fishbone diagrams are a tool used in improvement science to represent causal systems. The head of the fish reflects the goal of the improvement work, which in this case was captured by the statement, "Decrease causes of trauma and improve student and educator success." The "bones" of the fish identify contributing factors to the problem being addressed.²⁷ Finally, the tail of the fish captures the bigger social and political issues that can affect the overall problem and outcome.

Figure 1 Pareto Principle



9

Figure 2 Causes of Trauma Represented as a Fishbone Diagram as Initially Shared with Participants

GOAL: DECREASE CAUSES OF TRAUMA AND IMPROVE STUDENT AND EDUCATOR SUCCESS Appropriate support for educators lacking

Educators feeling unsafe in schools

Some traditional approaches to discipline escalate disruptive responses

Need de-escalation strategies and options for restorative discipline

Trauma trainings are unavailable,
 insufficient, poor or variable quality

Educators experiencing compassion fatigue, toxic stress and secondary traumatic stress

Classroom conditions not conducive for teaching

Case or workload impedes relationship building

Limited trauma training for preservice educators

Repercussions of trauma are emotional, physical, behavioral, and cognitive on a graded dose response

Associated with toxic stress

Opioid crisis fuels traumatic experiences

ACE screenings are informal in health care settings

Maternal depression screenings are informal in health care settings

ACEs and traumatic experiences occur in schools

Many students experience multiple Adverse Childhood Experience (ACEs) early in life

Limited identification / mitigation system for students experiencing trauma established in schools

Racial inequity enables trauma for youths of color

Repercussions of generational trauma / systemic racism experienced by youths of color

Implicit bias impacts educator beliefs, attitudes, and expectations

⁷ Youths of color experience disproportionate occurrences of punitive discipline / alienation from peers

Systemized racism fosters distrust / impacts relationships

Racial inequality condoned by whites through silence or avoidance

Pervasiveness of unidentified students with ACEs

ACE disclosure is parental prerogative

Shame and fear of punitive response prevents disclosure of trauma or ACEs to schools

Existing systems of support aren't culturally aware

School-based supports for students are minimal or missing

Safety concerns for students and educators

Classroom conditions not conducive for learning

Alternatives to punitive consequences / proactive behavior management not established or maintained

Decreased student support services — access to mental health services, counselors, etc

Decreased student support services — access to healthy food, physical health supports

Limited resources for students with special education needs

Decrease in well-rounded educational opportunities and time for physical activity or creative outlets

Disproportionate exposure to ACEs

Limited support network for

about self-efficacy

families experiencing poverty

Poverty impacts students' beliefs

Attachment with parents, educators, adults, and peers can

Unaddressed mental and physical

be more stressful

health needs

Poverty is associated with

toxic stress

Access to health care may be limited

Support services may only be based on diagnosis

Unaddressed physical health needs

Unaddressed mental health needs

Mental health concerns can be diagnosed as learning disabilities in schools

Health of parent / guardian impacts child's quality of life

Diagnoses don't always identify trauma

Generational trauma impacts

not be prioritized

for help

caregiver capacity and beliefs

Social and emotional learning may

Beliefs regarding mental health

Support services may be

Many students experiencing

stress themselves

chronic absenteeism / truancy

Parents are experiencing toxic

Community and home supports may be missing

or limited

diagnosis based

prevent individuals from asking

Educator and school attitudes and beliefs regarding education and trauma

Belief that discipline must be punitive

Implicit bias and racism impact educator expectations of students

Social and emotional learning is not always prioritized

Inconsistent beliefs about the role of educators within the school and community

Desire for boundaries impedes relationship building with students and family

Educators experiencing compassion fatigue, toxic stress and secondary traumatic stress The effects of trauma may not be prioritized in schools

Limited coordination on best practices to systematically identify, prevent, and support individuals affected by trauma

Shame and fear of punitive response prevents disclosure of trauma or ACEs

> Systemic racism and disenfranchisement fosters distrust between systems (schools) and some individuals

Feelings of apathy or lack of urgency when faced with other challenges

Fixed mindset about the role of education in general

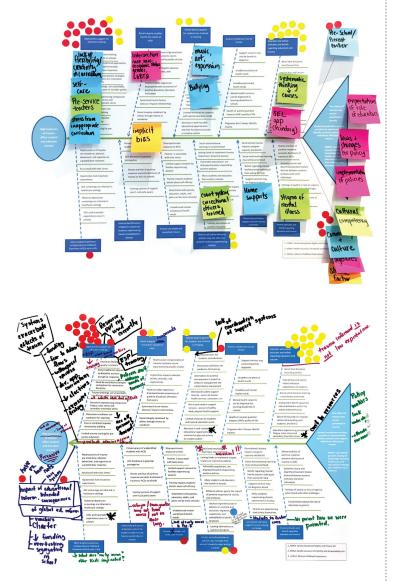
FERPA* and HIPAA** prevent sharing of knowledge between health care and educational settings that children move between

Parent attitudes and beliefs regarding education and trauma

Poverty can enable and exacerbate trauma

* FERPA: Family Educational Rights and Privacy Act

** HIPAA: Health Insurance Portability and Accountability Act After modifying the fishbone diagram by adding, deleting, and modifying causes and categories, convening participants then voted on which causes educators would prioritize as needing action, and which the NEA family was best positioned to address.



