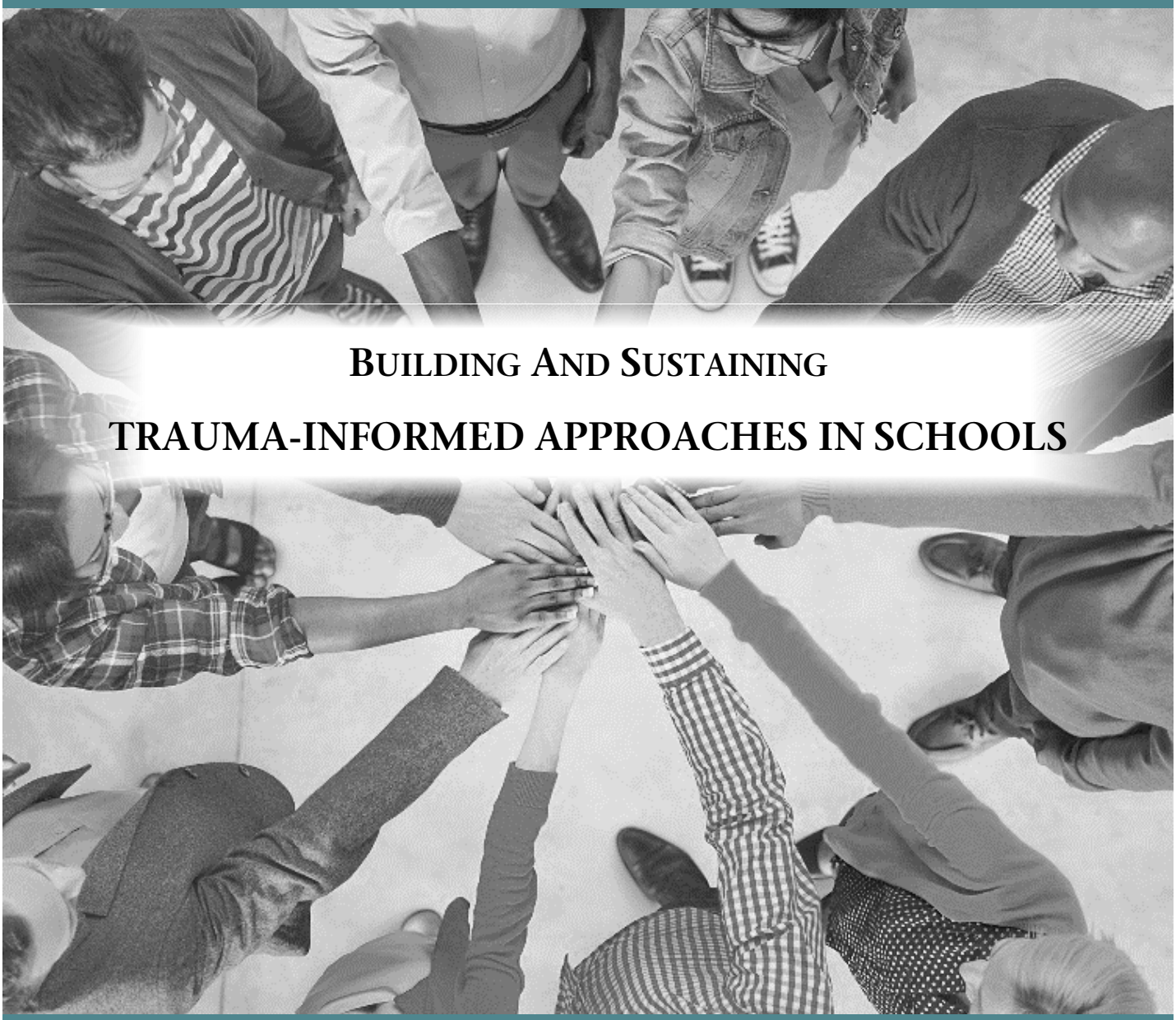

BUILDING AND SUSTAINING
TRAUMA-INFORMED APPROACHES IN SCHOOLS

Christopher Blodgett, Ph.D.

