



Frequently Asked Questions Handle With Care



1. What is childhood trauma?

Childhood trauma, often called Adverse Childhood Experiences (ACEs), is an event that can have negative, lasting effects on a child's mental and physical well-being. Trauma causes stress, which is anything that disrupts the physiologic or emotional balance of a child

Traumatic events can include (but are not limited to):

- Physical, sexual, emotional abuse
- Physical and emotional neglect
- Divorce
- Domestic violence
- Parental issues (mental issues, incarceration, substance abuse, death)
- Witnessing violence or crime
- Witnessing drug-related issues
- Food insecurity
- Racism and bullying
- Chronic poverty
- Homelessness

Childhood trauma and the resulting stress can interrupt normal brain and body development, undermine a child's focus and ability to learn in school, increase risk for engagement in negative coping behaviors and involvement in the criminal justice system, and increase risk for chronic mental and physical health problems.



2. Do children in your community/school face trauma?

Yes. Probably more trauma than you may think.

60% of U.S. children have been exposed to violence, crime, or abuse, according to a study.

Minority students are especially affected.

3. Why should police, school, and mental health personnel care about childhood trauma?

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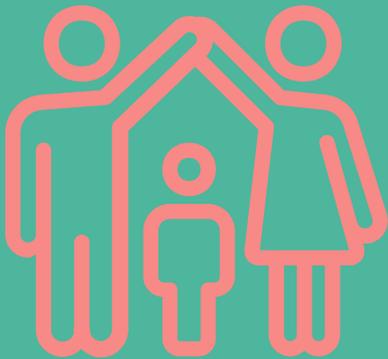
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Everyone should care about childhood trauma.

Childhood trauma can impair a child's brain development, socioeconomic and behavioral development, academic learning and achievement, and overall health and wellbeing.

Childhood trauma and related stress can impact a child's brain development, which can in turn affect their stress response; ability to interpret social cues and language; ability to wake, sleep, breathe, and relax; sexual behavior; and ability to plan, problem solve, use language, and develop higher-order thinking. When responding to the stress of trauma, a child's normal developmental process is interrupted. The body responds to stress in a "fight, flight, or freeze" mode. Repeated or chronic activation of stress hormones bypass the thinking part of the brain and activate the survival part of the brain. The thinking part of the brain goes "offline" and the emotional part of the brain remains "activated."



Children facing trauma and related stress at home face higher referrals for behavioral problems, special education and diagnosis for ADHD, as well as absenteeism, suspension or expulsion, dropping out, or criminal activity. Trauma can impair focus, complex thought,

and learning, resulting in lower grades, more suspensions and expulsions, and school failure. Children with trauma are 2.5 times more likely to have repeated a grade in school. Schools with police officers reported 3.5 times more arrests than schools without police. Trauma triggers can re-occur for years or the entire lifetime, increasing risk for engagement in unhealthy coping behaviors such as substance abuse, early sexual activity, domestic violence, and involvement in the juvenile and criminal justice system.

Children with histories of traumatic experiences are twice as likely to have chronic health conditions. Children and adolescents who have been traumatized have higher rates of smoking, substance abuse, teen pregnancy, suicide attempts, anxiety, depression, obesity, heart disease, diabetes, cancer, stroke, asthma, lupus, viral infections, and autoimmune diseases.

Helping children overcome trauma and succeed in school requires an understanding of children's physical, emotional, and cognitive capacities and the creation of healing relationships and interventions in school settings.

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4. What is Handle With Care?

Handle With Care is a program that provides local school districts with a heads up when police officers encounter a student at a potentially traumatic scene, so school personnel and mental health partners can provide appropriate trauma-sensitive interventions immediately.

Handle with Care requires:

1. Police to note a Special Attention Code when a school-aged child is present at a scene.
2. Schools to receive notifications and prepare trauma-sensitive support.
3. Mental healthcare providers to partner with schools for on-site therapy.

The goal is to set schools up better to help students exposed to trauma focus, behave appropriately, and learn.

5. What's Expected of Police in Handle With Care?

When police identify a student at any scene they respond to, they will send add a Special Attention Code (SAHWC) along with that student's name and date of birth. (Each morning, DAC will locate all SWHWC codes, find out what school the student attends, and notify the school that a Handle With Care notification needs generated.)

Nothing about the scene police responded to and/or the potentially traumatic incident is shared with the school. Because it isn't anyone's place to judge how traumatic an event is for a student, a notification will be sent for every scene a student is present at.