Sample Break-out session modified Fishbone Diagrams

There was consensus across all six break-out sessions that the following four causal categories were the "most important" to address immediately as they occur at school, and therefore are factors over which educators and their unions may have greater influence, whether through direct action or advocacy.

- 1. Support is lacking for educators.
- 2. School-based supports for students are minimal or missing.
- 3. Educator and student attitudes and beliefs may not support students experiencing trauma.
- 4. District and school behavior policies do not take into account students experiencing trauma.

Some causes are more rooted in the home or in the community. While most groups acknowledged that the profession is less able to influence these causes directly, they represent important opportunities for collaboration and public policy. For example, one of the biggest root causes that participants identified was an out-of-school factor: The inescapable fact that many students experience multiple ACEs early in life. Other causal categories that participants recognized as important contributors, but may be outside the scope of educator or union influence, included the overarching issues of student poverty, access to health care, and parent attitudes and beliefs.

Addressing the Problem: Deciding on Drivers of Change

After analyzing the causes of trauma and hypothesizing on areas of focus and influence, break-out groups used another improvement science tool, the driver diagram (Figure 3), to represent their working theories of improvement, with drivers referring to key factors contributing to the desired outcome. Driver diagrams help connect a large goal to specific actions. Participants reviewed and sorted suggested primary and secondary change drivers compiled in advance of the convening based on trauma research and submissions from states. They also edited language and added any missing concepts. A synthesis of discussions across the breakout sessions resulting from this activity follows.

Figure 3 Driver Diagram Used by Participants to Build Working Theories of Improvement

CONNECTING PRIMARY AND SECONDARY DRIVERS

GOAL: REDUCE THE EFFECT OF TRAUMA ON STUDENT AND EDUCATOR SUCCESS

15 SECONDARY DRIVERS WERE IDENTIFIED FROM:

- + Research on trauma
- + Submissions from states
- + The fishbone diagram

Supported Educators

Racial Equity

A -----

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School-based Conditions

Student Behavior Policies and Enforcement

> Identification / Mitigation System

General Attitudes, Beliefs, and Expectations Safe Working and Learning Environment

ducator Safety

Educator Professional Learning

Optimal Class Size

Educator Self Care

Post-trauma Supports for Students & Educators

Community School Model

State and District Policy

Nurturing Classroom Environment

Prevention & Interventions Supports for Students

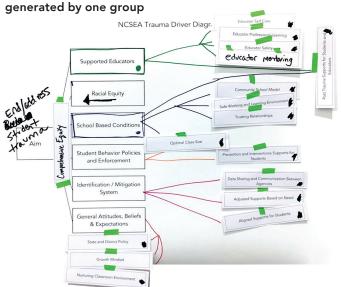
Data Sharing & Communication Between Agencies

Aligned Supports for Students

Adjusted Supports Based on Need

Trusting Relationships

Growth Mindset



Example of a Theory of Improvement generated by one group

1. Support for Educators²⁸

Educators loom large in the eyes of students, and may in many instances be the most stable adults in their lives. But even the most experienced educators can feel overwhelmed and unequipped to deal with students affected by trauma, whether because of secondary traumatic stress, their own unresolved ACEs, or simply feeling unprepared to deal with mental health issues. Indeed, by far the most common underlying cause of trauma-related stress in schools identified by convening participants related to a lack of support necessary for educators to create and maintain welcoming and nurturing classrooms for all students.

In particular, participants cited a critical need for more educator training across the profession to raise awareness and understanding of the impact of trauma on brain development and student behavior. In addition, there is great demand for accessing trauma-informed tools, resources, and best practices to help educators identify, address, and engage students with trauma. Many participants emphasized the importance of including trauma training in teacher preparation programs to stem the high burnout rate among early-career educators, who are often placed at the highestneed schools. Just as important, participants underscored the need for a supportive school administration with a commitment to addressing student trauma, behavior issues, and secondary stress among educators.

2. School-Based Conditions

Closely related to the previous driver, the issue of student trauma illuminates a range of tensions across the education landscape that have degraded conditions for both students and educators. As educator walkouts across the country have made clear, systemic disinvestment in our public schools has caused the pressure inside classrooms to reach a boiling point. Resources for teachers and critical support positions have stagnated or been reduced while educator workloads have increased, leaving little time for teachers to focus on social/emotional needs of their students. Many participants cited the difficulty of managing large class sizes as a factor affecting a teacher's ability to know their students individually and identify changes in their behavior that may be indicative of trauma or growing distress.

In addition, the prevailing accountability culture has deprioritized school-based mental health resources. As an example, one participant drew empathetic applause when she cited the increasing tendency of administrators to pull school counselors away from their professional job to work as test monitors. Other participants lamented the abandonment of developmentally appropriate, play-based curriculum in favor of a more structured, academic focus in early childhood classrooms. This shift represents a missed opportunity for early intervention in students with ACEs and can also begin a cycle of punishment and trauma for young children for whom typical, age-appropriate behaviors are deemed "misbehaviors."

