

# Whole Child Task Force

## Agenda

June 30, 2021

1 – 3 p.m.

<https://transcripts.gotomeeting.com/#/s/028220d244d2eecabe32ee1ffe95943dc1205fc66447b8f1a25562bd0053432e>

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### Whole Child Task Force members present:

- Karyn Aguirre, *Chicago Public Schools*
- Kristine Argue-Mason, *Partnership for Resilience*
- Sheila Ashby, *Kaskaskia Special Education 801*
- Avery Bourne, *State Representative, 95<sup>th</sup> District*
- Dr. Terri Bresnahan, *Berkeley School District 87*
- Chris Bridges, *Chicago Lawyers' Committee for Civil Rights*
- Maryam Brotine, *Illinois Association of School Boards*
- Dr. Colleen Cicchetti, *Ann & Robert H. Lurie Children's Hospital of Chicago*
- Dr. Maria Del Carmen Robles Sinkule, *Illinois Association of School Social Workers*
- Sandy De Leon, *City Colleges of Chicago*
- Jaime Guzman, *Illinois State Board of Education*
- Dr. Lori James-Gross, *Unity Point School District 140*
- Dr. Shaniqua Jones, *Thornton Chicago Public Schools Township High School District 205*
- Victoria Mikos, *Schaumburg Consolidated School District 54*
- Krish Mohip, *Illinois State Board of Education*
- Dr. Tiffany Nelson, *Illinois Association of School Social Workers*
- Barbara Outten, *East St. Louis School District 189*
- Lauren Pett, *Chicago Public Schools (arrived at 2:05)*
- Courtney Pharms-Marks, *Bloomington School District 87*
- Dr. Kennedy Strickland-Dixon, *Oak Park River Forest High School*
- Jocelyn Vega, *Illinois Collaboration on Youth*
- Ann Whalen, *Advance Illinois*

### Whole Child Task Force members absent:

- Bessie Alcantara, *Alternatives, Inc.*
- Dale Fowler, *State Senator, 59<sup>th</sup> District*
- Maria Gandara, *Chicago Public Schools*
- America Gutierrez, *Student Advisory Council*
- Dr. Colandra Hamilton, *Midlothian School District 143*
- Dr. Jody Lack, *Southern Illinois University School of Medicine*
- Kimberly Lightford, *State Senator, 4<sup>th</sup> District*
- Rita Mayfield, *State Representative, 60<sup>th</sup> District*
- Alisa Seo-Lee, *Chicago Public Schools*

ISBE Staff present:

- Krish Mohip, *Deputy Operational Education Officer*
- Jen Saba, *Executive Director for Regional Services*
- Cara Wiley, *Director for Wellness Department*
- Dawn Frison-Cook, *Assistant to Executive Director for Regional Services*
- Athanasia Albans, *Assistant to Deputy Operational Education Officer*

Chair: Krish Mohip

Vice Chair: Victoria Mikos

I. Welcome/Roll Call

Mr. Mohip brought the meeting to order at 1:03 p.m. Roll call was taken, and a quorum was present.

II. Approval of Minutes

- a. June 7, 2021
- b. June 21, 2021

Ms. Argue-Mason made the motion to approve the June 7, 2021, and the June 21, 2021, meetings minutes. Ms. Outten seconded the motion. No members expressed any objections or proposed any amendments.

Mr. Mohip stated that the majority of time today will be spent in Section III discussing the common definitions. Ms. Whalen will provide an update on the progress of the small definition group, she is not prepared to provide definitions. Mr. Mohip added that even though it has been at trying task, it is an important task to complete; therefore, the group is working slowly because the task force cannot move into subcommittee without having the common definitions to use for reference.

III. Common Definitions:

- a. Trauma-Response School
- b. Trauma-Responsive District
- c. Trauma-Response Community

Ms. Whalen shared that members of the small group discussed the feedback received from the last task force meeting about trauma, and they referred back to the legislation to ensure the group was moving in the right direction. She provided a summary of the meeting and made the following proposals for discussion:

1. Similar to the work of the small group, unpacking and norming the definition around trauma, doing the same with the definition of healing centered approach.
2. That the recommendations brought forward from this task force are reflective of a P-20 approach and not just a K-12 approach; therefore, the group has more work to do to

refine the definition to better reflect early childhood, which is currently not in all schools districts.

