Information Brief

Trauma Informed Schools

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TRAUMA DEFINED

Although several definitions for trauma have been proposed, the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) conceptualizes trauma as:

> *"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 that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being."[12]*

Unfortunately, such traumatic experiences are a reality for many children. The **Adverse Childhood Experiences (ACEs)** study is one of the most well-known studies on youth trauma in the U.S. Defining ACEs as any personal experience of abuse, neglect or household dysfunction, researchers have found that more than two-thirds of the study's 17,337 participants reported at least one ACE and more than one in five reported three or more ACEs.[4] Furthermore, the study found that as an individual's number of ACEs increased, risk for mental and physical health concerns – such as depression, suicide attempts, alcohol abuse, early initiation of smoking and risk for intimate partner violence – also increased.[4]

Although adversity cannot be completely prevented, and mild everyday adversity can actually provide benefits for daily functioning, [14] educators have a unique opportunity and responsibility to support resilience in children who have experienced traumatic situations. This brief will provide information on the impact of childhood trauma, possible signs of trauma and ways to create more trauma-responsive school environments.

IMPACT OF TRAUMA

IMPACT ON BEHAVIOR AND LEARNING

Though stress can have benefits in low doses, children who are exposed to the high levels of stress characterized by traumatic experiences are more likely to engage in delinquent behavior and become involved with the justice system.[8]

Furthermore, the risk of depression, anxiety, sleep disorders, obesity, substance abuse, early intercourse and sexual promiscuity, impaired memory and increased impulsivity are all increased in children exposed to stress and adversity.[1]

Additionally, children who have experienced adversity are more likely to experience difficulty at school and in the classroom. These students may experience difficulty in paying attention, cognitive processing and controlling behavior, which may lead to undesired classroom behavior.[16] Additionally, these students may struggle with social skills, be less engaged, have lower GPA's and more school absences.[16]

IMPACT ON THE BRAIN AND DEVELOPMENT

In addition to negative outcomes for learning and behavior, excessive stress can have a negative impact on the brain and its development. Multiple parts of the brain are affected by extreme stress, including the prefrontal cortex, amygdala and hippocampus.[7] Stress can alter synaptic connectivity, which then limits an individual's ability to control or suppress aggression and impulses and adapt appropriately to other stressful stimuli.[7] In the hippocampus, new neurons are created to help form new memories; however, when put under excessive stress, this process can be repressed, which can lead to difficulty learning new information as well as a delay in the development of critical skills.[7] Those who have experienced adverse events tend to have a larger amygdala.[7] This suggests that recurring stress strengthens pathways in the brain, which leads to having overactive stress responses.[7]

Possible Signs of Trauma

Symptom	Classroom Behavior
Frequent Somatic Complaints	Often complains of body pains such as headaches or stomachaches. May occur around the same time or surrounding the same activity.[3]
Disordered Sleep	Coming to class late, lethargic, frequently resting head on desk.[3]
Social Isolation	Chooses to do tasks independently, plays alone, avoids social activity, disengages from extracurricular activities.[3]
Increased Aggression	Yells, anger escalates quickly.[3]
Difficulty Regulating Emotions	Easily agitated, shows great variety in moods.[3]
Stress	Easily overwhelmed, may be late on turning in homework and classwork.[3]
Difficulty Focusing or Paying Attention	Constantly looking around the room, fidgeting or playing with objects on desk or hands.[3]
Difficulty Learning	Patterns of difficulty with assignments or class work.[3]

Implementing Trauma Informed Supports in School

Educators play an important role in fostering resilience by ensuring a supportive learning environment for children exposed to trauma. In many cases, educators may be one of the only adults who have enough regular contact with a child to notice subtle yet important changes in behavior. Furthermore, educators can help promote social connections, a predictable and safe environment, empowerment and emotion regulation skills in children.

