Trauma-Informed Education Strategy Guide

Introduction of Strategy

In this guide, we define Trauma-Informed Education as a school-wide system that recognizes the prevalence of adverse and traumatic childhood experiences and equips teachers and staff with knowledge to recognize trauma and strategies to support students who experience trauma.

This strategy guide uses SAMHSA's definition of trauma: "Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and has lasting adverse effects on the individual's functioning and mental, physical, social, emotional or spiritual well-being." This definition includes trauma as a result of an individual event, series of events, or on-going circumstances including institutional bias and historical or structural oppression. The COVID-19 pandemic has both increased the complexity of related traumas of loss and illness, as well as exacerbating the impact of prior traumas.

This strategy guide is <u>not</u> intended to be used to replace systems and supports following a community-wide traumatic event. If a school community has experienced a wide-scale traumatic event or crisis, please refer to CDE's <u>School Safety and Crisis Resources</u>.

Research has shown that the following components support the establishment of trauma-informed educational practices. It is important to note that while there is evidence to demonstrate the effectiveness of each component (see research following each component), these components are most effective when implemented together. The following components are derived from various articles and research that articulate what trauma-informed education should include:

- 1. Plan to Implement Trauma-Informed Practices
- 2. Develop a Common Understanding of Trauma and Trauma-Informed Practices
- 3. Establish Systems and Structures to Sustain Trauma-Informed Practices

Evidence Base

ESSA defines levels of research based on the quality of the study (Levels 1-4). CDE requires that schools and districts identify the research base for strategies that they select for their Unified Improvement Plans, and for applications for school improvement funds in the EASI application.

• The research on trauma-informed education that is cited here meets the definition of Level 3 research. The research cited focused on the impact of trauma-informed educational practices on student achievement-related indicators, such as behavior, attendance and engagement. In addition, research meeting levels 1-4 have been completed that found that when

- implemented comprehensively and to a high level, trauma-informed educational approaches had an impact on achievement-related indicators.
- A review of existing literature around the impact of trauma-informed education reveals that programs can improve students' academic outcomes.

Considerations

Possible Root Causes include inadequate, inconsistent or ineffective...

- Adult culture and beliefs
- Attendance and Engagement Systems
- Family Engagement
- Behavior and Engagement Systems
- School Culture
- Systems to meet Social Emotional Needs
- Staff Turnover and Transitions
- Support to address Student Experiences
- Understanding Student Needs

Is this strategy a good fit for your district/school?

- Does this major improvement strategy focus on a priority performance challenge and associated root cause(s)?
- Are the expected outcomes of this major improvement strategy highly valued?
- Do key leaders support this major improvement strategy? Do key leaders have the capacity to lead the strategy ongoing?
- What are the skills and competencies needed to implement this major improvement strategy with fidelity? What support/professional development do staff members need to implement this strategy effectively?
- Are the time, effort and resources needed for implementation feasible for the staff involved?

Considerations for Strategy Implementation

Does the disaggregated school data indicate a performance issue related to students
experiencing trauma, or high risk factors, rather than a performance issue primarily
related to race, ethnicity and/or cultural backgrounds of students? Are there
documented challenges serving students who have experienced trauma rather than
serving students of varying races, ethnicities and/or cultural backgrounds? Although
there may be overlap between students who have experienced trauma and students of
different races, ethnicities and/or cultural backgrounds, the strategies to address
these challenges are different. To address challenges primarily related to serving

- students of different races, ethnicities and/or cultural backgrounds, refer to the Culturally Responsive Education Strategy Guide.
- Has staff been involved in trauma-informed education efforts previously? How might this involvement or lack of involvement impact the roll out of this strategy?
- Is there a wide range of stakeholders available to give input around the development of a trauma-informed school?
- What is the history of the school's experiences with trauma and/or traumatic events? Has the majority of the school's staff been involved in a school-wide or community traumatic event in recent history?
- Are there data (behavior, attendance, social-emotional, mobility, etc.) available to assist in giving stakeholders a holistic view of the organization?

Implementation Guide

Components, and elements within each component, should be implemented <u>sequentially</u> in the following order to increase the likelihood of successful outcomes.

Core Component 1: Plan to Implement Trauma-Informed Practices

Elements	Description
Create a Trauma Leadership Team	School leaders should consider creating a trauma leadership team made up of various stakeholders, including teachers, support staff, families and others, to collaboratively perform a trauma audit, analyze results, set goals and prioritize action steps in the development of an implementation plan.
Perform a Trauma Audit	School leadership teams should understand what procedures and practices are currently in place and what are needed by performing an audit on trauma-informed school systems.
	Consider the use of the <u>Trauma Responsive Schools Implementation</u> <u>Assessment</u> , adapting the <u>Trauma Informed Care Project's self-assessment</u> for organizations, or considering <u>SAMHSA's questions for implementing a trauma-informed approach</u> in regards to the ten implementation domains.
Set Goals	School leadership teams should set immediate, short-term, mid-term and long-range goals around implementing trauma-informed practices based on results from the trauma audit. Schools leaders and staff should understand that implementing trauma-informed educational practices is a whole school

