

Bluum Together Podcast: Episode 7- Trust Based Relational Intervention

Intro:

Welcome to *Bluum Together* – the podcast where we cultivate education leadership, innovation, and impact one conversation at a time. Join us as we learn from visionary leaders, share inspiring stories, and uncover strategies that drive meaningful change in K-12 education.

MIKE CALDWELL

Alright, good day podcast listeners and welcome back to another episode of *Bluum Together*. I am Mike Caldwell, your host, and today we are in Cour d’Alene, Idaho via Zoom, and joining me are Keith Orchard and Raelynn Loken. Thanks for joining me!

KEITH ORCHARD

Thanks for having us! Pleasure to be here.

RAELYNN LOKEN

Thank you!

MIKE CALDWELL

Yeah, sorry we couldn’t work it out - it was going to be Cour d’Alene. I had that on my plans but we can see if we can make Zoom work. I appreciate your flexibility on this. I’m looking forward to adding another conversation to our overall conversation that we’ve been having on mental health support in schools. You guys have been doing some really neat things up there to support students, staff - and I am happy to have this conversation and share it with the world. Before we get there, maybe Keith first, and then Raelynn, introduce yourself and kind of what you do for the Cour d’Alene School District.

KEITH ORCHARD

Thanks, Mike. Appreciate it. A pleasure to be here. My name is Keith Orchard. I am a Clinical Social Worker and sometimes I say a recovering middle school teacher. That was my very first job ever so my dream was always to be in schools. Turns out being in schools is really hard - so I quit, you know? And became a Social Worker instead because that’s easier. Then I worked for Idaho Youth Ranch and Child Welfare, and in the last five years, I’ve been the Mental Health Specialist and now the Mental Health Coordinator for the Cour d’Alene School District.

MIKE CALDWELL

People are going to quit, going in the direction that you went in is not a bad idea. At Least you are still out there making a difference in schools.

KEITH ORCHARD

Well, I've paved the way, so I've let people know that it is possible to do.

MIKE CALDWELL

Raelynn?

RAELYNN LOKEN

I'm Raelynn Loken and I am the Mental Health Specialist for Cour d'Alene Schools. I also worked in Child Welfare for approximately eight years in my social work career - I am a Master's level worker. I really like what I do. I enjoy working with humans, not just students, but all people from hard places and just helping people understand trauma and how it impacts the brain. I am very passionate about some of the subjects that we're going to be talking about today and I am really happy to be here. Thanks for inviting us.

MIKE CALDWELL

Awesome, looking forward to the conversation. Heard a little bit about what you guys are doing - pre-conversation heard a little bit more and hopefully this conversation brings out really good stuff that you guys are doing that maybe other schools can think about in how they take this approach and how they support mental health in their schools. Let's talk about your school. What are you guys doing that is unique? What would you like to talk about today?

RAELYNN LOKEN

One thing I wouldn't say is unique to Idaho, but one thing we really focus on in our district is trauma and practices and just understanding trauma and how it impacts the brain. What was really exciting was in February '22, the legislator decided to focus on aces or recognize how it impacts that body and brain - neuroscience and research - urging agencies and officers to better understand the impacts of trauma and the outcomes it can have on our physical health as well as our mental health now and later in life. Aces is something we prioritize, it's teaching to all staff in our district and in Idaho specifically we just talk about the impacts for Idahoians. We look at the Aces statistics for students and for our adult population. I'll start with the history of Aces, but it's a 10 question quiz that just talks about *Have you experienced these 10 things in your lifetime between 0 and 18*. They talk about abuse, neglect, and household dysfunction and if you experienced any of those 10 things, your health outcomes are affected for the increase of cancer, the increase of heart disease. All increase by the number of aces that you have. We are tied for fifth in the nation for children who have experienced four or more aces. Our aces

amongst our children is pretty high and so we want to combat that. What can we do as a school district to better understand not just the problem but really put out strategies to conquer aces - resilience factors - such as strengthening relationships, connecting with students, meeting their physical needs, as well as their emotional needs.