3. Student Behavior Policies and Enforcement

Across the field, there is growing awareness of the disproportionate application of exclusionary disciplinary measures such as suspensions and expulsions to students of color and students with disabilities,²⁹ perpetuating the indefensible school-to-prison pipeline. Traditional discipline and zero tolerance policies³⁰ are still in force at the majority of schools and focus on assigning consequences to the offending student, which can exacerbate behavior issues in students who are already facing trauma. These policies are often rigidly applied, without consideration for the needs of other students or educators involved in the infraction and the intervention services needed to prevent them in the future. In many cases, schools and districts have not explicitly put forth new expectations for dealing with discipline issues or provided educators with training to understand and enforce

29 U.S. Department of Education Office of Civil Rights, 2014

²⁸ Consistent feedback from the breakout group participants suggested the proposed driver "General Attitudes, Beliefs, and Expectations" be incorporated into the "Supported Educators" and "Racial Equity" drivers, reducing the number of primary drivers from six to five.

Primary Driver Definitions used by Participants

Supported Educators

Supported Educators refers to the various supports that educators need to be effective in meeting the academic and social needs of all students. It includes the ability to create a welcoming, engaging, and nurturing classroom, as well as the tools, strategies, and professional learning needed to proactively identify, respond to, and work with students experiencing trauma. Most important, it relates to the selfcare educators personally need to manage the traumatic stress associated with caring for, and being challenged by, students in learning environments.

School-Based Conditions

School-Based Conditions refers to the resources school communities have available for educators and students. The conditions at a school can enable or hinder educators to provide high-quality instruction to students, in a safe and nurturing school environment. This includes the programs, practices, policies and procedures that systematize the school day for students and educators, including programs that address aspects of students' academic, social, emotional, and behavioral needs. This driver also refers to optimal class sizes that allow adults to know their students and identify changes in behavior that might be signs of growing trauma. Additionally, schools must have adequate mental health providers such as psychologists and social workers trained in student trauma who can provide prevention and intervention services to students and staff. Personal and communal growth requires opportunities for teachers and students to work collaboratively with peers and colleagues during the school day.

Student Behavior Policies & Enforcement

Student Behavior Policies and Enforcement is a broad driver that includes the state laws and school policies that aim to manage and address behaviors associated with student trauma and disrupted learning environments. The legislation and litigation associated with behavior policies are predominantly punitive and can have an extensive influence on students already impacted by trauma. They may also serve as a catalyst for continued traumatic experiences. Many policies attempt to offer uniform principles for districts, administrators, and teachers to follow when disciplining students. Most policies are consequence-based and offender-centric. The outcomes rarely take into consideration the needs of other students or teachers involved in the behavior infraction and the intervention services needed to prevent the activity from recurring.

Racial Equity

Racial equity encompasses racial justice, which refers to the "systematic fair treatment of people of all races, resulting in equitable opportunities and outcomes for all." Racial equity goes beyond "anti-racism." It is not just the absence of discrimination and inequities, but also the presence of deliberate systems and supports to achieve and sustain racial equity through proactive and preventative measures.³¹ The United States' long history of institutionalized racism has created traumatic experiences, while simultaneously fostering the social conditions that perpetuate toxic stress and trauma for people of color.

Identification & Mitigation System

Identification and Mitigation System refers to the process by which a student is provided early intervention services in a sequential and sustained manner to mitigate the effects of trauma once factors are identified. The CDC recommends that ACEs be identified so that appropriate interventions can be employed, and the lives of children and families can be long, happy, and healthy. Proactive systems can also be implemented to identify conditions that lead to the proliferation of adverse childhood experiences. The ACE identification process, however, remains informal, comprised mostly of verbal questionnaires given in primary health care settings and is rare in the educational setting. Schools often only become aware of a student's adverse childhood experiences when the associated negative behaviors manifest in the classroom. The process by which a behavior is identified and supports provided in a timely manner is critical to mitigating the effects of trauma. Without systems for communication and action between within school systems and health care, students may not receive adequate support to meet their needs.

them. As a result, some educators are left feeling helpless to deal with extreme student behavior, which can result in injuries, secondary trauma, and a sense that schools are not safe. As an alternative, many schools are adopting restorative practices,³² which encourage offending students to have a dialogue with those they have harmed and take responsibility and actions to make amends.

4. Racial Equity

Participants in nearly every breakout group agreed that rising inequity, discrimination and outright hostility toward people of color in our society are contributing to rising student trauma and behavior issues. One group advocated that this could be seen as a "super-driver" overarching all the others. Another wrote in their report out, "We had an issue with racial equity being a [stand-alone] driver and think it really needs to be considered when addressing every single one of these drivers."

Participants also raised issues related to implicit or unconscious bias³³ among educators, which affects their expectations for students and classroom decision making. Research shows that the effect of implicit bias can even predict whether a student will drop out of high school or complete college.³⁴ For example, studies show that nonblack teachers, on the whole, have lower expectations than black teachers for students of color.³⁵ This expectations gap is particularly harmful and pervasive considering the lack of racial diversity across the educator workforce.