WASHINGTON STATE UNIVERSITY EXTENSION

CHILD & FAMILY RESEARCH UNIT CAFRU

This report provides key lessons for successfully managing trauma-informed school practices. These lessons are based on more than 10 years of implementation experience in the trauma-informed school intervention CLEAR (Collaborative Learning for Educational Achievement and Resilience). CLEAR has been implemented in more than 60 school sites across five states, including in Seattle Public Schools.

'Trauma-informed practice' is an umbrella term for efforts to respond to both immediate crisis and chronic loss in the lives of children. While trauma from specific tragedies is all too common, the driving force for trauma-informed practice in education is our knowledge of how problems in families and communities, adverse childhood experiences (ACEs), often pile up early in children's lives with resulting developmental risk.

When children grow up with multiple ACEs, there is high probability of common struggles with development. Complex trauma does not demonstrate itself as a single set of concerns but rather through variations on several common themes. These common struggles include: safety seeking as a pervasive need that can result in profound flight/fight/freeze responses; a distorted and often negative sense of self; struggles with attention, concentration, and impulse control; incomplete and often ineffective social skills; aggression against self and others; and struggles with task persistence and tolerating failure. Trauma interferes with human connection, and results in children learning how to survive in the face of loss and chaos often at the expense of the typical developmental work needed for best educational success.

Critically, when a child is triggered by the perception of threats to safety or sense of self, the coping behaviors are not intentional and organized. Rather, the behaviors are driven by basic brain processes of fight, flight, or freeze as survival strategies dominate in the moment.

Trauma behaviors are adaptive strategies and changes in brain function reflecting how the child survived adversity. A core distinction of the trauma perspective is that behavior always serves a need, was at one time functional, and problem behavior can arise when more primitive coping strategies are a poor fit to the developmental demands like those common in education. While adaptive at one time, these behaviors may be a poor fit to the skills needed to succeed in school and the progressive development tasks of childhood. If we accept this idea

Addressing the Challenge of Complex Trauma

Crises are extraordinary events and while the risk of crises can be managed, the crisis event is unpredictable, exceptional, and requires emergency action. While crises can result in significant adjustment struggles, the more common experience is that crises change us but do not typically interfere with our long-term day-to-day success. Trauma from persisting disruptions to caregiving in childhood, adverse childhood experiences (ACEs), can become a day-to-day aspect of a student's life. Referred to as *complex trauma*, early exposure to multiple ACES can involve the risk of neurodevelopmental changes resulting in heightened sense of threat/lack of safety, impaired ability to connect with others, and struggles with managing emotion, attention, and impulse. A powerful advantage of using complex trauma as a framework for action is that in mental health treatment, complex trauma has been a focus of intervention for over 20 years with a resulting body of recommendations about how to help affected individuals recover and grow.

of trauma as adaptive but misplaced efforts at growth and safety, then moving too quickly to identify trauma as a mental health problem should be avoided. Mental health treatment is part of an effective continuum of response but most traumatized children's struggles with life will not meet the formal eligibility criteria for mental health treatment. This places a significant demand on educators to build on strong existing practice for three goals:

- Help affected students learn new strategies to replace trauma behaviors.
- When possible, reduce the risk of continuing traumatic experiences.
- Support the opportunity to be challenged in order to build resilience.

Schools are natural systems for building resilience through content mastery, social connections, and the opportunities to be creative and contribute to community. Emphasizing resilience building as the principal aim of trauma-informed school practice helps assure that work doesn't end with students when behavior no longer challenges us. As a result, a significant part of trauma-informed practices in schools does not require formal treatment but rather targeted skills building and the use of the routines and relationships in the school community to create new learning experiences that support new skills and persistence in the face of frustration.

