About Trauma-Informed Practices in Schools

Children from all walks of life are exposed to traumatic experiences; estimates of how many vary. For instance, based on community samples, more than two thirds of children report experiencing a traumatic event by age 16 (La Greca et al., 2008). Furthermore, in the U.S.A., it is estimated that roughly a third of youth aged 12 to 17 have experienced two or more types of childhood adversity likely to affect their physical and mental health as they mature (Stevens, 2013).

It is widely acknowledged that children and adolescents in urban environments are particularly at risk (Collins et al., 2010). Estimates suggest that up to 83% of urban city youth have experienced one or more traumatic events; 1 out of 10 children under the age of six living in a major city have reported witnessing a traumatic shooting or stabbing.

> According to the 2008 National Survey of Children's Exposure to Violence, about 60% of children and adolescents age 17 and younger have been exposed to violence. Likewise, over one third of children have experienced two or more direct victimizations or harmful treatment (Finkelhor, Turner, Ormrod, Hamby, & Kracke, 2009).

In reaction to the growing interest in trauma, a movement has arisen for *Trauma-informed schools*. As Christopher Blodgett notes in his 2017 review: the term is an umbrella for several different approaches. He stresses:

> *The rapid growth of interest in the role of adversity and trauma in childhood is as much a popular cultural phenomenon as it is a process of translating science into better practices. The call to action is compelling. Adversity in the lives of children is both awe inspiring in its scope and confirming as description of risk to anyone who has worked closely with children. However, the scientific rigor that describes the scope of risk and mechanisms for risk is not matched currently by equivalently strong scientific evidence about what defines necessary and sufficient interventions.*
>
> *Because trauma informed practice in schools is new, we don't know much yet about what works. The need to develop a coherent framework to support high impact practice is increasingly part of the national discussion on trauma informed schools.... However, at the moment, emerging trauma informed school practices are scattered along a continuum from locally defined actions to more formal programs.*

No one doubts the importance of helping students with trauma histories. Schools have a clear stake in this since traumatized students often manifest learning and behavioral problems at school. As with all factors that can interfere with learning and teaching, the question is how best to address the problems. And, as with so many mental health concerns, efforts to address problems related to trauma in schools need to go well beyond just enhancing availability and access to individual, clinically oriented mental health services.

Understanding the complex nature and scope of the many barriers to learning and teaching (the effects of which are exacerbated when students are traumatized) underscores the need to place that discussion into a broad context. From this perspective, we emphasize that trauma and all other student learning, behavioral, and emotional problems can and should be approached within the context of a comprehensive system of interventions within schools and school districts. This involves expanding the focus of mental health in schools and embedding mental health interventions into a unified, comprehensive, and equitable system for addressing barriers to learning and teaching and re-engaging disconnected students (Adelman & Taylor, 2017; 2018).

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Current School Practices and Policies

As Blodgett's review clarifies, Trauma informed schools involve either (1) stand alone trauma specific interventions for highly impacted students or (2) whole school reform efforts. Whole school efforts dominate current policy and practice discussions, often incorporating a range of strategies (e.g., restorative justice, social emotional learning programs); trauma specific interventions may be prescribed, but are difficult for schools to provide.

Blodgett notes that approaches can be grouped into three clusters that reflect shared values and theories of change:

- Structured, mental health focused, student centered, and trauma specific. School-based mental health services using evidence based trauma treatments comprise this group. CBITS [Cognitive Behavioral Interventions for Trauma in Schools] and its companion interventions are examples of a widely deployed intervention representing this cluster.
- Locally initiated, trauma informed, population focused, and system centered. Trauma sensitive schools (Massachusetts Advocates for Children), compassionate schools (e.g., Washington State Office of the Superintendent of Public Instruction, Wisconsin Department of Education), and exemplary case examples such as Cherokee Point Elementary and Lincoln High School are examples of this cluster of approaches.
- Structured, population focused, trauma informed, and system centered. CLEAR [Collaborative Learning for Educational Achievement and Resilience] and HEARTS [Healthy Environments and Response to Trauma in Schools] are examples of this cluster but the Sanctuary Model, the Neurosequential Model in Education, and are other established approaches in this cluster of school interventions.