MIKE CALDWELL

Ace is, I was going to ask you to elaborate when we talk about trauma - what does that mean - but you kind of hit on that. Aces helps to really zero in on what types of trauma and at what levels students have experienced, is that accurate? Is Aces is the tool to bring that out?

RAELYNN LOKEN

Yes, and there are three categories - abuse, neglect, household dysfunction which would include things like domestic violence occurring in the home, a parent using substances, a parent or caregiver whose incarceration in any of those household dysfunction types of things are included in aces.

KEITH ORCHARD

Mike, if I could interject just a little - the Aces was a research study that started way back in the '80s and really finished in the '90s and some of those people used those 10 questions kind of like an assessment for a child and we don't recommend that. It wasn't developed to be an assessment tool. 'Hey, you have trauma and you don't.' It was created as a research tool to say what are the effects of short term and really long term effects of having a lot of stress, particularly young. For me, I have an A score of two. But my A score of two is really different from someone else's A score of two because mine occurred when I was eight with a parent's divorce and then my parents were drinking when I was a teenager so I had two, but I was much older. You can have an A score of two when your mother dies when you're one years old and your father has an addiction when you're two and the impact on you is going to be very different. Those numbers help us understand how impact trauma can be, but it doesn't really help us know what to do about it yet. It just opened our eyes that yes, this mattered and we need to pay attention.

MIKE CALDWELL

Is ACES a tool that is common to use in Idaho schools or schools across the country?

KEITH ORCHARD

There have been some schools that have used it and we decided very early that we didn't want to for the reasons I just said. We explain what it is because understanding it is very powerful, but using it, we would not suggest using it as an assessment tool - asking students or parents

what their ACE score is. There are other better assessment tools if you really want to go down that route.

RAELYNN LOKEN

I think the main goal of understanding ACES from our perspective, for our district, is to build compassion. For teachers, it's really easy when you're in the moment with a child who is having a lot of behavioral concerns and it's happening everyday for long periods of time to look at the child and say things like 'This child is so manipulative' or 'Wow, this child is just naughty' or the 'Child is bad. It just has bad behavior.' We can put on a trauma informed lens and view the child's behavior through ACES - this child is behaving in this way because of this child's experience and helps us stay in the game when we are managing their behavior and trying to help them move towards more adaptive skills.

MIKE CALDWELL

Thank you for sharing that. Can you talk a little bit more about what your district does at a high level, thinking of the big picture for student and staff mental health? Either strategies or programs that you have in place and anything else that you'd like to elaborate in terms of your big picture approach.

KEITH ORCHARD

For us, for the big picture, we knew we wanted to start with an understanding like Raelynn said. Teachers need to understand why students are doing these weird, contradictory, upsetting things. It doesn't really make sense. But then you learn about ACES, that helps a little. Then we teach and have taught from the very beginning the foundational stuff about trauma, really comes from Dr. Bruce Perry. He has a model, the NMT, the Neurosequential Model of Therapy. Raelynn and I both learned that in Child Welfare. When we started doing a book study and started learning it, I remember the first time like 12 years ago and my jaw dropped, and so did other people's and we go 'This makes so much sense' and it absolutely changes the way we see kids and families that we are working with who are really coming from a hard place. Then we understand the Four B's as we call it - how trauma and toxic stress affects the brain - Biology, Beliefs, and Behaviors of people. We go, 'That's why they are doing what they are doing.' We took ACES and Dr. Perry's work about how it affects the brain and the wiring of the brain and the biology, how the body is affected. We teach that to folks, again, to Raelynn's point, that teacher's understand a little bit more about why a kid might be doing what they are doing or why their parent might be which brings just a little more calmness and a little more empathy to the situation and it still doesn't fix the situation. What it does is it gives the caregiver a chance to see it in a way that maybe they're a little less irritated by it and a little less upset. Now, they have a better chance of being successful with their interventions.

MIKE CALDWELL

That makes sense. Can you elaborate a little on NMOT?