In Practice: When a student is in distress, co-regulate

Brain science demonstrates that strong emotional responses can overwhelm the ability for intentional decision making. When a child is triggered and 'flips their lid,' we are describing a fight-flight response directed by involuntary lower brain functions. In crisis, these emergency responses compromise or shut down the child's ability to be an active participant in finding a solution.

This *dysregulated brain state* must be reset so that the child's brain can return to a fully integrated, *regulated* state where both thought and emotion can guide choices. While student self-regulation strategies like calming breathing, taking a break, and asking for help are all important, often the most effective strategy is the adult *co-regulating* with the child.

As an example, a third-grade boy when triggered would run from the classroom. When returned safely to the principal's office the student sat on an exercise ball, nonverbal, tears streaming, and rocking back and forth rapidly. The principal did not try to get the child to speak right away, but instead began to rock in rhythm with the child and then started slowing down. The child began to mirror the adult and slow his rocking. The adult then matched the pace of the child's breathing, slowed her breath, and again the child mirrored the adult until calm enough to speak and understand what was being said to him.

What is trauma-informed school practice?

The objectives of trauma-informed school practice are principally about changing the practices and policies of the adults and the systems they build to create the optimal learning experiences for all children.

Addressing trauma in schools involves several connected but distinct goals:

- Assure responsible adults keep children safe by identifying and acting on active risks in children's lives.

- Assure that school practices support positive relationships, build social support, and teach social emotional skills as core academic skills.
- Recognize when trauma behaviors are a barrier to student adjustment and performance. Develop individual student supports, classroom strategies, and school policies that teach new replacement skills.
- Build the resilience qualities of tolerance for failure, growth mindset, and belief in self as specific skills to improve the academic outcomes, health and well-being for all students with an emphasis on the need for specific efforts to build resilience in students with significant trauma histories.
- Promote protective factors in the school environment, such as opportunities for positive and cultural identity development, relationship repair and conflict resolution, and restorative community building practices
- Create a continuum of supports including formal trauma treatment services when students' trauma symptoms are too profound for natural supports offered by educational staff.

Trauma-informed school practice acknowledges that addressing trauma is both about the individual and how the school operates as a community. Reflecting this organizational emphasis, federal policy (e.g., the Substance Abuse and Mental Health Services Administration, SAMHSA) and national practice organizations (e.g., National Council for Behavioral Health, NCBH) have developed trauma-informed objectives[1] for organizations at all levels including:

- System wide understanding of trauma prevalence, impact and trauma-informed care
- Change practices and policies that diminish, disrespect, limit voice/power
- Safe, calm, and secure environments with supportive care
- Recognize and attend to how trauma history in staff impact workplace and connection to students/clients
- Recognition and support for staff self-care

In Practice: Mindfulness and managing triggers in a classroom

Often, effective responses to trauma are not new actions, but existing strategies used with an understanding of how trauma may affect students. Managing classroom noise level is an ongoing demand. Verbal corrections from the educator to the class regarding noise level may be disruptive of instruction and can trigger students who misinterpret raised voices as threat.

After training to whole class expectations, educators can use commonly available noise monitoring apps displayed on the classroom smartboard as visual and auditory cues for the class about the level of noise. This strategy emphasizes support for educator-student positive relation and may increase instructional time by minimizing whole class management needs.

While the strategy is common, the intention of adopting the practice is trauma-informed because the goal is to manage triggering exchanges in the classroom and to emphasize positive opportunities for human connection.

[1] Adapted from NCBH, https://www.thenationalcouncil.org/wp-content/uploads/2016/07/Trauma-Sensitive-Schools-webinar-10-19-15.pdf; and Substance Abuse and Mental Health Services Administration, SAMHSA, https://www.samhsa.gov/nctic/trauma-interventions

- Commitment to reflective practice/supervision
- Consumer education to normalize trauma
- Cultural competence
- Support for consumer voice, choice and advocacy
- Access to trauma specific services when indicated.

