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COMMUNITY READINESS ASSESSMENT

TRAUMA-INFORMED PRACTICE IN THE
KETCHIKAN GATEWAY BOROUGH SCHOOL DISTRICT

Prepared by the Revilla Island Resilience Initiative



REVILLA ISLAND
**RESILIENCE
INITIATIVE**

Acknowledgements

In the summer of 2018, the Revilla Island Resilience Initiative (RIRI), a collective action group that aims to prevent trauma and promote resilience in Ketchikan, conducted a Community Readiness Assessment to assess key factors in the Ketchikan Gateway Borough School District's (KGBSD) preparedness to adopt trauma-informed practices across the entire school district. RIRI interviewed five members of KGBSD, ranging from teachers to administrative staff. Interviews were recorded, transcribed and then scored by two independent scorers utilizing a standardized scoring rubric.

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Executive Summary

In 2018, the Revilla Island Resilience Initiative completed a community readiness assessment using the Tri-Ethnic center model to assess the readiness of the Ketchikan Gateway Borough School District to integrate trauma-informed practices across all facilities in the district. Anonymous key informant interviews were conducted with stakeholders from a variety of positions including teaching staff, executive administration, school board members, school specific administration, and community partners. These interviews were independently scored by two evaluators and a readiness score was decided in the 6 dimensions of (1) community efforts, (2) community knowledge of efforts, (3) community climate, (4) community knowledge, (5) resources, and (6) leadership. For the purposes of this assessment, community is defined as the KGBSD. Scoring found that overall, the KGBSD is at a readiness score of 3, which means that KGBSD employees have a vague awareness of childhood trauma and trauma-informed principles and practices and there is no immediate concern to address the issue. Recommendations to expand the knowledge and adoption of trauma-informed principles and practices across the district include increasing partnerships with local organizations that provide services for children who are experiencing trauma, adopting district-wide policies regarding trauma-responsive and trauma-sensitive practices, increasing training on childhood trauma and its impacts for district staff, and supporting increased training for champions of trauma-informed practice in the KGBSD.

The Revilla Island Resilience Initiative is just one of many available community and state resources the KGBSD can partner with to provide training, inform policy changes, and increase the utilization of trauma-responsive services for district students.

This survey will be completed every 3 years to provide an overall measure of progress with the KGBSD in its integration of trauma-informed practices into the culture and processes.

Assessing Readiness

Dimensions of readiness are key factors that influence a community's preparedness to take action on the issues of sexual violence (SA), intimate partner violence (IPV), and teen dating violence (TDV). The following dimensions formed the basis of inquiry for the assessment and are taken from the Tri-Ethnic Center's Community Readiness Assessment (CRA) implementation guide.

A. Community Efforts: To what extent are there efforts, programs, and policies that address childhood trauma and promote trauma-informed practices?

B. Community Knowledge of the Efforts: To what extent do community members know about local efforts and their effectiveness, and are the efforts accessible to all segments of the community?

C. Community Climate: What is the community's prevailing attitude toward these issues and early detection and prevention?

D. Community Knowledge: To what extent do community members know about or have access to information and its existence or impact in the community?

E. Resources: To what extent are local resources - people, time, money, space, etc. - available to support prevention efforts?

F. Leadership: To what extent are appointed/elected leaders and influential community members (non-elected/appointed) supportive of trauma-informed practices?

The community's score with respect to each of the dimensions forms the baseline foundation of the overall level of community readiness.

Stages of Readiness:

1. **No awareness.** The issue is not generally recognized by the community or leaders as a problem.
2. **Denial/ resistance.** At least some community members recognize that it is a concern, but there is little recognition that it might be occurring locally.
3. **Vague awareness.** Most feel that there is a local concern, but there is no immediate motivation to do anything about it.
4. **Preplanning.** There is clear recognition that something must be done, and there may even be a group addressing it. However, efforts are not focused or detailed.
5. **Preparation.** Active leaders begin planning in earnest. The community offers modest support of their efforts.
6. **Initiation.** Enough information is available to justify efforts. Activities are underway.
7. **Stabilization.** Activities are supported by administrators or community decision-makers. Staff are trained and experienced.
8. **Confirmation/ expansion.** Efforts are in place. Community members feel comfortable using services, and they support expansions. Local data are regularly obtained.

9. **High level of community ownership.** Detailed and sophisticated knowledge exists about prevalence, causes, and consequences. Effective evaluation guides new directions. The model is applied to other issues.