KEITH ORCHARD

Yeah, the Neurosequential Model of Therapy. That is a whole model of therapy by Bruce Perry and we don't teach that. I'm not trained in that, but we use the fundamental principles about how trauma particularly at an earlier age, the earlier the more impactful - that those stressful experiences rewire the brain - don't even require it because that's when the brain's being wired and how that wiring changes how a child and how a child will then move through the world. It changes their Stress Response System. Their Stress Response System is being formed very early in life and if it's under a lot of stress it will form in a way that's very sensitized. A sensitized stress response system means that a child will come to school and get a little bit stressed and their Stress Response System will overwhelm them. There will be a whole cascade of chemicals and neurotransmitters that will flood their body and now we have a six year old that can't control themselves in school. That understanding belief system helps us to know how to intervene with that kiddo now in a much better way than we did before.

MIKE CALDWELL

Let's head in that direction. Your work on the front end is awareness, building empathy and understanding.

KEITH ORCHARD

I'll talk about TBRI then. It's much still about understanding and awareness and empathy still the big picture.

RAELYNN LOKEN

We train an intervention called TBRI. It's Trust Based Relational Intervention. It is a trauma-informed intervention that is designed to help kids who've experienced trauma or adversity in their lives. Really, this TBRI model was created for children who are in the foster care system or who were adopted. What we realized, not we but Texas Christian University, the creators of TBRI realized was that this model works with anyone. It works with all students and could really be a Tier I Intervention because what they do is prioritize connection. When we feel more connected, we have the ability to learn. When we are connected, we feel safe and when we have felt safe, we can access the Prefrontal Cortex - the learning part of our brain and that is how we can really rewire. When we talk about the wiring of the brain, really when kids are experiencing trauma, especially 0 to 5, they are building up the bottom portion of the brain which is the Flight or Fight Response System. When we prioritize connection over correction,

we can rewire the brain so that it can rewire the Prefrontal Cortex so we can teach new skills - resiliency, regulation skills. With that, academics which is the main goal of school systems, right? Sometimes when we talk about trauma, we get a response of 'Were you able to focus on academics?' Absolutely, we are. But to get there, we have to have Felt Safety and access to the learning part of our brain. This is the intervention we use to train staff to respond to students who have a unique set of needs so that they can access the learning part of their brain. It's my favorite topic. TBRI is an incredible modality or intervention and really it just takes a look at Empowering Strategies, Connection Strategies, and then Response Strategies. When we are looking at behavior, sometimes we don't think about 'Is the child just hungry?' or 'Do they need water?' It's a lot of research out there about how hunger, water or hydration impacts or regulation and kids who've experienced trauma are more sensitive to hunger and thirst. So we teach our teachers about that. Instead of the old fashion way, when I was in elementary school, it was a line at the drinking fountain and you get three seconds each and then we have to move on to academics. Now, I was more aware that hydration was a huge part of the classroom and we need to model hydration and we need to encourage hydration as well as food. When we have a behavior problem, we're looking at food and water and then we are looking at the environment of the classroom where - we're looking at connection so that we can have Felt Safety. Then we talk about corrections strategies. When the kids are fed, and probably watered, and when they are connected to their teacher, then we can correct the behavior in the order. That has been a really effective strategy, I think, in our district. TBRI is kind of a hard training to get into and we're really lucky to have more than 25 PDRI practitioners in our district that are at the district office level as well as embedded into our schools. We have admin, counselors, and even teachers and a few paraprofessionals who are trained in TBRI so that they can make some systemic changes in their schools everyday as well. You have anything to add to that Keith?

KEITH ORCHARD

I think TBRI is tough because it wasn't designed for schools and I think we are pretty unique in that as one of our main models in our approaches.

MIKE CALDWELL

What was the design for Keith?

KEITH ORCHARD

What's that?

MIKE CALDWELL

If it wasn't designed for schools, what was it designed for?

KEITH ORCHARD

Oh, it's designed for foster care and adoptive kids. There are other models for schools and TBRI is really an attachment model therapy, really. It is really this idea that when kids are connected and attached, then they can learn. They can feel safe. That's the fundamental thing - when they feel safe, their stress response system quiets down and now their prefrontal cortex can engage and now you can teach them the skills they need to learn. That is true in the school, too. It is a little bit harder because it was designed for one-on-one caregivers to use with their children or their foster children. In schools, we don't have one-on-one meetings, so we've been working for five years to adapt it, organize it, and make it work in a school situation. Fundamentally, that kids have attachment styles and so do teachers and to understand that has been really powerful and helpful and it is a challenge to adopt a model that was not specifically designed for schools.

