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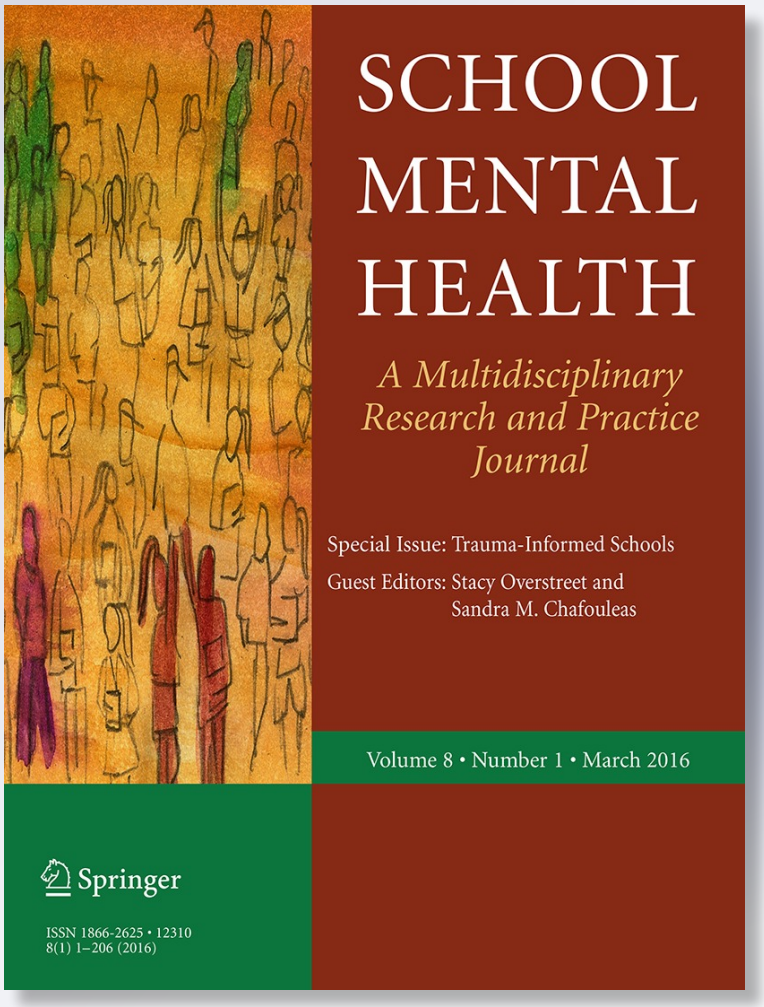

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ORIGINAL PAPER

Helping Students Heal: Observations of Trauma-Informed Practices in the Schools

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Abstract From the city streets of New Haven, Connecticut, the rural mountains of Appalachia, and the heart of San Francisco, students across the nation are coming to school with traumatic histories that are greatly impacting their school performance. Schools are recognizing the impact of trauma and beginning to adopt trauma-informed practices. When school systems approach students through a trauma lens, they are better equipped to provide the educational and social–emotional supports necessary to help students reach their potential. The following commentary reviews the implementation efforts of three different trauma-informed school programs and their use of the multitiered interventions to address the differing needs of trauma-exposed students. Implications for future directions are addressed, including the need for support for more intensive educator professional development.

Keywords Trauma-informed schools · Multitiered system delivery · Trauma · Behavior interventions · Collaborative practices · Mental health

Introduction

The promotion and provision of trauma-informed practices are at the highest levels ever. A recent court ruling in California has brought national attention to the role of schools in educating students experiencing trauma. In addition, the recently signed Every Student Succeeds Act (2015) acknowledges the importance of schools using "trauma informed practices that are evidence-based" (section 4108). Exposure to complex trauma can inhibit an individual's ability to learn, and such impairment may make students eligible for services in the school setting (Turner, 2015). The promotion of trauma-informed education is supported by the National Education Association, which recognizes the importance of trauma-informed practices and the need for approaching students' behaviors from a more constructive manner (Cevasco, Rossen, & Hull, n.d.). The movement in schools has been spearheaded by leaders such as Ron Hertel with the Compassionate Schools Initiative in Washington State, Susan Cole with the Massachusetts Advocates for Children and the Trauma and Learning Policy Initiative, Nic Dibble with the Wisconsin Department of Public Instruction, and Jennifer Sanders with the Ohio Department of Youth Services. These agencies have developed guidelines for best practices and have been implementing organizational change across school systems and juvenile justice education settings. With the publication of the case studies in this publication, schools and practitioners can move evidence-based examples of trauma-informed education into the mainstream of educational interventions.

