

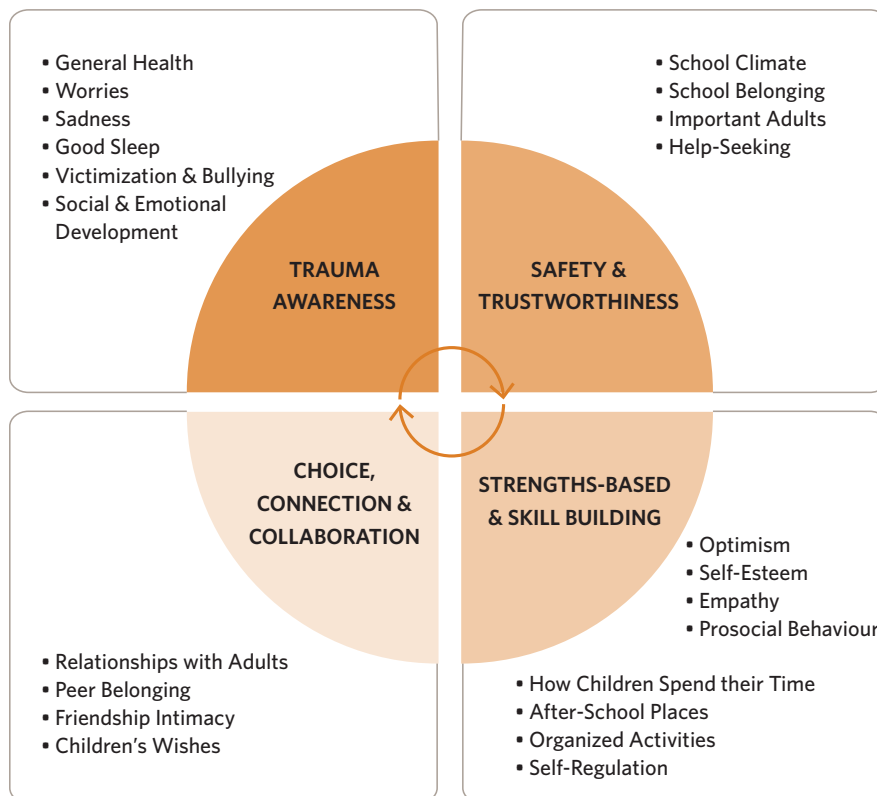


Did you know that the MDI results can be used to assess and implement trauma-informed practice in your home, school, and community?

Trauma develops when a person experiences a sense of helplessness or loss of control in the wake of stressful life events (Blaustein & Kinniburgh, 2019). Trauma can negatively impact children's health, well-being, learning, and development (Perfect et al., 2016). Trauma is common in young people but often goes unnoticed because symptoms are misinterpreted as behavioural or motivational issues (Chafouleas et al., 2019). Adverse childhood experiences "add up," (Larkin et al., 2014), so young people who face multiple challenges, such as poverty and discrimination, are more likely to experience trauma (Baez et al., 2019). The BC Ministry of Children and Family Development has suggested a four-pronged approach to trauma-informed practice

for supporting young people and their families (Poole et al., 2017). In addition, the BC Ministry of Education's Mental Health in Schools Strategy emphasizes the importance of a trauma-informed approach in schools (<https://www2.gov.bc.ca/assets/gov/erase/documents/mental-health-wellness/mhis-strategy.pdf>).

There are a number of frameworks for trauma-informed practice. No matter the framework your community chooses for implementing trauma-informed practice, MDI results can help you identify where your community needs more support, and guide the implementation of prevention and intervention strategies to address trauma and promote resilience.



This figure illustrates how MDI measures align with frameworks for trauma-informed practice, using the framework developed by the BC Ministry of Children and Family Development (2017) as an example.

TRAUMA AWARENESS

Some symptoms associated with trauma include poor sleep, physical and mental health issues, and delays in social and emotional development (Blaustein & Kinniburgh, 2019). Bullying and victimization can be a source of trauma, but it can also be a symptom of trauma (Divecha & Brackett, 2019). Examining the MDI results in these areas can help build awareness of the prevalence of trauma in your community. They can also help you evaluate your efforts in implementing trauma-informed practice.

SAFETY & TRUSTWORTHINESS

Ensuring that young people have important adults in their lives who they can count on is one of their most important sources for trauma prevention and recovery (Blaustein & Kinniburgh, 2019). You can support children with trauma by cultivating a warm and welcoming environment and a sense of belonging. See the MDI School Experiences Quick Sheet (<http://discovermdi.ca/resources/mdi-quicksheet-school-experiences/>) for ideas.