Results

Overall readiness score: 3

There is vague awareness in the district about childhood trauma and the need for trauma-informed practices. Most feel that there is a concern, but there is no immediate motivation to do anything about it.

Community Readiness Dimension	Promoting Trauma-Informed Practices
Community Efforts	3.4
Community Knowledge of Efforts	3.8
Community Climate	4
Community Knowledge of the Issue	3.2
Resources	3.2
Leadership	3
Overall Community Readiness Score	3

Findings

The Ketchikan Gateway Borough School District scored highest in community climate. This means that district staff is concerned about students experiencing trauma but have little knowledge about how to respond to trauma and there are limited resources for adopting trauma-informed policies across the district.

The overall readiness score for KGBSD’s readiness to promote trauma-informed policies was a 3. This means that employees of the district have a vague awareness about childhood trauma and the need for trauma-informed practices. Most feel that there is a local concern, but there is no immediate motivation to do anything about it. Most people have heard about trauma-informed practices but there are still a few outliers who do not believe they have a duty to react to childhood trauma as part of their jobs. Some have heard of it but lack any concrete detail on the issue. Respondents felt that there was a lack of cohesion across the district for implementing trauma-informed practices. They were also doubtful that leadership would allocate funds and staff time to training for trauma-informed responses.

A. Existing Community Efforts: 3.4

Many respondents identified several existing programs in the district, such as the homeroom project at the high school, Response to Instruction (RTI), Positive Behavior Support (PBS), and Individual Education Plans (IEPs) as ways to help students succeed in the classroom. However, these programs are not necessarily intended to be direct responses to childhood trauma but are utilized to help students succeed. Respondents also identified school counselors and the district psychologist as one of the main ways the district responds directly to childhood trauma. While these programs and individuals are certainly vital to student success, respondents felt that there was a lack of cohesion across the district in responding to trauma do to the lack of concrete policies.

“We don’t actually have anything in particular that’s formal that we deliver in the way of lessons or even professional development internally, that I’m aware of. Now individual schools may have programs to deliver some of that kinds of information, in professional development days but I haven’t heard of anything specifically.”

“Specifically, trauma-informed practices, I’m not really aware of any. I know like our school has our positive behavior support system for trying you know to encourage the positive behaviors in all our kids. Our school counselor is really phenomenal, that when she knows that we’ve had students that have had some trauma in their past lives, she’s really good at being on our team of meeting with parents and trying to understand what we can do to help our students. We’ve invited in some counselors we know work with some of our students outside the classroom to come and observe in the classroom. We have some behavior programs targeting specific kids we see some behavioral needs. But there again it’s addressing more of a compliance not so much what has happened to these kids and what we can do to help them going forward. So I think we do what we can with what we have but there is a serious need.”

B. Community Knowledge of the Efforts: 3.8

Respondents felt that district staff knows about current efforts (i.e., the programs previously mentioned) and that staff is aware of childhood trauma, however, they felt that knowledge may be limited or that the ones to learn about trauma and responding to it is on individual staff members and not the district itself.

“I think just about anyone you maybe pull could probably say that they’ve heard of it. But probably couldn’t define ACEs, they might not be able to define resilience, they might not be able to say what a trauma-informed classroom might look like. But I think most people would say yes, that they’ve heard of this.”

While respondents thought that district staff knew about efforts to respond to trauma, they felt that the community at large was unaware of the district’s response to trauma and may even find these programs unnecessary.

“Within the structure, we are aware, in the community, I can’t really say. I don’t know. But I get

the impression that, not enough are aware of the fact that we need to have that type of program for children and that it's the only way that we can be successful is to have that type of program."

C. Community Climate: 4

When asked what they thought the district at large felt about preventing and responding to childhood trauma, all respondents said they felt the district valued helping students and responding to them when they are in need.

"I think educators across the board put their students first. We want them to be safe and healthy and not feel like they can't let us know. If you don't provide and find out what is happening, then you are not going to be successful. And I can't imagine a teacher not wanting to find out more about what is happening in a child's life and how to help them if they do find out."

However, many respondents also touched on the fact that some staff may have an attitude of "that's not my job" about reacting to trauma in student's lives. However, respondents felt that this attitude was an uncommon outlier.

"Worst case scenario, I hope no one would ever do this, but I could see where someone could say well it's not in our state standards, it's not in our mandated curriculum so therefore it is not our concern. I don't think anybody ever would do that, but if you're involved in the school district at all I hope those words never come out of your mouth. But that's a scenario where I could see where they could say this isn't something we're required to teach, it's not going to be on a standardized test so we shouldn't be bothering with it. But anybody with experience in the field of education knows that if a child is not feeling safe, happy, warm, fed, they're not going to perform well academically."

