Advancing Trauma-Informed Programs in Schools to Promote Resilience and Child Well-Being

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Key words: trauma, trauma-informed, adverse childhood experiences, resilience, schools, systems

The purpose of this commentary is to discuss the importance of trauma-informed schools and to use findings from an earlier review of research to highlight contributions and gaps related to multi-level and systems-oriented trauma-informed strategies. Here, we write about the importance of trauma-informed programs, particularly those that change schools, as systems. In this way, they are increasingly more responsive to all children who encounter adversity. Additionally, we highlight several components of these programs to bring greater clarity to what is required to implement such strategies. Although we focus primarily on schools, concepts apply to other systems, such as child welfare and juvenile justice, that serve some of the most vulnerable and highest risk of all children with extensive trauma histories (Baglivio et al., 2014).

Trauma From Adverse Childhood Experiences

Adversity is a broad term used to describe events and experiences that are stressful and potentially harmful to individuals of all ages. Childhood adversities, or Adverse Childhood Experiences (ACEs) as they are now known, are prevalent in the general population and even more so among children living in poverty and under-resourced communities (Gilbert et al., 2014; Herrenkohl, Kim, & Anderson, 2018). ACEs include child abuse, neglect, domestic violence, and other forms of household dysfunction that arise from mental illness and drug and alcohol abuse among members of a family (Anda et al., 1999; Felitti et al., 1998). Structural inequalities and racism are broad and pervasive forms of adversity that increase the risk for ACEs and impinge in various ways on the functioning of individuals and households (Klevens & Metzler, 2019; Williams, Leins, Metzger, & DeLapp, 2018).

Although not all forms of adversity are traumatic, many cause serious and lasting harm if not remediated (Cross, Fani, Power, & Bradley, 2017). The degree of impairment usually increases with the number of ACEs a child encounters over days, months, and years, although single, isolated events can have lasting effects if they occur during sensitive periods of development (Copeland et al., 2018). Children with unattended symptoms of posttraumatic stress disorder (PTSD), particularly those without access to age-appropriate supports and services, can struggle to regain their ability to function if schools and other settings and service systems are not equipped to help them heal and build resilience from past and future challenges (Chafouleas, Johnson, Overstreet, & Santos, 2016).

Trauma-Informed Systems

Growing awareness of the effects of trauma on the social-emotional and physical health of children and adults (Gilbert et al., 2014) has led to a much-needed conversation about what schools can do to become

"trauma-informed" (Chafouleas et al., 2016). At the same time, there is considerable variation in how experts think about and apply this concept (Hanson & Lang, 2016; Herrenkohl, Hong, & Verbrugge, 2019). Previously, we conducted a literature review to determine the most promising school-based, trauma-informed approaches (Herrenkohl et al., 2019). We found that programs range from individualized (i.e., clinical, therapeutic) approaches, mainly based on methods of cognitive behavioral therapy, to those that work at a "systems level" to change how classrooms and schools respond to the needs of children with trauma histories. The goal of these programs is to offer safe and nurturing learning environments that benefit students with and without exposure to ACEs, while at the same time providing targeted supports and interventions for those who require them. A number of programs also include psychoeducation for school professionals, parents, and community service providers, such as youth development workers and clinical specialists, in order to increase their own knowledge and skills related to trauma and the care of vulnerable children.

From this review, we concluded that research supporting the use of any one approach is lacking and that classroom-based and school-wide programs remain largely untested. However, we argue that systems-oriented programs that provide universal and more targeted supports and interventions are theoretically compelling and promising for several reasons. For one, they have potential to reach a wide range of students at relatively low cost. They are also less likely than individualized interventions to stigmatize children in need of assistance, and to avoid a deficit model that stems from viewing trauma as a disorder (Herrenkohl, 2019). We argue that clinical interventions have their place, but they should not stand on their own if the goal is to lessen risks associated with trauma within a population of students. We also note that there is generally little consensus about the core elements of trauma-informed programs that extend beyond the individual, adding to the challenges of trying to test, replicate, and scale promising models. Other scholars, such as Hanson and Lang (2016), arrived at a similar conclusion in their own review of the trauma literature several years before ours. In that child welfare and juvenile justice tend to serve children with extensive trauma histories (Baglivio et al., 2014), the same logic pertaining to trauma work in schools applies to these other systems (Herrenkohl, 2019). In the section that follows, we touch on certain core principles of a trauma-informed, systems-oriented model and provide a series of recommendations that align with these principles.