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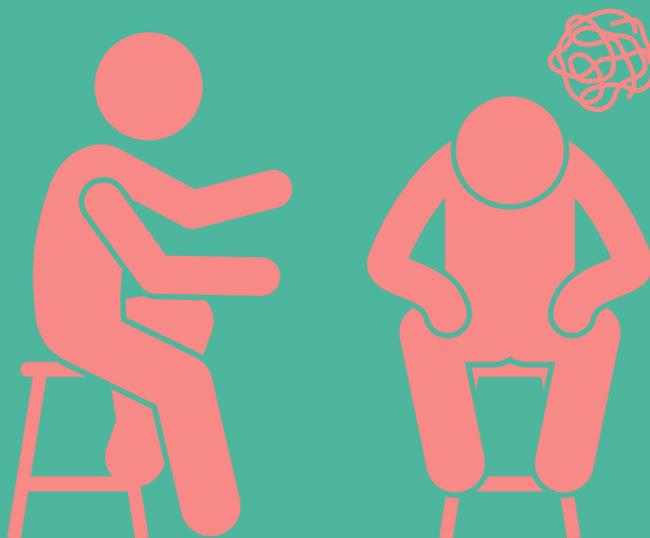
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6. What's Expected of Schools in Handle With Care?

Receive notification and prepare process for trauma-sensitive support. A school district or school will create a process (including identifying a Handle With Care coordinator) to triage "Handle With Care" notifications from DAC. The process will involve forwarding the Handle With Care Notification from DAC to the appropriate teacher(s) and/or counselor and staff to observe the student's behavior and academic performance and be prepared to provide trauma-sensitive support as needed. Following that school day, a brief follow-up survey is to be completed by the student's teacher.

For example, if the student acts out, a teacher might send the student to the counselor or nurse instead of the principal, give extra time for tests, reteach lessons, etc. Although schools are expected to provide trauma-sensitive training to all personnel, teachers are not expected to become counselors and counselors are not expected to become psychologists. If a student continues behavioral/emotional/academic issues in the classroom, school staff may decide to refer DAC to connect a student with counseling services. This is why DAC has partnered with Crosswinds to provide free on-site counseling to the students who need it.



7. What's Expected of Mental Healthcare Providers in Handle With Care?

Provide support, assessment, and/or recommendation for further support services. When school interventions are not sufficient, mental healthcare professionals, who are trained in Trauma Focused Cognitive Behavior therapy, can provide therapy on site at school at a time that is least disruptive to the student's academic schedule (with consent from the parent or guardian).

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8. How is student and family privacy protected?

The notification to the school only consists of the student's name, age, and school, along with these three words: "Handle With Care."

The card that is handed to teachers looks like this:



No details of the incident are released to schools. Moreover, calls for service are open public records and posted on many law enforcement websites.

9. How many places have started Handle With Care?

As of April 2019, 65 cities were actively using Handle With Care. Another 20+ cities and states are developing Handle With Care programs.

10. How does Handle With Care help kids?

Relationships with stable, caring adults buffer the harmful effects of trauma or ACEs.

When all school personnel- administrators, teachers, counselors, nurses, cafeteria staff, custodial staff, bus drivers, etc.- understand the impact trauma has on a child and are equipped with trauma-sensitive approaches, they can help students feel safe, which is critical to help them focus, behave appropriately, and learn.

Through the Handle With Care program, schools get a heads-up to provide trauma-sensitive support and connect students and families to mental health services to mitigate negative affects experienced by children's exposure to trauma.

Handle With Care sets schools up to be proactive, rather than reactive, with informed, caring personnel ready to share their calm, rather than join the students' chaos.

This can reduce disciplinary action and absenteeism, and build resilience, self-respect, and confidence.

Because children respond to trauma differently, the Handle With Care program ensures all children with notifications are treated with care and without judgement.

11. How much does it cost to start Handle With Care?

Starting a Handle With Care program doesn't mandate a budget.



It requires the cooperation of a team of school, police, and mental healthcare stakeholders, as well as meeting the program requirements of the West Virginia Center for Children's Justice, which first began the Handle With Care program in 2013.

Some costs may exist, such as school-wide training on trauma-sensitivity or partnering with mental healthcare professionals, but there is no cost associated with becoming an "official" Handle With Care program.

12. What are the program requirements for starting a Handle With Care program?

The West Virginia for Children's Justice requires the following:

Mandatory Stakeholder Participation

- Participation is required from a school, police, and mental healthcare provider (other stakeholders could include child protective service workers, community programs, parent organizations, etc.). Each of the school, police, and mental healthcare participants must designate a person who will serve as a Team Leader for their discipline and act as a liaison among disciplines.
- Teams must get commitments from local leaders (superintendent, principal, chief, etc.)