Strong Social Emotional Learning Practices: A Necessary, but not Sufficient, Foundation for Trauma-Informed Schools

Social emotional competence- how to understand your own emotions, connect with others, and understand the feelings of others- is a principal predictor of academic success in all students (Durlak et al., 2011). Beginning at birth, social-emotional competence involves the skills to form close and stable relationships with adults and peers; effectively manage and express our emotional states so we get needs met and maintain relationships; and have a sense of hope in the future and our ability to act that allows us to risk and tolerate failure.

Social emotional learning programs[2] are the school strategies that build competence in students through building community, creating clear rules of conduct, and rewarding effort and contributions to others. Social emotional learning (SEL) practices support all children but are especially significant for traumatized children. Strong SEL practice creates predictability and consistency in routine relationships and school activities which in turn reduce the likelihood that perceived safety threats dysregulate students' thoughts, emotions, and behavior.

Universal SEL school practices alone may not be sufficient to address the needs of children experiencing complex trauma – some children will need extra support to be able to effectively integrate SEL practices and skills. Growing up with trauma changes how we interpret the world and the range of responses we have access to. As a result, students with trauma histories often require more individualized supports to deal with specific skill gaps. We strongly recommend implementing SEL in the context of a robust multi-tiered systems of support framework[3], with trauma-informed practice integrated throughout.

High quality SEL classroom management practices associated with improved student outcomes (Marzano, 2003; Morris & Taylor, 1998; Simonsen et al, 2008) include:

- Clear and effective rules and procedures
- Effective discipline and accountability practices supporting learning
- Role appropriate high-quality teacher-student relationships
- Mindfulness in assessing, anticipating, and acting to support learning and behavior
- Instruction and management practices that support student responsibility
- Parent engagement and inclusion in learning supports
- Intentional use of physical and social environment to support learning.

---

[2] See The Collaborative for Academic, Social, and Emotional Learning (CASEL) https://casel.org/about-2/ for SEL resources.

[3] MTSS defines a coordination of educational goals adapted to the needs of the student so that there is consistent practice from universal to individual educational supports. States vary in approach with California as one example https://www.cde.ca.gov/ci/cr/ri/mtsscomprti2.asp.

Central to these practice recommendations are the self-regulation skills and capacity of the educator. We recommend the list above as specific targets for educator practice and a series of measurable dimensions upon which to assess our success in moving to trauma-informed educational practice.

How do I select an approach to addressing trauma?

There is currently no single program or approach that defines effective trauma-informed school change. Overwhelmingly, schools identifying as trauma-informed sites do so from **locally defined plans informed by the knowledge of the local leaders**. Much of this locally defined work is distinct to the individual site but common themes of relationship emphasis, safety, an end to punitive disciplinary practices, improving school culture and climate, and self-regulation skills development describe frequently reported common goals. Several self-directed guides (Cole et al., 2013), social networking sites (ACEs Too High, ACEs Connection), and train-the-trainer models (http://childtrauma.org/nme/) are employed across schools as resources or frameworks for change. In addition, many educators and schools have been and continue to use a trauma-informed approach in their work, whether or not it is explicitly named as such – for example promoting relationships, utilizing restorative practices, and prioritizing positive school culture and climate for all students and staff. Providing additional context and training on the current evidence available on the impacts of trauma on behavior, potential health impacts later in life, and the power of protective factors and resilience-building in schools to mitigate these impacts can reinforce these practices and bolster support for them within an environment with many competing priorities.

It is certain that exemplary work is happening in some sites but the nature of what is being done and what benefit follows is presently unknown. When locally initiated trauma-informed work is underway in districts, we encourage creating the means to disseminate what is working to other schools and the development of metrics that demonstrate intended changes are being effectively implemented. Self-initiated school change efforts are appealing when resources are limited but may be vulnerable because each school's effort starts from scratch and development of the support structures needed to sustain changes in practice often are not well supported.

Should you screen for ACEs in schools?