	effort. Implementing this level of change is a developmental process and will occur gradually over time.
Plan for Operational Elements	School leadership teams should plan for improving operational systems and structures in consideration of the results from the trauma audit. These may include leadership aspects, access to resources and services, policies and protocols, collaboration with families, disciplinary practices, physical environment, and collaboration with community agencies.
	School leadership teams should also plan for Tier 2 and Tier 3 interventions for students demonstrating symptoms of trauma, including a system for referrals to access Tier 2 and Tier 3 interventions. Tier 2 interventions may include evidence-based counseling programs such as Cognitive Behavioral Intervention for Trauma in Schools (CBITS), Support for Students Exposed to Trauma (SSET), and Bounce Back. Tier 3 interventions may include individual counseling and referrals to community mental health agencies.
	For more information on creating a tiered model for operational elements of trauma-informed education, refer to the <u>Multi-Tiered Systems of Support (MTSS) Strategy Guide</u> and/or the <u>Positive Behavioral Interventions and Supports (PBIS) Strategy Guide</u> .
Plan for School-Wide Professional Development	Create an intentionally sequenced professional development plan to address knowledge, skills and disposition, ensuring that staff 1. Understand the concept of trauma, its neurobiological nature, and the impact of trauma, including more immediate effects and lifelong effects 2. Learn how to recognize trauma and symptoms of trauma 3. Learn skills to respond to symptoms of trauma and resist re-traumatization
	For additional detail on needed development, see Core Component 2, below.

Core Component 2: Develop a Common Understanding of Trauma and Trauma-Informed Practices

Elements	Description
Professional Learning Topic: Understand Trauma and Impact of Trauma	Create a shared understanding of Trauma and Trauma-Related topics, such as: • the operational definition of trauma • the neurobiological impact of trauma

- differences between trauma, stress and attachment, and how they interact
- estimates of the prevalence of trauma in youth, including the Adverse Childhood Experiences (ACEs) survey
- the developmental impact of trauma on youth, including impact on relationships, behavior and learning
- the impact of trauma, secondary trauma, secondary traumatic stress, compassion fatigue, burnout and related concepts on school staff

Professional Learning Topic: Learn How to Recognize Trauma

School staff members should learn to recognize signs of trauma In both academic and non-academic settings. Signs and symptoms of trauma may be gender-specific, age-specific and setting-specific. Signs may include the inability to self-regulate cognitively, emotionally and/or physically.

Staff members should also participate in self-awareness experiences in order to "know yourself", including personal history and trauma triggers. These experiences are intended to allow staff to become self-aware, and are not meant to facilitate sharing of personal experiences to colleagues, supervisors or others. Self-awareness is important in order to avoid escalating situations when personal triggers are activated.

Professional Learning Topic: Learn Skills to Respond to Symptoms and Resist Re-traumatization

School staff members should learn skills to respond to symptoms of trauma and resist re-traumatization in both academic and non-academic settings.

Some strategies that respond to symptoms of trauma include:

- Techniques for strengthening relationships between children and adults, including helping students feel safe socially and emotionally
- Tri-phasic model of commencing, coaching and connecting with students
- Mental health first aid

Some strategies that resist re-traumatization include evaluating and revising:

- the physical environment, such as lighting, colors, space, signs and visuals, acoustics, movement and flow
- classroom management systems, including alternatives to punitive disciplinary practices
- class and school rituals and routines

 school culture elements teaching students social-emotional and self-regulation skills and supporting students with daily practice of these skills
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Core Component 3: Establish Systems and Structures to Sustain Trauma-Informed Practices

Elements	Description
Monitor Data	The trauma leadership team should review goals, monitor progress towards goals, and adjust the implementation plan as needed.
Ensure Supports for Staff	Ensure that there are supports for compassion fatigue, burnout, stress, secondary trauma and primary trauma. Supports can include trauma awareness experiences such as self-identification surveys (use this manual to score the linked self-assessment), peer groups, opportunities for self-care such as physical exercise groups, and referrals to the Employee Assistance Program or mental health agencies. Consider the use of tools around secondary trauma for staff development, awareness and promoting resiliency, including the ProQOL Professional Quality of Life survey .
Invite Parents as Partners	Trauma leadership teams should consider trainings for Parents and Family Members in order to support awareness and trauma-informed practices: • in the home and community • as school volunteers

Academic Studies Leading to ESSA Rating

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- Shonkoff, J. P., Garner, A. S., Siegel, B. S., Dobbins, M. I., Earls, M. F., McGuinn, L., ... & Committee on Early Childhood, Adoption, and Dependent Care. (2012). The lifelong effects of early childhood adversity and toxic stress. *Pediatrics*, 129(1), e232-e246.
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