MIKE CALDWEL

Let me play back what I think I understand so far. So again, big picture approach build awareness and understanding, build empathy at the teacher level - the people that work with students the closets, and then through your TBRI, training and structure, you're helping teachers understand how to build connectedness and basic Maslow's Hierarchy focus areas to make sure students feel safe, secure, connected, build that. For the teacher building, I would also understand it as building a sense of seeking to understand mentality so that when there is an issue that pops up, what are those pieces that might be missing here that I need to backfill? Does that kind of capture what we're talking about?

KEITH ORCHARD

Yeah, I would think so. Fundamentally, if we have calm and regulated teachers, they can do better. So all that foundation is 'Ok, this kid is not out to get me. This kid is struggling and this kid is stressed and has a stress response that is sensitized,' and so on. All these re-frames help the adult stay calmer and now there's all these different things, what do we do about it? Yes, we feed kids and we make sure that they are well-watered and well-exercised because all of that helps. We think of central processing stuff in terms of their movement, in terms of the lighting of the school, in terms of their seating options. If you walk around our elementary schools, you will see that the lighting has changed, the seating options have changed. The rooms have been re-organized based on these training sessions which is really nice. They have regulation corners, where kids no longer get sent into the corner because they are in trouble but they get sent to the corner to calm themselves and regulate. Along with that comes a lot of proactive teaching. We teach Clip Your Lid, and Zones of Regulation, and Regulation Railroad from Sources of Strength. All these different ways to let kids know when you're feeling uptight, this is how you notice it and this is what you can do about it in school. You can go to the

regulation corner and calm yourself for a few minutes and go back to learning tasks and other tools like that. We are talking about proactive teaching for students as well.

RAELYNN LOKEN

One thing I'm really proud of is that we've taken the TBRI training materials and with permission from TCU, we rewrote it to better fit the education setting. One thing we did is we looked at PBIS and we looked at ABA. We looked at all those different trainings that are already being used in a lot of our schools and we did a crosswalk of TBRI to really show the different trainings all really match well together. TBRI really is focusing on relationships, again, as well as proactive strategies. How can we teach children regulations skills ahead of time so that when they're dysregulated, they have this skill to pull from and we do that through play, connection, so that they can access that skill in the moment when they are feeling dysregulated. Really, that isn't different from PBIS. PBIS is more of that big picture framework. Many of our schools are still utilizing that training because that's just pre-teaching behavior ahead of time and it's Tier I. It gives that expectation in the school setting - 'Here's our four expectations for this particular school' and then TBRI walks beautifully alongside PBIS because they are talking about what can you do specifically in the classroom to hold kids accountable to those agreed upon rules.

MIKE CALDWELL

Expectations, yeah.

RAELYNN LOKEN

And then in TBRI, we talk a lot about common language. If you have a PBIS system in the whole school, you're going to want all of the teachers to be utilizing the same responses and same language so that it doesn't matter what classroom you're in or that you're walking down the hall, or if it's a para, or a teacher, or a principal that stops and talks to a kid, if they're engaging in the same way, it build consistency and safety because you know how adults are going to respond to you in the building. If I am running in the hallway, and that's not allowed, then the language I am going to use is 'Hey, Buddy. Would you like to try that again? Let's have walking feet.' If everyone uses that same language, then we're all on the same page.

MIKE CALDWELL

Would you see TBRI as just across the board of Tier I or are there levels of TBRI at Tier II and Tier III that look different?

RAELYNN LOKEN

It depends on who you ask and how you're implementing TBRI. When TBRI first came to the district, we taught very closely with special education. Really, when it rolled out, it was being

utilized as a Tier III intervention with kids that had the most restrictive classroom environment. Lots of teachers started coming to this training, so if you ask me, my belief is that it is a Tier I Intervention because all kids can benefit from being connected to and to be fed and watered. Just looking at our sensory system - how do we meet the needs of humans? Not just Tier III, but everyone and I would even say that TBRI can be utilized with adults. When we feel more connected as adults, we perform better in our jobs. When we're more connected to our spouse, we feel better in our marriage. I would say that it's Tier I and there are probably others out there that are definitely like 'That definitely Tier III.'