The use of the ACEs questionnaire as a screener in schools has generated significant attention to date and is reported as a practice in several schools. We do not recommend routine screening. The collection of sensitive personal information must be balanced by the relative benefit to students given the risk of gathering this information. ACEs are powerful as a descriptor of risk in groups of people, not of risk in an individual. Also, knowing about risk history does not provide information on specific behaviors that may need to be addressed, or the strengths and protective factors that may already be mitigating risk associated with ACEs.

As a result, ACEs screening may increase burden and risk of disclosure of sensitive information while serving as a poor descriptor of need. Rather, we recommend in an MTSS planning process that schools always include if known adversity history is contributing to the student's challenges and that schools consider assessing for levels of trauma distress as part of services planning for more intensive supports.

The second trauma-informed practice camp in wide use involves the **coordination or co-location of mental health services** in schools either as standalone services or services integrated in the school's continuum of student supports. Co-located mental health services in schools and school-based health clinics are common vehicles for delivering these supports. Specific behavioral health interventions for trauma have significant research support and are essential resources for the most vulnerable students (see the National Child Traumatic Stress Network for a review of interventions https://www.nctsn.org/treatments-and-practices/trauma-treatments). Access to formal services by schools is highly variable across communities making these services a powerful but limited resource. In isolation, trauma-informed mental health services would not be considered as a sufficient response to trauma given the broad consensus that trauma in schools requires a continuum of supports. However, in partnership with a broader school-wide approach they can be an effective component of a full continuum of trauma-informed supports in the school environment.

Seattle Public Schools has a long history of partnership with school-based health centers in neighborhood schools. As part of the CLEAR demonstration in one Seattle elementary school, clinic staff participated in the same trauma trainings as education staff. Two concrete benefits of integrated training were broader relationships between clinic and school staff and adoption of common language to describe treatment and education goals. Clinic staff also began routine participation in at-risk student planning meetings to assist with coordination and follow-up on the success of support plans.

The third approach to trauma response in schools involves **structured programs delivered over time in school sites**. CLEAR (https://extension.wsu.edu/clear/), HEARTS (Dorado et al., 2016), and the Sanctuary Model (http://andruscc.org/sanctuary-institute/) are examples of such approaches using a mix of training, consultation, providing direct student services in some models, and systematic organization change processes to support shifts in practice. These approaches share an emphasis on building the structures within schools (orientation of new staff, staff evaluation, school policies, decision making process for enhanced services to at-risk students) that support sustained shifts in practice across the entire staff. The principal limitation to these programs is cost given trauma specialist external staff provide supports to the school, as well as the currently limited capacity and geographic reach of these programs. However, such programs may be defensible if the more intensive structure in these formal programs produce better student outcomes. While the larger treatment outcome literature suggests that superior benefits may follow from these structured interventions, there is insufficient evidence at this time to suggest that these structured programs are superior.

Regardless of the approach selected, trauma-informed school practitioners increasingly argue that any strategy needs to help create a continuum of services based on student need (https://www.nctsn.org/sites/default/files/resources//creating_supporting_sustaining_trauma_informed_schools_a_systems_framework.pdf). There needs to be a progression of supports from enhancing the quality of classroom settings and experiences to coordinating more intensive specialty services to address functional challenges. Often referred to as multi-tiered systems of support (MTSS), this continuum of supports needs to be based on a common understanding of students' needs where the core objectives do not change although intensity and scope of supports will to match student need.

Readiness and sustainability

The adoption of sustainable trauma-informed practices requires educators to voluntarily choose to engage in this work. You cannot force someone to change their hearts, and in the absence of a personal commitment, staff do not engage with the work and rather wait for this innovation to pass like so many previous education improvement efforts have.

A consent-based approach to improving school outcomes is at odds with the routine school practice of centrally identified and directed educational improvement efforts such as the adoption of a new math curriculum. Our experience in CLEAR is that such top-down directives do not work in trauma-informed practice. The variable capacity and resources across schools, staff willingness to engage, and the nature of the school's culture all influence the feasibility of adopting trauma-informed practices.