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Mandatory Training

- Police, school, and mental healthcare representatives must jointly attend a 90-minute presentation with an overview on childhood trauma, the impact of trauma on learning, key elements of Handle With Care, and strategies for successful implementation.
- School representatives must do a book study or other strategic planning session to identify and assess issues impacting their students and specific individual, classroom, and school-wide trauma-sensitive interventions.
- Police must train patrol officers on department policy to identify, document, and report children and students encountered on the scene of calls. Officers must be familiar with appropriate on-scene response when children are present to minimize the impact of trauma.
- Mental healthcare providers must be trained and certified in Trauma Focused Cognitive Behavioral Therapy.

Mandatory Forms

- Key stakeholders must develop protocols and memorandums of agreement (MOUs) based on template agreements and protocols developed by the West Virginia Center for Children's Justice Initiative.
- Schools must use required forms (Handle With Care Notification form, parental permission to treat, brochures, etc.)

Mandatory On-Site Mental Healthcare Service

- School commitment to provide space at school for on-site mental health services.

Mandatory Collaboration

- Team Leaders (police, school, mental healthcare providers) must routinely meet to assess gaps/barriers in the program and improvements.
- Police will develop and improve positive relationships with students by routinely visiting, eating lunch with, and interacting with students in a non-crisis situation.

13. What steps do I take to start Handle With Care?

With the DAC "Handle With Care Action Pack," you can start a Handle With Care program in five basic steps:



- 1. Start the Conversation for Handle With Care:** Use our model emails and talking points to engage decision-makers about the need for Handle With Care.
- 2. Create a Group and a Vision:** Use our guide, checklist, and materials to host a 90-minute community meeting to build support for and plan your Handle With Care program.
- 3. Create Your Notification Flow:** Use the model notification system to create your Handle With Care Notification Flow from police to a school district staff member.
- 4. Implement the Program and Train Key Personnel:** Use and customize our materials to train police, school, and mental healthcare personnel to implement Handle With Care.
- 5. Promote the Program:** Raise awareness of your program in your community via social media and the press!

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14. How long will it take to start Handle With Care?



It depends.

Some communities start their Handle With Care program within months of learning about it.

In San Antonio, for example, four months after the first conversation, the police department started by piloting the program in one of six patrol areas with three school districts.

15. What's the history behind Handle With Care?

2009: The Office of Juvenile Justice and Delinquency Prevention's study on children's exposure to violence was a wakeup call on how prevalent children's exposure to violence is in their homes, schools, and communities.

2010: U.S. Attorney General Eric Holder, who served in that role from 2009–2015, launched the Defending Childhood Initiative (DCI) to address a national crisis: the exposure of America's children to violence as victims as witnesses.

2011: The West Virginia Children's Justice Task Force, in collaboration with the U.S. Attorney's Office for the South District of West Virginia, formed a subcommittee to explore the problem of children's exposure to trauma and violence and programming to mitigate the negative effects of trauma. The subcommittee was named the WV DCI Task Force. The DCI Task Force, comprised of policy makers and practitioners, researched national programs and DCI initiatives. They relied on the Safe Start Initiative program in Brockton, MS, and the evidence-based National Drug Endangered Children Program to develop "Handle With Care."

2012: The DCI Task Force worked with law enforcement, prosecutors, educators, mental health providers, child protective services, probation officers, court personnel, school nurses, school attendance directors, and counselors to develop the Handle With Care program, write protocols for police and school staff, and to create guidelines for implementation.

2013: "Handle With Care" was piloted at Mary C. Snow West Side Elementary School in Charleston, WV. The school, situated in an urban area of the city plagued by drugs and violent crime, ranked 398 out of 404 elementary schools in West Virginia for poor performance. About 93% of the school's 500 students came from low-income families.

2014: Handle With Care gains interest in West Virginia and from around the country.

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2015: The West Virginia Center for Children's Justice was created to facilitate the expansion of the Handle With Care program. They created a website with easy access to information, forms, and protocols on the program.

2015-2019: 65 cities implement a Handle With Care program in their area.

16. Beyond Handle With Care, what else can I do to make my school more trauma-sensitive?

- Create resource guide of local public and private services for student and family referral.
- Create a task force to take steps towards becoming a trauma-sensitive school.
- Provide trauma-informed in-service and training:
 - Sample RFP
 - Sample funding sources
- Adopt alternative Discipline Practices:
 - Reteaching lessons, postponing testing, referrals to counseling, social service or advocacy programs
 - Wounded Student
- Reinvent resources from school police to student support services, including mental health staffing and programs
- Improve access to mental and behavioral health services
- Social and emotional learning curriculum



17. What if I have more questions?

For additional questions or issues, please contact the DAC team at coordinator@dacac.org, www.dacac.org, or (260) 422-8412.