This commentary is a reflection on three different attempts to implement trauma-informed practices within school settings. The case studies demonstrate the potential for trauma-informed practices to improve school outcomes for students whose poverty and other adverse events have led to chronic stress. The targeted outcomes go beyond symptom relief and attempt to build capacities within students and schools that lead to changes in otherwise intractable problems such as the achievement gap. While the sources of trauma or stress may differ across region, city, or street, the impact is just as great. From the urban streets of New Haven, CT, to rural Appalachia, and to the

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heart of San Francisco, students are coming to school with traumatic histories and are walking around wounded in their school environment. Including case studies from very different locales provides the ability for school districts to connect with these case studies and leads to a greater understanding of the different needs, implementation strategies, and outcomes that are prioritized. These case studies allow us to understand various approaches and learn about their potential effectiveness through preliminary evaluation data.

They also provide a framework for understanding the meaning of what success looks like in working with students impacted by trauma. Often the first symptoms of exposure to trauma are acting out behaviors and defiance due to the inability of traumatized students to regulate emotions and trust others. In the typical school setting, these types of behaviors lead to discipline that can be impact self-worth, lead to social isolation, and can be retraumatizing to students. When school systems approach students with a trauma lens, they are better equipped to provide educational and social–emotional supports needed to help students reach their potential and enter schools ready to learn.

The success of the programmatic efforts reported in these case studies lies in part with the expertise of the implementation teams in understanding the context of school-based interventions. The programs were formed within existing structures in the school and community and implemented through a tiered approach developed for all students. They recognized that professional development is the gateway to trauma-informed practice and emphasized that relationship building is the guiding principal in trauma-informed service delivery.

Trauma in Schools

One common theme in this section of the special issue is the impact of childhood trauma on a student's ability to be resilient and overcome adverse experiences. Trauma exposure encompasses uncomfortable emotional experiences paired with physiological and behavioral changes, which often occur over a prolonged period of time. Layne et al. (2009) developed a list of 7 potential trajectories following traumatic experiences, which included decline, stable maladaptive functioning, severe persisting distress, post-traumatic growth, protracted recovery, resilience, and stress resistance. Students experiencing a stable yet maladaptive response are surviving, not thriving; they encounter significant challenges to learning and developing. The complex interactions between individual and environmental factors shape the trajectories, and trauma-informed schools can be an important environmental factor in determining how these trajectories develop and transform over time. Therefore, the priorities of schools should be to create a safe learning climate, identify students in need of support, and provide interventions to avoid retraumatization. Schools can help strengthen student's ability to cope with the effects of trauma. The rich descriptions and preliminary data provided by the case studies in this issue demonstrate that the adoption of a trauma-informed approach can potentially impact the trajectory of emotional, behavioral, and social responses to trauma.

Trauma-Informed Approaches within a Multitiered System

Adopting a trauma-informed approach means creating shifts of thought at the organizational level, no small task. It is more than rewriting discipline policies or in-servicing educators on the symptoms of trauma among students. SAMSHA (2014) defines the trauma-informed approach as one that realizes the impact of trauma, recognizes the symptoms of trauma, and responds by integrating knowledge about trauma policies and practices and seeks to reduce retraumatization. Six key concepts that need to be addressed include safety, trust, peer support, collaboration, empowerment, and cultural, historical, and gender issues (SAMSHA, 2014). Not all individuals experience trauma in the same way, and thus, different students require different levels of intervention.

An emerging trend in trauma-informed approaches in school is the use of a multitiered service delivery model (Chafouleas, Johnson, Overstreet, & Santos, 2015; Lane et al., 2007; Sugai & Homer, 2006). Each of the studies in this article used a leveled approach to meet the differing needs of the students. Similar to what is already used in schools and the public health system, the tiered approach provides effective practices to all students and intensive support to those who need it.

The primary tier focuses on preventive measures including system-wide measures to promote a safe learning environment in all classrooms. This includes informing school staff about the signs and impact of trauma on learning, implementing social–emotional components within the curriculum, teaching students positive coping skills, engaging teaching practices, etc. Ongoing data monitoring allows for the identification of at-risk students who are in need of targeted small group interventions, also referred to as secondary interventions. These interventions focus on psycho-education about trauma, reinforcing social support systems, and strengthening self-regulation skills. Tertiary interventions are individualized to the needs to the students who are in need of more intensive support such as cognitive behavior therapy, wrap around support, or other community-based strategies (Chafouleas et al., 2015).