3. Part of the legislation is to definition a trauma-responsive school, trauma-responsive district, and trauma-responsive community. The team has begun working on the framework for trauma-responsive schools and districts, but there is more work to do for what that would look like for a trauma-responsive community; therefore, volunteers are needed to unpack that definition.
4. Similar to there being value pertaining to norming around trauma and norming around a healing centered approach, there is value pertaining to discussing and developing an expansive definition for whole child that best fits the context when there is overlap between whole child and trauma responsive.
5. Discuss the Whole School, Whole Community, Whole Child (WSCC) model from the Centers for Disease Control and Prevention.

Ms. Whalen stated that these were all ideas the small group discussed and proposed in order to help better create a common definition.

Dr. Cicchetti stated that it was important to return to the task force members to level-set terms and ask for more support when it comes to the work and the timeframe.

Ms. Vega shared that the small group members prioritize the importance of establishing a common language that is not only assessable but also can be operationalized. Also, that the definitions are something that all community members, families, and individuals can engage with. She encouraged task force members to volunteer for small work groups.

Mr. Mohip encouraged task force members who have experience with community work to serve on a small working group aimed to define trauma-responsive community. He added that the group is still unclear on the term whole child; therefore, he encouraged others to serve on small group to help develop a clear definition.

Ms. Vega led the task force members in an article review using the article titled, "The Future of Healing: Shifting From Trauma Informed Care to Healing Centered Engagement." She provided a brief background of the article and allowed time for reading.

After reading the article, the task force members discussed their thoughts as Ms. Vega facilitated.

Ms. Pharm-Marks shared that this article helps shift away from labeling students with their deficit to looking at and addressing the needs of students. She added that labeling does not happen when a student has a medical diagnosis but is more prevalent when referring to students or identifying individual educational labels.

Ms. Argue-Mason stated that she is encouraged to fully believe that it is not either trauma responsive or healing centered but rather embrace the idea that one has to be trauma responsive in order to be healing centered. She added that in Dr. Shawn Ginwright's progress in healing centered engagement is built upon being trauma responsive. One of the challenges will be to infuse in the overall process a mirror of being healing centered at the outset.

Ms. De Leon shared that she appreciated the shift toward the well-being and outcomes approach. This article spoke to the humanity that people are more than their individual trauma. She added that what stood out to her was the specific mention of the secondary effects on staff who work with communities and individuals who underwent trauma and are trying to get to the well-being outcome. Ms. De Leon stated that she struggles with how to translate the approach into something that can be implemented while respecting people's humanity.

Ms. Aguirre stated that COVID has put everyone in a place of trauma and now everyone understands the impact of trauma. There is now a commonality and an experience that is relatable and all share; therefore, we need to understand the systems to help our self and each other. She added that the work of the task force will be easier given our experiences with COVID.

Ms. Brotine stated that she liked that the article calls for healing centered engagement supporting the adult providers because there is a lot of burnout in the educator community. She added that when task force recommendations are turned into legislation, typically the recommendations call for teacher training and teacher action. Even though that is important, there would be more buy-in if staff are acknowledged as part of that system of healing centered engagement. She further spoke about the wholistic approach and provide an example. She mentioned a separate article by Dr. Ginwright's, "The Loss of Vulnerability," in which he discusses his work with a youth group with post-traumatic stress syndrome and looking beyond the acute trauma. She explained the term "persistent traumatic stress environment" and how that related to the work of the Whole Child Task Force.

Ms. Mikos stated that the article was very informative, yet left her with the following questions: How do we put this into practice in schools, yet allow for flexibility? How do we allow educators the freedom to put this into practice without making it punitive while also supporting the students and the community?

Rep. Bourne asked to ensure that the definitions do not include political language (e.g., participate in protest or participate in political activity) because that will cause debate in the legislature and may cause it to be different from its original intent. She added that engaging students civically is important but cautioned against using specific political language.

Dr. Cicchetti appreciated Rep. Bourne for mentioning that. She stated that the goal for today was to ensure that the task force members felt comfortable with the language and continue with the task force work. In addition, she referenced more of Dr. Ginwright's work, called Culture, Agencies, Relationships, Meaning, Aspirations (CARMA) to determine if task force members were interested in learning more.

Dr. Cicchetti stated that the Whole Child Task Force sounds ready to move forward with the work and shared more information from Dr. Ginwright's work.