MIKE CALDWELL

It feels like Tier I to me but I'm not the expert that you are. It's helpful to talk through that. Would you say TBRI is your core programming element across your school district? If not, what is and what else do you have attached to it that compliments TBIR?

KEITH ORCHARD

We would say - and it's TBRI - for Raelynn and I that is certainly our core and our belief system. It's the scaffolding that holds everything else. Once you have those core beliefs and understanding of attachment and trauma and all that, now you can intervene in lots of ways so then we include things like PBIS. When I first started five years ago, I was not a fan of PBIS because I was ignorant and I didn't know all the things they did and it was the classical conditioning of rewards and physical rewards in school like that, I didn't like it. But now, PBIS is moving in their own understanding of trauma-informed, becoming more trauma-informed, and it feels like it is moving further away from classroom schools and external reward systems to all the structures that are necessary for a school to do well and they teach, like Raelynn said, school-wide expectations are taught, they do that perfectly, the best and it's really important. So now with this big understanding of TBRI and where kids come from, you can implement a lot of different models. I know one of our toughest classrooms, this is our pull-out therapeutic support classroom in the middle school. These are the middle school kids that can't make it in the regular classroom. Yes, they are in Special Ed, but it's really about behavior that they can't do, not some severe disability and they have recognized that classroom to be very much like the ABA (Applied Behavior Analysis). It's a very classic conditioning, level system, you have to earn your way up, which that's not what TBRI would say. It creates a structure that those students need and it's really a tight structure for them, and within that structure, the instructors in that classroom are using TBRI principles of connection and meeting kids needs and felt-safety. So that have really ramped up the structure in that classroom and they have a lot of structure from TBRI and understanding of attachment and they are having great success with that combination. TBRI doesn't do it all on its own - it isn't 'Here is the model, do this.' It is

this belief, and philosophy, and scaffolding that helps underlie everything that we do and now we can do lots of different models or interventions to help teachers and kids.

MIKE CALDWELL

That totally makes sense. How do you think about accessing impact and whether or not your approach, specifically TBRI or whatever else, is making a difference?

RAELYNN LOKEN

Keith and I have talked a lot about this because that is one piece that we haven't been able to dive into. In fact, we just had a phone call with TCU about collecting data and what that would look like. Right now, it's just word of mouth. After people came to our trainings, we got a lot of feedback about how well it's going, specifically around teachers understanding their own attachment and what they bring to the table in relationship with students. We they can better understand how they respond in relationship, it gives them more awareness of what they bring to the table in a relationship and how they're responding to students or maybe how they are triggered because of their own past experiences. That has been incredibly helpful for them - really just word of mouth. Then of course we're embedded in some schools so we get to see some outcomes in classrooms like the TSC at the middle school and the high school level. Both of those teachers of those classrooms are TBRI practitioners. So watching the transformation of those classrooms over the past few years has been incredible to watch.

MIKE CALDWELL

I think you mentioned TSC?

RAELYNN

Yes, that's our Therapeutic Support Classroom.

MIKE CALDWELL

Ok, thank you. Sometimes we just throw out acronyms. Everybody in the world knows what that is. But, that's helpful! I would imagine there are a lot of ways that you could measure the impact. One of them that you are alluding to is teacher confidence and some comfort in that they have both awareness and also some strategies that can make a difference for the students that often create so much frustration and then lead to teacher burnout and those types of things. But it seems like you are providing a lot of support to help teachers to both understand where their students are coming from and also how to mitigate and to respond to those common challenges we see in classrooms.

KEITH ORCHARD

Data collection on behavior can be very challenging. That is another thing that PBIS does really well. Particularly some of their programs like Swift, which defines small behaviors and large behaviors.

RAELYNN LOKEN

Major and Minor.