5. Aligned Identification and Support Systems

Today, the ACE identification process remains largely informal, comprised mostly of verbal questionnaires given in primary health care settings and rarely in the educational ones. Convening participants recognized that a missing element in many school systems is a reliable and consistent way to identify students who may have suffered a traumatic experience in order to provide appropriate and timely support. Too often, schools only become aware of a student's ACEs when they act out in the classroom. Additionally, services may not be initiated for months, or even at all, as punishment is applied instead of support. This is not only tragic but expensive, because as with other instances that have an impact on a child's development, early intervention in trauma cases is critical.

Addressing the Problem: Recommendations for Action

In their final activity, convening participants generated ideas for action by the Association to address trauma affecting student and educator success. Three types of actions were requested:

- Policy Actions: Broader initiatives intended to promote success through the allocation of resources or regulation of activities. Policies may be located at the federal, state, or local level.
- 2. **Program Actions:** Coordinated sets of activities and shared resources and supports designed to achieve specific aims.
- 3. **Practice Actions:** Direct interactions, activities, and behaviors of educators as they work with students, parents, or school and community systems and partners.

After synthesizing responses to the activity across all breakout sessions, seven recommendations and associated activities were identified.



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32 Restorative Practices: Processes that proactively build healthy relationships and a sense of community to prevent and address conflict and wrongdoing. See http://www.nea org/assets/docs/Policy%20Statements%202018-2019.pdf

- 33 Implicit Bias: Deep-seated attitudes or stereotypes that affect our understanding, actions and decisions in an unconscious manner. See http://www.nea.org/assets/docs/Policy%20 Statements%202018-2019.pdf
- 34 Boser, Wilhelm, & Hanna, 2014
- 35 Gershenson, Holt, & Papageorge, 2016

"We need to change from asking, 'what's wrong with this child' to 'what happened to this child?' That simple change in our thinking can really make a difference in our approach."

- Convening Participant



RECOMMENDATIONS

"This will change the way I approach all work going forward!"

- Convening Participant

In her compelling closing keynote, Audrey Soglin, Illinois Education Association executive director, posed the question: If the NEA family does not address the needs of our students and educators, then who else will step up and advocate for their success?

Trauma in our schools creates myriad issues for both educators and students, and NEA members report that the issue is growing. For the Association, the call to action is clear. To mediate the high instances of trauma affecting student and educator success, NEA should:

1. Raise trauma awareness among all NEA members.

- + Advocate for and offer trauma-informed professional learning opportunities for all school employees on the effects of toxic stress on the brain and its impact on behavior and learning.
- + Advocate for and offer professional learning opportunities for all school employees on ACEs research, screening, and awareness resources, as well as the disproportionately high levels of ACEs among disenfranchised populations.
- + Advocate for trauma-informed teaching practices in licensure requirements and educator training programs.
- + Raise awareness and understanding on how trauma is linked to and exacerbated by issues of poverty, substance abuse such as opioid addiction, institutional racism, and discrimination.

2. Actively support safe, trauma-free working and learning environments in all our schools.

- + Promote and share effective discipline policies that focus on root causes of behavior and offer non-punitive support for students' continual engagement in their education.
- + Invest in implementation support and trainings for school systems that adopt restorative practice and asset-based approaches.
- + Advocate for and share research on the effects of small class size and its impact on trauma abatement strategies and interventions.

- Advocate for the increase of social workers, health care professionals, and counselors in schools. Highlight the importance of allowing these professionals to focus primarily on duties aligned to their training and expertise (ex: stop the practice of using counselors as de facto testing coordinators).
- + Advocate and support activities that promote trusting student relationships. (ex: Know Me, Know my Name program,³⁶ home visits, and sociogram mapping).

3. Advocate for deliberate systems and support to achieve and sustain racial equity in school settings.

- + Raise awareness and understanding of how trauma is linked to and exacerbated by issues of racial inequity.
- + Raise awareness and understanding of the compounded effects of trauma on immigrant students before, during and after the immigration process.
- + Train educators to be able to identify and disrupt their own implicit bias and understand its potentially adverse impact on students and their academic success.
- + Provide educators with resources that promote inclusiveness and equitable classroom management strategies.

4. Foster intentional partnerships with allies, families, and other organizations around issues of trauma.

- + Partner on legislative and policy solutions to decrease the occurrence and effects of trauma on students and educators.
- Advocate for and share successful data coordination agreements between schools and outside agencies such as mental health and social service agencies, hospitals, state and local health departments and nonprofit organizations.

5. Facilitate the sharing and promotion of trauma resources and supports between affiliates.

+ Share research and best practices on student deescalation strategies (ex: mindful schools, sensory rooms, deescalation rooms, buddy rooms, calming rooms).

- + Promote collaborative work among affiliates in the form of convenings and shared problem solving.
- + Share advocacy tools including policy talking points and sample legislation.

6. Promote and support educator self-care activities as critical to ensuring educator success and retention in the profession.

- + Advocate for mental health and employee assistance program supports for all educators.
- + Promote a "self-care" campaign countering the narrative that it's "selfish" to take care of your own needs (ex: message could be similar to airlines warning adult passengers to secure their own oxygen mask before helping others).
- + Share research and resources to address compassion fatigue/secondary traumatic stress (STS) and educator post-traumatic stress disorder (PTSD).
- + Advocate for post-trauma supports for all school employees.