CHOICE, CONNECTION, & COLLABORATION

Choice. Key to trauma-informed practice is creating opportunities for young people to make choices to help them gain a sense of control in their lives (Hickle, 2020). Choices are most powerful when they are child led. MDI data includes information about children's wishes regarding after-school activities and transport to school, providing important information regarding choices children would like to make. Ask children for other ideas for facilitating their choice-making.

Connection. Feeling a sense of connectedness to peers, adults, and schools is especially important for children with trauma (Phillips et al., 2020). See the MDI Connectedness Quick Sheet (add hyperlink) for ideas to promote connection.

Collaboration. Work together with other community organizations to create a unified approach to trauma-informed practice and to support young people in every context of their lives (Morton & Berardi, 2018).

STRENGTHS & SKILL-BUILDING

MDI results can help you identify your community's strengths so that you can continue to build on them.

Social and emotional skills are especially important for preventing and addressing trauma and promoting resilience (Hertel & Kincaid, 2018). Implement trauma-informed social and emotional learning (SEL) programs to help young people build social and emotional skills and boost their mental well-being (Pawlo et al., 2019). See the MDI Social and Emotional Development Quick Sheet (<http://discovermdi.ca/resources/mdi-quicksheet-social-and-emotional-development/>) and SEL Fact Sheet (<http://discovermdi.ca/resources/mdi-factsheet-social-and-emotional-learning/>) for more ideas.

For more resources and ideas on how to use MDI data to catalyze action, visit discovermdi.ca.

references

- Báez, J. C., Renshaw, K. J., Bachman, L. E. M., Kim, D., Smith, V. D., & Stafford, R. E. (2019). Understanding the necessity of trauma-informed care in community schools: A mixed-methods program evaluation. *Children & Schools*, 41(2), 101-110. doi: 10.1093/cs/cdz007
- Blaustein, M.E., & Kinniburgh, K.M. (2019). *Treating traumatic stress in children and adolescents: How to foster resilience through attachment, self-regulation, and competency*. New York: Guildford Publications.
- Chafouleas, S. M., Johnson, A. H., Overstreet, S., & Santos, N. M. (2016). Toward a blueprint for trauma-informed service delivery in schools [Special issue]. *School Mental Health*, 8(1), 144-162. doi:10.1007/s12310-015-9166-8
- Chafouleas, S. M., Koriakin, T. A., Roundfield, K. D., & Overstreet, S. (2019). Addressing childhood trauma in school settings: A framework for evidence-based practice. *School Mental Health*, 11(1), 40-53. doi: 10.1007/s12310-018-9256-5
- Divecha, D., & Brackett, M. (2019). Rethinking School-Based Bullying Prevention Through the Lens of Social and Emotional Learning: a Bioecological Perspective. *International Journal of Bullying Prevention*, 2(2), 93-113. doi:10.1007/s42380-019-00019-5
- Hertel, R., & Kincaid, S. O. (2017). Compassionate Schools. In E. Steele (Ed.) *Optimizing learning outcomes: Proven brain-centric trauma-sensitive practices*, pp. 180-197. doi:10.4324/9781315563565-11
- Hickle, K. (2020). Introducing a trauma-informed capability approach in youth services. *Children & Society*, 2020, 1 – 15. doi:10.1111/chso.12388
- Larkin, H., Felitti, V. J., & Anda, R. F. (2014). Social work and adverse childhood experiences research: Implications for practice and health policy. *Social Work in Public Health*, 29(1), 1-16. <https://doi.org/10.1080/19371918.2011.619433>
- Morton, B. M., & Berardi, A. A. (2018). Trauma-informed school programming: Applications for mental health professionals and educator partnerships. *Journal of Child & Adolescent Trauma*, 11(4), 487-493. doi:10.1007/s40653-017-0160-1
- Pawlo, E., Lorenzo, A., Eichert, B., & Elias, M. J. (2019). All SEL should be trauma-informed. *Phi Delta Kappan*, 101(3), 37-41. doi:10.1177/0031721719885919
- Perfect, M. M., Turley, M. R., Carlson, J. S., Yohanna, J., & Saint Gilles, M. P. (2016). School-related outcomes of traumatic event exposure and traumatic stress symptoms in students: A systematic review of research from 1990 to 2015 [Special issue]. *School Mental Health*, 8(1), 7-43. doi:10.1007/s12310-016-9175-2
- Poole, N., Talbot, C., & Nathoo, T. (2016). *Healing Families, Helping Systems: A Trauma-informed Practice Guide for Working with Children, Youth and Families*. BC Ministry of Children and Family Development. Retrieved from: https://www2.gov.bc.ca/assets/gov/health/child-teen-mental-health/trauma-informed_practice_guide.pdf
- Phillips, S., Hughes, D., & Melim, D. (2020). *Belonging: A relationship-based approach for trauma-informed education*. Rowman & Littlefield Publishers.