Dorado, Martinez, McArthur, and Leibovitz (2016) modeled the HEARTS program on Blaustein's (2013) Attachment, Self-Regulation and Competency (ARC)-tiered intervention framework, a research-based approach that has been used in creating trauma-informed schools. The first level of intervention referred to as attachment, focuses on creating a safe learning environment by setting routines and maintaining consistency, being attuned to the function of a student's behavior, and being attuned to caregiver affect regulation. The HEARTS program accomplished this by providing training to both staff and students to increase their knowledge of trauma-informed practices and how to remediate stress symptoms in the classroom. The program complimented pre-established practices such as Positive Behavior Interventions and Supports. The secondary level of intervention, self-regulation, focuses on preventative measures to help students and teachers manage emotional, psychological, and physiological responses. The HEARTS program identified at-risk students and provided small group interventions to reinforce skill building. Tertiary intervention targeted individuals and families that needed more intensive therapy based on the ARC model. Crisis support was provided for teachers with students in need, and families were involved in therapy provided in the school.

Perry and Daniels (2016) took a slightly different approach within the service delivery system. The primary professional development focused on both direct instructions to staff but also to entire classrooms. Students were explicitly taught how stress can impact behavior and how to advocate for their own needs. These skills were taught over a 3-day intensive session, but not incorporated within the schools' curriculum. Secondary and tertiary interventions were provided by a Care Coordination Team that involved collaboration between school faculty and mental health clinicians. The team identified students in need of additional support and designed plans of care to meet specific needs. Additionally, research-based interventions such as Cognitive Behavior Intervention for Trauma in Schools (CBITS) were offered to a small group of students who needed additional trauma-informed support. The case study was in the pilot year of implementation, making strong steps to introduce trauma-informed approaches within the school setting but recognizing the challenges with implementing systems-level change.

The third case study by Shamblin, Graham, and Bianco (2016) implemented the tiered approach for trauma-informed instruction but within an early education setting. Collaboration was crucial to the sustainability of this program given the rural area the schools were located in and the need for specialized mental health support to children and families. Similar to the other case studies, the program included a trauma-informed training component; additionally, a social–emotional curriculum was implemented. The unique focus on this study was on relationship building with the teachers. While initial training focused on trauma signs and symptoms, it also taught teachers strategies to build teams among faculty members as well as recognizing and addressing their own needs in response to trauma. Further, targeted classroom consultation focused on arming teachers with proactive strategies to reduce the occurrence of negative behaviors. Consultants worked in collaboration with teachers to create plans to address issues. The tertiary tier provided assessment and on-site mental health support to children and families. Trauma-Focused Cognitive Behavior Therapy and Parent–Child Interaction Therapy were used as intensive research-based interventions.

Whether it be rural or urban areas, it is often difficult to connect families with trauma-informed mental health services. Particularly for the participants in the Shamblin et al. (2016) case study, the rural residents were experiencing greater levels of poverty and mental health issues than national averages. The need for services was high; however, access to resources was limited due to factors like physical distance. Urban families also faced difficulties accessing services despite being physically closer to facilities. The scarcity of trauma-informed mental health supports for children puts students at-risk for future negative outcomes. Providing these services in schools helps connect with families and increases factors such as program completion and in return, helps build stronger students. Furthermore, trauma-informed approaches build or reestablish a relationship of trust between the school and families who have experienced adverse events.

Real-Life Applications

Individual case studies can illustrate how a trauma-informed system can lead to significant improvement for individual students and the entire system. For example, many school districts struggle with the number of students in highly restrictive settings due to emotional/behavioral conditions. Consider how the use of a trauma lens can lead to appropriate interventions in the least restrictive educational setting.

A middle school student, age 12, was an average student who demonstrated a rapid decline in his engagement in school and started to exhibit externalizing behaviors. The school's initial response to his behavior was a discipline approach, when that was found to be ineffective he was referred to the school psychologist for intervention. With the trauma-informed approach in mind, the school psychologist consulted with the student's family regarding his pattern of behavior and any potential exposure to adverse events. The family disclosed that the student had been dealing his mother's chronically abusive boyfriend and financial instability in the home. With this knowledge, his teachers and building administrators were

about the potential impact of stress stemming from family factors and consulted on how to approach the problematic behaviors taking into account the student's ongoing traumatic experiences. For example, it was advised that the student not be suspended for minor offenses rather provide a student an alternative place in the school to calm down and complete his work. A mentor was assigned to complete weekly check-ins and provide encouragement. Additionally, the school psychologist completed targeted counseling following cognitive behavior strategies providing the student psycho-education pertaining to stress and trauma, recognizing emotions and triggers, and relaxation techniques that could be implemented in the classroom. Within 6 months the student's maladaptive behaviors decreased and his engagement in school had returned to the level it was prior to the adverse events. In the past, this student would have been referred for a psychological assessment and given his symptom level, likely identified as a student with an emotional disability in need of special education services. The three case studies in this issue offer various models for schools to provide these kinds of supports to schools to engage in trauma-informed decision making when students are exhibiting increased levels of social and behavioral problems rather than resort to a discipline or disability approach adding a "distress" model for responding to externalizing behaviors.