7. Increase awareness, investment, and support for community schools.

- + Share community partnerships and resources through NEA's school-based community school model.
- + Promote and share positive practices developing and maintaining wrap-around services.
- Use NEA's community school model to increase opportunities for educator professional learning around self-care and trauma-informed practices.
- + Advocate for the importance of the community school model to policymakers.
- + Advocate for and foster early childhood opportunities and supports, including trauma prevention.

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Trauma Convening Agenda

Loews Chicago O'Hare Hotel

May 14, 2019/ **Day 1**

8:00 - 9:00	Breakfast		
9:00 - 9:15	WelcomeBrenda Pike, Executive Director, Virginia Education Association Andy Coons, Senior Director, NEA Center for Great Public Schools		
9:15 - 10:00	Keynote Speaker	Dr. Marjorie Fujara, Stroger Hospital and Chicago Children's' Advocacy Center "Trauma and the Impact of Toxic Stress on the Brain"	
10:00 - 10:45	Panel Discussion Facilitator: Sara Sneed, President and CEO, The NEA Foundation		
		Panelists:	
		 Mike Beranek, President, Iowa State Education Association 	
		 Cheryl Bost, President, Maryland State Education Association 	
		 Noel Candelaria, President, Texas State Teachers Association 	
		- John Larson, President, Oregon Education Association	
		 Deborah Stevens, Director of Instructional Advocacy, Delaware State Education Association 	
10:45 - 11:00	Break		
11:00 - 11:15	Group Picture		
11:15 - 12:00	Plenary Session	Jarrod Bolte, Founder and CEO, Improving Education Part 1: "The Power of Drivers and Collective Work to Improve a System"	
12:00 - 1:00	Lunch		
1:00 - 2:30	Facilitated Breakout 1	Root Causes and Fishbone Diagram	
2:30 - 2:45	Break		
2:45 - 4:30	Facilitated Breakout 2	Refining Drivers and Beginning Actions	
4:30 - 5:30	Break		
5:30 - 6:00	Networking Reception		
6:00 - 6:45	Dinner		
6:45 - 7:45	Movie Screening	Resilience	

Trauma Convening Agenda

Loews Chicago O'Hare Hotel

May 14, 2019/ Day 2

8:00 - 9:00	Breakfast		
9:00 - 9:45	Plenary Session Jarrod Bolte, Founder and CEO, Improving Education Part 2: "The Power of Drivers and Collective Work to Improve a System"		
9:45 - 10:30	Keynote Speaker	Audrey Soglin, Executive Director, Illinois Education Association "Why Addressing Issues of Trauma is Association Work"	
10:30 - 10:45	Break		
10:45 - 11:55	Facilitated Breakout 3	Getting to Actions (Policies, Programs, Practices)	
11:55 - 12:10	Break		
12:10 - 12:30	Closing	Andy Coons, Senior Director, NEA Center for Great Public Schools Brenda Pike, Executive Director, Virginia Education Association	
12:30	Boxed Lunch		

Presenters and Panelists

Mike Beranek

President, Iowa State Education Association

Mike Beranek, a third-grade teacher on release from Western Hills Elementary School in West Des Moines, was elected president of the Iowa State Education Association (ISEA) in April 2018. He previously served as vice president. A 30-year veteran teacher, he has also served as the ISEA's representative on the NEA Board of Directors and has been active in the association as a member of the ISEA Executive Board.

Mike is a member of the Commission on Educator Leadership and Compensation, the ISEA representative to the Iowa Reading Resource Center (IRRC), and a member of the State Data Longitudinal System Advisory Committee. In 2001, Beranek was the recipient of the Disney American Teacher Award. He received his Bachelor of Science in Early Childhood Education and a Bachelor of Education in Elementary Education from Iowa State University.

Jarrod Bolte

Founder & CEO, Improving Education

Jarrod Bolte is the founder of Improving Education, a nonprofit working with schools and districts to improve educational outcomes through the use of improvement science. He has led efforts in Baltimore City Public Schools to improve early literacy, increase teacher quality and retention, and develop curriculum for preK–12 classrooms that supported the shifts to the Common Core. He is a former teacher, school-based administrator, director of Teacher Development, and executive director of Teaching and Learning. He has served on multiple state and national commissions focused on a variety of educational initiatives. He also served as Baltimore Team Lead for the BTEN improvement initiative with the Carnegie Foundation and has been using improvement science in a variety of contexts in the nonprofit education sector.

Cheryl Bost

President, Maryland State Education Association

An elementary classroom teacher in Baltimore County for more than two decades, Cheryl Bost is currently serving as president of the Maryland State Education Association (MSEA). She previously served as MSEA vice president.

In 2003, Bost was named Baltimore County's Teacher of the Year and was a state finalist. She began her teaching career in Baltimore County Public Schools, teaching fourth grade for 14 years at Mars Estates Elementary, a Title I school, as well as fifth grade at Prettyboy Elementary. While teaching at Mars Estates, she started a summer camp for disadvantaged youth. Bost has served in various leadership positions in the Teachers Association of Baltimore County, and was instrumental in bringing SPARKS, a program for new employees started in Washington State, to Baltimore County and counties throughout the state. Cheryl attended Edinboro University, earning a BS degree in elementary and early childhood education.