Trauma-informed school practices are not compatible with authoritarian and harsh leadership styles. Such practices are inconsistent with creating safety and we do not recommend pursuing this work when that leadership style defines the school. Rather, we recommend the adoption of 'authoritative school climate' practices (Gregory, 2010) characterized by the combination of (1) strict rule enforcement and high expectations balanced by (2) staff-staff and staff-student professional relationships defined by warmth and emotional responsiveness.

Professional development and reflection

Because formal training in trauma-informed principles remains relative uncommon among educators, the need for professional development trainings is a backbone activity in any trauma-informed change process. Our experience in CLEAR is that to be 'informed' is to describe oneself as having specific skills in identification and response to trauma. If we accept that the national task in front of us is trauma skills development on a large scale, then how we train is a critical set of decisions.

Drawing from implementation science as well as multiple treatment literatures, we have confirmed in CLEAR the need for a primary emphasis on **coaching and consultative processes,** supplemented by a three-year all staff training sequence, to create the opportunity for staff to reflect on their practice. The opportunity in a professional exchange to pause and reflect on our practice is a rare practice in education given the press of performance requirements. In CLEAR, we are testing the added value of having such reflection facilitated by a trauma specialist. We have found that in reflecting on actual challenges in a consultative process, we are able to support the staff person in developing new strategies and as needed to provide direct coaching on component skills. While the use of a coaching model may not be practical in many schools' trauma-informed practice, addressing the issue of how you can create reflection space as a school is a critical quality improvement step.

As safety is an organizing need in traumatized individuals, the lack of safety is a primary barrier to effective school change. Minimum conditions of safety need to be present for staff and students to begin this work, and staff are often working within highly stressed systems, plagued by inadequate and inconsistent resources and associated instability. When these unsafe conditions are present, trauma-informed change is either not possible or very fragile. We have found that some kind of readiness assessment addressing safety in the school community is a critical precondition for adoption of trauma-informed school practices. There are several formal organizational assessment tools to guide such readiness discussions (e.g.

https://www.nationalcouncildocs.net/wp-content/uploads/2014/01/OSA-FINAL_2.pdf). When significant readiness barriers are identified, those barriers must be addressed before trauma-informed school practices have a chance to demonstrate benefit.

Finally, central administrative staff play a crucial role in both launching and sustaining trauma-informed change processes. While we strongly encourage a school specific process for deciding to adopt trauma-informed practices, district staff control resources, set priorities, and can reconcile competing demands across initiatives. When key district staff are unaware or disengaged, the risk is always present that district level decisions disrupt change efforts not from malice but ignorance. We strongly encourage school staff considering adopting trauma-informed practice to engage district administrators and seek their support where possible.

The CLEAR program requires an explicit commitment from the principal to make the time and participation a priority. In our three-year intervention program, we have also found that when transitions in leadership occur the search for the new principal needs to assure the new leader supports the work that is under way. In addition, it is not advisable to begin trauma-informed change when a principal is new to a school given the need to establish the norms and expectations for their administration.

Trauma-informed schools promote equity

The frame of ACEs as a description of family disorder and violence creates a common set of universal challenges that are cross-cultural. Treating racism, other forms of oppression, and poverty as powerful forms of adversity separate from ACEs, although sometimes co-occurring or interrelated as is the case with historical and intergenerational trauma (Sotero, M., 2006), allows us to see these complex issues as actions that require coordinated responses.