Other approaches frequently mentioned are the Attachment, Regulation, and Competency (ARC) approach (Blaustein & Kinniburgh, 2018) and inclusion of trauma programs at each level of a multi-tiered system of supports/MTSS (Clary, 2018).

For details of specific interventions, see the National Registry of Evidence based Programs and Practices (http://nrepp.samhsa.gov/01_landing.aspx) and the Blueprints Programs for Healthy Youth Development (http://www.blueprintsprograms.com/).

Trauma-Informed Practices in Schools: Just Another Initiative?

Despite the fact that schools are stretched thin by the many programs already in play, they are constantly bombarded with new initiatives (e.g., another project, another program) aimed at addressing a specific learning, behavioral, or emotional problem. As a result, a common reaction of principals and teachers is: *Enough! We can't take on another thing!*

And the trend is for proposed initiatives and existing interventions not to be conceived as part of a comprehensive system. Rather, each is planned and implemented as a separate entity with sparse resources and inadequate interconnectivity. Take, for example, the history of mental health services available in the District of Columbia Public School (DCPS) system, which is outlined in a report from George Washington University's Center for Health and Health Care in Schools (see https://dbh.dc.gov/sites/default/files/dc/sites/dmh/service_content/attachments/DMH%20Report%20final.pdf). This evaluation discovered at least 12 different mental health programs within the school system, many of which did not coordinate with each other or outside agencies. And, this situation is not exclusive to DCPS (e.g., see Adelman & Taylor, 2017).

A piecemeal, underfunded approach to addressing learning, behavior, and emotional problems is commonplace and contributes to widespread counterproductive competition for resources, compromises effectiveness, and works against efforts to take important projects, pilots, and programs to scale. It also hinders sustainability. All school stakeholders need to understand this state of affairs and take steps to fix it.

Concluding Comments

It is clear that schools can and should play comprehensive and effective roles in dealing with the broad range of psychosocial and mental health concerns that affect learning. Addressing interfering factors (both internal and external) is essential for enabling learning. Therefore, problems such as traumatized students cannot be ignored.

However, those concerned with improving how schools become better "trauma-informed" need to recognize that schools are not in the mental health business; their mission is to educate. They cannot provide *separate* programs for the long-list of overlapping problems students manifest. As a consequence, it is time to embed concerns about trauma into efforts to develop a unified, comprehensive, and equitable system for addressing barriers to learning and teaching and re-engaging disconnected students.

Sources Used in Preparing this Resource

Adelman, H. S. & Taylor, L.(2012). Addressing trauma and other barriers to learning and teaching: Developing a comprehensive system of intervention. In E. Rossen & R. Hull (Eds), *Supporting and educating traumatized students: A guide for school based professionals*. New York: Oxford University Press. Chapter 18, pp. 265 286 http://smhp.psych.ucla.edu/publications/adressingtraumaandotherbarrierstolearning.pdf

Adelman, H.S., & Taylor, L. (2017). *Addressing barriers to learning: in the classroom and schoolwide.* Online at http://smhp.psych.ucla.edu/pdfdocs/improve.pdf

Adelman, H.S., & Taylor, L. (2018). *Improving school improvement.* Online at http://smhp.psych.ucla.edu/pdfdocs/improve.pdf

American Psychological Association: *Children and trauma*. Washington, DC: Author. https://www.apa.org/pi/families/resources/children trauma update

Blaustein, M. & Kinniburgh, K. (2018). *Treating traumatic stress in children and adolescents: How to foster resilience through attachment, self-regulation, and competency, Second Edition.* New York: Guilford Press. https://arcframework.org/what-is-arc/

Blodgett, C., with Dorado, J. (2017). *A selected review of trauma informed school practice and alignment with educational practice.* Seattle: CLEAR Trauma Center, Washington State University. https://s3.wp.wsu.edu/uploads/sites/2101/2015/02/CLEAR-Trauma-Informed-Schools-White-Paper.pdf