Noel Candelaria

President, Texas State Teachers Association

Noel Candelaria is serving a second consecutive term as president of the Texas State Teachers Association (TSTA). He previously served as the association's vice president, from 2011 to 2014, and on the TSTA Board of Directors.

A former special education teacher in the Ysleta Independent School District in El Paso, within the behavior unit, as well as an education aide, Candelaria served as president and vice president of the Ysleta Teachers Association. He earned his B.S. in education at the University of Texas at El Paso and is currently seeking a master's in education administration at Sul Ross State University.

Dr. Marjorie Fujara

Pediatrician, Stroger Hospital and Chicago Children's Advocacy Center

Dr. Marjorie Fujara is a board-certified pediatrician and also holds a certification in the sub-specialty of child abuse pediatrics. Throughout her career, Dr. Fujara has actively advocated on behalf of child and family wellness, working closely with educators across Illinois. In 2018, she was awarded a Friend of Education Award from the Illinois Education Association. She passionately believes that collaboration across medicine, social and community services, and government is absolutely essential to improve the lives of families.

Since 2001, Dr. Fujara has served Cook County as a physician on the child protective services team at the John H. Stroger Jr. Hospital and on the staff at the Chicago Children's Advocacy Center. Having witnessed the effects of the cycle of violence on individual children and on the community at large, she regards family violence as one of the country's most pressing public health issues of our time. She has presented to elected officials at all levels of government and to her peers across the country.

John Larson

President, Oregon Education Association

An English teacher from Hermiston High School, John Larson was elected president of the Oregon Education Association (OEA) in April 2017. He has served both the Hermiston and Morrow County School districts for nearly 25 years.

John's first experience with OEA came early in his career with the Morrow County Education Association as a building representative and then president. Throughout his career, John has continued to serve OEA as a leader in various roles including: bargaining chair; president of the Hermiston Association of Teachers; NEA Board Director; NEA PAC Captain; on NEA and OEA Resolutions Committees, and as a member of the OEA Executive Committee.

Audrey Soglin

Executive Director, Illinois Education Association

An educator with 25 years of experience teaching in Evanston, Audrey Soglin is the executive director of the Illinois Education Association (IEA). Previously, she served as the director of the Center for Educational Innovation for IEA and as the executive director of the Consortium for Educational Change, a nonprofit organization associated with IEA focused on collaboratively improving student learning and achievement.

Audrey is also the president of the Partnership for Resilience which works across education, health care and community organizations to create trauma-responsive, family-focused systems that measurably improves academic, health and social outcomes for children.

Sara A. Sneed

President & CEO, The NEA Foundation

Sara Sneed became president and CEO of the NEA Foundation in March 2019. Previously, she spent nearly two decades with the Hartford Foundation for Public Giving, one of the nation's largest community foundations, where she served as director of education investments and led the development of strategy and policy advocacy to close persistent opportunity gaps and improve student outcomes across Connecticut's highest need schools.

Sara's career has included senior roles with the Foundation for the Mid-South, the Medical Foundation in Boston and the Massachusetts Department of Social Services. Earlier, she served as the director of the New England Network for Black Families and Children. She currently serves as vice chair of the Board of the Institute for Educational Leadership in Washington, D.C., and on the Grantmakers for Education Equity Impact Group. She is a graduate of Mount Holyoke College and holds a master's in divinity from Yale University.

Deborah Stevens

Director of Instructional Advocacy, Delaware State Education Association

Deborah Stevens is the director of instructional advocacy for the Delaware State Education Association (DSEA), serving on state committees addressing a variety of topics related to education reform and educator and student success, including childhood trauma. Stevens is also the coordinator for the Compassionate Connections Partnership, which includes the Delaware Department of Education, the University of Delaware, Children and Families First, the Office of Child Advocate and the Compassionate Schools Learning Collaborative. Funded by a Great Public Schools grant from NEA, the group is working with five Wilmington schools to improve student resilience and achievement using trauma-sensitive strategies.

Deborah taught for 17 years in the Oxford Public School District in Massachusetts and was also an adjunct professor in the Massachusetts State College system. She received a B.S.Ed. and M.Ed. from Worcester State University and an M.S.O.D. from American University.

NCSEA Trauma Convening Participants

In partnership with the NEA Center for Great Public Schools (CGPS) Rosemont, IL

May 14-15, 2019

Alabama Education Association

Sherry Tucker.....Affiliate President

Arizona Education Association

Marisol Garcia	Affiliate Vice President
Nell Pederson	Affiliate Manager
Francis Stennis	Affiliate Staff
Joseph Thomas	Affiliate President

Arkansas Education Association

Renee Johnson	Affiliate Staff
Cathy Koehler	Affiliate President
Chris Pearson	Affiliate Staff

Colorado Education Association

Amie Baca-Oehlert	Affiliate President
Cassie Harrelson	Affiliate Staff
Kevin Vick	Affiliate Vice President

Connecticut Education Association

Jeffrey Leake	Affiliate President
Tom Nicholas	Affiliate Vice President
Raymond Rossomando	Affiliate Manager