Ms. Vega summarized the discussion details provided by the task force members.

Ms. Whalen summarized additional discussion points:

- There was a general agreement from the task force members with the direction of the small working group.
- There was an appreciation for the article shared and there may be additional articles to further increase task force members' awareness and knowledge.
- Language matters within these definitions, not only with how we communicate with each other but also with youth, students, and communities regarding trauma responsiveness.
- The work of the small definition group is worth pursuing.
- The small definition group will circle back with the large task force group to ensure the work is reflective of the direction of the full task force group.
- The members of the small definition group will be sensitive and conscious as to how they use terms and language.

Dr. Cicchetti stated that the definitions shared at the last meeting from Wisconsin and Missouri directly intersect with what the legislation (Declaration of Purpose Section 1.2) states regarding definitions of a trauma-responsive school, trauma-responsive district, and trauma-responsive community. She further explained how the small group will refine the definitions. She proposed that the next step for the small group is to create an overall framework with broad language, then add specific language to the three domains. She asked that another small working group come together to create a similar framework for the broader community.

Task force members shared their opinions and agreed with the proposal.

Ms. Pharm-Marks asked for clarification on the P-20 Council.

Ms. Whalen responded that the P-20 Council is concerned with education that begins in pre-k and goes through postsecondary to include the work force. She further added from a

previous conversation, Sen. Lightford stated that the intent of the legislation was to apply to early childhood through postsecondary.

Ms. Mikos asked if it would be best to shift our use of the word “schools” to “educational environment” or “educational setting” to include all learning environments.

Ms. Pharm-Marks stated that she supported the shift of language.

Dr. Cicchetti brought up the question: What is the whole child? Is it from birth to 20, birth to 24, or possibility birth to 26? She added, no matter what the age group is, the article by Dr. Ginwright reminds us to think beyond the individual in isolation but rather the systems.

Dr. Cicchetti stated that when thinking about the whole child, one way to encompass everything that has been discussed is by looking at the WSCC model. She further provided details.

Ms. Pett explained WSCC and how this model is being used in Chicago Public Schools.

Dr. Cicchetti asked if there were other models or language task force members wanted to discuss. She further asked if task force members wanted to spend time in an upcoming meeting to further explore WSCC.

Dr. James-Gross stated that the WSCC model and visual were utilized by the Illinois Balanced Accountability Measure Committee in developing the Illinois Quality Framework. It was used in developing further whole child language pertaining to the types of evidence and used when determining how to collect evidence. She added that the examples provided by Ms. Pett were considered in the development of the quality framework from the standpoint of being accountable to a whole child experience. Dr. James-Gross stated that there was an overlap of crosswalk between the Illinois Quality Framework and WSCC models.

Dr. Cicchetti asked: Are these terms are clearly defined in the quality assessment tool? So how do we address the gap of using the terms “whole child” and “trauma” appropriately within the correct context?

Dr. James-Gross suggested looking at the quality framework and showing the evidence in the model itself. She provided specific examples.

Dr. Cicchetti stated that the purpose is to help schools elevate what they have done and use the tools they already have, but not start over.

Mr. Mohip asked for volunteer members to participate in a small work group to define trauma-responsive community and/or define whole child. He added that at the next Whole Child Task Force meeting fully formed definitions can be brought forward.

Mr. Mohip suggested canceling the next Whole Child Task Force meeting (July 15) to allow for the small groups time to assemble and develop the definitions. The next meeting would be on Thursday, July 29, during which the definitions would be potentially voted upon and subcommittee work begun.

Ms. Pharm-Marks asked whether an outside expert can be invited to the small working group as a lead.

Mr. Mohip responded that outside expertise is allowed to help consult, but that a Whole Child Task Force member would have to lead the small working group.

Dr. Cicchetti clarified that the current small trauma definition working group will take the broad constructs and provide language to help define what that looks like in schools. She asked that a small working group come together to develop the language for community.

Various task force members volunteered in participating in small working groups.

IV. Discussion of Subcommittees

Mr. Mohip stated that the task force is not at the point yet to create subcommittees.

V. Public Comment

There was no public comment.

VI. New Business

There was no new business.

VII. Adjourn

Ms. Mikos made a motion to adjourn the meeting. Ms. Argue-Mason seconded the motion.  
p.m.