KEITH ORCHARD

There it is! They call it Major and Minor Behaviors and they define that. For teachers, that's really a useful thing for schools to do. Then they can track their Major and Minors. I think it's super helpful and that's not something we've done in the Cour d'Alene School District yet. With becoming a PLC District, which is the Professional Learning Community, and within that, data collection is a big part of it so we're moving in the right direction. Then the other challenge, ofcourse, is that in the state of Idaho and our district, they've been pushed back about checking in or talking to students about their mental health or about their emotional state and doing surveys or collecting data that parents have said, 'We don't want you asking our kids about that.' From the beginning, we haven't been able to set up a system where we can collect data consistently about the performance of students other than very specific outward behaviors, their attendance, their disciplines, certain behaviors. In terms of their internal state, are they learning and growing, do they feel safer? It's been a really hard challenge to figure out how to measure that when we're not really allowed to ask kids some of those questions - so, we're working on it.

MIKE CALDWELL

I can see where that challenge is. The outward behaviors can tell some of the story but not completely.

KEITH ORCHARD

That's right, yeah.

MIKE CALDWELL

We got a few minutes here and we hope to talk about how your district and maybe the things you're doing - supporting teaching and staff wellbeing. I think what you've talked about in TBRI leads a little bit to that. Maybe just open it up to anything you'd like to share that you'd specifically are doing to target the wellbeing of your faculty and staff.

KEITH ORCHARD

When we were in child welfare, we realized one of the best ways to help a child is to help their parents. When their parents were doing better and getting their needs met, they were then therefore able to meet the needs of the child so much better. We have to change the system in order to help the child sometimes. We feel that if the teachers are doing better and the adults in the schools are calmer and regulated and have their needs met, then they are able to do their very difficult job which is to meet the needs of all those students. We started with a lot of self care, resiliency lessons with teachers to help them check in, to take care of themselves, to learn more about how they can become resilient. Then we got lucky and right before the pandemic, we headed to Oklahoma City and got trained in this class called 'Making Sense of Your Worth.' I could not recommend it more. It's 16 hours long. I went to become an instructor for 2 and a half days. I was 50 years old. I'd done a lot of work on myself and that was the greatest growing experience and professional development that I'd had in a decade. It changed me personally, helped me grow, made me a better person - a calmer person, able to handle stress better. Then we took that training -

MIKE CALDWELL

So everyone right now is writing down that name because you sold it.

KEITH ORCHARD

Cindy Lee, she is the writer. She could make a lot of money out of this and she kind of just gives it away. Then Cindy Lee and her staff came up to Cour d'Alene, trained 60 people in our area to be facilitators. Luckily we have 15 facilitators who can teach and in those three years, we've probably trained 150 to 200 teachers and a few dozen kids in this class. It's really about helping them get over some past hurts and hangups. It's not therapy but we call it being therapeutic - it certainly was for me. It's my favorite thing that I do in this job is teaching that class.

MIKE CALDWELL

Where does one go to get more information about how to take that class?

RAELYNN

You would search The Halo Project. It's out of Oklahoma City and Cindy has online classes available to become a facilitator as well as a list of Facilitators that are potentially in your area. If you wanted to take the course, you can look at who's trained in your area or you could go to The Halo Project to be trained in Oklahoma to become a Facilitator.

MIKE CALDWELL

Awesome, good stuff.

KEITH ORCHARD

Mike, I promoted this everywhere I went. I was so happy with it. Then, the Nampa School District, they said they brought Cindy in and trained 30 - I don't know how many people - in their area to be Facilitators and then Cindy and her team went to Pocatello and trained a bunch of people there. We have people around the state of Idaho who are trained as Facilitators so if you keep looking it up, hopefully you can find one in your area.

MIKE CALDWELL

Very cool. Awesome. What about TBRI? Where would someone go to get more information about TBRI? If they are thinking about how to add another layer of support for students that might be something that they'd be looking for.

RAELYNN LOKEN

Same setup. You would visit Texas Christian University - the Karyn Purvis Institute of Child Development. They have practitioner training throughout the year so you could sign up to become a Practitioner. There's also scholarships available for that, make sure to look into those. Then if you want to receive training from a Practitioner in your area, they also have a Directory of Practitioners and you can click on your state and see who is trained.