Fairness can be characterized as treating everyone the same while an equity lens means recognizing the historical and current barriers facing marginalized groups and ensuring that all have what they need to be able to succeed. Regardless of the nature of adversity, trauma-informed practice is not about lowering expectations, but about setting the conditions where the person has a chance to succeed. As a trauma-informed practice in schools, we strongly endorse the intentional use of culturally relevant and responsive instructional practices as examples of equitable treatment. In culturally responsive educational contexts, text selection, imagery, and work assignments reflect the cultures of the students in the class. These approaches can support acceptance and tolerance, increase teacher-student relationship quality, as well as increasing engagement in learning as students with diverse backgrounds can see themselves in the work (Phalet et al., 2004; Whaley & Noel, 2012). Culturally responsive education may help children impacted by complex trauma by promoting positive identity development, the opportunity for engagement with and mastery of academic content more directly relevant to their lived experience and promote deeper understanding of historical and intergenerational trauma.

How will we know if this works?

There are not yet shared specific, defined outcomes for trauma-informed school efforts. We recommend increased investment in ongoing learning and evaluation of trauma-informed schools efforts to support development of appropriate and validated process and impact indicators. Regardless of focus, change in complex systems requires time. Fixsen et al. (2005) conclude that

the literature examining innovation adoption shows new practices require 3-4 years of sustained work to produce durable change. As a result, assessing for change in trauma-informed practice will require time.

Principal student outcomes to consider are academic progress, attendance, school behavior and discipline, psychosocial adjustment, and students' perceptions of school safety and belonging. Principal staff outcomes to consider are staff turnover, job satisfaction, secondary trauma experiences, quality of staff-student relationship, and discipline referrals. Principal school-wide measures of benefit are school climate, policy and systems level changes such as discipline policy reform and implementation of a multi-tiered systems of support framework, and family engagement and perceptions of school safety and belonging.

With Appreciation:

This document was produced in partnership with Public Health Seattle & King County. For more information contact Sarah Wilhelm, Strategic Advisor for Trauma-Informed Systems at sarah.wilhelm@kingcounty.gov

For information regarding CLEAR and CAFRU, contact:
Dr. Chris Blodgett
blodgett@wsu.edu
509-358-7679
https://extension.wsu.edu/cafru/

References

Cole, S.F., Eisner, A., Gregory, M., & Ristuccia, J. (2013). *Helping traumatized children learn: Creating and Advocating for Trauma-Sensitive Schools.* Boston: Massachusetts Advocates for Children.

Dorado, J. S., Martinez, M., McArthur, L. E., & Leibovitz, T. (2016). Healthy environments and response to trauma in schools (hearts): A whole-school, multi-level, prevention and intervention program for creating trauma-informed, safe and supportive schools. *School Mental Health, 8(1),* 163-176.

Durlak, J. A., Weissberg, R. P., Dymnicki, A. B., Taylor, R. D., & Schellinger, K. B. (2011). The impact of enhancing students' social and emotional learning: a meta-analysis of school-based universal interventions. *Child Development, 82*(1), 405-432.

Fixsen, D. L., Naoom, S. F., Blase, K. A., Friedman, R. M. & Wallace, F. (2005). *Implementation Research: A Synthesis of the Literature* (FMHI Publication #231). Tampa, FL: University of South Florida, Louis de la Parte Florida Mental Health Institute, The National Implementation Research Network.

Marzano, R. (2003). *Classroom management that works: research-based strategies for every teacher.* Alexandria, VA: ASCD.

Morris, V. G., & Taylor, S. I. (1998). Alleviating barriers to family involvement in education: the role of teacher education. *Teaching and Teacher Education, 14,* 219-231.

Phalet, K., Andriessen, I., & Lens, W. (2004). How future goals enhance motivation and learning in multicultural classrooms. *Educational Psychology Review, 16*(1), 59-89.

Simonsen, B., Fairbanks, S., Briesch, A., Myers, D. & Sugai, G. (2008). Evidence-based practices in classroom management: considerations for research to practice. *Education and Treatment of Children, 31*(3), 351-380.

Whaley, A. L., & Noël, L. T. (2012). Sociocultural theories, academic achievement, and african american adolescents in a multicultural context: A review of the cultural compatibility perspective. *Journal of Negro Education, 81*(1), 25-38.