Clary, H. (2018). *Psychology and trauma in schools: How can teachers help?* Washington, DC: American Psychological Association. http://psychlearningcurve.org/psychology trauma schools/?utm_source=Psych+Learning+Curve&utm_campaign=9c57474ef9 Justice Involved+Youth&utm_medium=email&utm_term=0_ff6044c3a5 9c57474ef9 174482877

Chafouleas, S.M., Johnson, J.H., Overstreet, S., & Santos, N.M. (2016). Toward a blueprint for trauma informed service delivery in schools. *School Mental Health, 8,* 144-162.

Cole, S. F., O'Brien, J. G., Gadd, M. G., Ristuccia, J., Wallace, D. L., & Gregory, M. (2005). *Helping traumatized children learn.* Boston: Massachusetts Advocates for Children. http://www.k12.wa.us/CompassionateSchools/pubdocs/HelpTraumatizedChildLearn.pdf

Collins, K., Connors, K., Davis, S., Donohue, A., Gardner, S., Goldblatt, E., Hayward, A., Kiser, L., Strieder, F., & Thompson, E. (2010). *Understanding the impact of trauma and urban poverty on family systems: Risks, resilience, and interventions.* The National Child Traumatic Stress Network. https://www.nctsn.org/sites/default/files/resources/resourceguide/understanding_impact_trauma_urban_poverty_family_systems.pdf

Finkelhor, D., Turner, H., Ormrod, R., Hamby, S., & Kracke, K. (2009). *Children's exposure to violence: A comprehensive national survey.* Office of Justice Programs. https://www.ncjrs.gov/pdffiles1/ojjdp/227744.pdf

Horenstein, J. (2002). Provision of trauma services to school populations and faculty. In M. Williams & J. Sommer, Jr. (Eds.), *Simple and complex post traumatic stress disorder: Strategies for comprehensive treatment in clinical practice* (pp. 241 260). Binghamton, NY: Haworth Maltreatment and Trauma Press/Haworth Press.

Jaycox, L. (2004). *Cognitive behavioral intervention for trauma in schools (CBITS).* Longmont, CO: SoprisWest.

La Greca, A. M., Boyd, B. A., Jaycox, L. H., Kasam Adams, N., Mannarino, A. P., Silverman, W. K., Tuma, F., & Wong, M. (2008). *Childhood trauma.* Washington, DC: American Psychological Association. https://www.apa.org/pi/families/resources/update.pdf

McInerney, M., & McKlindon, A. (2014). *Unlocking the door to learning: trauma informed classrooms and transformational schools.* Philadelphia, PA: Education Law Center. https://www.elc-pa.org/resource/unlocking-the-door-to-learning-trauma-informed-classrooms-and-transformational-schools/

National Child Traumatic Stress Network and National Center for PTSD. (2009). *Psychological first aid: Field operations guide* (2nd ed.). http://www.nctsnet.org/nccts/nav.do?pid=typ_terr_resources_pfa

Saltzman, W. R., Steinberg, A. M., Layne, C. M., Aisenberg, E., & Pynoos, R. S. (2001). A developmental approach to school based treatment of adolescents exposed to trauma and traumatic loss. *Journal of Child and Adolescent Group Therapy, 11*, 43 56.

Stevens, J. E. (2013). Nearly 35 million U.S. children have experienced one or more types of childhood trauma. *ACEs Too High.* Online at https://acestoohigh.com/2013/05/13/nearly-35-million-u-s-children-have-experienced-one-or-more-types-of-childhood-trauma/

UW Population Health Institute (2018). Trauma informed schools. *What Works For Health: Policies and Programs to Improve Wisconsin's Health.* Madison, WI: Author. http://whatworksforhealth.wisc.edu/program.php?t1=20&t2=2&t3=105&id=638

For more on this topic, see the links in the Center's Quick Find on *Child Traumatic Stress/Post Traumatic Stress* http://smhp.psych.ucla.edu/qf/ptsd.htm