Cook County Health

Dr. Marjorie	Fujara	Invited Guest/	Keynote Presenter

Delaware State Education Association

Marsha Evans	Invited Guest
Stephanie Ingram	Affiliate President
Deborah Stevens	Affiliate Staff/Panelist

Education Minnesota

Bernie Burnham	Affiliate Governance
Justin Killian	Affiliate Staff
Rodney Rowe	Affiliate Secretary/Treasurer

Federal Education Association

H.T. Nguyen	Affiliate	Exec
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Georgia Association of Educators

Natalie Beebe	Affiliate Governance
Aroneysa Braxton-Harris	Affiliate Governance
Donyell Harris	Invited Guest

Illinois Education Association-NEA

Kristine Argue-Mason	Affiliate Staff
Al Llorens	Affiliate Vice President
Shaun McMurtrie	Affiliate Manager
Mary Jane Morris	Affiliate Manager
Audrey Soglin	Affiliate Exec/Keynote Presenter
Tom Tully	Affiliate Secretary/Treasurer

Improving Education

Jarrod Bolte	. Facilitator
Allison Gregory	. Facilitator
Maura Kennedy	. Facilitator
Kelly Rietschel	. Facilitator
Tedra Webb	. Facilitator

Indiana State Teachers Association

Dan HolubAffiliate Exec	С
Teresa Meredith Affiliate Presiden	t

Iowa State Education Association

Mike Beranek	Affiliate President/Panelist
Joshua Brown	Affiliate Vice President
Mary Jane Cobb	Affiliate Exec
Amy Degroot-Hammer	Affiliate Staff
Cindy Swanson	Affiliate Manager

Kansas-NEA

Mark Farr	Affiliate President
Kimberly Howard	Affiliate Secretary/Treasurer

Kentucky Education Association

Eddie Campbell	Affiliate Vice President
Mary Ruble	Affiliate Exec
Stephanie Winkler	Affiliate President
Joel Wolford	Affiliate Vice President

Louisiana Association of Educators

Suzanne Harris	Affiliate Sta	aff
Winnie Jones	Affiliate Sta	aff
Jessica Lafave	Affiliate Sta	aff

Maine Education Association

Caroline Foster	Affiliate Staff
Janet Kuech	Invited Guest
Grace Leavitt	Affiliate President

Maryland State Education Association

Cheryl Bost	Affiliate President/Panelist
David Helfman	Affiliate Exec
Douglas Prouty	Affiliate Vice President

Michigan Education Association

Annette Christiansen	Affiliate Staff
Kia Hagens	Affiliate Manager
Michael Shoudy	Affiliate Exec

Missouri NEA

DeeAnn Aull	Affiliate Exec
Brent Fullington	Affiliate Vice President
Charles Smith	Affiliate President

National Education Association

Jessica Brinkley (ESPQ)	Facilitator
Andy Coons (CGPS)	Facilitator
Andrea Giunta (TQ)	Facilitator
Makeda Harris (CSJ)	Facilitator
Rocio Inclan (CSJ)	Facilitator
Shelly Krajacic (EC)	Facilitator
Jennifer Locke (TQ)	Facilitator
Karla Medina (C4O) E	event Organizer

Lisa Nentl-Bloom (C4O)	Invited Guest
Ann Nutter Coffman (TQ)	Facilitator
Michael Parker (C4C)	Facilitator
Amber Parker (ESPQ)	Facilitator
Stacey Pelika (RES)	Facilitator
John Riley (EPP)	Facilitator
Kelvin Smith (C4O)	Event Organizer
Glen Taylor (HR)	Invited Guest
Jim Testerman (C4O)	Invited Guest
Karen White (CIT)	Facilitator
John Wright (CES)	Invited Guest

NEA Rhode Island

Lisa Parker	Invited Guest
Lawrence Purtill	Affiliate President

NEA-Alaska

Glenn Bafia	Affiliate Exec
Laura Mulgrew	Affiliate Governance
Debra Omstead	Invited Guest

NEA Foundation

Sara SneedInvited Guest/Panel Facilitator	-
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NEA-New Hampshire

Lisa Stone	Invited Guest
Tricia Towne	Invited Guest
Megan Tuttle	Affiliate President

NEA-New Mexico

Bethany Jarrell	Affiliate Governance
Marco Nunez	Affiliate Manager
Ignacio Sanchez	Affiliate Manager

Nebraska State Education Association

Jenni Benson	Affiliate President
Elizabeth Figueroa	Affiliate Staff
Isau Metes	Affiliate Staff

New Jersey Education Association

Gabriel Tanglao	Affiliate Staff
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North Carolina Association of Educators

Mark JewellAffiliate	President
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Kristy Moore	Affiliate Governance
North Dakota United	
Nick Archuleta	Affiliate President
Ohio Education Association	
Makia Burns	Affiliate Staff
Scott Dimauro	Affiliate Governance

Oklahoma Education Association

Katherine Bishop	Affiliate Vice President
Sheri Childress	Affiliate Staff
Brian Johnson	Affiliate Staff
Kimberly Littrell	Affiliate Staff

