As we face multiple disasters, we saw our entire community suffering. Our life as we knew turned upside down. It appears the community experienced PTSD!

We observed many reactions in our community. It disproportionately hurt those already hurting, disadvantaged, and struggling. It exposed the underlying Faultline of racial trauma and other structural inequities prevalent in our community and in our school district. It amplified the intersectionality of various forms of adversities. Addressing this complex issue was fundamental to ensure our community and schools remain a safe space for learning and healing as we have 42000 students and a total of 49000 lives served in our school district.

Sitting in the front seat, we were bearing witness as our community was falling apart. It appeared like the Titanic was sinking and it did not matter if you were in the upper deck or lower deck, this ripped through our community and our school district.

In times like this it is critical to approach the community trauma from many different levels- macrosystem, meso system and micro system level. I will share my observation from the macrosystem level of the second largest school district in our state spanning across two counties.

We witnessed the following Challenges:

1. School and community are not separate, and events impact the entire system.
2. Pre disaster functioning determines how post disaster adaptation occurs.
3. Communities will get Polarized- previous affinity groups, social ties and attachment patterns and **intra network ties** gets triggered and even intensified. The **inter group networks appeared to weaken or break all together**. Often groups start viewing each other with hostile attribution styles, marked distrust or extreme polarization.
4. Re traumatization of the entire community with local and national events. We saw some very vocal and angry expression of distress, fear, and dissatisfaction in public meetings, protests, media, social media etc. We also witnessed many who remained fearful, silent, detached, and avoided making any statements or sharing their opinions.
5. Projection and attribution of attributes to leaders of the school board, administration was apparent. This at times lead to safety concerns.
6. Intense emotional reactions including fear, anxiety, anger, hypervigilance, reactive responses was evident.
7. Complete disruption of attachment system for our students, families, community as schools, community and other support systems came to a grinding halt.
8. Causal attribution of outcome to people instead of data and policies, process, or resources allocation.
9. Leaders are not immune from the impact of mass trauma and they are also at risk of regression and being traumatized.
10. Implicit bias of the leaders, community and individuals appear to drive the decisions and not data, evidence, root cause enquiry and decisions made had high risk for unintended consequences.

What did we do:

1. Courageous decisions during extraordinary times- The board made a historic decision in electing a person of color and an immigrant as the chair for the first time and thus I found myself in the front seat!
2. Mindful Leadership- It was critical for the board to remain grounded, mindful, emotionally regulated, feel safe and work on healing the fracture and regain the focus on the students and the school community. The board went through reflection, holding courageous internal conversation in the form of retreat, self-assessment, training on implicit bias, practice deep understanding of the suffering and way they can listen with compassion not only to those who were vocal and hurting but also those who were scared and fearful of openly share their fears and suffering.
3. Deep Listening- The board had to listen with understanding and compassion to the public and staff, the board meetings would last 5-6 hours, increased the frequency of the meetings and ensure the public had a forum to share and keep the public involved. Anything speakable is bearable! It was difficult as the anonymity of the callers in the virtual format lead to at times very harsh or hostile community transference. It was critical to balance the need to listen with community safety. One can disagree without dehumanizing other or speech becoming linguistic violence and retraumatizing the community.
4. Crisis Decision Making- Ensuring the board members remained focused and pass the budget, made important decisions so that we could feed 20000 students a day, switch to distance learning, ensure safety, health and learning goals and rapidly mitigate the risk of broken attachment systems. This was while the impact of the events did not break the board apart! It was like being on a foot patrol and one can not quit as you would come back in body bag and we had 49000 lives under our watch!
5. Heal the wound- To mitigate the polarization and heightened distrust, we had to intentionally reach out to the leaders of various affinity groups and have courageous listening sessions and conversations with deep understanding and compassion. Create safe spaces to hold multi-racial and multi sector conversations and trying to find common grounds and identify long term vision and goals. I used Kellog Foundation’s model of Truth, Racial Healing and Transformation and Sandra Bloom’s Sanctuary model SELF- Safety, Emotional regulation, Loss and grief and Future as a way to guide us. For example, I joined the local police and state police in public forum with local BLM leaders, NAACP leaders and were able to hold courageous discussion on various topics pertaining to safety, racial inequities, structural inequities, fear and distrust and historic trauma due to racism, white supremacy.
6. Overcoming Implicit Bias in decision making- When facing heightened emotions, it is best to avoid making long term plans! As leaders once we regain a sense of safety, mutual trust and feel emotionally regulated, we can ask what is the long term goal and vision and try to define it or develop an operating guidelines. Often different stake holders are describing the same issue in different terms – sad, bad, mad child! Lets push the car in the same direction and work out of the same blueprint. This step would involve listen and define goal, alignment of outcome metrices, policy, using a root cause approach, use data and evidence, seek out best practices, practice perspective taking from different points of view, understand the complex nature of problems. Measure what matters and make the goals measurable. It’s like diagnosis before starting the treatment! We used the civil rights data from our state and federal sites on expulsions, suspensions, violence, absenteeism and using the data to discuss its complex relationship with students entering juvenile justice system and safety.
7. Consensus building and forming alignment. Used a multi racial and multi sector group approach to listen and understand the issues, help the leaders work on inter network trust building and developing shared narrative. Used the CDC Multi sector consensus builder approach as a way to guide these discussions.