Trauma-Informed School Systems

Generally stated, trauma-informed programs and interventions are designed to support the recovery and resilience of children who encounter ACEs by attending to their immediate needs for safety and comfort, while also providing supports and therapeutic interventions that promote and reinforce skills for positive coping (Chafouleas et al., 2016). We call these programs "trauma-informed," but many of the ideas also apply to models that go by other names, such as "whole child initiatives," "resilience-building schools," and "community schools" (Brooks, 2006; Mulloy, 2014; Oakes, Maier, & Daniel, 2017), which also work at a systems level to ensure that children feel safe, supported, and nurtured. These models similarly draw on concepts of risk and protection (protective factors), which are terms used in public health and prevention science to identify levers for intervention (Herrenkohl, Higgins, Merrick, & Leeb, 2015; Herrenkohl, Leeb, & Higgins, 2016; Sanders, Higgins, & Prinz, 2017). The public health model is itself based on social ecological theory, which hypothesizes that transactions between children and their surrounding environments can both promote and inhibit healthy development (Bronfenbrenner, 1979, 1994).

Core Principles and Recommendations for Trauma-Informed Schools

Most children spend a significant portion of each day in a school setting, and it is well-established that school experiences play a role in shaping children's social, emotional, and academic development (Hawkins & Herrenkohl, 2003; Monahan, Oesterle, & Hawkins, 2010). For many children, schools are viewed as positive settings in which they can acquire

knowledge and skills that will benefit them in years to come (Hawkins & Herrenkohl, 2003). For others, however, schools are experienced as unfriendly and sometimes alienating places that lead to emotional challenges and deepening disconnection (Hemphill et al., 2013; Monahan et al., 2010; Skiba et al., 2011). In extreme cases, as when children are bullied by peers or severely disciplined by teachers for poor conduct, school experiences are extremely painful and traumatic, adding to a child's suffering and vulnerability (Skiba et al., 2011). Because many children who are traumatized have difficulty regulating emotions, staying on task, and relating prosocially with peers, they are apt to be singled out and treated harshly by teachers and other adults in positions of authority if those adults lack awareness of the ways trauma affects cognitions and behaviors. Implicit biases, unexplored trauma histories, deficits in social-emotional competencies, and emotional exhaustion (burnout) all contribute to the difficulties faced by teachers who work in settings with large numbers of children who have been traumatized (Day et al., 2015). Many of these teachers are additionally under considerable stress due to being overworked and underpaid (Jennings & Greenberg, 2009).

For these reasons, it is critically important that these teachers and other school professionals (e.g., classroom aids, specialized services providers, janitorial staff) receive training that advances their understanding of the causes and consequences of trauma in children and also equip them with the tools they need to compassionately serve students with complex social-emotional, and academic needs (Hertel & Kincaid, 2016). Doing so requires enlisting the help of experts who can work in partnership with schools on issues ranging from policies related to school discipline to teachers' self-reflective practice and strategies for proactive classroom management and inclusive teaching (Monahan et al., 2010). It is also critical that teachers have the time and space to regularly step back, reflect on their practice, and find meaning in their work.

Working in trauma-informed schools requires that teachers and support staff are sensitive to culture, ethnic, and linguistic differences in their students, and to the ways children express emotions verbally and in social interaction with peers and adults (Day et al., 2015). Appreciating diversity and differences works against implicit biases that can lead otherwise well-intentioned adults to respond to children in ways that diminish their self-confidence and personal agency.

Our earlier review of the literature on trauma-informed programs suggests that schools are generally not well positioned to act on recommendations from organizations such as the National Child Traumatic Stress Network that focus on trauma-informed practices and systems (NCTSN Core Curriculum on Childhood Trauma Task Force, 2012). While some programs now in use in schools can improve children's functioning, a majority of school-based programs called "trauma-informed" are actually designed for a fraction of students whose symptoms meet diagnostic thresholds requiring intervention. Programs based in methods of cognitive behavioral therapy do indeed show promise for addressing some symptoms of PTSD and complex trauma in symptomatic children (Cohen et al., 2016). However, many children who experience adversity resulting in traumatic stress do not appear as if they are psychologically and emotionally impaired (Hagan, Sulik, & Lieberman, 2016; Salmon & Bryant, 2002). Rather, they appear as uninterested, defiant, and withdrawn. As such, many children who "need" services and supports do not receive them (Lieberman, Chu, Van Horn, & Harris, 2010). Additionally, acting on symptoms associated with diagnoses fails to account for the delay in trauma reactions, which can occur months or even years after exposure (Cook et al.; Lieberman et al., 2010). Indeed, the developmental processes that link trauma exposure to outcomes are neither consistent or predictable to a degree that one treatment or intervention model will suffice in all cases (Cohen, Perel, Debellis, Friedman, & Putnam, 2002; Hagan et al., 2016).