Future Directions

While the studies in the issue provide compelling arguments in support of trauma-informed practices in schools, there are several issues that need to be addressed before jumping into the movement. Adopting a trauma-informed approach involves system-level changes across the entire school, which requires changing mindsets, policy, and classroom practices. Schools need to develop a comprehensive plan to identify the needs of the school system, review strategies for how to approach behavior issues, and garner available funding and time (and patience) for implementation. Professional development is needed to understand how trauma impacts the classroom and to mobilize ongoing support to help create and sustain change. Furthermore, schools must review their staffing limitations and, when necessary, seek out collaborative relationships with available mental health professionals to best meet the needs of the school.

Systems-Level Change

Systems-level change can be difficult, but it is certainly not impossible. Each of the case studies reviewed programs that took several years to establish. The HEARTS program (Dorado et al., 2016) was implemented for 5 years in one school, while the program described by Perry and Daniels (2016) was in the pilot year, focusing on relationship building among staff to produce system-wide change in future years. Instead of looking at time as a barrier, consider it an investment. How many times does a school system adopt a new curriculum or program only to move on to the next big thing? A comprehensive plan and timeline developed through a collaboration of teams such as educators, administration, school board, and school mental health providers can create better buy in, help set realistic time frames, and lead to better sustainability.

Professional Development Needs

Current teacher pre-service training programs do not consistently address the social–emotional health of students or trauma-informed instruction. Teachers are left to learn on the job how to approach challenging behaviors and are not always cognizant of how trauma may be impacting students. Commitment to calm, matter-of-fact response to challenging behaviors enables teachers to avoid retraumatizing students through the all too common overly reactive responses to student noncompliance that often lead to social seclusion and peer ridicule.

One of the important next steps in the trauma-informed schools movement is to develop more intensive and sustained professional development opportunities and to assess whether the professional development leads to changes in educator behavior and decision making. As several researchers have noted, teacher professional learning can be of the highest quality and yet fail to lead to significant changes in teaching practice (Johnson, 2006), or improvements in student learning (Fishman, Marx, Best, & Tal, 2003). According to Darling-Hammond, Wei, Andree, Richardson, and Orphanos (2009), student achievement increases when professional learning is sustained over time and directly related to and embedded in the daily practice of teachers. In addition, research demonstrates that engagement in collaborative professional learning results in better student outcomes (Darling-Hammond et al., 2009; Poekert, 2012).

Collaboration

A key element in establishing trauma-informed practices is collaborating with school-based mental health professionals (i.e., school psychologists, school counselors, and social workers), universities, health systems, and/or community mental health agencies. All three case studies partnered with universities and mental health programs existing within the community (New Haven Coalition University of California, San Francisco, and the Partnerships Program for

Early Childhood Mental Health and Project Launch). Schools benefit from additional resources provided by master's level clinicians used as part of mental health initiatives. Better still is staffing with school-based professionals such as counselors, school psychologists, and school social workers in sufficient number to assist with delivery of multiple tiers of these needed interventions.

The case studies in this issue evaluated programs that aimed to support students who have a high probability of exposure to traumatic experiences. Although poverty is highly associated with trauma, there are other populations of students who also have a high probability of being exposed to trauma. We need to recognize that institutions that provide education to incarcerated juveniles probably have the highest number of traumatized students. These students typically receive minimal educational supports but have the most need. Other groups of students with a high trauma load include immigrants and refugee populations who have fled war torn countries and may have impaired abilities to assimilate and engage in school.

Conclusion

The three case studies showcased in this issue are strong examples of what it takes to move toward a trauma-informed educational system. It takes community partnerships, alignment with school goals, and the implementation of evidence-based interventions using qualified support staff. It also involves expanding the outcome measures of field research beyond symptom relief to examine how these practices can help close the achievement gap, support social–emotional health, and promote a positive school climate. Interventions need to be tiered and include a universal design to address the needs of all students, including those who have a trauma history, those who have a high probability of being exposed to trauma, and those who may experience vicarious trauma through family members with trauma histories. In order to establish a multitiered service delivery system, schools need (1) professional development for all school staff, students, and families, (2) provision of expert consultative services, and (3) direct clinical supports using evidence-based interventions.

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Compliance with Ethical Standards

Conflict of interest Lisa Weed Phifer declares that she has no conflict of interest. Robert Hull declares that he has no conflict of interest.

Ethical approval This article does not contain any studies with human participants or animals performed by any of the authors.

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