Patty NyquistAffiliate Manager

Oregon Education Association

Jim Fotter	Affiliate Exec
John Larson	Affiliate President/Panelist
Reed Scott-Schwalbach	Affiliate Vice President

Pennsylvania State Education Association

Bradley HullA	Affiliate	Staff
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South Dakota Education Association

Mary McCorkle	Affiliate President
Rich Mittelstedt	Affiliate Staff
Sandra Waltman	Affiliate Manager

Texas State Teachers Association

Noel Candelaria	Affiliate President/Panelist
Bryan Weatherford	Affiliate Staff

The South Carolina Education Association

Rita Haecker	Affiliate I	Exec

Utah Education Association

Brad Bartels	Affiliate Exec
Rebecca Hall	Invited Guest
Sara Jones	Affiliate Staff
Heidi Matthews	Affiliate President

Vermont-NEA

Jeff Fannon	Affiliate Exec
Alison Sylvester	Affiliate Vice President
Don Tinney	Affiliate President

Virginia Education Association

Melinda Bright	Invited Guest
James J. Fedderman	Affiliate Vice President
Brenda Pike	Affiliate Exec
Antoinette Rogers	Affiliate Manager

Washington Education Association

Rochelle Greenwell	Affiliate Governance
Marla Morton	Invited Guest
Martha Patterson	Invited Guest

Writer

Wyoming Education Association

Kimbery Amen	Affiliate Governance
James Hutcherson	Affiliate Vice President
Ronald Sniffin	Affiliate Exec



Resources Shared by Participants

Resources and Reports

A Crisis of Disrupted Learning: Conditions in Our Schools and Recommended Solutions

https://www.oregoned.org/images/uploads/blog/DisruptedLearning_ Report_2019_v5.pdf

Building an Equitable School System for All Students and Educators (Section 5: Interrupting Racism, Strengthening Communities, and Accelerating Student Learning: The Need for Restorative Practices and Trauma-Informed Schools in Minnesota)

 $\label{eq:https://www.educationminnesota.org/EDMN/media/edmn-files/advocacy/EPIC/EPIC_v5n1_EquitableSchools_Book.pdf$

Centers of Disease Control and Prevention Adverse Childhood Experiences (ACEs) site

https://www.cdc.gov/violenceprevention/childabuseandneglect/ acestudy/index.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc. gov%2Fviolenceprevention%2Facestudy%2Findex.html

From Exclusionary to Restorative: An Intentional, Trauma-Sensitive Approach to Interrupting Racial Disparities, Reducing Violence, Strengthening Communities and Accelerating Student Learning

 $\label{eq:https://www.educationminnesota.org/EDMN/media/edmn-files/advocacy/EPIC/EPIC-student-discipline-report.pdf$

NEA Policy Resolutions:

C-13: Safe Schools and Communities C-15 Discipline

F-21: Protection of Education Employees

http://www.nea.org/handbook or http://www.nea.org/assets/docs/Resolutions_ NEA_HB_2019.pdf

NEA Policy Statement: Community Schools Adopted by the 2018 Representative Assembly

http://www.nea.org/assets/docs/Policy%20Statements%202018-2019.pdf

NEA Policy Statement: Discipline and the School-To-Prison Pipeline Adopted by the 2016 Representative Assembly

http://www.nea.org/assets/docs/Policy%20Statements%202018-2019.pdf

Partnership for Resilience Trauma Resources

https://partnership4resilience.org/resources/childhood-trauma-and-resilience/

Trauma Toolkit: Tools to Support the Learning and Development of Students Experiencing Childhood and Adolescent Trauma

https://firstbook.org/

A Sampling of Member Trainings Currently Offered by Affiliates

Delaware State Education Association

Trauma, Toxic Stress, and the Impact on Learning

Strategies for Building Resilience—Creating a Trauma Responsive Culture Within Your Classroom

Mindfulness-Based Wellness Education—An Introduction

The Importance of Self-Care

Stress Management Contact: Deborah Stevens (Deborah Stevens@DSEA.org)

Education Minnesota

Restorative Practices for Restorative Schools (Adverse Childhood Experiences (ACEs)

Trauma-Informed Restorative Practices

Childhood and Adult Trauma in College Contact: Justin Killian (Justin.Killian@edmn.org)

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Illinois Education Association

Adverse Childhood Experiences

Resilience Contact: Mary Jane Morris (maryjane.morris@ieanea.org)

Kentucky Education Association

Brain Architecture: Trauma, Toxic Stress, and the Impact on Learning

Rethinking Poverty: A Poverty Simulation Contact: Michelle Jones (michellejones@kea.org)

Louisiana Association of Educators

Trauma-Informed Instruction

Secondary Trauma Contact: Suzanne Harris (sharris@lae.org)

Ohio Education Association

Turning Challenging Behaviors Into Opportunities

Understanding and Managing Secondary Traumatic Stress

Contacts: Makia Burns (burnsm@ohea.org) or Daria DeNoia (denoiad@ohea.org)



EXIT

"The learning was so good. I didn't know much about this topic before coming—only bits and pieces—and it is perfect for where our Associations need to lead for our educators and students."

- Convening Participant



National Education Association NEA Center for Great Public Schools 1201 16th St., NW Washington, D.C. 20036 www.nea.org