Still, it is possible to change schools so that their policies and programs align with findings from basic and applied research on best practices in trauma care (NCTSN Core Curriculum on Childhood Trauma Task Force, 2012). Systemic, school-wide approaches start by increasing awareness of the prevalence and impacts of traumatic stress on children. A next step is to create safe, nurturing, and inclusive learning environments that strengthen relationships and

provide opportunities for children to learn skills for positive coping. Goals include identifying, reducing, and preventing experiences that "re-traumatize" children whose prior experiences place them at high risk for punitive responses from others. Re-experiencing trauma in the form of harsh discipline not only causes children added stress, it also leads them to question their own safety and to mistrust adults in positions of authority, particularly if they view the responses of those adults as biased, unjust, or simply undeserved (Beehler, Birman, & Campbell, 2012; Dorado, Martinez, McArthur, & Leibovitz, 2016; Parris et al., 2015).

The "window of tolerance" is a helpful concept in trauma research and practice advanced by Siegel (1999), who explained that children remain optimally engaged when they are emotionally regulated and supported. When children are forced outside their window of tolerance, as can happen in poorly run schools and classrooms, they have difficulty focusing and staying on task (Corrigan, Fisher, & Nutt, 2011; Salmon & Bryant, 2002). Some withdraw because they are frustrated and uncomfortable, while others resort to behaviors that are highly disruptive and cause concern, as when a child lashes out aggressively against a peer or teacher for a seemingly benign transaction (Holmes, Levy, Smith, Pinne, & Neese, 2015; Lubit, Rovine, DeFrancisco, & Eth, 2003). In these instances, the use of supportive strategies to stabilize and re-engage children who feel triggered or challenged are far better than trying to regain control by use of punishments or exclusionary practices, such as having children stand in isolation or sending them to meet with an administrator whose job is to reinforce rules based in punishment and deterrence (Day et al., 2015).

To nurture is to provide emotional and instrumental supports that benefit all children, including those with trauma backgrounds. Nurturing environments establish a secure base for children whose prior experiences have been anything but secure, stable, or predictable (Dorado et al., 2016). Deep nurturing and caring for others lessens traumatic stress that can result in hypervigilance, persistent fear, anger, shame, and doubt on the part of children about their abilities and self-worth (Dorado et al., 2016). Maintaining supportive and nurturing environments relies on strong relationships based on trust and compassion (Wolpow, Johnson, Hertel, & Kincaid, 2009).

Trauma-informed schools incorporate teaching about social-emotional skills and positive coping to promote resilience (Hertel & Kincaid, 2016). Social-emotional skills include critical thinking, healthy expressions of emotions, and effective communication (Jones & Bouffard, 2012). Of course, students who feel safe and supported in their environment will also be more prepared and motivated to learn and apply these skills in their daily routines (Frydman & Mayor, 2017; Holmes et al., 2015). For students to develop competency in social-emotional skills, teachers and other school professionals must also be competent in those same skills, aware of their own triggers and biases, and capable of modeling the very behaviors and social interactions they require of their students (Jennings & Greenberg, 2009).

Learning social-emotional skills is enhanced in settings that allow children to experiment and to "test" newly learned skills without the fear of having others judge or disapprove of their attempts (Holmes et al., 2015; Shamblin, Graham, & Bianco, 2016). For students directly and acutely impacted by trauma, skills training in emotion regulation, deep breathing, visualization, and progressive muscle relaxation is also important for day-to-day interactions and long-term development (Ford & Blaustein, 2013; Kinniburgh, Blaustein, Spinazzola, & Van der Kolk, 2005).

Concluding Recommendations

In closing, we offer the following recommendations based on the preceding principles. The ideals reflected in these recommendations are viewed as necessary steps to advance trauma-informed, systems-oriented approaches that are guided by theory and research on best practices, as well as in response to concerns about equity and inclusion.

- Work to ensure that all students feel safe, respected, and valued
- Educate school professionals about the signs and symptoms of trauma in students
- Ensure that school professionals are aware of their own triggers and biases

- Build community
- Model positive relationships
- Minimize risks for re-traumatization of students by lessening the use of punitive discipline
- Communicate and consistently (and equitably) reinforce expectations for behavior in classrooms
- Avoid the use of deficit language to characterize students and their behaviors
- Incorporate teaching on social-emotional skills and positive coping to promote resilience (i.e., social-emotional skills include conflict resolution, critical thinking, healthy expressions of emotions, and effective communication)
- Put support systems in place to address emergent needs related to trauma exposure in students (and school professionals)

Although creating learning environments conducive to serving children exposed to ACEs and trauma is not without its challenges, acting on these recommendations will move schools closer to the model recommended by organizations like SAMHSA, which have worked extensively with researchers, practitioners, and policymakers to advance trauma systems work in schools and other settings (Substance Abuse and Mental Health Services [SAMHSA], 2014). We call upon others to join our own efforts to advance this work by transforming schools and other systems locally and nationally (Herrenkohl, 2019).

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