Trauma Informed Care (TIC) is a framework for service delivery that explicitly recognizes and responds to the influence of trauma in children's lives. SAMHSA identifies a system as "trauma-informed" when it achieves the 4 R's:
Realizes the widespread impact of trauma and understands potential paths for recovery;
Recognizes the signs and symptoms of trauma in clients, families, staff and others involved with the system;
Responds by fully integrating knowledge about trauma into policies, procedures and practices; and
Seeks to actively *resist re-traumatization*[13]

Furthermore, SAMSHA has identified six "key principles" central to a trauma-informed approach.[12] Summarized in Table 1 on page 3 of this brief, these themes should be evident across settings and supports.

In order to help schools work toward a trauma-responsive system, there is the CAPPD mnemonic:[15]

Calm - Educators should strive to keep themselves and their students in a calm state.
Attuned - Educators should be aware of students' non-verbal cues.
Present - Educators should be in the moment with their students, focusing their attention on them.
Predictable - Educators should provide structured, repeated and consistent positive experiences for students.
Don't let children's emotions escalate your own - Educators should remain in control of their own emotions and expression.

Schools can also explore direct mental health supports for students exposed to trauma who experience its impacts in the school setting. When using any trauma-specific intervention, it is important that school staff (a) recognize students' needs to be respected, informed, connected, and hopeful regarding their recovery, (b) recognize the relationship between trauma and mental health symptoms of trauma, and (c) work collaboratively with students, their families, and other agencies in an empowering way.[13]

The following programs are examples of trauma-specific interventions that have been implemented in schools:
Cognitive Behavioral Intervention for Trauma In Schools (CBITS)[10] - Intervention created for students in grades 4-8 who are experiencing PTSD following a traumatic event; includes 10 weekly group sessions with 1-3 individual sessions and informational sessions for parents and teachers.
Cultural Adjustment and Trauma Services (CATS)[2] - Intervention for immigrant students having experienced trauma or who are in need of assistance with cultural adjustment.
Project Fleur-de Lis™ [6] - Three-tiered model to assist students who have experienced a natural disaster
Trauma-focused Cognitive Behavior Therapy (TF-CBT)[9] - Individual based mental health intervention to treat children exposed to trauma.

It also is important for schools to consider a systematic process for identifying students who have been exposed to trauma and responding appropriately. For example, staff can be trained to be alert for signs of trauma and/or systematic school-wide screening can be considered. Furthermore, schools should link trauma-informed services to existing multi-tiered systems of support and should have a crisis prevention/intervention plan in place to minimize trauma occurring in the school itself. Finally, staff should know the process for referring a child for further mental health assessment and/or intervention and should follow all legal and ethical guidelines related to reporting suspected abuse or neglect.

Learn More About Trauma

SAMSHA's National Center on Trauma-Informed Care & Alternatives to Seclusion and Restraint website contains information and resources about trauma-informed approaches and trauma-specific interventions.

The Ohio Department of Mental Health and Addiction Service's website on Trauma-Informed Care (TIC) contains information on Ohio's trauma-informed care initiative, including upcoming events.

The Centers for Disease Control and Prevention's website on the ACEs study includes details about the study, publications, data/statistics, questionnaires and links to additional resources.

Table 1.
SAMHSA's Six Key Principles of a Trauma-Informed Approach:[12]

Safety	Create a safe environment for those you serve. Both children and adults should feel safe physically, as well as psychologically.
Trustworthiness and Transparency	Provide transparency in your organization's decision making to create and foster trust between students, families and staff.
Peer Support	Peers may include family members or other individuals with experiences of trauma. Mutual support between peers is crucial to providing care.
Collaboration and Mutuality	Each individual's role in trauma-informed care is just as important as the next. Distribute power equally and partner together to reach a common goal.
Empowerment, Voice and Choice	Trauma-informed care should be centered around the student and his or her empowerment. Staff should facilitate recovery rather than control it.
Cultural, Historical and Gender Issues	Recognize cultural stereotypes and biases and move past them. Provide culturally responsive care for all students.

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