D. Community Knowledge: 3.2

When asked how much knowledge they felt people in the district as a whole had on childhood trauma and responding to it, most respondents felt that knowledge was very low. They did say they felt almost everyone had heard about it or had some basic knowledge, but that deeper knowledge on the issue was housed only with counselors and the school psychologist unless teachers and other staff specifically went out of their way to learn more about it.

"I guess I just have to say the district as a whole knows a fair amount because there's some people that are near experts in the matter and then there are people that maybe haven't even heard of it. And I think that demographic is probably pretty small. I think most educators have at least heard of it."

E. Resources: 3.2

Respondents felt that resources for preventing and responding to childhood trauma were limited in the district. They felt that trainings were available for staff who sought them out but that staff has limited time to dedicate to the many trainings required of them and that they have to prioritize

other things first.

“I’m sure any kind of training that we’d want is available. It’s just the fact that when we do it, when we have time to do it, when it’s a priority, over other things like standardized tests or whatever the newest, latest, greatest, you know, technology, whatever kind of educational buzzword that’s grabbed everybody and held onto them, you know, it’s like, I guess when we have time? When they decide to prioritize it, you know, we will have some more educational resources made available to us.”

One of the other issues respondents brought in regards to trainings for staff was a simple matter of funding and that the district has limited funds to allocate to more programming and trainings. For example, one respondent mentioned that some of the incentives they use to help students comes from Parent Teacher Association (PTA) funding but that relies on an active PTA.

“Parent Teacher Association which is dying so we’re a little worried about it for next year. But as of right now all of our Red Ribbon Awareness, our PBIS incentives and prizes, our Positive behavior banners, our Bee buck tickets to promote positive behavior is paid for out of pocket by our PTA fundraising.”

F. Leadership: 3

The main leaders that respondents identified were the counselors, school psychologist, principals, superintendent, curriculum director and the teachers. One noted how important it was for both higher level district employees and teachers to work together for trauma-informed policies to truly be implemented. Throughout the interviews, respondents repeatedly mentioned how teachers would be interested in getting more support for reacting to trauma in the student population but one respondent noted the importance of district administration supporting those efforts.

“But really we need the support of our superintendent, our school board and the curriculum director I think for it to be effective in full force.”

Conclusions and Next Steps

In general, the respondents believed in the need for trauma-informed practices in the school district. One of the themes that emerged from these interviews was a lack of cohesion across the district about the way to respond to student’s trauma. This was summed up rather well by one respondent who said:

“Each person gets taught to do CPR. This is the way you do CPR. You want to be successful so the person will live. You can’t deviate and say ok I’m not going to do it to ‘stayin alive’. You know, you get that tune in your head. And it’s gotta be the same way for trauma. You all have to do it the same way.”

Suggested steps to increase trauma-sensitive and trauma-responsive practices in the Ketchikan Gateway Borough School District

- Increase partnerships for trauma-informed policy change through participation in or creation of a committee to research relevant policy work in districts across Alaska and nationally.
- Mandate staff training on understanding childhood trauma and trauma-informed practices using the Department of Education and Early Development “Overcoming ACEs in Alaskan Schools” modules available free through the online learning system.
- Offer further opportunities for expanded KGBSD staff training on trauma-informed practices to develop leaders within the schools willing to champion the implementation of trauma-informed policy and practice inside their schools
- Apply for state and national grant funding to support the expansion of trauma-informed change system wide.
- Increase collaboration and partnerships with local organizations to support the needs of students who have experienced trauma in their lives.

The Revilla Island Resilience Initiative exists to support the growth of Ketchikan into a more trauma-sensitive and trauma-responsive community. While the KGBSD is only one sector in the community, RIRI has identified working in collaboration within the school environment as a way to have a significant impact on moving our systems towards one that recognizes the presence of trauma and to create plans to respond to childhood trauma in an effective and coordinated way. This includes assuring KGBSD staff is trained in recognizing and responding to trauma in an appropriate manner utilizing best practices and guidance from KGBSD policy.

Building more trauma-informed systems is an ongoing goal with no finish line. While we can't prevent all childhood trauma from happening, we can work together to mitigate consequences and assure that every child has access to caring and healing supportive services and that our school systems actively resist retraumatization through outdated and harmful practices.

For more information on this assessment, or the Revilla Island Resilience Initiative, contact Arika Paquette at arika.p@wishak.org or 228-4371