MIKE CALDWELL

Awesome. There are some great takeaways from this conversation that I know I've received and listeners will as well. As we wrap up, just open it up to any closing comments or things we didn't get to that you'd like to mention.

KEITH ORCHARD

For me, in these two roles, it was brand new. The school district never had a Mental Health Coordinator Specialist. They said, we'll create a program and that was five years ago. We were unique in Idaho and I think that there are maybe another school district or two that has one person in this role. Within five years, we not only did all the stuff we talked about with TBRI and all the training, but we also have built up a Suicide Prevention Program with various components of it for training for staff and for students. Also, a Crisis Assistance Team which had been running, but we're getting it organized a little better. Making it a tiny bit more professional and consistent. We have been partnering with Mental Health Therapists to have them in the school. We even have one partnership - brand new we're piloting - where Mental Health Therapists will come into the school to provide teachers during their prep period - another way to take care of teachers in the best that we can. We've partnered with churches, we have 15 of our 17 schools that have a church that is attached and connected to them to meet some of their needs and to come in with some stuff to support the school. We've developed an entire facility program,

thanks to Erin Duncan and all of her work. These are some things that we're really proud of. The thrill if anyone who'd wanted to reach out and talk 'Hey, how do we do that? How do we do that a little bit better? Can I learn from you? I'd like to learn from them.' Anyone at anytime can reach out to learn about the stuff that we've been building for five years.

MIKE CALDWELL

If I was still running a school, I'd be scheduling a field trip to Cour d'Alene to go learn more because you guys are doing some really cool stuff.

Raelynn, anything you would add?

RAELYNN LOKEN

I think one thing I want to add is the reason why we are able to focus on trauma and attachment is because we have support from leadership and we have support from our community. We have an incredible admin in our district that are willing to say, 'Yes, let's talk about our feelings.' Let's make sure that we are taking care of our staff. We couldn't do it without all of the support that we have. When we first entered the district approximately seven years ago I think when we first came to the school district to do a TBRI training, there was a tiny bit of pushback that we were focusing a bit too much on trauma and not really holding kids accountable. That mentality has shifted which is really beautiful. We're able to look at trauma, we're able to talk about feelings and still hold kids accountable at the same time - structure, nurture, and balancing those things and we couldn't do that without the support of Special Education, leadership, everyone. We have a really cool district.

MIKE CALDWELL

Sounds like it -

KEITH ORCHARD

Can I add to that? I would like to say our leadership has been supportive from the very beginning and they say even when we're in financial trouble, they go, 'Look we can lose you. Mental health matters and we still want it.' Our board agrees and I couldn't thank them enough. They've consistently voted to support it and our community has supported the levy. The levy pays for all the things that the state doesn't pay for which includes SROs and sports and mental health. Without the community saying, 'Yeah, we want those things for our schools and our kids,' we wouldn't have them. They'd go down to just bare-bone schools. The Cour d'Alene School District or our community has said yes to that numerous times and I am just very grateful to them for that.

MIKE CALDWELL

Well said and kudos to not only you guys but your leadership and community coming together and making this a priority. As mentioned earlier, I think Raelynn was saying, you have to have this in order to really get to the academics which is why we're there, but if you don't take care of these things, you'll never make a profound difference in the academics. Kudos to you guys on the work that you're doing. Thank you for being a guest today on *Bluum Together*. I appreciate your insight adding to this overall conversation to how we support mental health in schools. Thank you to Keith and Raelynn and thank you to all of our listeners for tuning in and we'll see you next time.

KEITH ORCHARD

Thanks, Mike. I appreciate it.

Outro:

Thank you for joining us to explore education leadership, innovation, and impact here on Bluum Together. We encourage you to continue these dialogues in your work communities, classrooms, and organizations. Be sure to visit [Bluum.org/together](https://bluum.org/together) where you can discover more episodes. Or you can click Join the Conversation if you'd like to be a guest. Until next time, keep learning, keep bluuming, and keep making an impact one conversation at a time.